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Emergency appeal final report

Venezuela: floods

 International Federation
of Red Cross and Red Crescent Societies

Final report
Emergency appeal n° MDRVE001
GLIDE n° FL-2010-00240-VEN
05 July 2012

Period covered by this Final Report:
December 2010 to December 2011.

Appeal target: 575,146 Swiss francs

Appeal coverage: 100 %

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Appeal history:

- A Preliminary Emergency Appeal for 429,887 Swiss francs was launched on 21 December 2010 to support 2,000 families over 6 months.
- An Emergency Appeal for 717,571 Swiss francs was launched on 29 December 2010 increasing the support to 2,500 families.
- The Operations Update no. 1 on 13 May 2011 extended the implementation timeframe to 9 months to conclude on 21 September 2011.
- The Operations Update no. 2 on 17 August includes a revised budget of 575,146 Swiss francs which reflects the most up-to-date needs of the most vulnerable populations as identified by the Venezuelan Red Cross (VRC).
- The Operations Update no. 3 on 29 September 2011 extended the implementation timeframe to 12 month to conclude by the end of December 2011 to allow for the implementation of community-based micro-projects on health, water and sanitation, reaching 633 families.



Summary: The aftermath of the floods and landslides product of the heavy rains that affected Venezuela at the end of 2010 forced more than 41,250 families to leave their homes and seek shelter in collective centres activated by the government. The disaster also affected key water distribution infrastructure and health facilities, increasing the risk of waterborne and vector diseases among the affected population. The situation worsened as landslides blocked streets and highways and bridges collapsed due to the heavy floods, increasing the challenge of reaching communities in isolated areas. In its auxiliary role, the Venezuelan Red Cross (VRC) launched on 21 December 2010 an Emergency Appeal to support 2,500 families with relief items and emergency health and sanitation activities.

During the emergency relief phase of the operation the National Society successfully reached 2,461 families (12,305 persons) with 4,478 hygiene kits and 1,996 cleaning kits designed for the prevention of mosquito-related diseases.

The appeal also enabled the strengthening of the National Society capacity in psychosocial support, project formulation, community-based health and disaster intervention. A total of 81 volunteers from 19 different branches of the Venezuelan Red Cross participated on these activities, including the formation of Disaster Intervention Teams.

Although most of the relief activities were completed, many of the families were still residing in the alternative shelter solutions offered by the government and the situation was still critical for many of them. In response, the VRC extended implementation timeframe to 12 months (Operations Update n° 3), which concluded in December 2011, for the implementation of community-based micro-projects on health, water and sanitation, and early recovery for 633 families (1,945 persons).

This report is final in terms of narrative information as it describes all the activities completed by the VRC. As per the final financial report attached, this operation closed with a balance of 37,725 Swiss francs. The International Federation seeks approval from its donors to reallocate this balance to the Americas Zone Appeal (MAA42003) to support activities of the Pan American Disaster Response Unit (PADRU). ***Partners/Donors who have any questions in regards to this balance are kindly requested to contact the Americas zone office within 30 days of publication of this final report. Past this date the reallocation will be processed as indicated.***

Lessons learned:

