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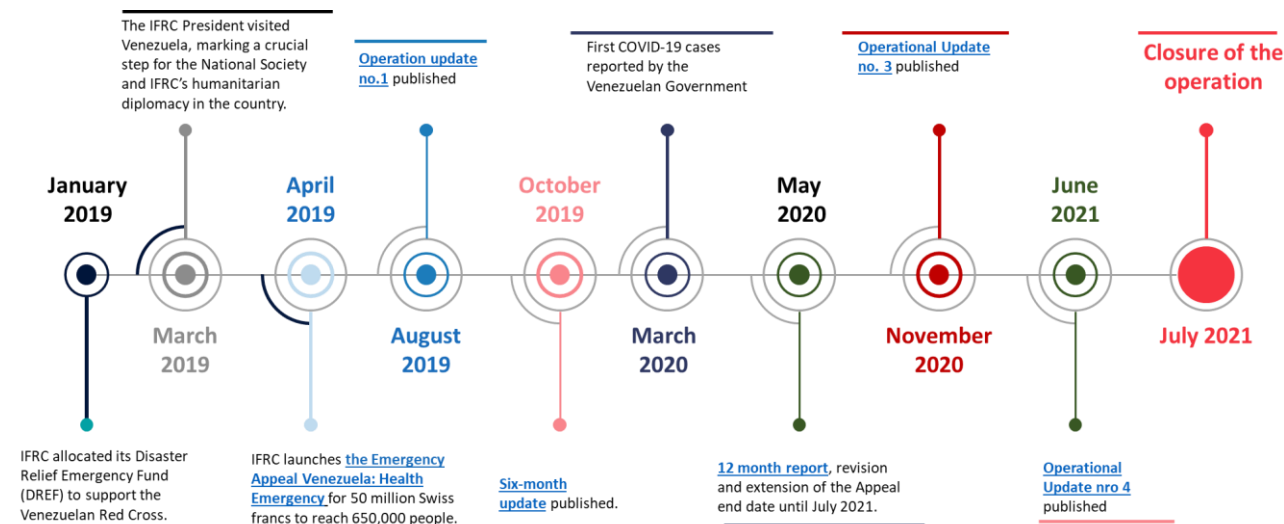
Final Report

Venezuela: Health Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal no° MDRVE004	Timeframe covered by this update: 27 January 2019 to 27 July 2021
Date of issue: 28 January 2022	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	DREF amount allocated: 1 million Swiss francs (the original allocation was returned to the DREF Fund).
N° of people assisted: 605,782 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The Venezuelan Red Cross (VRC) has 3,932 volunteers, 24 branches and 11 subcommittees. In addition, it has 8 hospitals, 34 outpatient clinics and approximately 1,400 employees.	
Other partner organizations actively involved in the operation: Humanitarian Country Team (HCT), Ministry of People's Power for Health (MPPS) and the Ministry of Foreign Affairs.	
The Emergency Appeal was launched with an ask of 50 million Swiss francs (CHF) to assist 650,000 people. Of this funding request, 21.32% (CHF 10.29M as cash contributions) was covered, as well as CHF 4M in in-kind contributions. The IFRC, on behalf of the Venezuelan Red Cross, would like to extend many thanks to all partners and donors for their generous contributions.	
The operation implemented 99.99% of the funds received.	

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



A. SITUATION ANALYSIS

Description of the context

Venezuela continues to face a complex situation in which access to essential services, especially health services, remains critical. With the outbreak of the COVID-19, the Venezuelan health system has been overwhelmed, focusing its limited resources on addressing the emergency. In this regard, the impact of COVID-19 has increased concerns about the population's access to essential health services. In addition, the outbreaks of vaccine-preventable diseases, such as diphtheria, measles, and malaria remain latent in the country. Essential health care is still needed for the most vulnerable population to reduce the spread of diseases.

The frequent national power cuts entail an additional burden on the health system, especially on the emergency services and medical equipment such as dialysis machines, refrigeration, and ventilators, among others. These have also affected the water supply as it depends entirely on pumps that work with electricity. Moreover, 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. In this context, it is common for communities to receive water only once a week, which increases the risks faced by the most vulnerable populations. This situation was aggravated during the COVID-19 pandemic. Also, failures have been registered in the distribution of domestic gas in several states. Therefore, many people use biomass and firewood for cooking, despite the risk of respiratory diseases.

In March 2020, the Government of Venezuela established restrictions to contain the spread of COVID-19. From June 2020 until October 2021, a 7x7 flexibility scheme has been in place (7 days of strict quarantine followed by 7 days of flexibility). As a result of the increase in COVID-19 cases and the restrictions, the number of community activities had to be reduced or suspended, depending on the incidence of cases at the local level.

In response to the COVID-19, the government has also developed a National Immunization Vaccination Plan for COVID-19. In May 2021, the Vice President of the Republic requested the support of the Venezuelan Red Cross (VRC) to support the implementation of the Immunization Plan, where more than 15 branches provided support in 20 vaccination centres, including: Valencia (Carabobo), Lara, Guanare (Portuguesa), Calabozo (Guárico), Coro (Falcón), Mérida, Puerto Cabello (Carabobo), Barinas, Zulia, Capital District, San Felipe (Yaracuy), Vargas, Puerto Píritu (Anzoátegui), La Vela (Falcón), and Caroní (Bolívar), Punta de Mata (Monagas).

Additionally, the pandemic negatively impacted on the management of international procurement due to a reduced production capacity in countries, which has increased the costs of medical supplies, protection equipment and medicines. It also has affected the transportation of the items to the country.

In compliance with its auxiliary role, the VRC, through its 8 hospitals and 34 outpatient clinics, has continued responding to the country's health needs through activities in emergency health care, the referral of suspected cases, and the provision of medical health care. Since the beginning of the pandemic, the VRC and the International Federation of Red Cross and Red Crescent Societies (IFRC) field activities were reduced to essential actions to guarantee the health and safety of the staff and volunteers, including the proper supply of personal protective equipment (PPE). Psychosocial support (PSS) has also been at the centre of the response of the VRC, including the provision of psychosocial services to vulnerable people during the community health days as well as the development of individual and group debriefing sessions for staff and volunteers. The complex situation has been evolving and constantly analysed to ensure that the activities were finalized within the timeframe of this operation.

According to public authorities, by the end of the operation, 3.5 million people had been vaccinated against COVID-19. The country has recently started experiencing the third COVID-19 wave due to the appearance of the Lambda and Delta variants. This, in addition to the limitations of the health system, continues affecting the most vulnerable population who, with a monthly minimum wage of 10 sovereign bolivars (USD 2.70), the daily hyperinflation, and the limitation of purchasing power must cover their basic needs.

Another challenge for the country is the migration flow, both of Venezuelans leaving to neighbouring countries, and those who have returned due to the COVID-19 pandemic. The last one has decreased as quarantine measures have become more flexible. By the last quarter of 2021, 5.6 million Venezuelans have left the country and, unfortunately, migratory conditions have not improved. Migrants are exposed to more risks as the usage of irregular routes has become more common because of the closure of borders.

In the first quarter of 2021, there were 113 armed clashes, 306 homicides, and 77 people were disappeared in the Venezuelan states of Zulia, Táchira, Apure, Bolívar, and Amazonas, according to secondary data. As a result of these conflicts, many people were internally displaced. In March 2021, confrontations between the Bolivarian National Armed Forces and a dissident group of the Revolutionary Armed Forces of Colombia (FARC) took place in Apure. Since then, it has been estimated

that at least 5,800 people have been displaced to Colombia. Additionally, there were armed confrontations for several consecutive days between criminal gangs and national security forces in the capital city.

Summary of current response

This operation began in April 2019 as a continuation of the DREF launched in January 2019 to respond to the health emergency in Venezuela and contribute to expanding access to health, water, sanitation, and hygiene promotion for the most vulnerable population.

Despite the logistics challenges, **5 charter flights, 2 air shipments LCL and 14 sea shipments with 39 containers have been delivered to the country with 340 tons of medical supplies**, medicines (364 chronic kits, 364 paediatric kits and 364 ambulatory kits), electric generators, personal protection equipment, malaria kits, long-lasting insecticidal nets (LLINs), supplies for storage and access to drinking water, and hygiene, dignity and kitchen kits, among other relief items. In addition, **5 vehicles, 3 Mobile Health Units and 2 ambulances** were procured to enhance the response capacity of the VRC.

