



Search and rescue operations by the Venezuelan Red Cross in the Capital District, Caracas, Venezuela, on 24 June 2026. (Source: Venezuelan Red Cross Communications Team).

Appeal No.: MDRVE015	People to be assisted: 300,000 people	Appeal launched: 26/06/2026
Glide No.: EQ-2026-000093-VEN	DREF allocated: CHF 2 million	Disaster categorisation: RED
Operation start date: 24/06/2026	Operation end date: 30/06/2028	
		Date: 06/07/2026

This Operational Strategy is based on preliminary assessments and will be revised and made more precise as the extent of damage is further assessed, including recovery needs.

IFRC Secretariat funding requirement: CHF 50 million
Federation-wide funding requirement: CHF 55 million¹

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Venezuelan Red Cross in response to the emergency. It includes the Venezuelan Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 5 million), as well as the funding ask of the IFRC secretariat (CHF 50 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.



The Venezuelan Red Cross sets up a health post in La Guaira, Venezuela, on 26 June 2026. (Source: Venezuelan Red Cross Communications Team).

TIMELINE



24 June 2026: Earthquakes in Venezuela (two major earthquakes in Venezuela with preliminary magnitudes of 7.2 and 7.5).

- Declaration of a national state of emergency in Venezuela, with La Guaira designated as a disaster zone.
- Commencement of search-and-rescue actions by the Venezuelan Red Cross and other emergency response organisations in the Capital District.



25 June 2026:

- CHF 2 million is allocated to the Venezuelan Red Cross from the IFRC's Disaster Response Emergency Fund (DREF).
- Arrival of the first international search and rescue and humanitarian assistance teams.
- Qualitative damage and needs assessment conducted in La Guaira.

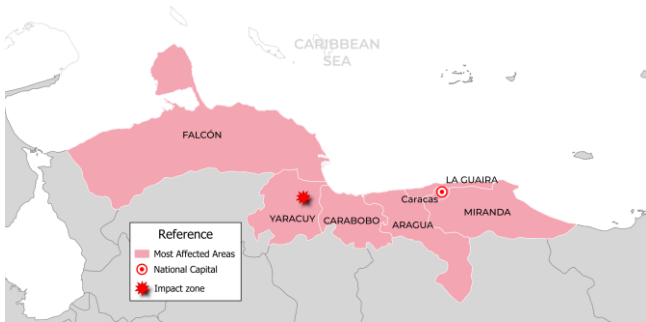


26 June 2026:

- The IFRC launches a CHF 50 million Emergency Appeal in support of the Venezuelan Red Cross.
- A field hospital is installed at Jorge García Carneiro Stadium and a Field Operations Centre is established.

DESCRIPTION OF THE EVENT

VENEZUELA | 2026
CAT. 7.2 AND 7.5 EARTHQUAKES



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: IFRC, Cruz Roja Venezolana, USGS. Produced by IFRC Americas, HDCC, IM Team, June 2026.

On 24 June 2026, two powerful earthquakes struck north-central Venezuela in rapid succession, with preliminary magnitudes of 7.2 and 7.5. Authorities have reported more than 302 aftershocks since the event, creating a high risk of further structural collapse. The epicentres were located near Morón and Yumare, in the states of Carabobo and Yaracuy, west of Caracas. The impact was severe and widespread, with tremors felt across much of the country, including the Capital District, La Guaira, Aragua, Carabobo, Miranda, Falcón, and neighbouring states. They were also felt in parts of Colombia, the Caribbean and Brazil, reaching as far as Martinique and the Brazilian Amazon, more than 1,700 km from the epicentres.

The Government of Venezuela declared a National State of Emergency and designated La Guaira a disaster zone, where the greatest concentration of damaged infrastructure and rescue operations is concentrated. According to the Global Disaster Awareness and Coordination System (GDACS), an estimated 9.73 million people have been affected, including approximately 530,000 exposed to extreme earthquake intensity.

According to the initial statistical model developed by the United States Geological Survey (USGS), there was a 50 per cent probability that the number of casualties (deaths and injuries) would range between 1,000 and 10,000, and a 30 per cent probability that it would exceed 10,000. International response teams from at least 17 countries have deployed to Venezuela, including the United Nations Disaster Assessment and Coordination (UNDAC) team and Urban Search and Rescue (USAR) teams operating under the

coordination of the International Search and Rescue Advisory Group (INSARAG).

According to OCHA, as of 2 July², 2,595 people had been confirmed dead and 12,400 injured. A further 12,841 people had been displaced after their homes were severely damaged. In total, 2,501 structures were affected, including 38 hospitals, 189 buildings that collapsed completely, and 855 buildings that either partially collapsed or sustained significant damage. La Guaira remains the worst-affected state.

Severity of humanitarian conditions

Impact on accessibility, availability, quality, use, and awareness of goods and services

Public health centres – on which more than 90 per cent of the population depends – have faced a collapse in their response capacity, compounded by a pre-existing shortage of staff, medical supplies, and functioning operating rooms. In the affected area, community members are requesting first aid, painkillers, antibiotics, and medicines for chronic conditions, highlighting gaps in pre-hospital care, continuity of treatment, access to essential medicines, and patient referral systems.

The Venezuelan Red Cross (VRC) has organized connectivity services in several hospitals in Caracas as well as in various locations in La Guaira. After opening a phone line, the VRC has received 2,253 calls (as of 27 June), many of them inquiring about the fate or whereabouts of a family member. Neighbouring countries with a Venezuelan diaspora are closely following the recommendations issued by the VRC, which has prioritized facilitating connectivity services to restore contact between families.

Complementing these efforts, the National Societies of Argentina, Colombia, Ecuador, Guatemala, and Panama are providing mental health and psychosocial support (MHPSS) to relatives initiating family searches, helping address the emotional impact of uncertainty while strengthening the Movement's cross-border response to the earthquake.

² OCHA Situation Report No. 9 Earthquakes in Venezuela

Although basic services such as electricity supply and phone coverage were initially affected, especially in La Guaira, negatively impacting people's ability to communicate, charge phones, or access reliable information, these services began to function starting on 28 June (nonetheless, still erratically). Access to safe water, gas, and food supplies has yet to stabilise.

Impact on physical and mental well-being

Many families remain on the streets and in open spaces, such as plazas and sports courts, either because they fear returning to their homes, are unable to do so, or are awaiting information about relatives trapped beneath the rubble. A pervasive sense of panic, fear, and constant alertness has been observed across affected communities, many of which describe this as the worst disaster in their history, compounded by ongoing aftershocks.

On the other hand, many people have joined debris-clearing efforts without adequate personal protective equipment (PPE). As a result, they face a heightened risk of inhaling airborne particulate matter generated by collapsed infrastructure, as well as injury from falling debris or unstable structures.

In La Guaira, the medic-legal system is facing a severe oversaturation due to the high number of deceased individuals, which has led to a collapse in the proper management and handling of corpses. The lack of refrigerated storage spaces has resulted in bodies being placed in open areas or in unsuitable structures, exposing them to conditions that hinder their preservation, identification, and subsequent delivery to their families.

The processes of search, recovery, and evacuation are being carried out by personnel who lack the necessary technical training and do not have adequate personal protective equipment, compromising both safety and the quality of the handling of human remains.

Additionally, significant limitations have been identified in traceability systems, both by first responders and forensic services, further worsening the situation and making effective corpse management and Identification more difficult.

Adding to this problem is the misinformation, which associate the presence of human remains with the

risk of disease transmission and the spread of epidemics. This has led to the implementation of inappropriate measures, such as the use of chemicals (lime) and the consideration of cremation as a generalized alternative, without proper technical evaluation.

In areas such as Catia La Mar, the presence of relief organisations remains limited. Nonetheless, the Venezuelan Red Cross Health and Restoring family links (RFL) teams have been able to access the area. Many people continue to await search and rescue assistance, food, safe drinking water, and information about the situation.

Risks and vulnerabilities

Prior to the earthquake, the Venezuelan population was already facing significant humanitarian needs driven by protracted socioeconomic challenges spanning over a decade, gaps in basic service delivery, and recurrent climate-related shocks. Food insecurity has remained a concern, particularly among populations with limited livelihoods, low purchasing power, and dependence on humanitarian assistance. The health system was also burdened by chronic vulnerabilities, including shortages of medical supplies and equipment, constrained health infrastructure, uneven access to services, and limited surge capacity to respond to large-scale emergencies. These pre-existing conditions have increased the susceptibility of affected communities to the impacts of the earthquake and complicate recovery efforts, particularly for people already experiencing heightened humanitarian needs prior to this disaster.

To date, a network of 11 temporary shelters and a Base of Operations for Relief Organisations has been established. Continued monitoring is required to address security, water, sanitation, and hygiene (WASH), protection, access to information, psychosocial support, and the specific needs of people in vulnerable situations.

Unaccompanied children have also been identified, with no unified information management system in place to register and track cases, increasing their exposure to protection risks and severe psychological distress. School activities and other daily public activities remain suspended, and safe spaces for children have not yet been established.

The road network has sustained significant damage, including debris, cracks, fallen trees, downed power lines, uneven road surfaces, damaged bridges, and streets rendered impassable for emergency vehicles and relief trucks. Ambulances continue to face difficulties accessing several affected communities. In parts of La Guaira, especially Catia La Mar and commercial districts, active or smouldering fires have been reported, with the presence of smoke, residual heat, and a continued risk of re-ignition.

