

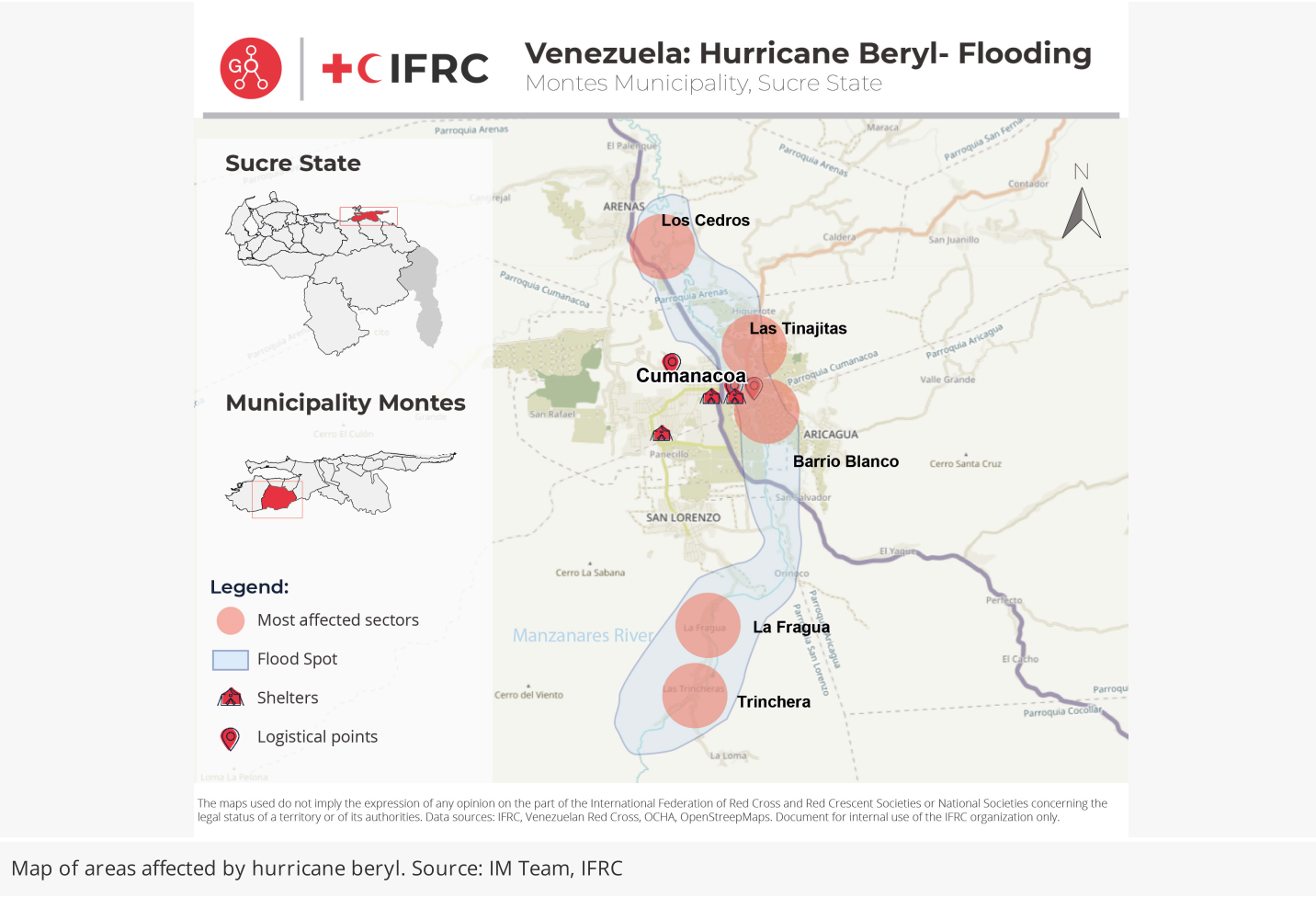


Affectations in Cumanacoa. September 2024. Montes Municipality, Sucre State. VRC

Appeal: MDRVE009	Total DREF Allocation: CHF 270,049	Crisis Category: Yellow	Hazard: Flood
Glide Number: -	People Affected: 29,000 people	People Targeted: 5,000 people	People Assisted: 7,524 people
Event Onset: Sudden	Operation Start Date: 16-07-2024	Operational End Date: 31-01-2025	Total Operating Timeframe: 6 months
Targeted Regions: Sucre			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event





Coordination of national authorities VRC and Civil Protection. Source: VRC



Distribution of water storage and filtration systems. 9 July 2024. VRC



Community informative session. Date: July 2024. Place: Cumanacoa. Source: VRC.

Scope and Scale

The overflowing of the Manzanares River in Cumanacoa, Sucre state, on 2 July caused flooding in several areas due to its increased flow. Approximately 80% of Cumanacoa was affected, impacting 29,000 people in 17 communities in the Montes municipality, located near the river. The most damaged areas were Las Lomas, Las Trincheras, Altos de Trincheras, Peña, Cutábano, Agua Blanca, and La Fragua. Another affected population, although to a lesser extent, is located along the slopes of the Manzanares River, with approximately 780 homes outside the attention focus of state agencies.

As of 8 July, six deaths, three missing, and an undetermined number of injuries were officially reported. 7,960 homes suffered minor to severe damage, and 360 homes were reported as total losses. All the counted households suffered the loss of property and belongings. Additionally, nearly 150 commercial establishments were affected, impacting the local economy and families' livelihoods. Families have been displaced to the Sucre state capital, Cumaná. Furthermore, six schools were affected by the floods. Three of them suffered significant damage, and two others, located in the communities of Las Trincheras and La Fragua, were destroyed.

People with disabilities, the elderly, and children were among the most vulnerable groups and faced greater obstacles evacuating and accessing emergency services. Their susceptibility to illness and difficulties in moving made them more vulnerable to the effects of the disaster. This situation has led to internal displacement and the increase in the number of people living in temporary tents, who now find themselves in a precarious situation with less access to resources and community support.

