ACT Alliance

Emergency Response to Venezuela 2026 Earthquakes

Appeal

VEN261

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Project Summary Sheet

Project Title	Emergency Response to Venezuela´s Earthquakes 2026
Project ID	VEN261
Location	Country: Venezuela States: District Capital, La Guaira, Miranda, Maracay.
Project Period	Start Date 27 June 2026 End Date 30 June 2027 No. of months 12 months
Requesting Forum	☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)

Requesting members

Requesting Member	Budget (USD)
Lutheran World Federation-LWF	2.019.608
Diakonie Katastropenhilfe-DKH	2.019.608
HEKS/EPER.	2.019.608
External evaluation	30,000
TOTAL	**6.088.823**

Contact

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Local partners

Requesting Member	Implementing Partners
Diakonie Katastropenhilfe-DKH	1. Acción Campesina 2. AVESSOC 3. CESAP 4. Acción Ecuménica

Requesting Member	Implementing Partners
HEKS/EPER	1. Maniapure 2. SEC (Sociedad Ética Cultural)
Requesting Member	**Implementing Partners**
Federación Luterana Mundial	1. Más Ciudadanos A.C 2. PALUZ

Thematic Area(s)	☒ Cash and Vouchers ☐ Camp Management ☒ Disaster Risk Management ☒ WASH ☒ Livelihood ☒ Health ☒ Other: SCLR: Support for community led response ☒ Shelter and household items ☒ Food and Nutrition ☒ MHPSS and CBPS ☐ Gender ☐ Education ☐ Advocacy
Project Outcome(s)	To provide dignified services to the affected population, outcomes are focussed on each sector of intervention as below: **WASH (HEKS/EPER, LWF, DKH and Local Partners)** 1. Affected populations receive safe and equitable access to essential water, sanitation and hygiene services through emergency assistance and the rehabilitation of WASH infrastructure. **Food Assistance (HEKS/EPER & LWF and local partners)** 2. Affected households have improved access to immediate food assistance by the provision of hot meals and food kits. **Health & MHPSS (DKH and Local Partners & LWF and local partners)** 3. Immediate needs of primary healthcare, mental health (MPSS) and psychosocial support is provided to the affected communities and their families. **Shelter & NFIs (LWF and local partners)** 4. Affected households have access to safe temporary shelter and essential non-food items. **Early Recovery (HEKS/EPER)** 5. Essential community infrastructure such health centers, schools and critical spots are rehabilitated, restoring access to basic services. **Livelihoods (HEKS/EPER & LWF and local partners)** 6. Affected households restore livelihoods and improve their income-generating opportunities through cash assistance, seed capital, and vocational support.
Project Objectives	1. Provide timely, safe and equitable life-saving humanitarian assistance to people affected by the earthquake, prioritizing WASH, food assistance,

essential NFI´s, primary healthcare and mental health (MPSS), protecting lives and supporting community resilience.

2. Improve and restore access to essential services for the affected communities by earthquake through the rehabilitation of priority WASH, health services and critical community infrastructure.
3. Support early recovery of earthquake-affected households and communities through the improvement and provision of livelihood recovery mechanisms such cash-based assistance, seed capital, vocational support, reestablishment of small market, enhancing well-being and living conditions.

Target Recipients

Profile							
☐	Refugees	☒	IDPs	☒	host population	☐	Returnees
☒	Non-displaced affected population						

No. of households (based on average HH size): 4.2

Sex and Age Disaggregated Data:

Sex and Age								
	0-5	**6-12**	**13-17**	**18-49**	**50-59**	**60-69**	**70-79**	**80+**
Male								
HEKS/EPER	1176	1764	3675	3675	2205	735	735	735
DKH	986	782	970	2394	1455	814	344	313
LWF	1383	1430	1452	3103	993	619	339	152
Female								
HEKS/EPER	1224	1836	3825	2825	2295	765	765	765
DKH	939	782	829	2316	1283	642	485	313
LWF	1511	1480	1474	3961	967	671	359	182
TOTAL DIRECT BENEFICIARIES	7219	8074	12225	18274	9198	4246	3027	2460
TOTAL INDIRECT BENEFICIARIES	2172	3258	6788	6788	4073	1358	1358	1358

NB: Indirect beneficiaries are calculated in base of health, schools and community centers rehabilitated; psychosocial support on awareness raising sessions.

Project Budget (USD)	**6.000.000**

Reporting Schedule

Type of Report	Due date
Situation report	31 July 2026 30 September 2026 31 March 2027
Interim Report (narrative and financial)	15 January 2027
Final narrative and financial report (60 days after the ending date)	31 August 2027
Audit report (90 days after the ending date)	30 September 2027

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar
Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Account Name: ACT Alliance
UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat. Updates on funding levels are available through this link 00 Appeals reports, which provides a monthly update for an overview of existing pledges/contributions and associated earmarking for the appeal.

Please send an email to Humanitarian Team (humanitarianfinance@actalliance.org) of pledges and contributions, including funds sent directly to the requesting members. Please also inform us of any pledges or contributions if there are any contract agreements and requirements especially from back donors. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

For further information, please contact:

ACT Regional Representative, Claudia Espinosa (Claudia.espinosa@actalliance.org)
Humanitarian Programme Coordinator, Ioakeim Vravas (ioakeim.vravas@actalliance.org)

Niall O'Rourke
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

Overall impact of the disaster

On **24 June 2026**, two powerful earthquakes (Magnitude 7.2 followed by 7.5) struck north-central Venezuela near Morón (Carabobo State), at a depth of approximately 10 km. The events occurred within 39 seconds, constituting a rare "doublet" earthquake. Strong shaking was felt across Caracas, Carabobo, La Guaira, Miranda, and Aragua, as well as in neighboring Colombia and parts of the Caribbean. According to United States Geological Survey (USGS), the first quake (M7.2) originated at 18:04:33 local time, 24 km east-northeast of San Felipe (Yaracuy State), followed 39 seconds later by the M7.5 event 23 km southeast of Yumare. This is assessed as a large-scale emergency. Strong shaking caused significant damage. The USGS PAGER system issued a Red Alert, estimating a 51% probability that fatalities could exceed 10,000.

Reports indicate:

- Collapse of hundreds residential and commercial buildings
- Damage to critical infrastructure, including roads and public facilities (suspension of trains)
- Severe disruptions in electricity water and telecommunications across several states
- Major logistical constraints for the response
- Structural damage to Simón Bolívar International Airport, leading to temporary closure

As of 2 July 2026, official reports indicate that the twin earthquakes have resulted in more than 2.595 confirmed deaths, over 12.400 people injured, 12.841 families have been affected with total loss or critical damage to their home, 50.000 people reported missing or unaccounted for, while search and rescue operations continue across the most affected areas, a total of 6.461 people have been rescued. Authorities caution that these figures remain provisional and are expected to increase as access improves and debris removal progresses. The most severely affected States include **La Guaira, Caracas, Miranda, Carabobo-Yaracuy, Falcon-Silva** and surrounding coastal communities, where extensive damage to residential buildings, health facilities, schools and public infrastructure has displaced thousands of families and severely disrupted access to essential services. Other affected states include **Aragua** and **Zulia**, particularly due to water service disruptions. The first government's response has focused on search and rescue, emergency medical care and damage assessment. The scale of destruction has overwhelmed local response capacities, requiring significant national and international humanitarian support. Rescue operations continue under challenging conditions due to aftershocks, damaged infrastructure and limited access to heavy equipment.

The Government of Venezuela declared a State of Emergency and suspended school and non-essential activities on 25 and 26 June 2026 nationwide and mobilized Civil Protection, emergency medical services, search and rescue teams, and security forces. Schools have been temporarily closed, with some facilities serving as collective shelters and distribution points for humanitarian assistance. However, existing economic constraints and the limited operational capacity of local institutions have reduced the ability to respond to the scale of needs, particularly in remote and underserved communities.

Nasa satellite analysis estimates nearly 60.000 buildings affected (189 total collapse) were affected in the recent earthquakes and so far, **780** aftershocks have caused widespread damage

to housing, health facilities, schools, water systems, roads and public infrastructure, particularly in the most affected northern states. The disaster has occurred within the context of a protracted humanitarian crisis characterized by weakened public services, limited institutional response capacity, deteriorated infrastructure, and high levels of socioeconomic vulnerability.

The earthquakes have disproportionately affected people already living in vulnerable conditions, including women-headed households, older persons, persons with disabilities, children- some of whom are orphans, indigenous communities, migrants, and families living in informal or structurally unsafe housing. Many households have lost shelter, essential household items, livelihoods, and access to basic services.

Coordination mechanisms involving government institutions, UN agencies, the Red Cross Movement, International and National ONG´s and have been activated to support assessments and response planning. Over 2.600 international rescuers from over 30 countries are responding on the ground with 44 international teams and 140 search dogs.

USA has been helping with US$150 millions of aid, OCHA with US$15 millions of the Central Emergency Response Fund, European Union with € 5 millions plus 50 tonnes of emergency supplies and CAF (Banco de Desarrollo de América Latina y el Caribe) set up a recovery and reconstruction fund with an initial contribution of US$1 million.

However, response capacities remain completely insufficient. Authorities continue implementing security and public order measures in the affected areas. Effective coordination with relevant authorities and humanitarian partners will be essential to support safe and timely access for humanitarian assistance. The flow of information appears to be tightly managed by government authorities, limiting independent verification of the full scale of impacts and needs.

In the field, people were observed sleeping in public squares and on the street, families had no clear access to shelters, public transport was unavailable, mobile phone signal was absent in several areas, and the response was largely improvised by communities because of weak institutional capacity. This increases exposure to injury, family separation, violence, exploitation, and worsening physical and mental health.