These access constraints, together with the risk of further infrastructure collapse due to structural damage, continue to affect public safety, humanitarian access, and search and rescue operations. In terms of security and supply, looting has been reported in affected areas, and opportunistic crime remains a concern while security forces are engaged in rescue operations. Additionally, uncoordinated spontaneous assistance continues to present operational challenges. A significant number of motorcycles, private vehicles, and individuals are delivering water, food, fruit, and other relief items without a coordinated system for receiving, prioritising, or distributing assistance.

According to the latest NOAA/CPC ENSO outlook, El Niño conditions are already present and expected to strengthen through the Northern Hemisphere winter of 2026–2027, increasing the likelihood of greater rainfall variability and climate-related extremes in Venezuela. While drought conditions may occur in some areas, intense localised rainfall during the rainy season could heighten the risk of flash floods, landslides, drainage failures, and disease outbreaks, particularly in communities

already affected by earthquake damage. As a result, the earthquake response may coincide with additional climate-related emergencies, exposing vulnerable populations to overlapping risks such as unsafe housing impacted by heavy rains, flooded temporary shelters, strained WASH and health systems, and disrupted access routes due to flooding, landslides, or deteriorating infrastructure.

Proper management of debris and waste is essential to avoid increasing risks to affected communities, volunteers, and response teams. Poor waste handling can lead to environmental impacts such as blocked drainage systems, water contamination, air pollution, and public health hazards. This makes it important to implement safety measures, waste segregation, protective equipment, coordination with authorities, and environmental monitoring throughout the response and recovery process.

Coordination on the ground continues to present significant challenges. Despite the arrival of international teams, heavy machinery, and spontaneous assistance, visible leadership and coordination remain unclear, with persistent gaps in information management and information sharing. The Humanitarian Country Team (HCT) has activated the Inter-Agency Standing Committee (IASC) coordination mechanisms, with OCHA centralising data through the Assessment and Analysis Cell and establishing a 3W mechanism in La Guaira. The IFRC participates in both national-level coordination meetings convened by the HCT and field-level coordination meetings in La Guaira.

CAPACITIES AND RESPONSE

National Society response capacity

1.1 National Society capacity and ongoing response

The Venezuelan Red Cross National Society has 41 branches across the country, supported by 42 local units, and has been responding since the onset of the emergency. Nationwide, 326 volunteers are providing direct support to the response, together with 62 contracted staff members. Operational assets include 10 vehicles (one field hospital truck, two ambulances, five pickup trucks, and two motorcycles for damage assessment), as well as one field hospital and two first aid posts.

Key response activities include search and rescue, health care and first aid, damage and needs assessments, restoring family links (RFL), water, hygiene, and sanitation (WASH), logistics, branch mobilisation, and information management.

In the area of health care and first aid, the Venezuelan Red Cross has delivered over 1,900 medical consultations via field hospital and mobile units, while strengthening referral systems, epidemiological surveillance and vaccination coordination. In WASH, these interventions have been scaled up through the operation of the WATSAN system providing safe water to operational sites and affected communities, alongside installation of sanitation facilities (showers, latrines and handwashing units) in field hospitals and shelters. In parallel, the National Society continues managing over 2,500 RFL cases and additional tracing requests through fixed and mobile connectivity points, while expanding PGI and psychosocial support services for affected people in camps and host communities.

Additionally, the Venezuelan Red Cross is maintaining a monitoring system of 109 shelters across five states, deploying digital data collection tools, and supporting operational planning. Logistics operations have included reception and distribution of relief items, stock management and transport coordination, while field teams continue to provide hydration, hygiene supplies and operational support to response personnel and affected communities.

1.2 Capacity and response at the national level

The Government of Venezuela declared a National State of Emergency and designated La Guaira as a Disaster Zone. Response operations are being coordinated by the Emergency Joint Staff and include search and rescue activities led by Civil Protection teams and the Bolivarian National Armed Forces (FANB), working alongside international teams deployed in the affected areas.

In addition, the public and private health systems has been activated to provided mass casualty care and humanitarian assistance through the distribution of essential supplies, food, and water; the deployment of field hospitals to reinforce the existing hospital network; the establishment of temporary shelters in La Guaira and Caracas; and the activation of platforms for reporting missing persons and housing damage. An initial fund of USD 200 million³ has also been allocated for infrastructure reconstruction.

1.3 Legal framework in support of the operation

The operation is guided by the Statutes of the Movement, the Fundamental Principles, the Venezuelan Red Cross Law (10 March 2026), and the IFRC Legal Status Agreement. Together, these provide a robust legal framework that facilitates the operation, recognises the National Society's auxiliary role to the public authorities, and enables principled humanitarian action.

International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

The Movement's collective response aims to support people and communities affected by the earthquakes through life-saving actions, humanitarian assistance, protection, early recovery, and resilience building, while strengthening the institutional and operational capacities of the Venezuelan Red Cross to respond to this emergency and future crises.

In accordance with the Seville Agreement 2.0, the Venezuelan Red Cross serves as the Convener of the Movement's collective response. The IFRC acts as the Co-Convener, supporting the Venezuelan Red Cross in:

- Defining the objectives, priorities, and strategic direction of the collective response.
- Aligning IFRC membership support.
- Mobilising international resources and capacities.
- Coordinating support for the institutional strengthening of the National Society.

³ [CAF crea fondo de 200 mdd para recuperación de Venezuela - teleSUR](#)

The ICRC contributes to the collective response in accordance with its mandate, capacities, and operational presence in the country. The three components agree to align the collective response of the Movement around the following priorities:

PRIORITIES	Venezuelan Red Cross	IFRC	ICRC
<p>Priority 1: Emergency response and lifesaving</p> <p>The response will prioritise search and rescue, emergency care, health care, Restoring Family Links (RFL), temporary shelter, access to safe water, and the distribution of essential assistance to people affected.</p>	<ul style="list-style-type: none"> • Lead the Movement’s operational response in support of affected people. • Mobilise its emergency response capabilities, including ambulances, staff, volunteers and specialised equipment. • Conduct rapid needs assessments (DANAs) and coordinate immediate assistance to the affected population. • Coordinate with national and local authorities in support of the national response. 	<ul style="list-style-type: none"> • Support the Venezuelan Red Cross by activating and coordinating the IFRC’s emergency response tools. Coordinate and align the support of the IFRC membership to the collective response agreed by the Movement. • Mobilise financial resources, technical assistance, surge capacities, Emergency Response Units (ERUs), and other international support mechanisms in line with the needs identified by the Venezuelan Red Cross. • Facilitate the coordinated deployment of operational support from other National Societies. 	<p>Complement the collective response through technical and operational support to the Venezuelan Red Cross in accordance with the identified needs and their available capacities.</p>
<p>Priority 2: Needs assessment, response planning, and coordination</p> <p>The collective response of the Movement will be based on continuous needs assessments, shared analysis of the situation, and coordinated planning led by the Venezuelan Red Cross.</p>	<ul style="list-style-type: none"> • Lead needs assessments and define operational priorities. • Develop and regularly update the response plan. • Consolidate operational information on the Movement’s response. 	<ul style="list-style-type: none"> • Support assessment, information analysis, and operational planning processes. • Facilitate the coordination and alignment of the IFRC membership around the priorities agreed by the Venezuelan Red Cross and the Movement, promoting a shared operational vision and the coordinated mobilisation of capacities and resources. • Support the IFRC’s information systems, data management tools, and monitoring and reporting mechanisms. 	<ul style="list-style-type: none"> • Share contextual and operational analyses relevant to the collective response. • Contribute to the planning and monitoring processes through its contextual knowledge and specialised technical expertise.
<p>Priority 3: Protection, community engagement, and humanitarian access</p> <p>The collective response will promote the protection of affected people, humanitarian staff and volunteers, as well as safe and sustained access to affected communities.</p>	<ul style="list-style-type: none"> • Actively engage with affected communities to identify needs and tailor the response. • Promote the protection of personnel, volunteers, facilities and the emblem, as well as acceptance of and humanitarian access for the response. 	<ul style="list-style-type: none"> • Support the integration of protection, gender and inclusion (PGI), community participation and accountability (CEA) and safeguarding across all components of the response. • Promote good practices in community engagement and accountability across the IFRC’s support network. • Contribute to the collective representation of the IFRC network and to humanitarian diplomacy efforts, as appropriate. 	<ul style="list-style-type: none"> • Provide technical support to the VRC in delivering RFL services, including coordination with the region’s National Red Cross Societies and the ICRC, as well as support to families searching for their missing relatives. • Promote respect for, access to, and protection of humanitarian personnel. In accordance with its mandate, contribute to the protection of affected people and promote respect for the emblem

			<p>and humanitarian principles.</p> <ul style="list-style-type: none"> • Provide technical advice on the recovery and management of human remains, as well as material assistance (including body bags and personal protective equipment), to the National Service of Medicine and Forensic Sciences (SENAMECF), the fire department, civil protection, and the Scientific, Criminal and Criminalistic Investigations Corps (CICPC).
<p>Priority 4: Early recovery, resilience, and institutional strengthening</p> <p>From the initial stages of the emergency, the Movement's collective response will promote the early recovery of affected communities and the strengthening of the Venezuelan Red Cross' institutional and operational capacity to ensure a sustainable response and better preparedness for future crises.</p>	<ul style="list-style-type: none"> • Identify early recovery needs and community resilience. • Define institutional and operational priorities to sustain the response and strengthen its capacities. 	<ul style="list-style-type: none"> • Coordinate National Society Development (NSD) support provided by the IFRC membership. • Support the Venezuelan Red Cross in strengthening its institutional, operational, and disaster preparedness capacities. • Promote the coordinated mobilisation of resources and capacities to strengthen the sustainability of the Venezuelan Red Cross during and after the emergency. 	<ul style="list-style-type: none"> • Continue supporting the strengthening of the Venezuelan Red Cross's capacities in areas of common interest, in accordance with existing bilateral agreements. • Contribute to the sustainability of the response through complementary technical and operational support.

