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Six-month update

Venezuela: Health Emergency

 International Federation
of Red Cross and Red Crescent Societies

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| Emergency appeal no° MDRVE004 | Timeframe covered by this update: 27 January to 23 September 2019 |
| Date of issue: 23 October 2019 | Operation timeframe: 18 months |
| Operation start date: 27 January 2019 | Operation End date: 27 July 2020 |
| Overall operation budget: 50 million Swiss francs | DREF amount allocated: 1 million Swiss francs |
| N° of people being assisted: 650,000 people | |
| Host National Society presence: The Venezuelan Red Cross (VRC) has approximately 2,500 volunteers, 24 branches and 11 subcommittees. In addition, it has 8 hospitals, 33 outpatient clinics and approximately 1,400 employees. | |
| Red Cross Red Crescent Movement partners currently 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 Children's Fund (UNICEF), Pan American Health Organization (PAHO/WHO), Ministry of Popular Power for Health (MPPS) and the Ministry of Foreign Affairs. | |

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

January 2019: IFRC allocated internal emergency funds, Disaster Relief Emergency Fund (DREF), to support the Venezuelan Red Cross.

March 2019: IFRC President visited Venezuela, marking a crucial step for humanitarian diplomacy in the country by the IFRC and the Venezuelan Red Cross.

March 2019: Nationwide power outage that continued for several days.

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

August 2019: Publication of [Operation Update no. 1](#).



The Venezuelan Red Cross provides primary healthcare in community health sessions. Source: VRC, 2019.

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

A. SITUATION ANALYSIS

Description of the context

Venezuela continues to face a complex situation in which access to basic services, especially health (promotion and prevention of communicable and non-communicable diseases, diagnosis and treatment), mental health, as well as water, sanitation and hygiene (WASH) conditions remain critical. The Pan American Health Organization (PAHO) has reported outbreaks of preventable diseases, such as diphtheria², measles³ and malaria, as well as an increase in tuberculosis in Venezuela. To reduce the spread of disease, essential healthcare is needed for the population with the highest levels of vulnerability. Population needs change with seasonal shifts; as the rainy season has begun, mosquito-transmitted diseases have generated an impact on the healthcare context.

This situation has also affected the hospital network of the Venezuelan Red Cross (VRC). The National Society, which is part of the health system through the provision of services in its 8 hospitals and 33 outpatient clinics, continues to contribute to efforts to provide health services to the Venezuelan population.

As a consequence of the nationwide power cuts that have occurred since March 2019, the health system has experienced a collapse. This is especially notable in emergency services, as well as for equipment such as dialysis machines, refrigeration, ventilators, among others.

Energy outages also affect the water supply, as the supply depends entirely on electric pumps. Access to water is one of the greatest challenges facing Venezuela, it is common for communities to receive water only once a week, which increases the risks faced by the most vulnerable populations such as children and adolescents, pregnant and lactating women, and the elderly. To date, electricity service remains fluctuating, especially in states outside the capital.

This situation is compounded by fuel shortages, which have been aggravated by a reduction in imports and insufficient local production. This has hindered access to essential services and people's livelihoods, including the transport sector, which adds to the population's challenges in accessing health services and water resources.

Recent data published by the Central Bank of Venezuela indicate that the Venezuelan economy has contracted by 52 per cent between 2013 and 2018⁴. In the same period, non-oil imports fell 81 percent. Other data shows a sharp drop in the country's oil exports from 85 billion US dollars in 2013 to 30 billion US dollars in 2018⁵.

The National Consumer Price Index shows that food and other commodities have had cumulative inflation of more than 1,000 per cent between December 2018 and April 2019⁶. This hyperinflation is deepening the loss of purchasing power and limiting access to basic goods. According to August estimates from the Documentation and Analysis Centre for Workers ([Centro de Documentación y Análisis para los trabajadores](#)), a Venezuelan requires 134.5 minimum wages (40,000 Sovereign bolivar- BsS) to purchase a food basket for an average family of five, which means that the monthly minimum wage (equivalent of 1.90 US dollars) has an average purchasing power of only 1.1 per cent of the minimum food basket⁷. Although food and related products may be available in markets, many people, especially those with lower incomes and the most vulnerable, cannot access these due to high prices.

Remote communities, including those in border areas and indigenous communities, do not receive sufficient assistance to cover their basic needs. It is essential to continue the planned implementation, as well as

² PAHO, [Diphtheria epidemiological update, 18 October 2019](#)

³ PAHO, [Measles epidemiological update, 25 September 2019](#)

⁴ Central Bank of Venezuela, [Gross Domestic Product \(GDP\). Historic data from 1997 to Q3 2018 with 2017 constant prices](#). The following formula was used to estimate growth rate between Q3 2018 and Q3 2013: $[(GDP_{Q3\ 2018} - GDP_{Q3\ 2013}) / GDP_{Q3\ 2013}] * 100$

⁵ Central Bank of Venezuela, [Trade balance. Historic data from 1997 to Q3 2018](#).

⁶ Central Bank of Venezuela, [National Consumer Price Index \(NCPI\). Historic Data from December 2017 to April 2019](#). The following formula was used to estimate the change from December 2018 to January 2019: $(NCPI_{April\ 2019} / NCPI_{Dec\ 2018}) * 100$

⁷ El Impulso, [Se requieren 134.5 salarios mínimos para adquirir la canasta alimentaria](#). 19 September 2019.

expand the range of actions to address disease outbreaks and increase comprehensive care for priority conditions, physical and mental health.

The overall situation pushes many people to continue to leave the country without being properly informed of the risks associated with migration, including the risk of being victims of trafficking and/or sexual and labour exploitation. According to estimates by the United Nations Refugee Agency (UNHCR) and the International Organization for Migration (IOM) in their 5 September 2019 report, approximately 4.3 million Venezuelans have emigrated, which places the country second, after Syria, in the global ranking of people displaced across international borders.

This Appeal continues to support the VRC in facilitating access to health for the Venezuelan population by fulfilling its mandate and ensuring that all actors understand the [Fundamental Principles of the Red Cross and Red Crescent Movement](#), especially those of impartiality, neutrality and independence, and seeks to continue mobilizing financial support for the purchase and distribution of medicines and medical supplies to ensure the availability of services at primary and specialized levels.

Summary of current response

In January 2019, the International Federation made its Disaster Relief Emergency Fund (DREF) available to enable the Venezuelan Red Cross to increase actions to respond to the then current situation in Venezuela, as well as augment the IFRC's capacity in the country through Red Cross global and regional mechanisms. In April 2019, the Health Emergency Appeal was launched, and response mechanisms were activated to significantly expand access to health and water, sanitation and hygiene for the most affected population. The Appeal seeks an effective and responsible emergency response from the Venezuelan Red Cross and the IFRC, which has the capacity to exert influence as one of the main independent, neutral and impartial local humanitarian actors, and to promote understanding of the Fundamental Principles of the Red Cross and Red Crescent Movement with communities and authorities.

The DREF funds supported the VRC's response with relief items in water, sanitation and hygiene; first-aid services; and pre-hospital care during the public order disturbances in February. VRC staff and volunteers were equipped with visibility and safety equipment. At the community level, community first aid and psychosocial support (PSS) activities were conducted

During the months of February and March, the VRC and the IFRC held different meetings with the key actors in the country. On 29 March, the approval of the entry of medical supplies into the country was approved. Coordination mechanisms for the arrival and distribution of these supplies were established with the Ministry of Popular Power for Health (MPPS) and the Venezuelan Red Cross. By September 2019, three cargo planes and two ships with more than 100 tons of medical supplies, 23 electric generators, long-lasting insecticidal nets (LLIN), articles for storage and access to safe water (water purification tablets and jerrycans) and other relief items have entered, and many have been distributed as indicated in the graphic below, in the country. The shipments started in April 2019 with the arrival of the first chartered plane, the second in May 2019 (ship), the third in June 2019 (plane), the fourth in July 2019 (plane) in collaboration with the Italian Red Cross, and the last shipment entered in August 2019 (ship).