For **WASH**, the main needs are safe water, water treatment, emergency sanitation, latrines, and hygiene kits for families and health facilities. If these needs are not met, the risk of infections, poor wound hygiene, and waterborne disease will rise. For **shelter/NFIs**, the priority is relief kits, tarpaulins, ropes, blankets, sleeping mats, and safe temporary spaces, mobile hygiene facilities; if not covered, more families will remain exposed in streets, squares, or makeshift shelters, with higher protection and health risks. For **food security**, the response should include ready-to-eat food, hot meals, basic food baskets and cooking equipment, and breastfeeding support; if not met, food insecurity and nutritional deterioration will increase, especially for children and displaced households. For **protection**, key actions include identification and referral of cases, safe spaces, document replacement support, prevention of GBV, child protection, and stronger referral pathways; if not covered, violence, re-victimization, family separation, and exclusion from services will worsen with risks of human trafficking expected to arise. For **health**, the needs include medicines, trauma and surgery supplies, ambulances, restoration of water, electricity and cold chain, mobile health services, rehabilitation support, and SMAPS; if unmet, avoidable deaths, acquired disabilities, infections, and psychosocial trauma will increase. Reconstruction of critical infrastructure.

Reconstruction

Given pre-existing infrastructure deficits and chronic underinvestment in public services, the earthquake has further strained already fragile systems. Recovery needs extend beyond the replacement of damaged assets and will require the rehabilitation and strengthening of hospitals, schools, water and sanitation networks, electricity systems, and transport infrastructure. Experience from previous disaster responses demonstrates that where reconstruction is delayed or underfunded, affected populations face prolonged service disruptions, increased health risks, slower economic recovery, and heightened protection concerns. A coordinated recovery strategy that integrates resilience, accessibility, and disaster-risk reduction principles will be essential to restore critical services and reduce future humanitarian needs.

How communities were consulted

Communities were consulted through field visits, key informant interviews, direct testimonies from survivors, observation in health facilities and community sites, and dialogue with local actors such as medical staff, rescue workers, and representatives of local authorities and NGOs. Testimonies were also collected in mobile clinics, hospitals, and severely affected areas.

Capacity to respond

Affected populations are primarily relying on family and community support networks while many remain in open spaces, temporary gathering areas, vehicles, and public facilities due to ongoing aftershocks and concerns over the safety of damaged buildings. Power outages and disruptions to telecommunications are affecting access to information and communication with family members. National actors, including Civil Protection, health services, local authorities, and the Venezuelan Red Cross, are actively engaged in search and rescue, emergency medical care, evacuation support, and the provision of immediate relief assistance to affected populations. Authorities are shifting rescue teams from other parts of the country to La Guaira. Local authorities have been extremely weakened because of political and economic crisis. OCHA has a strong presence in the country due to the crisis and is expected to organize coordination and ensure access.

International support has been mobilized, with several governments offering humanitarian assistance, search and rescue teams, and medical support. Reports indicate that UN-certified search and rescue teams are deploying to support national efforts.
Humanitarian coordination mechanisms are being activated to support information sharing, needs assessment, and response planning.

DKH, LWF/FLM, HEKS/EPER, as part of the ACT Alliance and with its established presence in the country, have already begun rapid assessments and initial response activities in coordination with local partners in the affected areas, and are positioned to scale up jointly with other national and international actors. Once the emergency occurred, the partners deployed technical specialists to assist in the immediate needs with a strong capacity of response.

LWF: Since 2019, LWF has maintained an established humanitarian presence in Venezuela, combining direct implementation with a strong network of faith-based and community partners that enable access, acceptance, and rapid response in underserved and hard-to-reach areas. Supported by experienced in-country technical teams, pre-existing coordination mechanisms, vendor agreements, local supply chains, and ongoing programming in protection, WASH, basic needs, resilience, health, legal assistance, and MHPSS, LWF was able to activate its emergency response immediately following the La Guaira earthquake. Through rapid assessments, established

community structures, and operational partnerships with government, UN, and civil society actors, LWF has already initiated life-saving assistance and is well positioned to scale up food assistance, NFI, hygiene, and protection interventions. This combination of local presence, operational readiness, and community trust allows LWF to deliver timely, accountable, and context-responsive assistance while strengthening coordinated humanitarian action in affected areas
Through its teams and local partners in Caracas, Delta Amacuro, Sucre and Carabobo, LWF observes that communities are also drawing on pre-existing community networks and local partner structures built through ongoing WASH, health/nutrition, legal assistance and MHPSS programming, which are now being leveraged to support initial response efforts.
LWF regularly participates in, and in some cases contributes to leadership of, existing humanitarian coordination mechanisms in Venezuela, and will channel information on the earthquake response through these spaces as they are activated.

DKH: A department of the Protestant Agency for Diakonia and Development is a member of ACT Alliance and one of the leading German actors in humanitarian assistance. In 2001, DKH opened its Regional Office for Latin America in Bogotá. DKH's mandate covers assistance to internally displaced persons, refugees, host communities, returnees and vulnerable populations affected by conflicts or natural disasters.

In Latin America, DKH has focused its work in recent years on: 1) disaster preparedness and rapid multisectoral response; 2) protection of women, including sexual and reproductive health; 3) protection of children, including Education in Emergencies; and 4) strengthening local humanitarian capacities and advocacy for localisation. These thematic priorities translate into concrete interventions on the ground through partner organisations, combining humanitarian response, protection services and capacity building, which allows DKH to maintain operational continuity in different crisis contexts.

Following an emergency response to the 2002 floods, DKH resumed its humanitarian activities in Venezuela in 2018, in the context of the complex humanitarian crisis. DKH launched pilot interventions with its own funds in early 2019. Since then, programmes have been developed in several states of the country, especially in areas bordering Colombia. DKH has maintained its own presence in Caracas since the second half of 2019.

DKH and its partners operate in rural, peri-urban and urban areas. This regional structure allows DKH to provide technical support, administrative supervision and logistical support to partners, ensuring timely implementation, continuous monitoring and compliance with donor's requirements.
The partners proposed for this action have extensive experience in the planned areas of intervention. In recent years, DKH and its partners have developed an approach, whereby organisations support each other to provide, as far as possible, comprehensive assistance, combining technical expertise and/or historical access to the territories. This sustained presence and in-depth knowledge of the context position DKH as a relevant and reliable humanitarian actor, with the capacity to lead local responses in complex and changing crisis contexts.

HEKS/EPER: HEKS/EPER has been operational in Venezuela since 2019, implementing humanitarian interventions in WASH, Food Security, Shelter, Health, and Livelihoods. The programme operates through a binational structure with Colombia, leveraging shared coordination, logistics, security, and technical capacities. HEKS/EPER has extensive experience managing grants from OCHA, ECHO, UNICEF, and other institutional donors, and maintains a well-established national team with strong relationships with government authorities, humanitarian actors, and local communities.

To respond to the earthquake, HEKS/EPER has mobilized approximately USD 300,000 from its own emergency funds, deployed additional **international** technical staff, and is actively engaging

institutional and private donors to expand the response. The ACT Appeal will complement these efforts and help leverage additional resources through bilateral donors and UN-coordinated funding mechanisms.

Building on its long-standing partnerships with faith-based organizations, HEKS/EPER works closely with SEC and the Claretian Fathers network, whose extensive community presence facilitates humanitarian access, community acceptance, and rapid outreach to vulnerable populations. The organization has already initiated emergency operations through two mobile health clinics managed by Maniapure in La Guaira - attending over 200 patients a day, the distribution of food and relief items through SEC in Caracas, and rapid needs assessments and coordination with local authorities to scale up WASH interventions in displacement sites.

RESPONSE STRATEGY

The consortium partners will work in the most critical places such La Guaira, Capital District, Miranda, Maracay and other prioritized areas, providing Primary Health (mobile clinics), MHPSS, WaSH, CASH, NFI, Food Security, Shelter, Early Recovery.

The project will focus on **2 response main stages:**

Phase 1 – *Critical Emergency Response*

1.1. Joint Situation Analysis and Damage Assessment
In coordination with local partners will conduct a joint rapid assessment to analyse the impact of the earthquakes, identify the most affected communities and determine priority humanitarian needs. This collaborative assessment will provide the evidence base for the operational response and ensure complementarity with government authorities and other humanitarian actors.

1.2. Needs Assessment
Following the rapid assessment, more detailed sector-specific assessments will be conducted to better understand needs related to shelter, WASH, health, protection, food security and livelihoods. These assessments will identify vulnerable groups, establish beneficiary targeting criteria and inform the design of an evidence-based humanitarian response while ensuring accountability to affected populations.

1.3. Immediate Life-saving Assistance
Based on the initial findings, immediate humanitarian assistance will be provided to the most affected households. Priority interventions will include the distribution of emergency water filters to restore access to safe drinking water, emergency shelter tents for displaced families, and Mental Health and Psychosocial Support (MHPSS), including Psychological First Aid (PFA), delivered through trained staff and community-based support networks.

1.4. Implementation of the Humanitarian Response
The findings from the assessments will guide the implementation of a coordinated multisectoral humanitarian response focusing on the most vulnerable households. Interventions are expected to include emergency shelter and non-food items, WASH assistance, mental health and psychosocial support, protection activities, early recovery and livelihood support, according to identified needs and available resources.

Intervention by member:

- **Lutheran World Federation (LWF) and local partners PALUZ and Mas Ciudadanos**

LWF will work through its established network of faith-based organizations, community structures, and local partners to deliver a coordinated multi-sector emergency response in La Guaira, Caracas, Miranda, Carabobo, and other affected areas. The intervention combines immediate life-saving assistance with early recovery actions aimed at restoring essential services, strengthening community protection systems, and supporting the recovery of the most vulnerable earthquake-affected households. Building on rapid assessments already conducted in displacement sites, shelters, and affected communities, LWF will provide food assistance, shelter support, non-food items (NFIs), hygiene and dignity kits, safe water solutions, mental health and psychosocial support (MHPSS), protection services, and emergency health interventions.

