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Operations Update no.1

Venezuela: Health Emergency

 International Federation
of Red Cross and Red Crescent Societies

Appeal N° MDRVE004	Category allocated to the disaster or crisis: Orange
Plan of Action six months Update no. 1 Date of issue: 15 August 2019	Timeframe covered by this update: 27 January to 31 July 2019
Operation start date: 27 January 2019	Expected timeframe: 18 months (extended six months) Operation end date: 27 July 2020
Overall operation budget: 50 million Swiss francs (CHF)	IFRC emergency funds allocated: 1 million CHF
Number of people to be assisted: 650,000 people	
Host National Society presence: The Venezuelan Red Cross (VRC) with approximately 2,500 volunteers has 24 branches and 11 sub-committees. The VRC health area has 8 hospitals, 33 health centres and approximately 1,400 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and the Italian Red Cross.	
Other partner organizations actively involved in the operation: United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), Pan American Health Organization (PAHO/WHO) and Ministry of Popular Power for Health (MPPS), Ministry of Foreign Affairs.	
The Emergency Appeal timeframe was initially twelve months to support the Health Emergency to the affected population of Venezuela. Considering that the situation in Venezuela will continue and procurement, shipments and distribution processes of the operation require time to comply with the Plan of Action, the timeframe of the Appeal operation is therefore extended by six months (new end date 27 July 2020).	

<Click [here](#) for the financial report¹, and [here](#) for the contact information.>

A. SITUATION ANALYSIS

Description of the context

Venezuela continues to face a complex situation in which access to curative and preventive health treatment and water, sanitation and hygiene remain severely constrained. The 8 hospitals and 33 health centres of the Venezuelan Red Cross (VRC), as part of the health system are affected by the widespread shortages of medical equipment, medicines and medical consumables.

¹ Financial report as end of June 2019. Appeal coverage does not include bilateral contributions, see the full list [here](#).

Nationwide power outages late March through the first weeks of April and in June have disrupted service provisions, including essential water and health services. The overall health system was affected, especially critical health areas affected are those services that rely on electric apparatuses such as ventilators and dialysis machines. Due to the power outages, the shortage of safe water has increased in the country, which spurred increased actions by the VRC, with IFRC support and aligned with other institutions such as UNICEF, for the promotion of safe water management and hygiene promotion activities.

On 31 March, the Government of Venezuela announced a 30-day power rationing plan, which has been implemented in some sectors. However, these sporadic power outages, which can last longer in some locations, have been compounded by fuel shortages in some states. The difficulties associated with transportation contribute to the population's challenges to obtain access to health and water resources.

Inflation has had an impact on the purchasing power of Venezuelan households. In January 2019, a basic food basket containing 60 items cost about 360,115 Venezuelan Bolivars (VES). Between January 2018 and January 2019, the price of a basic food basket increased by 283,880 per cent. In order to purchase a food basket, a household would have to earn 20 times the minimum monthly salary (BsS Bolívares soberanos 18,000). This situation has contributed to the emigration of 4 million Venezuelans by June 2019, as estimated by the UN Refugee Agency (UNHCR) and International Organization for Migration (IOM) in its 7 June 2019 report².

This Appeal operation continues to support the Venezuelan Red Cross to fulfil its mandate and ensure that all actors understand the Movement's Fundamental Principles, especially those of impartiality, neutrality and independence.

Summary of current response

January 2019: IFRC allocated internal emergency funds to support Venezuelan Red Cross

January 2019 onwards: regional and global IFRC Surge Capacity deployed

March 2019: IFRC President visit to Venezuela, marking a crucial step in the humanitarian diplomacy in Venezuela by the IFRC and Venezuelan Red Cross

March 2019: Nationwide power outage lasting several days

April 2019: IFRC issues [Emergency Appeal \(MDRVE004\) Venezuela: Health Emergency](#) for 50 million Swiss francs for 650,000 people and Head of Emergency Operations deployed



Photo 1: Venezuelan RC volunteer providing primary health care in community health session. Source: Venezuelan Red Cross (VRC) 2019.

In January 2019 IFRC released emergency funds to increase VRC's emergency response to the situation Venezuela was facing at that time and increased the IFRC's capacity in country through the global and regional Red Cross Surge Mechanisms. In April 2019 the Emergency Appeal was launched and response mechanisms activated to significantly scale-up access to health and WASH of the population most affected. The Appeal entails VRC's and IFRC's effective and accountable emergency response, influencing as a leading local humanitarian, Independent, Neutral and Impartial actor, and promoting understanding of the Red Cross and Red Crescent Movement Fundamental Principles actor with communities and authorities.

IFRC's emergency funds, supports VRC's emergency response with WASH relief items, first aid services and pre-hospital care during public demonstrations. VRC staff and volunteers were equipped with visibility and safety gear. At the community level, community first aid and PSS activities were implemented.

As of July 2019, IFRC received three cargo planes in Venezuela with close to 80 tons of medical stocks, 24 generators and other relief items. The first consignment arrived in April 2019, the second one in June 2019 and the third one in July 2019 in collaboration with the Italian Red Cross. The content was comprised by 3 Interagency Emergency Health

² [UNCHR. Refugees and migrants from Venezuela top 4 million: UNHCR and IOM. 7 June 2019.](#)

Kits (IEHK) including malaria kits, vital pharmaceuticals, surgical kits, and other medical consumables and supplies, mosquito nets/curtains and water related relief items.

With the support from IFRC Appeal Venezuela: Health Emergency, eight public hospitals, one public dialysis centre, two public malaria treatment centres, one children's oncological centre, three Venezuelan Red Cross (VRC) hospitals and ten VRC primary health care centres were equipped with generators and/or essential medical supplies, including pharmaceuticals for the provision of basic health care and first aid. Technical assessments were conducted by IFRC technical experts in country and in the region to guide the priorities under the Appeal. Technical and operational support to the VRC is at the centre of IFRC's priority. The distribution of the medical stocks and generators, as well as WASH interventions continue to be conducted in different areas of the country. VRC Psychosocial Response Teams were formed in three locations; standard psychosocial methodologies are being rolled out in the branches. Psychological sessions were integrated in some of the community outreach health activities. In addition, IFRC is supporting the VRC volunteers with tools for their mental health self-care.

