OPERATION UPDATE 2

Venezuela | Earthquakes

Emergency appeal №: MDRVE015 **Emergency appeal launched:** 26/06/2026 **Operational Strategy published:** 06/07/2026	**Glide №:** EQ-2026-000093-VEN
Operation update #2 **Date of issue:** 12/08/2026	**Timeframe covered by this update:** From 24/06/2026 to 06/08/2026
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 29.1 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 earthquakes.

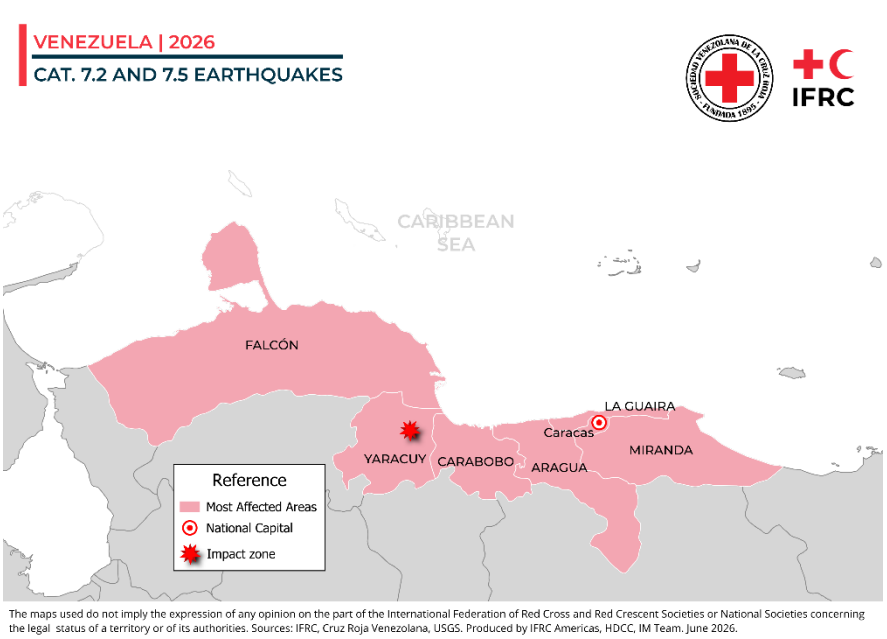
Figure 1: Public Health risk evaluation conducted in Caraballeda, La Guaira on 16 July 2026. Source: Oscar García Pinzón, VRC.

A. SITUATION ANALYSIS

Description of the crisis

On 24 June 2026, two powerful earthquakes struck north-central Venezuela in rapid succession; with the first one reaching a 7.2 magnitude, and a second one of 7.5 magnitude taking place approximately 39 seconds later. The epicentres were located near Morón and Yumare, in the states of Carabobo and Yaracuy, west of Caracas. USGS analysis confirmed the epicentre of the second earthquake to be approximately 17 km west of Catia La Mar, off the coast of La Guaira State[1]. Authorities have reported 1,463 aftershocks since the event, creating a high risk of further structural collapse[2]. 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 earthquakes were also felt beyond Venezuela, including parts of Colombia, the Caribbean and northern Brazil, highlighting the exceptional geographic extent of the seismic event[3].

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.

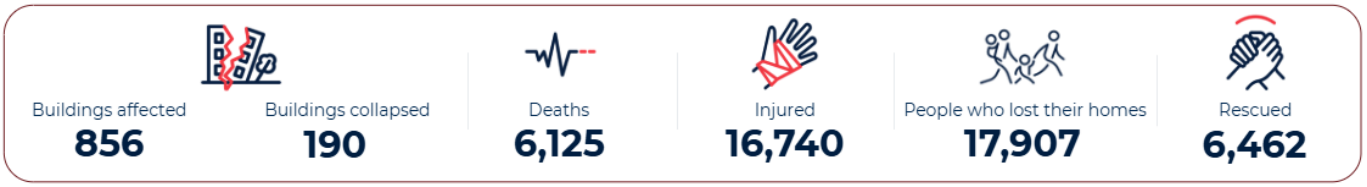


The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: IFRC, Cruz Roja Venezolana, USGS. Produced by IFRC Americas, HDCC,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

According to the Global Disaster Awareness and Coordination System (GDACS) approximately 530,000 were exposed to extreme earthquake intensity. The scale of the disaster led to a significant expansion of international humanitarian presence in the country. On 15 July, the United Nations announced an addendum to the Humanitarian Response Plan (HRP), increasing financial requirements and expanding the number of people targeted for assistance for their overall humanitarian response to Venezuela (which extends beyond those affected by the earthquakes).

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 State, a popular beachside 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. La Guaira also serves multiple critical functions for the country given very close proximity to the Capital, Caracas. It hosts the country's main international airport (Maiquetía) and one of its major ports, making 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 with secondary affectations and the extent of logistical capacity impacted.

[1] https://earthquake.usgs.gov/earthquakes/eventpage/us6000t7zp/executive
[2] Terremotos en Venezuela: Reporte de situación #30 (23 de julio de 2026, Hora: 09:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb
[3] https://earthquake.usgs.gov/earthquakes/eventpage/us6000t7zp/executive



As of 3 August, 6,125 people were reported dead, 16,740 injured, 6,462 rescued and approximately 17,907 had lost their homes due to severe damage to housing.[4] The United Nations interagency indicated that tens of thousands of people remained unaccounted for during the response period; while many families including from those having opened tracing requests with the RCRC system have reported having been able to reunite with their loved ones in the days and weeks following the disaster. Efforts to identify and notify direct family members of persons hospitalized and persons deceased also continue. It is expected for the death toll to continue to rise as the Search and Rescue phase focused on extraction of survivors has moved towards a focus on recovery, identification and dignified return of bodies retrieved from collapsed structures to their family members.[5] Urban Search and Rescue (USAR) teams operating under the coordination of the International Search and Rescue Advisory Group (INSARAG) have now concluded their assignment. Response teams from over 29 countries deployed to Venezuela, including the United Nations Disaster Assessment and Coordination (UNDAC) team and multiple RCRC Movement specialized teams such as the USAR teams of the Mexican RC, Colombian RC, Costa Rican RC who deployed in support of Venezuelan RC search & rescue efforts. The initial response focused on search, recovery, debris-removal, and initial shelter provision has now shifted towards bridging emergency relief to rehabilitation and reconstruction efforts 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.[6]

On 21 July, the Venezuelan President of the Presidential Commission for the Assessment of Infrastructure Habitability reported that 6,907 buildings had been inspected in La Guaira using the traffic light assessment methodology to determine the condition of structures. Of the total inspected, 3,237 received a green tag indicating that the infrastructure poses no risk; 1,785 structures received a yellow tag indicating restricted use; and 1,885 were classified with a red tag indicating high risk. Structures assigned yellow or red classifications are now undergoing a secondary more thorough assessment[7].

Disruptions of electricity, water-supply, telecommunications and transport systems caused by the earthquakes are undergoing repair to continue restoring functionality across the affected areas. Damaged roads and bridges have also affected movement to and within some affected areas; prompting authorities to relocate mobile bridges to facilitate access while repairs are finalized. Public transportation and airport operations are also under repair, with Maiquetia International Airport (which was severely damaged) expected to resume use for commercial cargo flights in the coming weeks. Commercial international passenger flights remain operating mostly in and out of Valencia airport, located approximately 2 hours out of the capital. Humanitarian cargo donated by Governments bilaterally to the Venezuelan Authorities, and through humanitarian actors, continues to flow in country through air, sea and land shipments.

[4] SITREP CRV No.11 and No.12
[5] https://news.un.org/en/story/2026/06/1167825
[6] https://reliefweb.int/report/venezuela-bolivarian-republic/earthquakes-venezuela-situation-report-22-15-july-2026-time-0900-pm
[7] Terremotos en Venezuela: Reporte de situación #30 (23 de julio de 2026, Hora: 09:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb

In terms of essential services, healthcare capacity has been particularly including given the mass scale needs following the rapid onset emergency (trauma injuries), as well as given rates of chronic illness among displaced communities and affectations to water supply and sanitation services. More than 400 schools were also reported as affected, while some have been assigned as temporary shelters while authorities assign free permanent housing units and/or transitional single-family homes until the academic cycle resumes after the summer. To this end, Venezuelan authorities have already provided 240 permanent housing units to affected families; and while land & public housing infrastructure is evaluated and attributed for the assignment of additional seismic resistant units entirely free of charge, they have also enabled a parallel option for affected families who prefer to buy existing homes from the private market (whereby 80% of the price is subsidized by the government and the 20% remaining be granted on 25-year-loans extended by the local banking system.)

The physical impacts on affected people remain significant, with many requiring continued medical care, rehabilitation or referral services, as well as mental health and psychosocial support. 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, displacement from damaged homes, and exposure to destroyed environments and recovery operations contributed to heightened levels of stress, anxiety and sadness among the affected population.

The earthquakes have resulted in grave humanitarian needs while exacerbating existing vulnerabilities, which increases the severity and complexity of the situation for the affected communities. This context reinforces the need for a response that addresses immediate lifesaving needs while supporting early recovery and strengthening community resilience.

Summary of response

Overview of the host National Society and ongoing response

To date, 23 of the Venezuelan Red Cross's 41 branches have deployed staff and volunteers to Caracas to support the earthquakes' direct response, strengthening the National Society's operational capacity to deliver humanitarian assistance to affected communities.

To respond to the needs of the population after the earthquakes, the Venezuelan Red Cross (VRC), in coordination with the Spanish Red Cross, established two health service points at San José Hospital and at the Macuto Emergency Clinic (field clinic set up in La Guaira's stadium). These facilities serve as strategic hubs for the delivery of essential health services to earthquake-affected populations and support the continuity of care within the public health system. As of 2 August, a total of 4,941 services have been provided through the two health service points, including 3,764 health services and 1,161 mental health and psychosocial support (MHPSS) services. In parallel, the VRC is advancing the establishment of a Community Service Point in Balneario Catia La Mar, which will provide an integrated space for health promotion, community engagement and accountability (CEA), psychosocial support, referrals and other humanitarian services tailored to the needs of affected communities.

