



IFRC-DREF Operation - Final Report

Venezuela | Floods

DREF operation	Operation n° MDRVE007
Date of Issue: 28/08/2023	Glide number: NA
Operation start date: 20 October 2022	Operation end date: 30 April 2023
Host National Society: Venezuelan Red Cross	Operation budget: 417,818
Number of people affected: 64,000	Number of people assisted: 7,000
Red Cross Red Crescent Movement partners currently actively involved in the operation: Venezuelan Red Cross, International Federation of Red Cross, and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and German Red Cross (integration agreement with IFRC).	
Other partner organizations actively involved in the operation: Civil Protection, Ministry of People's Power for Health, national and local authorities	
The Venezuela Red Cross spent a total of 415,924 CHF. The remaining balance of 1,894 CHF will be returned to the Disaster Response Emergency Fund.	
<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 Venezuelan RC, would like to extend thanks to all for their generous contributions.</i>	

A. SITUATION ANALYSIS

Description of the disaster

The year 2022 was one of the most affected years by heavy rains in recent years. By December 2022, the National Institute of Meteorology and Hydrology (INAMEH, by its initials in Spanish), reported that 44 out of 51 tropical waves formed in the region, passed through Venezuela.

The remnants of tropical wave No. 41 and the presence of the intertropical convergence zone produced an accumulation of rainfall above the records of previous years. In this sense, several states were affected by the rainfall produced. Aragua was the most affected state with 54 people killed in Las Tejerías disaster on 8 October and the El Castaño disaster on 17 October, where three people died. It was followed by the Anzoátegui state, where eight people died on 9 November; in some zones, the damage was so extensive that the vice-presidency announced the reallocation of 39 families to Falcón, Cojedes, and Lara.

By the end of 2022, according to the Ministry of Interior and Justice more than 60,000 people, 26,000 families, and around 14,000 homes were damaged. According to Civil Protection (PC, by its Spanish acronym), 80,000 groups were deployed to help those affected by the rains.

In addition to the deaths, the heavy rains in Venezuela caused other damages in most of the country, ranging from flooding, overflowing rivers, landslides, fallen trees, and utility failures, to the collapse of houses in risk areas.

In addition, several reservoirs were at risk and on the verge of overflowing registered in October, such as those in Miranda and Aragua, which due to the lack of maintenance were at risk of contamination. Rains and floods also caused affectations in the agricultural sector, especially in the Los Andes region. Rainfall was recorded in the states of Portuguesa, Miranda, Zulia, Táchira, Lara, Falcón, Bolívar, Nueva Esparta, Guárico, Mérida, Carabobo, Delta Amacuro, Trujillo, La Guaira, and Sucre.

Summary of response

Overview of Host National Society

For 128 years, the Venezuelan Red Cross (VRC) has fulfilled its humanitarian mandate in Venezuela and is considered the most important private health network in the country, with eight hospitals and 34 outpatient clinics. The Venezuelan Red Cross has 4,784 volunteers and more than 1,600 workers, including medical staff. The VRC is known for providing medical assistance in its health network, primary health care in communities, first aid, mental health and psychosocial support, 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 in the most vulnerable communities, despite the challenges facing the country, including the impact of COVID-19.

For this emergency, the Venezuelan Red Cross, responded in the affected states, through its branches, outstandingly by:

- Establishment of a Working Group comprising the VRC Secretary General, VRC Vice President, Communications Director, National Relief Director, and Humanitarian Diplomacy Director for strategic and operational decision-making.
- Establishment of situational rooms and an Emergency Operations Centre (EOC) at the VRC headquarters.
- In Aragua, in coordination with Civil Protection, a team was deployed to support Search and Rescue from the first hours of the emergency.
- A VRC/IFRC Information Management (IM) team was deployed to Aragua to set up a situational room to properly monitor information at the first stage of the response.
- In Falcón, volunteers and teams were deployed to assist the affected people and support needs assessments. Pre-positioned supplies such as water purification tablets and personal hygiene kits were distributed. In addition, psychosocial support, hygiene promotion, safe water information, and Restoring Family Links (RFL) activities were carried out.
- Coordination of five branches with the National Civil Protection and Disaster Management System was carried out to ensure effective coordination in the affected communities.
- In coordination with the Qatar Red Crescent, 1,901 additional families were assisted in the states of Anzoátegui, Aragua, Distrito Capital, Falcón, and Sucre, complementing the actions of the present DREF Operation.
- Through the support of the Simon Bolivar Foundation, 100 families received water, sanitation, and hygiene supplies in the Tejerias area. Additionally, an emergency water system was rehabilitated to mitigate water and sanitation needs in the event of an upcoming disaster.
- Lessons learned workshop was held on April 29, where the national coordination with the VRC branch Health and Relief Directors participated.
- At the closure of the operation the targeted population was reached, and



VRC volunteer with community member at Tejerias, Aragua State. 2022

funds were implemented in a proper manner.

