



**VENEZUELAN RED CROSS**  
NATIONAL HEALTH DIRECTORATE  
NATIONAL COORDINATION OF PRIMARY HEALTH CARE



Caracas, 20 May 2020

Dear Sirs:

Hernán Alberto Cabrera Martínez/ Representative In Venezuela

Philip Cabana/ Junta Presidents

Rich Knox/Operations President

**GDIH FIRST RESPONSE & SECURITY & GROUP OF COMPANIES**

Present.-

Greetings.

In line with the solidarity shown in previous conversations, we allow ourselves to make them part of one of the projects under development as part of the health response to our current context.

In Venezuela, access to health is becoming more complex every day. Situations such as ensuring food security and access to safe water prioritize the activities of the people who live here, often limiting the availability to mobilize to health centers frequently for prevention. In the event of a disease situation, the inhabitants must move under precarious conditions, due to the local public transport deficit, which leads to it in cargo vehicles or insecurely, which also strips away their dignity those who want to access their right of health.

Finally, as local health facilities reach, the response is still limited by deficiencies such as those that have been widely shared, typical of electrical failures, drug deficits, and limited medical and health personnel due to high professional migration.

This is why, within the Health Strategy of the Venezuelan Red Cross, it is becoming increasingly necessary to focus on communities, leave the hospital space and provide close access to the community, which we have strengthened under the vision of mobile clinical units that offer medical **consultations** in a preventive and focused way on primary health care.

This strategy would be aimed at addressing the most vulnerable communities in the country, managing to transfer our teams of doctors and nurses with appropriate material and equipment for the optimal examination of patients in them, in the actuality the approach would be adding the prevention and healing of covid-19.

I'm sure you could join this noble cause. Considering that 1 mobile clinical unit in our context could have the following monthly scope:

- 1200 monthly Medical consultations, broken down daily in General Medicine 20 patients, Gynecology and Obstetrics: 15 patients, Pediatrics: 15 patients, Dentistry: 10 patients: average of 60 patients daily, for a total of 300 weekly x 1,200 per month.
- Daily Educational Sessions on First Aid, Risk Management and Disaster Response, Health Promotion, Livelihoods and Nutrition, Psychosocial Support, Inclusion and Protection, among other topics developed in the lines of work of the Venezuelan Red Cross programs for 200 families monthly.
- Support to local educational units with monthly visits for the realization of Pediatric Nutritional Screenings, Medical Health and Psychosocial Care of Children and promotion of hygiene of vulnerable groups.

For the execution of these activities, a budget is appended to enable **Four Mobile Clinical Units**, in which the **GDIH FIRST RESPONSE & SECURITY & GROUP OF COMPANIES** Family could support the realization of this strategy.

Waiting for your suggestions, I say goodbye



Dr. Carlos Ruiz Pinto  
National Director of  
Health Venezuelan Red  
Cross

Note: Budget annex of a unit.