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# DREF Final Report

## Venezuela: Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n° MDRVE005</b>
<b>Date of Issue:</b> 18 March 2022	<b>Glide number:</b> <a href="#">FL-2021-000132-VEN</a>
<b>Operation start date:</b> 2 September 2021	<b>Operation end date:</b> 31 December 2021
<b>Host National Society:</b> Venezuelan Red Cross	<b>Operation budget:</b> 214,119 Swiss francs (CHF)
<b>Number of people affected:</b> 54,543	<b>Number of people assisted:</b> 2,900 (580 families)
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Venezuelan Red Cross (VRC) implemented this operation in coordination with the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and the German Red Cross (GRC).	
<b>Other partner organizations actively involved in the operation:</b> The Venezuelan Red Cross coordinated the first response with local authorities, the United Nations System, and the Ministry of Health.	
<b>The Venezuelan Red Cross spent a total of 210,808 CHF. The remaining balance of 3,311 CHF will be returned to the Disaster Relief Emergency Fund.</b>	
<i>The major donors and partners, of the Disaster Relief Emergency Fund (DREF) included the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. The IFRC, on behalf of the VRC, would like to extend thanks to all for their generous contributions.</i>	

## A. SITUATION ANALYSIS

### Description of the disaster

On 23 August 2021, the passage of Tropical Waves No. 38 and 39 generated heavy rains in Venezuela that caused floods and landslides in the states of Mérida, Táchira, Bolívar, Apure, Zulia, Delta Amacuro, Carabobo, Yaracuy, Portuguesa and Sucre. The communities in the states of Mérida, Apure and Bolívar were among the most affected by this emergency.

Official reports confirmed that the damages at the national level included 54,543 people affected in 10 states and 85 municipalities, 116 routes and 10 bridges damaged, 79 river overflows, and 40 large-scale landslides.

In the state of Mérida, heavy rainfall caused landslides and overflowing of rivers and streams, affecting 11 out of 23 municipalities, the most affected being Tovar, Santa Cruz de Mora, Antonio Pinto Salinas and Santos Marquina.



*Distribution of NFIs in the Bajo de Marhuanta Community, Bolívar state. October 2021. Source: Venezuelan Red Cross.*

These events caused the death of 20 people, the rupture of pipes and damage to the electrical system, leaving several communities without drinking water or energy. Road access was also blocked.

In Apure, at least 3,827 families were affected by the increase in the levels of the Arauca, Apure, Meta and Capanaparo rivers, causing the loss of homes, crops, harvests, and personal belongings.

In Bolívar, 2,198 families were affected by the flooding of the Orinoco, Caroní, La Paragua, Aro and Cuyuní rivers. For this reason, temporary shelters were set up for the affected families.

As a result of these events, the Government of Venezuela declared a state of emergency for 90 days for the states of Apure, Bolívar, Yaracuy, Zulia, and Mérida on 25 August 2021.

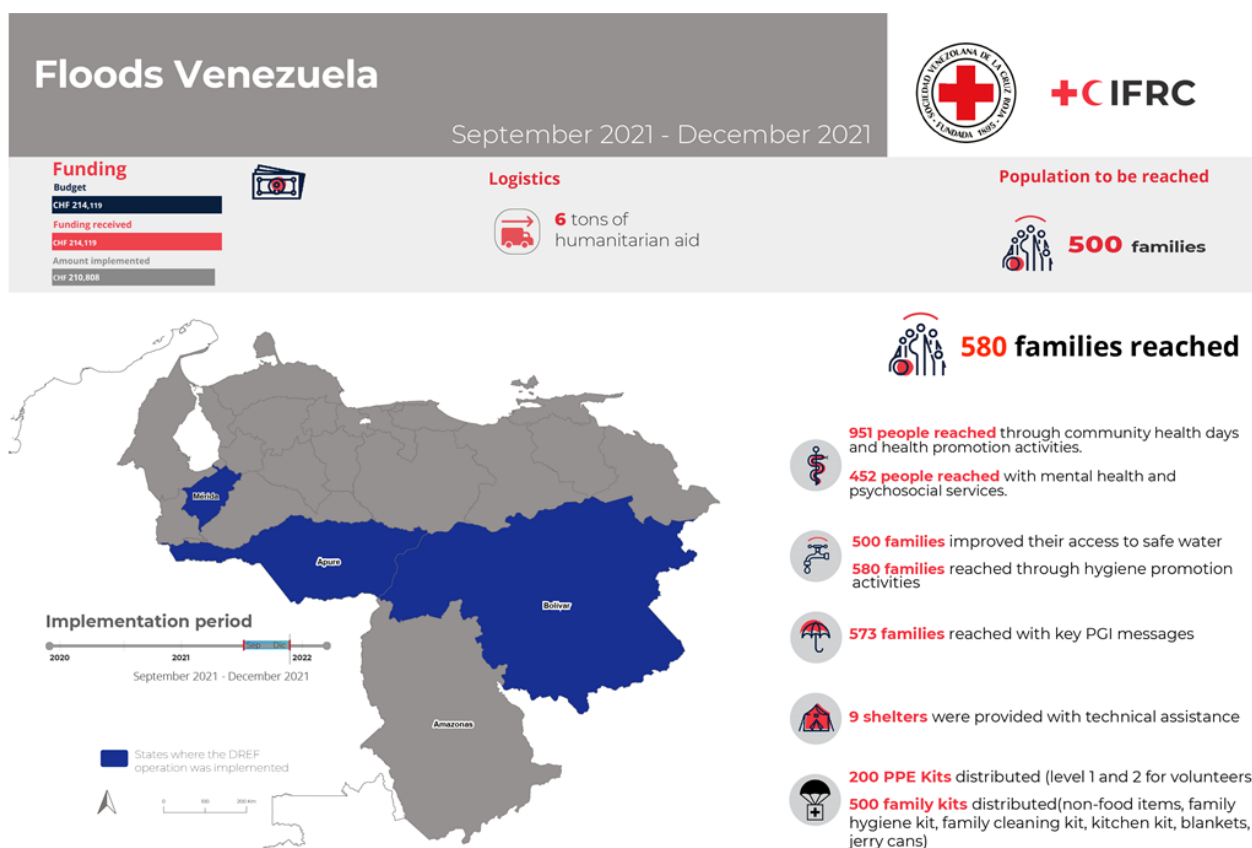
## Summary of response

### Overview of Host National Society

The Venezuelan Red Cross (VRC) is considered the most significant health network with eight hospitals and 34 outpatient clinics. The VRC has more than 4,000 volunteers and over 1,600 staff, including medical personnel and staff, specialized in health, psychosocial support, livelihoods, disaster risk reduction, social inclusion, and WASH. The VRC is known for providing health care and emergency response to the most vulnerable communities despite the existing challenges in the country.

