

12-month update

Venezuela: Health Emergency

Emergency appeal no° MDRVE004	Timeframe covered by this update: 27 January 2019 to 27 April 2020
Date of issue: 23 May 2020	Operation timeframe: 18 months
Operation start date: 27 January 2019 (DREF operation) with Emergency Appeal start date: 8 April 2019	Operation End date: 27 July 2021 (Extended 12 months with this update)
Overall operation budget: 50 million Swiss francs	DREF amount allocated: 1 million Swiss francs
N° of people being assisted: 650,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Venezuelan Red Cross (VRC) has approximately 4,000 volunteers, 24 branches and 11 subcommittees. In addition, it has 8 hospitals, 34 outpatient clinics and approximately 1,400 employees.	
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 People's Power for Health (MPPS) and the Ministry of Foreign Affairs.	
Summary of major revisions This 12-month update reports on the integrated actions that the Venezuelan Red Cross, with IFRC support, has implemented during the first year of the operation. This operation has been closely linked to complement programmatic actions in Venezuela. During this reporting period, the coordinated efforts of VRC volunteers and staff with the IFRC team in country and through the Americas Regional Office have reached 164,606 people with health services; 81,005 people with water, sanitation and hygiene (WASH) actions. The VRC has mobilized 3,617 volunteers and staff to contribute to the operation's objectives, as well as receive training and other support to enhance their actions and ensure their safety. With the publication of this update, this operation will be extended for an additional 12 months, with the planned end date of 27 June 2021. At this time, this extension does not require a modification of the budget or the plan of action. An internal audit will be carried in July 2020 that will contribute to ongoing actions that support accountability to the communities with whom it works, the general public and donors. The IFRC thanks all donors that have contributed to this Appeal operation. ¹ At the same time, it kindly reiterates its request to new donors to support this Appeal operation to enable the Venezuelan Red Cross, with accompaniment from the IFRC and other key partners, to continue responding to the humanitarian needs of the targeted population in Venezuela.	

<Click [here](#) for the financial report², and [here](#) for the contact information.>

¹ [Donor Response Report.](#)

² Financial report is from January 2019 to end of April 2020, which covers the period of the DREF operation and the Appeal operation. Appeal coverage does not include bilateral contributions.

- **January 2019:** IFRC allocated its Disaster Relief Emergency Fund (DREF) to support the Venezuelan Red Cross.
- **March 2019:** The IFRC President visited Venezuela, marking a crucial step for the National Society and IFRC's humanitarian diplomacy in the country.
- **April 2019:** IFRC launches the [Emergency Appeal Venezuela: Health Emergency](#) for 50 million Swiss francs to reach 650,000 people.
- **August 2019:** [Operation update no. 1](#) published.
- **October 2019:** [Six-month update](#) published.



The Venezuelan Red Cross has expanded its pre-hospital care to contribute to the containment measures against COVID-19. Source: VRC.

A. SITUATION ANALYSIS

Description of the context

Venezuela continues to face a complex situation in which access to basic services, especially health services remain critical. Prior to the COVID-19 pandemic, health challenges remained especially acute in promotion and prevention of communicable and non-communicable diseases, diagnosis and treatment, mental health, and the related area of water, sanitation and hygiene. With the outbreak of COVID-19, the Venezuelan health system is on alert with focused efforts to reduce the sudden appearance of cases through timely preventive measures.

In 2019, the Pan American Health Organization (PAHO) reported outbreaks of preventable diseases, such as diphtheria, measles and malaria, as well as an increase in tuberculosis in Venezuela. To reduce the spread of the diseases, vaccination campaigns were launched, which effectively reduced the number of new cases by 91%. In the midst of the COVID-19 pandemic, in April 2020 the PAHO director encouraged all countries in the Americas to continue vaccination efforts, stating: "History has shown us that after wars or epidemics, if we allow large gaps in immunization coverage, vaccine preventable diseases like polio and measles can re-emerge."³ Constant and prolonged actions to support State-run vaccination campaigns remain more necessary than ever.

With seasonal changes, such as the start of the rainy season in May and its continuation through November, mosquito-borne diseases will continue to increase the demand on the challenged health system. Additionally,

³ PAHO, "[PAHO Director calls for continued immunization to avoid risk of other outbreaks during COVID-19 pandemic](#)", 28 April 2020.

WASH activities remain essential when some of the symptoms of dengue, such as fever, headaches, muscle and joint pains, and tiredness, overlap with those of COVID-19.

The current context of the COVID-19 pandemic has had an impact on the hospital network of the Venezuelan Red Cross (VRC). As part of the health system and the provision of services, the VRC's 8 hospitals and 33 outpatient clinics continue to contribute to respond to health needs in the country. To do so, these centres now focus their activities exclusively on emergency care, referral of suspected cases of COVID-19, and obstetrics and gynaecology consultations. Planned health days, in which the VRC provides health care in different settings outside the facilities of the hospital and clinics, have been reduced. Health information is provided through digital means and a reduced number of home consultations are conducted.

The Government of Venezuela declared a state of emergency on 15 March 2020, which has been extended to 12 June 2020. This measure aimed to reduce the spread of the virus by suspending activities, except in essential areas (basic services, essential products and security). Combined with the intermittent electricity service, which reached an extremely critical period during the March 2019 nationwide power cuts, medical centres and healthcare are challenged to provide needed services, particular emergency care and the use of required equipment (from refrigeration and dialysis machines to lighting). The declaration of the quarantine in the country has exacerbated the capacities of the health system.

Violence is one of the social determinants of health in the country, which not only entails deaths, as well as the sequelae experienced by their surviving loved ones. The Venezuelan Observatory of Violence (OVV), with data for 2019, reported the death of at least 1,120 children and adolescents in 4 categories: homicides (425 people), deaths due to "resistance to authority" (68 people), suicides (88 people) and deaths in Investigation (539 people). Adolescents between 12 and 17 years of age are the most affected population; however, there are a considerable number of cases in the population of children from 0 to 11 years of age whose deaths are under investigation. These figures indicate that three children and adolescents died in violent deaths daily in 2019.

The World Health Organization (WHO) recognizes suicide as a global health problem. In Venezuela, suicide has been made more visible in recent years, with an increase measured by the OVV of 160% in the past 8 years. According to this source, there are 9 to 10 suicides per 100,000 inhabitants in the country, with the highest figures in Mérida. It is estimated that 40 per cent of the cases are due to mental health conditions, which highlights the need for mental health and psychosocial support (MHPSS).

As mentioned above, the provision of electricity has had a domino effect on other services. With power outages, the supply and quality of water is affected since pumping stations and water treatment plants cannot function, affecting the most vulnerable people and having an impact on other crucial services like health and education. About 25 per cent of the population are unable to access to clean and safe water, according to the World Food Programme's January 2020 report. The incidence of vector-borne diseases has risen; this situation is linked to delays or suspension of garbage collection and/or the lack of personnel to maintain the already deteriorated water and sanitation infrastructure.

The current situation, already burdened by fluctuating services and fuel shortages, has been aggravated by cases of COVID-19 in the country. The Venezuelan economy with its reliance on oil export has been affected by the radical fall in oil prices and decreased global demand, as well as the reduction of remittances from Venezuelans abroad. While the society aims to avoid contagion, the ability to maintain livelihoods and access essential services and food is not only complicated, but represents an additional burden in already fragile coping mechanisms in the country.

The Documentation and Analysis Centre for Workers (CENDA) in its December 2019 report, indicates that an average family requires 101.7 minimum wages (BS. 150,000.00) to purchase the monthly basic food

basket. Although the inflation rate fell in 2020, according with the Central Bank of Venezuela, the national consumer price index continues to rise.⁴ Although food may be available in markets, many people, especially those with lower incomes and those in situations of vulnerability, are unable to purchase it due to high prices due to a significant depreciation of the currency and import difficulties. Despite the efforts from the government to establish a new price control on food products, the local inflation of the US dollar has contributed to the food insecurity (IPC Phase 4⁵) of approximately 2.3 people in the country, according to the United Nations Global Humanitarian Response Plan 2020.

At the same time, 60,000 of the 5 million Venezuelans that had migrated abroad, have attempted to return to the country related to the economic hardships due to social immobilization measures in the receiving countries. This situation adds more pressure to the deteriorating situation, especially for those living on a day-to-day basis. Based on a WFP food security assessment done between July and September 2019, approximately 37 per cent of the population has experienced a total loss of their income.⁶ The Economic Commission for Latin America and the Caribbean (ECLAC) indicates that while containing the spread of the virus through quarantine and social distancing is of central importance, the slowdown in production or even total interruption have an impact on economic activities; it recommends (i) a commensurate fiscal stimulus to support health services and protect incomes and jobs; (ii) strengthening social protection systems to support vulnerable populations; and; (iii) lifting sanctions on countries so they can access food, medical assistance and supplies.

The extension of the timeframe for this Appeal operation will enable the continuation of the assistance to the VRC in its supporting of the access to integrated health attention. The National Society conducts this work by fulfilling its mandate and ensuring that all actors understand the Fundamental Principles of the International Movement of the Red Cross⁷, particularly in this context the principles of impartiality, neutrality and independence. The IFRC will continue to mobilize financial support for the purchase and distribution of medicines and medical supplies to ensure the availability of services at primary and specialized levels.

