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# Operational Update Report

## Venezuela: Health Emergency

International Federation of Red Cross and Red Crescent Societies

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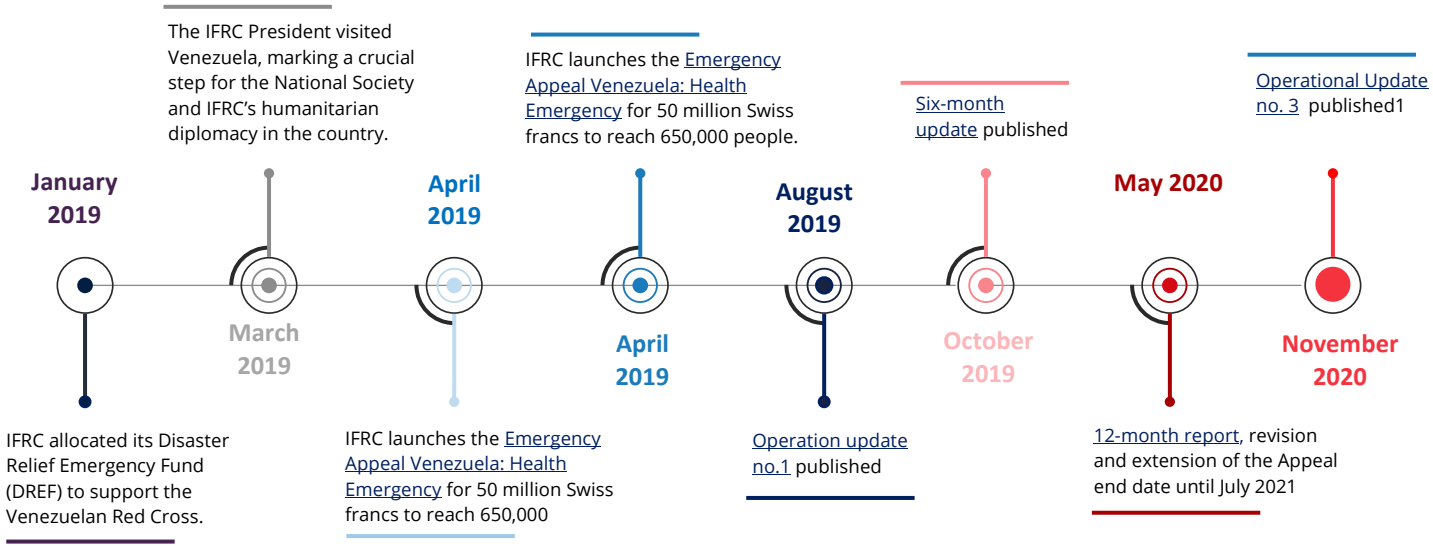
| **Emergency appeal no° MDRVE004** | **Timeframe covered by this update:** 27 January 2019 to 8 April 2021 |
| **Operation Update N° 4**<br>**Date of issue**: 1 June 2021 | **Operation timeframe:** 30 months |
| **Operation start date:** 27 January 2019 (DREF operation) with Emergency Appeal start date: 8 April 2019. | **Operation End date:** 27 July 2021 |
| **Overall operation budget:** 50 million Swiss francs<br>For the Donor Response click here | **DREF amount allocated:** 1 million Swiss francs (the original allocation was returned to the DREF Fund). |
| **N° of people being assisted:** 650,000 people | |
| **Red Cross Red Crescent Movement partners currently actively involved in the operation:**<br>The Venezuelan Red Cross (VRC) has 3,932 volunteers, 24 branches and 11 subcommittees. In addition, it has 8 hospitals, 34 outpatient clinics and approximately1,400 employees. | |
| **Other partner organizations actively involved in the operation:**<br>Humanitarian Country Team (HCT), Ministry of People's Power for Health (MPPS) and the Ministry of Foreign Affairs. | |

**<Click here for the financial report[1], and here for the contact information.>**

Health sessions and distribution of supplies. Source: IFRC communications: VRC, November and December 2020.

[1] The Financial report is from January 2019 to March 2021, which covers the DREF operation and the Appeal operation. Appeal coverage does not include bilateral contributions.




# A. SITUATION ANALYSIS

## Description of the context

As part of the health system and service delivery, the Venezuelan Red Cross (VRC) 8 hospitals and 34 outpatients' clinics have continued responding to the country's health needs. These centres have focused their activities exclusively on emergency health care, the referral of suspected COVID-19 cases, and obstetrics and gynecology consultations. All VRC-IFRC field activities have been to guarantee the health and safety of the volunteers and staff of the organization, as well as the proper supply of Personal Protective Equipment (PPE).

Power outages have continued throughout the country, which has impacted other services, such as water quality, health, and education. Additionally, since May 2020, the country faces fuel shortages (oil and diesel fuel), especially in border states (Zulia, Táchira, and Apure), where the payment modality varies from the Venezuelan sovereign bolívares (VES) to US dollars (USD) and Colombian pesos (COP). Moreover, failures have been registered in the distribution of domestic gas in several states. Many people use biomass and firewood for cooking, despite the risk of related respiratory diseases. As indicated in the previous operations update, the outbreaks of vaccine-preventable diseases, such as diphtheria, measles, and malaria, increased the incidence of malaria, tuberculosis, and non-communicable diseases (NCDs) in Venezuela, remain latent in the country.

Due to the shortage of petrol and diesel fuel, water pumping and supplies at urban and rural levels have been affected; quality and quantity are inadequate due to the lack of treatment supplies. As a result of the population's living conditions, many people do not have access to clean and safe water, with repercussions in other areas and services. This situation is made more serious amidst the COVID-19 pandemic. This situation is linked to delays or suspension of rubbish collection and/or lack of personnel to maintain the already deteriorated water and sanitation infrastructure.

Starting in March 2020, the Government of Venezuela established restrictions to contain and mitigate the spread of COVID-19. Since July 2020, the country carries out its activities under a "7x7" modality.

This consists of 7 days of quarantine flexibility. Primary economic sectors can typically work in a restricted timeframe (complying with biosecurity measures), followed by seven days of rigorous quarantine, which consists of activating only essential sectors the rest of the population remains confined. Currently, the government is developing a national-level vaccination plan.

Within the context of COVID-19, there are increased rates of domestic violence, causing victims-survivors to remain in the same environment as their perpetrators, with the former unable to access protective services. In this regard, the VRC is implementing actions to contribute to the well-being of the National Society members. Mental Health and Psychological Support (MHPSS) has been provided through phone calls to the most affected volunteers and group debriefing sessions, attention to the families of volunteers who are positive for COVID-19, and providing other types of access to psychosocial services, as necessary. Several demonstrations occurred in 2020. In this regard, the National Society's actions have focused on first aid actions and pre-hospital care, increased operational security analysis to ensure the volunteers' safety, and plans for nationwide deployments.