Consequently, a total of 119 health centres (77 public, 8 VRC hospitals and 34 VRC outpatient clinics) were supported by this operation. These centres have been equipped with electrical generators and/or essential medical supplies and medicines to provide primary health care and first aid. The distribution of medicines continues being carried out in different parts of the country despite the closure of the appeal.

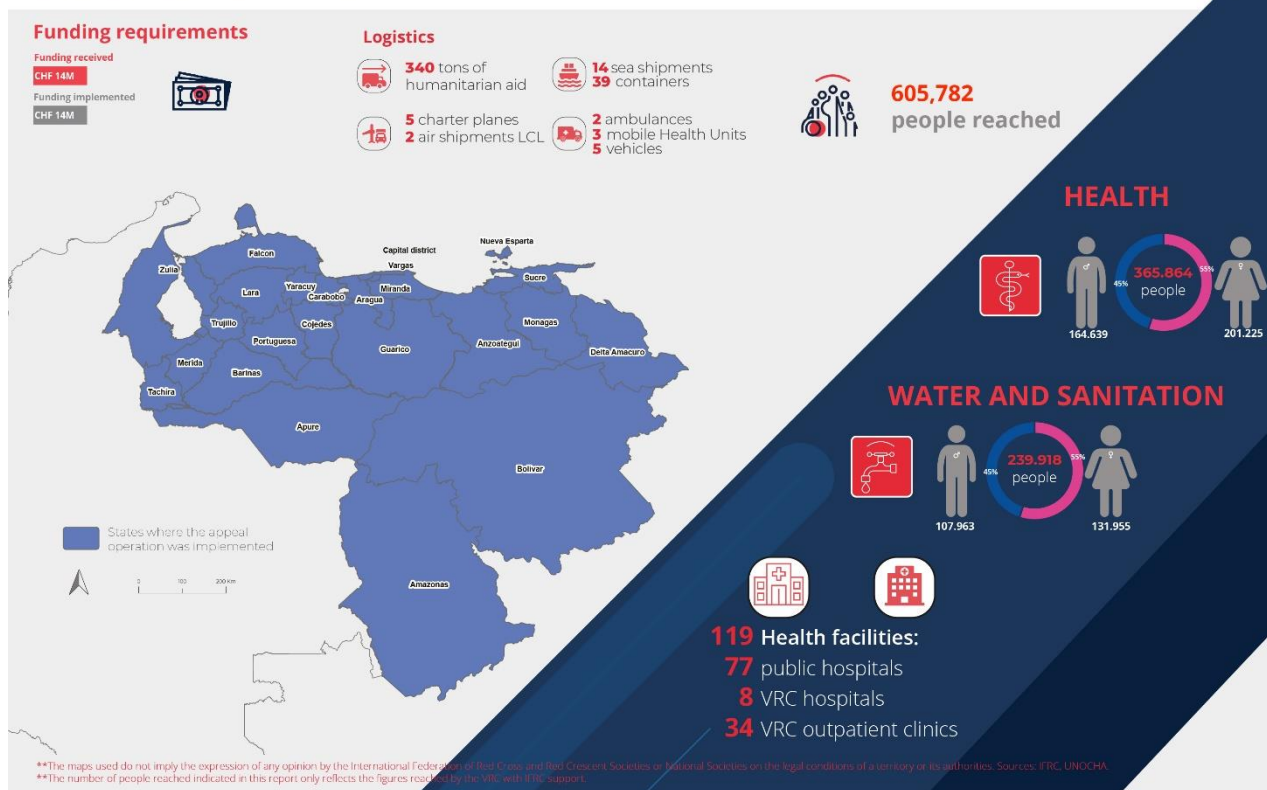
As of 27 July, a total of **605,782 people** were reached by the operation in 24 states in the areas of health, psychosocial support, and water, sanitation, and hygiene promotion (WASH), guarantying access to primary health care for the most vulnerable population, including the provision of medicines. As 50 per cent of the medical supplies were distributed to public health facilities, the number of people reached indicated in this report only reflects the figures reached by the actions of VRC with IFRC support.

Health Emergency Appeal (MDRVE004)

January 2019 - July 2021



+C IFRC



In July 2021, a lesson learned workshop was held involving both IFRC and VRC coordination teams. This workshop enabled the identification of various operational and strategic opportunities for improvement within the National Society, contributing to strengthen the VRC branches. Also, good practices that contributed to the achievement of the operation's goals were identified, demonstrating the capacity of the VRC to fulfil its humanitarian mandate in the country.

The IFRC and VRC timely concluded with the implementation of the funding raised through this appeal. As part of this process, a final evaluation of programmes and operations will be conducted in the following months to analyse the effectiveness and appropriateness of the actions and achievements of the VRC with IFRC technical and financial support.

Overview of Host National Society

For 126 years, the Venezuelan Red Cross (VRC) has continued with its humanitarian mandate. After the public health system, the VRC it is considered the largest health network in the country with its 8 hospitals and 34 outpatient clinics. The VRC has approximately 4,000 volunteers and over 1,600 staff, including medical personnel and staff specialized in psychosocial support, livelihoods, disaster risk reduction, social inclusion, and water, sanitation, and hygiene promotion. The VRC is known for

providing health care and emergency response to the most vulnerable communities despite the challenges of the country and the impact of the COVID-19.

The VRC has gained the communities' trust with which it works, enabling continued access and reaching the most 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.

The VRC had a multidisciplinary team in charge of the coordination and implementation of this operation, which included 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 of the Monitoring Commission, who maintained close coordination with the governing body of the National Society and the Directors of Health, Migration, Communication, Restoring Family Links (RFL), Volunteering, Cooperation, as well as with the branches and volunteers.

While this operation focused on providing primary health care and WASH services to the most vulnerable people, it also constituted the initial platform to respond to the COVID-19 outbreak. For instance, WASH materials and medicines were delivered to the National Director of Migration in the state of Táchira for further distribution to migrants and returnees through the quarantine centres known as Comprehensive Social Care Points (PASI for its Spanish acronym).


















In complementarity with the IFRC Emergency Appeal for COVID-19, the VRC team, jointly with IFRC, defined the content of the personal protective equipment (PPE) kits suitable to the context of the VRC hospital network and aligned with the existing needs at the branch level, supporting the distribution of a total of 28,060 PPE kits level I for volunteers and 18,046 PPE kits level II for health 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 safely conduct further activities in the communities remains.

Overview of Red Cross Red Crescent Movement in country

Following the signature of the Legal Status Agreement with the Government of Venezuela on 31 January 2020, IFRC has consolidated its Country Delegation, which currently has ten delegates, including the Head of Delegation, and fifteen national staff. The team is entirely based in Caracas and conducts frequent missions to the field to closely support the National Society in developing its humanitarian actions.

IFRC activities have focused on supporting VRC-led interventions and facilitating close coordination among Movement components through the implementation of the 2019-2021 Master Plan, which is comprised of the annual Operational Plan, this Health Emergency Appeal ([MDRVE004](#)), and the IFRC Emergency Appeal for COVID-19 as a part of the IFRC Global Emergency Appeal operation ([MDRCOVID19](#)), as detailed below.

Master Plan 2019 -2021

 Health Emergency Appeal	 Operational Plan 2021	 COVID-19 Appeal
 Target population 650,000 people  People reached 605,782 people	 Target population 150,000 people  People reached 145,509 people	 Target population 100,000 people  People reached 610,354 people
 Aspirational budget Budget CHF 50M (Coverage CHF 14M= 29%)	 Aspirational budget Budget CHF 15M (Coverage CHF 4M= 27%)	 Aspirational budget Budget CHF 8M (Coverage CHF 1.89M= 23%)
 Health  WASH focused on the provision of primary health care and improvement of VRC health facilities	 5 Strategic Priorities	 Health  WASH focused on supporting the vaccination roll-out, triage, hygiene promotion and volunteer protection

Internal

After this Health Emergency Appeal closure, the resource mobilization to continue supporting the VRC to provide primary health services and procure medicines and medical supplies will be channelled through the 2021 Operational Plan. This will ensure continuity in the response to the humanitarian needs in the country and the support provided to the VRC.