Summary of current response

Upon request of the Venezuelan Red Cross, in January 2019 the IFRC provided support through the Disaster Relief Emergency Fund (DREF) to increase the National Society's capacities to respond to the situation in the country. The VRC distributed WASH items and provided first-aid services and pre-hospital care during the disturbances of public order 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. At that time, the IFRC increased its capacity in country, using global and regional response mechanisms, to provide closer accompaniment to the VRC.

During the months of February and March 2019, the VRC and the IFRC held different meetings with the key actors in the country. On 29 March 2020, the Government of Venezuela approved the entry of medical supplies into the country. The Ministry of People's Power for Health and the Venezuelan Red Cross established coordination mechanisms for the arrival and distribution of these supplies.

The current Appeal operation, as a continuation of the DREF operation, was launched in April 2019 to address the health emergency. It has enabled the activation of response mechanisms to significantly expand the most affected population's access to health and water, sanitation, and hygiene. This operation contributes to these needs, as well as establishes communities and authorities' understanding of both of these institutions, alongside the International Committee of the Red Cross (ICRC), as independent, neutral

⁴ Central Bank of Venezuela. National Consumer Price Index (NCPI). Historic Data from December 2017 to March 2020.

⁵ Integrated Food Security Phase Classification

⁶https://www.acaps.org/sites/acaps/files/key-documents/files/main_findings_wfp_food_security_assessment_in_venezuela_january_2020-2.pdf

⁷ International Red Cross and Red Crescent Movement, [IFRC Seven Fundamental principles](#).

and impartial humanitarian actors based on the Fundamental Principles of the International Red Cross and Red Crescent Movement.

As of April 2020, three cargo planes and eight shipments with more than 140 tons of medical supplies, electric generators, mosquito nets, articles for storage and access to safe water (drinking water tablets and jerrycans) and other relief items have entered the country. Through this operation, a total of 110 health facilities have received support in the period covered by this report, including: 68 public hospitals, 8 VRC hospitals, and 34 VRC outpatient clinics have been equipped with electric generators and/or essential medical supplies, including pharmaceuticals for the provision of basic health care and first aid. The provision of 43 electric generators have directly support the health system and the National Society's capacities. The distribution of supplies, generators, medicines, as well as water, sanitation, and hygiene interventions, continue to be carried out in different parts of the country. As 50 per cent of these supplies were provided to State-run health institutions, the numbers of people reached, and the impact of these articles for the people reached by the public health system, are above and beyond the figures provided in this update.

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

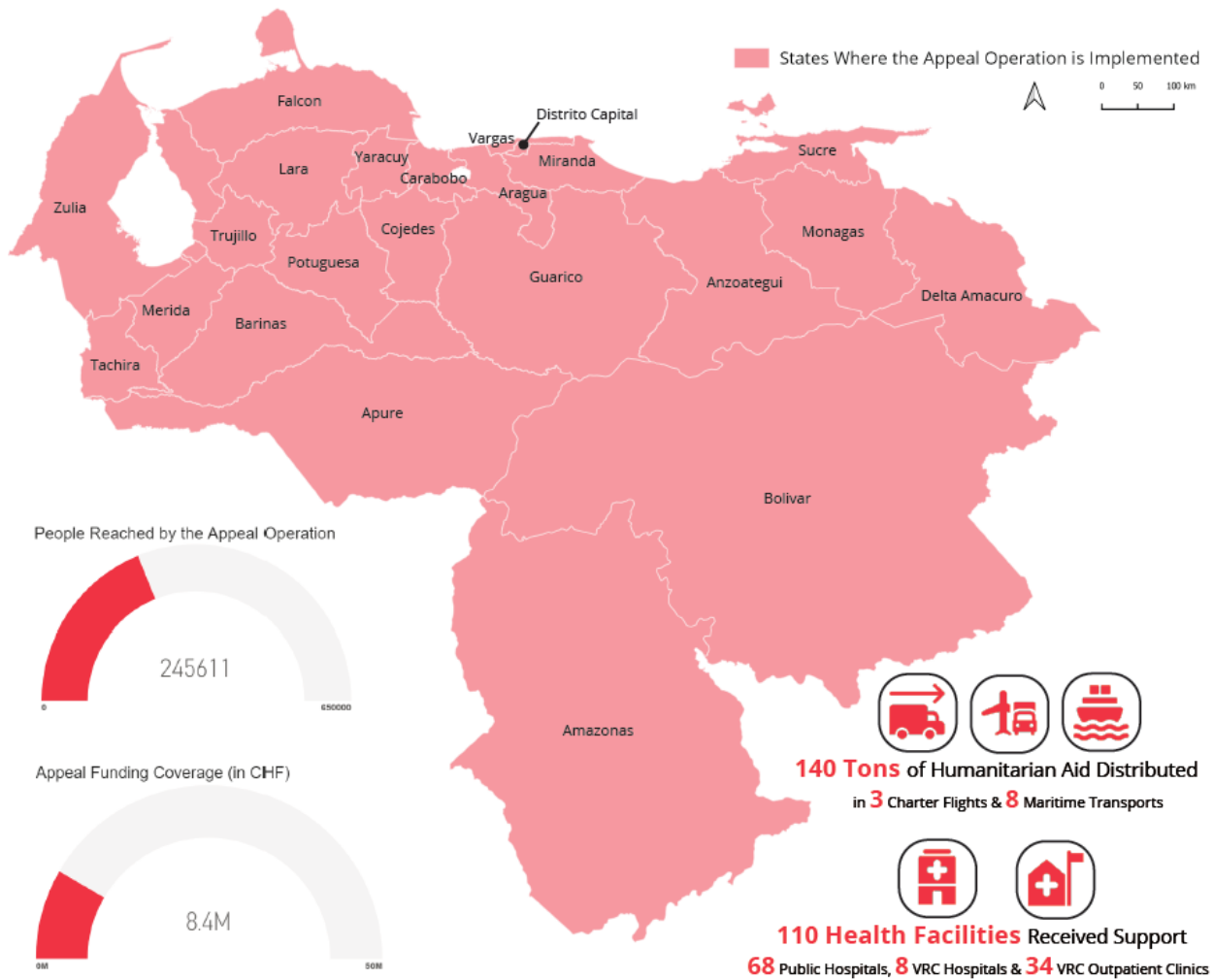
One of the pillars of this Appeal is the strengthening of the VRC. VRC psychosocial response teams were trained in three locations; standard psychosocial methodologies are being applied in VRC branches. In addition to the psychological sessions that have been integrated into some of the community-based health and WASH activities, VRC volunteers receive tools for their mental health self-care.

During the first year of this operation, the VRC and IFRC closely coordinated in the mentioned activities to reach up to **245,611 people in 24 states** with health and WASH interventions, community

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+CIFRC



training sessions on comprehensive health issues and psychosocial support. This operation has guaranteed the vulnerable population’s access to primary health care, including medicines and related services.

Overview of Host National Society

The Venezuelan Red Cross, founded in 1895, has approximately 4,000 volunteers in its 24 branches located throughout the country. The VRC has 1,400 staff, which includes the medical staff in its 8 hospitals and 34 outpatient clinics, which conform the largest network of health centres in the country. The VRC is considered an important humanitarian institution, known for its provision of primary and emergency health care to the most vulnerable communities, emergency response and community-based actions. The VRC has volunteers and staff specialized in health; first aid; psychosocial support; livelihoods; disaster risk reduction; social inclusion; and water, sanitation and hygiene.



The VRC is an independent institution, which directly administers its hospitals, outpatient clinics and other health services and all its actions are aligned with the Movement’s Fundamental Principles. VRC actions in this Appeal operation would not have been possible without the network of committed volunteers and staff that are the backbone of the Red Cross actions in the country. The current actions build upon the National

Society's history of community-based actions that foster community resilience and emergency response. The VRC is known for the capacities of its first responders, who act in coordination with local disaster management authorities. As a result, the VRC has earned the trust of the communities with whom it works, enabling its continued access to these and particularly to reach the population groups in situation of vulnerability.

The VRC works with local authorities and other humanitarian partners in line with the International Red Cross and Red Crescent Movement Fundamental Principles.

Overview of Red Cross Red Crescent Movement in country

As an extension of the IFRC Secretariat's action in country to support the VRC, the IFRC technical office within the VRC's national headquarters was made a Country Office in July 2019. As this type of office, all actions, in addition to previous and ongoing coordination with the National Society, are done with the IFRC Americas Regional Office in Panama. This IFRC Country Office has been recognized by the Government of Venezuela through the Legal Status Agreement, signed on 31 January 2020 and published on 28 February 2020 in the official publication, *Gaceta Oficial* No. 41.829.

Currently, the Country Office has ten international delegates, in the areas of Health (2), WASH (2), PSS (1), Finance (1), Logistic (1), Information Management (1), Programs and Operations (1) and a Head of Country Office. As will be mentioned later in the report, other staff positions have been used in this office. This structure is enabling the Secretariat to implement the IFRC's 2019-2020 Master Plan. This plan is composed of this Appeal operation, IFRC Operational Plan 2020 in Venezuela and the COVID-19 emergency response that is provided through the National Society. The strengthening of the National Society's capacities contributes to reaching more people in a situation of vulnerability, its sustainability and active role as a key institution in the country.

