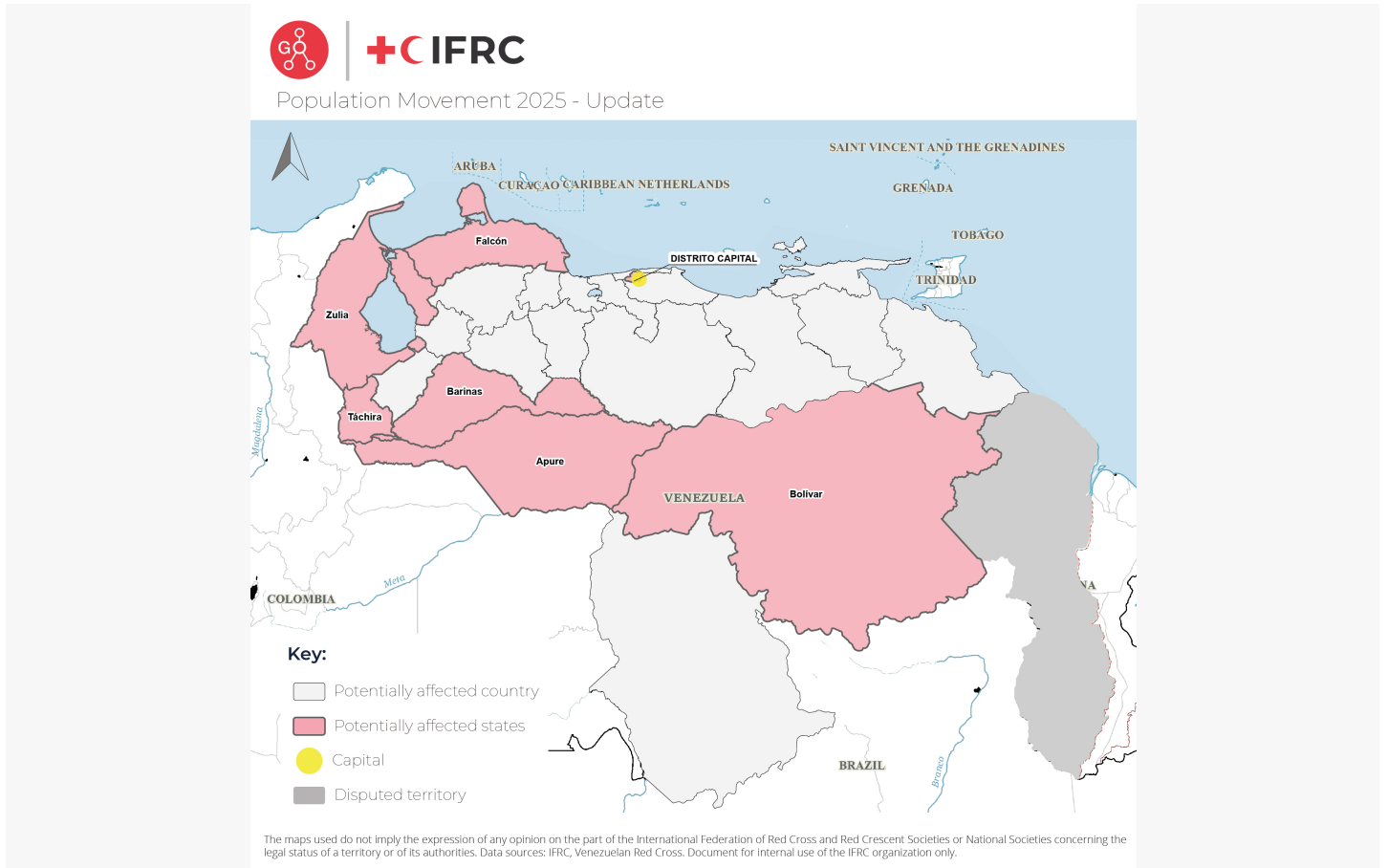




MHPSS for foster families during flight, Capital District, 8 May 2025. VRC

Appeal: MDRVE011	Total DREF Allocation: CHF 497,787	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 717,000 people	People Targeted: 10,000 people	
Event Onset: Slow	Operation Start Date: 15-03-2025	New Operational End Date: 30-09-2025	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 15-03-2025		Reporting Timeframe End Date: 31-05-2025	
Additional Allocation Requested: 349,404		Targeted Regions: Apure, Barinas, Bolivar, Distrito Capital, Falcon, Tachira, Zulia	

Description of the Event



Map highlighting the targeted areas for this operation.

Date when the trigger was met

28-05-2025

What happened, where and when?

On 28 May, flight number 17 arrived in Venezuela with returnees. This brought the total number of people assisted by the Venezuelan Red Cross to 3,612—exceeding the original target of 3,500 established in the DREF request. Reaching this threshold triggered the transition from an imminent DREF to a response DREF, in line with the criteria outlined in the initial request.

