

# DREF Plan of Action

## Venezuela: Floods

<b>DREF Operation n°</b>	<b>MDRVE005</b>	<b>Glide n°:</b>	<a href="#">FL-2021-000132-VEN</a>
<b>Date of issue:</b>	2 September 2021	<b>Expected timeframe:</b>	3 months
		<b>Expected end date:</b>	31 December 2021
<b>IFRC Category allocated to the of the disaster or crisis:</b> Yellow			
<b>DREF allocated:</b> 214,119 Swiss francs (CHF)			
<b>Total number of people affected:</b>	54,543	<b>Number of people to be assisted:</b>	2,500 (500 families)
<b>States affected:</b>	10 (Mérida, Táchira, Bolívar, Apure, Zulia, Delta Amacuro, Carabobo, Yaracuy, Portuguesa, and Sucre)	<b>Provinces/Regions targeted:</b>	3 (Mérida, Bolívar, and Apure)
<b>Operating National Society presence (n° of volunteers, staff, branches):</b> The Venezuelan Red Cross (VRC) has 4,000 volunteers and 1,600 employees among 24 branches and 11 subcommittees. In addition, it has 8 hospitals and 34 outpatient clinics.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> The Venezuelan Red Cross is coordinating and sharing information with the International Federation of Red Cross Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and the German Red Cross.			
<b>Other partner organizations actively involved in the operation:</b> Venezuela Red Cross is coordinating the response with local authorities, the United, Nations System, and the Ministry of Health.			

## A. Situation analysis

### Description of the disaster

On 23 August, heavy rains were registered due to the passage of the Tropical Wave N°38, which caused floods, landslides, road obstructions, loss of housing, damages to basic services such as water and electricity, among others in ten of the 24 states of the country. As shown in the map above the most affected states include Mérida, Apure, Bolivar, Táchira, Zulia, Delta Amacuro, Carabobo, Yaracuy, Portuguesa, and Sucre. On 25 August, the government declared a 90-day emergency decree for Merida, Apure, Bolivar, Yaracuy, and Zulia.<sup>1</sup>



VRC volunteers providing support to women and children in the state of Merida. Date: 28 August 2021. Source: VRC

According to the National Institute of Meteorology and Hydrology forecast, the rainy season will continue affecting Venezuela. Official reports state that the damages at national level include:

- 54,543 people affected

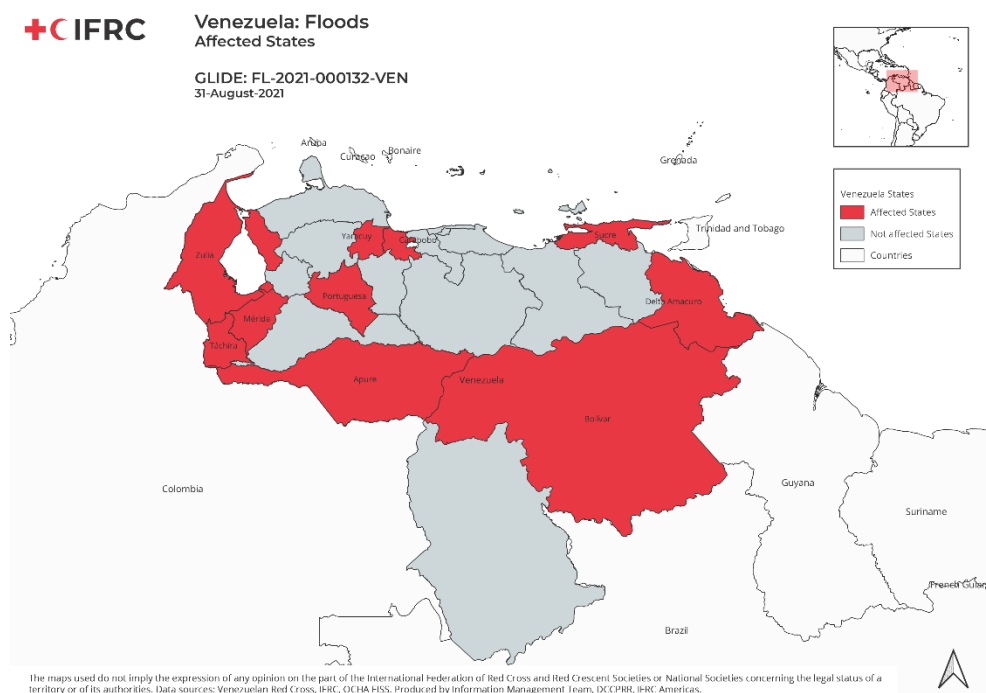
<sup>1</sup> [France 24. Al menos 20 muertos a causa de las lluvias y deslaves en Venezuela. 26 August 2021.](#)

- 10 states affected
- 85 municipalities affected
- 116 routes affected
- 10 bridges affected
- 79 overflows from different bodies of water
- 40 large-scale landslides.

In Mérida, mainly the municipalities of Tovar, Antonio Pinto Salinas, and Santos Marquina suffered several damages. Due to the overflowing of rivers and streams in the Mocoties Valley, 20 people have died, 6,000 people have been affected directly, and countless structural damages and loss of agricultural livelihoods have occurred. Power and water supplies have been damaged as the electrical substation in the municipality of Tovar is obstructed, causing the total loss of electrical service in 5 municipalities (Tovar, Pinto Salinas, Zea, Rivas Dávila and Guaraque). Additionally, 71 kms of the 007 road were affected by 40 landslides of great magnitude. In addition, the Chama River, which borders the states of Mérida and Zulia, overflowed, and affected 1,200 families in the Zulia state in the southern area of lake Maracaibo.

In the state of Apure at least 3,827 families have been affected by the floods caused by the Arauca, Capanaparo and Cinaruco rivers, and 365 people are in temporary collective centres due to the partial or total damages registered in their houses. According to national figures, the municipalities of Achaguas, Biruaca, San Fernando and Pedro Camejo have reported significant affectations. It is important to highlight that the Orinoco River, the largest river in the country, has increased its levels, so if the rains continue, the situation could worsen.