The VRC also established 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.

In coordination with the ICRC the VRC continues to provide services to prevent and address separation of families caused by the emergency through Restoring Family Links (RFL) activities. The VRC has supported 2,323 people through

4, 953 RFL services, including free phone calls, access to Wi-Fi and charging stations across the most affected areas, as well as through tracing requests for searches initiated inside Venezuela and through the RCRC network of National Societies with active RFL services across the region and beyond. To address approximately 2,600 requests for information on missing or separated family members, the National Society and the ICRC implemented a specialized case-management approach from which the whereabouts of 86 people has been established, and three search requests have been formally opened. Support is being extended to strengthening the capacity and operational experience of trained volunteers to support ongoing RFL services. The VRC will continue operating services for families searching for missing relatives and expanding a layered mental health and psychosocial support response, including individual and group psychosocial support, information and orientation sessions, supportive play and expression activities, identification and referral and wellbeing support for responders.

Additionally, VRC is monitoring 107 temporary shelter centres established by the Venezuelan Authorities across the five affected states to inform response planning and assistance delivery.

To date, a total of 2,181 families (estimated 8,724 people)[8] has been reached by VRC's 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).

In the following table, detailed information can be found on the distributions of the items in La Guaira, Distrito Capital and Miranda.

Date	State	Community	Kits distributed	No. families
07/07/2026	La Guaira	Estadio Cesar Nieves	Family hygiene kit	323
11/07/2026		C.E.I.S. Naiguatá - Aguja Azul	Complete relief package*	84
12/07/2026		Ciudad Caribia	Family hygiene kit, household cleaning kit, water storage and cleaning kit, blankets	136
21/07/2026		Colegio Juan German Roscio	Complete relief package*	77
21/07/2026		El Playon-Iglesia de los ultimos dias	Jerry cans, water purification tablets	21
23/07/2026		Carlos Soublett, Casaalta2	Personal hygiene kits	8
24/07/2026		Universidad Maritima	Complete relief package*	314
28/07/2026		C.E.I. Manuel Gual	Complete relief package*	53
30/07/2026		Escuela de Grumetes	Family hygiene kit, water storage and cleaning kit	148
05/07/2026	Distrito Capital	Unidad Educativa Zoe Xiques Silva	Family hygiene kit, household cleaning kit, water storage and cleaning kit	116
06/07/2026		U.E. Miguel Villavicencio	Personal hygiene kits, household cleaning kit, water storage and cleaning kit	26
06/07/2026		U.E. Miguel Villavicencio	Household cleaning kit**	7
12/07/2026		UENB Armando Zuloaga Blanco	Family hygiene kit, household cleaning kit, water storage and cleaning kit	55
12/07/2026		La Libertad	Family hygiene kit, household cleaning kit, water storage and cleaning kit, blankets	29
15/07/2026		Liceo Andres Bello	Complete relief package*	106
16/07/2026		Colegio Republica del Ecuador	Complete relief package*	177
20/07/2026		Liceo Juan Lovera	Complete relief package*	21
22/07/2026		Colegio Luis Hurtado	Complete relief package*	97
29/07/2026		La Ciudadela	Complete relief package*	55
17/07/2026	Miranda	Colegio Alejo Fortique	Complete relief package*	42
17/07/2026		Colegio Alejo Fortique	Mosquito nets, blankets***	9

*Family hygiene kit, kitchenware kit, household cleaning kit, water storage and cleaning kit (bucket, jerry can, water purification tablets), mosquito nets, blankets

**In U.E. Miguel Villaviciencio, to the heads the sleeping units, an extra house cleaning kit was given

***In Colegio Alejo Fortique, only mosquito nets and blankets were given to people who work in the shelter and stay overnight

[8] For planning purposes, an estimated average household size of 4 persons per household was used.

In Carabobo, another 290 families were supported by VRC with essential household items and relief items for health and hygiene promotion.

The VRC's mass-reach operational response is coordinated with the Government-led emergency and disaster management structure and relevant public institutions to ensure transparency, efficiency and to mitigate risks of duplication or gaps in response. 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, and direct provision and implementation of services, shelter, and aid distribution; as well as longer term solutions to effectively bridge the immediate response into recovery and reconstruction. Mechanisms for reporting missing people and housing damage were also swiftly enacted by the host government authorities and remain functional. 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 adhering to its distinct humanitarian role and operational responsibilities. The UN system and other international organizations are also closely coordinating to optimize the multisectoral response.

The Venezuelan Red Cross leads and serves as main implementer of the RCRC Movement's response, with in country operational support from the IFRC, the Spanish Red Cross, the Hellenic Red Cross and the German Red Cross, while the ICRC also continues to support activities in line with its mandate. The VRC continues to serve affected communities through health services, including mental health and psychosocial support, protection, shelter, assistance distributions, WASH, and recovery planning and remains an exceptionally placed actor to continue support for the affected population transitioning to the recovery and reconstruction phase given its scope of presence, acceptance and experience.

Membership coordination of Red Cross and Red Crescent Societies active in the response has focused on aligning bilateral, multilateral, technical, financial and in-kind support with the priorities identified by the Venezuelan Red Cross. Weekly Movement coordination meetings have been established for Health, WASH, Livelihoods (including Cash and Voucher Assistance), and Security. Through coordination with host country authorities IFRC and Venezuelan Red Cross have also supported National Societies and incoming specialized rapid response personnel with visa processing, customs and entry of humanitarian cargo of specialized equipment and relief supplies, and steps needed before, during and after deployment of surge experts and Emergency Response Units (ERUs).

The VRC also continues to engage directly with the affected population, and with all key stakeholders (at strategic, operational and technical levels) including the national authorities, with UN agencies and humanitarian partners, (including through multilateral coordination and bilateral dialogue), with donors, and with diplomatic representatives to share operational priorities, identify gaps, mobilize support and align interventions. This includes exchanges of information on the facilitation being extended by authorities for humanitarian access, on needs assessments and on response plans. These efforts support complementarity while reinforcing the National Society's auxiliary role and alignment with principled humanitarian action.

Movement-wide coordination continues to adhere to a nationally-led response under VRC leadership. A Joint Statement signed on 10 July under the Sevilla Agreement 2.0 recognizes the roles of the VRC as convener, IFRC as co-convener and ICRC as contributing in accordance with its mandate. In addition, the three parties are already operating under a Tripartite Agreement for operations in Venezuela, signed in December of last year. On 2 July, a meeting was held to exchange updates on in person operational support provided to VRC by Mexican RC, Colombian RC, Costa Rican RC, Aruba RC, German RC, Turkish RC (Kizilay), Qatar Red Crescent. On 24 July, the Venezuelan Red Cross (VRC) led a subsequent Movement Coordination Meeting with the participation of the Italian Red Cross, Spanish Red Cross, Swiss Red Cross, Colombian Red Cross, Canadian Red Cross, German Red Cross, IFRC and ICRC. During the latter, the

VRC presented key achievements to date, the priorities for the ongoing response and its recovery plans. To strengthen coordination and information sharing across the Movement, a monthly coordination meeting has been established to provide operational updates, discuss strategic priorities and address emerging issues. 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. More information in detail can be found under the Coordination and Partnership section.

Figure 2. Patient receiving health assistance in the Spanish Red Cross Health Clinic on 26 July. Credit: Oscar Garcia Pinzon, Spanish Red Cross.

Needs analysis

More than six weeks after the earthquakes, the humanitarian situation remains severe. Analysis conducted by the Venezuelan Red Cross estimates that approximately 331,068 people in La Guaira will require assistance from at least one humanitarian sector[9]. Three parishes—Catia La Mar, Caraballeda and Carayaca—were classified in the catastrophic severity category, while five additional parishes were classified as extreme. The following analysis draws on primary and secondary data collected throughout the response.

The Venezuelan Red Cross with support from the IFRC and the German Red Cross continues to conduct multisectoral assessments to identify evolving needs and inform the scale-up of humanitarian assistance in affected communities. These assessments cover health and care, MHPSS, WASH, shelter, PGI, CEA and volunteering. The analysis draws on operational information, rapid and sector-specific assessments, field observations, programme monitoring data and an enhanced Kobo-based multisectoral rapid assessment tool jointly developed by the VRC and IFRC secondary data review from official and humanitarian sources to identify priority needs, vulnerabilities and response gaps.

[9] This number is the People in Need (PIN) calculated by the Venezuelan Red Cross using the Mosaico methodology.

As part of the response strategy and in coordination with the relevant authorities, 42 of the 107 collective shelters identified in the affected areas have been prioritized for humanitarian assistance. The Venezuelan Red Cross (VRC) has conducted advance assessment missions to these sites to identify priority needs, inform operational planning, and support the subsequent delivery of assistance. On 14 July, four VRC and IFRC teams visited prioritized temporary accommodation sites in La Guaira and the Capital District to assess site conditions, review response progress and 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. Assessments were also conducted in communities in La Guaira where affected families continue to live outside temporary accommodation sites. In coordination with community leaders, the VRC and IFRC identified 820 households with humanitarian needs in one priority operational area and an additional 1,302 households in the Las Marinas sector. In coordination with the VRC, the German Red Cross identified communities requiring integrated humanitarian assistance and provided georeferenced information to expand the scope of assessments and strengthen the prioritization of multisectoral interventions. To support the scale-up of the operation, the VRC, with support from the IFRC, also conducted a joint mission to the La Páez area, where ongoing sectoral assessments are informing a coordinated, evidence-based response. The intervention is expected to cover more than 10 parishes, with an estimated 800 families targeted for multisectoral assistance. Inter-sectoral distributions are planned to commence during the third week of August, subject to the completion of assessments and operational readiness. The information collected is being used to guide operational planning, target humanitarian assistance and support resource mobilization.

