



Distribution of differentiated hygiene kits, first flight reception. 10 February 2025. Capital District Branch, Venezuelan Red Cross.

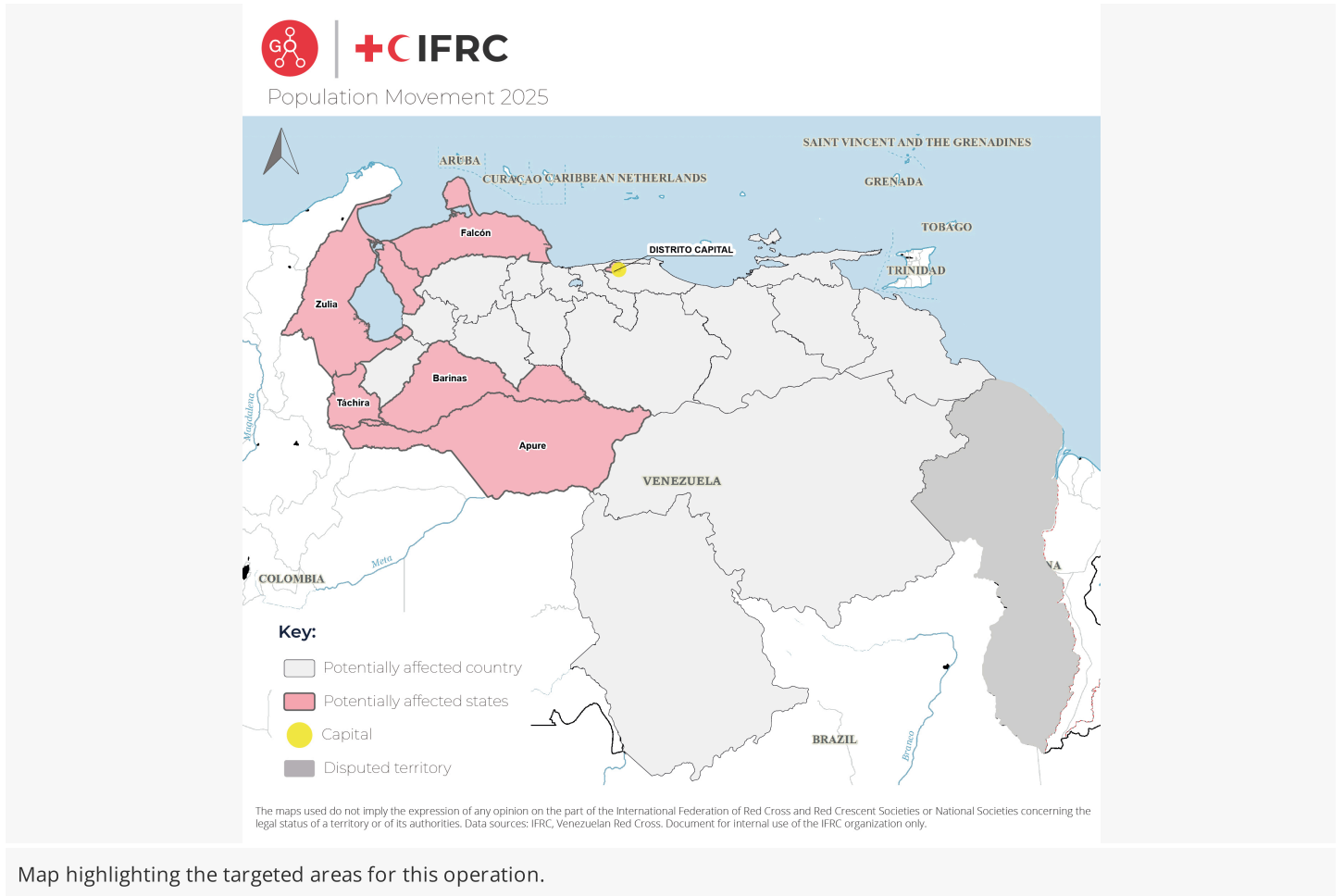
Appeal: <b>MDRVE011</b>	Country: <b>Venezuela</b>	Hazard: <b>Population Movement</b>	Type of DREF: <b>Imminent</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 148,383</b>	
Glide Number: <b>-</b>	People Affected: <b>717,000 people</b>	People Targeted: <b>3,500 people</b>	
Operation Start Date: <b>15-03-2025</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>30-06-2025</b>	DREF Published: <b>21-03-2025</b>

Targeted Areas: **Apure, Barinas, Distrito Capital, Falcon, Tachira, Zulia**

# Description of the Event

## Approximate date of impact

In the first quarter of 2025, the United States (US) and other countries in the region changed their migration policies, potentially increasing the return of migrants to Venezuela. Key factors include the expiration of US Temporary Protected Status (TPS), which benefits 600,000 Venezuelans and 117,000 on parole. In addition, the end of an amnesty for Venezuelan migrants seeking residency in Ecuador and the number of Venezuelans stranded at Central American borders.



Map highlighting the targeted areas for this operation.

## Provide any updates in the situation since the field report and explain what is expected to happen.

On February 10, 18, and 24, flights operated by the Venezuelan airline Conviasa arrived in Venezuela, bringing back a total of 602 returned migrants and returnees, mainly men aged 18 to 50. Some were returned migrants due to criminal convictions, while others were returned due to irregular migration status. The third flight was mainly for the return of families with women and unaccompanied children (71 children and 97 women).

The Venezuelan Red Cross (VRC), in its role as an auxiliary to public authorities, was present at the airport, supporting local authorities with comprehensive medical care, psychosocial support, hygiene kits, medicines, handwashing facilities, and refreshments as part of the Vuelta a la Patria program.

With the increase in returns, migrants face heightened vulnerability, particularly in reintegrating into their communities and the labor market. They may also encounter challenges related to safety, social acceptance, and access to essential services. Key challenges include the need for clear reintegration processes, institutional support, adequate health and mental health services, and access to education to facilitate their transition.