IFRC AND VENEZUELAN RED CROSS (VRC) OPERATIONS UPDATE IN FIGURES



3 charters delivered close to 80 ton of humanitarian aid

More than 29,000 people reached in the reporting period

HEALTH ACTIVITIES

H 25 HEALTH FACILITIES RECEIVED SUPPORT THROUGH THE APPEAL IN 14 STATES IN VENEZUELA:

- 8 public hospitals
- 1 public dialysis unit
- 2 public malaria treatment centres
- 1 pediatric oncology centre
- 3 Venezuelan Red Cross (VRC) hospitals
- 10 Venezuelan Red Cross (VRC) primary health centre



MORE THAN

15,000

people reached with health activities



459

people received first aid services from the VRC during public demonstrations



505

people trained in community first aid in states of Capital District and Vargas state



3 INTER AGENCY HEALTH KITS & OTHER MEDICAL SUPPLIES DISTRIBUTED

Provided to:

- 6 public hospitals in Miranda, Vargas, Capital District and Carabobo states
- 2 malaria centres received 2 malaria kits in Apure and Merida states
- 2 VRC hospitals in Capital District and Carabobo states
- 4 VRC primary health centres in Zulia, Apure, Portuguesa and Merida states



18 GENERATORS DISTRIBUTED IN 17 HEALTH FACILITIES

Provided to:

- 5 public hospitals, Miranda, Vargas, Carabobo, Zulia states and Capital District states
- 1 public dialysis centre in Barinas state
- 1 pediatric oncology centre Foundation in Zulia state
- 2 VRC hospitals in Barinas and Carabobo states
- 8 VRC primary health centres in Falcon, Anzoategui, Lara, Yaracuy, Tachira, Portuguesa and Apure states

PSYCHOSOCIAL SUPPORT (PSS) AND MENTAL HEALTH



314

people reached with psychosocial support activities



122

people received mental health care awareness



4

VRC branches were equipped with standard PSS tool kit to provide PSS to communities in Capital District, Zulia, Bolivar and Vargas



3

VRC PSS Response teams were trained and formed in Capital Districts, Bolivar and Barinas



VRC volunteers and personnel care Psychosocial support provided to VRC personnel and volunteers by IFRC specialized staff

Mental health self-care tools were developed and are being disseminated across VRC branches and sub-branches

MALARIA PREVENTION & TREATMENT



3,000

mosquito nets/curtains dispatched to the VRC branches in Carabobo, Zulia, Anzoategui, Bolivar, Apure, Merida, Portuguesa for distribution

2

malaria treatment kits distributed in the states of Apure and Merida

WASH



Close to

14,000

people reached with water relief items

VRC CAPACITY

12

VRC branches received protection and visibility gear for staff and volunteers

1,610

new volunteers received induction to the Red Cross and Red Crescent Movement and Community First Aid

19

international surge deployments

Overview of Host National Society

The Venezuelan Red Cross, founded in 1895, has approximately 2,500 volunteers (of whom, 500 are first aiders) in its 24 branches located throughout the country. The VRC has 1,400 staff, which includes the medical staff in its 8 hospitals and 33 outpatient health centres, which conform the largest network of health centres in the country. The VRC is considered an important humanitarian institution, known for its provision of primary and emergency health care to the most vulnerable communities, emergency response and community-based actions. The VRC has volunteers and staff specialized in health; first aid; psychosocial support (PSS); livelihoods disaster risk reduction; social inclusion, and water, sanitation and hygiene promotion (WASH).

 2,500
Volunteers

 8
Hospitals

 33 Health
Centres

 5
Ambulances

VRC actions in this Appeal operation would not have been possible without the network of committed volunteers and staff that are the backbone of the Red Cross actions in the country.

The VRC is an independent institution, which directly administers its hospitals, outpatient clinics and other health services and all its actions are aligned with the Movement's Fundamental Principles.

The current actions build upon the National Society's history of community-based actions that foster community resilience and emergency response. The VRC is known for the capacities of its first responders, who act in coordination with local disaster management authorities. As a result, the VRC has earned the trust of the communities with whom it works, enabling its continued access to these and particularly to reach the population groups in situation of vulnerability. The VRC works with local authorities and other humanitarian partners in line with the International Red Cross and Red Crescent Movement Fundamental Principles³ with special attention to Neutrality, Impartiality, and Independence.

IFRC is supporting the Venezuelan Red Cross (VRC) in addressing the humanitarian needs in-country from two complementary angles, emergency response and long-term programming:

- coordinated emergency response to increase access of vulnerable population to comprehensive health services and WASH
- community-based approaches aimed at increasing households' and communities' resilience with a mid to long term approach

At the centre of IFRC's priorities is to strengthen VRC's capacities in key areas of institutional development, towards greater technical and operating capacity for an effective emergency response and programme management in branches and at central levels.



Credit: IFRC 2019 – Delivery of medical items in Zulia

Overview of Red Cross Red Crescent Movement in country

In 2018, the IFRC Secretariat established a technical office in the Venezuelan Red Cross's national headquarters in Caracas. This office was part of the Country Cluster Support Team (CCST) office for the Andean countries in Lima, Peru, that continued to provide programmatic guidance and assistance, as well as support services to the Venezuelan Red Cross (VRC).

The IFRC currently has an Operational Plan 2019 that entails this support, which is focused in the areas of disaster risk reduction (DRR); livelihoods and basic needs; health; water, sanitation and hygiene; and protection, gender and inclusion. At present, the main projects are related to community resilience and DRR; community health care; WASH; livelihoods, Nutrition; Migration, Protection and Inclusion; and cross-border cooperation between the Colombian Red Cross Society and the Venezuelan Red Cross.

With the launch of the emergency funds in January 2019 and the Appeal in April, combined with ongoing programmatic actions by the National Society, IFRC is supporting VRC in scaling-up the emergency response efforts and humanitarian programming with most vulnerable communities. Within the scope of this Appeal, the VRC was able to provide targeted households with items to store and purify water, provided communities with basic and emergency health, including medical materials to health facilities. VRC has also provided first aid services, pre-hospital care, psychosocial support and mental health care. Since the on-set of the heightened tension in the country, a situation room in VRC headquarters was activated, which coordinates the response with branch-level situation rooms and monitor the evolving situation.

³ International Red Cross and Red Crescent Movement, [IFRC Seven Fundamental principles](#).

During this reporting period, the combined operation and programmatic team in Venezuela has been composed of international staff that included two project-dedicated permanent staff, Country Cluster Support Team (HCCST) for the Andean countries and the Global Operation's Coordinator to lead the IFRC's delegation and provide strategic support to VRC. As part of the emergency response, a Head of Emergency Operations- HeOps led the operation between April to June 2019 and 18 technical surge have been deployed through the IFRC global and regional response mechanism in WASH, psychosocial support, health, medical and general logistics, communications, security, finance and administration, Planning, Monitoring, Evaluation and Reporting (PMER).

Regular coordination with the other emergency operations has been established to maximise efforts. IFRC's Disaster and Crisis Department for America is responsible for the overall coordination of the three interlinked emergency response operations (Venezuela, Colombia and the regional emergency appeal), facilitating synergies between the response activities in Venezuela and in the countries receiving several migrants from Venezuela.

To optimize IFRC resources and capacities and promote synergies, coordination is maintained with ongoing Emergency Appeal operations in nearby countries: Colombia: Population Movement ([MDRCCO014](#)) and the Americas: Population Movement ([MDR42004](#)).

The ICRC has a permanent delegation in Venezuela with offices in Caracas, San Cristobal in Tachira and Puerto Ordaz in Bolivar. Its activities are focused in the areas of health, WASH, reestablishing family links and others in accordance with its mandate and expertise. ICRC conducts activities to help the most vulnerable people, such as detainees, migrants and their families, and is promoting the knowledge of international norms and universal humanitarian principles to strengthen its integration in the national legislation.

