La Guaira, Venezuela, 14 July 2026 – A mother receives breastfeeding counselling, nutrition support and a safe, private space at a UNICEF-supported Breastfeeding Corner in a temporary camp.

unicef for every child

Humanitarian Situation Report No. 7

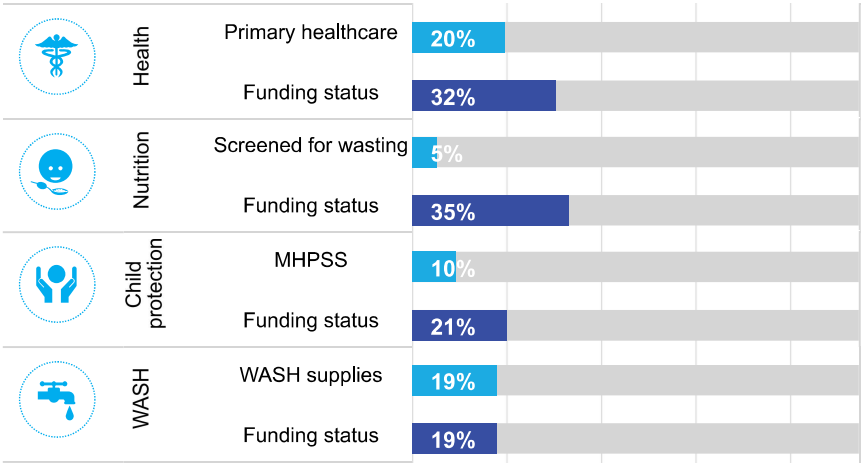
Reporting Period
25 July to 03 August 2026

Venezuela - Earthquake Response

HIGHLIGHTS

- UNICEF continued to scale up its humanitarian response across earthquake-affected areas, supporting the continuity of essential health, nutrition, WASH, child protection, and education services for children and families in temporary camps and affected communities.
- To date, UNICEF has reached 25,483 people with primary health care, 22,424 children, adults, and pregnant women with routine and catch-up vaccinations, 9,412 people with critical WASH supplies, 5,804 children and caregivers with nutrition services, and 6,134 children, adolescents, and caregivers with child protection services, including MHPSS.
- UNICEF is supporting the Post-Disaster Needs Assessment (PDNA), leading the WASH and education sectors. The PDNA will inform recovery priorities and help accelerate the restoration of essential services.
- In addition to its US$137.6 million 2026 HAC appeal, UNICEF requires US$65.7 million[1] to sustain critical interventions and support the implementation of the 2026 Humanitarian Response Plan Addendum.[2]

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS[3]

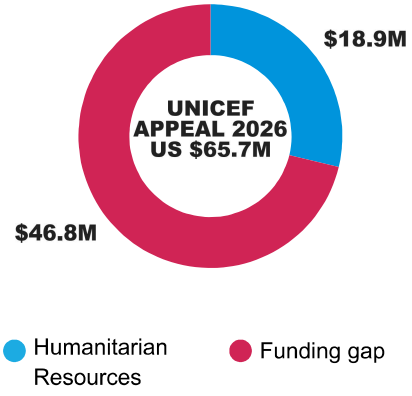
25,483
People reached with primary health care

9,412
People reached with WASH supplies

6,134
People reached with Child Protection services

5,804
People reached with nutrition services

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF is appealing for an additional US$65.7 million to sustain and expand its earthquake response, complementing the US$137.6 million requested under the 2026 Humanitarian Action for Children (HAC) appeal. The additional funding will enable UNICEF to reach 470,000 people, including 169,000 children, with life-saving interventions across health, nutrition, WASH, child protection, education and social protection.

To date, UNICEF has mobilized US$18.9 million for the earthquake response through contributions from the United States Government, ECHO, Republic of Korea, CERF and UNICEF National Committees in Germany, Korea, Spain, France, UK, United States, Liechtenstein, Canada, Uruguay, China and Bulgaria, and internal flexible resources, including its Global Humanitarian Thematic Fund.