The affected area is extensive. There are few means of communication and channels with quality service, which hinders the flow of information between communities due to the intermittent and precarious telecommunications infrastructure in the area. Warning systems did not exist throughout the municipality, except for a few in specific areas such as Los Cedros and Montalbán, which restricts riverside communities from receiving advance warning in the event of an emergency. The main need identified in the municipality was access to drinking water. Although national authorities provided water from the beginning of the emergency via tanker trucks, the identified needs exacerbated the supply. Meanwhile, the Cumanacoa Hospital continues to provide services but faces a severe shortage of essential medical supplies, drinking water, sanitation, and hygiene products.

The intensity of the rainfall following the event kept national agencies and the Venezuelan Red Cross (VRC) on alert, as the passage of tropical waves could cause greater damage in different states of the country.

Source Information

Source Name	Source Link
1. Ministerio del Poder Popular para Relaciones Exteriores	https://mppre.gob.ve/publicacion/2513-presidente-maduro-ofrecio-balance-sobre-situacion-en-cumanacoa
2. INAMEH	http://www.inameh.gob.ve/web/
3. El Estímulo	https://elestimulo.com/elinteres/empresas/2024-07-10/empresas-cumanacoa/



National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC has a presence in the country and has accompanied and assisted the VRC national team since 2019. It has provided technical assistance in areas such as PMER, Finance, Security, Logistics, Programs and Operations, and NSD to develop the emergency response, maintaining constant communication with partners about the National Society's actions, and sharing the situation in the country through informational messages.</p> <p>It also coordinated externally with key stakeholders to optimize resources.</p>
Participating National Societies	<p>The German Red Cross (CRA) directly supported the National Society at its headquarters and branch in Sucre by providing medical supplies and equipment such as rubber boots, raincoats, power generators, uniforms, bags, first aid kits, and a stretcher, as well as funding for the deployment of specialized technical teams and the mobilization of humanitarian response materials.</p>

ICRC Actions Related To The Current Event

<p>The International Committee of the Red Cross (ICRC) has been present in Venezuela since 1999. For this event, the ICRC provided medical supplies and medicines sent from Caracas to the Cumaná branch in Sucre state to complement the National Society's health intervention for affected families and individuals.</p>

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<ul style="list-style-type: none">• A Civil Protection census determined the affected population.• Delivery of 1,275 tons of food, medicine, drinking water, and other supplies to affected residents, assisting 21,000 people, according to Civil Protection.• Deployment of 86 debris collection machines to reactivate 83 kilometers of road infrastructure, from Cumaná, Sucre state, to San Antonio de Capayacuar, Monagas state, where paving and ditch cleaning were carried out.• Based on the census of affected commercial establishments, the national executive branch approved access to microcredit to restore their livelihoods.• Restoration of the electrical and telecommunications systems.• Deployment of 26 water tankers. However, not all of them were potable, so their needs were not met.• Establishment of a single authority to coordinate actions at the local level.• Three shelters were officially opened.• Rescue of 18 people from more isolated areas. <p>In addition, the Vice President and the President visited the affected area to assess the damage and coordinate with the public agencies present.</p>
UN or other actors	<p>Caritas Venezuela set up a collection center at the Venezuelan Episcopal Conference to collect food, drinking water, hygiene products, and other supplies. They also provided medical consultations, but did not include the distribution of medications.</p>



The Sucre Humanitarian Coordination Forum held local meetings with organizations present in the state to coordinate and monitor the progress of the emergency. No formal requests for assistance were received during the operation.

Are there major coordination mechanism in place?

Local working groups were established in which the VRC, together with members of the authorities, participated to coordinate and identify each organization's capacities. In addition, the National Society coordinated with the Movement's partners through meetings, designing a joint work plan, and acting as a moderator between the parties.

Needs (Gaps) Identified



Shelter Housing And Settlements

An estimated 80% of Cumanacoa was affected. According to reports provided by national authorities, 7,960 homes suffered damage ranging from minor to moderate to total, with between 360 and 400 homes reported as total losses. Partial or total loss of household goods such as furniture, electronics, appliances, mattresses, and clothing was also reported. At least 100 commercial premises were affected, as well as severe losses and damage to local agriculture and poultry farming, which will negatively impact people's livelihoods.

Many affected families have been forced to relocate to relatives' homes, while others remain in the area in makeshift tents. Authorities planned to set up temporary collective reception centers, but these spaces have not yet been established. The estimate showed that at least 1,440 people are isolated.

Furthermore, the number of shelters established by authorities decreased to one (University Village in Cumanacoa). The National Society's assistance was requested to manage this shelter and ensure compliance with the protection and safety standards for the affected people temporarily housed there. The assistance planned for this center included the adaptation and equipping of the spaces to ensure these standards were met.

After the event began, there was still a risk that the infrastructure of some homes would continue to deteriorate as the rainy season continued. Given this, starting on July 5, authorities carried out preventive evacuations in some areas that continued to be affected by the rains.



Health

In initial assessments, the VRC identified a critical shortage of essential medical supplies, making it difficult to provide adequate medical care. This situation was particularly dire at the Luis Daniel Beauperthuy Hospital, the main health center in the area, which lacked the supplies and medications necessary to provide primary care due to the country's context. This limited the center's operations and the care that could be provided in times of emergency. Communicable diseases, including diarrheal diseases, skin diseases, diseases caused by poor food handling, vaccine-preventable diseases, vector-borne diseases, and acute and chronic respiratory diseases, are common in the sector. These problems were exacerbated by waste as by the soil and water contamination, in addition to the impact on food, work, and domestic animals.

The floods resulted in the loss of essential items, such as general and chronic medications, personal hygiene products, kitchen utensils, clothing, and blankets. In addition, many people suffered lacerations and bruises related to the movement of mud, logs, and rocks caused by the flooding of the river. These obstacles also hampered access to homes and main roads. Consequently, to address these needs of the affected population, first aid (FA) and primary health care (PHC) were considered essential, along with the distribution of medications, the replacement of chronic treatments, and the provision of disposable supplies for the provision of health services to those affected.

