VENEZUELA

HUMANITARIAN RESPONSE PLAN ADDENDUM

JUNE 2026 EARTHQUAKES

HUMANITARIAN PROGRAMME CYCLE 2026

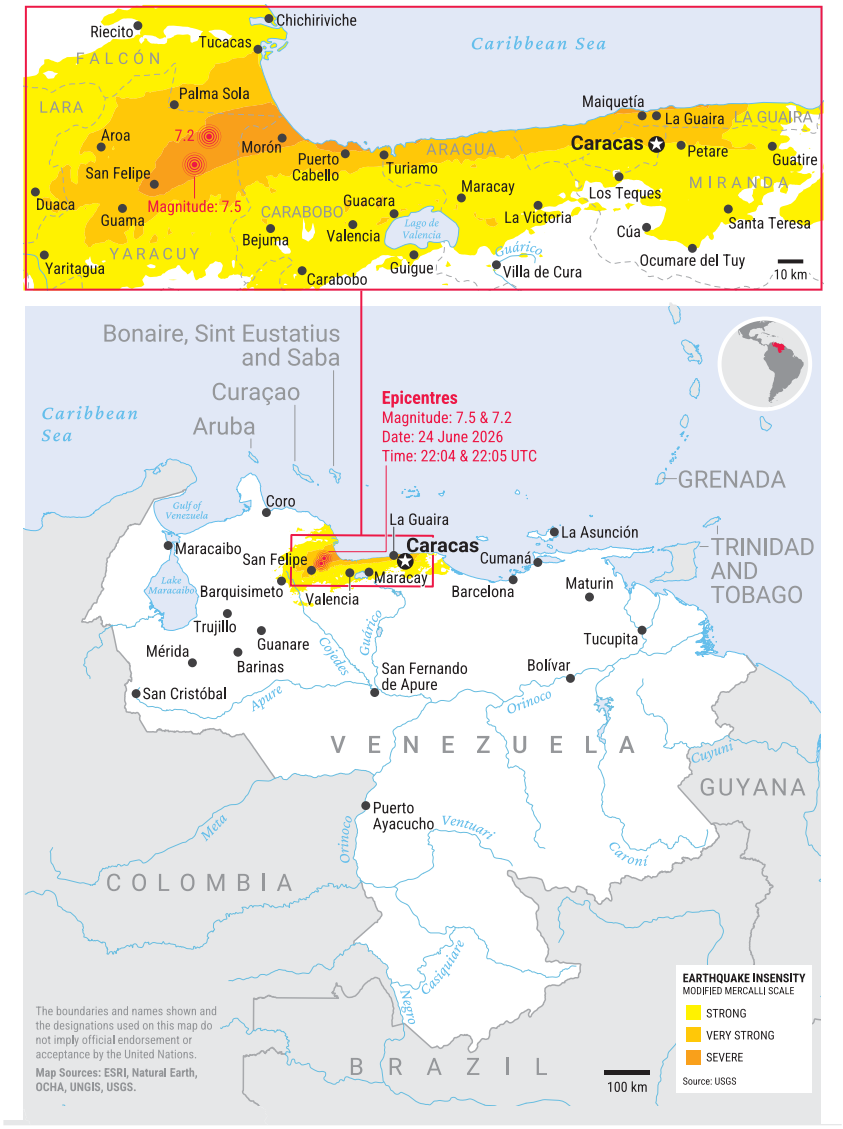
JUNE 2026

Table of contents

Key figures

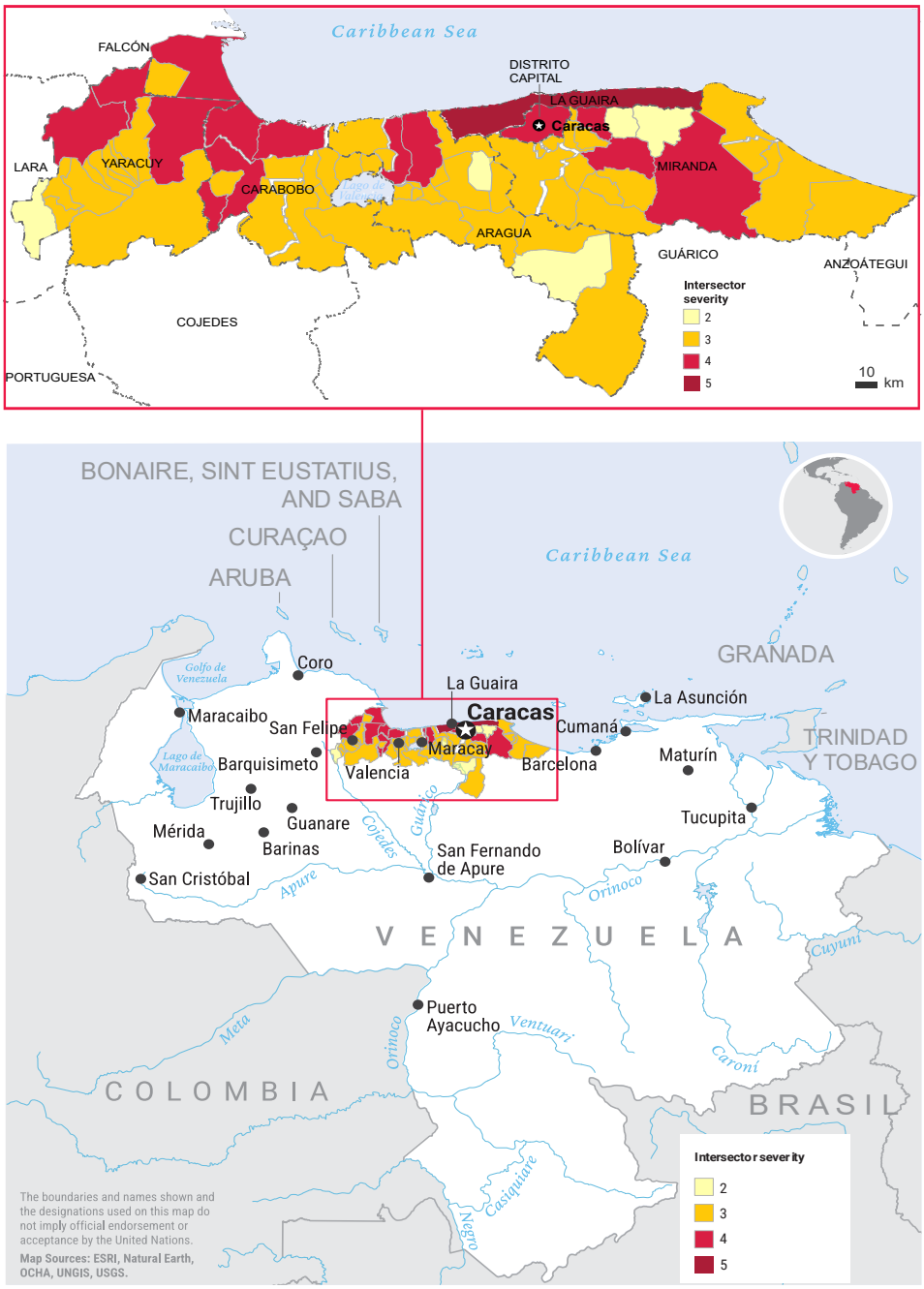
	HRP 2026	Earthquake response	Total (original + earthquake response)
Target population	**5.5M**	**1.3M**	**6.2M**[1]
Requirements	**$632M**	**$299M**	**$931M**