Humanitarian service point located in the state of Barinas, La Caramuca sector. Barinas Branch.



Primary health care, Venezuelan Red Cross supports the reception of returned migrants by air. 11 February 2025. Capital District Branch.



Provision of primary health care, third flight reception. 24 February 2025. Capital District Branch.

## Why your National Society is acting now and what criteria is used to launch this operation.

The Venezuelan Red Cross (VRC) plays a crucial role in humanitarian response, gaining increasing recognition for its ability to conduct both preventive and emergency operations during critical moments. This has strengthened its position as a key facilitator in addressing the most urgent needs of the population.

In response to the recent return of hundreds of Venezuelans, the Venezuelan government requested on 8 February that the VRC assist in the reception of returned migrants from the U.S. and other countries. In this capacity, the National Society has been deploying teams of health professionals and volunteers to provide immediate assistance, including medical care, food, hygiene kits, and psychosocial support upon the arrival of returnees. Notably, the VRC is the only humanitarian organization currently providing direct assistance to returnees at the airport.

This operation follows a structured trigger-based approach to guide its phased implementation, ensuring readiness, early action, and response, if required, based on real-time needs and data.

First trigger (readiness, prepositioning, and early actions):

The first trigger, which justified the request for this DREF operation, has already been met. It includes:

- The national government formally requested the Venezuelan Red Cross (VRC) to support the reception of returned migrants arriving on two flights from the United States. On 10 February, two flights operated by Conviasa arrived from Texas, USA, carrying 180 Venezuelan men, aged 18 to 40.
- Subsequently, the government requested VRC to assist in the reception of two additional flights. On 18 February, a flight arrived from a U.S. air base in Honduras, carrying 177 men, all returned migrants due to criminal records. Then, on 24 February, a flight arrived from Mexico with 242 returnees, including men, women, children, and infants, many of whom sought voluntary return or were returned migrants due to lack of personal documentation. The group included two infants under six months old, pregnant women, and an unaccompanied children.
- Additionally, members of the International Red Cross and Red Crescent Movement met with the Vice President of Venezuela to strengthen cooperation with the VRC, reinforcing its role as an auxiliary to public authorities in humanitarian matters.

Second trigger (escalation from Imminent DREF to Response DREF)

To determine whether to scale up the response, the national team will monitor returnee flow data in real time and assess whether the National Society's current institutional capacity and DREF funding are sufficient to sustain operations.

With support from DREF funding and its own National Society (NS) resources, the VRC is prepared to assist 3,500 returnees, regardless of their mode of return (by air or land, including routes through Zulia, Táchira, Apure, Barinas, and Falcón). If returnee numbers exceed expectations or expand to new regions, the National Society will consider a transition to a Response DREF to scale up operations.

Specifically, the need for escalation will be triggered when a sustained increase in returnees exceeds the capacity of prepositioned supplies, particularly at migrant reception centers and Humanitarian Service Points (HSP). In such cases, if the stock intended for 3,500

returnees (which includes hygiene kits, snack and hydration kits, and essential medicines) is depleted due to higher-than-anticipated demand, the NS will request a transition from imminent to response DREF.

Similarly, the decision to escalate may also be informed by formal requests from local authorities, such as the Ministry of the People's Power for Internal Relations, Justice, and Peace, based on updated reports that indicate a sustained rise in the flow of returned migrants or border crossings.

#### Stop mechanism

Finally, the stop mechanism for this operation will be triggered if there are significant changes in immigration policy, either within the country of return (e.g. refusal of admission of nationals) or in other countries (e.g. unaccompanied children, pregnant women, persons with disabilities), which will have an impact on the number of returnees.

Additionally, activities would be suspended if any security incident occurs that threatens the safety or integrity of volunteers, VRC personnel, or Movement staff.

## Scope and Scale

In 2024, remittances will account for 3.7% of the country's domestic GDP. However, with the increasing number of returned migrants and the return of Venezuelans from the United States and other countries in the region, this income is expected to decline significantly. As a result, many families that depend on these funds will face financial hardship.

The reintegration of returnees into the current social system may be challenging due to several factors, including social stigma, overstretched public services, and a labor market with limited opportunities. Additionally, rising violence and crime pose further risks to returning Venezuelans. Health-related concerns are also critical, as individuals with pre-existing conditions may struggle to access necessary treatments, worsening their medical conditions. Similarly, growing mental health needs could put both returnees and their families at risk, given the country's limited mental health services. Furthermore, the inability to manage stress and frustration effectively may contribute to an increase in domestic violence.

On 26 February, the US government announced the revocation of Chevron's licence to operate in Venezuela. This decision was made in response to the Venezuelan government's failure to comply with an agreement to expedite the repatriation of individuals described as "criminal and violent" Venezuelans. As a result, there is a growing likelihood that repatriation flights carrying undocumented migrants and returnees could be halted. At the regional level, however, reverse migration has already begun, with individuals being denied entry to the United States and returning to their home countries or countries of previous residence.

In Mexico, migrants have started moving southward, either returning to their home countries or to other nations they passed through before attempting to enter the United States. This shifting migration pattern has put Central American countries on high alert, prompting governments to explore strategies to address the associated risks.

A tragic incident over the weekend of 22-23 February underscored the dangers faced by migrants. A barge departing from Panama carrying a group of migrants—mostly Venezuelans—capsized, resulting in the death of a Venezuelan girl. In response, the governments of Costa Rica and Panama are considering offering legal maritime transportation to facilitate safe returns and reduce the dangers of clandestine migration.

By March, the number of Venezuelans returning by land is expected to rise. This trend underscores the need for adequate preparation to ensure a timely and effective response to the needs of those returning.