UNICEF appreciates the early support received, which has enabled the immediate deployment of supplies and personnel and a scale up of activities; however, additional, timely and flexible funding remains critical to sustain and scale up assistance for affected children and families.

UNICEF's response is fully aligned with the Humanitarian Response Plan 2026 Addendum,[4] which seeks an additional US$298 million to assist 1.3 million people affected by the earthquakes over the next six months.

Continued donor support will be essential to complement Government-led response efforts and ensure that vulnerable children and families can continue accessing critical humanitarian assistance and essential services as recovery progresses.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

More than five weeks after two powerful earthquakes struck Venezuela's north-central coast, official figures as of 3 August report 6,125 deaths, 60,992 people treated in hospitals and 6,462 people rescued. Authorities have evaluated 43,679 homes, of which 41,624 were found to be affected, including 25,325 classified as habitable, 9,866 with restricted use and 6,433 identified as high risk. Debris removal has reached 346,755 metric tons (16.5 per cent of the estimated total).[5]

A total of 23,811 people remain in 107 temporary camps, while authorities have recorded 1,500 aftershocks. Displacement and damage to homes, schools, health facilities and other critical infrastructure continue to disrupt essential services and delay recovery efforts.

Children affected by the earthquakes continue to require support in accessing essential services, as they face heightened risks of psychological distress, violence, neglect, exploitation and family separation, further threatening their safety and wellbeing. Overcrowded living conditions, disrupted routines and prolonged uncertainty increase these protection risks, particularly for the most vulnerable children and adolescents.

UNICEF is supporting the PDNA, leading the WASH and education sectors, and supporting health and nutrition. The PDNA will inform recovery priorities and accelerate the restoration of essential services for children and their families in the affected areas.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Water, sanitation and hygiene

UNICEF has provided critical WASH supplies to 9,412 people, including those living in the four UN-supported temporary camps and thirteen temporary camps managed by local authorities. This included the distribution of 1,700 family hygiene kits in camps managed by local authorities, expanding access to displaced populations. In addition, 5,237 people living in the UN-supported temporary camps have received comprehensive WASH services, including the daily provision of 100,000 litres of safe drinking water.

UNICEF continues to deliver integrated WASH services in the temporary camps through its implementing partners, ACH and CISP, ensuring access to safe water, sanitation facilities and hygiene promotion. Close coordination with UN agencies, humanitarian organizations, local authorities and implementing partners has supported a coherent and complementary WASH response across camps and affected communities.

UNICEF will continue assessing needs in earthquake-affected communities to identify priority activities and locations for the next phase of the response, including communities surrounding Mare Abajo (La Guaira). Planned interventions include expanding the installation of showers, water supply points and sanitation facilities in areas with the greatest service gaps, distributing hygiene kits to an additional 6,000 people, and extending the integrated WASH service package to the Campo de Golf area in coordination with local authorities, humanitarian partners and ACH. To enhance access to safe water and sanitation services in affected communities, UNICEF has been conducting assessments with the Ministry of Water across the affected states to help restore critical infrastructure and services.

Health (including public health emergencies)

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La Guaira, Venezuela – UNICEF supports vaccination brigades delivering life-saving vaccines to children and families in temporary camps after the earthquakes.

Following the onset of the earthquake emergency, UNICEF has provided critical operational support to ensure the continuity of essential health and nutrition services for vulnerable children, adolescents, pregnant women, and breastfeeding mothers across the affected areas. Approximately, **25,483 people have accessed primary health care through UNICEF-supported services** , while **22,424 children, adults, and pregnant women have received routine and catch-up vaccinations** .

These results were achieved through a coordinated health response that deployed 38 outreach teams across La Guaira, Miranda, and the Capital District, reaching earthquake affected communities and temporary camps. UNICEF also strengthened the capacity of the public health system by providing **essential medical supplies to 36 primary health facilities and supporting the delivery of healthcare services in 12 temporary camps** in close coordination with national health authorities. In addition, specialized mental health and psychosocial support (MHPSS) services were integrated into the response through a strategic partnership with the Federation of Venezuelan Psychologists.