Between February and May 2025, more than 5,000 Venezuelan men and women were returned from the United States, Mexico, and other transit countries. Many of these returns took place without adequate safeguards, affecting particularly children and adolescents, unaccompanied women, and individuals with specific protection needs. Some of these returns occurred within the framework of the “Vuelta a la Patria” (Return to the Homeland) program—a long-standing social initiative promoted by the Venezuelan State. The program aims to facilitate the voluntary return of Venezuelan citizens abroad in vulnerable situations, with no specific prioritization profiles, allowing any citizen expressing the will to return to participate.

The initiative supports family, social, and economic reintegration through coordinated actions in the area of human mobility, working jointly with various institutions to ensure a safe and dignified return.

However, many returns occurred without processes that ensured the protection of human rights, generating increased protection risks and humanitarian needs. During the first half of 2025, changes in migration policies in the United States and several Latin American countries have had direct consequences on the lives, safety, and dignity of thousands of Venezuelans in situations of mobility.

In the United States, the termination of the humanitarian parole program—upheld by the Supreme Court—has left over 530,000 individuals from Venezuela, Cuba, Haiti, and Nicaragua without a regular pathway to entry and unprotected from deportation. This situation has been further compounded by the cancellation of the most recent designation of Temporary Protected Status (TPS), which



excludes the majority of Venezuelan nationals who arrived after 2021. This has led to increased uncertainty and risks associated with irregular migration.

In Colombia—home to more than 3 million Venezuelans—the reduction in international funding has begun to impact regularization processes. Over 300,000 individuals have been left without documentation to prove their migratory status, limiting their access to healthcare, education, and formal employment, and exposing many families to exploitation and social exclusion.

Along transit routes—especially at border areas such as Panama and Costa Rica—a sustained increase has been observed in Venezuelan nationals stranded without resources or support networks. Many of them choose to return to Venezuela in extremely vulnerable conditions after facing violence, misinformation, or exploitation along their migration journey.

According to recent reports, these returns are taking place in a context of urgent unmet humanitarian needs—particularly in terms of food, healthcare, and temporary shelter. From a humanitarian perspective, this situation underscores the pressing need for coordinated responses grounded in human rights and protection frameworks, which prioritize the well-being of people on the move, regardless of their migration status.

In response, the Venezuelan Red Cross, in its auxiliary role, has supported the humanitarian response during the reception of returnees, providing comprehensive care including differentiated kits, snacks, and primary health services.

The Red Cross, guided by its Fundamental Principles, reaffirms its commitment to providing assistance without discrimination to all individuals in situations of vulnerability, and advocates for durable solutions that ensure access to essential services, the protection of human dignity, and the non-criminalization of migration.



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



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



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

Scope and Scale

At least 717,000 Venezuelan migrants and asylum seekers are at heightened risk of deportation across the region due to recent shifts in immigration policies. In the first quarter of 2025, the expiration of Temporary Protected Status (TPS) in the United States—previously benefiting 600,000 Venezuelans—and the end of parole for 117,000 individuals significantly reduced legal protection options. Similar developments in other countries, including the conclusion of an amnesty process in Ecuador and increasing numbers of Venezuelans stranded at Central American borders, further compound the risk of forced returns to Venezuela.

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

This economic vulnerability has been further aggravated by the revocation of Chevron's license to operate in Venezuela, announced by the United States government in February 2025. The resulting drop in oil revenues has limited the country's financial capacity to respond to social needs. Returnees face a challenging reintegration landscape—characterized by social stigma, overwhelmed public services, and a labor market offering limited opportunities. Additionally, increased levels of violence and criminal activity pose further risks to individuals returning to the country.

The health system remains under significant strain. Individuals with pre-existing conditions often struggle to access treatments, worsening their medical conditions. In parallel, the rising demand for mental health support has increased the risk for returnees and their families, due to the limited availability of specialized care across the country. This situation, combined with elevated stress and frustration, may also contribute to a rise in domestic violence.

At the regional level, reverse migration has become more evident. Individuals who failed to enter the United States or who were

deported are returning to their countries of origin or transit. This shift in migration patterns is raising concerns among Central American authorities, who are actively exploring strategies to mitigate associated risks.

Venezuela's economic outlook in 2025 remains critical. Inflation reached 18.4% in April, with a cumulative rate of 63.1% recorded during the first four months of the year. These adverse conditions are directly affecting people's access to basic services and further complicating reintegration processes for returnees.

Additionally, the most recent needs and context analysis has shown a significant increase in demand at humanitarian service points along the Colombia-Venezuela border. Field data confirms a 20% to 30% increase in assistance to returnees in these areas.

Given the sustained rise in migratory flows, currently averaging three weekly flights with approximately 220 people each, and the worsening national context, the Venezuelan Red Cross highlights the urgent need to update both the budget and the operational plan to ensure a timely, effective, and dignified humanitarian response to all those affected.