Emergencies and disasters have a significant impact on people's mental and emotional health, with manifestations that vary by age group. Children, adolescents, and older adults more frequently experience anxiety, sleep disorders, depression, and even thoughts of death after exposure to an emergency. Likewise, middle-aged adults may experience mental health problems, which tend to become more complicated when this person is the head of the household, responsible for children, adolescents, and/or older adults. This can translate into emotional overload with behavioral manifestations that may include irritability, frustration, exhaustion, apathy, among others. In these scenarios, providing psychosocial care and support to address needs was considered essential. These interventions help restore the patient's baseline (pre-emergency) state and create safe spaces for processing the potentially traumatic event. For this reason, conducting training and refresher sessions with response teams on Psychological First Aid (PFA) is crucial for addressing the needs of the population.



in this setting. Furthermore, promoting self-care activities, briefings, debriefings, and PFA for volunteers and responders is equally important to prevent risks associated with secondary exposure.



Water, Sanitation And Hygiene

The affected communities faced severe limitations in access to drinking water, both in quantity and quality. According to field reports, the water intake sources and distribution networks collapsed due to increased flows in all affected areas. Furthermore, the loss of household goods and damage to homes hampered personal hygiene, food preparation, and basic sanitation, putting the population's health at serious risk.

The field assessment found extensive damage to the water intake and distribution infrastructure, increasing the difficulty in accessing drinking water. To mitigate this need, the mobilization of an OX-LMS 06 emergency water treatment plant was determined necessary, with the capacity to produce 36,000 liters of safe water daily for use in the affected communities.

To improve personal hygiene and sanitation, as well as water conservation for consumption in this context, the distribution of family hygiene kits, cleaning kits, collapsible drums, water purification tablets, and storage systems (with a minimum capacity of 200 liters) and home filtration (0.2 micron membrane) was required, accompanied by awareness-raising sessions on hygiene promotion, sanitation, and the use of safe water with quality and in the necessary quantity.

This comprehensive strategy sought to ensure that affected communities had access to safe drinking water and that, despite the emergency, they maintained adequate levels of hygiene and sanitation, which are essential to prevent disease and protect the health of the population in this context.



Protection, Gender And Inclusion

In emergency situations, the vulnerability and exposure of minority populations and groups to protection risks increases significantly. This is especially critical for women, children, the elderly, and people with disabilities, who face greater dangers due to a lack of resources and support. The lack of knowledge about preventive actions and emergency preparedness among the affected population increases their vulnerability, leaving them at greater risk.

To address these challenges, it is essential to integrate the Protection, Gender, and Inclusion (PGI) approach into all stages of the response. This entails ongoing refresher training and training on essential PGI standards for operational teams, ensuring they are well prepared to address these issues. As part of the efforts to promote safe spaces, it is necessary to raise awareness among both volunteers and affected individuals on critical topics such as the Protection from Sexual Exploitation and Abuse (PSEA) policy and Gender-Based Violence (GBV), as these are fundamental issues to ensure an adequate and safe response during an emergency.

In emergency situations, there is an increased risk of losing contact with family members, which inevitably causes additional anxiety and stress for those affected. Restoring Family Links was of utmost importance in the context of this emergency. The CRV is committed to providing affected individuals with the opportunity to reconnect with their families. Offering connectivity and tracing services is essential for a timely and relevant response. It also alleviates emotional distress and improves the overall well-being of those affected.



Risk Reduction, Climate Adaptation And Recovery

The establishment and management of early warning systems for emergencies such as river flooding, flooding, and landslides, along with promoting social cohesion and community participation, are crucial components for an effective response to risks and threats. Therefore, a technical assessment process was identified as a risk reduction priority, with the possibility of using it by local authorities or the National Society to implement an early warning system adapted to the geographic context of the area in the future.

Furthermore, it was considered that providing community leaders with long-range portable radios and megaphones could mitigate communication difficulties caused by the loss of traditional information dissemination channels. This equipment facilitates the transmission of alerts and coordination in emergency situations, improving the response capacity of affected communities.



Community Engagement And Accountability

The emergency generated various difficulties for communities, including those related to the loss of homes, displacement, and family separation. In terms of Community Participation and Accountability (CEA), this represented a risk due to the difficulty of bringing members together for joint decision-making and active participation in the planning and implementation of activities that address their needs.

Therefore, fostering social cohesion by facilitating focus groups on topics of value to community participation is relevant to emergency responses. Keeping communities informed through their local leaders is an effective alternative for community organization and mobilization. Likewise, raising awareness among volunteer response teams about feedback and accountability mechanisms is very important for providing timely care to those affected. To achieve this, CRV volunteers must actively participate in the operation and receive refresher training on basic CEA topics, the Code of Conduct, and the Prevention of and Response to Sexual Exploitation and Abuse (PSEA).

Likewise, to understand the real impact of the intervention on the lives of beneficiaries through their voices, it seems essential to administer satisfaction surveys. Furthermore, obtaining feedback promotes continuous improvement and transparency in the accountability of the operation.

Operational Strategy

Overall objective of the operation

This IFRC-DREF allocation aimed to support 1,000 families (5,000 people) affected by the emergency, providing shelter, health, water, sanitation and hygiene, protection, gender and inclusion, risk reduction, climate adaptation, and recovery support in San Lorenzo Parrish (400), Cumanacoa (300), and La Via (300) during five months. Communities included: La Fragua, Trincheras, Alto de Trincheras, Cutábano, Agua Blanca, Cumanacoa, Lomas, La Peña, and settlements on the slopes of the Manzanares River at Quebrada Seca known as "La Via".

At the end of the operation, the Venezuelan Red Cross assisted a total of 7,524 people.

Operation strategy rationale

1. Health and Psychosocial Support:

The initial assessment revealed a severe shortage of medical supplies and an increase in communicable diseases and mental health problems. In response, priority was given to the provision of primary health care and first aid services, as well as the distribution of medicines and mosquito nets. In addition, mental health and psychological first aid sessions were implemented for both the affected population and volunteers, addressing the emotional consequences of the disaster. These actions responded directly to the lack of access to medical services and the psychosocial impact identified in the population.

