OPERATION UPDATE 3

Venezuela | Earthquakes

Emergency appeal №: MDRVE015 **Emergency appeal launched:** 26/06/2026 **Operational Strategy published:** 06/07/2026	**Glide №:** EQ-2026-000093-VEN
Operation update #3 **Date of issue:** 17/09/2026	**Timeframe covered by this update:** From 24/06/2026 to 28/08/2026
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 75 million Federation-wide	**DREF amount initially allocated:** CHF 2 million

Since the launch of the appeal, the response has been significantly strengthened by bilateral contributions channelled through several Participating National Societies (PNS) and from other partners of the Movement, as well as resources mobilized directly by the Venezuelan Red Cross from the national private sector, companies and individual donors from Venezuela.

Figure 1: Distribution conducted in Las Salinas, La Guaira on 2 September 2026. Source: Jesús Da Silva, VRC.

To ensure that the funding picture accurately reflects both the resources mobilized and the activities being implemented by the entire IFRC Network, the Federation-wide funding requirement has been revised from CHF 55 million to CHF 75 million. This adjustment reflects increased bilateral contributions and the corresponding response activities of Participating National Societies. It does not represent an increase in the IFRC Secretariat funding requirement, which remains unchanged at CHF 50 million.

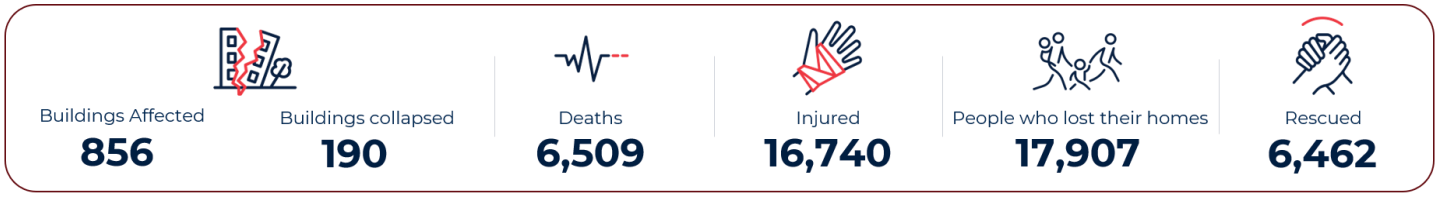
As of 28 August, the IFRC Secretariat funding requirement of CHF 50 million is 39.8 per cent funded including in-kind contributions, *hard and soft pledges. The IFRC expresses its sincere gratitude to donors and partners for their support to the response. Additional and timely contributions are urgently needed to enable the Venezuelan Red Cross, with the support of the IFRC, to continue delivering humanitarian assistance, address priority needs in affected communities, strengthen preparedness and response capacities, and support early recovery efforts. Flexible and unearmarked funding is particularly*

valuable, as it enables resources to be directed to the most urgent and underfunded needs, supports continuity of assistance throughout the recovery phase, and helps ensure that emerging and longer-term humanitarian needs can be addressed effectively.

Following the recent publication of Operational Update No. 2, this Operational Update is issued to reflect the adjustments identified through the first review of the Operational Strategy, led by the Venezuelan Red Cross with IFRC support and in consultation with Movement partners. The review considered the current operational context, implementation to date, and the capacities and priorities of the Venezuelan Red Cross, resulting in adjustments to planned activities and indicators.

A. SITUATION ANALYSIS

Description of the crisis



Eleven weeks after the two high-magnitude earthquakes, significant humanitarian challenges persist. The operation continues to address urgent needs while progressively transitioning into the early recovery phase. National authorities, the Venezuelan Red Cross and other humanitarian partners continue to report on evolving needs and implementation outcomes related to primary healthcare, shelter, water, sanitation and hygiene (WASH), food assistance, mental health and psychosocial support, and protection services among affected populations. Official reports by authorities and the humanitarian coordination system to date reflect 6,509 fatalities; 16,740 injuries; 6,462 people rescued; 17,907 people who lost their homes; 190 buildings collapsed; and 856 buildings damaged[1]. Housing and displacement remains a key concern. As of 28 August[2], Venezuelan authorities reported that 60,785 homes have undergone structural evaluation, with 11,001 classified as high-risk and requiring further assessments and intervention. In this light, as part of the government's recovery and reconstruction plan *Gran Misión Venezuela Renace,* authorities reported that 377 new public housing apartments have been handed over as replacement for units beyond repair (providing a permanent solution for 1,172 persons), and 1,001 housing units have been repaired (for displaced families encompassing a total of 3,503 persons). Financing has also been made available to the condominium boards of 27 residential buildings and to 400 homeowners for repairs. Overall, around 13,796 housing units are expected to require support for repairs in La Guaira, Caracas, Miranda, Aragua, Carabobo, Yaracuy and Falcón States; 73 per cent of which are apartments (10,062) and 27 per cent of which are single or double-family homes (3,734).

Governmental support for interim solutions also continues through the operation of 107 temporary accommodation sites with capacity for 28,223 people, currently hosting around 24,477 people, primarily in La Guaira, Distrito Capital, Miranda and Aragua states. In addition, two large scale stadiums have been adapted to accommodate 1,200 persons as transitional solution for families who had been staying in schools, to prevent disruptions in the academic year while

[1] Earthquakes in Venezuela: Situation Report #34 (27 August 2026, Time: 05:00 pm) - Venezuela (Bolivarian Republic of) | ReliefWeb
[2] According to host government official reports to the nation on status of recovery and reconstruction pillars as of 29 August 2026.

offering a dignified and safe transitional option. Humanitarian actors continue to work alongside authorities to support residents with essential services and assistance during their stay in the network of shelters[3].

Authorities are also advancing in the construction of additional housing complexes to be assigned free of cost for families with homes beyond repair, including new developments La Guaira State. A special tribunal has also been established under the judiciary to handle any contentious claims of land and property rights for the population displaced by the earthquakes.