In August 2021, the National Society developed a National Response Plan that included different activities to assist the affected communities in mitigating the adverse effects of the rains in Venezuela. This DREF operation is part of the National Response Plan and focused on implementing humanitarian activities in Apure, Bolivar, and Mérida.

The current operation reached 580 families through Shelter, Health, WASH and PGI activities. In addition, 120 volunteers from the branches of Apure, Bolivar, Mérida, and Barinas were part of the response implemented in the communities most affected by the floods.



\*\*The maps used do not imply the expression of any opinion by the International Federation of Red Cross and Red Crescent Societies or National Societies on the legal conditions of a territory or its authorities. Sources: IFRC, UNOCHA.  
\*\*\*Document for internal use of the IFRC only.

The VRC issued internal alerts, deployed staff, and mobilized resources to respond to these events in the country. Needs assessments were conducted and an Emergency Operation Center was activated in the Barinas state, Andean region. The National Health Situation Room and the Operations Manager maintained close coordination and communication with the Emergency and Health Directors of the targeted branches and the National Directors of Relief, Health, Migration, and the Governing Board of the National Society.

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

During the operation, the members of the Red Cross Movement present in Venezuela provided key technical assistance to formulate a comprehensive response strategy and implement the planned activities.

The IFRC Country Delegation in Venezuela provided ongoing technical assistance to implement and monitor the activities in the different areas of expertise and maintained coordination with the Regional Coordinator for Disaster Management for South America. Different IFRC staff conducted field missions with VRC counterparts to provide support, training and monitoring in the branches involved in the operation.

The IFRC Country Delegation also supported the VRC in the local and international procurement of household items (HHIs), international transportation, and the local distribution of supplies. With the support of the Disaster, Crisis, Preparedness and Response Unit of the Regional Office, two informative messages were shared with the region to provide updates on the situation.

The ICRC supported the National Society in providing and mobilising pre-positioned HHIs at the national level, including mosquito nets, blankets, buckets, water purification tablets and individual hygiene kits, which facilitated a rapid and effective response in the targeted states.

Finally, the German Red Cross, through its Delegation in Colombia, provided funding in the framework of the National Response Plan to enable the continuity of certain response activities after the finalization of the DREF operation.

### Overview of non-RCRC actors in country

On 25 August the National Government decreed the State of Emergency for 90 days in the states of Apure, Bolívar, Yaracuy, Zulia and Mérida, to mobilize resources and capacities to provide assistance to the affected population.

Within the framework of the emergency response, different government bodies and humanitarian agencies have carried out the following activities:

Stakeholder	Activities
<b>National Government</b>	<ul style="list-style-type: none"> <li>Deployed 1,500 officers from the Simón Bolívar Task Force to carry out response actions in food, health, road access, basic services, shelter, security, and prevention in the affected states.</li> <li>Distributed food and medicines to the communities affected by the floods.</li> <li>The Ministry of Health (MPPPS) established an epidemiological surveillance system and deployed health personnel to attend to the population's health needs</li> </ul>
<b>Government of Merida</b>	<ul style="list-style-type: none"> <li>Restored roads, electricity, and water supply in the affected communities.</li> <li>Installed emergency health care centres in the San José Hospital and in the sectors of Monseñor Moreno and El Corozo in the Municipality of Tovar.</li> <li>Established the Los Andes University Hospital as a reference centre for patients referred from the affected municipalities.</li> <li>Installed temporary shelters in affected communities.</li> </ul>
<b>Government of Bolívar</b>	<ul style="list-style-type: none"> <li>Installed temporary shelters in affected communities.</li> <li>Continued the immunization programs, emphasizing vaccination against COVID-19.</li> </ul>

	<ul style="list-style-type: none"> <li>Activated the local Civil Protection and police to collaborate in maintaining the security of the affected communities and the distribution of food and medicine.</li> </ul>
<b>Government of Apure</b>	<ul style="list-style-type: none"> <li>Supported the eviction and relocation of families that were affected by the floods.</li> <li>Installed temporary shelters in affected communities.</li> <li>Distributed medicines to affected communities.</li> <li>Carried out water pumping activities in flooded areas that lacked a sewage system.</li> </ul>
<b>Caritas Venezuela</b>	<ul style="list-style-type: none"> <li>Installed food collection centres in the capital cities of the states of Mérida, Caracas, Barinas and Lara.</li> <li>Transfer and distribution of donations to the affected communities in the state of Mérida.</li> </ul>
<b>Pan American Health Organization</b>	<ul style="list-style-type: none"> <li>Provided technical advice to the Ministry of Health on prevention of epidemic outbreaks, management of temporary shelters and establishment of an epidemiological surveillance system.</li> <li>Distributed IEHK 2017 Kits to hospitals in the states of Bolívar and Anzoátegui as well as purifying tablets, electrolytes, and vitamin supplements.</li> </ul>
<b>National Directorate of Civil Protection</b>	<ul style="list-style-type: none"> <li>Removed debris in different states.</li> <li>Installed 18 temporary shelters throughout the country.</li> <li>Conducted rescue actions in areas affected by the floods.</li> </ul>

## Needs analysis and scenario planning

The needs assessments carried out by the Venezuelan Red Cross made it possible to identify humanitarian needs in shelter, health, WASH and PGI.

### Shelter

It has been estimated that more than 4,539 homes located in the states of Mérida, Táchira, Apure, and Bolivar, were affected by floods and landslides due to the rains that occurred in the country. Many affected families were forced to move to relatives' homes or collective centers set up by the government or the community. In this sense, it was necessary to provide technical assistance regarding managing temporary collective centers. Distribution of kitchen kits to those who have lost their belongings was also identified as a key need. Due to the geographical location and the low temperatures registered in Merida, it was also required to distribute blankets.

The VRC decided to prioritize its response in Apure, Mérida, and Bolívar as they presented a higher rate of affectation (>60%). Assessments conducted by the Venezuelan Red Cross showed that at least 6,812 families were affected in those states.

### Health

The health system in Venezuela is significantly affected by a combination of factors that limit the population's access to health care, including migration of health system personnel, deterioration of infrastructure and equipment in health centers, interruptions in the supply of water and electricity, shortages and high cost of medicines and medical supplies, and limited access to fuel, among others. The appearance of COVID-19 in Venezuelan territory has certainly exacerbated these challenges.

With the critical scenario of the floods, the health needs and vulnerabilities of the affected communities increased. In this context, the provision of primary health services through health days and the development of health promotion activities were identified as key activities to support the affected communities.