VENEZUELA MASTER PLAN

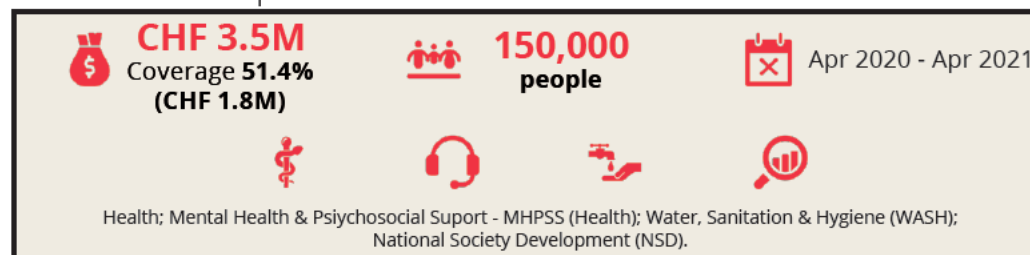
Appeal - Health Emergency



Operational Plan 2020



COVID-19 Response



Currently, the main components of these complementary and combined actions are focused on community health and resilience, which includes disaster risk reduction; water, sanitation, and hygiene; livelihoods; migration, protection, and social inclusion; and cross-border cooperation with the Colombian Red Cross Society.⁸

To date, 34 specialists have been deployed for technical support through the IFRC's global and regional rapid response mechanism (surge) in the areas of operations; relief; WASH; health; psychosocial support; medical and general logistics; communications; security; finance and administration; and planning, monitoring, evaluation and reporting (PMER).

As Venezuela is a sending country in regional migratory flows, coordination exists between the Emergency Appeal operations that respond to the flow of this population: Colombia: Population Movement ([MDRCO014](#)) and Americas: Population Movement ([MDR42004](#)). This coordination enables information sharing regarding potential push factors in Venezuela, and recently in the destination countries with COVID-19 measures. Thus, the IFRC with National Societies are complementing and capitalizing on actions. The IFRC's Disaster and Crisis Department in the ARO maintains overall coordination between this and the other two response operations. Efforts are made to create synergies between response activities carried out in Venezuela, host countries, and recently with migrants returning to Venezuela.

At the global, level the IFRC has established a Joint Task Force on Venezuela that brings together IFRC staff from Geneva, the Americas Regional Office and the team in country. More than 16 online meetings have been held.

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

The VRC, ICRC and the IFRC have an active tripartite agreement in Venezuela, which was signed in late 2018. The ICRC and the IFRC also coordinate at the level of their respective headquarters in Geneva. This has enabled the planned use of resources and coordination regarding implementation and cooperation modalities. On 3 February 2019, the three components of the Movement in country issued a declaration that expressed the willingness and ability to continue to assist, through humanitarian aid, the Venezuelan population with the most urgent humanitarian needs and aligned with the Fundamental Principles of the International Red Cross and Red Crescent Movement.

This joint coordination permits the capitalization of resources. The Movement's priorities include adopting a coordinated approach to ensure and strengthen the Venezuelan Red Cross's institutional development. This has the aim to support their actions to achieve greater technical and operational capacity for effective and accountable emergency response and humanitarian programming in areas such as migration, restoring family links, relief, health, among others. The IFRC, including through funds from this operation, with the ICRC support VRC branches and headquarters by conducting relevant training courses, creating materials,

⁸ Please note that due to the integrated nature of this operation, the financial report includes disaster risk reduction and livelihoods budget lines. Actions towards this end are integrated into the Areas of Focus detailed below.

coordinating security and developing security protocols for volunteers, providing institutional visibility (including uniforms, flags, stickers, etc.), supporting VRC human resources, cooperation activities and community programmes.

Overview of non-RCRC actors in country

In May 2019, a Humanitarian Coordinator was named for Venezuela, and with this, the Country Humanitarian Team and an Inter-Cluster Coordination Group were activated. The IFRC and VRC participate in these coordinating spaces, sharing information on the actions involved in the current operation. To date, eight clusters officially are activated: health; nutrition; water, sanitation and hygiene; protection (including areas of protection of children and adolescents and gender-based violence); shelter; electricity and household goods; education; and logistics.

The United Nations and its partners launched an appeal for its Humanitarian Response Plan for Venezuela. It aims to assist 2.6 million people and by the end of 2019, it requested 223 million US dollars.⁹ 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, logistic, 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 2019, 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) acquired as part of this operation, 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.

To initiate the import of medicines in 2019, the IFRC met with the Ministry of Foreign Affairs, the Ministry of People’s Power for Health, the UN Resident Coordinator, and the ICRC to establish protocols for the entry of medical supplies into the country. This coordination allowed the entry of the three charter planes and two ships with aid in April, June, July, August, and November 2019. After several meetings on 31 January 2020, with the visit of the IFRC President and Regional Director for the Americas, the Legal Status Agreement was signed with the Government of Venezuela. The agreement facilitates the entry of all the items required to continue the operation and programmatic implementation.

Current Coordination Mechanisms

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

⁹ [Venezuela Humanitarian Response Plan](#). July – December 2019.

Needs analysis and scenario planning

Needs analysis

In the first year of this operation, the IFRC team and VRC monitored and identified evolving humanitarian needs. Some of these, mentioned in the previous “Description of Context” section, were aggravated in the past 12 months. The difficult access to basic services, furthered by generalized power outages, has created new humanitarian needs.

Health (promotion and prevention of diseases, diagnosis, and treatment, failing of medical equipment such as dialysis machines, refrigeration, ventilators, etc) and water, sanitation and hygiene conditions remain critically poor. There is a general collapse in the health system and emergency services. Some of the population has difficulties to obtain health system services due to factors such as poor transportation coverage, lack of fuel and scarce economic resources. These circumstances especially affect the most vulnerable and isolated populations that encompasses the elderly, children and adolescents at risk, persons with disabilities and indigenous communities.

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

Since mid-March 2020, the number of Venezuelans returning from Colombia and other countries has increased. Reports indicate that between 40,000 and 60,000 people have returned since the closing of the borders, including those who engaged in pendular migration. Most have entered Venezuela through Táchira, and to a lesser extent, through Zulia, Apure and Bolívar. As social isolation measures continue to be extended in Colombia, Ecuador, and Peru, among other countries, more Venezuelans are expected to return. Temporary accommodations for returned Venezuelans to remain in sanitary quarantine in the border municipalities is a critical challenge. In addition to health measures to prevent the transmission chain associated with returnees, basic needs and rights of people on the move need to be addressed. While measures to mitigate the most severe effects of COVID-19 have been taken, humanitarian needs are on the rise. The VRC, with IFRC and ICRC support, needs to expand its response capacities to address the needs of the most vulnerable populations.

The following section provides an overview of the central needs in relation to the areas of action, implemented by the VRC with IFRC support, in Venezuela. As mentioned, the VRC and the IFRC coordinate with the ICRC and other actors to avoid overlapping, complement their actions and proactively exchange information on shared operational constraints and possible mitigating actions.

Health

The fragmentation of the health system, combined with its diminished capacity to respond to prioritized needs, including the core functions of epidemiological surveillance and the establishment of health information registries, has affected the provision of priority public health services. This especially affects services needed to prevent and reduce the impact of communicable diseases, to meet the medical needs of people with chronic diseases, related disorders with mental health or terminal illnesses, and reduce maternal and infant mortality.

While Venezuela's health system currently retains some capacity, it is under pressure due to a combination of factors. These include frequent interruptions to the supply of basic public services (electricity, water,

communication and transport) that affect health facilities, as well as the migration of health personnel and shortages of medication and health supplies, particularly at the secondary and tertiary levels tertiary.

In June 1990, the Pan American Health Organization (PAHO) emphasized 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. With the outbreak of COVID-19 and efforts to contain its spread in Venezuela, this orientation is more germane than ever.

As mentioned above, the number of measles cases dropped dramatically (90.5%) in 2019; 548 confirmed cases were registered through December 2019, compared to 5,779 confirmed cases in 2018. According to PAHO, no measles cases have been registered in 2020. This decrease is due to support to the Ministry of People's Power for Health (MPPS) from international partners such as the Pan American Sanitary Bureau (PASB), among others, for a combined measles and diphtheria vaccination campaign in 2019. However, in with the outbreak of COVID-19, it is important to maintain support for vaccination campaigns.

In 2019, malaria transmission remained high: Bolivar (85 per cent of cases), Sucre and Amazonas states had the highest number of reported cases. The increase in the number of cases since 2015 is mainly linked to the migration of infected people from the mining areas of Bolivar State to other areas of the country with ecosystems prone to the spread of malaria, scarcity or unaffordable cost of antimalarial drugs and weakening of vector control programs. There was a reported increase in transmission due to *Plasmodium falciparum* and *Plasmodium vivax* between 2010 and 2017, which reached municipalities where malaria cases had not been reported for several decades.

The diphtheria outbreak that began in July 2016 remains ongoing. Since the beginning of the outbreak and as of Epidemiological Week (EW) 52 of 2019, a total of 3,060 suspected cases have been reported (324 cases in 2016, 1,040 in 2017, 1,208 in 2018, and 488 in 2019). Between EW 1 and EW 5 of 2020, a total of 25 suspected cases have been reported, of the total, 2 have been confirmed (1 by laboratory and 1 by clinical criteria or epidemiological link). In 2020, only Haiti and Venezuela have reported confirmed cases¹⁰.

Based on the most recent official figures available, between 30 December 2018 and 29 June 2019, 714,536 cases of diarrhoea were reported in the country, with 171 deaths. The highest incidence rates are in the states of Carabobo, Guárico, Portuguesa and Sucre, children under 1 year of age and in the states of Carabobo, Guárico, Portuguesa and Sucre; children between 1 and 4 years of age in Guárico and Portuguesa, and children over 5 years of age in the states of Cojedes, Guárico, Monagas and Portuguesa.

