



Flight reception at the international airport, July 18. Source: CRV

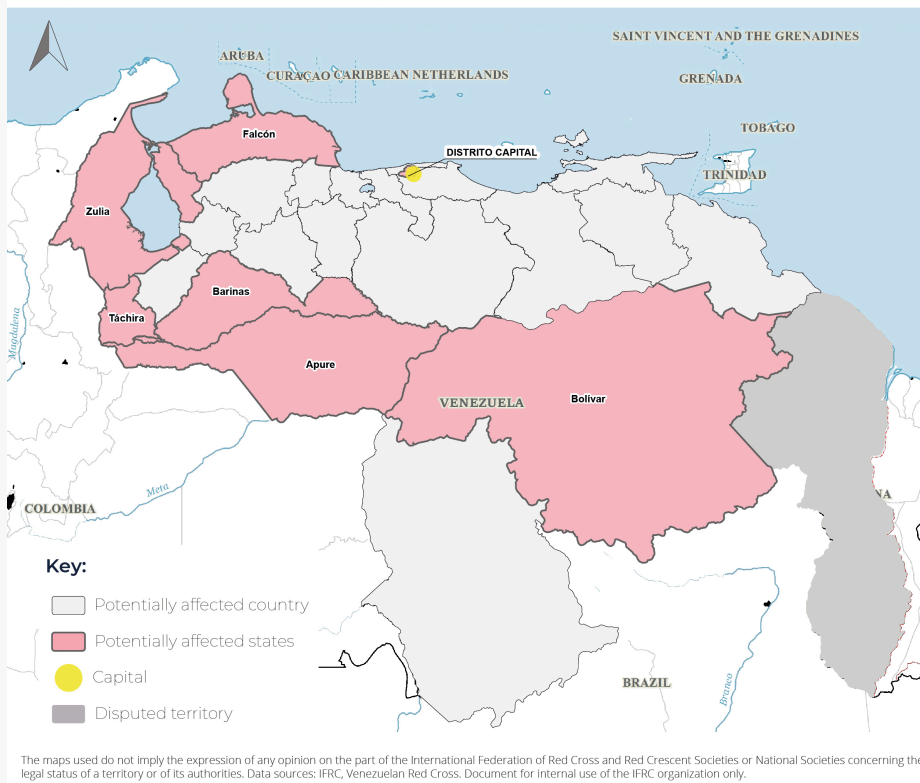
Appeal: MDRVE011	Total DREF Allocation: CHF 497,787	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People at Risk: 717,000 people	People Targeted: 14,420 people	
Event Onset: Slow	Operation Start Date: 15-03-2025	New Operational End Date: 30-09-2025	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 15-03-2025		Reporting Timeframe End Date: 15-08-2025	
Additional Allocation Requested: 0		Targeted Regions: Apure, Barinas, Bolivar, Distrito Capital, Falcon, Tachira, Zulia	

Description of the Event



+C IFRC

Population Movement 2025 - Update



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.

Between February and May 2025, more than 5,000 Venezuelan men and women were returned from the United States, Mexico, and other transit countries. Many of these returns were carried out without adequate safeguards, affecting groups such as children, adolescents, unaccompanied women, and people with specific protection needs, among others. Some of these returns took place under the “Vuelta a la Patria” Plan, while others were conducted without processes that guaranteed the protection of rights. During the first half of 2025, changes in migration policies in the United States and several Latin American countries have had direct consequences on the lives, safety, and dignity of thousands of Venezuelans in human mobility. These decisions have significantly increased protection risks, humanitarian needs, and returns—often under precarious conditions—to Venezuela.

In the United States, the termination of the humanitarian parole program, ratified by the Supreme Court, has affected more than 530,000 people from Venezuela, Cuba, Haiti, and Nicaragua. This decision has left them without a regular entry pathway, unprotected from deportation, and with limited access to dignified livelihoods (El País, 05/31/2025). Added to this is the cancellation of the most recent designation of Temporary Protected Status (TPS), which excludes a significant portion of Venezuelan nationals who arrived after 2021, creating greater uncertainty and risk of irregular migration (USCIS, May 2025).

At the same time, new measures promoted by the U.S. administration have led to mass deportations under extraordinary legal frameworks. In March 2025, more than 200 Venezuelans were transferred to El Salvador under the Alien Enemies Act of 1798 and confined in the Terrorism Confinement Center (CECOT), in conditions highly questioned by international organizations due to reports of torture, sexual violence, and prolonged isolation. These deportations, carried out under bilateral agreements between the United States and El Salvador, have raised global concern over the criminalization of migrants and the absence of minimum protection safeguards (Washington Post, 07/31/2025).

In Colombia—a country hosting more than 3 million Venezuelans—the reduction of international funding has begun to undermine regularization processes, leaving more than 300,000 people without documentation to certify their migratory status. This limits access to health, education, and formal employment, and exposes many families to risks of exploitation and social exclusion (El País, 05/28/2025).



In transit routes, such as the borders between Panama and Costa Rica, there has been a steady increase in Venezuelans stranded without resources or support networks. The closure of entry routes to the north, along with pressure from new U.S. migration policies, has led more than 14,000 people—mostly Venezuelans—to opt to return south, according to United Nations figures. This reverse movement reflects the exhaustion of safe options and the growing exposure to violence, misinformation, and exploitation along the journey (AP News, 06/19/2025).