3 charters and 2 ships delivered more than **100 tons of humanitarian aid**

More than 50,800 people reached in the reporting period

HEALTH ACTIVITIES

H 28 HEALTH FACILITIES RECEIVED SUPPORT THROUGH THE APPEAL IN 17 STATES IN VENEZUELA:

- 10 VRC primary health care
- 4 VRC Hospitals
- 1 dialysis unit
- 1 electromedicine unit
- 1 pediatric oncology center
- 2 public malaria treatment center
- 9 public hospitals



MORE THAN

32,900

people reached with health care support activities



459

people received first aid services from the VRC during public demonstrations



1,219

people trained in community first aid in states of Anzoategui, Aragua, Barinas, Falcon, Lara, Tachira, Yaracuy, Zulia



9 INTER AGENCY HEALTH KITS & OTHER MEDICAL SUPPLIES DISTRIBUTED

- 2 supplementary health kits with essential medicines and medical devices distributed in 4 public hospitals in Capital District, Vargas, Miranda, and 1 kit in 1 VRC Hospital in Capital District
- 6 Malaria kits distributed in Apure y Merida



23 GENERATORS DISTRIBUTED IN 22 HEALTH FACILITIES

Provided to:

- 12 generators in 11 public hospitals in Capital District, Vargas, Barinas, Zulia, Carabobo, Cojedes
- 11 generators in 11 VRC facilities
 - 8 VRC primary health centers
 - 3 VRC hospitals

PSYCHOSOCIAL SUPPORT (PSS) AND MENTAL HEALTH



4,280

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



More than

17,800

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

26

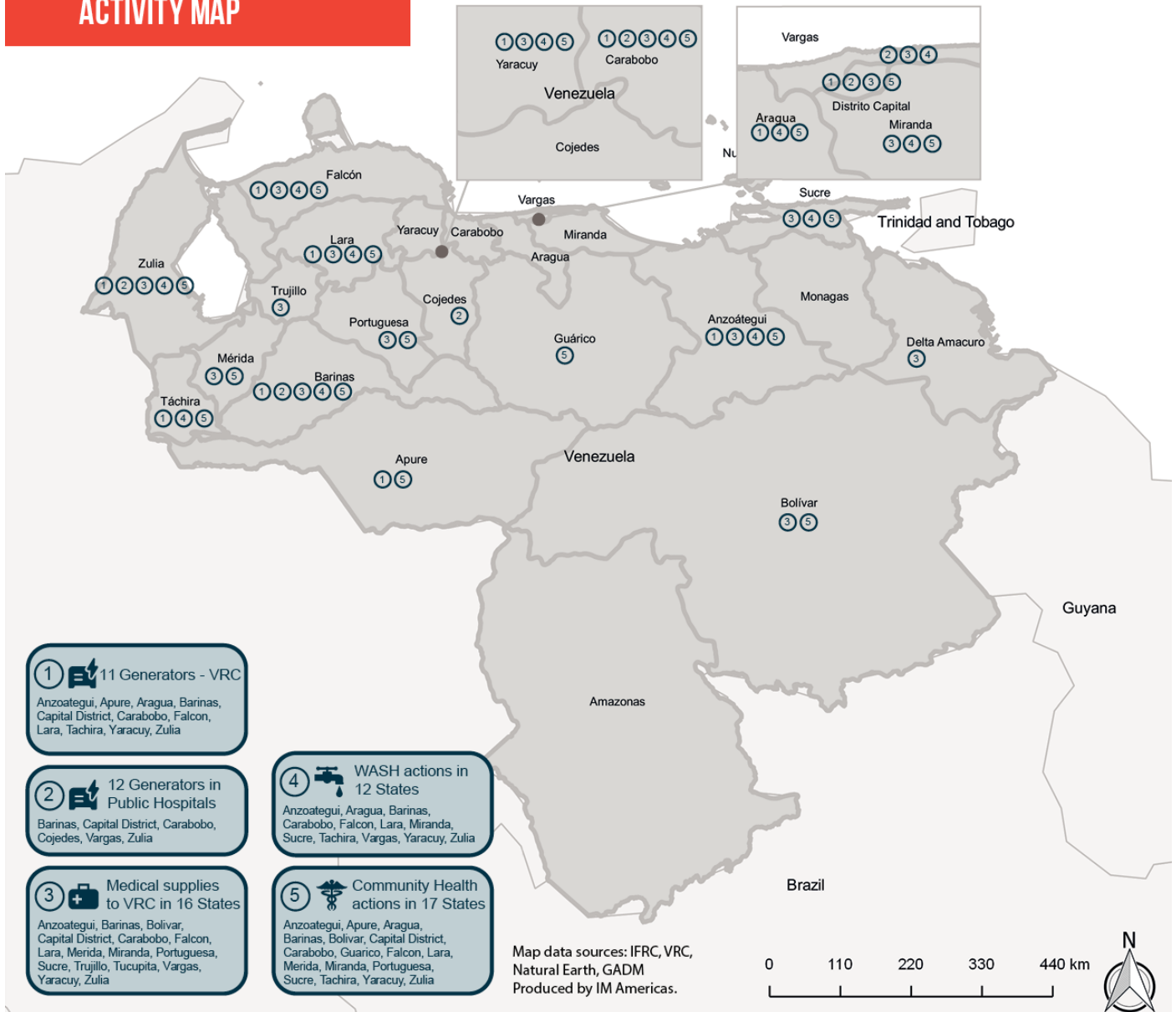
international surge deployments

During this reporting period, this Appeal for Venezuela: Health Emergency, has enabled support for 28 health facilities, including: 9 public hospitals, 1 public dialysis centre, 1 electromedicine unit, 2 public malaria treatment centres, 1 paediatric oncology centre, 4 VRC hospitals, and 10 VRC health clinics. This support includes generators and/or essential medical supplies, including pharmaceuticals for the provision of basic healthcare and first aid. IFRC technical experts in the country and in the region conducted technical evaluations to establish the Appeal's priorities, as well as ensure that the technical and operational support to the VRC continues to be central.

The distribution of medical supplies and generators, as well as water, sanitation and hygiene interventions, continue to be carried out in different parts of the country. VRC psychosocial response teams were formed in three locations; standard psychosocial methodologies are being applied in branches. Psychological sessions (care and educational) were integrated into some of the community-based health activities. In addition, IFRC supports VRC volunteers with tools for self-care of their mental health. See the map of activities by type carried out in each state.

The VRC and IFRC, which conducted these activities in close coordination, have reached more than 50,800 people in 21 out of 24 states in Venezuela with health and WASH interventions, community trainings and psychosocial support during this reporting period. These actions, particularly the community health campaigns, have contributed to guaranteeing the vulnerable population's access to primary healthcare, medicines and key services.

VENEZUELA - HEALTH ACTIVITY MAP



Overview of Host National Society.

The Venezuelan Red Cross, founded in 1895, has approximately 2,500 volunteers (500 of which 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 healthcare to the most vulnerable communities, emergency response and community-based actions. The VRC has volunteers and staff specialized in health; first aid; psychosocial support; livelihoods; disaster risk reduction; social inclusion; and water, sanitation and hygiene promotion.



VRC actions in this Appeal operation would not have been possible without the network of committed volunteers and staff who are the central pillar of 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 Fundamental Principles of the Red Cross and Red Crescent Movement.

The current efforts 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 Principles with special attention to neutrality, impartiality and independence.

Overview of Red Cross Red Crescent Movement in country

Following the actions of the IFRC Secretariat in Venezuela, this past July, it was decided to transform the IFRC technical office, housed within the VRC's national headquarters in Caracas, into a Country Office that would report directly to the Regional Office for the Americas (ARO). Currently, the positions of Head of Office and nine international delegates are in the final phases of the recruitment process.

With this structure, the Secretariat will be able to support the implementation of the IFRC's 2019-2020 Master Plan in Venezuela, which seeks to obtain 63 million Swiss francs, as well as the strengthening of the National Society's capacities to be a key actor in the country. This master plan is composed of this Appeal and [Operational Plan 2019](#), which include support for the National Society.

Currently, the main projects are related to community resilience and disaster risk reduction; community health; water, sanitation and hygiene; livelihoods; nutrition; migration, protection and social inclusion; and cross-border cooperation between the Colombian Red Cross Society and the Venezuelan Red Cross.

With the launch of DREF funds in January 2019 and the Appeal in April, along with the National Society's ongoing programmatic actions, IFRC is supporting the VRC to scale-up emergency response activities and humanitarian programming with the most vulnerable communities. Under this Appeal, the VRC was able to provide selected households with items to store and purify water, and provide communities with basic and emergency health services, including medical supplies for health centres. The VRC has also provided first aid, pre-hospital care, psychosocial support and mental healthcare. Since the onset of heightened tension in the country, a situation room was activated at VRC's national headquarters, which coordinates the response with the situation rooms at the sectional level and monitors the evolution of the situation.

During this reporting period, the combined operational and programmatic team in Venezuela has been composed of international staff. At the outset, a Head of Emergency Operations (HeOps) was present and led the operation between April and June 2019.

To date, 26 specialists have been deployed for technical support through the IFRC's global and regional response mechanism (surge) in the areas of water, sanitation and hygiene; psychosocial support; health; medical and general logistics; communications; security; finance; administration; planning, monitoring, evaluation and reporting (PMER); and relief. In the coming months, it is expected that a medical delegate, a disaster preparedness and response coordinator, a logistician with a focus on procurement, an information management delegate, a PMER delegate who, together with the head of country office, the finance and administration delegate and the programme coordinator will provide timely follow-up to the implementation of this operation.

