

Emergency appeal n° MDRVE001
GLIDE n° FL-2010-00240-VEN
8-month summary update
29 September 2011

Period covered by this Operations

Update: December 2010 to August 2011. This update represents an eight-month summary of the operation (cumulative narrative and financial).

Appeal target (current): 575,146 Swiss francs;

Appeal coverage: 100% [<click here to go directly to the updated donor response report, here to view the financial report or here to link to contact details >](#)

Appeal history:

- A Preliminary Emergency Appeal for 429,887 Swiss francs was launched on 21 December 2010 to support 2,000 families over 6 months.
- An Emergency Appeal for 717,571 Swiss francs was launched on 29 December 2010 increasing the support to 2,500 families.
- Operations Update no. 1 on 13 May 2011 extended the implementation timeframe to 9 months to conclude on 21 September 2011.
- Operations Update no2 on 17 August includes a revised budget of 575,146 Swiss francs which reflects the most up-to-date needs of the most vulnerable populations as identified by the Venezuelan Red Cross (VRC).
- This Operation Update extends the implementation timeframe to 12 month to conclude on 21 December 2011 to allow for the implementation of community-based micro-projects on health, water and sanitation that will expand the number of beneficiaries to 3,170 families.



Volunteers play with children living in collective centres while their parents participate in talks on hygiene and sanitation habits and their relation to health. Source: Venezuelan Red Cross

Summary:

After the heavy rains that affected Venezuela in late November and December of 2010, local authorities issued a State of Emergency that is currently in place, as some 124,000 people are still residing in collective centres and other shelter solutions provided by the government. In its auxiliary role, the Venezuelan Red Cross (VRC) launched on 21 December an Emergency Appeal to support 2,500 families with relief items and emergency health and sanitation activities.

By the end of the reporting period, the National Society had successfully reached 2,385 families with non-food items essential to contribute to the health situation of affected persons living in the different shelter solutions provided by the government. A sanitation and hygiene promotion campaign that has reached 1,051 persons complemented the relief distribution. With the goal of further strengthening the National Society, 81 volunteers and staff members of the VRC have been trained in psychosocial support, project formulation, community-based health, and had formed new National Intervention Teams.

Although most of the activities have been completed, many of the families are still residing in the alternative shelter solutions offered by the government and the situation is still critical for many of them. For this reason, the National Society calls for a further extension of three months to develop five small projects aimed at improving the health conditions and resilience of communities. With this initiative, the Emergency Appeal will expand the number of beneficiaries to 3,170 families. The operation will be completed by December 2011. In line with the IFRC's reporting standards, the final reports, both narrative and financial, are due 90 days after the end of the operation, in this case by the end of March 2012.

The situation

Venezuela, like many other countries in South America felt the onslaught of severe rains caused by the climatic phenomenon of La Niña in late November and early December of 2010. This resulted in major floods and landslides across the country, prompting the declaration of a state of emergency by the Venezuelan government in the estates of Falcón, Miranda, Vargas, Merida, Zulia, Trujillo, Nueva Esparta and the Caracas Metropolitan area. Official figures at the time estimated that 31,600 families were affected and that 124,000 people were staying in 851 collective centres and other temporarily shelter solutions such as hotel rooms and camps.

While the government continues with its "Great Housing Mission"—planning to build 150,000 homes in 2011 and 200,000 the following year—it is unclear how advanced the project is and for how long will the families need to reside in collective centres and other shelter solutions. As of August 2011, the number of families residing in these shelters seems to have decreased steadily but slowly, as many people fear to lose the opportunity of the new homes assured by the Government of Venezuela. Additionally, as the majority of the families that have left still keep some presence in the designated shelters, official numbers of affected people in need of assistance are therefore the same now than in December 2010. Assessment carried out by volunteers of the Venezuelan Red Cross has detected that most of the healthcare and nutritional needs of the affected families are being met by the government, although the hygienic conditions of some areas, such as Zulia and Vargas, could be improved. On 23 August, the government of Venezuela issued a second 90 days extension of the State of Emergency for the states of Falcón, Mérida, Miranda, Táchira, Trujillo, Nueva Esparta, Vargas, Zulia, and the Caracas Metropolitan area.