IFRC

The IFRC has been present in Venezuela for approximately ten years, providing support to the Venezuelan Red Cross in responding to the population movement crisis, while responding to long-term humanitarian needs and enhancing VRC's auxiliary role, it also prioritized the Movement's coordination mechanisms, working closely with the ICRC and the Participating National Societies with physical presence in Venezuela, such as the German Red Cross.

A Tripartite Movement Agreement was signed between the Venezuelan Red Cross, the ICRC, and the IFRC, which enabled a smooth coordination at operational level and communication, formalized in a Mini Summit held on 28 June 2026 to ensure a unified approach and strategic projection of response actions, complementing the Venezuelan Red Cross's national role and mandate as the country's primary first responder. These mechanisms provide a common platform for strategic decision-making, operational planning, information sharing, resource allocation and collective accountability, ensuring that the Movement operates as one network in support of affected communities.

Among the actions carried out by the Secretariat is the delivery within first 48 hours, of a first charter with 17 metric tons of humanitarian assistance comprising tarpaulins, mosquito nets, kitchen kits, hygiene kits, cleaning kits, first aid kits, sleeping and rest kits, folding beds, jerrycans, blankets, tents, and other relief items. Within the first week, more than 50 metric tons of relief items have been delivered to Venezuela through SolidAir charters and Amazon humanitarian flights.

Additionally, support has also been provided for coordinating the emergency response and developing the Emergency Appeal. The IFRC maintains a Country Delegation in Venezuela under a Country Agreement. In total, there are two institutional vehicles and 11 contracted staff: Head of Delegation; Programmes and Operations Coordinator; National Society Development Coordinator; Senior Procurement Officer; Security Officer; Planning,

Monitoring, Evaluation and Reporting Officer; Treasury Assistant; IT Assistant; Security Assistant; Maintenance Staff; and Driver.

Additionally, the Regional Office is providing technical support through the Head of Communications, Head of Health, and the deployment of an Operations Manager, as well as a delegate from the Global Disaster Response Emergency Fund (DREF) Office. Under the SURGE activation, some of the support roles planned for deployment are⁴: Strategic Partnership and Resource Mobilisation Coordinator; Human Resources Coordinator; Operations Coordinator; PMER Coordinator; Health Coordinator; Membership Coordinator; Mobilisation Officer; Liaison Officer; and Finance Officer.

Given the impact and scale of the emergency, the IFRC activated the Global Response Framework and requested an Emergency Response Unit (ERU) Clinical Advance Team within the first 48 hours to assess health needs and service gaps, establish coordination with the Venezuelan Red Cross and health authorities and finally confirm the configuration of an ERU Clinic. By 28 June, the Advance Team composed by three health care specialists of the Spanish Red Cross completed the assessment, confirming the deployment of a full team of 17 healthcare specialists, including experts in emergency and pre-hospital care, trauma care, epidemiology, hygiene promotion, midwifery, and mental health and psychosocial support (MHPSS), among other health-related specialties. The ERU Clinic will be based in La Guaira and is expected to become fully operational by 7 July.

Following the initial needs assessment, an additional request was made for a Logistics ERU, which will be deployed by the Swiss Red Cross and include general logistics and warehouse management specialists. The objective is to support the Venezuelan Red Cross and the IFRC in strengthening their logistics capacity for the earthquake response operation, ensuring the timely reception, customs clearance, storage, inventory management, transportation, and distribution of relief items, humanitarian assets, and emergency equipment.

An Operations Support Hub (OSH) ERU was also requested, and the Danish Red Cross confirmed its availability. The ERU will support the Venezuelan Red Cross and the IFRC in establishing and maintaining safe, efficient, and functional operational environments to facilitate the effective delivery of the earthquake response operation.

The ERU initially comprises two logistics specialists who will provide flexible operational support through the OSH's modular approach. This support may include facility management; office and Emergency Operations Centre (EOC) support; base camp services; administrative and reception services; and information technology and telecommunications support, as required by the operational context. The specific modules to be activated will be determined based on assessed needs and evolving operational priorities.

The OSH ERU will work closely with the Venezuelan Red Cross, the IFRC, and other operational partners to strengthen operational support capacity while facilitating an effective scale-up of the response.

ICRC

The ICRC has a Delegation in Venezuela and is supporting the Venezuelan Red Cross in several key areas to strengthen its humanitarian response capacity. This support includes technical support for health operations both in the VRC's situation room and in the field. In addition, the ICRC has directly contributed to the organisation and establishment of the field hospital in La Guaira, including the installation of water supply, sanitation, and electricity systems. The ICRC has also donated medical supplies sufficient to provide care for approximately 1,000 people, as well as 200 body bags for use in the field hospital and the Dr. Carlos Bello Hospital in Caracas.

Furthermore, the ICRC facilitated the transport of a water treatment plant from Barquisimeto to the La Guaira stadium to ensure access to safe drinking water for both the hospital and the affected population. The ICRC has also conducted basic training on connectivity services and RFL needs assessments, while supporting the activation of previously donated Starlink and satellite connectivity equipment, including the payment of selected monthly service fees. In addition, the ICRC has supported the VRC in assessing RFL needs through rapid needs assessments carried out in several shelters located in Catia La Mar, Soublette, Macuto, and Caraballeda, with the aim of identifying and prioritising the main needs of affected communities. As a result of these assessments, a

⁴ See full list here: [IFRC GO - Emergency - Venezuela Earthquake](#)

Fixed Connectivity Point was established at the Caraballeda Golf Course Shelter. Similar connectivity points offering the same services have also been established in the other assessed areas. The ICRC has further supported the operation of the hotline activated by the VRC by facilitating call reception and providing laptops, mobile phones, and technical assistance.

This work has been carried out in collaboration with the Colombian Red Cross Society, Télécoms Sans Frontières (TSF), and the ICRC. To date, 321 connectivity services have been provided to the affected population, including 54 phone calls, 66 battery-charging services, and 200 Wi-Fi connections. At the same time, reports relating to 2,045 missing persons (following the removal of duplicate records) had been received as of 30 June.

The ICRC has also provided logistical support to the VRC, including transportation, procurement assistance, securing storage space, and supporting the foundations of a pharmacy stocked with donated medicines. Additional support has been provided for the installation and activation of Starlink systems, as well as the provision and installation of GPS devices in VRC vehicles. Finally, the ICRC has also provided advice on selected security-related matters.

Member	Current actions/contribution to the response	Status / additional remarks
Costa Rican Red Cross	Maintains a 16-person delegation supporting the VRC with USAR, health, logistics, information management, and telecommunications. The team is operating in critical sectors of La Guaira, including Playa Grande/Sol Garden 1, where survivors have been located through call-listen techniques together with USAR teams from the United States, Spain, Mexico, and Colombia. Costa Rican medical and paramedical personnel reinforced the VRC field hospital and supported four critical/urgent cases during the reporting period.	Active in La Guaira; bilateral support coordinated with the VRC and IFRC.
Colombian Red Cross Society	Supports USAR and field operations, safe access, and telecommunications assessments in Galipán, installation and activation of connectivity capacity including Starlink, and RFL coordination with the ICRC. The VRC reporting notes that 31 Colombian rescuers are supporting evaluations, including Sheraton Hotel-related assessment activities.	Active in-country; operational and RFL/connectivity support.
Spanish Red Cross	Confirmed support to the health emergency response capacity, including Health ERU and Clinic ERU personnel. Spain is also among the international USAR delegations contributing a significant canine search capability to the wider response.	Health ERU support confirmed; wider USAR contribution reflected in international coordination reporting.
Mexican Red Cross	Reported as present/active through the Movement network and linked to the wider USAR response. The VRC's reporting identifies Mexico among the teams collaborating in the Playa Grande/Sol Garden 1 operation and among the largest international rescue delegations.	Active/reported in-country support; details to be further consolidated.
German Red Cross	Has mobilised 15 metric tons of humanitarian assistance from Colombia, with the support of the Colombian Red Cross Society. The shipment includes: Medical equipment, medical supplies, pharmaceuticals, and first aid materials; Trauma kits and supplies; Radios, computers, and power generators; Uniforms for volunteers and personal protective equipment (PPE); and Hygiene kits and food assistance supplies. In addition, the German Red Cross is deploying technical support personnel to assist the Venezuelan Red Cross, including a WASH delegate, an Operations Manager, a Logistician, and a Technical Coordinator. Additional funding is currently being mobilised to strengthen the response in the areas of Health, WASH, and Shelter.	
Salvadorean Red Cross	The Salvadorean Red Cross conducted search operations in Caraballeda and provided technical support at the port, as well as medical support and logistical assistance for medicines.	Reported active; clarification needed on whether all components are under the National Society or the broader national delegation.
Turkish Red Crescent	Reported by the VRC as present within Membership support to the VRC response.	Presence reported; technical details pending consolidation.
Aruba Red Cross	Supporting the set-up of field health services; the VRC reports support linked to storage and shelving needs, as well as medical stock management at the VRC field hospital and health post.	Operational support reported through VRC SitRep No. 7.