Areas affected and earthquake magnitude

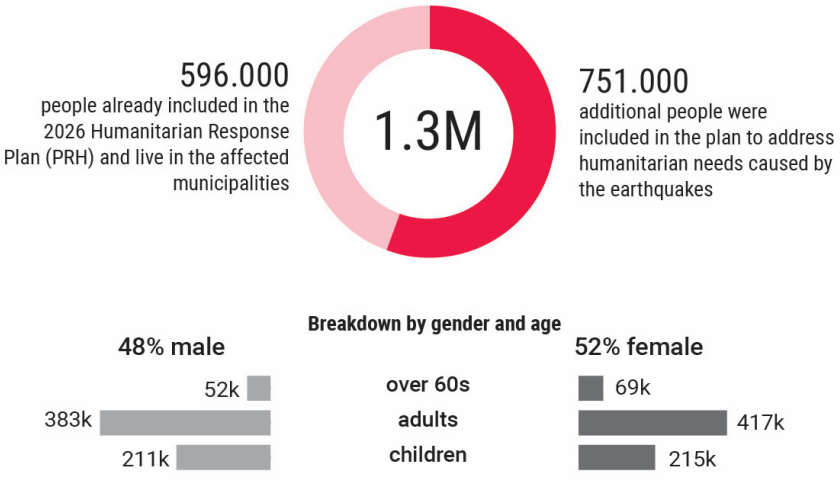


[1] The target population for the earthquake response is 1.3 million people. This figure includes 596,000 people already covered by the HRP 2026 who live in the affected municipalities, as well as a further 751,000 people added to address the humanitarian needs arising from the impact of the earthquakes. With this addendum, the total target population of the HRP 2026 stands at 6.2 million people.

Intersector severity by municipality



Target population for earthquake response



Breakdown of the target and financial requirements (USD$)

CLUSTER	FINANCIAL REQUIREMENTS (USD)	TARGET POPULATION FOR THE EARTHQUAKE RESPONSE
Health	**40.4M**	**1.3M**
Food security and livelihoods	**92.8M**	**1.2M**
Water, Sanitation and Hygiene	**45.2M**	**1.1M**
Protection	**38.7M**	**705k**
General Protection	**12.3M**	**268k**
Child Protection	**14.4M**	**261k**
GBV	**12.0M**	**176k**
Emergency Shelter, Infrastructure and NFIs	**49.8M**	**423k**
Nutrition	**10.8M**	**300k**
Education	**18.7M**	**207k**
Coordination	**2.0M**	**-**
Logistics and Emergency Telecommunication	**0.8M**	**-**
	$299M	**1.3M**

Executive summary

The earthquakes, measuring 7.2 and 7.5 on the Richter scale, which struck north-central Venezuela on 24 June 2026, caused widespread destruction to homes, public infrastructure, healthcare facilities, schools and essential services in seven states across the country: La Guaira, the Capital District, Miranda, Aragua, Carabobo, Falcón and Yaracuy. According to official figures as of 11 July, more than 4,000 people died, nearly 17,000 were injured, and 17,900 were left homeless. More than 18,000 people remain in temporary camps or makeshift accommodation, whilst affected communities face disruptions to basic services, loss of livelihoods and increasingly precarious living conditions.

The earthquake has exacerbated the needs of a population that was already facing significant challenges in accessing basic services and economic opportunities. Damage to homes and critical infrastructure has increased pressure on health, water, sanitation, education and protection systems, whilst reducing the resilience of affected households. A Rapid Needs Assessment (RNA), supplemented by an analysis of secondary data, an evaluation of statistical models and satellite imagery, as well as expert assessments, confirms a multi-sectoral deterioration in living conditions and highlights urgent needs in health, safe water, food security, protection, shelter, and psychosocial support. At the same time, national and international actors have scaled up response operations to provide vital assistance and support the efforts led by the authorities.

This addendum to the 2026 Humanitarian Response Plan (HRP) sets out the Humanitarian Country Team’s strategy for responding to the impact of the earthquakes over a six-month period. The plan aims to assist 1.3 million people and requires an additional US$299 million to supplement the activities already included in the 2026 HRP. As a result, the plan’s total funding requirements rise from $632 million to $931 million, and the total target population increases from 5.5 million to 6.2 million people. These figures may be adjusted as the situation evolves and new information on needs and response becomes available.

Part 1: General overview

Deceased	Injured	People whose homes have been destroyed	States affected	Estimated damages (US$)
4.3k	16.7k	17.9k	7	$37B


Photo:

On 24 June 2026, two consecutive earthquakes measuring 7.2 and 7.5 on the Richter scale in Venezuela had a significant impact on densely populated areas in the north-central part of the country, triggering a national emergency, with loss of life, extensive structural damage, disruption to essential services and a rapid deterioration in the living conditions of the affected population. Seven states have been hardest hit: **La Guaira**, the worst-affected region; **Miranda, the Capital District, Falcón, Carabobo, Yaracuy and Aragua**.

As of 11 July, according to official figures, more than 4,333 deaths and nearly 17,000 injuries have been reported. Since the start of the emergency, in addition to the national Urban Search and Rescue (USAR) teams, more than 71 international teams from 31 countries have been deployed. It is also reported that 17,900 people have been left homeless, and approximately 18,400 are being housed in 94 temporary camps set up by the authorities, whilst others remain in makeshift settlements with limited access to humanitarian response efforts. Furthermore, some schools have been used as temporary accommodation, so it will be important to identify more sustainable accommodation alternatives that will allow them to reopen in time for the next school year.