2. Water, Sanitation and Hygiene (WASH):

The collapse of the drinking water collection and distribution networks was one of the main needs identified. To mitigate this situation, an emergency water treatment plant was mobilized, hygiene and cleaning kits, jerry cans and water purification tablets were distributed, and community and household storage and filtering systems were installed. These actions ensured access to safe water and promoted essential hygiene practices to prevent diseases, especially in communities with no previous access to drinking water.

3. Shelter and Temporary Settlements:

With more than 7,900 homes affected, the need for immediate shelter support was identified. Blankets were distributed and technical assistance was provided for the adaptation of the only shelter available, including improvements in infrastructure, water and sanitation, as well as the provision of kitchen utensils. This intervention made it possible to offer dignified and safe conditions to displaced families, in line with humanitarian standards.

4. Risk Reduction and Early Warning:

The lack of warning systems was a critical factor in the magnitude of the impact. Therefore, a community early warning system (EWS) was implemented in 12 communities, with portable radios, megaphones and community training. This strategy strengthened local resilience and capacity to respond to future emergencies, directly addressing the communication and preparedness gap identified.

5. Protection, Gender and Inclusion (PGI):

High risks were identified for women, children, the elderly and people with disabilities. In response, a child protection plan was



developed, key messages on violence prevention were disseminated, and staff were trained in PGI and PSEA standards. These actions promoted safe and secure environments, especially in the shelter and during community activities.

6. Community Engagement and Accountability (CEA):

The strategy included community feedback mechanisms, focus groups and satisfaction surveys. This active participation made it possible to adjust the operation according to the needs expressed by the community, such as the adaptation of water systems in schools and the prioritization of beneficiaries. The inclusion of the community in decision-making strengthened the relevance and effectiveness of the response.

Overall, the logic of the operation was based on a people-centered response, prioritizing the most vulnerable and adapting interventions to local conditions. Each activity was designed to respond directly to the needs identified in the initial analysis, ensuring a coherent and relevant humanitarian response with sustainable impact.

Targeting Strategy

Who was targeted by this operation?

This IFRC-DREF aimed to assist 1,000 families from the communities of the San Lorenzo parish, Cumanacoa, and the settlements on the slopes of the Manzanares River, near Quebrada Seca, affected by the overflowing of the Manzanares River.

These families are particularly vulnerable to this type of event due to their proximity to the riverbed and reside in the areas most affected by the flooding, being the greatest recipients of the negative impact of the emergency. They need urgent support to recover and improve their living conditions.

To select families, the inclusion criteria were explained to community leaders to help identify eligible households. The assistance was provided on scheduled days during which the community was convened. Monitoring and evaluation of the effectiveness of the assistance were carried out through focus group discussions and satisfaction surveys at the end of the operation, ensuring that the set objectives were met and that lessons learned and areas for improvement were identified.

Explain the selection criteria for the targeted population

The logic behind the objectives of this operation was based on a vulnerability approach, identifying those most in need of immediate support to ensure their safety, health, and well-being. For this reason, priority will be given to assisting particularly vulnerable groups, such as the elderly, children, pregnant women, and people with disabilities. These groups are often the most affected in emergency situations due to their specific needs and limitations in accessing resources and assistance independently. Prioritizing these groups ensures that assistance is inclusive and accessible to all, promoting equity in the response. The selection criteria include:

The selection criteria include:

- a) Families who have suffered a partial or total loss of their house.
- b) Families without access to safe and potable water sources.
- c) Families that have not received previous assistance from governmental institutions or non-governmental organizations during the current emergency.
- d) Families with members belonging to vulnerable groups, such as children, adolescents, pregnant women, the elderly, people with chronic diseases, and people with disabilities.
- e) People in shelters



Total Assisted Population

Assisted Women	4,050	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	3,474	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Assisted Population	7,524		
Total Targeted Population	5,000		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Increased operational insecurity during humanitarian assistance distributions in communities affected by the rains.	Adequate assessment of the locations where the response sessions were held in the affected communities. Monitoring the movement of trucks with emblems transporting response supplies.
The context of the country's presidential election period could generate disturbances of public order or other situations of violence.	Maintain the Situation Rooms of the branches monitoring hydrometeorological conditions, as well as activities related to the electoral process, to facilitate informed decision making by the National Society, guaranteeing the continuity of operations while preserving minimum safety standards.
Volunteers are exposed to fiscal and health risks in the emergency context.	Implementation of medical insurance for volunteers. Inclusion of MHPSS (Mental Health and Psychosocial Support) for volunteers when necessary
Increased humanitarian needs due to rainfall throughout the hurricane season affecting several states of the country	Constant presence of VRC technical teams on the ground to keep the operational strategy of this IFRC-DREF updated and tailored to needs. Direct communication with the National Disaster Risk Management System (SNGRD) to coordinate a timely response, based on gaps and needs identified on the ground. Communication with the IFRC to analyze possible extensions of the current DREF to increase its reach and assist other States if necessary.

Please indicate any security and safety concerns for this operation:

The hydrometeorological conditions according to the Climate Reference Center, NOAA, and other agencies, including INAMEH, suggest a significant probability of La Niña phenomenon, which will cause more rainfall than expected in the national territory. The passage of Hurricane Beryl in Category 5 so early in the hurricane season is a clear indication of the potential impact this year. These conditions, along with the Presidential election period in July, raise a security concern that could affect the operation.

The National Society contemplates these multi-threat scenarios that require constant operational security assessments to ensure



continuity of response actions. It is essential to ensure the welfare and care of the volunteers involved, allowing the objectives described in this IFRC-DREF and any other operation planned by the VRC to be achieved.