To strengthen evidence-based operational planning, the VRC and IFRC established a multisectoral intervention cycle supported by weekly inter-sector coordination meetings to guide the assessments, implementation and monitoring in prioritized communities and temporary accommodation sites. Household registration is also being implemented by VRC prior to assistance delivery to improve targeting, logistical planning and the efficiency of subsequent multisectoral interventions.

Secondary data from OCHA, IOM, PAHO, and Save the Children complements the analysis. IOM's Displacement Tracking Matrix (DTM) household survey found that 12 per cent of surveyed households had experienced multiple displacement, while 55 per cent reported losing a source of income and 55 per cent reported not feeling safe when leaving their shelter. In coordination with the Office of the Vice-Presidency and the Temporary Infrastructure and Shelter Working Group, IOM is conducting a monitoring survey of the 107 government-run temporary accommodation facilities while mapping community-based settlements to assess the needs and operational status. Additional perception-based assessments, including GeoPoll rapid needs assessment[10] conducted through WhatsApp with 846 affected households, provided further insights into priority needs, access to information and community perceptions.

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 (VRC) maintains an estimated planning figure of 247,563 people requiring some form of health-related assistance. This estimate is not limited to La Guaira but covers the seven states prioritized by the operation. While the estimate remains unchanged, evidence collected between 14 and 31 July indicates a shift from the immediate treatment of injuries towards longer-term needs, including continuity of essential services, access to medicines, management of chronic diseases, maternal and emergency obstetric care, rehabilitation, epidemiological surveillance, disease prevention, and expanded primary and community-based healthcare. Within the first month of the response, Venezuelan Authorities reported a total of 47,942 persons among

[10] Venezuela Earthquake: Dispatches from Inside the Disaster Zone #2 - GeoPoll

the population affected by the earthquakes having received direct medical assistance, including approximately 44,000 of them having received it through the Ministry of Health and the rest through a combination of efforts by humanitarian actors and through bilateral cooperation extended to Venezuela such as field hospitals set up with the support of the Qatari, Indian and Spanish governments.

Health-system capacity remains affected. According to PAHO/WHO, by 14 July, 38 health facilities had sustained significant damage, and three general hospitals had been evacuated due to structural concerns[11]. Assessments also identified continuing shortages of medicines and limited availability of mental health and psychosocial support services, further constraining access to healthcare for affected populations. Persistent shortages of personnel, medicines, equipment, diagnostic capacity, information systems, referral mechanisms, and support for mobile services to reach communities with limited access, and are expected to become more pronounced as international emergency medical capacity is progressively reduced. The progressive reduction in Emergency Medical Teams deployed reinforces the need to sustain and strengthen the presence of the VRC and Movement health services.

Assessments in temporary accommodation sites highlight the direct risks for displaced people. The joint VRC and IFRC assessment conducted on 14 July at Juan Germán Turcios—hosting 218 people from 77 families—and Escuela República de Panamá—hosting 631 people—identified recurrent diarrhoeal diseases, skin conditions and respiratory symptoms, as well as hypertension, asthma exacerbations and gaps in prenatal follow-up. Pregnant women, older people, persons with disabilities, children, adolescents and people with reduced mobility were identified among the groups requiring follow-up and differentiated access. Although primary healthcare personnel are available in some locations, shortages of medicines, medical consumables and basic wound-care supplies continue to limit effective treatment, continuity of care and the management of common conditions. Demand across VRC and partner services confirms the continued presence of consultations related to hypertension, musculoskeletal pain and headaches, as well as the need for continuity of medicines, prenatal care, specialized services, functional referral mechanisms, and expanded mobile and community-based care to address transport barriers and the distance from fixed service points.

Disease prevention should remain a central priority as PAHO/WHO warns that the health emergency is ongoing and that recovery must include sustained measures to prevent, detect and control diseases in a timely manner. Displacement, overcrowding, disruptions to basic services, immunization gaps, population mobility and the reduced capacity of some health facilities increase the risk of communicable diseases. The conditions identified in the temporary accommodation sites assessed demonstrate that these risks require active surveillance rather than being treated as hypothetical scenarios, reinforcing the need to strengthen syndromic surveillance in temporary accommodation sites and communities, community-based alert mechanisms, case investigation and referral, diagnostic capacity, immunization, infection prevention and control, and risk communication. Community priorities reinforce this analysis. The rapid assessment disseminated by OCHA on 23 July identified health as a priority need for 53 per cent of respondents and psychosocial support for 27 per cent highlighting Health and MHPSS as continued community priorities.

In MHPSS, rapid assessments and service data continue to identify anxiety, sadness, acute stress reactions, grief, sleep difficulties and somatic complaints. These reactions are compounded by repeated aftershocks, displacement, family separation, uncertainty about housing and livelihoods, bereavement, injuries and continued exposure to damaged or unsafe environments. As the response progresses, grief and distress linked to relocation, demolitions and prolonged uncertainty may become increasingly visible. Community reports indicate that fear associated with continued aftershocks and uncertainty regarding housing continues to affect wellbeing, with many affected people expressing ongoing concerns regarding safety and future living arrangements.

Needs are particularly evident among bereaved and separated families, injured people and their caregivers, children and adolescents, older people, persons with disabilities or pre-existing mental health conditions, displaced households, and humanitarian personnel and other frontline workers. Child-protection authorities reported significant needs among approximately 4,000 affected children and adolescents, including children who had lost caregivers, remained hospitalized or required amputations. Most affected people may benefit from basic, community-

[11] https://www.paho.org/en/news/14-7-2026-venezuela-earthquake-health-response-enters-early-recovery-phase-focus-shifts

based psychosocial support and opportunities for safe play, expression and social connection. A smaller number will require focused or specialized mental health care and safe referral.

Assessments consistently identified psychosocial support as a priority, while highlighting gaps in regular community outreach, coverage outside normal working hours, accessible and age-appropriate information, and structured support for staff and volunteers. Technical gaps also remain in service mapping, referral pathways, harmonized protocols, information management and minimum team arrangements. Priorities are therefore to expand beyond psychological first aid and individual assistance towards sustained community-based activities, support for children and caregivers, accessible psychosocial spaces, safe identification and referral, and measures to protect the wellbeing of volunteers, health personnel and other frontline workers.

Figure 3. MHPSS activities conducted in La Guaira. Source: Jesus da Silva, VRC.

Shelter, housing and displacement. Official national reports have identified 107 transitional camps with a capacity of 28,171 people, including facilities like stadiums and schools (used to protect people from rainfall and having to stay in tents, while cognizant of needing to place families in either permanent housing or temporary single-family homes before the school year starts). As of 22 July, occupancy stood at 23,843 people, with 41 camps located in Caracas, 28 in La Guaira, 28 in Miranda and 10 in Aragua. Of the total camp population, 12,500 people were accommodated in La Guaira, 8,835 in Caracas, 1,833 in Miranda and 675 in Aragua[12]. IOM and WFP reported some families having fled with very few possessions were still staying in makeshift camps including around the mountainous areas near La Guaira. Further information is needed regarding those staying in makeshift camps under the current period, given in the initial weeks this was largely explained by people not wanting to go far from their severely damaged homes given

[12] Terremotos en Venezuela: Reporte de situación #30 (23 de julio de 2026, Hora: 09:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb

fears of looting and/or their wish to remain close to their destroyed homes until their family members trapped inside by the earthquakes were either rescued or returned to them for burial.

In terms of permanent housing, Venezuelan authorities have already handed over 240 apartments to affected families and are expected to proceed with another batch shortly, while evaluations of existing structures and of buildable land continue in alignment with lessons learned from countries with ample seismic experience such as Peru and Mexico. In parallel, they have also enabled an option for affected families who wish to buy a home directly on the market instead of waiting for the construction and assignment of further governmental units, whereby the Venezuelan authorities will subsidize 80% of the price and have the 20% left be covered by 25-year loans from local banks.

Damage assessments conducted by Miyamoto International, a Shelter Cluster partner who is bilaterally working closely with Venezuelan Authorities, covered 6,505 structures and indicated that 23 per cent of assessed buildings have collapsed or are beyond repair, while 37 per cent are considered repairable and 40 per cent sustained limited or no structural damage. The assessments estimate that approximately 103,000 people have been affected to varying degrees. Complementary satellite- and AI-based damage assessments conducted by Copernicus EMS, Microsoft, IMPACT, Ohio State University (OSU), UNEP, the University of Houston, and WFP-LIST-CERN, analysed more than 44,000 buildings with some extent of affectation across the six municipalities, highlighting the concentration of severe impacts in densely populated coastal areas. Overall, Urimare and Caraballeda were identified as the most severely affected areas, while Maiquetía and Naiguatá experienced comparatively lower levels of destruction.

The VRC monitors 107 accommodation sites set up by the Venezuelan authorities across five states, where the overwhelming amount of families temporarily or permanently displaced by the earthquakes are currently staying. Other modalities used by displaced persons also include ad hoc sites set up near their damaged or destroyed homes and staying with host households of extended family, neighbours and friends. Sectoral analysis conducted by the VRC identified overcrowding given various factors- including affected persons' preference to keep large family units together even if space is available to stay in separate rooms and designated space, improvements that can be undertaken for site registration, organization, lighting, access control, waste management, separation of sanitation facilities, vector risks and loss of essential household items. Some families lack cooking equipment, blankets and other basic household items. Joint VRC and IFRC visits to temporary accommodation sites also identified differences in infrastructure conditions, availability of showers, living space and accommodation capacity, and support to maintain adequate living conditions, requiring continued monitoring of occupancy levels and site conditions. Given a wide range of organizations and governmental agencies are going to these transitory shelter spaces, information exchange is constantly taking place to keep up with evolving needs of the affected population and in efforts to avoid duplication and maximize impact. CRV is also standardizing a needs assessment tool to ensure compatibility of data being collected in terms of needs and capacities among the visited structures.

The Inter-Cluster Coordination Group led by OCHA has also conducted a joint multisectoral assessment of temporary camps in coordination with national authorities to provide a consolidated overview of evolving conditions and priority needs across the sites.

