DREF Operation - Final Report

Venezuela | Floods

Operation DREF No. MDRVE006[1]	**Glide No:** FL-2022-000207-VEN
Final Report issued: 5 April 2023	**Timeframe covered:** 21 June to 31 December 2022
Operation start date: 21 June 2022	**Operation end date:** 31 December 2022 **Implementation timeframe:** 6 months
N° of people assisted: 9,705 people (1,941 families)	**DREF Allocated (CHF):** 493,487
Red Cross and Red Crescent Movement partners participating 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 involved in the operation: Civil Protection, Ministry of People's Power for Health, national and local authorities.	
The Venezuelan Red Cross spent a total of CHF 490,904. The remaining balance of CHF 2,583 will be returned to the Disaster Response Emergency Fund.	
The major donors and partners of the Disaster Response Emergency Fund (DREF) include 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 Red Cross, would like to extend thanks to all for their generous contributions.	

[1] DREF Plan of Action; Operations Update 1; Operations Update 2

A. SITUATION ANALYSIS

Description of the Disaster

During 2022, the rainy season in Venezuela was atypical due to the presence of the La Niña phenomenon, which lasted three consecutive winters in the Northern Hemisphere. The constant rains from April to November caused over-saturation of soils and an increase in river and lake beds.

During April, authorities reported that the rains affected almost the entire national territory, in the states of Amazonas, Aragua, Anzoátegui, Barinas, Bolívar, Carabobo, Delta Amacuro, Distrito Capital, Falcón, Guárico, La Guaira, Lara, Mérida, Miranda, Monagas, Nueva Esparta, Portuguesa, Sucre, Táchira, Trujillo, Yaracuy and Zulia, causing floods and landslides that resulted in loss of human lives, damage to public infrastructure, hospitals, and lifelines (electricity, water, roads), loss of livelihoods (agriculture, fishing, commerce), damage or destruction of homes and loss of household goods. At the end of the month, the states of Merida, Zulia and the Capital District were declared in emergency by the national government[2].

In May 2022, rains caused the level of Lake Maracaibo and the Chama and Catatumbo rivers to rise in the state of Zulia, causing the rupture of a dam located in the southern area of Lake Maracaibo and affecting an estimated 56,778 people, 6,159 houses and the loss of 150,000 hectares of crops. In the state of Táchira, heavy rainfall generated flash floods in rivers and streams.

The passage of tropical storm N°6 during the month of June aggravated the situation with damage to public infrastructure and housing. The main state affected was Merida, where 30,000 people suffered damages in their communities, followed by the State of Zulia, where the Governor declared a state of alert because of flooding caused by the El Limón River affecting the communities of Potrerito, Macutao, El Rabito, Alta Guajira, La Candelaria and Escondido.

In the State of Bolivar, during the month of October, the Caroni and Orinoco rivers increased their flow, causing severe flooding from Santa Elena de Uairén to El Callao. In Barinas State, rainfall caused the level of the Socopó river to rise, causing flooding in most of the capital city and surrounding areas, causing damage to public infrastructure, loss of houses and household goods. According to Civil Protection, 465 families were affected in this state.

In November, the El Limón river again caused flooding in the municipality of La Guajira, Zulia State, affecting 9,600 families in the communities of Elías Sánchez Rubio, Sinamaica, as well as 201 families affected in the sectors Viviendas de Santa Cruz, La Dulcera, Bicentenario, Guareira, Chorro 1 and 2. In the State of Bolivar, the Ure river overflowed, affecting 1,800 people in the parish of Pozo Verde in the municipality of Caroni, causing the loss of their homes and all their belongings. In the southern part of the State of Bolivar, the rains caused rural roads to be cut, causing farmers to be unable to transport their products to markets in other cities and resulting in the loss of their financial capital.

Summary of Current Response

Overview of Host National Society Response Actions

For 128 years, the Venezuelan Red Cross (VRC) has fulfilled its humanitarian mandate and is considered the most important private health network in the country, with 8 hospitals, 26 outpatient clinics, and 11 comprehensive centres. The Venezuelan Red Cross has 4,784 volunteers and more than 1,600 employees, including medical personnel. The VRC is known for providing primary health care, first aid, ambulance services, water, sanitation, and hygiene promotion, restoring family links, and responding to emergencies in the most vulnerable communities.

[2] Oficial N.° 42.364, Decreto N° 4.682.