Considering the migration flows from Venezuela, this operation has been implemented in coordination with two IFRC Emergency Appeals that responded to this population movement: Colombia – Population Movement ([MDR0014](#)) and Americas – Population Movement ([MDR42004](#)). This coordination has enabled information sharing on possible pressure factors in Venezuela and the destination countries. Synergies have been sought between response activities in Venezuela, host countries, and migrants returning to Venezuela more recently.

At the beginning of this emergency operation, 34 professionals were deployed to provide technical support through the IFRC global and regional rapid response mechanisms (Surge) in the areas of operations, relief, water, sanitation and hygiene promotion, health, psychosocial support, medical and general logistics, communications, security, finance, and administration, and planning, monitoring, evaluation, and reporting (PMER). Some of these positions are currently part of the Country Delegation in Venezuela.

In addition, the International Committee of the Red Cross (ICRC) has been present in Venezuela since 2001 after its Headquarters Agreement with the Government. With more than 140 staff (including mobile and permanent), the ICRC has a delegation in Caracas and two offices in the field (San Cristóbal and Bolívar). Its activities focus on health, water, sanitation and hygiene, food security, protection, detention, and restoring 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 international standards on the use of force and universal humanitarian principles to strengthen their integration into national legislation. The ICRC also supports the VRC in the areas of logistics, communication and Safer Access Framework (SAF), among other areas. 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.

The VRC, ICRC, and IFRC have an active tripartite agreement in Venezuela, signed at the end of 2018. 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 meetings of the Movement have been held to coordinate actions and make decisions on issues of common interest.

The Movement's priorities are focused on 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, and health.

Overview of non-RCRC actors in country

In May 2019, a Humanitarian Coordinator for Venezuela was appointed by the United Nations, and with this, the Humanitarian Country Team (HCT) and an Inter-Cluster Coordination Group were activated. The IFRC and the VRC have participated in these coordination spaces to share information on the actions performed through this operation and other projects. To date, nine clusters are officially active: health; water, sanitation, and hygiene; education; food security and livelihoods; protection (including areas of general protection, child protection and gender-based violence), shelter, energy and non-food items; nutrition; coordination; and logistics. The VRC and IFRC actively participate in the meetings of health, and water, sanitation and hygiene clusters.

The United Nations and its partners continued working in the implementation and resource mobilization of its [Humanitarian Response Plan](#) (HRP) for Venezuela, which was updated in June 2021. There still persists a gap in the coverage of the 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. The three strategic objectives of the 2020 Plan remain valid for the 2021 Plan: 1) Ensure the survival and well-being of the most vulnerable people; 2) Contribute to the sustainability of essential services and strengthen resilience and livelihoods; and 3) Strengthen institutional and community mechanisms to prevent, mitigate and respond to protection risks. On the other hand, in July 2021, the United Nations

World Food Program (WFP) started its humanitarian operation in the country and launched its school meals program, aiming at reaching 185,000 people by the end of 2021.

To start importing medicines in 2019, the IFRC met with the Ministry of Foreign Affairs, the Ministry of Popular 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 implementation. A Technical Committee was then established between the state and the Red Cross for donated medical goods.

Current Coordination Mechanisms

Actor/ Type	Coordination mechanism
VRC	<ul style="list-style-type: none"> Operational coordination between branches and thematic areas Health coordination meetings WASH coordination meetings COVID-19 coordination meetings National technical meetings with IFRC and ICRC
IFRC	<ul style="list-style-type: none"> Global and regional surge support for the deployment of key technical staff 2019-2021 Venezuela Master Plan Coordination with regional Emergency Appeals in response to the migratory flow (from and to) Venezuela Operational strategy response for COVID-19
ICRC	<ul style="list-style-type: none"> Coordination with permanent Delegation in Venezuela Health, logistic and cooperation technical working groups
Movement-wide	<ul style="list-style-type: none"> Tripartite agreement between VRC-IFRC-ICRC to coordinate actions Tripartite meetings (Strategic and Operational levels)
External actors	<ul style="list-style-type: none"> Coordination with Humanitarian Country Team through the participation in the clusters of health; water, sanitation and hygiene; and protection. Coordination with the Ministry of Foreign Affairs and the Ministry of Popular Power for Health Coordination with key partners with presence in Venezuela

Needs analysis and scenario planning

Needs analysis

During the implementation of the operation, the IFRC and VRC teams have monitored and identified evolving humanitarian needs. The provision of health services, including health promotion and disease prevention, epidemiological surveillance, diagnosis and treatment, and water, sanitation, and hygiene conditions, is still an urgent priority to protect people's health. The health system and emergency services in Venezuela continue to operate under great difficulties. Most of the population has difficulties accessing health services due to poor transportation, lack of fuel, and scarce economic resources. Access to piped water remains limited and inaccessible in some states. These circumstances affect the most vulnerable and isolated populations, including older adults, children and adolescents at risk, persons with disabilities, and indigenous communities.

In addition, COVID-19 and the preventive measures have generated an impact on the already fragile humanitarian situation and have exacerbated the vulnerabilities of the population. Despite the closure of this emergency operation, vast humanitarian needs are still present and require special attention and support.

This section provides an update of the current needs concerning the main areas of action covered by the National Society, with IFRC and ICRC support, all of which maintain strong Movement coordination to avoid duplication of efforts, complement actions, and proactively exchange information.

Health

The health system continues to be one of the most affected sectors by the economic and social situation, which the COVID-19 pandemic has aggravated. In particular, the public health system has reduced its response capacity as there are limitations for the procurement of supplies and equipment maintenance, and the salaries of the health personnel are very low. This has led to the massive migration of professional and technical health staff in all specialties, severely affecting the availability of services. By the end of 2019, the average number of health personnel in emergencies in 40 hospitals was reduced by 24% compared to 2018. Difficulties for accessing basic services essential for hospitals' operativity, such as safe water and electricity, remain. According to the National Hospital Survey conducted in 2019, 78% of the hospitals surveyed reported failures in the water supply, 20% did not have access to water in their facilities, and 63% reported failures in the electric power supply. Although this survey has not been conducted again, it can be inferred that these conditions have not improved since then.

Currently, three million people are suffering from chronic diseases who cannot access medical treatment, mainly due to the limited resources within the health system, forcing the population to assume the costs of treatments. In 2021, unlike previous years, scarcity levels of medicines reached one of the lowest levels. Nevertheless, the cost of medicines exceeds the purchasing capacity of most

people as they are commercialized in foreign currency. The deficiency in curative and preventive health measures and the reduction of water supplies have had critical consequences.

Furthermore, the COVID-19 pandemic has exacerbated the situation of the healthcare system and has impacted people's access to primary health care. The health system's response to COVID-19 has caused regular disease prevention and care programs to come to a halt. For instance, 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, during 2021, there has been a reduction in the number of children vaccinated with the inactivated polio vaccine (IPV), oral poliovirus vaccine (OPV), the BCG vaccine (tuberculosis), and pentavalent vaccines.

The overwhelmed health system added to the lack of personnel, scarce access to medicines and supplies, fuel shortages, illness and death of health personnel, and difficulties in accessing water and electricity increase the risk of a higher incidence of diseases that have been present in the country. In recent years, cases of diphtheria, HIV, tuberculosis, measles, water-borne diseases (acute diarrheal diseases, salmonella) vector-borne diseases (malaria, dengue) and diseases transmitted by the *Aedes Aegypti* mosquito have been confirmed, which continue to impact the health and welfare of the Venezuelan population.

Non-communicable diseases

Since 2016, non-communicable diseases (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. Notwithstanding, the care of the population with NCDs is limited and there is a shortage of medicines and supplies for their treatment that the pandemic has exacerbated. There is also a need to promote healthier lifestyles and reduce exposure to risk factors.

Mental Health

Due to the COVID-19 pandemic, the severity of the needs regarding mental health services in Venezuela has significantly increased. 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 and a half 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, and delirium, 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.

Mental health is a problem barely discussed in the country and occupies the last place of prioritized needs. The psychiatric centres that remain open do not have the necessary medications to care for chronic and serious mental health pathologies such as schizophrenia, bipolarity, and severe depression. Usually, people with these conditions have two options: family members send the medicines abroad, or patients undergo long periods without medication, which puts their mental health at risk.