Additional Membership support	The VRC reports an active coordination mechanism among Red Cross and Red Crescent Movement partners supporting the operation at both headquarters and field levels. Membership coordination is being reinforced to consolidate bilateral, in-kind, technical, and Federation-wide contributions.	Continued mapping required to avoid loss of content and ensure Federation-wide reporting.
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2.2 International Humanitarian Stakeholder capacity and response

Urban Search and Rescue (USAR) teams from 27 countries are currently working in the affected areas and continue to arrive, in coordination with OCHA, which has also launched a common fund to support the response. The Development Bank of Latin America and the Caribbean (CAF) has announced the creation of the Venezuela Recovery and Reconstruction Fund⁵, which will be used to mobilise funds for emergency response, recovery and reconstruction. Additionally, the UN Disaster Assessment and Coordination team (UNDAC) is present, and the Spanish Agency for International Development Cooperation (AECID) has mobilised a medical assessment team.

The United Nations has issued a CERF allocation of USD 15 million⁶ to the Humanitarian Response Plan in Venezuela. The Humanitarian Country Team (HCT) has activated the Inter-Agency Standing Committee (IASC) coordination mechanisms, with OCHA centralising data through the Assessment and Analysis Cell and establishing a 3W mechanism in La Guaira. The IFRC participates in both national-level coordination meetings convened by the HCT and field-level coordination meetings in La Guaira.

In support of the inter-agency response architecture, and following requests from UNHCR and IOM, the IFRC is deploying a Shelter Sector Technical Coordinator and an Information Management Coordinator to strengthen shelter and site coordination mechanisms in the affected areas. These deployments will provide structured technical guidance to humanitarian actors, support information management and analysis, and enable evidence-based strategic decision-making for the response. The deployments build on the IFRC's recognised global expertise and co-leadership of the Shelter, Land, and Site Coordination (SLSC) Cluster, helping to ensure coordinated, accountable, and effective shelter and site coordination in line with international standards and best practices for large-scale disaster and earthquake responses.

Gaps in the response

Initial assessments and available operational reports show critical gaps in health, temporary shelter, WASH, protection, RFL, proper handling of human remains, community information, and territorial coordination. The magnitude of the event, the continuation of aftershocks, and the extent of infrastructure damage have exceeded local capacities in the most affected areas, especially in La Guaira and the Caracas metropolitan area. The national and international response continues to expand, but significant gaps remain in access to affected communities, consolidation of information, sectorisation of assistance, and coverage of basic needs in open spaces, makeshift shelters, and population concentration points.

In health, the public and private network remains under pressure due to trauma care, patient referrals from La Guaira to Caracas, and the continuity of essential services for people with chronic illnesses, pregnant women, girls, boys, older persons, and persons with disabilities. Hospital assessments conducted by VRC and IFRC health teams identify operational facilities, but with mild to moderate damage in some areas, partial functionality in certain cases, pressure on emergency rooms, and gaps in diagnostic equipment, osteosynthesis materials, antibiotics, splints, referral pathways, and the linkage between health services, affected communities, and shelters. The need is no longer limited to initial trauma care; it also includes sustaining community care, patient follow-up, mental health and psychosocial support, and the progressive recovery of affected health services.

In shelter, WASH, and basic services, thousands of families are unable to return to their homes due to destruction, structural damage, fear of further aftershocks, or lack of information on building safety. Many remain in open spaces, sports courts, plazas, safe points, or temporary shelters, with needs for safe water, sanitation, hygiene, lighting, privacy, protection, clear information, and psychosocial support. The total or intermittent interruption of electricity, water, gas, and telecommunications in parts of La Guaira limits people's ability to communicate,

⁵ [CAF crea fondo de 200 mdd para recuperación de Venezuela - teleSUR](#)

⁶ [Allocation summary | CERF](#)

charge phones, receive reliable information, and access services. These conditions increase the risk of illness, insecurity, violence, family separation, and exclusion of persons with reduced mobility or specific needs.

Protection risks are high. Reports include people searching for relatives, bodies being exposed or handled in precarious conditions, unaccompanied children and adolescents, spontaneous rescues without protective equipment, and the spread of rumours, misinformation, and uncoordinated spontaneous aid. RFL requests processed by the VRC continue to increase and require secure data management, verification, coordination with authorities, and support from National Societies in the region. Pressure on families remains high, particularly for households that have lost their homes, income, assets, documents, support networks, or the primary income earner.

Community coping capacities have been weakened by the scale of the damage, the loss of basic services, fear of further collapses, access limitations, insecurity, and the disruption of daily activities. Insufficiently covered gaps are concentrated in pre-hospital care and continuity of health services, WASH in temporary sites, dignified shelter, RFL, psychosocial support, protection of higher-risk groups, community information, risk reduction from aftershocks, and coordination of spontaneous assistance. In this context, the VRC, with the support of the IFRC and Movement partners, adds value through its territorial presence, auxiliary role, health and first-aid capacity, RFL experience, volunteer network, WASH, CEA, humanitarian logistics, and community access, complementing the efforts of authorities and other actors.

OPERATIONAL CONSTRAINTS

There are significant gaps in humanitarian access to critical locations with urgent humanitarian needs, due to main connecting roads being affected by the earthquake, gas leak exposure at certain key points with explosion risk, the risk of dust inhalation from collapsed infrastructure, which could endanger the health of humanitarian personnel, and reports of unrest and security risks due to the absence of basic essential resources, including food and medicine. Response agencies are working to establish a clear, unified coordination command post to enable effective information management for decision-making, as well as the consolidation of unified damage and needs assessments to understand the true magnitude of the disaster. To date, these challenges have hindered information management and the consolidation of data needed to strengthen decision-making. Additionally, the health system has reached its maximum care capacity, with shortages of sufficient personnel to support the humanitarian response required for the emergency. Finally, at the Operations Camp in La Guaira, challenges remain in establishing sanitation and hygiene infrastructure, as well as a stable connectivity network, which is preventing information from arriving in a timely manner.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The scale of the Venezuela earthquake response has triggered an unprecedented mobilisation of Red Cross and Red Crescent capacities from across the Americas and beyond. Since the onset of the emergency, the IFRC Secretariat, acting as Co-Convener alongside the Venezuelan Red Cross (VRC) under the Seville Agreement 2.0, has played a central role in coordinating and aligning Movement-wide support behind the priorities defined by the National Society.

This function has ensured that bilateral, multilateral, in-kind, technical and surge contributions are channelled through a coherent Federation-wide approach that maximises collective impact while avoiding duplication. This approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and those funded with national resources) and will help leverage the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact. Hence, the technical support of a Membership Coordination in Emergencies surge deployment is included in this Operational Strategy, as part of the Rapid Response Surge personnel to ensure alignment amongst all Movement partners.

Through the deployment of a Membership Coordination in Emergencies surge profile, the Secretariat supports partner engagement, contribution tracking, gap analysis, Federation-wide reporting and strategic planning. This

allows the Movement to identify unmet needs, direct resources where they are most needed, and present a unified response to donors, authorities and humanitarian partners.

The Federation-wide funding requirement for this Emergency Appeal comprises all the support and funding that will be channelled to the Operating National Society in response to the emergency event. This includes the national fundraising request of the Operating National Society, the fundraising request of supporting Red Cross and Red Crescent National Societies, and the funding request of the IFRC Secretariat.

OPERATIONAL STRATEGY

Vision

This operation aims to support the VRC in addressing the immediate, short- and medium-term needs of Venezuelans affected by the earthquake. The initiative targets 300,000 people in Greater Caracas and La Guaira through a coordinated response. The operation seeks to reduce pressure on vulnerable communities and overwhelmed services in the most affected areas including Carabobo, Aragua, Miranda, and Falcón, as communications and assessments improve, with special emphasis on supporting people with multiple and complex vulnerabilities to (re)establish sustainable livelihoods and access health, water, sanitation, and hygiene (WASH) services, community-based health and first aid (CBHFA), and shelter.

By June 2028, the emergency operation will complement the VRC's ongoing and future interventions, with support from the IFRC and coordination with Movement partners and other stakeholders. Special attention will be paid to ensuring complementarity with the responses provided by the authorities and other actors, leveraging the VRC's privileged position and access to avoid duplication of services delivered by humanitarian agencies and to maximise results.

Through its global network and mandate, the IFRC ensures alignment between participating National Societies, facilitates resource mobilisation, coordinates in-kind donations and international deployments, supports National Society Development objectives, and strengthens the institutional capacity of the VRC during and beyond the emergency. This added value enables the Movement to leverage its collective capacities while reinforcing the leadership, sustainability and long-term resilience of the Venezuelan Red Cross.

The ICRC, in a coordinated and complementary manner with the response to the appeal, will support the protection of the deceased and their families. This includes providing technical advice to Venezuelan authorities on the recovery, evacuation, documentation, tracing, identification, and dignified burial of human remains. Additionally, material assistance, such as body bags and personal protective equipment, will be provided, alongside efforts to counter misinformation about the transmission of diseases from human remains.

In addition, the operation must be designed for a dynamic risk environment rather than a single-hazard recovery process. Integrating risk reduction, climate adaptation, and recovery from the outset will help ensure that assistance not only responds to immediate earthquake impacts but also anticipates overlapping climate-related risks, reduces future exposure, protects essential services, and supports safer and more resilient recovery for affected households.

Transition toward long-term planning

During the emergency phase, interventions include temporary shelter, essential primary health care – including mental health and psychosocial support services (MHPSS) and sexual and gender-based violence (SGBV) referral pathways and services – as well as food and household item distribution and cash assistance. As the context stabilises and essential basic services and local market availability are regulated, the operation will shift toward recovery, providing transitional shelter and targeted livelihood support to restore self-sufficiency. These initiatives will also relieve pressure on vulnerable communities and help people with complex needs rebuild their lives with dignity and resilience.

To ensure sustainability and an effective exit strategy following the completion of all activities, the VRC and the IFRC will link the objectives of this Emergency Appeal operation with the Unified Plan, which supports multiple initiatives implemented by the VRC. Enhancement of the VRC's auxiliary role through humanitarian diplomacy will be a priority in the transition to the recovery phase, to extend its humanitarian significance and strengthen its positioning as the go-to partner for emergency response and recovery.

