OPERATION UPDATE

Venezuela | Earthquakes

Emergency appeal №: MDRVE015 **Emergency appeal launched:** 26/06/2026 **Operational Strategy published:** 06/07/2026	**Glide №:** EQ-2026-000093-VEN
Operation update #1 **Date of issue:** 22/07/2026	**Timeframe covered by this update:** From 24/06/2026 to 20/07/2026
Operation timeframe: 24 months (24/06/2026 - 30/06/2028)	**Number of people being assisted:** 300,000
Funding requirements: CHF 50 million through the IFRC Emergency Appeal CHF 55 million Federation-wide	**DREF amount initially allocated:** CHF 2 million

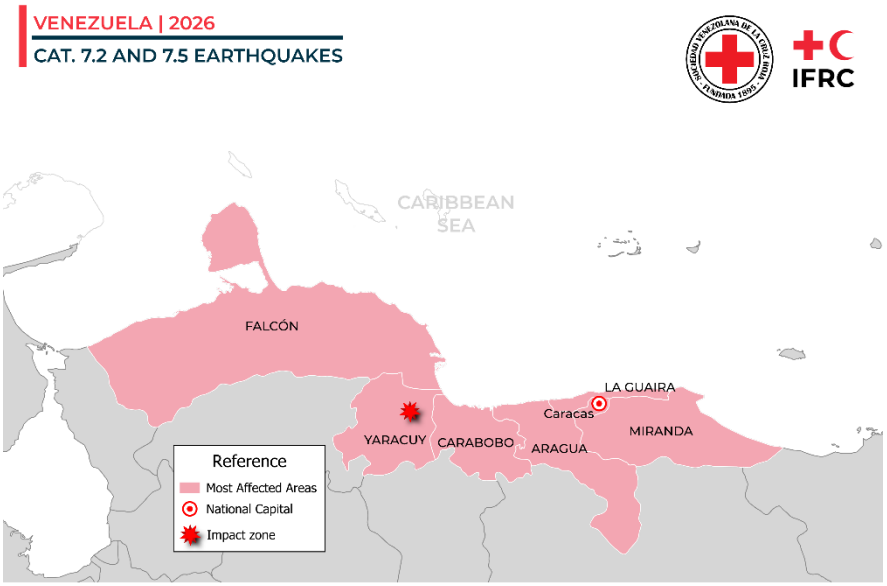
To date, this Emergency Appeal, which seeks CHF 50,000,000, is 25.1 per cent funded. Further funding contributions are needed to support the Venezuelan Red Cross in addressing the immediate, short- and medium-term needs of Venezuelans affected by the earthquake.

Figure 1. Operations by the Venezuelan Red Cross in La Guaira, Venezuela, on 26 June 2026. (Source: Venezuelan Red Cross).

A. SITUATION ANALYSIS

Description of the crisis

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 1,000 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.



The Government of Venezuela declared a National State of Emergency the same day and designated La Guaira, where the greatest concentration of damaged infrastructure and rescue operations was concentrated, as a disaster zone. 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.

The event occurred during the San Juan festivities, a national celebration that attracts large numbers of people to coastal areas; and as many workplaces were closed, this also led to families having many or all members present inside their home when the earthquakes happened. In La Guaira, a popular destination to spend this festivity, this resulted in higher population concentrations in public spaces and along the coastline at the time of the event, increasing the number of people potentially exposed to the impacts of the earthquakes.

Buildings affected	Buildings collapsed	Deaths	Injured	Homeless people	Rescued
856	190	4,829	16,740	17,907	6,462

As of 15 July, 4,829 people were reported dead, 16,740 injured and approximately 17,907 had lost their homes due to severe damage to housing[1]. It is expected for these figures to continue to rise in coming days as the Search and Rescue phase focused on extraction of survivors moves towards a focus on recovery, identification and return to family members of bodies retrieved from collapsed structures. Response teams from over 29 countries 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)[2]. International search and rescue deployments are progressively concluding, with several Movement teams having completed their missions. A response focused on search, recovery, debris-removal, shelter provision

[1] Earthquakes in Venezuela: Situation Report #22 (15 July 2026, Time: 09:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb
[2] https://news.un.org/en/story/2026/06/1167825

and efforts to bridge emergency relief to recovery and reconstruction efforts continues under national leadership, with a broad range of bilateral and multilateral support focused on humanitarian assistance, restoration of essential services and recovery.

According to OCHA, 2,501 infrastructure assets had sustained some degree of damage, with 856 affected buildings, including 190 that have collapsed.[3] A comprehensive technical evaluation of structures is underway by respective authorities to identify homes that can be repaired and those that are too dangerous to return to. Evaluation of safe areas to build permanent housing for those affected is also taking place. Damage to residences, commercial buildings and critical infrastructure also disrupted the functioning of electricity, water-supply, telecommunications and transport systems, as well as public transportation and airport operations. Damaged roads and bridges have also restricted access and affected movement to and within some affected areas. The healthcare capacity has been particularly affected, with limited supply of water systems. More than 400 schools were also reported as affected, while some have been repurposed as temporary shelters until the academic cycle resumes after the summer. Damage to water systems has further affected the availability of basic services.

Moreover, it is important to note that the main affected area, La Guaira, fulfils multiple critical functions for the country. Its proximity to the Capital, Caracas, the presence of the country's main international airport (Maiquetía) and one of its major ports, makes it a strategic transportation, logistics, trade, tourism, fishing and service hub. Consequently, the incident impacted not only local communities and visitors present, but also essential infrastructure and activities that facilitate connectivity and the supply of goods to the capital and other regions of the country. This increases the number of people and logistical capacity affected.

The physical impacts on affected people remain significant, with thousands of injured, many requiring continued medical care, rehabilitation or referral services, and with families displaced after the destruction or severe damage of their homes. Beyond these physical impacts, the earthquakes have also had significant effects on the mental health and psychosocial well-being of affected people. Many families have experienced loss and grief, injury, displacement, separation from relatives and loss of homes, livelihoods and community support networks. The magnitude of the tragedy on human terms, continued aftershocks, uncertainty regarding housing and recovery, and exposure to damaged environments and recovery operations has contributed to heightened levels of stress, anxiety and sadness among the affected populations.

Notably, La Guaira's geographical location is prone to various types of emergencies. In December 1999, torrential rainfall triggered catastrophic landslides, flash floods and debris flows across the then State of Vargas—now La Guaira—causing widespread destruction and displacement. The exact death toll remains uncertain; however, the United States Geological Survey estimated that between 15,000 and 30,000 people were killed. The current earthquake has therefore affected communities with lived and intergenerational memories of one of Venezuela's most severe disasters.

Summary of response

Overview of the host National Society and ongoing response

The Venezuelan Red Cross (VRC) maintains its presence across the whole of the country's territory with 41 branches and 42 local units. They have been responding to the emergency since the onset of the earthquakes in its auxiliary role to the public authorities and in close coordination with national and local disaster management structures. VRC operates through its 3,899 staff and volunteers, including the 388 staff and volunteers mobilised in the directly

[3] Earthquakes in Venezuela: Situation Report #22 (15 July 2026, Time: 09:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb

affected areas. Notably, the VRC received 20,000 applications for new volunteers immediately following the earthquakes.

As of 17 July, a total of 1,176 families (4,704 people) has been reached with distributions of essential household items (kitchen sets, blankets, sleeping kits), and relief items for health and hygiene promotion (cleaning kits, hygiene kits, jerrycans, buckets, water treatment tablets, mosquito nets, and water filters).

The VRC's response is coordinated with the Government-led emergency structure and relevant public institutions. National response arrangements have included Civil Protection and national and international Search and Rescue teams, activation of the public and private health network, establishment of temporary accommodation sites, delivery of essential supplies, and mechanisms for reporting missing people and housing damage. Within these arrangements, the VRC has coordinated directly with authorities on field operations, health services, temporary accommodation, affected water systems and access to communities, while maintaining its distinct humanitarian role and operational responsibilities.

Figure 2. Primary healthcare services in the Venezuelan Red Cross field hospital in La Guaira, on 29 June. Photo by Venezuelan Red Cross.