The country of Venezuela is also confronting 25.8 per cent inflation in the last 12 months, affecting access to food and housing.

Coordination and partnerships

On the national level the Venezuelan Red Cross (VRC) continues to coordinate with the executive branch of the government through several ministries, the civil protection office, and the armed forces. On the regional level coordination also takes place with governors, mayors and private companies of the affected areas. In the state of Vargas, the National Society continues to coordinate with the Niño Simón Regional Foundation (*Fundación Regional Niño Simón*), the Regional Health Directorate, the Fire Department, Fudalavial 171 and the Comprehensive Defence Zone (*Zona de Defensa Integral*). In the state of Zulia, the National Society coordinates with the International Committee of the Red Cross (ICRC), the International Organization for Migration (IOM) and the UN High Commissioner for Human Rights (UNHRC). The VRC has also received support from *Grupo 4x4* that assisted with all terrain vehicles during distributions.

The IFRC's regional representation for the Andean Countries and the Pan-American Disaster Response Unit (PADRU) also maintain constant communication with the VRC, and a member of the Regional Intervention Team (RIT) is supporting the operation in country.

National Society Capacity Building: the National Society has used this operation to strengthen its institutional skills and throughout the operation 81 volunteers and staff have been trained on different topics, some of them

participating in more than one workshop. Although more information can be found in the Capacity of the National Society section, the table below summarizes topics and number of participants in the trainings:

Topic	No. of participants	No. branches	Dates
Psychosocial support	23 ¹	18	25 to 27 February
Project formulation	19	16	22 to 24 July
National Intervention Teams (NIT)	26	14	24 to 29 July
Community-based health and first aid	27	19	2 to 7 August

Additionally, staff of the Lara branch took advantage of the opportunity of having representatives of different branches at the time of the first workshop in February to open a space to discuss the following topics of organizational development: achievements reached during the *Strategy 2010*; the *Strategy 2020*, its main goals and anticipated effects.



A woman reads one of the many educational pamphlets designed and distributed by the Venezuelan Red Cross in an effort to contribute to the improvement of the health of the affected population. Source: VRC

Red Cross and Red Crescent action

Overview

With the support of the emergency appeal, the VRC has been able to reach 2,385 families with non-food items essential to contribute to the health situation of affected persons living in the different shelter solutions provided by the government. These relief items have also been complemented by a campaign on sanitation and hygiene promotion that has reached 1,051 persons.

As an important part of the emergency appeal was also the strengthening of the capacity of the National Society to respond to future emergencies, 81 volunteers and staff members have been trained in psychosocial

support, project formulation, community-based health, and the VRC formed new National Intervention Team for the first time in 10 years. This comprehensive approach facilitated the inclusion of a new element of the emergency appeal, as volunteers supported a participative programme formulation to design, along the affected communities, five micro-projects in the areas of community-health that will be complete with the new extension of the operation.

Progress towards outcomes

Relief distributions (food and basic non-food items)	
Outcome: Families will benefit from the provision of essential non-food items to meet their immediate needs resulting from the floods.	
Outputs	Activities planned
2,500 families will receive essential relief items	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system to track intended assistance Ensure coordination with public institutions Carry out verification and survey of the most affected population and potentially their host families.

¹ This represents the number of volunteers directly trained through the emergency appeal, but as was mentioned on previous updates, many branches replicated the workshops, reaching 60 more volunteers.

