DREF Final Report

Venezuela: Floods

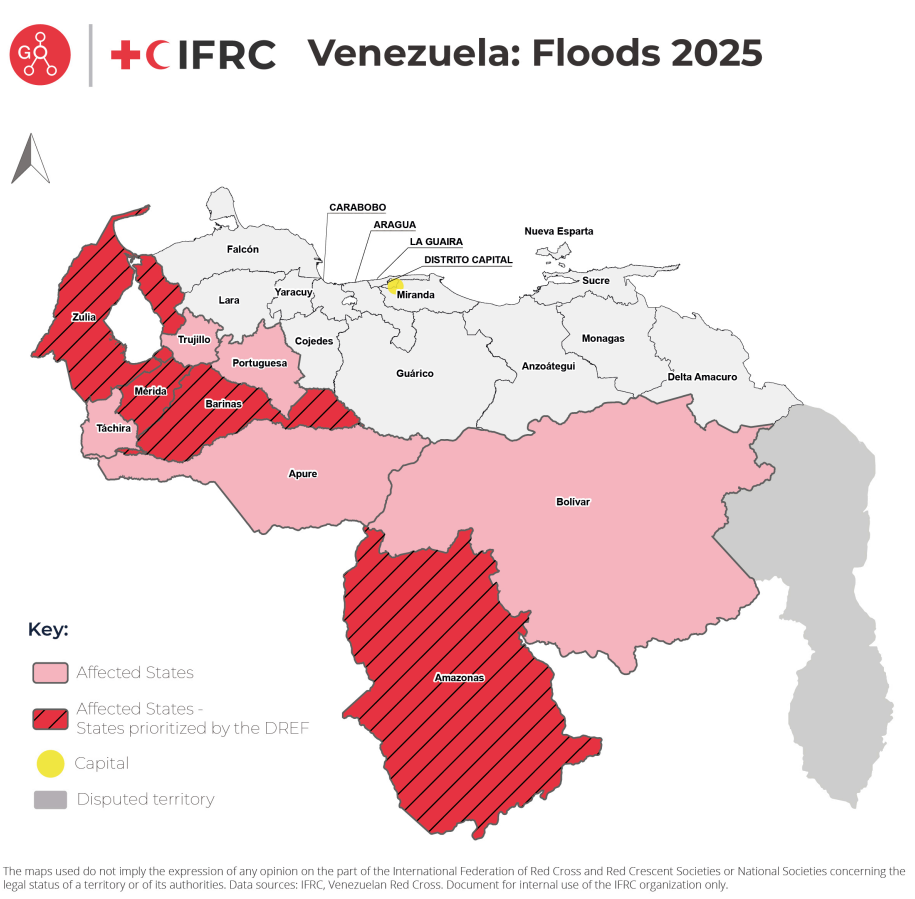
Traveling to remote communities to provide health care. Merida, August, 2025.

Appeal: **MDRVE012**	Total DREF Allocation: **CHF 375,194**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: -	People Affected: **24,095 people**	People Targeted: **5,000 people**	People Assisted: **6,975 people**
Event Onset: **Sudden**	Operation Start Date: **01-07-2025**	Operational End Date: **31-12-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Amazonas, Barinas, Mérida, Zulia**

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



Map highlighting the targeted areas for this operation

Date of event

25-06-2025

What happened, where and when?

The passage of Tropical Wave number 9 through western Venezuela caused heavy rains that led to flooding and landslides in the states of Barinas, Mérida, Trujillo, and Táchira. Local and national authorities agreed that this was the strongest rain episode of the season in the Andean region. In response to this situation, on 25 June, the government activated the "Andes 2025" Emergency Plan, which included the mobilization of the Bolivarian National Armed Forces, Civil Protection, and regional authorities to carry out evacuations, clear blocked roads, assist isolated communities, and mitigate the effects of flooding and landslides.

Since late April 2025, Venezuela experienced an exceptionally active rainy season characterized by frequent rainfall, thunderstorms, and landslides that impacted several vulnerable regions across the country. The National Institute of Meteorology and Hydrology (INAMEH) attributed the situation to various meteorological factors, including the early onset of the rainy season with the arrival of the first tropical wave on 24 May, followed by a second on 30 May. Additionally, persistent troughs and atmospheric disturbances contributed to climatic instability, particularly in the central, western, and southern regions.

INAMEH estimated that between 45 and 50 tropical waves were expected during the extended rainy season, projected to last until November, 2025. The effects were severe, particularly in the Andean, plains, and Amazonian regions, where communities and infrastructure experienced significant damage.

As of Friday, 20 June, the passage of the first eight tropical waves caused persistent and intense rainfall, resulting in river overflows and widespread flooding. The most affected states included Zulia, Barinas, Mérida, Apure, and Trujillo, with additional flooding reported in

Bolívar and Sucre. Assessments conducted by Civil Protection and Red Cross teams indicated that more than 24,095 people, grouped into 4,819 families, were affected across eight states: Amazonas, Apure, Barinas, Mérida, Monagas, Táchira, Trujillo, and Zulia.

As of July 2025, weather conditions intensified dramatically due to the interaction of tropical waves with the La Niña phenomenon, according to reports from INAMEH; in some regions, rainfall exceeded historical averages for the year by as much as 300%. Weather disturbances and troughs continued to batter the country one after another, extending structural damage and soil saturation beyond the limits initially estimated in the west, the center, and Guayana Esequiba, which required constant monitoring due to the imminent risk of further flooding and landslides. Faced with this situation, volunteers and technical teams from the Venezuelan Red Cross intensified their frontline deployment for the duration of the operation, working side by side with communities.

Toward the end of December 2025, the rainy season in Venezuela came to a close, having established itself as one of the most severe and prolonged in recent years following the passage of nearly fifty tropical waves. The “Andes 2025” Emergency Plan, implemented by the national government and the National Risk Management System, continued its efforts to clear roads and reconnect isolated communities in Mérida, Trujillo, and Táchira. Although the weather pattern began to give way to a drier, more neutral transition as 2026 approached, local authorities continued with plans to rebuild road and housing infrastructure in the states hardest hit by the floods. Meanwhile, the Venezuelan Red Cross focused on addressing the most urgent needs.

This emergency unfolded against the backdrop of an already difficult humanitarian context in Venezuela. Floods and landslides have endangered lives, destroyed homes and crops, and severely damaged drinking water systems, road infrastructure, and essential services, which left many communities without access to basic needs.

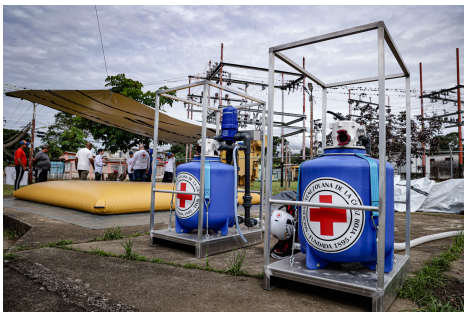
Among those affected, particularly vulnerable groups included older adults, people with disabilities, and children, all of whom faced significant challenges in evacuating or accessing humanitarian assistance. The situation was further complicated by the presence of people in migratory contexts—such as returnees, those in transit, and internally displaced persons—many of whom returned without resources or support networks, leaving them especially exposed.

Venezuela faced increasingly severe rainy seasons over the past five years, which revealed the country’s limited preparedness and the vulnerability of many communities to extreme weather events. This crisis underscored the urgent need for sustained efforts to build resilience and safeguard the most at-risk populations.

Distribution of mosquito nets and WASH kits in Zulia. Sept, 2025.

VRC Health assistance in Mérida. July, 2025.

Fixed Safe Water Distribution Point in Barinas. August, 2025.



Safe Water Treatment Plant in Barinas. August, 2025.

Scope and Scale

The rainy season in Venezuela intensified significantly on 3 June, when authorities in the states of Táchira and Trujillo reported widespread damage caused by accumulated rainfall in the preceding days. Impacts included floods, landslides, fallen trees, and structural damage to homes—particularly in the municipality of Boconó, where 36 families were affected.

