



HUMANITARIAN RESPONSE FLASH APPEAL

Psychosocial protection and recovery for children and adolescents affected by the earthquake in Venezuela



8 million people
in need of humanitarian assistance



16.000 people
target population for the intervention (3.200 individual + 12.000 group)



EUR 500.000
required for the emergency intervention

Duration	3 months (initial phase, extendable depending on how the emergency develops)
Geographical scope	Caracas Capital District, Greater Caracas, La Guaira, and other affected municipalities and states (expandable to other states through remote support and local partnerships)
Sectors	Mental Health and Psychosocial Support, Child Protection
Implementing partner	CECODAP

1. CONTEXT AND RATIONALE

On 24 June 2026, at approximately 18:04 (local time), two successive earthquakes measuring 7.2 and 7.5 on the Richter scale, occurring less than a minute apart, struck the north-central region of Venezuela, with the epicentre located some 160 km west of Caracas. These were the strongest earthquakes recorded in the country in over a century. The government declared a national state of emergency and designated La Guaira as a 'disaster zone'.

As of 29 June, according to the Venezuelan authorities, the death toll stands at 1,719 and the number of injured at 5,034. The government has recorded 15,866 people affected and 855 damaged buildings. Since the main earthquake, more than 600 aftershocks have been recorded, the latest of which occurred on the morning of 29 June. Critical damage persists at Maiquetía Airport, as well as in hospitals and schools, and there are ongoing power, water and telecommunications cuts. Classes have been suspended for a further week and thousands of people continue to spend the night outdoors for fear of aftershocks. Five days after the disaster, search and rescue operations are continuing with the support of international teams, although the chances of finding survivors are diminishing.

The disaster has struck against a backdrop of pre-existing vulnerability: even before the earthquakes, nearly 8 million people in Venezuela were already in need of humanitarian assistance, amid a protracted social, economic and institutional crisis that has weakened health, education and protection services.

2. IMPACT ON CHILDREN

Some 3.9 million children and adolescents live in the affected areas. UNICEF estimates that 1.8 million people, including 680,000 children, are in need of humanitarian assistance in the wake of the earthquakes, a figure that is expected to rise as assessments progress. Official casualty figures broken down by age are not yet available, although it has been confirmed that children are among the dead and injured. The impact on essential services for children is already evident: in the Capital District alone, preliminary information indicates that 432 schools — more than a third of the district's total — have been damaged, and hospitals in Caracas and the states of La Guaira, Carabobo, Aragua and Falcón have suffered severe damage, affecting care for children and pregnant women.

The pattern of risk in this type of emergency is well known: family separation and increased exposure to exploitation and abuse; disruption to access to education; displacement of families; psychosocial distress exacerbated by aftershocks — already more than 600 since the main earthquake —; and increased protection risks, including gender-based violence, in contexts of displacement and in shelters. The response must incorporate, from the very outset, specific measures for child protection, psychosocial support and mental health, safe water and safe spaces (child-friendly spaces), ensuring that children's rights remain at the heart of the humanitarian response.

3. TARGET POPULATION

The intervention aims to reach approximately 16,000 people over a six-month period: 3,200 through individual psychosocial support and case management, and 9,640 through group and community-based interventions. The strategy will integrate face-to-face, mobile and remote delivery methods, ensuring continuity of care even in contexts with access restrictions or service disruptions.

- Children and adolescents directly or indirectly affected by the earthquake, particularly those who have experienced loss, displacement, family separation, disruption to essential services or situations of heightened vulnerability.

- Mothers, fathers and carers, teachers and those responsible for their protection and well-being.
- Community leaders.
- Staff of community organisations and local stakeholders involved in child protection.

4. OBJECTIVES, OUTCOMES AND ACTIVITIES

The response will be delivered through a comprehensive model of child protection, mental health and psychosocial support, grounded in the Convention on the Rights of the Child, the Minimum Standards for the Protection of Children in Humanitarian Action (CPMS), the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, and the Child Protection Case Management Framework. It will be implemented by interdisciplinary teams comprising psychologists, social workers and legal experts, prioritising community-based strategies, the active participation of families and coordination with public institutions, civil society organisations and humanitarian actors. The intervention is structured around one overarching objective and three specific objectives, each linked to its expected outcomes and activities.

Overall objective

To contribute to the protection, emotional recovery and resilience of children and adolescents affected by the earthquake through an integrated response comprising mental health, psychosocial support and child protection, which strengthens family, community and institutional capacities to prevent further violations of rights.

Specific objective 1. Timely psychosocial care

To provide timely and specialised psychosocial support to children, adolescents and families affected by the emergency.

Expected outcomes: Children and adolescents affected by the earthquake receive timely psychosocial care, reducing stress symptoms and strengthening their coping skills; and families strengthen their ability to provide emotional support, prevent situations of violence and re-establish protective routines.

Activities

- Psychosocial support groups and listening spaces for children, adolescents, mothers, fathers and carers.
- Psychological first aid during the initial phases of the emergency.
- Family counselling to re-establish protective routines and strengthen support networks.
- Community activities aimed at emotional recovery and the promotion of protective environments.

Specific Objective 2. Case management and protection

To identify, manage and monitor situations of risk requiring protective measures or referral to specialist services.

Expected outcome: Child protection cases are identified at an early stage, managed in accordance with humanitarian standards and referred in a timely manner to the relevant services.

Activities

- Risk identification and comprehensive assessment of protection needs.
- Development of individualised care plans.
- Specialised psychosocial support for children, adolescents and families experiencing significant hardship or situations where their rights have been violated.
- Referral to specialist services where appropriate and ongoing monitoring until the case is closed.

Specific Objective 3. Strengthening community capacities

To strengthen the capacities of families, communities and local institutions to promote protective environments during the response and recovery phases.

Expected outcome: Communities have greater capacity to identify risks, activate protection mechanisms and promote safe environments for children.

Activities

- Training, technical assistance and support for teachers, community organisations, local leaders and stakeholders within the Child and Adolescent Protection System.
- Strengthening the early identification of risk factors and community response capacity.
- Consolidation of local mechanisms for prevention, referral and follow-up of situations that compromise children's rights.

5. CROSS-CUTTING PRINCIPLES

The intervention will be carried out using a human rights-based approach and in accordance with the principles of humanitarian action, ensuring that all actions serve the best interests of the child, promote the participation of children and adolescents in a manner appropriate to their age and stage of development, and guarantee equality, non-discrimination, inclusion and gender equity. Implementation will incorporate the principle of 'do no harm', confidentiality and the protection of personal data, accountability to the affected population through accessible information and feedback mechanisms, and the application of prevention and response measures against sexual exploitation and abuse (PSEA), ensuring safe, respectful and protective environments throughout the intervention.

6. FUNDING REQUIREMENTS

The intervention requires EUR 500.000,00 for its implementation over a period of three months. The funds will be allocated to individual psychosocial care and case management, group and community-based mental health and psychosocial support interventions, capacity-building for community and institutional stakeholders, and the coordination, monitoring and operational costs associated with the response.

7. COORDINATION AND CONTACT

The response will be implemented in close coordination with the national authorities responsible for response and rescue operations, the humanitarian coordination mechanisms active in the country, United Nations and stakeholders within the Child and Adolescent Protection System, ensuring complementarity with other ongoing interventions.

EDUCO

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