Overview of Red Cross Red Crescent Movement in country

A VRC Operations Coordinator was recruited for this operation, who together with the IFRC Country Delegation, which is composed of two international delegates, and 16 local staff members, coordinated the timely implementation of the activities planned for the operation.

The IFRC, the VRC, and the ICRC actively participated in different coordination meetings to discuss the different response actions and provide the technical assistance required by the National Society. In addition, through the Integration Agreement, the Delegate of the German Red Cross actively participated in the different Movement coordination meetings, facilitating the contribution of 85K Euros to carry out needs assessments, and the procurement of uniforms and relief supplies for volunteers.

The Qatar Red Crescent supported the VRC bilaterally to assist 1,901 families in the affected states.

For the current response, the Movement maintained close coordination with the Humanitarian Country Team and the WASH, logistics, health, and relief clusters.

Overview of non-RCRC actors in country

- In Aragua, the Vice-Presidency of the Republic conducted an assessment in Tejerías to evaluate the impact and initiate government response mechanisms. The first response in relation to the delivery of non-food items to those affected was provided by the national and regional governments.
- The national government decreed a state of emergency for the state of Aragua on 9 October, deploying officials from various institutions to participate in search and rescue, first aid, and damage assessment.
- In Anzoátegui, the mayor of the municipality of Bruzual declared a state of emergency for 90 days according to Decree N-009/2022 in the municipal gazette, because of heavy rains and overflowing rivers.
- CARITAS Venezuela activated its response protocol to assist affected families in Tejerías.
- With the support of the Pan American Health Organization (PAHO), around 2,200 people were assisted with the implementation of the Minimum Mental Health and Psychosocial Support Services Package (SMAPS) proposed for the emergency in the town of Tejerías, Aragua State. These activities were carried out jointly by the MPPS, the Federation of Psychologists of Venezuela, the College of Psychologists of Aragua, PAHO, and WHO.
- After the close of the operation the VRC remains the constant coordination with the local authorities.

Needs analysis and scenario planning

Within the framework of this IFRC-DREF, from 1 to 12 November 2022, a rapid assessment was carried out in 13 municipalities of the five prioritized states: Aragua, Anzoátegui, Capital District, Falcón, and Sucre. This evaluation was carried out by the technical teams of the Venezuelan Red Cross (VRC) through direct visits to the affected communities where a 28-question tool was applied to focus groups and key actors. The municipalities and communities evaluated were:

State	Municipalities evaluated
Anzoátegui	Bolívar, Sotillo, Bruzual, Cajigal, Guanta, Píritu, Peñalver.
Aragua	Santos Michelena (Tejerías community).
District Capital	Libertador (23 de enero and Macayapa communities).
Falcón	Miranda (Cástulo Mármol Ferrer community), Carirubana, Colina.
Sucre	Sucre (San José. Ezequiel Zamora, Isla del Manzanares, Parcela de Miramar, Pantallas Colina de Miramar, Mundo Nuevo, San Juan, Villas del Polideportivo,

	Jagüey de Luna, Valle Verde, Riveras del Manzanares, Puerto la Madera Cordero de Dios y Bendición de patria).
--	---

As a result of this evaluation, the following priorities were identified:

Shelter: In the 5 states, **4,968 families** were identified as affected. Of this total, 39% suffered the total loss of their homes and belongings such as refrigerators, televisions, mattresses, blankets, pots and pans, stoves, and kitchen utensils. This was due to rockslides that caused structural failures in walls and roofs. Aragua, Anzoátegui, and Sucre were the most affected states. The number of families affected by the state is detailed below:

State	Total loss	Partial affectation
Anzoátegui	432 families	1,731 families
Aragua	350 families	500 families
Capital District	0	210 families
Falcón	53 families	294 families
Sucre	1,130 families	268 families
Total	1,965 families	3,003 families

In the states of Aragua, Anzoátegui, and the Capital District, the Government set up temporary shelters to meet the immediate needs of the population. In Sucre State, due to its territorial extension, approximately 1,398 families did not receive support from the authorities. In the case of Falcón State, most of the affected families moved to the homes of families or neighbours.

Considering the national, state, municipal, and community response, the VRC identified that 1,400 families in the five states required the provision of relief items, such as kitchen, cleaning, and personal hygiene kits.

Health: In the most affected areas of the five prioritized states, there has been an increase in cases of malaria (Sucre state), dengue, cutaneous mycosis, bacterial dermatitis, diarrheal infections, and respiratory diseases. Community leaders of the affected communities indicated that people with chronic treatments for hypertension, diabetes, and dyslipidemia had lost their treatments and prescriptions.

In the states of Aragua, Anzoátegui, and Sucre, there was evidence of partial damage to the infrastructure of health centers in the area. In addition, a shortage of medicines, medical supplies, and disposable materials was identified, as well as failures in electric generators and damage to water storage systems. In the case of the Capital District, although health personnel from the MPPS were present in the affected areas, there was a lack of medicines.