The VRC, International Committee of the Red Cross (ICRC) and IFRC have a tripartite agreement in Venezuela. The ICRC and IFRC also coordinate at the level of their respective headquarters in Geneva. This coordination has enabled planning for the use of resources, coordinated implementation and modalities for cooperation. On 3 February, the three Movement components in the country issued a [joint declaration](#).

For a greater impact of the Movement in addressing the growing humanitarian needs, Venezuelan Red Cross (VRC), IFRC and ICRC work in close collaboration promoting synergies and complementarity of its actions and optimizing the use of its capacities and available resources. The Movement's priorities consider a coordinated approach to ensure and strengthen VRC's capacities in key areas of institutional development, towards greater technical and operating capacity for an effective and accountable emergency response and humanitarian programming. IFRC and ICRC are supporting VRC branches and headquarters conducting relevant trainings, developing tailored security and safety protocols, equipping volunteers with institutional visibility and defining additional VRC human resource capacity dedicated to coordinate security and other key aspects.

Overview of non-RCRC actors in country

VRC coordinates its activities with different national and local authorities. The VRC and the IFRC currently coordinate with UN agencies, other international organizations and non-governmental organizations (NGOs) through the Coordination for Cooperation and Assistance Team (ECCA for its acronym in Spanish). Chaired by the UN Resident Coordinator and OCHA, ECCA was activated in January 2019 with sectors on protection; nutrition; health; and water and sanitation. VRC and IFRC participate in the nutrition; health; and water and sanitation sector meetings; they also participate in the sub-group on medical logistics. The UN system adapted the conventional humanitarian architecture to the Venezuelan context since the beginning of the year and it will activate its regular coordination mechanisms in July 2019.

Part of this coordination has enabled the VRC to receive more technical training. In early March, the VRC participated in a Pan American Health Organization (PAHO) training on Supply Management System, in which basic functions of supply entry, delivery and reporting were taught. Prior to the arrival of the IEHKs, this training also provided information on the presentation and contents of the IEHKs.

The VRC- IFRC is collaborating with UNICEF in the distribution of water treatment tablets, as further detailed in the Water, Sanitation and Hygiene Promotion Area of Focus in section C of the Detailed Operational Plan.

As mentioned above, during this period, the IFRC met with the Ministry of Foreign Affairs, Ministry of Health, UN Resident Coordinator, ICRC and IFRC to establish protocols for the entry of medical supplies into the country. This coordination permitted the entry of the three charter planes with aid in April, June and July 2019

Needs analysis and scenario planning

During the period covered by this Operation update, the VRC and the IFRC continued to monitor the evolving needs in the country. The following section provides an overview of the central needs as related to the areas of action of IFRC

and VRC in Venezuela. As mentioned above, the VRC and the IFRC coordinate with ICRC and other actors to avoid overlap of actions and complement that implemented.

Needs analysis

Health sector

As mentioned, the difficulties to obtain access to medication and medical supplies continues to generate health needs in Venezuela. Essential health care for the population that have the highest levels of vulnerability is required to reduce the spread of diseases, as well as provide treatment and care for chronic illnesses, malnutrition and support those facing psychosocial and psychological issues.

The Pan American Health Organization, within the context of its 164th Session of the Executive Committee, issued a [report](#) on 14 June 2019 that states the need to maintain technical support and cooperation in health in Venezuela and in neighbouring countries. This report noted outbreaks of preventable diseases, such as diphtheria, measles and malaria, as well as an increase in tuberculosis in Venezuela and raised concerns regarding maternal and infant mortality, mental health and violence.⁴

According with the PAHO report, Malaria transmission increased by 10 per cent from Epidemiological Week (EW) 21 in 2019 (25 May 2019), with 176,877 cases reported. Malaria cases increased by 797 per cent between 2010 and 2019, with the main cause since 2015 being the movement of population from the mining areas of Bolivar state to other areas of the country, difficult access to antimalarial drugs and diminished programmes to control vectors. However, the number of malaria-related suspected deaths (59) has decreased from the previous year.⁴

Conversely, cases of measles have radically decreased by 92.5 per cent (203 cases), based on compared figures from 4 May 2018 to 2019. This decrease is due to the support to the Venezuelan Ministry of Popular Power for Health (MPPS) from international partners such as Pan American Sanitary Bureau (PASB), among others, for a combined measles and diphtheria immunization campaign. However, diphtheria has not been controlled and from the start of the year to late May, 22 states and the Capital District reported confirmed cases. Despite the notable decrease in measles, the D8 genotype that is associated with the outbreak in Venezuela has been reported in neighbouring countries and is now endemic in Brazil as well as Venezuela.

HIV infections continue to be a concern in the country, as antiretroviral medicine have frequent stock-outs. Additionally, there has been a lack of official HIV surveillance data. Venezuela is in the process of transitioning to a different treatment regime (dolutegravir-based regimens), which the PAHO reports could reach up to 85 per cent of the people registered for care. Although, it also notes that this process has been slow and has had an impact on pregnant women, children and alternative regimens.

With regards to other health conditions, current data is often not available. For example, tuberculosis (TB) figures date from 2017, with only preliminary information available up to 2018 when 10,575 new cases were reported. Due to the lack of laboratory supplies, the rates of TB might be underreported, even for these figures. Noncommunicable diseases (NCD) such as cancer, diabetes, hypertension, chronic respiratory diseases, according to 2016 figures represented 70 per cent of the deaths in the country.

With regards to malnutrition, the Venezuelan National Nutrition Institute, with PASB support, is implementing a programme to detect and manage childhood acute malnutrition. UNICEF is providing micronutrient supplements and outpatient care for child malnutrition, but has noted that this is not sufficient for the demand.⁵ Between October and December 2018, Caritas Venezuela found that 57 per cent of the children with whom they work have some degree of malnutrition, with 34 per cent of the children presenting risk of malnutrition, 15.6 per cent of mild malnutrition and 7.3 per cent of acute malnutrition.⁶

It should be noted that the Venezuelan health system operates within the same challenging context faced by the general population. Water shortages and power outages have an impact on the ability to maintain health services; fuel and transportation scarcity also make reaching health facilities increasingly complicated. Unverified figures from the Venezuelan Medical Federation from March 2018 indicate that 22,000 doctors have emigrated, which despite efforts by the Government of Venezuela to train “comprehensive community doctors” and doctors in general medicine are unable to respond to all the health needs in the country. The lack of medicines, commodities and supplies affects the diagnostic capacities of laboratories and radiological facilities. Spare parts of medical equipment and absence of regular maintenance are additional problems that health facilities within the country face and represent the main obstacles for providing a proper and quality treatment and care in the VRC’s health facilities.

⁴ [PAHO Response to maintaining an effective technical cooperation agenda in Venezuela and Neighboring Member States](#), 14 June 2019.

⁵ UNICEF, [UNICEF ramps up humanitarian assistance to children in Venezuela, delivers 55 tons of health supplies since January](#), 7 June 2019.

