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Operation Update No. 1

Venezuela: Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation No. MDRVE006	Glide No.: FL-2022-000207-VEN
Operation Update No. 1. Date of issue: 14 September 2022	Implementation covered by this update: 22 June to 31 August 2022
Operation start date: 22 June 2022	Operation timeframe: 6 months (3-month extension) New end date: 31 December 2022
Financing Requirements (CHF): 493,487 CHF (additional 145,786 CHF)	DREF Amount initially allocated: 347,701 CHF
No. of people to be assisted: 7,135 people (1,427 families – including 427 additional families)	
Red Cross and Red Crescent Movement partners participating in the operation: Venezuelan Red Cross, International Federation of Red Cross and Red Crescent Societies, International Committee of the Red Cross and German Red Cross (integration agreement with the Federation).	
Other partner organizations participating in the operation: Civil Protection, Ministry of the People's Power for Health, national and local authorities, etc.	

Summary of the main revisions made to the emergency plan of action:

The Venezuelan Red Cross (VRC) launched this DREF operation on 22 June 2022, to respond to the humanitarian needs of the population affected by heavy rains and floods in the state of Merida, Zulia and Tachira.

During the last weeks of August, two additional states (Bolívar and Barinas) were heavily affected due to an intensification of the event throughout the national territory resulting in an increase in the needs of the most vulnerable population especially in shelter, health, water, sanitation and hygiene promotion and livelihoods. In this sense, the Venezuelan Red Cross has revised its original plan, in coordination with the IFRC Delegation in Venezuela, with the objectives of extending the timeframe, and increasing the budget to assist **an additional 427 families** for a total of 1,427 families targeted.

Through this Operation Update, it is intended to inform about:

- A **geographical extension** of an additional **two states**: Santa Elena de Uairén (State of Bolívar) and Municipality of Antonio José de Sucre (State of Barinas).
- A **timeframe extension** of an additional **three months**, for a total of 6 months, to finalize the DREF operation (New end date: 31 December 2022).
- A **budget increase** that includes a second allocation of **CHF 145,786**, increasing the total DREF budget to **CHF 493,487**.

A. SITUATION ANALYSIS

Disaster Description

This year, the rainy season in Venezuela continues to be atypical, starting earlier than expected. Since 27 April, the states of Mérida, Zulia Trujillo, Táchira, and the Capital District were under a state of emergency according to [Official Gazette No. 42.364, Decree No. 4.682](#) for 90 days. Since the end of this state of emergency, different local authorities have declared alerts based on the local impacts of the rains.

According to estimates of the National Institute of Meteorology and Hydrology (INAMEH), in August there have been twenty-two continuous days of rain throughout the national territory, causing saturation of soils and an increase in water levels in an atypical manner for this season. The authorities informed that the rains have affected the states of Aragua, Barinas, District Capital, Lara, Portuguesa, Guárico, Amazonas, Carabobo, Nueva Esparta, Monagas, Miranda, Barinas, Delta Amacuro, Sucre, Mérida, Táchira, Zulia, Bolívar, where road closures and landslides have been registered, as well as loss of houses and family belongings.

INAMEH has forecasted the impact of 42 additional tropical waves for the remainder of the year, expecting a greater incidence in the months of September and October, a period that historically records a high rainfall index. This scenario has generated a national alert due to the atypical behavior of rains that will continue to affect the entire country in 2022.

In the **State of Zulia**, an orange alert was declared on 27 May due to increased rainfall and the redirection of the Zulia River to the south of Lake Maracaibo, the Chama River and Catatumbo River. Similarly, the Limon River in the municipality of Mara has shown a rise in its flow above the normal level, which causes flooding to continue expanding in the territory, generating new needs. In addition, the continuous rains have affected several communities (Potrerito, Macutao, El Rabito, Alta Guajira, La Candelaria, Encondido). In some cases, vehicle access is limited, and communities can only be reached on foot. Affected families are in temporary shelters to receive assistance.

In the **State of Bolivar**, the flow of the Caroni and Orinoco Rivers, being the largest basins in the eastern region, has grown causing severe flooding from Santa Elena de Uairen to El Callao, raising the alert levels in the lower areas such as Ciudad Bolivar, San Felix and Puerto Ordaz. In the Municipality of la Gran Sabana, the population of Santa Elena de Uairen is being affected by the overflowing of the Uairen River.

For this reason, the first response in the 17 most affected sectors was led by municipal authorities and the National Armed Forces accompanied by humanitarian agencies present in the area. The Venezuelan Red Cross and the IFRC conducted a rapid assessment in the most affected sectors, which helped to identify the impact and needs of 280 families in the areas of shelter, water and sanitation, livelihoods, and health.