To respond to the needs of the population after the earthquakes, the National Society established a field clinic and first aid posts, strengthened referral pathways and epidemiological surveillance, and expanded water, sanitation and hygiene services through the deployment of water treatment systems and sanitation facilities at operational sites and shelters. The VRC has managed over 2,700 restoring family links (RFL) and tracing requests and is operating connectivity services for families searching for missing relatives, expanding mental health and psychosocial support activities. Additionally, they are monitoring 107 accommodation centres across five states to inform response planning and assistance delivery.

In coordination with national authorities, and with the support of the IFRC, ICRC and other National Societies, the VRC continues to serve affected communities through physical, mental health and health services, protection activities, shelter monitoring, humanitarian assistance and recovery planning. As the response is now transitioning towards humanitarian assistance, restoration of essential services and recovery and reconstruction, VRC will continue to address urgent needs related to health, mental health and psychosocial support, shelter, WASH and protection.

Membership coordination has focused on aligning bilateral, multilateral, technical, financial and in-kind support with the priorities identified by the Venezuelan Red Cross. Coordination with authorities and other actors has also supported visa processing, humanitarian access, and the entry and deployment of rapid-response personnel, ERUs, specialized equipment and relief supplies.

The VRC and IFRC have engaged national authorities, UN agencies, humanitarian partners, donors and diplomatic representatives to share operational priorities, identify gaps, mobilize support and align interventions. This has included participation in OCHA-led and sectoral coordination mechanisms, and engagement with government institutions on humanitarian access, health services, temporary accommodation, water systems and recovery planning.

These efforts have supported complementarity while reinforcing the National Society's auxiliary role and principled humanitarian action.

Movement-wide coordination has supported a nationally led response under VRC leadership. A Joint Statement signed on 10 July under the Sevilla Agreement 2.0 clarified the roles of the VRC as convener, IFRC as co-convener and ICRC in accordance with its mandate. Movement partners have coordinated personnel, ERUs, technical expertise, relief supplies, funding and joint sectoral actions, while the contribution-tracking mechanism has supported alignment with National Society priorities and reduced duplication. More information in detail can be found under the Coordination and Partnership section.

Needs analysis

The humanitarian situation remains severe, with an estimated 9.73 million people affected, including approximately 530,000 exposed to extreme earthquake intensity. Analysis conducted by the Venezuelan Red Cross estimates that approximately 331,068 people in La Guaira are in need of assistance from at least one humanitarian sector[4]. Three parishes—Catia La Mar, Caraballeda and Carayaca—were classified as having catastrophic levels of severity, while five additional parishes were classified as extreme. The following analysis takes into account primary and secondary data collection.

The Venezuelan Red Cross has conducted a sectoral analysis covering health and care, MHPSS, WASH, shelter, PGI, CEA and volunteering to further define needs, gaps and response priorities. The analysis was developed through a collaborative process involving technical specialists from the Venezuelan Red Cross, IFRC and German Red Cross. Sector focal points consolidated information from operational activities, rapid and sector-specific assessments, field observations and programme monitoring data, using a common analysis template to identify key needs, vulnerabilities, response gaps and priority actions. The analysis was further complemented by secondary data review, including official information, humanitarian reports and other relevant assessments, to support a comprehensive understanding of the evolving humanitarian situation.

On 14 July, four VRC and IFRC teams visited prioritized temporary accommodation sites in La Guaira and the Capital District to review response progress and site conditions and help identify locations where distributions could be considered. The teams engaged with affected people, local authorities and other stakeholders and reviewed a broad range of areas relevant to operational planning, including shelter conditions, essential household items, hygiene, safe water access and storage, existing capacities and access to services. The visits also highlighted differences between sites and population groups. In addition, on 16 July, the IFRC PGI focal point conducted a rapid multisectoral assessment in Las Caracas and Escuela Crimeles.

Secondary data review includes information from relevant humanitarian actors on site such as IOM, PAHO, Save the Children and OCHA. It also includes perception-based assessments, such as the GeoPoll rapid needs assessment[5] conducted through WhatsApp with 846 affected households, which has provided additional insights into priority needs, access to information and perceptions of the evolving humanitarian situation.

The sections below provide a sector-by-sector analysis of the main needs, vulnerabilities and identified gaps.

Health and care, **including MHPSS.** The Venezuelan Red Cross estimates that approximately 247,563 people in La Guaira may require some kind of health-related assistance as a result of the earthquake and its consequences, reflecting the scale of disruption to health services and humanitarian conditions across affected communities. Damage to health infrastructure and the displacement of health personnel have reduced service availability in

[4] This number is the People in Need (PIN) calculated by the Venezuelan Red Cross using the Mosaico methodology.
[5] Venezuela Earthquake: Dispatches from Inside the Disaster Zone #2 - GeoPoll

affected areas. The VRC sectoral analysis reports three hospitals were evacuated, 24 temporarily were affected, 20 with minor damage and approximately 50 health centres operating partially. Identified needs include follow-up trauma care and rehabilitation, continuity of medicines and consultations for people with chronic conditions, maternal and emergency obstetric care, epidemiological surveillance, infection prevention, nutrition screening and support for people with disabilities, older people, families with small children and those with reduced mobility. Operational gaps include shortages of qualified personnel, medical supplies, medicines, vehicles, fuel and ambulances; restrictions in referral routes; limited specialized mental-health capacity; and weaknesses in epidemiological and pre-hospital information systems. Additional needs include community-based health promotion and disease-prevention activities, particularly in areas affected by displacement and disruptions to basic services. These include health education, vaccination support, disease-prevention messaging and community surveillance activities linked to evolving public health risks.

Moreover, the VRC and IFRC temporary accommodation visits identified additional needs related to the continuity of treatment for people living with chronic diseases and potential barriers to regular access to medicines and health services in temporary accommodations. Some sites also reported the need to strengthen basic first-aid capacities. The assessments further identified psychosocial support needs, vector-related health concerns, and the importance of follow-up for pregnant women and people with specific health requirements.

In mental health and psychosocial support (MHPSS), the VRC preliminary analysis estimates that approximately 28,690 people may require support. MHPSS volunteers and staff of the Venezuelan Red Cross have reported significant psychosocial distress among people reached through field clinics, temporary accommodation sites, mobile outreach and rescue-related activities. Analysis of MHPSS service records have identified frequent presentations of acute stress, anxiety, fear, sleep disturbance, crying, irritability, avoidance, somatic complaints and grief. These reactions occur in the context of bereavement, injury, repeated aftershocks, displacement, uncertainty regarding missing relatives and the loss of homes, livelihoods and community support networks.

These findings are consistent with observations reported by other humanitarian actors. On 9 July, Save the Children reported that affected children were experiencing heightened reactions to noise, sleep disturbances, anxiety, irritability, aggression, anger and fear about the future. The assessment also noted that older children who had protected or rescued younger family members during the earthquake continued to experience anxiety. These findings reinforce the need for sustained mental health and psychosocial support services for children, adolescents and caregivers affected by the earthquake.[6]

Furthermore, VRC volunteers and staff, and other frontline workers including search and rescue personnel and health workers, are experiencing emotional strain. This is linked to prolonged shifts, repeated contact with distressed families and exposure to highly distressing situations, including serious injuries, deaths and the recovery of human remains. Teams on the ground have reported reactions such as sadness, anxiety, crying, sleep difficulties and avoidance.

Shelter, housing and displacement. Official national reports have identified 107 transitional camps accommodating approximately 21,210 people[7] [8]. IOM reporting indicates that displaced households have been staying in collective centres, including schools and sports facilities, as well as spontaneous settlements.[9] WFP teams also found affected people outside formal shelters in hillside communities, informal settlements and mountainous areas around La Guaira. Some had fled with few or no possessions and had not previously been reached by the broader response[10].