UNICEF, in coordination with national health authorities, will continue expanding access to essential health services by deploying an additional **40 integrated health and nutrition team** s across affected areas of La Guaira, Miranda, and the Capital District during August and September 2026. The response will continue to prioritize vulnerable children and families living in temporary camps and underserved communities while strengthening disease prevention, routine immunization, and integrated primary health care.

Nutrition

UNICEF has reached **5,804 children under five, pregnant and lactating women, and caregivers through health facilities, community outreach, and temporary camps across the seven earthquake-affected state** s. The response includes **screening 3,275 children aged 6–59 months for wasting, providing infant and young child feeding (IYCF) counselling to 1,724 caregivers, and supporting 805 pregnant women with iron supplementation** . These results are preliminary and will be updated as monthly reports are consolidated, providing a more comprehensive account of the response. Essential nutrition supplies distributed to prioritized health facilities have strengthened their capacity to serve up to 77,000 children and pregnant and lactating women in the coming months.

These results were achieved through the continued delivery of nutrition services in health facilities, community outreach activities, and temporary camps, supported by the distribution of essential nutrition supplies to prioritized health facilities. UNICEF also deployed dedicated breastfeeding and IYCF counsellors to three temporary camps through its implementing partners.

In parallel, UNICEF and national health authorities completed the training of 350 health workers and finalized the logistical arrangements and microplanning for Integrated Health and Nutrition Teams in La Guaira, Capital District and Miranda, to expand the response through community-based detection, management and referral of acute malnutrition cases.

A key operational challenge remains the fluctuating population in temporary camps and the limited availability of updated data on children under two years of age, particularly in Cesar Nieves and Playa Grande, which affects service planning and continuity. To strengthen complementary feeding support, UNICEF and WFP will consult caregivers to inform age-appropriate meals for young children and the use of micronutrient powders to prevent micronutrient deficiencies. During World Breastfeeding Week (1-7 August), UNICEF and partners are conducting daily activities in the three existing breastfeeding corners and establish five additional corners in temporary camps.

Child Protection and GBViE

UNICEF reached **6,134 children, adolescents, and caregivers with child protection prevention and response interventions.**[6] These include MHPSS services through Child-Friendly Spaces and Mobile Child Protection Teams; individual case management; and gender-based violence (GBV) risk mitigation, prevention and response services. Interventions have been delivered daily in the four UN-supported temporary camps in La Guaira and through mobile teams operating in camps managed by local authorities.

To strengthen community-based protection mechanisms, UNICEF has supported Child Protection Guardian Networks across the four UN-supported temporary camps. The initiative has engaged mothers, fathers, caregivers, and community leaders to strengthen community capacities for the prevention, identification, and referral of cases involving violence against children and adolescents (including GBV), while enhancing local mechanisms for risk identification and mitigation. These interventions are implemented in close coordination with the national Child Protection System.

UNICEF has also reinforced the operational capacity of local child protection services in La Guaira through the provision of essential equipment and resources. These interventions have helped restore critical service delivery capacities and strengthen coordination for the protection of children and adolescents following significant disruptions caused by the emergency. In parallel, UNICEF continues to work with the Child Protection Area of Responsibility (CP AoR) and the National Child Protection Authority (IDENNA) to strengthen child protection case management and referral pathways through technical and logistical support, capacity- building, and the promotion of harmonized approaches.

As part of the response, UNICEF is expanding the reach of child protection services into affected communities and for displaced and vulnerable populations outside the camps. UNICEF continues to expand safeguarding efforts across the camps through awareness raising, capacity building, and monitoring efforts.

Education

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Activities at the César Nieves Camp in celebration of National Children's Day. 10 July 2026. La Guaira, Venezuela.

UNICEF has continued to support education and early childhood development (ECD) services for children and families affected by the earthquakes. Approximately **390 children under five years of age, including 219 girls, and 341 caregivers, including 295 women, have participated in integrated ECD activities in temporary camps.** In addition, **254 teachers and frontline education personnel received training on psychosocial support, self-care, and Education in Emergencies (EiE) approaches** to strengthen learning continuity and preparedness for the upcoming school year.