Source Information

Source Name	Source Link
1. Migrants deterred by trumps border crackdown.	https://www.reuters.com/world/migrants-deterred-by-trumps-border-crackdown-wait-un-help-return-home-2025-04-25/
2. Supreme Court allows Trump to revoke humanitarian parole for 530,000	https://www.aljazeera.com/news/2025/5/30/supreme-court-allows-trump-to-revoke-humanitarian-parole-for-530000#:~:text=Donald%20Trump,Supreme%20Court%20allows%20Trump%20to%20revoke%20humanitarian%20parole%20for%20530%2C000,of%20former%20President%20Joe%20
3. Supreme Court	https://english.elpais.com/usa/2025-05-30/supreme-court-lets-trump-end-humanitarian-parole-for-500000-migrants.html?utm_source=chatgpt.com
4. The TPS designation for Venezuela	https://www.uscis.gov/humanitarian/temporary-protected-status/temporary-protected-status-designated-country-venezuela?utm_source=chatgpt.com
5. Colombia	https://elpais.com/america-colombia/2025-05-28/mireille-girard-hay-riesgo-de-perder-los-avances-de-los-ultimos-anos-en-la-acogida-de-refugiados.html?utm_source=chatgpt.comhttps://elpais.com/america-colombia/2025-05-28/mireille-girard-hay-riesgo-de-perder
6. Retorno un nuevo rostro de la Migración.	https://elpais.com/america/branded/2025-05-19/el-retorno-un-nuevo-rostro-de-la-migracion-en-america-latina.html?utm_source=chatgpt.com
7. Chevron	https://www.reuters.com/business/energy/venezuela-ramps-ups-taxes-private-sector-chevron-oil-exit-bites-2025-06-02/?utm_source=chatgpt.com
8. The Discreet Impact of Venezuelan Remittances	https://www.caracaschronicles.com/2024/07/19/the-discreet-impact-of-venezuelan-remittances/?utm_source=chatgpt.com
9. The Discreet Impact of Venezuelan Remittances	https://www.reuters.com/business/energy/venezuelas-oil-exports-stable-buyers-china-receive-more-2025-06-03/?utm_source=chatgpt.com
10. Venezuela Inflación.	https://bitfinance.news/en/venezuelas-april-inflation-reached-18-4/

Summary of Changes

Are you changing the timeframe of the operation	Yes
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Are you changing the operational strategy	Yes
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes

Please explain the summary of changes and justification:

Through this operations update no. 1, the Venezuelan Red Cross aims to inform about a transition from an imminent DREF to a DREF for response, including:

- (1) A three-month timeframe extension (New end date: 30 September 2025).
- (2) An adjustment to the number of people targeted from 3,500 to 10,000 people.
- (3) An adjustment to the geographic coverage, incorporating one state: Bolivar.
- (4) A second allocation of 345,822, for a total DREF budget of CHF 497,787, including reallocation between budget lines of the original approved budget

This operation was initially expected to reach 3,500 people. However, since the start date, the Venezuelan Red Cross has reached a total of 5,729 returnees, representing 163% of the initial operational target. Among those assisted are 873 women, 3,499 men, 798 children and adolescents, 51 pregnant women, 8 adults with disabilities, and 27 unaccompanied minors. Of all registered flights, 21 have involved the return of persons deprived of liberty, and 6 have been family flights arriving from the United States, Guantánamo, Honduras, and Mexico.

In tandem with direct assistance, the Venezuelan Red Cross has conducted an in-depth needs assessment, including individual interviews, focus group discussions, and direct observation in the field. This has enabled a deeper understanding of the profiles, risks, and needs of returnees, and informed the transition from early actions to full response.

The increase in number of people assisted is due to the sustained and progressive increase in flight traffic, as well as the identification of new humanitarian needs in border regions between Venezuela and Colombia, particularly in the states of Zulia, Apure, Barinas and Táchira. These regions have entry and exit points from the country and a high concentration of unmet needs. They also have pendulum mobility dynamics and a high number of highly vulnerable people, such as unaccompanied children and adolescents, people with disabilities, the elderly, pregnant or breastfeeding women, young adult men alone, and people with chronic diseases.

The current mobility context in Venezuela requires a comprehensive and flexible humanitarian response that can adapt to highly dynamic environments with multiple risks. The growing influx of migrants and the changing conditions along the routes necessitate constant review and adjustment of the operational strategy in order to respond promptly and effectively to the most urgent needs.

In this context, the response strategy has been adapted to increase coverage and strengthen humanitarian service points. This includes providing personal hygiene kits, hydration supplies, food, primary healthcare, psychosocial support, and re-establishing family links. The progressive increase in the number of people entering the country by air and land has also required operational reorganization.

The state of Bolívar has been incorporated as an additional area of intervention, primarily for monitoring and evaluation activities in southern Colombia. This is crucial for identifying emerging needs and improving our understanding of the dynamics of the migratory flow to the region.

The budget has been adjusted to reflect the actual costs of the operation and priorities the relief of specialized supplies, such as personal hygiene kits, snacks, and psychosocial support kits. Similarly, the funds will ensure the continuity of key technical personnel in order to maintain an active and effective response in the prioritized territories.