Housing assessment and debris removal activities also continue in the affected areas. To date, 580,000 tons of rubble have been removed (28.61 per cent of the total estimated earthquake-generated debris). The Presidential Commission for the Evaluation of Housing and Infrastructure Habitability continues secondary assessments as needed, and has received bilateral support from countries like Japan, whose JICA commission advanced bilateral technical support to the authorities in the past week. The website for self-registration of citizens to report any additional damage to their infrastructure and request technical visits also continues to operate in order to ensure all units are identified immediately should they pose any kind of risk[4]. Technical manuals for repair and shoring have been made available, incorporating the official guidelines developed by the technical committee of the Presidential Commission for the Evaluation of Infrastructure Habitability to guide interventions on the earthquake-affected buildings[5].

Health services continue to require support in the affected areas. Numerous health facilities have sustained structural damage, while shortages of medicines, medical equipment, and health personnel continue to place pressure on service delivery. Humanitarian organizations continue supporting essential healthcare, including maternal and reproductive health services, while public health surveillance activities continue to monitor potential health risks.

Authorities have provided medical attention to over 20,000 persons with injuries in the immediate aftermath of the disaster, to support with chronic illnesses for those in temporary shelters. A commission was also set to ensure birth certificates, identification and protection services continue to be proactively offered to children and vulnerable populations in interim housing solutions, bringing services from the national protection network of authorities and civil society, as well as UNICEF support.

Mental health and psychosocial needs remain significant as the response moves towards early recovery. The loss of loved ones, displacement, loss of homes and livelihoods, aftershocks and housing uncertainty may prolong distress and disrupt family and community support. Needs extend beyond health facilities and require attention across communities and temporary camps, including for groups requiring adapted support and for staff and volunteers exposed to sustained stress. Continued basic and focused psychosocial support, psychological support and safe referrals to specialized services remain essential throughout recovery.

[3] VRC Sit Reps and OCHA Sit Reps to date.
[4] National Assembly of Venezuela, *Venezuela Renace* updates, August 2026.
[5] Technical manuals for repairs and shoring are available through the Presidential Commission's repair portal: https://habitable.gob.ve/reparaciones/

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 Hospital San José and the Macuto Emergency Clinic in La Guaira. These facilities continue to serve as strategic hubs for the delivery of essential healthcare services to earthquake-affected populations and support the continuity of care within the public health system. As of 28 August, the two facilities had provided a cumulative 9,475 health consultations (5,898 at Hospital San José and 3,577 at the Macuto Emergency Clinic), while VRC and Movement partners had delivered a cumulative 23,199 health and MHPSS services, including 5,094 Mental Health and Psychosocial Support (MHPSS) services. The operation also continued expanding community health activities in affected communities through mobile and outreach services integrating health promotion, disease prevention, medical consultations, psychosocial support, and referral pathways. 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.

The Venezuelan Red Cross also continued the distribution of essential relief items to affected households. To date, 4,444 families (an estimated 17,776 people)[6] have been reached with essential household items, including kitchen sets, blankets and sleeping kits, as well as hygiene promotion items such as cleaning kits, hygiene kits, jerrycans, buckets, water treatment tablets, mosquito nets and water filters.

In coordination with the ICRC, the VRC continues to provide services to prevent and address family separation through Restoring Family Links (RFL) activities. To date, the VRC has provided 6,372 connectivity services, including telephone calls, Wi-Fi access and battery-charging services, benefiting 2,587 unique people affected by the earthquakes. In parallel, specialized RFL case management has continued in coordination with the ICRC and National Society protection focal points, with follow-up conducted on approximately 800 cases and 20 tracing requests documented to date. The VRC will continue operating services for families searching for missing relatives while expanding integrated psychosocial support, protection and referral services for affected people.

Additionally, the VRC continues monitoring and coordinating activities in the 107 temporary accommodation sites established by Venezuelan authorities across the affected states. These facilities currently host approximately 24,477 people and remain a key focus for humanitarian assistance, including health services, WASH interventions, protection activities, community engagement and future recovery programming.

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

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

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 VRC continues to lead and serve as the main implementer of the response, supported operationally by IFRC and Partner National Societies. As of late August, 41 National Societies were supporting the operation through bilateral and/or multilateral contributions, while 29 surge personnel and three Emergency Response Units (ERUs) are currently deployed in support of the response.

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). This was done multilaterally and bilaterally with VRC.

For the past several weeks, the Regional Logistic Unit (RLU) Panama team has been requesting visibility on the distribution plan through December to better understand upcoming operational needs and engage proactively with suppliers regarding stock availability and production capacity. To date, no new requisitions have been submitted, which limits their ability to accurately forecast demand and secure the necessary supplies within the required timelines.

Venezuela is not the only operation currently being supported by these suppliers. As a result, late requests increase the risk of procurement and shipping delays, as suppliers need sufficient lead time to allocate inventory, plan production schedules, and arrange transportation. Early visibility of requirements is therefore essential to ensure timely replenishment and avoid potential disruptions to the operation.

Relief and Logistics teams are working closely together to identify the items required to sustain distributions to the affected population over the coming months. At the same time, significant efforts and continuous follow-up are being made with the relevant stakeholders to obtain new requisitions that will allow us to map and secure the supply chain through December. This planning is critical to guaranteeing the availability of relief items, maintaining operational continuity, and ultimately achieving the target of assisting 15,000 families by the end of the year.

In parallel, the current congestion at the Port of La Guaira is generating delays in the arrival of humanitarian cargo into the country. To mitigate these challenges, alternative logistics solutions are being discussed jointly with the RLU to expedite the delivery of critical items and safeguard the continuity of distribution activities.

From a supply chain perspective, it is essential for RLU Panama to maintain a clear overview of both the operational needs and the stock situation, not only within Venezuela but also across supplier networks. This visibility helps

anticipate potential shortages, identify bottlenecks in advance, and ensure that procurement decisions are taken early enough to avoid interruptions in humanitarian assistance.