During the emergency phase, LWF will prioritize internally displaced persons and vulnerable households residing in collective shelters, informal settlements, and host communities. Activities will include the distribution of food assistance, shelter and NFI kits, household hygiene and menstrual hygiene kits, installation of handwashing facilities and water storage solutions, psychosocial support services, establishment of safe spaces for children, women, and other at-risk groups, legal assistance and referrals, family tracing and reunification support, and the provision of emergency medical supplies and primary healthcare through local partners. Interventions will be implemented through community-based approaches and existing local structures to ensure rapid, accountable, and context-appropriate assistance.

LWF maintains operational coordination with WFP, UN agencies, Caritas, local authorities, civil protection structures, community organizations, and other humanitarian actors to ensure complementarity, avoid duplication, and maximize response coverage. The organization's existing operational footprint, local procurement capacity, pre-positioned resources, and established logistics networks enable rapid scaling of assistance and access to underserved and hard-to-reach communities. The response is expected to reach up to 5,000 earthquake-affected households (approximately 21,050 people) during the emergency and early recovery phases.

- **DKH and Local Partners (Acción Campesina, AVESSOC, CESAP y Acción Ecuménica)**

During the first three months following the earthquake, DKH and its local partners will deliver a coordinated life-saving humanitarian response to address the most urgent needs of affected populations. Interventions will prioritize access to safe water, sanitation and hygiene services through water supply solutions, hygiene and menstrual kits, sanitation facilities and hygiene promotion to 2813 people in La Guaira, Miranda and Capital District. The response will also provide primary health care through fixed and mobile medical teams, essential medicines and medical supplies, while supporting the rehabilitation and equipment of priority health facilities (health centres and hospitals). In addition, adults and young people affected by the earthquake will have access to psychological support services, both individual and group-based, to improve their emotional well-being and coping skills to 11.169 people in Capital District, Miranda and Maracay.

- **HEKS/EPER**

HEKS/EPER will work together with its long-standing local partners, Maniapure and SEC (Sociedad Ética Cultural). The intervention combines an immediate life-saving emergency response with early recovery activities aimed at restoring essential services and supporting affected communities. Strong operational synergies will be established between HEKS/EPER and its partners by targeting the same displacement sites and affected communities, ensuring that WASH, health, food security,

and basic needs assistance are delivered in a coordinated and complementary manner. In this phase, Maniapure will operate two mobile health clinics in La Guaira, staffed by approximately 40 volunteer health professionals. The clinics will provide primary healthcare, mental health and psychosocial support (MHPSS), and referral services for patients requiring specialized care. The current operational capacity allows for the assistance of up to 200 patients per day, reaching an estimated 10,000 people during the first three months of the response.

At the same time, SEC will provide 500 ready-to-eat hot meals a day and complementary food assistance to internally displaced populations and other vulnerable earthquake-affected households in Caracas. The partner will also distribute essential non-food items (NFIs) and provide information and orientation on available humanitarian, community, and government services to facilitate access to assistance.

HEKS/EPER will lead the WASH response through direct implementation, focusing on internally displaced populations living in collective shelters, organized camps, and informal urban displacement sites. Activities will include emergency water supply through water trucking, water storage tanks, or other context-appropriate solutions; hygiene promotion through community-based campaigns and the distribution of hygiene and cleaning family kits and family-water kits, and the establishment or rehabilitation of emergency WASH infrastructure, including latrines, showers, handwashing facilities, and water storage systems. Interventions will be adapted to the specific characteristics of each site, including the Maritime University displacement site and other formal and informal settlements identified through ongoing assessments. Those activities might continue beyond the initial three months frame. WASH activities are expecting to reach 3000 affected population in the emergency stage.

Phase 2 – *Early Recovery and Reconstruction*

- **Lutheran World Federation (LWF)**

As immediate life-saving needs decrease, LWF will progressively expand its focus toward early recovery and resilience-building activities that support affected households and communities in restoring safe living conditions and essential services. Interventions will include shelter rehabilitation support, rehabilitation of community centres and collective shelters, restoration of water supply and storage systems, strengthening of community protection mechanisms, continuation of MHPSS services, and support for the recovery of critical community infrastructure.

Through its community-based and localization approach, LWF will strengthen local leadership, volunteer networks, and community structures to sustain protection, psychosocial, and community support services beyond the emergency phase. Recovery interventions will be linked to LWF's longer-term country programme, facilitating the transition from humanitarian assistance toward resilience, social cohesion, preparedness, and sustainable recovery outcomes for affected populations

- **DKH and Local Partners (Acción Campesina and AVESSOC)**

During this phase, the actions undertaken in Phase 1 (WASH, Health and MHPSS) will be continued in line with needs, demand and the resources allocated in the planning.

Support Community-Led Response (SCLR) activities will be implemented during the subsequent recovery phase, once immediate life-saving needs have been addressed to 1667 people in La Guaira and Miranda.

- **HEKS/EPER**

As immediate life-saving needs decrease, the intervention will progressively transition towards restoring critical community infrastructure and supporting early recovery. HEKS/EPER will rehabilitate 20 essential public infrastructure, including health centres through improvements to water, sanitation and hygiene systems, medical waste management, and infection prevention measures. Depending on identified needs, rehabilitation activities may also include schools, community water supply and other community critical infrastructures.

Where market conditions and the operational context allow, HEKS/EPER will introduce Cash and Voucher Assistance (CVA), over a capacity building strategy, including multipurpose cash assistance and, where feasible and appropriate, Cash-for-Work activities to support the rehabilitation of community infrastructure while promoting early economic recovery. If cash assistance remains operationally unfeasible, the allocated resources will be redirected towards essential non-food items, reconstruction and livelihood activities.

During the early recovery phase, SEC will support the socioeconomic recovery of displaced households through livelihood interventions, including assistance to establish or restart small businesses, vocational skills refresher training, and linkages with potential employers to facilitate access to income-generating opportunities. Together, these complementary interventions will support affected communities in transitioning from emergency assistance towards progressive recovery and self-reliance.

The intervention will initially target internally displaced persons (IDPs) living in formal and informal settlements in La Guaira and Distrito Capital, while maintaining the flexibility to expand to other affected urban and rural areas as assessments progress. Target locations and beneficiaries are selected through rapid needs assessments conducted by HEKS/EPER together with local partners, applying humanitarian vulnerability criteria and in close coordination with local authorities. HEKS/EPER has been formally requested by authorities to support a newly established displacement site in La Guaira and is currently assessing additional sites to prioritize future interventions.

Immediately following the earthquake, HEKS/EPER allocated USD 300,000 from its headquarters emergency reserve, enabling the rapid deployment of staff, emergency assessments, and the launch of life-saving interventions. In parallel, HEKS/EPER is actively engaging institutional donors to strengthen the ongoing ACT appeal and leverage further funding opportunities. During the last phase of the project HEKS/EPER and SEC will allocate seed capital to small business owners who have lost their enterprises or sources of livelihood and reinforcement of vocational capacities to improve their knowledge and better recover their incomes.

Exit strategy

The project is designed around a Linking Relief, Rehabilitation and Development (LRRD) approach, ensuring that emergency assistance serves as a foundation for early recovery, resilience, and sustainable community-led development. During the initial emergency phase, the consortium will prioritize life-saving assistance in food security, WASH, health, shelter, protection, MHPSS, cash assistance, and basic needs for displaced and earthquake-affected populations. At the same time, interventions will be implemented through local partners, community structures, faith-based networks, and existing service providers to strengthen local capacities, promote ownership, and reduce dependence on external humanitarian assistance.

Sustainability is reinforced through the consortium members' long-standing presence in Venezuela and their established partnerships with national and local organizations, including faith-based actors, community groups, and civil society networks that maintain permanent engagement in the affected communities. Throughout the project cycle, local partners, volunteers, community leaders, and relevant authorities will actively participate in assessments, targeting, implementation, monitoring, and accountability processes. This approach will strengthen local response mechanisms, enhance preparedness capacities, and ensure that knowledge, tools, and response systems remain within communities beyond the duration of the project.

As humanitarian needs stabilize, the intervention will progressively transition toward early recovery and rehabilitation priorities, including the restoration of essential services, rehabilitation of community infrastructure, recovery of livelihoods, strengthening of community protection mechanisms, and support to safe reconstruction efforts where feasible. Investments in water, sanitation, health, shelter, and community facilities will prioritize durable and locally managed solutions, while community-based protection, psychosocial support, and referral mechanisms will continue strengthening social cohesion and resilience. Where conditions allow, market-based approaches and livelihood recovery interventions will be used to support self-reliance and local economic recovery.

The consortium will maintain close coordination with government institutions, humanitarian actors, development agencies, and faith-based organizations to facilitate the transition from relief to recovery and ensure continuity of support for vulnerable households through existing services and longer-term programs. Prior to project completion, a comprehensive review of remaining needs, available services, community capacities, and referral pathways will be conducted to ensure an appropriate handover and continued access to assistance for populations requiring ongoing support.

The exit strategy will therefore be gradual, criteria-based, and rooted in localization principles. Through capacity strengthening, community engagement, rehabilitation of essential services, established referral systems, and continued accompaniment by local actors, the project seeks to leave behind stronger community resilience, improved preparedness, and sustainable local capacities capable of responding to future shocks while supporting the transition from emergency relief to recovery and long-term development

PROJECT MANAGEMENT

Implementation Approach

- **LWF and local parners:** Capital District, Miranda, Vargas, Delta Amacuro, Sucre, Carabobo with Emergency response, shelter, WASH, protection, MHPSS, cash and voucher assistance (if possible), NFI, Health, and Food Security.
- **DKH and local partners:** States of Capital District, La Guaira, Miranda, and Maracay with WASH, Mental Health and Psychosocial Support (MHPSS), Health, and SCLR.
- **HEKS/EPER and local Partners:** Caracas, La Guaira, Miranda and other potential rural surrounding areas where the assistance is weak.