In Bolívar, at least 2,198 families have been affected by the flooding of the Orinoco, Caroní, La Paragua, Aro and Cuyuní rivers. Local authorities in coordination with other humanitarian organizations are assisting the people in need with supplies, medicines, food, and comprehensive care. Furthermore, due to the overflow of the Caroní river, the municipality has established nine equipped collective centres to attend at least 2,000 people, while fumigation days are expected to be held due to the increased risk of vector diseases from stagnant water.



Map of affected states caused by heavy flooding in Venezuela.  
Source: IFRC

## Summary of the current response

### Overview of Operating National Society Response Action

The Venezuelan Red Cross has been working in close collaboration with local authorities, and communities in the affected areas. A situation room was activated at national level, with the aim to collect the information of the branches and to put in place the necessary mechanisms for the close monitoring of the situation. Different VRC branches are providing first aid assistance pre-hospital care and psychosocial support to the most affected families.

Among the actions taken by the National Society are:

- Rapid needs assessments have been conducted.
- Mobilization of an assessment team to the affected areas from the branches of Mérida, Apure and Bolívar.
- Establishment of health care points in the outpatient clinic of Las Acacias (Merida).
- Activation of the Emergency Operation Center by the Regional Relief Director in the Andean Region, which maintains permanent monitoring with the response teams in the branches of Mérida, Trujillo, Barinas, Táchira (San Cristóbal) and Apure (San Fernando and Guasdualito).
- VRC personnel and volunteers are on alert for potential support.
- Coordination with National Civil Protection in the affected areas
- The National Health Situation Room is in constant communication with the Emergency and Health Directors of Merida and Barinas branches.
- VRC Operations Manager maintained close coordination and communication with the National Directors of Relief, Health, Migration, and the Governing Board of the National Society.
- Promotion of risk communication messages with a Community Engagement and Accountability (CEA) approach.
- The Migration Directors of Merida and Táchira are working in coordination with the Fire Department and the Institute of Humanitarian Studies to provide technical support in the collective centers.
- Revision of the pre-positioned stock of the VRC to attend the emergency.
- Coordination with partners of the International Red Cross Movement, including the IFRC, ICRC and the German Red Cross to ensure the appropriate response.
- Field reports have been shared on the [GO platform](#).

### Overview of Red Cross Red Crescent Movement Actions in country

The IFRC Country Delegation in Venezuela has worked jointly with the National Society in providing its support to the current emergency and launched this DREF Operation. To date in 2021, the DREF has allocated 25.3 Swiss francs (CHF) million through 89 allocations including grants and loans.

The IFRC Country Delegation in Venezuela currently has nine delegates, including the Head of Delegation, and fifteen national staff who have provided support to the VRC to monitor the situation and to coordinate the appropriate level of response. Additionally, with the support of the Disaster, Crisis, Preparedness and Response Unit of the Regional Office, two informative messages have been shared with the region with the aim to provide updates of the current situation and to prepare further actions.

In addition, IFRC has participated in coordination meetings with the Venezuelan Red Cross, the International Committee of the Red Cross, and the German Red Cross to evaluate the different response actions and to provide appropriate technical assistance to the National Society. The German Red Cross is supporting bilaterally with health activities through one project funded by ECHO in the states in Apure, Táchira and Zulia, they are actively participating in coordination meetings through its Head of Office in Colombia.

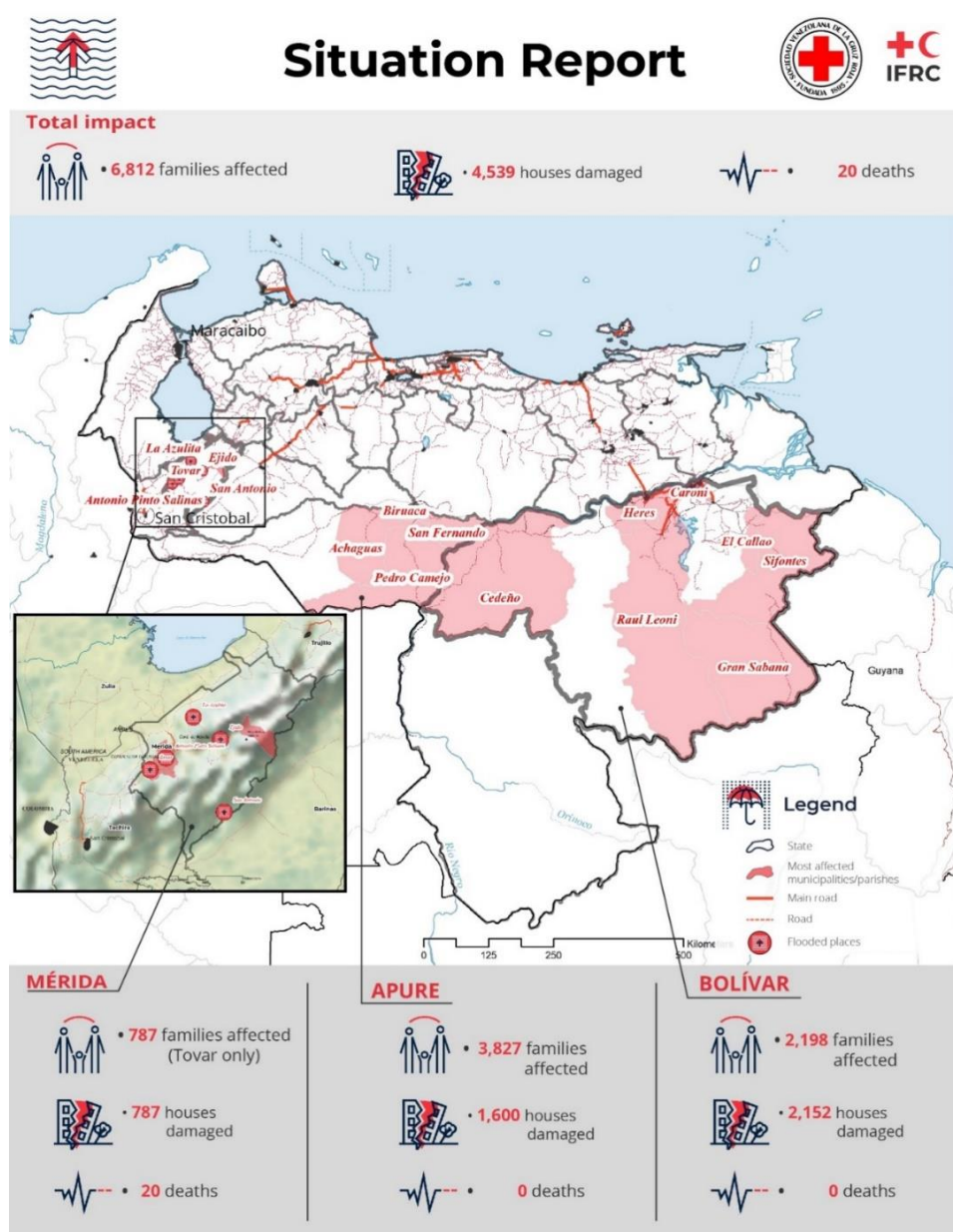
## Overview of other actors' actions in country