Finally, another urgent need to address is the increase in suicide rates evidenced since 2017. From January to August 2021, 222 suicides were registered, especially among adults between 30 and 64 years old. Most cases are associated with stress and depression.

Nutrition

Limitations in access to food have increased in recent years. The food that most of the population consumes is of low nutritional quality and often lacks proteins. The limited access and diminished availability of food are exacerbated by the deficiencies in the provision of essential services, including the lack of domestic gas, power cuts, irregular water supply, and barriers to accessing fuel in the country. Some vulnerable groups in this area include women heads of households, pregnant or lactating women, children, the elderly, people with chronic diseases, and indigenous communities. Secondary sources report that 94% of the population currently live under the poverty line, while 76% live under the extreme poverty line.

In this context, the Venezuelan Red Cross, with IFRC support, has intensified its efforts through different projects to increase community resilience through actions aimed at strengthening their livelihoods and increasing nutritional levels in rural and peri-urban areas. In particular, these have focused on the promotion of vegetable gardens and the provision of micronutrients to children, as well as addressed the needs of pregnant and breastfeeding women.

Health Staff

Previous years have shown a progressive loss of the national health system's operational capacity, affecting access to health care and medicines. Many hospitals operate under challenging conditions and cannot guarantee the provision of essential support services. According to secondary data, approximately 30,000 doctors have migrated to other countries. The migration of health professionals has affected certain specialties, mainly neonatology, anaesthesiology, oncology, nephrology, intensive care, and emergencies, generating a gap between the supply of staff and the demand for these services.

Epidemiological surveillance system

Currently, part of the information known is due to the evident increase of communicable diseases cases and the increase of mortality rates of high-risk groups such as pregnant women or children under one-year-old. Health information is also obtained through independent local studies,

In this context, increasing basic epidemiological surveillance and data generation still require adequate support and coordination. The health and nutrition coordination platforms have been formally

activated as thematic clusters in the framework of the Humanitarian Country Team. In support of this effort, the National Society has created a Situational Health Room to consolidate and process health information generated by the VRC Health Network, which contributes to developing a strategic analysis that optimizes the planning of health activities.

Short-term priorities by ensuring appropriate access to health should be addressed while rationalising existing resources to cope with possible diseases 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.

Despite the closure of this operation, the health focal points from different branches continue monitoring the appearance of diseases with epidemic potential. These findings are communicated internally and externally to the National Society through flash reports and situation reports according to the evolution of the disease. For instance, dengue (Falcon state) and salmonella (Anzoátegui state) cases have been identified in the past, in addition to the COVID-19 outbreak.

With the aim to improve epidemiological surveillance, the RC2 Health tool, based on ODK-X, was developed through a partnership between the IFRC, the VRC and the University of Washington. This tool provides customised data collection to facilitate faster and more efficient data collection, storage, analysis, and visualisation using mobile devices. It continues to be rolled out nationwide for all VRC health activities to collect, analyze, and present health information.

Water, Sanitation and Hygiene Promotion

The maintenance and operation of water systems for human consumption at urban and rural levels are associated with the collection, conduction, treatment, storage, and distribution of water to the population. This process should be adequately supported by five main structures: 1) The existence of adequate quantity and quality of water; 2) Infrastructure and supplies to store, treat and filter water; 3) Technological renovation of the infrastructure as non-maintenance causes the rupture and explosion of pipes; 4) An electrical system to support the supply, capture and conduction of water from reservoirs; and 5) An optimal administrative, technical, and operational organization. In Venezuela, all five structures fail.

In this regard, access to water supply in Venezuela varies between 57 and 69 percent of the population, depending on the region of the country. 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 of the five main structures has three leading causes:

- Damage in the infrastructure as well as 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.

- Lack of adequate supplies for chlorination and flocculation in the country, which means that the quality of water obtained frequently does not meet adequate standards. Also, pumping regularly 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 totally dependent on electric pumps, which are frequently affected by electricity cuts. In addition, sanitation facilities are connected to the water network and most wastewater is discharged untreated into water bodies. If there is no electricity, sanitation systems do not work either. In addition, the water 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.. Most of these septic tanks are not cleaned or maintained.

Continuous power failures have caused systems to become inadequate and have led to water rationing in the main cities, including Caracas, Valencia, Maracaibo, Barquisimeto, Maracay, Puerto La Cruz, Ciudad Bolivar, and Barinas. This situation is even more severe in rural areas of the country. In many cases, power failures last 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 (droughts and rains) have also led to water shortages lasting for 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 COVID-19 outbreak. The pandemic continues putting pressure on WASH services in vulnerable communities and their structures (health facilities, educational centres and protection centres). Rising costs to procure personal hygiene and cleaning and disinfection items remain a challenge. Water trucking once used regularly to supply water to homes, hospitals, and health centres, has been affected by fuel shortages that limit delivery, quantity, and quality of the water supplied.

The lack of water directly affects all the elements of daily life, including hygiene habits and preparation of food, and has profound repercussions in the provision of health. Due to the deteriorated treatment plants and the lack of aluminium sulphate and chlorine, which are fundamental reagents used to make water safe and clean for human consumption, the water often arrives in poor conditions. This is a situation that, far from being solved, gets a little worse every day. Families' routine is built around the time when it is possible to fetch water and clean, wash or take showers. Also, the procurement of safe drinking water has been significantly reduced, increasing the risk of water-borne diseases and the inability to implement good sanitation and waste management practices.

Migration

The migration flows between Venezuela and neighbouring countries have remained. Due to the COVID-19 pandemic, from April to October 2020, the country has faced the return of more than 150,000 people, generating more pressure on the health system in the country. This situation has decreased as quarantine measures have become more flexible in the neighbouring countries.

As migration flows continue varying, neighbouring communities face significant challenges as they are not prepared to address such flows. Many migrants must stay in border communities for several days to cross through legal routes. For this reason, people living in such localities, including migrants, have registered inadequate living conditions, reduced access to health, lack of sanitary services, protection risks, and low nutrition levels. A lack of accurate information regarding the risks of travelling, especially on foot, is still a challenge. According to a survey applied to migrants entering Colombia, 68% of the respondents answered that they took a certain route because family members and strangers indicated it; only 8% mentioned that they did so because it was the safest route. By the last quarter of 2021, approximately 5.6 million people have left the country, including migrants, refugees, and asylum seekers. Migrants are usually exposed to protection risks, including the risk of being victims of trafficking and/or sexual and labour exploitation, especially for women and children.

In this context, it is still required to continue strengthening the response capacities of the Venezuelan Red Cross comprehensively to assist people on the move through health services, water, sanitation and hygiene promotion, adequate psychosocial support, and key messages to satisfy their most urgent needs.

Protection, Gender, and Inclusion

In Venezuela, the availability, access, and quality of specialized protection services have decreased. The most vulnerable groups who require protection services are gender-based violence survivors, children at risk, persons threatened of statelessness, pregnant women, indigenous people, LGTBQ+ community, displaced groups, persons with HIV, older persons, and people with disabilities. In the state of Táchira, there were cases of girls, boys, and adolescents who, due to the closure of borders, cross irregular border crossings into Colombia to attend classes, which exposes them to protection risks, including trafficking, extortion, and sexual exploitation.

As a cross-cutting approach, PGI actions have been promoted throughout this emergency operation by encouraging VRC branches to identify and map these minority populations nationwide to respond appropriately according to their needs. Some of the main needs identified include the provision of specialized protection services, including legal assistance and individual/group psychosocial care sessions, access to legal documentation and information.

In addition, specific actions have been implemented to support the elderly population through different branches by providing chronic medicines to ensure the continuity of medical treatments. Visits to elderly people's homes were also conducted to guarantee the delivery of medical care services and medicines. Additionally, PPE and medicines were provided to some orphanages and other civil society

organizations. As part of the response, attention was focused on promoting an inclusive approach, considering age groups and levels of vulnerability. Likewise, disaggregated data was obtained during each activity.