Mental Health and Psychosocial Support (MHPSS): The need for the implementation of group and individual first and second order MHPSS activities for affected families became evident. The Venezuelan Red Cross in the states of Aragua, Anzoátegui, and the Capital District established alliances with the Venezuelan College of Psychologists to provide psychological assistance.

Rescue activities for families affected by floods and landslides caused first responders to work continuously; the Venezuelan Red Cross supported these personnel with individual and group debriefing sessions.

Water, Sanitation, and Hygiene Promotion (WASH): A decrease in water storage capacity has been evidenced due to the total or partial loss of water systems. At the beginning of the response, water pumping was suspended in many areas due to power outages. Water contamination due to the presence of dead animals in riverbeds and overflowing latrines was another critical element for affected families. The accumulation of garbage and the precarious sanitation conditions was a relevant factor that caused the proliferation of vectors.

Personal hygiene and household cleaning supplies were identified as a need, as well as supplies for the collection, storage, and treatment of water at the family level, accompanied by training sessions for the community on safe

water, drinking water treatment methods, biosafety, source protection, safe water handling, vector control and solid waste and excreta management, as well as the need to distribute hygiene kits and family cleaning kits.

Protection, Gender, and Inclusion (PGI): In November 2022, the Protection and Childhood risk analysis was conducted in the states of Anzoátegui, Aragua, Capital District, Falcón, and Sucre. It should be noted that the states prioritized for this evaluation have little experience in the management of protection issues.

The activities developed by the National Society (NS) include those that involve dealing with children in some way, such as educational sessions, friendly spaces, and any other activity where the open invitation of the community is contemplated.

Currently, the National Society does not have identification and referral mechanisms related to protection issues, however, as an action to strengthen the NS and steps for the generation of such structure, there is a report mailbox (buzon.cea@cruzrojavenezolana.org), where communities can share their comments, complaints or incident reports in case they exist. This will make it possible to ensure the proper implementation of the Protection against Sexual Exploitation and Abuse (PSEA) and the Code of Conduct.

Risk Analysis

As reported in the Operations Update No.1, to guarantee IFRC standards in the response, the relief items (water filters, water purifiers, cleaning kits, and kitchen kits) planned for this operation were procured outside the country through the IFRC Americas Regional Logistics Unit (RLU). However, due to logistical constraints and the closure of customs offices for the end of the year in 2022, the arrival of those items was delayed until the month of February 2023. In addition, the second transfer to the National Society faced some challenges due to the entry of international regulations.

In the state of **Aragua**, in Las Tejerías and El Castaño security incidents were reported between February and March 2023. In this sense, activities were carried out jointly with a team of two duly identified vehicles, to safeguard the volunteers and all the personnel, as well as the logistic resources and relief supplies. IFRC Security Assistant provided support in the monitoring of the situation which helped the implementation of the activities. In addition, through humanitarian diplomacy, the VRC advocated with local authorities the access to communities ensuring volunteers' security.

Despite the operational difficulties in the state of **Sucre** activities were achieved in a satisfactory manner, facilitating the provision of the assistance.

In **Anzoátegui** state, the accompaniment of the National Relief Director, together with the IFRC-DREF's operational team was key to the success of the operation. Additionally, the adoption of the IFRC Child Protection Policy has helped the success of the operation within the branch of Barcelona.

Limited access to fuel in the country, affected the mobilization of the volunteers to the communities. To this end, coordination with local authorities was established to ensure the availability of fuel with the aim of properly responding to communities.

B. OPERATIONAL STRATEGY

Proposed strategy

Through this IFRC-DREF Plan of Action, the Venezuelan Red Cross (VRC) aimed to support 1,400 families in the prioritized states as follows: **400** families in Aragua; **200** families in Anzoátegui; **200** families in Capital District; **200** families in Falcón, and **400** families in Sucre. The rapid assessments carried out in the five states identified the needs and actions to be taken, to assist the families affected.

Shelter: National Society's volunteers visited the affected communities to identify the families who required assistance. Based on the vulnerability criteria identified in the multisectoral assessment, the National Society, in coordination with community leaders and authorities, assisted families with blankets, and kitchen kits. In addition, a post-distribution multisectoral satisfaction survey was carried out to determine the community's perception of the VRC's response.

Health: First aid items were distributed to the families targeted by the operation. The National Society's volunteers carried out health promotion and disease prevention activities through the implementation of activities described in the Epidemic Control Toolkit for Volunteers (CEV).

During the first days of the response, first aid was provided, especially in Aragua state. In this regard, the procurement and distribution of first aid supplies were foreseen for the branches that worked in the operation. In addition to this, and considering the needs identified in the communities, the Venezuelan Red Cross developed health promotion and disease prevention sessions.


A total of 2,400 mosquito nets were distributed to families in at-risk areas in the states of Anzoátegui, Aragua, Falcón, and Sucre. These activities also included educational sessions to promote vector control and reduce the risk of mosquito-borne diseases.