### [Supporting Documentation](#)

## Source Information

Source Name	Source Link
1. Venezuela recibe a 190 migrantes retornados de EE.UU.	<a href="https://cnnespanol.cnn.com/2025/02/11/venezuela/video/190-migrantes-deportados-eeuu-llegaron-a-venezuela-redaccion-buenos-aires-tv-fast">https://cnnespanol.cnn.com/2025/02/11/venezuela/video/190-migrantes-deportados-eeuu-llegaron-a-venezuela-redaccion-buenos-aires-tv-fast</a>



2. Trump revoca la extensión del TPS para venezolanos	<a href="https://efe.com/mundo/2025-01-29/trump-revoca-la-extension-del-tps-para-venezolanos-que-vence-en-septiembre-de-2025/">https://efe.com/mundo/2025-01-29/trump-revoca-la-extension-del-tps-para-venezolanos-que-vence-en-septiembre-de-2025/</a>
3. Naufraga embarcación con migrantes venezolanos y colombianos en aguas de Panamá - France 24	<a href="https://www.france24.com/es/video/20250223-naufraga-embarcaci%C3%B3n-con-migrantes-venezolanos-y-colombianos-en-aguas-de-panam%C3%A1">https://www.france24.com/es/video/20250223-naufraga-embarcaci%C3%B3n-con-migrantes-venezolanos-y-colombianos-en-aguas-de-panam%C3%A1</a>
4. "Es mucho peor que cruzar el Darién": las peligrosas rutas marítimas desde Panamá a Colombia que usan los migrantes venezolanos que regresan a su país - BBC News Mundo	<a href="https://www.bbc.com/mundo/articles/cx28qlyxjejo">https://www.bbc.com/mundo/articles/cx28qlyxjejo</a>
5. Panamá y Costa Rica acuerdan protocolo para atender retorno de migrantes desde EE.UU.   CNN	<a href="https://cnnespanol.cnn.com/2025/03/03/latinoamerica/panama-costa-rica-protocolo-retorno-migrantes-eeuu-orix">https://cnnespanol.cnn.com/2025/03/03/latinoamerica/panama-costa-rica-protocolo-retorno-migrantes-eeuu-orix</a>
6. Más de 196.000 migrantes irregulares venezolanos han cruzado la selva del Darién este año	<a href="https://mundour.com/2024/10/31/mas-de-196-000-migrantes-irregulares-venezolanos-han-cruzado-la-selva-del-darien-este-ano/">https://mundour.com/2024/10/31/mas-de-196-000-migrantes-irregulares-venezolanos-han-cruzado-la-selva-del-darien-este-ano/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

Since 2018, the Venezuelan Red Cross has provided support in border areas with a focus on migrants through cooperation projects, with activities mainly focused on primary health care, PHC, supply delivery and RFL services, including:

- Strengthening the capacity of the VRC to respond to the socio-economic crisis in Venezuela (Apure, Táchira and Zulia).
- Colombia-Venezuela border assistance. Monarch butterfly project (Táchira, Mérida, Zulia).
- Response to the socio-economic crisis in Venezuela in 5 border states and migration to neighboring countries (Apure, Bolívar, Distrito Capital, Zulia and Tachira).
- Responding to humanitarian needs in the areas of health, protection and disaster preparedness for populations affected by the Venezuelan crisis, migrant populations in transit and host communities (Delta Amacuro, Amazonas, Bolívar, Apure, Tachira and Zulia).

Some of the lessons learned from previous projects and response operations that have been considered during the development of this DREF request includes:

- Timely procurement remains a major challenge for emergency response in Venezuela. Local procurement can streamline processes, but is often more expensive than regional logistics. In addition, delays in the receipt of procured items can seriously affect the quality of the response, which is why pre-positioned materials are available, and efforts are made to adapt and supplement them.
- Pre-positioning of assets is key for a timely response.
- With regard to other Movement activities, a key achievement has been the development of a joint migration strategy, involving the contribution of several cooperation programs, which has enabled the development of a comprehensive and complementary response.



- Protocols, plans and strategies have facilitated the necessary coordination and action by the Movement's components in-country to ensure their ability to fulfil their humanitarian mandate.
- In a rapidly evolving scenario, security concerns require the creation and updating of documents and monitoring mechanisms.

## Current National Society Actions

### National Society anticipatory actions started

10-02-2025

<b>Shelter, Housing And Settlements</b>	In the event that the support of the VRC is required for the fitting out of transit houses within Venezuelan territory, the National Society has pre-positioned material: portable latrines/showers and tarpaulins. These are foreseen in the Q2000 Kit (San Cristóbal) and WatSan 5 (Capital District).
<b>Health</b>	<p>The National Society responded to the needs of returning migrants and returnees by providing primary health care, including general medicine, paediatrics, first aid and the provision of medicines. A total of 625 people (migrants and host communities) were assisted.</p> <p>During the month of February, the Venezuelan Red Cross, in accordance with its role as an auxiliary to the public authorities of the national government and guided by its Fundamental Principles, provided humanitarian assistance to migrants upon their return to Venezuela. Using its own capacities, it focused on primary health care, psychosocial support and the provision of medicines, hygiene kits and refreshments. Through 2 primary health care centres, 2 mobile units and 1 tent, with the support of more than 50 multidisciplinary volunteers.</p>
<b>Water, Sanitation And Hygiene</b>	<p>At least 602 individual hygiene kits for men, women and children were distributed at the arrival point. Two Handwashing with two tanks, water and soap have been installed.</p> <p>A total of 1,600 individual kits have been pre-positioned and there is capacity for at least 1,000 family kits.</p>
<b>Protection, Gender And Inclusion</b>	Within the migrant care areas, a psychosocial support unit has been set up and adapted to the profiles of the people being cared for. There are currently two separate areas for men, women, families and unaccompanied children and adolescents.
<b>Migration And Displacement</b>	The technical team is monitoring the current situation in the region and has participated in the extraordinary meetings organised by the IFRC Americas Regional Office to update the regional migratory context in order to anticipate possible changes in scenarios.
<b>Community Engagement And Accountability</b>	Although it has not been possible to establish a feedback mechanism in the field, the National Society provides constant feedback to the implementation team in order to adapt and improve the response.
<b>National Society Readiness</b>	The National Society has trained technical personnel to provide a response in the areas of Health, Wash and Protection. It also has pre-positioned supplies, 1,608 differentiated kits for men, women and children ready for this contingency with immediate distribution.
<b>Assessment</b>	The VRC team monitors the migration context at local and regional level. The NS has also participated in extraordinary meetings of the Movement for the exchange of experiences in the care of returned migrants persons who have returned to their country of origin. During the reception of flights, preparatory coordination meetings were held with the government agencies responsible for the operation in order to define actions to improve the care of returned migrants and voluntarily returned persons.