Operation Risk Assessment

Since the beginning of the operation, several risks were identified, which could be minimized according to the evolution of the country context. However, there are some of them that continue and the IFRC will continue to work for their timely response, as indicated below:

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 resources well beyond their limits.	This risk persists. Current inflation combined with COVID-19 in the country has made access to medical services and treatment increasingly difficult.	VRC and IFRC have distributed the health resources available (medicines, consumables, medical equipment) equitably. Partnerships have been established to increase the coverage of health activities in the communities. Constant analysis of the country context contributed to anticipating adverse events.
The country context is complex and humanitarian needs are not adequately covered.	This risk persists. Even the funding raised for this appeal was low, there is a need to continue assisting the most vulnerable population through different mechanisms, including the response to the COVID-19 pandemic.	Humanitarian diplomacy actions and resource mobilization activities at the national, regional, and global levels have been conducted. The transition from the Emergency Appeal to the Operational Plan 2021 is in progress.
The lack of a legal foundation to operate in the country.	This risk has been minimized.	Status agreement for the IFRC was approved in January 2020. Country Delegation was established and operated following IFRC procedures.
The barriers to the internal transfer of funds reduce the cash flow for the operation's activities.	This risk has been minimized.	International transfers to the NS are possible. The bank account and financial system of the Country Delegation are operating. Close monitoring of the economic environment and operational costs in accordance with IFRC procedures and rate conversion.
The country's situation could affect logistics for this operation.	This risk has been minimized.	IFRC logistics structure is in place in support of the NS. Procurement plans were developed quarterly, and

		acquisitions and availability of inputs were monitored.
Civil unrest and armed confrontations in different states could affect planned actions.	This risk persists.	Security measures for all volunteers and staff were 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 with IFRC and ICRC support.
The heavy workload could lead to psychological stress and burnout of National Society and IFRC staff and volunteers.	This risk persists.	As part of its activity protocols, the VRC and IFRC incorporated the performance of debriefing and defusing activities. The IFRC psychosocial delegate provided 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 risk has been minimized.	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. A community engagement and accountability (CEA) focal point is now on staff. The ICRC and IFRC support the VRC's efforts to disseminate information about its actions and mission and the RC Fundamental Principles.
The political and financial instability, including hyperinflation, could permit situations of fraud.	This risk persists.	All the VRC administrative and general staff supported by this operation received fair salaries. An internal and external control system was maintained throughout this operation.
Heavy rains could severely affect the country.	This risk persists.	Development of a Contingency Plan and monitoring potential adverse phenomena.
Morbidity and mortality due to COVID-19 of the national Society's personnel	This risk persists. The country is experiencing the third wave.	Provision of personal protective equipment. 77% of VRC volunteers and staff have completed the immunization scheme for COVID-19. All IFRC staff has been immunized against COVID-19. Decrease in health days. Quarantine periods in case of COVID-19 positive cases in National Society personnel.

		<p>Medical follow-up of positive cases in National Society personnel Provision of primary health care and medicines for volunteers, if required.</p>
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Security Assessment

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

Moreover, with the support of the IFRC Security Focal Point and the regional security team, constant monitoring of the security risk has been conducted where the operation implemented activities, especially in border states where humanitarian risks have been identified. The following actions have been conducted:

- Development of contingency plans, procedures, and protocols to protect VRC personnel, volunteers and equipment.
- Encourage the implementation of activities on a culture of operational safety and care of the staff in the field.
- Monitoring and application of security standards for IFRC and VRC personnel in Venezuela.
- Exchange of 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 status. It remains committed to providing humanitarian support to the most vulnerable population in Venezuela.

Despite the limitations, the Operations Manager and the security officer have continually monitored the general security situation at the national level. This has permitted the safe organization and distribution of supplies throughout the country. For this emergency operation, no major security incidents were reported.

B. OPERATIONAL STRATEGY

Proposed strategy

As mentioned before, this emergency operation has been part of a strategy that complemented other ongoing actions in the country, including IFRC Operational Plans for 2019-2021 and the COVID-19 response. This appeal had a funding request of 50 million Swiss francs to meet the most vulnerable population's immediate and urgent health care needs by improving the operational capacity of the

public hospitals and the VRC health network throughout the country. This approach included the rapid deployment of essential medical supplies, including medicines and power generators, the provision of support for improving the VRC health infrastructure, access to remote communities to provide primary health care services, and improved mental health and psychosocial delivery support (MHPSS) services.

The improvement of basic water and sanitation infrastructure in health facilities to ensure the availability of safe water and adequate sanitation facilities, and the enhancement of hygiene and sanitation practices in communities, were also key priorities of the operation. In addition, the plan of action has emphasized the importance of strengthening VRC institutional development to increase technical and operational capacities for an effective response and comprehensive management of the operation at all levels.

Different actions were also conducted to develop the National Society's logistical capacities, with the permanent support of a Logistics Delegate. Several regional procurement processes were conducted to support the operation, including 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, personal protection equipment, and water and sanitation items, among others.

Unfortunately, the funding raised through this Appeal only amounted to 29% (14.3 million Swiss francs). Despite the notable operational achievements, the low financial coverage has certainly limited the implementation of activities and the operational capacity of the IFRC and the VRC in the country.

Because of the global pandemic, the Government of Venezuela declared a state of quarantine as of 16 March 2020, thus prohibiting events with multiple persons, which has generated some delays in the implementation of field activities due to the limitations for mobilization. The VRC Governing Board decided to suspend or limit community activities to protect the VRC volunteers, staff, and communities. In this context, the VRC, accompanied by the IFRC, has implemented strategies that enable reaching the communities through virtual and tele-assistance interventions while strengthening the actions of the VRC hospital and outpatient health network. In addition, IFRC supported the VRC through the provision of insurance coverage to 3,617 volunteers.

The National Society continues being 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) and evidence-based tools for efficient preparation and response to the national context, ensuring the capacities and systems established under this operation and other programmatic interventions continue to complement subregional efforts.

The IFRC Master Plan 2019-2021, mentioned before, has certainly contributed to the creation of a unique health system for the VRC hospital and outpatient health network. This operation, the programs with health interventions, and the COVID-19 response have supported the elaboration of protocols and

guidelines for the provision of health care and psychosocial support, the standardization of health services and infrastructures of hospitals and outpatient clinics, and the establishment of an information management system based on ODK 2.0 and a logistics chain based on SISTOCK.

C. DETAILED OPERATIONAL PLAN



Health

People reached: 365,864 people

Female: 201,225

Male: 164,639

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	365,864 people (201,225 women; 164,639 men)

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	Not Established	340

Narrative description of achievements

During the operation, **5 charter flights, 2 air shipments LCL and 14 sea shipments with 39 containers were delivered to the country with 340 tons of medical supplies, medicines and relief items.** In this regard, 250 chronic kits, 250 paediatric kits, and 250 ambulatory kits are still being distributed to support the health activities of the National Society. Also, 28,060 PPE kits level I and 18,046 PPE kits level II were acquired and distributed.

These items were essential to implement community health interventions and strengthen VRC capacities in 24 states. In coordination with the MPPS, 50 per cent of the medical supplies imported into the country were distributed to public hospitals. These actions enabled the provision of medical stocks to 119 health facilities (77 public, 8 VRC hospitals and 34 VRC outpatient clinics).

This operation had wide geographical coverage and contributed to providing health care to the most vulnerable population in the country. The VRC operations team, supported by the IFRC logistics team, implemented joint distribution plans for each shipment and calculated the weight and volume of cargo to determine the type and number of vehicles required. At the same time, the VRC operations team oversaw all logistical arrangements to ensure the safe passage and distribution of the cargo.

Even though community health days were initially suspended due to the COVID-19, prevention measures enabled emergency services of the VRC hospital and outpatient network to remain in operation. With the relaxation of the quarantine in recent months, medical consultations were provided at the branches' facilities, which allowed to continue providing health services to the most vulnerable population.



Arrival of sea shipments with medical supplies to Caracas. 2021.
Source: IFRC.

Throughout the operation, the National Society's network of hospitals and outpatient clinics implemented strict biosecurity measures to mitigate the risk of COVID-19 infection in their facilities. These measures included implementing triage stations to identify persons with suspected COVID-19, periodic hospital cleaning days, use of PPE, and health promotion sessions (physical distancing, cough etiquette, hand washing, etc.), among others.