- Branches should be involved in the development of operational plans for appeals, in order to gain clear insight into the capacities and execution possibilities of each branch in regard to different types of interventions, and to obtain as well key advice about the situation of the communities they serve. To this end it may be appropriate to involve branch Governing Boards and programme coordinators in this process.
- Coordination issues must be resolved to ensure proper understanding and integration between governance and management. A workshop focused on team building and roles and responsibilities led by a facilitator with a background on humanitarian work, human relations and communications can help soften some edges and sharpen further response work.
- There is a need to establish an Emergency Operations Centre (EOC) for collecting and distributing accurate information, helping to appropriately manage available and trained staff and volunteers. An EOC will also promote the use of established communication channels and ensure proper alignment with emergency protocols and policies.
- Response plans need to be updated in line with the experiences brought by recent disasters integrating input from all active branches and staff and volunteers that participate. Reporting and monitoring must be two concepts to keep close while updating the plans.
- Integrating the reality of the context and situation of the country, its characteristics and the operational reality and resources of the branches is a must. If it is not carried out timely and properly future responses may not succeed in fulfilling their targets.
- Follow-up or refresher workshops for teams that use tools such as VCA, damage and needs assessment and Sphere standards are needed in order to standardize their practice at a national level.
- There is a need for resources to promote activities that support volunteer motivation –promotion, protection and recognition are key, as stated by the last global IFRC volunteering campaign. This could be funded by implementing resource mobilization campaigns using non-traditional resources, and self-sustainable income generation projects.
- Branches should keep an emergency reserve fund that guarantees they will be able to respond to future crises or disasters.
- The creation of a programme structure within all branches is recommended which will be able to develop and follow-up future projects related to disaster preparedness and recovery.
- All warehouses and storage units at a national level should comply with Sphere standards. The creation of a database to facilitate the location of possible warehouse locales for rent, and use of a warehouse management software to keep closer control on their supplies and training staff in warehouse management is also recommended.
- The Disaster Law programme and related mechanisms of the IFRC may be a useful tool to ease the international transfer of funds for emergency operations.
- Public communication and public relations must be strengthened through engagement and alliances with local and national media outlets and building better relationships with journalists, editors and

public opinion leaders. Better media coverage means better public outreach and access to more resources.

- Advocacy activities should continue with public authorities regarding key humanitarian issues, disaster law and the auxiliary role of the Red Cross to improve the reach and quality services it offers to vulnerable communities.
- Use of non-traditional low-cost tools such as social media and new digital media could be an option.

The situation

The 2010 rainy season proved especially hard due to the effects of the La Niña weather phenomenon. The rains resulted in major floods and landslides across the country, prompting local authorities to issue a State of Emergency in the regions of Falcon, Miranda, Vargas, Merida, Zulia, Trujillo, Nueva Esparta and the Caracas metropolitan area.

At the peak of the emergency it was estimated that some 124,000 persons were staying in 851 collective centres and other temporarily shelter solutions such as hotel rooms and camps.

The Venezuelan government is still implementing its “Great Housing Mission”, a programme that aims at constructing two million housing units by 2017, which should cover the current housing deficit. Current progress of the project is still being monitored, but it has already been announced that it will require some 34,793 hectares to develop the full project and that, at the moment, it has acquired 6,377 hectares that should cover 253,00 housing units.

The 2011 rainy season also impacted Venezuela, especially through the month of December, when a period of intense rains –although not as heavy as those from 2010– caused 8 deaths and left 5,000 persons homeless, which add to the toll of those affected by the previous season. As a result, authorities called for a 90-day extension of the State of Emergency for the regions of Falcon, Merida, Miranda, Tachira, Trujillo, Nueva Esparta, Vargas, Zulia and the capital District. Some 500 temporary shelters were implemented.

Government officials have updated the overall figure of persons who have lost their homes due to the rains, which amount to 131,063. At the moment some 29,730 have been relocated to 918 collective centres in different parts of the country.

Coordination and partnerships

Through the duration of the operation the Venezuelan Red Cross (VRC) kept close coordination at the national level with the executive branch of the government through several ministries, the civil protection office, and the armed forces.

On the other hand, regional level coordination integrated engagement with governors, mayors and private companies of the affected areas. Regionally, the VRC maintained contact with several foundations and public departments, such as the Regional Health Directorate, the Fire Department, the Comprehensive Defence Zone and the Niño Simón Regional Foundation, while also working together with international organizations and partners such as the International Committee of the Red Cross (ICRC), the International Organization for Migration (IOM) and the UN High Commissioner for Human Rights (UNHRC). The VRC has also received support from *Grupo 4x4* that assisted with cross-country



Before the distribution of non-food items, volunteers of the Venezuelan Red Cross conducted talks with beneficiaries sheltered in collective centres which focused on solid waste management, safe water, hand-washing, prevention of diarrheic diseases and dengue, correct use of mosquito nets. Source: Venezuelan Red Cross

vehicles during distributions.

The IFRC's regional representation for the Andean Countries and the Pan-American Disaster Response Unit (PADRU) also maintained constant communication with the VRC, and a member of the Regional Intervention Team (RIT) supported the operation in country. The Appeal covered partial costs related to PADRU disaster management delegates, reporting officer, administration officer and finance officer of PADRU, as well as accommodation, travel and salary of the RIT deployed to Venezuela.