[6] https://www.savethechildren.net/news/theyre-flinching-slightest-noise-childrens-mental-wellbeing-stake-two-weeks-devastating
[7] OCHA Situation Report No. 16 (issued 9 July 2026 at 21:00)
[8] Sectoral Vice Presidency of Social and Territorial Socialism of Venezuela
[9] Venezuela-Earthquake-Response-Sit-Rep-12-13-14-Jul-2026-EN.pdf
[10] https://www.wfp.org/stories/venezuela-earthquakes-food-brings-hope-families-crisis

The VRC monitors 107 accommodation centres across five states, including official camps, spontaneous shelters, host households and civil-society-managed sites. The sectoral analysis conducted by VRC identified overcrowding, insufficient registration and site organization, limited lighting and access control, accumulated waste, vector risks and loss of essential household items. Some families lack cooking equipment, blankets and other basic household items needed to reduce dependence on communal services. Sanitation facilities in assessed accommodation sites are not consistently separated by sex, sometimes lack internal locks and can be located in poorly lit areas. The changing number and location of displaced people, including movement towards reception states and host-family arrangements, also complicates planning and requires continued monitoring and reconciliation of accommodation data.

Findings from the VRC and IFRC temporary accommodation visits highlighted important differences in infrastructure conditions, availability of showers, living space and accommodation capacity. The prolonged stay of families in collective accommodation is creating additional needs for household items and support to maintain adequate living conditions, requiring continued monitoring of occupancy levels and site conditions.

Furthermore, during the week of 11-18 July, humanitarian partners through the Inter-Cluster Coordination Group led by OCHA, conducted a joint multisectoral assessment of temporary camps in coordination with national authorities. The assessment provided a consolidated overview of current conditions, priority needs, and service gaps across the sites established for the affected population.

Water, sanitation and hygiene. Preliminary WASH analyses indicate that needs remain widespread across all nine affected parishes of La Guaira. VRC identified WASH as the sector with the highest level of need, affecting an estimated 331,068 people, reflecting the extensive disruption of water systems across the state. Damage has affected public water infrastructure, including aqueducts, water-intake systems, pumping systems and internal networks serving schools, health facilities and shelters. Water provision in some areas depends on bottled water and tanker trucks, while the quality of tanker-supplied water is not always known. Although this is not part of the Red Cross response at the moment, it was observed by the RCRC teams during field visits. This analysis also identifies the need for household water-treatment items and safe water-storage capacity. Sanitation coverage is low or absent in some sites, maintenance of existing facilities is limited, and accessible facilities and facilities separated by sex are required to improve privacy and dignity. Gaps also include showers, handwashing stations, laundry areas, menstrual-hygiene spaces, personal and family hygiene items, waste management and vector-control measures. Precise technical information on damaged water infrastructure remains incomplete, and changes in shelter populations complicate the design of sustainable interventions.

The VRC and IFRC temporary accommodation visits conducted also identified needs related to household water containers and larger-capacity water-storage systems in collective accommodation sites, further strengthening the need to address this area of work. Across several locations, affected people reported continued needs for personal and family hygiene items, cleaning materials for communal areas and support for safe water storage and treatment. The assessments also highlighted the need for further analysis of sanitation conditions in some sites and strengthening of safe water-management practices.

More specifically, women and girls are facing additional challenges in managing menstruation with dignity and privacy, with Save the Children reporting that they are managing menstruation without adequate privacy, clean water or sanitary products. Damage to water pipelines and waste-management systems was also reported.[11]

Protection, Gender and Inclusion, including RFL. The Protection Cluster reported that the destruction of homes, displacement and the weakening of family, community and institutional support networks were increasing exposure to protection risks while reducing people's ability to cope. Affected people were staying in both government-managed

[11] Families displaced by Venezuela earthquakes at risk of infection amid water and sanitation shortages | Save the Children International

accommodation and informal sites, where inadequate privacy and security were identified as concerns.[12] Protection concerns are concentrated on temporary accommodation sites and displacement routes. Identified risks include inadequate lighting, uncontrolled access, insufficient or unsafe sanitation facilities, limited privacy, mixed accommodation arrangements, separated or unsupervised children, family separation and barriers to accessing health, protection and justice services. The sectoral analysis also identified risks of trafficking, exploitation and abuse of children, gender-based violence, sexual exploitation and abuse, and reduced access to sexual and reproductive health services. Institutional protection and referral services are reported as overstretched, while specialised post-GBV care and internal formal complaints and safeguarding mechanisms require strengthening. Families also need connectivity and Restoring Family Links services to maintain or re-establish contact. Staff and volunteers require training in PGI, gender-based violence, safeguarding and prevention of sexual exploitation and abuse, together with clear, confidential and consent-based referral pathways and case follow-up arrangements.

The VRC and IFRC temporary accommodation visits identified groups with specific needs, including pregnant women, children and persons with disabilities or other specific vulnerabilities. The concentration of displaced people in collective accommodation settings highlights the need to strengthen identification of differentiated needs and ensure privacy, dignity, accessibility and equitable access to assistance and services.

Moreover, the rapid multisectoral assessment conducted by IFRC PGI focal point in Las Caracas and Escuela Crimeles identified additional PGI-related concerns and operational priorities in temporary accommodation settings. In Las Caracas, where 997 people were registered, key measures already in place included regulated family visits in a designated common area, restricted access to residential cabins and preventive security presence. However, the assessment recommended developing a formal protection protocol adapted to the site, with the administration expressing openness to coordination once formal contact is established with the VRC. In Escuela Crimeles, hosting 480 people, the administration identified training on gender-based violence prevention and child protection as highly relevant, although timing will need to be adapted to avoid disrupting critical shelter-management tasks.

Community Engagement and Accountability. Affected people require timely, consistent information on available services, safety measures, assistance criteria and feedback channels. There is a need for safe and confidential mechanisms through which communities can raise questions, complaints and safeguard concerns. Community feedback also needs to be systematically collected, analysed and used to adjust services and distributions. Standardized messages and coordination across health, WASH, PGI, shelter and distribution teams are required to reduce inconsistent information, rumours, exclusion and false expectations. CEA capacity within the National Society also requires strengthening through practical training and orientation for staff and volunteers and the incorporation of community participation into assessment, planning, distribution and monitoring processes.

The VRC and IFRC temporary accommodation visits highlighted the need to strengthen direct consultation with affected people and establish accessible information and feedback mechanisms. They also identified the importance of maintaining updated population registries and continuously tracking changes in camp occupancy in order to adapt assistance planning and clearly communicate eligibility criteria, assistance modalities and available services.

Furthermore, recent perception data collected through a GeoPoll rapid needs assessment[13] found that 58 per cent of respondents reported that the information they most needed but could not access was related to aftershock and safety updates. The assessment also found that nearly four out of five respondents relied on social media or WhatsApp as their primary source of earthquake-related information. These findings reinforce the importance of providing timely, consistent and accessible information through trusted communication channels and establishing mechanisms to address information gaps and community concerns.

[12] https://globalprotectioncluster.org/publications/2493/reports/report/venezuela-protection-situation-update-3-earthquake-response

[13] Venezuela Earthquake: Dispathes from Inside the Disaster Zone #2 - GeoPoll

Livelihoods and basic needs. WFP reported that the loss of homes and livelihoods, together with disruption to supply chains, was expected to worsen hunger and access to essential services. In La Guaira, homes, markets and household food supplies had been heavily affected, leaving some families with little or nothing to eat.[14] VRC analysis estimates that approximately 144,721 working-age adults could require livelihoods support across the affected parishes of La Guaira. This reinforces findings from rapid assessments indicating that many households have not yet resumed their normal income-generating activities and continue facing difficulties meeting essential needs. These rapid needs assessments also revealed significant impacts on household livelihoods. Most people consulted reported that they had not yet resumed their normal economic activities or recovered their regular sources of income. This has reduced household capacity to independently meet basic needs and is affecting the ability to cover expenditures related to food, transport, medicines, hygiene items and other essential goods. These findings support the continued analysis of market-based assistance options, including multipurpose cash assistance.