In the **State of Barinas**, the level of the Socopó River rose due to heavy rains at the foot of the mountains, causing it to overflow in a large part of the city of Socopó and surrounding areas, causing losses of household goods and local infrastructure. According to Civil Protection 465 families were affected. This situation generated the activation of volunteers and personnel of the Venezuelan Red Cross Barinas local branch, who carried out a rapid assessment and distribution of relief items to **147 families**.



Damage assessment carried out by the VRC due to the overflowing of the Socopó River, State of Barinas. Source: VRC Barinas Local Branch

Summary of the Current Response

Overview of Host National Society

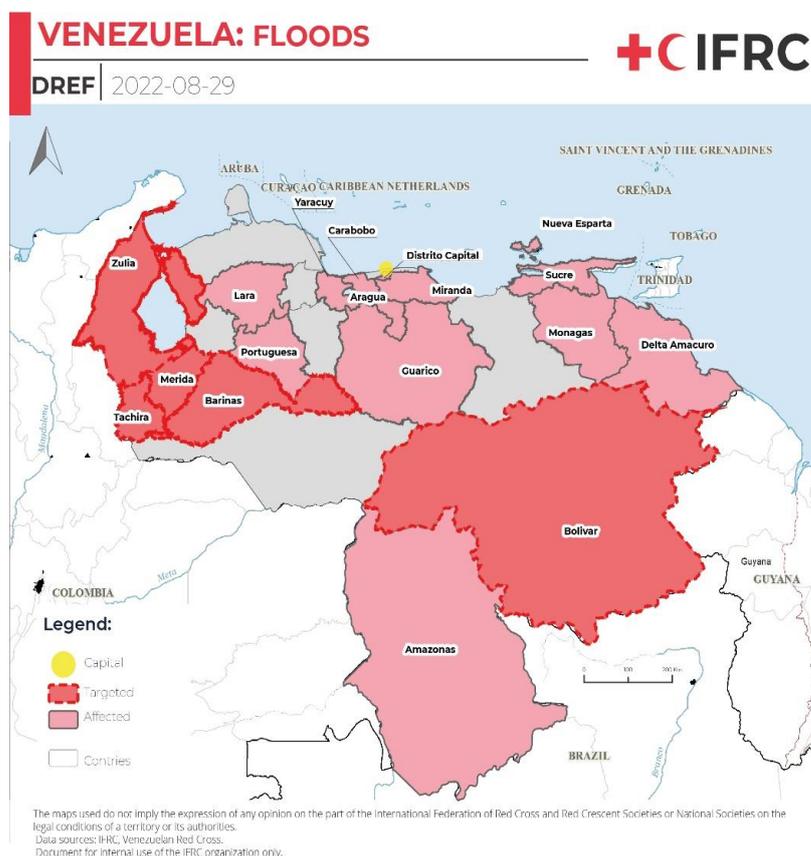
For 127 years, the Venezuelan Red Cross (VRC) has fulfilled its humanitarian mandate. It is considered the most important health network in the country, with eight hospitals and 34 outpatient clinics. The Venezuelan Red Cross has approximately 4,784 volunteers and more than 1,600 employees, including medical staff. The VRC is known for providing primary healthcare, first aid, livelihoods, ambulance services, water, sanitation, and hygiene promotion, restoring family links, promoting the Fundamental Principles of the Red Cross and Red Crescent, and emergency response to the most vulnerable communities despite the challenges facing the country, including the impact of COVID-19.

For the current emergency, the National Society has developed a Contingency Plan for the 2022 rainy season, which includes the following actions:

- Activation of the five Regional Relief Departments to monitor and analyze the evolution of weather events at the national level.
- Damage assessments and needs analysis in the most affected states including Bolivar and Barinas.
- Establishment of coordination mechanisms with local and national authorities to ensure adequate response.

The Venezuelan Red Cross has been on the ground since the beginning of the emergency, offering first aid, analyzing damages and immediate needs in the prioritized areas, as well as the distribution of pre-positioned items (jerry cans, water purification tablets, hygiene kits and safe water), mental health and psychosocial support as part of the first response actions.

Additionally, in the State of Barinas, 147 families were assisted by the local branch with relief items, healthcare, first aid, water, sanitation, and hygiene promotion. In the sector of Santa Elena de Uairen (State of Bolivar), 410 people were reached with primary health care services, including psychosocial and mental health support.



Overview of Red Cross Red Crescent Movement in country

- The IFRC Delegation in Venezuela has worked together with the National Society in providing technical assistance to the current emergency and is supporting the expansion of the DREF Operation. The IFRC in Venezuela currently has six international delegates and twenty-two local staff, including German Red Cross staff, who are in the country under an Integration Agreement. In 2021, preparedness work was done by Venezuelan Red Cross, with support from IFRC, including contingency planning and prepositioning of relief items.