Following the earthquake, the Government of Venezuela implemented a response focused on supporting affected communities in their recovery. Key measures included the setting up of 94 camps[2] providing assistance to affected families, as well as the *Venezuela Renace* programme, focused on the rehabilitation of homes and public infrastructure. Furthermore, financial support mechanisms were established, including a mortgage scheme with up to an 80 per cent subsidy for property purchases and temporary monthly payments for affected households. The authorities also approved a waiver of administrative procedures and registrations for the rental and purchase of homes, restricted the export of building materials to prioritise national recovery, and provided support for the replacement of personal documents lost during the emergency. These measures address some of the priorities identified by the Government, including the

[2] As of 11 July 2026

impact of the loss of homes, the disruption to livelihoods and family incomes, and the disruption to essential services and infrastructure, primarily in the states of La Guaira, Miranda and the Capital District.

These same areas emerge as key concerns in the RNA, carried out in early July in the areas affected by the earthquake. The findings, supplemented by an analysis of secondary data, the evaluation of statistical models and satellite imagery, together with assessments by specialists, point to a multi-sectoral emergency, with effects on housing, basic services, access to safe water, essential health services, non-food items, livelihoods, food security and population mobility patterns.

In the affected areas, the impact is characterised by a combination of direct physical damage and functional disruptions to essential services. The availability of safe water, electricity and connectivity is subject to varying degrees of disruption, which affects both the daily lives of communities and operational response capacity. Although physical access to many areas remains possible, localised constraints persist due to damage to infrastructure, service disruptions and logistical difficulties, which affect the continuity of assistance and equitable access to services.

In this regard, the loss of homes emerges as a significant cross-cutting factor. A significant number of communities report that there are families who are unable to remain in or return to their homes, alongside movements to other states.

The priority needs identified centre on health, food security, access to safe water, and specialised protection services – including protection for children and adolescents and the response to gender-based violence – complemented by significant requirements in mental health and psychosocial support (MHPS) and accommodation. These needs reflect both the direct impact of the event and the cumulative effects of service disruptions and changes in access conditions, the availability of resources and basic services.

At the regional level, differences in the severity of the impact can be observed; states such as La Guaira and the Capital District have been more severely affected in terms of pressure on services, damage to infrastructure and loss of homes, whilst other states show more varied impacts, with differences in access, coverage of the response and service conditions. These differences underscore the need for a national approach capable of adapting to local contexts.

Part 2: Background

The impact of the earthquakes occurs against a backdrop of high exposure to natural hazards and high population density in urban and coastal areas. Land use patterns and the region's location within a seismic activity zone help explain the extent of damage to homes and infrastructure. Prior to the event, a significant proportion of the population already faced limited access to basic services and livelihood opportunities, reducing their capacity to cope with and recover from sudden shocks.

The earthquake increased pressure on essential systems and services, particularly water, electricity and transport, the disruption of which affects both the population and the functioning of critical facilities, including health centres, schools and temporary accommodation. Furthermore, the loss or reduction in income limits households' ability to meet basic needs, increasing their dependence on assistance. This context highlights the need for a response that combines addressing immediate needs with the gradual restoration of services, the stabilisation of living conditions and the strengthening of community resilience.

2.1 Evolution of the crisis

In the days following the earthquake, the crisis has moved from an initial phase focused on the immediate emergency response – including search-and-rescue operations and addressing the most urgent needs – to a humanitarian response phase aimed at meeting the multi-sectoral needs of the affected population. At the same time, early recovery actions have begun to restore basic services, livelihoods, and minimum standards of well-being, whilst planning progresses to reconstruct damaged homes and infrastructure. In this context, the HRP is a key instrument within a broader response and recovery strategy. The persistence of aftershocks, coupled with structural damage, has delayed the safe return to homes and has meant that many people have had to remain away from their homes for prolonged periods.

Population mobility has emerged as a significant feature in the evolution of the crisis. According to official data, almost 18,000 people have lost their homes. RNA results confirm this trend, with several communities reporting an exodus of people to other states, leading to a territorial redistribution of needs and placing pressure on services in host communities.

At the same time, livelihoods have deteriorated significantly. The reduction in income opportunities and the disruption of economic activities have increased the need for humanitarian assistance. This shift in sources of livelihood has direct implications for food security and households' ability to prioritise essential expenditure.

Disruptions to basic services have evolved into cross-sectoral risks. Reduced access to mains water and increased reliance on alternative sources are creating additional economic pressures; power cuts are affecting the operation of health and supply services; and the use of public infrastructure as accommodation is disrupting the continuity of services such as education.

As the crisis progresses, there is a shift from predominantly immediate needs to a combination of short- and medium-term requirements. This includes the provision of life-saving assistance, the stabilisation of living conditions, the reduction of risks associated with home loss, and support for the recovery of livelihoods.

2.2 Results of the Rapid Needs Assessment

The Rapid Needs Assessment (RNA), supplemented by an analysis of secondary data, an evaluation of statistical models and satellite imagery, together with expert assessments, provides a solid basis for guiding response planning. The findings enable the consistent identification of the main impacts and humanitarian priorities.

The alignment between the assessment results, the available evidence and the analysis provided by stakeholders and specialists from various sectors makes it possible to clearly identify the trend and scale of the deterioration in the living conditions of the affected population: the event has created needs in almost all the areas observed and has placed several of the states analysed at levels of severity that require a sustained response. The greatest impacts are concentrated in **La Guaira, Miranda and the Capital District**. Meanwhile, **Falcón, Carabobo, Yaracuy and Aragua** also show significant levels of impact requiring priority attention, as in several of these municipalities the earthquake exacerbated pre-existing conditions of vulnerability.

More than half of those surveyed report that there are people who cannot remain in or return to their usual homes; almost half mention the arrival of people from other communities; and a significant proportion point to a deterioration in access to electricity, water, connectivity and coping capacity. This convergence of impacts suggests that the effects are not limited to visible physical damage, but directly compromise the continuity of essential services and the resilience of households that were already highly vulnerable.

According to the RNA's findings, the majority of communities consider themselves to have been affected by the earthquake, and almost a third of those surveyed rate their community as having suffered severe impact or worse. Beyond this general assessment, the findings point to three main trends. Firstly, a **breakdown in basic living conditions**, in terms of access to water, electricity, connectivity and essential services. Secondly, an **erosion of livelihoods and purchasing power**, which is pushing households towards increasingly fragile forms of assistance or coping strategies. Thirdly, a **pattern of housing loss**, with direct implications for accommodation and community cohesion. Taken together, these impacts significantly **increase the protection risks** for the most vulnerable groups

The RNA also shows that the deterioration is not evenly distributed. **La Guaira** shows repeated signs of greater relative severity in terms of housing, health and pressure on services; the **Capital District** combines high exposure with significant damage and loss of homes; **Falcón** presents significant alerts regarding water and livelihoods, although these findings should be interpreted with caution; and other states such as **Miranda**, **Carabobo, Aragua** and **Yaracuy** show less visible deterioration in physical mobility but equally significant declines in income, service continuity and response coverage.