On 24 August, the National Government emitted a State of Emergency for 90 days in the states of Apure, Bolivar, Yaracuy, Zulia and Mérida, with the commitment to mobilize resources and capacities to assist the affected population, while in other states the State of Alert was activated. Likewise, the Government informed the activation of the Simón Bolívar Humanitarian Task Force, deploying 1,500 officers to the state of Mérida who are working in response actions in the following sectors: food, health, infrastructure roads, basic services, housing, security, and prevention. Particularly, in Merida, commissions of Civil Protection, State Firefighters, officials of the Integral Defense Zone (ZODI by its Spanish acronym), the National Parks Institute (Inparques by its Spanish acronym), and the Ministry of Transportation and Public Works have been deployed.

Additionally, local authorities are working to re-establish roads, electricity, and water supply. However, due to the complexity of the situation it might take more time than expected. Furthermore, the Ministry of People's Power for Housing has sent construction materials for the rehabilitation and improvement of partially damaged houses in the municipalities of Santa Cruz de Mora and Tovar in Mérida. On the other hand, the Regional Government has opened three emergency health care centres in the San José Hospital and in the sectors of Monseñor Moreno and El Corozo in the municipality of Tovar. The Hospital Universitario of Los Andes has been selected as the referral centre for patients referred from the affected municipalities.

Caritas Venezuela has opened collection points with the aim to deliver relief items to the most affected. These points are in Merida, Caracas, Barinas, and Lara. Additionally, Caritas has sent 40,000 liters of water and 16 tons of non-perishable food to the municipality of Santa Cruz de Mora in Merida and it has also deployed volunteers to provide first aid assistance.

Different firefighters, rescue teams and civil protection officers have been activated and deployed nationwide. Efforts have been made to start the removal of debris with the support of heavy machinery in different states. At least 18 collective centres have been activated nationwide to provide accommodation for affected families.



Right: Situation map in the targeted states of intervention. 30 August 2021.  
Source: Venezuelan Red Cross

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

The map on the right represents the damages and needs in the three proposed states of intervention: Mérida, Apure and Bolívar. The Venezuelan Red Cross works closely with the government and will participate in more detailed assessments in the coming days.

### **Shelter**

According to primary information from the Venezuelan Red Cross and data provided by Civil Protection, more than 4,539 homes located in the states of Mérida, Táchira, Apure, and Bolívar, have been affected by floods and landslides as a result of the rains that occurred in the country.

The VRC has decided to prioritize its attention in the states of Apure, Mérida, and Bolívar, as they present a higher rate of affectation (>60%). Initial assessments conducted by the Venezuelan Red Cross show that approximately 6,812 families were affected in those states.

Many of the affected families were forced to move to the relatives' homes, or to improvised collective centres set up by government or by the community. In this sense, it is necessary to consider the provision of technical assistance regarding the management of temporary collective centres as part of the commitments that the International Movement of the Red Cross have been assumed. Distribution of kitchen kits in temporary collective centres or who have lost their belongings due to the floods is being planned.

Local authorities and other humanitarian actors have begun the distribution of humanitarian aid to the affected population. Priority support to meet their basic needs of the population, in particular household items are critical. Due to the geographical location, and the low temperatures registered in the state of Merida, there is a need to distribute blankets.

Support for the rapid cleaning and repair of the houses suffered has also been identified as a priority to facilitate the early return of people.

### **Health**

The health system in Venezuela is chronically affected by a combination of factors that have limited the population's access to health care, including migration of health system personnel, deterioration of infrastructure and equipment in health centres, interruptions in the supply of water and electricity, shortages and high cost of medicines and medical supplies, and limited access to fuel, among others. The appearance of COVID-19 in Venezuelan territory has only exacerbated this gap since hospitals and health personnel was exclusively dedicated to the care of patients with COVID-19, leaving aside the care of patients with other diseases and the implementation of regular disease prevention and control programs, such as immunizations, vector control, and malaria programs.

With the critical scenario of the current floods, the needs and vulnerabilities of the affected communities have increased. Due to the direct consequences of the floods on the infrastructure of the health centers in the affected areas, there is a high risk that communicable and non-communicable diseases will be left without attention. In addition, reports from the Venezuelan Red Cross indicate that some temporary collective centres might not be complying with the Sphere Standards, thus increasing the risk of the appearance of acute respiratory diseases and acute diarrheal diseases. In addition, although the government and non-profit organizations have sent health commissions to reinforce health care to the affected states, mainly to Merida, these actions will not be enough to meet the health needs of patients in the affected areas. Therefore, the provision of primary health services through health days and the development of health promotion activities have been identified as key activities to support the affected communities.

It is expected that in the coming days the risk of accidents will increase due to the recovery activities of household items, the removal of debris and the reconstruction of houses that the affected population will carry out once the intensity of the rains decreases. In this regard, the provision of first aid services is essential.

There is also a risk of appearance of diseases transmitted by the mosquito *Aedes aegypti* since in these areas there is a precedent that floods are expected to leave water withheld both at the household and community level.

In terms of mental health and psychosocial support, it is well known that during emergencies the levels of distress increase exponentially because the affected population are exposed to loss of loved ones, properties, livelihoods or destabilizes their support networks, which makes it difficult for people to cope and deal with the situation. People with pre-existing mental health problem under treatment due the loss of belongings and homes, also lose their medications, therefore as medical services are affected they can be exposed to not receive specialized follow-up that can affect their quality of life. This panorama could be aggravated by two situations: one is the COVID-19 pandemic, which has generated an increase of stress and anxiety a high percentage of the population; and the second aspect is that some of the affected states reflect an increase in the rates of suicide and the prevalence of mental illnesses.<sup>2</sup> Also, the psychological impact on response teams is higher in emergencies, so it is essential to guarantee that the attend and ensure responders well-being in order to reduce cumulative stress or burnout. For this, it is suggested performing self-care techniques, stress checks, and promoting a healthy mindset. In addition, it is necessary to ensure staff and volunteers take adequate rest to avoid burnout syndrome and ensure their mental wellbeing.