- The ICRC, in coordination with the IFRC, has supported with the provision of blankets, cleaning kits, mosquito nets and water items, sanitation and hygiene promotion, and reestablishment of contact between family members in the states of Táchira, Mérida, Zulia and Bolívar.
- The German Red Cross, through bilateral cooperation and in coordination with the IFRC, is supporting actions in the states of Mérida, Táchira and Zulia, and have extended their assistance to the states of Carabobo, Bolívar and Barinas, for the mobilization and logistical support of volunteers, first aid kits, high-visibility material, institutional vehicle repairs and monitoring visits. Also, the Project Delegate attends these meetings and is providing additional support to this emergency.
- The IFRC, ICRC and VRC have actively participated in different coordination meetings to analyze the different response actions and provide the technical assistance as required by the National Society.

Overview of non-RCRC actors in country

- In Zulia, the risk continues to be present due to the overflowing of the Zulia and Chama Rivers, which already has caused the loss of thousands of hectares of crops and livestock (more than 750,000).
- On 5 August, Zulia authorities informed that a comprehensive recovery plan would be activated in Sur del Lago and Los Andes.
- In coordination with local authorities in Santa Elena de Uairen, State of Bolívar, UN agencies and humanitarian partners have provided health support, including the distribution of protective equipment for first responders and the distribution of medicines for respiratory, gastrointestinal, and febrile illnesses. The Mayor's Office and Civil Protection have also been supporting with pre-positioning supplies, including hammocks, mosquito nets, blankets, sheets, mattresses, bunk beds, sleeping bags, kitchen sets and water purification tablets, among others.
- The office of the Pan American Health Organization has been providing support to the Ministry of People's Power for Health (MPPPS) in strengthening the epidemiological surveillance system for diseases that could increase their incidence due to the floods. They have supported the damage assessment and needs analysis of the hospital centers affected by the floods in order to provide equipment and materials that will allow their immediate functionality.
- Some humanitarian agencies, which work mainly on migration, protection, water, sanitation, and hygiene promotion, are also providing support (but to a lesser extent) to the resident population of Santa Elena.
- The Barinas branch from the Venezuelan Red Cross has effectively coordinated with different governmental entities such as the mayor's office of the Municipality, REDAN Los Llanos (Strategic Damage Assessment and Needs Analysis Region of the Plains), ZOEDAN Barinas (Damage Assessment and Needs Analysis Operational Zone of Barinas) and the Civil Protection Directorate of the State of Barinas, as well as with leaders of the affected communities, in order to learn about the respective response actions carried out by each of the institutions.
- On 18 August, in Barinas, UNHCR (habitat kits), UNICEF (hygiene kits and elements for water purification) and UNFPA (GBV prevention information material) jointly delivered assistance with household goods and supplies.

Needs Analysis and Planning Scenarios

Needs Analysis

Heavy rains in Venezuela have caused flooding, with a significant effect in eighteen states of the country, with Merida, Zulia, Tachira, Bolivar and Barinas being the states where the Venezuelan Red Cross has identified urgent needs in the areas of shelter, livelihoods, health, psychosocial support and mental health, water, sanitation, and hygiene promotion. Three rapid assessments have been conducted in the 5 states. The first one done in early July for Mérida, Táchira, and Zulia¹, and the other two in august for Barinas² and Bolívar³. With the support of the VRC multidisciplinary teams and the technical assistance of the IFRC, the needs by sector have been determined, highlighting the following activities:

¹ Needs assessment: [Tachira, Merida and Zulia](#)

² Needs assessment: [Barinas](#)

³ Needs assessment: [Bolívar](#)

Shelter: Needs in the shelter sector continue, which has been evidenced in the rapid assessment conducted by the Red Cross and IFRC teams in the month of July in the three states initially considered (Merida, Tachira and Zulia). Additionally, in August, a rapid assessment was carried out in communities in the State of Barinas, where 147 families were assisted with the distribution of household items. Therefore, a total of 1,147 families have been prioritized, together with the 1,000 families included in the original plan, to receive household items in the states of Merida, Tachira, Zulia and Barinas. Additionally, part of the stock to be purchased will be used to replenish those already distributed by the National Society.

The Venezuelan Red Cross will prioritize six shelters in the most affected areas based on vulnerability criteria, ensuring that compliance with international standards, safety and well-being of people are adapted to the context of each state. VRC volunteers supporting these activities will receive a refresher session on shelter management.