It is anticipated that this operation may be expanded to other states or sectors as the hurricane season progresses, underscoring the need for constant and adaptive vigilance in the light of changing conditions.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Shelter Housing And Settlements

Budget: CHF 15,166

Targeted Persons: 2,000

Assisted Persons: 2,000

Targeted Male: 800

Targeted Female: 1,200

Indicators

Title	Target	Actual
# of families provided with blankets	400	400
# of shelters that have received technical assistance	3	1
# of shelters supported that have been adequated	3	1

Narrative description of achievements

The VRC successfully provided shelter services during the emergency. In San Lorenzo , 400 families were provided with 800 blankets, thanks to pre-positioning.

After state authorities set up a temporary shelter in response to the emergency, the VRC provided technical assistance, focusing on organization, protection, safety, and family well-being. The center was located in the Eduardo Candiales University Village since 10 July 2024.

Through an assessment of the shelter's conditions conducted by the VRC Shelter Officer, in addition to technical support from ARO through a meeting held after the technical visit and the submission of the report, it was confirmed that the temporary center was adequate based on its compliance with all child and family protection measures, as well as internal security, medical services, and food.

However, support was required in acquiring kitchen equipment and supplies, washing machines, and installing mass filtration systems to ensure access to safe water at the facility. Therefore, coordination was established with the center's administration to make the required adjustments, and local personnel were contacted to carry them out.

Consequently, to adapt the kitchen and improve food preparation capacity, the following items were purchased:

- Stainless steel industrial kitchen utensils (ladles, forks, colanders)
- 100 stainless steel cutlery sets (spoon, knife, and fork)
- 100 food-grade plastic plates of various sizes
- Semi-industrial blenders
- 2 semi-automatic washing machines with a 15 kg capacity
- 1 500-liter multi-stage food-grade filtration system

Likewise, the center's internal water system, both domestic and wastewater, was adapted to incorporate 2 washing machines and a



filtration system. This required specific modifications to various areas of the building, such as the laundry room, improving the water supply, distribution, and storage, as well as balancing electrical loads and adding electrical outlets. It's worth noting that the improvement work was carried out by community members on a cash-for-work basis. (CASH TRANSFER).

Regarding drinking water, the two Sawyer residential filters that had been installed temporarily had to be replaced with a multi-stage continuous filtration system to ensure a constant flow of safe water with a 500-liter storage capacity and immediate distribution. In addition, an additional 8 x 35-foot pressure washer was installed to compensate for the excessive turbidity present in the water in the installed system.

Lessons Learnt

Working directly and in coordination with the authorities allowed for efficient use of resources by clearly identifying current needs and thus effectively addressing them. For example, the adaptation of kitchen utensils to the current volume, i.e., the acquisition of semi-industrial equipment, was also applied to adapting the spaces for the installation of semi-industrial equipment provided, ensuring proper operation and providing more tailored care to the current volume of affected people.



Budget: CHF 18,121

Targeted Persons: 1,500

Assisted Persons: 1,552

Targeted Male: 907

Targeted Female: 645

Indicators

Title	Target	Actual
# of people reached with first aid attentions and primary healthcare attentions	1,500	1,552
# of people reached with mental health and psychosocial support attentions	500	699
# of people reached with the distribution of mosquito nets	1,000	1,000
# of people reached with health education sessions.	1,500	1,358

Narrative description of achievements

With nearly 80% of Cumanacoa affected, and with health centers, hospitals, and healthcare providers, as well as state security forces, located approximately 20 km away in the city of Cumaná, providing primary health care and first aid services was crucial for the operation. Services were provided in all sectors targeted by the operation, reaching 1,552 people.

Consequently, the replenishment of first aid supplies used in primary health care was coordinated, as their prepositioning allowed for immediate action.

Likewise, in these scenarios, providing psychosocial care and support is considered essential, as emergencies and disasters have a significant impact on people's mental and emotional health. Therefore, through the provision of group psychological first aid, mental health care and psychosocial support were provided to 699 members of the affected communities, contributing to their overall health and emotional management after exposure to this emergency.

Additionally, 1,000 people benefited from the distribution of mosquito nets in the 5 de Julio and Lagunita communities. This material is a great help in preventing mosquito-borne diseases that tend to proliferate during flooding.

Communities also showed interest and participation in health education sessions, with 1,358 people participating in training focused on topics such as handwashing, menstrual hygiene, non-communicable diseases, water quality, and sanitation.



Furthermore, due to the physical and mental strain required by the operation, mental health activities were provided to volunteers participating in the various implementation and response actions, especially during the longer rotations (2nd and 3rd), which involved more than 20 days of continuous fieldwork. Demobilization allowed each volunteer to leave without the emotional burden they may have acquired during the operation.

Lessons Learnt

The provision of hygiene and health supplies was key to providing quality care in a timely manner, in accordance with emergency conditions.

Furthermore, promoting self-care activities, briefings, debriefings, and PPE for volunteers and responders, especially during long and complex operations, was equally important to prevent risks associated with secondary exposure and ensure the overall health of volunteers and personnel present during the response.

Challenges

• Timely procurement processes remain one of the main challenges when implementing response operations as the country context changes. The purchase of medical supplies is considered a “special” purchase, so procurement times are long and complex.



Water, Sanitation And Hygiene

Budget: CHF 157,340

Targeted Persons: 3,096

Assisted Persons: 2

Targeted Male: 1,238

Targeted Female: 1,858

Indicators

Title	Target	Actual
# of families reached with WASH supplies	1,000	993
# of people reached with hygiene, sanitation and safe water promotion sessions	5,000	3,096
# of liters of safe water delivered	600,000	155,264

Narrative description of achievements

As part of the initial response, plans and agreements were established with the sole authority designated by the national government to care for and assist those affected in Cumanacoa, according to the VRC’s capabilities. To this end, the National WASH Intervention Team was deployed, where the national team officer conducted a needs assessment.

Based on this assessment to identify priorities and local efforts with authorities, it was identified that access to drinking water was severely compromised due to the collapse of water intake sources and distribution networks due to the increase in water levels in all affected areas. Consequently, various actions were implemented to improve access.