According to data from the 2018 National Survey of Living Conditions (ENCOVI), only 29 per cent of the population had access to water compared to 45 per cent in 2017.

In terms of sanitation coverage, according to the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, only 24 per cent of sanitation systems are adequately managed, and in rural areas defecate in the open air. Health promotion strategies and interventions are not actively implemented in vulnerable areas, further complicating the health situation.

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% of those registered for care. By the end of July 2019, 29,550 people with HIV had made the transition to these

¹⁰ Pan American Health Organization. (PAHO) [Epidemiological update Diphtheria, 3 March 2020](#)

new treatment guidelines, 53% of population estimated to meet the criteria for treatment. However, the availability of antiretroviral drugs for alternative schemes, for pregnant women and children, and for prevention and treatment of opportunistic infections remains limited.

For other health conditions, current data are often not available. For example, figures for tuberculosis (TB) 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. The IFRC and VRC supported UNICEF's efforts in a programmatic project implemented in 2019. Based on the previously mentioned WFP nutrition assessment conducted in 2019, 9.3 million people (almost 1/3 of the overall population), experience food insecurity.

The last six years have seen a progressive loss of operational capacity of the national health system, which has been enhanced since 2017 and has affected health care and access to medicines free of charge at the service. Many hospitals operate under very difficult conditions and cannot ensure the provision of basic support services. According to the Venezuelan Medical Association, in 2018 about 22,000 doctors emigrated. This figure represents one third of the 66,138 doctors in the country in 2014. The migration of doctors has mainly affected certain specialities (neonatology, anaesthesiology, oncology, nephrology, intensive care and emergency care). Similarly, an estimated 6,000 bio analysts and laboratory technicians have left the country, and the Venezuelan Federation of Nursing Schools estimates that between 3,000 and 5,000 nurses have emigrated.

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).

Although Venezuela has a mental health policy that includes the promotion, prevention, treatment and rehabilitation of illnesses, it is estimated that more than 10,000 people with mental health problems are not treated by psychiatric care centres. This policy seeks to integrate psychiatric care with primary care. There are no precise figures on the number of people held in psychiatric centres or social care residences, but there have been reports of the poor state of the infrastructure, a shortage of medicines and a lack of budget for food and medical staff. As there is a shortage of medicines, families are required to remove people with psychiatric conditions. In addition, the number of medical residents in psychiatry has decreased.

The violence and the current situation in Venezuela itself leaves a great psychological impact on the people who live here, such as anxiety and post-traumatic stress disorders, some of which can diminish their impact through prevention actions and the promotion of a culture of healthy mentality. For those with chronic and severe mental health diagnoses, such as schizophrenia, major depression, bipolar disorder and obsessive-compulsive disorder, access to doctors and medications is essential to stay alive.

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

In the medium term, there are opportunities to transform the health system to reduce fragmentation and segmentation, slow down the emigration of health workers, ensure the sustainability of the system and increase resilience.

Water, sanitation and hygiene

The main need remains lack of regular access to water, sanitation services and hygiene promotion that supports the improvement of hygiene practices.

The prevention and control of particular diseases related to water, sanitation and hygiene is a concern at household level, especially in the context of the COVID-19 outbreak. Although the situation is extremely different between states, the capacity of some people to implement basic hygiene measures at home, such as systematic handwashing with soap and household cleaning, is extremely challenging. Trucking in water truck, previously used regularly to supply water to households, hospitals and health centres, has been disrupted due to the fuel shortages that limit the delivery, the quantity and quality of the water provided.

Hyperinflation in the context of COVID-19, not only damages the local economy, it hinders the capacity to repair and maintain water and sanitation facilities and equipment. Difficulties to acquire spare parts and materials domestically and internally have created a situation in which households and health facilities depend on organizations for support, disrupting previous efforts to transmit localized capacities.

Faced with limited incomes, significant number of households have changed priorities for the use of their resources. While some funds had previously been destined for safe water consumption, this use has fallen, thus increasing the risk of waterborne diseases, inability to implement good sanitation and waste management practices, or even the use inappropriate products for hygiene best practices. The most vulnerable populations such as children and adolescents, pregnant and lactating women, and the elderly are the most affected by these changes.

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

Operation Risk Assessment

The current operation presents several external risks. The scope and possible increase in humanitarian needs could outstrip the collective capacities and stretch the resources of the VRC, the International Red Cross and Red Crescent Movement and other organizations well beyond their limits. The difficult to secure funds and human resources remain challenges for the response to the growing volume of humanitarian needs.

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

Risk identified	Evolution of risk	Mitigation measures
The scope and potential increase of the humanitarian needs could exceed collective capacities and stretch the VRC and the Red Cross Red Crescent Movement's and the resources of other organizations well beyond their limits.	This risk is still present. Current inflation, combined with COVID-19 response, in the country has made access to medical services and treatment increasingly difficult.	VRC and IFRC distribute equitably the health resources available (medicines, consumables, medical equipment). Technological mechanisms that facilitate the rational use of health resources are beginning to be used (SISTOCK and ODK tools). Alliances have been established to increase the coverage of health activities in the communities.

The country context is complex and humanitarian needs are not covered properly.	This risk is still present. Currently, the percentage of funds raised by the Appeal is relatively low and does not adequately respond to the health needs of the population.	While humanitarian diplomacy actions and resource mobilization activities exist at the national, regional, and global levels, the COVID-19 pandemic adds another challenging factor into the equation.
The lack of a legal foundation to operate in the country.	This is no longer a central risk as the legal status agreement for the IFRC was established in January 2020.	Continued efforts to disseminate information on the Fundamental Principles that guide the Red Cross's work in country.
The barriers to internal transfer of funds reduces the cash flow for the operation's activities.	While international transfers are now permitted, this remains a risk. Hyperinflation hinders local procurement.	Purchases of most items outside the country do not require currency exchange monitoring
The country's situation could block needed logistics for this operation	This is now a reduced risk due to National Society's new capacities, but will still be contingent on the context itself.	The VRC's logistics capacity increased through the hiring and training of separate teams that manage and protect the central warehouse, which this operation funds. There are plans to create similar teams in the five regional VRCs offices. The system SISTOCK is used to improve the logistical management of medical supplies and other items received.
Situations of civil disturbances could thwart planned actions.	This risk remains.	Security measures for all volunteers and staff are implemented based on strict compliance with Stay Safe standards. In the warehouse and in the VRC national headquarters, security is incorporated into regular functioning, which contributes to the safety of the people involved in this operation, as well as the goods.
The heavy workload could lead to psychological stress and burnout of National Society staff and volunteers.	This is a reduced risk.	As part of its activity protocols, the VRC has incorporated the performance of debriefing and defusing activities. The psychosocial delegate from the IFRC provides technical guidance for these activities.
The public's lack of understanding of Red Cross Fundamental Principles and mandate could put the VRC and IFRC's actions at risk.	This is a reduced risk.	VRC's communications department has carried out a number of activities that have improved information regarding activities of the VRC, with emphasis on this operation's activities as needed. The VRC regularly posts on its social networks to disseminate this information. A community engagement and accountability (CEA) focal point is now on staff. The ICRC and IFRC support the VRC's efforts to disseminate information about its actions and mission.
The political and financial instability, including hyperinflation, could permit situations of fraud.	This risk is still present.	All of the administrative staff (12 people) and general VRC staff (25 people), supported by this operation receive fair salaries, in addition to training in institutional ethics when arriving and throughout their time with the VRC. Additionally, an internal and external control system, which includes auditing, is maintained..

Security Assessment

The IFRC's institutional classification for the country remains in the orange phase. This reflects the country's context, the difficulty of access to public services, with resulting increased social pressure. The COVID-19

pandemic has compounded previous security risks. The IFRC, in coordination with the ICRC, maintains a comprehensive and integrated management of security and working environments. The IFRC regional security team provides technical criteria to ensure and regular coordination to ensure the security of personnel in Venezuela.

The International Red Cross and Red Crescent Movement reiterates its mandate, based on its Fundamental Principles that underpin its neutral, impartial, and independent humanitarian actions. It remains committed 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 and will expand based on donor needs and support. At the end of April 2020, the financial coverage of this Appeal was 17 per cent. This operation, as mentioned above, is part of a strategy that complements other actions ongoing in the country (through the 2020 Operational Plan and COVID-19 response), as well as coordinated with the ICRC's ongoing actions. If needs arise in other sectors that the IFRC, together with the VRC and other Movement partners, identify as requiring support, the Action Plan will be revised accordingly.

The extension of this Appeal operation to July 2021 maintains the 50 million Swiss franc- budget to meet the immediate and urgent health care needs of the most vulnerable population by improving the operational capacity of public hospitals and the network of health centres managed by the VRC throughout the country, and increasing the availability of essential medication and other medical supplies. This approach maintains the provision and rapid deployment of essential medical supplies, including pharmaceuticals and electrical generators, support for VRC health infrastructure improvement; access to remote communities to provide primary health care services; and improved provision of mental health and psychosocial support services.

Basic water and sanitation infrastructure in health facilities will continue to be improved to ensure the availability of safe water and adequate sanitation facilities, as well as improved hygiene and sanitation practices in communities. As a priority, the action plan emphasizes strengthening institutional capacity, with a view to increasing technical and operational capacity for effective response and comprehensive programme management at all levels.