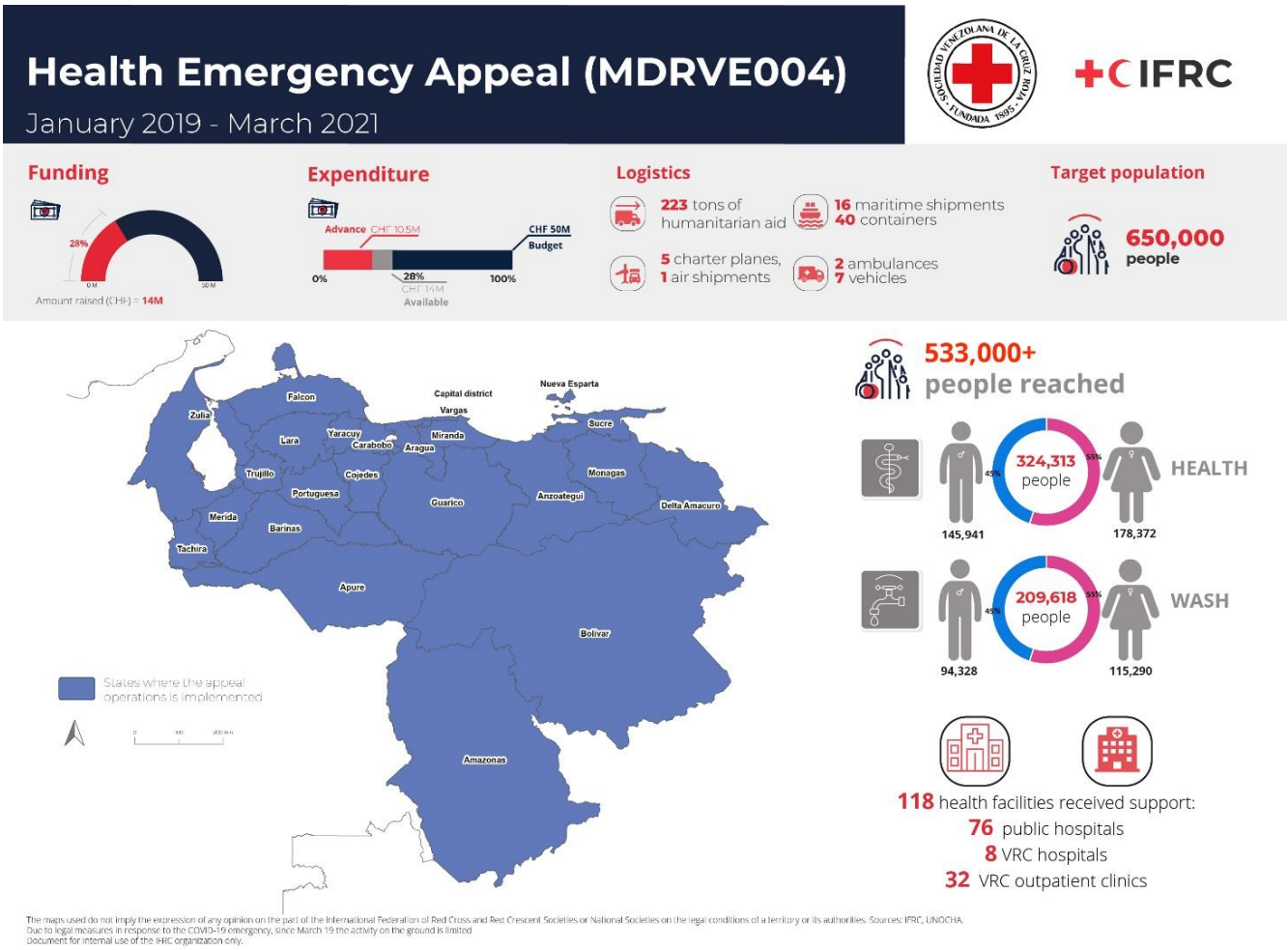
**Summary of current response**

As a continuation of the DREF operation that began in January 2019, this operation started in April 2019 to respond to the health emergency in Venezuela. It has allowed the activation of mechanisms to significantly expand access to health, water, sanitation, and hygiene promotion for the most vulnerable population.

Despite the logistics challenges, five charter planes, one air shipments LCL, and sixteen maritime shipments with forty containers have been delivered to the country with 223 tons of medical supplies, electric generators, long-lasting insecticidal nets (LLINs), items for storage, and access to drinking water (drinking water tablets and drums) and other relief items**.** Five vehicles and two ambulances were procured to enhance the response capacity of the VRC.

As a result, a total of 118 health centres (76 public, 8 VRC hospitals and 32 outpatient clinics) received support in the period covered by this report. These centres have been equipped with electrical generators and/or essential medical supplies, including pharmaceuticals for the provision of basic health care and first aid. The distribution of supplies, generators, medicines, and water, sanitation, and hygiene interventions continue to be carried out in different parts of the country.

As of 31 March 2021, a total of **533,931** people has been reached in 24 states with interventions in health and water, sanitation, and hygiene. This operation has guaranteed the population's access to primary health care, including medicines and related services. As 50 percent of the supplies were distributed to state health institutions, the number of people reached in this report only reflects the figures reached by the VRC.




In May 2020, this operation was extended until 27 July 2021. The IFRC and VRC are continuing with the implementation of the funds raised through this appeal. Additionally, the present operation will be evaluated as part of the Master Plan. The final evaluation of the operation will be conducted in June to identify opportunities for improvement for future actions in the country and a lesson learned workshop. A plan of action will be developed to ensure the continuation of activities and the transition of the remaining funds to the Operational Plan 2021. This will enable the mobilization of financial support to procure and distribute medicines and medical supplies to ensure services at the primary and specialized levels after the operation ends.

**Overview of Host National Society**

The Venezuelan Red Cross, founded in 1895, has approximately 4,000 volunteers in its 24 branches located throughout the country. The VRC has 1,400 employees, including medical personnel from its 8 hospitals and 34 outpatient clinics, and one nursing school. The VRC maintains the largest network of private health centres in the country.

The VRC is considered an important humanitarian institution, known for providing primary health and emergency care to the most vulnerable communities, emergency response and community actions. In addition, it has volunteers and health personnel specialized in first aid, psychosocial support,

livelihoods, disaster risk reduction, social inclusion, water, sanitation, and hygiene promotion. The National Society is known for its first responders' capabilities and coordinates with local disaster management authorities. As a result of its actions, the VRC has gained the trust of the communities with which it works, enabling their continued access to them and reaching vulnerable population groups. The VRC works with local authorities and other humanitarian partners following the Fundamental Principles of the International Red Cross and Red Crescent Movement.

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

The National Health Director issued a statement on 22 January 2020, alerting the personnel of the National Society on the outbreak of the COVID-19. To this end, with the support of the IFRC team in Venezuela, the first contingency plan for COVID-19 was carried out, making this appeal operation the initial main platform for response to the virus outbreak. Information sessions were provided on epidemiological surveillance, PSS, health promotion, and care in the hospital network and outpatient network. When the state of emergency was declared, and with the establishment of quarantine in the country, these sessions were carried out through online meetings and chat forums, and only in-person to patients who came to VRC health institutions. Within the contingency, WASH materials and medicines were delivered to the National Director of Migration in the state of Táchira to distribute them to migrants and returnees through the Comprehensive Social Care Points (PASI for its Spanish acronym).

In complementarity with the IFRC Emergency Appeal for COVID-19, the VRC teams, jointly with the IFRC, have defined the content of different personal protective equipment (PPE) suitable to the context of the VRC hospital network and needs at the branch level. As of 31 March 2021, a total of **14,233** PPE level I and **2,530** PPE level II (triage and prehospital) were distributed. This calculation was based on the monthly analysis considering the number of volunteers and VRC staff. However, due to the global context regarding the import of goods, and the country’s situation, the gap between the number of PPE received and the quantities required to conduct activities in the communities safely remains extremely wide.

As previously reported, a Health Situation Room was created. Between 2020 and 2021, the following results were attained:

- Two webinars were held to update and standardize the triage protocols and biosecurity measures to monitor more adequately the possible risks that may arise from contagions related to COVID-19 and provide an appropriate response. It also has helped the reduction of risks for the staff and volunteers of the National Society.

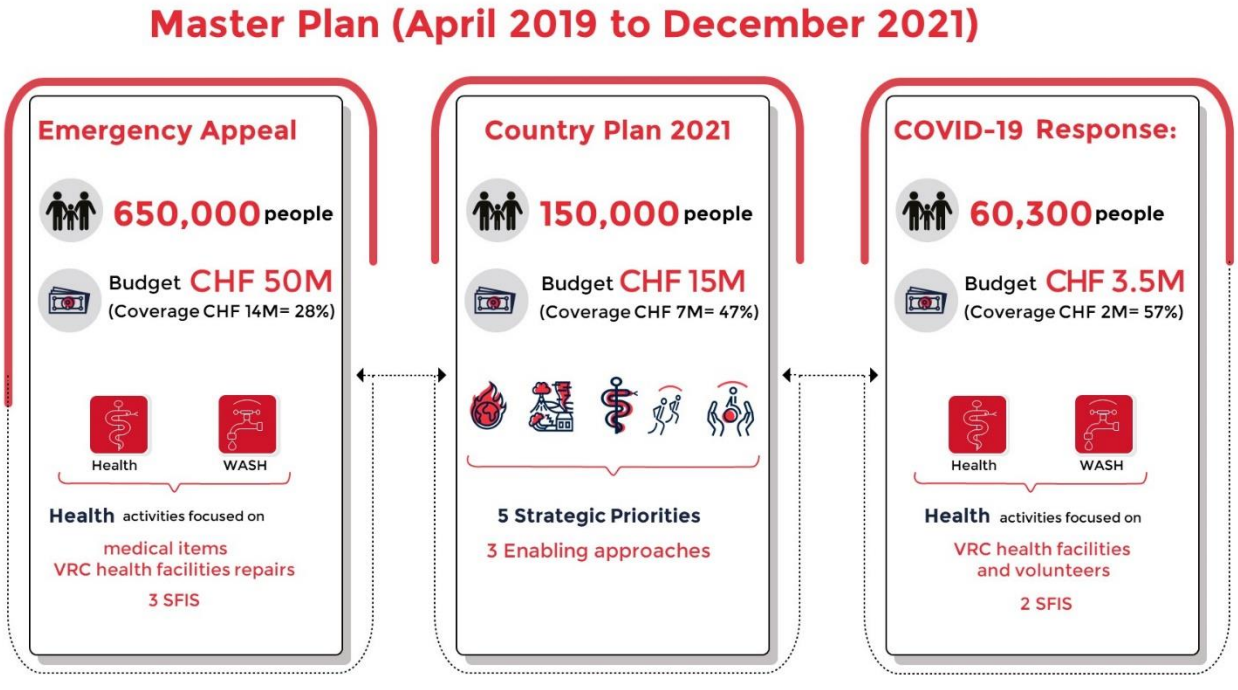
- A series of webinars were developed to strengthen the capacities of the VRC health personnel on topics such as Training on the Health Situation Room; Proper use of pharmaceutical kits; Organization of Health Days in the context of COVID-19; and good practices in reporting health activities.

- Development of guidelines and protocols to improve the quality of health care provided by the VRC health network. The documents developed were Protocol for the care of suspected or confirmed COVID-19 patients in home isolation; Protocol for triage of VRC health personnel; Protocol for the use of sprinklers in hospital settings; Protocol for the use of imaging areas for suspected or confirmed COVID-19 patients; and guidelines for implementation of community consultations in COVID-19.

- Timely identification of health hazards such as the start of the dengue season in the country and the outbreak of Salmonellosis in Barcelona (Anzoátegui state) in February 2021.