Considering that it is in Venezuela where the response to the impact of the socio-economic situation begins, regular coordination has been established with the emergency operations that respond to the flow of Venezuelan migrants in the region: Colombia:

33 Health Centres

Population Movement ([MDRCO014](#)) and Americas: Population Movement ([MDR42004](#)), to maximize efforts to the IFRC regional response. The IFRC's Disaster and Crisis Department for the Americas is responsible for overall coordination between the three response operations (the appeals for Venezuela, Colombia and the Americas), facilitating synergies between response activities carried out in the country of origin and in countries that receive Venezuelan migrants.

This effort is led by the ARO; and for a better understanding of the challenges and advances at the country level, the Joint Working Group with the Global Department of Disasters and Crises has been established in Geneva. To date, more than 16 coordination meetings have been held.

The International Committee of the Red Cross (ICRC) has a permanent delegation in Venezuela with offices in Caracas, San Cristóbal in Táchira and Puerto Ordaz in Bolívar. ICRC activities focus on the areas of health, water, sanitation and hygiene, and the restoration of family links (RFL), among others, in accordance with its mandate. The ICRC conducts activities to assist the most vulnerable people, detainees, migrants and their families, and promotes knowledge of international humanitarian standards and universal humanitarian principles to strengthen their integration into national legislation. For this operation, a health coordination technical working group was established to facilitate synergy and complementarity of the actions carried out in public hospitals by the three Movement components (VRC, ICRC and IFRC).

The VRC, ICRC and IFRC have a tripartite agreement in Venezuela. The ICRC and the IFRC also coordinate at the level of their respective headquarters in Geneva. This coordination has made it possible to plan the use of resources, coordinate implementation and cooperation modalities. On 3 February, the three Movement components in country issued a joint declaration, which expressed the willingness and ability to continue to assist, through humanitarian aid, the Venezuelan population with the most urgent humanitarian needs in accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement.

In order for the Movement to have a greater impact in addressing growing humanitarian needs, the VRC, the IFRC and the ICRC work closely together, promoting synergies and complementarity of their actions and optimizing the use of their capacities and available resources. The Movement's priorities include adopting a coordinated approach to ensure and strengthen institutional development in order to achieve greater technical and operational capacity for effective and accountable emergency response and humanitarian programming in areas such as migration, RFL, relief, healthcare, among others. The IFRC and the ICRC support VRC branches and headquarters by conducting relevant training courses, developing security protocols tailored to the needs of volunteers, providing institutional visibility and defining an additional VRC human resource capacity dedicated to coordinating security through cooperation activities and community programmes.

Overview of non-RCRC actors in country

The VRC coordinates its activities with different national and local authorities. Currently, the VRC and the IFRC coordinate with United Nations (UN) agencies and other international organizations through the Coordination Team for Cooperation and Assistance (ECCA). Following the appointment of a Humanitarian Coordinator last May, this space established the activation of a Country Humanitarian Team and an Inter-Cluster Coordination Group. An Assistant Humanitarian Coordinator also was appointed. These mechanisms are leading the coordination of principled humanitarian action in Venezuela.

To date, eight clusters officially are activated in: food security and livelihoods; health; nutrition; water, sanitation and hygiene; protection (including areas of responsibility for the protection of children and adolescents and gender-based violence); shelter, energy and household goods; education; and logistics. Seven clusters are fully active, and the logistics cluster is just initiating.

The UN and its partners have launched an appeal to support the Humanitarian Response Plan for Venezuela, which aims to assist 2.6 million people and requires \$223 million by the end of the year⁸.

⁸ [Venezuela Humanitarian Response Plan](#). July – December 2019.

Based on the 3W tool (who does what and where) there are a total of 63 operational actors including UN agencies and non-governmental organizations (NGOs), who are increasing their capacity and presence. This includes the 10 priority states for humanitarian response.

Funding to maintain and expand the response is urgent, as UN agencies and NGOs declare limited financial resources.

The VRC and IFRC participate in nutrition, health and water and sanitation sector meetings; they also participate in the medical logistics sub-group. Part of this coordination has allowed the VRC to receive more technical training. In early March, the VRC participated in a Pan American Health Organization (PAHO) training course on the Supply Management System (SUMA), which taught the basic functions of entry, delivery and notification of supplies. Prior to the arrival of the inter-agency health emergency kits (IEHKs), this training also provided information on the presentation and content of these kits. In August 2019, this training was complemented by a workshop also facilitated by PAHO on the management of another supply tool, Systock, which has been adopted for the management of inputs at the national level, which is administered jointly with the VRC and the IFRC.

As part of the long-term programmatic actions, the VRC and IFRC are collaborating with UNICEF in the distribution of water treatment tablets (Aquatabs), as detailed in section C of the Detailed Operational Plan in the priority area of Water, Sanitation and Hygiene.

During this reporting period, IFRC met with the Ministry of Popular Power for Foreign Relations, the Ministry of Popular Power for Health, the United Nations Resident Coordinator, and the ICRC to establish protocols for the entry of medical supplies into the country, which is stipulated in an agreed upon roadmap. This coordination allowed the entry of the three charter planes and two ships with aid in April, June, July and August 2019.

In addition, negotiations with the Ministry of Popular Power for Foreign Relations have been conducted for the establishment of a Headquarters Agreement for the IFRC to extend its current operational capacities.

Coordination mechanisms currently in place to enhance implementation of actions

| Actor by type | Coordination mechanism |
|-----------------|--|
| VRC | <ul style="list-style-type: none"> Operational coordination between branches and thematic areas Health coordination meetings |
| IFRC | <ul style="list-style-type: none"> Establishment of a Country Office Surge support for the deployment of key technical staff 2019-2020 Venezuela Master Plan, including Appeal plan of action and Operational Plan. Coordination with regional emergency appeals currently active in response to the flow of Venezuelan migrants in the region |
| ICRC | <ul style="list-style-type: none"> Coordination with permanent delegation in Venezuela Health coordination technical roundtable |
| Movement-wide | <ul style="list-style-type: none"> Tripartite agreement between VRC-ICRC-IFRC to coordinate actions and avoid duplication. |
| External actors | <ul style="list-style-type: none"> Coordination with Humanitarian Country Team participating in the clusters of nutrition, health, medical logistics, and water and sanitation. Coordination with Ministries of Popular Power for Health and for Foreign Affairs. |

Needs analysis and scenario planning

During the period covered by this Operation Update, the VRC and IFRC continued to analyse the socioeconomic and health trends, monitoring the evolving needs in the country.

Inflation in Venezuela has worsened in 2019; both local currency and foreign currency are losing purchasing power. This scenario has caused difficulties in the Venezuelan population's access to healthcare due mainly to limited access to medicines, migration of health personnel, deterioration of medical equipment due to the lack of maintenance and/or spare parts, in addition to a deterioration of health facilities, among others. These elements, together with food insecurity and nutritional problems, have led to greater vulnerability in

the Venezuelan population and have generated one of the most significant mass displacements in the history of South America.

Electricity failures have decreased in the national capital; however, electric power is rationed in several states, thus limiting the provision of essential services.

In this scenario, the VRC sectionals have increased the number of day-long health campaigns (known as community health days) in vulnerable communities, increasing access to health services (diagnosis and treatment) in these communities. Generators, medicines, medical equipment and consumables, repairs and/or maintenance of their safe water management systems, improving their capacity to provide healthcare to the population, have been provided in VRC hospitals and out-patient clinics and State-dependent hospitals.

The following section provides a general overview of the central needs in relation to the IFRC and RCRC areas of action in Venezuela. As mentioned above, the VRC and the IFRC coordinate with the ICRC and other Movement components to avoid overlapping, complement their actions, proactively exchanging on shared operational constraints and possible mitigating actions.

Needs analysis

Health

Difficulties in obtaining access to healthcare, medicines and medical supplies continue to generate health needs in Venezuela. To reduce the spread of disease, as well as to provide care and treatment for chronic diseases, malnutrition and support for those facing psychosocial and psychological problems, essential healthcare is needed for the population with the highest levels of vulnerability.

The Pan American Health Organization, in the framework of its 164th meeting of the Executive Committee, issued a [report](#) on 14 June 2019 that points to the need to maintain technical support and cooperation in health in Venezuela and neighbouring countries. The report noted outbreaks of preventable diseases, such as diphtheria, measles and malaria, as well as an increase in tuberculosis in Venezuela, and expressed concern about maternal and infant mortality, mental health and violence.

The number of measles cases has dropped dramatically by 92.2%, with a total of 449 confirmed cases through September 2019, compared to 5,779 confirmed cases in 2018⁹. This decrease is due to support to the Ministry of Popular Power for Health from international partners such as the Pan American Sanitary Bureau (PASB), among others, for a combined measles and diphtheria vaccination campaign. Despite the notable decrease in measles, the D8 genotype associated with the outbreak in Venezuela has been reported in neighbouring countries and is now endemic in both Brazil and Venezuela.