⁶ Caritas, [Venezuela exports Migrants with Acute Malnutrition](#), February 2019.

WASH

Access to drinking water, in terms of quality, quantity and continuity, is a major challenge in Venezuela. The challenges to purchase (locally or imported) spare parts, equipment, machinery, materials and other goods to maintain water and sanitation services have led to water shortages and at times, complete interruption of the piped water supply. The water system has collapsed due to the suspension of adequate maintenance, lack of equipment (pressure pumps required for water distribution), power outages incapacitating electric equipment and challenges surrounding the existing water reservoirs. This situation has led to significant numbers of people using water sources unfit for consumption, heightening the risk of waterborne diseases.

Faced with irregular access to piped water, water trucks are used to supply water to homes, health centres, among other locations in the country. However, the lack of formal supervision and standards for these water trucks leads to this water often being untreated and having high levels of turbidity. The lack of access to water purification products due to their scarcity or non-existence on the local market or the financial cost of acquiring these, compounds this serious situation.

Payment for water, water purification and water management supplies is an additional economic burden for households in situations of vulnerability. Furthermore, hygiene products required for healthy living situations are often a low priority for the household budget. Sanitation remains difficult due to the lack of capacity of local transport for sanitation services, including solid waste management and garbage collection.

Between October 2015 and the end of 2018, the government has restored 231 wells, mobilized 850 water trucks, repaired 2,573 breakdowns and identified different water sources. Despite these actions, the quality of water in all parts of the country does not meet the parameters required by the Ministry of Popular Power for Ecosocialism.

As detailed in the Emergency Plan of Action, this operation needs to strengthen the quality of water and the amount of water in VRC hospitals and outpatient clinics. Further information on progress towards addressing these specific goals is provided in the Water, Sanitation and Hygiene section below.

Operation Risk Assessment

The current operation presents several external risks. The scope and potential increase of the humanitarian needs could exceed collective capacities and stretch the VRC, the Red Cross Red Crescent Movement's and the resources of other organizations well beyond their limits. There is also the risk that not enough funds and human resources will be attracted to support the response for the growing volume of needs. Moreover, due to the internal situation, the risks associated with managing the operation are considered significant. Close coordination with the ICRC will ensure complementarity and operational risk reduction inside the Movement. Lessons learned from similar operations are being applied to this operation's response planning and operational risk assessment.

Security Analysis

The IFRC has declared this an orange phase emergency (institutional categorisation), which entails heightened security risks. This could mean that access to the target population could be limited, security threats on IFRC personnel could increase and thorough security management is needed. During this reporting period, full-time security staff worked with the VRC and the ICRC to ensure a full understanding of the current and rapidly evolving situation. Further support was provided by the Americas Regional Office (ARO) security team.

In the current context, the Red Cross and Red Crescent Movement reiterates its neutral, impartial and independent humanitarian mandate and commitment to provide humanitarian support to the population in the highest levels of vulnerability in Venezuela.

B. OPERATIONAL STRATEGY

The operational strategy for Venezuela is long-term. As of the end of June 2019, the financial coverage of the Appeal is at 4% funded (this does not include bilateral contributions, see the full list [here](#)). Thus, the strategy will correspond to a steady but consistently expanding operation based on needs and donor support. The planned operation will respond to the situation as it changes and IFRC will continue to steadily increase and expand its support to the VRC. If needs in other sectors arise that IFRC, together with VRC and other Movement partners, feel could be addressed, the Plan of Action will be revised accordingly.

The Appeal seeks 50 million CHF to meet the urgent immediate needs of the most vulnerable population for health care by enhancing the operating capacity of public hospitals and the network of health facilities operated by the VRC across the country and increasing the availability of essential pharmaceuticals and other medical supplies. This approach includes the supply and rapid deployment of essential medical supplies, including pharmaceuticals and generators;

outreach to remote communities with comprehensive primary health services; improve the provision of mental health and psychosocial services.

Where needed, basic infrastructure of water and sanitation in health facilities will be improved to ensure safe water and adequate sanitation facilities and improved hygiene and sanitation practices by the communities. As a priority, the action plan places a special focus in strengthening VRC's capacities in key areas of institutional development, towards greater technical and operating capacity for an effective emergency response and programme management in branches, sub-branches and at central levels.

Appeal's implementation strategy

<p> HEALTH</p> <ul style="list-style-type: none"> • Rapid deployment of essential medicines and other medical stocks • Strengthen the capacity of health care facilities to provide medical services • Epidemic prevention and control • Outreach with primary health care to communities • Psychosocial support and mental health 	<p> WASH</p> <ul style="list-style-type: none"> • Improve quality and quantity of water in health facilities • Strengthen hygiene and sanitation in health facilities • WASH relief distribution to the population • Hygiene promotion activities
<p> STRENGTHENING VRC's OPERATING AND ORGANIZATIONAL CAPACITY</p> <ul style="list-style-type: none"> • IFRC's solid technical, operational and strategic support • Preparedness and response capacity to effectively respond to evolving needs in line with its humanitarian mandate • Enhance VRC's organizational and operational structure, ensuring the ability to maintain and/or increase operations • Volunteer management and care, building skills of VRC staff and volunteers in technical areas strategic to the response operation and programmes • Institutional systems that promote and ensure accountability and compliance focusing in the areas of PMER, IM, CEA, finance, procurement, medical logistics and general logistics 	<p> SUPPORT SERVICES</p> <ul style="list-style-type: none"> • Solid monitoring, evaluation, reporting and information support and systems • Finance controls and increased compliance • Optimum Logistics and supply chain management, enhanced general and medical logistics systems in VRC <p>MAINSTREAMING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA) to ensure active and meaningful participation of affected communities in the action and increased accountability to beneficiaries</p>

The VRC network of health facilities is providing essential medical care and first aid across the country, including outreach to communities with primary health care in remote areas where access to health care is severely constrained.

The low funding coverage of the Appeal, as of June 2019, continue to drastically hinder the implementation of activities and limits the operating capacity of IFRC and VRC in the country. IFRC and VRC have an important level of access to reach the communities in urgent need of humanitarian aid in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement. This access, within this complex operating environment, offers a unique opportunity to help the affected population with health, water and sanitation services at the local level.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 15,431 people

Male: 5,557

Female: 9,874

Health Outcome 1: Access to essential healthcare will be increased in target areas of the assessed hospitals and health clinics.

Indicators:	Target	Actual
Number of people reached with health services (disaggregated by age and gender)	650,000 people	15,431 people (9,874 women and 5,557 men)

Health Output 1.1: Healthcare facilities have access to essential medicines and consumables to enable provision of basic medical services

Indicators:	Target	Actual
Number of health facilities supported with medical stocks	24 health facilities	15 health facilities
Tons of medical items/ kits procured and delivered to health facilities	TBD	Close to 80 tons

Narrative description of achievements

Since February 2019, IFRC has received three cargo planes in Venezuela with close to 80 tons of medical stocks, generators and other relief items in April, June and in July 2019 in collaboration with the Italian Red Cross. The medical cargo was comprised of 3 IEHK (including malaria kits) and other vital pharmaceuticals, surgical kits, medical consumables, basic medical equipment and others, water-related relief items, and generators for medical facilities.