Additionally, the ERU Logistics team is collaborating with the Volunteer Training Department to deliver capacity-building initiatives in logistics. The objective is to strengthen local logistics capabilities and onboard additional volunteers who can support the Venezuelan Red Cross logistics team, thereby enhancing operational resilience and response capacity as distribution activities continue to scale up.

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.

In line with the Movement Coordination structure, coordination continues to support a nationally led response under the leadership of the Venezuelan Red Cross (VRC). 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.

Figure 2. Patient receiving health assistance in the Spanish Red Cross Health Clinic. Credit: Oscar García Pinzón, Spanish Red Cross.

Needs analysis

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[7]. 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 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. 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.

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, of which 23 have now received 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

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

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, conducted a joint mission to the La Páez area and expanded assessments in La Guaira, where sectoral assessments have informed a coordinated, evidence-based response. Based on assessment findings, affected households have been prioritized for multisectoral assistance, and inter-sectoral distributions have been carried out in targeted communities. The information collected continues to guide operational planning, targeting of humanitarian assistance and resource mobilization as the operation addresses urgent needs while supporting early recovery efforts.

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 transitory camps while mapping community-based settlements to assess the needs and operational status. Additional perception-based assessments, including GeoPoll rapid needs assessment[8] 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.

The needs profile continues to evolve from trauma-related care towards longer-term health recovery needs, including continuity of care for chronic diseases, access to medicines, maternal and reproductive health services, rehabilitation, epidemiological surveillance and community-based healthcare. According to national authorities, as of 10 August 2026, 73,356 people had received care through hospitals and health facilities following the earthquakes, reflecting the continued demand for health services across affected areas[9].

[8] Venezuela Earthquake: Dispatches from Inside the Disaster Zone #2 - GeoPoll
[9] sitrep-9-venezuela-eartquake-12august.pdf

Additional support was provided through a combination of efforts by humanitarian actors and 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[10]. 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, 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.

In Falcón, health authorities continue to adapt service delivery arrangements to meet ongoing needs. According to official reports, the Lino Arévalo Hospital in Tucacas increased its service capacity from 800 to 2,000 patients per month following the installation of a 250 KVA generator and the activation of nine medical specialties. Health authorities have also established a Health Emergency Coordination Mechanism linking four Comprehensive Community Health Areas across seven communities to support service delivery in the context of continued pressure on referral facilities[11].

Assessments in transitory camps in La Guaira 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.

Public health risks remain a concern due to continued displacement, population mobility, pressure on water and sanitation systems and disruption of routine services. Surveillance and prevention activities continue to be strengthened, including immunization campaigns and laboratory capacity. By mid-August, more than 31,000 vaccine doses had been administered in affected areas as part of ongoing public health interventions (PAHO Sitrep #9). Additional health concerns reported in affected areas include respiratory conditions associated with dust exposure during debris removal activities, including asthma and bronchospasm. Reports also highlight risks associated with exposure to asbestos from debris originating from older structures, as well as challenges in maintaining continuity of treatment for people living with chronic diseases whose homes were damaged or destroyed by the earthquakes[12].

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.

Until now, humanitarian actors continue to report persistent fear of aftershocks, sleep disturbances, social isolation and functional dissociation among affected populations. Reports also highlight psychosocial impacts among people

[10] https://www.paho.org/en/news/14-7-2026-venezuela-earthquake-health-response-enters-early-recovery-phase-focus-shifts
[11] VRC SitRep 15
[12] VRC SitRep 15

searching for deceased relatives, as well as among rescue personnel experiencing emotional fatigue. Children have been reported to experience sleep disturbances and reluctance to return to homes perceived as safe, while older people and displaced individuals who lost savings and assets continue to face significant stressors[13].

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-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: Luis Olaizola, VRC.

[13] VRC SitRep 15

Shelter, housing and displacement. Currently, the VRC continues to assess needs and provide humanitarian assistance in transitory camps established following the earthquakes, with 23 camps supported to date. The VRC does not manage these sites or provide temporary housing; its role focuses on identifying and monitoring humanitarian needs and delivering assistance according to identified priorities.

VRC assessments have identified evolving needs related to essential household items, WASH, health, MHPSS, protection and safeguarding, as well as site-level concerns such as overcrowding, sanitation, waste management, lighting, accessibility, privacy and vector risks. Conditions and occupancy levels vary across locations and continue to evolve as some families move to other accommodation arrangements or seek more durable solutions.

Beyond transitory camps, the VRC is progressively expanding its analysis to displaced families staying with relatives, neighbours and friends, as well as households remaining in or returning to homes with repairable damage. This broader approach reflects the transition towards early recovery while ensuring that urgent humanitarian needs continue to be addressed.

Coordination and information exchange with relevant authorities, humanitarian organizations and other actors continue to support complementarity, reduce duplication and inform the targeting of assistance. The VRC is also strengthening and standardizing its assessment and monitoring tools to improve the consistency of information collected across camps and affected communities.

The Inter-Cluster Coordination Group led by OCHA has also conducted a joint multisectoral assessment 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[14]. Damage has affected public water infrastructure, including aqueducts, water-intake systems, pumping systems and internal networks serving schools, health facilities and shelters. Water provision in some areas depends on bottled water and tanker trucks, while the quality of tanker-supplied water is not always known.

Similar challenges have been reported in Falcón, where water availability through public networks continues to face significant technical and climate-related constraints, increasing reliance on water trucking and raising the cost of access to water for affected communities.

Although this is not part of the Red Cross response at the moment, it was observed by the VRC 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 is being sought, and changes in shelter populations complicate the design of sustainable interventions.

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

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

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 a 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[15].

Pressure on water and sanitation services remains closely linked to displacement and the continued use of collective accommodation facilities. Recent sector assessments continue to highlight the need for increased water-storage capacity, rehabilitation of institutional water systems, improved sanitation infrastructure and strengthened water-quality monitoring, particularly in facilities hosting displaced populations and in damaged health centres[16].