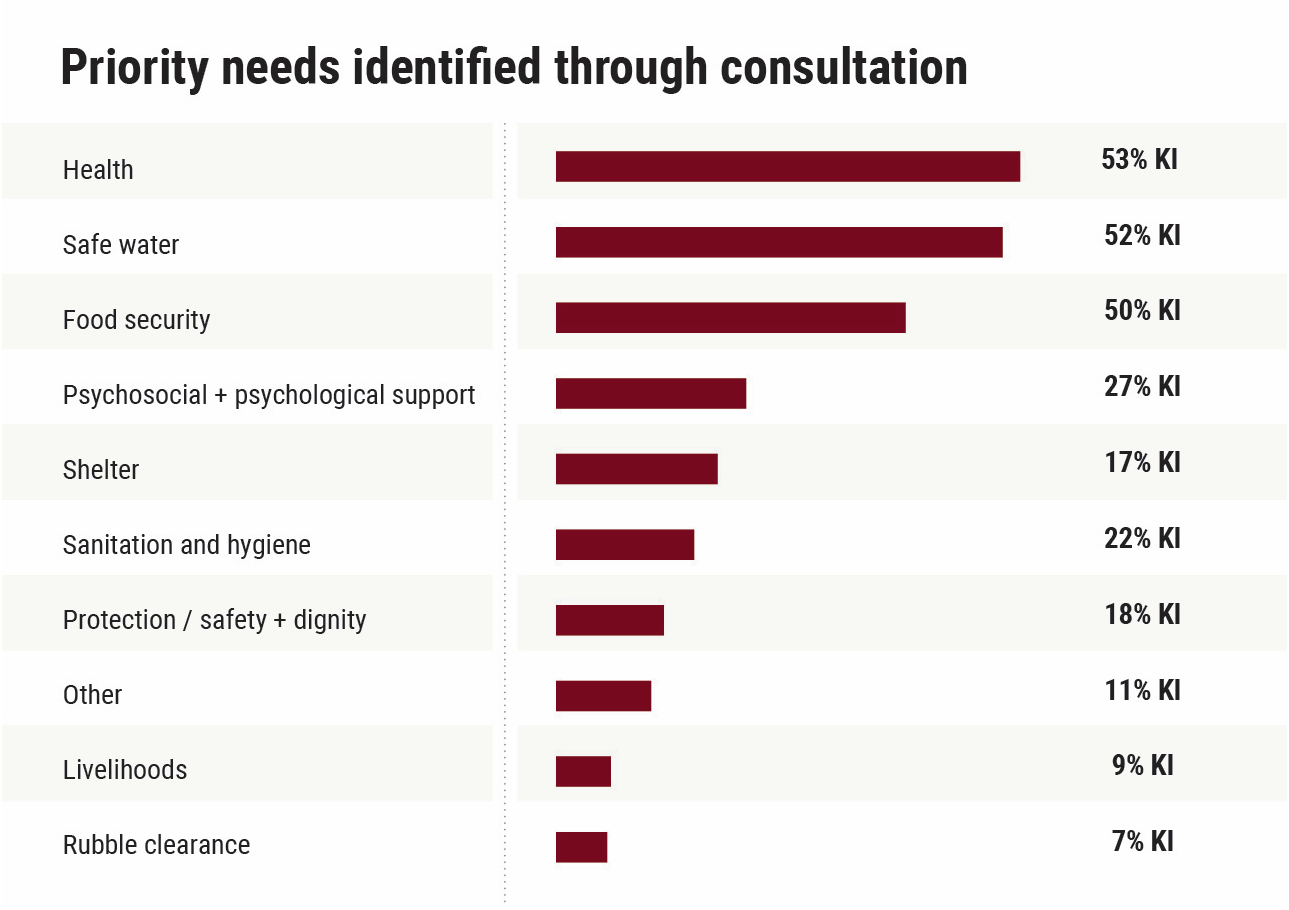
The central message of the RNA is that needs cannot be reduced to a sector-by-sector list, but rather follow a multi-sectoral logic: people lose their homes or their housing security, pay more for water, see their incomes reduced, lose access to healthcare and education, and become dependent on external aid, amongst other things.

Key priorities and forms of assistance identified by those consulted

Those consulted identified health as the number one sectoral priority, followed by safe water and food security, whilst psychosocial and psychological support emerged as a well-established secondary need, but

one of significant cross-cutting relevance. Next came shelter, sanitation and hygiene, followed by protection/safety and dignity, livelihoods and debris clearance. This hierarchy is particularly useful for the plan as it summarises, in a few categories, the most urgent needs identified, without requiring an excessive sectoral breakdown in the main narrative.

With regard to response modalities, the RNA indicates that, in locations that have received some form of assistance, this has focused primarily on the distribution of food, water, sanitation and hygiene, and basic household items. At the same time, those consulted consistently point out that cash assistance or vouchers is the modality most in demand by communities in almost all the states analysed. This preference is consistent with an environment where markets continue to operate in several territories, but a feasibility analysis of this modality is required.



2.3 Response scaleup

As of 10 July, the response to the earthquake in Venezuela had mobilised 71 USAR teams from 31 countries, with a cumulative deployment of 2,823 rescue workers and 216 search-and-rescue dogs. Coordination of these operations was transferred to Venezuela's Civil Protection Agency, which took over the management of the deployed national and international teams, whilst the gradual demobilisation of some international contingents continues.

At the same time, the humanitarian response in the worst-affected municipalities is gradually being scaled up. There are currently six clusters and two working groups coordinating the response and the arrival of new humanitarian personnel, strengthening local capacities and supporting the existing humanitarian architecture. The actions reported by 88 partners in 345W as at 10 July indicate that 18 of the 71 affected

municipalities have received some form of assistance, including direct assistance to the population, the strengthening of essential services and support for coordination and response structures.

In operational terms, the most widespread activities focus on the **distribution of basic food**, safe water (via water tankers, filters, water purification tablets and storage), and non-food items such as hygiene kits – including menstrual hygiene products – as well as warm clothing and household items. These activities are complemented by sanitation and hygiene initiatives, such as the installation of emergency latrines and hand-washing stations, solid waste management and the promotion of hygiene practices.

At the same time, **health and nutrition services** are being rolled out, including primary care consultations via mobile clinics, the provision of medicines, maternal and child healthcare, sexual and reproductive healthcare, and nutritional screening for children and for pregnant or breastfeeding women. The MHPS component is another key pillar of the response, with activities ranging from psychological first aid (PFA) to individual and group support, remote support, psychoeducational activities, and emotional support for the affected population, first responders, and carers. In terms of protection, activities include case identification and management, referral to specialised services, legal advice, support for people in vulnerable situations, and the establishment of coordination mechanisms with the relevant authorities. Approaches to preventing violence, including gender-based violence and violence against children, are integrated across all areas, as are specific measures for people with disabilities and other groups with particular needs.