Livelihoods and basic needs: The rapid assessment in this sector indicated that there is a reduced capacity for planting and production due to the lack of tools and work inputs, especially in the states of Merida and Zulia. During the rains and in the following days, people engaged in agriculture have not been able to sell their scarce production due to road closures. In addition, the flexible pipes that supply irrigation water for their crops have been destroyed or lost. People are unable to leave the community due to the road blockage, so they cannot make a living during the days when traffic is cut off; this can last for days or weeks.

Health: The floods are exacerbating the gaps in care for the affected communities. During the comprehensive assessments conducted in July and August to affected communities, the following has become evident:

- Damage to health infrastructure, damage to furniture and medical equipment, and difficulties for health personnel in accessing flooded populations are causing disease control and prevention program activities (such as the expanded program of immunizations, malaria control, control of non-communicable diseases) to come to a halt.
- Water levels and stagnation have contributed to the increase in waterborne diseases (such as acute diarrhea or leptospirosis), vector-borne diseases (arboviruses), skin diseases (mycoses) and ophidian accidents.
- Although it is true that the incidence of arboviruses is rising, they are still in safe levels. Nevertheless, it has been evidenced that, because of flooding, the vector population has grown, thus leading to a greater risk of a surge in cases of diseases such as dengue fever.
- The fifth wave of COVID-19 in the country has entailed a higher number of positive cases. For this reason, VRC staff and volunteers have been guaranteeing the implementation of biosecurity measures and the provision of personal protective equipment.
- It has been identified that it is important to continue disseminating risk communication messages, reinforcing protective measures, as well as hand washing and general hygiene habits.

Mental Health and Psychosocial Support (MHPSS): The mental health of the population is critical due to the socioeconomic condition of the country. The risks of psychosocial problems in the population are increasing due to negative factors such as sadness caused by the loss of assets and livelihoods, drug use and abuse resulting in loss of hope and uncertainty about the future or fear of being sheltered by possible protection problems.

As a result of the flood, stress-related conditions (acute stress disorder, somatization, sleep problems, behavioral problems) have begun to appear in all age groups, as well as aggravation of previous conditions (depression and bereavement) in adults, children, and teenagers. The most prevalent health pathologies identified include acute stress disorder, anxiety disorders such as panic disorder and somatization disorders.

In this regard, support is required for crisis intervention, psychological first aid and referral to specialized psychological care for the most emotionally challenging cases to ensure the well-being of the response teams and the affected population.

Water, Sanitation and Hygiene (WASH): The rapid assessments showed that the supply and distribution systems for safe water in the communities are generally affected, which increases the risk of waterborne diseases due to the consumption of untreated water and the difficulty in applying good hygiene and sanitation practices.

Based on these conclusions, it was determined that it is necessary to intervene in the selected communities with the distribution of household items such as family water filters, water purification tablets, collapsible jerry cans (10 L), family hygiene and cleaning kits; these deliveries will be accompanied by sessions to promote key messages on water, sanitation, and hygiene at the community level.

In the specific case of the population of Santa Elena de Uairen, the local water supply system has collapsed due to the rains, which makes it necessary to mobilize an emergency water treatment plant to mitigate the lack of supply in the main healthcare centers and prioritized communities. The implementation of this activity will be accompanied by training activities for both authorities and communities on water, sanitation and hygiene promotion and waterborne diseases.

Protection, Gender and Inclusion (PGI): The states prioritized by this DREF are located in the border areas of the country, where living conditions and protection risks, including gender-based violence against children and women, are critical as a result of mixed flows of people (people planning to leave the country, returnees, pendular migrants and people who have decided to stay in the border states).

The Venezuelan Red Cross has the operational capacity in Prevention and Response to Sexual Exploitation and Abuse (PSEA), Sexual and Gender-based Violence (SGBV) and PGI Minimum Standards to support rapid assessments, dissemination of key messages, disaggregated data collection (including various types of disability and minority groups), and provision of differentiated services.

Population to be assisted

For the implementation of this DREF and its extension, the Venezuelan Red Cross will be assisting a total of **1,427 families (7,135 people)** affected by the heavy rains in the states of Mérida, Táchira, Zulia, Barinas, and Bolívar in the areas of shelter, health, water, sanitation and hygiene promotion, and livelihoods.

Vulnerability Criteria

The following vulnerability criteria have been considered for the selection of beneficiaries for this emergency response in the different activities in the areas of intervention:

- Families who have lost belongings in their homes.
- Families with children and/or elderly adults.
- Families with people with disabilities.
- Families affected with partial or severe damage to their homes.
- Single mothers who are heads of households with children.

Operation Risk Assessment

The high inflation in the country may have an impact on the prices of products that are purchased locally, since there is no stability in prices, which could exceed the amounts expressed in the budget.