In La Guaira, the continued scale of debris-removal operations, reportedly removing approximately 300 tonnes of debris per day, reinforces the need for ongoing monitoring of environmental health risks and the restoration of water and sanitation services in affected areas[17].

Protection, Gender and Inclusion, including RFL. Protection, Gender and Inclusion (PGI) remains a cross-cutting priority for the VRC as displacement continues and the operation transitions towards early recovery. VRC assessments and follow-up in transitory camps and affected communities continue to identify protection concerns related to privacy, dignity, accessibility, family separation, safe access to services and the differentiated needs of children, pregnant and breastfeeding women, older people, persons with disabilities and other people facing heightened protection risks.

The VRC is strengthening the integration of safeguarding, prevention of sexual exploitation and abuse (PSEA), gender-based violence (GBV) risk mitigation, accessibility and safe referral pathways across the response. Staff and volunteers continue to receive training and operational guidance on PGI, safeguarding, GBV, PSEA and Restoring Family Links (RFL), with emphasis on confidentiality, informed consent, protection of personal data and safe referral and follow-up mechanisms. To date, 84 volunteers have been trained in Protection, Gender and Inclusion.

Restoring Family Links and connectivity services remain an important component of the protection response, although demand and service locations continue to evolve as population movements and communication needs change. The VRC, in coordination with the ICRC, continuously reviews service locations and modalities to ensure that assistance remains relevant. To date, 2,533 people have been supported through RFL services, with 6,025 services provided, including connectivity, phone calls, tracing and other forms of family-link support.

VRC and IFRC assessments in transitory camps have also highlighted the importance of maintaining updated population information and strengthening direct consultation with affected people as occupancy and household circumstances change. Findings have reinforced the need for accessible information and feedback mechanisms, as well as measures to promote privacy, dignity, accessibility and equitable access to humanitarian assistance and essential services.

Site-level assessments, including those conducted in Las Caracas and Escuela Crimeles, identified specific operational considerations related to protection. In Las Caracas, measures already in place included regulated family visits in designated common areas, restricted access to residential areas and preventive security arrangements. The assessment identified an opportunity to strengthen site-specific protection protocols in coordination with the responsible authorities. In Escuela Crimeles, discussions with site management identified opportunities to reinforce

[15] Families displaced by Venezuela earthquakes at risk of infection amid water and sanitation shortages | Save the Children International
[16] sitrep-9-venezuela-eartquake-12august.pdf
[17] VRC SitRep 15

awareness and training on GBV risk mitigation and child safeguarding, while adapting activities to the operational dynamics of the site.

These VRC findings are consistent with broader protection analysis from humanitarian actors, which indicates that displacement, damage to homes and disruption of family and community support networks can increase exposure to protection risks. Reported concerns include inadequate lighting, limited privacy, sanitation and accessibility barriers, family separation, risks affecting children, GBV, exploitation and abuse, and barriers to accessing health, protection and other specialized services. These risks require continued monitoring and coordinated referral as displacement patterns evolve.

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 transitory camps 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[18] 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 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. Preliminary assessments by the humanitarian community estimate direct damage to housing and infrastructure at approximately USD 37 billion, while UNDP estimates direct physical damages at approximately USD 6.7 billion, equivalent to six per cent of national GDP[19].

[18] Venezuela Earthquake: Dispatches from Inside the Disaster Zone #2 - GeoPoll
[19] Earthquakes in Venezuela: Situation Report #33 (14 August 2026, Time: 02:00 pm) | OCHA

Livelihoods and basic needs are becoming increasingly important as the VRC operation transitions from immediate relief towards early recovery. VRC assessments and available secondary data indicate that many earthquake-affected households continue to face reduced income, disruption of economic activities and difficulties meeting essential expenses, including food, transport, medicines, hygiene items and other basic household needs. Preliminary VRC analysis estimates that approximately 144,721 working-age adults across the affected parishes of La Guaira could require some form of livelihoods support.

Economic impacts vary considerably across affected areas and sectors. Available information indicates that, while economic activity has progressively resumed in parts of La Guaira, some of the most affected sectors continue to report significant levels of business disruption and income loss. This reinforces the importance of geographically targeted assistance based on household vulnerability, loss of income and productive assets, market functionality and capacity for recovery, rather than relying solely on aggregate economic indicators.

In response to these evolving needs, the VRC is incorporating multipurpose cash assistance (MPC) and livelihoods recovery into the next phase of its operational response. MPC is being considered as a modality to support vulnerable households in meeting priority basic needs, while livelihoods interventions will focus on supporting the progressive recovery of household income and economic activities. These approaches are intended to complement, rather than replace, ongoing humanitarian assistance and will be informed by needs assessments, market analysis, protection considerations and community engagement.

The VRC is therefore progressively strengthening the link between immediate assistance, basic needs and early recovery, combining material assistance, cash-based modalities and livelihoods support according to assessed household needs and local market conditions. Targeting and assistance modalities will continue to be refined as additional evidence becomes available and the situation of affected households evolves.

This approach is consistent with broader humanitarian analysis. WFP and other humanitarian actors have reported that damage to homes, workplaces and local infrastructure, together with disruption to markets and supply chains, has affected household income, food security and access to essential goods and services. Wider assessments of the economic impact of the earthquakes further underscore the importance of supporting household recovery and restoring livelihoods as the response moves into the early recovery phase.

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[20], 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.[21] 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 kg of food distributed to affected families within the first month of the response.