Current National Society Actions

Start date of National Society actions

10-02-2025



Shelter, Housing And Settlements	In the event that the support of the VRC is required for the fitting out of transit houses within Venezuelan territory, the National Society has pre-positioned material: portable latrines/showers and tarpaulins. These are foreseen in the Q2000 Kit (San Cristóbal) and WatSan 5 (Capital District).
Health	The National Society responded to the needs of returning migrants and returnees by providing primary health care, including general medicine, paediatrics, first aid and the provision of medicines. A total of 625 people (migrants and host communities) were assisted. During the month of February, the Venezuelan Red Cross, in accordance with its role as an auxiliary to the public authorities of the national government and guided by its Fundamental Principles, provided humanitarian assistance to migrants upon their return to Venezuela. Using its own capacities, it focused on primary health care, psychosocial support and the provision of medicines, hygiene kits and refreshments. Through 2 primary health care centres, 2 mobile units and 1 tent, with the support of more than 50 multidisciplinary volunteers.
Water, Sanitation And Hygiene	At least 602 individual hygiene kits for men, women and children were distributed at the arrival point. Two Handwashing with two tanks, water and soap have been installed. A total of 1,600 individual kits have been pre-positioned and there is capacity for at least 1,000 family kits.
Protection, Gender And Inclusion	Within the migrant care areas, a psychosocial support unit has been set up and adapted to the profiles of the people being cared for. There are currently two separate areas for men, women, families and unaccompanied children and adolescents.
Migration And Displacement	The technical team is monitoring the current situation in the region and has participated in the extraordinary meetings organised by the IFRC Americas Regional Office to update the regional migratory context in order to anticipate possible changes in scenarios.
Community Engagement And Accountability	Although it has not been possible to establish a feedback mechanism in the field, the National Society provides constant feedback to the implementation team in order to adapt and improve the response.
National Society Readiness	The National Society has trained technical personnel to provide a response in the areas of Health, Wash and Protection. It also has pre-positioned supplies, 1,608 differentiated kits for men, women and children ready for this contingency with immediate distribution.
Assessment	The VRC team monitors the migration context at local and regional level. The NS has also participated in extraordinary meetings of the Movement for the exchange of experiences in the care of returned migrants persons who have returned to their country of origin. During the reception of flights, preparatory coordination meetings were held with the government agencies responsible for the operation in order to define actions to improve the care of returned migrants and voluntarily returned persons.
Resource Mobilization	The NS is carrying out the needs and capacity assessment with the Movement's partners in order to generate a strategy and response plan that can efficiently generate the procurement of funds and resources for the management of timely responses.
National Society EOC	Internal coordination is established with NS technical teams for primary health care interventions, psychological first aid, delivery of supplies and first aid on arrival in the country.

IFRC Network Actions Related To The Current Event

Secretariat	Through its Delegation in Venezuela, the International Federation of Red Cross and Red Crescent Societies (IFRC) has provided support, technical assistance, and coordination to the National Society since the outset of the response. The Delegation team present in the country has also been actively engaged in field operations
Participating National Societies	In Venezuela, a delegation of the German Red Cross is present, attentive, and ready to provide coordinated support to the response. They have also contributed by supplying medicines to be delivered on the return flights.

ICRC Actions Related To The Current Event

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

The ICRC's actions—responding to the consequences of armed violence, influencing laws, policies and behaviours, and promoting the integration and ratification of IHL and other treaties—contribute to strengthening the collective impact of the Movement's response in Venezuela. Through its operational sub-delegations and ongoing partnerships with the VRC in Health, Protection, Assistance and Cooperation Programmes, the ICRC supports VRC operations in branches most affected by armed violence.

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

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	In the context of flight reception operations, the Government of Venezuela—led by the Ministry of People's Power, the Ministry of Interior, Justice and Peace, the Ministry of Foreign Migration, and supported by various agencies including security forces, civil protection, and the national armed forces—is at the forefront of coordinating and managing the arrival of returned migrants and repatriated individuals. As part of the reception procedures, the Ministry of People's Power for Health (MPPS) administers vaccinations including toxoid, trivalent, and screenings for COVID-19, malaria, and sexually transmitted infections. The Autonomous Institute of the National Council for the Rights of Children and Adolescents (IDENNA) is responsible for the care and processing of unaccompanied returned children during their handover to immediate family members. Additionally, the National Service of Forensic Medicine and Sciences (SENAMECF) conducts forensic medical evaluations for each returnee as part of the arrival protocol and closure of care at the point of entry.
UN or other actors	The Humanitarian Country Team has been following the evolution of the migration context, the Venezuelan Red Cross authorities, the IFRC Delegation in Venezuela and organisations such as OCHA, UNHCR and IOM have established a line of coordination of actions to complement the response according to their mandates. With the support of UNHCR, 12 portable washbasins were received and have been used in the operation. This year, at the request of the Venezuelan Red Cross, the Venezuelan Delegation was accredited to access the Humanitarian Country Fund, where it has an emergency fund in case a larger response is needed.
Are there major coordination mechanism in place?	