The levels of distress increased exponentially because the affected population were exposed to the loss of loved ones, properties, and livelihoods, making it difficult for people to cope and deal with the situation. This panorama was aggravated by the COVID-19 pandemic, which increased stress and anxiety in a high percentage of the

population. Also, the psychological impact on response teams is more elevated in emergencies, so it was essential to ensure psychosocial support to first responders to reduce cumulative stress and burnout.

The provision of personal protection equipment to communities and volunteers was essential due to the high community transmission of COVID-19 nationwide.

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

The high rainfall recorded in August caused river overflows and damages to the water infrastructure, limiting the access to safe water in the most affected states.

In Merida and Apure, the needs in water, sanitation, and hygiene (WASH) were higher than in the rest of the country. The affected communities lacked adequate access to safe water due to the damage or destruction of their water sources, affecting the access to water for human consumption, limiting people's hygiene and sanitation activities, and increasing the risks of the appearance of water-borne diseases. In the Mocotías Valley in Merida, communities did not have drinking water distribution services due to the lack of power and damages of water infrastructure (the electrical substation in the municipality of Tovar was obstructed). In addition, most of the people hosted at temporary shelters did not have the adequate items to maintain proper personal hygiene. Therefore, the provision of cleaning supplies was identified as an essential need.

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

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

The affected people included children and adolescents, girls and women exposed to risks of human trafficking, abuse and sexual exploitation, labor exploitation, loss of educational opportunities, and psychosocial affectations. Some indigenous communities were reallocated in the Bolivar states and required special attention. In this regard, it was necessary to strengthen the National Society's capacities on PGI by developing training on PGI Minimum Standards for staff and volunteers to apply PGI norms in a cross-cutting manner throughout this operation.

Additionally, the provision of restoring family links (RFL) was initially identified as one of the main needs since many people have lost contact with their families due to the emergency. This activity was implemented in coordination with the ICRC in the framework of the National Response Plan.

### **Target population**



*VRC volunteers conducting needs assessment. Mérida state, 2021.*

The states most affected by the floods (Apure, Bolivar, and Mérida) were prioritized to implement this DREF operation. Different services were provided to those affected communities that did not receive humanitarian aid from government entities, NGOs, or international agencies in these states.

People reached by this operation were selected based on the vulnerability and security criteria established in the plan of action and validated by the local response teams. The operation initially planned to reach 500 families (200 families in Mérida, 200 families in Apure and 100 families in

Bolívar). By the end of the operation, the activities reached 580 families.

## Risk Analysis

As different potential risks that could affect the implementation of the activities were identified, some mitigation measures were established. The evolution of the risks identified in this operation is analysed below:

Identified risk	Risk evolution	Mitigation measures
Morbidity and mortality due to COVID-19 in VRC personnel	High risk. Presence of Delta and Omicron variants in Venezuelan territory.	The provision of PPE to VRC personnel, the high vaccination coverage in volunteers (90%) and the implementation of biosafety measures in the activities resulted in the absence of cases of COVID-19 in the VRC personnel involved in the operation.
Impact of La Niña – Increased rainfall	Reduced risk	The rains that occurred from September to November 2021 did not have the intensity presented in August, so the implementation of the operation was not affected.
Mental impairment of VRC field personnel	Reduced risk	The VRC regularly implemented emotional debriefing activities for its staff and volunteers, reducing the risk of burnout syndrome.
Alterations of public order prevent the performance of activities.	Present risk	During the development of the operation, there were no alterations of public order that hindered the implementation of activities.
The emergence of epidemic outbreaks, mainly water-borne diseases and vector-borne diseases.	Present risk	The health promotion and disease prevention activities, as well as the distribution of HHIs, contributed to preventing epidemics in the targeted areas.
Criminality	Present risk	National Society staff strictly adhered to the Stay Safe and Safer Access principles and norms. There were no criminality cases reported in the framework of this operation.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The National Society aimed to assist 500 families (2,500 people) in Mérida, Apure and Bolívar in the areas of shelter, health, water, sanitation and hygiene, and protection, gender and inclusion.

The response strategy was based on the needs analysis established by the National Society and was part of the National Response Plan developed by the Venezuelan Red Cross.

The DREF operation planned the development of the following activities:

### Shelter

- Provision of 1,500 blankets and 500 kitchen kits to 500 families affected by the floods.
- Provision of technical assistance to six temporary shelters set up due to the floods. This technical advice focused on the areas of organization, protection, security and well-being of the families.

## **Health**

- Provision of first-aid kits to the branches to reach at least 250 people with first aid services in case of injuries in temporary shelters or in the recovery and repair of their homes.
- Provision of primary health care to 500 families through the development of health days. During the health days, educational sessions on health promotion and disease prevention were also provided.
- Distribution of 1,500 mosquito nets to 500 families to prevent diseases transmitted by mosquitoes. The delivery of the mosquito nets was accompanied by educational sessions to promote vector control at the family and community level.
- Distribution of 500 family PPE kits, including reusable masks and gel alcohol, to mitigate the risk of COVID-19.
- Distribution of 120 Level 1 and 80 Level 2 PPE kits to volunteers and health personnel of the branches to protect the health of the National Society staff and volunteers.
- Provision of training and strengthening the capacities of the MHPSS Response Teams in the branches involved.
- Provision of individual, family and group psychosocial support sessions and psychoeducation to 500 affected families.
- Implementation of briefing and debriefing sessions, stress management and anxiety check-up to ensure the mental well-being of 120 volunteers involved in the operation.

## **WASH**

- Distribution of 500 hygiene kits and 500 cleaning kits to 500 affected families, ensuring families had the necessary supplies to maintain adequate hygiene.
- Distribution of 500 water filters to guarantee access to drinking water in selected communities.
- Mobilization of a water treatment plant to the affected communities.
- Distribution of 1,000 jerry cans for 500 families to facilitate water storage at the family level. Educational sessions accompanied the delivery of the mosquito nets to promote vector control at the family and community level
- Installation of two water tanks to facilitate the storage of water at the community level.

## **Protection, gender and inclusion (PGI)**

- Training of 20 volunteers on PGI Minimum Standards in emergencies to address the needs of people exposed to protection risks.
- Delivery of key messages on prevention and response to sexual and gender-based violence (SGBV) in all community activities to 500 families.

## **Operational support services**

### **Human Resources**

To guarantee the proper implementation of the DREF operation, the National Society mobilized a team made up of:

- An Operations Coordinator (financed by the operation)
- A Finance Officer (financed by the operation)
- A Logistics Officer (financed by the operation)
- One Local Coordinator per branch (volunteer)

In addition, the National Society had the support of 120 volunteers in the targeted states and technical assistance from IFRC teams in Venezuela.