Consortium coordination will be crucial during the planification phase, to avoid duplication of action with other actors in the field. Thus, specific roles have been assigned alongside the local partners, such primary health interventions, MPSS, WASH and food assistance, according to
Expertise of each partner.
The activities to be implemented with the project are completely relevant since provide immediate assistance and relief to the affected population by the earthquakes. Consortium partners have wide experience in each sector, and the population involve in the project are those affected by the emergency. The project activities will show a coherence between the:

- **Lutheran World Federation (LWF) and local partners**

The intervention will be implemented through a localized, community-based, and multi-sectoral approach that combines life-saving humanitarian assistance with early recovery and resilience-building actions. The proposed modalities have been selected based on rapid needs assessments, ongoing field presence, consultations with affected communities, coordination with local authorities and humanitarian actors, and lessons learned from previous emergency responses in Venezuela. The approach prioritizes flexible delivery mechanisms that can rapidly address urgent needs while strengthening local capacities and supporting a gradual transition toward recovery and self-reliance.

Implementation will build on the comparative advantages of ACT Alliance members and their long-standing partnerships with local faith-based organizations (including the Iglesia Evangélica Luterana en Venezuela (IELV), community-based organizations, local authorities, and humanitarian actors. Faith actors play a particularly important role due to their trusted presence within affected communities, extensive volunteer networks, existing infrastructure, and ability to reach vulnerable populations, including those in hard-to-reach and underserved areas. These actors will contribute to community outreach, needs identification, beneficiary targeting, information sharing, shelter management support, distributions, psychosocial support activities, and community mobilization. Their close relationship with communities strengthens acceptance, accountability, and the overall effectiveness of the response.

The project will be implemented in two complementary phases. The first phase will focus on life-saving emergency assistance, including food assistance, shelter and non-food items (NFIs), WASH services and supplies, primary health care, protection services, mental health and psychosocial support (MHPSS), and, where feasible, emergency cash assistance. The second phase will progressively support early recovery and rehabilitation, including the restoration of essential services, rehabilitation of community infrastructure, strengthening of community protection systems, livelihood recovery, community-led recovery initiatives, and resilience-building activities. The intervention follows a Linking Relief, Rehabilitation and Development (LRRD) approach to ensure continuity between emergency response and longer-term recovery outcomes.

Project recipients will be informed throughout the project cycle through community meetings, information sessions, faith-based networks, local leaders, outreach activities, service delivery points, and information materials developed in accessible and culturally appropriate formats. Communities will receive information regarding project objectives, targeting criteria, available services, expected staff behaviour, safeguarding standards, complaints mechanisms, and their rights as recipients of humanitarian assistance. Continuous communication and community engagement will support informed participation and strengthen accountability to affected populations.

The intervention is designed to complement and strengthen the ongoing humanitarian response already being implemented by national authorities, UN agencies, ACT Alliance members, faith-based organizations, and other humanitarian actors. Coordination with government institutions, WFP, UN agencies, humanitarian clusters, local organizations, and community structures will ensure complementarity, avoid duplication of assistance, and maximize collective impact. The project also builds directly on existing emergency actions already initiated by ACT members and local partners, allowing for rapid scale-up while maintaining operational continuity and community trust.

Where market conditions, security considerations, and regulatory frameworks permit, Cash and Voucher Assistance (CVA) may be integrated into the response as a flexible modality to support household recovery, restore purchasing power, and enable affected families to prioritize their own needs. Delivery modalities may include electronic transfers, vouchers, or other context-appropriate mechanisms implemented through approved financial service providers and existing local market systems. Prior to implementation, market assessments and risk analyses will be conducted to determine feasibility, accessibility, protection considerations, and value for money. Where cash programming is not feasible, resources will be redirected toward in-kind assistance and recovery support activities.

The response integrates evidence-based approaches that have been successfully applied by ACT Alliance members in previous humanitarian emergencies, including community-based protection models, faith-sensitive humanitarian programming, localized implementation, accountability mechanisms, safe spaces, psychosocial support interventions, community-led recovery approaches, and integrated multi-sector responses. These approaches have demonstrated effectiveness in strengthening community ownership, improving access to assistance, enhancing accountability, and supporting sustainable recovery outcomes.

Gender equality and inclusion will be mainstreamed throughout all phases of the project. Activities will be designed to ensure equitable access to assistance for women, men, girls, and boys, while addressing the specific needs of older persons, persons with disabilities, female-headed households, pregnant and lactating women, and other groups facing heightened vulnerability. The intervention will incorporate gender-sensitive assessments, sex-, age-, and disability-disaggregated data collection, menstrual hygiene management, safe and accessible service delivery, participation of women and underrepresented groups in decision-making processes, and the integration of protection, safeguarding, and PSEAH measures across all sectors. Continuous monitoring will ensure that assistance remains inclusive, equitable, and responsive to the different needs and capacities of affected populations

- **DKH and Local Partners**

The project will implement an integrated, community-based humanitarian response combining WASH, Health (primary care), Mental Health and Psychosocial Support (MHPSS), rehabilitation of essential services and Support Community-Led Response (SCLR) during the recovery phase. This approach addresses immediate life-saving needs while strengthening local capacities and community resilience. Assistance will be delivered through a combination of fixed services, mobile teams, rehabilitation of priority infrastructure and distribution of essential relief items, allowing flexibility to reach populations in urban, peri-urban and hard-to-access areas.

The intervention builds on the existing emergency response led by DKH and its local partners, complementing ongoing actions through the scale-up of humanitarian assistance and ensuring

continuity from emergency response to early recovery. Local partners—Acción Campesina, AVESSOC, CESAP and Acción Ecuménica—play a central role in project design and implementation, contributing their technical expertise, community presence and long-standing relationships with local authorities, churches and community-based organizations. Their trusted role facilitates community engagement, accountability and access to vulnerable populations.

Project recipients will be informed through community meetings, local leaders, health facilities, faith-based organizations and outreach activities. Information on selection criteria, available services, feedback mechanisms and protection safeguards will be communicated in accessible formats. Complaints and feedback mechanisms will enable communities to raise concerns and contribute to programme improvements.

The response is coordinated with national and local authorities, humanitarian clusters, UN agencies, NGOs and other humanitarian actors to ensure complementarity, avoid duplication and strengthen collective impact. The SCLR approach represents an evidence-based methodology previously applied by ACT Alliance members in humanitarian settings, promoting locally led recovery and community ownership.

The project applies a gender-responsive approach by ensuring equitable access to assistance for women, men, girls and boys; incorporating menstrual hygiene management; promoting the participation of women in community decision-making; collecting sex- and age-disaggregated data; and mainstreaming protection, inclusion and safeguarding across all sectors.

- **HEKS/EPER and local partners**

The response has been guided by the humanitarian principles of humanity, impartiality, neutrality and independence, while adhering to the Sphere Standards, ACT Alliance's commitments to Gender Justice, Safeguarding, Protection from Sexual Exploitation, Abuse and Harassment (PSEA) and Accountability to Affected Populations (AAP).

General (all organizations):
A **multi-sectoral needs assessment** team is deployed and started in the affected areas.

The action plan response from the 3 members of consortium and local partners is focus on:

- Provision of kits NFI's and menstrual hygiene kits, baby kits and elderly kits to affected populations in the Caracas and La Guaira areas.
- Provision of personal protective equipment and medical/emergency supplies to support earthquake response, including adhesive gauze, Solution 0.9% (saline), macrodrip IV sets, bandages, IV catheters (Yelco), face masks, gloves (leather work gloves and surgical/exam gloves), shovels, helmets, and grinding/cutting wheels.
- Provision of supplies to health centers through local partners.
- Food security support for affected households.
- NFIs and shelter support families whose homes were damaged or destroyed.
- Supplies to support volunteers involved in the response.
- Psychosocial support (MHPSS) for affected people, including women, children/adolescents and their caregivers.
- Mental Health and Psychosocial Support (MHPSS), including Psychological First Aid (PFA), delivered through trained staff.
- Support family tracing and reunification, including restoring contact between separated family members.

- Healthcare delivery and distribution of health supplies with partners.
- Distribution of potable water trough water trucks and adequation of systems to provide water.
- Rehabilitation of basic wash infrastructure including sanitation units, laundry facilities, and latrines.
- Provision of emergency shelter tents and essential household items for homeless families.

Implementation Strategy

As outlined in the response strategy, the consortium team, with local partners, aims to implement coordinated actions focused on the **two main phases of the project.** The first phase concentrates on emergency actions, providing immediate assistance, including primary health care, mental health, distribution of hot meals, conditioning of shelters/camps, WASH, non-food items, medical supplies, and assistance to individuals with urgent needs.

During the **first phase** of the emergency, a detailed needs assessment will be conducted in schools, camps, informal shelters, health centres, and other critically affected community infrastructures to ensure effective assistance while also engaging in rehabilitation activities. This initial phase of the emergency seeks to support 10,000 beneficiaries through a comprehensive and integrated care approach.

During the **second phase** of rehabilitation, the project seeks to deploy early recovery interventions-centred on the rehabilitation of basic infrastructure. Priority will be given to health facilities, schools, and critical community structures, vital for providing essential services to the affected population, the three organisations, joint with local partners, will implement the following activities:

- Rehabilitation of sanitary infrastructure for health centres.
- Identification and rehabilitation of critical community- infrastructure.
- Rehabilitation and disposal of WASH services in shelters, settlements and informal camps.
- Provision of safe and protective services by installation of photovoltaic systems in critical infrastructures.
- Continuous psychosocial support.
- improvements to water, sanitation and hygiene systems.
- Promotion of early economic recovery.
- Livelihoods (seed capital and vocational training), according to the market analysis and economic needs.
- Rehabilitation and dotation of a hospital level 4.