Coordination meetings have been scheduled between the NS and all operational actors involved in managing the arrival of both returned migrants and voluntary returnees. It is possible to coordinate joint actions and the mechanism of action from the reception on the route to the last point of attention. The NS has convoked Movement coordination meetings to ensure a coordinated Movement response and tripartite leadership meetings with between Movement partners present in Venezuela are set to continue this issue.

Needs (Gaps) Identified



Health

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

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

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

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

The mental health needs of migrant populations are important and diverse, as migrants often face traumatic experiences, prolonged stress and emotional challenges arising from their migration and return process, and addressing these needs is critical to their overall well-being and effective reintegration into society.

As part of the NS work, essential medical equipment (stethoscopes, ENT equipment, sphygmomanometers, pulse oximeters and thermometers) was essential to monitor people's health. However, due to intensive and continuous use, they have deteriorated, affecting their functionality. This situation makes it necessary to replace them in order to guarantee the quality of care. It is also a priority to replace basic supplies such as personal protective equipment (PPE), alcohol, tongue depressors, gauze and bandages.



Water, Sanitation And Hygiene

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

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

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



Protection, Gender And Inclusion

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



The lack of legal documentation further exacerbates these risks by limiting access to essential services and increasing the likelihood of arbitrary detention. Protection gaps are especially evident in the provision of tailored support for unaccompanied minors, older persons, and survivors of violence.

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



Migration And Displacement

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

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



Community Engagement And Accountability

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

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

Any identified gaps/limitations in the assessment

Unmet needs remain in the area of shelter. While some governmental, international, and faith-based organizations provide partial support through designated spaces, the available capacity is insufficient to accommodate people in transit in the prioritized states. There are also limited facilities for showers and adequate hygiene. These gaps stem from both a lack of resources and the absence of authorizations to scale up the response. Additionally, the focus on family units as priority profiles excludes other highly vulnerable groups—particularly young men traveling alone—who are often denied access to these spaces.

A lack of funding and human resources within both governmental entities and UN humanitarian agencies has led to a significant decrease in programmatic response compared to last year.

Security assessments have revealed geographic constraints in certain states due to the presence of different actors, as well as poor road conditions, long distances, and limited access to fuel. These factors hinder the transportation of volunteers and supplies, restricting the overall reach of the response.

Conducting field assessments presents a significant challenge due to the unique dynamics of each state. Access and the use of surveys to collect information are not recommended, as they often generate fear and mistrust among the population—even when informed consent is obtained and no sensitive data is requested. Given this context, information has been gathered primarily through focus group discussions, direct observation, and insights obtained from the services provided at humanitarian service points managed by local branches. This approach made it possible to identify a 20% to 30% increase in the number of people in transit receiving assistance.

Operational Strategy

Overall objective of the operation

Through the transition from an imminent DREF to a response DREF, the Venezuelan Red Cross aims to assist at least 10,000 people on the move in Venezuela, focusing humanitarian assistance on the sectors of health, mental health and psychosocial support (MHPSS), primary health care, water, sanitation and hygiene (WASH); protection, gender and inclusion (PGI); temporary shelter; and community engagement and accountability (CEA)

Operation strategy rationale

In response to the sustained increase in the number of returnees in highly vulnerable conditions, the Venezuelan Red Cross (VRC), with the technical and operational support of the International Federation of Red Cross and Red Crescent Societies (IFRC), is implementing its operational strategy in a comprehensive and multisectoral manner. This response phase aims to strengthen the capacities built during the anticipatory action phase, expand the territorial coverage of the response, ensure effective coordination with key humanitarian actors, and carry out a needs and context assessment along the Venezuelan–Brazilian border.

The strategy will focus on the dignity, protection, and comprehensive response for returnees, incorporating sector-specific actions tailored to the unique characteristics of each territory, based on the needs assessments conducted in the prioritized states. One of the pillars of the operation will be the strengthening of operational coordination and national management capacity, ensuring the continuity of the DREF Coordinator and the incorporation of a Procurement Officer to accelerate logistical processes and guarantee traceability in acquisitions. Together with the IFRC Venezuela delegation's logistics officer, they will design a critical path for the supply chain, supported by the deployment of SURGE technical personnel from IFRC to reinforce implementation, particularly in border areas, airports, and transit points.

Mental health and psychosocial support (MHPSS) will be a priority line of intervention. The operation includes the expansion of primary healthcare services through mobile units and fixed centers. The MHPSS Officer based in Caracas will continue to provide cross-cutting technical support to ensure the integration of the MHPSS approach across all areas of intervention. Activities will include the establishment of safe spaces for children and adolescents, the distribution of context-appropriate MHPSS kits, and the development of emotional support and peer-support activities. In addition, self-care spaces will be established for staff and volunteers exposed to emotionally demanding situations. In the Water, Sanitation and Hygiene (WASH) sector, actions will include the installation of handwashing stations and hydration points, improvements to sanitary infrastructure at humanitarian service points, and the distribution of hygiene kits tailored to age, gender, and specific conditions. These efforts will be complemented by hygiene promotion campaigns using visual materials and community health promoters, contributing to the prevention of waterborne diseases and the maintenance of healthy conditions during transit and return.