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

With the support of the Regional Logistics Unit in Panama, eight sea shipments and three cargo planes with a total weight of 140 tons were effectively sent to Venezuela. At the same time, actions were undertaken to develop the logistics capacities of the National Society, with the permanent support of a Logistics and procurement Delegate and a regional intervention team (RIT) specialized in this matter. Several regional purchasing processes have been managed in support of the operation: Non-food items (NFIs), communication items (mobile phones, satellite phone, pelican suitcases, Open Data Kit- ODK, etc.), medical sets and supplies, medicines (pharmaceuticals to items for sexual and reproductive health), vehicles, power generators, among others. Additional containers with medicines, medical supplies, water and sanitation items, and recently personal protective equipment (PPE), as well as computer items and visibility are expected to continue entering the country based on available funding.

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

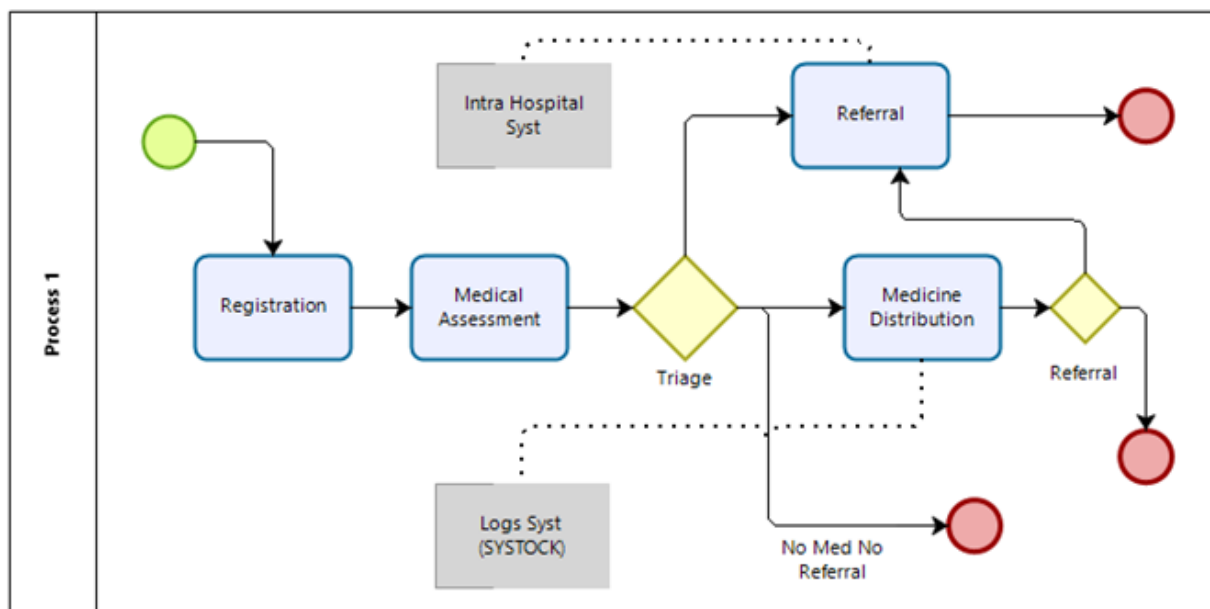
established competencies and knowledge to reach communities in urgent humanitarian need. This access, within this complex operational context due to the situation in country plus COVID-19, offers a unique opportunity to assist the affected population with health, water, and sanitation services at the local level.

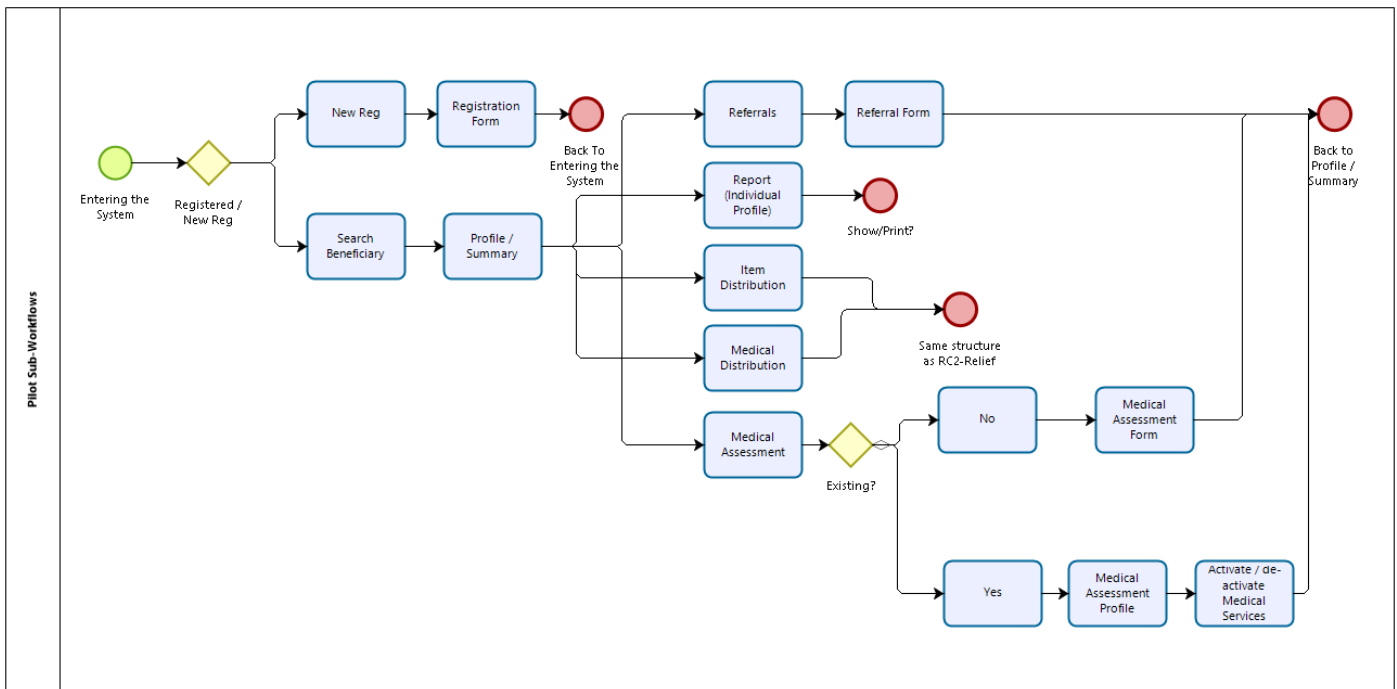
To guarantee the sustainability of the actions implemented through this Appeal operation, a main component of National Society Capacity Development (NSD) is underway, in coordination with the other projects that VRC currently implements. The National Society is being strengthened through a unified model that integrates standards of care and overall quality management, especially for the health sector. . 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 this operation and the other programmatic interventions continue to complement sub-regional efforts.



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


The following graphics provide information on the process used when people are attended by VRC health services, including the pilot underway:





Once this operation ends, the central actions will be incorporated into the IFRC Operational Plan for Venezuela. This will ensure continuous support to the VRC to maintain its response strategy with consistent capacity building strengthening that feeds into the National Society’s capacities to provide essential services.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 164,606 people Female: 97,752 Male: 66,854</p>	
<p>Health Outcome 1: Access to essential healthcare will be increased in target areas of the assessed hospitals and health clinics.</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>Number of people reached with health services (disaggregated by age and gender)</p>	<p>650,000 people</p>	<p>164,606¹¹ (97,752 females and 66,854 males)</p>
<p>Health Output 1.1: Healthcare facilities have access to essential medicines and consumables to enable provision of basic medical services</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>Number of health facilities supported with medical stocks</p>	<p>24</p>	<p>110</p>
<p>Tons of medical items/ kits procured and delivered to health facilities</p>	<p>TBD</p>	<p>140 tons</p>
<p>Narrative description of achievements</p>		

¹¹ This number represents the people reached by the VRC network health actions such as: community health days and medical attention at VRC hospitals and outpatient clinics. It does not include the numbers reached with the medical equipment and supplies provided to the State health system as part of this operation.

Since February 2019, the IFRC has received three cargo planes and eight sea shipments in Venezuela with 140 tons of medical supplies, generators, and other relief items. The medical items consisted of 3 IEHKs (including malaria kits), medicine, surgical kits, medical consumables, basic medical equipment, and other related relief items to promote access to safe water, and generators for medical facilities. These contributions have been key to the implementation of health actions at the community level and VRC health facilities, in Venezuela's 24 states. In conjunction with the Ministry of People's Power for Health, 50 per cent of the medical supplies imported to the country were distributed to public hospitals. Public hospitals prescribe medicines according to their regular protocols and report on the use of medical stocks and the people who benefit directly from the support of the Appeal through the Technical Committee.



This VRC operational team works to receive the imported medical supplies and equipment provided via this Appeal operation. Source: VRC.

This operation has a wide geographical coverage and has contributed to providing medical attention to the most vulnerable populations in the country.

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

The actions of this operation complement the activities conducted via community health projects that the Venezuelan Red Cross implements in five border states and nine 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	22
Number of treatment/consultations provided in the health facilities and in the community health sessions	TBD	86,448
Number of community health sessions carried out	N/A	522

Narrative description of achievements

IFRC purchased 24 generators to equip health facilities in areas where regular and unpredictable power outages directly affect health care by hampering medical operations 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, 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 of the medical supplies had been distributed in public hospitals, VRC hospitals and outpatient clinics. These include medical beds, sterilization and disinfection sets, electric scalpels and other instruments, masks and latex gloves, as well as medication.