18 volunteers were trained in Emergency Health Response Teams, which aims to strengthen volunteers' knowledge in Emergency Health, Mental Health, and Psychosocial Support (MHPSS) and Water, Sanitation, and Hygiene Promotion (WASH) to provide an appropriate response. Activities in (MHPSS) focused on stress management, psychological first aid, community psychosocial support, and child-centered care. In addition, the branches with psychologists provided psychological care to 25 people.

Also, psychological support was permanently provided to all Venezuelan Red Cross personnel who participated in the operation, after the closure of each activity developed by the operation, mitigating possible negative effects on their mental health.

Water, Sanitation, and Hygiene Promotion (WASH): 1,400 families were reached through the distribution of jerry cans, family hygiene kits, water filter kits, and water purification tablets in the five states prioritized by the operation. These distributions were accompanied by hygiene promotion sessions and access to safe water to promote good practices related to personal and household hygiene, as well as proper water treatment, storage, and consumption.

C. DETAILED OPERATIONAL PLAN

	<h2>Shelter</h2> <p>People reached: 7,000 people (1,400 families)</p> <p>Male: 2,800</p> <p>Female: 4,200</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and long-term resilience through solutions and settlement.			
Indicators:		Target	Actual
# of families provided with shelter supplies		1,400	1,400
Output 1.1: Basic household items are provided to affected families.			

Indicators:	Target	Actual
# of families provided with blankets	1,133	1,133
# of families provided with kitchen kits	1,400	1,400

Narrative description of achievements

3,400 blankets were distributed among 1,133 families based on the needs identified in the multi-sectoral assessment, the blankets were procured and distributed in 2022. In addition, 1,400 families received kitchen kits, which were distributed in the prioritized communities, especially to families who faced the partial or total loss of their belongings due to the emergency. The total number of families reached by these items was as follows:

Table 2: # of families reached through shelter supplies

STATE	MUNICIPALITY	COMMUNITY	ASSISTED FAMILIES
Aragua	Santo Michelena, Tejerías	Los Alpes 1, 2 y 3, Cacho norte, Cacho sur, La Estación, La línea	400 families
Anzoátegui	Bolívar	Chuparrón Arriba, Valle Verde Arriba y Valle Verde Abajo	200 families
Capital District	Libertador	23 de enero, La Yaguara,	200 families
Falcón	Miranda	Cástulo Mármol Ferrer, Candelaria 1 y 3, La Cañada 3 y 4	200 families
Sucre	Sucre	Gamero, Guirintar los Molinos, San José. Isla del Manzanares, Jagüey de Luna, Valle Verde, Puerto la Madera	400 families

To guarantee IFRC standards in the response, items were procured outside the country through the IFRC Americas Regional Logistics Unit (RLU). However, due to logistical constraints and the closure of customs offices for the end of the year in 2022, the distributions were carried out with some delay. However, all activities were implemented within the timeframe.

In the state of Aragua, distributions were carried out considering appropriate security measures considering the context in which the community was facing. At times, distributions were suspended due to the volatility of the context.

Challenges

Country context and the lack of quality in the products is a constant factor that impacts the operation in Venezuela, especially in compliance with the IFRC standards, where RLU support is always required. Even though activities are planned based on this context, delays in the arrival of relief items and flexibility in distributions require constant modification.

The characteristics and contexts of the states in the current operation require that volunteers and staff take additional measures to ensure that distributions are made safely and take into consideration appropriate security measures. On occasion, distributions were suspended due to the volatility of the context.

Lessons Learned

The Venezuelan Red Cross through post-distribution surveys identified that more than 89 percent of people surveyed stated that the attention was good/very good. Also, the target population understood the purpose of

the assistance, which items they received, and in what the assistance took place. A total of 95 percent of people stated that the assistance was based on the needs the population needs of the population, which confirmed the relevance of the actions.



Health

People reached: 7,000 people (1,400 families)

Male: 2,800

Female: 4,200

Outcome 1: Immediate health risks to affected populations are reduced.

# of assessments performed	1	1
----------------------------	---	---

Output 1.1: The health situation and immediate risks are assessed using previously agreed guidelines.

Indicators:	Goal	Current
Number of volunteers receiving Epidemic Control Workshops	120	205

Outcome 2: Immediate health risks to affected populations are reduced through improved access to medical treatment.

# of people participating in health activities	7,000	7,000
--	-------	-------

Output 2.1: Increased access to medical care and emergency health care for the target population and communities.

Indicators:	Goal	Current
# of branches with supplies for the provision of first aid	5	5
# of people participating in health promotion activities	7,000	7,000
# of people who received first aid care	250	797

Outcome 4: Disease transmission of a potential epidemic is reduced.

# of people reducing the risk of vector-borne diseases	2,400	2,400
--	-------	-------

Output 4.2: Vector-borne diseases are prevented.