For many deportees and returnees, “going back is not an option”: Venezuela’s economic deterioration, lack of opportunities, and social stigma upon returning heighten anguish and deepen vulnerability. The combination of external and internal pressures is generating a cycle of precariousness that leaves thousands of families without a clear horizon of protection or dignified integration (El País, 06/20/2025).

These returns, according to El País (05/19/2025), take place in a context of urgent and unmet humanitarian needs—particularly in food, health, and temporary shelter. From a humanitarian perspective, these events highlight the pressing need for coordinated responses based on human rights and protection frameworks, prioritizing the well-being of people on the move, regardless of their migratory status. The Red Cross, guided by its Fundamental Principles, reaffirms its commitment to providing assistance without discrimination to all people in vulnerable situations, and advocates for durable solutions that guarantee access to essential services, the protection of human dignity, and the non-criminalization of migration



Med teams & first aid prep for family flight arrivals, Capital District. VRC



Hand wash stations set up for arriving families, Capital District. VRC



Meeting with assistance team at HSP La Caramuca. Barinas. VRC

Scope and Scale

In 2024, remittances represented 3.7% of Venezuela’s Gross Domestic Product (GDP), totaling approximately USD 3.8 billion. However, with the increase in returns and growing economic restrictions, a decline in remittance flows is anticipated, directly affecting numerous families who rely on these transfers to cover their basic needs.

This situation has been further strained by the revocation of Chevron’s license to operate in Venezuela, announced by the United States government in February 2025, which caused a significant reduction in the country’s oil revenues. More recently, in July 2025, a temporary and conditional authorization was granted for Chevron to partially resume operations, which could provide some short-term economic relief, although with limited benefits (Washington Post, 07/24/2025; El País, 08/11/2025). At the same time, crude oil exports have experienced fluctuations: following the expiration of previous licenses in May, shipments to authorized buyers declined, with an estimated contraction of between 15% and 30% in the coming months (Reuters, 05/28/2025).

The reintegration of returnees faces multiple challenges: social stigma, overburdened public services, and a labor market with very limited opportunities. In addition, rising violence and criminal activity in the country represent an additional risk for those returning. In the health sector, individuals with pre-existing conditions struggle to access necessary treatments, while the growing demand for mental health services strains a system with limited specialized coverage. The inability to adequately manage stress and frustration has also been identified as a factor that could contribute to an increase in domestic violence.

At the regional level, there has been an increase in reverse migration: people who were unable to enter the United States or who were deported have opted to return to their countries of origin or transit. According to the United Nations, more than 14,000 people—mostly Venezuelans—have returned south so far in 2025, reflecting the exhaustion of safe options and the growing exposure to violence, misinformation, and exploitation along the route (AP News, 06/19/2025).

Economically, Venezuela faces a challenging outlook: in April 2025, inflation reached 18.4%, with a cumulative rate of 63.1% during the first four months of the year. These adverse conditions persist, further complicating the reintegration of returnees and limiting their access to basic services.

The context has also been marked by rising regional tensions. In August 2025, the United States deployed warships in Caribbean and Latin American Pacific waters as part of anti-drug operations, while Venezuela reinforced its military presence along the Colombian border (Washington Post, 08/27/2025). These developments add geopolitical pressure to an already complex environment for people on

the move.

In this scenario, the Venezuelan Red Cross (CRV) reaffirms its commitment to providing timely, impartial, and people-centered humanitarian assistance. The CRV seeks to strengthen coordination with key stakeholders and ensure that assistance is delivered in a dignified, safe, and needs-adapted manner to individuals returning under increasingly challenging conditions.

The most recent needs assessment highlighted a significant increase in the demand for humanitarian services at service points located in the border states between Colombia and Venezuela. Field data indicates a 20% to 30% increase in assistance provided to returnees at these points, reflecting the growing humanitarian pressure in border areas.