The delivery mechanism for medicines in VRC health centres was designed to reach the most vulnerable people in a standardized and effective manner. Under this 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, medication is distributed free of charge to the population with a prescription from public health centres or other free health centres. Public hospitals prescribe medicines according to their regular protocols and report on the use of medical stocks and the people who benefit directly from the support of the Appeal through the Technical Committee.

To increase the scope of the community health days and ensure that the most vulnerable people are reached, the VRC negotiated partnerships with local organizations (Caritas, Christian Front Movement and faith-based and social organizations). These have enabled the VRC to reach more people who have been affected by the health situation. These partnerships include training health promoters to have a staff (volunteer) from the communities capable of responding to an adverse event; vulnerable communities ready for development/evaluation and assistance; support VRC branches in transport, logistics and community security.

As April 2020, a total of 522 community health sessions were held in the 24 states of the country, reaching a total of 86,448 people (51,868 women and 34,579 men).

As a complementary effort, with the support of UNICEF, nutritional treatment aimed at children under 5 and pregnant and lactating women in fourteen states were distributed. This entailed the provision of nutritional supplements and pharmaceutical products, under the Operational Plan for Venezuela, reaching 57,978 people.

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

Indicators:	Target	Actual
Number of people reached with first aid services (disaggregated by age and gender)	N/A	798 (470 women, 328 men) ¹²
Number of people in communities and VRC staff and volunteers trained in health	N/A	35,082

Narrative description of achievements

In the period covered by this report, 148 community health workshops were held in a total of 16 States (Amazonas, Anzoátegui, Aragua, Barinas, Bolívar, Carabobo, Capital District, Falcón, Guárico, Lara, Mérida, Portuguesa, Sucre, Táchira, Yaracuy and Zulia). A total of 21 were focused on community first aid with a total participation of 2,340 people (1,521 women and 819 men) who were trained.

There were also 127 community educational sessions covering topics including: promotion of breastfeeding, cancer prevention, promotion of menstrual hygiene and sexual and reproductive health, workshops on nutrition, prevention of diarrhoea, vaccines and their benefits, importance of first aid, myths and truths about mammography, and information sessions on HIV/AIDS.

A training workshop for health promoters was held for 298 people in the Capital District.

¹² Correction from figures in previous operational update: The total number of people provided with First Aid Services is 409 during public order disturbance in first quarter of 2019. In the second quarter, the actions were more related with community training workshops regarding the importance of First Aid delivered under the community health days.

On the other hand, during the public order disturbances in the first quarter of 2019 and the increased security situation, the VRC first aid team provided health assistance to the injured population in several places. With the support of this operation, 798 people received first aid.

In December 2019, in coordination with the Colombian Red Cross Society, a training course for volunteers in the community-based health and first aid (CBHFA) approach was held. The objective of the course was to provide the National Societies' volunteers with tools that allow them to carry out a Community Health Action Plan based on the implementation of the CBHFA approach in their respective branches. From the Venezuelan Red Cross, 20 people from 7 branches were trained.

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	4,769 (3,099 women and 1,670 men)
Number of volunteers and staff trained in PSS (disaggregated by age and gender)	TBD	236 (166 women and 70 men)

Narrative description of achievements

Psychosocial support continues to be relevant and necessary. Mental health and psychosocial support is integrated into the IFRC and VRC humanitarian response. At the beginning of the operation, the IFRC deployed staff specialized in these services, providing technical expertise and tools to support the establishment of the VRC Mental Health and Psychosocial Support Program, and, at the same time, has provided MHPSS to communities and VRC staff and volunteers, many of whom were the first to respond during the civil unrest of February 2019 and subsequent events.

Based on this programme, PSS and mental health activities were carried out at nationwide level to support the staff and VRC volunteers with individual and group psychosocial and mental health sessions, including awareness-raising on the practice of self-care.

In the health days, psychosocial support activities are included transversally with three phases in the sessions:

- Talks or activities (15 to 20 minutes) on psychological first aid and mental health, where people who are entering and accommodating in groups to the days are given a short introduction to topics such as stress management and anxiety accompanied by practical exercises prior to proceeding to the rest of the services to be received during the health day.
- The talks also serve to make referrals to specific consultations with psychologists or PSS professionals during the day, or referral to another institution if needed.
- Recreational activities for adults and children carried out with the support of the VRC's Youth section and other volunteers.
- The volunteers who during the health day give the talks and PSS services are previously trained in topics such as: mourning management, crisis management, stress management, psychological and community first aid, and PSS activities with children.

The following table provides information on the MPPSS activities integrated into the community health days:

State	PSS activities and sessions	People that received PSS services
Apure	2	74
Aragua	1	6
Carabobo	8	183

Distrito Capital	5	1396
Falcón	9	347
Guárico	2	74
Lara	1	35
Portuguesa	1	1690
Sucre	5	415
Táchira	2	230
Zulia	4	319

As April 2020, the number of VRC volunteers trained remains the same as previously report. The arrival of the new PSS delegate will reorient programmes to innovate training sessions for those who have been trained or are just entering into this area. The strengthening of the structure of the Mental Health and Psychosocial Support Programme will be transformed due to the country context, which includes the impact of the current pandemic.



Water, sanitation, and hygiene

People reached: 81,005 people

Male: 38,072

Female: 42,933

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		81,005 (42,933 women and 38,072 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	62,733 (33,248 women and 29,485 men)
Number of health facilities with improved access to safe water and sanitation	21	2
Number of people reached with hygiene promotion (disaggregated by age and gender)	TBD	18,272 (9,684 women and 8,588 men)

Narrative description of achievements

The operation has been supported by IFRC water, sanitation, and hygiene experts. At the beginning of the operation, assessments were conducted in seven hospitals and four primary health outpatient clinics. Based on this, WASH interventions were classified into three levels:

- Rapid impact with chlorination and cleaning of water tanks
- Structural repairs
- Equipping with necessary maintenance supplies over a period of up to 12 months.

This operation aims to improve access to drinking water and sanitation in the selected health facilities. Based on the results of the assessments, maintenance has been carried out on the reserve tank of the Carlos J Bello Hospital of the VRC in the Capital District. Progress has been achieved with the hiring of the National

Water Coordinator by VRC and the arrival and regional intervention team WASH expert who supported complementary actions to the livelihood programmes and UNICEF.

This operation purchased a WATSAN Kit 2 that is in the warehouse in Caracas. The aim is to have this used in the current COVID-19 situation at the hospital level. Once fuel and the social immobilization ends, elements of the kit could be sent to other states.

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 state of funding.

A total of **81,005** people has been reached with actions to promote water, sanitation, and hygiene at the community level, including the delivery of jerrycans and drinking water tablets (aquatabs). To address the lack of safe drinking water in households, relief items such as jerry cans, 20-litre contains for water and 2 million water purification tablets (aquatabs of 40 g), 11,000 bars of soap (100 g) were purchased as part of the appeal. A total of 194,650 aquatabs and 17,017 jerry cans were distributed in District Capital, Nueva Esparta, La Portuguesa, Anzoátegui, Bolivar, Falcon, Guárico, Aragua, Táchira, Yaracuy and Lara. Additionally, 1,000 water filters were distributed to 1,000 families in Anzoátegui, Aragua, Apure, Barinas, Bolívar, Carabobo, Distrito Capital, Falcón, Lara, Mérida, Miranda, Portuguesa, Táchira, Vargas, and Yaracuy states.

In response to the growing number of cases of malaria and other vector-borne diseases, the IFRC, via its regional logistic unit, procured 6,450 long-lasting insecticidal nets for health centres and the population. A total of 4,400 were sent to VRC branches in Puerto Cabello, Carabobo, Zulia, El Tigre, Anzoátegui, Bolívar, Apure, Mérida, Acarigua and Portuguesa.

The terms of reference were launch for the construction of a deep well. The planned 130-metre deep well will collect groundwater and supply safe water to the VRC hospital and the administrative headquarters in La Candelaria, Capital District. Drilling involves a study of pumping and capacity and water quality, validation by the State's regulatory body, to ensure the viability of the aquifer. This well will feed into a PVC pipe for the supply and distribution of water in the facility. At the end of this reporting period, bidders were analyzing the technical feasibility based on the requirements of the terms of reference. The VRC purchasing committee is involved in the process.



Technical meetings were held with bidders to the site of where the deep well will be drilled, marked by red circle. Source: VRC

This operation has acquired WASH products that the VRC is in the process of distributing. Prior to the COVID-19 outbreak, the IFRC and VRC WASH specialists established a distribution plan based on the needs of each location and technical criteria. While there have been delays due to social immobilization measures, adjustments on distribution plans for the distribution of these following items that were acquired with operation funds are underway:

- Aguatabs: 1,805,350
- Tanks for dissolving tabs: 99
- Chlorine measurement kit: 24

- Jerrycans (10L): 11,000
- Plastic containers for water storage (14L with covers and spout): 1,000
- Family hygiene kits: 1,000
- Soap (100 g bar): 11,000

As part of the COVID-19 response, water supply for the VRC hospital in the Capital District will be guaranteed with water tank trucks. The VRC's COVID-19 response actions will be rolled out to complement action from this Appeal operation and the 2020 Operational Plan.

Strengthen National Society

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

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

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

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

Indicator	Target	Actual
Number of staff members hired	13	14

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

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

Narrative description of achievements

This Appeal operation, capitalizing on previous emergency funds and the 2020 Operational Plan, were vital in supporting the VRC in improving its technical, operational, and structural capacity to deliver effective humanitarian assistance at VRC headquarters, branches and committees.

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

Additionally, 13 branches and their committees have received support to be better equipped to provide and expand health care, water, sanitation and hygiene and other activities to communities.