Progress has also been made in setting up and improving **temporary accommodation facilities**, as well as in strengthening camp management and site planning. Within these sites, **child-friendly spaces** and recreational and educational activities have been established, contributing to the protection and well-being of children and adolescents.

The scale-up also includes measures to support institutional and logistical responses, the provision of equipment to health centres, the supply of materials to search-and-rescue teams, the installation of communication systems, and support for inter-agency coordination. Similarly, mechanisms for **assessment and information management** have been strengthened through rapid needs assessments, sectoral monitoring, and case management and referral platforms.

Taken together, these activities reflect an operational model in which the provision of basic supplies and essential services is carried out simultaneously and in a complementary manner. Looking ahead to the next phases, the scaling-up will require maintaining a comprehensive approach, with an emphasis on:

1. **Expanding geographical coverage**, prioritising areas with the highest levels of impact and the least access to services.
2. **Consolidating the multi-sectoral response**, ensuring complementarity between sectors.
3. **Strengthening the continuity of essential services**, particularly in health, water and protection.
4. **Strengthening coordination with local stakeholders**, including authorities, organisations and community networks.

This approach will enable the response to be sustained over time, adapting to changing needs and promoting more stable conditions for the affected communities.

2.4 Humanitarian access

Humanitarian access in Venezuela remains largely operational, allowing activities to be carried out in most of the prioritised areas. Generally speaking, there are no widespread restrictions on access; however, operations continue to take place in an environment that requires constant adaptation, forward planning and management capacity at the local level.

The main constraints reported during the first few months of 2026 relate to administrative and bureaucratic processes and varying levels of discretion in certain areas. These conditions can lead to operational delays and increased coordination requirements in implementing humanitarian activities. In some specific contexts, restrictions linked to security dynamics and territorial control also persist, with localised impacts on mobility and programme implementation.

At the same time, good cooperation and coordination with national, regional and local authorities has been maintained, which has helped to facilitate the resolution of incidents, strengthen institutional dialogue and ensure the continuity of the humanitarian response. Key achievements of this coordination include facilitating the entry and deployment of international USAR teams, managing visas and other administrative procedures, and channelling requests for international assistance. Coordination between humanitarian actors, communities and authorities has been a key factor in maintaining access and increasing operational predictability.

In the states of La Guaira, the Capital District, Miranda, Aragua, Carabobo, Falcón and Yaracuy, access conditions for the humanitarian response are generally favourable. In La Guaira and the Capital District, there is an established presence of humanitarian actors and operational capacity. In particular, La Guaira benefits from its proximity to Caracas, which facilitates timely reinforcement of the response through human, logistical, and technical resources available in the capital.

In Miranda and Falcón, functional coordination mechanisms and positive relations with the authorities are in place, which facilitate the implementation of activities and the management of operational challenges. Meanwhile, in Aragua, Carabobo and Yaracuy, the humanitarian operational presence is relatively limited, although access conditions are adequate and there are opportunities to progressively strengthen territorial coverage when needs and available resources so require.

In this context, access management requires a comprehensive approach that combines:

- Continuous monitoring of access conditions and the operational environment.
- Anticipation and preventive management of administrative restrictions.
- Strengthening of coordination mechanisms and joint analysis.
- Development of local capacities and maintenance of working relationships with communities and authorities.

Part 3: Strategic objectives

The strategic objectives of this addendum are aligned with the strategic framework of H2026 and will guide the response to the earthquakes within the broader humanitarian architecture.

1. **To provide life-saving assistance that supports the well-being of priority populations, taking into account age, gender and diversity, through a multi-sectoral humanitarian response based on a rights-based approach**. Provide timely assistance and protection to save lives and alleviate the suffering of people affected by the earthquakes, through the provision of essential shelter, essential household items, food security and emergency livelihood support, clean water, adequate sanitation and hygiene, emergency healthcare, multi-purpose cash transfers and education. Ensure that protection and conflict sensitivity are central to the humanitarian response, including by promoting respect for human rights and international humanitarian law.

2. **Strengthen institutional and community mechanisms to prevent and reduce protection risks for priority groups, in line with humanitarian principles**. Expand the response to, and the mitigation and prevention of, gender-based violence and violence against children and young people, particularly amongst those who have lost their homes or whose homes are severely damaged, including by strengthening existing protection systems. Strengthen communication with communities to ensure accountability to those affected by emergencies and step up action to protect those receiving assistance from sexual exploitation and abuse.

3. **Reduce vulnerability and strengthen the capacity and resilience for recovery among priority groups, by age group, gender and diversity**. Support the response to large-scale destruction and damage to essential infrastructure—including health centres, schools and water networks—in close coordination with local authorities and development actors, including the delivery of critical supplies and repairs to restore life-saving and life-sustaining services, such as healthcare (with a specific focus on services for women and girls) and MHPS services, education and protection, as well as the provision of emergency telecommunications and logistics. Ensure that protection is at the heart of all response efforts.

Part 4: Humanitarian response strategy and priorities

The humanitarian response strategy is aimed at saving lives, alleviating suffering and protecting the dignity of those affected by the earthquakes. During the implementation period, the earthquake response will focus initially on the most severely affected areas – La Guaira, Miranda and the Capital District – and subsequently on the other affected states: Aragua, Carabobo, Yaracuy and Falcón, prioritising assistance for 1.3 million people. This figure includes displaced people, women, girls, boys, older people, pregnant women, people with disabilities, indigenous peoples, people on the move and others at risk of protection violations.

The operational approach will follow a phased sequence. In the initial phase (July–August), the response will continue to focus on vital activities and immediate stabilisation: emergency medical care, support for surgical capacity and essential health services, minimum access to water and sanitation, protection, emergency shelter and immediate food assistance for at-risk populations. This approach reflects both the strain on health services and the deterioration in access to water, and the loss of homes.

In a second phase (September–December), the response should gradually shift from emergency assistance towards the stabilisation of living conditions and early recovery, whilst maintaining vital support. This includes temporary shelter and support for reconstruction, basic household items, initial rehabilitation of water and sanitation services, continuity of health and nutrition care, the safe resumption of education, and measures to sustain access to food and livelihoods. In the most affected areas, a multisectoral response will be required to integrate protection, MHPS, education, food, and community support, particularly where homes have been lost or temporary settlements exist. Where conditions permit, forms of support will be promoted that strengthen household autonomy and facilitate a transition towards more sustainable solutions.