On 5 June, the fourth tropical wave of the season caused severe devastation across several western states and the Venezuelan Andes. In Zulia, 46 homes were flooded in Cabimas. In Mérida, Sucre, Táchira, and Trujillo, authorities reported landslides, overflowing streams, and collapsed infrastructure. In the Libertador municipality of Mérida, the Gaviria and La Fría streams rose to dangerous levels, causing damage along Trunk 7. Seven homes were directly impacted, one of which was completely destroyed. Civil Protection identified 2,560 critical risk points across the state.

By 25 June, heavy rainfall had intensified in eastern Venezuela. In Maturín, Monagas State, flooding affected 158 families in the Ciudad Colonial urban area. In Táchira, 22 homes were damaged due to floods and landslides, while in Barinas, a bridge over the Michay River collapsed as a result of rising water levels.

The situation worsened with the arrival of the ninth tropical wave in late June, triggering a new series of emergencies, particularly in the Andean and western regions. In Mérida, at least 103 homes were completely destroyed and over 370 were damaged. More than 8,000 families were cut off due to road blockages, and at least 25 bridges collapsed—16 of them irreparably.

As of July 6, the Amazonas state authority confirmed that 199 families in the Atures, Autana and El Burro municipalities were affected. This was due to the fact that the Orinoco River rose to 52.83 meters above sea level, which meant 83 cm above the flood level of 52 meters above sea level.

One of the worst-hit areas was the municipality of Rangel, in the Apartaderos region, where the overflowing of a river directly affected more than 270 families. Timely evacuations by authorities prevented any loss of life. In Trujillo, 92 homes were damaged, and in Táchira, more than 870 families were left isolated. Meanwhile, a critical section of the José Antonio Páez highway in Portuguesa State collapsed, disrupting key transportation routes for food distribution and emergency assistance.

In response to the scale of the emergency, the Andes 2025 Task Force was activated, bringing together Civil Protection, the Fire Service, the National Guard, and local authorities to respond across 46 affected municipalities. In addition to its auxiliary role, the National Society worked closely with Civil Protection to identify gaps and assist communities in greatest need. By the end of June, meteorological authorities warned of the imminent arrival of the tenth tropical wave and maintained high alerts for continued intense rainfall nationwide.

The situation remained especially critical as the Andean states contributed approximately 70% of the country's vegetable production—placing national food security and the region's recovery at serious risk.

Source Information

Source Name	Source Link
1. Link to the folder of operation photos	https://drive.google.com/drive/folders/1TJcrHKeccZw_0J1d24R-5ZqWBmSohRzK
2. El País, 06/27/2025: Villages under water and eight thousand families affected	https://www.ntn24.com/noticias-actualidad/25-puentes-con-perdida-total-en-venezuela-por-las-lluvias-dan-balance-oficial-de-los-destrozos-565095
3. - Infobae, 06/27/2025: Heavy rains devastated a village in the Venezuelan Andes	https://www.infobae.com/venezuela/2025/06/27/fuertes-lluvias-arrasaron-con-un-pueblo-en-los-andes-venezolanos-mas-de-270-familias-afectadas-en-merida/
4. - NTN24, 06/27/2025: 25 bridges totally lost in Venezuela due to rains	https://elpais.com/america/2025-06-27/pueblos-bajo-el-agua-y-ocho-mil-familias-afectadas-las-lluvias-tropicales-arrasan-en-venezuela.html

5. INAMEH. (2025, abril 23) Declaraciones de presidente INAMEH. Instagram	https://www.instagram.com/reel/DIyy5ChuEYz/?igsh=cGFjdGg5Nnkycmtj
6. Maduro activates "Andes 2025" Plan in response to emergency caused by rains in Venezuela.	https://www.elimpulso.com/2025/06/26/maduro-activa-plan-andes-2025-ante-emergencia-por-lluvias-en-venezuela-26jun/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	A joint effort was made with the members of the Movement (IFRC, ICRC, and the German Red Cross) to carry out initiatives that complemented the planned operational strategy and/or extend the operation to other areas not covered by this response operation. Additionally, through the FHV-OCHA, the Venezuelan Red Cross's response was also strengthened.

IFRC Network Actions Related To The Current Event

Secretariat	Since the beginning of the response, the International Federation of Red Cross and Red Crescent Societies (IFRC) provided the National Society in Venezuela with support, technical assistance and coordination through its Delegation.
Participating National Societies	A Delegation from the German Red Cross is present in Venezuela to support the VRC's emergency response plans as needed. Drawing on its previous experience, the Delegation provided funding for the logistical deployment of assessment missions and rapid responses to emergencies.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) has been present in Venezuela since 1999. The ICRC Delegation and the Venezuelan Red Cross are in constant coordination with the Movement's partners in the prioritised states. The ICRC, through its Economic Security Department (EcoSec), donated 2,000 individual hygiene kits to the Venezuelan Red Cross—divided equally between 1,000 for men and 1,000 for women—in order to assist other affected communities in Apure state. These communities had been severely hit by the floods and had not been included in this DREF nor in the initiatives supported by the Venezuela Humanitarian Fund (FHV), thereby ensured a timely response where needs remained critical.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Venezuelan government implemented various measures to address the onset of the rainy season in June 2025, which affected several regions of the country. Inspections were carried out in streams and vulnerable areas as part of the 2025 Rainy Season Plan, aimed to prevent overflows and ensure community safety. To respond to rain-related emergencies in Mérida, Táchira, Trujillo, and Barinas, the national leader activated the "Andes Plan 2025," in which Civil Protection, regional authorities and the Bolivarian National Armed Forces were deployed to carry out evacuations, clear blocked roads and assist isolated communities. The National Institute of Meteorology and Hydrology (INAMEH) issued alerts about heavy rainfall and electrical storms in multiple states, including Bolívar, Amazonas, Apure, Lara, and Zulia. Additionally, Civil Protection teams had deployed in Táchira to monitor the impacts and coordinate emergency responses. In the second half of the year, heavy rainfall necessitated a significant expansion of government operations. The National Executive coordinated with the ministries of infrastructure and housing to deploy heavy machinery to restore transportation routes cut off by landslides in the Andean foothills and the Páramo region. In addition, community and interagency task forces were established, which included setting up temporary shelters and directly distributing food and medical assistance to protect families displaced by rising river waters. Toward the end of December 2025, national authorities focused their efforts on stabilizing slopes, channeling critical watercourses, and assessing structural damage in the most vulnerable states, with a special emphasis on the Andean and Llanos regions.
UN or other actors	The Humanitarian Team in the country held meetings with various organizations, particularly in Apure, where it has been working since June 10, and was responsible for coordinating and overseeing the emergency response. UNHCR provided the VRC, through the IFRC, with supplies to support the prepositioning and distribution of response materials, including cooking kits, blankets, handwashing stations, semi-collapsible water containers, and water purification tablets. OCHA maintained communication with the authorities to verify new information on the impacts, particularly in the state of Apure. In addition, OCHA coordinated with the Táchira Civil Protection Service and partners of the Local Coordination Forum (FLC). On 25 June, UNHCR, in coordination with OCHA, delivered basic necessities (200 mats, 200 hygiene kits, 200 linen kits and 25 reflectors) to affected families. The FLC and OCHA monitored the situation and was in disposition for new requests. Civil society organized at least seven collection centres (six in Mérida and one in Trujillo). By the second half of 2025, the Country Humanitarian Team, under the leadership of OCHA, had expanded its intersectoral response mechanisms. The mobilization of additional resources through the Venezuela Humanitarian Fund (FHV) enabled various agencies of the United Nations system and NGOs to implement emergency projects in

water, sanitation, and hygiene (WASH), health, and food security. As part of this effort, priority was given to equipping local health centers and distributing water purification tablets, while UNICEF and other partners set up temporary safe spaces for the protection and psychosocial support of children and adolescents, particularly in Apure state.

While UNHCR provided shelter and protection supplies in border areas and highly vulnerable zones, the network of local NGOs and civil society committees—which had begun by setting up collection centers in Mérida and Trujillo—evolved into community-based early warning networks and first-response brigades in coordination with the authorities. By the end of the year, the Local Coordination Forum and humanitarian partners began the transition from emergency assistance to early recovery activities, focused on rehabilitating community water systems and restoring the livelihoods of families who were beginning the process of returning to their homes.