As part of the Appeal's strategy to increase the population's access to health services, two distribution plans for pharmaceuticals and other medical supplies were prepared based on assessments and needs analysis, and implemented reaching a total of 14 medical facilities in seven states as outlined below:

- 6 public hospitals in Miranda, Vargas, Capital District and Carabobo states
- 2 malaria centres in Apure and Merida states
- 2 VRC hospitals in Capital District and Carabobo states
- 4 VRC primary health centres in Zulia, Apure, Portuguesa and Merida states

IFRC security, logistics and other international staff accompanied the dispatch and delivery of the medical stocks to the target locations as part of the monitoring activities and in support of VRC to facilitate cargo's safe passage during distribution and to mitigate potential risks.

The areas targeted by IFRC and VRC with this Appeal are amongst those where the highest number of the population is estimated to be in need for health care. The VRC health facilities supported through the Appeal with pharmaceuticals and other medical supplies provide primary health care in remote communities through health community sessions where the access to health services is severely disrupted to provide free of charge medical care and to prescribe pharmaceuticals. Patients who require further medical treatment are referred to VRC medical facilities to continue receiving free treatment and pharmaceuticals, and/or to public hospitals for other specialized treatment.

To facilitate a coordinated planning and monitoring of the supply and utilization of the medical stocks procured through the Appeal in the public and VRC health facilities, Technical Committees were established covering most of the states where the Appeal is providing medical items. This Committee seeks a neutral and accountable approach to the implementation of the health humanitarian assistance; thus, it's comprised by civil society representatives from the medical and pharmaceutical sector and VRC medical staff. This Committee is replicated at the local level and requires the presence of at least 4 representatives from the civil society and one VRC medical staff from health facilities. The first meetings took place in May 2019 after the arrival of the first medical supplies and other relief items within the framework of the Appeal.

Public hospitals prescribe the medicines following its regular protocols and report the usage of the medical stocks and the people who benefit directly from the Appeal's support through the Technical Committee.

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 health facilities	17 health facilities
Number of treatment/consultations provided in the health facilities and in the community health sessions	TBD	To be reported in the next period
Number of community health sessions carried out	TBD	33 community health sessions

Narrative description of achievements

IFRC procured 24 electric generators to equip health facilities in areas where regular and unpredictable electricity cuts directly impact health care by hindering medical operations and causing life-threatening situations, depending on the services each hospital provides.

Of the 24 electric generators procured, 18 units were distributed in 17 health facilities as outlined below:

- 5 public hospitals, Miranda, Vargas, Carabobo, Zulia states and Capital District
- 1 public dialysis centre in Barinas state
- 1 pediatric oncology centre Foundation in Zulia state
- 2 VRC hospitals in Barinas and Carabobo states
- 8 VRC primary health centres in Falcon, Anzoategui, Lara, Yaracuy, Tachira, Portuguesa and Apure states

In the reporting period, the majority of medical stocks were distributed to public and VRC health facilities. The delivery mechanism of the medicines in the VRC health facilities was designed to ensure it reached the most vulnerable people in a standardized way and has begun roll-out to the different VRC branches. In the model adopted, community health sessions are organized where the patients receive a range of medical services and are prescribed the pharmaceuticals supplied within this action free of charge. When necessary, patients are referred to continue receiving free treatment in the VRC health facilities and/or in others depending on each case. In some of the VRC health facilities, pharmaceuticals are distributed free of charge to the population with a doctor's prescription from public or other free health facilities. Public hospitals prescribe the medicines following its regular protocols and report the usage of the medical stocks and the people who benefit directly from the Appeal's support through the Technical Committee.



Photo 2: Venezuelan RC volunteers attending families during community health session in Capital District. Source: VRC 2019.

VRC provided outreach with primary health care and distribution of medicines to communities with limited access to health services in Capital District since April 2019, while health facilities in Zulia, Apure, Puerto Cabello and Maracay initiated the distribution of medicines and community health sessions in July 2019. Approximately 9,370 girls, boys, women and men received medical care by VRC up to July 2019.

The VRC Hospital in Caracas supported by IFRC with medical consumables and other basic medical supplies reached 3,294 patients between May and June 2019.

The number of patients supported through the Appeal in the public health facilities will be reported in the next period.

One Movement contingency plan for acute diarrhea outbreaks was drafted for a decentralized response and is under review, where different treatment and prevention services will be distributed to ensure timely care of mild and severe cases. The actions contemplate different types and modality of treatment, epidemiologic surveillance, awareness, WASH activities and the formation of a Movement coordination committee for the response.

Through the Appeal, technical support was provided in the area of public and intrahospital health care, supporting the development of standardized tools, SOPs. Health assessments were conducted in several health facilities Aragua, Tachira, Merida and others.

Complementing the IFRC and VRC efforts to provide comprehensive health care to most vulnerable population, beginning July 2019, IFRC and VRC initiated nutrition treatment targeting children under 5 and pregnant and lactating women in different parts of the country with support, as well as nutritional supplements and pharmaceuticals, from UNICEF within the framework of the IFRC Venezuela Country Plan. Malnutrition screening, followed by preventive and curative treatment, will be integrated into outreach activities supported through the Appeal, thus enabling the provision of comprehensive medical care.

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

Indicators:	Target	Actual
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Number of people reached with first aid services (disaggregated by age and gender)	TBD	459 people (250 women, 209 men)
Number of people in communities and VRC staff and volunteers trained in health	TBD	2,115 people in communities (1,117 women, 998 men)

Narrative description of achievements

During public demonstrations and the heightened security situation, VRC first aiders have been assisting the injured population in several locations. With the support of the Appeal, 459 people received first aid.

At the community level, close to 505 community members in Capital District and Vargas were trained in community first aid. In addition, approximately 192 people participated in psychosocial support related activities in the communities, and violence prevention activities were conducted with the teachers in one school. Access to communities since the operation's on-set was made challenging due to the security situation and operational constraints. Concurrently, it was important to work from the beginning on trust with the communities and to raise awareness of the mandate of CRV and the Principles.

Close to 1,600 women and men from communities in Capital District, Carabobo and Aragua received trainings in community first aid and induction of the International Red Cross and Red Crescent Movement. This training serves as an induction to become a VRC volunteer.

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	300 people (200 women and 100 men)
Number of volunteers and staff trained in PSS (disaggregated by age and gender)	TBD	136 (90 women and 46 men)

Narrative description of achievements

There is an increase in assistance in terms of psychosocial support. Emphasizing the urge to integrate Mental Health and Psychosocial Support (MHPSS) in the IFRC's and VRC's humanitarian response, IFRC has deployed one staff specialized in MHPSS. IFRC has supported with technical expertise to support the establishment of VRC's MHPSS Programme, and, at the same time, provided MHPSS to communities and VRC staff and volunteers – many of whom were first responders during the unrest in February 2019.