Across the board, the strategy will reinforce the centrality of protection, gender equality, disability inclusion, accountability to affected populations and community participation in defining and adjusting priorities. The response must ensure accessible and timely information, strengthen safe referral pathways and coordinate specialised services for children, victims of gender-based violence, people with disabilities and other groups with specific needs.

Furthermore, the response will be implemented through the existing humanitarian architecture and with the support of coordination mechanisms to maintain a focus on localisation and to support national, local and community capacities already active in the emergency, promoting a response that is as localised, coordinated and integrated as possible.

In strategic terms, scaling up will not depend solely on increasing the volume of assistance, but on the capacity to sustain complementary activities across sectors, extend coverage to the most affected areas and support the transition from the immediate emergency to early recovery.

Part 5: Programme priorities by cluster

Health

Target population	Financial requirements (US$)	Women and girls	Children
1.3M	$40.4M	60%	29%

Impact and needs

Photo: PAHO/WHO

The earthquake increased the demand for healthcare for 3.3 million people within a system that was already facing operational constraints and difficulties in terms of affordability, due to the need for out-of-pocket expenditure to supplement public provision. The healthcare network suffered a considerable impact: of the 78 facilities assessed, three are inoperative and 38 have structural damage. Furthermore, 20 centres are facing severe shortages (of medicines, staff and equipment), leaving 1.3 million of those affected without comprehensive and integrated access to healthcare services.

The system is bearing a dual burden: trauma resulting from the earthquake and chronic day-to-day emergencies. Priority needs include surgery, trauma care, mental health, and the management of communicable diseases, as well as treatment interruptions for chronic patients or vaccination programmes, obstetric care, clinical management of sexual violence, and treatment interruptions for people living with HIV and family planning services. Finally, temporary camps increase the risk of disease outbreaks and create barriers to the regular management of chronic conditions, necessitating the rapid restoration of acute care services, the follow-up of chronic patients and vector control in the face of the threat of rainfall and the El Niño phenomenon..

Response

The health sector aims to protect 1,346,815 people affected by the emergency by providing emergency medical and surgical care, coordinating ambulance services, and strengthening diagnostic capacity in clinical laboratories and imaging, blood services, epidemiological surveillance and the deployment of rapid response teams to deal with outbreaks. The response also includes the provision of essential supplies, the adaptation of health services to cope with aftershocks, and the safe handling of bodies. To ensure continuity of care for displaced populations, psychosocial support services and care for communicable and non-communicable diseases will be provided in temporary camps for a period of six months.

The response will be coordinated through a reorganised network of services in the Caracas metropolitan area, with a particular focus on La Guaira to mitigate damage and strengthen local operational capacity. In addition, a comprehensive rehabilitation plan will be implemented to reduce disability in the medium and long term, strengthening trauma, physiotherapy and rehabilitation services, as well as access to technical aids, assistive devices and prosthetic services for people with severe injuries or amputations.

Food Security and Livelihoods

Target population	Financial requirements (US$)	Women and girls	Children
1.2M	$92.8M	55%	40%

Impact and needs

The local impact is critical, particularly in affected areas such as La Guaira. The partial destruction of shops, homes and infrastructure, the collapse of local markets and the abrupt suspension of formal and informal sources of income are temporarily disrupting local systems for the distribution of and access to food and livelihoods. This significantly affects food security for the population in critical areas, as well as in parishes in Aragua, Carabobo, Falcón, Yaracuy, Miranda and the Capital District.

Photo: WFP

The total loss of household goods and assets prevents families from preparing food or meeting their basic needs, exacerbating the vulnerability of 596,000 of the 5.5 million people already prioritised under the HRP. Currently, nearly 18,000 people who have lost their homes—spread across 94 temporary camps[3] —as well as those who have been displaced to host states, are facing a severe disruption to their food security. There is a critical urgency to ensure economic and physical access to safe and nutritious food, thereby mitigating the nutritional risk to children under five, women and older people without financial support networks.

Response

The sector's response is aimed at ensuring the affected population has a continuous supply of safe and nutritious food, promoting their food security and the recovery of their livelihoods within six months. Taken together, these approaches enable a complementary, inter-agency response that strengthens outcomes in terms of malnutrition prevention and continuity of care, through the following activities:

[3] As of 11 July 2026

In terms of immediate food assistance, ready-to-eat rations, food parcels for home preparation and meals served in canteens will be distributed. Similarly, food-based and cash-based preventive support will be provided for children, pregnant women and breastfeeding mothers.

With regard to the revival of livelihoods, cash transfer programmes (CVA) will be implemented to provide access to food, revive livelihoods, and provide capital to revitalise small food businesses and local markets. In addition, productive inputs will be provided to help restore livelihoods, such as seeds and tools for agriculture and fishing.

Water, Sanitation and Hygiene (WASH)

Target population	Financial requirements (US$)	Women and girls	Children
1.1M	**$45.2M**	**52%**	**37%**

Impact and needs


Photo: UNICEF

The earthquakes on 24 June caused severe damage to urban and peri-urban water systems, as well as to sanitation and key hygiene practices in the seven affected states, particularly in La Guaira and the Capital District. Power cuts are disrupting pumping stations, further hampering access to water services in the worst-affected areas. This disruption to sanitation and safe water supplies drastically increases the risk of waterborne diseases, specifically diarrhoeal diseases and potential outbreaks of other waterborne illnesses. Vulnerable populations in shelters and makeshift accommodation, as well as in institutions such as healthcare facilities and schools, are particularly at risk; this situation is exacerbated by the current rainy season, which could hinder drainage and waste management. Without the immediate restoration of basic water, sanitation and hygiene (WASH) services, the health emergency could escalate, threatening the health and dignity of vulnerable families.

Response

The WASH sector's response aims to assist 1,076,600 people by providing safe water, emergency sanitation, distributing hygiene kits and initially restoring essential services. The response will prioritise the most severely affected communities, health centres, schools and shelters. To achieve this goal, the cluster requires approximately $45,217,200 to restore critical WSS services, reduce public health risks and prevent disease outbreaks.

Protection, Child Protection and Gender-Based Violence

Target population	Financial requirements (US$)	Women and girls	Children
705k	$38.7M	64%	50%

General Protection

Target population	Financial requirements
268k	$12.3M

CP

Target population	Financial requirements
261k	$14.4M

VBG

Target population	Financial requirements
176k	$12.0M

Impact and needs


Photo: UNHCR

The earthquakes that occurred on 24 June 2026 caused widespread damage to infrastructure and communities, resulting in the loss of homes, an abrupt disruption to essential services and the weakening of the protective environment provided by communities, families and institutions, which has reduced the capacity to prevent and respond to emerging protection risks in the most affected areas.