At the beginning of this year's rainy season, mosquito-borne diseases further affected the health-care context, with outbreaks of malaria and dengue fever reported in Zulia and Táchira, respectively. In many places, particularly in the states of Bolívar, Sucre and Amazonas, malaria remains a constant problem, as the treatment medication remains non-existent and/or expensive. Given the significant migratory movement, the spread of outbreaks, in bordering countries, remains a significant threat.

Efforts to increase basic epidemiological surveillance and data generation have yet to be strengthened with 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, as well as shelter, energy and non-food items (NFI).

HIV infections remain a concern in the country, as antiretroviral drugs are often depleted. In addition, there has been a lack of official HIV surveillance data. Venezuela is in the process of transitioning to a different treatment regimen (regimes based on dolutegravir), which according to PAHO reports could reach up to 85 per cent of those registered for care. However, it also notes that this process has been slow and has had an impact on pregnant women, children and alternative regimens.

⁹Pan American Health Organization, [Epidemiological Update: Measles: 25 September 2019](#).

For other health conditions, current data are often not available. For example, figures for tuberculosis date from 2017, and preliminary information is only available until 2018, when 10,575 new cases were reported. Due to the lack of laboratory supplies, tuberculosis rates could be underestimated, even by these figures. Non-communicable diseases, such as cancer, diabetes, hypertension and chronic respiratory diseases, account, according to 2016 figures, for 70% of deaths in the country.

As for malnutrition, the National Institute of Nutrition of Venezuela, with the support of PASB, is implementing a programme to detect and manage child acute malnutrition. UNICEF provides micronutrient supplements and outpatient care for child malnutrition but has pointed out that this is not enough to meet demand. Between October and December 2018, Caritas Venezuela found that 57% of the children with whom it works have some degree of malnutrition, and that 34% of the children are at risk of malnutrition, 15.6% of mild malnutrition and 7.3% of acute malnutrition.

The Venezuelan health system operates in the same challenging context faced by the general population. Water shortages and electricity shortages have an impact on the ability to maintain health services; fuel and transportation shortages also make it increasingly difficult to reach health centres. Unverified figures from the Venezuelan Medical Federation of March 2018 indicate that 22,000 doctors have emigrated, which, despite the Venezuelan Government's efforts to train "integral community doctors" and general practitioners, are unable to respond to all the country's health needs. The lack of medicines, products and supplies affects the diagnostic capacity of laboratories and radiological facilities. Spare parts for medical equipment and lack of regular maintenance are other problems faced by the country's health centres and represent the main obstacles to providing adequate and quality treatment and care in VRC health centres.

Water, sanitation and hygiene (WASH)

Access to drinking water, in terms of quality, quantity and continuity, is a major challenge in Venezuela. Difficulties in acquiring spare parts, equipment, machinery, materials and other goods (local or imported) to maintain water and sanitation services have led to water shortages and sometimes complete disruption of the water supply. The water system has collapsed due to the suspension of proper maintenance, lack of equipment (pressure pumps needed for water distribution), power outages that incapacitate electrical equipment, and challenges surrounding existing water reserves. This situation has led a significant number of people to use unsafe water sources, increasing the risk of waterborne diseases.

In the face of irregular access to running water, water tankers are used to supply water to homes, health centres and other parts of the country. However, the lack of formal supervision and standards for these water trucks means that this water is often untreated and has high levels of turbidity. The lack of access to water purification products due to their scarcity or non-existence in the local market or the financial cost of their acquisition aggravates this serious situation.

The payment for water, its purification and supply are an additional economic burden for vulnerable households. In addition, hygiene products necessary for healthy living are often a low priority for the household budget. Sanitation remains difficult due to the lack of local transport capacity to ensure sanitation services, including solid waste management and garbage collection.

Electricity and water services are less disrupted in the Capital District, but electricity and water supplies remain limited in other states. Water supply is totally dependent on pumps, which means that when electricity fails, the water supply is interrupted.

Access to water is one of the greatest challenges, as many communities receive water less than once every eight days, disproportionately affecting the most vulnerable populations such as children and adolescents, pregnant and lactating women, and the elderly.

According to the United Nations, 95 per cent of priority needs in the WASH sector are not met due to limited funding and capacity of some of the humanitarian actors.

As detailed in the Plan of Action for this Appeal, this operation needs to strengthen the quality and quantity of water in VRC's hospitals and outpatient clinics.

Operation Risk Assessment

The current operation presents several external risks. The following is an analysis of the evolution of the risks identified in the Plan of Action for this Appeal:

| Risk identified | Evolution of risk | Mitigation measures |
|---|--|---|
| 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. | This risk is still present. Current inflation in the country has made access to medical services and treatment increasingly difficult. | VRC and IFRC equitably distribute the health resources available (medicines, consumables, medical equipment). Technological mechanisms that facilitate the rational use of health resources are beginning to be used (Systock and ODK tools). Alliances have been established to increase the coverage of health activities in the communities. |
| 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. | Humanitarian diplomacy actions and resource mobilization activities are being conducted at national, regional and global levels. |
| Insufficient operational facilities | This risk is still present. | Status agreement negotiation in process. |
| Financial risk due to hyperinflation | This risk is still present. The constant increase in inflation in Venezuela diminishes the purchasing power of Appeal funds. | Purchases of most materials are being made outside of Venezuela. Currency foreign exchange monitoring. |
| Logistic challenges due to the country situation | Reduced risk. | The logistical capacity of the National Society is increased through the hiring and training of a team that manages the central warehouse. There are plans to create similar teams in the five regional VRCs offices. The system Systock is used to improve the logistical management of medical supplies and other items received. |
| Civil unrest | This risk is still present. | Security measures are implemented based on strict compliance with Stay Safe standards. |
| Heavy workload and psychological stress of National Society staff and volunteers | This risk is still present. | VRC has established within the activity protocols the performance of debriefing and defusing activities. In the following months, scheduled to train National Society personnel who can continuously carry out these activities in support of National Society staff. |
| Lack of understanding of Fundamental Principles of Red Cross and Red Crescent Movement and the RCRC mandate | Reduced risk. | VRC's communications department conducted several activities, including on social networks, that have improved community information as it relates to the activities of the Appeal. For community-level activities, tools from the community engagement and accountability (CEA) approach are used to establish two-way communication channels with the communities where the health days are held. |

Security Assessment

The IFRC maintains its institutional classification of the orange phase. This is due to the country context and the general population's difficult access to public services that leads to increased social pressure and security risks. As the level of risk to IFRC operational security, including personnel, comprehensive and integral management of security and working environments remains necessary. At the time of publishing this six-month update, the second rotation of security staff is underway. This delegate will closely coordinate with the

VRC and the ICRC to ensure a full understanding of the current and rapidly changing context. The ARO security team maintains permanent coordination and provides technical guidance to ensure the comprehensive security of personnel in Venezuela.

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

B. OPERATIONAL STRATEGY

Proposed strategy

The operational strategy for Venezuela is long-term. At the end of September 2019, the financial coverage of the Appeal was 12% ([Donor Response](#) here). Thus, the strategy will correspond to a constantly expanding operation based on needs and donor support. The operation will respond to the situation as it changes and the IFRC will continue to increase and constantly adjust its support. If needs arise in other sectors that the IFRC, together with the VRC and other Movement partners, feel could be addressed, the Plan of Action will be revised accordingly.

This Appeal to continue through July 2020 requests 50 million Swiss francs to meet the immediate and urgent healthcare needs of the most vulnerable population by improving the operational capacity of public hospitals and the network of health centres managed by the VRC throughout the country, and increasing the availability of essential pharmaceuticals and other medical supplies. This approach includes the provision and rapid deployment of essential medical supplies, including pharmaceuticals and electrical generators, as well as improved infrastructure of VRC health facilities; remote communities' access to primary healthcare services; and improved provision of mental health and psychosocial support services.

Where necessary, basic water and sanitation infrastructure in health facilities will be improved to ensure the availability of safe water and adequate sanitation facilities, as well as improved hygiene and sanitation practices in communities.

The Plan of Action also prioritizes the strengthening of VRC institutional capacity, with a view to increasing technical and operational capacity for effective response and comprehensive programme management at all levels.

APPEAL'S STRATEGY

HEALTH

- 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

STRENGTHENING VRC OPERATING AND ORGANIZATIONAL CAPACITY

- 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, general logistics, procurement, medical logistics and general logistics

WASH

- 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

SUPPORT SERVICES

- 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

MAINSTREAMING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

to ensure active and meaningful participation of affected communities in the action and increased accountability to beneficiaries

The VRC network of health centres is providing essential medical care and first aid throughout the country, including access to primary healthcare communities in remote areas where access to healthcare is severely restricted.