Needs (Gaps) Identified

Shelter Housing And Settlements

In the state of Mérida, the increase in the flow of the El Chama River seriously affected the community "Brisas del Río", where it was estimated that more than 60 homes were damaged; 75 families in this sector were evacuated preventively and transferred to an improvised shelter in the 16 de Septiembre School (by 25 June, it did not have access to water, bathrooms remained unconditioned due to the lack of water, and only support from a 1,000-liter tanker truck had been received).

In the state of Apure, Amparo parish, at least 590 families were affected; the Catholic Church of the parish was conditioned as a temporary shelter, where approximately 30 families were temporarily sheltered, mostly children and the elderly. The local population showed remarkable solidarity, making donations of food (mainly protein), clothing, and basic supplies. There was evidence of the presence of humanitarian organizations providing support (Caritas and OCHA).

Improvised shelters were set up in schools and churches to accommodate people from the affected communities. In this regard, the Venezuelan Red Cross provided technical assistance to ensure the shelters were managed correctly. The National Society was responsible for managing these shelters and ensuring that protection and integrity standards were maintained for the people temporarily housed in these spaces. The assistance provided for these centres included adapting and equipping the spaces to ensure these standards were met.

In the emergency in the Venezuelan Andes, the low temperatures represented a significant health risk, particularly for children and the elderly. Blankets were essential for protecting people against the cold, preventing illnesses related to low temperatures, and providing a minimum level of comfort and security at that critical time. Taking this measure was necessary to improve the well-being and quality of life of those affected by the emergency.

Due to the start of the rainy season, there was an increase in vector-borne diseases, which made it necessary to distribute mosquito nets.

Health

The intense rainfall recorded in Venezuela had an additional impact on the challenging conditions faced by health centres in several states, particularly in Barinas, Apure, Zulia, Mérida, and Portuguesa. This directly affected access to and the quality of health services, while significantly increasing health risks for those affected.

In addition, the needs assessment was accompanied by first aid assistance in affected communities, mainly in the states of Barinas, Apure (Guasdualito), and Merida, reporting care for simple wounds, abrasions, sprains, strains, and medium care. One of the most common effects of the rains was the hasty establishment of makeshift shelters, which often failed to meet the minimum standards set out in the Sphere Handbook. The lack of adequate conditions in these shelters favoured the spread of communicable diseases, particularly in contexts where access to safe water, hygiene, and sanitation was compromised.

The main risks identified were:

1) Acute diarrhoeal diseases.
- Skin diseases associated with prolonged exposure to moisture and contaminated water.
- Diseases transmitted by poor food handling.
- Vaccine-preventable diseases, especially in children.
2) Vector-borne diseases, such as dengue, Zika, chikungunya, and malaria.
- Acute respiratory infections and chronic conditions exacerbated by humidity.
- Arbovirosis.

In addition to the above, the contamination of water and food sources represented a risk not only to human health, but also to the health of domestic and consumer animals, as well as to the environment.

Floods and landslides caused the loss of essential goods and appliances, including medicines (both general and for chronic conditions), personal hygiene products, kitchen utensils, clothing, and blankets. This left families in a highly vulnerable situation, which was alleviated by the urgent distribution of emergency kits and medicines.

Many of those assisting communities, whether providing first aid or restoring roads and homes, suffered injuries and bruises that required immediate attention (simple wounds, bruises, abrasions, sprains, and medium care where chronic diseases were identified with loss or non-compliance of treatment due to loss during the emergency). In this context, the Venezuelan Red Cross's work through its network of trained volunteers was essential in providing first aid and supporting the community response.

From a public health perspective, flooding posed an immediate and long-term threat. Mixing drinking water with sewage, faeces, and chemicals created conditions conducive to outbreaks of gastrointestinal diseases such as cholera, hepatitis A and E, and infectious diarrhoea. At the same time, stagnant water became a breeding ground for mosquitoes, leading to an increase in cases of diseases such as dengue, malaria, Zika, and chikungunya.

In emergency contexts, another critical issue was mental health and psychosocial well-being. Humanitarian crises had a profound effect on individuals, families, and communities, generating stress, anxiety, and anguish, and sometimes severe trauma. Support systems were established to respond to these needs with a multi-level approach, providing basic protection and active listening services as well as specialised care for critical cases. These systems aligned with the pyramidal approach to mental health intervention and psychosocial support (MHPSS).

The well-being of humanitarian and health personnel was also considered, as they worked in adverse conditions and faced high emotional demands. Implementing specific self-care and psychosocial support plans for these workers was crucial for ensuring their mental health and the sustainability of the humanitarian response.

Water, Sanitation And Hygiene

Communities in the states of Mérida, Barinas, Amazonas, Zulia, and Apure faced serious limitations in their access to drinking water in terms of both quantity and quality. Intense rainfall associated with multiple tropical waves caused catchment sources and distribution networks to collapse in numerous sectors.

In Mérida, the Chama River and several streams overflowed, affecting at least nine municipalities and destroying homes, crops, and electrical systems. Areas of the páramo such as Mucurubá, San Rafael de Mucuchíes, and La Mucuchache were particularly badly hit. The loss of household goods and structural damage to homes hindered personal hygiene, food preparation, and basic sanitation, thereby endangering public health. The on-site assessment determined that the damage to the water infrastructure was extensive, further increasing difficulties in accessing safe drinking water.

In order to mitigate the serious effects on this sector, an OX-LMS 06 emergency water treatment plant was mobilised, with the capacity to produce up to 20,000 litres of safe water per day for the most affected communities. The distribution of family hygiene kits, cleaning kits, collapsible drums, water purification tablets, and improved storage and treatment systems for humanitarian service points (200 litres) was also executed, as well as home filtration systems. These actions were accompanied by awareness-raising sessions on hygiene, sanitation, and the safe use of water.

This comprehensive strategy aimed to ensure access to clean drinking water, maintain adequate hygiene and sanitation levels, and prevent diseases in this emergency context.

Protection, Gender And Inclusion

The recent floods made children and adolescents particularly vulnerable, especially in rural and isolated communities. The main gaps identified included the loss of safe environments, exposure to physical and psychosocial risks, family separation, and the interruption of educational and recreational activities, all of which were essential for their well-being.

In this context, the response focused specifically on child protection, prioritising actions that reduced risks and promoted safe and dignified environments for children affected by the emergency. To this end, key messages on child protection were disseminated to caregivers, volunteers, and community actors to prevent violence, abuse, neglect, and family separation. Volunteer personnel were trained in basic protection standards, the identification of risk signals, and the safe referral of cases that required it. These actions sought to reduce exposure to risk and to restore the basic rights of children in an emergency environment, focusing on well-being, emotional support, and dignity.

Additionally, measures to reduce the structural inequalities that exacerbate the impact of emergencies were promoted. To this end, new volunteers were recruited and trained in key areas such as gender equity in humanitarian action, gender-sensitive analysis, minimum protection standards, inclusion in emergency contexts, the Code of Conduct, the Prevention and Response of Sexual Exploitation and Abuse (PSEA) policy, and child protection.

Risk Reduction, Climate Adaptation And Recovery

As a member of the National Disaster Risk Management System, the Venezuelan Red Cross identified various priority gaps through its operations that required attention. One of these was the need to strengthen response capacity by providing response teams with the necessary resources to deliver effective training in dealing with emergency situations.

Similarly, the urgent need to incorporate a community approach to risk management was highlighted, particularly in densely populated urban areas with a high level of exposure to hazards. Furthermore, coordinated action among other humanitarian actors in the planning and coordination of responses was essential to ensure rapid and efficient responses to possible adverse events.

In challenging contexts, it was necessary to develop community-level actions aimed at strengthening knowledge and capacities in areas such as emergency response, first aid, evacuation, planning, and coordination, as well as supplying essential equipment. To this end, the Venezuelan Red Cross recognised the need to expand its internal capacities and acquire resources. Among the prioritised needs in risk management was acquiring personal protective equipment, such as gloves, raincoats, rubber boots, and jackets, for volunteers carrying out fieldwork.