As a result, the population faces increased exposure to risks of family separation linked to the loss of homes, psychosocial distress and emotional suffering, gender-based violence (GBV), as well as discrimination, exclusion, the loss or misplacement of documentation, and the resulting barriers to accessing assistance, services and protection mechanisms. Women, girls, boys and adolescents are particularly vulnerable to these risks, especially those related to the conditions of temporary accommodation and the disruption of support and care networks. Furthermore, older people, people with disabilities and others with specific protection needs face additional obstacles in accessing information, humanitarian assistance and specialised services.

The emergency has also caused widespread emotional distress linked to the loss of life and property, the loss of homes, uncertainty and the ongoing aftershocks.

In this regard, the main needs identified include mental health and psychological support services; the protection of children and adolescents, including the re-establishment of contact and family reunification; the prevention of and response to gender-based violence; the protection of people who have lost their homes; and the identification, referral and assistance of people with specific protection needs.

Response

The protection sector aims to support 705,042 people affected by the earthquake through activities designed to restore protective environments and reduce protection risks. The response will combine specialised protection services, institutional and community capacity-building, the dissemination of information and referral to ensure safe access to protection services and mechanisms, as well as community-based protection initiatives and support for social cohesion for those most affected by the emergency.

Child Protection

The Child Protection Area of Responsibility will address the risks and protection needs exacerbated by the earthquake, prioritising 260,000 children and their carers. The response will ensure timely and safe access to specialised protection services, including psychosocial and mental health support, case management support, family tracing and reunification, as well as referrals to multisectoral services. Furthermore, it will strengthen family and community-based protection mechanisms to prevent and mitigate risks of violence, abuse, exploitation and neglect, promoting life-saving messages and mainstreaming child protection.

Photo: UNICEF

Gender-Based Violence

The GBV Area of Responsibility, adopting a survivor-centred approach that takes into account age, gender and diversity, aims, together with its partners, to address the needs arising from the earthquake; it will prioritise timely access to specialised services for the prevention, mitigation and response to GBV; psychosocial support, both individual and group-based; management of GBV cases, including material assistance to meet basic needs; legal advice; and the creation of safe spaces for women and adolescents as empowerment strategies. Another key initiative aims to strengthen referral pathways for GBV with other sectors, such as health, for the clinical management of sexual violence, as well as to strengthen community-based mechanisms to prevent and mitigate the risks of GBV in temporary accommodation, communal spaces and affected communities.


Photo: UNFPA

Emergency Shelter, Infrastructure and NFIs

Target population	Financial requirements (US$)	Women and girls	Children
423k	$49.8M	52%	37%

Impact and needs


Photo: IOM

The earthquakes caused significant damage to homes and essential services in the worst-affected areas. According to official figures, 856 buildings were affected, 190 collapsed and around 18,000 people were left homeless. This situation has created urgent accommodation needs for those who have lost their homes, leading to a phased response that includes reception centres and initial assistance, temporary accommodation and other community-based coping mechanisms. Field visits have highlighted challenges relating to habitability, privacy, accessibility and the adequacy of basic services in the various spaces used by the affected population. As the emergency evolves, the needs of those who have lost their homes require tailored responses that promote safe, dignified and inclusive conditions, incorporating protection measures to reduce the risks associated with staying in temporary accommodation.

Response

The response from the infrastructure and temporary accommodation sector will aim to support 423,080 people affected by the earthquakes by providing emergency accommodation, improving living conditions in temporary accommodation – including its management and coordination – and distributing basic household items. The response will prioritise safe, dignified, accessible and inclusive conditions, incorporating protection considerations to reduce risks and preserve the dignity of those affected, whilst facilitating a gradual transition towards more stable housing alternatives and durable solutions when conditions permit.

Nutrition

Target population	Financial requirements (US$)	Women and girls	Children
300k	$10.8M	60%	80%

Impact and needs

Photo: Acción contra el Hambre

The emergency caused by the earthquakes on 24 June has resulted in structural damage in densely populated areas; according to the authorities, more than 38 healthcare facilities have been affected. Furthermore, it has led to the loss of homes, disruptions to essential services – including access to safe water – and limited access to food and health services in the affected areas. This has made it difficult to maintain appropriate infant feeding practices and has increased the risk of malnutrition among children under five, as well as among pregnant women, adolescents and breastfeeding mothers. The RNA found that 29 per cent of those surveyed cited the treatment of malnutrition as one of the main unmet needs, whilst 68 per cent highlighted a lack of support for breastfeeding in situations of stress and loss of homes.

Response

The nutrition sector's response aims to reach 300,000 children and women affected by the emergency; of this total, 100,000 require immediate nutritional care and 200,000 need support to prevent cases of malnutrition. The availability of feeding services for infants and young children in emergencies will be guaranteed, including the protection, promotion and support of breastfeeding, as well as the availability and continuity of services for the detection, treatment and recovery from acute malnutrition. These actions will be complemented by programmes to prevent malnutrition, in order to reduce the risk of nutritional deterioration amongst the affected population.

Education

Target population	Financial requirements (US$)	Women and girls	Children
207k	$18.7M	52%	96%

Impact and needs


Photo: UNICEF

The earthquakes of 24 June 2026 exacerbated the pre-existing vulnerabilities of the Venezuelan education system, forcing the suspension of school activities in 23 affected municipalities. As a result, more than one million children and young people will be unable to complete the 2025–2026 school year as normal. The destruction of schools, the use of numerous school premises as temporary shelters, and the displacement of families have increased the risks of educational disruption, academic fallout and socio-emotional impacts. The sector's priority is to provide psycho-educational support to children and young people in temporary settings, and to ensure a safe start to the 2026–2027 school year through the rehabilitation of schools, the provision of temporary learning spaces, socio-emotional support and the recovery of essential learning.

Response

The education sector's response will support 207,000 people, ensuring access to safe, high-quality education for children and young people affected by the earthquakes, prioritising the 23 municipalities where classes remain suspended. Measures will include assessing the damage to schools with a view to their rehabilitation, setting up temporary learning spaces, providing educational and recreational materials, and offering immediate socio-emotional support to pupils, teachers and families. Furthermore, support will be provided for a safe return to the 2026–2027 school year through measures to facilitate re-entry into school and student retention, including learning recovery, the strengthening of risk management and comprehensive sexuality education, in coordination with the protection, health, nutrition, WASH and shelter sectors.