Source Information

Source Name	Source Link
1. Migrants deterred by trumps border crackdown.	https://www.reuters.com/world/migrants-deterred-by-trumps-border-crackdown-wait-un-help-return-home-2025-04-25/
2. Supreme Court allows Trump to revoke humanitarian parole for 530,000	https://www.aljazeera.com/news/2025/5/30/supreme-court-allows-trump-to-revoke-humanitarian-parole-for-530000#:~:text=Donald%20Trump-,Supreme%20Court%20allows%20Trump%20to%20revoke%20humanitarian%20parole%20for%20530%2C000,of%20former%20President%20Joe%20
3. Supreme Court	https://english.elpais.com/usa/2025-05-30/supreme-court-lets-trump-end-humanitarian-parole-for-500000-migrants.html?
4. The TPS designation for Venezuela	https://www.uscis.gov/humanitarian/temporary-protected-status/temporary-protected-status-designated-country-venezuela?utm_source=chatgpt.com
5. Colombia	https://elpais.com/america-colombia/2025-05-28/mireille-girard-hay-riesgo-de-perder-los-avances-de-los-ultimos-anos-en-la-acogida-de-refugiados.html?utm_source=chatgpt.comhttps://elpais.com/america-colombia/2025-05-28/mireille-girard-hay-riesgo-de-perder
6. Retorno un nuevo rostro de la Migración.	https://elpais.com/america/branded/2025-05-19/el-retorno-un-nuevo-rostro-de-la-migracion-en-america-latina.html?utm_source=chatgpt.com
7. Chevron	https://www.reuters.com/business/energy/venezuela-ramps-ups-taxes-private-sector-chevron-oil-exit-bites-2025-06-02/?utm_source=chatgpt.com
8. The Discreet Impact of Venezuelan Remittances	https://www.caracaschronicles.com/2024/07/19/the-discreet-impact-of-venezuelan-remittances/?utm_source=chatgpt.com
9. The Discreet Impact of Venezuelan Remittances	https://www.reuters.com/business/energy/venezuelas-oil-exports-stable-buyers-china-receive-more-2025-06-03/?utm_source=chatgpt.com
10. Venezuela Inflación.	https://bitfinance.news/en/venezuelas-april-inflation-reached-18-4/
11. El Supremo de Estados Unidos autoriza el fin del 'parole' humanitario para medio millón de migrantes	https://elpais.com/us/migracion/2025-05-30/el-supremo-de-estados-unidos-autoriza-el-fin-del-parole-humanitario-para-medio-millon-de-migrantes.html
12. Termination of Parole Processes for Cubans, Haitians, Nicaraguans, and Venezuelans	https://www.federalregister.gov/documents/2025/03/25/2025-05128/termination-of-parole-processes-for-cubans-haitians-nicaraguans-and-venezuelans
13. 14,000 US-bound migrants have returned south since Trump border changes, UN says	https://apnews.com/article/migration-venezuela-darien-gap-trump-colombia-dc7eab62980c98eba5c65ed591a2836f



Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

Through this operations update no. 1, the Venezuelan Red Cross aims to inform about:

(i) A budget adjustment to ensure the replenishment of items and guarantee coverage for the final month of the operation, including:
* Increase of CHF 6,000 for adaptation of humanitarian service points, based on field assessments that identified higher costs than initially foreseen.

- Increase of at least 20% in costs for 4 SMAPS kits.
- Procurement for replenishment of 4,620 individual hygiene kits [(for women KWATZFHU0002 x 2,310) and (for men KWATZFHU0003 x 2,310)], through IFRC global agreement.
- Procurement of 4,420 snack kits (local procurement under framework agreement).

(ii) An increase in the overall targeting of the operation from 10,000 to 14,420 people targeted.

The Venezuelan Red Cross (CRV), with the support of the IFRC, initially designed this DREF operation to reach 3,500 people under an anticipatory action framework. Based on evolving humanitarian needs, the DREF transitioned into a response DREF and the scope was expanded to 10,000 people.

Humanitarian and field assessments conducted between June and August 2025 revealed a sustained increase in return and transit flows. It is estimated that several thousand additional vulnerable people entered the country during this period, surpassing the initial projections at humanitarian service points. These findings are framed within a broader regional context marked by shifts in migration patterns: southbound returns of migrants who had previously attempted to reach the United States, loss of legal status for thousands of Venezuelans in that country, and deportations to Venezuela and El Salvador. These dynamics have increased the number of returnees and placed additional pressure on reception systems in Venezuela.

In response, through this operations update, the National Society aims to further expand its scope to reach more than 14,420 people. This decision is supported by field visits, direct observation at airport reception points and border branches, as well as coordination meetings with local and regional stakeholders. The assessments highlighted critical gaps in access to basic hygiene items and in the capacity of humanitarian spaces to accommodate the growing population. Operational priority has been given to the states of Zulia, Táchira, Apure, Barinas, Bolívar, and the Capital District, ensuring CRV's continued presence and the monitoring of migration routes.

Within the DREF operation, significant progress has been achieved across several sectors. In migration, volunteers have been trained, Restoring Family Links services provided, and essential items distributed to people on the move. In the water, sanitation and hygiene (WASH) sector, hygiene kits and facilities have been made available, while in health, primary care, psychological first aid, and mental health support for children have been provided. The capacity of volunteers has also been strengthened across multiple areas of response.

IFRC Network Actions Related To The Current Event

Secretariat

Through its Delegation in Venezuela, the International Federation of Red Cross and Red Crescent Societies (IFRC) has provided support, technical assistance, and coordination to



	the National Society since the outset of the response. The Delegation team present in the country has also been actively engaged in field operations
Participating National Societies	In Venezuela, a delegation of the German Red Cross is present, attentive, and ready to provide coordinated support to the response. Their contribution has included the provision of medicines to be delivered on return flights, as well as the supply of and 396 individual kits from the German Red Cross, which have been distributed to returned migrants to help meet their immediate needs.

ICRC Actions Related To The Current Event

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

The ICRC's actions—responding to the consequences of armed violence, influencing laws, policies and behaviours, and promoting the integration and 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 the VRC in Health, Protection, Assistance and Cooperation Programmes, the ICRC supports VRC operations in branches most affected by armed violence.