Where market assessments confirm sufficient market functionality, availability of essential goods and appropriate security conditions, Cash and Voucher Assistance (CVA) will be implemented to complement in-kind assistance.
Transfer modalities may include bank transfers, mobile payment platforms or other regulated financial service providers available in the intervention areas.

Beneficiary registration, verification, transfer management, monitoring and post-distribution monitoring will follow standards and established organizational procedures, ensuring transparency, accountability, data protection and safeguarding.

Should market conditions deteriorate or access become restricted, assistance will be provided through in-kind distributions.

The vocational training and seed capital will allow reactivate local economies of those families that lose their business (economic activities).

Key aspects during the intervention:

- **Coordinated Humanitarian Response:** Assessment findings will guide the implementation of a coordinated multisectoral response focused on the most vulnerable households. Depending on identified needs and available resources, interventions may include shelter and non-food items, WASH assistance, cash and voucher assistance, protection services, Mental Health and Psychosocial Support (MHPSS) activities. Throughout all phases, community participation, protection mainstreaming, gender equality, inclusion and accountability will remain central to project implementation.
- **Relevance of the Proposed Modalities:** The proposed response combines in-kind assistance with Cash and Voucher Assistance (CVA), where appropriate, providing flexibility while ensuring timely life-saving support.
  Emergency items such as water filters, tents and essential relief supplies will be distributed directly where markets are disrupted or immediate assistance is required. Where markets remain functional and security conditions permit, cash assistance will enable households to prioritize their own recovery needs, restore dignity, stimulate local markets and promote faster recovery.
  This combination of response modalities reflects international good practice and responds to the diverse needs identified during preliminary assessments.
- **Coordination and Partnerships:** The intervention will be implemented in close coordination with national and municipal authorities, Civil Protection, humanitarian coordination mechanisms, UN agencies, local civil society organizations and faith-based organizations. Coordination with other humanitarian actors will ensure complementarity of interventions, reduce duplication and maximize collective impact.
- **Community Engagement and Accountability:** Communities will participate throughout the project cycle—from assessments and planning to implementation, monitoring and evaluation.

Affected populations will receive clear and accessible information regarding:

- Project objectives.
- Selection criteria.
- Types of assistance available.
- Distribution schedules.
- Complaint and feedback mechanisms.

Information will be shared through churches, community meetings, local leaders, volunteers and printed communication materials.
The project will establish accessible feedback and complaints mechanisms, including confidential reporting channels for safeguarding concerns and Protection from Sexual Exploitation, Abuse and Harassment (PSEAH). Community feedback will be systematically incorporated into project decision-making.

- **Role of Local Actors:** Local leaders constitute one of the strongest community structures in the intervention areas and are fundamental to the success of the response. Through their trusted presence and established relationships will support:
  - ✓ Community outreach and awareness.
  - ✓ Identification and prioritization of vulnerable households.
  - ✓ Distribution of humanitarian assistance.
  - ✓ Provision of psychosocial accompaniment.

- ✓ Community feedback and accountability processes.
- ✓ Strengthening social cohesion and resilience.

The intervention builds upon existing networks and commitment to locally led humanitarian action by empowering local actors as key humanitarian responders.

- **Innovation and Evidence:** The proposed approach builds upon previous humanitarian responses implemented by DKH and his local partners in Venezuela with SCLR- Support for community led response.

Experience has demonstrated that combining community-led assessments, local church networks, psychosocial support and flexible response modalities significantly improves humanitarian access, community acceptance and the effectiveness of assistance in complex operational environments.
The integration of MHPSS from the earliest phase of the emergency, together with community participation and locally led coordination, represents a proven and evidence-based approach that strengthens resilience while addressing immediate humanitarian needs.

- **Complementarity with the Ongoing Humanitarian Response**

The proposed intervention complements the emergency response being led by Venezuelan authorities, humanitarian organizations, UN agencies and the Red Cross Movement.

DKH, LWF HEKS and local partners will focus on vulnerable communities that remain underserved or difficult to access while coordinating closely with humanitarian coordination mechanisms to avoid duplication and maximize collective impact.

The intervention also contributes to strengthening local capacities for preparedness, early recovery and community resilience beyond the immediate emergency phase.

- **Gender Equality and Social Inclusion**

Gender equality and social inclusion will be mainstreamed throughout all stages of project implementation.

The project will prioritize women-headed households, pregnant and lactating women, children, older persons, persons with disabilities, indigenous populations and other groups facing heightened protection risks.

Sex-, age- and disability-disaggregated data (SADDD) will be collected and analysed to guide targeting and monitoring.

Distribution sites and community activities will be designed to ensure accessibility, dignity and safety for all participants.
Project staff, volunteers and church leaders will receive training on gender equality, inclusion, safeguarding and Protection from Sexual Exploitation, Abuse and Harassment (PSEA), while referral pathways for gender-based violence and protection concerns will be activated in coordination with specialized service providers.
This implementation approach places affected communities at the centre of decision-making while strengthening the capacities of local organizations and faith actors to deliver a timely, accountable and sustainable humanitarian response.

Implementation Arrangements

Lutheran World Federation (LWF) and local partners

The project will be implemented through a strong localization and partnership approach that builds on the complementary capacities of ACT Alliance members and their established networks of local faith actors, community-based organizations, humanitarian partners, and government counterparts. ACT members will be responsible for overall project management, donor compliance, financial oversight, quality assurance, monitoring, reporting, and strategic coordination, while implementation will be carried out through a combination of direct delivery and local partnerships. Regular coordination among ACT members will ensure harmonized approaches, joint planning, information sharing, adaptive management, and complementary sectoral interventions across the response.

A cornerstone of the response is collaboration with long-standing local partners and faith actors. ACT members work closely with organizations including Caritas La Guaira, the Diocese of La Guaira, the Evangelical Lutheran Church in Venezuela, FUDEP, Más Ciudadanos, AVESSOC, PALUZ, as well as community-based organizations and volunteer networks operating in the affected areas. These partners contribute local knowledge, community acceptance, operational presence, volunteer mobilization, beneficiary identification, shelter support, logistics, storage, local procurement, distributions, psychosocial support, and community engagement activities. Existing partnership agreements, memoranda of understanding, and operational collaboration arrangements define roles, responsibilities, safeguarding commitments, accountability standards, and reporting procedures.

Faith actors play a particularly important role in both the design and implementation of the response. Organizations such as Caritas La Guaira, the Diocese of La Guaira, local churches, the Evangelical Lutheran Church of Venezuela (IELV), and the Claretian Fathers network maintain trusted relationships and a permanent presence within affected communities. Through these structures, the project is able to facilitate community outreach, identify vulnerable households, support shelter and community center management, strengthen referral pathways, provide psychosocial and spiritual support, and mobilize volunteers. Their involvement increases acceptance, improves access to hard-to-reach populations, and strengthens accountability and community ownership of the response.

Coordination with government institutions will be maintained at both national and local levels to ensure alignment with emergency response priorities and avoid duplication. ACT members and partners are already coordinating with Civil Protection authorities, municipal authorities, local health services, and relevant technical institutions, participating in assessments, information-sharing initiatives, and operational planning mechanisms. This collaboration facilitates access, prioritization of needs, and complementarity between humanitarian assistance and public services.

The project will also maintain active coordination with the United Nations and the wider humanitarian community. Existing coordination already includes collaboration with WFP, UNHCR, local health teams, humanitarian NGOs, community-based organizations, and humanitarian coordination platforms operating in the affected areas. ACT members will continue participating in relevant inter-agency coordination mechanisms and sectoral working groups to ensure harmonized targeting, referral systems, information sharing, and complementary programming across Food Security, WASH, Health, Shelter, Protection, MHPSS, and Early Recovery sectors.

Where relevant, the project will engage private-sector actors and existing supplier networks to support procurement, logistics, transportation, cash and voucher delivery mechanisms, telecommunications, and emergency supply chains. Through the combined strengths of ACT members, local partners, faith actors, government institutions, UN agencies, NGOs, and community networks, the project seeks to deliver a coordinated, locally led, and accountable humanitarian

response that maximizes collective impact while strengthening local capacities and resilience for longer-term recovery.

DKH and Local Partners:

The project will be implemented in close collaboration with the ACT Alliance members and four experienced local partners: Acción Campesina, AVESSOC, CESAP and Acción Ecuménica. Each partner will implement activities within its geographical areas and technical expertise, while DKH will provide overall project management, technical guidance, financial oversight, MEAL coordination, compliance and donor reporting.

Roles and responsibilities are clearly defined through partnership agreements that establish implementation arrangements, financial management, safeguarding, accountability, procurement and reporting requirements. Regular coordination meetings between DKH and local partner representatives will oversee implementation progress, review challenges and agree on operational adjustments.

The project builds on long-standing partnerships with local faith-based and community organizations, whose presence, local knowledge and trusted relationships facilitate access to affected communities, community engagement and accountability. These partnerships strengthen locally led humanitarian action and support the transition from emergency response to early recovery, including Support Community-Led Response (SCLR).

Coordination with external stakeholders will be ensured through active participation in national and local humanitarian coordination mechanisms, including relevant sectoral clusters and engagement with government authorities at national, state and municipal levels. DKH and its partners will maintain close collaboration with UN agencies, national and international NGOs, the Red Cross Movement, private sector actors where relevant, and ecumenical and interfaith networks to promote complementarity, avoid duplication and maximize the impact of the response. Continuous information sharing and joint planning will support an efficient, coordinated and principled humanitarian response.

HEKS/EPER

Will have overall responsibility for project implementation, including planning, procurement, financial management, logistics, monitoring, reporting, and compliance with ACT and donor requirements. Activities implemented directly by HEKS/EPER will be managed through its own operational systems and procedures.