Water, sanitation and hygiene. Preliminary WASH analyses indicate that needs remain widespread across all nine affected parishes of La Guaira. The VRC identified WASH as the sector with the highest level of need, affecting an estimated 331,068 people. Three parishes, Catia La Mar, Caraballeda and Carayaca, were classified in the catastrophic severity category due to the impact of water-system disruptions. Field reports also indicated that, despite reported progress in network rehabilitation, significant water shortages persisted in affected communities[13]. Damage has affected public water infrastructure, including aqueducts, water-intake systems, pumping systems and internal

[13] Venezuelan Red Cross People in Need (PIN) Analysis, July 2026; SITREP CRV No. 11.

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 is being sought, and changes in shelter populations complicate the design of sustainable interventions. As part of the governmental response, Venezuelan authorities have reported the distribution of 51,215,582 litres of potable water to families affected by the earthquake and facing respective difficulties.

Joint VRC and IFRC assessments in temporary accommodation sites reinforced the need for household water containers and larger-capacity water-storage systems in collective accommodation sites. Assessments also identified continued needs for personal and family hygiene items, cleaning materials for communal areas and support for safe water storage and treatment, and further assessments of sanitation conditions and strengthening of safe water-management practices.

Save the Children reported need to monitor and address access to privacy, clean water and sanitary products for women and girls. Damage to water pipelines and waste-management systems further compounds these challenges[14].

Recent assessments conducted in temporary accommodation sites, health centres and affected communities confirmed that access to reliable water remains one of the most critical needs. Priority needs include increasing water storage capacity, rehabilitating water systems in temporary accommodation sites and health centres and strengthening sanitation infrastructure and hygiene promotion. Current use of schools, health centres and other institutional premises as temporary accommodation reinforces the need for sustainable improvements to water and sanitation infrastructure.

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 accommodation and other sites, where privacy and security were identified as concerns that should continue to be monitored and addressed.[15] Protection concerns are concentrated on temporary accommodation sites and displacement routes, including regarding lighting, access control, insufficient or unsafe sanitation facilities, limited privacy, mixed accommodation arrangements, separated or unsupervised children, family separation and access to 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. The sudden increase of needs can render institutional protection and referral services 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. The demand for family-link services highlights the impact of family separation and loss of communication following the earthquakes, albeit the use of such services is shifting and has been decreasing along some sites in past weeks, prompting the VRC to continuously review the location and services included to adapt the response as needs evolve. VRC has thus far provided connectivity and Restoring Family Links services to 2,343 people, amounting to 4,847 individual connectivity services[16]. Staff and volunteers are being supported with reinforcement trainings in PGI,

[14] Families displaced by Venezuela earthquakes at risk of infection amid water and sanitation shortages | Save the Children International
[15] https://globalprotectioncluster.org/publications/2493/reports/report/venezuela-protection-situation-update-3-earthquake-response
[16] Venezuelan Red Cross Protection Area, 3 August 2026.

gender-based violence, safeguarding and prevention of sexual exploitation and abuse, and Restoring Family Links (RFL) case management, together with clear, confidential and consent-based referral pathways and case follow-up arrangements.

Rapid assessments conducted by VRC and IFRC PGI focal point in temporary accommodation visits identified groups with specific needs, including pregnant and breastfeeding women, children, older people, and persons with disabilities or other specific vulnerabilities. The high population density 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 during the transition period while families are assigned permanent housing units.

Moreover, the rapid multisectoral assessment conducted by IFRC PGI focal point in Las Caracas and Escuela Crimeles identified additional PGI-related 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 welcomed reinforcement training on gender-based violence prevention and child protection, 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[17] 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, particularly for a population not used to seismic activity of this magnitude or frequency.

Safeguarding. The earthquake response is taking place in a context where displacement, shared temporary accommodation and increased dependence on humanitarian assistance heighten safeguarding risks for affected communities. High population density in temporary accommodation sites, together with disrupted community support networks and overstretched protection services, increases the risk of sexual exploitation and abuse (SEA) and child safeguarding concerns, particularly for women, children, older people, people living with disabilities and LGBTQIA+ people. Findings from VRC and IFRC site visits, complemented by a Child Safeguarding Risk Analysis conducted jointly with the Venezuelan Red Cross, identified the need to strengthen safeguarding measures across

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

the operation, including child-friendly reporting mechanisms, safe referral pathways, staff and volunteer safeguarding awareness, and the integration of safeguarding across all sectors, while reinforcing safeguarding capacity within temporary accommodation settings.

Livelihoods and basic needs. WFP reported that the loss of homes and livelihoods, together with disruption to supply chains, was expected to impact food security 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.[18] VRC preliminary 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 impact on livelihoods, including many households have not yet resumed their normal income-generating activities and continue facing difficulties meeting essential needs. Reduced household capacity to independently meet basic needs can affect 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. Livelihoods and basic needs, including cash and voucher assistance, continue to be discussed through Movement coordination mechanisms as part of ongoing efforts to assess potential response options and inform any future adjustments to the operational strategy.

Food security and nutrition. While the population affected by the earthquakes in need of food assistance is expected to gradually decline through January 2027 as rubble clearance, reconstruction, restoration of basic services and improving macroeconomic conditions support the recovery of household livelihoods[19], 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.[20] 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. Given the aforementioned and as a direct part of the emergency response, Venezuelan Authorities have reported 10,977,336 tons of food distributed to affected families within the first month of the response.

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

[18] https://www.wfp.org/stories/venezuela-earthquakes-food-brings-hope-families-crisis
[19] https://fews.net/latin-america-and-caribbean/venezuela
[20] https://www.wfp.org/stories/venezuela-earthquakes-food-brings-hope-families-crisis

prepare a consolidated summary of relevant IFRC actors and partners. A Surge Risk Management coordinator has been identified and will be deployed for further strengthening of this area of the operation, while supporting the Venezuelan Red Cross in the ongoing review and updating of its risk matrix.

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.
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.

Risk	Probability	Impact	Mitigation actions
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 humanitarian assistance resulting in reputational damage and reduced community acceptance.	HIGH	MEDIUM	Info as aid to communicate on what is done in which phase of the response and why. Implement CEA activities to manage 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	MEDIUM	MEDIUM	Apply IFRC data protection standards, restrict access to sensitive information and use secure systems for the management and sharing of personal data.

Risk	Probability	Impact	Mitigation actions
registration and RFL activities.			
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 safe housing and essential services, supporting livelihoods and self-sufficiency, reducing future risks, and further reinforcing the VRC's institutional, operational and preparedness capacities. As the needs and response continue to evolve, consideration is being given to a broader review of the Emergency Appeal to ensure continued alignment with the operational context, evolving needs and emerging recovery priorities.

The indicators included below have been jointly reviewed by VRC and IFRC and, where necessary, refined to better reflect implementation progress and the activities carried out to date. These revisions are expected to be reflected in the next update of the Operational Strategy. Should the Emergency Appeal be reviewed, additional adjustments may be considered to ensure continued alignment with the evolving context and emerging recovery priorities.

- **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 earthquakes rather than the number of individual people reached.
  - The indicator "Number of protection services provided to people through DAPS centres" has been added to better reflect protection activities delivered through DAPS (Dignity, Access, Participation and Safety) spaces.
  - The indicator "Number of people safely referred to specialized protection services or other relevant services" has been added to better capture referral support provided to people with identified protection needs.
- **CEA:**
  - Indicators now provide a more comprehensive view of community engagement and accountability by including CEA training for staff as well as volunteers.
  - The indicator "Number of community engagement and accountability mechanisms developed" has been revised to "Number of Community Engagement and Accountability (CEA) strategies, plans, or frameworks developed to support the earthquake response" to better reflect the range of CEA guidance and planning tools developed through the operation.
  - The indicator "Percentage of people consulted who know at least one available feedback channel to submit questions, comments, or complaints" has been added to better measure community awareness of available feedback and accountability mechanisms.

- The indicator “Number of consultation and participation sessions conducted with earthquake-affected people to inform response planning, implementation, and adaptation” has been added to better capture community participation in decision-making throughout the response.

- **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.
  - The indicator “Number of people reached with key community health messages delivered by volunteers” has been revised to “Number of people reached with key community health and MHPSS messages delivered by volunteers” broadened to include MHPSS messages, recognizing the integration of mental health and psychosocial support communication into community outreach.
  - The indicator “Number of people receiving emergency health services” has been revised to “Number of people reached with primary health care services” to better reflect the nature of health interventions delivered through the operation.
  - The indicator “Number of staff, volunteers and other frontline workers who have participated in care and wellbeing activities” has been added to better reflect efforts to support responder wellbeing throughout the operation.
  - The indicator “Number of MHPSS kits distributed” has been added to better capture resources provided to support community-based MHPSS activities.
- **Multipurpose cash:**
  - The indicator “Number of volunteers trained in cash” has been revised to “Number of volunteers and staff 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.

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	1,509	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** have continued collaborating closely with one another to help coordinate the Shelter and Infrastructure Working Group. This collaboration has supported the establishment of coordination mechanisms with the Governments of Miranda and La Guaira, as well as with the Sectoral Vice-Presidency. During the Humanitarian Country Team (HCT) meeting on 29 July, IOM requested the Resident Coordinator (RC) to activate the Shelter, Land and Site Management (SLSM) Cluster, and IFRC expressed its interest in serving as co-lead. A formal request will be submitted to the IASC Emergency Director to proceed with requesting the activation process, most likely for an initial period of 6 months. In parallel, interested organizations will define operational arrangements and draft the Terms of Reference (ToRs) for the co-leadership.
- **Inter-Cluster Coordination Group (ICCG) / OCHA:** A joint multisectoral assessment of temporary camps is underway in coordination with national authorities. To date, assessment have been conducted in 15 camps (eight in La Guaira and seven in Miranda). The assessment is providing a consolidated overview of current conditions, priority needs and service gaps across affected sites, supporting evidence-based

response planning. In the medium term, it is planned to expand the number of camps covered through an intersectoral approach once a unified protocol to facilitate coordination is established.