With the support of the Regional Logistics Unit in Panama, the shipment of 2 maritime containers with a total weight of 10.5 tons has been effectively managed, following the shipment of air charters at the beginning of April. At the same time, work has been done to develop the logistical capabilities of the National Society, with the permanent support of a Logistical Coordinator and a regional intervention team (RIT) member with this speciality. Several regional purchasing processes have been managed in support of the operation: communication articles, pelican suitcases, medical sets, medical supplies, ODK kits, vehicles, among others. Currently, with the team in Venezuela, the IFRC is managing the shipment of four additional containers with medicines, medical supplies and other needed goods, to the La Guira port.


In addition to the logistical challenges presented by the national context, the low financial coverage of the Appeal continues to drastically hinder the implementation of activities and limit the operational capacity of the IFRC and the VRC in the country. The IFRC and the VRC have a significant level of access to reach communities in urgent humanitarian need, aligned with the Fundamental Principles. 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.

Finally, in order to guarantee the sustainability of the actions implemented through this appeal, a main component of National Society Capacity Development is taking place in coordination with other projects currently implemented with the VRC. The National Society is being strengthened via a unified model that integrates standards of care and overall quality management. This model includes Standard Operating Procedures (SOPs), tools and knowledge for efficient preparedness and response to the national context, ensuring that the capacities and systems established under the Appeal and the other programmatic interventions continue to be implemented in complement to the sub-regional efforts.

The unified model would create a single health system for the Venezuelan Red Cross network of hospitals and outpatient clinics, the conformation of this health system is being driven both by the Appeal and by the programmes with a health component. This model would generate common standards based on the creation and implementation of protocols for healthcare 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 Systock.

Following the end of this Appeal operation, the key actions will be followed up under the IFRC Operational Plan 2020 for Venezuela, to ensure continuous support to the VRC for its implementation of the response strategy and the consolidation of capacity building efforts that solidify VRC essential services.

C. DETAILED OPERATIONAL PLAN

| | | |
|--|------------------------|---|
|  <p>Health People reached: 32,956 people Male: 11,619 Female: 21,337</p> | | |
| 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 | 32,956 people ¹⁰ (21,337 females 11,619 males) |
| 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 | 19 health facilities |
| Tons of medical items/ kits procured and delivered to health facilities | To be determined (TBD) | More than 200 tons |
| Progress towards outcomes | | |
| <p>Since February 2019, the IFRC has received three cargo planes and two ships in Venezuela with more than 100 tons of medical supplies, generators and other relief items in April, June, July and August 2019. The medical load consisted of 9 IEHKs (including malaria kits), medicines, surgical kits, medical consumables, basic medical equipment and other related relief items to promote access to safe water, and generators for medical facilities.</p> <p>These contributions are essential to the implementation of health actions at the community level and health facilities by the VRC, which have reached a total of 22 of Venezuela's 24 states. This high level of geographical coverage indicates that the objective of providing medical attention to the most vulnerable populations of the country is being reached.</p> | | |

¹⁰ These number represents only the people reached by the VRC network health actions such as: community health days and medical attention at VRC health facilities (hospitals and outpatient clinics).

As part of the Appeal strategy to increase the population's access to health services, three plans for the distribution of pharmaceutical and other medical supplies were prepared on the basis of needs assessments and analyses. These were rolled out for 19 medical centres in 7 states:

- 5 public hospitals in Miranda, Vargas, Capital District and Carabobo
- 4 VRC hospitals in the Capital District, Zulia, Carabobo and Aragua
- 10 VRC primary health centres Aragua, Apure, Anzoátegui, Barinas, Táchira, Lara, Yaracuy and Falcon.

With the medical supply distribution scheduled for the month of October (after this reporting period), a total of 32 VRC health establishments (24 outpatient clinics and 8 hospitals) will be reached and 2 health establishments managed by foundations. This will increase the number to 39 medical centres reached.

Fifty per cent of the medical supplies that have entered the country were distributed to the public hospitals identified in conjunction with the Ministry of People's Power for Health. It is expected that in October, through the implementation of the monitoring plan, the number of people reached through the public hospital network will be obtained. This information will be shared in the next operations update.

The VRC operations team coordinates with the IFRC logistics team for the distribution plan for each of the shipments. Logistics is responsible for calculating cargo weight and volume based on the routes to determine the type and quantity of vehicles required. At the same time, the VRC operations team, which accompanies the shipments, makes all the logistic arrangements for the shipments to facilitate the safe passage of cargo during distribution and mitigate risks.

Public hospitals prescribe medicines according to their regular protocols. Through the established technical committee, these also report on the use of medical stocks and the people who benefit directly from the support of the Appeal.

All this effort is complementary to the activities carried out through the community health projects that the Venezuelan Red Cross implements in 5 border states in a total of 9 hospitals.

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 | 22 health facilities |
| Number of treatment/consultations provided in the health facilities and in the community health sessions | TBD | 24,797 consultations |
| Number of community health sessions carried out | N/A | 88 community health sessions |

Progress towards outcomes

IFRC purchased 24 generators to equip health facilities in areas where regular and unpredictable power outages directly affect healthcare due to the disruption to medical procedures and causing life-threatening situations, depending on the services provided by each hospital.

Of the 24 generators procured, 23 units were distributed in 22 health facilities, as follows:

- 12 generators in 11 public hospitals in Distrito Capital, Vargas, Barinas, Zulia, Carabobo and Cojedes
- 11 generators in 11 VRC health facilities
 - 8 VRC health centres in Barinas, Táchira, Apure, Anzoátegui, Lara, Yaracuy, and Falcon.
 - 3 VRC hospitals in Carabobo, Zulia, and Capital District.

During the reporting period, most medical supplies were distributed in public hospitals, VRC hospitals and outpatient clinics. The delivery mechanism for medicines in VRC health centres is designed to ensure that the most vulnerable people are reached in a standardized and effective manner. Under the adopted model, community health sessions are organized in which patients receive a range of medical services and are provided with the necessary medicines free of charge. When necessary, patients are referred for further free treatment at VRC health centres and/or other public or private health centres, on a case-by-case basis. In some of the VRC clinics, pharmaceuticals are distributed free of charge to the population with a prescription from public health centres or other free health centres. As mentioned, public hospitals prescribe medicines according to their regular protocols and the technical committee reports on the use of medical stocks and the people who benefit directly from support via this Appeal.



The VRC holds community health days in different locations throughout the country. Source: VRC

In order to increase the scope of the community health days and ensure that the most vulnerable people are reached, the VRC has begun negotiations for the creation of alliances with local organizations, of which Caritas and the Christian Front Movement are the largest; during the month of August 2019, meetings were held with representatives of the Baptist Church. The establishment of these alliances has been one of the achievements of the Appeal to improve and strengthen the capacity of the VRC to reach the most vulnerable affected by the current national health situation.

The development of these alliances is part of the training approach of health promoters, is the alternative to reach more vulnerable communities in Venezuela, and aims:

1. To have a staff (volunteers) from the communities capable of responding to an adverse event.
2. To have vulnerable communities ready for development/evaluation and assistance.
3. Support VRC sectionals with transport, logistics and community security.

During the month of August 2019, a training workshop for health promoters was held in the Capital District, reaching a total of 298 people (190 women and 108 men).

In the community health days conducted with partners, these are responsible for obtaining the medical staff (doctors and nurses) who will be responsible for carrying out the community health campaign. The VRC holds workshop to train community health promoters a few days prior to the activity. This course contains four modules: explanation of the Fundamental Principles of the Red Cross and Red Crescent Movement, first aid, health promotion and disaster preparedness using the Community-based health and first aid (CBHFA) approach. After the training is completed and approved, a VRC vest will be given to the medical staff who supervise each health day. The VRC deploys a technical team during these health days in which only VRC visibility materials are used. As part of the partnership, it was agreed that the other institutions involved will not use their visibility.

As of September 2019, a total of 88 community health days were held in 17 states of the country including the Capital District, Anzoátegui, Apure, Aragua, Barinas, Bolívar, Mérida, Portuguesa, Miranda, Carabobo, Sucre, Yaracuy, Guárico, Lara, Táchira, Zulia, Falcon), reaching a total of 24,391 people (15,854 women and 8,537 men).

During the period covered by this report, a total of 24,797 medical consultations were provided. This figure includes the consultations conducted during the community health days, as well as the four spaces for free medical consultations: two in Carabobo and one each in Anzoátegui and Falcón. The latter spaces provide a reduced number of services in comparison to those offered in the community health days.

In addition, 26 direct deliveries of medicines were made to hospitals and outpatient clinics outside a community health days in 8 states: Anzoátegui (4 - Fundanahos health centres), DC (1 - Hospital Carlos J Abello), Yaracuy (2 VRC headquarters in San Felipe), Bolívar (4 VRC headquarters in Caroní), Portuguese (7 in Páez at the Headquarters of Sub Comité Acarigua Araure), Táchira (3 VRC headquarters), Sucre (1 Valentín Valiente, 1 Altagracia, 1 in Bolívar) and Zulia (2 in Maracaibo). Under this mode of care, patients arrive with information from their prior appointment and the prescription, thus enabling the delivery of the medication based on the previous medical consultation.