Indicators:	Goal	Current
# of people provided with mosquito nets	2,400	2,400

Outcome 6: The psychosocial impact of the emergency decreases.

# of people receiving Mental Health and Psychosocial Support services	500	420
---	-----	-----

Output 6.1: Psychosocial support provided to the target population, as well as to volunteers and staff involved

Indicators:	Goal	Current
# of people reached who received MHPSS	500	420
# of VRC Volunteers and humanitarian workers receiving MHPSS services	120	366

Progress of results:

Assessment:

In the first half of November 2022, the branches involved in the operation carried out a multisectoral assessment in communities affected by the rains in the states of Falcón, Sucre, Capital District, Aragua, and Anzoátegui. The assessment allowed us to identify the impact and needs in the areas of shelter, water, sanitation, and health because of the floods and the response actions carried out in the affected communities.

The evaluation was carried out in an Open Data Kit (ODK), the application of this tool per session was approximately 35 minutes. It was applied also to five focal groups in the five states, where 60 people from the communities participated. In addition, interviews were conducted with 42 leaders, who provided information on the effects of floods and landslides. This information served as the basis for the definition of the work plan in the five states.

Epidemic Control Refresher Workshops for Volunteers & ERPs:

A comprehensive workshop was held where 18 volunteers from the 5 branches were trained in Epidemic Control, Psychosocial Response Teams, Water Sanitation and Hygiene Promotion, and CEA. Subsequently, replications were carried out for the staff of their respective branches, training a total of 205 volunteers. This replication was carried out using the IFRC Epidemic Control course toolkit.

Subsequently, replications were carried out for the staff of their respective sections, training a total of 205 volunteers. This replication was carried out using the IFRC Epidemic Control course toolkit.

Table 3: # of volunteers who received trainings.

State	Women	Men	Total
Aragua	49	25	74
Anzoátegui	10	10	20
Distrito Capital	28	24	52
Falcón	17	8	25
Sucre	19	15	34
Total	123	82	205

Furthermore, in the Aragua and District Capital branches, the topics regarding Psychosocial Response Teams were replicated with the Venezuelan College of Psychologists reaching 39 and 36 technicians, respectively.

Provision of first aid

The Venezuelan Red Cross provided first aid to affected communities during the first emergency response to the adverse event (rescue, damage assessments), reaching a total of 797 people. Due to the magnitude of the impact of the floods in Aragua and Falcón, the number of people assisted through first aid actions exceeded initial estimates. Through the present operation, first aid consumables kits (sterile gloves, gauze, dressings, band-aids, tongue depressors, among others) were also procured and distributed to the branches.

Table 4: # of people who received first aid.

State	Women	Men	Total
Aragua	280	126	406
Anzoátegui	18	12	30
Distrito Capital	32	24	56
Falcón	190	90	280
Sucre	15	10	25
Total	535	262	797

Health promotion activities:

Educational sessions were carried out by the VRC during the distribution activities, as well as during the first aid and psychosocial support activities. Sessions aim to promote health promotion and disease prevention messages, where the target population was reached.

Dissemination of key health messages reduced the risk of disease occurrence in the families reached by the IFRC-DREF operation, as no increase in the incidence of flood-related diseases was evident during the assistance.

Mosquito Nets distributions:

2,400 mosquito nets were distributed to families in areas at risk of vector-borne diseases in the states of Anzoátegui, Aragua, Falcón, and Sucre. These activities also included educational sessions to promote vector control and reduce the risk of mosquito-borne diseases. These items were not distributed in the Capital District, since these families were in temporary shelters where it is not necessary to use them.



Distribution of items to the communities. Anzoátegui State, Barcelona Branch. VRC 2023

Table 5: # of families who received mosquito nets.

ESTADO	MUNICIPIO	COMUNIDAD	FAMILIAS
Aragua	Santo Michelena, Tejerías	Los Alpes 1, 2 y 3, Cacho norte, Cacho sur, La Estación, La línea	400 families
Anzoátegui	Bolívar	Chuparron Arriba, Valle Verde Arriba y Valle Verde Abajo	200 families
Falcón	Miranda	Cástulo Mármol Ferrer, Candelaria 1 y 3, La Cañada 3 y 4	400 families
Sucre	Sucre	Gamero, Guarantor los Molinos, San José. Isla del Manzanares, Jagüey de Luna, Valle Verde, Puerto la Madera	200 families

Psychosocial activities:

The Venezuelan Red Cross reached 420 people in communities affected through mental health and psychosocial support activities. The main actions were stress management, psychological first aid, community psychosocial assistance, and child-centered care. Of these people, 113 received second-level attention, as professionals were available in the branches to provide a more specialized service to the population.

Table 6: # of people reached through MHPPS activities.