## **Logistics and supply chain**

Supplies pre-positioned by the National Society and the ICRC were used to distribute the HHIs to the affected population quickly and efficiently. At the same time, local and international procurements were conducted.

The VRC had pre-positioned in the five regional warehouses (Barquisimeto, Valencia, El Tigre, Barinas and Capital District) the following supplies: kitchen kits, family hygiene kits, family cleaning kits, level 1 and 2 PPE kits, jerry cans and water purification tablets. On the other hand, the ICRC had pre-positioned in its warehouses the following supplies: mosquito nets, blankets, buckets, water purification tablets and male and female individual hygiene kits.

While the HHIs located in Barinas was sent to Mérida, the supplies in the Capital District, Valencia and El Tigre were distributed to Apure and Bolívar. The ICRC's pre-positioned supplies were distributed to the three branches involved in the operation.

The procurement of the HHIs to reposition the materials distributed during the operation was conducted by the Logistics team of the IFRC Delegation in Venezuela. Family hygiene kits, family cleaning kits, level 1 and 2 PPE, and jerrycans were purchased internationally through the Regional Logistics Unit of the IFRC in Panama. The Logistics team in Venezuela coordinated the maritime transport of the supplies purchased abroad. The storage and local transport of the supplies were carried out in coordination between the Logistics teams of the VRC and the IFRC. Finally, first aid kits, water filters and blankets were purchased in the local market.

## **Communications**

During the operation, key messages were created in health, MHPSS, WASH and PGI on health promotion, disease prevention, and prevention and response to sexual and gender-based violence, which were disseminated through the VRC's social media networks. Volunteers also shared these messages during the implementation of activities.

## **Community Engagement and Accountability (CEA)**

The planning, implementation and monitoring of the activities were coordinated with the leaders of the targeted communities. This coordination allowed the activities to be carried out safely and effectively, reaching more people than initially planned.

Community meetings were also held to assess the quality of the National Society's activities. The results of these meetings were a vital input for the lessons learned workshop carried out by the Venezuelan Red Cross and IFRC and will be considered for future interventions.

## **Information Management (IM)**

Due to the internet challenges present in the targeted states, it was not possible to widely use the RC2 Health tool to collect the information generated during community health activities. Therefore, the information was mostly paper based collected and then transcribed into digital sheets for subsequent delivery to the headquarters of the Venezuelan Red Cross.

This information was received, transcribed, analysed and consolidated by the IM team, the Health Situation Room and the Operations Coordination of the National Society, allowing continuous monitoring of the operation's activities.


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

Apart from contributing to the development of the plan of action, the PMER teams of the National Society and IFRC developed and disseminated a monitoring plan to help track and assess the results of the activities throughout the operation. Additionally, the PMER Units actively participated in weekly monitoring meetings between VRC and IFRC to analyse the operation's progress. By the end of the operation, the PMER Units coordinated a lesson learned workshop to identify operational and strategic opportunities for improvement within the National Society, strengthening 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.

## Administration and Finance

The Venezuelan Red Cross hired a Finance Officer to manage the financial and administrative aspects of the operation. The IFRC provided technical support in reviewing and validating the budget and bank transfers and procedures for justification and reporting expenses.

## C. DETAILED OPERATIONAL PLAN

	<h3 style="color: red;">Shelter</h3> <p><b>People reached: 2,500</b>                  Male: 1,100                  Female: 1,400</p>			
<p><b>Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</b></p>				
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>		
# of families provided with emergency shelter items	500	500		
<p><b>Output 1.1: Basic household items assistance is provided to the affected families</b></p>				
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>		
# of families provided with shelter items (blankets)	500	500		
# of families provided with kitchen kits	500	500		
<p><b>Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b></p>				
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>		
# of shelters provided with technical assistance	6	9		
# of volunteers trained on shelter management	15	29		
<p><b>Narrative description of achievements</b></p>				
<p><b><u>Provision of kitchen kits and blankets</u></b></p>				
<p>500 kitchen kits (one per family) and 1,500 blankets (three per family) were delivered to 500 families. 200 families were reached in Mérida, 200 families in Apure and 100 families in Bolívar, as indicated in the following table:</p>				
<b>State</b>	<b>Communities</b>	<b>Families reached</b>	<b># of kitchen kits</b>	<b># of blankets</b>
Bolívar	Cruce Bolívar	30	30	90
	Amores y amoríos	19	19	57

	Argelia Izturbis	18	18	54
	El Edén	12	12	36
	Boca de Marhuanta	21	21	63
Mérida	El Corozo	87	87	261
	Monseñor Moreno	49	49	147
	Las Acacias	34	34	102
	Pie de Páramo	30	30	90
Apure	Yucaguama I	65	65	195
	Yucaguama II	67	67	201
	Yuca-Remolino	68	68	204
<b>Total</b>		<b>500</b>	<b>500</b>	<b>1,500</b>

### **Provision of technical assistance to shelters**

VRC staff provided technical assistance to 9 temporary shelters set up in the three states. In coordination with local authorities, the facilities and services offered by the temporary shelters were assessed, verifying compliance with the Sphere Minimum Standards. Additionally, the coordinators of the shelters were provided with a series of recommendations to improve the physical and mental well-being of the people living there. Educational sessions in Health, MHPSS, WASH and PGI were also provided based on the needs identified during the assessment.

The shelters provided with technical assistance are indicated in the following table:

<b>State</b>	<b>Shelter</b>
Mérida	Albergue E.B. MM
	Albergue Félix Román Duque
Bolívar	Albergue U.E. M Doctor Juvenal Montes
	Albergue U.E Buena Vista
	Albergue UE Juan Bautista Farreras
	Albergue UEN Pedro Rafael Bucarito
Apure	E.E.B. Juan Bautista
	E.E.B. Las Trincheras
	L.B. Pedro Camejo

### **Staff trained in shelter management**

Different trainings were held in temporary shelter management in the three states, reaching 29 volunteers:

<b>State</b>	<b>Total Volunteers</b>	<b>Men</b>	<b>Women</b>
Apure	16	6	10
Bolívar	7	4	3
Mérida	6	2	4
<b>Total</b>	<b>29</b>	<b>12</b>	<b>17</b>

### **Challenges**

- It was initially challenging to coordinate with local authorities to access temporary shelters. However, humanitarian diplomacy and the promotion of the Red Cross Fundamental Principles, especially impartiality and neutrality, allowed the National Society to carry out the activities.
- The temporary shelters were mainly opened in educational centres, which is not recommended by international standards. Nevertheless, due to the COVID-19 pandemic, classes were being held virtually, so the development of educational activities was not affected.