Activating the national emergency operations centre was a fundamental action for monitoring the effects across a large part of the country and provided timely information for decision-making.

Although anticipated actions had already been implemented, it was still necessary to increase support for communities so that they were prepared for possible emergencies, as the experience of the state of Sucre demanded (o bien: demonstrated). Early warning systems were established at the local level, and post-event monitoring was ensured, to improve response and reduce future risks.

Community Engagement And Accountability

As part of our commitment to providing quality, transparent responses, VRC implemented a community satisfaction evaluation mechanism in areas that had been prioritised. This instrument enabled the National Society to collect feedback from those assisted regarding the relevance, quality, and timeliness of the assistance provided, and to identify areas for improvement.

The information collected was analysed to adjust ongoing actions and strengthen accountability to communities, ensuring their views were considered in decision-making processes.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to reach 5,000 people (1,000 families) directly to provide a timely humanitarian response in order to address the urgent needs of people affected by floods in Zulia, Mérida, Barinas and Amazonas states, with actions in the following areas: shelter, health, water, sanitation and hygiene (WASH), protection, risk management, community participation over 6 months.

At the end of the operation, the National Society reached 6,975 people in the states prioritized. Complete sex- and age-disaggregated data were not available across all sectors. Health activities collected sex-disaggregated information, while WASH distributions generally recorded only the household representative receiving assistance. In addition, safe-water reach figures were estimated based on operational monitoring data rather than individual registration. To avoid inconsistencies and potential double counting, consolidated SADD figures could not be reliably calculated for the total operation reach.

Operation strategy rationale

The response strategy focused on providing timely humanitarian assistance to communities affected by the floods in June 2025, particularly in the states of Mérida, Barinas, Amazonas and Zulia. The Venezuelan Red Cross continued to implement a range of comprehensive interventions in the areas of housing, water and sanitation, health, protection, and community participation, giving priority to the most vulnerable and hardest-to-reach families.
Shelter and essential items: 3,000 blankets continued to be distributed to replace lost shelter items, with the aim of reaching 1,000 families across different states based on need. Technical assistance was also provided to shelter managers in the form of five specialised workshops that addressed issues such as space organisation, security, dignity and protection. At the same time, resources were allocated to make specific adaptations to the shelters according to needs identified in the field, such as structural improvements, improvements to sanitary areas, and improvements to kitchen areas.
Health and psychosocial care: The Humanitarian Health Service Points continued to be reinforced to incorporate the following activities:

- Basic first aid and pre-hospital care
- Basic psychosocial care in affected communities, including group sessions and one-to-one support
- Self-care and emotional support activities for volunteers, recognising the stress they had experienced while responding to the crisis
- Distribution of mosquito nets for 1,000 families (3 per family). Pre-positioned items were replenished with DREF.

Water, sanitation and hygiene (WASH): A robust WASH response axis was implemented, including:

- Distribution of personal hygiene and cleaning kits to at least 1,000 families
- Delivery of 1,000 Sawyer-type household filters, along with storage kits and improved filtering for community spaces and humanitarian points
- Activation of the OX-LMS 06 water treatment plant, mobilised from the Barinas subsidiary, with capacity to produce 20,000 litres of safe water per day. This plant was located in Bolivar Municipality, Barinitas parish, addressing a current gap of 10,000 families without access to safe water, at the request of HidroAndes and with support from the municipal mayor's office; distribution was carried out by means of tanker trucks. For additional support, the WatSan 05 plant in Barquisimeto had been pre-positioned.
- Community campaigns were conducted to promote handwashing, menstrual hygiene, chlorination and safe water storage, adapted to rural and indigenous contexts.

Protection and community participation: From a protection perspective, the following actions continued to be carried out:

- Identification of protection risks in communities and shelters, through an adapted protection action plan created based on the findings of the evaluation.
- Dissemination of key messages to prevent family separation, strengthen support networks, and publicise sources of help. Implementation of community feedback mechanisms to collect concerns, suggestions and complaints safely and anonymously. Coordination with Family Links Restoration Points and safe referral.

Risk management and coordination:

- The response was supported by the continuous operation of the Emergency Operations Centre (EOC) at Headquarters, which maintained:
- Daily weather monitoring;
- Validation and adjustment of regional contingency plans;
- Logistics management and supply replacement, including personal protective equipment for deployed personnel.

This entire response continued to be developed in close collaboration with local authorities and other humanitarian organizations to ensure smooth logistics and community participation.
This operation aimed to reach 5,000 people (1,000 families) directly, within an estimated population of 18,545 affected individuals. The strategy was adapted to existing logistical and technical capacities by integrating local affiliates, civil protection authorities, and organised communities. This guaranteed an effective, contextualised response with a humanitarian approach.

The activities carried out continued to be announced through the official social media channels of the Venezuelan Red Cross, integrating the actions on the ground with the compilation of audiovisual content such as photographs, videos, testimonies, etc. This strategy allowed different audiences – both internal and external – to know the impact and magnitude of the interventions carried out.
Likewise, key messages continued to be generated and adjusted with a preventive approach aimed at external audiences, in order to offer updated information on the regional context and make visible the actions implemented at the local level.
In collaboration with the communication managers of the subsidiaries and focal points, demands related to the institutional image and visibility of the emblem were addressed, in addition to compiling specific inputs required by the National Directorate of Communications for dissemination in the official media.
In coordination with the VRC, the government, the Civil Protection Agency and the Office for the Coordination of Humanitarian Affairs (OCHA), the Red Cross had identified approximately 1,804 families affected by the floods in the state of Apure on 25 June. The Red Cross planned to request the partial activation of the country's Humanitarian Fund in order to support 500 families, implementing a strategy consisting of WASH, shelter, PGI and CEA actions. This would involve relief supplies such as hygiene kits, cleaning kits, jerry cans, tablets and cooking kits, as well as mobilising a water treatment plant. This would increase the scope of the intervention and complement the DREF. If these additional funds were approved, the proposed responses to this operation would be focused on the states of Mérida, Amazonas, Barinas and Zulia.

Targeting Strategy

Who was targeted by this operation?

Emergency Impact Overview in Past Tense (English)

The emergency caused by the heavy rains in June 2025 had mainly affected families living in rural and peri-urban areas of the Andean states and western Venezuela. These families included children, the elderly, pregnant women, people with disabilities, and peasant communities who depended on agriculture for their livelihoods. Living in conditions of high vulnerability—often in precarious housing near rivers, streams, or unstable slopes—these populations had been hit hardest by landslides, flash floods, and the loss of road infrastructure.

People in transit, particularly those returning from the Colombian border via land routes, had also been trapped by road closures, collapsed bridges, and a lack of access to basic services such as food, temporary shelter, and healthcare. Several of these routes coincided with internal migration corridors, further complicating mobility and increasing protection risks. Host communities, as well as volunteer and humanitarian personnel deployed in the affected areas, were also experiencing high levels of stress and overload. As a result, they were being included in psychosocial support and self-care initiatives.

The following states had been prioritised due to their level of impact, strategic location along national connection routes, and productive relevance:

Mérida (Apartaderos, Rangel, Libertador): The epicentre of the emergency, where more than 103 homes had been destroyed and over 8,000 people had been left isolated. The Páramo area had been severely affected by overflowing rivers and collapsed rural roads, leaving peasant families cut off.

Barinas: The collapse of a bridge over the Michay river had cut off rural areas, as well as the overflowing of the Santo Domingo river which had caused landslides, overflows, damage to infrastructure and road collapse in the municipalities of Barinas, Obispo, Bolívar, and Antonio José de Sucre.

Zulia: As a result of heavy rainfall in the upper and middle basin of the Guasare River, communities were reported to have experienced flooding and overflowing of rivers, flooding of houses, loss of household goods and limited access to communities. According to data issued by the INAMEH station, 267 mm of rain had been recorded in a period of less than 24 hours, which had caused the Guasare river to swell, causing significant damage in several communities in the municipality. As a result of this event, families had been affected.