**Overview of Red Cross Red Crescent Movement Coordination**

Following the signing of the Legal Status Agreement with the Government of Venezuela on 31 January 2020, the IFRC has consolidated its Country Delegation, which currently has ten delegates, including the Head of Delegation, plus fifteen local staff members. IFRC activities are focused on supporting VRC-led operations and facilitating close coordination among Movement components through the 2019-2021 Master Plan, which comprises the annual Operational Plan for the country. This Health Emergency Appeal (MDRVE004), the IFRC Emergency Appeal for COVID-19 as a part of the IFRC global emergency appeal operation (MDRCOVID19) and the Americas regional component of this operation (MDR42006). More information on the Venezuelan Red Cross's response to COVID-19 can be found at the VRC emergency page on the IFRC Go platform.



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

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

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

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

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

The Movement's priorities include adopting a coordinated approach to ensure and strengthen the institutional development of the Venezuelan Red Cross. This aims to support its actions to achieve

greater technical and operational capacity for effective and accountable emergency response and humanitarian programming in areas such as migration, restoring family links, relief, health, and others. IFRC and ICRC support VRC branches and national headquarters by conducting relevant training courses, creating materials, coordinating security, and developing security protocols for volunteers, providing institutional visibility (uniforms, flags, stickers, etc.), supporting VRC human resources, cooperation activities, and community programs. In addition, the ICRC has provided support to facilitate the availability of cash for VRC activities requiring local expenditures, which were constrained by the difficulty of cash transfers.

**Overview of non-RCRC actors in country**

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

The United Nations and its partners continued working in implementing and resource mobilization of its Humanitarian Response Plan (HRP) for Venezuela. Despite a significant funding increase in recent months, there persists a gap in the coverage of the Humanitarian Response Plan (HRP), which represents a challenge to ensure a response in line with the needs of the affected population. The HRP incorporates UN-led efforts to prevent COVID-19, including support to Venezuelans who have returned from neighbouring countries.

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

From April 2021, the World Food Programme (WFP) will start operations in Venezuela to contribute to provisioning food with a particular focus on school children and the rehabilitation of school lunchrooms.

**Current Coordination Mechanisms**

| Actor/ Type | Coordination mechanism |
|---|---|
| VRC | • Operational coordination between branches and thematic areas<br>• Health coordination meetings<br>• WASH coordination meetings<br>• COVID-19 coordination meetings<br>• National technical meetings with IFRC and ICRC |

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| IFRC | • Establishment of IFRC Country Delegation<br>• Surge support for the deployment of key technical staff<br>• 2019-2021 Venezuela Master Plan (compromised of this Appeal's plan of action, IFRC Operational Plan 2020 for Venezuela, and COVID-19 operation)<br>• Coordination with regional emergency appeals active in response to migrant flow (from and to) Venezuela<br>• Operational strategy response for COVID-19 |
| ICRC | • Coordination with the permanent delegation in Venezuela<br>• Health, logistic and cooperation technical working groups |
| Movement-wide | • Tripartite agreement between VRC-IFRC-ICRC to coordinate actions<br>• Tripartite meetings (Strategic and Operational levels) |
| External actors | • Coordination with Humanitarian country team participating in the clusters of health, logistics, water and sanitation, and protection<br>• Coordination with the Ministry of Foreign Affairs and the Ministry of Popular Power for Health<br>• Coordination with key partners with presence in Venezuela |

## Needs analysis and scenario planning

### Needs analysis

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

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

COVID-19 and the preventive measures adopted by authorities to limit transmission have impacted the already fragile humanitarian situation and exacerbate the vulnerabilities of the population. Venezuela is not exempt from the dilemma between taking rigorous measures to contain the transmission of the virus or maintaining socio-economic activity.

Access to piped water remains limited and inaccessible in some states, representing an element of risk at local, regional, and national levels. Due to the onset of the rainy season, this may increase vector-borne and water-borne diseases.

The following section provides an overview of the core needs concerning the areas of action implemented by the National Society, accompanied by the IFRC and ICRC. They maintain constant

Movement coordination and with other actors to avoid overlap, complement their actions, and proactively exchange information on shared operational constraints and mitigation, as needed.

## Health

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

The effects of COVID-19 in Venezuela have placed additional stress on the Venezuelan health system by increasing its challenges to conducting public health activities. During 2020, the response to COVID-19 allowed for lower morbidity and mortality in Venezuela compared to other countries in the region. However, the presence of the P1 variant of the coronavirus in the country, has caused a sustained increase in morbidity and mortality due to COVID-19. The health system's response to COVID-19 has caused regular disease prevention and care programs (communicable and non-communicable) to come to a halt. This added to limitations in the mobilization of personnel, scarce access to medicines and supplies due to quarantine, fuel shortages, illness and death of health personnel, and worsening difficulties in access to water and electricity, among several other factors, increase the risk of a higher incidence of diseases that have been present in the country.

In recent years, diphtheria, HIV, tuberculosis, measles, water-borne diseases (acute diarrheal diseases, salmonella) vector borne diseases (malaria, dengue) and diseases transmitted by Aedes Aegypti mosquito have been confirmed, which continue to impact the health and welfare of the Venezuelan population.[2]

From 13 March 2020 to 25 April 2021, Venezuela has reported 190,593 confirmed cases of COVID-19. In this same period, there have been 2,028 deaths (1% of mortality), while 173,097 persons have recovered. The states that have reported the most cases are Distrito Capital and Bolívar followed by, Miranda, La Guairá, Monagas, Anzoátegui, Falcón, and Yaracuy. Health personnel is one of the sectors most affected by the pandemic, registering one of the highest case-fatality rates in the region.

According to secondary data, due to the COVID-19, as of September 2020, there was a 50 per cent reduction in access to family planning, sexual and reproductive health, and maternal and child health services (including medicines, contraceptive methods, and supplies) for pregnant and breastfeeding women. Also, 7 million Venezuelans are moderately food insecure, while 2.3 million are severely food insecure.

[2] For further details, see Operational Update no. 3

There has been a reduction in 2021 in the number of children vaccinated with the inactivated polio vaccine (IPV), oral poliovirus vaccine (OPV), the BCG vaccine (tuberculosis), and pentavalent vaccines. Among the main reasons:

- COVID-19 restrictions due to mobility limitations.
- Irregular offer of services, due to the absence of health workers
- Fear of some parents taking their children to health centres due to the COVID-19.

*Non-communicable diseases*

Since 2016, NCDs- mainly cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases - continue to cause the highest percentage of deaths in Venezuela. The major causes are hypertension, hyperglycaemia, or diabetes, so essential health care and medicines are required for their treatment.

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

*Mental Health*

The country faces severe challenges in mental health conditions and treatment. Many psychiatric care rooms have closed, and others that remain open do not have the necessary medications to care for chronic and severe mental health pathologies such as schizophrenia, bipolarity, and severe depression. Usually, people with these conditions have two options: either a family member sends the medicine from abroad or undergoes long periods without medication, which puts their mental health at risk.

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

After a year of the pandemic, mental health conditions reveal major emotional problems resulting from prolonged exposure such as persistent depression, anxiety, panic attacks, psychomotor arousal, psychotic symptoms, delirium, and even suicidal tendencies, with the most affected being the elderly and people with chronic illnesses; children and adolescents; people who are helping with the response; and people who have mental health problems, including substance use.

*Nutrition:*

Limitations in access to food have increased in recent years. A high percentage of Venezuelans have decreased or eliminated the consumption of proteins in their diet. The foods that most of the

population consumes are characterized for being of low nutritional quality. Agricultural producers showed that due to the shortage of fuel and other productive materials experienced by mid-2020, the loss of purchasing power in agricultural production significantly impacts food access. Secondary sources report that 67 percent of the population lives under extreme poverty, which means that almost 7 out 10 people live with incomes that do not satisfy their basic needs.

Through the programmes implemented by the VRC, supported by the IFRC, nutrition focus has been able to make due to the integration of actions related to the promotion of vegetable gardens and the provision of micronutrients to children under the age of five, as well as pregnant or breastfeeding women who are at risk of malnutrition.

*Staff Health:*

The last six years have shown a progressive loss of the national health system's operational capacity, affecting health care and access to free medicines. Many hospitals operate under harsh conditions and cannot guarantee the provision of basic support services. According to secondary data, approximately 30,000 doctors have left the country. The migration of these professionals has mainly affected certain specialties (neonatology, anaesthesiology, oncology, nephrology, intensive care, and emergencies), generating a gap between the supply of personnel and the demand.

*Epidemiological surveillance system:*

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

Short-term priorities by ensuring appropriate access to health should be addressed while rationalising existing resources to cope with possible disease outbreaks. To this end, it is necessary to increase the health system's capacity for comprehensive care in health emergencies, thereby reducing the risk of morbidity and mortality from outbreaks.

As reported previously, the health focal points continue monitoring diseases with epidemic potential that appear in their geographic area. According to the evolution of the disease, these findings are communicated internally and externally to the National Society through flash reports and situation reports according to the evolution of the disease; dengue (Falcon state) and salmonella (Anzoátegui state) have been identified during this reporting period, as well as the COVID-19 outbreak.