For flood response, the National Society activated its Response Plan, which included the following actions:

- Activation of the five Regional Relief Directorates to monitor the situation nationwide.
- Ongoing multi-sectoral field evaluations.
- Establishment of coordination mechanisms with local and national authorities to ensure adequate response.
- Activation of the National EOC by the National Relief Director.
- The National Health Directorate, through its focal points, maintained constant monitoring for the prevention of possible diseases.
- A Working Group composed of the Vice President, Secretary General, National Relief Director, National Communications Director, and Operations Coordinator was established to ensure effective coordination of the response.

The Venezuelan Red Cross was on the ground from the beginning of the emergency, offering first aid, psychosocial support and conducting damage and needs analysis in the affected areas. It distributed prepositioned relief items such as: jerry cans, water purification tablets, hygiene kits and potable water. It also carried out health promotion and prevention activities, hygiene promotion and advice to authorities on the management of temporary shelters.

In the city of Santa Elena de Uairén (Bolívar state), 755 families and 155 patients were reached with the distribution of safe water, which was achieved through the mobilization of an XML4 water treatment plant where 50,000 litres (50 m^3) of water were treated, making it safe for consumption and hospital use.

Overview of the Red Cross and Red Crescent Movement's actions in the country.

- The IFRC Delegation in Venezuela provided technical assistance in the emergency response for the implementation of this Action Plan. To this end, it mobilized an Operations Coordinator who, with the support of the Delegation team, provided support to the National Society.
- Within the framework of the Venezuelan Red Cross Rains Plan 2022, the ICRC supported the National Society in the states of Carabobo, Táchira, Barinas, Mérida, Lara, Zulia and Bolívar by donating assistance materials and repairing vehicles to complement its humanitarian response. It also provided technical support to the VRC for the development of activities to re-establish contact between family members.
- The German Red Cross, through bilateral cooperation and in coordination with the IFRC, supported the mobilization of volunteers for response activities in the states of Mérida, Táchira, Carabobo, Bolívar, Guárico, Aragua, Falcón and Barinas, as well as first aid kits and visibility material for the National Society.
- Movement partners present in the country actively participated in different coordination meetings to analyse the situation and provide technical assistance to the response activities provided by the National Society.

Overview of actions by actors outside the Red Cross and Red Crescent Movement.

The first response in the affected sectors was led by municipal authorities, Civil Protection and the Bolivarian National Armed Forces (FANB). In the most affected states (Zulia and Aragua), Civil Protection mobilized the Simón Bolívar Humanitarian Task Force to carry out response and rehabilitation activities in the most affected areas. Among the places where the most important response activities took place, it can be mentioned:

- **Bolívar:** part of the gaps in health, water and hygiene supplies were addressed by the state government, partly with supplies provided by the UNHCR. Caritas Venezuela carried out multisectoral activities to complement the response.
- **Mérida:** the state government distributed food and shelter kits, as well as primary health care. In the case of the families who suffered total loss of their homes, the government arranged for the purchase of real estate.
- **Zulia:** UNICEF supported the creation of technical committees (*mesas técnicas*) that coordinated the recovery of the most affected communities in the Southern Axis of the Lake (Colón and Catatumbo), North (Guajira - Maracaibo) and Eastern Coast. It also prioritized the rehabilitation of health care centres and

hospitals in these communities, and distributed medicines for health campaigns for the affected communities in the municipality of Catatumbo (Guasimales, Tasajeras, Caño Dulce, Caño Limones).

- The World Food Programme distributed food to 10 affected municipalities. In mid-November, Save the Children distributed 1,200 food kits to affected people in three communities in the municipality of Catatumbo.
- In La Guajira, OCHA, UNHCR, TECHO, PALUZ, HIAS and NRC evaluated the possibility of a multisector response with a focus on health, household replacement and risk mitigation in the event of a recurrence of the situation.

Needs analysis and scenario planning

Needs Analysis

Heavy rains in Venezuela caused floods and landslides that affected most of the national territory. Faced with this scenario, the Venezuelan Red Cross carried out rapid assessments in the field, showing that the most urgent needs to be addressed were shelter, livelihoods, health, psychosocial support and mental health, water, sanitation, and hygiene promotion.

According to the assessment carried out in June[3], the most important findings are described below:

Shelter: Many of the families affected by the rains moved to the homes of relatives or temporary shelters established by the government or the community. The Venezuelan Red Cross identified the need to provide technical assistance to the entities managing the shelters so that these spaces would comply, as far as possible, with sphere standards. In addition, the distribution of kitchen kits, cleaning kits and hygiene kits was planned in the five states. In addition, blankets were distributed in the state of Merida due to the low temperatures recorded and hammocks in the states of Zulia and Táchira.