- **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. A proposal for distribution of NFIs and infrastructure improvements for 8 prioritized camps in La Guaira was summited, based on response capacities of partners of infrastructure and temporary accommodation working group (shelter cluster). The authorization to implement these activities is pending and it was recommended to establish a unified protocol to facilitate coordination and implementation.
- **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. A proposal to develop a technical guidance document to strengthen coordination and management capacities in temporary camps has been submitted and is currently awaiting feedback. In parallel, a training plan for camps managers is being developed.
- **Ministry of Public Works and Ministry of Housing:** A shelter cluster technical working group was established to develop standardized housing damage assessment tools and shelter assistance guidelines. This initiative will support damage assessments and inform the planning and implementation of housing reconstruction efforts. A focal point from the Ministry of Public works participates in the technical working group and Venezuelan Authorities have already began assigning permanent housing units to affected families, while they coordinate efforts and welcome technical recommendations to implement a "Build Back Better" approach through bilateral support of other countries with extensive experience with seismic activity and post-earthquake reconstruction, as well as from a handful of trusted specialized entities.
- **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.
- **Engagement with Government of Miranda:** A coordination meeting was held with representatives of the Government of Miranda state, OCHA, and the Inter-cluster focal points of Shelter, Health, Education and Protection to plan joint activities in seven prioritized temporary camps, as well to develop pilot housing repair projects. Participants agreed to develop a joint multisectoral plan and identify key implementers' partners. In addition, the establishment of a unified coordination procedure was recommended to strengthen inter-agency collaboration. On 3 August, a follow-up meeting was held with the Government of Miranda, during which partners agreed to advance three priority lines of action: 1) standardization of non-food item (NFI) kits, 2) rehabilitation of damaged houses. 3) Camp management and infrastructure improvement. Joint field visits have also supported the identification of potential pilot housing repair interventions in affected communities.

As of 4 August, 1,509 families have been reached with shelter supplies (estimate of 6,036 people) by the VRC. According to the available registration data, women represented 74 per cent of those who received the supplies and men 26 per cent. Adults aged 18–59 years accounted for 80 per cent of recipients, while people aged 60 years and above represented 19 per cent and children and adolescents aged 0–17 years represented 0.4 per cent. Shelter supplies include kitchenware kits (905), sleeping kits (46), hammocks, plastic tarpaulins (170), blankets (3,298), cooking kits (461), and tents. 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 made by humanitarian actors, in parallel to efforts already underway by the Venezuelan government and through bilateral cooperation. In the meantime, complementary activities by cluster members are being planned for the next phase of the operation as the response continues to transition towards recovery and early recovery interventions. Related assessments and coordination efforts are ongoing to inform planning and implementation.

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 staff and volunteers trained in cash and voucher assistance.	0	100
	Percentage of people participating in post-distribution monitoring interviews	0	15%

Cash and Voucher Assistance (CVA)

During the reporting period, the Venezuelan Red Cross and IFRC advanced the design of the Cash and Voucher Assistance (CVA) programme. IFRC conducted a feasibility study in the first weeks, concluding that a cash program is feasible, subject to fulfilment of a series of internal and external preconditions. Recommendations were presented to VRC leadership for endorsement, and a final version is expected to be finalized by mid-August.

Subsequently, the feasibility study conclusions were translated into a detailed programme design covering targeting, registration, payment delivery, community engagement and accountability (CEA), and monitoring. Technical coordination continued with Movement partners, sector leads, and specialist cash personnel to ensure the programme design remains aligned with operational priorities and recovery objectives. A dedicated internal coordination structure for the CVA workstream was proposed to the VRC. This structure is set to support technical oversight and quality assurance as programme design and pilot preparation progress.

Programme design work has defined a phased approach to reaching affected households. The first phase is set to test and improve the proposed design, followed by a broader extension of assistance. This will be carried out together with a registration process building on existing VRC distribution and outreach mechanisms, and a proposed transfer value aligned with reference amounts already used in the response context. Procedures were also developed for cases where a registered recipient cannot personally collect the payment. Moreover, a first draft of the CEA plan was prepared, including clear guidance for affected households on how payments will be received.

The operation will continue advancing preparedness actions, refining implementation tools and procedures, and strengthening coordination arrangements to ensure timely and effective delivery of cash assistance to affected communities as the programme moves toward pilot implementation.

In terms of coordination, as part of the preparedness process, the VRC has established a Livelihoods and Basic Needs Working Group, with Cash and Voucher Assistance (CVA) as a key component of the response. Under the leadership of the National Society, the Working Group brings together the VRC, IFRC, ICRC, Spanish Red Cross and German Red Cross to support joint planning, technical coordination and alignment of interventions. Led by the VRC, the team will serve as the primary coordination mechanism for cash programming, providing strategic direction, facilitating decision-making, ensuring alignment across sectors, and overseeing planning and readiness activities. The team brings together key technical and operational stakeholders to strengthen coherence, accountability, and preparedness for future cash interventions under the operation.

Over the coming months, the operation will focus on completing key readiness milestones required for the implementation of the pilot cash initiative. Priorities include finalizing the programme design and standard operating procedures, testing registration and payment delivery mechanisms, and completing preparatory work for the pilot. Efforts will also continue to enhance the capacities of VRC staff and volunteers through training, mentoring, and simulation exercises, while further consolidating coordination arrangements with Movement partners and technical specialists. Lessons learnt from these preparedness activities will be used to refine operational systems ahead of any decision on scale-up.

	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*		
	Indicator	**Actual**	**Target**
Key indicators:	*Number of people receiving MHPSS services*	2,311	40,000
	Number of people reached with key community health and MHPSS messages delivered by volunteers	445	300,000
	Number of people reached with pre-hospital health services	88	25,000

	Number of people reached with primary health care services	8,121	50,000
	Number of field clinics installed	2	2
	Number of volunteers and staff trained in MHPSS	247	300
	Number of volunteers receiving personal protective equipment to provide emergency health services	NA	300
	Number of MHPSS kits distributed	300	4,000
	Number of staff, volunteers and other frontline workers who have participated in care and wellbeing activities	384	300

The Venezuelan Red Cross activated a field hospital immediately after the earthquakes, providing essential healthcare until services were integrated with the Spanish Red Cross Emergency Response Unit (ERU). A total of 4,941 services have been provided through Hospital San José and the Macuto Emergency Clinic, including 3,764 Health services and 1,161 MHPSS services. The two sites also recorded 129 medical referrals: 114 from Hospital San José and 15 from Macuto. Teams continued monitoring service demand, staffing levels and referral pathways to ensure that service capacity remained aligned with operational needs. On 1 August, services at Hospital San José were complemented by a specialized dermatology service, which provided consultations to 80 people.

The VRC Health Information System is now routinely used at both clinical sites. Continuous on-the-job support and practical training are being provided to rotating VRC personnel to ensure consistent use of the system and improve reporting quality. EPI-10 and Virtual CICOM reporting are up to date, representing progress compared with the previous reporting period. A total of 93 patients received support through pre-hospital care and medical transfer services, helping ensure timely first aid, stabilization and referral to the appropriate level of care. As part of efforts to strengthen local response capacities, the Venezuelan Red Cross distributed medical and emergency supplies to the 911 pre-hospital emergency service and DIGESALUD.

In parallel, the Venezuelan Red Cross with the support of the German Red Cross continued delivering services through two Mobile Health Units. Each team was composed of two general practitioners, two nurses and one psychologist, supported by volunteers conducting health and hygiene education and promotion activities. By the reporting period, the Mobile Health Units had provided 1,561 services, including 343 mental health consultations, across 22 communities in La Salinas, Ciudad Caribia, Raúl Leoni, Punta de

Brisas, Maiquetía, Parque del Oeste, Catia La Mar and Guarenas. Of the total services provided, 739 were delivered in the Capital District, 697 in La Guaira and 125 in Miranda. Through the Mobile Health Units, health education, prevention and promotion activities reached 528 people. Sessions covered topics including respiratory infections, acute diarrhoeal diseases, diabetes, hypertension, breastfeeding, vector-borne diseases, fear, grief and anticipatory grief.

Health coordination continued with the VRC, local health authorities, PAHO/WHO, and other operational actors. The Venezuelan Red Cross with the support of the German Red Cross also supported public health facilities to strengthen access to preventive and primary healthcare. Support was completed in Las Salinas and is ongoing in the CDI in Ciudad Caribia and four community clinics in Raúl Leoni. Activities include pharmacy organization, medical-equipment use training and support to vaccination and immunization activities in targeted communities. Teams regularly participated in PAHO/WHO meetings and received technical visits at the Emergency Clinic. At the request of the United Kingdom Emergency Medical Team, the ERU temporarily provided cold-chain storage for insulin vials while technical issues were being addressed, helping preserve the continuity and integrity of temperature-sensitive medicines. The team also received a visit from the Japan Emergency Medical Team.

In addition, and as part of the response, the Venezuelan Red Cross is developing and consolidating its Health Strategy for the operation to provide an integrated framework for health, community health and MHPSS interventions throughout the response and recovery phases, with support from the Italian Red Cross, German Red Cross, Spanish Red Cross and Swiss Red Cross. With technical support from IFRC, the National Society is also developing Standard Operating Procedures (SOPs) for Mobile Health Units to harmonize operating modalities, service packages, referral mechanisms and information systems.

The VRC has also initiated a process to review and strengthen its community training materials, seeking to align them with the latest content and tools under the Community-Based Health and First Aid (CBHFA) approach. In addition, 28 branch volunteers received sensitization on disease-prevention topics. This process will strengthen the capacities of volunteers and communities in health promotion, disease prevention, early identification of risks, dissemination of key messages and linkage with available health services.