<b>Resource Mobilization</b>	The NS is carrying out the needs and capacity assessment with the Movement's partners in order to generate a strategy and response plan that can efficiently generate the procurement of funds and resources for the management of timely responses.
<b>National Society EOC</b>	Internal coordination is established with NS technical teams for primary health care interventions, psychological first aid, delivery of supplies and first aid on arrival in the country.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	Through the IFRC Delegation in Venezuela, the IFRC has provided support, technical assistance and coordination to the National Society from the beginning of the response. The Delegation team present in Venezuela has also participated in the field operations.
<b>Participating National Societies</b>	In Venezuela, a delegation of the German Red Cross is present, attentive and ready to provide articulated support to the response.

## ICRC Actions Related To The Current Event

Since 2015, working in partnership with VRC, ICRC has supported the VRC's national Restoring Family Links programme. This covers financial support for operations, key programme personnel and sustained technical support. Activities related to Protection in the Movement, initiated in 2024 will continue in 2025 with Movement partners.

The ICRC's activities, responding to the consequences of armed violence and influencing laws, policies and behaviours and promoting the integration, ratification of IHL and other treaties contribute to strengthening the collective impact of the Movement's response in Venezuela. Through its operational sub-delegations, and ongoing partnerships with VRC in Health, Protection, Assistance and Cooperation Programmes, ICRC supports VRC operations in selected Branches most affected by armed violence.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	In the case of flight reception: The Government, led by the Ministry of the People's Power, the Ministry of the Interior, the Ministry of Justice and Peace, the Ministry of Foreign Migration and the various agencies, the security forces, civil protection and the national armed forces are at the forefront of the operation to coordinate and receive returned migrants and returnees to the country. As part of the reception activities, the Ministry of People's Power for Health (MPPS) is using toxoid, trivalent, COVID screening, malaria and venereal disease vaccines. The Autonomous Institute of the National Council for the Rights of Children and Adolescents (IDENNA), an institution for the care of returned children in the process of being handed over to their immediate relatives. The National Service of Medicine and Forensic Sciences (SENAMECF) carries out the forensic medical evaluation of each returnee as part of the closure of care at the point of arrival.
<b>UN or other actors</b>	The Humanitarian Country Team has been following the evolution of the migration context, the Venezuelan Red Cross authorities, the IFRC Delegation in Venezuela and organisations such as OCHA, UNHCR and IOM have established a line of coordination of actions to complement the response according to their mandates.  This year, at the request of the Venezuelan Red Cross, the Venezuelan Delegation was accredited to access the Humanitarian Country Fund, where it has an emergency fund in case a larger response is needed.

**Are there major coordination mechanism in place?**



Coordination meetings have been scheduled between the NS and all operational actors involved in managing the arrival of both returned migrants and voluntary returnees. It is possible to coordinate joint actions and the mechanism of action from the reception on the route to the last point of attention. The NS has convoked Movement coordination meetings to ensure a coordinated Movement response and tripartite leadership meetings with between Movement partners present in Venezuela are set to continue this issue.

## Needs (Gaps) Identified



### Health

Migrants returning to their country of origin face collapsed or inadequate health systems, leaving them vulnerable. Many migrants have been exposed to dangerous conditions during their journey (accidents, physical violence or abuse), which may result in acute or chronic injuries requiring pain management. People with pre-existing chronic illnesses may have had their treatment interrupted during the journey, aggravating their underlying pathology. Migrant women often lack access to antenatal care, which increases the risk of complications during childbirth. Untreated infections, such as respiratory, gastrointestinal and skin infections, can worsen and become chronic or life-threatening.

The mental health needs of migrant populations are important and diverse, as migrants often face traumatic experiences, prolonged stress and emotional challenges arising from their migration and return process, and addressing these needs is critical to their overall well-being and effective reintegration into society.

As part of the NS work, essential medical equipment (stethoscopes, ENT equipment, sphygmomanometers, pulse oximeters and thermometers) was essential to monitor people's health. However, due to intensive and continuous use, they have deteriorated, affecting their functionality. This situation makes it necessary to replace them in order to guarantee the quality of care. It is also a priority to replace basic supplies such as personal protective equipment (PPE), alcohol, tongue depressors, gauze and bandages.



### Water, Sanitation And Hygiene

The returnees are received by the authorities at the Maiquetia International Airport in Caracas, the facilities are guarded by the security forces and have been equipped with minimum basic services, including portable toilets for general use, within the expected needs, considering that these people are coming from temporary shelters where they have been staying for some time, they need basic hygiene items, currently there is an approximate capacity of 1,608 individual kits (men, women and children) ready to be delivered. 608 individual kits (men, women and children) are ready for delivery, however, given the scale and population projections, it is necessary to pre-position family kits and adapt them to individual kits to facilitate the transfer of the delivered items.