	<ul style="list-style-type: none"> • Procurement and distribution of hygiene kits, and cleaning kits. • Conduct monitoring and evaluation.
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Progress: At the end of the reporting period, the National Society reached 2,385 families with hygiene and/or cleaning kits (which included mosquito nets and insect repellent along with the usual cleaning items), 95 per cent of the original output. Details of the distribution are listed on the table below:

Region	Kits distributed	
	Hygiene kits	Cleaning kits
Metropolitan area	450	0
Falcon-Carirubana	100	96
Falcón-Coro	200	199
Miranda	213	213
Vargas	1,023	1,023
Zulia	300	399
TOTAL	2,286	1,930

As many families listed as living in collective centre and other shelter solutions are no longer residing there permanently, the National Society could only reach those that were present at the time of distribution. There are still some kits stored in-warehouse pending for revision and distribution (50 hygiene kits in the metropolitan area, 112 hygiene and cleaning kits in Miranda and 4 cleaning kits in Falcon-Carirubana).

In addition, 27 kits destined to the state of Vargas, and 1 for the state of Falcón suffered damages. The state of Vargas will review the contents of these kits to evaluate the possibility of restoring damaged items to restore and distribute some or all of the kits.

Challenges:

The VRC confronted the need to complete new assessment to guarantee that the information available on the current needs within collective centres and other shelter solutions was still valid. Additionally, many shelter managers cancelled or postponed the distributions on the agreed date, delaying the completion of the activity. The VRC branch of Miranda is organizing the final distribution to take place before the end of the month. Also, as is been some time since the National Society carried an operation of this size in coordination with the IFRC, some branches confronted difficulties with the distribution tracking reports. The RIT member in the country is supporting this aspect of the operation and the pending information on persons reached should be available on the next report.

Emergency health and sanitation

Outcome: The health of the affected population is improved by the provision of psychosocial support hygiene and sanitation promotion, and community-based health care.	
Outputs	Activities planned
Psychosocial support is provided to 750 people in the five most affected regions.	<ul style="list-style-type: none"> • Train volunteers in psychosocial support techniques • Asses the psychosocial needs of the population. • Carry out 30 group sessions with families in collective centres and those affected by the current floods. • Provide psychosocial support to volunteers.
The health status of 100 families (500 people) is improved through hygiene and sanitation promotion activities.	<ul style="list-style-type: none"> • Conduct rapid health, water and sanitation emergency needs and capacity assessments in coordination with local authorities and community leaders. • Carry out 20 hygiene and sanitation workshops with the affected population.
At least 670 families benefits from the design and implementation of community-based health micro-projects	<ul style="list-style-type: none"> • Conduct participatory workshops with affected communities to formulate projects. • Form a committee to analyze and select projects • Provide tools, materials and technical support to selected communities.

Progress: The VRC planned to improve the health of the affected population by providing psychosocial support to 750 persons and hygiene and sanitation promotion to at least 100 families, to complement the relief phase.

By the end of the reporting period, the National Society had been able surpass the second output, reaching 1,051 families with hygiene and sanitation promotion activities, 210 per cent of the original output. In relation to the other element of the emergency health outcome, the VRC successfully trained 87 volunteers on psychosocial support techniques. During the relief process and hygiene promotion activities volunteers worked with children using art and games, preventing stressful situations. Thus far, the volunteers have not identified any signs of major psychological stress; however, three children with special needs have received especial care to promote their integration within the group. The VRC is currently processing the information on number of children targeted through these activities, and is considering the possibility of expanding its reach to the adult members.

As mentioned before, the health situation in most shelters solutions has been stable and the government is providing health care. However, as there have been some cases of water-borne diseases that could be prevented through an improvement of hygienic habits, the National Society had step up their promotion campaigns.

Persons reached with hygiene and sanitation promotion activities	
By the Miranda branch	92
By the Vargas branch	242
By the Capital District branch	285
By the Falcon Coro and Carirubana branch	327
By the Zulia branch	105
TOTAL	1,051

However, further monitoring of the situation highlighted that the situation can drastically differ between states or between regions within a state. It became clear that some shelter solutions, particularly in the indigenous region in Zulia, are in need of better infrastructures -particularly water and sanitation systems- or could benefit from community-based health care. Additionally, some families decided to remain in their communities and not in the different alternative shelter solutions offered by the government, and are in need of some support. For this reason, the VRC had decided to modify the current section of the appeal to include the development of micro-projects in some communities in an effort to address these needs.