In February 2021, the VRC's National Health Director, jointly with IFRC Health Delegate, conducted a needs assessment of the VRC health network, including equipment, furniture, and medical supplies, to improve the medical capacity and continue providing quality services to the population. Some medical items identified were ultrasound scanners, x-rays, echo dopplers, nebulizers, aspirators, clinical beds and neonatal cribs, which have been procured at the international level and will be distributed after the closure of this operation.

Finally, in response to the growing number of cases of malaria and other vector-borne diseases, six kits for malaria diagnosis and treatment were acquired as well as 6,450 long-lasting insecticidal nets, which were distributed to VRC branches in Puerto Cabello, Valencia, Zulia, El Tigre, Barcelona, Bolívar, Apure, Mérida, Acarigua and Portuguesa.

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	119
Number of treatment/consultations provided in the health facilities and in the community health sessions	Not Established	170,558
Number of community health sessions carried out	Not Established	868

Narrative description of achievements

The IFRC procured 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.¹

Most medical supplies were distributed in public hospitals, VRC hospitals and outpatient clinics. These included medical beds, sterilization and disinfection kits, electric scalpels and other instruments, latex masks and gloves, and medication. The mechanism for the delivery of medicines through the VRC health network was designed to reach the most vulnerable people in a standardized and effective manner through community health days where patients received a range of medical services, including medicines free of charge².

To increase the scope of community health days and ensure that the most vulnerable people were reached, VRC negotiated partnerships with local organizations (Caritas, Movimiento Frente Cristiano, and other faith-based and social organizations), which allowed the VRC to reach more people. These actions contributed to the development and strengthening of the National Society, achieving a national presence in 24 states where VRC committees and sub-committees were operational.

A total of **868 community health days were held in 24 states of the country**. Due to the pandemic, the VRC decided to reduce the number of activities in communities to protect the safety of the medical staff and volunteers. In this sense, most consultations since then were carried out in the VRC health facilities, adopting strict biosecurity measures.

Since the beginning of the operation, **170,558 people** (93,807 women; 76,751 men) were reached through community health days and consultations in VRC health facilities. Furthermore, **79,181** additional people were reached through the distribution of medicines.



People receiving primary health assistance during a community health day. 2020. Source: IFRC.

Since the beginning of the operation, **170,558 people** (93,807 women; 76,751 men) were reached through community health days and consultations in VRC health facilities. Furthermore, **79,181** additional people were reached through the distribution of medicines.

In September 2020, this operation facilitated the establishment of a Situational Health Room by the VRC National Health Directorate to monitor the country's health situation, following up on the health activities carried out by the National Society, guiding a strategic analysis for the optimization of health activities. Since the beginning of the operation, the following results were attained:

¹ For information on the places of distribution of generators, see [12-month report](#).

² For further details on community health days, see [12-month report](#).

- 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 to provide an appropriate response. It has also helped to reduce the risks for staff and volunteers.
- 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; Protocol for the use of essential medicines in medical consultations based on the most frequent ailments; 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.

The Situational Health Room will continue focusing on a) Collecting and consolidating health data; b) Gathering the determinants, the interventions implemented, and the results obtained by the health network of the Venezuelan Red Cross, and c) Supporting the VRC National Health Department in the process of evidence-based decision-making. The information obtained by this unit is presented and disseminated in various formats such as tables, graphs, maps, technical documents, and strategic reports.

This operation was also aimed at empowering communities and making them participants in improving their health status. Thus, the community-based health and first aid (CBHFA) methodology was a central strategy of this operation. Through the integration of health committees, communities proposed actions with Red Cross technical accompaniment.

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	5,129 (2,900 women, 2,229 men)
Number of people in communities and VRC staff and volunteers trained in health	Not Established	77,395 (43,986 women, 33,409 men)

Narrative description of achievements

By the end of the operation, **a total of 5,129 people were reached with first aid services.** In addition, **77,395 people (43,986 women, 33,409 men) from the communities as well as VRC staff and volunteers received trainings in different health topics,** including workshops for health promoters, community health workshops and health education sessions on first aid, breastfeeding promotion, cancer prevention, promotion of menstrual hygiene and sexual and reproductive health, nutrition, diarrhoea prevention, vaccines-related benefits, myths and truths about mammography, and HIV/AIDS.

In December 2019, in coordination with the Colombian Red Cross Society, a training course was held for volunteers in the CBHFA methodology. 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.**

Since the beginning of the COVID-19 pandemic, the Emergency Health Appeal responded 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.

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)	Not Established	25,564 (14,060 women and 11,504 men)
Number of volunteers and staff trained in PSS (disaggregated by age and gender)	Not Established	4,539 (2,501 women and 2,038 men)

Narrative description of achievements

At the beginning of the operation, IFRC deployed staff specialized in PSS 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 the practice of self-care. During the implementation of health days, PSS activities were integrated and conducted.

The main activities implemented in psychosocial support include:

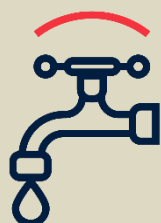
- **25,564 people (14,060 women and 11,504 men) were reached through PSS activities**, which included in-person and telephone consultations (especially during the COVID-19), psychological first aid and emotional debriefing.
- A total of **4,539 people, including VRC staff and volunteers (2,501 men and 2,038 women) were trained in PSS topics** such as PSS consultations, psychological tele-assistance, psychological first aid and emotional debriefing. The arrival of the PSS Delegate to Venezuela enabled the strengthening and reorientation of interventions to innovate the development of training sessions.
- With the support of the PSS Delegate, **57 volunteers participated in the Psychosocial Response Teams training**, involving 11 VRC branches: Barcelona, Carirubana, Caroní, La Vela, Nueva Esparta, Portuguesa, Puerto Cabello, Puerto Píritu, Sucre, Vargas and Yaracuy.
- The development of Psychosocial Response Teams contributed to increasing the VRC psychosocial network through actions such as psychoeducation and psychosocial accompaniment, as well as improving the positioning of the VRC in this sector.

In addition, the launch of the campaign “Me cuido, te cuido” (By taking care of myself, I take care of you) allowed the improvement of mental health actions of the VRC as it considered different topics related to increasing general wellbeing. The campaign was implemented by delivering key messages of care and self-care, tele-assistance services, and psychological consultations in person. Actions focused on raising awareness of the importance of mental health.

While the campaign was being implemented, records showed wide interaction between interested people after the daily publication of messages, which reflected personal feelings, gratitude for the messages, identification with the content, recognition and implementation of the proposed strategies. Due to the high interest in the campaign, it was necessary to generate a specific telephone line where people could receive assistance from VRC volunteers.



"Me cuido, te cuido" campaign material. Source: VRC.



Water, sanitation, and hygiene

People reached: 239,918 people

Male: 107,963

Female: 131,955

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	Not Established	239,918 (131,955 women and 107,963 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)	Not Established	72 people (38 women and 34 men)
People reached with WASH relief items	Not Established	133,385 (73,344 women and 60,041 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)	Not Established	106,906 (58,798 women and 48,108 men)

Narrative description of achievements

From the beginning of the operation until July 2021, a total of **239,918 people (131,955 women and 107,963 men) were reached with actions in water, sanitation, and hygiene promotion.**

Actions were aimed at improving access to drinking water and sanitation in selected health facilities. To facilitate the accomplishment of the operation's objectives, a National Water Coordinator, a WASH expert from the regional intervention team, and two WASH delegates were recruited to support the implementation of activities.

An assessment was initially conducted in seven VRC hospitals and four VRC outpatient clinics to identify the main WASH needs. On this basis, WASH interventions were classified into four levels:

- Improvement of water quality and microbiological load reduction through efficient and regulated chlorination and cleaning of water storage tanks.
- Repairs and structural recoveries in the water supply collection, conduction, and storage systems along with sanitation and rehabilitation of water channels.
- Equipment, supplies, and accessories required for operational interventions in the water and sanitation systems.
- Development of high impact hydraulic solutions to improve water production/extraction, storage, and filtration such as wells and the adequacy of works for massive storage.

Chlorine tablets of dry trichloroisocyanuric (200g) for 15,000 litres each at a concentration of 97 per cent, which came in 4-gallon boxes, were purchased and delivered to the VRC health network. This intervention allowed chlorinated water at an average concentration of 0.3 milligrams of residual chlorine per litre, which helps protect the stored water that goes through the internal network from microbiological contamination and reduces the likelihood of waterborne infection. Chlorine measurements were taken weekly to determine and measure chlorine values.