Food security and nutrition. Food access remains an urgent concern. WFP reported on 16 July that homes, markets and food stocks had been damaged and that loss of livelihoods and disruption to supply chains were expected to worsen hunger. Some families in affected areas had little or no food remaining.[15] While food distributions are available in several temporary accommodation sites, rapid assessments identified concerns regarding specific nutritional requirements, particularly among children. Additional analysis is required to better understand the adequacy, diversity and nutritional quality of available food assistance and identify any remaining gaps.

GeoPoll findings indicate that 51 per cent of households in the most affected areas reported limited or no access to food, while 41 per cent reported limited or no access to drinking water. Food was identified as the most frequently reported need in respondents' open-ended responses.

Operational risk assessment

The IFRC is taking a proactive approach to risk management, implementing an optimal set of controls to maximise the effectiveness and efficiency of the operation. The overall risk management structure and plan (in line with the IFRC Risk Management Policy and Framework) include:

- The risk management and risk reporting procedure for the Emergency Appeal (EA)
- How to guide – risk management cycle in detail
- Roles and responsibilities in managing risk

The IFRC Venezuela Delegation and operational teams are responsible for identifying, managing, monitoring, and reporting risks inherent to the operational environment. This is facilitated by the Head of Operations, Operations Managers and members of the operations team. Risks are captured in the risk register, reviewed, and reported on, following an established process flow. Each month, the regional risk coordinator will review the risk register and prepare a consolidated summary of relevant IFRC actors and partners. A Surge Risk Management coordinator is also considered for further strengthening of this area of the operation.

Risk	Probability	Impact	Mitigation actions
Environmental contamination and health problems resulting from dust inhalation/asbestos due to infrastructure collapse.	HIGH	MEDIUM	Distribution of PPE to volunteers and staff, primarily field teams. Information provided during Security briefing sessions. A guidance note on Environmental issues was developed and shared by the Global Shelter, Land and Site Coordination Cluster with the Operation's team.

[14] https://www.wfp.org/stories/venezuela-earthquakes-food-brings-hope-families-crisis
[15] https://www.wfp.org/stories/venezuela-earthquakes-food-brings-hope-families-crisis

Risk	Probability	Impact	Mitigation actions
Possible unrest or public order issues at service delivery sites.	HIGH	MEDIUM	Implement a robust community engagement strategy to clearly communicate timelines and selection criteria. Maintain sustained coordination with the Venezuelan authorities. Undertake mapping and dialogue with other agencies on queue management. Ensure ongoing security analysis by VRC, IFRC and ICRC focal points. Monitor tensions associated with debris removal, access to collapsed structures and the recovery of human remains. Maintain community feedback and information channels in areas where families continue to seek missing relatives.
Safeguarding and protection risks, including PSEA and risks affecting vulnerable populations in temporary shelters.	LOW	MEDIUM	Ensure all staff and volunteers sign the Code of Conduct, complete PGI and safeguarding inductions, and are familiar with reporting mechanisms. Implement reinforced protection measures, maintain safe referral pathways including to respective protection authorities, and confidential feedback mechanisms, and designate appropriate PGI/PSEA focal points.
Growing social tensions stemming from the country's political situation.	HIGH	LOW	Monitoring of the situation and coordination with Venezuelan authorities and relevant agencies to manage situations of civil unrest. Movement's operational communication efforts in the country.
Increased coordination needs among sudden rise in number of humanitarian actors.	LOW	MEDIUM	Continued bilateral and multilateral coordination, with authorities and principled humanitarian actors in alignment with response plans, technical guidance from the IFRC Secretariat, application of the Seville Agreement 2.0 and joint coordination mechanisms with Movement partners.
Unintended association with political actors in a highly sensitive emergency situation.	LOW	MEDIUM	Reinforce neutrality and alignment with humanitarian principles in all communications. Maintain coordination at strategic and technical level. Reinforce staff and volunteer training on auxiliary role, principles, social media discipline and operational communication.
Further aftershocks leading to short-notice disruptions to transport services and infrastructure damage.	LOW	HIGH	Developed contingency planning disseminated and included in welcome packages and security briefings.
Structurally safe housing and accommodation for deployed personnel.	MEDIUM	MEDIUM	Establish an OSH ERU in La Guaira, conduct structural safety assessments of accommodation options and identify safe operational and accommodation hubs for personnel.
Saturation of health systems due to crisis-related needs and hospital system collapse.	HIGH	HIGH	Establish field hospitals with basic health services, develop key communication messages and mobilize health Emergency Response Units (ERUs).
Perception of delayed delivery of	HIGH	MEDIUM	Info as aid to communicate on what is done in which phase of the response and why. Implement CEA activities to manage

Risk	Probability	Impact	Mitigation actions
humanitarian assistance resulting in reputational damage and reduced community acceptance.			expectations, maintain transparent communication with affected communities and prioritize rapid deployment of critical relief supplies.
Duty of care failure, volunteer attrition and leadership disruption.	HIGH	HIGH	Implement duty of care measures, including PPE, volunteer rotation schedules, psychological first aid and psychosocial support. Pair surge personnel with VRC counterparts to support leadership continuity and operational handover.
Uncoordinated media engagement and misinformation.	MEDIUM	MEDIUM	Centralize spokesperson functions, use standardized key messages and coordinate approach with Management and Humanitarian Diplomacy adviser. Provide regular communications updates and restrict media engagement to authorized and trained personnel.
Congestion caused by spontaneous aid and convergence of actors.	MEDIUM	MEDIUM	Deploy field coordination capacity, support sectorization and access management, promote self-sufficiency among incoming teams and use CEA approaches to channel spontaneous assistance.
Fraud, corruption, diversion of assistance and emergency procurement risks.	MEDIUM	HIGH	Strengthen financial controls and internal control systems, apply segregation of duties, conduct random verification of distributions and procurement processes, maintain procurement traceability and strengthen reporting and audit mechanisms.
Fiduciary risks related to cash transfers, supplier payments and financial management.	MEDIUM	HIGH	Conduct due diligence on suppliers and financial service providers, reinforce financial reconciliations and implement ongoing financial monitoring and compliance reviews.
Conflict of interest in emergency procurement and contracting processes.	MEDIUM	MEDIUM	Apply mandatory conflict of interest declarations, maintain full documentary traceability and ensure exceptional procurement procedures are appropriately authorised and documented.
Personal data protection risk related to beneficiary registration and RFL activities.	MEDIUM	MEDIUM	Apply IFRC data protection standards, restrict access to sensitive information and use secure systems for the management and sharing of personal data.
Accountability to affected populations (AAP/CEA) risks resulting from inadequate information, feedback or complaints mechanisms.	MEDIUM	MEDIUM	Establish community feedback and complaints mechanisms, integrate CEA across all sectors and systematically monitor and respond to rumours, complaints and community concerns.

B. OPERATIONAL STRATEGY

Update on the strategy

Since publication of the Operational Strategy, the overall objectives, target population and geographic focus remain unchanged. The strategy has, however, been refined to strengthen the recovery lens across the operation, including greater emphasis on restoring safe housing and essential services, supporting livelihoods and self-sufficiency, reducing future risks, and further reinforcing the VRC's institutional, operational and preparedness capacities.

The indicators included below have been reviewed and updated for each strategic sector of intervention to better reflect the key interventions and progress achieved.

- **PGI:** Indicators have been adjusted to better represent the services delivered by the protection team, measuring the number of Restoring Family Links services provided to people affected by the earthquake rather than the number of individual people reached.
- **CEA:** Indicators now provide a more comprehensive view of community engagement and accountability by including CEA training for staff as well as volunteers.
- **Health and MHPSS:** Training indicators have been broadened from "volunteers trained in MHPSS" to "volunteers and staff trained in MHPSS", with the target revised from 150 to 300 to reinforce sustainable MHPSS capacity within the National Society. The indicator "Number of people receiving psychosocial care services" has also been revised to "Number of people receiving MHPSS services" to better reflect the full range of psychosocial support and psychological interventions delivered through the operation. In addition, the indicator "Number of people reached with key community health messages delivered by volunteers" has been broadened to include MHPSS messages, recognizing the integration of mental health and psychosocial support communication into community outreach.
- **Multipurpose cash:** The indicator "Number of volunteers trained in cash" has been revised to "Number of volunteers trained in cash and voucher assistance" to better reflect the scope of planned CVA capacity strengthening. The indicator "Percentage of people participating in post-distribution interviews" has been revised to "Percentage of people participating in post-distribution monitoring interviews" to clarify the monitoring purpose of these interviews. The indicator or "Number of MPCT activation protocols" has been removed, as it is not relevant to this response.