Livelihoods and basic needs: The high degree of soil saturation, the loss of tools and work inputs (fishing nets, seeds, weaving cloth) deteriorated the livelihoods of farmers, herders, and fishermen.

During the rains and in the days that followed, farmers were unable to sell their meagre produce due to the interruption of traffic on roads affected by landslides, roadside failures, and others. In addition, flexible pipes supplying water for crop irrigation were destroyed and/or lost, as well as crops, animals, tools and work inputs.

Health: The damage to infrastructure and sanitary furniture, damage to medical equipment, loss of medicines and medical supplies, and the difficulties for health personnel to access flooded populations, aggravated the limitations of access to health care and prevented the development of activities of disease control and prevention programs (expanded immunization program, malaria control, control of non-communicable diseases, among others).

The severe damage or destruction of homes caused families to lose medicines for chronic diseases, making it extremely difficult to acquire new medicines, as a consequence of their low purchasing power.

The stagnant water levels, the high degree of sedimentation and the deterioration in water quality contributed to the increased risk of waterborne diseases (such as acute diarrhoea), vector-borne diseases (arbovirus and/or leptospirosis), skin diseases (mycosis) and ophidian accidents.

Mental Health and Psychosocial Support (MHPSS): Stress-related conditions (acute stress disorders, somatization, sleep problems, behavioural problems) in all age groups, as well as aggravation of previous conditions (depression and grief) in adults, children and adolescents were also identified.

[3] Needs assessment: Tachira, Merida and Zulia, Barinas, Bolívar.

Additionally, the state of constant alert in which the volunteers of the Venezuelan Red Cross and other first response agencies have been in since the beginning of the rainy season was also evidenced.

Water, Sanitation and Hygiene (WASH): Widespread damage to the systems for the collection, storage, treatment and distribution of safe water in the communities was evidenced during the assessments. This, added to the continuous flooding, generated difficulties in the supply and access to safe water for the population.

In the case of the population of Santa Elena de Uairén, the local water supply system collapsed as a result of the rains; the municipality's water collection and treatment unit stopped functioning and the wells and cisterns used by the community (which did not have access to piped water) were contaminated.

Protection, Gender and Inclusion (PGI): The prioritized communities were located in areas with high protection risks, including gender-based violence against children and women, which is exacerbated in border states because of the mixed flows of people.

Vulnerability criteria

The following vulnerability criteria were considered for the implementation of the current operation:

- 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.

Operational risk assessment

Risks identified	Mitigation measures
Increased needs exceed the response capacity of the VRC.	• The situation in the country and the effects of the rains at the national level were constantly monitored. • In response to the rains, this Action Plan was extended to two more states: Bolivar and Barinas. In addition, a second DREF (MDRVE007) was implemented in Anzoátegui, Aragua, Distrito Capital, Falcón and Sucre.
Limited access to fuel for mobilization in response to the emergency.	• Coordination with local authorities for support in VRC operations.
Volatile currency exchange rate, which causes inflation and loss of purchasing power.	• Support from the Regional Finance Office for the payment of local suppliers.
Lack of understanding of Fundamental Principles by the population.	• With the support of the IFRC and the ICRC, key messages on the role of the Red Cross Movement and its Fundamental Principles were continuously disseminated. • The community's perception of the activities of the Venezuelan Red Cross was constantly monitored.
Increase in COVID-19 positive cases among Venezuelan Red Cross volunteers and staff.	• Personal protective equipment was provided and, in close coordination with the National Health Directorate, medical follow-up of the National Society's positive cases was carried out.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective.

Through this DREF Plan of Action, the Venezuelan Red Cross aimed to assist a total of 1,552 families (7,760 people) affected by the heavy rains in the states of Merida, Tachira, Zulia, Barinas and Bolivar through the intervention of activities in the areas of shelter, livelihood, health, water, sanitation and hygiene promotion.

The strategy used throughout the intervention allowed the National Society to reach 1,941 families (9,705 people) thus accomplishing the targets established in the original Plan of Action in a comprehensive manner.

Shelter: With the implementation of this DREF, 1,272 families were reached with the provision of kitchen kits, cleaning kits and hygiene kits in the states of Mérida, Táchira and Zulia, distributed as follows: 1,147 families in Barinas and 125 families in the states of Zulia and Merida, which were affected by floods in September.

Through this operation, 930 hammocks were purchased and distributed in the states of Barinas, Mérida, Táchira and Zulia. In addition, through complementary funds and in coordination with other partners, such as the ICRC, the Venezuelan Red Cross distributed 570 hammocks, which made it possible to reach the goal of 500 families.