Red Cross and Red Crescent action

Achievements against outcomes

Overview

With the support of the emergency appeal, the VRC has been able to reach 2,461 families (12,305 persons) with non-food items essential to contribute to the health situation of people affected by the rains, living in the shelter solutions provided by the government. Another 1,051 persons were reached by a sanitation campaign and hygiene promotion activities, thus enabling the opportunity of safer and healthier living to the affected families.

These relief items and activities have also been complemented by the development of community-based micro-projects that focus on community health, water and sanitation, and early recovery for 633 families (1,945 persons).

Another key action achieved through the appeal was strengthening of the capacity of the National Society for emergency response. In this regard, 81 volunteers and staff members have been trained in psychosocial support, project formulation, community-based health, and the VRC formed new National Intervention Team for the first time in 10 years.

Relief distributions (food and basic non-food items)	
Outcome: Families will benefit from the provision of essential non-food items to meet their immediate needs resulting from the floods.	
Outputs	Activities planned
2,500 families will receive essential relief items	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system to track intended assistance Ensure coordination with public institutions Carry out verification and survey of the most affected population and potentially their host families. Procurement and distribution of hygiene kits, and cleaning kits. Conduct monitoring and evaluation.

Impact: At the end of the reporting period, the National Society reached 2,461 families (12,305 persons) with essential non-food items through both hygiene and/or cleaning kits (which included mosquito nets and insect repellent along with the usual cleaning items), which amounts to more than 98 per cent of the original output planned for the appeal. Details of the distribution are listed on the table below:

Region	Kits distributed	
	Hygiene kits	Cleaning kits
Metropolitan area	484	0
Falcon-Carirubana	100	100
Falcón-Coro	200	199
Miranda	325	325
Vargas	1,072	1,072
Zulia	300	300
TOTAL	2,481	1,996

Some families were provided with more than one kit according to their needs; hence, the 2,481 kits targeted 2,641 families.

The VRC also carried out assessments to collect disaggregated data in the different regions that benefited from relief distributions and, although it was not possible to collect it from every region, the VRC managed to collect data for at least four regions, which means fully disaggregated data per gender for 6,226 beneficiaries. This achievement offers an insight into the general gender approach of the general distribution. Details of this data are listed in the table below:

Region	People Reached		TOTAL
	Men	Women	
Metropolitan area	n/a	n/a	n/a
Falcon-Carirubana (Punto Fijo city)	157	197	354
Falcón-Coro	-	-	n/a
Miranda	578	602	1,180
Vargas	1,937	1,973	3,910
Zulia	295	487	728
TOTAL	2,967	3,259	6,226

During the relief distributions in all five in-country branches, the VRC volunteers previously engaged the community on topics related to the promotion of good hygiene and health practices, such as solid waste management, safe water, prevention of diarrheic diseases, dengue prevention and the correct use of mosquito nets.

It is worth noting that although more than 98 per cent of the kits were successfully distributed, a small portion of the total supply suffered damages – 3 hygiene kits and 1 cleaning kit in the Vargas region, 1 cleaning kit in the Miranda region. Although technical staff in the branches reviewed the contents of these kits to evaluate the possibility of restoring damaged items, it was finally decided against.

Challenges:

- The VRC confronted the need to complete new assessments some months after the onset of the emergency to guarantee that the information available on the current needs within collective centres and other shelter solutions was still valid, in order to decide and act appropriately considering the high mobility of people entering and leaving collective centres.
- As it was mentioned in previous updates, it is been some time since the National Society carried an operation of this size in coordination with the IFRC. One of the main challenges that resulted because of this was a common difficulty on some branches with the distribution tracking reports. However the RIT member deployed to Venezuela supported the National Society in this regard.
- Transportation was an issue in some cases, as the distance between affected communities was lengthy and the road access was not ideal. However, the appeal covered vehicle maintenance, repairs and spare parts, as well as car rental when the need arose.
- Geographic location was a factor that affected the initial plan for emergency relief, the VRC had to adapt to the fact that the needs of those who lost their homes but lived in the Capital District were quite different than those from people who lived in the countryside. In this regard the distribution cleaning kits that had items related to control and prevent mosquito-related diseases were mostly relocated to the regional branches, as people living in collective centres and emergency shelters built with zinc, plastic and cardboard in those areas were much more exposed to the risk of this kind of diseases.
- High rotation of volunteers and staff to cover the needs caused issues in warehouse management; the use of proper tools such as warehouse management software and logistics training could improve the situation and ensure better control.