The development of a comprehensive approach to the development of the VRC is a priority for this operation, which will be enhanced in the next year, with the participation of Movement components and the support of the IFRC National Society Development unit in the Americas Regional Office. 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. In September 2019, the for National Society Development regional coordinator conducted a mission to the VRC to meet with focal points and key allies of the VRC in order to draw up a plan of action to strengthen the National Society within the framework of IFRC support.

Volunteer management and care

Volunteer management at the headquarters, branch and committee levels, is one of the top institutional priorities to ensure the safety and well-being of volunteers. Volunteers are part of the communities and face the same consequences of the situation in the country, so special measures need to be taken to ensure that working conditions remain suitable for volunteers to remain active and motivated.

Through the IFRC 2019 Operational Plan, a total of 3,617 VRC volunteers have been insured through the IFRC Volunteer insurance.

Through the support of this operation:

- 884 VRC employees and volunteers in 11 branches 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 an incident of disappearance of a boat with migrants off the coast of Falcon.
- Mental health self-care tools were designed and implemented for volunteers and awareness sessions were held.
- 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 IFRC's and VRC's disaster management priorities, technical support was provided to VRC in:

- Preparation of response and contingency plans in seven sections in Barinas, Mérida, Lara, Distrito Capital, Apure, Zulia and Valencia.
- Creation of institutional Early Warning Systems (EWS) in five branches in Zulia, Distrito Capital, Lara, Bolívar and Falcón.
- In anticipation of the increased security situation and potential, a multidisciplinary IFRC/VRC team was deployed in Táchira to strengthen the response capacity of the Táchira and San Antonio sections. During this visit, strengths and weaknesses were identified in terms of emergency preparedness and response, which served as the basis for the action plan prepared to improve its response capacity, and a civil unrest response plan was designed.

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

A multidisciplinary IFRC/VRC emergency response team was mobilized at the Colombian border in February 2019 to respond to civil unrest. Building on this experience and others in this response, the IFRC and the VRC are strengthening emergency preparedness and response capacity, focusing on systems and improving technical capacity, in close collaboration with the Italian Red Cross and the ICRC.

Safety and Security

The IFRC Security Coordinator and the ICRC-supported branches and headquarters of the ICRC conduct security training activities, developing security protocols adapted to their needs and context, giving volunteers institutional visibility and defining an additional human resource capacity of the ICRC dedicated to the coordination of security-related aspects.

Some of the activities and outstanding outcomes include:

- The VRC headquarters and its branches facing a higher security context are better prepared to analyze and mitigate security risks and preserve them during emergency interventions, especially in the unstable context and presence of armed groups.
- The security assessment conducted in the communities of the Capital District and Vargas resulted in 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 for civil unrest will be created or updated in the branches in Táchira, Zulia, Caracas and Apure.
- Creation and use of a standard matrix tool for the reporting of security incidents.
- Joint facilitation with the ICRC of the workshop on the Safer Access Framework.

Finance and Administration

Through the deployment of five Finance Delegates from different country offices, the IFRC has been working with the VRC to strengthen and support the development of the National Society's areas of administration and finance, aligned with IFRC's financial policies and regulations. The staff of the VRC has received training on the financial aspects and management of this Appeal's funds. In addition, an analysis of the current structure was conducted, identifying priorities for strengthening the internal structure, both at the technical and human resource levels. In addition, with the support of the institutional strengthening project, which is part of the Operational Plan, the National Society's Finance and Purchasing Manual has been drafted and the Saint system was established, which 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

Narrative description of achievements

Since the onset of civil unrest in early 2019, and according to the IFRC internal emergency classification, the emergency situation has been declared in orange phase. According to institutional classification, this means that there are increased security risks in which access to affected people may be limited; threats to staff security are greater and that comprehensive security management are needed, which now includes full-time security staff and an analyst to ensure mitigation and risk reduction.

Following the extensive efforts of the IFRC and the VRC invested in promoting the delivery and recognition of humanitarian assistance in Venezuela, eight sea shipments and three cargo planes entered the country. In addition, a situation room was activated at the VRC headquarters to coordinate with the branch situation rooms in order to follow closely the evolution of the situation. Based on the analysis and assessment, a plan of action was established 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.

The following table lists the rapid response (surge) deployments during the first year of this operation:

Surge deployment	National Society /IFRC
1 Psychosocial	Colombia Red Cross Society
5 WASH	Dominican Red Cross, Spanish Red Cross, Colombian Red Cross
3 Medical Logistician	Danish Red Cross, IFRC, Spanish Red Cross
5 Logistician	Spanish Red Cross, IFRC
2 Health	Guatemalan Red Cross, IFRC
1 Relief	Ecuadorian Red Cross
2 Security	Costa Rica 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 (PMER)	IFRC
1 Community Engagement and Accountability	IFRC
1 National Society Development	IFRC

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

The CEA-related activities concentrated on developing feedback mechanisms from patients during the community health sessions and other activities; beneficiary communications mechanisms; volunteer's training, and development of guidelines. Beneficiary communications, education and information materials (publications, stickers, etc.) were disseminated among the communities in relation to PSS, WASH, and Risk Reduction, among others. IFRC worked with the VRC to design of a satisfaction survey to be applied to a sample of people attending community health days and CEA guidelines were created within the framework of the activities. A campaign "I take care of myself, I take care of you" for psychosocial support was created and rolled out. The mission of the CEA surge had to be shortened due to the sudden change of visa regulations in reciprocity.

At the regional level, the IFRC Regional Office for the Americas has 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 crisis 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 created communication strategies for the different situations arising from the situation in country and increased visibility of operations.

A road map for emergency health response was agreed with the Ministry of People's Power for Health to accelerate the entry of the cargo of international humanitarian assistance. With IFRC support from logs and health teams, this Appeal's mobilization table with essential medical stocks for medical facilities was prepared.

Logistics

The Regional Logistics Unit actively supported the logistics and management team in the field, providing guidance with the different procedures for the operational establishment of the structure and smooth functioning of services in the country. The objective of logistics activities is 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 logistics regulations and procedures.

Operational logistics, procurement, and supply chain management, supported by the Geneva Medical Procurement Officer, conducted international procurement of medical and relief items for the country and ensure the effective management of the country's mobilization table and related pipeline. In terms of structure, seven general logisticians and two medical logisticians were deployed in Venezuela since the beginning of the response. 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 branches and committees, and public medical facilities. To meet the objective, since April 2019, a central warehouse was rented in the Capital District. In addition to the security, which is part of the rental fee, equipment such as a tent, were purchased for IFRC/VRC needs in the warehouse.

The IFRC logistics team in the country works in coordination with the logistics department of the VRC, which is being strengthened and supported to perform standard logs functions. Additional support to hospitals and branch offices in terms of medical logistics is needed to maintain the dynamic requirements of the operation. The National Society and IFRC work together to implement an efficient and effective supply chain.

Through the standardization of processes, the logistics approach considers external factors that impact the operation and its response capacity. Unexpected events, such as changes in the country, fuel supply, price changes, natural disasters, threaten to undermine even the most efficient operations. Therefore, operational effectiveness and responsiveness will give the operation the flexibility to react quickly to these types of events.

Work is needed to continue standardizing processes, within the logistics components of purchasing, customs, warehousing, and distribution. In purchasing, the creation of a solid matrix of suppliers to constant accompaniment in the procurement and contract processes. Customs have established everything from import procedures and shipping instructions to follow-up with the Foreign Ministry to obtain diplomatic permissions. In the area of storage, space planning and inventory updates are constant. Distribution is responsible for the transportation plans through cargo trucks, as well as review and consolidation of dispatch and cargo documents.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

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

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

Narrative description of achievements

Important advances in the field of communications have promoted a better positioning and understanding of the image of the VRC and the action of the Fundamental Principles with the population and national and local actors. Contributing to this, key institutional communication approaches were jointly developed in close collaboration between the VRC, the ICRC and the IFRC in Venezuela.

Main highlights of the joint efforts between IFRC and VRC:

- Basis for developing 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 branches
- Increased content and social media presence of the work of the VRC and IFRC in Venezuela.
- Basis for a national communications plan
- Collection of testimonies from people reached
- National and international media presence improved and increased
- Creation of a campaign showing the efforts of the volunteers working in the COVID-19 context.
- IFRC support for the content of publications.

During the month of August, the Regional Communications Manager conducted a three-month mission to work with the VRC's communication focal points. Together, they developed materials and the creation of procedures aimed to strengthening the actions carried out by the National Society in this area.

Some of the most relevant audio-visual content of 2020 is available in the following institutional Instagram account (@CruzRojave).