Amazonas: As a consequence of the continuous rainfall at national level and the passing of tropical wave No. 14, the Governor of Amazonas state, Miguel Rodriguez, had confirmed the affectation, with 199 families affected in the Atures, Autana and El Burro municipalities. This was due to the fact that the Orinoco River had risen to 52.83 meters above sea level, which meant 83 cm above the flood level of 52 meters above sea level. Rainfall projections had anticipated that it would continue to rain continuously.

In all these states, the humanitarian response prioritised the distribution of essential WASH supply kits, access to safe water, hygiene promotion sessions, pre-hospital assistance, basic and community-centered psychosocial support, shelter support and technical

assistance. The response had been designed taking into account the specific needs of each community, ensuring culturally relevant actions adapted to the realities.

Explain the selection criteria for the targeted population

Operation Objectives in Past Tense (English)

The objectives of this operation were based on a vulnerability approach, identifying those most in need of immediate support.

The aim was to ensure their safety, health and well-being. For this reason, assistance continued to be prioritised for particularly vulnerable groups, such as the elderly, children, pregnant women, and people with disabilities. These groups were often disproportionately affected by emergency situations due to their specific needs and limitations in accessing resources and assistance independently. Prioritising these groups ensured that assistance was inclusive and accessible to all, thereby promoting equity in the response.

The selection criteria included:

(a) families who had suffered a partial or total loss of their home;

(b) families without access to safe drinking water sources;

(c) families who had not received assistance from government or non-governmental organisations during the current emergency;

(d) families with members belonging to vulnerable groups, such as children, adolescents, pregnant women, the elderly and people with disabilities; people with chronic diseases;

(e) people in shelters.

Total Assisted Population

Assisted Women	-	Rural	**30%**
Assisted Girls (under 18)	-	Urban	**70%**
Assisted Men	-	People with disabilities (estimated)	**5%**
Assisted Boys (under 18)	-		
Total Assisted Population	**6,975**		
Total Targeted Population	5,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**No**

Does your National Society have prevention of sexual exploitation and abuse policy?	**No**
Does your National Society have child protection/child safeguarding policy?	**No**
Does your National Society have whistleblower protection policy?	**Yes**
Does your National Society have anti-sexual harassment policy?	**No**

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

Risk	Mitigation action
The magnitude of the event exceeds the operational capabilities of the National Society	Constant monitoring of the situation in the COE in view of its possible worsening. Support with the IFRC, ICRC and German CR team to support the SN response
The security context in the country may be affected (civil unrest, armed clashes in different states, landslides or road closures)	Activate the social tension contingency plan that defines the response protocols in coordination with the support of the IFRC and the ICRC
Lack of timely information for the creation of reports.	Constant communication with subsidiaries to ensure the creation of reports and timely information submission.
Loss of key personnel can affect work continuity.	Implementation of actions from governance bodies to guarantee human resources and maintain continuity of operations.
The National Society has no or almost no child protection systems	It is envisaged to develop a detailed plan that Describe how mitigation measures will continue to be developed for the response. With the support and advice of the International Federation. in addition, the National Society is currently working on the development of child protection policy.
The rains continue and worsen access to the affected communities.	Material is mobilized in the Subsidiaries near the impact areas.
Limited access to fuel may restrict movement for field activities.	Coordination management with local authorities to ensure the supply of fuel necessary for the execution of the VRC operations.

Please indicate any security and safety concerns for this operation:

This operational strategy is defined by a timely and coordinated response from teams in the Relief, RCF, Emergency Health and other technical areas to ensure the timely delivery of assistance to affected communities.

Security conditions vary according to the context and area of the emergency, so prior to field trips, teams must evaluate the security conditions of the affected area, access routes to and from the affected communities, and ensure they have more than one means of communication with the Subsidiaries. They must also consider portable energy backup during interventions, avoid acting at night when necessary, establish community-specific safety plans, and make safety briefings and debriefings routine before and after interventions.

All intervention teams must have a designated safety representative who can identify operational risks in the field and take action when necessary. The correct use of the uniform and increased visibility of the emblem are also important. The complementary approach to security must be applied. Communicate with community leaders before and during the response.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Shelter Housing And Settlements

Budget: CHF 22,693
Targeted Persons: 5,000
Assisted Persons: 4,265
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of families provided with blankets	1,000	1,016
# of shelters supported that have been adequated	4	0
# of shelters that have received technical assistance	4	2

Narrative description of achievements

• The planned actions were adapted to the assessments of suitability and accessibility in each region, and the distribution of 3,000 blankets was carried out effectively, providing assistance to 1,016 families (4,265 people) affected in the states of Mérida, Barinas, and Zulia.
• Despite resistance and the rejection of permits to carry out renovations at the shelters, the NS persisted in taking actions aimed at improving the conditions of those affected, achieving a change in its operational strategy to protect people's dignity. As a result, it made direct deliveries of essential supplies, which helped to safeguard the living conditions of the families housed there without violating the local authorities' regulations.

Lessons Learnt

• The prepositioning of supplies allowed for an efficient response to unexpected regulatory constraints. When local restrictions prevented the distribution of supplies in Amazonas State, it was possible to strategically redirect and concentrate 100% of the 3,000 blankets toward Mérida, Barinas, and Zulia, ensuring that the DREF funds were executed with real impact.
• For future operations, it is evident that projects involving structural modifications or adaptations to public or state-owned property carry a very high risk of non-execution. Therefore, they should require written agreements signed during the early phases or be explicitly accounted for in the risks of the initial proposal design along with their corresponding contingency measures.
• The absolute blockade of shelter intervention lines in Amazonas State by government entities underscores the need to diversify humanitarian diplomacy strategies in areas with high political sensitivity.

Challenges

• In Amazonas state, local regulatory restrictions prevented the distribution of these items, leading the National Society to strategically concentrate 100% of the resources and capabilities for this line of intervention in the other states.
• With regard to strengthening and upgrading shelters, implementation faced significant contextual challenges imposed by local authorities:
1) Mérida: Multiple technical meetings were held with the state's Shelter Coordination Office to organize the workshops and coordinate the planned structural improvements for the kitchen, water, and sanitation areas. Bilateral negotiations continued until the very end of the operation, and there were strong indications that the authorizations would be approved; however, institutional resistance ultimately prevented the Venezuelan Red Cross technical teams from entering the area to carry out physical modifications to the infrastructure. The only outcome was the provision of technical recommendations to decision-makers during the meetings, and the distribution of essential supplies to families temporarily staying in six locations serving as shelters.
2) Barinas: As in Mérida, essential supplies were provided only to families at a temporary shelter.
3) Zulia: These funds were not utilized because local authorities decided not to set up official shelters in the state during the emergency period.
4) Amazonas: As with the other lines of action, the implementation of the planned activities was restricted by local authorities in the region.

• As a direct result of these government restrictions, the lack of openness to infrastructure interventions, and the failure to open shelters in several states, the funds originally earmarked for the physical and structural upgrades of the shelters could not be disbursed, despite having exhausted all mechanisms for advocacy and humanitarian dialogue by the end of the operational period.