In the context of the COVID-19 pandemic, hygiene promotion activities were increased and strengthened. Consequently, **106,906 people** (58,798 women and 48,108 men) were reached through these actions since the beginning of the project.

To complement these actions, a total of **324,840 aqua tabs and 28,142 jerrycans** 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 and hygiene and cleaning kits** were distributed in most states of the country. Also, to address the lack of safe water in households, **6,107**



Hygiene promotion session to children in the state of Lara. May 2021. Source: VRC.

water bottles with a 20-litre capacity were distributed to improve domestic water storage. As a consequence of these actions, a total of **133,385 people** (73,344 women and 60,041 men) **were reached through the delivery of WASH relief items.**

The VRC implemented strategies to strengthen the WASH area in the hospital network, aimed at generating improvements in heavy infrastructure such as the construction of deep wells and major maintenance of large capacity tanks (50,000 litres or more). In particular, maintenance and washing of underground and elevated tanks with a capacity of 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 aimed to guarantee the minimum supply of required water in quantity and quality for their normal operation.

In addition, three deep wells were rehabilitated as follows:

Rehabilitated water wells	Depth	Pumping capacity	Water collected since each rehabilitation
Caracas	130 meters	3.0 litres per second	5,750 m ³
El Tigre	143 meters	2.9 litres per second	860 m ^{3*}
Bolivar	120 meters	2.7 litres per second	3,250 m ³

*The water well in El Tigre was the latest to be rehabilitated.

The water that comes out of these three wells is filtered and treated by chlorination. Additionally, with the support of other IFRC projects, monitoring has been conducted with portable laboratories to track variables such as turbidity, residual chlorine, and the presence/absence of faecal E. coli.

The rehabilitation of a 120 m³ aerial reserve tank of the Carlos J. Bello Hospital in Capital District was also carried out. Likewise, the rehabilitation of the hydropneumatics pressure pumping system of water of the administrative building and nursing school in the Capital District was conducted. Also, 120 hydraulic parts of water points, including toilets, sinks and showers, were rehabilitated.

Different trainings were conducted to **72 volunteers and staff** from different branches on different topics, including on safe water, vector control, Participatory Hygiene and Sanitation Transformation (**PHAST**) methodology and hand washing. In addition, the following activities were carried out among VRC branches:

- Five Vector control workshops (two were held in-person and three virtually)
- One national workshop on Introduction to Water in Emergencies
- Two national trainings on Integrated Management of Solid Waste in Hospitals and Communities.
- Ten workshops on chlorination and cleaning of water storage tanks.

- Establishment of WASH focal points in 17 branches
- Development of the tripartite ICRC-NS-IFRC WASH table for Venezuela.
- Development of three theoretical and practical exercises for the use and start-up of portable water treatment plants with a capacity of 4 m³ LMS4, for volunteers from Aragua, Caracas and Valencia.

In September 2020, **an induction on safe water and on the maintenance system of the distribution networks** was conducted for the sanitation and maintenance personnel of the Carlos J Bello Hospital. This training involved **16 people**, including technicians and volunteers from the Capital District branch.

Finally, this operation procured two WATSAN Kits 2000, located in Caracas, which can be used in the current COVID-19 context at the hospital level. Once the fuel supply situation and mobility restrictions improve, these kits will be sent to other branches.

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	34

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

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

Narrative description of achievements

Throughout this emergency operation, technical, operational, and structural capacity was provided to deliver effective humanitarian assistance at headquarter, branch and committee levels. For instance, this operation enabled the rehabilitation of the Chronic Division at the Carlos J. Bello Hospital in District Capital, including the surgeries rooms, establishment of the electrical system, lighting, and painting. Also, the restoration of the main elevator, the waiting rooms, the patient room and the nursery station at this Hospital was accomplished.

This operation also strengthened the National Society's operational structure by providing financial resources for key support and operational positions at national headquarters. Since the beginning of its activities, a multidisciplinary response team was 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, community engagement and accountability, and health. The IFRC and VRC invested efforts in institutional systems that promoted and ensured accountability and compliance, as well as control systems with the direct involvement of the IFRC, while helping the National Society to develop robust management information systems for procurement, finance, monitoring and reporting.

The development of a comprehensive approach to strengthening the VRC has been reinforced with the involvement of the Movement's components and the support provided by IFRC's National Society Development Unit of 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 to develop an action plan to strengthen it within the framework of IFRC support. As a result, 13 branches and their committees received support to be better equipped to provide and expand health, WASH, and other activities to vulnerable communities.

Although great progress has been made for National Society Development through this operation, there are still challenges present among the VRC branches. For this reason, to ensure an organisational structure capable of generating adequate responses considering the Venezuelan context, actions will continue being implemented through the Operational Plan after the operation ends. A NSD Delegate has been hired to continue providing technical assistance in this area.

Volunteer management and protection

Volunteer management has remained an institutional priority of VRC 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. By July 2021, a **total of 3,617 VRC volunteers were insured through the IFRC's volunteer insurance policy**. In addition to this, a Solidarity Mechanism for volunteers was established to complement this insurance and as part of the COVID-19 Emergency Appeal operation. On the other hand, 1,610 people received an introduction to the Red Cross and Red Crescent Movement and to community first aid as a first step to becoming a VRC volunteer.

Due to C-19 and the need to improve infection control and prevention protocols, the triage protocol was updated 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. As a result, preventive measures can be taken in a suspected case, protecting volunteers and RC medical staff. These actions enabled the continuity of operational care activities of consultation, hospitalization, and surgery.

In coordination with the Country Office, the Volunteering & Youth Development Regional Coordination prepared and delivered a session for the governing board of the National Society in relation to the Volunteering Development Framework (VODFRA). Some of the commitments from the session involved

the preparation of a new virtual training of VODFRA and technical support to the national team of volunteering management.

Disaster Management

In line with IFRC and VRC disaster management priorities, technical support was provided to the VRC in the preparation of response and contingency plans and, the creation of institutional early warning systems (EWS). Additionally, a multidisciplinary IFRC- VRC team was deployed to Táchira to strengthen the response capacity of the Táchira and San Antonio branches. During this visit, strengths and weaknesses were identified in terms of 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.

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 included the following phases:

- Orientation phase: In this stage, the presentation of the approach to institutional volunteers was socialized identifying external and internal organizational needs, and analyzing 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.
- Prioritization and analysis 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 on its progress.

Security

The IFRC Security Coordinator and ICRC have participated in security training sessions and developed security protocols adapted to the needs and context. Although not yet completed, the National Society aims to have a VRC team capable of identifying security needs and elaborating an effective response plan when teams are deployed to the field and in charge of promoting security for volunteers and staff, and other personnel. The Venezuelan Country Delegation currently has a security focal point in charge of addressing all security issues of the Delegation.

Finance and Administration

Throughout the operation, technical assistance was constantly provided to VRC finance staff, which contributed to guaranteeing adequate financial management of the operation funds. Furthermore, training sessions were provided by the IFRC Finance Delegate to VRC staff on financial aspects, including funding management and accountability mechanisms. With the support of the IFRC Operational Plan, the National Society's Finance and Procurement Manual was created and the Saint management system was established. This enabled the VRC to carry out financial management virtually since March 2020.

The financial management of this operation was conducted by the IFRC finance team, which included a finance delegate, a treasury assistant, a financial assistant, and support from IFRC's Regional Finance Unit.

By the end of this operation, after different attempts, the usage of two bank accounts (one in Euros and one in Venezuelan bolivars) started to be implemented for local payments to suppliers with local bank accounts and running costs. Since the beginning of the operation, 14 financial reports have been elaborated.

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, the emergency appeal was catalogued as phase orange according to the IFRC's internal emergency classification. This classification implies more significant security risks where access to affected people may be limited; threats to staff security are greater, and comprehensive security management is needed, which now includes a security focal point.

Following extensive efforts by the VRC and IFRC to facilitate the provision of humanitarian assistance in Venezuela, 13 maritime shipments with 34 containers, 5 charter flights and 2 air shipments 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 of the situation. Based on the analysis and assessments, an action plan was established to respond and mitigate the immediate health risks of the affected population by expanding the capacity of health facilities through the provision of essential medicines, medical supplies, generators, and water and sanitation items. These were delivered to 8

hospitals and 34 outpatient clinics of the VRC. The local distribution has been coordinated from Caracas, where the VRC warehouse is located.