First, in San Lorenzo, 400 families were provided with WASH supplies, and the distribution included 400 hygiene kits, 400 cleaning kits, 800 10L collapsible jerry cans, and 18,000 blister packs of water purification tablets (45 blister packs per family). Subsequently, in a second distribution in Cumanacoa, 300 families received kits consisting of 300 hygiene kits, 300 cleaning kits, and 600 collapsible containers. During the distribution of supplies, educational sessions were held on the proper use of the items contained in the hygiene and cleaning kits delivered to the beneficiaries. In total, 700 families were reached through the distribution of WASH supplies.

Subsequently, an OX-LMS 06 emergency water treatment plant was transported from the El Tigre branch and installed on the community court in the Barrio Blanco sector by the ENI/WASH team, comprised of four NS technicians. This consolidated the court as a safe water



distribution point available 24 hours a day for 14 continuous days of operation. This provided access to 155,264 liters of safe water for the residents of this sector. According to the ESFERA indicator, 20 liters per family are required, which coincides with the capacity of the standard container used for transporting drinking water in the country, which is 20 liters.

It should be noted that the initial plan contemplated production for 30 continuous days, with a capacity to produce 36,000 liters of safe water per day. However, due to the lack of the 15,000-liter tank requested from the sole authority, the plant operated with the facility's storage and distribution capacity, which reduced the water supply planned for distribution.

Simultaneously, volunteers trained in hygiene promotion shared key messages to help prevent disease and promote the use of safe drinking water while distributing supplies and engaging with affected individuals. Hygiene, sanitation, and water quality promotion activities were also conducted, reaching 3,096 people with messages on topics such as hygiene promotion, vector control, handwashing, safe water practices, menstrual hygiene, non-communicable diseases, water quality, and sanitation. These efforts were complemented by the following actions: providing access to clean water through the community water treatment plant in the Barrio Blanco area; distributing essential supplies in the Cañifles and Quebrada Seca communities along the Cumana-Cumanacoa highway; and delivering health care services in the Julio and Lagunita sectors. In addition, the repositioning and availability of WASH supplies at headquarters and in El Tigre was also carried out in parallel to ensure their availability in the event of any incident. Additionally, a census was conducted with the direct support of community leaders for the distribution of 300 home storage and filtration kits, consisting of 200-liter tanks with accessories and 0.2-micron Sawyer membrane filters for 5 million liters. Their installation was planned with the support of members of the communities involved. However, due to the hiring of residents by the State, this effort was affected, requiring more VRC volunteers. Consequently, a base camp was set up on-site (Quebrada Seca) for the census, storage, logistical preparation, distribution, and installation of the systems.

After identifying potential beneficiaries, as indicated by the leaders based on the criteria determined by the VRC, a distribution schedule was established. Consequently, 293 families from the area between the towns of Cañifles and Quebrada Seca in the La Vía sector of the Cumana-Cumanacoa national highway benefited from the distribution and installation of the kits.

Furthermore, during the target population selection process and through field observations, it was identified as beneficial to install water systems in three educational centers that, through their cafeterias, served as community support centers during the emergency. Therefore, the Antonio José de Sucre Elementary School was selected with a population of 60 people, comprised of children, youth, teaching staff, and workers, as well as the Manuel Cedeño Elementary School with 313 people and the Petra María Gómez Elementary School with 169 people (directly reaching at least 542 people). These educational centers are distributed in the La Vía sector. In response, the technical team, with support from headquarters, redesigned the remaining seven residential storage and filtration systems on-site using existing components to ensure proper operation and the continued distribution of safe water in terms of the quantity and quality required by the three educational institutions, adapting to demand. The Sawyer filter was installed directly into the storage tank, producing 200 liters of safe water every 12 hours.

Likewise, the actions carried out in educational centers included the location, adaptation, and installation of systems, as well as improvements to basic infrastructure for both the distribution of safe water and sanitation and handwashing. The spaces were also used to disseminate hygiene promotion through key message boards. Volunteers provided educational sessions and fun educational activities to promote hygiene with the educational community, complementing the installation of water supply systems.

Finally, during the operation of the water treatment plant in the Barrio Blanco sector of Cumanacoa, two existing cisterns were identified in the area, independent of the public network. Consequently, as an exit strategy, two community water distribution systems were built by adapting the existing cisterns, creating an installed capacity to fill the tanks four times a day and resulting in a production of 4,000 liters per day, benefiting all Cumanacoa.

Lessons Learnt

The responses were implemented efficiently and with optimal use of available resources. However, it was observed that some systems were not initially considered for certain target groups, such as schools and health centers.

It was also recommended that future response actions be expanded to increase reach and improve beneficiary selection criteria.

Education sessions on water, sanitation, and hygiene improved the effectiveness of humanitarian aid distribution by facilitating the dissemination and consolidation of specific prevention and care promotion practices.

The 500-liter home-based system proved versatile enough for rapid, effective, and easily transportable distribution to hard-to-reach areas. It could also be adapted to meet needs other than home-based ones, such as educational centers.



Challenges

• Timely procurement processes remain one of the main challenges when implementing response operations as the country context changes. While suppliers are available, they often offer prices higher than the operation can afford, increasing costs. Therefore, international procurements are sometimes carried out, sometimes resulting in delays.



Protection, Gender And Inclusion

Budget: CHF 2,104

Targeted Persons: 1,060

Assisted Persons: 798

Targeted Male: 319

Targeted Female: 479

Indicators

Title	Target	Actual
# of VRC volunteers and response organisms' staff reached with PGI, PSEAS and GBV policies workshops	60	99
# of people who received PGI key information messages	1,000	1

Narrative description of achievements

• Local state response teams were sensitized on protection, gender, and inclusion issues from the perspective of the Movement and humanitarian response, highlighting the importance of differentiated care and prioritizing care according to vulnerability. Likewise, technical advice was provided on shelter management simultaneously with the evaluation of the implementation of minimum protection standards in the only shelter authorized to serve affected families left homeless after the emergency. In addition, a child protection risk analysis was implemented, based on which the child protection plan for the operation was developed, following IFRC guidelines. Throughout the implementation, word-of-mouth promotion of messages on preventing loss of contact among family members and the services offered by the VRC regarding RFL were provided.