Emergency health and sanitation

Outcome: The health of the affected population is improved by the provision of psychosocial support hygiene and sanitation promotion, and community-based health care.	
Outputs	Activities planned
Psychosocial support is provided to 750 persons in the five most affected regions.	<ul style="list-style-type: none"> • Train volunteers in psychosocial support techniques • Asses the psychosocial needs of the population. • Carry out 30 group sessions with families in collective centres and those affected by the current floods. • Provide psychosocial support to volunteers.

The health status of 100 families (500 persons) is improved through hygiene and sanitation promotion activities.	<ul style="list-style-type: none"> • Conduct rapid health, water and sanitation emergency needs and capacity assessments in coordination with local authorities and community leaders. • Carry out 20 hygiene and sanitation workshops with the affected population.
At least 670 families benefits from the design and implementation of community-based health micro-projects	<ul style="list-style-type: none"> • Conduct participatory workshops with affected communities to formulate projects. • Form a committee to analyse and select projects • Provide tools, materials and technical support to selected communities.

Impact: In order to ensure a concrete improvement on the lives of those affected by the rains, the Venezuelan Red Cross planned to complement the relief phase by contributing to the improvement of the health status of the affected population through the provision of hygiene and sanitation promotion actions to at least 100 families, and providing psychosocial support to 750 persons localized in the regions that were most affected by the disaster.

At the end of the operation the second output was clearly surpassed, as hygiene and sanitation promotion activities reached 1,051 persons (210 per cent of the original output). The content and methodology of the talks varied from branch to branch and responded to the affected population's characteristics. These educational activities, thus, were tailor-made with regards to the language employed, time extension, topics addressed and tools used. Some branches used already existing printed materials whilst others have made didactic posters or facilitated role-playing activities. Depending on the content and environment –whether hotels serving as shelters, o collective centres- these talks often ran from 45 to 90 minutes or more. The sessions conducted within collective centres usually ran for a longer time and allowed for increased participation and served as a space for collective catharsis and moment to accompany and provide solicited advice.

Persons reached with hygiene and sanitation promotion activities	
By the Miranda branch	92
By the Vargas branch	242
By the Capital District branch	285
By the Falcon Coro and Carirubana branch	327
By the Zulia branch	105
TOTAL	1,051 persons

At the same time, 81 VRC volunteers were successfully trained on psychosocial support techniques, and have since then facilitated educational talks, combined with cleaning kit and hygiene kit distribution, in five states (Caracas Metropolitan area, Falcon, Miranda, Vargas and Zulia).

In these areas, volunteers worked with children using art and games, preventing stressful situations and dealing with loss. The children were usually reached through recreational, relaxing and art-related activities, such as art-therapy based on painting. At the end of the reporting period the volunteers did not identify any signs of major psychological stress within the groups; although three children with special needs have received especial care to promote their integration within their groups.

At the close of the operation, concrete figures on the people reached with psychosocial support activities are not available, due to the fact that –as mentioned above– the activities were carried during several visits to collective centres. However, the VRC has recorded that the Zulia branch reached 150 adults, 135 children and 62 teenagers in some of the communities most affected by the rains (El Arroyo, Las Huertas and El Matadero).

Even though most of the activities related to relief and hygiene and health promotion activities were timely completed, many of the families still faced critical situations and had a clear need for further attention and services.

Taking advantage of the different workshops and training activities offered to the VRC (which will be further detailed in the next outcome) such as the Project Formulation course that, as a final test, required the development of several micro-projects related to early recovery, community health and livelihoods, the VRC

volunteers drafted proposals for the development and implementation of community-based projects to reach families from areas that were also affected by the disaster but not originally targeted in the appeal.