To improve the epidemiological surveillance, the RC2 Health tool, based on ODK-X, was developed to collaborate between the IFRC, the VRC, and the University of Washington. It provides customised data collection to facilitate faster and more efficient data collection, storage, analysis, and visualisation using

mobile devices. This tool is in the process of being rolled out for all VRC health activities for collection, analysis, and presentation of health information.

Strengthening epidemiological reporting to health entities should be addressed to provide valid information to public entities, which requires collecting of morbidity information from hospitals and outpatient clinics of the VRC. This information is valuable for both the Ministry of Popular Power for Health and the institution itself to mark health trends over time.

**Water, Sanitation and Hygiene (WASH)**

Water supply access varies between 57 and 69 per cent of the population, based on the region in the country. The collection, conduction, supply, storage, quantity, or quality of water was affected by the worsening of the infrastructure system. The lack of regular access to water, sanitation services, and hygiene promotion that supports improved hygiene practices remains the highest need in this sector. The water required to meet the needs of different sectors in Venezuela remains insufficient; the quantity and quality of water available are unsuitable for human consumption and have generated a marked dichotomy between supply and demand. The lack of access to this basic resource has a profound impact on medical and clinical services.

The deterioration has three main causes:

- Damage in the infrastructure, little or no maintenance of the networks, aqueducts, and reservoirs
- Loss of qualified personnel due to the emigration of personnel capable of maintaining the infrastructure.
- There are no adequate supplies for chlorination and flocculation in the country, which means that the quality of water obtained does not necessarily meet standards. Also, pumping fails due to the constant interruption of the country's electricity system.

Most of the Venezuelan population lives in urban areas (almost 90 per cent), where the population receives water through pipes; however, 2.5 million people lack access to piped water. The water supply is dependent on electric pumps. In addition, sanitation facilities are connected to the water network. Most wastewater is discharged untreated into water bodies. If there is no electricity, there is no water, and the sanitation systems do not work. In addition, the systems (sewer pipes, collectors, and wastewater treatment plants) are in poor condition or not functioning. People depend on wells for water in rural areas and use toilets or latrines connected to septic tanks. A large proportion of these septic tanks are not cleaned or maintained.

Continuous power failures have caused systems to become inadequate and have led to rationing in the main cities (Caracas, Valencia, Maracaibo, Barquisimeto, Maracay, Puerto La Cruz, Ciudad Bolivar, Barinas, among others). This situation is aggravated in rural areas of Venezuela. In many cases, power failures continue from 6 to 8 hours a day. On the other hand, the electromechanical deterioration of the installations of the water transportation systems in the main cities shows different levels of deterioration, both in the pumping stations and in the evolving adduction problems. Other factors such as meteorological phenomenon (drought or rain) can lead to water shortages that can last days or even weeks.

The prevention and control of water, sanitation, and hygiene-related diseases is a concern at the household level, especially in the context of the COVID-19 outbreak. Although the situation varies widely between states, the ability of some people to implement basic household hygiene measures, such as frequent handwashing with soap and household cleaning, remains a challenge. Water trucking once used regularly to supply water to homes, hospitals, and health centres have been disrupted by fuel shortages that limit delivery, quantity, and quality.

The lack of water affects directly and transversally all the elements of daily life, including hygiene habits, food preparation, and profound repercussions in the provision of health. A lack of inputs has been identified in the national production and imports of aluminium sulphate and chlorine, which are the fundamental reagents used to make water safe and clean for human consumption. This translates to water that often arrives in poor condition, not only due to deteriorated treatment plants but also due to the lack of quality inputs.

Because of the population's limited incomes, resources to acquire safe drinking water have been reduced, increasing the risk of water-borne diseases and the inability to implement good sanitation and waste management practices, or even the use of products unsuitable for the best hygiene practices.

The lack of funding for regular WASH activities, procurement of some items, and the reduced mobility due to quarantine has led to actions by humanitarian actors that do not reach remote areas. With the shift to a more COVID-19 focused agenda, some rural areas have even more extreme hygiene promotion needs.

### Migration

Due to COVID-19 and the restrictions that were established with it, a new phenomenon of human mobility has been registered, where an increasing number of returnees to Venezuela. The returns result from factors, including the loss of economic opportunities, lack of health insurance, reduced social protection and housing in neighbouring countries, and absence of legal status. According to official figures, between April 2020 and October 2020, more than 150,000 people returned to Venezuela. The majority of these entered through Táchira state.

Despite the pandemic and the closure of borders, the movement of migrants has not ceased. Informal crossings have increased over the past months, magnifying risks and vulnerabilities of migrants, including the risk of being victims of trafficking and/or sexual and labour exploitation, especially for women and children.

This population flow has impacted neighbouring countries that are the recipients of most migrants; different efforts have been made alongside governments and non-governmental organizations in the region to continue receiving Venezuelan migrants.

### Protection, Gender, and Inclusion

In Venezuela, the availability, access, and quality of specialized protection services have decreased. Within the most vulnerable groups that require protection services are: Gender-Based Violence

survivors, children at risk, persons threatened of statelessness, pregnant women, indigenous people, LGBTI community (lesbian, gay, bisexual, transgender, intersex), displaced groups, persons with HIV as well as older persons and people with disabilities.

As a cross-cutting area, PGI actions have been promoted throughout the operation by encouraging the branches to identify these minority populations to map the prevalence of these groups nationwide to mobilize resources appropriately according to the needs. With the appropriate registers of where these vulnerable groups are present in the country, a more suitable strategy can be developed for further actions following the guidelines established by the RCRC Movement.

Specific actions have been made to support the elderly population in different branches by providing chronic medicines to ensure the continuity of treatments; visits to older adults' homes to guarantee the delivery of medical care services and medicines. Additionally, PPE and medications were provided to some orphanages and other civil societies.

**Operation Risk Assessment**

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

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

| 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, has made access to medical services and treatment increasingly difficult. | VRC and IFRC distribute the health resources available (medicines, consumables, medical equipment) equitably. Technological mechanisms that facilitate the rational use of health resources are used (SISTOCK and ODK tools). Partnerships have been established to increase the coverage of health activities in the communities. |
| The country context is complex and humanitarian needs are not properly covered. | This risk is still present. Currently, the percentage of funds raised by this Appeal operation 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, COVID-19 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 the country. |
| The barriers to the internal transfer of funds reduce the cash flow for the operation's activities. | This is no longer a risk as international transfers are possible, even if slow. | Purchases of most items outside the country do not require currency exchange monitoring. |

| | | |
|---|---|---|
| | Hyperinflation hinders local procurement. | |
| The country's situation could affect logistics for this operation. | This is now a reduced risk due to the National Society's new capacities but will remain contingent on its context. | Creation of the purchase plan and monitoring of acquisitions and availability of inputs, as established in this appeal. |
| Situations of civil disturbances could thwart planned actions. | This risk remains. | Security measures for all volunteers and staff are implemented based on strict compliance with Stay Safe and the Safer Access Framework. The VRC has a contingency plan that outlines how it will respond in the event of social unrest |
| The heavy workload could lead to psychological stress and burnout of National Society and IFRC staff and volunteers. | This is reduced risk. | As part of its activity protocols, the VRC and IFRC have incorporated the performance of debriefing and defusing activities. The IFRC psychosocial delegate provides technical guidance for these activities. |
| The public's lack of understanding of the Red Cross Fundamental Principles and mandate could put the VRC and IFRC's actions at risk. | This is reduced risk. | VRC's communications department has carried out several activities that have improved information regarding the 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.<br>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 the VRC administrative and general staff supported by this operation receive fair salaries, in addition to training in institutional ethics when arriving and throughout their time with the VRC. Furthermore, an internal and external control system, which includes auditing, is maintained |
| "La Niña" phenomenon could impact the country. | This risk is still present. | Development of a Contingency Plan and monitoring the drought period. |
| Morbidity and mortality due to COVID-19 of the national Society's personnel | High risk<br><br>There is an increase in the incidence of cases since March 2021 due to the presence, at the community level, of the P1 variant of SARS COV-2. | Provision of personal protective equipment<br><br>Decrease in community based VRC activities.<br><br>Decrease in hospital based VRC activities.<br><br>Quarantine periods in case of COVID-19 positive cases in National Society personnel |

| | | |
|---|---|---|
| | | Medical follow-up of positive cases in National Society personnel<br><br>Advocacy with Ministry of Popular Power for Health for priority vaccination of VRC personnel |

**Security Assessment**

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

In addition, with the support of the IFRC Security Officer and the regional security team, constant monitoring of the security risk is conducted for the states where the operation implements activities, especially in border states where the humanitarian risk has been identified. In this regard, the following actions have been conducted:

- Develop contingency plans, procedures, and protocols to protect VRC personnel, volunteers, equipment, etc.
- Promotion of a joint roadmap between IFR-VRC to increase effective monitoring.
- Encourage proposals and implement projects on a culture of operational safety and care of personnel in the field.
- Monitoring and application of security standards for IFRC-VRC personnel in Venezuela.
- Exchange information between humanitarian organizations to handle reliable data and process procedures effectively.

The Movement reiterates its mandate based on its Fundamental Principles that underpin its neutral, impartial, and independent humanitarian actions. It remains committed to providing humanitarian support to the most vulnerable population in Venezuela. Despite the limitations, the Operations Manager and the security officer monitor the general security situation at the national level. This has permitted the safe organization of the distribution of supplies throughout the country. With the support of the VRC branches and sub-committees, there have not been security issues even during the COVID-19 pandemic.