Finally, the community transmission of COVID -19 and the presence of the Delta variant in Venezuelan territory increases the risk of the appearance of new cases in the population affected by the adverse event, especially in the population housed in temporary collective centres.

### **Water, sanitation, and hygiene promotion**

In addition to the complex situation of the country due to lack of water supply in terms of quantity, quality and access, the high rainfall recorded in the last week has caused river overflows and damages in the water infrastructure, limiting the access to safe water in the affected states.

In the Andean and Los Llanos regions, where Merida and Apure are located, the needs in Water, Sanitation and Hygiene (WASH) area are higher than in the rest of the country. The affected communities currently lack adequate access to safe water due to the damage or destruction of their water sources, affecting the access to water for human consumption, limiting people's hygiene and sanitation activities, and increasing the risks of appearance of water-borne diseases. The affected municipalities in the Mocotíes Valley in Merida do not have drinking water distribution services due to the lack of power and damages of water infrastructure (the electrical substation in the municipality of Tovar is obstructed). In addition, most of the people hosted at temporary shelters do not have the adequate items to maintain proper personal hygiene. Cleaning supplies have also been identified as a key need to facilitate the return of people affected back to their homes.

In this context, it is planned to meet the urgent needs on water and hygiene of the affected population impacted by the floods by improving access and quality of water, providing adequate hygiene and cleaning kits, and conducting hygiene promotion activities.

### **Livelihoods**

Extensive rains in the national territory have affected the agricultural and livestock production; the intense rainfall has caused the blocking of roads due to landslides, with the consequent loss of harvests, as these cannot be transported to the centres of market. Similarly, the planting areas and agricultural activities have been severely affected by the floods since many of them are within the Andean region. Additionally, the loss of work equipment and consumable goods have reduced the economy activity, all of which, together with the country's difficulties in terms of fuel shortages and hyperinflation, have affected the livelihoods of the people in the affected areas.

<sup>2</sup> <https://observatoriodeviolencia.org.ve/news/prevencion-del-suicidio-en-merida-en-tiempos-de-covid-19/>

Even the existing needs in livelihoods, the Venezuelan Red Cross has decided not to include activities in this area since provision of food items are coordinated by the Government.

### Protection, Gender, and Inclusion (PGI)

According to the VRC rapid assessments, the affected people include children and adolescents, girls and women who are exposed to risks of human trafficking, abuse and sexual exploitation, labour exploitation, loss of educational opportunities, and psychosocial affectations. Some indigenous communities were reallocated in the Bolivar state, thus requiring special attention. Therefore, it is necessary to strengthen the National Society capacities on PGI through the development of trainings on PGI Minimum Standards for staff and volunteers to apply PGI norms in a cross-cutting manner throughout this operation. Due to the Venezuelan migration, it is estimated that at least 60% of the 120 volunteers involved in this operation has not received PGI training before.

The provision of restoring family links (RFL) has been identified as one of the main needs since many people have lost contact with their families due to the emergency. This activity will be coordinated with the ICRC.

### Targeting

The Venezuelan Red Cross seeks to support 8,000 people in total (1,600 households) through its comprehensive emergency plan of action. This DREF operation aims to support 2,500 people (500 families) affected by flooding out of the 8,000 targeted people. As such, the efforts of the VRC will be focused there. 200 families are expected to be reached in Mérida, 200 in Apure and 100 in Bolivar.

The selection criteria in the implementation of this plan are marked by two main factors: vulnerability and security. The humanitarian aid will be provided to the most vulnerable people in those communities that have suffered the greatest impact from the rains, according to preliminary evaluations conducted by the VRC, public authorities and other stakeholders. However, the work will be carrying out only in those areas where VRC staff and volunteers can work in a safe environment. For this reason, the VRC will not intervene in vulnerable municipalities that have very low police presence, but will advocate with governmental authorities to ensure the provision of appropriate aid to these areas.

### Estimated disaggregated data for population targeted

Category	Estimated % of target group	% Female	% Male
Young Children (under 5 years)	10%	60%	40%
Children (5-17 yrs.)	30%	60%	40%
Adults (18-49 yrs.)	40%	60%	40%
Elderly (>50 yrs.)	20%	60%	40%

### Scenario planning

Scenario	Humanitarian consequence	Potential Response
<b>Best case scenario</b> Rainfalls do not cause additional floods. Less than 1,000 people is affected and less several damages are reported	<ul style="list-style-type: none"> <li>- Humanitarian aid can be distributed easily and quickly. Minimal damage of roads, water supply and electricity network are registered.</li> <li>- People affected return to a partial normal routine in the short term.</li> </ul>	The Government responds to the emergency with its own capacities and resources. The NS would provide primary health care to the affected population including consultancies and Mental Health and PSS activities. Actions to provide safe water, hygiene

		promotion and PGI activities to the affected families are considered.
<p><b>Most likely scenario</b></p> <p>Heavy rains affect vulnerable areas of the country causing landslides and floods, among other natural phenomena in several states. Daily life, local market and essential services for the population remain partially affected or inaccessible for several days.</p>	<p>Delivery of humanitarian assistance is delayed due to limited access to communication / transit routes. People experience the loss of family members and the total or partial loss of their homes. Due to the reduced living conditions, small outbreaks of various diseases occur in shelters because of the lack of access to clean water and essential services. The level of COVID-19 cases rises as there are not enough hygiene measures. Health facilities are overcrowded by people who require urgent assistance. Other health programmes might be suspended to increase the level of response of the current emergency.</p>	<p>- The NS requests further assistance. Health days are conducted to meet the health care needs of the most affected people. Additionally, health promotion activities are carried out to mitigate the risk of COVID-19 contagion as well as preventive measures on epidemic outbreaks and vector borne diseases. COVID-19 measures are taken by the distribution of hygiene kits and PPE to volunteers and the target population.</p> <p>- Support in mental health, stress, and anxiety situations, implementing PGI strategies; it is ensured the functioning of WASH systems and the delivery of safe water.</p>
<p><b>Worst Case Scenario</b></p> <p>Rains continue affecting severely the areas already flooded areas for additional days severely, exceeding the historical average of precipitation.</p>	<p>- Human and material losses exceed the capacities of the national government. The VRC has a limited field of action.</p> <p>- There is a great risk of contagion for communicable and non-communicable diseases due to the overcrowding of people, especially in the COVID-19 context.</p> <p>- Vector- borne diseases emerge due to stagnant water.</p> <p>- Health system is aggravated by the inability to provide quality health care.</p> <p>- The humanitarian assistance is politicized.</p>	<p>Review of the current Plan of Action adapted to include new needs.</p> <p>Provision of humanitarian assistance to the affected populations through the attention on primary health care and increase mobilization of resources.</p>