Anticipated climate risks and operational adjustments

As mentioned in the Risks and Vulnerabilities sections, El Niño conditions may intensify rainfall variability and climate extremes in Venezuela. This is a part of the Atlantic hurricane season, during which storms and heavy rainfall may occur, increasing the risk of flash floods, landslides, drainage failures, and disease outbreaks. This compounds risks in areas where infrastructure, roads, water systems, and health services have already been damaged by the earthquake. It could further affect earthquake-impacted communities, disrupt humanitarian operations, and hinder recovery efforts; therefore, it represents a potential overlap of the earthquake response with additional climate-related emergencies during the lifetime of the operation.

If rainfall forecasts materialise, affected communities could face simultaneous or sequential shocks: damaged or unsafe housing exposed to heavy rains; temporary shelters under pressure from flooding, heat, or poor drainage; disrupted WASH systems unable to meet increased demand; health facilities managing trauma care while also responding to waterborne or vector-borne diseases; and access routes becoming intermittently blocked by landslides, flooding, or infrastructure deterioration.

Due to the above, the operation will integrate preparedness, contingency planning, and risk reduction measures to strengthen resilience against future shocks.

Targeting

1. People to be assisted

Through this Emergency Appeal, the IFRC will support the VRC in assisting 300,000 people⁷ in La Guaira, Greater Caracas, and other affected states impacted by the earthquakes and their secondary impacts, through a Federation-wide coordinated response over a two-year period.

The following eligibility criteria are foreseen and will be verified through community participation processes:

- Households whose homes were destroyed or damaged by the earthquake.
- Households whose primary breadwinners died as a result of the earthquake.
- Households whose assets or livelihoods were destroyed or damaged by the earthquake.
- Host families taking in people displaced by the earthquake.
- Households with two or more children under five years of age who are unable to meet their basic needs.

Within this framework, the following vulnerability criteria will be used to prioritise selection:

- Older persons responsible for children in the household.
- Households headed by single mothers with young children.
- Households with members suffering from chronic illnesses.
- Households with members who have a disability.
- Pregnant and breastfeeding women.

These targeting criteria, together with specific criteria related to other sectors (such as health, shelter, cash, etc.), will be further discussed and subsequently finalised in consultation with communities, relevant authorities, and other (inter)national organisations operating in the affected areas. The VRC will coordinate closely with other

⁷ At the time of publication of the IFRC's Emergency Appeal, the average household size was initially estimated at five persons per household. By the time of this Operational Strategy, based on collected data and consultations with the Venezuelan Red Cross, this was revised to an estimated four persons per household.

organisations implementing emergency food security programmes in the same areas to avoid duplication of efforts.

2. Considerations for protection, gender, and inclusion (PGI), and community engagement and accountability (CEA)

Selection criteria and targeting mechanisms will be clearly communicated to people and communities affected by the earthquake in the impacted provinces. The VRC will engage both men and women in dialogue sessions, focus group discussions and community meetings to collaboratively define and validate the selection criteria. Accessible information will be disseminated through trusted channels, such as community leaders, mobile platforms (e.g. WhatsApp), in-person interactions, hotlines and SMS, community focal points, and help desks located at the VRC camp, distribution points, and in local communities themselves.

The VRC will strengthen the capacities of staff, volunteers, and leadership in Community Engagement and Accountability (CEA) to improve communication and responsiveness to community needs, while applying a range of methods to disseminate information about programme activities and selection processes. Communities will actively participate in service planning and management through focus discussion groups and feedback-based adjustments, with periodic reports on perceptions and comments prepared to guide decision-making. Strengthened feedback systems will collect and disaggregate community input by sex, age, and disability, while sensitive issues – such as sexual exploitation and abuse, fraud, corruption, or protection concerns – will be addressed through safe and confidential channels, ensuring transparency, trust, and alignment with community needs.

Feedback mechanisms will be established to encourage people to voice their concerns, thereby ensuring transparency, building trust, and tailoring support to identified needs.

To maintain an inclusive, rights-based approach throughout the humanitarian response, protection, gender, and inclusion (PGI) considerations will be integrated into the needs analysis phase. This will guide the identification of people at risk and inform sectoral planning. PGI principles will be mainstreamed across all sectoral interventions to promote inclusive access to services and mitigate the risk of harm.

As part of the IFRC's and the VRC's commitment to PGI standards, the project will design and distribute information, education, and communication materials to raise awareness and educate communities about PGI Minimum Standards in Emergencies. Staff and volunteers will receive specific training on these minimum standards to ensure consistent and sensitive service delivery across all activities. Field visits and focus group discussions will be conducted to assess community needs, gather feedback, and guide programme implementation.

To provide further support to affected populations, dignity and hygiene kits will be distributed to women and girls, ensuring that their specific health and hygiene needs are met. Female volunteers will be mobilised and their capacities strengthened through tailored training sessions, enabling them to play an active role in outreach and community support efforts. Likewise, the inclusion of persons with disabilities will be a key priority across all activities. Capacities will be strengthened through specific training for staff and volunteers on integrating PGI into emergency contexts, improving their ability to identify and respond to protection issues. A service mapping and referral pathway for persons with disabilities will be developed and disseminated across all sectors to facilitate timely and appropriate service delivery, as well as safe referral pathways for protection cases, particularly survivors of SGBV.

Robust child safeguarding mechanisms will also be established and reinforced, with staff and volunteers trained to ensure compliance with prevention of sexual exploitation and abuse (PSEA) standards.

PLANNED OPERATIONS

The operation will focus on providing comprehensive humanitarian assistance and recovery support to people affected by the earthquake, addressing immediate needs, and supporting the early recovery of


impacted communities. As this Operational Strategy is based on preliminary assessments, it will be further updated to ensure a more precise provision of assistance, fundamentally for the recovery of affected population. Actions will prioritise health care, including psycho-social support, first aid, pre-hospital care, and support to health services; access to safe water, sanitation, and hygiene; provision of basic conditions in shelters and temporary spaces; and support for the progressive recovery of housing and livelihoods, with a focus on dignity, protection, and equitable access.

From the earliest phases, the operation will incorporate a recovery perspective to support affected people in the transition from emergency assistance toward safer, more dignified, and sustainable solutions. As the context stabilises, and as damage, needs, market, and basic service assessments progress, the operation will expand housing recovery activities, rehabilitation of essential community services, restoration of livelihoods, strengthening of community capacities, and risk reduction in the face of aftershocks and other secondary hazards.


The operation also integrates key elements to support the strengthening of national systems, authorities, and communities, contributing to improving their response, coordination, and recovery capacities. All interventions will be implemented in coordination with relevant actors and in line with humanitarian principles, ensuring a timely, relevant response tailored to the needs of affected people.

Implementation across all sectors of the operation will be accompanied by cross-cutting mechanisms of PMER, CEA, and PGI to ensure quality, community participation, inclusion, and continuous adaptation of the response.

INTEGRATED ASSISTANCE

 Shelter, Housing, and Settlements	Women > 18: 30,401	Women < 18: 10,079	CHF 16,276,000
	Men > 18: 29,679	Men < 18: 9,841	Total target: 80,000
Objective:	<i>Support safe shelter efforts for people severely affected by the earthquake in La Guaira and the Capital District, improving their safety, dignity, and well-being, while supporting long-term recovery and community integration.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. Provide essential relief items – such as sleeping mats, blankets, hammocks (when appropriate), household essential items and other essential household items – to 20,000 households (80,000 people) who are unable to return to their homes or who are in temporary shelters. 2. Support 5,000 households whose homes have suffered damage or destruction through safe shelter interventions and housing recovery, promoting innovative housing solutions and “build back better” principles to improve the safety, resilience, and durability of repaired and rebuilt homes. 3. Support, in coordination with the relevant authorities, the assessment, adaptation, and basic functioning of shelters, reception points and other temporary spaces, through essential supplies, technical guidance, logistical support, and monitoring of minimum conditions of safety, dignity, protection, water, sanitation, and hygiene. 4. Provide cash assistance for shelter to 5,000 households to support the repair, rehabilitation, or reconstruction of 		


- damaged homes, linked to technical guidance and safer construction standards where applicable.
5. Dedicate technical capacity to support programme design and technical supervision (structural assessments, repair/retrofitting guidance and support, and monitoring), to guarantee the structural integrity and safety of these interventions, aligned with national priorities and standards and humanitarian principles.
 6. Link housing recovery with protection, WASH, health, and livelihoods, ensuring that temporary housing solutions take into account privacy, security, dignity, access to water, sanitation, essential services, and the specific needs of older persons, persons with disabilities, pregnant women, girls, boys and adolescents, and other vulnerable groups.

 Multipurpose Cash	Women > 18: 15,200	Women < 18: 5,040	CHF 13,126,000
	Men > 18: 14,840	Men < 18: 4,920	Total target: 40,000
Objective:	<p><i>Support families affected by the earthquake in Venezuela in meeting their basic needs and accessing essential items – such as food, household goods, and dignity-related vital services – through multipurpose cash transfers (MPCT), thereby ensuring their safety, dignity, and overall well-being.</i></p>		
Priority actions:	<ol style="list-style-type: none"> 1. CVA feasibility assessment, including mapping of available delivery mechanisms and financial service providers. 2. Training and mobilisation of volunteers and specialised CVA staff. 3. Community engagement, awareness raising, and two-way communication, ensuring that affected communities understand the assistance, eligibility criteria, registration process, distribution modalities, feedback and complaints mechanisms, and can actively participate in decision-making throughout the intervention, in line with CEA principles. 4. Provide multipurpose cash assistance, in-kind support or referrals to up to 10,000 households (40,000 people) affected by damage to their homes, livelihoods, small businesses, or essential household goods, subject to market functionality and access conditions. 5. Participate in coordination structures, e.g. national or interagency Cash Working Groups, to reduce duplication risks and support advocacy efforts within the National Society and with government authorities. 6. Maintain constant programme monitoring, with post-distribution monitoring mechanisms to assess effectiveness and adjust the programme as needed. 		