## B. OPERATIONAL STRATEGY

**Proposed strategy**

The operational strategy for Venezuela is long-term and will be expanded according to the needs and support of donors. To date, the donor response to this appeal is 29 per cent. This operation, as mentioned above, is part of a strategy that complements other ongoing actions in the country (through the 2020 IFRC Operational Plan and the COVID-19 response operation), in addition to coordinating with

ongoing ICRC actions. If needs arise in other sectors that IFRC, together with the VRC and other Movement partners, identify as requiring support, the Plan of Action can be revised accordingly.

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

Improvement of basic water and sanitation infrastructure in health facilities to ensure the availability of safe water and adequate sanitation facilities and improved hygiene and sanitation practices in communities remain priorities for the operation. This plan of action emphasizes the strengthening of institutional capacity to increase technical and operational capability for an effective response and comprehensive management of the program at all levels.

Actions to develop the National Society's logistical capacities continue to be emphasized, with the permanent support of a Logistics and Procurement Delegate. Several regional procurement processes have been managed to support the operation: non-food items, communication items (cell phones, satellite phones, pelican bags, Open Data Kit, etc.), medical equipment and supplies, medicines (from pharmaceutical products to sexual and reproductive health items), vehicles, generators, among others. Based on the potential securing of funds, additional items could be procured, such as containers with medicines, medical supplies, water and sanitation items, personal protective equipment level 1 and 2, and computers and visibility items.

Despite the notable operational achievements, the low financial coverage of this Appeal operation hampers the implementation of activities. It limits the operational capacity of the IFRC and the VRC in the country. Skills and knowledge have been developed to reach communities with urgent humanitarian needs.

Given the global state of emergency due to COVID-19, the Government of Venezuela declared a state of quarantine as of 16 March 2020, thus prohibiting events with multiple persons, which has generated some delay in implementing the VRC field activities due to limitations on mobilization and unrestricted transit. In this same line, the VRC Governing Board decided against suspending/limiting community activities to protect its volunteers and the communities with whom it works. In this context, the VRC, accompanied by the IFRC, has implemented strategies that enable reaching the communities through virtual and tele-assistance and to focus the work through the VRC hospital and outpatient health network. In addition, IFRC supported the VRC, providing insurance coverage to 3,617 volunteers. Within this complex operational context, this access offers a unique opportunity to assist the affected population with health, water, and sanitation services at the local level.

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

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

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

## C. DETAILED OPERATIONAL PLAN

### Health

**People reached: 324,313 people**
Female: 178,372
Male: 145,941

| **Health Outcome 1: Access to essential healthcare will be increased in target areas of the assessed hospitals and health clinics.** | | |
|---|---|---|
| **Indicators:** | **Target** | **Actual** |
| Number of people reached with health services (disaggregated by age and gender) | 650,000 people | 324,313[3] (178,372 females and 145,941 males) |
| **Health Output 1.1: Healthcare facilities have access to essential medicines and consumables to enable provision of basic medical services** | | |
| **Indicators:** | **Target** | **Actual** |
| Number of health facilities supported with medical stocks | 24 | 118 |
| Tons of medical items/ kits procured and delivered to health facilities | TBD | 223 tons |

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

**Narrative description of achievements**

As of 31 March 2021, five full charter planes, one less than a container load (LCL) shipment, and sixteen maritime shipments with forty containers have been received with 223 tons of medical supplies, electric generators, long-lasting insecticidal nets (LLINs), items for storage and access to drinking water (drinking water tablets and drums) and other relief items**.** In addition, five vehicles and two ambulances have been procured to enhance the response capacity of the VRC.

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

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

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


*In preparation for distributions of goods. Source: VRC*

Although in-person community activities were suspended as part of the COVID-19 prevention measures, the emergency services of the VRC hospital and outpatient network remained in operation. Additionally, with the relaxation of the quarantine in more recent months, consultations free of cost were held at the branches' facilities and more regular activities within VRC health facilities, which has allowed to continue providing health services to the Venezuelan population, even amid the COVID-19 outbreak.

For the current period, the National Society's network of hospitals and outpatient clinics use strict biosecurity measures to mitigate the risk of COVID-19 infection in their facilities. These measures are mainly: implementation of triage stations to identify persons suspected of being ill with COVID-19, periodic hospital cleaning days, use of PPE, promotion, and healthy behaviours (physical distancing, cough etiquette, hand washing, etc.).

In February of 2021, the VRC´s National Health Director, jointly with IFRC Emergency Health Delegate, conducted an assessment of needs related to equipment, furniture, and medical supplies to improve their medical capacity and continue providing quality services to the population. The mainly medical items

identified were ultrasound scanners, x-rays, echo dopplers, nebulizers, aspirators, clinical beds, neonatal cribs, etc. It is expected some of these will continue to be procured until the end of the operation.

**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 | 118 |
| Number of treatment/consultations provided in the health facilities and in the community health sessions | TBD | 138,044 |
| Number of community health sessions carried out | N/A | 799 |

**Narrative description of achievements**

The IFRC purchased 24 generators to equip health facilities in areas where regular and unpredictable power outages directly affected health care by making medical operations more difficult and causing life-threatening situations, depending on the services provided by each hospital. Out of the 24 generators purchased, **23 units were distributed in 22 health facilities** (12 in 11 public hospitals and 11 in VRC facilities)[4]. In August 2020, an electric generator was distributed in the state of Sucre, and another in October 2020 in the Guasdualito branch of the state of Apure. However, six electricity generators are still pending to be installed in the following branches: Aragua, Puerto Cabello, Acarigua, Apure, and Los Teques.

Most of the medical supplies were distributed in public hospitals, VRC hospitals and outpatient clinics. These include medical beds, sterilization and disinfection kits, electric scalpels and other instruments, latex masks and gloves, and medication. The medicines delivery mechanism at VRC health centres was designed to reach the most vulnerable people in a standardized and effective manner through community health sessions. Patients receive a range of medical services and are provided with necessary medications free of charge[5].

The VRC negotiated partnerships with local organizations (Caritas, Movimiento Frente Cristiano, and other faith-based and social organizations) to increase the reach of community Health days and ensure that the most vulnerable people were reached, which have allowed the VRC to reach more people. Over the last two years, the assistance received has contributed to the development and strengthening of the National Society, achieving a national presence in the 24 states, reactivating VRC committees and sub-committees, outpatient clinics, and community activities providing significant assistance to the most vulnerable populations.

Since the beginning of the operation, **799 community health sessions have been held in 24 states of the country**. In addition, **154,241 people (84,833 women and 69,408 men)** were treated through consultations in health centres and health days. Due to the limitations, it is important to note that, due to the presence of COVID-19 in the country and the relative restrictions, as mentioned above, the VRC decided to reduce the number of activities in the communities as much as possible to protect the safety of its medical personnel and volunteers and the communities with which it works. In this sense, most consultations were carried out in the medical centres of the VRC's health network.

[4] For more details on the places of distribution of generators, see 12-month report.
[5] For further details on Health days, see 12-month report


*People receiving assistance in Health Day. Source: IFRC*

During 2019, with the support of UNICEF, nutritional items and supplements were distributed to children under five years of age and pregnant and lactating women in fourteen states. This involved providing dietary supplements and pharmaceutical products under the IFRC Operational Plan 2019 for Venezuela, reaching **57,978 people**. Also, as part of the continuous improvement in the provision of health services, the VRC National Health Director, with the support of the IFRC technical team, has developed a protocol for the use of essential medicines in medical consultations based on the most frequent ailments treated by VRC staff.

Thus, the CBHFA methodology is a central strategy where the community, through the integration of health committees, proposes actions favouring health within their community, with Red Cross technical accompaniment and specific inputs for the response.

**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) | Not Established | 4,281 (2,355 women, 1,926 men) |
| Number of people in communities and VRC staff and volunteers trained in health | Not Established | 63,634 (34,999 women, 28,635 men) |

**Narrative description of achievements**

As of March 2021, **4,281 people have been reached with first aid services.** In addition**, 63,634 people (34,999 women, 28,635 men) from the communities as well as VRC staff and volunteers have been reached through trainings in different health topics**, such as first aid training, workshops for health promoters, community health workshops and health education sessions (including breastfeeding promotion), cancer prevention, promotion of menstrual hygiene and sexual and reproductive health, workshops on nutrition, diarrhoea prevention, vaccines and related benefits, the importance of first aid, myths and truths about mammography, and information sessions on HIV/AIDS.