As part of this effort, the ICRC has donated 1,460 hygiene kits to people in vulnerable situations, supporting efforts to promote dignity and provide a comprehensive humanitarian response in prioritized communities

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>In the context of flight reception operations, the Government of Venezuela—led by the Ministry of People's Power, the Ministry of Interior, Justice and Peace, the Ministry of Foreign Migration, and supported by various agencies including security forces, civil protection, and the national armed forces—is at the forefront of coordinating and managing the arrival of returned migrants and repatriated individuals.</p> <p>As part of the reception procedures, the Ministry of People's Power for Health (MPPS) administers vaccinations including toxoid, trivalent, and screenings for COVID-19, malaria, and sexually transmitted infections. The Autonomous Institute of the National Council for the Rights of Children and Adolescents (IDENNA) is responsible for the care and processing of unaccompanied returned children during their handover to immediate family members. Additionally, the National Service of Forensic Medicine and Sciences (SENAMECF) conducts forensic medical evaluations for each returnee as part of the arrival protocol and closure of care at the point of entry.</p>
UN or other actors	<p>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.</p> <p>With the support of UNHCR, 12 portable washbasins were received and have been used in the operation.</p> <p>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.</p>

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

Access to health services in the assessed areas (Maracaibo, San Cristóbal, Guasdualito, and Barinas) is severely limited due to the saturation of the public health system, the shortage of essential medicines, and the low availability of trained medical personnel. People on the move—particularly those with chronic illnesses, HIV+, and mental health conditions—face systemic barriers to continuous medical care.

Access to healthcare is further hindered by the high costs of private services and the lack of legal documentation, which restricts access to public health facilities. The absence of essential medicines and mental health services has led to an increase in cases of anxiety, depression, and suicidal behaviour.

Significant challenges have also been identified in providing care to persons with disabilities and pregnant women, many of whom lack prenatal care and clinical follow-up. The establishment of mobile or fixed primary healthcare points and the provision of psychological first aid represents a strategic priority.

Furthermore, given the demanding operational context, there is an urgent need to promote self-care strategies and psychosocial support for volunteers and technical staff, to ensure the continuity and quality of the humanitarian response over time.

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

Hygienic conditions at transit points and temporary settlements are precarious, particularly affecting women, children and adolescents (NNA), as well as individuals with chronic illnesses. A critical need has been identified for safe drinking water and personal hygiene kits tailored to age, gender, and specific health conditions. Community centers and humanitarian service points urgently require improvements to their sanitation infrastructure to prevent outbreaks of communicable diseases, especially in high-traffic areas.

There are also significant limitations in access to basic menstrual hygiene supplies, directly compromising the dignity and health of women on the move. Investment in basic sanitation infrastructure, along with sustained hygiene promotion activities, is essential to mitigate public health risks.

In addition, several humanitarian service points located in prioritized states and zones require physical upgrades and the installation of appropriate systems to ensure continuous access to safe drinking water—an essential component for delivering comprehensive assistance to people on the move.



Protection, Gender And Inclusion

The mobility context in Venezuela exposes individuals to multiple protection risks, with particularly alarming cases of gender-based violence (GBV), human trafficking, labour and sexual exploitation, and forced recruitment. Informal routes—especially the so-called trochas—have become critical hotspots where women, children and adolescents (including unaccompanied minors), persons with disabilities, and members of the LGBTIQ+ community face extreme vulnerability.

The lack of legal documentation further exacerbates these risks by limiting access to essential services and increasing the likelihood of



arbitrary detention. Protection gaps are especially evident in the provision of tailored support for unaccompanied minors, older persons, and survivors of violence.

There is an urgent need to implement early detection mechanisms, establish safe spaces, and activate referral protocols that ensure dignified assistance with a human rights and intersectional approach. This information has been observed and validated through field monitoring visits, reflecting the realities directly witnessed in the prioritized areas



Migration And Displacement

The migration pattern in Venezuela has evolved toward forced returns, irregular transit, and pendular mobility. These movements are characterized by family separation, lack of documentation, and constant exposure to risks such as violence, extortion, and human trafficking. There are significant gaps in en-route humanitarian assistance, including the absence of orientation services, legal support, and safe transportation.

Many returnees lack support networks within the country, often ending up homeless or in conditions of extreme vulnerability. Children and adolescents returning without family accompaniment require specialized responses, which are currently insufficient. The establishment of safe and dignified mechanisms for transit, return, and reintegration is a humanitarian priority in the current Venezuelan context.



Community Engagement And Accountability

Current humanitarian responses still show weaknesses in effectively integrating affected communities, including people on the move themselves. A limited presence of formal feedback channels and mechanisms to ensure active participation in the design and implementation of services has been identified. In a context marked by high institutional distrust and risks of discrimination, community participation is essential for building trust, increasing the relevance of interventions, and strengthening local resilience.

Communication strategies must be culturally and linguistically adapted, with accessible approaches for individuals with low literacy levels and those living in rural or border areas. Implementing community-based approaches grounded in rights, active listening, and co-design of solutions represents a key opportunity to close this gap and improve the quality of the humanitarian response.

Operational Strategy

Overall objective of the operation

Through the transition from an imminent DREF to a response DREF, 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 seeks to assist at least 14,420 people on the move in Venezuela, focusing humanitarian assistance on the sectors of health, mental health and psychosocial support (MHPSS), primary health care, water, sanitation and hygiene (WASH); protection, gender and inclusion (PGI); temporary shelter; and community engagement and accountability (CEA) during a six-month period in the priority states of: Apure, Barinas, Bolivar, Capital District, Falcon, Tachira, Zulia

Operation strategy rationale

In response to the sustained increase in the number of returnees in highly vulnerable conditions, the Venezuelan Red Cross (VRC), with the technical and operational support of the International Federation of Red Cross and Red Crescent Societies (IFRC), is implementing its operational strategy in a comprehensive and multisectoral manner. Building on the analysis carried out along the Venezuelan-Brazilian border in Bolívar state, the operation is designed to continue and expand based on the findings identified in that assessment. This new phase also reflects the strengthening that has taken place within VRC teams, allowing the National Society to broaden the scope of the response and reach more people. The possibility of scaling up has also been facilitated by agreements with suppliers, enabling more agile and reliable procurement processes.