Lessons Learnt

Assistance was provided to vulnerable populations that were outside the reach of the state's response. However, it was observed that some systems were not fully tailored to certain target groups, such as schools and health centers. It was also recommended that future response actions be expanded to increase reach and improve beneficiary selection criteria. It is necessary to promote the participation of the gender and diversity priority line in VRC programs and projects, both in response operations and in Disaster Risk Management (DRM). Furthermore, it is necessary to define the care and coordination pathway for channeling Protection from Sexual Exploitation and Abuse (PSEA) and other cases, both at the national and local levels, considering the legal framework and providing survivor-centered responses.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 4,055

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of early warning community system evaluations conducted	1	1
# of communities who have received basic training on early warning systems	7	8

Narrative description of achievements

180 homes on the "La Vía San Fernando" section of the Cumaná-Cumanacoa highway, which extends from the Los Totumos community to the Munegro community, were affected by flooding caused by the river's overflowing waters. Due to the area's geographical conditions, the nine communities located there are often affected during the rainy season, causing damage to local families. During the weather event, the situation worsened, and they were left isolated due to the lack of an alert indicating the appropriate time to evacuate.

As a response to the lack of connectivity between communities to address these dangerous situations, and taking into consideration their communication needs, the implementation of the necessary early warning system (EWS) was proposed. This consisted primarily of connecting community leaders and strategic points within the communities through communication equipment (24 point-to-point radios and 7 megaphones), with the aim of generating a chain of alerts regarding any type of adverse situation that represents an emergency. Through educational sessions, the necessary knowledge was provided, along with Vulnerability and Capacity Analysis (VCA) tools, which allowed the community to raise awareness about the context of their sector, identify risks, and based on this, establish the EWS. A total of 426 people were trained.

To this end, the eight selected communities developed a seasonal calendar and learned to identify flood levels of the Manzanares River. This helped them understand when to issue an alert using radio and megaphone systems to communicate between communities and initiate the evacuation of people affected by these events.

With the support of forest firefighters stationed in Quebrada Seca, the VRC conducted tests and drills with the communities using the radios to verify their connectivity and range. The portable transmission equipment delivered has a point-to-point range of 1 km. The megaphones have a range of 500 meters in open spaces.

Some communication gaps were evident in the implemented system. As corrective measures, it was decided to add 12 BF888S portable radios and seven 50W megaphones, strategically distributed in four new communities, to fill the gaps found. From this equipment, at the community initiative, an additional portable radio was given to forest firefighters, and two radios remained in the local branch to communicate with community leaders during visits.

After addressing the gaps, the system was operational with 36 portable radios, 14 megaphones, and a properly defined protocol for compliance by the 12 participating communities, strengthening their community alert system. The Disaster Risk Reduction Activities Report detailed the process.

Lessons Learnt

- They highlighted the rapid response thanks to the advance monitoring of tropical waves and the information provided by the communities, which allowed for the planning of effective and relevant actions.

The risk assessment and the correct location of the camp ensured the safety of the equipment and resources. The need to improve the pre-assessment of security on the ground was evident.

The proper functioning and implementation of the EWS has allowed the communities to have a communication option they can use regularly to call community meetings, communicate medical needs, among other things, since telephone service is almost nonexistent in the area.

Challenges

- Raise awareness among community leaders that the system must remain operational as a communication mechanism, as regular use accustoms the community to its perception as a means of information and communication.





Community Engagement And Accountability

Budget: CHF 2,056

Targeted Persons: 1,060

Assisted Persons: 1,099

Targeted Male: 439

Targeted Female: 660

Indicators

Title	Target	Actual
# of people who received information about feedback mechanisms	1,000	1,000
# of volunteers briefed/trained in CEA	60	99
# of feedback mechanism in place	1	1

Narrative description of achievements

- From the beginning of the operation, community participation was a transversal axis in all phases of the response. The Venezuelan Red Cross (VRC) implemented a CEA approach that allowed not only to inform communities about planned activities, but also to actively involve them in decision making, execution and monitoring of the operation.

Community meetings and focus groups were held to identify beneficiaries, plan deliveries and adjust activities according to the priorities expressed by the population. This methodology allowed the communities not only to receive assistance, but also to become active agents of their own recovery.

After the deliveries, community focal points were responsible for monitoring the proper use of the delivered supplies. The community was also responsible for identifying those who required support, which would be provided by the community itself or, if necessary, by the VRC team. They also monitored, on their own initiative, that these supplies were not sold or used for other purposes. To this end, there was direct and ongoing communication between community focal points and the VRC team.

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A concrete example of how community feedback influenced the operation was the adaptation of water storage and filtration systems in three educational centers. Initially, these systems were intended exclusively for home use, but thanks to feedback from community leaders and teachers, they were redesigned to serve the entire educational community, including students, teaching staff and workers. This adaptation ensured continued access to safe water in key areas for social recovery.

Likewise, in the health sector, the opinions gathered during the community sessions helped to adjust the location and frequency of primary care and mental health services. For example, areas where people reported higher levels of anxiety and stress were prioritized, allowing for more focused and relevant care. Self-care sessions for volunteers were also reinforced in response to concerns expressed about the emotional exhaustion of field staff.

In the area of Protection, Gender and Inclusion (PGI), feedback mechanisms identified specific concerns about child safety in the shelter. Based on this input, a child protection risk analysis was conducted and an action plan was developed that included the adequacy of safe spaces and the dissemination of key messages on violence and abuse prevention.

To strengthen accountability, a digital feedback mechanism was implemented to collect the perceptions of 331 people (33.1% of the target population). Although limited connectivity was a challenge, this tool made it possible to identify areas for improvement and adjust the



operation in real time. In addition, a question and answer sheet was developed for volunteers, ensuring clear and consistent communication with the communities.

Finally, the CEA approach not only strengthened the relevance and effectiveness of the response, but also generated a sense of community empowerment. Communities took an active role in monitoring the use of the inputs delivered and in the sustainability of the systems implemented, such as the early warning system. The lessons learned from this approach were integrated into the operation's closing workshop and are expected to be incorporated into future interventions of the National Society.