One of the operational factors to be considered is that there is currently no permanent representation of the Venezuelan Red Cross in Santa Elena de Uairén and it is the responsibility of the Bolívar branch to provide assistance in the event of a disaster. The distance between the Bolívar branch and the Caroní Subcommittee and the town of Santa Elena de Uairén is approximately 6 to 8 hours on a secondary road in poor condition, which is frequently affected by rains and flooding in the region, making it difficult to operate. In this case, Venezuelan Red

Cross personnel will be deployed temporarily in the field, considering the operational security in the community to carry out the implementation of the activities.

Although the severity of COVID-19 has been substantially reduced because of vaccination, the continuous evolution of SARS-CoV-2 variants, active community transmission, the relaxation in the use of personal protective measures and erroneous myths surrounding the reinforcement of vaccination against COVID-19, are causing massive outbreaks or contagions both among Red Cross personnel and in the communities where the present DREF is being implemented. Accordingly, it is necessary to reinforce the protection measures of the Red Cross volunteers with the distribution of personal protection equipment, which are already pre-positioned in the branches as part of the emergency appeal to the COVID-19.

B. OPERATIONAL STRATEGY

Proposed Strategy

With this revision of the Action Plan, the DREF operation will support the Venezuelan Red Cross to reach 1,427 families (7,135 people) as follows: 400 in Merida, 200 in Tachira, 400 in Zulia, 147 in Barinas and 280 in Bolivar.

Proposed strategy:

Rapid assessments conducted in the five states identified the needs and actions to be undertaken to attend to the affected families where the loss of household items, loss of tools for agricultural work, lack of access to health services, safe water at the household level and an impact on mental health were recorded.

Shelter: The VRC will distribute 3,235 blankets to 647 families; 1,500 hammocks to 500 families; and 1,147 kitchen kits to cover the needs of a total of 1,147 families in four out of the five states within the intervention (except Bolivar). The Venezuelan Red Cross has pre-positioned material in some of the branches and has experience in this type of relief distributions.

Livelihoods: 70 families will be supported in the replacement of agricultural tools and 30 families in the replacement of goods for a total of 100 families, only in the states of Merida and Zulia.

Health: Health-related information sessions will be provided in the five states where the Venezuelan Red Cross operates in this DREF, also 5,735 mosquito nets will be distributed to 1,147 families. This activity will be supported with volunteers and personnel who have been performing similar tasks in other National Society projects. VRC branches will provide first aid to the population affected in the communities. In addition, mental health and psychosocial support sessions and activities will be provided both to the people in the communities and to the volunteers and workers who provide care in the field.

Water, sanitation and hygiene promotion: Household items will be provided to improve the quality of drinking water and increase storage capacity including: 2,294 jerry cans (10 L/ 2 per family), 1,147 family water filters (capacity 20 L/hour), water purification tablets for 10 L, and 1,147 hygiene kits and family cleaning kits. Additionally, due to the needs identified in the field, a water treatment plant for emergencies (OX-LMS6) with a capacity of 48 m³/day (48,000 Liters) will be mobilized in the State of Bolivar for a period of 30 days with 4 technicians for its operation.

C. DETAILED OPERATIONAL PLAN



Shelter

People to be reached: 5,735 people (1,147 families)

Men: 2,294

Women: 3,441

Requirement (CHF): 115,600

Outcome 1: Communities in disaster- and crisis-affected areas restore and strengthen their safety, well-being and long-term recovery through shelter and settlement solutions.

Indicators:	Target	Actual
# of people provided with at least one household item	1,147 families	528 families

Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families

Indicators:	Target	Currently
# of families assisted with the distribution of blankets (5 per household)	647 families	428 families
# of families assisted with family kitchen kits (1 per household)	1,147 families	528 families
# of families assisted with hammocks (3 per household)	500 families	0

Output 1.2: Technical support, guidance and awareness-raising on safe shelter design and settlement planning and improved building techniques are provided to affected households

Indicators:	Target	Actual
# of collective centers provided with technical assistance.	6	3

Progress of the outcomes:

The needs in the housing sector continue, therefore, the VRC will continue with the distribution of household items to prioritized families in the states of Táchira, Zulia and Mérida. In addition, an additional 147 families have been included to be assisted in the State of Barinas based on the latest rapid assessment carried out.