The National Society conducted participatory workshops where the communities could prioritize their needs and possible solutions to design a project proposal. Of these communities, 12 presented proposals that were further developed by VRC volunteers and then a committee selected the following five projects:

VRC Branch	Community	Micro-project	Families to reach
Barinas	Morrocoy	Community-based health care and disaster preparedness.	53 families (225 persons)
Lara	Atilio Ravicini	Community-based health care and disaster preparedness.	360 families (1,800 persons)
Nueva Esparta	El Manglillo	Improvement of water and sanitation infrastructures.	35 families (175 persons)
Yaracuy	Barrio la Aduana	Dengue prevention.	135 families (675 persons)
Zulia	El Matadero	Improvement of water and sanitation infrastructures. Early recovery.	106 families (430 personas)
	La Huerta		
	El Arroyo		
TOTAL	7 communities		689 families (3,305 persons)

As it is further developed in the next section, the VRC also completed a training workshop on community-based health and first aid, training 27 staff members and volunteers.

Capacity of the National Society

Outcome: The capacity of VRC to respond to the current and future emergencies is strengthened.

Outputs	Activities planned
VRC branch staff is trained to strengthen branch capacity.	<ul style="list-style-type: none"> • Conduct one workshop training volunteers on psychosocial support (as mentioned in Emergency health and care) • Conduct one workshop to train volunteers as National Intervention Teams in disaster management • Train volunteers in household/community targeting, registration and monitoring. • Conduct one workshop training volunteers in community based health and first aid.

Progress: The output on this outcome was reached successfully, as 81 volunteers from 19 branches have received training with the support of the emergency appeal. In most cases, the volunteers have been able to implement their newly acquired knowledge almost immediately. For example, the design of the micro-projects discussed in the previous section was possible due to the work of the volunteers that participated in the project formulation workshop.

The training workshops have been on the following topics:

1. **Psychosocial support:** 23 volunteers and national staff members from 18 branches participated in the workshop that covered different topics, including the roles of volunteers and basic principles in implementation, techniques to cope with stress, loss, grief, trauma and anger. It also dwelled on the needs of vulnerable groups such as children, elderly people, people with mental illnesses and people living with HIV and AIDS. Finally, the workshop also gave information on stress management for volunteers and mechanisms to detect exhaustion and its proper treatment.
2. **Project formulation:** 19 volunteers participated in a three-day workshop that provided information on the logical framework to follow when developing projects. Many of the volunteers that participated in the training were also involved in developing micro-projects to improve the health situation of the affected communities. Eight of the 14 participant branches sent proposals designed with the active participation of affected communities and in coordination with community leaders and the IFRC. The review of these first proposals also helped to better analyze the effectiveness of the activity, and the areas that will still need improvement.
3. **National Intervention Teams (NIT):** 26 volunteers participated in this 6-day training that included topics such as the creation and management of an Emergency Operation Centre (EOC), damage and needs assessments, information management and decision-making processes, SPHERE standards and the Code of Conduct. All 26 participants approved the course, after proper evaluations. This training was much needed, as it was more than 10 years since the National Society had this type of activity.
4. **Community-based health and first aid:** this workshop had 27 participants from 19 branches of the National Society with very diverse backgrounds. The emphasis of the training was to portray the importance of bringing forward the strengths of the communities to confront historical and seasonal health risks, emphasizing the need to teach and deploy community volunteers to create a healthier and more enjoyable environment. The community-based approach engages communities and their volunteers to use simple tools adapted to local context to address the priority needs and to empower them to be in charge of their own development. The approach is a generic means to promote behavioural change and raise public awareness about health or natural disaster related threats and their prevention and control. A field visit in the context of the training created two draft proposals that could be further developed as part of national strategic plans. The workshop was completed with the support of an IFRC health staff and a member of the Argentine Red Cross.