As of July 2019, the IFRC and VRC, with support from UNICEF, began nutritional treatment aimed at children under 5 and pregnant and lactating women in different parts of the country. This is provided via nutritional supplements and pharmaceutical products and is aligned with the IFRC Operational Plan in the country. The detection of malnutrition, followed by preventive and curative treatment, will be integrated into the outreach activities supported by the Appeal, 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 |
|--|--------|---|
| Number of people reached with first aid services (disaggregated by age and gender) | N/A | 459 people (250 women, 209 men) ¹¹ |
| Number of people in communities and VRC staff and volunteers trained in health | N/A | 2,875 people in communities |

Progress towards outcomes

In the period covered by this report, 34 community health workshops were held in 12 states (Anzoátegui, Aragua, Barinas, Carabobo, Capital District, Falcón, Guárico, Lara, Sucre, Táchira, Yaracuy and Zulia), of which 18 entailed community first aid training sessions that trained 1,219 people (662 women and 467 men).

There were also 15 community educational sessions in 5 states with a total participation of 1,358 people covering topics of promotion of breastfeeding, cancer prevention, promotion of menstrual hygiene and sexual and reproductive health, nutrition, prevention of diarrhoea, vaccines and their benefits, importance of first aid, myths and truths about mammography, and informative sessions on HIV/AIDS.



As mentioned, a training workshop for health promoters that reached 298 people in the Capital District.

VRC volunteers give community health promotion training sessions during community health days. Source: VRC

During the disturbances of public order in the first quarter of 2019 and the increased security situation, the VRC first aid team has been helping the injured population in several places. With the support of the appeal, 459 people received first aid.

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 | 4,280 people (2,654) |

¹¹ This is a correction of the error from previous operational update. The total number of people provided with First Aid Services is 409 during the disturbances of public order in first quarter of 2019. In the second quarter, the actions were more related with community-level training workshops and the first aid provided during the community health days.

| | | |
|---|-----|-------------------------|
| | | women and 1,626 men) |
| Number of volunteers and staff trained in PSS (disaggregated by age and gender) | TBD | 236 (166 women, 70 men) |

Progress towards outcomes

Psychosocial support continues to be of high relevance. To integrate mental health and psychosocial support into the humanitarian response of IFRC and VRC, IFRC has deployed specialized staff. IFRC has provided technical expertise and tools to support the establishment of the VRC Mental Health and Psychosocial Support Programme (MHPSS) and, at the same time, has provided mental health and PSS to communities and VRC staff and volunteers, many of whom were the first to respond during the February 2019 disturbances and subsequent events.

Based on this program, PSS and mental health activities were carried out in eight VRC branches including Distrito Capital, Anzoátegui, Carabobo, Sucre and Zulia. In the period covered by this report, 18 PSS sessions were part of the community health days, mostly in the form of talks or direct care with psychologists, thus reaching 4,280 people (61% women, 38% men and 1% not identified).

In the VRC sectionals of the Capital District, Falcon and Lara, volunteers and staff received support with personalized and group psychosocial and mental health sessions, including awareness-raising on the practice of self-care.

Following the disappearance of a boat carrying between 32 and 42 migrants who had departed from the coast of Falcon, IFRC MHPSS delegates travelled to Falcon, La Vela, to support the branch's psychosocial support activities with the families of the disappeared, as well as to provide psychological assistance to VRC families and volunteers. During this incident, VRC volunteers faced high levels of stress in the communities, especially those who provided support during this incident.

Capacity-building

Within the framework of the VRC's Psychosocial and Mental Health Support programme, the following objectives were defined: to promote the care of Red Cross staff and volunteers; to promote awareness of emotional reactions and behaviours, of adaptation to disasters and long-term social conflicts; to promote resilience, coping skills and rehabilitation of individuals and communities; and to increase the psychosocial and mental healthcare of staff and volunteers.

Many of the staff and volunteers who had previously been trained and involved with PSS have emigrated. Consequently , since February 2019, IFRC has supported VRC in restarting the area. Training activities conducted include:

- Creation of three PSS response teams in the Capital District, Barinas and Bolívar sections. To this end, 59 volunteers and staff were trained and equipped with tools.
- In Táchira, 7 volunteers and staff increased their knowledge about providing support services to migrants.
- In Falcon and Lara, 59 staff and volunteers were trained in Psychological First Aid.
- 11 members of the Restoring Family Links team in Falcon have acquired knowledge on how to adequately address the psychosocial aspect with families and individuals who need help with RFL.
- In Los Teques, San Antonio and Carabobo, training in psychological first aid, orientation on the implementation of health days complemented by training in the principles of the red cross, and to clarify that there was no religious affiliation were conducted for religious community leaders. The alliance with faith-based leaders and other community leaders is based on their influence in the communities and, given their counselling role, the learning provided improves their listening and care to identify signs of suicide, depression and factors of risk to these.

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

- Psychological medical history of the patient
- PSS registration in the communities
- Dissemination of the PSS kit/guide

- Psychological first aid tools for VRC volunteers
- Stress and mental health self-assessment checklist for VRC staff and volunteers
- Deployment of the Community Psychosocial Kit in five branches (Capital District, Zulia, Bolívar, Vargas and Lara).

PSS activities are included transversally in implemented activities. On each community health day, the PSS component is activated and is composed of three phases:

- Talks (15 to 20 minutes) or activities on psychological first aid and mental health for people entering the facilities. They are given a short induction on topics such as stress management and anxiety accompanied by practical exercises prior to receiving other services during the community health day.
- The talks also enable referrals to specific consultations with psychologists or PSS professionals that same day. If required, the person can be referred to health professionals (psychologists and psychiatrists), or another institution.
- Recreational activities for adults and children carried out with the support of the VRC Youth section and other volunteers.
- The volunteers who during the health day give the talks and PSS services have been previously trained in topics such as: grievance management, crisis management, stress management, psychological and community first aid, and PSS activities with children. This care approach has been implemented in complementarity with other projects in the States of Distrito Capital, Carabobo - Valencia, Bolívar, Barinas, Falcon - Coro, Táchira, El Tigre and Aragua.

The majority of the VRC sectionals currently have a reference person for PSS. This was possible thanks to a workshop for trainers in the second quarter of 2019 that created a network of PSS focal points in the National Society.

In addition, the VRC is working towards the creation of an alliance with the National Federation of Psychologists to systematize actions for prevention, counselling in relation to suicide and appropriate management of people at risk.



Water, sanitation and hygiene

People reached: 17,931 people

Male: 8,428

Female: 9,503

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 | | 17,931 (9,503 women, 8,428 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 | 226 people (110 women and 116 men) |
| People reached with WASH relief items | TBD | 17,931 (9,503 women, 8,428 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 | 1,236 people (927 women, 309 men) |

Progress towards outcomes

The operation has been supported by four water, sanitation and hygiene experts from the IFRC. These, together with the VRC, conducted evaluations in seven hospitals and four primary healthcare centres in the Capital District, Aragua, Carabobo, Lara, Portuguesa, Anzoátegui, Táchira, Zulia and Yaracuy. This enabled sharing of the objectives of the water, sanitation and hygiene component to improve the quality and quantity of water and to improve sanitation and hygiene in health centres.

WASH interventions were classified into three levels: rapid impact with chlorination and cleaning of water tanks, structural repairs and equipping with necessary maintenance supplies over a period of up to 12 months. Due to the low coverage of the Appeal, interventions are focusing on the first level - testing chlorination of water tanks in sanitary facilities and cleaning of water tanks - for which some supplies were procured with the current available funding.

A total of 17,931 people were reached with actions to promote water, sanitation and hygiene at the community level. This entails those reached with the distribution of water jerrycans and water purification tablets (Aquatabs), as well as the of workshops to promote hygiene and access to safe water in the Miranda, Aragua, Carabobo, Falcón, Yaracuy, Lara, Barinas, Vargas, Anzoátegui, Sucre, Zulia and Táchira states during this reporting period.



VRC volunteers give handwashing workshops at the community level. Source: VRC, 2019.

To address the need for safe drinking water in households, relief items such as collapsible jerrycans, 20-litre water containers and water purification tablets were purchased as part of the Appeal. During this reporting period, approximately 10,014 jerrycans and 17,025 water purification tablets were distributed to vulnerable people in the intervened communities in the above-mentioned states.

As of September, 13 community workshops to promote hygiene and access to safe water were held in Carabobo (3), Sucre (4), Anzoátegui (1), Lara (1), Táchira (1), Zulia (3) and reached 1,236 people.

Additionally, within the framework of the Appeal, actions were undertaken to improve access to drinking water and sanitation in selected health facilities. To date and taking into account the results of the evaluations mentioned, maintenance has been carried out on the reserve tank of the VRC's Carlos J Abello Hospital in the Capital District. The VRC National Water Coordinator has been hired and the IFRC has deployed a water expert to support the National Society to implement actions that are complementary to the livelihood programs and that with UNICEF.