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

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

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

The entire operation will be subdivided by state, based on the specific needs identified in each territory and the priorities expressed by each branch. This territorial adaptation will ensure more effective resource allocation, greater relevance, and a more community-



centered response. Through this strategy, the Venezuelan Red Cross reaffirms its commitment to providing a neutral, dignified, context-adapted humanitarian response, focused on people, and aimed at promoting protection and relief in a highly challenging environment.

Targeting Strategy

Who will be targeted through this operation?

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

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

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

Barinas: A key convergence point along the internal land migration route, with a humanitarian service point in the La Caramuca area. This point is essential for returnees and people in transit heading to the west and central regions of the country and provides services including Restoring Family Links (RFL), mental health and psychosocial support (MHPSS), first aid, distribution of drinking water, and differentiated hygiene kits.

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

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

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

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

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

Explain the selection criteria for the targeted population

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

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

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

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



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

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

Total Targeted Population

Women	3,000	Rural	40%
Girls (under 18)	2,000	Urban	60%
Men	3,500	People with disabilities (estimated)	1%
Boys (under 18)	1,500		
Total targeted population	10,000		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
Beginning of reverse migration, which may represent an increase in the number of people returning by land, increasing exposure to violence along the route and greater tension on the border with Colombia.	Binational border context analysis in cooperation with the country's entry zone affiliates and NSs in the region through the Safer Access of the Americas network and development of tailored security response plans.
Increased protection risks associated with the reverse migration route, such as xenophobia, lack of channels or mechanisms for social reintegration, stigmatisation, re-victimisation of survivors of violence, exposure to human trafficking, are risks that are highly potentiated. Similarly, the risks associated with return by sea are part of the scenario we may face.	VRC is working on an awareness-raising campaign through social media, promoting empathy and inclusive values, and establishing a monitoring and prevention system to identify and protect people at risk. And providing psychosocial support services to help migrants cope with the stress and trauma associated with migration and return.
Hydrometeorological risks. Even though the hydrometeorological forecast for this year indicates a neutral ENSO, one of the risks remains the possibility of increased heavy rains, which in the case of those returning by sea or river, and/or droughts along the migratory route, would increase the risks for people moving along the migratory route.	Monitoring of climatic conditions by centers in the region, awareness raising along the migratory route with specific measures at each of the extremes to reduce the humanitarian impact on the population.
The event exceeds the capacities of the National Society.	Constant monitoring of the situation in the country and the worsening of the event is carried out.
Lack of reports on the status and typology of returnees	Through the team in charge of coordinating the operation, periodic coordination meetings will be established with the entities in charge of each repatriation flight or operation, in order to know the typology of the same, to guarantee an adequate response and as accurate as possible for the attention of these.



Increased frequency of flights and flow of people that exceeds the response capacity of the subsidiaries.

Establish staff rotation systems and increase inter-branch support where possible, to cover the amount of care required based on the frequency and number of returnees.

Please indicate any security and safety concerns for this operation:

- Inadequate supplies for the operation, either due to delays in procedures or limitations in the supply chain.
- In terms of operational security, the reception of returnee flights involves a large mobilisation of volunteer staff and resources to care for the migrants arriving on each flight. This can pose challenges in terms of the efficient coordination of personnel, the provision of specialised medical care and the distribution of essential items.
- In the town of Tibú, in the Catatumbo region of Colombia, there have been violent clashes between the National Liberation Army (ELN) and dissidents from the Revolutionary Armed Forces of Colombia (FARC). This situation has had a major impact on the local population.

It has led to the displacement of Colombian citizens to the Venezuelan side, more specifically to the municipality of Jesús María Semprún in the state of Zulia, mainly to the towns of Casigua el Cubo and El Cruce. Tensions on the border with Colombia and the increased risk of violence may lead people to engage in human mobility, increasing their exposure to protection risks and vulnerabilities.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 95,430

Targeted Persons: 7,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people receiving primary health care.	7,000	5,729
# of people who receive psychological first aid	6,000	3,997
# of group mental health sessions for children	20	50
# of people who have received psychological support and/or psychiatric care delivered by National Society trained staff/volunteer	6,000	3,997
# of people who received psychosocial support, including Psychological First Aid (PFA), by a trained staff member or volunteer	6,000	3,997
# of policies, procedures and activities developed and implemented by the National Society related to staff and volunteer care	6	0



Progress Towards Outcome

During the first three flights, the Venezuelan Red Cross was responsible for providing medical assistance to repatriated individuals, offering consultations and identifying conditions such as diabetes, hypertension, and headaches, among others. Starting with the fourth flight, this work has been carried out in coordination with the Ministry of Health, which has improved the quality of care. As part of this collaboration, medication is provided based on prescriptions issued by medical personnel, and a total of 5,729 people have received care.