The strategy aims to strengthen the capacities built during the previous operation, expand territorial coverage, ensure effective coordination with key humanitarian actors, and sustain needs- and context-based interventions in prioritized areas. It will focus on the dignity, protection, and comprehensive response for returnees, incorporating sector-specific actions tailored to the unique characteristics of each territory, based on the assessments conducted in prioritized states. One of the pillars of the operation will be the reinforcement



of operational coordination and national management capacity, ensuring the continuity of the DREF Coordinator and the incorporation of a Procurement Officer to accelerate logistical processes and guarantee traceability in acquisitions. Together with the IFRC Venezuela delegation's logistics officer, they will design a critical path for the supply chain, supported by the deployment of SURGE technical personnel from IFRC to reinforce implementation, particularly in border areas, airports, and transit points.

Mental health and psychosocial support (MHPSS) will remain a priority area of intervention. The operation maintains primary health care services through mobile units and fixed centres. The MHPSS manager based in Caracas continues to provide cross-cutting technical support to ensure the integration of the MHPSS approach in all areas of intervention. Activities will include the creation of safe spaces for children and adolescents, the distribution of context-appropriate MHPSS kits, and the development of emotional support and peer support activities. In addition, self-care spaces will be created for staff and volunteers exposed to emotionally demanding situations. In the water, sanitation and hygiene (WASH) sector, measures include the installation of handwashing stations and hydration points, the improvement of sanitation infrastructure at humanitarian service points, and the distribution of hygiene kits adapted to age, gender and specific conditions. These efforts will be complemented by hygiene promotion campaigns using visual materials and community health promoters, contributing to the prevention of waterborne diseases and the maintenance of healthy conditions during transit and return.

In the area of Protection, Gender and Inclusion (PGI), a strategy will be developed to enable the early identification and safe referral of individuals at risk, with a focus on women, older persons, LGBTIQ+ individuals, unaccompanied and separated children and adolescents, and young men traveling alone. Safe referral pathways will be established and activated in coordination with institutional actors and specialized organizations, ensuring timely and coordinated response mechanisms. In parallel, all personnel involved in the operation will continue to receive training on protection principles, child protection, and intersectional approaches. The strategy will also integrate the Restoring Family Links (RFL) component as a key part of the migration response. RFL services will be strengthened in entry and transit zones through equipment replacement, connectivity provision, and communication tools for returnees. Trainings will also be carried out for staff and volunteers on RFL fundamentals and their application in emergency settings.

Complementing these efforts, the operation will continue to offer a cycle of virtual training sessions (webinars) on various topics related to the humanitarian approach to migration, including mental health and psychosocial support, protection, legal frameworks, safe referral pathways, referral mechanisms, and humanitarian principles. These learning opportunities will ensure a continuous capacity-strengthening process at national and local levels, promoting an informed and professional response. From a migration and human mobility perspective, humanitarian service points will be reinforced at borders, airports, and along return routes, offering integrated assistance including guidance, first aid, psychosocial support, referrals, distribution of kits, and connectivity for family communication. These actions will be coordinated with other National Societies and regional bodies to ensure a coherent response along the migration corridor.

Finally, the Community Engagement and Accountability (CEA) approach will be strengthened through the implementation of accessible communication channels (printed, radio, and digital materials), satisfaction surveys, in-person and virtual feedback mechanisms, and active participation spaces in the design and monitoring of the response.

The entire operation will be subdivided by state, based on the specific needs identified in each territory and the priorities expressed by each branch. This territorial adaptation will ensure more effective resource allocation, greater relevance, and a more community-centered response. Through this strategy—anchored in the findings of the Bolívar border assessment, supported by the strengthening of VRC teams, and enabled by supplier agreements—the Venezuelan Red Cross reaffirms its commitment to providing a neutral, dignified, and context-adapted humanitarian response, focused on people and aimed at promoting protection and relief in a highly challenging environment.

Targeting Strategy

Who will be targeted through this operation?

Returned and repatriated migrants, with priority given to migrants in transit and those with protection needs, including adults, older persons, women, unaccompanied children and adolescents. The focus is mainly on supporting the “Return to the Homeland” plan and the migratory flows identified along the Colombia–Venezuela border.

Host communities and humanitarian personnel will also be included in order to complement activities with primary health care, mental health and psychosocial support services, as well as to promote awareness among receiving communities regarding the arrival of returnees. The following states have been prioritized due to their strategic importance along the migration route and their capacity to provide essential services to returned migrants:

Capital District – Air route: Support will be provided to returnees arriving by air, facilitating their reception and immediate assistance upon arrival through this route.

Barinas: A key convergence point along the internal land migration route, with a humanitarian service point in the La Caramuca area. This



point is essential for returnees and people in transit heading to the west and central regions of the country and provides services including Restoring Family Links (RFL), mental health and psychosocial support (MHPSS), first aid, distribution of drinking water, and differentiated hygiene kits.