In response to the growing number of cases of malaria and other vector-borne diseases, the IFRC procured 4,000 long-lasting insecticide nets and curtains for health centres and the population. A total of 3,000 were sent to VRC branches in Puerto Cabello- Carabobo, Zulia- El Tigre, Bolívar- Anzoátegui, Apure- Apure, Mérida- Mérida, and Acarigua- Portuguesa.

During this reporting period, actions were undertaken to set the foundation to reach the planned health facilities with improved access to safe water and sanitation. The next operations update will provide further information on the progress.

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 | 7 staff |
| Output S1.1.7: Venezuelan Red Cross capacity to respond and prepare for emergencies is strengthened | | |
| Indicator | Target | Actual |
| Security plan developed | 1 | Pending |
| Number of branches supported with response capacity activities | TBD | 10 branches |
| Progress towards outcomes | | |
| <p>This Appeal and previous emergency funds have been vital in supporting the VRC in improving its technical, operational and structural capacity to deliver effective humanitarian assistance at headquarters, sectionals and committees. It considers the coordinated interventions of the Red Cross and Red Crescent Movement and other international humanitarian partners in Venezuela.</p> <p>The Appeal helped strengthen the operational structure of the National Society by providing financial resources for key positions and operations at VRC national headquarters. Concurrently with the Appeal's lines of actions, 13 sectionals and their committees are better equipped to provide and expand healthcare, water, sanitation and hygiene and other activities to their local communities.</p> <p>Since January 2019, a multidisciplinary response team has been deployed to work with the VRC on the design and implementation of this Appeal operation and to provide technical and strategic support in key areas.</p> <p>To improve the operational, structural and technical capacity of the VRC, the IFRC is focusing its support in the areas of disaster management, security, finance, logistics, information management, communications and community engagement and accountability, and health. The IFRC and the VRC are putting efforts into the development of institutional systems that promote and ensure accountability and compliance, as well as oversight systems, as well as assisting the VRC to develop a robust information management system for procurement, finance, monitoring and reporting.</p> <p>For the second half of 2019, the VRC, other Movement components and the IFRC, through its National Society Development (NSD) unit in the ARO, are working to create and implement a comprehensive approach to NSD for the National Society This will guide and ensure the coherence and relevance of actions and resources dedicated to strengthening the institutional capacity of the VRC at central and local levels to fulfil its humanitarian mandate.</p> <p>In September 2019, the IFRC NSD regional coordinator conducted a mission to meet with different focal points and key partners of the VRC to create a plan to strengthen the National Society.</p> <p><u>Volunteer management and care</u></p> <p>The VRC headquarters, sectionals and committees and IFRC consider volunteer management as a high priority in this operation, thus working to ensure the safety and well-being of volunteers. Additionally, as volunteers are part of the communities and face the same consequences of the situation, special measures continue to be implemented to ensure that their conditions are sufficient to permit them to remain active and motivated.</p> <p>Through the IFRC 2019 Operational Plan for Venezuela, 2,635 VRC volunteers are insured by the IFRC volunteer insurance policy.</p> <p>With the support of the Appeal:</p> | | |

- 884 VRC employees and volunteers in 11 sectionals received safety boots
- 300 volunteers were equipped with protection and visibility equipment in Anzoátegui, Táchira and Vargas.
- The PSS and Mental Health delegate conducted individual and group psychosocial and mental health support sessions with volunteers, especially with those who participated in the response during situations of civil unrest and during the disappearance of a boat with migrants that departed from Falcon.
- Mental health self-care tools were designed and used with volunteers, as well as holding awareness sessions with these.
- A total of 1,610 people received an introduction to the Red Cross and Red Crescent Movement and community first aid as a first step towards becoming VRC volunteers.

Disaster management

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

- Preparation of response and contingency plans in seven sectionals in Barinas, Mérida, Lara, Distrito Capital, Apure, Zulia and Valencia.
- Establishment of institutional Early Warning Systems (EWS) in five sectionals in Zulia, Distrito Capital, Lara, Bolívar and Falcón.
- In preparation of the changing situation for security issues, a multidisciplinary IFRC and VRC team was deployed from 19 to 27 February to strengthen the response capacity of the Táchira and San Antonio sectionals. During this visit, strengths and weaknesses were identified in terms of emergency preparedness and response, which fed into the plan of action to improve the VRC's response capacity; a civil unrest response plan also was designed.

The VRC contingency plan was created on the basis of a joint assessment and analysis of risks, needs, internal and external context, among others.

As mentioned, the deployment in February of the multidisciplinary team to Táchira in February enabled an analysis of the VRC emergency preparedness and response capacity. This mission contributed to the identification of the VRC's need to improve safety and security systems and technical capacities, which the International Committee of the Red Cross, Italian Red Cross and IFRC will support.

Safety and Security

With regard to security, the IFRC Security Coordinator and the ICRC supported VRC branches and headquarters during this reporting period. This has included training activities, developing security protocols adapted to the needs and context, providing volunteers with institutional visibility gear and identifying and strengthening human resource capacities for security-related issues.

The following are some of the activities and outstanding results during this reporting period:

- The VRC headquarters and branches are better prepared to analyse and mitigate security risks and preserve their security during emergency interventions. This includes in situations with an unstable context and in the presence of armed groups.
- The security assessment conducted in the communities of the Capital District and Vargas led to the creation of evacuation plans, security protocols and risk maps, which allowed for the uninterrupted implementation of activities within these communities and minimized security incidents.
- Security plans in the context of civil demonstrations were created, and will be updated in November 2019, for the Táchira, Zulia, Caracas and Apure branches.
- Development of a standard template and mechanism to report security incidents.
- Joint facilitation with the ICRC of the workshop on the Safer Access Framework.

Finance and Administration

Five finance delegates from different IFRC offices were deployed to support the VRC to strengthen its administration and finance areas and align its procedures with IFRC's financial policies and regulations. The

VRC staff received training on the financial aspects and management of the Appeal funds. In addition, an analysis of the current internal structure was conducted, identifying priorities for strengthening at the technical and human resource levels. With the support of the IFRC Operational Plan for Venezuela and the Institutional Strengthening Project, the VRC's Finance and Purchasing Manual was created and a system was established that has allowed financial management to be carried out virtually since March.

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

Progress towards outcomes

Despite VRC's experience in receiving international assistance, IFRC and VRC worked together to activate and manage IFRC international assistance mechanisms. The overall operation continues to be closely accompanied by IFRC global, regional and country offices.

Based on the assessment and analysis, the IFRC plan of action was created. The plan aims to respond to and mitigate 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.

Following the extensive efforts by the IFRC and the VRC to promote the distribution and acceptance of humanitarian assistance in Venezuela, during this reporting period three cargo planes and two ships entered the country and the items received have been and continue to be distributed with neutrality, independence and impartiality.

The following table provides details on the surge deployments during this reporting period:

| Surge deployment | National Society or IFRC (in order of deployment) |
|--|---|
| 1 Psychosocial | Colombia Red Cross Society |
| 3 WASH | Dominican Red Cross, Spanish Red Cross, Colombian Red Cross Society |
| 3 Medical Logistician | Danish Red Cross, IFRC, Spanish Red Cross |
| 3 Logistician | Spanish Red Cross, IFRC |
| 2 Health | Guatemalan Red Cross, IFRC |
| 1 Relief | Ecuadorian Red Cross |
| 2 Security | Costa Rican Red Cross, IFRC |
| 3 Communications | Netherland Red Cross, Argentinian Red Cross, IFRC |
| 1 Head of Emergency Operations | IFRC |
| 3 Finance | IFRC |
| 1 Security | IFRC |
| 3 Planning, Monitoring, Evaluation and Reporting | IFRC |
| 1 Community Engagement and Accountability | IFRC |
| 1 National Society Development | IFRC |

Since the onset of disturbances of public order in early 2019, and based on the IFRC institutional classification, Venezuela is considered in the orange phase. This indicates increased security risks that might limit access to the target population, threats to staff security and require comprehensive security management. This Appeal operation now has a full-time security staff and an analyst to ensure mitigation and risk reduction.

At the regional level, the IFRC Regional Office for the Americas activated its emergency operations centre, which centralizes its supervision, response measures and scenario and emergency planning. At the global level, a joint task force was established to exchange information, analyze the situation and coordinate the response measures of the Movement's components. Regional response planning activities were carried out to align the strategies of countries responding to the Venezuelan situation and to articulate national, regional and global messages and plans.

The IFRC closely coordinates with the ICRC and monitors the situation. Together with the VRC, a contingency plan for the current emergency response was finalized, describing 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 have worked on communication strategies for the different situations arising from the situation and increased visibility of operations.

A road map for emergency health response was agreed with the Ministry of Popular Power for Health to accelerate the entry of international humanitarian assistance. The Appeal mobilization table with essential medical stocks for medical facilities was prepared with IFRC support in health and logistics.