## Lessons Learned

- The importance of having pre-positioned HHIs, enabled a quick and efficient response.
- The provision of training in shelter management and the subsequent assessments of shelters' conditions allowed the VRC to transfer the knowledge to the branches involved in the operation, increasing their operational capacities.
- The humanitarian diplomacy and the positioning of the National Society made it possible to access the temporary shelters opened in the three states.



### Health

**People reached: 2,500**

Male: 1,100

Female: 1,400

#### Outcome 1: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of families that received health services	500	500

#### Output 1.1: Improved access to health care and emergency health care for the targeted population and communities

Indicators:	Target	Actual
# of people reached with first aid services	250	694
# of community health days carried out	20	20
# of families reached through community health days and health promotion activities	500	500

#### Outcome 2: Transmission of vector borne diseases and the transmission of communicable diseases is reduced

Indicators:	Target	Actual
# of families reached through protection supplies	500	500

#### Output 2.1: Diseases are prevented through the provision of protection supplies

Indicators:	Target	Actual
# of mosquito nets distributed	1,500	1,500
# of families who received PPE kits	500	500
# of RCRC volunteers who received PPE	120	120
# of RCRC medical staff who received PPE	80	80

#### Outcome 3: The mental health impacts of the emergency are lessened

Indicators:	Target	Actual
# of families reached with MHPSS	500	452

#### Output 3.1: Psychosocial support is provided to the target population and RCRC volunteers and staff

Indicators:	Target	Actual
# of families who received PSS	500	452
# of volunteers who received PSS	120	120
# of equipment delivered for the Psychosocial Response Teams	3	3

#### Narrative description of achievements

### Provision of first aid services

At the beginning of the operation in Mérida, a pre-hospital care and first aid centre was established at the “Las Acacias” Ambulatory, where 690 first aid services were provided during the first weeks of the emergency.

In Apure, first aid services were provided during the health days. Since the beginning of the operation, 694 people (417 women and 277 men) were reached with first aid services, as detailed in the following table:

State	Community	People reached	Men	Women
Mérida	Las Acacias	690	276	414
Apure	Yuca-Remolino	1	0	1
	Yucaguama I	2	1	1
	Yucaguama II	1	0	1
<b>Total</b>		<b>694</b>	<b>277</b>	<b>417</b>

The operation procured first-aid kits and consumable supplies (gauze, adhesive tape, cotton) to support these activities.

### Health days

The health days were implemented in the communities that were part of the operation, thus guaranteeing access to primary health care to families.

In these activities, 951 people were reached (572 women and 379 men) through the development of 20 health days held in different communities located in the three states, as detailed below:

State	Community	Date	People reached	Men	Women
Bolívar	Cruce de Bolívar	5/11/2021	30	12	18
	Boca de Marhuanta	30/10/2021	21	8	13
	Amores y amoríos	13/10/2021	12	5	7
	Argelia Izturbis	1/9/2021	19	8	11
	El Edén	27/8/2021	18	7	11
Mérida	Monseñor Moreno	22/9/2021	60	24	36
	Albergue E.B. MM	2/10/2021	52	21	31
	Las Acacias	7/10/2021	46	18	28
	Albergue Félix Román Duque	9/10/2021	68	27	41
	Monseñor Moreno	14/10/2021	120	48	72
	Albergue E.B. MM	16/10/2021	30	12	18
Apure	Yuca-Remolino	22/9/2021	36	14	22
	Yucaguama I	22/9/2021	32	13	19
	Yucaguama II	21/9/2021	34	14	20
	Yuca-Remolino	07/10/2021	50	20	30
	Yuca-Remolino	16/10/2021	40	16	24
	Yucaguama I	29/09/2021	73	29	44
	Yucaguama I	15/10/2021	48	19	29
	Yucaguama II	05/10/2021	126	50	76
	Yucaguama II	20/10/2021	36	14	22
<b>Total</b>			<b>951</b>	<b>379</b>	<b>572</b>

During health days, the following services were provided: triage, measurement of vital signs, biometric measurements, educational sessions, mental health care, primary health care and free distribution of medicines.

Biosecurity measures (hand washing, use of masks, social distancing) were strictly implemented to mitigate the risk of COVID-19 contagion. A triage station against COVID-19 was also installed; in case people were suspected, they were referred to a Sentinel Hospital for their treatment.

These activities were developed in coordination with local health authorities. The previous experience of the VRC in other projects facilitated this coordination since the health authorities already knew and trusted the community health work carried out by the VRC.

### **Distribution of mosquito nets**

1,500 mosquito nets were delivered to 500 families (3 per family) in the three states prioritized in the operation. The mosquito nets initially distributed were those pre-positioned by the ICRC. The mosquito nets procured through this operation were then pre-positioned in the VRC warehouses to be distributed in future emergencies.

State	Communities	Families reached	Mosquito nets
Bolívar	Cruce Bolívar	30	90
	Amores y amoríos	19	57
	Argelia Izturbis	18	54
	El Edén	12	36
	Boca de Marhuanta	21	63
Mérida	El Corozo	87	261
	Monseñor Moreno	49	147
	Las Acacias	34	102
	Pie de Páramo	30	90
Apure	Yucaguama I	65	195
	Yucaguama II	67	201
	Yuca-Remolino	68	204
<b>Total</b>		<b>500</b>	<b>1,500</b>

### **Distribution of personal protection equipment**

500 family PPE kits were distributed to 200 families in Apure, 100 families in Bolívar and 200 families in Mérida. These kits included reusable masks and personal bottles of antibacterial gel. The distribution was accompanied by educational sessions, including the promotion of key messages against COVID-19.

In addition, to mitigate the risk of infection with COVID-19 of VRC personnel, 120 Level 1 PPE and 80 Level 2 PPE were distributed to volunteers and health staff of the three branches involved in the operation.

State	Level 1 PPE	Level 2 PPE
Apure	40	30
Bolívar	40	20
Mérida	40	30
<b>Total</b>	<b>120</b>	<b>80</b>

### **Psychosocial support to communities**

452 members of the 500 families benefiting from the operation were reached with mental health and psychosocial support activities in the prioritized states, providing first and second level care. These activities were developed during the health days (individual and group sessions) and temporary shelters visits (family sessions).