SECCIONAL	MUJERES	HOMBRES	TOTAL
Aragua	203	97	300
Anzoátegui	8	2	10
Distrito Capital	33	22	55
Falcón	13	12	25
Sucre	24	6	30
Total	281	139	420

Table 7: # of people reached through MHPPS activities (second level)

SECCIONAL	MUJERES	HOMBRES	TOTAL
Aragua	52	14	66
Anzoátegui	2	0	2
Distrito Capital	7	3	10
Falcón	6	4	10
Sucre	16	9	25
Total	83	30	113

In addition, psychosocial support was provided on a permanent basis to all Venezuelan Red Cross staff and volunteers from other organizations, who participated in the activities carried out during the operation, to guarantee their well-being.

Table 8: # of volunteers (VRC and other organizations) who participated in MHPPS activities.

SECCIONAL	MUJERES	HOMBRES	TOTAL
Aragua	85	51	136
Anzoátegui	26	7	33
Distrito Capital	87	55	142
Falcón	15	10	25
Sucre	18	12	30
Total	231	135	366

Challenges

Although a considerable population was reached through mental health and psychosocial support services, there is still stigma and prejudice towards mental health care in many communities. However, through the dissemination of key messages and reinforcing the importance of mental health, people were able to understand the relevance of mental health care.

Lessons Learned

It was evident that Mental Health and Psychosocial Support strategies need to be strengthened prior to any operation, as communities have shown interest in increased MHPSS activities. Within the present operation, it was highlighted that all the volunteers working towards the assistance of the people affected, need to participate in debriefing activities and have the possibility of accessing mental health sessions due to the mental impact that the operation might have. These actions can be carried out by professionals in coordination with the VRC.



Water, sanitation, and hygiene

People reached: 7,000 people (1,400 families)

Male: 2,800

Female: 4,200

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

Indicators:	Target	Actual
# of families improving their access to safe water	1,400	1,400

Output 1.2. The target population is provided with daily access to safe drinking water that meets Sphere and WHO standards for quantity and quality.

Indicators:	Target	Actual
# of families receiving safe water supplies	1,400	1,400

Output 1.3. Hygiene-related goods (NFIs) that meet Sphere standards are provided to the target population and training is provided on how to use these goods.

Indicators:	Target	Actual
# of families who have received hygiene kits	1,400	1,400
# of families who have received cleaning kits	1,400	1,400

Narrative description of achievements

During the operation, 1,400 families improved their storage capacity and access to safe water through the distribution of water filters and water purification tablets. In addition, these families received family cleaning kits and hygiene kits to ensure good personal and environmental hygiene practices. All these items were complemented by educational sessions.



Distribution of water filters in the community by the Barcelona branch. VRC 2023

The VRC has carried out its activities through a comprehensive approach to its activities, where families are not only provided with supplies but are also given hygiene sessions to reduce water-borne diseases. This is extremely important, especially in rural areas, where the possibilities of accessing and maintaining safe water are more limited. Items were distributed as follows:

TATE	MUNICIPALITY	COMMUNITY	ASSISTED FAMILIES	RELIEF ITEMS DISTRIBUTED PER FAMILY
Aragua	Santo Michelena, Tejerías	Los Alpes 1, 2 y 3, Cacho norte, Cacho sur, La Estación, La línea	400 families	1 Hygiene family kit 1 Cleaning kit 1 Sawyer filter with 18-litre bucket 20-litre jerry can Water purification tablets
Anzoátegui	Bolívar	Chuparron Arriba, Valle Verde Arriba y Valle Verde Abajo	200 families	1 Hygiene family kit 1 Cleaning kit 1 Sawyer filter with 18-litre bucket 20-litre jerry can Water purification tablets
Distrito Capital	Libertador	23 de enero, La Yaguara,	200 families	1 Hygiene family kit 1 Cleaning kit 1 Sawyer filter with 18-litre bucket 20-litre jerry can Water purification tablets
Falcón	Miranda	Cástulo Mármol Ferrer, Candelaria 1 y 3, La Cañada 3 y 4	200 families	1 Hygiene family kit 1 Cleaning kit 1 Sawyer filter with 18-litre bucket 20-litre jerry can Water purification tablets
Sucre	Sucre	Gamero, Guirintar los Molinos, San José. Isla del Manzanares, Jagüey de Luna, Valle Verde, Puerto la Madera	400 families	1 Hygiene family kit 1 Cleaning kit 1 Sawyer filter with 18-litre bucket 20-litre jerry can Water purification tablets

Table 9: # of families who received WASH items.

Challenges

Within the WASH activities, the procurement and distribution of items is always contemplated. Nonetheless, due to the country context, logistical processes often take longer for the receipt of inputs. In this regard, during the implementation of this IFRC-DREF, local procurement was carried out by the Country Office through the Senior Procurement Officer when possible. However, it became evident that, despite an improvement in the number of suppliers available in the country, the efforts to carry out one process tended to take longer than expected, delaying the procurement processes.

Lessons Learned

It has become necessary to identify at the beginning of each operation which items are feasible to procure locally, and which are to be procured through the RLU. This is to facilitate the processes and ensure the efficiency of the funds.