Falcón, La Vela Branch: Located in the northeast of the country, this branch plays a crucial role in assisting migrants arriving by sea, primarily to and from the Caribbean. It provides CPR, mental health, and psychosocial support services, and first aid.

Apure (Guasualito): This area experiences the highest influx of migrants. It offers RFL services, a connectivity point, document lamination, and first aid. It is a strategic location for assisting migrants in transit.

Táchira: A humanitarian service point is located in the city of Capacho, directly on the internal migration route. It offers RFL and migrant support services, as well as the distribution of differentiated hygiene kits. It is a critical point on the border with Colombia.

Zulia: Provides RFL services at the Maracaibo bus terminal, located three hours from the Colombia border (Paraguachón). This point offers connectivity, phone calls, travel guidance, safe referrals, and blood pressure monitoring. It also includes a mobile humanitarian unit and the distribution of differentiated hygiene kits.

Bolívar: Following the recent humanitarian needs assessment conducted along the Venezuelan–Brazilian border, Bolívar has been prioritized due to the strategic importance of Santa Elena de Uairén and surrounding areas as key entry and exit points. The branch is strengthening its services to returnees and people in transit through the establishment of humanitarian service points offering first aid, MHPSS support, distribution of hygiene kits, hydration points, and safe spaces. Bolívar also plays a critical role in monitoring migratory dynamics on the southern border and supporting coordination with local authorities and other humanitarian actors.

This prioritization ensures that resources and efforts are concentrated in the most critical and strategic areas, optimizing humanitarian assistance and enhancing the well-being and protection of returned migrants. In each of these states, the distribution of personal hygiene kits and mental health and psychosocial support (MHPSS) kits will take place, in accordance with the characteristics of the migratory flow and the needs of the affected population. Additionally, friendly spaces and handwashing stations will be set up at selected humanitarian service points to ensure basic hygiene, dignity, and disease prevention in contexts of transit, return, or prolonged waiting.

Explain the selection criteria for the targeted population

The intervention will prioritize returned and repatriated migrants in situations of high vulnerability, based on criteria of need, protection, and risk. Priority attention will be given to the following profiles, identified through field assessments, recent migratory flow patterns, and principles of equity and inclusion:

Returned women, especially female heads of household, pregnant women, or breastfeeding mothers, due to their increased exposure to gender-based violence and greater barriers to accessing services.

Unaccompanied or separated children and adolescents, given their lack of protection, risk of exploitation, and difficulties in the restitution of their rights. Young men traveling alone.

Older people, who face greater risks in contexts of mobility and return, and who often have chronic health conditions or require dependency care. Persons with disabilities, who face physical, communication, and attitudinal barriers in accessing humanitarian assistance.

Persons with specific protection needs, including victims or survivors of violence, human trafficking, chronic illnesses, mental health conditions, and others requiring differentiated care. Migrants in transit and return, particularly those without documentation or the means to continue their journey or return to their communities of origin.

Host communities and humanitarian personnel will also be included in order to complement activities with primary health care, mental health and psychosocial support services, as well as to promote awareness among receiving communities regarding the arrival of returnees.



Total Targeted Population

Women	4,326	Rural	40%
Girls (under 18)	2,884	Urban	60%
Men	5,047	People with disabilities (estimated)	1%
Boys (under 18)	2,163		
Total targeted population	14,420		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes 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 highly potentiated. Similarly, the risks associated with return by sea are part of the scenario we may face.	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 help migrants cope with the stress and trauma associated with migration and return.
Hydrometeorological risks. Even though 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?

Yes

Planned Intervention



Budget: CHF 110,570

Targeted Persons: 7,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people receiving primary health care.	7,000	8,955
# of people who receive psychological first aid	6,000	6,823
# of group mental health sessions for children	20	90
# of people who have received psychological support and/or psychiatric care delivered by National Society trained staff/volunteer	6,000	6,823
# of people who received psychosocial support, including Psychological First Aid (PFA), by a trained staff member or volunteer	6,000	6,823
# of policies, procedures and activities developed and implemented by the National Society related to staff and volunteer care	6	6

Progress Towards Outcome

Medical attention: During the first three flights, the Venezuelan Red Cross was responsible for providing medical assistance to repatriated individuals, offering consultations and identifying conditions such as diabetes, hypertension and headaches, among others. Since the fourth flight, this work has been carried out in coordination with the Ministry of Health, enabling the quality of care to be improved. As part of this collaboration, medication is provided based on prescriptions issued by medical staff, and a total of 8955 people have received care.

Mental Health and Psychosocial Support: At the airport reception area, the Venezuelan Red Cross (VRC) team carries out an initial assessment to identify signs of emotional distress, confusion, withdrawal or disorientation. Particular attention is paid to children and adolescents, including unaccompanied or separated children, single women and those displaying visible signs of emotional distress or needing MHPSS support. Volunteers trained in Psychological First Aid (PFA) provide initial psychosocial support throughout the reception



process, offering active listening, counselling, and emotional support. If a person requires further support, they are offered the opportunity to speak to a psychologist in a safe and confidential space in the care areas. Support is only provided with the informed consent and voluntary acceptance of the individual, with their dignity and autonomy being respected. To date, 6823 people have received assistance, including 1410 women, 4378 men, and 1035 boys, girls, and adolescents.