State	Community	Date	People reached	Men	Women
Bolívar	El Edén	27/8/2021	18	7	11

		Argelia Izturbis	1/9/2021	19	8	11
		Amores y amoríos	13/10/2021	12	5	7
		Boca de marhuanta	30/10/2021	21	8	13
		Cruce de Bolivar	5/11/2021	30	12	18
Mérida		El Corozo	2/9/2021	14	6	8
		El Corozo	3/9/2021	25	10	15
		El Corozo	4/9/2021	12	5	7
		Albergue Félix Román Duque	23/10/2021	47	19	28
		Monseñor Moreno	9/11/2021	96	38	58
		Albergue Félix Román Duque	9/10/2021	34	14	20
		Albergue E.B. MM	16/10/2021	23	9	14
Apure		Yucaguama I	29/9/2021	8	3	5
		Yucaguama II	5/11/2021	8	3	5
		Yuca-Remolino	7/10/2021	4	2	2
		Yucaguama II	30/10/2021	18	7	11
		Yucaguama I	29/10/2021	8	3	5
		Yuca-Remolino	17/11/2021	11	4	7
		Yucaguama I	17/11/2021	39	16	23
		Yucaguama II	17/11/2021	5	2	3
<b>Total</b>				<b>452</b>	<b>181</b>	<b>271</b>

### **Psychosocial Support to volunteers**

The MHPSS teams of the branches regularly carried out briefing and debriefing activities and stress management sessions to take care of the health of the VRC personnel and volunteers deployed. In this regard, 120 volunteers were reached in the 3 branches involved in the operation.

State	Volunteers	Men	Women
Mérida	55	35	20
Apure	39	14	25
Bolívar	26	9	17
<b>Total</b>	<b>120</b>	<b>58</b>	<b>62</b>

### **Training of Psychosocial Response Teams**

35 volunteers were trained to provide support to psychosocial response teams in Apure, Mérida, and Bolívar. They received workshops during the VRC follow-up visits. These teams supported the provision of psychosocial support to communities and volunteers.

State	Volunteers	Men	Women
Mérida	9	1	8
Apure	10	2	8
Bolívar	16	2	14
<b>Total</b>	<b>35</b>	<b>5</b>	<b>30</b>

In addition, the operation provided a psychosocial support kit to each of the branches involved in the operation, which included recreational materials, booklets for educational sessions and stationery.

## Other activities

Staff from the branches were trained in the management of the RC2 Health and KOBO Tools, reaching 50 volunteers in the three branches.

State	Volunteers	Men	Women
Apure	25	12	13
Bolivar	11	6	5
Mérida	14	6	8
<b>Total</b>	<b>50</b>	<b>24</b>	<b>26</b>

During the implementation of community activities, RC2 Health could not be used due to the limitations of internet coverage in the communities. Therefore, the information was mostly paper based collected and then transcribed into digital sheets.

## **Challenges**

- Limited internet access to implement RC2 Health during health days.
- Maintaining biosecurity measures during health days was a constant operational challenge due to the large number of people attending these activities.

## **Lessons Learned**

- Previous relationships between the branches and local health authorities helped the implementation of community health activities.
- Health days entail a high impact in the communities, allowing families to access free high-quality health care.
- The provision of PPE (level 1 and level 2) and the vaccination against COVID-19 mitigated the risk of incidence with the deployed personnel.
- The MHPSS area has been consolidated through continuous training of volunteers and the provision of equipment.



## **Water, sanitation and hygiene**

**People reached: 2,900<sup>1</sup>**

Male: 1,160

Female: 1,740

### **Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**

Indicators:	Target	Actual
# of families who improved their access to safe water	500	500

### **Output 1.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population**

Indicators:	Target	Actual
# of families provided with safe water through the water plant treatment	500	0
# of water filters distributed	500	500
# of jerrycans distributed	1,000	1,000
# of water bladders installed	2	2

### **Output 1.2: Hygiene-related goods (HHIs) which meet Sphere standards are provided.**

<sup>1</sup> For the 580 families reached through hygiene promotion activities, five people per family were estimated, reaching a total of 2,900 people.

Indicators:	Target	Actual
# of families reached with family hygiene kits.	500	500
# of families reached with family cleaning kits.	500	500

**Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase**

Indicators:	Target	Actual
# of families reached through hygiene promotion activities	500	580

**Output 2.1: Hygiene promotion activities are provided to the entire affected population**

Indicators:	Target	Actual
# of families reached through hygiene promotion activities	500	580

**Narrative description of achievements**

**Water treatment plant**

The National Society's water treatment plant was not deployed because, after different assessments conducted by the VRC, it was confirmed that targeted communities had access to drinking water, therefore this action was not carried out. Nevertheless, local teams provided technical assistance to the communities and their leaders to ensure the quality of the water.

**Distribution of water filters**

500 water filters with a capacity of 20 liters per day were distributed to the targeted communities to guarantee access to safe water. In this regard, 200 families were reached in Apure, 100 families in Bolivar and 200 families in Mérida, as detailed below:



*Distribution of community PPEs and water filters in the municipality of Tovar, Merida. November 2021. Source Venezuelan Red Cross*

State	Community	Families reached	Water filters
Bolivar	Cruce Bolivar	30	30
	Amores y amoríos	19	19
	Argelia Izturbis	18	18
	El Edén	12	12
	Boca de Marhuanta	21	21
Mérida	El Corozo	87	87
	Monseñor Moreno	49	49
	Las Acacias	34	34
	Pie de Páramo	30	30
Apure	Yucaguama I	65	65
	Yucaguama II	67	67
	Yuca-Remolino	68	68
<b>Total</b>		<b>500</b>	<b>500</b>

**Distribution of jerrycans and buckets**

Jerrycans were distributed to 300 families in the states of Mérida and Bolivar to guarantee access to safe water. In the state of Apure, there was no availability of jerrycans, thus 20-liter pre-positioned buckets were delivered to the targeted communities, reaching 200 additional families.

State	Community	Families reached	Jerrycans	Buckets
Bolívar	Cruce Bolívar	30	60	-
	Amores y amoríos	19	38	-
	Argelia Izturbis	18	36	-
	El Edén	12	24	-
	Boca de Marhuanta	21	42	-
Mérida	El Corozo	87	174	-
	Monseñor Moreno	49	98	-
	Las Acacias	34	68	-
	Pie de Páramo	30	60	-
Apure	Yucaguama I	65	-	130
	Yucaguama II	67	-	134
	Yuca-Remolino	68	-	136
<b>Total</b>		<b>500</b>	<b>600</b>	<b>400</b>

### **Installation of water tanks**

Through the operation, two water tanks were installed in the states of Apure and Bolívar. In Apure, the water tank was installed in the local branch to improve the collection, storage and distribution capacity of water that the branch provides to nearby communities. In Bolívar, the water tank was installed in the school Pedro Rafael Bucarito, which is regularly used as a temporary shelter when floods occur. In this sense, it benefits both the educational community of the school and the families in case of emergency. Both tanks will have a regular inspection and maintenance by the WASH staff of each VRC branch.