Health

Budget: CHF 26,020
Targeted Persons: 740
Assisted Persons: 4,265
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people reached with pre-hospital care	740	1,546
# of people reached with basic and community-focused psychosocial support	740	1,143
# of group self-care sessions for volunteers	10	12
# of Humanitarian Service Points Strengthened	4	0

Narrative description of achievements

• The activities planned for this sector were successfully carried out, exceeding all targets through a deployment strategy that prioritized immediate health care, specialized medical care in isolated areas, and emotional support for both communities and humanitarian personnel.
• Through its basic first aid and primary health care programs, the Venezuelan Red Cross reached a total of 23 communities in the state of Mérida, assisting 1,531 people, plus an additional 15 people from the state of Barinas, for a total of 1,546 people who received pre-hospital care. To this end, weekly deployments were organized involving multidisciplinary teams of volunteers from various branches of the National Society, comprising general practitioners, specialists, nurses, psychologists, and first responders.
• To optimize resources and avoid duplication of efforts, coverage areas were strategically allocated in collaboration with professionals from the public hospital network, in coordination with the state's Single Health Authority.
• Group and individual psychosocial support sessions were successfully implemented in the communities, helping people come to terms with the impact of their losses. Through this initiative, a total of 1,143 people were assisted, strategically distributed according to the needs identified in the states of Zulia (758 people), Mérida (384 people), and Barinas (1 person).
• Equally important was the implementation of self-care, stress management, and emotional support activities for humanitarian personnel. These efforts placed special emphasis on the 313 volunteers who actively participated in the emergency response operation; they received group sessions for emotional release and had access to individual psychological support tools whenever needed. This comprehensive support was prioritized especially for the teams that remained under physically and emotionally demanding conditions for continuous eight-day periods at the base camp set up in the Andean Páramo and at the Barinas branch, thereby ensuring the mental health and resilience of the response team.
• As a key measure to prevent vector-borne diseases (such as dengue and malaria), which tend to spread after floods, the goal of distributing pre-positioned mosquito nets was 100% achieved. A total of 3,000 mosquito nets were successfully delivered, ensuring protection for 1,016 priority families—a total of 4,265 people—distributed as follows: 149 families in Zulia, 534 families in Barinas, and 334 families in Mérida.
• The four Humanitarian Service Points initially planned within temporary shelters could not be established because local authorities only authorized the NS to conduct distributions and did not permit the installation or operation of services in the shelters. As a result, the planned resources were reallocated to strengthen health and WASH interventions in priority communities, maximizing the overall humanitarian impact of the operation.

The significant overachievement of health targets was primarily due to the mobilization of more than 300 volunteers, the optimization of available resources, and the reallocation of effort toward community-based health services following the inability to implement some shelter-related activities. In addition, the high demand for healthcare services in flood-affected communities contributed to higher-than-anticipated attendance during medical and psychosocial support activities.

Lessons Learnt

• Direct coordination with local health authorities (Autoridad Única de Salud en Mérida) proved to be the most effective mechanism for optimizing health resources, prevented duplication of efforts, maximized the reach of specialized care, and validated the NS supporting role.
• These assessments were key to maintaining financial efficiency. The decision not to deploy medical care in Zulia state—once it was confirmed that the primary impact was the loss of personal belongings rather than health issues—prevented the unnecessary expenditure of medical resources and demonstrated a timely adaptation of the strategy based strictly on actual needs on the ground.
• Psychosocial support should always be considered a cross-cutting response, independent of the severity of physical or epidemiological harm. The case of Zulia State demonstrated that, even in the absence of medical emergencies, the need for mental health care following the loss of material possessions was critical (758 people served), fully justifying the deployment of the mental health component.
• Holding emotional debriefing sessions for volunteers was vital. Prioritizing the mental health of the 313 volunteers ensured the response team's resilience, maintained operational capacity, and prevented cases of acute stress or fatigue.
• The technical feasibility of a health intervention does not depend solely on the pre-positioning of supplies or the preparation of teams. Significant organizational shortcomings on the part of the authorities in Barinas and the complete restrictions on access imposed in Amazonas severely limited the impact on health care and first aid. For future operations, there is a clear need to strengthen mechanisms for advocacy, humanitarian diplomacy, and prior engagement with regional authorities before initiating logistical mobilization.

Challenges

• In the state of Barinas, efforts were made to implement a response model similar to that of Mérida, focused on mitigating the initial impacts of the floods. However, the response operation lasted for a shorter period due to significant challenges in the internal organization of local authorities. This increased the complexity of coordinating access and synchronization for operational teams on the ground; as a result, only 15 people were able to receive first aid.
• In Amazonas State, medical outreach sessions were not carried out due to access restrictions imposed by regional authorities.

Water, Sanitation And Hygiene

Budget: CHF 207,902
Targeted Persons: 5,000
Assisted Persons: 19,750
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of families reached with WASH supplies	1,000	1,000
# of people reached with hygiene, sanitation and safe water promotion sessions	3,000	4,240
# of liters of safe water delivered	600,000	1,220,000

Narrative description of achievements

• The distribution targets for essential items—hygiene kits, cleaning kits, and filters—were successfully met in areas where access was guaranteed. A total of 937 hygiene kits and 713 cleaning kits were effectively distributed, assisting a total of 1,016 families. In Mérida, 336 hygiene kits and 322 cleaning kits were delivered; in Barinas, 451 hygiene kits and 241 cleaning kits; and finally, in Zulia state, 150 hygiene kits and 150 cleaning kits, with priority given to the most vulnerable families.
• In addition, the distribution of 1,000 Sawyer-type household water filters, along with their storage kits, was completed in Mérida (336 families), Zulia (128 families), and Barinas (536 families).
• The deployment, installation, and commissioning of the LMS OX-06 water treatment plant, transported from the Barinas Branch, were carried out with complete success. In response to a request from the regional water authority (HidroAndes) and with the support of the Bolívar Municipality, the water treatment plant was set up in the Barinitas parish. During the mission, 1,215,000 liters of safe water were delivered, of which 755,000 liters were supplied directly on-site and 460,000 liters were distributed via water tankers. This intervention provided assistance to 60 vulnerable communities, the Nuestra Señora del Carmen Hospital, two (2) outpatient clinics, and the social rehabilitation center (Negra Hipólita), including the covered of 150 cases of people with extreme vulnerability. At the end of the water treament plan operation, the NS addressed a critical access gap for an estimated of 60,750 people reached.
• The educational sessions were carried out in their entirety, having a significant impact on the recipient communities in Mérida, Barinas, and Zulia. A total of 144 community sessions were conducted, tailored to local contexts and focused on handwashing, hygiene promotion, sanitation, safe water, vector control, and health promotion, ensuring the sustainability of the interventions at the household level. As part of this awareness-raising strategy, 100% of the people who received humanitarian supplies were ensured to participate in mandatory educational sessions on the proper use and maintenance of the items provided. As a result, a total of 2,731 people participated in the educational sessions. Likewise, many of the people who obtained safe water—both at fixed distribution points and via water tanker trucks—received ongoing, personalized sessions focused specifically on techniques for safe storage and preservation of water quality in the home. A total of 1,509 people participated in these sessions, for a total of 4,240 people who received education on hygiene, sanitation and safe water.
• As part of the exit strategy aimed at ensuring community resilience following the closure of the water treatment plant, structural improvements and optimizations were carried out on the community water system located in the Juan Pacheco Maldonado community; This included the construction of a roof, improvements to the floor's waterproofing, replacement of the water supply pipes, and the installation of a banner displaying key messages about household water treatment to ensure access to safe water. Additionally, with the active support of the community, an additional water system was built in the Las Casitas sector (Well No. 5), thereby increasing the availability of safe water supply points in the surrounding communities.
• The estimated sector reach of 19,750 people was calculated using a combination of direct registration data and verified operational estimates. A total of 5,256 people were recorded through beneficiary lists associated with WASH item distributions and hygiene-promotion activities. Additional reach was estimated through the distribution of 1,220,000 litres of safe water, applying operational water-consumption benchmarks and adjusting the estimate to minimize the risk of double counting. While water distribution is estimated to have benefited a significantly larger population, the operation adopted a conservative methodology when reporting total people assisted.

Lessons Learnt

• As a lesson learned and applied in this operation, it is important to note that the distribution of these supplies was strictly guided by an on-the-ground needs assessment, which meant that some families did not receive certain types of kits if the conditions of their environment made their use impractical. A clear example of this operational criterion occurred in Barinas state, where one of the affected communities was not allocated cleaning kits because they lived in makeshift dwellings with dirt floors, thereby optimizing resources to where they would have a real and effective impact.

Challenges

• In the case of Amazonas State, despite the logistical mobilization and the transport of supplies to the state, it was not possible to complete the delivery due to an express ban by local authorities on access to the communities. These supplies were distributed to the other priority states.
• Although the WatSan 05 plant in Barquisimeto had been pre-positioned, and preliminary technical assessments confirmed the need to install this second system in another critical area of Barinas or in Amazonas state, it was not possible to put it into operation. In Barinas, institutional efforts did not receive a timely response from the relevant counterparts, while in Amazonas, regional authorities ruled that the infrastructure was unnecessary and denied the installation permit. Consequently, and given that technical assessments in the states of Mérida and Zulia showed that the damage did not meet the specific criteria warranting a plant of this scale, part of the funds allocated for the operation and deployment of the second water treatment plant could not be utilized.