These indicators will be further revised with the National Society for the Operational Update 2 to ensure they reflect the changing reality of the earthquake's response. Furthermore, the response environment has continued to expand, with additional humanitarian actors operating in affected areas and increased interest from Participating National Societies in providing technical, operational, in-kind and financial support. This requires continued coordination, contribution tracking and alignment with priorities identified by the VRC through the Federation-wide approach.

DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18: 30,401	Female < 18: 10,079
		Male > 18: 29,679	Male < 18: 9,841

Objective:	*Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of families reached with shelter supplies	581	20,000
	Number of shelter assessments conducted	0	1
	Number of infrastructure facilities supported for light or medium repairs or construction	0	5,000
	Number of conditional cash transfers for household housing restoration	0	5,000
	Number of emergency shelters strengthened	0	6
	Number of field hospitals supported	1	1

The Venezuelan Red Cross and IFRC teams continue monitoring and assessing temporary accommodation sites to identify shelter needs.

Coordination and technical engagement have continued to expand as the response transitions towards recovery and more structured shelter interventions. The Shelter and Infrastructure Working Group is working closely with government counterparts, UN agencies and humanitarian partners to strengthen coordination, inform response planning and support evidence-based decision-making across temporary accommodation and housing recovery efforts.

- **IOM, UNHCR and IFRC** are collaborating closely with one another to help coordinate the Shelter and Infrastructure Working Group. The formal activation of the Shelter, Land and Site Management (SLSM) Cluster is expected in the coming days to strengthen coordination and support the scale-up of the humanitarian response. IFRC has the opportunity to co-lead the new cluster together with IOM. This proposal is currently under review.
- **Inter-Cluster Coordination Group (ICCG) / OCHA:** A joint multisectoral assessment of temporary camps is underway in coordination with national authorities. The assessment will provide a consolidated overview of current conditions, priority needs and service gaps across affected sites, supporting evidence-based response planning.
- **Vice Presidency for Social and Territorial Development:** Preliminary findings and recommendations from the joint multisectoral assessment were presented on 16 July to support the identification of response priorities and alignment of institutional capacities with identified needs.

- **Presidential Commission on Dignified Shelters (COPREDIG):** The Shelter and Infrastructure Working Group is working closely with the Vice Presidency and COPREDIG to support the management of temporary camps, provide technical recommendations and facilitate humanitarian interventions addressing both immediate response needs and medium-term recovery.
- **Ministry of Public Works and Ministry of Housing:** A technical working group is expected to be established next week to develop standardized housing damage assessment tools. This initiative will support damage assessments and inform the planning and implementation of housing reconstruction efforts.
- **WASH, Education and Protection sectors:** The Shelter and Infrastructure Working Group continues to coordinate closely with other sectoral working groups to promote an integrated and multisectoral response to the needs of people living in temporary accommodation sites.

As of 17 July, shelter assistance had reached 581 families (2,324 people). According to the available registration data, women represented 77.45 per cent of people reached and men 22.55 per cent. Adults aged 18–59 years accounted for 76.94 per cent of recipients, while people aged 60 years and above represented 22.72 per cent and children and adolescents aged 0–17 years represented 0.34 per cent. Assistance included blankets distributed to 577 families, kitchen kits distributed to 345 families, and 38 sleeping kits distributed in total. It must be noted that sleeping kits are explained in "units", as they were given out in the first distribution to people with specific medical conditions. To avoid double counting, the National Society reports the overall reach based on the unique families that collected assistance, regardless of whether they received one or both types of items. Therefore, the item-level figures should not be added together: some families received both items, while others received only a blanket, a sleeping kit or a kitchen kit.

No results have yet been reported against the indicators related to shelter assessments, infrastructure repairs, conditional cash transfers for housing restoration and the strengthening of emergency shelters. These activities are planned for the next phase of the operation as the response progressively transitions from immediate relief towards recovery and early recovery interventions.

Multi-purpose Cash

Female > 18: 15,200	Female < 18: 5,040
Male > 18: 14,840	Male < 18: 4,920

Objective:	*Households are provided with unconditional/multipurpose cash grants to address their basic needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of families receiving multipurpose cash transfers	0	10,000
	Number of volunteers trained in cash and voucher assistance.	0	100
	Percentage of people participating in post-distribution monitoring interviews	0	15%

A Cash and Voucher Assistance Coordinator, with support from the French Red Cross, deployed on the field as part of Rapid Response Surge personnel. This enabled a rapid market assessment and a feasibility study to be launched including coordination with ICRC and German Red Cross, and participation in the Working Group on Market-Based Assistance.

The analysis reviewed market functionality, potential delivery mechanisms, financial-service providers, operational risks, and operational capacities to ensure a Multipurpose Cash Program implementation. The preliminary conclusion was that a cash program is feasible, subject to fulfilment of the identified internal and external preconditions. Recommendations were presented on 15 July to the VRC's leadership for its endorsement.

The internal analysis identified bank transfers and mobile money (PagoMóvil) as the preferred delivery mechanisms in terms of efficiency, effectiveness and timeliness. IFRC Prepaid Debit Cards and remittance services (MoneyGram) could be considered as complementary delivery mechanisms. Due diligence of financial-service provider and domestic regulations applied are in progress; a secure and traceable data-management system needs to be established as well as a CEA plan and feedback and complaints mechanisms. The program is expected to be designed in coordination with ongoing in-kind assistance.

No results were reported against the sector indicators during the reporting period, as implementation has not yet begun and activities remained focused on feasibility analysis, coordination, program design and completion of the required operational arrangements.

	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: 114,002	Female < 18: 37,798
		Male > 18: 111,298	Male < 18: 36,902

Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people receiving MHPSS services	905	40,000
	Number of people reached with key community health and MHPSS messages delivered by volunteers	0	300,000
	Number of people reached with pre-hospital health services	NA	25,000
	Number of people receiving emergency health services	7,670	50,000
	Number of field clinics installed	2	1
	Number of volunteers and staff trained in MHPSS	0	300
	Number of volunteers receiving personal protective equipment to provide emergency health services	NA	300

VRC continued providing health and MHPSS services through the field hospital and mobile outreach until 12 July. The installation of the Spanish Red Cross Emergency Clinic ERU was completed on 13 July. Since 13 July, the ERU and the field clinics have merged their activities and now jointly provide clinical care in 2 sites: the Jorge Luis Garcia Carneiro stadium and the San Jose hospital. Activities include triage, first aid, referrals, medical transfers, provision of medicines, maternal health support, and MHPSS services. Moreover, VRC, with the support of German Red Cross, is also deploying 2 Health Mobile Units, which are rotating between collective centres in the area of Gran

Caracas as well as peri-urban and rural areas that lost access to health services after the earthquake. These units provide primary health care, with added MHPSS capacity.

As of 20 July, 7,670 medical consultations had been provided across the health service points supported by the Venezuelan Red Cross, the German Red Cross and the Spanish Red Cross. This includes 5,132 medical consultations recorded by the Venezuelan Red Cross and German Red Cross, with 1,042 services provided by the Health Mobile Units of the German Red Cross, 824 medical consultations were provided by the Spanish Red Cross Health ERU in Macuto and 1,714 medical consultations in San José. Based on the available disaggregated data, medical consultations included an estimated 3,780 consultations provided to men, 3,801 to women, and 89 without sex information. By age group, the consolidated medical consultation data shows 247 consultations for children aged 0–4 years, 728 for children and adolescents aged 5–17 years, 4,136 for adults aged 18–55/59 years, 2,174 for older adults aged 56/60 years and above, and 385 without age information available.