In the case of returnees travelling by land (walkers), the need was identified to install washbasins at attention points (based on the adaptation made during the first flights, where a washbasin kit could be standardized), toilets in reception centres, portable units to serve both returnees and staff involved in the operation.

In addition, the lack of information on hygiene promotion is a major health risk as it reduces the ability to prevent acute respiratory infections and acute diarrheal diseases. This is particularly critical under transit conditions.



### Protection, Gender And Inclusion

The protection risks, such as xenophobia, sexual violence, gender-based violence, discrimination, that returnees have faced along the way, whether because they are returning migrants or for their own reasons, have had an impact on them, making them more vulnerable to possible revictimisation upon arrival in the country of origin. Reintegration into their environment and working life may be affected, leading to greater vulnerability. For unaccompanied children and adolescents, this means not having a safe environment or reliable support networks, leaving them in a situation of greater lack of protection and vulnerability. Access to specialised health services and a safe route to care can be a challenge for returnees.





## Migration And Displacement

The loss of contact with family members, both in the country of origin and at home, is a barrier to resilience for those who have been removed or returned to their country of origin. Access to connectivity, phone calls or wifi services is limited for people who remain in transit. The National Society has identified the need to strengthen training and capacity building processes for both staff and volunteers in key areas such as migration, protection, psychosocial support and family reunification. Currently, there is a lack of information and official sources on the numbers and conditions of migrants, leading to a very large information gap on the conditions and total number of people returning to the country, which hinders monitoring and makes needs invisible. Particular emphasis will be placed on improving expertise in assisting returned migrants to ensure a more effective and comprehensive response to their specific needs.

Given the vulnerability conditions along the migratory route, and in order to avoid exposing people on the move to protection risks, the VRC avoids requesting sensitive information from people receiving assistance, as part of data protection, so for the purposes of this response only data corresponding to gender, sex (in the case of medical care) and age will be requested. In this sense, strategies will be promoted to ensure the safety of the prioritised population during care and response.



## Community Engagement And Accountability

The lack of information throughout the return process and the short time available to inform people about the improvement of reception measures at the time of their implementation are very short and do not provide the conditions to establish a permanent feedback mechanism at the place of reception and arrival. However, actively listening to the concerns expressed by people has been of great value in adapting improvements in implementation and reception within the operational space.

# Operational Strategy

## Overall objective of the operation

Through this DREF Operation, the Venezuelan Red Cross aims to reduce the risk of a humanitarian crisis that could be triggered by an unusual increase in the number of returned migrants. To this end, the National Society aims to assist at least 3,500 returned migrants in Venezuela, focusing humanitarian assistance in the areas of primary health care, psychosocial support, water, sanitation and hygiene (WASH); protection, gender and inclusion (PGI); and community engagement and accountability (CEA).

## Operation strategy rationale

The situation of returned migrants in Venezuela is critical, with thousands of people facing significant challenges in their return process. These migrants often lack access to basic services, face protection risks and need comprehensive support to reintegrate into their communities.

The operational strategy is based on a comprehensive and coordinated plan that addresses the urgent needs of returning migrants and ensures their well-being and protection through specific interventions in the health, WASH, PGI and CEA sectors. The proposed activities aim to reduce the risks of a humanitarian crisis by:

**PRIMARY HEALTH CARE AND PSYCHOSOCIAL SUPPORT:** The provision of primary health care and psychological support is essential to meet the medical and emotional needs of returning migrants. These interventions help to prevent and treat illness, reduce stress and anxiety, and promote recovery and overall well-being.

- Readiness actions include training of staff and volunteers in mental health and psychosocial support (MHPPS); inventory of basic medical equipment; renovation of the Humanitarian Service Point (HSP) including repair and improvement of physical facilities to ensure that facilities are accessible and safe for all users, including people with disabilities; and installation of adequate sanitation systems to prevent disease. These activities ensure that the team is prepared and equipped to provide effective medical care and psychological support.

- Pre-positioning includes the procurement of medicines in Colombia, through the IFRC Regional Logistics Unit, and imported by air.

- Early Actions include provision of primary health care by specialized health professionals, provision of medication, ensuring dignity of care, in addition to other mental health services, psychological first aid, containment, safe spaces and referral to those who need it. These interventions help to prevent and treat illness, reduce stress and anxiety, and promote recovery and overall well-being.

**WATER, SANITATION AND HYGIENE:** Ensuring access to water, sanitation and hygiene services is essential to prevent the spread of disease



and maintain healthy living conditions. The provision of these services reduces the risk of waterborne disease outbreaks and improves the overall health of migrants.

- Readiness actions: Identification of appropriate spaces for personal hygiene, adaptation of individual kits, based on the existing stock of VRC family kits, adapting them to individual kits that allow the kits to be easily carried (deodorant, bath soap, wet towels and hot springs with 200ml of water); and design of a hygiene promotion campaign. These actions will pave the way for an effective sanitation and hygiene operation.

- Pre-positioning: Procurement of portable handwashing equipment and pre-positioning of individual hygiene kits. This ensures that the necessary supplies are available when they are needed.

- Early action: Carry out hygiene promotion activities and delivery of kits to guarantee access to hygiene and sanitation services. These interventions reduce the risk of waterborne disease outbreaks and improve the overall health of migrants.

#### MIGRATION:

- Readiness actions: RFL Training; develop the contingency plan to be used in the event of human mobility emergencies; monitoring of the situation; sensitize volunteers involved in the operation with key information about the Restoring Family Links (RFL) program including basic concepts; hold coordination meetings with the authorities and Venezuelan Red Cross personnel; socialize the volunteers involved in the operation with the basic concepts and services offered by the RFL program. These activities prepare the ground for effective implementation.

- Prepositioning: Replenishment of telephones, telephone lines and Internet equipment for connection points in the prioritized branches; and acquisition and preparation of snack and hydration kits. This ensures that the necessary equipment and items are available when they are needed.