As part of capacity building in Mental Health and Psychosocial Support (MHPSS), information sessions were conducted at the Maracaibo and Barinas branches, with the participation of 21 volunteers (13 women and 8 men) and 14 volunteers (5 men and 9 women), respectively. In addition, a webinar on MHPSS was held with 44 volunteers from the prioritized states, marking the first edition of a three-part webinar series. In total, 79 volunteers have received MHPSS sessions through these initiatives.

Medical attention: During the first three flights, the Venezuelan Red Cross provided medical assistance to repatriated persons, offering consultations and identifying conditions such as diabetes, hypertension and headaches. Since the fourth flight, this work has been carried out in coordination with the Ministry of Health, enabling the provision of stronger care. As part of this collaboration, medication is provided according to prescriptions issued by medical staff, and a total of 5,729 people have received care.



Water, Sanitation And Hygiene

Budget: CHF 211,731

Targeted Persons: 14,420

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of returned migrants receiving hygiene supplies.	14,420	11,846
# of handwashing facilities installed	12	12
# of people reached through community awareness campaigns.	14,420	11,846

Progress Towards Outcome

The Venezuelan Red Cross provided water, sanitation and hygiene promotion (WASH) support during the day by installing hand-washing stations, distributing differentiated hygiene kits and conducting awareness-raising talks on key hygiene practices. These actions sought to strengthen disease prevention and promote safe and dignified conditions for newly arrived families.

Activities performed:

- Relief of Hygiene and Hydration Kits: Up to Flight 60, a total of 11846 differentiated hygiene kits were distributed at flight reception. These are detailed as follows:

Men (8215 kits): Each kit contains four rolls of toilet paper, one tube of toothpaste, one toothbrush, one bottle of shampoo, one bottle of deodorant, one comb, two bars of soap, two hand towels and one bar of washing soap.

Women's kits (2041 kits): In addition to the items included in the men's kits, each women's kit contains an 8-pack of sanitary towels.

- Children and Adolescents (1590kits): Each kit includes 4 rolls of toilet paper, 1 toothpaste, 1 toothbrush, 1 toothbrush, 1 shampoo, 1 comb, 2 neutral bath soaps, 2 hand towels, 1 alcohol gel and 1 plastic thermos.

- Installation of hand-washing facilities: Twelve hand-washing facilities have been installed at strategic points along the route for the activity at the airport. This will facilitate proper hand hygiene for both nationals and personnel from the institutions present during the activation of the attention circuit, as well as at the end of the day's flights. The budget also includes funds to support this activity with consumables.





Protection, Gender And Inclusion

Budget: CHF 6,631

Targeted Persons: 7,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people who receive information on Protection, Gender and Inclusion actions	7,000	2,989
# of individuals from priority vulnerable groups (pregnant and lactating women, children under 2, adolescents, older adults, and persons with disabilities) who receive differentiated care.	1,000	879
#of active safe referral pathways	3	1

Progress Towards Outcome

Mental Health and Psychosocial Support: At the airport reception, the Venezuelan Red Cross (VRC) team carries out an initial observation to identify signs of emotional distress, confusion, withdrawal or disorientation. Special attention is paid to children and adolescents, including unaccompanied or separated children, single women and those displaying visible signs of emotional distress or needing MHPSS support. Volunteers trained in Psychological First Aid (PFA) provide initial psychosocial support throughout the reception process, offering active listening, counselling, and emotional support. If a person requires further support, they are offered the opportunity to speak to a psychologist in a safe and confidential space in the care areas. Support is only provided with the informed consent and voluntary acceptance of the individual, with their dignity and autonomy being respected. To date, 2,989 people have received assistance, including 652 women, 1,527 men, and 810 boys, girls, and adolescents.



Migration And Displacement

Budget: CHF 46,336

Targeted Persons: 14,420

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of contingency plans applied in activities to human mobility emergencies	1	0
# of volunteers involved in the operation sensitized with key information on themigration program	155	82
# of migrants in mobility reached with RFL services	500	2,675
# of migrants reached with soft drinks and hydration kits.	14,420	11,846



Progress Towards Outcome

In the area of migration, the Venezuelan Red Cross provided humanitarian orientation to support the safe and dignified transit or return of returnees. They provided clear information on available services, protection measures and safe routes, supporting the transit or return process so that it could be carried out safely and with dignity. These actions enabled priority needs to be addressed and coordination with other field actors to be facilitated. The Barinas branch of the RCF has provided call and connection services. Hydration kits were delivered at the flight reception areas.



Community Engagement And Accountability

Budget: CHF 1,658

Targeted Persons: 700

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of feedbacks received from people served on the services provided.	700	25
# of volunteers and staff sensitized on the importance of feedback collection	100	112

Progress Towards Outcome

Informative talks are being given to the volunteers of the branches located near the border crossing between Venezuela and Colombia. These talks focus on the topics of Migration, CEA (Community Participation and Accountability) and MHPS (Mental Health and Psychosocial Support), seeking to strengthen the knowledge base of volunteers and facilitate the construction of tools to optimize the intervention strategy implemented in the various branches.

VRC is currently working to consolidate the opinions received from the people served on the services provided.