## Operation Risk Assessment

Besides the country context challenges, the National Society has identified the following risks:

- Persistence of heavy rains, increasing the number of people affected and the number of people hosted in temporary shelters.
- Increase of COVID-19 cases.
- Lack of access to some communities for geographical or logistical reasons, among others.

The operation is based on an analysis of the current scenario. However, this analysis will be updated periodically to reduce potential risks and facilitate VRC humanitarian actions. As mitigation actions, the National Society will continue monitoring the evolution of the emergency and provide humanitarian assistance to people hosted in

temporary shelters within its capacities. The VRC will collaborate with public authorities and other stakeholders to join efforts and reach the most affected people. In addition, the VRC will also adopt the appropriate biosecurity measures to reduce the risk of COVID-19 contagions with the staff, volunteers, and communities. The operation will also ensure safety and security procedures, staff visibility, and a communication strategy to disseminate the role of the Red Cross, and the Fundamental Principles.

## COVID-19 Pandemic

This DREF operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. As August 26<sup>th</sup>, 329,736 COVID-19 confirmed cases, 3,955 deaths and 315,385 recoveries<sup>3</sup> are being reported. According to national authorities, about 3 million people have been vaccinated so far, which includes front line health professionals, teachers, and people from 18 years old.

National Society response to COVID-19 is supported through the IFRC global appeal, which is facilitating and supporting the VRC to maintain critical service provision, while adapting to the COVID-19 context. The ICRC is also supporting COVID-19 prevention activities implemented by the National Society branches. This DREF operation is aligned with the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office. This means that the Venezuelan Red Cross will ensure COVID-19 prevention measures.

IFRC continues to assess how emergency operations in response to disasters and crises should adapt to this crisis and provide necessary guidance to its membership on the same. The National Society will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Society volunteers and staff. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

## B. Operational strategy

### Overall Operational objective:

The Venezuelan Red Cross will contribute to the national response to the floods caused by the heavy rains in the states of Mérida, Apure, and Bolívar by assisting 500 households (2,500 people) in the areas of shelter, health, water, sanitation and hygiene, and protection, gender and inclusion.

Activities described in the present strategy complement ongoing actions carried out by the government and other organizations to ensure that affected populations receive quality attention and alleviate their most urgent needs.

### Proposed strategy

The response strategy will be needs-based and complement local response. Some of the items will be used for the replenishment of current stocks of the National Society. The following are main sectors and activities proposed:

Sector	Activities	Unit	States			Total
			Merida	Apure	Bolivar	
Shelter	Coat distribution (blankets)	Unit	600	600	300	1500

<sup>3</sup> [Día 529 | Lucha contra la COVID-19: Venezuela registra 1.186 nuevos contagios comunitarios y mantiene tasa de pacientes recuperados en 96 % \(mpps.gob.ve\)](#)

	Kitchen Kits	Kits	200	200	100	<b>500</b>
	Shelter management	Unit	2	2	2	<b>6</b>
<b>Health</b>	Health promotion	Families	200	200	100	<b>500</b>
	First Aid	People	100	100	50	<b>250</b>
	Mosquito nets	Unit	200	200	100	<b>500</b>
	Family PPE	Kits	200	200	100	<b>500</b>
	Volunteers PPE	Kits	40	40	40	<b>120</b>
	Health personnel PPE	Kits	28	28	24	<b>80</b>
	Psychosocial support to the population	Families	200	200	100	<b>500</b>
	Psychosocial support to first responders	People	40	40	40	<b>120</b>
<b>WASH</b>	Hygiene Kits	Kits	200	200	100	<b>500</b>
	Cleaning Kits	Kits	200	200	100	<b>500</b>
	Water Filters	Unit	200	200	100	<b>500</b>
	Hygiene Promotion	Families	200	200	100	<b>500</b>
<b>PGI</b>	Key messages on prevention and response to SGBV	Families	200	200	100	<b>500</b>

## Shelter

The Venezuelan Red Cross, in coordination with public authorities, will prioritize shelters in the most affected areas based on vulnerability criteria to provide guidance on shelter management. Therefore, technical assessment will be provided in six different shelters, thus contributing to the organization, protection, security, and welfare of families and preserving the dignity of people. The delivery of 1,500 blankets and 500 kitchen kits to 500 families, which will contribute to the wellbeing of people who have lost their belongings, are planned.

Despite the needs described in this sector, the VRC will focus its efforts on providing technical assistance in shelters and the delivery of shelter items that could relieve the most urgent needs. Construction materials will not be provided by the National Society, as the National Government is currently supporting these actions in coordination with different public institutions.