Mental Health and Psychosocial Support: At the airport reception area, the Venezuelan Red Cross (VRC) team carries out an initial assessment to identify signs of emotional distress, confusion, withdrawal or disorientation. Particular attention is paid to children and adolescents, including unaccompanied or separated children, single women and those displaying visible signs of emotional distress or needing MHPSS support. Volunteers trained in Psychological First Aid (PFA) provide initial psychosocial support throughout the reception process, offering active listening, counselling, and emotional support. If a person requires further support, they are offered the opportunity to speak to a psychologist in a safe and confidential space in the care areas. Support is only provided with the informed consent and voluntary acceptance of the individual, with their dignity and autonomy being respected. To date, 3,997 people have received assistance, including 805 women, 2,504 men, and 688 boys, girls and adolescents.

As part of capacity building in MHPSS, information sessions have been held at the Maracaibo and Barinas branches, with 21 (13 women and 8 men) and 14 (5 men and 9 women) volunteers participating respectively.

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



Water, Sanitation And Hygiene

Budget: CHF 196,326

Targeted Persons: 10,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of returned migrants receiving hygiene supplies.	10,000	5,729
# of handwashing facilities installed	12	4
# of people reached through community awareness campaigns.	10,000	5,729

Progress Towards Outcome

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

Activities performed:

- Relief of Hygiene and Hydration Kits: Up to Flight 29, a total of 5,729 differentiated hygiene kits were distributed at flight reception. These are detailed as follows:

Men (3,957 kits): Each kit contains four rolls of toilet paper, one tube of toothpaste, one toothbrush, one bottle of shampoo, one bottle of deodorant, one comb, two bars of soap, two hand towels and one bar of washing soap.

Women's kits (952 kits): In addition to the items included in the men's kits, each women's kit contains an 8-pack of sanitary towels.

- **Children and Adolescents (820 kits):** Each kit includes 4 rolls of toilet paper, 1 toothpaste, 1 toothbrush, 1 toothbrush, 1 shampoo, 1 comb, 2 neutral bath soaps, 2 hand towels, 1 alcohol gel and 1 plastic thermos.



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



Protection, Gender And Inclusion

Budget: CHF 6,631

Targeted Persons: 7,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people who receive information on Protection, Gender and Inclusion actions	7,000	2,715
# of individuals from priority vulnerable groups (pregnant and lactating women, children under 2, adolescents, older adults, and persons with disabilities) who receive differentiated care.	1,000	879
#of active safe referral pathways	3	1

Progress Towards Outcome

Volunteers trained in Psychological First Aid (PAP) provide initial psychosocial support throughout the reception process, offering active listening, counselling, and emotional support. If a person requires further support, they are offered the opportunity to speak to a psychologist in a safe and confidential space in the care areas. Support is only provided with the informed consent and voluntary acceptance of the individual, with their dignity and autonomy being respected. To date, 2,715 people have received assistance, including 543 women, 1,362 men, and 810 boys, girls, and adolescents.



Migration And Displacement

Budget: CHF 71,422

Targeted Persons: 10,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of contingency plans applied in activities to human mobility emergencies	1	0
# of volunteers involved in the operation sensitized with key information on themigration program	155	82
# of migrants in mobility reached with RFL services	500	2,675

# of migrants reached with soft drinks and hydration kits.	10,000	5,729
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Progress Towards Outcome

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



Community Engagement And Accountability

Budget: CHF 1,658

Targeted Persons: 700

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of feedbacks received from people served on the services provided.	700	0
# of volunteers and staff sensitized on the importance of feedback collection	100	82

Progress Towards Outcome

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

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



Secretariat Services

Budget: CHF 66,023

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring and evaluation visits by IFRC Venezuela delegation	7	6
# of surge personnel deployed (Field Coordinator)	1	0
# of paid staff	2	2

# of international and national procurement processes conducted for supply replenishment	4	2
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Progress Towards Outcome

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

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

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



National Society Strengthening

Budget: CHF 60,298

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of personnel hired directly for the operation	4	3
# of lessons learned workshops conducted	1	0
# of monitoring and evaluation visits by NS	7	5

Progress Towards Outcome

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

The communications directorate has implemented actions to support the monitoring of the operation.

Branches in Zulia, Táchira, Barinas, Guasdalito, Falcón and Caracas have been visited, and an evaluation of their operational and response capacities has been carried out. This included an assessment of the branches' structure, volunteers, supplies and services currently available, as well as an analysis of population mobility, in order to identify areas for improvement and strengthening.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

For the emergency response, the VRC plans to recruit a staff consisting of a local Operations Coordinator, a Psychosocial Support Officer and an Administrative Assistant. The Operations Coordinator will be responsible for planning, organising, directing and coordinating all



response activities, coordinating with other agencies and local authorities, monitoring programme implementation and ensuring compliance with humanitarian and security standards. The MHPSS Officer, who will be supported by Surge, will subsequently implement and develop the various products and activities related to this area, working in coordination with the National Directorate of Health.

In addition, an administrative assistant will provide support to ensure proper internal accountability and administrative progress in the implementation of activities.