Secretariat Services

Budget: CHF 30,380

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of international and national procurement processes conducted for supply replenishment	-	0
# of field technical support missions	5	4

Narrative description of achievements

The International Federation Secretariat provided support to the Venezuelan Red Cross in the procurement and distribution process. To this end, the organization coordinated with the relevant departments of the VRC and the logistics officer to ensure that the items to be procured met the requirements. Purchases were made both domestically (water storage systems, water filters, and consumables for drinking water treatment plants) and internationally (procurement of replacement supplies).

Despite planning and monitoring of potential risks in the procurement process, delays in receipt were experienced due to external factors affecting the Venezuelan Logistics Unit (URL) and the Venezuelan Red Cross (CD). Furthermore, during the procurement and shipment process, due to available space in the shipment, it was possible to include the transport of two SETA 3000 water treatment plants and the WATSAN 5, which had already been acquired in Panama and were being imported. Also, the operation was rigorously and continuously monitored to ensure achievement of objectives and effectiveness of activities. The IFRC made periodic monitoring visits to the affected areas; these were essential for assessing progress and adjusting the implemented plan. IFRC team, including the Program and Operations Coordinator and the PMER Officer, maintained constant communication and monitored the operation's specific needs. The team collaborated with the VRC to ensure a coordinated and effective response.

Challenges

- The Red Cross was in the process of restructuring, with the finance division being the main area affected.



National Society Strengthening

Budget: CHF 40,827

Targeted Persons: 3

Assisted Persons: 0

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of local staff hired for the operation	3	3
# of communicational and visibility plans developed and implemented	1	1
# of VRC field monitoring missions	10	11

Narrative description of achievements

- Three NS staff members were hired: an operations coordinator for 5 months, a WASH manager for 2 months, and an administrative assistant for 5 months.

Additionally, a communications strategy was developed to record the operation through video and photography, with the aim of highlighting the actions carried out by the VRC in response to the crisis and promoting information about its supporting role in these emergency scenarios. To this end, the communications team was deployed to the field on several occasions throughout the operations. Regarding monitoring visits, despite this being a local operation, the deployment of national personnel was still required. Eleven field monitoring missions were carried out by the operations coordinator and technical teams (Health, WASH, PGI, CEA) to monitor the actions on the ground and coordinate them at the local level.

Furthermore, these visits allowed for necessary corrections to be made during the operation's implementation, as was the case with the filter system corrected at the shelter due to changes in the quality of the incoming water. The National Coordinator was also on the ground with the equipment during the storage systems distribution.

The monitoring visits also revealed other needs, so it was decided to provide assistance to educational centers. Three were selected due to their level of impact and their lack of access to safe water for the cafeterias serving the communities. These schools had received support from the State for infrastructure repairs, but their water supply had not been resolved.

A lessons learned workshop, moderated by local IFRC staff and supported by the IFRC Regional PMER Officer, was held with the participation of the response team, contracted staff and a community representative.

Challenges

- Lack of technical personnel at the start of the operation.
- The framework transport contract affected the timing of material mobilizations
- Lack of reporting mechanisms for field activities due to difficulties in accessing electronic means.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRVE009 - Venezuela - Hurricane Beryl

Operating Timeframe: 16 Jul 2024 to 31 Jan 2025

Selected Parameters			
Reporting Timeframe	2024/7-2025/5	Operation	MDRVE009
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 30/Jun/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	270,049
DREF Response Pillar	270,049
Expenditure	-252,199
Closing Balance	17,850

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	14,240	19,266	-5,026
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	17,285	6,817	10,468
PO05 - Water, Sanitation & Hygiene	147,588	145,144	2,444
PO06 - Protection, Gender and Inclusion	1,930	3,568	-1,638
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	20,289	4,055	16,234
PO10 - Community Engagement and Accountability	1,975	1,995	-20
PO11 - Environmental Sustainability			0
Planned Operations Total	203,307	180,845	22,462
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	28,407	32,491	-4,085
EA03 - National Society Strengthening	38,335	38,862	-527
Enabling Approaches Total	66,742	71,354	-4,612
Grand Total	270,049	252,199	17,850

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 270,049 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 252,199. The unspent balance of CHF 17,850 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures include:

1. Water, Sanitation and Hygiene:

As part of the measures to ensure a safe water supply, the purchase of 180,000 water purification tablets was planned. The estimated



budget for this purchase was CHF 14,545.82; however, the total cost of the supplies was approximately CHF 2,496.00. This resulted in a balance of CHF 12,049.82. Additionally, it was planned to provide long-term support for the start-up of the treatment plant once the water supply system had been restored. However, this support was no longer necessary once the water supply system had been restored.

2. Shelter, housing and settlements:

Planned: Identification of supply and technical assistance needs for three temporary shelters following their establishment by the authorities. An estimated budget of CHF 11,223.63 has been allocated. However, following coordination with the local authorities, only one temporary shelter was set up and the necessary supplies were purchased for CHF 4,928.35, resulting in expenditure of CHF 6,295.28. In addition, technical support and visits were provided.

3. Lessons Learned Workshop:

Although the lessons learned workshop was not initially budgeted for, the PMER Regional Senior Officer assisted in facilitating it.

4. Purchase of medicines:

The purchase of medicines was prioritized, with the quantities requested being purchased at a cost higher than budgeted for (CHF 4,880).

5. Arrival of maritime replacement supplies

With the support of the regional team, the purchase of replacement supplies was completed. The items were scheduled to be received at the beginning of November and arrive in the country at the end of November. However, the shipment was not released until the end of December, resulting in delays to the final distribution and incurring warehouse expenses.

6. Support from the private sector.

In parallel to the DREF operation, the Venezuelan Red Cross helped 500 affected families in 18 communities through the installation of a family storage and filtration system that guarantees access to drinking water. This mitigated one of the main needs identified in the damage assessment and incorporated other funds and the support of private enterprise. It also financed part of the operating expenses of the initial response.



Contact Information

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

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[Click here for reference](#)