Moreover, Movement partners hold weekly Health and MHPSS coordination meetings under the leadership of the Venezuelan Red Cross and with support from IFRC. These meetings currently bring together the ICRC, the German Red Cross, Spanish Red Cross and the Italian Red Cross, in addition to the National Society and IFRC technical teams. They facilitate regular information exchange, joint planning and the harmonization of priorities, activities, technical tools and monitoring mechanisms. This coordination contributes to avoiding duplication, identifying gaps and ensuring that partner support remains aligned with the strategy, capacities and priorities defined by the Venezuelan Red Cross. During the coming months, MHPSS priorities will include establishing regular community-based activities in accessible spaces identified through assessments, preparing mobile MHPSS activity kits, strengthening training and supervision for new volunteers, consolidating service mapping and safe referral pathways, continuing remote support, and maintaining structured wellbeing measures for staff, volunteers and other frontline workers.

Figure 4. Health session conducted by VRC volunteers in Catia La Mar on 23 July. Source: Luis Sotillo, VRC.

MHPSS services were integrated into the VRC Field Hospital from the beginning of the response, including activities implemented by the Venezuelan Red Cross in collaboration with the German Red Cross. Before the integration of health services with the Spanish Red Cross ERU, MHPSS activities were already being registered through the Kobo information system, which continued to be used throughout the response. By the reporting period, 654 people receiving MHPSS services through VRC and German Red Cross activities had been recorded through this system. Following the integration of services with the Spanish Red Cross ERU and the expansion of service delivery through Hospital San José and the Macuto Emergency Clinic, 1,657 people were reported as having received direct MHPSS services. At Hospital San José, 1,161 people received services including psychological assessments, Psychological First Aid (PFA), brief emotional-support interventions, follow-up and referral when required, while two psychologists at the Macuto Emergency Clinic provided MHPSS services to 496 affected people. Combined, these data sources indicate that 2,311 people received MHPSS services during the response. However, the available information systems do not yet allow confirmation that all Health and MHPSS records correspond to unique individuals. Some people may have received more than one consultation or service through different response modalities and may therefore have been recorded more than once. The VRC and IFRC will continue strengthening data reconciliation, deduplication and alignment of information systems and indicators across the operation.

To support continuity of care, the Venezuelan Red Cross established a national MHPSS follow-up network involving professionals from the branches of Valencia, Maracay, Maracaibo, Guasdualito, Ciudad Bolívar, San Antonio, San Felipe and La Vela. Through this mechanism, follow-up pathways were activated for 70 people identified as requiring continued psychosocial support.

Since 3 July, MHPSS teams have accompanied 16 humanitarian distribution activities in transitional camps, providing Psychological First Aid (PFA), psychoeducation, information on common reactions to traumatic events and promotion of available support services, reaching approximately 245 people. MHPSS personnel also supported PGI activities through mobile and fixed service points, reaching approximately 200 people through PFA, awareness campaigns and promotion of MHPSS services. During the initial phase of the emergency, MHPSS activities implemented alongside the German Red Cross in Playa Grande, Parque del Oeste, Ciudad Caribia and Tanaguarenas reached approximately 50 people.

The VRC MHPSS team, supported by IFRC MHPSS Surge personnel, continued coordinating with the ICRC and exchanging information on identified needs, ongoing activities, key messages, response priorities with the Venezuelan Federation of Psychologists, the School of Psychology of Andrés Bello Catholic University, Ministry of Health promoters in La Guaira, IOM, and Médecins Sans Frontières. The regional staff and volunteer psychosocial support protocol was activated with support from the Colombian, Argentine, and Chilean Red Cross and IFRC while the VRC continued participating as an observer in the MHPSS Technical Working Group.

Measures to support the wellbeing of staff, volunteers and other frontline workers continued during the reporting period. These included structured opportunities for rest, connection and self-care, together with wellbeing activities and psychosocial support for responders. With support from the MHPSS International Movement Hub, the IFRC and regional specialized teams, the Venezuelan Red Cross designed and launched the "Support to Supporters Line", a confidential remote support service for volunteers, staff and Movement personnel involved in the earthquake response. Prior to its launch on 31 July, protocols, referral pathways, coordination mechanisms and service-delivery systems were established.

Three additional Venezuelan Red Cross (VRC) MHPSS staff members joined the ERU team on 3 August, strengthening the operational capacity of the MHPSS response. With support from the Spanish Red Cross ERU, training on "Introduction to the MHPSS Approach in Emergency Contexts" was provided to 26 volunteers involved in the response. In addition, induction sessions on Mental Health and Psychosocial Support were conducted for two groups of newly recruited auxiliary volunteers, reaching 16 participants in the first group and 28 in the second. Additional branch-led training activities on Psychological First Aid (PFA), self-care and MHPSS in emergencies reached 247 participants, including volunteers, health personnel, psychologists and response teams. These team members are embedded within the ERU and will support the coordination, implementation and follow-up of MHPSS activities.

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	136,000	1,500,000

	Number of families receiving WASH kits[21]	2,178	37,500
	Number of hygiene and sanitation promotion campaigns in emergencies	1	1

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 136,000 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. Of this volume, 6,000 litres were distributed for public consumption, while the remainder supported the operation of health and rescue personnel working at the Jorge Luis García Carneiro baseball stadium base camp and associated response facilities.

To date, the VRC has reached 2,178 families (estimate of 8,712 people) through the distribution of WASH kits or wash items. The largest number of families was assisted in the state of La Guaira, with 1,164 families, followed by the Capital District with 676 families. Assistance also reached 287 families in Carabobo and 51 families in Miranda. Among the heads of households, 72% are female, 19% are elderly, 4% have a disability, and 1% are pregnant.

Wash kits and items include family hygiene kits (2,220), personal hygiene kits (159), household cleaning kits (1,673), mosquito nets, (2,673) water storage and cleaning kits (1,384), water purification tablets (17,976), water containers (540), buckets (576), household water filters (ceramic candle filter) (659), household water filters (membrane filter) and hygiene kits (for 8 days). 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.

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, nine handwashing stations were installed at strategic locations along with their respective information, education and communication (IEC) materials, to promote hygiene and prevent disease transmission, including two at Hospital San José, three at the Las Salinas Outpatient Department, two at Escuela República de Panamá and two at U.E. Juan Germán Roscio. Likewise, four hydration stations (providing safe water through ultrafiltration) were established at the Las Salinas Outpatient Department, Plaza Padre Machado, the main shelter in Ciudad Caribia and the Venezuelan Red Cross Field Hospital. Through these interventions, approximately 1,615 people were reached.

[21] For reporting purposes, this indicator includes families receiving WASH kits as well as WASH items, including family hygiene kits, personal hygiene kits, household cleaning kits, mosquito nets, water storage and cleaning kits, water purification tablets, water containers, buckets, household water filters (ceramic candle filters), household water filters (membrane filters), and hygiene kits for eight days.

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. In parallel, planning is underway for additional WASH rehabilitation interventions in two health facilities and one school to strengthen access to safe water and sanitation services in affected areas.

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. The Venezuelan Red Cross conducted hygiene promotion sessions in 24 locations, including communities, schools, health facilities and shelters, reaching 3,627 people. 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. A technical coordination table involving the Venezuelan Red Cross, the German Red Cross and the ICRC is also in place. 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.

Figure 5. Distribution in Catia La Mar on 24 July. Source: Luis Sotillo, VRC.

	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*		
	Indicator	**Actual**	**Target**
Key indicators:	*Number of RFL points installed*	2	2
	Number of Restoring Family Links services provided to people affected by the earthquakes	4,953	15,000
	Number of awareness campaigns on protection, gender, and inclusion in emergencies	0	1
	Number of volunteers and staff trained in PGI	66	300
	Number of protection services provided to people through DAPS centres	0	10,000

	Number of people safely referred to specialized protection services or other relevant services.	7	1,000

As part of the comprehensive humanitarian response, the Venezuelan Red Cross, with the technical and operational support of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Movement's network of partners, has maintained a continuous offer of Restoring Family Links (RFL) services and connectivity through fixed and mobile devices. A fixed connectivity point was established at the Caraballeda Golf Course, while a mobile connectivity point successively covered Taguarena, Estado César Nieves, Estadio Playa Grande and Polideportivo José María Vargas. Through these services, the Venezuelan Red Cross provided 197 telephone calls, 2,866 device-charging services and 1,890 Wi-Fi connections, reaching 2,343 unique users (924 women, 1,123 men and 296 people who preferred not to declare their gender). These services contributed to maintaining contact between affected people and their relatives during a period of telecommunications disruption, helping restore communication channels and supporting family links in the aftermath of the earthquake.

To meet the pent-up demand of approximately 2,600 requests for information on missing or separated family members, the National Society and the ICRC consolidated a pilot scheme for specialized case management. After technical training of four professional volunteers by the ICRC, the team intervened in an initial sample of 100 cases, managing to establish effective contact in 63 of them. This management made it possible to locate 86 people and formalize three search requests. In order to ensure the sustainability of the process, a tripartite working group between the Venezuelan Red Cross, the ICRC and the IFRC defined a strategy aimed at the progressive training of more volunteers, speed in the processing of files through the protection dialogue maintained by the ICRC and the gradual transfer of institutional capacities to CRV.

In terms of capacity building, the sectoral strategy for Protection, Gender and Inclusion designed with the technical support of the IFRC's PGI Surge Coordinator has prioritized the mainstreaming of the principles of Dignity, Access, Participation and Security (DAPS) in all lines of action. To support the integration of minimum protection standards across the operation, 66 volunteers were trained on person-centred action, respect for diversity, prevention of gender-based violence, safeguarding and the commitment to do no harm. Likewise, the technical preparation was extended to 12 members of the Emergency Response Units (ERU) in Health (4 women and 8 men) and local logistics personnel. In a complementary way, the sector maintained the articulation with the Safeguarding area to integrate operational safeguards in the humanitarian response chain, directly following up on the case studies together with the National Protection Referent.