In the reporting period, PSS and MH activities were conducted with eight VRC branches in Capital District, Vargas, Tachira, Barinas, Falcon, Bolivar, Lara and Zulia.

Mental Health and Psychosocial Support (MHPSS) services provided

In the branches from Capital District, Falcon and Lara, VRC's volunteers and staff care were supported with personalized and group psychosocial and mental health sessions, including awareness on practicing self-care.

Following the disappearance of a boat carrying 32 to 42 migrants that had set off from the Falcon coast, the MHPSS IFRC delegates travelled to Falcon, La Vela to support the branch's psychosocial support (PSS) activities with the families of the missing, as well as provide psychological assistance to families and VRC volunteers. During this incident, VRC volunteers faced high levels of pressure from the communities as the local organization who provided support during this incident.

Despite the heightened security situation that hindered access to communities, markedly since February 2019, close to 176 girls, boys, women and men were reached with psychosocial activities, and 22 people received mental health awareness. Psychological care sessions were incorporated in some of the health sessions in the communities.

Capacity building

In the process of designing the VRC MHPSS programme the objectives defined are: promote care of Red Cross staff and volunteers; promote awareness of emotional reactions and behavior, of adaptation when facing disasters and long-term social conflicts; promote Resilience, skills to cope with crisis situations, and rehabilitation of individuals and communities; increase psychosocial and mental health care of staff and volunteers.

The majority of the personnel and volunteers who had been previously trained and involved with PSS left the country. Therefore, since February 2019, IFRC has supported VRC to develop in this area from a baseline close to zero. The coaching and training activities conducted include:

- Formed three PSS response teams in Capital District, Barinas and Bolivar branches. To this end, 59 volunteers and staff were trained and equipped with tools
- In Táchira, 7 volunteers and staff increased knowledge about providing PSS during migratory grief
- In Falcon and Lara, 59 staff and volunteers were formed in Psychosocial First Aid
- 11 VRC's Restoring Family Links (RFL) personnel in Falcon have acquired knowledge on how to adequately address the psychosocial aspect with families and individuals in need of RFL

Since March 2019, the following tools and methodologies have been completed and/or rolled out:

- Clinical psychological patient record
- PSS record in the communities
- Dissemination of the PSS kit/guide
- Psychological First Aid tools for VRC's volunteers
- Self-assessment checklist for stress and mental health for VRC staff and volunteers
- Roll out of the community Psychosocial Kit in four branches (Capital District, Zulia, Bolivar, Vargas and Lara)



Water, sanitation and hygiene

People reached: 14,212 people

Male: 7,225

Female: 6,987

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	TBD	14,212 (6,987 women, 7,225 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	To be reported in the next period
People reached with WASH relief items	TBD	14,212 (6,987 women, 7,225 men)
Number of health facilities with improved access to safe water and sanitation	21 health facilities	1 health facility
Number of people reached with hygiene promotion (disaggregated by age and gender)	TBD	620 people (429 women, 191 men)

Narrative description of achievements

In addressing the lack of safe water within households, water relief items were procured under the Appeal, including collapsible jerry cans, 20 liters water containers and aquatabs. In the reporting period, close to 8,770 jerry cans and family water containers were distributed to the 14,212 vulnerable people in Miranda, Aragua, Carabobo, Falcon, Yaracuy, Lara, Barinas, Vargas, Anzoategui and Tachira. Hygiene and safe water promotion activities took place. All the procured aquatabs are in the process of being distributed in Apure.

In response to the increasing numbers of Malaria and other vector-borne diseases, IFRC procured 4,000 mosquito curtains and mosquito nets for health facilities and the population. A total of 3,000 were dispatched to the VRC branches in Puerto Cabello, Carabobo; Zulia; El Tigre, Anzoategui; Bolivar; Apure; Merida; Acarigua, Portuguesa; and are in the process of being distributed.

IFRC WASH expert and VRC carried out assessments in seven VRC hospitals and four primary health care facilities in Capital District, Aragua, Carabobo, Lara, Portuguesa, Anzoategui, Tachira, Zulia, and Yaracuy, where the objectives of the WASH component were shared, mainly to improve the quality and quantity of water and to improve sanitation and hygiene in health facilities.

WASH interventions were categorized in three levels: rapid impact with chlorination and cleaning water reservoirs, structural repairs, and equipping with the needed maintenance supplies for up to 12 months. Due to the low coverage of the Appeal, the interventions are being focused on the first level - proving chlorination for the water tanks in the health facilities and cleaning water tanks – for which some supplies were procured with the current funding status.

Hygiene and sanitation activities include providing waste management and hygiene inputs for health facilities. At the community level, it is planned to conduct hygiene promotion and cleaning campaigns with the communities.

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 have effective and motivated volunteers who are protected

Indicator	Target	Actual
Number of VRC volunteers and staff who received support through the Appeal	TBD	884 volunteers and staff

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 staff	6 staff

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

Indicator	Target	Actual
Security plan developed	One	Pending
Number of branches supported with response capacity activities	TBD	10 branches

Narrative description of achievements

This Appeal and the earlier internal emergency funds have been vital to support the VRC in enhancing its technical, operating and structural capacities to provide efficient humanitarian assistance at headquarters, local branches and sub-branches. It considers the coordinated interventions of partners from the International Red Cross and Red Crescent Movement and other international humanitarian partners in Venezuela.

The Appeal contributed to strengthening the operational structure of the National Society by providing financial resources to key operational and support positions in headquarters. At the same time, through the lines of action of the Appeal 13 branches' and its sub-branches' are better equipped to provide and expand health care, WASH and other activities to the communities.

A multidisciplinary response team has been deployed since January 2019 to work alongside VRC in the design and implementation of the emergency operation, and to provide technical and strategic support in key areas.

To enhance VRC's operational, structural and technical capacity, IFRC focused on areas of disaster management, safety and security, finance, logistics, PMER, IM, CEA, health, communications. IFRC and VRC is investing efforts in corporate systems that promote and ensure accountability and compliance, as well as having control systems in place with the direct involvement of IFRC while helping VRC to develop robust procurement, finance, monitoring and reporting, information management systems.

Developing a comprehensive National Society Development (NSD) approach in Venezuela is a priority for the second half of the year with the involvement of the Movement members and support from IFRC NSD unit in the Americas Regional Office. This will guide and ensure coherency and relevancy of the actions and resources dedicated towards a stronger VRC's institutional capacity at central and local levels to fulfil its humanitarian mandate.

Volunteer management and care

Volunteer management is among the main priorities to invest in to ensure the volunteer's safety and well-being is preserved and remains at the core of institutional priorities in headquarters, branches and sub-branches. Volunteers are part of the communities and face the same consequences of the crisis, thus special measures need to be in place to ensure that working conditions are sufficient for volunteers to remain active and motivated.

Through the IFRC 2019 Country Plan, 2,635 VRC volunteers have been insured through the IFRC Volunteer's insurance.