### **Distribution of family hygiene and cleaning kits**

Family hygiene kits and cleaning kits were distributed to 500 families (200 families in Apure, 100 families in Bolívar and 200 families in Mérida), as follows:

State	Community	Families reached	Family Hygiene kits	Cleaning kits
Bolívar	Cruce Bolívar	30	30	30
	Amores y amoríos	19	19	19
	Argelia Izturbis	18	18	18
	El Edén	12	12	12
	Boca de Marhuanta	21	21	21
Mérida	El Corozo	87	87	87
	Monseñor Moreno	49	49	49
	Las Acacias	34	34	34
	Pie de Páramo	30	30	30
Apure	Yucaguama I	65	65	65
	Yucaguama II	67	67	67
	Yuca-Remolino	68	68	68
<b>Total</b>		<b>500</b>	<b>500</b>	<b>500</b>

### **Hygiene promotion activities**

During the distribution of NFIs, educational sessions were held on safe water, hygiene promotion, prevention of water-borne diseases and proper use of the NFIs distributed. The volunteers who facilitated the educational sessions were previously trained in PHAST courses. Through these activities, 500 families were reached (200 families in Apure, 100 in Bolívar and 200 in Mérida).

During the initial evaluations carried out in the Tovar municipality in Mérida, hygiene promotion and disease prevention activities were implemented, reaching 80 additional families.

State	Community	Families reached
Bolívar	Cruce Bolívar	30
	Amores y amoríos	19
	Argelia Izturbis	18
	El Edén	12
	Boca de Marhuanta	21
Mérida	El Corozo	87
	Monseñor Moreno	49
	Las Acacias	34
	Tovar	80
	Pie de Páramo	30
Apure	Yucaguama I	65
	Yucaguama II	67
	Yuca-Remolino	68
<b>Total</b>		<b>580</b>

### Challenges

- Quarantine measures implemented by the Venezuelan government against COVID-19 hampered scheduled distributions of HHIs.

### Lessons Learned

- The distributions of HHIs were used to carry out educational sessions, providing a comprehensive response.
- Previous PHAST trainings allowed the VRC volunteers and staff to efficiently comply with the WASH educational sessions.



## Protection Gender and Inclusion

**People reached: 2,865**

Male: 1,146

Female: 1,719

**Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.**

Indicators:	Target	Actual
Protection risks are minimized using PGI Minimum Standards	Yes	Yes

**Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.**

Indicators:	Target	Actual
# of staff and volunteers trained on PGI	20	58
# of families reached with messages on prevention and response to SGBV	500	573

### Narrative description of achievements

#### Provision of training in PGI for VRC staff and volunteers

To improve the operational capacity of the National Society staff and comply with the PGI policies of the International Red Cross Movement, virtual and face-to-face trainings were organized in this area, reaching 58 volunteers.

State	Volunteers	Men	Women
Mérida	17	2	15
Apure	20	6	14
Bolívar	21	9	12
<b>Total</b>	<b>58</b>	<b>17</b>	<b>41</b>

Subsequently, the staff trained supported the dissemination of PGI messages to the families affected by the floods.

### **Provision of PGI key messages**

PGI key messages were disseminated through the following activities:

- Social networks of the Venezuelan Red Cross, key messages on prevention and response to sexual and gender-based violence were promoted.
- During visits to temporary shelters, the DAPS (Dignity, Access, Participation and Security) Framework was promoted, seeking to ensure the minimum standards of Protection, Gender and Inclusion in the design and management of the shelters.
- During community health activities, the volunteers of the National Society disseminated the key messages promoted through the VRC social networks.

Since the beginning of the operation, 573 families were reached in this area.

State	Community	Families reached
Bolívar	Amores y amorios	12
	Argelia izturbis	19
	Boca de marhuanta	21
	Cruce de Bolivar	30
	El Edén	18
Mérida	Monseñor Moreno	16
	Albergue E.B. MM	38
	Las Acacias	27
	Albergue Félix Román Duque	40
	Monseñor Moreno	131
	Tovar	16
	Pie de Paramo	3
	El Corozo	2
Apure	Yucaguama 1	65
	Yucaguama 2	67
	Yuca-Remolino	68
<b>Total</b>		<b>573</b>

### **Challenges**

- PGI is a relatively new area in the National Society, so additional training is required to strengthen the capacities of the volunteers in this field.

### **Lessons Learned**

- During all community activities PGI key messages were promoted, allowing the provision of a more comprehensive response.

## Strengthen National Society

**Outcome 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**

Indicators:	Target	Actual
The National Society has the necessary resources to implement the operation during the 3 months of the operation	Yes	Yes
<b>Output 1.1: National Societies have the necessary corporate infrastructure and systems in place</b>		
Indicators:	Target	Actual
# of volunteers involved in the operation	120	120

### Narrative description of achievements

120 VRC volunteers and project teams from the states of Apure, Mérida, Bolívar, and Barinas were mobilized to implement the activities in the field. To this end, protection, transportation, and food were provided to them. Volunteers from Barinas supported the branch of Mérida in the implementation of the first response activities in the municipality of Tovar.

The Headquarters of the National Society carried out missions to the branches to support the implementation of the activities.

On 29 November 2021, in coordination with the VRC, a lessons learned workshop was developed with the participation of all three branches involved in the operation, IFRC personnel, and VRC member staff. Among the findings were:

- Good coordination between VRC headquarters and branches allowed the proper implementation of the operation.
- Constant monitoring of the operation and implementation of activities were carried out with national coordination.
- The high willingness of volunteers to provide support was evidenced.
- Target population was reached

Some of the key recommendations were:

- Increase the quantity and type of items distributed to the affected population
- Strengthen MHPPS area.
- Improve local procurements and their distribution to the affected branches,
- Enhance coordination with other organizations and relevant government agencies present in the field.
- Strengthen capacities in logistics, PGI, and damage assessment and needs analysis to provide a rapid response in case of an emergency.
- Strengthen the risk and disaster management area of the SN,
- Develop a risk map at the regional and national levels. Ensure the provision of supplies in case of emergencies.
- Strengthen the area of Information Management
- The creation of a national directorate of response and risk management Strengthen volunteer capacities in the different areas of action that the operation works on

### Challenges

- The challenges to accessing fuel and its high cost made it difficult for the branches to visit some affected communities.