Technical support was provided to shelter managers in the states of Mérida, Zulia and Barinas, with special attention to the PGI DAPS (Dignity, Access, Protection and Security) Framework, safe water management, hygiene promotion and proper food handling, to facilitate and improve shelter management, based on the shelter, PGI and Sphere standards. In total, technical assistance was provided to **seven** temporary shelters in the states of Zulia, Merida and Barinas.

Livelihoods and basic needs: According to the needs identified, 100 families were assisted with fishing kits and agricultural kits in the states of Merida and Zulia.

Health: During the first days of the response, first aid services were provided to people in temporary shelters. To this end, medical consumables were provided to the branches.

142 volunteers and people from the five branches strengthened their response capacity through rapid training in the use of the toolkit against epidemics. They were also trained in the protocol for post-flood disease care, which is part of the Contingency Plan against Epidemics developed by the National Health Directorate of the Venezuelan Red Cross. Likewise, complementarity was ensured with the dissemination of key messages against water-borne and vector-borne diseases during the distributions. All of this was carried out in close coordination and communication with local health authorities and monitoring of possible health effects on the community.

Mental Health and Psychosocial Support (MHPSS): in order to provide quality care to people requiring psychosocial support, five training workshops were held for Psychosocial Response Teams (ERP). These trainings facilitated the standardization of knowledge of Venezuelan Red Cross personnel.

In addition, individual and group psychological first aid activities were provided to the population of the affected communities. Psychosocial support sessions were also held for Red Cross volunteers and response teams to mitigate possible risks to their mental health, in view of the stress generated by the emergency.

Water, Sanitation and Hygiene (WASH): considering the increase in needs because of the effects of the disaster, relief items such as collapsible jerry cans (10 litres), hygiene kits, family cleaning kits, water filters, water purification tablets were distributed; these relief items helped the population to meet their most urgent needs for the consumption of safe water. These deliveries were accompanied by hygiene promotion sessions with key messages focused on household water treatment, chlorination, safe storage, proper hand washing, sanitation, and hygiene at the community level.

Due to the impact of flooding on the water treatment and distribution system in the city of Santa Elena de Uairén, a water treatment plant was mobilized to improve access to safe water in the Rosario Vera Zurita Hospital and nearby neighbourhoods, reaching more than 155 families and 775 patients.

C. DETAILED OPERATIONAL PLAN

Shelter
People assisted: 6,390 persons (1,278 families)
Men: 2,544
Women: 3,816

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	6,360	6,390
Output1.1: **Shelter and settlement and basic household items assistance is provided to affected families.**		
Indicators:	**Target**	**Actual**
# of families assisted with the distribution of blankets.	647	697
# of families assisted with family kitchen kits.	1,272	1,278
# of families assisted with hammocks (3 hammocks per family)	500	326
Output 1.2: **Affected households are provided with technical support, guidance and awareness-raising on safe housing design and settlement planning and improved construction techniques.**		
Indicators:	**Target**	**Actual**
# of collective centres with technical assistance.	6	7

Achievements

1,278 families (6,390 people) in the states of Barinas, Zulia, Mérida, and Táchira were assisted with the distribution of housing supplies, as follows:

State	Families reached	# Kitchen kits	# Blankets distributed	# Hammocks
Barinas	**147**	146	735	490
Zulia	**470**	533		490
Mérida	**455**	512	1,610	
Táchira	**206**	206	1,140	
TOTAL	**1,278**	1,397	3,485	980[4]

Shelter items were distributed based on the needs identified in the field, as stated in previous the Ops Update, 125 families would receive. Regarding the hammocks, the 500 families identified in the assessment made by the VRC team were reached; 326 families received hammocks through these funds, and the remaining 190 families received the hammocks as they received this item in coordination with the ICRC.

Technical assistance was provided to those responsible for the coordination of temporary shelters with complementary information on health, DAPS framework (dignity, access, participation, security), management of accommodation and the adequate use of water and sanitation. These activities were carried out under Sphere standards and with a focus on protection, gender, and inclusion, in the states of Zulia, Merida and Barinas. In addition, the Venezuelan Red Cross trained **12** volunteers through the **Coordination and Management of Temporary Shelter Workshop**, with the intention of continuing to optimize the multisectoral response.

[4] Through DREF funds, 980 hammocks were distributed, which represents, at 3 hammocks per family, 326 families. The total number of families targeted (500) was reached with complementary funds, in coordination with the ICRC.