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

*Health day in La Pastora, Caracas. Source: IFRC*

Since the beginning of the COVID-19 pandemic, the Emergency Health Appeal has complemented efforts to respond to the population's most urgent humanitarian needs. Several trainings were conducted remotely for **medical staff of the VRC in 20 branches** as follows:

| Topic | Date | Audience | # people |
|---|---|---|---|
| Triage Protocol to the VRC Health Network. | 22/10/2020 | Presidents and health focal points | 24 people |
| Management of the Health Situation Room | 16/11/2020 | Presidents and health focal points | 30 people |
| Use of the Kits Medicine Protocols | 19/11/2020 | Health focal points | 24 people |
| How to organize Health Days in times of COVID-19 | 26/11/2020 | Health focal points | 20 people |
| Exchange of successful experiences: Good practices in reporting activities. | 04/12/2020 | Health focal points | 18 people |

These virtual spaces were also used to facilitate the exchange of experiences in information management for branches.

| **Health Output 1.4: Psychosocial support is provided to health staff and volunteers.** | | |
|---|---|---|
| **Indicators:** | **Target** | **Actual** |
| Number of people reached with psychosocial support activities (disaggregated by age and gender) | TBD | 20,508 (11,279 women and 9,229 men) |
| Number of volunteers and staff trained in PSS (disaggregated by age and gender) | TBD | 3,624 (1,993 women and 1,631 men) |
| **Narrative description of achievements** | | |
| PSS is integrated into the IFRC and VRC humanitarian response. At the beginning of the operation, IFRC deployed staff specialized in these services, providing technical expertise and tools to support the establishment of the VRC Mental Health and Psychosocial Support Programme. | | |

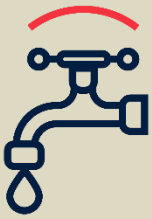
Based on this programme, MHPSS activities were carried out at the national level to support VRC staff and volunteers with individual and group mental health and psychosocial sessions, including sensitization on self-care practice. During the implementation of Health days, PSS activities are integrated and conducted[6].

From the beginning of the operation to 31 March 2021:

- **20,508 people (11,279 women and 9,229 men) were reached through PSS activities**, which have included in-person and telephone consultations (especially during the COVID-19 period), psychological first aid, and emotional debriefing.
- A total of **499 employees and volunteers (205 men and 294 women) were trained in PSS**, PSS consultations, psychological telecare, psychological first aid and emotional debriefing. The arrival of the PSS delegate has helped to reorient programs to innovate training sessions. The strengthening of the structure of the MHPSS Programme will be transformed by the country context, which includes the impact of the COVID-19.
- With the support of the IFRC's PSS Delegate, **57 volunteers were reached through the training of Psychosocial Response Teams**, in 12 VRC branches and subcommittees: Barcelona, Carirubana, Caroní, La Vela, Nueva Esparta, Portuguesa, Puerto Cabello, Puerto Piritu, Sucre, Vargas and Yaracuy.
- The creation of Psychosocial Response Teams has contributed to the VRC psychosocial network, increasing the outreach of MHPSS nationwide through actions such as psychoeducation and psychosocial accompaniment and increasing the positioning of the VRC in this sector.
- Over the last year, the District Capital branch has provided medical and psychological support to children with chronic diseases. This accompaniment has been characterized as a palliative process, seeking to make the children and their guardians resilient in the face of their diagnosis, as well as to promote patient adherence to their treatment.
- Transfer of patients, delivery of medicines, psychosocial support for the patient, and psychological first aid for the guardian, and the resignification of life, are also some activities that are part of this process.

The campaign “Me cuido, te cuido" (By taking care of myself, I take care of you) continues active, and in this reporting period, the following findings were identified:


- The need to consider the implications and impact of mental health on general wellbeing.
- Psychoeducation in mental health is the foundation from which the work of building a culture of mental health at an individual level and towards a collective level starts.
- A positive reception was perceived by the daily publication of the messages, which reflected personal feelings, gratitude for what was shared, identification with the content and recognition or implementation of the strategies that were proposed; key messages were disseminated to people outside the Movement through post in social media thus, a bigger audience received the messages of this campaign. It was necessary to generate a specific mobile telephone line for the campaign to receive assistance from VRC volunteers.



## Water, sanitation, and hygiene

**People reached: 209,618 people**
Male: 94,328
Female: 115,290

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

| Indicators: | Target | Actual |
|---|---|---|
| Number of people that have increased access to safe water and minimum conditions for basic sanitation and hygiene | TBD | 209,618 (115,290, women and 94,328 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 | 72 people (38 women and 34 men) |
| People reached with WASH relief items | TBD | 88,341 (48,587 women and 39,754 men) |
| Number of health facilities with improved access to safe water and sanitation | 21 | 9 |
| Number of people reached with hygiene promotion (disaggregated by age and gender) | TBD | 85,298 (46,914 women and 38,384 men) |

**Narrative description of achievements**

From the beginning of the operation until 31 March 2021, a total of **209,618 people (115,290 women and 94,328 men) were reached with actions of water promotion, hygiene, and sanitation**.

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

At the beginning of the operation, an assessment was conducted in seven VRC hospitals and four VRC outpatient clinics. On this basis, WASH interventions were classified into four levels:

- Rapid impact on improving water quality and reducing microbiological load through efficient and regulated chlorination and cleaning water storage tanks.
- Repairs, structural recoveries in the water supply collection, conduction, and storage systems along with sanitation and rehabilitation of water channels
- Equipment with supplies, accessories for operational interventions in the water and sanitation systems

- Develop high-impact hydraulic solutions that improve water production/extraction, storage, and filtration, such as wells and the adequacy of works for massive storage.

In this sense, delivery of supplies for constant chlorination (220 x 4 boxes of dry trichloroiso cyanuric acid of 200g together with 66 floats for storage tanks) has been made, allowing to have chlorinated water at a concentration of 0.3 milligrams of residual chlorine, which helps to protect the stored water that goes through the internal network from microbiological contamination thus, reducing the likelihood of waterborne infection.

Chlorine measurements have been taken weekly to determine and measure chlorine values; the total amount of water that has been chlorinated has reached **11,156 $M^3$ in 17 branches.**

Considering the restrictions to mitigate COVID-19, the VRC, supported by the IFRC, conducted virtual trainings where 72 volunteers and staff from different branches were trained in the following topics: safe water, vector control, Participatory Hygiene and Sanitation Transformation **(PHAST)** method and hand washing. In addition, educational sessions on hygiene promotion for COVID-19 were held, **reaching 226 people.**

This operation has procured WASH products distributed by the VRC to the different branches prioritized by the Appeal. Before the COVID-19 outbreak, IFRC and VRC WASH technical established a distribution plan based on the needs of each location and technical criteria. While there have been delays due to COVID-19-related constraints, adjustments are being made to ensure proper distribution.

**6,107 water bottles with a 20-litre capacity** have been distributed to improve domestic water storage. In addition, to complement these actions, procurement, and distribution of **relief items such as jerry cans, 20-liter water containers and 2 million water purification tablets (40-g aquatabs), 11,000 bars of soap (100g) were distributed.** A total of 194,650 aquatabs and 17,017 jerry cans were supplied to the branches of Capital District, Nueva Esparta, Portuguesa, Anzoátegui, Bolívar, Falcón, Guárico, Aragua, Táchira, Yaracuy and Lara. In addition, 1,000 water filters were provided to 1,000 families in the states of Anzoátegui, Aragua, Apure, Barinas, Bolívar, Carabobo, Distrito Capital, Falcón, Lara, Mérida, Miranda, Portuguesa, Táchira, Vargas, and Yaracuy, reaching **88,341 people (48,587 women and 39,754 men).** Finally, in the first year of the operation, 11,000 Jerrycans,1,000 buckets, 1,000 hygiene kits, 4 hygiene promotion boxes, 1,000 water filters were procured and distributed.

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

Chlorine tablets for 15,000 litres each at a concentration of 97 per cent, which come in 4-gallon boxes and with instructions, were provided to the eight VRC hospitals. Also, the operation has supported the maintenance of the VRC's Carlos J Bello Hospital in District Capital.

The VRC has implemented strategies to strengthen WASH in the hospital network, aiming to generate improvements in heavy infrastructure such as the construction of deep wells and major maintenance of large capacity tanks (50,000 Lts or more). Maintenance and washing of underground and elevated tanks with 15,000-50,000 litres or more have been carried out in Valencia, Ciudad Bolivar, Táchira, El Tigre, Zulia, Portuguesa, Apure, Barinas, Lara, and Yaracuy with equipment of water filtering and disinfection systems. These actions were aimed to guarantee the minimum supply in quantity and

quality required by these centres for their regular operation. As mentioned above, these strategies have been accompanied by training.
Two deep wells are in operation, one in Caracas of 130 metres and with a pumping capacity of 3.0 litres of water/second. This has solved 98 per cent of the water requirements needed by the hospital and administrative headquarters. A second one in Bolivar of 120 metres deep well has been put into operation at the end of January 2021 with a pumping capacity of 2.4 litres of water/ second.

The water of these high-performance water equipment has included microbiological and physicochemical water studies, which indicated that the water is suitable for human consumption. The water that comes out of these two installed wells is filtered and treated by chlorination, additionally, with the support of other IFRC projects. Monitoring is done with portable laboratories to track variables such as turbidity, residual chlorine, and presence/absence of faecal E. coli. Due to these actions, 4,197 people, (**1,847 men and 2,350 women), which includes health personnel, have been reached with water in these locations.**

In September 2020, **a WASH and safe water induction was carried out, as well as on the maintenance system of the distribution networks, for the water sanitation and maintenance personnel of the Carlos J Bello Hospital. This process involved 16 people,** including technicians and volunteers from the Capital District branch.

At the community level, the purchase of 3,000 water kits consisting of (filters, jerrycans and water purification tablets, along with bar soap) is planned for April and May 2021, as well as the distribution of 50 hydro jets that will allow autonomy and improve the tanks' washing capacity.

This operation procured two WATSAN Kits 2000, located in the Caracas warehouse, in case of a contingency in which a quick response is required. This was made with the aim of using them in the current COVID-19 context at the hospital level. Once the fuel supply situation and mobility restrictions improve, the kit elements can be sent to other states as required.