- Early action: Provision of Restoring Family Links (RFL) services, including volunteer mobilization costs, phone and internet charges.

PROTECTION, GENDER AND INCLUSION: Implementing protection measures and promoting gender equality and social inclusion ensures that all migrants are treated fairly and respectfully. These actions help prevent violence, exploitation and discrimination, and provide specialized support to the most vulnerable groups, improving their safety and well-being.

- Readiness actions: Review that the actions incorporate standards of Protection, Gender and Inclusion in emergency situations and sensitize volunteers about the basic concepts and services of the Reestablishment of Family Links program. These actions ensure that the team is prepared to address the needs for protection and specialized support.

- Prepositioning: Distribution of office supplies and activation of the situation room for monitoring the migratory context. This ensures that the necessary resources are available and in good condition for immediate use.

COMMUNITY, ENGAGEMENT AND ACCOUNTABILITY: Promoting migrants' participation in decision-making and establishing feedback mechanisms ensures that their voices are heard and their needs are addressed. This improves the effectiveness of the humanitarian action and strengthens trust and cooperation between migrants and aid agencies.

- Readiness actions: Workshops on cross-border communication and CEA PMER for volunteers and staff involved in the operation, training in cross-border communication and preparation of a service satisfaction survey. These actions will ensure that the team is prepared to promote community participation and accountability; Establish a structured feedback system (health, WASH, migration and PGI).

## Targeting Strategy

### Who will be targeted through this operation?

Returned and repatriated migrant populations, giving priority to migrants in transit, with protection needs for adults, the elderly, women, children and unaccompanied adolescents. Mainly in support of the "Vuelta a la patria" plan and migratory flows identified with the Colombia-Venezuela border.

Host community and staff to complement activities. With primary health care, mental health and psychosocial support services, and a commitment to sensitising host communities to the arrival of returnees.

The following states have been prioritized due to their strategic importance in the migration route and the ability to provide essential services to returned migrants:

1. Capital District - Air: Planned to provide support for returnees from the air, facilitating the reception and immediate care of migrants arriving by air.

2. Barinas: Point of convergence on the internal land migration route, with a humanitarian service point in the La Caramuca sector. This point is crucial for returnees heading to the west and center of the country, providing services for the restoration of family links (RFL),



psychosocial support and first aid, as well as a drinking water distribution point.

3. Falcón, La Vela branch: Located in the northeast of the country, this branch is key to serving migrants from sea vessels, mainly to and from the Caribbean. It provides CPR, psychosocial support and first aid services.

4. Apure (Guasualito): The area with the highest influx of migrants, it has RFL services, a connection point, document lamination and first aid. It is a strategic point for the care of migrants in transit.

5. Táchira: It has a humanitarian service point in the city of Capacho, right on the internal migratory route. It provides RFL services and care for migrants and is a critical point on the border with Colombia.

6. Zulia: RFL services at the Maracaibo passenger terminal, located 3 hours from the border with Colombia (Paraguachón). This point provides connectivity, telephone calls, travel advice, safe referrals and blood pressure monitoring. It also has a mobile humanitarian unit.

This prioritization ensures that resources and efforts are focused on the most critical and strategic points, optimizing the humanitarian assistance and improving the well-being and protection of returned migrants.

## Explain the selection criteria for the targeted population

Return (returned migrants/expulsion) poses a number of humanitarian challenges, such as limited access to health care (physical and mental), information and hygiene, and it is essential to ensure a dignified and safe return to their communities of origin.

The actions proposed in this DREF operation are aimed primarily at returning migrants in the following circumstances:

- Those who lack the means or economic resources to ensure a dignified and safe return to their communities of origin.
- Persons in high-risk situations, including those who lack support networks, are exposed to security threats or face extreme vulnerability due to their status (e.g. unaccompanied children, pregnant women, people with disabilities).
- People with little or no access to basic services such as health care (physical and mental), food and hygiene.
- People accessing the services of the Humanitarian Service Points (HSP).

Throughout the operation, the Venezuelan Red Cross will also carry out continuous monitoring to ensure that assistance reaches the most vulnerable.

## Total Targeted Population

Women	1,050	Rural	40%
Girls (under 18)	700	Urban	60%
Men	1,225	People with disabilities (estimated)	1%
Boys (under 18)	525		
Total targeted population	<b>3,500</b>		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Beginning of reverse migration, which may represent an increase in the number of people returning by land, increasing exposure to violence along the route and greater tension on the border with Colombia.	Binational border context analysis in cooperation with the country's entry zone affiliates and NSs in the region through the Safer Access of the Americas network and development of tailored security response plans.
Increased protection risks associated with the reverse migration route, such as xenophobia, lack of channels or mechanisms for social reintegration, stigmatisation, re-victimisation of survivors of violence, exposure to human trafficking, are risks that are	VRC is working on an awareness-raising campaign through social media, promoting empathy and inclusive values, and establishing a monitoring and prevention system to identify and protect people at risk. And providing psychosocial support services to



highly potentiated. Similarly, the risks associated with return by sea are part of the scenario we may face.	help migrants cope with the stress and trauma associated with migration and return.
Hydrometeorological risks. Despite the fact that the hydrometeorological forecast for this year indicates a neutral ENSO, one of the risks remains the possibility of increased heavy rains, which in the case of those returning by sea or river, and/or droughts along the migratory route, would increase the risks for people moving along the migratory route.	Monitoring of climatic conditions by centers in the region, awareness raising along the migratory route with specific measures at each of the extremes to reduce the humanitarian impact on the population.
The event exceeds the capacities of the National Society.	Constant monitoring of the situation in the country and the worsening of the event is carried out.
Lack of reports on the status and typology of returnees	Through the team in charge of coordinating the operation, periodic coordination meetings will be established with the entities in charge of each repatriation flight or operation, in order to know the typology of the same, to guarantee an adequate response and as accurate as possible for the attention of these.
Increased frequency of flights and flow of people that exceeds the response capacity of the subsidiaries.	Establish staff rotation systems and increase inter-branch support where possible, to cover the amount of care required based on the frequency and number of returnees.