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

Operational risk assessment

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

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

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

Risk	Probability	Impact	Mitigation actions
number of humanitarian actors.			the Seville Agreement 2.0 and joint coordination mechanisms with Movement partners.
Unintended association with political actors in a highly sensitive emergency situation.	LOW	MEDIUM	Reinforce neutrality and alignment with humanitarian principles in all communications. Maintain coordination at strategic and technical level. Reinforce staff and volunteer training on auxiliary role, principles, social media discipline and operational communication.
Further aftershocks leading to short-notice disruptions to transport services and infrastructure damage.	LOW	HIGH	Developed contingency planning disseminated and included in welcome packages and security briefings.
Structurally safe housing and accommodation for deployed personnel.	MEDIUM	MEDIUM	Establish an OSH ERU in La Guaira, conduct structural safety assessments of accommodation options and identify safe operational and accommodation hubs for personnel.
Saturation of health systems due to crisis-related needs and hospital system collapse.	HIGH	HIGH	Established field hospitals and mobilized health Emergency Response Units (ERUs). with basic health services. Continue to update and disseminate key communication messages.
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.

Risk	Probability	Impact	Mitigation actions
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 may compromise impartial supplier selection, compliance, transparency, and value for money.	MEDIUM	MEDIUM	Apply mandatory conflict of interest declarations for all relevant staff, maintain full documentary traceability of procurement decisions; ensure appropriate authorization and documentation of exceptional procurement actions; implement regular compliance reviews
Personal data protection risk related to beneficiary registration and RFL activities.	MEDIUM	MEDIUM	Apply IFRC data protection standards, restrict access to sensitive information and use secure systems for the management and sharing of personal data.
Accountability to affected populations (AAP/CEA) risks resulting from inadequate information, feedback or complaints mechanisms.	MEDIUM	MEDIUM	Establish community feedback and complaints mechanisms, integrate CEA across all sectors and systematically monitor and respond to rumours, complaints and community concerns.

B. OPERATIONAL STRATEGY

Update on the strategy

Since publication of the Operational Strategy, the overall objectives, target population and geographic focus remain unchanged. During the third week of August 2026, the Venezuelan Red Cross, with support from IFRC, led the first review of the Operational Strategy, bringing together VRC technical teams, IFRC, ICRC and Participating National Societies involved in the response. The review considered implementation to date, the evolving operational context, and the capacities and priorities of the VRC, providing a common Federation-wide space to review the direction of the operation.

A central element of the review was a people-centred and intersectoral analysis of humanitarian impacts and corresponding actions. Rather than starting from individual sector plans, participants first examined roles, responsibilities and daily activities within the household and then identified humanitarian impacts across different population groups: pregnant and lactating women, children under 2 and their caregivers; children aged 2–12; adolescents aged 13–17; adults aged 18–59; and people aged 60 and above. Relevant factors such as sex, gender,

disability, caregiving responsibilities, displacement, location and access to services were considered across the groups. These groups served as analytical lenses to better identify differentiated humanitarian impacts and were not intended as separate beneficiary categories.

Participants from across sectors contributed to the analysis, bringing different technical and operational perspectives to the humanitarian impacts identified. These impacts were then used to identify corresponding humanitarian actions, helping connect differentiated impacts with concrete areas of response and identify complementarities across sectors. The actions were subsequently considered from the perspective of the overall operation and across the short, medium and long term, providing a common analytical basis for the review of sector activities and indicators.

The review resulted in refinements to activities and indicators across the sectors of intervention and provided an opportunity to begin considering recovery priorities as the response evolves. This includes greater attention to safe housing and essential services, livelihoods and self-sufficiency, disaster risk reduction, and the continued strengthening of VRC institutional, operational and preparedness capacities. Livelihoods and Basic Needs was incorporated as a dedicated area of intervention as part of these adjustments. The main sector-level changes are summarized below.

As the operation continues to evolve, a broader review of the Emergency Appeal will be considered to ensure that its priorities, targets and response modalities remain aligned with the evolving operational context, identified needs and the transition towards early recovery. To support the transition from emergency response to recovery, the Venezuelan Red Cross, with the support of the IFRC and Movement partners, is having discussions on the development of a recovery plan. Informed by ongoing assessments, operational reviews and consultations with affected communities and key stakeholders, this process will help identify priority recovery needs and inform longer-term programming. The recovery planning process will also help inform future reviews and strategic planning for the operation.

Shelter, Housing and Settlements

ACTIVITIES	INDICATORS
The shelter and housing approach was refined to further define the scope and modalities of support across the emergency, transitional, and recovery phases. From rapid needs assessments and the provision of essential shelter items, to support for hosting arrangements and the repair of housing with minor damage, complemented by continued technical assistance and the incorporation of safer construction and disaster risk reduction approaches. Planned activities were reviewed and consolidated where appropriate to strengthen coherence across these modalities.	Indicators were refined to better capture housing and infrastructure assessments, support provided for accommodation and housing recovery including hosting arrangements, housing repairs and participation in safer construction and related training. Indicators linked to activities that were consolidated or removed were streamlined to reduce duplication.

Multi-purpose Cash

ACTIVITIES	INDICATORS

The overall multipurpose cash approach was maintained, with activities clarified around feasibility and delivery arrangements, staff and volunteer capacity, community engagement, post-distribution monitoring and protection considerations. As part of the revised resource allocation, the MPC budget was reduced by 10 per cent, with resources reallocated to PGI and Livelihoods.	Indicators remain focused on the core elements of the cash intervention: households receiving multipurpose cash assistance, staff and volunteers trained in cash and voucher assistance, and post-distribution monitoring. Terminology was adjusted for greater consistency with the planned intervention.

Livelihoods and Basic Needs (new sector of intervention)

ACTIVITIES	INDICATORS
Livelihoods and Basic Needs was incorporated as a new sector of intervention. The approach includes economic and market assessments, support to restore or diversify livelihoods and economic activities, productive tools and assets, technical assistance, and productive, technical, business and financial capacity strengthening. The development of this sector of intervention will also be supported through funding from the Spanish Red Cross, complementing the resources allocated through the Operational Strategy review.	New indicators were incorporated to monitor households receiving assistance to restore or diversify their livelihoods and people completing productive, technical, business or financial capacity-strengthening activities.