## Strengthen National Society

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

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

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

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

| Indicator | Target | Actual |
|---|---|---|
| Number of staff members hired | 13 | 33 |

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

| Indicator | Target | Actual |
|---|---|---|
| Security plan developed | 1 | 1 |

| | | |
|---|---|---|
| Number of branches supported with response capacity activities | 24 | 42 |

**Narrative description of achievements**

This Appeal operation, which builds on previous emergency funds and previous and current IFRC Operational Plans (2019, 2020, and 2021) for Venezuela, has been key to supporting VRC by improving its technical, operational, and structural capacity to deliver effective humanitarian assistance at headquarters, branches, and committees.

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

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

Although significant progress has been made for National Society Development, there is still a considerable gap in the capacity response for a complex context. To ensure an organisational structure capable of generating adequate responses to the needs that this context may develop requires a robust system that ensures long-term sustainability. Thus, this capacity will be continued to be strengthened in the Operational Plan after the operation ends.

<u>Volunteer management and protection</u>

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

At the beginning of this operation, **884 employees and volunteers received protection equipment** to provide relief services, derived from the civil unrest that affected the country in the first half of 2019. As of March 2021, a **total of 3,617 VRC volunteers are insured through the IFRC's volunteer insurance policy**. Additionally, about 1,610 people received an introduction to the Red Cross and Red Crescent Movement and community first aid as a first step to becoming a VRC volunteer.

A Solidarity Mechanism for volunteers was established to complement this insurance and as part of the COVID-19 Emergency Appeal operation.

In the framework of the COVID-19 operation and considering the need to improve infection control and prevention protocols (IPC), the update of the triage protocol was carried out with the support of the National Health Director of the VRC and the Health Delegate of the IFRC, for observation and referral of suspicious cases, which was presented as part of the strategy to maintain operational care activities of consultation, hospitalization, and surgery. In this sense, the necessary preventive measures can be taken

in the event of a suspected case, protecting volunteers and RC medical staff. Additionally, PPE has been distributed to 210 medical staff and volunteers.

Disaster Management

In line with IFRC and VRC disaster management priorities, technical support was provided to the VRC in preparing a response and contingency plans and creating institutional early warning systems (EWS), which are still in the process of creation. Additionally, a multidisciplinary IFRC- VRC team was deployed in Táchira to strengthen the response capacity of the Táchira and San Antonio branches. During this visit, strengths and weaknesses were identified in emergency preparedness and response, which served as the basis for the action plan developed to improve their response capacity. The VRC created a civil disturbance response plan[7].

In September 2020, and with the interest of monitoring the country's health situation, following up on the health activities carried out by the National Society, as well as responding adequately to health emergencies, the VRC National Health Directorate established a Situational Health Room that consolidates and processes health information, guiding a strategic analysis for the optimization of the VRC's health activities planning. The Situational Health Room is a workspace where a) the process of collecting and consolidating health data is developed in a dynamic, continuous, and progressive manner; b) the determinants, the interventions implemented, and the results obtained by the health network of the Venezuelan Red Cross are analysed; and c) products generated serve to support the National Health Directorate in the process of evidence-based decision-making. The information obtained by the unit is presented and disseminated in various formats such as tables, graphs, maps, technical documents, or strategic reports.

With the objective to reinforce the VRC response system, a Planning for an Effective Response (PER) exercise was conducted in the first quarter of 2021. It focused on systematically assessing, measuring, and analysing the strengths and weaknesses of the response system to take effective, creative, and innovative actions to strengthen the disaster management area. The exercise consisted of:

- Orientation phase: In this stage, the presentation of the approach to institutional volunteers was socialized identifying external and internal organizational needs, and analysing risks and hazards present in the country, 70 volunteers from the National Society participated in this phase.
- Assessment phase: In this phase, 37 components of the National Society's response system were reviewed. The components requiring attention and resources to respond effectively, efficiently, and timely were identified and prioritized.

Implementing the PER approach is expected to continue following in the first half of June 2021 through the subsequent phases.

- Prioritization and analysis phase: In this phase, VRC should identify and prioritize which PER components of its response system require attention, maintenance, and resources to address them in an effective, efficient, and timely manner.
- Work Plan Phase VRC shall subsequently develop a work plan to strengthen its response capability, including outcomes, outputs, activities, timelines, targets, and a clear accountability framework.
- Action and Accountability Phase: VRC will implement and monitor the work plan and report its progress.

[7] For further details of these activities see 12-month report

Security

The IFRC Security Coordinator and ICRC-supported branches have participated in security training sessions, developed security protocols adapted to their needs and context, given institutional visibility to the volunteers and defined an additional ICRC human resource capacity dedicated to the coordination of security aspects[8]. Although not yet completed, the National Society is interested in having a VRC team capable of identifying security needs, providing an effective response when planning the deployment of teams to the field, identifying security, and promoting security for volunteers, staff, and staff, and other personnel. For the current period, the IFRC Country Delegation hired a Security Officer, and it is expected to increase these actions during the coming months.

Finance and Administration

The operation has supported finance staff at different times (six in total) who contributed to guarantee financial management. Additionally, training sessions were provided by the IFRC finance delegate to the VRC staff on financial aspects and management of this operation's funds.

With the support of the institutional strengthening project, part of the IFRC Operational Plan, the National Society's Finance and Procurement Manual was created, and the Saint system was established; the latter has made it possible to carry out financial management virtually since March 2020.

Currently, financial management of this operation is carried out through a new finance structure for the Country Delegation, which is conformed of a finance delegate, a treasury assistant, and a financial assistant, along with support from the IFRC's Regional Finance Unit.

For the current period, the opening of two bank accounts, one in Euros and one in Venezuelan bolivars (VES), will be used for local payments to suppliers with local bank accounts and running costs.

## 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 beginning of the civil unrest in early 2019, according to the IFRC's internal emergency classification, the emergency has been and remains classified as phase orange. This classification implies more security risks where access to affected people may be limited. Threats to staff security are greater, and comprehensive security management is needed, including full-time security staff and analysts to ensure risk mitigation and reduction.

Following extensive efforts by the VRC and IFRC to promote the delivery and institutional acknowledgment to enable humanitarian assistance in Venezuela, 16 maritime shipments with 40

[8] For further details of these activities see 12 months report

containers, 5 charter flights and 1 air shipment arrived in the country. In addition, as mentioned above, a Situational Health Unit at VRC headquarters was created and activated to coordinate with the branches the monitoring the evolution of the situation. Based on the analysis and assessments, an action plan was established to respond to and mitigate the immediate health risks to the affected population by expanding the capacity of health facilities through the provision of essential medical supplies, generators, water, sanitation, and technical support, among others, delivered in 8 hospitals and 34 outpatient clinics of the VRC, the local distribution is coordinated from Caracas, where the VRC warehouse is located.

For further details of surge deployments please see 12 months report.

The CEA component continues to focus on developing feedback mechanisms that facilitate those reached in the services provided under this appeal. The CEA unit of the VRC established, with the support of the Americas Regional Office, a national strategy for the implementation of these mechanisms. **In addition to creating the CEA unit, volunteers have been trained to develop a national CEA network.**

Due to the impact of COVID-19, communications, educational and information materials (publications, stickers, etc.) were disseminated for health promotion, water and sanitation and PSS. **Social media has been an important alternative channel to communicate all the information to reach more people and communities.**

From April to October 2020, the operations at the branch level maintained a limited capacity, implementing the actions within controlled spaces and through assistance to the Comprehensive Social Care Points (PASI) in the border states. Feedback mechanisms have also been created for people attending the VRC health network.

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

Along with the VRC, a contingency plan for the current emergency response was finalized, outlining response and coordination mechanisms at the strategic, operational, and technical levels. In addition, a joint thematic communication plan was established, where the IFRC, ICRC, and VRC created communication strategies for different situations arising from the country's situation to provide further visibility to operations.

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

Logistics

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

Operational logistics, procurement, and supply chain management, supported by the Medical Procurement Officer in Geneva, carried out international procurement of medical and relief items for the country and ensured effective management of the country's mobilization table and related portfolio. Seven general logisticians and two medical logisticians were deployed to Venezuela since the operation. Within the framework of this operation, the basic functions of the Field Logistics have been to maintain optimal management of bilateral and multilateral shipments, reception, inventory, management of the central warehouse, shipment for distribution to branches and committees of VRC, and public medical facilities. A central warehouse in the Capital District was established in April 2019 and remained in use.

The IFRC logistics team coordinates with the VRC logistics department, which is being strengthened and supported to perform standard record-keeping functions. However, despite the achievements, additional support to hospitals and branches in medical logistics is still needed, especially as the operation ends. The VRC and the International Federation are working together to implement an efficient and effective supply chain[9].

The logistics team in Venezuela also manages the local supply chain at all levels. This team conducts the custom clearance and import of goods and medicines purchased internationally, storage, preparation and distribution of the goods and medicines to the VRC 8 hospitals and 34 outpatient clinics, also perform local procurement of goods and services and works in conjunction with VRC staff and volunteers for the strengthening of logistics capacities.