The CEA-related activities concentrated on developing feedback mechanisms from people reached during the community health sessions and other activities; mechanisms to communicate with the target popular; volunteer training, and development of guidelines. Communication with the target population, education and information materials were disseminated to communities on PSS, WASH, and Risk Reduction, among other topics. The mission of the CEA surge position was shortened due to the sudden change of visa regulations.

Logistics

The Regional Logistics Unit has actively supported the logistics and management team in the field, guiding the different procedures for the operational establishment of the structure and smooth functioning of services in the country. This is aligned with the objective of logistics activities to effectively manage the supply chain, including mobilization, procurement, customs clearance, warehousing and transport to distribution sites, in accordance with the needs of the operation and in accordance with the IFRC's logistics rules, processes and procedures.

Operational logistics, procurement and supply chain management, supported by the Medical Procurement Officer based in Geneva, have carried out international procurement of medical and relief items for the country and are effectively managing the country mobilization table and pipeline. In terms of structure, two general logisticians and two logistical doctors were deployed in Venezuela. The basic functions of Field Logistics within the framework of this operation are to maintain optimal management of bilateral and multilateral shipments, reception, inventory, management of the central warehouse, shipment for distribution to VRC sectionals and sub-sectionals, and public medical facilities. To achieve this objective, since April 2019, a central warehouse was established in the Capital District, according to availability in the complex context of Venezuela.

The IFRC logistics team in the country works in coordination with the VRC logistics department, which must be strengthened and supported to perform the common functions. Additional support to hospitals and sectionals in medical logistics is needed to maintain the dynamic requirements of this Appeal 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.

Progress towards outcomes

Important progress in communications with the population and local actors has enabled the better positioning and understanding of VRC's image and actions of the VRC based on the Fundamental Principles. Contributing to this, VRC, ICRC and IFRC closely developed key institutional communication approaches.

The following are some of the main highlights of the joint efforts between the VRC and IFRC:

- Foundation for the development of a national communication strategy
- Production/updating of key institutional communication materials, such as key messages, reactive lines, reputation risk analysis, etc.
- Increased communication capacity in sectionals
- Increased content and social media presence of the work of the VRC and IFRC in Venezuela.
- Foundation for a national communications plan
- Reception and organization of testimonies from people reached
- National and international media presence improved and increased
- Design of a satisfaction survey to be applied to a sample of people attending community health days.
- Development of CEA guidelines to be applied within the framework of the activities included in the Appeal.
- Creation of the psychosocial support campaign "*I take care of myself, I take care of you*".

The IFRC Regional Communications Manager worked with the VRC communication focal points for three weeks in August to develop materials and the creation of procedures with a view to strengthening the actions carried out by the National Society in this area.

Some of the audio-visual content produced is available in the following Instagram links:

- https://www.instagram.com/p/B24vytdnAm8/?utm_source=ig_web_copy_link
- https://www.instagram.com/p/B2E8k4Ln3at/?utm_source=ig_web_copy_link
- https://www.instagram.com/p/B2HyV8SnECR/?utm_source=ig_web_copy_link
- <https://www.instagram.com/p/B0hfGiKnrUX/?igshid=1b4n83tpe9bkv>
- <https://www.instagram.com/p/B0XE5fAnFgc/?igshid=fhel56fg44t3>
- <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/B0cEfnsgSP/?igshid=18l1f09xhb6fn>

The visit of IFRC President Francesco Rocca to Venezuela in March 2019 marked a crucial milestone in humanitarian diplomacy, followed by the launch of the Appeal and the entry of humanitarian aid to support the expansion of medical care and other assistance provided by the Venezuelan Red Cross. The VRC and the IFRC are positioned as influential humanitarian actors. The VRC has obtained access and gained the trust of the communities where it works. With IFRC support, both the National Society and the IFRC are accepted by the main actors in Venezuela, thus being able to provide humanitarian assistance in line with the Fundamental Principles.

The VRC and IFRC progressively have broadened their scope of action to new communities and to the integration of operational/ thematic areas. The VRC has paid particular attention to gaining the trust of communities and promoting understanding of the work of the VRC and the Fundamental Principles that govern it, as well as ensuring the meaningful participation of communities in the design, implementation and monitoring of interventions. This is crucial learning from the implementation of the operation and emergency programmes.

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

Progress towards outcomes

As described in the previous sections, IFRC is providing critical support to improve the safety and security of VRC volunteers and staff, as well as IFRC staff in Venezuela. Periodic security analyses by the IFRC, including the ARO's security focal points, have contributed to the needed guidance for National Society and IFRC staff regarding security risk mitigation measures and protocols. The IFRC has created security plans for distributions.

Appeal funds are implemented in accordance with IFRC policies and procedures. The IFRC has control systems in place at national, regional and global levels. The IFRC ARO Finance and Administration Manager, who conducted a mission to Venezuela, with IFRC staff based in Venezuela provides financial monitoring of the operation. Since the start of the operation, the IFRC finance and administration staff has been based in Venezuela. The IFRC, in close collaboration with the VRC, is solving the challenges related to the transfer of funds, contracts, human resources procedures and others, and is taking steps in relation to the adoption of procedures and policies within the VRC.

The deployed IFRC PMER staff worked with the National Society to strengthen the monitoring, reporting and information management systems applicable to the operational context and to achieve greater accountability and highlight evidence-based impact. To this end, monitoring tools adapted to the activities of the Appeal were created, such as post-input distribution satisfaction surveys (PDM), and the recording of activities and people using mobile tools such as ODK. IFRC international staff make regular field visits to various states across the country to monitor ongoing activities and assess needs that contribute to relevant planning of IFRC and VRC interventions.

With regard to information management for Venezuela, multisectoral information management systems using relevant digital tools are being implemented. IFRC and VRC participate in the working group on information management in Venezuela, led by UN OCHA.



Click here for:

- [The Appeal and Emergency Plan of Action \(EPoA\)](#)

Contact Information

**For further information, specifically related to this operation please contact:
In the Venezuelan Red Cross:**

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

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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 | 2019/01-2019/09 | Operation | MDRVE004 |
| Budget Timeframe | 2019 | Budget | APPROVED |

Prepared on 22 Oct 2019

All figures are in Swiss Francs (CHF)

MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jul 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 22 Oct 2019 | 2,957,360 |
| Appeal Coverage | 5.91% |

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 | 1,094,109 | 502,563 | 591,547 |
| AOF5 - Water, sanitation and hygiene | 69,073 | 30,461 | 38,612 |
| AOF6 - Protection, Gender & Inclusion | 0 | 0 | 0 |
| AOF7 - Migration | 0 | 0 | 0 |
| SFI1 - Strengthen National Societies | 419,372 | 278,371 | 141,001 |
| SFI2 - Effective international disaster management | 719,346 | 859,163 | -139,817 |
| SFI3 - Influence others as leading strategic partners | 0 | 0 | 0 |
| SFI4 - Ensure a strong IFRC | 15,489 | 4,678 | 10,810 |
| Grand Total | 2,317,389 | 1,675,237 | 642,153 |

III. Operating Movement & Closing Balance per 2019/09

| | |
|---|------------------|
| Opening Balance | 0 |
| Income (includes outstanding DREF Loan per IV.) | 3,482,276 |
| Expenditure | -1,675,237 |
| Closing Balance | 1,807,040 |
| Deferred Income | 0 |
| Funds Available | 1,807,040 |

IV. DREF Loan

| | | | | | | |
|----------------------------------|--------|-----------|--------------|---|----------------------|------------------|
| * not included in Donor Response | Loan : | 1,000,000 | Reimbursed : | 0 | Outstanding : | 1,000,000 |
|----------------------------------|--------|-----------|--------------|---|----------------------|------------------|

Emergency Appeal

INTERIM FINANCIAL REPORT

| Selected Parameters | | | |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2019/01-2019/09 | Operation | MDRVE004 |
| Budget Timeframe | 2019 | Budget | APPROVED |

Prepared on 22 Oct 2019

All figures are in Swiss Francs (CHF)

MDRVE004 - Venezuela - Health Emergency

Operating Timeframe: 27 Jan 2019 to 27 Jul 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 | | |
| Italian Red Cross | 20,441 | | | | 20,441 | | |
| Japanese Red Cross Society | 91,222 | | | | 91,222 | | |
| Lithuania Government | 111,664 | | | | 111,664 | | |
| Red Cross of Monaco | 44,096 | | | | 44,096 | | |
| 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 | 22,153 | | | | 22,153 | | |
| The Netherlands Red Cross (from Netherlands Govern | 1,334,960 | | | | 1,334,960 | | |
| Turkish Red Crescent Society | 97,231 | | | | 97,231 | | |
| Total Contributions and Other Income | 2,482,276 | 0 | 0 | 1,000,000 | 3,482,276 | 0 | |
| Total Income and Deferred Income | | | | | 3,482,276 | 0 | |