Distribution of non-food inputs, Barinas State 2022

As part of the CEA strategy, a community cooking pot was held in the states of Barinas, Merida and Zulia, which allowed for greater interaction and rapprochement with the communities. During this activity, community opinions were identified regarding the response provided by the Red Cross in relation to the quality, relevance and timing of the distribution of relief items.

To collect and consolidate the information on families reached during the distributions, the ODK tool was used, which facilitated sending the data for systematization and inclusion in the reports to the Venezuelan Red Cross headquarters. Similarly, a satisfaction survey was generated that allowed the people served to reflect their perception of the distributions, which was positive in the prioritized states.

Challenges

Temporal shelters did not comply with all Sphere Standards, for which the National Society had to advocate and socialize minimum standards

The procurement processes made internationally brought as a consequence delay in the reception of items

Lessons Learned

It is necessary to strengthen VRC capacities, in terms of coordination and management of temporary shelters.

The acceptance of the VRC allowed to have a good response when assessments were being carried out at the shelters.
This enabled to empower the people in the shelters by identifying improvements in the areas of water management, basic sanitation and food, and minimum standards in protection, gender and inclusion.

Livelihoods
People assisted: 500 people (100 families)
Men: 200
Women: 300

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

Indicators:	Target	Actual
# of persons assisted with productive assets to improve their livelihoods	500	500

***Output 1.1:* The target population (non-farm livelihoods) is provided with skills development and/or productive assets and/or financial inclusion to improve income sources.**

Indicators:	Target	Actual
# of families replacing their assets	30	30

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

Indicators:	Target	Actual
# of families assisted with agricultural tools	70	70

Achievements:

In July, with the assistance of the Regional Climate-Smart Livelihoods Advisor, a multi-sectoral assessment was conducted jointly in the areas of housing, health, water and sanitation in the states of Zulia, Táchira and Mérida. This assessment made it possible to prioritize the families to be reached by this area of intervention, as well as to identify the inputs to be distributed, in order to support the recovery of livelihoods.

The goods and agricultural tools arrived in the country after the closing date of this operation. However, they were distributed through the Venezuelan Red Cross branches in coordination with community leaders in the states of Zulia and Mérida.

As a result of the floods, many families lost their homes and livelihoods, which in addition to the country's context, the acquisition of new tools was impossible for the families. In this sense, through the operation, 100 families (30 in Zulia & 70 in Mérida) were provided with agricultural and non-agricultural tools to resume certain activities.

Challenges

The National Society does not have a livelihoods technical unit, for which the Regional Climate-Smart Livelihoods Advisor provided support to implement activities.

Despite having made a needs assessment and determined the items to be procured, as it was an area of expertise for the NS, it took longer to purchase, which delayed its delivery.

Lessons Learned

Continued support from Regional Staff and the IFRC Delegation in the evaluation and implementation of Livelihoods activities.

Constant training of VRC volunteers in Livelihoods related evaluations and implementations.

It is necessary to engage with communities in alternative livelihoods activities to support community's resilience.

To constant monitor and consider the information from communities to take into account their needs.

Health
People assisted: 6,360 persons (1,272 families)
Men: 2,544
Women: 3,816

Outcome 1: Immediate health risks to affected populations are reduced.		
Indicators:	**Target**	**Actual**
# of rapid health assessments performed	*3*	*5*
Output 1.1: The health situation and immediate risks are assessed according to agreed guidelines.		
Indicators:	**Target**	**Actual**
# of volunteers who provide epidemic control to the target population	*120*	*142*
Outcome 2: The immediate health risks to affected populations are reduced by improving access to medical treatment.		
Indicators:	**Target**	**Actual**

# of people reached with first aid	*500*	*449*
Output 2.1: Emergency health care and assistance for the target population and communities is improved.		
Indicators:	**Target**	**Actual**
# of people reached through health promotion activities	*5,000*	*5,000*
Outcome 4: The transmission of diseases with epidemic potential is reduced.		
Indicators:	**Target**	**Actual**
# of people reducing the risk of vector borne diseases	*6,360*	*6,360*
Output 4.2: Vector-borne diseases are prevented.		
Indicators:	**Target**	**Actual**
# of people receiving Mosquito Nets	*6,360*	*6,360*
Outcome 6: The psychosocial impact of the emergency is low.		
Indicators:	**Target**	**Actual**
# of people reached with MHPSS	*500*	*1,037*
Output 6.1: Psychosocial support is provided to the target population, as well as to the National Society's volunteers and staff.		
Indicators[5]	**Target**	**Actual**
# of volunteers reached with MHPSS care (VRC volunteers and other humanitarian workers)	*80*	*185*
# of people reached with MHPSS interventions	*500*	*1,037*

Achievements:

Assessments of the health situation were performed in the communities affected by the floods, which showed the impact of the floods on health services, causing the pause of regular disease prevention programs, regular immunization programs, malaria control, prevention, and control of non-communicable diseases, among others.