1. Life story of the volunteer "Saipaci Aponte" under the production of RCRC Magazine "Why trust is important when you are a volunteer": <https://www.instagram.com/tv/B68sjDAH1wN/>
2. Second year of work of the IFRC vice president, Miguel Ángel Villarreal: <https://www.instagram.com/tv/B7TgTTjn0sO/>
3. Recommendations for travellers with the RFL programme: <https://www.instagram.com/p/B7blneknLtc/>
4. Launch of campaign #125AñosContigo / Anniversary Venezuelan Red Cross: <https://www.instagram.com/p/B7j6rKGnDnb/>
5. Video recap of the achievements of the Red Cross Movement in Venezuela in 2019: https://www.instagram.com/tv/B7_G8YdHVET/
6. XXVII Convention of the Venezuelan Red Cross for its 125th anniversary: <https://www.instagram.com/p/B8AUpncHG5D/>
7. Arrival of the seventh shipment of humanitarian aid to Venezuela: <https://www.instagram.com/p/B8UL1BUHv6B/>
8. Launch of COVID-19 campaign: https://www.instagram.com/p/B8m08TaHLP/?utm_source=ig_web_copy_link
9. Community health days: <https://www.instagram.com/p/B8rtzm7HFPC/>
10. Basic protective measures against coronavirus, Respiratory Hygiene: <https://www.instagram.com/p/B9nK5WZHU7N/>
11. How to wash hands correctly: <https://www.instagram.com/tv/B9wzFAjH7oD/>
12. Joint declaration of the International Movement of the Red Cross and Red Crescent in Venezuela before COVID-19: <https://www.instagram.com/p/B9xjCuoHnI9/>
13. Rumours about COVID-19: <https://www.instagram.com/p/B92c8RunyBq/>
14. Messages from Italian Red Cross volunteers for COVID-19: <https://www.instagram.com/p/B-Sute9nmvh/> <https://www.instagram.com/tv/B-avNOdHTcM/>
15. World Health Day: <https://www.instagram.com/p/B-stC1JndPH/>
16. Care Protocol at the Venezuelan Red Cross Hospitals: <https://www.instagram.com/tv/B-0XiNFI6IE/>
17. Receipt of the eighth shipment with 45 tons of aid for Venezuela: <https://www.instagram.com/p/B-7u535HpPY/>
18. Why social distancing works: https://www.instagram.com/p/B_QaJO3nvXt/

19. Keep in touch with your family: https://www.instagram.com/p/B_X7452ncFY/
20. How to handle stress during COVID-19 times: <https://www.instagram.com/p/B-YLHtcnUG5/>
21. Support to the J.M. de los Ríos Hospital children (Children's Hospital):
https://www.instagram.com/p/B_vjujNHkdD/
22. World Red Cross Day celebration with applause for volunteers:
https://www.instagram.com/p/B_7hJDEn0dA/
1. Our 7 Fundamental Principles: <https://www.instagram.com/p/B87fEp0nmJx/>

The following links to Twitter tweets also were created as part of the VRC communication work:

1. Launch of campaign #125AñosContigo / Anniversary Venezuelan Red Cross:
<https://twitter.com/CruzRojaVe/status/1219660319657807872?s=20>
2. Video of the Red Cross Movement in Venezuela's achievements in 2019:
<https://twitter.com/CruzRojaVe/status/1223253866994642946?s=20>
3. XXVII Convention of the Venezuelan Red Cross for its 125th anniversary:
<https://twitter.com/CruzRojaVe/status/1223426749138112512?s=20>
4. Arrival of the seventh shipment of humanitarian aid to Venezuela:
<https://twitter.com/CruzRojaVe/status/1226211198577840129?s=20>
5. Launch of the campaign on COVID-19: What you should know about the Coronavirus
<https://twitter.com/CruzRojaVe/status/1228833185657753601?s=20>
6. Basic protective measures against coronavirus, Respiratory Hygiene:
<https://twitter.com/CruzRojaVe/status/1238127728315990016?s=20>
7. How to wash hands correctly: <https://twitter.com/CruzRojaVe/status/1239300468997832705?s=20>
8. Joint declaration of the International Movement of the Red Cross and Red Crescent in Venezuela before COVID-19: <https://twitter.com/CruzRojaVe/status/1239346742786764800?s=20>
9. Message from the IFRC Vice President on COVID-19:
<https://twitter.com/CruzRojaVe/status/1240688454561755137?s=20>
10. Recommendations for maintaining adequate hygiene:
<https://twitter.com/CruzRojaVe/status/1240774897753784320?s=20>
11. Receipt of the eighth shipment with 45 tons of aid for Venezuela:
<https://twitter.com/CruzRojaVe/status/1249788343145107463?s=20>

Some of the success of the communication strategy to make visible the actions of VRC has been manifested in donor interest to support the VRC. Among the donors are the McDonald's, Mondelez VZ and well-known sports figures that are supporting the VRC with in kind and cash donation. These initiatives are now part of the communication strategy.

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 influx of humanitarian aid to support the expansion of medical care and other assistance from the Venezuelan Red Cross. The IFRC and the VRC are positioned as influential humanitarian actors, enjoying the access and trust of the communities with which we work, as well as being accepted by the main parties in Venezuela and providing humanitarian assistance with autonomy for the application of the Fundamental Principles.

The VRC and IFRC have progressively broadened their scope of action, both 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. Monitoring has been done by those in the country, as well as IFRC staff on mission. All monitoring costs (including visa, travel, accommodation, etc.) contribute to the required identification of information, including learning on 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

Narrative description of achievements

Since the beginning of the operation, the operation has been supported and managed financially by rapid response deployments of different finance officers and delegates that have provided support to the operation and to the VRC. Financial and administrative support has been reinforced with the official hiring of a Finance and Administration Delegate in February 2020 who is responsible for providing administrative support, as well as accounting services, ensuring sound internal controls, financial reporting, training and providing expert advice and support to relevant stakeholders within a comprehensive financial management structure.

Working in close cooperation with the National Society Finance Director, the Finance and Administration Delegate, under the supervision of the Head of Country, the Operation Manager and the technical reporting to Regional Manager, Finance and Administration, is in charge of ensuring accountability that budgeting & financial planning, controllership, financial management, and monitoring of income and expenditure for the office / operation. All accounts are reconciled, and processes and procedures have been created for the entire financial and administrative area.

The Finance and Administration delegate gives support in a timely and professional manner consistent with policies and procedures. In addition to leading the provision of administrative and financial services, will provide continue advice to budget holders on program-related financial risk management matters, as well as support audits of the office / operation.

Funds channelled through the appeal have been implemented in accordance with IFRC policies and procedures. To this end, the IFRC has control systems in place at national, regional, and global levels. The financial monitoring of the operation is supported by the finance and administration manager of the IFRC Americas Regional Office, who works closely with staff based in Venezuela. The Finance and Administration Manager for the Americas travelled to Venezuela and continues to oversee the financial performance of the operation. The IFRC, in close collaboration with the VRC, is solving the challenges related to transfers, contracts, human resources procedures and others, and is taking steps in relation to the adoption of procedures and policies at the VRC.

In July 2020, an audit will be carried out to identify and map potential risks. Based on the recommendations of this audit, the team will reinforce the mapped activities and action points to integrate and to mitigate these. The operation's management team will regularly monitor this risk matrix and update as required.

Also, as part of these administration- finance actions, the IFRC purchase a range of office supplies that included 10 laptops (1 additional laptop for the for ODK), printers, 15 mobile phones and satellite phone. Additional office supplies were acquired for the VRC.

Periodic security analyses of the IFRC and RCRC regional office security focal points guided National Society and IFRC staff through risk mitigation measures and protocols. Plans have been drawn up for safe routes for staff departures for the provision of assistance. As described in the previous sections, IFRC is providing critical support to improve the safety and security of VRC staff.

Regarding PMER, IFRC is working with the National Society to strengthen monitoring and reporting systems applicable to the operational context to achieve greater accountability and evidence-based impact. To this end, monitoring tools adapted to the activities of the appeal have been developed, such as post-distribution satisfaction surveys (PDM) and the PMER-IM Workflow strategy. 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.

The IM Delegate is working with the National Society to increase and strengthen information management capacities in the VRC. Multisectoral information management systems using relevant digital tools as well as data collection tools & systems, and data quality standards are being implemented, such as recording activities and people reached using mobile data collection (i.e. ODK). Furthermore, the IFRC has worked with the VRC-IM focal point to induct, grant access, and empower them to lead the GO page management, which will allow the NS to visualize its efforts in an international and Movement-wide platform. Additionally, IFRC has been actively participating in the working group on information management in Venezuela (GTMI-Venezuela), led by OCHA (United Nations).

Click here for:

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

Contact Information

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

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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

12 month update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2020/04	Operation	MDRVE004
Budget Timeframe	2019/01-2020/07	Budget	APPROVED

Prepared on 22 May 2020

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 May 2020	4,746,738
Appeal Coverage	9.49%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,370	1,370	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	895	80	816
AOF4 - Health	1,376,818	1,051,032	325,786
AOF5 - Water, sanitation and hygiene	802,423	36,488	765,935
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	3,790	0	3,790
SFI1 - Strengthen National Societies	422,303	628,027	-205,724
SFI2 - Effective international disaster management	1,627,988	1,693,146	-65,158
SFI3 - Influence others as leading strategic partners	1,484	490	994
SFI4 - Ensure a strong IFRC	5,112	5,112	0
Grand Total	4,242,183	3,415,744	826,439

III. Operating Movement & Closing Balance per 2020/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	4,381,727
Expenditure	-3,415,744
Closing Balance	965,983
Deferred Income	0
Funds Available	965,983

IV. DREF Loan

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

12 month update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2020/04	Operation	MDRVE004
Budget Timeframe	2019/01-2020/07	Budget	APPROVED

Prepared on 22 May 2020

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	
American Red Cross	963,700				963,700		
British Red Cross (from British Government*)	688,270				688,270		
Colombia - Private Donors	240				240		
German Red Cross	108,218				108,218		
Italian Red Cross	19,911				19,911		
Japanese Red Cross Society	91,222				91,222		
Lithuania Government	111,664				111,664		
On Line donations	300				300		
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	161,406				161,406		
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	4,381,727	0	0	0	4,381,727	0	
Total Income and Deferred Income					4,381,727	0	