Education Cluster assessments indicate that educational access has been disrupted across 23 municipalities in six affected states, with schools damaged or temporarily repurposed as temporary camps. In response, UNICEF and partners are coordinating priority

interventions for temporary learning spaces, learning recovery, teacher support, and rehabilitation planning. UNICEF also continues to provide integrated ECD services in temporary camps through play-based and communication-focused activities that promote nurturing care, psychosocial wellbeing, and positive caregiving practices in close coordination with child protection partners.

UNICEF and education authorities are preparing to expand integrated education, ECD, and psychosocial support interventions across temporary camps in La Guaira, Capital District, and Miranda, with the next phase of the response expected to reach 2,500 children, adolescents, and caregivers and provide teacher wellbeing and professional development activities for an additional 500 teachers. However, significant funding shortfalls continue to constrain the emergency response and may limit efforts to support the safe return to learning, psychosocial recovery, and the restoration of education services ahead of the new school year.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continued to provide leadership and coordination support through its roles as lead agency for the WASH and Nutrition Clusters, lead of the Child Protection AoR, and co-lead of the Education Cluster. During the reporting period, the Inter-Cluster Coordination Group (ICCG) advanced preparations for an upcoming joint assessment mission to Carabobo and Yaracuy to identify priority needs and operational gaps to inform response prioritization in these states. Strategic consultations with ECHO and the WASH, Education, and Protection coordination structures also informed priorities for upcoming resource allocations and strengthened alignment across humanitarian actors.

Coordination with national and subnational authorities was further reinforced through the agreement to establish a joint technical working group on MHPSS to enhance coherence, coordination, and complementarity of interventions. At the subnational level, the ICCG and the government of Miranda State approved an intersectoral action plan for temporary camps, began implementation on 3 August 2026. To support its rollout, 38 government officials responsible for site management in Sucre, Baruta, Chacao, and Plaza municipalities received training on WASH, nutrition, and health standards provided by UNICEF, WFP, UNFPA, and PAHO and civil society partners La Casa Grande and Mentor.

As lead agency of the Child Protection AoR, UNICEF, together with the Protection Cluster and the GBV AoR, strengthened tools for service mapping and partner presence monitoring in temporary camps. Through an ongoing analysis of needs and response gaps, the AoR helped build consensus on key child protection risks, including psychosocial distress, family separation, and violence. Agreements with local authorities will support the expansion of child protection services in Miranda State.

The Nutrition Cluster validated its emergency intervention strategy and disseminated comprehensive Infant and Young Child Feeding in Emergencies (IYCF-E) guidelines. Developed in alignment with national authorities, these resources will standardize partner responses. Additionally, the Nutrition and Food Security Clusters established joint food basket standards to protect and promote breastfeeding as the optimal source of nutrition for children under two years of age. Finally, to strengthen safe programming and improve internal capacity, 35 cluster partners completed a Protection from Sexual Exploitation and Abuse (PSEA) network refresher and updated referral contacts.

Through the WASH Cluster, UNICEF continued to strengthen partner alignment, information sharing, and response planning. The Cluster contributed to sectoral and intersectoral planning and prioritization processes, ensuring WASH needs and gaps were reflected in humanitarian strategies through the analysis and validation of sectoral and intersectoral severity by geographical area. Engagement with national and subnational authorities, such as Vicepresidency, Miranda State Government and the ICCG further strengthened advocacy and coordination. Response monitoring and gap analysis are being prioritized to support timely partner engagement, preparedness actions and more targeted WASH service delivery for vulnerable populations.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

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LA GUAIRA, Venezuela, 14 July 2026 — Jairibel breastfeeds her daughter Belén at a UNICEF Breastfeeding Corner in a temporary camp, where mothers receive safe spaces and health and nutrition support.

Starting over: how breastfeeding helps Jairibel and Belén during the emergency

Three days after moving to what she hoped would be the start of a new chapter for her family, two earthquakes changed everything. As she copes with loss, Jairibel finds strength in her faith, her family, and the bond she shares with her daughter through breastfeeding.