Health & Care

ACTIVITIES	INDICATORS
The Health and Care approach was refined to more clearly structure the response around prehospital care, primary health care, Mental Health and Psychosocial Support (MHPSS), and community health. The revised approach places greater emphasis on supporting the continuity and progressive recovery of affected health services, while integrating MHPSS across humanitarian activities and strengthening community-based health promotion and disease prevention. Support to the psychosocial wellbeing of volunteers, operational personnel and response teams also remains an important component of the response.	Indicators were adjusted to better distinguish between people reached and services provided, particularly for health and MHPSS, while also capturing community health activities, staff and volunteer training, and responder wellbeing.

Water, Sanitation and Hygiene

ACTIVITIES	INDICATORS
The WASH approach was refined to place greater emphasis on access to safe water, rehabilitation, construction and improvement of water and sanitation infrastructure, hygiene promotion, and household-level WASH assistance. The review also strengthened the focus on VRC WASH capacity through training and operational support, including community-level mechanisms that can contribute to the operation and maintenance of WASH services.	Indicators were adjusted to better distinguish between people reached, locations with improved WASH facilities, and infrastructure repaired, improved or constructed. The revised set also captures safe water provision, access to improved water and sanitation services, hygiene promotion and VRC WASH capacity strengthening.

Protection, Gender and Inclusion

ACTIVITIES	INDICATORS
The PGI approach was strengthened across the response, with greater emphasis on integrated services using a DAPS approach, safe referrals, protection and inclusion, connectivity and RFL, and differentiated support for people with specific needs. The revised approach also reinforces safeguarding considerations within programme delivery. As part of the revised resource allocation, the PGI budget was increased to CHF 300,000.	Indicators were adjusted to better capture services provided through PGI interventions, including integrated DAPS services, safe referrals and connectivity/RFL support, alongside dignity assistance and PGI capacity-strengthening activities. The refinements provide a clearer picture of both direct services and institutional capacity.

Community Engagement and Accountability

ACTIVITIES	INDICATORS
The CEA approach was strengthened through greater emphasis on accessible and context-appropriate feedback mechanisms, community consultation and participation, analysis of community feedback, and communication through appropriate channels. The review also reinforced processes for managing sensitive feedback and closing the feedback loop with communities.	Indicators were expanded to capture awareness of feedback channels, community consultation and feedback, and the production of community trend reports, alongside existing monitoring of information provision, participation and CEA capacity strengthening.

Risk Reduction, climate adaptation and Recovery

ACTIVITIES	INDICATORS

The approach was strengthened to give greater attention to community preparedness, contingency planning, school-based disaster risk management, early warning systems, and VRC preparedness and response capacities. These refinements reinforce the connection between the current response, recovery and preparedness for future risks.	Indicators were incorporated to monitor key preparedness results, including community contingency plans, people participating in preparedness training, school DRR mechanisms, operational early warning systems, branch response capacity, and VRC staff and volunteers trained in disaster risk management.

National Society Strengthening

ACTIVITIES	INDICATORS
The NSD approach was strengthened around the institutional and operational capacities required to sustain the response, including support related to affected facilities, volunteer safety, safeguarding and PSEA. Greater emphasis was placed on integrating safeguarding measures into organizational systems and strengthening practical capacities at branch level.	Additional indicators were incorporated to monitor safeguarding and PSEA capacity among staff and volunteers, as well as the implementation of safeguarding protocols, focal points and practical tools at branch level.

Coordination and Partnerships

ACTIVITIES	INDICATORS
The review maintained the existing focus on Movement coordination, engagement with external partners and authorities, and alignment of support with VRC priorities.	No additional indicators were proposed through the review for this component.

Secretariat Services

ACTIVITIES	INDICATORS
Support places greater emphasis on technical and operational capacities adapted to VRC priorities, institutional strengthening, risk management, flexible logistics, and continued support to planning, monitoring, evaluation, reporting and learning.	Additional indicators were incorporated to capture operational evaluations, learning and knowledge-management exercises, and operational reviews, alongside existing monitoring of IFRC operational support and surge capacity.

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

Note 1: Since there was only 3 weeks of reporting between operations update #2 and this one (#3), some of the accomplishments from update number 2 have been left here when deemed relevant.

Note 2: To better see the changes, red text highlight has been added as well as the following colour codes:

Indicator changed since the operational strategy

Indicators added since the operational strategy

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	2,520	20,000
	Number of housing units and infrastructure with minor damage assessed	5	1,000
	Number of housing units receiving support for minor or medium repairs through in-kind, cash, or technical assistance	0	5,000
	Number of field hospitals supported	1	1
	Number of people participating in Safer Shelter Construction, Youth PASSA, or other defined methodology trainings	0	5,000

To date, 2,520 families have been reached with shelter supplies (estimate of 10,080 people), including kitchenware kits, sleeping kits, plastic tarpaulins, blankets, and cooking kits. Distribution activities are coordinated closely with public authorities, humanitarian partners and Community Engagement and Accountability (CEA) teams to ensure appropriate targeting, accountability and responsiveness to community priorities.

During the reporting period, Rapid Damage Assessments were conducted in El Playón and Roraima to evaluate houses and apartments with minor and moderate damage and inform the estimation of shelter kits and housing-repair needs. Three digital ODK assessment tools were developed to support household damage assessments and identify families eligible for either shelter hosting assistance or minor repair support.

The Housing Repair Project in César Nieves Camp continued advancing through a coordinated technical platform involving the Ministry of Public Works, the Government of La Guaira, community leaders and Shelter Cluster partners.

The Shelter, Land and Site Coordination Cluster was formally activated under a six-month co-leadership arrangement between IFRC and IOM. During the reporting period, three technical working groups were established focusing on housing repairs, NFI standardization, and camp coordination and infrastructure improvements. The Shelter Strategy was finalized and coordination expanded with authorities in Miranda and Caracas regarding support to temporary accommodation sites, housing repairs and relocation solutions for families currently residing in schools before the start of the academic year.