Secretariat Services

Budget: CHF 66,023

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring and evaluation visits by IFRC Venezuela delegation	7	6
# of surge personnel deployed (Field Coordinator)	1	1
# of paid staff	2	2
# of international and national procurement processes conducted for supply replenishment	4	2

Progress Towards Outcome

The Secretariat has been supported by the deployment of three SURGE staff members (MHPSS, Director of Operations and Deputy Director of Operations). (2) Funded Canadian Red Cross and (1) Danish Red Cross in support of the National Society under the DREF operation. Provided support in the development of volunteer training, accompaniment to National Society staff and accompaniment to field visits.

Provided support and accompaniment to field missions by assessing needs and visiting branches in Zulia, Apure, Barinas and Táchira, as well as supporting the flight reception operation in the Capital District with SURGE staff and local personnel (a security assistant, a program and operations manager).

The local IFRC delegation supported, through the procurement and logistics unit, the donation by UNHCR of 12 hand-washing basins and collaborated in the purchase of the necessary supplies for their installation. In addition, with the support of the RLU, the purchase of basic medicines that are currently in Colombia awaiting permission to enter Venezuela has been arranged.



National Society Strengthening

Budget: CHF 54,840

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of personnel hired directly for the operation	4	4
# of lessons learned workshops conducted	1	0
# of monitoring and evaluation visits by NS	7	6

Progress Towards Outcome

The National Society has deployed technical staff to respond in the areas of health, water, sanitation and hygiene (WASH), and protection. In addition, supplies have been pre-positioned in the prioritized states to support the response.

The Communications Directorate has implemented actions to support the monitoring of the operation.

Visits were carried out to the branches in Zulia, Táchira, Barinas, Guasdualito, Falcón and Caracas, as well as to Bolívar state—in Puerto Ordaz and Santa Elena de Uairén—and to the locality of Pacaraima, on the Brazilian side of the border. During these visits, an assessment of the operational and response capacities of each branch was conducted. This included an evaluation of the branches' structure, volunteers, supplies and services currently available, as well as an analysis of population mobility, in order to identify areas for improvement and strengthening.

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 team consisting of a local Operations Coordinator, a Field Coordinator, a Psychosocial Support Officer, an Administrative Assistant, and a Procurement Assistant.

The Operations Coordinator will be responsible for planning, organizing, directing, and coordinating all response activities, liaising with other agencies and local authorities, monitoring programme implementation, and ensuring compliance with humanitarian and security



standards. The Field Coordinator will carry out the same coordination responsibilities, working in close support of the National Society to strengthen operational management in the field.

During the first phase of the operation, technical Surge personnel contributed to launching key processes and activities. In this new stage, the MHPSS Officer will be responsible for implementing and developing the various products and activities related to this area, working in coordination with the National Health Directorate.

The Administrative Assistant will provide support to ensure proper internal accountability and administrative progress in the implementation of activities. In addition, the Procurement Assistant will support the management of acquisitions, ensuring agile, transparent, and traceable processes for the supply of essential items.

A total of around 155 volunteers will be involved in the operation, spread across the 7 priority sectors. These will include first responders from the Capital District, health programme staff such as doctors, and volunteers from the Restoring Family Links (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.

With the operational update, the support of a Field Coordinator is requested. Support NS and IFRC in management of activities related to the Operation

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 IFRC Procurement Manual procedures, thus ensuring minimum quality standards and integrity risks, with the exception of adult, pediatric kits (which have already been managed) and in this new phase the procurement of Family Hygiene Kits to be procured through the IFRC's Regional Logistics Unit (RLU). This approach will ensure the 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?

Monitoring of this DREF has been supported by the Venezuela Delegation's local programme and operations coordinator, who is in charge of the operation. International support was provided by an Operations Director, a Deputy Operations Director and a Psychosocial and Mental Health Support Officer (acting as SURGE) in the first rotation, and a Field Coordinator in the second. Additionally, the local National Society coordinator oversaw and facilitated data updates and information gathering by the field monitoring teams. The Subdivision provides weekly implementation updates, and the Operations Coordinator ensures at least three follow-up visits with the Technical Team in priority sectors. To date, continuous support has been provided, primarily at the point of flight reception, where the IFRC team has been present for the first 30 flights. Additionally, joint visits have been made by the CRV and the IFRC to the states of Apure, Barinas, Táchira and Zulia (on the border with Colombia), and Bolívar (on the border with Brazil). With the support of the IFRC delegation team in the country, the timely management of funds and progress of activities are monitored through regular follow-up meetings. Reports are shared with the Venezuelan Red Cross headquarters and the IFRC delegation focal point to enable timely decision-making. Alongside the SN's monitoring visits, the IFRC project team has provided ongoing oversight of the operation and technical support to the regional team. All information gathered during these monitoring visits has been used to inform the two operational updates carried out to date.

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

MDVE011 - Venezuelan Red Cross Venezuela: Population Movement

Operating Budget

Planned Operations	376,924
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	110,570
Water, Sanitation & Hygiene	211,731
Protection, Gender and Inclusion	6,631
Education	0
Migration	46,336
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	1,658
Environmental Sustainability	0
Enabling Approaches	120,862
Coordination and Partnerships	0
Secretariat Services	66,023
National Society Strengthening	54,840
TOTAL BUDGET	497,787

all amounts in Swiss Francs (CHF)



Contact Information

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

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