*A VRC volunteer providing humanitarian assistance to affected communities in the state of Merida.  
Date: 28 August 2021. Source: VRC.*

## Health

Based on the VRC rapid needs analysis and to support the public health system in addressing the health needs of the affected communities, the operational health strategy is based on the following pillars:

- a) **Provision of first aid:** Branches involved in the present operation will be equipped with six first-aid kits (2 per branch) to provide them with medical equipment and supplies to enable them to deliver first aid care to 250 people in the case of injuries in the temporary shelters or in the recovery and repair of their homes.
- b) **Primary health care:** Affected communities will receive primary health care attention through the delivery of 20 community health days. Also, health promotion activities aimed at reaching 500 families will be provided through the delivery of key messages to increase people's knowledge regarding communicable and non-communicable diseases.
- c) **Health Promotion:** Given the epidemiological background of the affected areas in relation to diseases transmitted by the mosquito *Aedes aegypti* and considering the consequences of the floods on the biological cycle of this vector, it has become necessary to provide 1,500 mosquito nets to the affected population, thus potentially mitigating the risk of appearance of diseases such as dengue or chikungunya. The delivery of the mosquito nets will be accompanied by educational sessions to promote vector control both at the family and community level.
- d) **Provision of personal protective equipment (PPE) kits to the affected families:** To prevent COVID-19 transmission, especially in crowded spaces like shelters, 500 community PPE kits will be provided with items such as reusable face masks and alcohol in gel.
- e) **Provision of personal protective equipment (PPE) to volunteers and health personnel:** To ensure the delivery of actions appropriately it is necessary to provide protection equipment to those who will be carrying out such activities. Despite more than 80% of the volunteers of the VRC has been vaccinated it is still necessary to reduce the risk of contagion. Therefore, 120 PPE level 1 will be distributed among volunteers, while 80 PPE level 2 will be delivered to the health personnel.
- f) **Psychosocial support and Mental Health care:** Different mental health services, including individual, family or group psychological sessions, psychosocial support sessions and psychoeducation, will be delivered to 500 affected families. In addition, briefing and debriefing sessions, self-care techniques, stress self-check and the generalized anxiety checkup will be promoted among the 120 volunteers intervening in this operation to ensure their mental wellbeing.

### Water, sanitation, and hygiene promotion

To reduce the most urgent humanitarian needs in the affected areas in WASH, 500 hygiene kits and 500 cleaning kits will be delivered to affected families, ensuring that families can count with items that would allow them to maintain proper hygiene.

In addition, to ensure safe water to people in the targeted communities, 500 water filters will be provided as well as the mobilization of a water treatment plan. On the other hand, to facilitate the storage of water, 1,000 jerrycans will be delivered as well as the installation of two bladders at the community level. Finally, 500 families will receive hygiene promotion sessions focused on handwashing, physical distance and how to maintain good habits of hygiene especially in the context of the COVID-19 pandemic, as well as sessions on proper water storage and disinfection for household consumption.

### Protection, Gender, and Inclusion

Emergency contexts lead to vulnerable people in a situation of greater defenselessness. In this sense, based on the IFRC's Minimum Standards for PGI in emergencies and in compliance with the 4 pillars of protection of the Sphere Handbook from the PGI approach, the following actions will be carried out:

- Training of volunteers on the PGI Minimum Standards in emergencies to ensure that people exposed to risks in shelters, receive adequate supervision. Training will be carried out during the first two weeks after the DREF starts its implementation and will consider reaching at least 20 volunteers among three branches.
- Due to the different risks that vulnerable populations are exposed to, it is expected that 500 families receive messages on prevention and response to sexual and gender-based violence (SGBV) in all community outreach activities.

Additionally, based on the need to leave no one behind, it will be ensured that the language used in the delivery of key messages is inclusive for minorities, guaranteeing that people with different gender identities, ages and disabilities receive effective information. Also, a breakdown of minimum data by gender, age, disability, and ethnic groups will be made, under appropriate and effective formats, which will allow having a better understanding of the scope of the approach.

Restoring Family Links (RFL) activities will be implemented with the support of the ICRC.

## **Operation Support Services**

### **Human resources**

The Venezuelan Red Cross has identified the recruitment of key personnel for the implementation of the activities, including a coordinator of the operation, a finance officer, and a logistics officer. In addition, the National Society will count on the support of at least 120 volunteers in the targeted states as well as with the support of the IFRC technical team.

### **Logistics and Supply chain**

The VRC has a Headquarters warehouse located in Caracas with a logistics team composed of a logistics officer and two warehouse assistants; additionally, the IFRC's logistics team consists of a logistics delegate and two procurement officers. Both teams will work jointly to maintain the flow of the supply chain according to the needs.

The VRC has repositioned stock of relief items in the branches of Lara, Valencia, El Tigre, Barinas and District Capital. As part of the first response activities, the relief items will be distributed to the targeted states and subsequent repositioning will be coordinated through the Regional Logistics Unit in Panama.

The current local market has the availability to procure the additional relief items needed. All local and international procurement related to this DREF will follow the IFRC's standard procurement procedures. The customs processes will be carried out according to the procedure established in the Status Agreement through the Diplomatic Franchise.

For fleet and cargo movement, the VRC has two trucks and a database of transportation suppliers that provide cargo movement services within the country and are aligned to the IFRC protocols.

The Regional Logistics Unit (RLU) will support logistics activities to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage, and transport to distribution sites by the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

### **Communications**

In accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement, the National Communications Team, with the support of the IFRC communications assistant, will ensure that activities developed by the VRC are understood by the target population as well as by the national and local actors.

Efforts will be focused on creating key messages that will be disseminated through VRC's social networks, which will also be useful for volunteers and field staff to share in the communities. On the other hand, different communication materials will be produced, both digital and printed. In addition to the content that will be developed to facilitate communication, there will also be materials from the communications toolkit for rains, COVID-19, floods and landslides. This communication toolkit includes key messages for each topic, visibility material (printed and digital), videos, testimonials, photographic material, among others.

Finally, constant monitoring of media will be made to maintain VRC health personnel and people targeted informed.

### **Community Engagement and Accountability**

The Community Engagement and Accountability (CEA) as a cross-cutting component will be integrated into and every activity carried out by this operation, ensuring that communities are at the center of the response. Therefore, CEA actions will be included in the present operation among the different areas.

In this sense, actions related to the promotion of Risk Communications key messages will be carried out considering the CEA approach to ensure that communities receive timely and relevant information using the channels preferred/ trusted by the communities. In addition, based on the information needs and preferred channels assessments, a two-way communications channel will be placed in the temporary shelters where people can obtain information and provide feedback.

The CEA approach will also promote reliable feedback mechanisms to ensure community participation, transparency of operations and accountability to the affected population. The operation will ensure that these mechanisms are in place and the feedback collected is used to improve the operation and respond to the needs expressed by the community. Feedback mechanisms are also an important part of early identification of protection needs and will work in coordination with PGI teams to ensure that these needs are addressed.