Coordination

Financial requirements (US$)

$2.0M

Impact and needs


Photo: OCHA

The scale of the earthquake response requires enhanced coordination under the leadership of the authorities, with humanitarian partners supporting and complementing national and local response structures. The Government has declared a national state of emergency, activated the General Emergency Staff and the National Risk Management and Civil Protection System, and is leading search and rescue operations, emergency medical response, damage assessments, the provision of accommodation, the setting up of reception centres and the mobilisation of national resources.

OCHA is fully mobilised and coordinating with the authorities, whilst continuing to carry out mapping through Local Coordination Forums (Apure, Amazonas, Bolívar, Delta Amacuro, the Capital District, Falcón, Miranda, Táchira, Zulia) to ensure that the humanitarian response is aligned with government priorities and addresses critical gaps. The scale of the emergency and the arrival of new national and international humanitarian organisations underscore the importance of strengthening and expanding existing coordination structures to ensure a complementary, efficient response based on shared priorities. As assessments continue and the response gradually moves beyond search and rescue, coordination needs are increasing in relation to information management, the prioritisation of responses, cross-sectoral planning, referral pathways, community feedback and complementarity with national, state and municipal response efforts.

Response

The sector will seek to support the coordination structures led by the authorities through cross-sectoral mechanisms, on-the-ground coordination and information management that reinforce prioritisation and evidence-based decision-making.

Furthermore, it will provide response monitoring, gap analysis and regular updates to national, state and municipal authorities, as well as to humanitarian partners, on needs, response coverage and operational constraints.

It will also coordinate with authorities to support cross-sectoral actions in transit camps, including protection monitoring, risk mitigation and safe referral pathways.

Accountability to affected people, community participation and feedback mechanisms will be strengthened to ensure that the response remains people-centred.

Furthermore, it will strengthen coordination with national and local authorities, Local Coordination Forums, clusters and partners to align humanitarian action with government-led response efforts, reinforce complementarity and avoid duplication.

Emergency Logistics and Telecommunications

Financial requirements (US$)

$0.8M

Impact and needs

The 2026 earthquake in Venezuela has significantly increased the need for logistics coordination to ensure a timely and efficient humanitarian response. The scale of the event has increased the demand for logistical coordination, real-time operational information, and shared services that enable aid to be mobilised quickly, safely, and efficiently to affected areas.

Photo: WFP

Damage to transport infrastructure and the concentration of humanitarian operations at strategic entry points, such as Simón Bolívar International Airport in Maiquetía and the Port of La Guaira, increase the risk of logistical congestion and delays in the receipt, storage and distribution of emergency supplies

Added to this are the erratic availability of fuel and potential security or access restrictions to the affected areas – factors that may place additional strain on the humanitarian supply chain and cause delays in the transport and delivery of aid. In this context, it is essential to strengthen coordination between the authorities and humanitarian organisations in order to exchange up-to-date operational information, prioritise the use of available logistical capacity and minimise disruptions to the flow of supplies to affected communities.

Response

To meet these needs, the sector will provide free shared logistics services, including the transport of emergency supplies, temporary storage and cargo consolidation. In addition, the Logistics Working Group (LWG) will collect and disseminate key information on access conditions, infrastructure and the mobilisation of humanitarian supplies.

The LWG aims to support all humanitarian partners involved in the earthquake response in order to facilitate humanitarian access and optimise the delivery of aid to affected populations. The budget required for these tasks is $825,000.

How to contribute to the plan?

SUPPORT PARTNERS PARTICIPATING IN THE PLAN

The addendum to the Humanitarian Response Plan has been drawn up in the country, based on a thorough analysis of the impact of the earthquake, the response context and collaboration with national and international humanitarian partners. Direct financial contributions to participating agencies and organisations are one of the most valuable and effective forms of response in emergencies.

DONATE TO THE VENEZUELA HUMANITARIAN FUND

The Humanitarian Country Team invites donors to contribute to the Venezuela Humanitarian Fund (VHF) and highlights its role in advancing the localisation agenda to save lives and strengthen local humanitarian response capacities in the communities most affected by the earthquake.

Individuals can contribute online at https://crisisrelief.un.org/en/donate-venezuela-crisis.

Alternatively, donors could also write to ocha.donor.relations@un.org.

Governments, corporations and foundations wishing to contribute to the VHF can contact OCHAPrivateSector@un.org.

IN-KIND ASSISTANCE

The United Nations urges donors to make cash donations rather than in-kind donations, in order to ensure maximum speed and flexibility, and to guarantee that the most urgently needed aid supplies are delivered. If you are only able to make in-kind contributions, please send an email with as many details as possible, including the item(s) and quantities you wish to donate, the estimated market value, the delivery timeframe, shipping details and any other conditions, to: OCHAPrivateSector@un.org

THROUGH PUBLIC SUPPORT, JOINT ADVOCACY AND INNOVATIVE SOLUTIONS

Support staff, families and communities affected by disasters. Work with the United Nations to carry out joint advocacy and collaborate with humanitarian staff to identify and share innovative solutions. Prepare for and respond to disasters and conflicts.

RECORD AND MONITOR YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding and to highlight gaps in humanitarian plans. Please report your contribution to the FTS, either by email to fts@un.org or via the online contribution reporting form:

https://fts.unocha.org/content/report-contribution

About this document

This document has been compiled by OCHA on behalf of the Humanitarian Country Team and its partners. It provides a shared understanding of the crisis, including the most urgent humanitarian needs and the estimated number of people targeted for assistance. It represents a consolidated evidence base and helps to inform joint strategic response planning. The plan covers a six-month period from July to December 2026.

COVER PHOTO

UNOCHA/Veronique Durroux. La Guaira, one of the areas hardest hit by the earthquakes. Since the start of the emergency, the United Nations and its humanitarian partners have been working alongside the national authorities to coordinate and support the response to the most urgent needs of the affected communities.

Get the latest updates

OCHA

OCHA coordinates humanitarian action to ensure that people affected by crises receive the assistance and protection they need. It works to overcome the obstacles that prevent humanitarian aid from reaching those affected by crises and provides leadership in mobilising assistance and resources on behalf of the humanitarian system.

Humanitarian Action
ANALYSING NEEDS AND RESPONSE

Humanitarian Action offers a comprehensive overview of the humanitarian landscape. It provides the latest, verified information on humanitarian needs and the delivery of humanitarian aid, as well as on financial contributions.
humanitarianaction.info

rw response

ReliefWeb Response forms part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available and facilitates understanding of the situation and decision-making. It is the next generation of the Humanitarian Response platform.
https://response.reliefweb.int/es/venezuela/terremoto-junio-2026

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the leading provider of continuously updated data on global humanitarian funding, and plays a key role in strategic decision-making by highlighting gaps and priorities, thereby contributing to effective, efficient and principled humanitarian assistance.
fts.unocha.org