The response builds on long-standing partnerships with local organizations, following HEKS/EPER's localization strategy based on equitable ("eye-to-eye") partnerships, joint planning, participatory decision-making, and continuous capacity strengthening. Local partners implement activities through their own organizational systems while receiving technical guidance, mentoring, monitoring, and organizational development support from HEKS/EPER. This "learning by doing" approach aims to strengthen sustainable local humanitarian leadership.

Implementation arrangements are formalized through established partnership agreements. Together with Maniapure, HEKS/EPER previously implemented a complementary OCHA-funded intervention in which HEKS/EPER rehabilitated WASH and health infrastructure while Maniapure provided primary healthcare and mental health and psychosocial support (MHPSS). Following this partnership and targeted capacity strengthening, Maniapure now independently implements OCHA-funded humanitarian projects. HEKS/EPER seeks to pursue a similar institutional strengthening

pathway with SEC while building on its existing operational capacities and extensive community presence.

As a faith-based organization, HEKS/EPER works closely with faith actors at national, regional, and community levels. Partnerships include SEC (Sociedad Ética Cultural) - the Claretian Fathers, local Caritas organizations and parishes, previous joint humanitarian interventions with Diakonie Katastrophenhilfe (DKH) under ECHO-funding, and a strategic partnership with the Lutheran World Federation (LWF). These partnerships facilitate humanitarian access, strengthen community acceptance, and ensure that assistance is locally led and culturally appropriate.

HEKS/EPER actively participates in national humanitarian coordination mechanisms, including the WASH, Food Security, and Shelter Clusters, the Venezuela INGO Forum, and relevant logistics and security working groups. The organization maintains long-standing collaboration with government institutions at national and local levels, including previous cooperation with the Ministry of Health during the COVID-19 response. Coordination with authorities, UN agencies, NGOs, faith-based networks, and affected communities will ensure complementarity, effective referral pathways, and a coordinated humanitarian response.

Project Consolidated Budget

		Appeal Total	Lutheran World Federation	Diakonie Katastrophenhilfe	HEKS-EPER
			USD	USD	USD
Direct Costs		**5.005.570**	**1.667.614**	**1.668.391**	**1.669.565**
1	**Project Staff Salaries**	**778.537**	**260.946**	**244.248**	**273.343**
2	**Project Activities**	**3.492.458**	**1.074.639**	**1.235.597**	**1.182.222**
2,1	Advocacy	-	-	-	-
2,2	Education	-	-	-	-
2,3	Food and Nutrition	218.945	113.945	-	105.000
2,4	Health	886.763	237.643	607.120	42.000
2,5	Livelihood	125.000	-	-	125.000
2,6	Multipurpose Cash	260.000	-	200.000	60.000
2,7	Protection and Psychosocial	99.645	33.000	66.645	-
2,8	Shelter and Settlement	548.667	388.667	-	160.000
2,9	WASH	1.353.438	301.384	361.832	690.222
3	**Quality and Accountability**	**96.800**	**73.300**	**9.500**	**14.000**
4	**Logistics**	**458.551**	**180.329**	**157.722**	**120.500**
5	**Assets and Equipment**	**179.224**	**78.400**	**21.324**	**79.500**
Indirect Costs		**876.783**	**293.170**	**292.393**	**291.219**
Staff Salaries		514.811	122.371	231.768	160.672
Office Operations		361.971	170.799	60.625	130.547
Total Budget		**5.882.353**	**1.960.784**	**1.960.784**	**1.960.784**
ACT Secretariat management cost SMC @ 3		176.471	58.824	58.824	58.824
External Evaluation		30.000			
Total Budget + SMC		**6.088.823**	**2.019.608**	**2.019.608**	**2.019.608**

Project Monitoring, Evaluation and Learning

An appeal -level monitoring and evaluation plan will be developed within the first month of the response, according to ACT Alliance's Humanitarian Monitoring & Evaluation mandatory guidelines, clarifying the data consolidation across all requesting members, including common indicators, deduplication of participants and reporting.

Lutheran World Federation (LWF) and local partners

Monitoring, evaluation, and learning (MEL) for this emergency response will be implemented within LWF World Service's comprehensive Planning, Monitoring, Evaluation, Reporting, and Learning (PMERL) system, which ensures that programmes are effective, accountable, evidence-based, and adaptive throughout the full project lifecycle.

At country level, a dedicated in-country M&E Officer within the LWF Colombia/Venezuela programme will be responsible for day-to-day monitoring, data collection, and reporting, with technical support and quality assurance provided by the LWF PMER Advisor based in Bogota. Together, they will ensure consistent application of LWF's organisational standards and timely, reliable data flow throughout the response. LWF Geneva will oversee report consolidation and donor communication, ensuring alignment with international humanitarian standards and donor requirements.

All output and beneficiary data will be collected and tracked through ActivityInfo, LWF's integrated digital monitoring platform, enabling real-time analysis of progress against indicators. Data will be sex- and age-disaggregated across all reporting, in line with the IASC age and gender marker.

Monitoring will combine quantitative output tracking with qualitative assessments. Post-distribution monitoring (PDM) will be conducted following each distribution cycle to verify that assistance reached intended beneficiaries, met their needs, and was delivered safely and with dignity. Field visits by LWF staff will complement PDM findings and inform adaptive management decisions throughout implementation.

Accountability to affected populations is central to the response. LWF will maintain multiple community feedback channels, including PDM surveys, community feedback sessions, and an SMS/digital complaints and feedback mechanism. Beneficiaries will be informed of available reporting channels from the outset, and all feedback and complaints will be tracked, acknowledged, and responded to in a timely manner in line with LWF's complaints handling procedures and CHS commitments.

Reporting will consist of regular Situation Reports during the acute phase, an Interim Report, a Final Report, and PDM findings shared with donors and coordination forums as appropriate. Results will be tracked against the project's logical framework and fed into LWF's Country Results Framework, contributing to collective outcome measurement across the Colombia/Venezuela program.

Learning generated through this response, including lessons from monitoring findings, PDM results, and community feedback, will be documented and shared through LWF's internal learning mechanisms.

Finally, the system will rely on robust financial and administrative mechanisms, including expenditure verification and an independent annual audit, ensuring the transparency and reliability of reports submitted to partners and donors. This integrated PME system will enable effective project management and ensure that the affected populations in Venezuela benefit from quality and life-saving support.

DKH and Local partners will implement a Monitoring, Evaluation, Accountability and Learning system to ensure effective implementation, accountability, adaptive management and continuous learning throughout the response. Monitoring will be conducted jointly by the DKH Regional Office, DKH field team and implementing partners. Beneficiaries will contribute through feedback and complaints mechanisms, satisfaction surveys, focus group discussions and community meetings.

Each implementing partner will assign MEAL and Finance focal points to monitor activities, outputs, outcomes and budget execution. Performance will be tracked monthly against the logical framework using standardized tools (Excel, KoboToolbox and ActivityInfo), distribution records, attendance lists, supervision visits and post-distribution monitoring. Data will be regularly consolidated to assess progress, ensure data quality and support timely decision-making.

DKH regional and field teams will provide technical oversight through field visits and remote support, reviewing implementation quality, contextual changes and operational challenges. Where access is constrained, monitoring will rely on local partners, community focal points, digital reporting and virtual coordination. Lessons learned and good practices will be captured through regular review meetings and monitoring exercises to improve implementation. Findings will be shared with ACT Alliance members and humanitarian coordination platforms. Periodic financial reviews and, where applicable, independent audits will ensure accountability, transparency and compliance.

HEKS/EPER will implement a comprehensive Monitoring, Evaluation, Accountability and Learning approach throughout the project to ensure the quality, effectiveness, and accountability of the response. Regular field monitoring, joint supervision with local partners, and routine progress reviews will assess implementation against planned results and enable timely adaptation to evolving humanitarian needs. Monitoring will be conducted in accordance with humanitarian standards, including Sphere and the Core Humanitarian Standard (CHS), and will integrate age, sex, and disability-disaggregated data (SADD) to support inclusive programming. Affected communities will be actively involved throughout the project cycle through participatory monitoring, regular consultations, and accessible complaints and feedback mechanisms, ensuring that community perspectives inform project adjustments and decision-making. Continuous learning and coordination with partners and humanitarian actors will support evidence-based implementation and strengthen the overall quality and impact of the response.

Safety and Security plans

List of key risks to be assessed: Politicization of humanitarian assistance, aftershocks, looting of aid, psychological affection for staff, especially local staff who has to cope with affected families and friends, restricted information flow, civil unrest and social tension, PSEA incidents involving humanitarian staff, supply chain disruptions, fuel shortages and transportation constraints , fraud, corruption or aid diversion , public health.

Lutheran World Federation (LWF) and local partners: Effective security risk management is essential to protect personnel and sustain operations in high-risk contexts such as Venezuela. High levels of crime, weak rule of law, and the presence of armed groups, compounded by the impacts of the earthquakes, are further increasing threats to humanitarian actors including LWF and its partners on the ground.
Organized criminal groups, including community-based gangs (bandas) and pro-government armed collectives (colectivos), exercise territorial control across urban and peri-urban areas of Caracas, Carabobo, and Aragua, where LWF plans to operate. Weak rules of law and reported collusion between security forces and criminal actors further compound these risks.

The response is expected to face significant security challenges, including looting, the targeting of high-value humanitarian assets and heightened competition among armed groups in a context of limited state control. Dedicated support is therefore essential to uphold LWF's duty of care and ensure implementation by resilient, well-supported staff equipped to operate in high-risk environments.

In addition, LWF's planned response includes high-value commodities such as food, non-food items (NFIs), shelter kits, and potentially cash-based assistance. Robust security risk management is essential to ensure their safe and effective delivery. Continuous field-based security risk assessments, strong community engagement to ensure acceptance, reinforced warehouse and transport security measures, and careful distribution planning to manage crowds and reduce exposure are therefore critical. Clear staff safety and incident management protocols must be maintained throughout the response.