7. Incorporate protection and risk analysis measures during the cycle to ensure secure and confidential registration, selection, and delivery processes, taking into account access barriers for women, older persons, people with disabilities, and households with specific needs.

HEALTH AND CARE, INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)


	Health and Care (Mental Health and Psychosocial Support/ Community Health/Medical Services)	Women > 18: 114,002	Women < 18: 37,798	CHF 4,469,000 Total target: 300,000
		Men > 18: 111,298	Men < 18: 36,902	
Objective:		<i>Contribute to the overall humanitarian response by safeguarding the health, dignity, mental health, and psychological well-being of populations affected by the earthquake in Venezuela.</i>		
Priority actions:		<p>1. Mental health and psychosocial support</p> <ol style="list-style-type: none"> a. Provide psychological first aid and psychosocial and mental health support to approximately 40,000 people, including affected families, people with missing relatives, first responders, volunteers, and communities affected by aftershocks and displacement. b. Support to volunteers and frontline workers: training in psychological first aid and basic psychosocial support; MHPSS kits for activities at shelter sites; and materials for Humanitarian Service Points, including tents, tables, chairs, and private spaces. Provide psychological first aid training. c. Maintain and expand mental health and psychosocial support services for affected people, relatives of deceased or missing persons, displaced people, volunteers, first responders, and health personnel exposed to prolonged stress. Psychosocial support interventions will apply a trauma-sensitive approach, prioritising confidentiality, informed consent, data protection, and the principle of do no harm. <p>2. Community health</p> <ol style="list-style-type: none"> a. Support response activities related to search and rescue, in line with the capacity and mandate of the VRC, prioritising La Guaira and Greater Caracas. b. Carry out community health and risk communication activities reaching approximately 300,000 people with information on aftershocks, safe return to buildings, hygiene practices, safe water use, referral routes, and available services. This will be implemented through the actions of Community Health Teams and media outreach. 		

3. Medical services

- a. Provide first aid, pre-hospital care, triage, referral support, and health assistance to approximately 25,000 people, complementing public authorities and international USAR operations.
- b. Support the continuity and strengthening of emergency health services for approximately 50,000 people, by reinforcing care points, affected health facilities, pre-hospital care, referral routes, medical supplies, trauma kits, and additional emergency medical capacities, including ERU support when required and agreed with the authorities. Psychosocial support interventions will apply a trauma-sensitive approach, prioritising confidentiality, informed consent, data protection, and the principle of do no harm.
- c. Promote relevant information on available services to communities, including opening hours, access, location, and other key details.

4. Support to national health systems


- a. Support health authorities in strengthening emergency health services and essential services in the most affected areas, as well as VRC health centres, through support to health facilities, temporary care points, pre-hospital care, triage, referral routes, medical supplies and additional emergency medical capacities, including ERU support when required and agreed.
- b. Support the progressive recovery of health services affected by the earthquake, including coordination with health authorities, identification of priority gaps, operational support to selected facilities, and referral of cases requiring specialised care.

 Water, Sanitation, and Hygiene	Women > 18: 57,001	Women < 18: 18,899	CHF 5,892,000
	Men > 18: 55,649	Men < 18: 18,451	Total target: 150,000
Objective:	<i>Ensure access to safe water, improve sanitation facilities, and promote good hygiene practices among response teams and populations affected by the earthquake, thereby improving overall health and well-being.</i>		
Priority actions:	1. Provide safe water, water filters, hydration services, hygiene promotion, and basic water, sanitation and hygiene (WASH) support to approximately 150,000 people at temporary concentration points, reception centres, and affected communities such as school children, caregivers, shelter residents, and/or community volunteers.		

2. Strengthen WASH capacity through the acquisition, renovation, and upgrading of equipment and tools.
3. Strengthen target communities through technical training on the maintenance and servicing of WASH facilities and the provision of necessary equipment and tools.
4. Support authorities and service providers in the temporary provision of safe water in affected communities, shelters, care points, health facilities, and other population concentration areas, through technical assistance, provision of equipment and supplies, and strengthening of operational capacities for the delivery of essential services.
5. Conduct technical assessments of community water systems, distribution points, sanitation, storage, and hygiene conditions in affected communities, shelters, reception centres, and return areas.
6. Support the rehabilitation of community water supply and storage systems in affected communities, shelters, and reception centres. This will incorporate protection, gender, and inclusion criteria into the design, location, and management of WASH facilities, ensuring safe, private, accessible, and hygienic conditions for women, girls, people with disabilities, and other vulnerable groups.
7. Maintain hygiene promotion activities, safe water management, menstrual hygiene management, disease prevention, and proper use of WASH facilities during the transition toward return. Dignified access to information, supplies, and adequate spaces for menstrual hygiene management will be promoted, including consultations with women and adolescents on their needs and preferences.
8. Strengthen, during implementation, community and VRC capacities for basic maintenance of WASH facilities, monitoring of health risks, and coordination with authorities and service providers.

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

	Protection, Gender, and Inclusion	Women > 18: 5,700	Women < 18: 1,890	CHF 248,000
		Men > 18: 5,565	Men < 18: 1,845	Total target: 15,000
Objective:	<i>Ensure inclusive, meaningful, and safe access to services through the dissemination of information, education and communication materials, staff training, community participation, the distribution of essential kits and the empowerment of female volunteers, thereby promoting equitable and safe service delivery for all.</i>			

Priority actions:

According to the evolution of needs, provide Restoring Family Links (RFL) activities and, if necessary, case management for approximately 15,000 people, including coordination with Red Cross National Societies in the region and support to families searching for missing relatives. All RFL activities will be implemented following principles of data protection, informed consent, confidentiality, and secure management of sensitive information, ensuring an approach focused on the dignity and safety of individuals.

1. Establish two DAPS within the Humanitarian Service Points in Caracas, incorporating child-friendly spaces and women-friendly spaces, while ensuring clear linkages with services for SGBV survivor, MHPSS, and RFL.
2. Participate in RFL coordination mechanisms (UN cluster).
3. Integrate PGI across the operation, ensuring that all target populations are reached through safe, accessible, and inclusive assistance, while incorporating safeguarding measures, protection against sexual exploitation and abuse (PSEA), neglect and harm affecting children and at-risk adults, as well as appropriate referral mechanisms across all interventions.
4. Update and monitor PGI analysis.
5. SGBV prevention and response, including safe referral mapping, survivor-centred MHPSS, provision of dignity kits, and SGBV mitigation strategies throughout response.
6. Support for unaccompanied children, including mapping of child-friendly services such as educational, food, and social services. Clear linkage to RFL services.
7. Provision of RFL kits, including procurement and set up in DAPS centres.



Community Engagement and Accountability

Women > 18: 5,700	Women < 18: 1,890	CHF 302,000
Men > 18: 5,565	Men < 18: 1,845	Total target: 15,000


Objective:

Ensure meaningful community engagement and accountability with people and communities affected by the earthquake, through inclusive feedback and communication mechanisms that promote transparency, participation, and accountability.

Priority actions:

1. Establish mechanisms to collect, analyse, and act on community feedback.
2. Provide timely information on available services, safety recommendations, assistance criteria, and feedback mechanisms to approximately 15,000 people through CEA activities.
3. Establish communication channels, including community meetings, physical materials, social media, and suggestion boxes, in line with the operational context analysis.
4. Standardise processes for informing communities about intervention criteria, aid distribution, and the role of the VRC.
5. Organise brief, practical orientation sessions on CEA and feedback management for VRC staff and volunteers.

- 6. Monitor community access to these mechanisms, hold consultation meetings during the planning of services and distributions, and involve community representatives in monitoring activities.
- 7. Develop a practical reporting template for field teams to summarise the weekly feedback trends received.
- 8. Continue supporting RFL and case management for separated, missing, deceased, injured, evacuated, or displaced people, in coordination with relevant authorities and National Societies in the region.

 Risk Reduction, Climate Adaptation and Recovery	Female > 18: 114	Female < 18: 38	CHF 586,000
	Male > 18: 111	Male < 18: 37	Total target: 300 people
Objective:	<i>Enable communities to reduce their vulnerability to future disasters and climate change impacts, and to strengthen their resilience capacity.</i>		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct rapid climate and environmental screenings in priority affected areas, to inform recovery planning in shelter, WASH, health, or infrastructure solutions (NEAT+). 2. Identify and monitor secondary and cascading risks in situational reports, including heavy rainfall, flooding, landslides, blocked drainage, heat stress, water scarcity, disease outbreaks, debris contamination, and access constraints. 3. Integrate weekly climate-risk monitoring using existing weather forecasts, seasonal information, ENSO updates, and field observations to support operational decision-making. 4. Develop a short operational risk note for sector leads, highlighting anticipated climate and environmental risks and recommended adjustments for distributions, shelter, WASH, health, logistics, and access. 5. Map priority sites exposed to overlapping risks, including shelters, health posts, WASH points, affected communities, access routes, and areas with debris or drainage obstruction. 6. Support community-level preparedness for overlapping emergencies, including earthquake impacts combined with heavy rainfall, flooding, landslides, heat stress, or water shortages. 7. Develop and disseminate key messages and practical guidance notes for volunteers and personnel on safe debris and environmental risk management at sites, including dust, unstable structures, sharp objects, medical waste, sanitation waste, fuel leaks, asbestos risk, and unsafe spontaneous clean-up activities. 8. Coordinate with authorities, municipal stakeholders, civil protection, and water, health, and environmental authorities to refer and follow up on high-risk debris, blocked drainage, hazardous waste, contamination, or unsafe sites. 		