The CEA component enabled the development of feedback mechanisms and facilitated the involvement of the targeted communities in operational implementation. With the support of the Americas Regional Office, the CEA unit of the VRC was established and the national strategy for the implementation of feedback mechanisms was developed. Additionally, in 2021 the IFRC recruited a PGI-CEA Officer to continue strengthening the unit of the VRC. Moreover, volunteers have been trained to create a national CEA network.

Due to the impact of COVID-19, risk 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 and reach more people and communities.

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 with 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. At the same time, IFRC, ICRC, and VRC created communication strategies for different situations 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, guiding the different procedures for the operational establishment of the structure and appropriate functioning of services in the country. The objective of logistics activities was 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.



Venezuelan Red Cross' logistics warehouse. January 2021. Source: VRC.

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. In terms of structure, seven general logisticians and two medical logisticians were deployed to Venezuela since the beginning of the operation. Within the framework of this operation, the essential functions of logistics in the field have been to maintain optimal management of bilateral and multilateral shipments, reception, inventory, management of the central warehouse, and shipment for distribution to VRC branches and committee's public health facilities. A central warehouse in the Capital District was established in April 2019 and remains in use.

The IFRC logistics team in the country is comprised of a Logistics Delegate and two procurement officers, who worked alongside the VRC logistics department to continue improving the procurement processes and standards at the national and regional levels. By the end of the operation, despite advancements, additional support to hospitals and branches in medical logistics is still needed. This team conducted the custom clearance and import of goods and medicines purchased internationally and the storage, preparation, and distribution to the VRC 8 hospitals and 34 outpatient clinics. The logistics team in Venezuela also managed the local supply chain at all levels, including the procurement of goods and services in the local market, and worked with VRC staff.

The logistics capacity building was implemented at the local level in Venezuela and the regional level. VRC staff and volunteers received training in 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 capable of preparing different kits suitable to the population's needs. The RLU has also supported the coordination to receive, organize, and dispatch the goods procured at regional and global levels, such as non-food items, medical equipment, and medicines, to Venezuela.

It is to be highlighted diplomatic franchises were obtained, facilitating the entry of medical supplies, equipment and medicines. Storage area, space planning and inventory updates were constantly conducted. By July 2021, there was still a need to continue strengthening the standardization of key processes (purchasing, customs, warehousing, and distribution).

Influence others as leading strategic partner
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.
Narrative description of achievements

Important advances in 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 Venezuela's VRC, ICRC, and IFRC.

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 by the Venezuelan Red Cross. The VRC now positions itself as an influential humanitarian actor, with access and trust from the communities it works with, being accepted by the main actors in Venezuela, and providing humanitarian assistance with independence in full compliance with the Fundamental Principles.

In 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:

- Establishment of the 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.

Some of the most relevant audio-visual products developed for the operation are available in the institutional VRC Instagram and Facebook accounts (@CruzRojave).

For publications and stories reported previously, see the [Operation Update No. 4](#).

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 IFRC Country Delegation, which involves a Finance Delegate, a treasury assistant, a financial assistant, and the support of the IFRC Regional Finance Unit.

The funds channelled through this Appeal were implemented in accordance with IFRC policies and procedures. The IFRC has control systems in place at the national, regional, and global levels. With the support of the IFRC ARO Finance and Administration Manager, the financial monitoring of the operation was carried out. IFRC, in close collaboration with the VRC, was able to address and overcome different challenges related to transfers, contracts, and human resources procedures, among others.

The operation's management team periodically monitored the risk matrix where updates were made, if needed. In addition, as part of these management and finance actions, the IFRC purchased a variety of office supplies, including laptops, printers, cell phones and one satellite phone, as well as additional office supplies for the VRC.

Regular security reviews were conducted by IFRC local and regional security focal points, adopting risk mitigation measures and protocols. Safe route plans were developed for staff departures.

The IFRC continued working with the VRC to strengthen monitoring and reporting systems applicable to the operational context to achieve greater accountability and evidence-based results. To this end, monitoring tools adapted to the Appeal activities were developed, such as post-distribution satisfaction surveys and the PMER (Planning, Monitoring, Evaluation and Reporting) - IM (Information Management) workflow strategy. IFRC



Workshop on 'How to improve reporting'. February 2021. Source: VRC.

PMER Unit currently has one Delegate and one Monitoring and Reporting Officer. The VRC Unit has three PMER Officers that support the monitoring and reporting of IFRC projects and programs..

To strengthen the National Society's PMER unit, 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 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 on Programme Project Planning and How to improve reporting, in which 15 staff and volunteers (9 women, 6 men) were trained. Until July 2021, the VRC had 33 people (22 women and 11 men) trained in PMER procedures.

In the beginning, the operation was supported by an Information Management Delegate, who worked with the VRC to increase and strengthen information management capacities. An IFRC local staff person

now fills this position. With his support, advancements have been made in implementing multi-sector information management systems, including digital data collection tools and systems, and measures to guarantee high-quality data standards.

The RC2 Health tool was developed in collaboration between the IFRC, VRC and the University of Washington. RC2 Health, a custom data collection tool developed in ODK-X code and running on the Android operating system, aims to facilitate faster and more efficient data collection, storage, analysis, and visualization supported by mobile devices.

This tool facilitates the recording of data in the field without the need for an internet connection. It does not allow the introduction of a person more than once, thus minimizing double counting. The application has been socialized with volunteers, national coordinators, and multiple focal points in the country's five regions. In addition, the VRC held a session at the IFRC 2021 Digital & Data Week, an international online event with the participation of the Red Cross Movement. The tool was presented and positively received by participants from all over the world.

IFRC worked with VRC IM focal points to introduce, give access, and provide training on ODK technologies. These actions have strengthened and built capacity in IM while promoting best practices that have improved NS's data collection, visualization and analysis process in a more innovative way and with the support of new mobile technologies. By the end of this operation, four ODK kits were delivered to different branches and seven more are expected to be delivered shortly. Moreover, efforts were made to promote and involve the National Society with the IFRC GO platform. The IFRC has actively participated in the working group on information management in Venezuela (GTMI-Venezuela), led by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

D. FINANCIAL REPORT

See [Annex](#).

Click here for:

- [Emergency Appeal Venezuela: Health Emergency](#)
- [Operation update no. 1](#)
- [6-month update](#)
- [12-month update](#)
- [18-month update](#)
- [24-month update](#)

Contact Information

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

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- Sandra Romero, Head of Partnership and Resource Development (PRD)-Americas; email: sandra.romero@ifrc.org

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- Maria Larios, PMER regional manager; email: maria.larios@ifrc.org

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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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2021/12	Operation	MDRVE004
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 27 Jan 2022

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 - Strengthen National Societies	3,000,000
SFI2 - Effective international disaster management	3,000,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	1,000,000
Total Funding Requirements	50,000,000
Donor Response* as per 27 Jan 2022	10,658,702
Appeal Coverage	21.32%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,370	1,370	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	80	80	0
AOF4 - Health	5,178,501	5,121,779	56,722
AOF5 - Water, sanitation and hygiene	287,828	286,911	917
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	1,256	1,256	0
SFI1 - Strengthen National Societies	1,815,787	1,857,525	-41,739
SFI2 - Effective international disaster management	2,853,298	3,005,907	-152,609
SFI3 - Influence others as leading strategic partners	11,008	11,008	0
SFI4 - Ensure a strong IFRC	6,042	6,042	0
Grand Total	10,155,169	10,291,878	-136,709

III. Operating Movement & Closing Balance per 2021/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	10,293,953
Expenditure	-10,291,878
Closing Balance	2,076
Deferred Income	0
Funds Available	2,076

IV. DREF Loan

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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/01-2021/12	Operation	MDRVE004
Budget Timeframe	2019-2021	Budget	APPROVED

Prepared on 27 Jan 2022

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	490				490		
British Red Cross (from British Government*)	2,439,851				2,439,851		
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	455,775				455,775		
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	10,293,953	0	0	0	10,293,953	0	
Total Income and Deferred Income					10,293,953	0	