To implement these measures effectively, dedicated safety and security resources, close coordination with partners and relevant security actors on the ground, and continuous, adaptable security approaches are required. Adequate budget to enhance the necessary security capacity, along with personal and ongoing support to staff, is therefore essential.

DKH and Local partners: The security context is primarily shaped by the impact of the earthquake, including damaged infrastructure, disrupted services, restricted access, population movements and potential aftershocks. Frontline staff may also face risks related to road conditions, fatigue, stress, exposure to communicable diseases, and tensions associated with the distribution of humanitarian assistance.

DKH and its local partners will apply a Duty of Care approach through regular security risk assessments, security briefings, staff well-being measures, clear communication protocols and adherence to organizational security procedures. Field movements will be coordinated with local authorities and humanitarian partners, and security conditions will be continuously monitored to adapt operational plans when necessary. Where access is constrained, remote monitoring and community focal points will complement field supervision.

The project will apply a Do No Harm approach by conducting transparent beneficiary selection processes, engaging communities throughout implementation, ensuring accessible feedback and complaints mechanisms, and integrating protection, safeguarding, gender and inclusion across all activities. Distributions and service delivery will be organized to minimize protection risks, overcrowding and social tensions.

Implementing partners have experienced personnel and established security procedures. Additional support may include refresher training on personal security, humanitarian access, safeguarding, psychological first aid for staff, and stress management, as well as reliable communications equipment and transportation arrangements to ensure safe access to affected communities. Security risks and mitigation measures will be reviewed regularly throughout implementation in coordination with the ACT Alliance and relevant humanitarian coordination mechanisms.

HEKS/EPER: The response will be implemented in a complex and evolving operational environment. Key risks include the politicization of humanitarian assistance, aftershocks, civil unrest, restricted information flow, supply chain disruptions, fuel shortages, looting of aid, fraud or aid diversion, public health risks, PSEA incidents, and psychological stress affecting humanitarian staff.

HEKS/EPER will mitigate these risks through its established security management system, Standard Operating Procedures (SOPs), and experienced national and international staff, who have a strong operational track record and low security incident rate in Venezuela. Risk monitoring, security

briefings, close coordination with authorities and humanitarian actors, secure logistics and procurement procedures, staff welfare measures, PSEA safeguards, and flexible operational planning will ensure that activities are implemented safely while upholding the principles of Duty of Care and Do No Harm.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use ACT's Code of Conduct.

xYes ☐ No

As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

Code of Conduct

ACT Alliance members and implementing partners are committed to ensuring that all humanitarian assistance is delivered in accordance with the humanitarian principles of humanity, neutrality, impartiality, and independence, as well as the ACT Alliance Code of Conduct, the Core Humanitarian Standard (CHS), and organizational policies on Safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), child protection, accountability, anti-fraud, and conflict-sensitive programming. All staff, consultants, volunteers, and partner personnel involved in the response are required to sign and adhere to their respective Codes of Conduct prior to engagement in project activities and participate in mandatory induction and training on safeguarding, ethical behaviour, accountability, and protection standards. Compliance with these commitments forms part of staff onboarding, partnership agreements, supervision processes, and ongoing monitoring throughout the project.

Specific measures will be implemented to ensure that these standards are integrated into all aspects of the response. These include mandatory safeguarding and Code of Conduct briefings, and signature of all staff members, safe recruitment practices, regular supervision and field monitoring, partner oversight mechanisms, and the integration of safeguarding responsibilities into job descriptions and partnership agreements. Particular attention will be paid to preventing sexual exploitation and abuse, discrimination, abuse of power, corruption, fraud, and all forms of misconduct, while promoting gender-responsive, disability-inclusive, and protection-sensitive programming. Assistance will be delivered based on identified needs and in a manner that upholds the dignity, rights, and safety of affected populations, ensuring equitable access for women, men, girls, boys, older persons, persons with disabilities, and other groups with specific vulnerabilities.

All consortium members and implementing partners maintain established procedures for receiving, reporting, investigating, documenting, and managing allegations of misconduct, safeguarding violations, fraud, and abuse. Accessible, confidential, and survivor-centred complaints and feedback mechanisms will be available to affected communities, staff, volunteers, and partners through multiple reporting channels adapted to the local context. All reports will be handled in accordance with established organizational policies, ensuring confidentiality, protection from retaliation, timely investigation, appropriate follow-up, and referral to relevant services where required. Serious cases will be immediately referred through organizational safeguarding procedures and managed in accordance with ACT Alliance commitments and applicable national frameworks. Confirmed violations may result in disciplinary measures, termination of employment or partnership

agreements, referral to competent authorities where appropriate, and the implementation of corrective actions to prevent recurrence.

Affected communities will be informed about their rights, available assistance, expected behaviour of humanitarian personnel, and the different channels available for providing feedback or reporting concerns. Information on the Code of Conduct, safeguarding commitments, and complaints mechanisms will be communicated through community meetings, outreach activities, faith-based and community networks, distribution sites, help desks, printed information materials, posters, information sessions, and other accessible communication channels. Information will be provided in culturally appropriate and accessible formats to ensure that women, men, girls, boys, older persons, and persons with disabilities can safely raise concerns without fear of retaliation. By promoting transparency, accountability, and meaningful participation throughout the project cycle, the consortium seeks to strengthen trust with affected communities, improve programme quality, and ensure that humanitarian action remains people-centred and responsive to evolving needs.

Safeguarding

ACT Alliance members and implementing partners are committed to maintaining a safe, inclusive, and protective environment for all affected populations by implementing a robust safeguarding framework throughout the response. Safeguarding considerations will be integrated across the entire project cycle, including assessments, targeting, service delivery, monitoring, staffing, partnerships, and community engagement activities. Particular emphasis will be placed on Child Safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), protection principles, gender sensitivity, disability inclusion, and Accountability to Affected Populations (AAP). All staff, volunteers, consultants, contractors, and partner personnel engaged in the response will be required to sign and comply with applicable safeguarding policies and Codes of Conduct and participate in mandatory safeguarding, child protection, and PSEAH training before deployment and throughout implementation as part of refresher and capacity-strengthening processes. Safeguarding responsibilities will be embedded within job descriptions, operational procedures, and partnership agreements to ensure accountability at all levels.

The response will operationalize these commitments through safe recruitment and screening procedures, safeguarding risk assessments, regular field supervision, partner oversight, and continuous monitoring of project activities. Staff and volunteers will be trained to recognize safeguarding risks, identify protection concerns, and make appropriate referrals through established pathways. All interventions will apply age-, gender-, and disability-inclusive approaches to ensure that women, children, older persons, persons with disabilities, and other groups facing heightened vulnerability can access assistance safely, equitably, and with dignity. Community engagement activities and service delivery mechanisms will be designed to be child-friendly, culturally appropriate, and responsive to the specific risks and barriers faced by different population groups.

Accessible, confidential, and survivor-centred complaints and feedback mechanisms will be available for affected communities, staff, volunteers, and partners. Multiple reporting channels will be established and regularly communicated through community meetings, outreach activities, information materials, help desks, faith-based and community networks, and other appropriate communication channels. Communities will be informed about safeguarding standards, expected staff behaviour, their rights when receiving assistance, and the available procedures for reporting concerns, misconduct, abuse, exploitation, fraud, corruption, or safeguarding incidents. These mechanisms will be designed to ensure confidentiality, accessibility, non-retaliation, and the

meaningful participation of affected populations in promoting accountability and protection throughout the response.

In the event of a safeguarding incident, established organizational procedures will be activated in accordance with ACT Alliance commitments and international safeguarding standards. All allegations will be managed by safeguarding focal points of each member, through confidential reporting mechanisms and survivor-centred approaches that prioritize the safety, dignity, well-being, and informed consent of affected individuals. Immediate measures will be taken to mitigate risks and ensure access to appropriate protection, psychosocial, health, legal, or other specialized services through existing referral pathways where available. Safeguarding focal points and designated organizational structures will oversee case management processes and ensure that incidents are handled impartially, confidentially, and without retaliation against complainants or witnesses. Serious allegations involving sexual exploitation, abuse, harassment, child protection violations, fraud, corruption, or other forms of misconduct will be investigated in accordance with organizational policies and, where appropriate, referred to relevant authorities and ACT Alliance reporting mechanisms. Confirmed violations may result in disciplinary measures, contract termination, partnership suspension, referral to competent authorities, and corrective actions aimed at preventing recurrence and strengthening safeguarding systems.

Continuous learning, monitoring, and capacity strengthening will be undertaken throughout the project to reinforce a culture of accountability, safeguarding, and protection. Through regular supervision, refresher trainings, partner accompaniment, community engagement, and adaptive risk management, the project seeks to ensure that humanitarian assistance is delivered safely, ethically, and with respect for the dignity and rights of all affected populations, while strengthening community trust and accountability across the response

Conflict sensitivity / do no harm

ACT Alliance members and implementing partners recognize that humanitarian interventions, even when designed to save lives and alleviate suffering, may generate unintended negative consequences if risks are not adequately identified, monitored, and managed. In the context of Venezuela, where communities face pre-existing socio-economic vulnerabilities, limited access to basic services, political sensitivities, displacement, and unequal access to resources, the response will be guided by the principles of Do No Harm, conflict sensitivity, humanity, neutrality, impartiality, independence, and accountability to affected populations. Particular attention will be given to ensuring that assistance does not exacerbate existing tensions between displaced and host communities, create perceptions of exclusion or favoritism, reinforce inequalities, contribute to aid diversion, or expose vulnerable populations to additional protection risks.

A conflict-sensitive and context-informed approach will be applied throughout the project cycle. Needs assessments, beneficiary identification, targeting methodologies, and assistance modalities will be based on transparent vulnerability criteria and communicated clearly to affected populations to minimize tensions and misunderstandings. Community representatives, local authorities, faith-based actors, civil society organizations, and affected populations will be regularly consulted to inform decision-making, identify emerging risks, and adapt interventions as circumstances evolve. Programming will remain flexible and responsive to changing operational conditions, drawing on continuous context analysis, community feedback, lessons learned, and coordination with humanitarian partners operating in the affected areas.