In addition, the VRC's housing focal point participated in the rapid assessment carried out in July 2022, achieving a diagnosis of the communities and the selection of the families to be assisted. This facilitated the beginning of the distribution of shelter supplies in the prioritized communities of the states of Zulia, Merida and Tachira, reaching a total of 528 families to date, as follows:

State	Municipality	Community	Number of families	Items
Zulia	Mara	El Colorado	100	Kitchen Kits
Mérida	Tovar	Tovar	89	Kitchen Kits Blankets (5 pcs. per family)
	Pinto Salinas	Santa Cruz de Mora	138	Kitchen Kits Blankets (5 pcs. per family)
Táchira	San Cristóbal	Las Margaritas	201	Kitchen Kits Blankets (5 pcs. per family)
Total			528	

The hammocks planned for this operation have not been purchased locally due to non-compliance with the international standards. Therefore, it is expected that with the present extension the purchase will be made with the support of the Americas Regional Logistics Unit (RLU). The blankets will be distributed in mid-September. Furthermore, in coordination with local authorities in the State of Zulia, the persons responsible for the shelters were sensitized about health issues, shelter management and the proper use of water and sanitation.



Volunteer team preparing the distribution of supplies, State of Zulia.
Source: VRC 2022.



Livelihoods

People to be reached: 500 people (100 families)

Men: 200

Women: 300

Requirement (CHF): 30,949

Outcome 1: Communities, especially in disaster- and crisis-affected areas, restore and strengthen their livelihoods.

Indicators:	Target	Actual
# of people assisted with productive assets to improve livelihoods	100 families	0

Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to the target population (off-farm livelihoods)

Indicators:	Target	Actual
# of families replacing damaged assets	30 families	0

Output 1.3: Household livelihoods security is enhanced through food production, increased productivity, and post-harvest management (agriculture-based livelihoods)

Indicators	Target	Actual
# of families assisted with agricultural assets and tools	70 families	0

Progress of the outcomes

With the assistance of the Regional Advisor on Climate-Smart Livelihoods, in July, a comprehensive assessment was conducted with a thematic survey in livelihoods, together with the areas of shelter, health and water and sanitation, in the states of Zulia, Táchira and Mérida. As a result, it was possible to prioritize the families to be reached, as well as to identify the inputs to be delivered, to support the recovery of livelihoods. Purchase of the goods and agricultural tools is currently in progress, and once completed, they will be distributed to the selected families to support during the dry season. With this new extension, the indicators in this sector will not be modified.



Health

People to be reached: 5,735 people (1,147 families)

Men: 2,294

Women: 3,441

Requirement (CHF): 43,524

Outcome 1: The Immediate risks to the health of affected populations are reduced.		
Indicators:	Target	Actual
# of rapid health assessments performed	5	5
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines.		
Indicators:	Target	Actual
# of volunteers trained in epidemic control	120	40
Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment		
Indicators:	Target	Actual
# of people reached with first aid	500	0
Output 2.1: Improved access to health care and emergency health care for the targeted population and communities		
Indicators:	Target	Actual
# of people reached with health promotion activities	5,000	1,635
Outcome 4: Transmission of diseases of epidemic potential is reduced		
Indicators:	Target	Actual
# of people receiving Long Lasting Insecticidal Nets (LLINs)	5,735	1,635
Output 4.2: Vector-borne diseases are prevented.		
Indicators:	Target	Actual
# of people receiving Long Lasting Insecticidal Nets (LLINs)	5,735	1,635
Outcome 6: The psychosocial impact of the emergency is lessened.		
Indicators:	Target	Actual
# of families who receive mental health and psychosocial services in emergency situation	100	30
Output 6.1: Psychosocial support provided to the target population, as well as to RCRC volunteers and staff		
Indicators*4:	Target	Actual
# of volunteers reached with MHPSS care (VRC volunteers and other humanitarian workers)	80	39
# of people reached with MHPSS interventions	500	150
Progress of the outcomes:		
<p>In coordination with the Shelter, Livelihoods and WASH areas, in July, a rapid needs assessment was conducted in affected communities in the states of Mérida, Táchira and Zulia. This assessment showed that the floods caused the temporary suspension of health services because the rise of the water level affected the infrastructure of healthcare centers in the area, causing the suspension of regular disease prevention programs of the Ministry of Health (expanded program of immunizations, malaria control, prevention, and control of non-communicable diseases, among others).</p> <p>Although it is true that no epidemics have occurred as a direct consequence of the floods, there is an increase in the incidence of waterborne diseases and cutaneous mycosis in the areas evaluated. Given that the number of mosquitoes has risen, there is a higher risk of a surge in the cases of vector-borne diseases (e.g., dengue). As a result of the rapid assessment conducted in August in Santa Elena de Uairen, it was identified that the floods have damaged popular health clinics in the affected areas, which has worsened access to primary healthcare for the families living in these areas. The mission that carried out the assessment conducted health campaigns that provided healthcare to 410 people.</p>		

⁴ * Indicator targets under Outcome 6: Mental Health and Psychosocial Support were adjusted to reflect the DREF's operational plan.