### **Information Technology**

In the purpose of protecting the information and ensuring the continuity of information management, as well as maintaining the operability of the necessary technology equipment, the IT department will provide the appropriate support to the VRC to maintain the operability of all the necessary technology equipment for immediate response.

If field visits are requested, the deployed team will be equipped with different tools to maintain constant communication, including internet BAM, national telephone lines, satellite phone and a mapping based on the lines and geographic location will be made.

The use of the digital tool Rc2 Health will be promoted to collect information and strengthen data analysis.

### **Security**

The IFRC has a Security Officer responsible for analyzing risks and generating guidelines. These guidelines are always followed during operations, where potential scenarios are analyzed to minimize risks. Additionally, personnel and volunteers of the Venezuelan Red Cross have been trained in basic safety standards (based on the Stay Safe manual and the Safer Access Framework). In addition, all volunteers involved in the operation have active the accident insurance made available by the IFRC. The operation will comply with COVID-19 protocols to ensure the safety of volunteers and community members, including the provision of PPE. Finally, risk mitigation in field operations resulting from the movement of volunteers and staff through affected areas will be done by implementing a security plan and reinforcing protocols with staff daily before going on missions.

### **Planning, Monitoring, Evaluation and Reporting (PMER)**

The VRC with the support of the IFRC will have a monitoring team made up of personnel from the Coordination of the present operation and members of the PMER unit which will be responsible for the monitoring of the progress made, as well as oversee the timely delivery of reports for this emergency Plan of Action.


In addition, there will be the support of the Information Management Department team, who will provide support in the collection, systematization, and analysis of data, for a timely response adapting to the circumstances.

A lessons learned workshop will be conducted at the end of the operation to identify key challenges as well as good practices to ensure that future actions are improved and strengthened.

**Administration and Finance**

The Venezuelan Red Cross will hire a coordinator as quickly as possible to manage this operation, who will be supported by a Finance Officer. IFRC will provide the necessary operational support for budget review and validation and bank transfers, as well as technical assistance on expense justification procedures.

## C. Detailed Operational Plan



**Shelter**

**People targeted: 2,500 (500 families)**

Male: 1,000  
Female: 1,500

**Requirements (CHF): 33,520**

**Needs analysis:** The planned activities are aimed at responding to the most urgent needs of people who have suffered a loss of household belongings. Due to the total or partial damage of houses because of the rains, people have lost most of their belongings, generating their mobilization to shelters installed by the government or improvised by the communities, making necessary the provision of supplies to cover their basic needs of shelter to improve their autonomy and quality of life. In addition, it is necessary to provide guidance to those responsible of shelters to ensure adequate shelter management.

**Risk analysis:** Individuals whose houses and belonging have been affected by the heavy rains will face difficulties to procure and access to different items, especially within the complexity of the country context.

**Population to be assisted:** At least 500 families (2,500 people) will receive shelter services in the states of Merida, Apure and Bolivar. The Venezuelan Red Cross, in close coordination with public authorities, will prioritize the attention in the most affected areas based on vulnerability criteria to contribute to the prompt recovery of families in their homes or in temporary shelters.

**Programme standards/benchmarks:** The intervention will follow the Standards set out in the Sphere Handbook; the Fundamental Principles and Values of the International Red Cross and Red Crescent Movement; IFRC Minimum Standards for Protection, Gender and Inclusion; the Code of Conduct; and other documents related to the Movement and other organizations to provide quality humanitarian assistance with dignity.

<b>P&amp;B Output Code</b>	<b>Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</b>	<i># of families provided with emergency shelter items. Target: 500 families</i>											
	<b>Shelter Output 1.1: Basic household items assistance is provided to the affected families.</b>	<i># of families provided with shelter items (blankets). Target: 500 families</i>											
		<i># of families provided with kitchen kits. Target: 500 families</i>											
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12

	Week													
AP005	Procurement and distribution of blankets (1,500 – 3 per family)													
AP005	Procurement and distribution of kitchen kits (500)													
<b>P&amp;B Output Code</b>	<b>Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b>	<i># of shelters provided with technical assistance. Target: 6 shelters</i> <i># of volunteers trained on shelter management</i> <i>Target: 15 volunteers</i>												
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP006	Provision of technical assistance on shelter management to operational shelters.													
AP006	Workshop on shelter management for volunteers.													



**Health**

**People targeted: 2,500**

Male: 1,000

Female: 2,500

**Requirements (CHF): 34,336**

**Needs analysis:** People affected by the floods and those temporary shelters require primary health care and first aid attention, as the public and private health care system has been aggravated by the floods and will not be able to meet the increased demand. In addition, it is necessary to strengthen measures to prevent and control the transmission of COVID-19, especially through the provision of personal protective equipment to people affected.

On the other hand, the stress, loss, and grief that people have faced around COVID-19, are increased by this emergency. People in affected communities and people in shelters require Psychological First Aid (PFA) and other Mental health and psychosocial support (MHPSS) interventions to increase their wellbeing and mental health.

**Risk analysis:** Due to the direct consequences of this emergency on the health system, there is a high risk that communicable and non-communicable diseases will go unattended and unmedicated. Moreover, due to heavy rains, the risk of transmission of mosquito-borne diseases such as malaria, dengue, chikungunya and zika has increased.

At the same time, an increase in possible cases of COVID -19 is expected considering the presence of the Delta variant, especially in the population housed in temporary shelters. Due to the context of COVID-19, many people experience stress and loss scenarios, which can be aggravated if they do not have access to

psychosocial support systems. People with pre-existing mental problem without access to medicines or especial care can suffer crisis or deterioration in their quality of life.

**Population to be assisted:** At least 500 families (2,500 people) will receive health services in the states of Merida, Apure, and Bolivar.

**Programme standards/benchmarks:** The intervention will follow the Standards set out in the Sphere Manual; the Fundamental Principles and Values of the International Red Cross and Red Crescent Movement; International Red Cross and Red Crescent Movement's Strategic Framework on Disability Inclusion; IFRC's Minimum Standard for protection, gender, and inclusion; the Code of Conduct; and other documents related to the Movement and other organizations (Venezuela's Ministry of Health and Pan American Health Organization) that allow providing quality humanitarian assistance with dignity.