The response will integrate strong accountability, protection, safeguarding, gender, and inclusion measures across all sectors to ensure equitable access to assistance for women, men, girls, boys, older persons, persons with disabilities, and other groups facing heightened vulnerabilities following the earthquake. Communities will be informed about project objectives, selection criteria, available services, entitlements, and complaints mechanisms through accessible and culturally appropriate communication channels. Community feedback and complaints mechanisms will enable affected populations to raise concerns, report potential risks, identify exclusion errors, and contribute to programme improvements, ensuring that assistance remains fair, transparent, and responsive to local priorities.

To reduce the risk of dependency and strengthen local resilience, the project will prioritize local procurement whenever feasible, build on existing community capacities, strengthen local partners and community structures, and promote community participation in planning and implementation processes. Emergency assistance will be linked to recovery and resilience-building efforts through a Linking Relief, Rehabilitation and Development (LRRD) approach, supporting the restoration of essential services, strengthening local ownership, and enabling affected communities to progressively recover from the impacts of the earthquake. Coordination with local authorities, humanitarian actors, faith-based organizations, and community-based groups will help avoid duplication, promote complementarity, and reduce tensions related to aid distribution and resource allocation.

Regular context monitoring and risk analysis will be conducted throughout implementation to identify and address emerging concerns related to humanitarian access, social cohesion, misinformation, security incidents, aid diversion, exclusion, protection risks, and unequal access to assistance. Monitoring systems will assess not only programme results but also potential unintended impacts on communities and local dynamics. Where risks are identified, implementation strategies will be adapted in consultation with affected populations, partners, and relevant stakeholders to ensure that assistance remains safe, impartial, conflict-sensitive, and responsive to evolving needs. By combining transparent targeting, community participation, accountability mechanisms, safeguarding standards, context analysis, and strong coordination, the project seeks to ensure that humanitarian assistance contributes to recovery, social cohesion, resilience, and community well-being while minimizing any risk of causing harm or aggravating existing vulnerabilities

Complaints mechanism and feedback

ACT Alliance members and implementing partners are committed to ensuring meaningful Accountability to Affected Populations (AAP) throughout the project cycle, in line with the Core Humanitarian Standard (CHS), Sphere Standards, and organizational accountability commitments. Affected communities, local stakeholders, and partner organizations will be actively engaged from the initial assessment phase through implementation, monitoring, evaluation, and project closure. Communities will be informed about project objectives, targeting criteria, available services, staff expected behaviour, entitlements, and their right to provide feedback, raise concerns, submit complaints, or report misconduct. Particular attention will be given to ensuring that women, children, older persons, persons with disabilities, and other vulnerable groups can safely access information and participate in decision-making processes without fear of retaliation or exclusion.

The project will establish accessible, safe, inclusive, and culturally appropriate feedback and complaints mechanisms designed to accommodate different communication preferences and

accessibility needs. Multiple channels will be available, including community meetings, focus group discussions, community feedback sessions, help desks during distributions and service delivery activities, suggestion and complaints boxes in strategic locations, telephone and WhatsApp channels, email and digital platforms where appropriate, direct communication with designated community focal points, and confidential safeguarding reporting mechanisms. Information about these channels will be disseminated regularly through community outreach activities, local leaders, faith-based organizations, health facilities, partner networks, information materials, and other community engagement platforms. Feedback mechanisms will allow both anonymous and identified submissions according to the preferences and safety considerations of the complainant.

Communities will play an active role in the accountability system through regular consultations, participatory assessments, satisfaction surveys, post-distribution monitoring (PDM), focus group discussions, monitoring visits, and community feedback sessions. Feedback received from affected populations will be systematically documented, reviewed, analysed, and used to improve programme quality, strengthen accountability, and inform adaptive management throughout implementation. Continuous dialogue with communities will help identify emerging needs, operational challenges, exclusion risks, and opportunities for improvement, ensuring that project activities remain responsive, relevant, and context-appropriate.

Dedicated staff and focal points will be responsible for managing feedback and complaints and ensuring timely follow-up in accordance with established procedures and response timelines. All feedback and complaints will be acknowledged, assessed, and addressed according to their nature and level of risk. Special procedures will apply to sensitive complaints related to safeguarding, PSEAH, child protection, fraud, corruption, discrimination, abuse of power, or staff misconduct, ensuring confidentiality, survivor-centred approaches, and referral to appropriate organizational mechanisms and specialized services where required. Allegations involving safeguarding violations, fraud, corruption, or other serious misconduct will be managed through confidential reporting channels and investigated in accordance with established organizational policies and ACT Alliance commitments.

Transparency and communication with affected populations will be maintained throughout the response. Communities will be regularly informed about actions taken in response to feedback through community meetings, outreach activities, information boards, community representatives, and direct communication where appropriate. By maintaining accessible feedback mechanisms, promoting community participation, and ensuring that concerns are addressed in a timely and transparent manner, the project seeks to strengthen trust, improve programme quality, reinforce accountability, and ensure that the perspectives and priorities of affected populations continuously shape humanitarian decision-making and response efforts.

Communication and visibility

ACT Alliance members and implementing partners are committed to ensuring the appropriate visibility and recognition of ACT Alliance, local partners, and donor contributions throughout the implementation of the project, in accordance with ACT Alliance communication and branding policies, donor visibility requirements, humanitarian principles, and operational security considerations. Visibility measures will be implemented in a manner that promotes transparency, accountability, and public awareness while ensuring that humanitarian access, staff safety, community acceptance, and the dignity of affected populations are not compromised. All

communication and visibility activities will be adapted to the operational context and guided by the principles of Do No Harm, protection, safeguarding, and conflict sensitivity.

ACT Alliance branding, donor acknowledgements, and approved visibility materials will be displayed, where appropriate and safe, across project activities and outreach efforts. This may include staff and volunteer visibility items such as vests and identification materials, banners, information boards, distribution sites, mobile service units, rehabilitation works, community facilities, project signage, information products, and other communication materials produced during the response. Visibility requirements will be communicated to all implementing partners and integrated into project implementation processes to ensure consistency with agreed branding standards and donor requirements.

The project will contribute to broader communication and advocacy efforts through coordinated engagement with ACT Alliance members, local partners, and ACT Alliance communication platforms. Project achievements, situation updates, lessons learned, good practices, humanitarian needs, and response outcomes will be documented and shared through donor reports, coordination platforms, institutional websites, newsletters, social media channels, media engagement, and other communication products as appropriate. These efforts will help demonstrate the impact of donor support, raise awareness of humanitarian needs and recovery efforts, and strengthen accountability to affected populations, donors, partners, and the wider public.

Communication materials will be developed in accordance with safeguarding, data protection, and ethical communication standards. Human-interest stories, photographs, videos, testimonies, and case studies will only be collected and used with prior informed consent and in a manner that respects the dignity, privacy, safety, and rights of affected individuals. Particular care will be taken when communicating about children, survivors of violence, and other vulnerable groups. All external communication products will be reviewed to ensure compliance with organizational policies, donor requirements, and safeguarding commitments before publication or dissemination.

Regular documentation of project implementation and achievements will be maintained throughout the response to support learning, visibility, reporting, and accountability processes. Communication activities will highlight the collective contribution of ACT Alliance members, local organizations, faith-based networks, community volunteers, and donors in supporting earthquake-affected populations. Where visibility activities could create protection, access, acceptance, or security risks, communication approaches will be adapted accordingly to preserve humanitarian space and ensure that the response remains safe, impartial, and community-centred. Through responsible, transparent, and dignified communication, the project seeks to strengthen public awareness, demonstrate accountability, and showcase the collective humanitarian effort supporting affected communities throughout the recovery process

	Lutheran World Federation	Diakonie Katastrophenhilfe	HEKS/EPER
Start Date	27 June 2026	27 June 2026	27 June 2026
End Date	30 June 2027	30 June 2027	30 June 2027
Project Period	12 months	12 months	12 months
Response Locations	Capital District, Miranda, Vargas, Delta Amacuro, Sucre, Carabobo	La Guaira, Miranda, Distrito Capital and Maracay	La Guaira, Miranda, Distrito Capital and rural areas.
Sectors of response	☒ Public Health ☒ Community Engagement ☐ Preparedness and Prevention ☒ WASH ☐ Livelihood ☐ Education ☒ Shelter and household items ☒ Food Security ☒ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy	☒ Public Health ☒ Community Engagement ☐ Preparedness and Prevention ☒ WASH ☒ Livelihood ☐ Education ☐ Shelter and household items ☐ Food Security ☒ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy	☒ Public Health ☒ Community Engagement ☐ Preparedness and Prevention ☒ WASH ☒ Livelihood ☐ Education ☒ Shelter and household items ☒ Food Security ☒ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy
Targeted Recipients (per sector)	Shelter: 2300 people WASH: 4864people Protection: 2800 people MHPSS: 2176 people NFI: 3068 people Health: 1800 people Food Security: 3068 people 4,780 families with an average of 4.2 people per family. The total number of Direct Beneficiaries would be 4,780 household heads	WASH: 2.813 people HEALTH & MHPSS: 8.863 people in health. and 2.306 people in MHPSS BASIC NEEDS(LIVELIHOODS): 1.667 people in SCLR	WASH: 5.000 people HEALTH: 10.000 people (Mobile clinic and MPHSS) FOOD: 8.000 by hot meals distribution. LIVELIHOODS: 100 (seed capital + CVA+ Vocational Training) INFRASTRUCTURE: 30.000 people (re-adequation).
Requested budget (USD)	**USD 2.019.608**	**USD 2.019.608**	**USD 2.019.608**