9. Strengthen VRC branch capacity to use basic climate information, conduct simple environmental screenings, and integrate risk reduction into recovery planning.

Enabling approaches

 National Society strengthening	Women > 18: 114	Women < 18: 38	CHF 4,112,000
	Men > 18: 111	Men < 18: 37	Total target: 300
Objective:	<p><i>Strengthen the VRC's capacity to provide timely and effective humanitarian assistance through support to the relief and logistics system, improved volunteer management and safety, pre-positioning of emergency stocks, and the use of technical expertise to strengthen operational plans. This will reinforce the VRC's position as a resilient, trustworthy, and competent humanitarian actor in Venezuela, particularly in responding to crises such as earthquakes.</i></p>		
Priority actions:	<ol style="list-style-type: none"> 1. Ensure that National Society Strengthening and National Society Preparedness for Effective Response guidelines and tools are followed. 2. Develop a communication strategy targeting local and international media, including systematic operational communication. 3. Strengthen strategic communication and visibility at the national and local levels, positioning the VRC as a leading, neutral and trusted humanitarian actor through coherent and transparent engagement with communities, authorities, and the public. 4. Promote recognition and strengthening of the auxiliary role of the National Society in emergency response and recovery efforts. 5. Rehabilitate and restore critical infrastructure affected by the earthquake, including headquarters, branches, and operational facilities, while strengthening logistical and operational capacities to sustain the scale-up of the response. 6. Strengthen financial management and internal control systems, process standardisation, risk management, and compliance with reporting requirements to ensure transparency and accountability. 7. Strengthen information management, connectivity, and digital support systems for the operation, including tools for data collection, analysis, visualisation, validation, document management, satellite connectivity, information protection, and support for evidence-based decision-making. Activities may include: <ol style="list-style-type: none"> a. Deployment of satellite connectivity solutions (Starlink and alternative systems) at operational facilities. b. Provision of ICT equipment including laptops, cell phones, tablets, radio communications, and networking equipment. 		

- c. Development of emergency information management systems for assessments, registration of the targeted population, operational reporting, and dashboarding.
 - d. Strengthening cybersecurity and information protection measures.
 - e. Establishment of digital collaboration environments supporting operational coordination among the VRC, IFRC, and Movement partners.
 - f. Capacity building for volunteers and staff in digital tools, information management, and emergency telecommunications.
8. Support resource mobilisation efforts and strategic partnerships, leveraging public trust and institutional credibility to strengthen the sustainability and operational capacity of the National Society.
 9. Procure PPE, uniforms, visibility items, and appropriate security equipment for volunteers and staff, based on operational risks and needs.
 10. Implement duty-of-care measures, including insurance coverage, volunteer rotation and access to psychosocial support and psychological first aid, to protect the safety and well-being of volunteers and staff.
 11. Prioritise psychosocial support and well-being measures for volunteers directly affected by the earthquake, based on their needs and operational capacity.
 12. Strengthen volunteer management through updating the volunteer policy, registration, deployment tracking, role clarification, briefing sessions, supervision, and operational evaluation sessions.
 13. Provide logistical support to volunteers, including transport, meals, drinking water, communication, accommodation when needed, as well as appropriate uniforms and identification.
 14. Support the coordinated management of spontaneous volunteers through registration, orientation, and supervised participation to complement trained Red Cross volunteers.
 15. Promote volunteer recognition and motivation through appropriate appreciation and engagement initiatives that acknowledge their contribution and encourage continued participation.
 16. Provide training on anti-corruption, fraud prevention, and risk management to strengthen financial management and internal control systems, process standardisation, risk management, and compliance.



Coordination and Partnerships

Women > 18: 0	Women < 18: 0	CHF 361,000
Men > 18: 0	Men < 18: 0	Total target: 0

Objective:

Strengthen coordination and collaboration among members to ensure timely and effective humanitarian response efforts in support of people affected by the earthquake, and actively engage relevant stakeholders

through humanitarian diplomacy to achieve positive outcomes for those affected.

Priority actions:

1. Membership coordination

- a. Coordinate with national authorities and stakeholders to facilitate legal arrangements for the entry and deployment of rapid-response personnel and equipment participating in the emergency operation.

2. External partner engagement and humanitarian diplomacy

- a. Support strategic coordination with external partners and donors to strengthen the emergency response operation, promote complementarity, avoid duplication of efforts, and maximise the collective impact of humanitarian assistance.
- b. Engage government agencies and national authorities proactively to promote and protect humanitarian spaces and uphold the Fundamental Principles.
- c. Provide executive coordination for disaster risk reduction with local authorities and relief organisations.
- d. Support humanitarian sectoral coordination – Infrastructure and Temporary Shelter Working Group – following the official request from UNHCR and IOM, through the deployment of a Shelter Sector Technical Coordinator and Information Management Coordinator.

3. Movement Cooperation

- a. Movement-wide coordination to support the emergency response since the onset of the earthquakes, promoting harmonised processes and reinforcing National Society leadership through a nationally led approach.



IFRC Secretariat Services

Women > 18: 0

Women < 18: 0

CHF 4,628,000

Men > 18: 0

Men < 18: 0

Total target: 0

Objective:

The IFRC Secretariat ensures high-quality support services to IFRC member National Societies in their respective countries.

Priority actions:

1. Support the scale-up of the response through the deployment of surge personnel and priority operational services, including operations coordination, liaison with government and stakeholders, health, logistics and supply chain, PMER, information management, finance, human resources, resource mobilisation, administration and welcome services, communications, CEA, CVA, security, digital support, transport, warehousing, procurement, customs and asset management, as well as other technical areas as needed, including specialised ERUs.
2. Provide technical, operational, and coordination support tailored to the needs of the VRC to ensure effective planning, implementation, monitoring, and accountability of the

operation, while ensuring compliance with IFRC policies and procedures, as well as donor requirements.

3. Work closely with the VRC to adapt the operational structure as the response evolves, strengthen institutional and operational capacities, facilitate collaboration with Participating National Societies and external partners, support resource mobilisation, and ensure that the response is accountable, technically sound, and aligned with the National Society's recovery priorities and long-term development objectives.
4. Comprehensive measures to ensure the safety and security of all RCRC personnel involved in this operation will be implemented, including but not limited to situation monitoring, timely security and safety updates, tracking of staff movements, security assessments in operational areas, and pre-deployment safety briefings on the current security environment. Contingency plans and completion of relevant IFRC e-learning courses (e.g. Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory.
5. Maintain close coordination with external humanitarian actors in the country, particularly in earthquake-affected areas, and collaborate closely with VRC branches and local administrations in the operational areas.

Logistics, procurement, and supply chain management

1. Establish and maintain an end-to-end emergency supply chain to support the VRC response, covering procurement, mobilisation, transportation, customs clearance, and warehousing of relief and operational support items.
2. Activate the Regional Logistics Unit (RLU) in Panama as the lead logistics coordination hub for the operation, managing mobilisation planning, procurement support, transport coordination, in-kind donations, and supply pipeline monitoring.
3. Mobilise emergency relief stocks from the IFRC's regional and global warehouses, including shelter, hygiene, household, health, and WASH items, based on evolving needs assessments.
4. Implement a strong airbridge operation during the initial response phase, building on the first 17 MT charter flight delivered on 25 June and subsequent humanitarian airlifts, to ensure the rapid arrival of life-saving assistance while access constraints persist.
5. Coordinate air, sea, and land transport solutions through key entry points, including Valencia Airport, Puerto Cabello Port, La Guaira Port, and the San Antonio del Táchira-Cúcuta border crossing, while continuously assessing alternative supply routes and operational access.
6. Facilitate customs clearance and importation processes through the IFRC status agreement, the VRC Law, and the Regional Humanitarian Importation and Customs Network for the Americas.
7. Establish temporary logistics hubs and warehousing solutions to support the reception, storage, and onward distribution of international humanitarian assistance.

8. Strengthen supply chain visibility through stock tracking, warehouse management, and mobilisation monitoring systems to support timely operational decision-making.
9. Utilise IFRC emergency procurement mechanisms and framework agreements to ensure quality, compliance, and value for money while meeting urgent operational requirements.
10. Coordinate the Federation-wide mobilisation table, in-kind donations, and partner contributions to ensure prioritisation, avoid duplication, and align resources with operational needs.
11. Support fleet and transport operations, including trucks, light vehicles, ambulances, and specialised equipment required for assessments, relief distributions, and service delivery in the affected areas.
12. Strengthen the VRC's logistics capacity through technical support, mentoring, and systems reinforcement, enhancing both the current response and future emergency preparedness.

Planning, Monitoring, Evaluation, and Reporting (PMER):

1. Jointly develop a monitoring plan with the VRC based on key indicators to track operational progress.
2. Conduct regular field visits to observe activity implementation and validate reported information.
3. Support the drafting of Operations Updates and the final report, ensuring quality and timely delivery.
4. Assist the VRC in planning and conducting a lessons learned workshop to identify best practices and areas for improvement.
5. Conduct a real time evaluation and a final evaluation of the emergency operation.