Damage assessments were also carried out in the communities of Barinas in August, showing damage to hospitals in the affected areas. However, they are functional. There is a higher risk of mosquito-borne diseases due to the multiplication of these vectors.

Epidemiological control update workshops:

The National Health Directorate of the National Society has updated the protocol for post-flood disease care based on the results of the July rapid assessment. This protocol is based mainly on literature from the Red Cross Movement and the Pan American Health Organization (PAHO) and was shared with 40 members of the National Society (health focal points and presidents of the branches at the national level) through a webinar held on 9 July 2022. Refresher sessions are planned to be held during the month of September in each of the branches that are reached in this operation.

Replenishment of consumables for first aid kits:

The consumables for the first aid kits have been purchased, and their distribution is planned for the beginning of September.

Purchase and distribution of Long-Lasting Insecticidal Nets (LLINs):

In the month of August, the first distributions of these items have been made in the affected states reaching 327 families as follows:

State	Municipality	Community	Number of families	Items
Zulia	Mara	El Colorado	100	LLINs (5 units per household)
Mérida	Tovar	Tovar	89	LLINs (5 units per household)
	Pinto Salinas	Santa Cruz de Mora	138	LLINs (5 units per household)
Total			327	



Health promotion provided in the community of El Colorado – State of Zulia. Source: CRV 2022

During the distribution, health promotion activities, key messages on the prevention of vector-borne diseases, acute respiratory infections and COVID-19 were disseminated.

Mental Health and Psychosocial Support

During the assessments undertaken in the affected areas, both in July and August, it was evidenced that because of the floods, stress-related conditions (acute stress disorder, somatization, sleep problems, behavioral problems) appear in all age groups, as well as aggravation of previous conditions (depression and bereavement) in adults, children, and teenagers.

This information is serving as a basis for the updates that shall be made available to the personnel of the local branches involved in the operation and the provision of services in an integrated manner. Additionally, this approach to needs has allowed the VRC to offer psychosocial support to 150 people in the three initial stages of the DREF.

The Venezuelan Red Cross has stipulated the implementation of group feedback activities after each community activity is carried out with the volunteer team. To date, 39 volunteers from the National Society have participated in these sessions.



Water, Sanitation and Hygiene

Target population: 7,135 people

Men: 2,854

Women: 4,281

Requirements (CHF): 164,097

WASH Outcome 1: Immediate reduction in the risk of waterborne and water-related diseases in targeted communities.

Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in targeted communities.

Indicators:	Target	Actual
# of families have improved their access to water	1,427	668

Output 1.2: 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 assisted with safe water supplies	1,427	668

Output 1.5: Hygiene-related goods (NFIs) that meet Sphere standards and training on how to use these goods is provided to the target population.

Indicators:	Target	Actual
# of families assisted with family hygiene kits	1,147	0
# of families assisted with family cleaning kits	1,147	0

Progress of the outcomes:

For the implementation of the activities within the operational plan, joint rapid assessments were initially carried out by the National Society and the IFRC in the prioritized states. These assessments show that the drinking water supply and distribution systems in the communities are generally affected, which increases the risk of transmission of waterborne diseases due to the consumption of untreated water and the difficulty in applying good hygiene practices.

Based on the findings in Santa Elena de Uairén, the mobilization of the OX-LMS6 water treatment plant has been identified. This plant will supply 48,000 L/day of safe water to the main health centers and selected communities. In addition, support will be provided through hygiene promotion sessions and key messages on water, sanitation and hygiene issues, both at the community level and to local authorities.



Assessment of water intake points by WASH team personnel in Santa Elena de Uairén. Source CRV 2022

Within the initial distributions, 528 families have been reached with the distribution of 10-liter jerry cans in the states of Zulia, Mérida and Táchira, distributed as follows:

State	Municipality	Community	Number of families	Items
Zulia	Mara	El Colorado	100	200 10-liter collapsible jerry cans.
Mérida*	Tovar	Tovar	89	176 10-liter collapsible jerry cans.
	Pinto Salinas	Santa Cruz de Mora	138	276 10-liter collapsible jerry cans.
Táchira	San Cristóbal	Invasión (Las Margaritas)	201	402 10-liter collapsible jerry cans.
TOTAL			528	

Implementation Strategies

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

Output S1..1.4 National Societies have efficient and motivated volunteers that are protected.

Output S.1.1.6: National Societies have the necessary infrastructure and corporate systems in place.

Indicators:	Target	Actual
# of volunteers participating in the operation that have increased their capacities in thematic areas.	160	120

Progress of the outcomes:

Volunteers involved in the operation have participated in rapid training on needs and damage assessment, information management and livelihoods. Likewise, it has been ensured that they have the necessary protective and high-visibility equipment for their mobilization to the affected areas. With the inclusion of the states of Barinas and Santa Elena de Uairén, support is increased to forty additional volunteers for a total of 160 volunteers.