Child protection as part of the strategy advanced through the design, socialization and pilot testing of the Operational Protocol for Safe Spaces for Children and Adolescents during the distributions of humanitarian aid, implemented in the transitional camp of the Armando Reverón School in La Guaira. This activity was carried out jointly by PGI volunteers and the Mental Health and Psychosocial Support (MHPSS) team of the SN, applying strict safeguarding standards. The operation also initiated a pilot of recreational and psychosocial support activities within DAPS (Dignity, Access, Participation and Safety) spaces during humanitarian distributions. These activities provided dedicated spaces for children while their families accessed humanitarian assistance and were implemented jointly by PGI volunteers and MHPSS personnel. In parallel, the sectoral route for referring cases was tested, with six formal referrals registered to date: one consultation on information sent to the National Service of Medicine and Forensic Sciences (SENAMECF) and five child protection cases safely channelled to the Protection Cluster and World Vision. In addition, a sensitive complaint was confidentially handled in direct coordination with the National Society's protection officer. PGI teams also accompanied response activities through a protection-focused approach, identifying and referring seven people with specific protection needs to specialized services, including psychosocial support, case management, disability-related services and legal orientation. The referrals included four women and three men, comprising one child under 18 years of age, four adults aged 18 to 59, and

two older persons aged 60 years and above, highlighting the need for tailored protection support across different age groups.

Intersectoral interoperability was strengthened through working meetings with the Communications area for the dissemination of key messages on menstrual hygiene derived from field diagnoses, as well as through joint technical sessions between PGI and the Security team to assess operational risks under the "Do No Harm" approach. At the inter-institutional level, the Venezuelan Red Cross reaffirmed its active role in the Protection Cluster and in the Areas of Responsibility for Children and Gender-Based Violence, strengthening bilateral dialogue with UNHCR and Plan International to update the mapping of services and the harmonization of care routes.

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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of Community Engagement and Accountability (CEA) strategies, plans, or frameworks developed to support the earthquake response.	0	1
	Number of people reached with timely information on services, safety, assistance criteria, and feedback mechanisms	2,181	15,000
	Number of volunteers and staff trained in CEA	69	300
	Percentage of people consulted who know at least one available feedback channel to submit questions, comments, or complaints.	N/A	80%
	Number of consultation and participation sessions conducted with earthquake-affected people to inform response planning, implementation, and adaptation.	0	10

The Venezuelan Red Cross and IFRC continued strengthening Community Engagement and Accountability (CEA) throughout the response operation, with a focus on capacity strengthening, community feedback management, and the institutionalization of CEA systems and processes within the National Society.

CEA orientation sessions and capacity-strengthening activities continued to be delivered to volunteers and staff involved in operational activities. As of 31 July, 69 volunteers and staff members have been trained on CEA principles and approaches. In addition, planning is underway for the development of thematic CEA training modules tailored to specific sectors, including CEA and Cash and Voucher Assistance (CVA).

A unified multi-channel community feedback mechanism is currently being piloted in collaboration with the Netherland RC, using harmonized Kobo forms, records of face-to-face interactions, and physical suggestion boxes placed at strategic locations where the CRV and IFRC actions take place. Next steps will seek to incorporate a dedicated WhatsApp line as an additional feedback channel. As of 31 July, 167 community feedback entries had been received through established feedback mechanisms across distributions, mobile health units, and Macuto

Hospital. In parallel, the Venezuelan Red Cross received and documented 185 feedback submissions from volunteers and staff, providing valuable information to support operational decision-making, identify areas for improvement, and enhance the quality and relevance of the response.

Building on the feedback system pilot, periodic community feedback reports are expected to be systematically shared to better inform the overall operation. These reports will support the analysis of community perceptions, questions, concerns, and recommendations, while helping technical teams and decision-makers adjust activities and communication approaches based on evidence gathered from affected people and frontline teams.

Progress has also been made in strengthening the strategic and operational foundations of CEA within the National Society. A first draft of the Venezuelan Red Cross CEA Strategy and accompanying CEA Operational Action Plan was developed based on initial outlines provided by the National Society's CEA Focal Point. Both documents are currently pending joint review prior to their wider circulation and validation across the operation.

In support of integrating accountability and protection considerations into operational activities, key CEA tools are being adapted to the response context to guide different sectors. This includes the Minimum Checklist for CEA & PGI in Distributions, which was translated into Spanish and shared with relevant technical teams for review. The checklist is expected to support a more consistent application of minimum standards during distribution activities once rolled out operationally.

In the up-coming months, efforts will focus on strengthening and formalizing CEA SOPs, further enhancing community feedback and response mechanisms, and supporting the long-term institutionalization of Community Engagement and Accountability within the Venezuelan Red Cross.

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*		
	Indicator	**Actual**	**Target**
Key indicators:	*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. In addition, induction and refresher sessions are planned on operational safety, the proper use of personal protective equipment (PPE) and protocols for dealing with environmental risks identified in the affected areas. The Venezuelan Red Cross (VRC), through its Situation Room, continues to monitor multiple hazards and emerging events across the country to support early warning, preparedness and operational decision-making. In parallel, the National Society is developing a contingency plan for a potential El Niño event to strengthen preparedness and anticipatory actions. Disaster Risk Reduction (DRR) remains a component of the VRC Response Plan, and related activities and indicators may be further refined during future reviews of the operational strategy to ensure alignment with evolving operational priorities and risks.

Following the establishment 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. As a next step, efforts will be made to organise evacuation drills, carry out periodic reviews of contingency plans and strengthen community-based early warning mechanisms for concurrent threats, including earthquakes, floods and landslides.

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	1	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	0	300

National Society Strengthening activities have focused on enhancing the Venezuelan Red Cross' capacities to support the implementation of the earthquake response.

Communications activities over the 24-month operation will support the transition from emergency response to recovery and preparedness while strengthening the Venezuelan Red Cross' long-term institutional capacity. The strategy is organized around five objectives: (1) support operational visibility and accountability through timely and reliable information for affected communities and partners; (2) strengthen communications capacity by training 105 staff and volunteers, supported by a Communications Manual, Emergency Communications Protocol, online learning resources and branch focal points; (3) reinforce trust and understanding of the National Society's humanitarian and auxiliary role; (4) expand reach and engagement through media, digital channels, storytelling and public events; and (5) support resource mobilization, preparedness and organizational learning by documenting impact, promoting risk awareness and capturing lessons that strengthen future emergency operations.

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. At the same time, investments were made to strengthen the National Society's information management and connectivity capabilities. This included the implementation of the Monday.com platform, as well as the deployment of digital tools, satellite communication systems, and operational IT infrastructure to support real-time operational monitoring, information management, coordination, and reporting evidence-based decision-making across response locations.

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 Venezuelan Red Cross has strengthened volunteer management through the implementation of the Monday.com platform, which supports volunteer registration, deployment, activity tracking, participation, and training records. To date, 23 of the Venezuelan Red Cross's 41 branches have deployed volunteers to Caracas to support the earthquakes' direct response, strengthening the National Society's operational capacity to deliver humanitarian assistance to affected communities. To further strengthen volunteer coordination and surge capacity, the operation seeks support to coordinate and manage up to 4,000 volunteers throughout the response, in collaboration with the IFRC.

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.

To support these efforts, the IFRC Information Management Surge team collaborated with the VRC to create and improve several digital data collection tools. These tools cover family characterisation and kit delivery, volunteer training registration and feedback, rapid needs assessments, PGI monitoring, and WASH activities. These actions build on earlier progress by strengthening community feedback mechanisms and distribution monitoring systems.

Significant progress was also made in strengthening the National Society's digital and telecommunications infrastructure. Technical assessments were conducted, and Starlink satellite connectivity solutions were installed at key operational locations, including field hospitals, operational and coordination tents, water treatment facilities, and response vehicles deployed in affected areas. These improvements have enhanced communication between field teams and coordination structures, facilitated the exchange of real-time information and increased operational continuity in areas with limited connectivity.

The Emergency Operations Centre (EOC) at the Venezuelan Red Cross headquarters was further strengthened by installing dedicated internet networks, network infrastructure, printers, and audiovisual systems, thereby improving emergency coordination and information management capacities. Additionally, a video wall system was set up to support operational monitoring, situational awareness and the visualisation of maps, operational indicators and field activity tracking in real time.

To reinforce digital transformation efforts, 15 electronic tablets were acquired for beneficiary registration, damage assessments, and digital field data collection. These investments are contributing to faster, more accurate and

more reliable data management processes, while laying the foundation for a more integrated and sustainable information management system within the Venezuelan Red Cross.

The IFRC continued supporting the Venezuelan Red Cross (VRC) to ensure that the emergency response also contributes to the National Society's long-term organizational development and institutional strengthening. A comprehensive mapping exercise was conducted to link the activities included in the Emergency Appeal under the *National Society Strengthening* and *Coordination and Partnerships* components with the organizational development processes that were already underway before the emergency. This exercise considered the National Strategic Plan (2026), and the National Society restructuring process, ensuring that emergency investments reinforce existing institutional priorities rather than creating parallel systems.

Technical support has also focused on identifying strategic areas where emergency interventions can generate sustainable institutional capacity beyond the response operation. This approach is helping ensure that systems, structures, and capacities developed during the operation remain embedded within the National Society and continue supporting future preparedness, response, and organizational performance.

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 27 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. They financially supported the Mexican RC and Colombian RC for the first phase of the emergency response. Also, they have confirmed a multilateral contribution to Emergency Appeal.
Colombian Red Cross Society	Provided in person specialized support in USAR (urban search and rescue) efforts. Supported connectivity services and coordination in VRC field clinic activities, rapid health assessments and Restoring Family Links (RFL). They arrived to provide in health services, vaccines, kits distributions, with considerations to stay for 24 months.
Costa Rican Red Cross	Provided in person specialized support in USAR (urban search and rescue) efforts. Support for health, logistics, information management and telecommunications activities.
Danish Red Cross	Provided technical delegates/experts for IFRC Surge/ Rapid Deployment/ ERUs.

French Red Cross	Provided humanitarian relief items and one pickup truck and technical delegate expertise for IFRC Surge/ Rapid Deployment
German Red Cross	Provided humanitarian relief items and a range of 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 mental health services.
Mexican Red Cross	Provided in person specialized support in USAR (urban search and rescue) efforts.
Red Cross Society of Panama	Undertook USAR/search and rescue operations
Red Cross Society of Portugal	Provided humanitarian relief items and two ambulances
Qatar Red Crescent Society	Provided in person specialised health and disaster management team.
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 in person disaster management and recovery expert team

Currently 40 National Societies are supporting the operation through bilateral (27 NS) and / or multilateral (14 NS) efforts; of these, 18 NS have launched domestic fundraising campaigns.