In this regard, the National Society conducted participatory workshops where the communities could prioritize their needs and possible solutions to design a project proposal. After several assessments prepared jointly with affected communities from five different regions (Barinas, Lara, Nueva Esparta, Yaracuy and Zulia) the VRC developed seven –one per community– micro-projects based on activities related to community-based health and first aid (CBHFA), community-based disaster preparedness (CBDP), disease prevention, water and sanitation, early recovery and livelihoods and community organization. The micro-projects reached a total of 633 families (1,945 persons). The table below further details the different services that the VRC offered to the seven communities, according to the needs assessed.

VRC Branch	Community	Assessed Needs	Micro-project Activities
Barinas	Morrocoy	<ul style="list-style-type: none"> • High level of vulnerability to personal accidents • No first aid knowledge • High child morbidity due to water-borne diseases 	<ul style="list-style-type: none"> • CBDP workshops • CBHFA workshops • Creation of community emergency brigades and completion of simulation
Lara	Atilio Ravicini	<ul style="list-style-type: none"> • High child morbidity due to water-borne diseases • High concern for family violence and social issues (alcoholism) • High vulnerability to natural disasters, especially those rain-related 	<ul style="list-style-type: none"> • Health interventions (medical consultations, preventive health talks) • CBDP workshops • CBHFA workshops • Social volunteering and sport activities with children • Crafts workshops to teach women how to create different types of crafts as income generating options
Nueva Esparta	El Manglillo	<ul style="list-style-type: none"> • Lack of access to safe water and poor water infrastructure • Lack of proper waste management • High vulnerability to water-borne diseases 	<ul style="list-style-type: none"> • Talks about solid waste management and safe water. • CBDP workshop and creation of community emergency brigades and equipping. • Water and sanitation interventions (internal water system built)
Yaracuy	La Aduana II	<ul style="list-style-type: none"> • High level of dengue related morbidity • Lack of proper solid waste management • Little or no environmental sanitation, which severely increases their vulnerability to vector-related diseases 	<ul style="list-style-type: none"> • Cooperation meetings with local authorities • Dengue prevention activities and campaigns, including household visits • Environmental sanitation campaigns and training of community health agents
Zulia	El Matadero La Huerta El Arroyo	<ul style="list-style-type: none"> • No access to proper water storage systems, latrines or proper waste management • Little or no access to proper cooking equipment • High morbidity index to water-borne diseases (diarrhoea) • High index of scabies and lice in children due to bad hygiene practices • Lack of knowledge about community organization 	<ul style="list-style-type: none"> • Water and sanitation workshops • Delivery and installation of water tanks • Community meetings • Kitchen kit distribution • Environmental sanitation activities • Construction of latrines • Distribution of materials for livelihood activities • Psychosocial support workshops

Challenges:

- As previously seen on the challenges that arose during the relief distribution, access to remote communities and transportation between communities is an issue due to the length and conditions of the roads. This was again an issue when reaching communities for health-related interventions.
- A delay in the transfer of funds for operational use caused further inconveniences when procuring key items for field visits.
- The fact that the rains continued affecting roads that had already suffered considerable damage and recurrent flooding of some areas also slowed down the pace of the operation.

Capacity of the National Society

Outcome: The capacity of VRC to respond to the current and future emergencies is strengthened.	
Outputs	Activities planned
VRC branch staff is trained to strengthen branch capacity.	<ul style="list-style-type: none"> • Conduct one workshop training volunteers on psychosocial support (as mentioned in Emergency health and care) • Conduct one workshop to train volunteers as National Intervention Teams in disaster management • Train volunteers in household/community targeting, registration and monitoring. • Conduct one workshop training volunteers in community based health and first aid.

Impact: At the end of the operation all activities planned on this outcome were reached successfully, as 81 volunteers from 19 branches have received training with the support of the emergency appeal. The training offered covered topics such as community-based health and first aid, project formulation, training of National Intervention Teams and psychosocial support.

It should be noted that in most cases, the volunteers have been able to implement their newly acquired knowledge almost immediately. A good example of this fact is that, as mentioned in the previous outcome, the design of the micro-projects discussed in the previous section was possible due to the work of the volunteers that participated in the project formulation workshop.