In order to reduce the immediate risks to the health of the affected populations, among the actions implemented in the operation, five refresher workshops on epidemic control were held for volunteers and the training of Psychosocial Response Teams with a total of 92 volunteers. In addition, the National Health Directorate socialized the **Post-Flood Disease Attention Protocol**, which reached 50 people, including authorities, personnel, and volunteers from the national branches.

Branch	Men	Women	Total
Barinas	7	10	17
Mérida	8	10	18
Táchira	5	12	17
Bolívar	10	13	23
Zulia	7	10	17
Post-Flood Disease Care Protocol Workshop (National Online)	18	32	50
Total	**55**	**87**	**142**

Replenishment of consumables for first aid kits: The consumables for the first aid kits were distributed to the Zulia, Mérida, Táchira, Barinas and Bolívar states, providing first aid care for injuries and blood pressure screening to those who needed it during the emergency, reaching a total of **449 people**.

[5] *The indicator targets in Outcome 6: Mental Health and Psychosocial Support were adjusted to reflect the DREF's operational plan*

In addition, the Venezuelan Red Cross carried out activities focused on health promotion, including vector control, diarrheal diseases, and respiratory diseases, reaching a total of 5,000 people. These sessions were carried out in a comprehensive manner in each distribution carried out.

As part of the response, **mosquito nets were purchased and distributed**, reaching **1,272** families, as follows:

State	Reached families
Barinas	147
Táchira	200
Mérida	455
Zulia	470
Total	**1,272**

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

Mental Health and Psychosocial Support (MHPSS): In the prioritized states, individual and group sessions and psychosocial support activities for children were provided to members of the communities, with the support of volunteers trained in the SPAC and ERP methodology, who helped to encourage community participation in these activities. In this way, the operation provided psychosocial support to **1,037** people. Due to the impact of the floods on their homes, where many lost their belongings and family members, the community showed a great interest in participating in psychosocial support sessions, thus exceeding the target.

To ensure that all people participating in the operation received adequate care, the Venezuelan Red Cross implemented group debriefing activities after each community activity, reaching **120 volunteers** from the National Society and **65** people from other agencies involved in the humanitarian response.

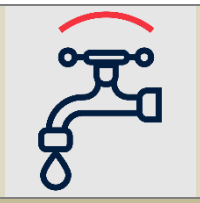
Challenges

COVID-19 context represented a challenge to generate shared spaces to have trainings, and actualization of interventions.

Mobility limitations of VRC volunteers due to the lack of fuel and reduced transport, which difficulted the attending of patients

Lessons Learned

It was evidenced that it is necessary to strengthen Mental Health and Psychosocial Support strategies prior to any operation, as communities have shown an interest an increase in MHPSS activities



Water, Sanitation and Hygiene
People assisted: 9,705 persons (1,941 families)
Men: 3,882
Women: 5,823

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

Output 1.1: An ongoing assessment of the water, sanitation and hygiene situation in selected communities is conducted.		
Indicators:	**Target**	**Actual**
# of families that have improved their access to water	1,552	1,941
Output 1.2: The target population is provided with daily access to drinking water that meets Sphere and WHO standards in terms of quantity and quality.		
Indicators:	**Target**	**Actual**
# de families receiving water supplies	1,552	1,816
Output 1.2: 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	1,272	1,272
# of families assisted with cleaning kits	1,272	1,272

Achievements:

During the entire operation, **1,941 families** improved their access to safe water. Of these, **1,816 families** received water supplies (10-liter jerry cans, water purification tablets, drinking water bottles and soap), as detailed below. This goal was exceeded due to the mobilization of the OX/LM6 water treatment plant, which allowed to reach more families in Santa Elena de Uairén. Also, as part of its mobilization, additional WASH items were distributed to families affected, for a total of **1,816 families**

State	Reached families
Barinas	**147**
Bolívar	**544**
Mérida	**455**
Táchira	**200**
Zulia	**470**
Total	**1,816**

The water treatment plant was mobilized to provide a comprehensive water, sanitation and hygiene promotion response to the Rosario Vera Zurita Hospital and one of the Sectors in Santa Elena de Uairen.