Moreover, also as of 20 July, 905 MHPSS services were reported. This includes 501 MHPSS services recorded by the Venezuelan Red Cross and German Red Cross, estimated through a proportional adjustment using the overall consultation disaggregation available in the dashboard. The Spanish Red Cross Health ERU reported 118 MHPSS services in Macuto and 286 MHPSS services in San José. Based on the adjusted consolidated figures, MHPSS services included an estimated 400 services provided to men, 496 to women, and 9 without information disaggregated by sex. A full age-disaggregated consolidation for MHPSS is not presented, as the Spanish Red Cross tables use activity-based categories, such as individual minor and children's group activities, rather than the same age groups used for medical consultations.

It should be noted that while the indicators for health services and MHPSS services are intended to measure the number of people reached with health services, the current figures reflect the number of services provided, including medical consultations and MHPSS services, assuming that one service is equivalent to one person. As a result, there may be some degree of double counting, particularly where the same person received more than one service or accessed services on different occasions. This will be reviewed and refined in the next data cycle to better align the reporting with the indicator definition.

Furthermore, a Caring for Volunteers activity was organised for volunteers who have been actively engaged in emergency response since the first day of the operation. The MHPSS team, in collaboration with Rulos de Venezuela, facilitated a haircare and wellbeing activity designed to provide volunteers with a space for rest, connection and self-care. The session included informal wellbeing check-in and guided relaxation exercises to support stress management, emotional regulation, and volunteer wellbeing.

The VRC MHPSS team, with support from IFRC MHPSS Surge, continues to work closely with ICRC counterparts and maintains active exchanges with on identified needs, ongoing activities, key messages and response priorities with the Venezuelan Federation of Psychologists, the School of Psychology of Andres Bello Catholic University, Ministry of health promotors in la Guaira, IOM and MSF. Moreover, the IFRC organised remote MHPSS support for VRC volunteers by the Colombian and Chilean Red Cross. The VRC also participates as an observer in the MHPSS Technical Working group.

In regard to pre-hospital healthcare services, community healthcare and MHPSS messaging activities; registration data is not systematized yet. Consequently, no verified figure is available at the time. Moving forward, the National Society and IFRC will strengthen data collection and reporting arrangements to capture these activities in the next reporting period.

No reportable results were identified for the indicator measuring the number of volunteers and staff trained in MHPSS, as the planned training activities had not yet commenced during the reporting period.

	Water, Sanitation and Hygiene	Female > 18: 57,001	Female < 18: 18,899
		Male > 18: 55,649	Male < 18: 18,451

Objective:	*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

Key indicators:	**Indicator**	**Actual**	**Target**
	Number of water treatment plants installed	1	1
	Number of litres of safe water distributed	54,000	1,500,000
	Number of families receiving WASH kits	1,176	37,500
	Number of hygiene and sanitation promotion campaigns in emergencies	1	1

Figure 3. Volunteers and staff organizing and distributing essential relief items in Caracas on 5 July. Credit: Venezuelan Red Cross.

The Venezuelan Red Cross, IFRC and Movement partners continued coordinating WASH assessments and operational support. On 29 June, the WASH VRC and IFRC team installed a Watsan 5 water treatment plant in the base camp in La Guaira to support the VRC Field Hospital. This has maintained a safe-water production capacity of 5,000 litres per hour. The water-supply line serving the ERU and Venezuelan Red Cross facilities was extended, a 5 m³ storage unit was temporarily filled, and preparations continued for the installation of additional sanitation and shower facilities. In addition, a modular infrastructure was installed with several sanitary facilities for the VRC health personnel.

The installation of the water treatment plant enabled the production and distribution of approximately 54,000 litres of safe water, sufficient to meet the daily water needs of an estimated 2,700 people based on the Sphere standard of 20 litres per person per day.

As of 20 July, 1,176 families were reached across ten locations. The largest number of families was assisted at César Nieves/Estadio in Catia La Mar, with 363 families, followed by UEN República del Ecuador with 190 families and Ciudad Caribia with 150 families. Assistance also reached 120 families at U.E.N. Zoe Xique Silva, 105 at Liceo Andrés Bello, 85 at CEIS Naiguatá–Aguja Azul, 60 at U.E. Armando Zuloaga Blanco, 52 at U.E. Alejandro Fortique, 26 at E.B. Miguel Villavicencio, and 25 at CEIN Libertad.

On 12 July, the Movement conducted a joint WASH intervention in Ciudad Caribia, combining the efforts of the ICRC, German Red Cross and IFRC. The intervention included the installation of water tanks, distribution of water

treatment tablets, hygiene kits, cleaning kits and buckets, helping address immediate WASH needs of earthquake-affected households while reinforcing the coordinated One Red Cross approach to the response.

Moreover, five handwashing stations were delivered along with their respective EIC material to two health points (Las Salinas Outpatient Department and Plaza Padre Machado Care Point). Likewise, a hydration station (providing safe water through ultrafiltration) was installed at the Las Salinas Outpatient Department, and an entire technical and administrative process is underway to begin the water supply rehabilitation project for the Naiguatá Clinic. This project will allow the medical centre to have water available for an average of 3,000 patients per month.

The hygiene and sanitation promotion campaign continued throughout the reporting period. Hygiene promotion activities were integrated into all relief distributions, with WASH promoters disseminating key messages and informational materials on handwashing, food hygiene, general and menstrual hygiene, sanitation, safe water management, household water treatment, and safe water storage. Through these efforts, 953 families were reached with hygiene and sanitation promotion activities. The Venezuelan Red Cross also conducted hygiene promotion sessions alongside WASH kit distributions, strengthening community awareness and encouraging the adoption of safe hygiene and water management practices.

Coordination and technical engagement have continued to strengthen throughout the WASH response. In coordination with the ICRC, engagement has been established with the Ministry of Water (MinAgua) to improve information-sharing and the identification of water and sanitation gaps in affected areas. Through meetings with the Ministry's international affairs directorate, information on temporary accommodation sites in the Capital District and Miranda with gaps in water supply through tanker-truck distribution has been shared to support prioritization and response planning. Coordination has also facilitated contact with HidroVen, responsible for water services in La Guaira, to strengthen technical dialogue and support future interventions. In addition, collaboration with MinAgua has contributed to improved coordination between government actors and humanitarian partners through the WASH Cluster, which is serving as the main platform for information-sharing, prioritization and coordination of WASH activities across the response.

	Protection, Gender and Inclusion	Female > 18: 5,700	Female < 18: 1,890
		Male > 18: 5,565	Male < 18: 1,845

Objective:	*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of RFL points installed	2	2
	Number of Restoring Family Links Services provided to people affected by the earthquake	3,579	15,000
	Number of awareness campaigns on protection, gender, and inclusion in emergencies	0	1
	Number of volunteers and staff trained in PGI	0	300

The Venezuelan Red Cross, supported by the ICRC, IFRC and Movement partners, continued Restoring Family Links and connectivity activities through fixed and mobile modalities.

Two connectivity and Restoring Family Links (RFL) mobile points were established and are currently operating in La Guaira. Through these connectivity points, people affected by the earthquake can access free phone calls, Wi-Fi services, phone charging and top-ups, and Restoring Family Links services. These services support families to maintain or re-establish contact with relatives, help prevent family separation, and facilitate communication among people displaced or otherwise affected by the emergency.

As of 20 July, the Venezuelan Red Cross has provided 3,479 Restoring Family Links (RFL) services to people affected by the earthquake, all in La Guaira. The services provided include 109 phone-call services, 1,521 Wi-Fi connections and 1,849 battery-charging services. Of the services recorded, 1,508 were accessed by people who had previously used the service, while 1,308 were accessed by first-time users; previous-use information was unavailable for the remaining 663 services. The largest volume was recorded at the Campo de Golf location, with 43 phone-call services, 641 Wi-Fi connections and 1,134 battery-charging services. These services have remained essential for helping affected people maintain or re-establish contact with relatives, particularly among displaced households and families searching for missing or separated family members.