A total of around 100 volunteers will be involved in the operation, spread across the 6 priority sectors. These will include first responders from the capital district, health programme staff such as doctors, and volunteers from the RFL programme.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Our volunteer team strives to reflect the gender, age, and cultural diversity of the communities we serve. We have volunteers of different genders, ages, and backgrounds, including local profiles that help foster cultural understanding and build trust.

However, we recognize existing gaps, such as low female representation in key areas or the need for greater linguistic diversity in border regions. To address these, we promote inclusive volunteer recruitment, work with community leaders to engage diverse profiles, and provide training on gender and diversity approaches.

Our goal is to ensure that the humanitarian response is inclusive, culturally appropriate, and safe for everyone

Will surge personnel be deployed? Please provide the role profile needed.

In coordination with the Venezuelan Red Cross, and taking into account the current context and needs, the deployment of two people is foreseen:

- A Mental Health and Psychosocial Support Officer for three months, who will provide support to ensure the implementation of a MHPSS work plan, including activities such as: providing training and forming psychosocial response teams as part of the response, reviewing MHPSS interventions in migration contexts, and adapting the National Society's MHPSS strategy together with a technical advisor from the local staff.

- An Operations Manager for three months, who will provide support to the Venezuelan Red Cross with the timely implementation of the intervention.

It is worth noting that these two profiles will be funded by the Canadian Red Cross, so this has not been budgeted under the DREF.

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

If there is procurement, will it be done by National Society or IFRC?

Procurement and distribution will be managed by the National Society through national procurement, in Venezuela with the support of the Senior Procurement Officer, to ensure compliance with IFRC Procurement Manual procedures, thus ensuring minimum quality standards and integrity risks, with the exception of adult, pediatric kits (which have already been managed) and in this new phase the procurement of Family Hygiene Kits to be procured through the IFRC's Regional Logistics Unit (RLU). This approach will ensure the timely availability of essential supplies.

The National Society is already experienced in the procurement and distribution of refreshments and hydration kits.

In the WASH sector, this will be carried out by the finance team with the support of the finance assistant, supported by the national WASH director. This process will be developed in coordination with VRC and the Senior Procurement Officer of the Venezuelan Delegation, who has experience in similar procurements, with the aim of building local capacity and familiarity with the International Federation's procurement processes.

With regard to the rehabilitation of the Humanitarian Service Point, a more detailed assessment of the current conditions of each branch is required to provide sufficient space for the provision of health services, to achieve adequate information points and to rehabilitate the spaces to provide adequate services, which will be the responsibility of the project coordinator and cross-cutting sectors such as health, WASH and communication.



The procurement process in the water, sanitation and hygiene, health and housing sectors will be carried out by the IFRC Delegation in Venezuela with the support of the IFRC Senior Procurement Officer to ensure compliance with the procedures set out in the IFRC Procurement Manual and to guarantee minimum standards of quality and integrity. This process is developed in coordination with the VRC and a procurement focal point with the aim of building local capacity and familiarity with IFRC procurement processes.

Once items arrive, logistics are set up and coordinated with the VRC Logistics Officer to establish distribution routes to regional warehouses, which are supported at all times.

How will this operation be monitored?

The follow-up of this DREF will be supported by the local Operations Coordinator in charge of the operation, who will monitor the data and information collected by the Branch teams in the field. The Branch will provide information on implementation on a weekly basis, while the Operations Coordinator will ensure at least 3 follow-up visits with the technical team in the prioritised sectors. With the support of the IFRC country delegation team, the timely management of funds and progress of activities will be monitored through regular follow-up meetings, with reports shared with VRC HQ and the IFRC delegation focal point for timely decision making. In addition to the NS monitoring visits, the IFRC project team will conduct at least two field visits to ensure smooth monitoring of the operation and technical support with the regional team. All information gathered during these monitoring visits will be used to support any operational changes.

Please briefly explain the National Societies communication strategy for this operation

The actions carried out will be made visible through the social networks of the Venezuelan Red Cross, combining the actions carried out by the team in the field with the collection of audiovisual material, including photos, videos, testimonies and life stories, which will allow external, internal and specific audiences to understand the impact and reach of activities. Similarly, key messages with a preventive approach will be produced and adapted for external audiences to provide updated information on the migration context in the region, to understand the actions being implemented at local level and to identify opportunities for cross-border coordination. In close coordination with the focal points and communication directors of the branches, the needs related to the image and visibility of the Red Cross will be addressed, as well as the compilation of specific material required by the National Communication Directorate for publication on official platforms.



Budget Overview



DREF OPERATION

Venezuela: Population Movement

Operating Budget

Planned Operations	371,466
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	95,430
Water, Sanitation & Hygiene	196,326
Protection, Gender and Inclusion	6,631
Education	0
Migration	71,422
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	1,658
Environmental Sustainability	0
Enabling Approaches	126,321
Coordination and Partnerships	0
Secretariat Services	66,023
National Society Strengthening	60,298
TOTAL BUDGET	497,787

all amounts in Swiss Francs (CHF)

Internal

11/6/2025

#V2022.01

[Click here to download the budget file](#)



Contact Information

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

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