Through this action, it was estimated that 280 families would be reached based on the needs assessment. However, after assessing the possibility of operating the treatment plant effectively, it was concluded that it was actually possible to treat about 50,000 liters (50 m^3) of water, making it safe for consumption for 389 families and for hospital use, covering **775** patients. All these actions were complemented by 25 hygiene promotion sessions and the dissemination of key messages on water, sanitation and hygiene at the community level in the Maurak indigenous communities, San Valentín sector, Karupan indigenous community, Marupaken sector and Valles de Wara community.

In addition, **1,272 families** were reached through the distribution of personal and family hygiene kits, as follows:

State	Reached families
Barinas	**147**
Mérida	**455**
Táchira	**200**
Zulia	**470**
Total	**1,272**

For both activities, educational sessions were held to promote the reduction of diseases and good hygiene practices. In addition, four water measuring equipment were distributed to the Mérida, Zulia, Barinas and Táchira branches.

Challenges

As a consequence of the country context, logistics processes took more than expected. In addition, some branches did not have the respective quality water tests, for which the VRC had to coordinate with the VRC WASH team to optimize the resources available. Through this operation Lab Water tests were procured and distributed to branches.

The mobilization of the water treatment plant represented a challenge in the coordination of different parties. It was the first time the plant was being mobilized with the aim to install it at SEU. The VRC WASH Team always supported the implementation of the activities, providing technical guidance to the team in the field.

Lessons Learned

Due to the mobilization of the water treatment plant, it is required to formulate a protocol adapted to the country context on what to consider when setting up a camp with a water treatment plant for disaster response.

Develop a mapping of water quality in advance as it varies considerably. Thus, the VRC teams would have the required information to plan further actions.

Strategies for Implementation

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

Output 1.1.4: National Societies rely on efficient and motivated volunteers who are protected.

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

Indicators:	Target	Actual
# of volunteers participating in the operation	160	162

Achievements:

Volunteers involved in the operation participated in rapid training on damage assessment, multisectoral needs and training in all the areas identified in this Action Plan. In addition, they were trained in the use of ODK kits, as well as the necessary protective equipment for the development of the community activities that were carried out.

Outcome S2.1: An effective 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	2

Achievements:

Technical and operational support from the IFRC

Through the IFRC's Programs and Operations team, the actions to be implemented in this DREF were closely coordinated. In coordination with the Americas Regional Office, the Surge mechanism was activated for the deployment of a Colombian Red Cross Operations Coordinator to support the two DREF operations.

As coordination mechanisms, weekly meetings and follow-up meetings were established to identify the progress of the activities and the operational challenges that were being identified, seeking to correct them as efficiently as possible.

Hiring of qualified personnel for operation activities
The National Society had an Operations Coordinator, who was responsible for coordinating the planning of activities related to this DREF, collecting information, coordinating with the focal points in each section, preparing activity reports, monitoring, and following up on the procurement process, both national and international, as well as distributing supplies to the branches to assist the prioritized population in close coordination with the logistics assistant.

In addition, the operation had an administrative and financial assistant who followed up and prepared the necessary documents to ensure the accountability of the branches involved. The entire team attended weekly coordination meetings both within the National Society and with the IFRC team.

Visibility of DREF communications by IFRC (production of material)
The Communications Department of the VRC visited the branches of Mérida and Barinas to collect audiovisual content,[6] assess damages and needs, as well as the design and production of informative material, life stories of volunteers and people reached, to make the actions visible in the official networks of the National Society. In addition, support was provided by the regional communications unit for the compilation of life stories and testimonies in this operation, producing videos with national and international scope.

Monitoring and follow-up by IFRC (remote and field visits)
During the operation, the IFRC technical team accompanied the national team in the monitoring and reporting of the activities carried out. In coordination with the Information Management unit, volunteers from the Venezuelan Red Cross received refresher training and installation of skills for the proper recording of distributions, carried out in the field with the use of ODK kits, available in all participating branches.

IFCR technical assistance for conducting rapid assessments
From 3 to 8 July, the VRC, with the support of the IFRC, conducted rapid assessment in the states of Zulia, Táchira and Mérida, through an evaluation tool for focus groups and key stakeholders, which 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 in the Action Plan.

In addition, between July and August, the VRC teams, in coordination with the IFRC, carried out rapid assessments in the states of Bolivar and Barinas, which facilitated the actions planned in the DREF to provide the necessary response to the affected population.

IFRC logistics supply chain
In order to ensure compliance with IFRC procurement standards, the team in charge of the operation prepared a specific procurement plan, detailing the needs and specifications of the items to be purchased.

Due to the country context and to guarantee IFRC international standards, most of the purchases were made through the Regional Logistics Unit. The RLU executed the procurement of the necessary item for the operation response, such as agricultural kits, chlorine tablets and standardized NFIs, among others.