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.

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 households receiving multipurpose cash assistance	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)

The Venezuelan Red Cross moved from CVA preparedness into operational readiness. VRC 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.

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. As part of this process, VRC, with IFRC support, initiated CVA registration with earthquake-affected households at a temporary accommodation site, advancing the operationalization of the programme. 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.

	Livelihoods	Female > 18: 798	Female < 18: 265
		Male > 18: 779	Male < 18: 258

Objective:	*To contribute to enabling households affected by the earthquake to progressively restore their livelihoods through modalities of economic assistance, replacement of tools and productive assets, technical assistance, and capacity building, in accordance with the identified needs and market conditions.*		
Key indicators:	Indicator	**Actual**	**Target**
	Number of households receiving support to restore or diversify their livelihoods	0	500
	Number of people completing training in productive, technical, business, or financial skills development	0	100

Livelihoods was incorporated as a new sector of intervention following the first Operational Strategy Review. Preparatory work has focused on assessments and programme design to identify livelihood impacts, recovery priorities and opportunities for economic recovery assistance. A preliminary community needs assessment was conducted on 7–8 September 2026 in the communities of El Pimiento, Campo Caribe and Los Indios, Silva Municipality, Falcón State. Activities are being coordinated through the newly established Livelihoods and Basic Needs Working Group under the leadership of the Venezuelan Red Cross, with support from IFRC, ICRC, Spanish Red Cross and German Red Cross. The proposed approach includes support to restore and diversify livelihoods, replacement of productive assets, technical training, financial literacy and market-oriented recovery activities. Initial implementation is expected to begin during the recovery phase of the operation

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

Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people receiving MHPSS services	4,898	40,000

	Number of people reached with key community health messages	445	300,000
	Number of people reached with primary health care services and pre-hospital health services	8,121	50,000
	Number of operational field clinics	2	2
	Number of people trained in MHPSS	247	300
	Number of people 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). By 27 August, Hospital San José and the Macuto Emergency Clinic had delivered a cumulative 9,475 health consultations, including 5,898 consultations at Hospital San José and 3,577 consultations at Macuto. Together, VRC and Movement partners had delivered more than 23,199 health and MHPSS services since the beginning of the operation. A cumulative 234 medical referrals had been completed through ERU-supported health services.

Teams continued monitoring service demand, staffing levels and referral pathways to ensure that service capacity remained aligned with operational needs.

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.

Community health missions were conducted in La Roraima, Josefa Camejo and La Páez, combining medical consultations, disease prevention, health promotion and medicine distribution. ERU health personnel increasingly supported these community-based interventions, helping expand services beyond fixed facilities.

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.: Distribution conducted in Las Salinas, La Guairá on 2 September 2026. Source: Luis Olaizola, VRC.

MHPSS integration continued through fixed health facilities, mobile health units, community outreach activities, relief distributions and RFL services. Additional efforts focused on volunteer wellbeing, referral pathway strengthening, PGI-MHPSS coordination, and psychosocial support for CVA registration teams.

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 produced and distributed	136,000	1,500,000
	Number of families reached with WASH kits or essential WASH items	4,298	37,500
	Number of hygiene and sanitation promotion campaigns in emergencies	1	1
	Number of locations with improved WASH facilities	4	30
	Number of people with access to improved water and sanitation facilities	N/A	4,635
	Number of water and sanitation infrastructure repaired, improved, or constructed	N/A	17
	Number of people reached through hygiene promotion activities	4,743	50,000
	Number of Venezuelan Red Cross staff and volunteers trained in WASH	0	40

The Venezuelan Red Cross, and partners continued coordinating WASH assessments and operational support. Following assessments conducted across priority communities in La Guaira, the operation identified interventions capable of improving sustainable access to safe water for approximately 13,000 people through the rehabilitation of communal water systems, installation of water treatment plants, rehabilitation of distribution infrastructure and strengthening of community water committees.

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. 400 people benefited from water distribution points in Padre Machado and beside the base camp premises.

To date, the VRC has reached 4,298 families (estimate of 17,192 people) through the distribution of WASH kits or wash items. Wash kits and items include 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 filter), 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 VRC 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.

An entire technical and administrative process is underway to begin the water supply rehabilitation project for the Naiguatá Clinic with support from the German Red Cross. 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 4,339 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.

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

Objective:	*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of connectivity points installed	2	2
	Number of Restoring Family Links Services provided to people affected by the earthquake	6,372	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
	Number of dignity kits distributed through a differentiated approach	0	3,000

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. To date, more than 6,372 connectivity services have been provided, while specialized RFL case management and tracing activities continue for individuals reported missing or separated from their families. Approximately 800 RFL cases have received follow-up, including the documentation of 20 tracing requests.

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*		
	Indicator	**Actual**	**Target**
Key indicators:	Number of Community Engagement and Accountability (CEA) strategies, plans, or frameworks developed to support the earthquake response.	1	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

	Number of comments, questions, and complaints received through feedback mechanisms		N/A
	Number of consultation and participation sessions conducted with earthquake-affected people to inform response planning, implementation, and adaptation.	0	10
	Number of community trends reports produced		20

Community Engagement and Accountability remains a central component of the response, supporting two-way communication with affected populations and ensuring that community perspectives inform operational decision-making. The Venezuelan Red Cross continues working with affected communities to promote participation, strengthen transparency and improve the quality and relevance of humanitarian assistance.

During the reporting period, the operation consolidated its community feedback system and finalized its first formal Community Feedback Report, providing an evidence base for operational adjustments and improved accountability to affected populations. Community feedback continues to be collected through multiple channels and systematically analyzed to identify community concerns, unmet needs, service gaps and operational priorities. Feedback received has informed interventions across health, WASH, relief and protection sectors.