Outcome S2.1: An edfective and coordinated international disaster response is ensured.

Output S2.1.1: An effective and respected operation capacity is maintained.

Indicators:	Target	Actual
IFRC provides technical support during the implementation of the operation.	Yes	Yes
Hiring of qualified personnel in the operation	3	3
# of monitoring missions	3	0

Progress of the outcomes

IFRC Technical and Operational Accompaniment

The IFRC's Programs and Operations team closely coordinates the actions to be implemented in this DREF. Weekly meetings and follow-up meetings have been established as coordination mechanisms to identify the progress of activities and operational challenges.

Hiring of qualified personnel in the operation

The National Society has had an Operations Coordinator since 25 July 2022, who is responsible for coordinating the planning of activities related to the present DREF, information collection, coordination with the focal points in each local branch, preparation of weekly reports, monitoring and follow-up of national and international purchases, as well as the distribution of inputs to the local branches to assist the prioritized population in close coordination with the logistics assistant. In addition, the operation has a financial administrative assistant who follows up and prepares the necessary documents to ensure the accountability of the involved branches. The entire team attends weekly coordination meetings both within the National Society and with the IFRC team. These three positions shall be expanded to ensure the effectiveness of the operation.

Visibility of the operation's communications by the IFRC (material production)

To date, the VRC Communications Department has visited the Mérida local branch to gather audiovisual content, assess damages and needs, as well as design informative material with recommendations for public opinion and life stories of volunteers and people reached to make the actions visible in the official networks of the National Society.

In addition, coordination meetings have been established with the regional communications unit for the preparation of the terms of reference that facilitate hiring of a specialized team that will be visiting the states of the DREF operation with the objective of compiling life stories and the impact of the assistance on the population.

Monitoring and follow-up by IFRC (remote and field visits)

From the beginning of the operation, the IFRC technical team accompanies the national team in monitoring and reporting on the activities undertaken. In coordination with the Information Management unit, volunteers from the Venezuelan Red Cross have been trained to properly record the distributions made in the field.

Furthermore, to receive technical support from the IFRC Regional Office, a visa is currently being requested for a visit by the Regional Operations Coordinator to Venezuela.

IFRC technical assistance for rapid assessments

From July 3-8, 2022, VRC with the support of IFRC, conducted the rapid assessment in the states of Zulia, Táchira, and Mérida through an assessment tool for focus groups and key stakeholders that facilitated the collection of primary data during field visits. To this end, volunteers from the different branches were trained, demonstrating the relevance of the actions set forth in the Action Plan.

In addition, between July and August, the VRC teams, in coordination with the IFRC, conducted rapid assessments in the states of Bolívar and Barinas, which facilitates that the actions planned in this update can be focused to provide the necessary response to the affected population.

IFRC Logistics Supply Chain

Americas Regional Logistics Unit work together with IFRC office in Venezuela to coordinate the supply chain of the items requested to support the operation: 1,000 kitchen sets, 5,000 mosquito nets, 2,000 jerrycans and 1,000 cleaning kits. Once the import authorization was received, the container was loaded and dispatched during the end of July and arrived at Venezuela shortly, at the beginning of August. Local coordination for distribution is undergoing.

D. REVISED BUDGET

See annex.

Click here for:

- [Original DREF Plan of Action](#)

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

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In IFRC Geneva

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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 NGOs in disaster relief and to the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in providing assistance to the most vulnerable. The International Federation's vision is **to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities of 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

MDRVE006 - VENEZUELA - FLOODS

14/09/2022

Budget by Resource

Budget Group	Budget
Clothing & Textiles	59,266
Water, Sanitation & Hygiene	148,784
Medical & First Aid	45,847
Teaching Materials	1,744
Utensils & Tools	43,571
Relief items, Construction, Supplies	299,212
Distribution & Monitoring	21,199
Transport & Vehicles Costs	14,530
Logistics Services	29,835
Logistics, Transport & Storage	65,564
National Staff	28,170
Volunteers	12,399
Personnel	40,569
Workshops & Training	14,530
Workshops & Training	14,530
Travel	28,963
Information & Public Relations	8,331
Office Costs	4,068
Communications	1,162
Financial Charges	969
General Expenditure	43,493
DIRECT COSTS	463,368
INDIRECT COSTS	30,119
TOTAL BUDGET	493,487

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	115,600
AOF3	Livelihoods and Basic Needs	30,949
AOF4	Health	43,524
AOF5	Water, Sanitation and Hygiene	164,097
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	61,775
SFI2	Effective International Disaster Management	77,543
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	
TOTAL		493,487