With the support of the Appeal:

- 884 VRC personnel and volunteers in 11 branches and sub-branches were provided with safety boots
- 300 volunteers were equipped with protective and visibility gear in Anzoategui, Tachira and Vargas
- PSS and Mental Health delegate conducted psychosocial support and mental health group and individual sessions with volunteers, especially with those who participated in the response during civil unrest situations and during an incident where a boat with migrants off the coast of Falcon disappeared.
- PS and mental health self-care tools for volunteers was designed and rolled out, and awareness sessions were conducted
- 1,610 received people received an induction to the Red Cross and Red Crescent Movement and community first aid as a first step to become a VRC volunteers

Disaster management

In line with IFRC's and VRC's disaster management priorities, technical support was provided to VRC in:

- Preparation of response and contingency plans in seven branches in Barinas, Merida, Lara, Capital District, Apure, Zulia and Valencia
- Establishment of institutional Early Warning Systems (EWS) in five branches in Zula, Capital District, Lara, Bolivar, Falcon
- Foreseeing heightened security situation and potential, an IFRC and VRC multidisciplinary team was deployed to Tachira to strengthen the response capacity of the Tachira branch and San Antonio sub-branch. During this visit, the strengths and weaknesses for emergency preparedness and response were identified, which informed the action plan prepared to enhance its response capacity and a contingency plan was designed for the civil unrest
- In addition to the previous point, response plans for civil unrest are under preparation and drills have been carried out in Capital District, Barinas and Tachira branches to this end

VRC contingency plan was developed based on joint IFRC and VRC assessment and analysis of the risks, needs, internal and external context, among others.

An IFRC and VRC multidisciplinary emergency response team was mobilized to the border with Colombia from February 19 to 27 to respond to the civil unrest situation.

Looking forward and based on the experiences of this response, IFRC and VRC will scale-up its efforts towards strengthening capacity to respond to and prepare for emergencies focusing on systems and improving technical capacity, in close collaboration with Italian Red Cross and ICRC.

Safety and Security

With regards to security, IFRC Security Coordinator and ICRC supported VRC branches and headquarters are conducting relevant trainings, developing tailored security and safety protocols, equipping volunteers with institutional visibility and defining additional VRC human resource capacity dedicated to coordinating security related aspects.

Some of the activities and results highlighted are:

- VRC headquarters and various branches facing heightened security context are better prepared to analyze and mitigate security risks and preserve during emergency interventions, especially in the volatile context and presence of armed groups
- Security assessment carried out in communities Capital District and Vargas resulted in evacuation plans, security protocols and risk maps, which enabled the uninterrupted implementation of activities within these communities and minimized security incidents
- Security plans are being developed for Tachira, Zulia, Caracas and Apure branches
- VRC standardized security incident reporting mechanism and developed template
- Joint facilitation with ICRC of the Safer Access workshop

Finance and Administration

IFRC has been working with VRC in reinforcing and supporting the development of the Administration and Finance areas of the National Society aligned with the financial policies and regulations of the Federation. National Society personnel have been trained in financial aspects and the management of the Appeal funds. Additionally, an analysis of the current structure has been carried out, identifying priorities for strengthening the internal structure, both at a technical and human resources level.

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

Narrative description of achievements

Since the onset of the civil unrest situation in early 2019, and per IFRC internal emergency categorization, an orange phase-emergency situation has been declared due to the heightened security risks, meaning that access to people affected can be limited, security threats on IFRC personnel are heightened and thorough security management is needed, which currently includes full time security staff and an analyst to ensure proper mitigation and risk reduction.

After the extensive efforts from IFRC and VRC invested in advocating for the delivery and acknowledgement of humanitarian assistance in Venezuela, three consignments entered the country and are being implemented with Neutrality, Independence and Impartiality. Furthermore, a situation room was activated in VRC headquarters to coordinate with situation rooms in branches to closely monitor the evolving situation.

Based on the analysis and assessment, the main outcomes of the IFRC Emergency Plan of Action were set to respond and mitigate the immediate health risks of the affected population by scaling-up the capacity of the health facilities through the provision of vital medical stocks, generators, water, sanitation and technical support and others.

Since the on-set of the emergency, a multidisciplinary response team of 18 international specialized surge personnel and a Head of Emergency Operations have been deployed since January 2019 to work alongside VRC in the design of the emergency operation, responding to the civil unrest situation in February 2019.

Surge deployment	National Society /IFRC
1 Psychosocial	Colombia Red Cross Society
2 WASH	Dominican Red Cross, Spanish Red Cross
3 Medical Logistician	Danish Red Cross, IFRC, Spanish Red Cross
2 Logistician	Spanish Red Cross, IFRC
1 Health	Guatemalan Red Cross
1 Head of Emergency Operations	IFRC
3 Finance	IFRC
1 Security	IFRC
2 Planning, Monitoring, Evaluation and Reporting (PMER)	IFRC
1 Community Engagement and Accountability	IFRC
2 Communications	Netherland Red Cross, Argentinian Red Cross

Despite VRC's experience in receiving international assistance, IFRC and VRC worked closely with VRC in activating and managing IFRC international assistance mechanisms. The overall operation was closely accompanied by IFRC global, regional and country offices.

The CEA related activities concentrated on developing feedback mechanisms from patients during the community health sessions and other activities; beneficiary communications mechanisms; volunteer's training, and development of guidelines. Beneficiary communications, education and information materials were disseminated among the communities in relation to PSS, WASH, and Risk Reduction, among others. The mission of the CEA surge had to be shortened due to the sudden change of visa regulations in reciprocity.

At the regional level, the IFRC Regional Office for the Americas (ARO) has activated its emergency operations centre, which centralizes its monitoring, response actions and scenario planning and the emergency. At the global level, a Joint Task Force has been set-up to share information, situation analysis and coordinate response action of the Movement components. Regional response planning activities took place to align the strategies of the countries responding to the Venezuela crisis and articulate country, regional and global messages and plans.

IFRC maintained close coordination with the ICRC and monitored the situation. Jointly with VRC a Movement Contingency Plan was finalized for the current emergency response delineating the response and coordination mechanisms at a strategic, operational and technical level. In addition, a thematic joint communication plan is in place, while IFRC, ICRC and VRC have worked on communication strategies for the different situations arising from the crisis and the heightened profile of the operations.

A Road Map for the health emergency response was agreed upon with the Ministry of Health to prompt the entry of international humanitarian assistance cargo. The Appeal's mobilization table with the essential medical stocks for the medical facilities was developed with the support from IFRC health and logistics.

Logistics

RLU have actively supported the field logistics and management team, by guiding through the different procedures for the operative setup of the structure and well-functioning of the services in the country, as the logistics activities goal is to effectively manage the supply chain, including mobilization, procurement, customs clearance, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

Operational Logistics, Procurement and Supply Chain Management with the support of Geneva's medical procurement officer, have conducted international procurement for the medical and relief items to the country and is effectively managing the mobilization table and pipeline for the country. In terms of structure, two general logisticians and two medical logisticians were deployed to Venezuela since the on-set of the response. Field Logistics' core functions under this operation is to maintain an optimal pipeline management for bilateral and multilateral consignments, handling reception, inventory, central warehouse management, dispatch for distribution to the VRC branches and sub-branches, VRC and public medical facilities. To accomplish the objective, since April 2019, a central warehouse was established in Capital District, as per the availability in the complex context of Venezuela.