## Lessons Learned

- A vehicle was rented to guarantee the mobilization of the operational team to the branches involved in this operation.
- The branches established strategic alliances with local organizations to guarantee access to fuel.
- A follow-up trip was made by plane to optimize the use of the funds.
- DREF activities strengthened the operational response structure of the National Society.

## International Disaster Response

### Outcome 1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
IFRC provides technical support during the implementation of the operation	Yes	Yes

### Output 1.1: Effective and respected surge capacity mechanism is maintained.

Indicators:	Target	Actual
# of monitoring field visits by the IFRC	1	3

### Narrative description of achievements

From the beginning of the operation, IFRC provided technical and logistical assistance for the implementation of the operation, including weekly coordination meetings, procurement of supplies, support in the international and local transportation of the items, and monitoring support.

The health, psychosocial support, and WASH delegates were deployed on different missions to Mérida, Bolívar, and Apure to provide technical assistance and support the implementation of the operation.

### Challenges

- Due to visa challenges, the Regional Disaster Management Coordinator for South America was unable to travel to Venezuela to carry out the monitoring visit planned at the beginning of the operation.

### Lessons Learned

- The field missions carried out by the technical delegates of the IFRC allowed the strengthening of the operational capacities of the branches in Health, MHPSS and WASH.

## D. Financial Report

Please see the attached final [financial report](#).

## Contact information

Reference documents  
Click here for:

- [DREF Plan of Action \(EPoA\)](#)

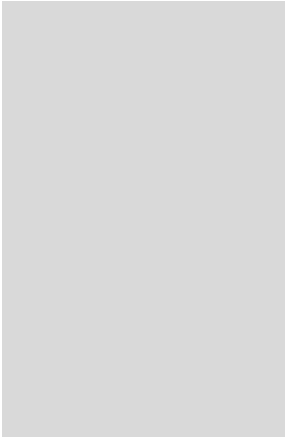
**For further information, specifically related to this operation please contact:**

### In the Venezuelan Red Cross

- **Secretary General:** Mario Santimone, [secretariageneralVRC@hotmail.com](mailto:secretariageneralVRC@hotmail.com)
- **Operational coordination:** Hernán Bongioanni, [hbongioanni@cruzrojavenzolana.org](mailto:hbongioanni@cruzrojavenzolana.org)

### In the IFRC Americas Region

- **IFRC Head of Country Delegation for Venezuela:** Marissa Soberanis, [marissa.soberanis@ifrc.org](mailto:marissa.soberanis@ifrc.org)
- **IFRC Continental Operations Manager:** Felipe Delcid, [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org)

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- **Head of Partnerships and Resource Development:** Sandra Romero, [sandra.romero@ifrc.org](mailto:sandra.romero@ifrc.org)
  - **Communications Manager:** Susana Arroyo, [susana.arroyo@ifrc.org](mailto:susana.arroyo@ifrc.org)
  - **Planning, Evaluation, Monitoring and Reporting Manager:** María Larios, [maria.larios@ifrc.org](mailto:maria.larios@ifrc.org)
  - **Regional Logistics Coordinator:** Mauricio Bustamante, [mauricio.bustamante@ifrc.org](mailto:mauricio.bustamante@ifrc.org)

**In IFRC Geneva**

- **DREF Senior Officer:** Eszter Matyeka, [eszter.matyeka@ifrc.org](mailto:eszter.matyeka@ifrc.org)
- **Operations Coordination Senior Officer:** Antoine Belair, [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

## How we work

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

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/09-2022/01	Operation	MDRVE005
Budget Timeframe	2021/09-2022/01	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 24/Feb/2022

All figures are in Swiss Francs (CHF)

### MDRVE005 - Venezuela - Floods

Operating Timeframe: 02 Sep 2021 to 31 Dec 2021

## I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>214,119</b>
DREF Allocations	214,119
<b>Expenditure</b>	<b>-210,808</b>
<b>Closing Balance</b>	<b>3,311</b>

## II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	33,520	70,865	-37,345
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	34,336	86,933	-52,598
AOF5 - Water, sanitation and hygiene	87,840	3,701	84,140
AOF6 - Protection, Gender & Inclusion	2,685		2,685
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>158,381</b>	<b>161,499</b>	<b>-3,118</b>
SFI1 - Strengthen National Societies	27,238	48,352	-21,114
SFI2 - Effective international disaster management	28,499	956	27,543
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
<b>Strategy for implementation Total</b>	<b>55,738</b>	<b>49,308</b>	<b>6,429</b>
<b>Grand Total</b>	<b>214,119</b>	<b>210,808</b>	<b>3,311</b>

# DREF Operation

Selected Parameters			
Reporting Timeframe	2021/09-2022/01	Operation	MDRVE005
Budget Timeframe	2021/09-2022/01	Budget	APPROVED

## FINAL FINANCIAL REPORT

Prepared on 24/Feb/2022

All figures are in Swiss Francs (CHF)

### MDRVE005 - Venezuela - Floods

Operating Timeframe: 02 Sep 2021 to 31 Dec 2021

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>143,031</b>	<b>137,245</b>	<b>5,787</b>
Clothing & Textiles	21,024	23,696	-2,672
Water, Sanitation & Hygiene	54,520	74,317	-19,797
Medical & First Aid	12,714	10,930	1,785
Teaching Materials	24,521	12,479	12,043
Utensils & Tools	12,375	15,823	-3,448
Other Supplies & Services	17,875		17,875
<b>Logistics, Transport &amp; Storage</b>	<b>29,327</b>	<b>35,338</b>	<b>-6,011</b>
Distribution & Monitoring	9,833	24,662	-14,829
Transport & Vehicles Costs	6,875	4,227	2,648
Logistics Services	12,618	6,449	6,170
<b>Personnel</b>	<b>17,784</b>	<b>15,363</b>	<b>2,421</b>
National Staff	1,833	2,589	-756
National Society Staff	8,250	10,008	-1,758
Volunteers	7,700	2,766	4,934
<b>Workshops &amp; Training</b>	<b>5,225</b>		<b>5,225</b>
Workshops & Training	5,225		5,225
<b>General Expenditure</b>	<b>5,683</b>	<b>9,996</b>	<b>-4,312</b>
Travel	2,292	882	1,410
Information & Public Relations	458	2,569	-2,111
Office Costs	1,925	4,004	-2,079
Communications	550	209	341
Financial Charges	458	1,999	-1,541
Other General Expenses		333	-333
<b>Indirect Costs</b>	<b>13,068</b>	<b>12,866</b>	<b>202</b>
Programme & Services Support Recover	13,068	12,866	202
<b>Grand Total</b>	<b>214,119</b>	<b>210,808</b>	<b>3,311</b>