Significant progress was also made in strengthening case management and referral mechanisms for community feedback. The operation advanced the implementation of a unified feedback management platform, with ongoing support from the Netherlands Red Cross 510 initiative, enabling improved tracking, referral, response and closure of cases. Efforts also continue to establish additional communication channels, including a WhatsApp Business platform, to facilitate more accessible community interaction.

Community engagement approaches have been integrated into assessments, distributions, health campaigns and community outreach activities. Training and capacity-strengthening activities were delivered to VRC personnel and volunteers to improve the integration of CEA principles across operational sectors. In parallel, technical recommendations arising from community-level activities have supported the adaptation of interventions to local priorities and strengthened community participation in recovery planning processes.

Risk Reduction, climate adaptation and Recovery

		Female > 18: 1,900	Female < 18: 630
		Male > 18: 1,855	Male < 18: 615
Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
	Indicator	**Actual**	**Target**
Key indicators:	Number of communities with contingency plans developed, updated, and validated	N/A	5
	Number of people trained in disaster preparedness	N/A	5,000
	Number of schools with Disaster Risk Management (DRM) mechanisms established or strengthened	N/A	20

	Number of Early Warning Systems (EWS) installed and operational	N/A	25
	Number of volunteers receiving personal protective equipment to provide emergency health services	N/A	5
	Number of volunteers and personnel trained in Disaster Risk Management (DRM)	N/A	100

Disaster preparedness and operational safety activities advanced considerably during the reporting period. Security assessments for distributions and community health campaigns were developed and field-tested, Civil Protection evacuation signage was installed, and an evacuation drill was conducted at La Guaira Stadium. Coordination with Civil Protection and local authorities continued to strengthen emergency preparedness and risk management capacities as recovery activities expand.

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 clinics 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
	Percentage of staff and volunteers who have completed Safeguarding and PSEA trainings and briefings	N/A	100%
	Number of branches implementing Safeguarding protocols, maintaining active focal points, and applying practical Safeguarding and PSEA tools	N/A	7

In parallel with the delivery of humanitarian assistance, the earthquake response continues to contribute to the institutional strengthening and operational development of the Venezuelan Red Cross. Investments made through the operation are supporting the National Society's ability to respond effectively to the current emergency while also enhancing preparedness and response capacity for future crises.

During the reporting period, efforts focused on strengthening systems, procedures and human resources required for a large-scale and longer-term operation. Recruitment processes continued for a range of technical and operational positions supporting programme implementation, finance, monitoring and evaluation, cash and voucher assistance, information management and administration. Additional surge support and technical deployments also contributed to strengthening National Society capacities across multiple operational areas.

Operational systems continue to be enhanced through the development of new digital tools for data collection, beneficiary management, monitoring and reporting. Work is also advancing on sector dashboards and information management products that will improve evidence-based decision-making and programme oversight. At the same time, operational planning and monitoring processes have been strengthened through the ongoing development of the operation's Monitoring and Evaluation Plan and the review of the longer-term operational strategy.

Institutional strengthening efforts have additionally focused on safeguarding, accountability, emergency communications, operational security and volunteer support. New policies, guidance documents, standard operating procedures and training initiatives are being developed and rolled out to strengthen organizational systems and promote sustainable institutional growth. These investments are expected to leave a lasting legacy beyond the earthquake operation by enhancing the Venezuelan Red Cross's capacity to manage large-scale emergencies, coordinate with partners and deliver accountable, community-centred humanitarian assistance.

As the response moves progressively towards early recovery, the operation is increasingly balancing emergency service delivery with investments in local capacity, leadership development, systems strengthening and preparedness, supporting the long-term resilience and sustainability of the National Society.

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 29 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, including in-country Delegation support.
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	Deployed a Log ERU team, also supporting health services.
Turkish Red Crescent Society	Provided in person disaster management and recovery expert team

Currently 41 National Societies are supporting the operation through bilateral (27 NS) and / or multilateral (14 NS) efforts; of these, 21 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).

As part of the transition towards recovery, the Venezuelan Red Cross (VRC) is developing its Development Framework, which will form part of the broader Recovery Plan and provide a strategic basis for strengthening the National Society's institutional, operational and territorial capacities. The Framework will build on the lessons, investments and capacities developed during the earthquake response, helping to ensure that these gains translate into sustainable institutional development, stronger local branches and enhanced preparedness and response capacity over the longer term.

Secretariat Services

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of monitoring visits conducted by the IFRC	34	50
	Number of SURGE personnel deployed to support the response [22]	29	20
	Number of vehicles acquired by the IFRC	1	3
	Number of ERU Response Units deployed	3	1
	Number of mid-term and final evaluations of the operation conducted	0	2
	Number of lessons learned workshops conducted	0	2
	Number of operational response reviews conducted	1	2

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, 29 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

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

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 75 million. As of 28 August 2026, CHF 19,885,287 has been raised toward the IFRC Secretariat funding requirement. During the first round of Federation-wide financial data collection for the Venezuela Earthquakes 2026 response, covering the period from 26 June to 31 July 2026, 11 National Societies reported allocated funding. The next data collection round, covering the period up to 30 September 2026, will be carried out in October. Because the first round of data collection reflects only the initial month of the response, it should be treated as an early, partial snapshot — comparisons or trend analysis should wait until the broader October data set is available.

Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	**50,000,000**	**19,885,287**	**30,114,713**	**39.8**

To date, in kind contributions, hard and soft pledges are totalling 39.8 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 contributions 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:

At the Venezuelan Red Cross:

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At the IFRC:

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- **Head of Country Delegation:** Nelson Aly Rodríguez, Head of IFRC Venezuela Delegation, nelson.alyrodriguez@ifrc.org email, phone +58 4242294760
- **IFRC Geneva:** Antoine Belair, Senior Officer Operations Coordinator, antoine.belair@ifrc.org, +41 797083149

For IFRC Resource Mobilisation and Pledges support:

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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 to 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.