### Please indicate any security and safety concerns for this operation

- Inadequate supplies for the operation, either due to delays in procedures or limitations in the supply chain.
- In terms of operational security, the reception of returnee flights involves a large mobilisation of volunteer staff and resources to care for the migrants arriving on each flight. This can pose challenges in terms of the efficient coordination of personnel, the provision of specialised medical care and the distribution of essential items.
- In the town of Tibú, in the Catatumbo region of Colombia, there have been violent clashes between the National Liberation Army (ELN) and dissidents from the Revolutionary Armed Forces of Colombia (FARC). This situation has had a major impact on the local population.

It has led to the displacement of Colombian citizens to the Venezuelan side, more specifically to the municipality of Jesús María Semprún in the state of Zulia, mainly to the towns of Casigua el Cubo and El Cruce. Tensions on the border with Colombia and the increased risk of violence may lead people to engage in human mobility, increasing their exposure to protection risks and vulnerabilities.

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



**Budget:** CHF 50,341

**Targeted Persons:** 3,500

### Indicators

Title	Target
# of people receiving primary health care.	3,500
# of people who receive psychological first aid	2,500



# of group mental health sessions for children	20
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## Priority Actions

### Readiness:

- Make an inventory of basic medical equipment used and detail their condition
- Train staff and volunteers in Mental Health and Psychosocial Support (MHPSS) in migratory contexts, with a focus on returnees.

### Prepositioning:

- Refurbishment of humanitarian service point
- Purchase and replenishment of medicines (through the RLU in Panamá, with purchase in Colombia and imported by air, differentiated between adults and children).

### Early actions:

- Provide primary health care and psychological first aid at the point of return, ensuring that returned migrants receive essential health services upon arrival.



## Water, Sanitation And Hygiene

**Budget:** CHF 36,158

**Targeted Persons:** 3,500

## Indicators

Title	Target
# of returned migrants receiving hygiene supplies.	3,500
# of handwashing facilities installed	6
# of people reached through community awareness campaigns.	3,500

## Priority Actions

### Readiness:

- Identify appropriate spaces for the personal hygiene of returned migrants.
- Acquisition of individual kit complements (Local purchase)
- Adaptation of individual kits
- Design a hygiene promotion campaign.
- Design hand washing kits.
- Procure portable handwashing kits.

### Prepositioning:

- Acquisition of portable hand-washing equipment.
- Preposition individual hygiene kits
- Print hygiene promotion campaign.

### Early action:

- Deploy operational activities to ensure access to hygiene and sanitation services.
- Conduct hygiene promotion activities among the returning migrant population.
- Hygiene promotion activities
- Distribution of relief hygiene supplies.



## Protection, Gender And Inclusion

**Budget:** CHF 1,705

**Targeted Persons:** 3,500

### Indicators

Title	Target
# of people who receive information on Protection, Gender and Inclusion actions	3,500
# of individuals from priority vulnerable groups (pregnant and lactating women, children under 2, adolescents, older adults, and persons with disabilities) who receive differentiated care.	140

### Priority Actions

Readiness:

- Develop the contingency plan for activities related to human mobility emergencies
- Sensitization of volunteers involved in the operation with key information on the Restoring Family Links (RFL) program.

Coordination meetings with authorities and staff of the Venezuelan Red Cross.

- Socialization of volunteers involved in the operation on the basic concepts and services offered by the Restoring Family Links program.

Pre-positioning

- Replacement of telephones, telephone lines and Internet equipment for the connection points in the prioritized branches.
- Acquisition and preparation of refreshment and hydration kits.

Early action:

- Implementation of the contingency plan for emergencies resulting from the migration event.
- In-depth needs assessment and monitoring of the situation.
- Provision of Restoring Family Links (RFL) services, including volunteer mobilisation costs, telephone and internet charges, and replacement of mobile phones, telephone lines and internet modems.
- RFL training.



## Migration And Displacement

**Budget:** CHF 19,608

**Targeted Persons:** 3,500

### Indicators

Title	Target
# of contingency plans applied in activities to human mobility emergencies.	1
# of volunteers involved in the operation sensitized with key information on the migration program	80
# of migrants in mobility reached with RFL services	500
# of migrants reached with refreshments and Hydration Kits	3,500



## Priority Actions

Readiness:

- Review that actions incorporate Protection, Gender and Inclusion standards in emergency situations.
- Sensitize volunteers on the basic concepts and services of the Restoring Family Links program.

Prepositioning:

- Distribution of office material.
- Activation of the situation room to monitor the migratory context.

Early action:

- Implementation of the actions of the contingency plan for emergencies derived from the migratory event.



## Community Engagement And Accountability

**Budget:** CHF 853

**Targeted Persons:** -

## Indicators

Title	Target
# of feedbacks received from people served on the services provided.	700
# of volunteers and staff sensitized on the importance of feedback collection	100

## Priority Actions

Readiness:

- Workshop on CEA PMER for volunteers and staff involved in the activities.
- Preparation of service satisfaction survey
- Workshop on cross-border communication.
- Activation of the situation room for monitoring migratory context.

Prepositioning:

- Socialization of the satisfaction survey with the teams involved in the operation.
- Implementation of the contingency plan applied to human mobility emergency activities.

Early action:

- Establishment of structured feedback system (Health, WASH, Migration and PGI).