Protection activities focused on child protection, safeguarding, gender-based violence risk mitigation and strengthening referral pathways. The National Society approved the IFRC's Child Safeguarding Risk Analysis, while work continued on service mapping, the pathway for activation of Post-Exposure Prophylaxis kits, an emergency fund for safe referrals, dignity kits, safeguarding materials and planning for PGI training.

To ensure a decentralized and sustainable response, the Venezuelan Red Cross plans to deploy a national PGI specialist to the principal reception states identified through displacement monitoring, including Sucre, Zulia, Apure, Falcón, Miranda, Anzoátegui, Delta Amacuro, Monagas, Aragua, Trujillo, Bolívar, Táchira and Barinas. Through this initiative, 300 volunteers and staff will receive training in basic and specialized PGI approaches. The training will strengthen local branch capacities to conduct protection screening, provide protection information and orientation, identify and support people with specific needs, facilitate safe and confidential referrals, and contribute to connectivity and RFL case management in their respective territories. This approach aims to expand protection coverage while promoting locally led and sustainable service delivery.

Finally, coordination and technical engagement have continued to strengthen throughout the response, supporting the delivery of protection services, the development of referral pathways and the enhancement of protection capacities. Coordination with the ICRC has focused on technical accompaniment for the provision of RFL services, as well as the planning of training and capacity-building activities for staff and volunteers. In parallel, coordination with UNHCR has supported the activation and referral of protection cases identified in the field. Engagement with the Protection Cluster Areas of Responsibility, particularly Child Protection and Gender-Based Violence, has also contributed to strengthening referral pathways, information sharing and access to specialized protection services for people with specific needs.

Community Engagement and Accountability

Female > 18: 5,700	Female < 18: 1,890
Male > 18: 5,565	Male < 18: 1,845

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
	Indicator	**Actual**	**Target**

Key indicators:	*Number of community engagement and accountability mechanisms developed*	0	1
	Number of people reached with timely information on services, safety, assistance criteria, and feedback mechanisms	0	15,000
	Number of volunteers and staff trained in CEA	23	300

The Venezuelan Red Cross and IFRC continued strengthening community engagement and accountability within the response. The National Society currently has a CEA manual in place, and a more comprehensive CEA strategy will be developed with the support of the CEA Rapid Response Surge personnel to be deployed.

Work has advanced on community information materials, feedback forms, post-distribution survey tools, a suggestion box at Venezuelan Red Cross headquarters and the development of a community feedback system.

One-hour CEA orientation sessions are being provided to volunteers before field deployments and distributions, covering the CEA approach, key Do's and Don'ts when engaging with communities, frequently asked questions from affected people, how to upload feedback into Kobo, and how to manage sensitive information. These activities aim to support the provision of information on services, safety, assistance criteria and feedback channels, while strengthening the National Society's capacity to collect, manage and respond to community feedback.

By 16 July, 23 volunteers and staff received these CEA orientation sessions in Caracas. Of those trained, 18 were women and 5 were men. In terms of age, 22 participants were between 18 and 59 years old, while one participant was aged 60 years or above.

Risk Reduction, climate adaptation and Recovery

Female > 18: 114	Female < 18: 38
Male > 18: 111	Male < 18: 37

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of volunteers and personnel reached with timely information on safe debris and environmental risk management	0	300

IFRC's Security Coordinator has developed Terms of Reference to guide the preparation of information on safe debris and environmental risk management, including key messages provided by the Global Shelter, Land and Site Coordination Cluster on main environmental concerns in the early response, such as the presence of airborne asbestos. This will enable the VRC to brief volunteers and personnel on relevant safety measures before deployment to field activities.

With the installation of the VRC Health Post and the ERU Emergency Clinic in La Guaira, a mapping of the prioritized sites exposed to additional risks took place, considering environmental factors such as the beginning of the rainy season, resulting in an evacuation plan that has been disseminated and shared with staff and personnel on the ground. Signage and posting of information in the prioritized sites are available to support community preparedness for overlapping emergencies, in case an aftershock takes place.

Enabling approaches

National Society Strengthening

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of National Society communication strategies developed	0	1
	Number of National Society facilities rehabilitated/reconstructed	0	1
	Number of digital transformation strategies implemented	0	1
	Number of monitoring visits conducted by the National Society	N/A	80
	Number of National Society volunteers receiving shelter supplies	N/A	300

IFRC continued supporting the Venezuelan Red Cross in strengthening systems required for the earthquake response. Support included technical assistance with recruitment and human resources processes to expand the National Society's operational capacity for the implementation of current response actions, while also building toward the transfer of skills and installed capacity within the National Society for subsequent phases, development of induction and compliance materials for new personnel, strengthening of data-collection and reporting tools, and continued development of community feedback, safeguarding and personnel-safety mechanisms.

Approximately 20,000 people have expressed interest in becoming auxiliary volunteers, while the scale of the operation, the incorporation of personnel without prior experience and the geographical dispersion of teams create challenges for induction, supervision, deployment and duty of care. The VRC analysis identifies gaps in diverse internal structures that need reinforcement. Priorities include clearer roles and supervision arrangements, sustainable rotations, progressive training, centralized volunteer information management, accreditation, welfare and psychosocial support, and improved weekly and monthly deployment planning.

The National Society also designated a Membership Coordination focal point, and a beta contribution matrix was developed to strengthen the tracking and coordination of Participating National Society support, with validation pending. The key areas required to sustain an effective response are being assessed on an ongoing basis in line with the scale of the operation.

It should be noted that the scale of the operation and the increasing volume of service delivery and response activities have created significant information-management needs. Existing processes rely on a combination of digital and manual systems, creating challenges in the consolidation, analysis and timely visualization of operational data. This affects the ability to comprehensively demonstrate the reach and results of the response and to support real-time decision-making. The VRC is currently advancing efforts with a recently recruited Information Management Officer to digitize assessments, registrations, monitoring and reporting processes, while aiming to strengthen data-management systems to improve operational visibility, accountability and evidence-based planning.

Coordination and Partnerships

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*

The earthquake response continues to benefit from a strong Federation-wide approach and significant support from across the Red Cross and Red Crescent Movement. This includes the mobilization of 26 rapid response personnel and 3 ERUs: Spanish Red Cross Emergency Clinic ERU, Swiss Red Cross Logistics ERU and Danish Red Cross Operational Support Hub ERU. Below is a table of National Societies and their actions and contributions to the response.

Member	Current actions / contribution to the response
Aruba Red Cross	Provided health service and medical stock management support.
Canadian Red Cross	Provided medicines and relief items, supported search and rescue and Restoring Family Links activities, and deployed specialised personnel. Supported the coordination of the GAC contribution to NFIs sent to Venezuela through the IFRC charter flight.
Colombian Red Cross Society	Undertook USAR/search and rescue operations and supported connectivity services and coordination in VRC field clinic activities, rapid health assessments and Restoring Family Links (RFL).
Costa Rican Red Cross	Supported search and rescue, health, logistics, information management and telecommunications activities.
French Red Cross	Provided humanitarian relief items and one pickup truck.
German Red Cross	Provided humanitarian relief items and technical delegates/experts.
Hellenic Red Cross	Deployed two teams: one to support installation of the Health ERU Emergency Clinic, and a second team with seven nurses to support medical services provided by the Venezuelan Red Cross at its field hospital.
Italian Red Cross	Supporting health services.
Mexican Red Cross	Undertook search and rescue operations.
Red Cross Society of Panama	Provided humanitarian relief items and two ambulances
Qatar Red Crescent Society	Provided specialised health and disaster management personnel.
Salvadorean Red Cross	Provided medical, logistics and search operations teams.
Spanish Red Cross	Deployed a Health ERU Clinic and specialised health personnel.
Swiss Red Cross	Supporting health services.
Turkish Red Crescent Society	Provided disaster management and recovery expertise.

Furthermore, the Membership coordination is helping operationalise the Federation-wide approach by ensuring that technical, operational, in-kind and financial support from Participating National Societies is systematically captured, coordinated and aligned with the priorities identified by the VRC. Actions are being implemented closely with the VRC to improve visibility of available support, facilitating better planning, avoiding duplication and strengthening accountability across the Movement. This approach also ensures that bilateral and multilateral contributions

reinforce a coherent collective response, while supporting the National Society's leadership and longer-term operational capacity.