The training workshops have been on the following topics:

- **Psychosocial support:** 23 volunteers and national staff members from 18 branches participated in the workshop that covered different topics, including:
 - The roles of volunteers and basic principles in implementation.
 - Techniques to cope with stress, loss, grief, trauma and anger.
 - The needs of vulnerable groups such as children, elderly people, people with mental illnesses and people living with HIV and AIDS.
 - Stress management for volunteers and mechanisms to detect exhaustion and its proper treatment.
- **Project formulation:** 19 volunteers participated in a three-day workshop that provided information on the logical framework to follow when developing projects. Eight of the 14 participant branches sent proposals designed with the active participation of affected communities and in coordination with community leaders and the IFRC. These proposals were the base for the micro-projects described in outcome 2.
- **National Intervention Teams (NIT):** 26 volunteers participated in this 6-day training that included topics such as:
 - The creation and management of an Emergency Operation Centre (EOC).
 - Damage and needs assessments.
 - Information management and decision-making processes.
 - Sphere standards and the Code of Conduct.

All 26 participants approved the course, after proper evaluations. This training was much needed, as it was more than 10 years since the National Society had this type of activity.

- **Community-based health and first aid (CBHFA):** 27 participants from 19 branches of the National Society with very diverse backgrounds learned about the importance of bringing forward the strengths

of the communities to confront historical and seasonal health risks, emphasizing the need to teach and deploy community volunteers to create a healthier and more enjoyable environment. The community-based approach engages communities and their volunteers to use simple tools adapted to local context to address the priority needs and to empower them to be in charge of their own development. The approach is a generic means to promote behavioural change and raise public awareness about health or natural disaster related threats and their prevention and control. A field visit in the context of the training created two draft proposals that could be further developed as part of national strategic plans. The workshop was completed with the support of an IFRC health staff and a member of the Argentine Red Cross.

The Emergency Appeal also covered costs related to an administrative assistance, administrator of the operation and the general coordinator of the operation in the National Society. Transport and per diem of volunteers supporting the operation were also charged to this Appeal as well as t-shirts with the Red Cross emblem to provide clear visibility to the volunteers and staff during the community-based activities.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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Saving lives, changing minds.



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.
-

Annex 1: Details of volunteer trainings according to topic and branch, per number of volunteers trained

Capacity Building through Volunteer Training								
State	Workshops and Trainings							
	Psychosocial Support and Organizational Development		CBHFA		National Intervention Teams		Project Formulation	
State	Branch/Committee	#	Branch/Committee	#	Branch/Committee	#	Branch/Committee	#
Anzoátegui	Barcelona	1	Barcelona/ El Tigre	1	El Tigre	1	El Tigre/ Píritu	1
							Peñalver	1
Apure	Apure	1	Apure	1	Apure	1	Apure	1
Barinas	Barinas	1	Barinas	1	Barinas	2	Barinas	1
Bolívar	Bolívar	1	Bolívar	1	Bolívar	1		0
Carabobo	Valencia	1	Valencia	2	Valencia	2	Valencia	2
	Pto. Cabello	0	Pto. Cabello	2	Puerto Cabello	1	Puerto Cabello	1
Dto. Capital	Dto capital	1	Dtto. Capital	2	Dto. Capital	3	Dto. Capital	1
Falcón	Punto fijo	1	Punto Fijo	0	Punto Fijo	0	0	0
	Coro	2	Coro	2	Coro	2	0	0
Guárico	Valle de la pascua	1	Valle la Pascua	1	Valle la Pascua	1	n/a	n/a
Lara	Lara	1	Lara	3	Lara	3	Lara	2
Mérida	Mérida	1	Mérida	1	Mérida	1	Mérida	1
Miranda	Miranda	2	Miranda	1	Miranda	1		
Nueva Esparta	Nueva Esparta	1	Nueva Esparta	1	Nueva Esparta	1	Nueva Esparta	1
Portuguesa	Portuguesa	1	Portuguesa	1	n/a	n/a	Acarigua Araure	1
Táchira		1	Táchira	1	n/a	n/a	Táchira	1
Trujillo	Trujillo	1	Trujillo	1	n/a	n/a	Trujillo	1
Vargas	Vargas	2	Vargas	2	Vargas	2	Vargas	1
Yaracuy	Yaracuy	1	Yaracuy	1	Yaracuy	1	San Felipe	1
Zulia:	Zulia	2	Zulia	2	Zulia	3	Zulia	2
Total*	14	23	19	27	14	26	16	19

*The total number of trainees is 91; however, the total number of volunteers is 81, as some of them received different trainings, depending on their skills and the branch needs.