## Secretariat Services

**Budget:** CHF 12,883

**Targeted Persons:** -

## Indicators

Title	Target
# of monitoring and evaluation visits by IFRC Venezuela delegation	2

## Priority Actions

- 1 MHPPS Officer deployed for 3 months (Surge)
- Training of MHPPS personnel
- Guidance and support in purchasing processes.
- Provision of logistic support services through the Country Delegation and the RLU
- Field Missions
- Field monitoring visits: Conduct on-site monitoring visits to assess readiness, ensure adequate coordination and evaluate logistical and operational conditions prior to implementation.



## National Society Strengthening

**Budget:** CHF 26,835

**Targeted Persons:** -

## Indicators

Title	Target
# of personnel hired directly for the operation.	3
# of lessons learned workshops conducted.	1
# of monitoring and evaluation visits by NS	3

## Priority Actions

- Recruitment of staff
- Procurement and distribution of office supplies.
- Implementation of communications plan.
- Prepositioning of inputs.
- Conduct lessons learned workshop.

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

For the emergency response, the VRC plans to recruit a staff consisting of a local Operations Coordinator, a Psychosocial Support Officer and an Administrative Assistant. The Operations Coordinator will be responsible for planning, organising, directing and coordinating all response activities, coordinating with other agencies and local authorities, monitoring programme implementation and ensuring compliance with humanitarian and security standards. The MHPSS Officer, who will be supported by Surge, will subsequently implement and develop the various products and activities related to this area, working in coordination with the National Directorate of Health.

In addition, an administrative assistant will provide support to ensure proper internal accountability and administrative progress in the implementation of activities.

A total of around 100 volunteers will be involved in the operation, spread across the 6 priority sectors. These will include first responders from the capital district, health programme staff such as doctors, and volunteers from the RFL programme.

## Will surge personnel be deployed? Please provide the role profile needed.

In coordination with the Venezuelan Red Cross, and taking into account the current context and needs, the deployment of two people is foreseen:



- A Mental Health and Psychosocial Support Officer for three months, who will provide support to ensure the implementation of a MHPSS work plan, including activities such as: providing training and forming psychosocial response teams as part of the response, reviewing MHPSS interventions in migration contexts, and adapting the National Society's MHPSS strategy together with a technical advisor from the local staff.

- An Operations Manager for three months, who will provide support to the Venezuelan Red Cross with the timely implementation of the intervention.

It is worth noting that these two profiles will be funded by the Canadian Red Cross, so this has not been budgeted under the DREF.

## **If there is procurement, will it be done by National Society or IFRC?**

Procurement and distribution will be managed by the National Society through national procurement, in Venezuela with the support of the Senior Procurement Officer, to ensure compliance with the procedures of the IFRC Procurement Manual, thereby ensuring minimum quality standards and integrity risks, with the exception of the adult and paediatric drug kits, which will be procured through the IFRC Regional Logistics Unit (RLU). This approach will ensure timely availability of essential supplies.

The National Society is already experienced in the procurement and distribution of refreshments and hydration kits. In the WASH sector, this will be carried out by the finance team with the support of the finance assistant, supported by the national WASH director. This process will be developed in coordination with VRC and the Senior Procurement Officer of the Venezuelan Delegation, who has experience in similar procurements, with the aim of building local capacity and familiarity with the International Federation's procurement processes.

With regard to the rehabilitation of the Humanitarian Service Point, a more detailed assessment of the current conditions of each branch is required to provide sufficient space for the provision of health services, to achieve adequate information points and to rehabilitate the spaces to provide adequate services, which will be the responsibility of the project coordinator and cross-cutting sectors such as health, WASH and communication.

The procurement process in the water, sanitation and hygiene, health and housing sectors will be carried out by the IFRC Delegation in Venezuela with the support of the IFRC Senior Procurement Officer to ensure compliance with the procedures set out in the IFRC Procurement Manual and to guarantee minimum standards of quality and integrity. This process is developed in coordination with the VRC and a procurement focal point with the aim of building local capacity and familiarity with IFRC procurement processes.

Once items arrive, logistics are set up and coordinated with the VRC Logistics Officer to establish distribution routes to regional warehouses, which are supported at all times.

## **How will this operation be monitored?**

The follow-up of this DREF will be supported by the local Operations Coordinator in charge of the operation, who will monitor the data and information collected by the Branch teams in the field. The Branch will provide information on implementation on a weekly basis, while the Operations Coordinator will ensure at least 3 follow-up visits with the technical team in the prioritised sectors. With the support of the IFRC country delegation team, the timely management of funds and progress of activities will be monitored through regular follow-up meetings, with reports shared with VRC HQ and the IFRC delegation focal point for timely decision making. In addition to the NS monitoring visits, the IFRC project team will conduct at least two field visits to ensure smooth monitoring of the operation and technical support with the regional team. All information gathered during these monitoring visits will be used to support any operational changes.

## **Please briefly explain the National Societies communication strategy for this operation**

The actions carried out will be made visible through the social networks of the Venezuelan Red Cross, combining the actions carried out by the team in the field with the collection of audiovisual material, including photos, videos, testimonies and life stories, which will allow external, internal and specific audiences to understand the impact and reach of activities. Similarly, key messages with a preventive approach will be produced and adapted for external audiences to provide updated information on the migration context in the region, to understand the actions being implemented at local level and to identify opportunities for cross-border coordination. In close coordination with the focal points and communication directors of the branches, the needs related to the image and visibility of the Red Cross will be addressed, as well as the compilation of specific material required by the National Communication Directorate for publication on official platforms.



# Budget Overview



## DREF OPERATION

### MDRVE011 - Venezuelan Red Cross Venezuela: Population Movement

#### Operating Budget

<b>Planned Operations</b>	<b>108,665</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	50,341
Water, Sanitation & Hygiene	36,158
Protection, Gender and Inclusion	1,705
Education	0
Migration	19,608
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	853
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>39,718</b>
Coordination and Partnerships	0
Secretariat Services	12,883
National Society Strengthening	26,835
<b>TOTAL BUDGET</b>	<b>148,383</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