P&B Output Code	<b>Health Outcome 1: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment.</b>	<i># of families that received health services. Target: 500 families</i>											
	<b>Health Output 1.1: Improved access to health care and emergency health care for the targeted population and communities.</b>	<i># of people reached with first aid services. Target: 250 people</i>											
		<i># of community health days carried out. Target: 20</i>											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP022	Procurement and distribution of first-aid kits to 6 branches, including replenishment.												
AP022	Provision of first aid services.												
AP011	Provision of community health days to the targeted population.												
AP011	Health promotion activities.												
P&B Output Code	<b>Health Outcome 2: Transmission of vector borne diseases and the transmission of communicable diseases is reduced.</b>	<i># of families reached through protection supplies. Target: 500 families</i>											
	<b>Health Output 2.1: Diseases are prevented through the provision of protection supplies.</b>	<i># of mosquito nets distributed. Target: 1,500</i>											
		<i># of families who received PPE kits. Target: 500 families</i>											
		<i># of RCRC volunteers who received PPE. Target: 120</i>											
		<i># of RCRC medical staff who received PPE. Target: 80</i>											

		Activities planned Week											
		1	2	3	4	5	6	7	8	9	10	11	12
AP021	Procurement and distribution of mosquito nets (1,500 – 3 per family)												
AP021	Provision of community PPE kits for 500 families												
AP021	Provision of personal protective equipment to volunteers (level I)												
AP021	Provision of personal protective equipment to RC health personnel (level II)												
P&B Output Code	<b>Health Outcome 3: The mental health impacts of the emergency are lessened.</b>							# of families reached with MHPSS. Target: 500 families					
	<b>Health Output 3.1: Psychosocial support is provided to the target population and RCRC volunteers and staff.</b>							# of families who received PSS. Target: 500 families					
								# of volunteers who received PSS. Target: 120 volunteers					
								# of equipment delivered for the Psychosocial Response Teams. Target: 3					
		Activities planned Week											
		1	2	3	4	5	6	7	8	9	10	11	12
AP023	Provision of PSS to people affected by the floods (PAP, individual, family and group sessions, focus groups, psychoeducation, and follow-up).												
AP023	Provision of PSS to staff and volunteers (psychoeducation, PAP, emotional debriefings, stress and anxiety self-checking).												
AP023	Provision of equipment for the Psychosocial Response Teams (psychosocial kit, box with materials).												



### Water, sanitation and hygiene

People targeted: 2,500 (500 families)

Male: 1,000

Female: 1,500

Requirements (CHF): 87,840



<b>P&amp;B Output Code</b>	<b>WASH Output 1.2: Hygiene-related goods (NFIs) which meet Sphere standards are provided.</b>	# of families reached with family hygiene kits. Target: 500 families											
		# of families reached with family cleaning kits. Target: 500 families											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP030	Distribution of 500 family hygiene kits, sufficient for 1 month, to 2,500 people.												
AP030	Distribution of 500 family cleaning kits, sufficient for 1 month, to 2,500 people.												
<b>P&amp;B Output Code</b>	<b>WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase.</b>	# of families reached through hygiene promotion activities. Target: 500 families											
	<b>WASH Output 2.1: Hygiene promotion activities are provided to the entire affected population.</b>	# of families reached through hygiene promotion activities. Target: 500 families											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12
AP030	Conduct hygiene promotion activities with a CEA approach.												



**Protection, Gender and Inclusion**

**People targeted: 2,500**

Male: 1,000

Female: 1,500

**Requirements (CHF): 2,685**

**Needs analysis:** Situations of gender-based violence can always occur and all levels of society but usually increase during emergencies. Additionally, the affected people include children and adolescents, girls and women who are exposed to risks of human trafficking, abuse and sexual exploitation and labour exploitation, Therefore, there is a need to provide training and sensitization on PGI Minimum Standards, briefings on Protection against sexual exploitation and abuse, Code of Conduct and Child Safeguarding, and the inclusion of the PGI approach to mitigate the risks of SGBV in the targeted population.

**Risk analysis:** Shelters can create areas of insecurity for the elderly, women, and children, for this reason, separate and safe areas should be considered for groups exposed to risk in certain contexts. To this end, the minimum protection actions outlined in the Minimum Standard for PGI in Emergencies should be considered, thus preventing risks such as: sexual abuse, GBV and SGBV.



P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured												IFRC provides technical support during the implementation of the operation												
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.												# of monitoring field visits by the IFRC. Target: 1												
	Activities planned Week												1	2	3	4	5	6	7	8	9	10	11	12	
AP049	Technical and operational support by IFRC																								
AP049	IFRC remote and one on-site monitoring																								
AP049	Support to the Evaluation process																								
AP050	Procurement support																								

## Budget

See Annex.

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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.

# DREF OPERATION

MDRVE005 - VENEZUELA - FLOODS

2/9/2021

## Budget by Resource

Budget Group	Budget
Clothing & Textiles	21,024
Water, Sanitation & Hygiene	54,520
Medical & First Aid	12,714
Teaching Materials	24,521
Utensils & Tools	12,375
Other Supplies & Services	17,875
<b>Relief items, Construction, Supplies</b>	<b>143,031</b>
Distribution & Monitoring	9,833
Transport & Vehicles Costs	6,875
Logistics Services	12,618
<b>Logistics, Transport &amp; Storage</b>	<b>29,327</b>
National Staff	1,833
National Society Staff	8,250
Volunteers	7,700
<b>Personnel</b>	<b>17,784</b>
Workshops & Training	5,225
<b>Workshops &amp; Training</b>	<b>5,225</b>
Travel	2,292
Information & Public Relations	458
Office Costs	1,925
Communications	550
Financial Charges	458
<b>General Expenditure</b>	<b>5,683</b>
<b>DIRECT COSTS</b>	<b>201,050</b>
<b>INDIRECT COSTS</b>	<b>13,068</b>
<b>TOTAL BUDGET</b>	<b>214,119</b>

## Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	33,520
AOF3	Livelihoods and Basic Needs	
AOF4	Health	34,336
AOF5	Water, Sanitation and Hygiene	87,840
AOF6	Protection, Gender and Inclusion	2,685
AOF7	Migration	
SFI1	Strengthen National Societies	27,238
SFI2	Effective International Disaster Management	28,499
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	
<b>TOTAL</b>		<b>214,119</b>