Since the first day after the earthquake, UNICEF has worked together with authorities, the UN system and partners to provide support to affected families. At the temporary camp, Jairibel has received assistance including supplies and hygiene items, medicines and other essentials for family care.

UNICEF has also set up the “Breastfeeding Corner”, a space Jairibel visits, where mothers can find privacy, safety and support to continue breastfeeding, which is critical for them and their children.

- Breastfeeding provides comfort and connection after the earthquakes

HAC APPEALS AND SITREPS

- Venezuela Appeals
  https://www.unicef.org/appeals/venezuela

- Venezuela Situation Reports
  https://www.unicef.org/appeals/venezuela/situation-reports

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 14 AUGUST

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	124,699	25,483[7]	▲ 20%
Children, pregnant women and adults receiving vaccines (measles, Td and other vaccines)	Total	-	124,699	22,424	▲ 18%
Nutrition					
Children 6-59 months screened for wasting	Total	-	61,000	3,275	▲ 5%
Children 6-59 months with severe wasting admitted for treatment	Total	-	4,880	153	▲ 3%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	24,400	1,724	▲ 7%
Pregnant women receiving preventative iron supplementation	Total	-	30,000	805	▲ 3%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	60,000	5,757	▲ 10%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	27,000	156	▲ 1%
Children who have received individual case management	Total	-	13,600	291	▲ 2%
Education					
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	1,333	254	▲ 19%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	470,000	5,237[8]	▲ 1%
People accommodated in temporary shelters having at least basic JMP service levels for water, sanitation and hygiene services[9]	Total	-	35,000	5,237	▲ 15%
People reached with critical WASH supplies	Total	-	50,000	9,412	▲ 19%

**Progress in the reporting period 25 July to 03 August 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	15,465,279	4,987,314	-	10,477,965	68%
Nutrition	6,352,348	2,250,000	-	4,102,348	65%
Child protection and GBViE	7,177,493	1,521,714	-	5,655,778	79%
Education	9,198,732	450,000	-	8,748,732	95%
WASH	17,760,393	3,399,542	-	14,360,850	81%
HCT	9,175,600	27,000	-	9,148,600	100%
Cross-sectoral (AAP, SBC, and PSEA)	537,312	6,257,807[10]	-	-	0%
Total	**65,667,158**	**18,893,378**	**0**	**46,773,779**	**71%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. UNICEF. Venezuela Earthquake Response (July–December 2026) Addendum to the 2026 Humanitarian Action for Children (HAC) Appeal. Available at: https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-earthquake-response-july-december-2026-addendum-2026-unicef-hac-appeal

2. United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Venezuela Earthquakes: Addendum to the 2026 Humanitarian Response Plan. Available at: https://www.unocha.org/publications/report/venezuela-bolivarian-republic/terremotos-venezuela-adenda-al-plan-de-respuesta-humanitaria-2026-enes

3. The estimated number of people and children to be reached reflects UNICEF planning estimates based on ongoing needs assessments.

4. Office for the Coordination of Humanitarian Affairs (OCHA), Venezuela Earthquakes: 2026 Humanitarian Response Plan Addendum [EN/ES], ReliefWeb, 12 July 2026. Available at: https://reliefweb.int/report/venezuela-bolivarian-republic/terremotos-venezuela-adenda-al-plan-de-respuesta-humanitaria-2026-enes

5. Reporting period: 25 July–03 August 2026. Situation figures are based on the latest official information available as of 03 August 2026.

6. The overall reach reflects unique individuals and excludes overlaps between MHPSS, GBV and case-management interventions

7. Primary health care services include general medical consultations and vaccine administration through mobile health brigades

8. Water trucking delivery and water structure rehabilitation in shelters.

9. People accommodated in temporary shelters receiving all three basic WASH services: safe drinking water, sanitation facilities (installation and maintenance), and hygiene supplies.

10. Of the total cross-sectoral funding reported, US$6,223,521 had been received by the end of the reporting period. Allocation of these funds across sectors is ongoing and will be reflected in subsequent reporting.