Furthermore, the Membership coordination team 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 21 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, Guatemalan Red Cross, Ecuadoran Red Cross, Brazilian Red Cross (São Paulo Branch), the Danish Red Cross and Hungarian Red Cross. 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.

On 24 July, the Venezuelan Red Cross led a Movement coordination meeting with the Italian Red Cross, Spanish Red Cross, Swiss Red Cross, Colombian Red Cross, Canadian Red Cross, German Red Cross, the International Federation of Red Cross and Red Crescent Societies (IFRC), and the International Committee of the Red Cross (ICRC).. The VRC Secretary-General also outlined how the National Society's strategic documents align with the operational response plan. It was agreed that this coordination meeting will be held on a monthly basis.

As part of Movement coordination, a Concept Note was developed and submitted to the VRC leadership for approval as Host National Society for this response. The document will serve as the platform for coordinating contributions and efforts in support of the operation and the National Society Development in Emergencies (NSDiE).

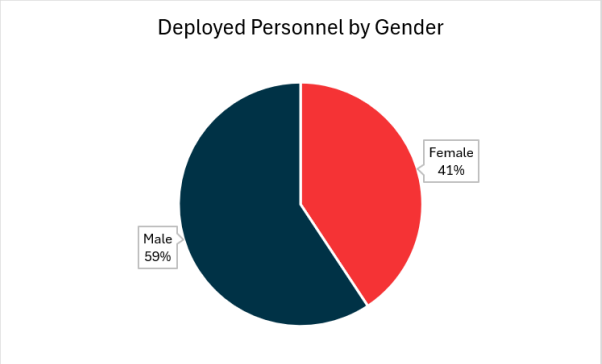
Secretariat Services

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
	Indicator	**Actual**	**Target**
Key indicators:	*Number of monitoring visits conducted by the IFRC*	34	50
	Number of SURGE personnel deployed to support the response [22]	27	20

[22] This indicator is for the deployments done through the IFRC Secretariat Rapid Response Alerts only.

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

National Society / Org	Sector	Amount
Spain RC	Health	33
IFRC America	Operation Lead, Health, PMER, Communications, Security, WASH, Risk Management, Finances, Humanitarian Diplomacy, HR, SPRM, CEA	13
Switzerland RC	Logistics	6
Bolivia RC	Operation Lead, Health	3
Canada RC	Operation Lead, Health, Shelter	3
Denmark RC	Health, ERU	3
IFRC HQ GVA	Health, Communications, DREF	3
Netherlands RC	Operation Lead, Communications, IM	3
American RC	CVA, PMER	2
Finland RC	Health, Logistics	2
Germany RC	Shelter	2
Honduras RC	Operation Lead, PGI	2
Iceland RC	PMER, PSEAH	2
Mexico RC	Security, Administration	2
Chile RC	IM	1
France RC	CVA	1
IFRC Africa	ERP	1
IFRC Asia Pacific	Operation Lead	1
Luxembourg RC	Relief	1
Norway RC	WASH	1
Sweden RC	Operation Lead	1
Total		86



Based on all deployed personnel (ERU, IFRC SURGE, IFRC Advance Support Team) from 24/06/2026 until 01/08/2026.

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, 27 technical profiles deployed through its rapid response personnel alerts 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. This brought up a total of 86 surge personnel deployed by the IFRC Secretariat and its partners.

In addition to providing technical support, the Secretariat offered essential services to facilitate the deployment, reception, induction, security briefings, administrative management and operational integration of SURGE personnel and ERU teams. This ensured their swift and efficient integration into the response. Supported by deployed SURGE personnel, the IFRC Venezuela Country Delegation continued to facilitate the operational support services required to sustain international deployments. These services included accommodation coordination, onboarding and welcome services, and visa follow-up processes. Since the beginning of the operation, at least 72 visa processes have been supported through coordination with the relevant national authorities and government channels, ensuring the timely arrival, rotation and continuity of international personnel supporting the response.

The operation continued to be implemented in close coordination with the Venezuelan Red Cross and in line with existing legal and institutional frameworks that facilitate the Red Cross's activities in the country. These include the Host Country Agreement and the national legal framework recognising the Venezuelan Red Cross's auxiliary

role, as well as the Tripartite Agreement. These frameworks have supported operational coordination, humanitarian access, and the mobilisation of international assistance throughout the response.

The Secretariat continued to support coordination of the Movement and its membership among the Venezuelan Red Cross, Participating National Societies, ERUs and other partners contributing to the operation. Through regular coordination mechanisms, operational priorities, technical assistance, in-kind contributions, SURGE deployments and support services were aligned to enhance complementarity, avoid duplication and maximise collective impact.

The IFRC Secretariat played an active role in external coordination and humanitarian diplomacy efforts. It supported the Venezuelan Red Cross in engaging with national authorities, United Nations agencies, humanitarian partners, and inter-agency coordination platforms. IFRC technical teams participated in strategic and technical coordination mechanisms for the earthquake response, including Humanitarian Country Team meetings (Country Humanitarian Team (CHT)), inter-agency coordination forums, UNDAC-supported coordination spaces, the WFP-led Logistics Working Group and OCHA-led coordination mechanisms established during the deployment of international USAR teams in La Guaira. They also participated in sectoral coordination groups related to health, shelter and water, sanitation and hygiene (WASH). During the reporting period, the IFRC also formalised its participation as an observer in the WASH Cluster. This engagement ensured coherence between Red Cross interventions and the broader humanitarian response, facilitating information sharing and strengthening the operational complementarity of response actors.

As part of the services provided by the Secretariat in support of the Emergency Appeal, the IFRC enhanced the capacity for shelter-sector coordination by deploying a Shelter Cluster Technical Coordinator. The Secretariat facilitated the mobilisation of this specialised resource, including administrative, migration, security, travel, induction and logistical arrangements. This enabled the provision of timely technical support to shelter-sector coordination, contributing to the strengthening of inter-agency response and early recovery mechanisms.

The Secretariat also promoted collaboration with humanitarian partners, including Plan International, by holding bilateral coordination meetings to identify areas of overlap, address operational gaps, and explore opportunities for technical cooperation, joint capacity-strengthening initiatives, and coordinated actions in support of the response.

The IFRC Secretariat continued to facilitate the operational support services required to sustain international deployments, including onboarding and welcome services, accommodation coordination, and visa follow-up processes. Since the start of the operation, the IFRC Venezuela Country Delegation has coordinated with the relevant national authorities through established government channels to facilitate the arrival, rotation and continuity of international personnel supporting the response, with support from deployed SURGE personnel. To date, the IFRC has supported at least 72 visa applications for ERU, SURGE and other technical personnel, thereby ensuring the continuity of critical operational functions throughout the emergency response.

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.

Security management and duty of care support remained a priority throughout the operation. As the Venezuelan Red Cross does not currently have a dedicated security function, the IFRC Secretariat has provided technical assistance and operational support, both at headquarters and in the field, with the help of specialised SURGE personnel. This support has included monitoring the situation, analysing security risks, coordinating movements,

providing field security advice, tracking personnel, delivering security briefings and strengthening safety measures for staff and volunteers deployed in affected areas. The focus is gradually shifting towards capacity building, mentoring and knowledge transfer, with the aim of enabling the National Society to take the lead in security management processes and establish sustainable security practices for future operations.

The logistics and supply chain structure supporting the Venezuelan Red Cross includes an IFRC Supply Chain Coordinator deployed with support from the Swiss Red Cross, a Procurement Officer from the IFRC Venezuela Country Office, and the Swiss Red Cross Logistics ERU, composed of one Team Leader and two Logistics Generalists. The team works through a peer-to-peer approach with National Society personnel, combining operational delivery with practical collaboration to preserve continuity when Surge and ERU deployments conclude.

The operation received additional consignments from Panama, Colombia and Spain, including medicines, shelter materials, household items, hygiene and cleaning kits, water-treatment supplies, mosquito nets and operational equipment. The table below provides an updated overview of the main consignments received during the relief phase.

Cargo reception, physical verification, warehousing and dispatch preparation continued in coordination with the Venezuelan Red Cross. Receipt records were reconciled with shipment documentation, while inventory and pipeline information were consolidated to improve stock visibility and support weekly distribution planning.

Supply chain planning was also used to compare available stocks, planned distributions and incoming consignments, allowing the operation to identify critical gaps and prioritise the items requiring earlier mobilisation. Coordination with contributing National Societies, other humanitarian stakeholders and the IFRC Regional Logistics Unit supported shipment follow-up, technical review and alignment of incoming assistance with operational priorities.

Existing framework agreements continued to support customs clearance, transport and warehousing. In parallel, the operation reviewed alternative logistics arrangements, including available common services in La Guaira, to reduce costs and avoid unnecessary cargo movements while maintaining operational continuity.

The peer-to-peer working model is being reinforced as the Venezuelan Red Cross progressively recruits additional logistics personnel, creating further opportunities for on-the-job training, coaching and joint implementation. Initial progress has also been made on a broader National Society Logistics Development proposal, linked to the Venezuelan Red Cross institutional-strengthening priorities and supported by the Swiss Red Cross.

In parallel, IFRC technical teams continued supporting monitoring, reporting, PMER and information management processes across the operation. Support included field monitoring visits, operational analysis, reporting consolidation, indicator tracking and the strengthening of digital tools and information products to improve operational visibility, accountability, evidence-based decision-making and coordination.

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 4 August 2026, CHF 14,572,766 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**	**14,572,766**	**35,427,234**	**29.1**

To date, in kind contributions, hard and soft pledges are totalling 29.1% 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.

Contact information

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

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- **Strategic Partnerships and Resource Mobilization in Emergencies Manager:** Mei Lin León, meilin.leon@ifrc.org

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

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.