Protection, Gender And Inclusion

Budget: CHF 597
Targeted Persons: 149
Assisted Persons: 313
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers who received PGI key information messages	150	313
# of people reached with at least one RFL service	150	0

Narrative description of achievements

• A Rapid Child Protection Risk Assessment was conducted, a tool that helps identify potential risks and ensures that distributions and community activities do not create additional risks.
• The continuous presence of technical staff and volunteers during field operations was ensured. Since these are branches with a proven track record in emergency management, the teams already possessed solid skills thanks to the annual training sessions consistently provided by the National Society's PGI department.
• In most relief aid distributions—with the exception of locations that were difficult to access—Safe Spaces for Children were established, providing recreational activities for them while assistance was being provided to adults.
• As a notable initiative to promote inclusion in the field, at the water distribution point set up in Barinas state through the water treatment plant, priority was given and special treatment was provided to people with disabilities and those with chronic illnesses. Recognizing the severe mobility challenges they face in reaching the fixed water distribution point and understanding that their health conditions require greater water consumption, the operation arranged for water tankers to deliver water directly to their homes to fill their storage tanks. This door-to-door distribution was carried out without any volume limits, ensuring universal, safe, and dignified access to drinking water without creating physical barriers for the most vulnerable groups.
• The operation initially planned to provide Restoring Family Links (RFL) services to people accommodated in temporary shelters. However, due to access restrictions imposed by local authorities, no RFL services were delivered during the operation. No family separation cases were identified in the communities where the Venezuelan Red Cross was able to conduct field activities.
• The rapid protection assessment identified temporary shelters as locations presenting the highest potential protection concerns,

including risks related to overcrowding, limited monitoring of protection conditions, and possible barriers to assistance for vulnerable groups. Although repeated advocacy efforts were conducted, access to shelters was not granted by local authorities, limiting the National Society's ability to conduct direct protection monitoring. In response, the operation focused on community-based protection measures, including child-friendly spaces during distributions, dissemination of child protection messages, volunteer awareness on protection and safeguarding standards, and targeted support for older persons and people with disabilities. No unaccompanied or separated children were identified in the areas where the Venezuelan Red Cross had operational access

Lessons Learnt

• The fact that the branches had ongoing annual safety training enabled the teams to respond in accordance with international standards from the very first day of the emergency, regardless of the complexities of the situation.
• The establishment of safe spaces in open areas or standalone community facilities demonstrated that the child protection approach can be successfully decentralized, maintaining a direct impact and cost-effective operations without relying on approval for state infrastructure.
• Its essential to identified people with disabilities were given priority, and volunteers helped those who were alone get home.
• Explicitly incorporating inclusion criteria for people with disabilities into the distribution of essential services (such as home delivery of drinking water and assistance from volunteers in carrying the kits) maximizes the social benefit without disproportionately increasing the economic costs of the operation

Challenges

• The most significant challenge of this component was the inability to provide technical assistance for shelters or temporary housing facilities within the standard framework. Despite having the methodological tools and trained staff, access restrictions imposed by local authorities at the shelters prevented us from conducting on-site visits and assessing the conditions of dignity and safety within the facilities.

Community Engagement And Accountability

Budget: CHF 512
Targeted Persons: 1,000
Assisted Persons: 1
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people who received information about feedback mechanisms	1,000	530

Narrative description of achievements

• A survey was successfully conducted to measure satisfaction with KoBo and validate the services provided. A total of 530 people were able to share their opinions on the assistance they received. Although the project's initial goal was to reach 1,000 families, the sample collected represents 53% of that target, which statistically provides a substantial amount of information, including valuable data on the use of supplies, the quality of the items delivered, and the treatment received from volunteer staff during operations. The following questions were included:
- Were you informed about the type of support provided by the Venezuelan Red Cross (VRC) as part of the response to the heavy rains?
Yes, completely: 48.95%; Mostly yes: 24.27%.
- Does the support you receive from the VRC currently meet your most important needs?
Yes, completely: 49.86%; Mostly yes: 34.51%.
- How would you describe the way staff treated you during the activities?
Very respectfully: 90.4%; Mostly respectfully: 8.7%.
• Despite the challenges in meeting the quantitative registration target, it is essential to highlight the proactive role of the volunteers, who kept communication channels open to address questions and gather suggestions in real time. This approach to accountability was

particularly evident in the states of Mérida and Barinas; the teams' continuous presence on the ground and the operation of the water treatment plant fostered close ties with the communities, building an environment of trust conducive to feedback and the gradual improvement of the intervention.• • •

Lessons Learnt

• Although operational challenges prevented us from meeting the quantitative target, the 530 surveys that were successfully completed demonstrated that targeted data collection serves as a viable mechanism for restoring accountability, enabling the collection of rigorous qualitative data that can be used to assess the quality of the intervention.
• Digital monitoring and ECA tools, including surveys on Kobo, must be designed, tested, and uploaded to the systems before the actual implementation of humanitarian activities begins. Delayed design leads to fragmented data collection; therefore, the pre-deployment of technological templates must be a prerequisite in the DREF planning phase.
• Introducing entirely new data collection tools in the middle of a critical phase of the response often places an additional burden on volunteers. For future interventions, it is necessary to incorporate these satisfaction surveys into regular and affiliate training sessions.

Challenges

• The target of 1,000 completed surveys was not met due to delays in standardizing the data collection process and limitations in the consistent implementation of the tool in the field.
• Although the survey structure had already been uploaded to the Kobo Toolbox digital platform, its implementation in the field did not begin immediately because prior technical validation was required by the National Society's CEA (Community and Accountability) Coordination Unit, where a change in the focal point occurred just as the operation was being developed. This review process by the new person in charge of the area delayed the implementation schedule; consequently, by the time final approval was granted and the tool was formally authorized for use in the system, a significant number of supplies and medical services had already been delivered, resulting in a missed opportunity to capture key data in real time from the first people assisted.

Secretariat Services

Budget: CHF 48,501
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of international and national procurement processes conducted for supply replenishment	10	15
# of field technical support missions	3	5
# of surge personnel deployed	1	2

Narrative description of achievements

• The IFRC deployed (2) SURGE personnel, one specialized in logistics and supply chains to provide technical support for the planning, coordination and logistical follow-up of the operation; and one specialized in PMER to provide support in the follow-up of the operation and other technical tasks related to the role. This allowed the SN to learn about how other SNs operate and to contribute to the field operations team with specialized personnel who have experience in operations.
• In total, the IFRC Delegation's procurement team supported 15 procurement processes. Among the main areas of support were the procurement of disaster risk management items, such WASH, kitchen, shelter kits, among others. This enabled the team to provide direct logistical support to the National Society.

The IFRC Delegation accompanied the Venezuelan Red Cross team in the field activities, providing technical support in the intervention areas and exceeding expected technical goals, especially in the process of systematizing completed actions and establishing technical and financial guidelines for the execution of resources allocated for the response. Thanks to the IFRC's support and the deployments carried out using the SURGE model, the NS was able to develop a dashboard of the actions taken in the operation, learning about the possibility of including information management systems to visualize the number of people reached and the services provided. These products represented a new information management process that had not been implemented before in the WASH sector.

Lessons Learnt

• Including the SURGE model represents a great technical support for the National Society, considering the limitations of contracted specialized personnel who can focus exclusively on the operation. Additionally, it allows the SN to learn about new ways of working and good practices from other SNs that have so far served as a guide on how to strengthen operational emergency response processes.
•Maintaining constant on-site support from the IFRC Delegation allows for effective action in response to changes in the operational context and provides immediate advice to the needs of NS personnel and volunteers working in the field.

Challenges

• During this operation, the country experienced multiple emergencies, creating an operational burden for the Delegation staff as they integrated different funding sources in response to an emergency that affected a large part of the country. As a result, the importance of having a PMER focal point from the IFRC Delegation became evident, in order to provide technical guidance to the NS regarding the monitoring and reporting processes and the systematization of number of people reached and the achievement of indicators.