The logistics capacity building was implemented at the local level in Venezuela and also at the regional level. VRC staff and volunteers have received training for warehouse, fleet, and procurement management. The Regional Logistics Unit in Panama was equipped with tools and equipment for re-packing and labelling stations. Currently, the RLU is in charge of preparing different kits suitable to the target population's needs. The RLU also supports the coordination to receive, schedule, and dispatch to Venezuela the goods procured at regional and global levels, such as non-food items, medical equipment, and medicines.

There still a need to continue standardizing key processes (purchasing, customs, warehousing, and distribution). Diplomatic permits were obtained due to the instructions and to the follow-up with the Ministry of Foreign Affairs. Storage area, space planning, and inventory updates have been constant.

Currently, the Country Delegation has a logistics delegate, a medical logistics officer, and two procurement officers, who continue to improve the procurement processes and standards at the national and regional levels.

## 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**

[9] For further details of logistics efforts see Operational Update no. 3

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

**Narrative description of achievements**

Significant advances in communications have led to better positioning and understanding of the image of the VRC. Key institutional communication approaches were jointly developed in close collaboration between the VRC, ICRC, and IFRC in Venezuela.

The visit of IFRC President Francesco Rocca to Venezuela in March 2019 marked a crucial milestone in humanitarian diplomacy, followed by the launch of this Appeal operation and the influx of humanitarian aid to support the expansion of health care and other assistance Venezuelan Red Cross. The VRC positions itself as an influential humanitarian actor, with access and trust from the communities it works with and being accepted by the main actors in Venezuela. It provides humanitarian assistance with autonomy for full compliance with the Fundamental Principles.

During the month of August 2019, the Regional Communications Manager carried out a three-month mission to work with VRC's communications focal points. Together, materials and procedures aimed at strengthening the actions carried out by the National Society in this area were developed.

The main results of the joint efforts between IFRC and VRC were:

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

The most relevant audios and visuals for the operation are available in the institutional VRC Instagram and Facebook accounts (@CruzRojave).

For publications and stories reported previously, see Operation Update No.3.

## Effective, credible and accountable IFRC

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

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

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

**Narrative description of achievements**

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

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

The operation's management team periodically monitors the risk matrix and updates it as necessary. In addition, as part of these management and finance actions, the IFRC purchased a variety of office supplies, including 10 laptops (1 additional laptop for ODK), printers, 15 cell phones and one satellite phone , and extra office supplies for the VRC.

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

Concerning PMER, the IFRC continues to work with the VRC to strengthen monitoring and reporting systems applicable to the operational context to achieve greater accountability and evidence-based impact. To this end, monitoring tools adapted to the appeal activities have been developed, such as post-distribution satisfaction surveys and the PMER-IM workflow strategy.

To strengthen the National Society's PMER unit and procedures, work was conducted with the support of the PMER delegate to establish an organisational structure for this unit. Additionally, to improve monitoring and reporting skills, in December 2020, an introductory webinar to PMER was held at the national level, in which 26 people (19 women and 7 men) participated. On the other hand, in February 2021, two in-person workshops were held with the participation of the national project coordinators and support areas on Programme Project Planning and How to improve reporting, in which 15 people (9 women, 6 men) from the staff were trained. Until March 2021, the VRC has 33 people (22 women and 11 men) trained in PMER procedures.

In the beginning, the operation was supported by an IM delegate, who worked with the VRC to increase and strengthen its information management capacities. An IFRC local staff person now fills this position. With his support, work has been done on the implementation of multi-sector information management systems using relevant digital tools, as well as data collection tools and systems, and data quality standards, such as recording activities and people reached through mobile data collection (i.e., ODK).

The RC2 Health tool was developed in collaboration between the IFRC, VRC, and the University of Washington. The RC2 Health, is a custom data collection tool developed in ODK code -X and works with the Android operating system; it seeks to facilitate the collection, storage, analysis, and visualization of data faster and more efficiently support of mobile devices.

This version of the system manages to record data in the field without the need for an internet connection, and updates can be made once there is a stable connection for synchronization with the central server, thus minimizing the double-counting of records. Currently, the tool is in the phase of implementation, Phase I, which was tested with the support of 9 VRC volunteers who have previously participated in the Health Days.

The application has been socialized with volunteers and national coordinators. Moreover, the VRC held a session in the IFRC 2021 Digital & Data Week, an international online event with the participation of

the Red Cross Movement. The tool was presented, which was positively received by participants from around the globe.

In addition, the IFRC has continued working with the VRC IM focal point to induce, grant access, and empower them to lead the administration of the GO page, which will allow the National Society to visualize its efforts on an international platform across the IFRC network. The IFRC has been actively participating in the working group on information management in Venezuela (GTMI-Venezuela), led by UN OCHA.

Reference documents

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

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## How we work

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

# Emergency Appeal

Interim FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2019/01-2021/03 | Operation | MDRVE004 |
| Budget Timeframe | 2019-2021 | Budget | APPROVED |

Prepared on 14 May 2021

All figures are in Swiss Francs (CHF)

## MDRVE004 - Venezuela - Health Emergency

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

## I. Emergency Appeal Funding Requirements

| Thematic Area Code | Requirements CHF |
|---|---|
| AOF1 - Disaster risk reduction | 0 |
| AOF2 - Shelter | 0 |
| AOF3 - Livelihoods and basic needs | 0 |
| AOF4 - Health | 40,000,000 |
| AOF5 - Water, sanitation and hygiene | 3,000,000 |
| AOF6 - Protection, Gender & Inclusion | 0 |
| AOF7 - Migration | 0 |
| SFI1 - Strenghten 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 14 May 2021** | **10,655,010** |
| **Appeal Coverage** | **21.31%** |

## II. IFRC Operating Budget Implementation

| Thematic Area Code | Budget | Expenditure | Variance |
|---|---|---|---|
| AOF1 - Disaster risk reduction | 0 | 1,370 | -1,370 |
| AOF2 - Shelter | 0 | 0 | 0 |
| AOF3 - Livelihoods and basic needs | 80 | 80 | 0 |
| AOF4 - Health | 4,492,159 | 2,417,272 | 2,074,886 |
| AOF5 - Water, sanitation and hygiene | 112,133 | 149,086 | -36,953 |
| AOF6 - Protection, Gender & Inclusion | 0 | 0 | 0 |
| AOF7 - Migration | 0 | 1,256 | -1,256 |
| SFI1 - Strenghten National Societies | 635,560 | 1,399,792 | -764,233 |
| SFI2 - Effective international disaster management | 1,802,385 | 2,630,261 | -827,876 |
| SFI3 - Influence others as leading strategic partners | 216 | 11,100 | -10,884 |
| SFI4 - Ensure a strong IFRC | 5,109 | 5,112 | -3 |
| **Grand Total** | **7,047,641** | **6,615,328** | **432,313** |

## III. Operating Movement & Closing Balance per 2021/03

| | |
|---|---|
| Opening Balance | 0 |
| Income (includes outstanding DREF Loan per IV.) | 10,088,776 |
| Expenditure | -6,615,328 |
| **Closing Balance** | **3,473,448** |
| Deferred Income | 211,112 |
| Funds Available | 3,684,560 |

## IV. DREF Loan

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

# Emergency Appeal

Interim FINANCIAL REPORT

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2019/01-2021/03 | Operation | MDRVE004 |
| Budget Timeframe | 2019-2021 | Budget | APPROVED |

Prepared on 14 May 2021

All figures are in Swiss Francs (CHF)

## MDRVE004 - Venezuela - Health Emergency

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

## V. Contributions by Donor and Other Income

| | |
|---|---|
| **Opening Balance** | **0** |

| Income Type | Cash | InKind Goods | InKind Personnel | Other Income | TOTAL | *Deferred Income* |
|---|---|---|---|---|---|---|
| American Red Cross | 963,700 | | | | **963,700** | |
| British Red Cross | 489 | | | | **489** | |
| British Red Cross (from British Government*) | 2,439,853 | | | | **2,439,853** | |
| Colombia - Private Donors | 240 | | | | **240** | |
| Czech Red Cross (from Czech private donors*) | 1,000 | | | | **1,000** | |
| German Red Cross | 108,218 | | | | **108,218** | |
| ICRC | 91,038 | | | | **91,038** | |
| Italian Red Cross | 19,816 | | | | **19,816** | |
| Japanese Red Cross Society | 91,222 | | | | **91,222** | |
| Lithuania Government | 111,664 | | | | **111,664** | |
| On Line donations | 410 | | | | **410** | |
| Red Cross of Monaco | 44,096 | | | | **44,096** | |
| Red Cross Society of China | 201,369 | | | | **201,369** | |
| Simón Bolívar Foundation/CITGO | 250,598 | | | | **250,598** | *211,112* |
| Spanish Government | 68,125 | | | | **68,125** | |
| Swedish Red Cross | 491,014 | | | | **491,014** | |
| The Canadian Red Cross Society (from Canadian Gov | 159,593 | | | | **159,593** | |
| The Netherlands Red Cross (from Netherlands Govern | 1,334,960 | | | | **1,334,960** | |
| Turkish Red Crescent Society | 97,231 | | | | **97,231** | |
| Unidentified donor | 3,614,140 | | | | **3,614,140** | |
| **Total Contributions and Other Income** | **10,088,776** | **0** | **0** | **0** | **10,088,776** | ***211,112*** |
| **Total Income and Deferred Income** | | | | | **10,088,776** | *211,112* |