Within the satisfaction surveys implemented to a sample of the population, it was determined that familiar hygiene kits were the most useful item for the population.

Implementation strategies

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

Output S1.1: National Societies have effective and motivated volunteers who are protected.

Indicators:	Target	Actual
Ensuring the safety and well-being of volunteers	120	151
# of volunteers participating in the operation who have increased their capacities	120	205

Output S1.1.6: National Societies have effective volunteers and the necessary corporate systems in place

Indicators:	Target	Actual
# of qualified personnel hired for the operation	3	3

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

Output S2.1.1: An effective and respected capacity-building mechanism is maintained

Indicators:	Target	Actual
# of monitoring mission	3	2

Narrative description of achievements

Staff Recruitment: The recruitment of the positions was done according to the IFRC standards. A team of three staff was recruited, which included an Operations Coordinator, an Administration Assistant, and a Logistics Assistant. It should be noted that the IFRC finance team provided support and training sessions on financial reporting of operational advances. It also provided ongoing support in the validation of expenditure reports and monitoring of budget execution, bank transfers, and the implementation of financial procedures.

CEA activities: The National Society implemented feedback mechanisms, such as face-to-face, suggestion boxes, and community assemblies. At the same time, information needs were identified on the effects of rain and floods, disease prevention, etc. In addition, to determine the level of satisfaction of the communities, 348 families were interviewed with the aim of receiving their feedback and opinions regarding the items distributed.

The VRC has set up an institutional email address (buzon.cea@cruzrojavenezolana.org) to ensure that communities can communicate with the National Society to ensure that people have been treated in a dignified manner, as well as to make complaints if necessary.

Volunteers strengthening: Through this operation, volunteers from the different branches participated in different sessions that allowed them to broaden their knowledge of health, thus strengthening their capacities. The volunteers who participated in the training were able to replicate them at the local level; the aim was to provide the volunteers involved in the operation with the necessary tools to ensure the quality and relevance of activities in the field.

IFRC technical and operational support: For the present operation, an operations Manager was recruited from the IFRC Surge team, where he provided technical guidance to the VRC and supported activities in the field. The VRC used digital tools such as ODK and OMEGA V with ODK kits, as they allow the collection of data more efficient. In this sense, the VRC and IFRC IM Officer provided initial trainings and timely support to the teams in the field. At the beginning of the operation, a meeting was held with the branches for the dissemination of the monitoring tools with the aim of ensuring a better understanding of how the goals need to be achieved, as well as the quality and accountability of the operation.

Communications/Visibility: The VRC National Communications Department with the support of the IFRC office, developed a communications plan to ensure that the activities developed by the National Society were understood by the population. In this sense, key messages were developed and disseminated both in the communities and through social media. Audiovisual material, life stories, and testimonies of both families and volunteers who worked in the operation were also produced¹.

Raincoats were distributed to the prioritized branches with the objective of providing them with supplies that can properly protect the relief team at the time of a response, ensuring the respective visibility of the volunteers.

Security: The IFRC Security Assistant conducted risk analysis in the states, especially in Aragua state considering the security context recorded from February 2023 until the end of the operation. The daily reinforcement of security standards was key to the success of the activities. Also, volunteers who provided support in the execution of the operation have accident insurance.

Technical support in logistics (purchasing and distribution): The volatility of prices and the lack of suppliers that comply with IFRC standards limit the local purchase of products. In this regard, in coordination with the Regional Logistics Office and the Senior Procurement Officer in Venezuela, procurement processes both at regional and local levels, where feasible, to ensure the receipt of inputs. Through the present operation, a total of 44 tons were mobilized, 5 containers and 2 maritime.

Challenges

The security situation in Aragua limited access to the communities and in the distribution of items. However, the VRC, in coordination with community leaders, was in constant communication to guarantee the well-being of both the operational staff and the community population. In this sense, some of the actions carried out by the National Society were teams mobilized to the field, could not be less than two people; the context and the exchange of information were consulted prior to the visits; at the beginning of the operation, all activities and visits were informed to the unique authority established.

Regarding the procurement of items, it was identified new suppliers at the country level for the purchase of some of these, this would increase the effectiveness of their reception.

Some branches did not have previous experience in operations, which represented a challenge for the VRC Coordinator team. However, with the support of the technical units, all processes were carried out under the standards of the operation.

Lessons Learned

In a country where the context is constantly changing, the Venezuelan Red Cross, in its auxiliary role to the public authorities has been able to provide assistance to the most affected population through this IFRC-DREF. The actions carried out, especially in Tejerias, allowed the National Society to broaden its scope and position itself as

¹ [Publication 1](#); [Publication 2](#); [Publication 3](#); [Publication 4](#);

an organization with a strong presence in the country. In this sense, the VRC branches identified aspects of success that facilitated the response at the local level through humanitarian diplomacy:

- Maintaining good and constant communication with the State's response entities, the exchange of skills and training, and attendance at high-level meetings.
- Dissemination at all levels of the Movement's Fundamental Principles, has allowed national and local authorities, and communities to understand the work and mandate of the Venezuelan Red Cross, to know its areas of work, as well as its purpose. This has guaranteed access to areas where no other organizations are able to.
- Constant visits to the communities allowed the VRC to get closer not only to the authorities and community representatives but also to the people affected, understanding their needs and contexts.