Framed within the Sevilla Agreement 2.0, a Joint Statement between the Venezuelan Red Cross—as convener—the IFRC —as co-convener—and the ICRC was subscribed on 10 July reassuring the coordinated and aligned response that is being provided as one Movement. The roles among the parties were clearly stated and defined, the VRC is the convener of the emergency response at national level, defining the operational priorities and coordinating with the Government and public authorities. The IFRC's Secretariat co-convenes the overall coordination of the emergency response, mobilises the international support from the Membership and activates the international response framework and tools needed by the operational priorities. The ICRC, in accordance with its mandate, is coordinating the Restoring Family Links (RFL) Network for the search requests of affected families. It is also providing technical guidance to local authorities on dead body management and identification, as well as technical support to the VRC on healthcare, WASH, protection, livelihoods, information management and logistics. During the first days of the emergency response, ICRC support was instrumental to the establishment of the VRC field hospital. This was through the provision of WatHab support, including water and electricity solutions, and the supply of medical items required for the set-up and operation of the field clinic. Furthermore, it continues to enhance humanitarian access for the Red Cross and support the protection of the emblem.

Coordination has been particularly strong in communications and resource mobilisation, as many National Societies worldwide have launched fundraising campaigns at domestic level, among them; the American Red Cross, Argentine Red Cross, Austrian Red Cross, British Red Cross and its participation in the UK Disaster Emergency Committee (DEC) campaign, Canadian Red Cross, Colombian Red Cross Society, Italian Red Cross, Japanese Red Cross, Mexican Red Cross, The Netherlands Red Cross, Norwegian Red Cross, Paraguayan Red Cross, Spanish Red Cross, Thai Red Cross Society, Qatari Red Crescent, Honduran Red Cross, and Guatemalan Red Cross. And the Danish Red Cross is advocating for support from its government. Financial data from National Societies collaborating bilaterally with the Emergency Appeal response will be collected through a Federation-wide Financial Overview form.

Finally, the operation is guided by the Statutes of the Movement, the Fundamental Principles, the Venezuelan Red Cross Law (10 March 2026), its Strategic Plan 2026-2030, the National Response Plan, its Preparedness for Effective Response plan, and the IFRC Legal Status Agreement. Together, these provide a robust legal framework that facilities the operation, recognises the National Society's auxiliary role to the public authorities, and enables principled humanitarian action. Humanitarian access, and entry of specialized personnel and goods has been promptly and widely facilitated by the National authorities for the Red Cross and Red Crescent Movement, and other crucial humanitarian actors for the response.

Secretariat Services

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of monitoring visits conducted by the IFRC	7	50
	Number of SURGE personnel deployed to support the response	26	20
	Number of vehicles acquired by the IFRC	2	3
	Number of ERU Response Units deployed	3	1

IFRC Secretariat support continued across operations coordination, health, WASH, shelter, PGI, CEA, CVA, PMER and information management, logistics and supply chain, security, communications, human resources, finance, humanitarian diplomacy, membership coordination, administration and welcome services. Currently, 26 technical profiles deployed to support the response, going beyond the target established. Emergency response capacity was reinforced through the Spanish Red Cross Emergency Clinic ERU, Swiss Red Cross Logistics ERU and Danish Red Cross Operational Support Hub ERU, alongside additional logistics, fleet, warehousing and operational-support activities.

Two operational vehicles have been acquired to support the earthquake response, and procurement processes are ongoing for two additional vehicles. Given the increasing operational requirements associated with assessments, monitoring missions, sectoral activities and the movement of personnel between Caracas, La Guaira and other affected areas, additional fleet capacity is expected to be required to ensure timely access to communities and support the scale-up of operations.

IFRC logistics and supply chain support remained an important pillar throughout the relief phase. The IFRC supported the VRC with the reception of nine consignments of non-food items (NFIs), including five shipments sent from the prepositioned strategic warehouses in Panama and Argentina, and medicines totalling more than 150 metric tons, and facilitated the dismantling, transportation and secure warehousing of equipment previously used by The Netherlands rescue teams and camp facilities. See below for more detailed information.

Origin	Contents	Weight
Panama – Charter 1	Tarps 500 units, mosquito nets 800 units, kitchen kits 400 kits, jerrycan 10L 800 units, hygiene kits 400 kits, cleaning kits 400 kits, buckets 800 units, blankets 800 units, water filters 400 units, multipurpose tent, sleeping kits 100 kits, inflatable pillows 100 units, folding beds 100 units, first aids kits 21 units.	17 Tn
Panama – Charter 2	Kitchen kit 700 kits, blankets 1400 units, sleeping kits 182 kits, solar lamps 850 kits.	12 Tn
Argentina – Charter 3	Cleaning kits 960 kits, water filters 486 units, jerrycans 800 units, mosquito nets 800 units, hygiene kits 432 kits.	8.5 Tn
PIRAC – shipping by sea	Cleaning kits 500 kits, tarps 1000 units, solar lamps 1000 units, shelter tool kits 500 kits, family tents 240 units, blankets 1500 units, sleeping kits 1150 kits, jerrycans 1800 units, buckets 500 units, kitchen kits 708 kits, hygiene kits 500 kits, mosquito nets 1500 units, Nissan pickup 1 unit.	26.6 Tn
Panama – Charter 4	Tarps 1500 units, mosquito nets 100 units, kitchen kits 476 kits, jerrycans 1000 units, cleaning kits 500 kits, buckets 1000 units, water filter 100 units.	15.7 Tn
Red Cross Society of Panama donation	Sleeping kits 201 kits, blankets 2113 units, men hygiene kits 1050 kits, female hygiene kits 1086 kits, baby hygiene kits 130 kits, family hygiene kits 330 kits, equipped ambulances 2 units.	22 Tn
Panama – Charter 5	Tarps 1000 units, shelter toolkits 500 kits, jerrycans 1000 units, hygiene kits 500 kits	15 Tn
Colombian Red Cross Society	Family hygiene kits 605 kits, kitchen kits 797 kits, household kits 130 kits	18 Tn
Amazon	5,500 watts portable generator 1 unit, clean the world hygiene kits 100 kits, water filter with 2-gallon bladder 1 pallet, menstrual health management kits 1 pallet, 12,000 watts portable generator 1 unit.	350Kg
Spain – Health ERU	Medicines	2 Tn

The IFRC also participated in the Logistics Working Group led by the WFP Logistics Cluster, supporting coordination on access points, customs procedures, warehousing solutions and logistics service providers. Through its existing framework agreements, the IFRC continued to utilize warehousing, customs clearance and transport services while also benefiting from logistics support provided through the Logistics Working Group in La Guaira, including the transport of 37 metric tons of shelter items donated to the Venezuelan Red Cross by a private institution. In parallel, the Logistics ERU continued strengthening National Society capacities through a one-to-one coaching approach with staff and volunteers, while facilitating the coordinated mobilization and management of relief items under a One Red Cross approach in support of participating National Societies' bilateral and multilateral contributions.

C. FUNDING

The IFRC Secretariat funding requirement is CHF 50 million, as part of the Federation-wide funding requirement of CHF 55 million. As of 17 July 2026, CHF 12,559,922 has been raised toward the IFRC Secretariat funding requirement.

Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	**50,000,000**	**12,559,922**	**37,440,078**	**25.1**

To date, in kind contributions, hard and soft pledges are totalling 25.1% percent of the funding requirements of the Emergency Appeal.

The IFRC expresses its gratitude to donors and partners that have contributed to the response. Additional and timely contribution are urgently needed to enable the Venezuelan Red Cross, with the support of the IFRC, to continue with humanitarian assistance efforts, address priority needs in affected communities, and strengthen preparedness and response capacities.

Flexible and unearmarked funding is particularly valuable, as it allows resources to be allocated to the most urgent and underfunded areas of the operation as needs evolve.

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Reference

Click here for:

- Link to IFRC Emergency landing page
- Previous appeals and updates

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.