IFRC logistics team in country works well with VRC logistics department, that need to be improved and supported for performing the regular functions. Additional support needs to be provided to hospitals and branches in terms of medical logistics, to keep the dynamic requirements of the operation.

Influence others as leading strategic partner

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.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Narrative description of achievements

Important progress in the area of communications has promoted better positioning and understanding of VRC's image and actioning of the Fundamental Principles with the population, national and local actors. Contributing to this,

key institutional communications approaches were jointly developed in close collaboration among VRC, ICRC and IFRC in Venezuela.

Main highlights of the joint efforts between IFRC and VRC are summarized as follows:

- Basis to develop a national communication strategy
- Key institutional communications materials produced/updated, such as key messages, reactive lines, reputation risk analysis, etc.
- Increased communications capacity in branches
- Increased content and presence in the social media of the work of VRC and IFRC in Venezuela
- Basis for a national Communications plan
- Beneficiary testimonies produced
- Improved and raised presence with national and international media

Some of the audiovisual content produces can be accessed in the following links:

- <https://www.instagram.com/p/B0hfGiKnrUX/?igshid=1b4n83tpe9bkv>
- <https://www.instagram.com/p/B0XE5fAnFgc/?igshid=fhel56fq44t3>
- <https://www.instagram.com/p/BzB2aSEnHew/?igshid=m0qxrrbpe5n7>
- <https://www.instagram.com/p/BzB2aSEnHew/?igshid=m0qxrrbpe5n7>
- <https://www.instagram.com/p/Bw0gfydH-CD/?igshid=1jnqeu0dy0l23>
- <https://www.instagram.com/p/BwxTTOlnrA-/?igshid=ikxj5l4b3jl>
- <https://www.instagram.com/p/B0cEfnSnqSP/?igshid=18l1f09xhb6fn>

The visit of the IFRC President, Francesco Rocca, to Venezuela March 2019 marked a crucial step in humanitarian diplomacy, followed by the launch of the IFRC Appeal and humanitarian aid entry to support a scale up of medical care and other assistance by the Venezuela Red Cross. The IFRC and VRC are positioned as influential humanitarian actors, enjoying access to and the trust of the communities with whom we work, as well as being accepted by the main parties in Venezuela and providing humanitarian assistance with autonomy actioning the Fundamental Principles.

VRC and IFRC have been progressively expanding its scope of action, both to new communities and integrating operational/thematic areas. VRC has placed special attention in gaining the trust of the communities and promoting the understanding of the VRC and the Fundamental Principles, as well as leading to ensure the meaningful participation of the communities in the interventions design, implementation and monitoring. This is a crucial learning from the implementation of the emergency operation and programmes.

The planning process of the VRC strategic plan will initiate with the evaluation and learning of the implementation of the strategic plan ending in 2019, ensuring a participatory and comprehensive process that responds to the humanitarian needs the communities, families and individuals are facing, and aligned to the strategy IFRC 2020-2030.

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

Regular security analysis from the Americas and Venezuela security focal points guided the NS and IFRC staff with mitigation measures and protocols. Safe route plans have been developed for staff field trips and delivery of relief

assistance. As described in the previous sections, IFRC is providing vital support in enhancing VRC staff and personnel security and safety.

Funds channeled through the Appeal need to be implemented in adherence to IFRC's policies and procedures. To this end, IFRC has control systems applied at country, regional and global levels. The financial monitoring of the operation is supported by the IFRC Americas Regional Office finance and administration manager working closely with the staff based in Venezuela. To this end, since the beginning of the operation international finance and administration personnel was based in Venezuela. The Americas' Finance and Administration Manager travelled to Venezuela and continues to oversee the financial performance of the operation. Challenges in relation to transfers, contracts, human resource procedures, and others are being resolved by IFRC working closely with VRC and measures are in motion in relation to the adoption of procedures and policies in VRC.

IFRC PMER surge and programme's staff is working with the National Society in strengthening the monitoring, reporting and information management (IM) systems applicable to the operating context for greater accountability and evidence-based impact of IFRC and VRC actions. To this end, monitoring tools tailored to the activities under the Appeal started to be developed such as post-distribution monitoring, activities and beneficiaries register, monitoring framework. The IFRC international staff has been conducting regular field visits to several states across the country to monitor the activities being implemented, and to assess the needs contributing to relevant planning of the IFRC and VRC interventions.

Information Managements terms of reference for Venezuela has been shared with the Surge Information Management Support (*SIMS*) network seeking health and general IM expertise to provide technical support to VRC and IFRC country team to design and implement a multisectoral information management systems utilizing relevant digital tools. IFRC and VRC participate in the IM working group in Venezuela led by UN-OCHA.

D. Budget

See detailed budget [here](#).⁷

⁷ Financial report as of end of June 2019. Appeal coverage does not include bilateral contributions, see the full list [here](#).

Reference documents



Click here for:

- [Emergency Appeal \(MDRVE004\) Venezuela: Health Emergency](#)

**For further information, specifically related to this operation please contact:
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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	2019/01-2019/06	Operation	MDRVE004
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 13 Aug 2019

All figures are in Swiss Francs (CHF)

MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jan 2020; 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
Total Funding Requirements	50,000,000
Donor Response* as per 13 Aug 2019	1,968,396
Appeal Coverage	3.94%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	909,266	336,185	573,081
AOF5 - Water, sanitation and hygiene	91,783	0	91,783
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	161	14,681	-14,520
SFI1 - Strengthen National Societies	0	23,039	-23,039
SFI2 - Effective international disaster management	727,317	400,084	327,233
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	684	-684
Grand Total	1,728,528	774,673	953,855

III. Operating Movement & Closing Balance per 2019/06

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,537,741
Expenditure	-774,673
Closing Balance	1,763,068
Deferred Income	0
Funds Available	1,763,068

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	0	Outstanding :	1,000,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2019/06	Operation	MDRVE004
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 13 Aug 2019

All figures are in Swiss Francs (CHF)

MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jan 2020; 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	
DREF Allocations				1,000,000	1,000,000		
Japanese Red Cross Society	90,572				90,572		
Lithuania Government	111,664				111,664		
Red Cross Society of China	201,369				201,369		
Spanish Government	68,125				68,125		
Swedish Red Cross	491,014				491,014		
The Canadian Red Cross Society (from Canadian Gov	22,364				22,364		
The Netherlands Red Cross (from Netherlands Govern	455,400				455,400		
Turkish Red Crescent Society	97,231				97,231		
Total Contributions and Other Income	1,537,741	0	0	1,000,000	2,537,741	0	
Total Income and Deferred Income					2,537,741	0	