Communications – Advocacy and Public Information

The Venezuelan Red Cross continues to provide information to public and private institutions regarding this operation, as well as promoting the Fundamental Principles of the International Red Cross and Red Crescent Movement. Their communication strategy includes a national level component, with press releases and other messages created at the central coordinating level for later use and distribution at the branch level, as well as a regional level, where each branch develops its own strategy based on the resources available to them. For example, in honour of the World Red Cross Red Crescent Day, interviews were given to one national newspaper

(*La Prensa*) as well as to two regional newspapers in the country's Western region (*El Impulso* and *El Informador*). In general, the National Society has been successful in having media coverage of their operation, in both the print and broadcast media, in particular the branch of Vargas that had also taken advantage of social networks to inform about their activities, including the uploading of a video onto Youtube.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
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MDRVE001 - Venezuela - Floods

Appeal Launch Date: 21 dec 10

Appeal Timeframe: 21 dec 10 to 30 sep 11

Interim Report

Selected Parameters	
Reporting Timeframe	2010/12-2011/8
Budget Timeframe	2010/1-2011/12
Appeal	MDRVE001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	575,146					575,146
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Brazilian Government</i>	46,843					46,843
<i>ChevronTexaco Corp.</i>	382,044					382,044
<i>China Red Cross, Hong Kong branch</i>	775					775
<i>Japanese Red Cross Society</i>	23,700					23,700
<i>Swedish Red Cross (from Swedish Government)</i>	71,635					71,635
<i>The Canadian Red Cross Society (from Canadian Government)</i>	49,071					49,071
C1. Cash contributions	574,067					574,067
<u>Other Income</u>						
<i>Fundraising Fees</i>	-19,102					-19,102
<i>IFRC at the UN Inc allocations</i>	20,182					20,182
C4. Other Income	1,080					1,080
C. Total Income = SUM(C1..C4)	575,147					575,147
D. Total Funding = B + C	575,147					575,147
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	575,147					575,147
E. Expenditure	-395,279					-395,279
F. Closing Balance = (B + C + E)	179,868					179,868

International Federation of Red Cross and Red Crescent Societies

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		575,146					575,146	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	276,750	196,822				196,822	79,928	
Other Supplies & Services	31,500						31,500	
Total Relief items, Construction, Supplies	308,250	196,822				196,822	111,428	
Logistics, Transport & Storage								
Distribution & Monitoring	8,100						8,100	
Transport & Vehicles Costs	21,150	3				3	21,147	
Total Logistics, Transport & Storage	29,250	3				3	29,247	
Personnel								
International Staff	34,170	20,693				20,693	13,477	
National Staff	14,400	7,677				7,677	6,723	
National Society Staff	14,040	4,706				4,706	9,334	
Volunteers	13,500	2,543				2,543	10,957	
Total Personnel	76,110	35,620				35,620	40,490	
Workshops & Training								
Workshops & Training	72,900	12,993				12,993	59,907	
Total Workshops & Training	72,900	12,993				12,993	59,907	
General Expenditure								
Travel	13,500	7,416				7,416	6,084	
Information & Public Relations	9,000	2,194				2,194	6,806	
Office Costs	9,000	586				586	8,414	
Communications	9,000	2,333				2,333	6,667	
Financial Charges	13,033	12,446				12,446	587	
Total General Expenditure	53,533	24,975				24,975	28,558	
Operational Provisions								
Operational Provisions		100,553				100,553	-100,553	
Total Operational Provisions		100,553				100,553	-100,553	
Indirect Costs								
Programme & Services Support Recov	35,103	24,113				24,113	10,990	
Total Indirect Costs	35,103	24,113				24,113	10,990	
Pledge Specific Costs								
Pledge Reporting Fees		200				200	-200	
Total Pledge Specific Costs		200				200	-200	
TOTAL EXPENDITURE (D)	575,146	395,279				395,279	179,867	
VARIANCE (C - D)		179,867				179,867		