MDRVE001 - Venezuela - Floods

Appeal Launch Date: 21 dec 10

Appeal Timeframe: 21 dec 10 to 31 dec 11

Final Report
I. Funding

Selected Parameters	
Reporting Timeframe	2010/11-2012/5
Budget Timeframe	2010/1-2011/12
Appeal	MDRVE001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	575,146					575,146	
B. Opening Balance	0					0	
Income							
Cash contributions							
<i>Brazilian Government</i>	46,843					46,843	
<i>ChevronTexaco Corp.</i>	382,044					382,044	
<i>China Red Cross, Hong Kong branch</i>	775					775	
<i>Japanese Red Cross Society</i>	23,700					23,700	
<i>Swedish Red Cross</i>	71,635					71,635	
<i>The Canadian Red Cross Society</i>	49,071					49,071	
C1. Cash contributions	574,067					574,067	
Other Income							
<i>Fundraising Fees</i>	-19,102					-19,102	
<i>IFRC at the UN Inc allocations</i>	20,182					20,182	
C4. Other Income	1,080					1,080	
C. Total Income = SUM(C1..C4)	575,147					575,147	
D. Total Funding = B + C	575,147					575,147	
Coverage = DIA	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	575,147					575,147	
E. Expenditure	-537,422					-537,422	
F. Closing Balance = (B + C + E)	37,725					37,725	

MDRVE001 - Venezuela - Floods

Appeal Launch Date: 21 dec 10

Appeal Timeframe: 21 dec 10 to 31 dec 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/11-2012/5
Budget Timeframe	2010/1-2011/12
Appeal	MDRVE001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		575,146					575,146	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	276,750	235,552				235,552	41,198	
Other Supplies & Services	31,500	23,901				23,901	7,599	
Total Relief items, Construction, Supplies	308,250	259,452				259,452	48,798	
Logistics, Transport & Storage								
Storage		33				33	-33	
Distribution & Monitoring	8,100	8,550				8,550	-450	
Transport & Vehicles Costs	21,150	8,577				8,577	12,573	
Total Logistics, Transport & Storage	29,250	17,160				17,160	12,090	
Personnel								
International Staff	34,170	43,533				43,533	-9,363	
National Staff	14,400	15,675				15,675	-1,275	
National Society Staff	14,040	21,886				21,886	-7,846	
Volunteers	13,500	21,522				21,522	-8,022	
Total Personnel	76,110	102,617				102,617	-26,507	
Consultants & Professional Fees								
Consultants		19,333				19,333	-19,333	
Professional Fees		11				11	-11	
Total Consultants & Professional Fees		19,344				19,344	-19,344	
Workshops & Training								
Workshops & Training	72,900	63,553				63,553	9,347	
Total Workshops & Training	72,900	63,553				63,553	9,347	
General Expenditure								
Travel	13,500	11,828				11,828	1,672	
Information & Public Relations	9,000	6,428				6,428	2,572	
Office Costs	9,000	5,232				5,232	3,768	
Communications	9,000	8,443				8,443	557	
Financial Charges	13,033	9,810				9,810	3,223	
Other General Expenses		378				378	-378	
Total General Expenditure	53,533	42,119				42,119	11,414	
Indirect Costs								
Programme & Services Support Recov	35,103	32,776				32,776	2,327	
Total Indirect Costs	35,103	32,776				32,776	2,327	
Pledge Specific Costs								
Pledge Reporting Fees		400				400	-400	
Total Pledge Specific Costs		400				400	-400	
TOTAL EXPENDITURE (D)	575,146	537,422				537,422	37,724	
VARIANCE (C - D)		37,724				37,724		