Risk management

Risk	Probability	Impact	Mitigation actions
Environmental contamination and health problems resulting from dust inhalation due to infrastructure collapse.	HIGH	MEDIUM	<ul style="list-style-type: none"> • Distribution of personal protective equipment (PPE) to volunteers and staff, primarily field teams.
Possible unrest or public order issues at service delivery sites.	HIGH	MEDIUM	<ul style="list-style-type: none"> • Implement a robust community engagement strategy to clearly communicate timelines and selection criteria. Coordinate with authorities and other agencies on queue management, while respecting humanitarian principles. • Ongoing security analysis by VRC, IFRC, and ICRC focal points.

<p>Absence of key policy frameworks (accountability to affected populations policies – CEA, protection against sexual exploitation and abuse – PSEA, and against sexual harassment).</p>	<p>LOW</p>	<p>MEDIUM</p>	<ul style="list-style-type: none"> • Although the National Society does not have policies against fraud, sexual exploitation and abuse (PSEA), or sexual harassment, it does have an approved Code of Conduct. • By signing the Project Agreement, the National Society formally adheres to the IFRC’s integrity policies and Code of Conduct. • Ensure that all staff and volunteers sign the VRC’s updated Code of Conduct. • Ensure that 100 per cent of operational staff complete the mandatory PGI induction before deployment. • Implement reinforced protection measures with support from the Regional PGI Officer. • Conduct periodic field monitoring visits by the IFRC Delegation to verify implemented safeguards. • Continue strengthening the consolidation of institutional policies within the framework of the unified plan led by the Delegation.
<p>Growing social tensions stemming from the country’s political situation, including dissatisfaction with the current regime and democratic processes.</p>	<p>HIGH</p>	<p>LOW</p>	<ul style="list-style-type: none"> • Monitoring of the situation and coordination with authorities and other agencies to manage situations of civil unrest. • International Movement operational communication efforts in the country.
<p>Lack of coordination among humanitarian actors or authorities.</p>	<p>LOW</p>	<p>MEDIUM</p>	<ul style="list-style-type: none"> • Continued participation in coordination platforms (EHP and Ad Hoc). • Periodic monitoring and updates within the humanitarian architecture. • Alignment with official response plans. • Technical guidance from the IFRC Secretariat.
<p>Unintended association with political actors in a highly sensitive emergency situation.</p>	<p>LOW</p>	<p>MEDIUM</p>	<ul style="list-style-type: none"> • Reinforce neutrality in all communications. • Maintain technical-level coordination. • Record all interactions with authorities. • Validate the National Society’s spaces for engagement and have a field team capable of implementing operational communication actions. • Staff and volunteer training focusing on social media discipline.
<p>Further aftershocks leading to short-notice disruptions to transport services and infrastructure damage.</p>	<p>LOW</p>	<p>HIGH</p>	<ul style="list-style-type: none"> • Contingency planning developed, disseminated, and available for teams and surge personnel, included in the Welcome Package and security briefings.
<p>Structurally safe housing/accommodation for deployed personnel.</p>	<p>MEDIUM</p>	<p>MEDIUM</p>	<ul style="list-style-type: none"> • Emergency Operations Support Hub (OSH ERU) to be established in La Guaira, where there is a deficit of seismically resistant

			accommodation and a high presence of the Red Cross.
Saturation of health systems due to crisis-related needs and hospital system collapse.	HIGH	HIGH	<ul style="list-style-type: none"> • Establish field hospitals with basic health services. • Develop key messages and communication channels to prevent injured people from arriving at points without care capacity. • Develop key messages and communication channels. • Mobilise health emergency response units (ERUs).

Quality and accountability

The operation will apply a Results-Based Management (RBM) approach, ensuring that all interventions are planned, monitored, evaluated, and adjusted based on evidence, with a strong focus on accountability to affected populations. The PMER system will support results tracking, adaptive management, and learning throughout the response and early recovery phases.

The system will be implemented by the VRC with technical support from the IFRC Secretariat and Movement partners, in line with IFRC standards and tools, ensuring consistent planning, monitoring, evaluation, reporting and learning (PMER&L).

Planning

Planning will establish the results framework for the operation, clearly defining outputs, outcomes, indicators, baselines (where required), and targets aligned with the Emergency Appeal.

Planning will be informed by:

- Initial and ongoing needs assessments.
- Context and risk analysis.
- Considerations of access, inclusion, and protection.

This process ensures that interventions are needs-based, measurable, and aligned with RBM principles, forming the foundation for subsequent monitoring and evaluation activities.

Monitoring

Monitoring will focus on the systematic and continuous tracking of implementation and results against the planned framework.

Key monitoring functions include:

- Tracking progress against indicators and targets.
- Monitoring the reach of assistance, ensuring disaggregation by sex, age, disability, and other relevant criteria.
- Identifying operational bottlenecks, access constraints, and risks of exclusion.
- Assessing the timeliness and coverage of service delivery.
- Updating information on the evolving needs of affected populations.

Monitoring will rely on multiple data sources, including operational records, digital tracking systems, field reports, and community feedback mechanisms. Its primary purpose is to inform day-to-day management decisions.

Reporting

Reporting will ensure the systematic consolidation and communication of verified information to internal and external stakeholders.

Key reporting outputs will include:

- Regular operational updates and situation reports.
- Donor reports aligned with the Emergency Appeal requirements.
- Indicator tracking against the results framework.

Reporting will be based on validated monitoring and evaluation data and will support transparency, compliance, and decision-making.

Evaluation

Evaluation will provide structured and periodic assessments of the relevance, effectiveness, and quality of the response, distinct from routine monitoring.

This will include:

- Rapid and sectoral assessments to refine understanding of needs.
- Baseline data collection, where required, for recovery interventions.
- Post-distribution monitoring (PDM) to assess the use, satisfaction, and outcomes of assistance.
- A final evaluation to analyse overall results, document lessons learned, and provide recommendations.

Evaluation processes will involve affected communities, volunteers, and stakeholders to ensure credibility, participation, and the use of findings.

Learning

Learning will focus on the structured use of evidence from monitoring and evaluation to improve the operation.

This will be achieved through:

- Periodic review sessions.
- Documentation of good practices, challenges, and innovations.
- Lessons learned workshop.

Learning mechanisms will ensure that the operation remains adaptive and responsive to contextual changes and will aim to strengthen the institutional capacity of the VRC.

SECTOR	INDICATOR	TARGET
Shelter, Housing, and Settlements	Number of families reached with shelter supplies	20,000
	Number of shelter assessments conducted	1
	Number of infrastructure facilities supported for light or medium repairs or construction	5,000
	Number of conditional cash transfers for household housing restoration	5,000
	Number of emergency shelters strengthened	6
	Number of field hospitals supported	1
Multipurpose Cash Transfers	Number of families receiving multipurpose cash transfers	10,000
	Number of volunteers trained in cash	100
	Percentage of people participating in post-distribution interviews	15%

	Number of MPCT activation protocols	1
Health	Number of people receiving psychosocial care services	40,000
	Number of people reached with key community health messages delivered by volunteers	300,000
	Number of people reached with pre-hospital health services	25,000
	Number of people receiving emergency health services	50,000
	Number of field hospitals installed	1
	Number of volunteers trained in MHPSS	150
	Number of volunteers receiving personal protective equipment to provide emergency health services	300
Water, Hygiene, and Sanitation	Number of water treatment plants installed	1
	Number of litres of safe water distributed	1,500,000
	Number of families receiving WASH kits	150,000
	Number of hygiene and sanitation promotion campaigns in emergencies	1
Protection, Gender, and Inclusion	Number of RFL points installed	2
	Number of people receiving RFL services	15,000
	Number of awareness campaigns on protection, gender, and inclusion in emergencies	1
	Number of volunteers and staff trained in PGI	300
Community Engagement and Accountability	Number of community engagement and accountability mechanisms developed	1
	Number of people reached with timely information on services, safety, assistance criteria, and feedback mechanisms	15,000
	Number of volunteers trained in CEA	300
Risk Reduction, Climate Adaptation and Recovery	Number of volunteers and personnel reached with timely information on safe debris and environmental risk management	300
National Society Strengthening	Number of National Society communication strategies developed	1
	Number of National Society facilities rehabilitated/reconstructed	1
	Number of digital transformation strategies implemented	1
	Number of monitoring visits conducted by the National Society	80
	Number of National Society volunteers receiving shelter supplies	300
Secretariat Services	Number of monitoring visits conducted by the IFRC	50
	Number of SURGE personnel deployed to support the response	20

	Number of vehicles acquired by the IFRC	3
	Number of ERU Response Units deployed	1

FUNDING REQUIREMENT

Breakdown of the IFRC Secretariat funding requirement



OPERATIONAL STRATEGY

MDRVE015 - Venezuela - Earthquake

FUNDING REQUIREMENTS

Planned operations	41,079,000
Shelter and basic household items	16,276,000
Livelihoods	0
Multipurpose cash assistance	13,126,000
Health	4,469,000
Water, sanitation, and hygiene	5,892,000
Protection, gender, and inclusion	248,000
Education	0
Migration	0
Risk reduction, climate adaptation and recovery	586,000
Community engagement and accountability	302,000
Environmental sustainability	0
Enabling approaches	9,101,000
Coordination and partnerships	361,000
Secretariat services	4,628,000
National Society strengthening	4,112,000

**TOTAL FUNDING
REQUIREMENTS**

50,000,000

all amounts in Swiss francs (CHF)

Contact information

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

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For In-Kind donations and Mobilisation table support:

- **Head of SCM Americas:** Stephany Murillo, stephany.murillo@ifrc.org

Reference

Click here for:

- [Link to IFRC Emergency landing page](#)
- [Previous appeals and updates](#)