At the same time, factors that could be improved were identified to continue guaranteeing an optimal relationship with the authorities:

- Regular meetings with state response bodies are required to establish joint timetables in terms of disaster preparedness and management. This is with the aim to increase the effective response of the different actors involved.
- Dissemination of the Movement and its Fundamental Principles is imperative for the understanding of the Auxiliary Role.
- At National Level, it is necessary to continue highlighting the VRC actions in a standardized manner through its communications department.

D. Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2023/6	Operation	MDRVE007
Budget Timeframe	2022/10-2023/6	Budget	APPROVED

Prepared on 26/Jul/2023

All figures are in Swiss Francs (CHF)

MDRVE007 - Venezuela - Floods

Operating Timeframe: 20 oct 2022 to 30 abr 2023

I. Summary

Opening Balance	0
Funds & Other Income	417.818
DREF Response Pillar	417.818
Expenditure	-415.924
Closing Balance	1.894

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	10.788	11.038	-250
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	36.560	43.419	-6.859
AOF5 - Water, sanitation and hygiene	265.621	250.800	14.821
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	312.969	305.257	7.712
SFI1 - Strengthen National Societies	51.535	58.290	-6.755
SFI2 - Effective international disaster management	53.313	52.377	936
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	104.848	110.667	-5.819
Grand Total	417.817	415.924	1.893

DREF Operation

FINAL FINANCIAL REPORT

MDRVE007 - Venezuela - Floods

Operating Timeframe: 20 oct 2022 to 30 abr 2023

Selected Parameters			
Reporting Timeframe	2022/10-2023/6	Operation	MDRVE007
Budget Timeframe	2022/10-2023/6	Budget	APPROVED

Prepared on 26/Jul/2023

All figures are in Swiss Francs (CHF)

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	231.533	228.091	3.442
Clothing & Textiles	18.902	18.902	0
Water, Sanitation & Hygiene	155.318	151.357	3.961
Medical & First Aid	5.644	2.790	2.854
Teaching Materials	7.359	10.732	-3.373
Utensils & Tools	48.911	48.911	0
Other Supplies & Services	-4.601	-4.601	0
Logistics, Transport & Storage	99.035	98.930	105
Storage	33.493	33.493	0
Distribution & Monitoring	44.494	40.864	3.631
Transport & Vehicles Costs	5.492	5.458	34
Logistics Services	15.556	19.115	-3.560
Personnel	38.228	38.812	-584
International Staff		5.070	-5.070
National Staff	7.117	14.182	-7.065
National Society Staff	20.810	9.237	11.573
Volunteers	10.301	10.323	-22
Consultants & Professional Fees	566	1.395	-829
Consultants		829	-829
Professional Fees	566	566	0
Workshops & Training	9.505	4.447	5.058
Workshops & Training	9.505	4.447	5.058
General Expenditure	13.450	18.865	-5.415
Travel	5.404	5.808	-404
Information & Public Relations	783	6.072	-5.289
Office Costs	3.673	3.675	-2
Communications	604		604
Financial Charges	2.977	3.301	-324
Other General Expenses	11	11	0
Indirect Costs	25.501	25.385	116
Programme & Services Support Recover	25.501	25.385	116
Grand Total	417.817	415.924	1.893

Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the Venezuelan Red Cross:

- **Secretary General:** Mario Santimone, msantimone@cruzrojavenzolana.org

In the IFRC Americas Regional Office

- **Head of Country Delegation for Venezuela (acting):** Ariel Kestens, Head of Delegation, ariel.kestens@ifrc.org
- **Regional Head, Health, Disaster, Climate and Crises:** Marianna Kuttothara, marianna.kuttothara@ifrc.org
- **Regional Operations Manager:** Maria Martha Tuna, maria.tuna@ifrc.org
- **Regional Head, Planning, Monitoring, Evaluation, Reporting and Quality Assurance:** Golda Ibarra, golda.ibarra@ifrc.org
- **DREF Senior Officer:** Santiago Rodriguez, Santiago.rodriguez@ifrc.org

In IFRC Geneva

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

For IFRC Resource Mobilization and Pledges support:

- **Regional Head of Strategic Partnerships and Resource Mobilization for the Americas:** Mónica Portilla, monica.portilla@ifrc.org

For In-Kind donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** Mauricio Bustamante, mauricio.bustamante@ifrc.org
- **Regional Logistics Manager:** Stephany Murillo, stephany.murillo@ifrc.org