Challenges

[6] https://www.instagram.com/p/CiSToVruz-g/

Improve the time between requests and reception of procurements to provide a more efficient response.
Establish intervention protocols focused on PGI for cases of abuse of any kind identified and considering that each case is particular (safe referral route).
Update and disseminate contingency plans and training, so that more National Society personnel can guarantee an effective response.

The National Society does not have an emergency fund that would allow it to respond immediately to a disaster. The evolution of the atypical rainy season from April to November 2022 caused floods and landslides throughout the country affecting several states in Venezuela, for which an additional DREF allocation was requested.

Lessons Learned

Movement coordination allowed to facilitate the response of the VRC

The scope and coverage of the operation was adapted to the impact of the rains in the country, starting the work in 3 branches, later including two other branches and finally covering 125 more families in the states worked.

Coordination between response teams and IM is required when developing the assessment tool.

D. FINANCIAL REPORT

See Annex.

Reference documents

Click here to access:

- Previous operational updates
- Emergency Plan of Action (PoA)

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

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- **Secretary General:** Mario Santimone, msantimone@cruzrojavenezolana.org
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- **DREF Senior Officer:** Eszter Matyeka; eszter.matyeka@ifrc.org
- **Operations Coordination focal point:** Antoine Belair, Antoine.belair@ifrc.org

How we work:

All IFRC assistance seeks to adhere to the **Code of Conduct** of 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.

Selected Parameters			
Reporting Timeframe	2022/6-2023/02	Operation	MDRVE006
Budget Timeframe	2022/6-2022/12	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 28/Mar/2023

All figures are in Swiss Francs (CHF)

MDRVE006 - Venezuela - Floods

Operating Timeframe: 21 Jun 2022 to 31 Dec 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**493,487**
DREF Allocations	493,487
Expenditure	**-490,904**
Closing Balance	**2,583**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	125,345	174,046	**-48,701**
PO02 - Livelihoods	30,949	16,499	**14,450**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	34,708	28,329	**6,380**
PO05 - Water, Sanitation & Hygiene	170,734	177,238	**-6,504**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	3,563	1,756	**1,808**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**365,300**	**397,867**	**-32,567**
EA01 - Coordination and Partnerships	16,176	8,289	**7,887**
EA02 - Secretariat Services	51,720	28,693	**23,027**
EA03 - National Society Strengthening	60,292	56,055	**4,237**
Enabling Approaches Total	**128,188**	**93,037**	**35,151**
Grand Total	**493,487**	**490,904**	**2,583**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/6-2023/02	Operation	MDRVE006
Budget Timeframe	2022/6-2022/12	Budget	APPROVED

Prepared on 28/Mar/2023

All figures are in Swiss Francs (CHF)

MDRVE006 - Venezuela - Floods

Operating Timeframe: 21 Jun 2022 to 31 Dec 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**302,846**	**285,080**	**17,766**
Shelter - Relief		40,696	-40,696
Clothing & Textiles	51,293	20,478	30,816
Water, Sanitation & Hygiene	149,433	142,993	6,440
Medical & First Aid	45,847	2,503	43,344
Teaching Materials	1,569	15,745	-14,177
Utensils & Tools	54,704	48,863	5,841
Other Supplies & Services		13,803	-13,803
Logistics, Transport & Storage	**64,319**	**98,149**	**-33,830**
Storage	10,248	17,726	-7,479
Distribution & Monitoring	10,822	52,101	-41,278
Transport & Vehicles Costs	13,414	13,343	71
Logistics Services	29,835	14,979	14,856
Personnel	**40,911**	**52,811**	**-11,900**
International Staff		2,385	-2,385
National Staff	26,926	27,887	-961
National Society Staff	1,586	10,218	-8,632
Volunteers	12,399	11,394	1,005
Other Staff Benefits		928	-928
Consultants & Professional Fees	**739**	**1,401**	**-663**
Consultants		156	-156
Professional Fees	739	1,245	-507
Workshops & Training	**14,299**	**1,001**	**13,298**
Workshops & Training	14,299	1,001	13,298
General Expenditure	**40,255**	**22,501**	**17,754**
Travel	26,463	20,293	6,170
Information & Public Relations	7,593	1,122	6,471
Office Costs	4,068	3,098	970
Communications	1,162	6	1,156
Financial Charges	969	-2,049	3,017
Other General Expenses		30	-30
Indirect Costs	**30,119**	**29,961**	**158**
Programme & Services Support Recover	30,119	29,961	158
Grand Total	**493,487**	**490,904**	**2,583**