National Society Strengthening

Budget: CHF 68,969
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of personnel hired directly for the operation	5	5
# of lessons learned workshops conducted	1	0
# of monitoring and evaluation visits by NS	4	4
# of communicational and visibility plans developed and implemented	1	1

Narrative description of achievements

• This component guaranteed technical, administrative, logistical, and strategic decision-making support, enabling the efficient articulation of the National Society's capacities given the magnitude of the emergency. The NS conducted at least four monitoring visits led by the GRD focal point to support the on-site assessments and distributions carried out by volunteers in Barinas and Mérida.
• 100% of the recruitment process for the technical and administrative staff planned to support the operation was successfully completed. The addition of full-time personnel provided an improved organizational structure.
• The operation was solidly led by the Disaster Risk Management Directorate of the Venezuelan Red Cross. Under this central coordination, technical teams conducted periodic field monitoring missions, deploying based on the specific needs of the prioritized states to monitor actions on the ground and coordinate the response with local actors.
• The response demonstrated the National Society's high deployment capacity through the mobilization of 313 volunteers from various

branches, including specialized technical volunteers in WASH to operate the water treatment plant. The participation of key volunteers with extensive experience in previous responses was decisive in structuring the operational logistics and ensuring quality assistance from day one. Although the initial operational planning anticipated the participation of approximately 150 volunteers, the geographical scale of the emergency and the prolonged response period required the mobilization of 313 volunteers from multiple branches. This increase was accommodated within the approved operational framework and significantly enhanced the response capacity of the National Society.
• The institutional Communication and Visibility Plan was carried out, aimed at positioning humanitarian actions on the ground, raising visibility for the role of donors and DREF funds, and raising awareness among the population regarding the risks associated with the rainy season through various dissemination channels.
• There was good technical support from the IFRC Country Office staff, and the deployed SURGE personnel improved the quality of the intervention.

Lessons Learnt

• Faced with a complex national scenario where 19 states across the country were affected by the rains, the Emergency Operations Centre (EOC) played a crucial role in prioritizing resources and decision-making. During the first month of the adverse event, the EOC processed timely information to issue 23 situation reports (SitReps), which enabled the National Directorate to monitor operations and adjust operational tactics in real time.
• The constant production of data by the EOC demonstrated that informed decision-making reduces uncertainty in complex emergencies. Systematic monitoring must be consolidated as a standard in the initial phase of any DREF implementation.
• The deployment model—where the Disaster Risk Management Directorate centralized command but allowed specialized technical teams to mobilize on a mobile or itinerant basis—proved to be a cost-efficient strategy that optimized the available human talent.
• Having a large number of experienced response volunteers streamlined the technical and operational lines of action.
• To optimize the impact and sustainability of interventions, the early integration of permanent program focal points within the emergency response structure must be strengthened. Although sector-specific actions were successfully executed thanks to the commitment and technical expertise of volunteers with prior experience, formalizing joint workflows from the initial planning phase will unify processes, prevent parallel execution dynamics, and enhance continuous institutional support for response teams in the field.
• Branches and field teams must be trained on the importance of the timely and correct submission of operational expense financial reports (clearances), as the lack of organization and supporting documentation validating actions causes unnecessary delays in submission to the IFRC.

Challenges

• The main operational challenge lay in simultaneously coordinating a response across multiple regions of the country, considering that the widespread impact across 19 states dispersed institutional alerts and strained central logistical capacities.
• Maintaining the rigorous procurement processes required by international standards in an environment of high volatility and urgency on the ground represented constant pressure for the teams, additionally taking into account the ongoing changes in the National Society's financial processes and the newly onboarded personnel.
• Due to the limited personnel available at the National Society and the heavy workload of the operation-oriented volunteers, it was not possible to conduct the lessons learned workshop within the operation's implementation period.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 1 jul. 2025 to 31 may. 2026

MDRVE012 - Venezuela - Flood

Operating timeframe: *Start date: 01-jul.-2025 End date: 31-dic.-2025*

Appeal launch date: *09-jul.-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**375.194**
DREF Response Pillar	375.194
Expenditure	-339.538
Closing Balance	**35.656**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	21.207	25.203	-3.996
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health	24.432	22.629	1.803
PO05 - Water, Sanitation & Hygiene	195.313	197.969	-2.656
PO06 - Protection, Gender and Inclusion	561	597	-36
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	22.899	26	22.873
PO10 - Community Engagement and Accountability	481	512	-31
PO11 - Environmental Sustainability			
Planned Operations Total	**264.893**	**246.936**	**17.957**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	45.631	23.729	21.902
EA03 - National Society Strengthening	64.670	68.874	-4.204
Planned Operations Total	**110.301**	**92.602**	**17.698**
Total	**375.194**	**339.538**	**35.655**

III. Expenditure by budget category & group

Prepared on 23-jul.-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

The MDRVE012 operation closed with a financial expenditure of CHF 339,538 against an approved budget of CHF 375,194, representing a 91% implementation rate and leaving an unspent balance of CHF 35,656 (9%). The observed variances were primarily driven by external factors, favorable foreign exchange gains, operational efficiencies, and technical budget reclassifications, without affecting the achievement of the operation's core objectives or the assistance provided to affected communities.

Main factors explaining the variances

1. Several operational factors contributed to the final financial variances. Planned shelter infrastructure upgrades could not be implemented due to restrictions on access to temporary shelters, resulting in lower expenditure under shelter support activities. Similarly, the four Humanitarian Service Points originally planned within shelters were not established because authorization for access was not granted by local authorities. The RFL activity could not be implemented for the same reason. In addition, the lessons learned workshop planned under National Society Strengthening was not organized during the implementation period due to staff workload and limited availability. Finally, although a second water-treatment plant was initially considered, the extended and highly effective deployment of the first plant enabled the operation to achieve its water-delivery targets without requiring deployment of the second unit. These factors generated savings that contributed to the final balance of the operation.

2. Operational efficiencies and cost savings
The operation generated savings through:
- Favorable market conditions during procurement processes.
- Positive foreign exchange (forex) gains.
- Optimized procurement and the use of existing Venezuelan Red Cross capacities.
- Lower-than-planned deployment costs for international staff.

The main budget lines with positive variances were:
- Services Items: CHF 53,527.
- Secretariat Services: CHF 21,902.
- Risk Reduction, Climate Adaptation and Recovery: CHF 22,873.
- International Staff: CHF 10,476.

3. Prioritization of community assistance
Throughout implementation, operational decisions were made to maximize the direct humanitarian impact of the response. Resources were reallocated toward field response and distribution activities, prioritizing the immediate needs of the affected population. As a result, higher expenditure was recorded under components related to:
- WASH items.
- Kits and assistance modules.
- Logistics services for the mobilization and distribution of relief items.

Budget reclassifications
Part of the observed variances resulted from budget reclassifications made to more accurately reflect the actual nature of expenditures incurred. The budget was developed during a period of institutional transition and adaptation to new financial systems of the NS, which created initial challenges in budget allocation. During implementation, certain costs originally budgeted under Services Items were appropriately recorded under WASH Items, Kits, Modules and Sets, and Logistics Services, providing a more accurate representation of the operation's financial execution. These changes mainly reflect accounting reclassifications rather than programmatic deviations.

Complementarity with humanitarian partners
Some needs initially planned within the operation were covered through complementary contributions from humanitarian partners and alternative support mechanisms. In particular, medical supplies originally budgeted under Medical Renewable Items were provided through external contributions and in-kind donations, reducing the need for direct expenditure under the DREF budget. This coordination helped maintain the planned level of assistance without negatively affecting the expected operational results.

Conclusion
The remaining 9% balance does not reflect limited implementation capacity but rather the combined effect of:
- External factors that constrained certain activities.
- Savings generated through favorable foreign exchange gains and procurement processes.
- Complementary support from humanitarian partners.
- Technical budget reclassifications.
- Operational decisions aimed at maximizing benefits for affected communities.

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