Rapid Assessment Report: Venezuela

Assessment findings on the operational status of health services and urgent humanitarian needs following the earthquakes in Venezuela.

June 2026

Venezuela's June 24, 2026, twin earthquakes — a Mw 7.2 foreshock followed 39 seconds later by a Mw 7.5 mainshock, the strongest seismic event in the country in over a century — have generated a catastrophic humanitarian emergency compounded by years of pre-existing structural crisis. The epicenter struck north-central Venezuela (Yaracuy state), producing severe shaking across La Guaira, Distrito Capital (Caracas), Miranda, Aragua, Carabobo, and Falcón. La Guaira sustained the most concentrated casualties, and search and rescue operations are ongoing.

As of June 29, 2026, official reports confirm over 1,719 deaths, more than 5,000 injuries, and tens of thousands displaced and missing. The United Nations' Office for the Coordination of Humanitarian Affairs (OCHA) and International Organization for Migration (IOM) estimate up to 6.8 million people are affected; UNICEF notes that approximately 3.9 million children reside in the impact zone. At least two hospitals — one in Caracas and one in La Guaira — have collapsed. Improvised clinical wards in hospital hallways, courtyards, and streets are treating acute trauma cases amidst critical shortages of IV solutions, anesthetics, antibiotics, and oxygen.

Preexisting Humanitarian Vulnerabilities

These acute shocks have struck a population already living through a protracted, complex humanitarian crisis. According to estimates by OCHA (Global Humanitarian Overview 2026), before the seismic emergency, approximately 7.9 million people in the country already required humanitarian assistance. 56% of the population lived in extreme poverty; 94% of households were unable to cover essential goods and services. Venezuela's health system was in a state of chronic near-collapse, hospitals faced endemic shortages of medicines and consumables, and the emigration of an estimated 22,000+ physicians since 2015 had left the system structurally understaffed. WASH infrastructure was similarly degraded across Caracas and its surrounding states. Venezuela's 2025 humanitarian response plan was funded at only 17%, the second lowest globally, meaning the humanitarian system entered this earthquake response with severely depleted capacity.

Methodology and Assessment Locations

Given the limited availability of reliable and up-to-date information on the impact of the earthquake on health services during the first hours of the emergency, Project HOPE deployed a **Rapid Needs Assessment** to generate evidence that could support timely and targeted humanitarian response actions.

Project HOPE team conducting a rapid assessment at the Dr. José Maria Vargas General Hospital in La Guaira

The assessment was designed to provide operational information in a context characterized by seismic aftershocks, damage to health infrastructure, disruptions to essential services, and increased demand for healthcare. As a result, the assessment prioritized the operational utility of the information over statistical representativeness.

The findings are intended for health authorities, national and international humanitarian actors, and donors to support decision-making and response planning during the initial phase of the emergency.

Assessment Objectives

The Rapid Needs Assessment aimed to generate timely and actionable information on the impact of the earthquake on health services, health infrastructure, healthcare personnel, and the availability of essential medicines and medical supplies.

The assessment focused on analyzing the operational status of health facilities, the availability of critical supplies and equipment, the functioning of water, sanitation, and hygiene (WASH) systems, and the well-being of healthcare workers.

The study was conducted in health facilities located in La Guaira, Miranda, and Distrito Capital, the areas reporting some of the highest levels of impact following the earthquake, and where significant disruptions to health service delivery were reported.

In this context, the specific objectives of the assessment were:

- Assess the operational capacity of health facilities in the face of increased demand and earthquake-related disruptions.
- Analyze the availability of essential medicines, medical supplies, and equipment.
- Assess the continuity and response capacity of priority health services.
- Examine staff availability and barriers affecting access to the workplace.
- Analyze the status of water, electricity, sanitation, telecommunications, and waste management systems within health facilities.
- Identify mental health and psychosocial support needs among healthcare personnel.

- Generate evidence to identify priority gaps and response needs within the health sector.

Methodology

The assessment employed a rapid and flexible methodology suitable for emergency settings where access constraints, infrastructure damage, and evolving security conditions may affect information collection. The objective was to rapidly generate actionable information to guide humanitarian decision-making while ensuring the safety of assessment teams.

The assessment was conducted between June 25th and 26th, 2026, within the first 48 hours following the earthquake.

A multidisciplinary assessment team composed of health, WASH team specializing in earthquakes and infrastructure, and MEAL personnel conducted visits to selected health facilities using two primary methods: key informant interviews and direct observation. Interviews were conducted with facility directors, administrative staff, and healthcare personnel to assess service functionality, staffing, availability of medicines and medical supplies, infrastructure conditions, and the status of essential systems, including water, electricity, sanitation, telecommunications, and waste management.

The assessment tool was organized around the following areas:

- Functionality and operational capacity of health services.
- Availability of medicines, medical supplies, and essential equipment.
- Status of water, sanitation, hygiene, electricity, and telecommunications systems.
- Infrastructure conditions and earthquake-related damage.
- Mental health and psychosocial well-being of healthcare workers.
- Emergency preparedness and response capacity.
- Impact on the communities served by the assessed facilities.

Information was collected using the Kobo digital platform, allowing both offline data collection and near real-time analysis by Project HOPE's MEAL team. To ensure data quality, submitted forms were reviewed daily, and findings were verified with field teams before final analysis.

Assessment Locations

A total of 16 healthcare facilities were assessed across the states of La Guaira, Miranda, and Distrito Capital.

In Miranda and Distrito Capital, assessments primarily focused on facilities where Project HOPE maintains existing partnerships or has previously implemented primary healthcare interventions. This facilitated rapid access and information collection during the early stages of the emergency. In La Guaira, where Project HOPE does not maintain ongoing health programming, assessments were conducted in all facilities that could be safely accessed during data collection.

The sample included hospitals, Comprehensive Diagnostic Centers (CDIs), community health clinics, and outpatient facilities.

Dr. José Maria Vargas General Hospital's emergency area

Facilities with Existing Project HOPE Partnerships or Previous Interventions:

Miranda

- CPT III Jesús Reggeti
- CPT II Francisco Perozo
- CPT III Dr. José María Vargas

- CPE Chacao
- Hospital Domingo Luciani

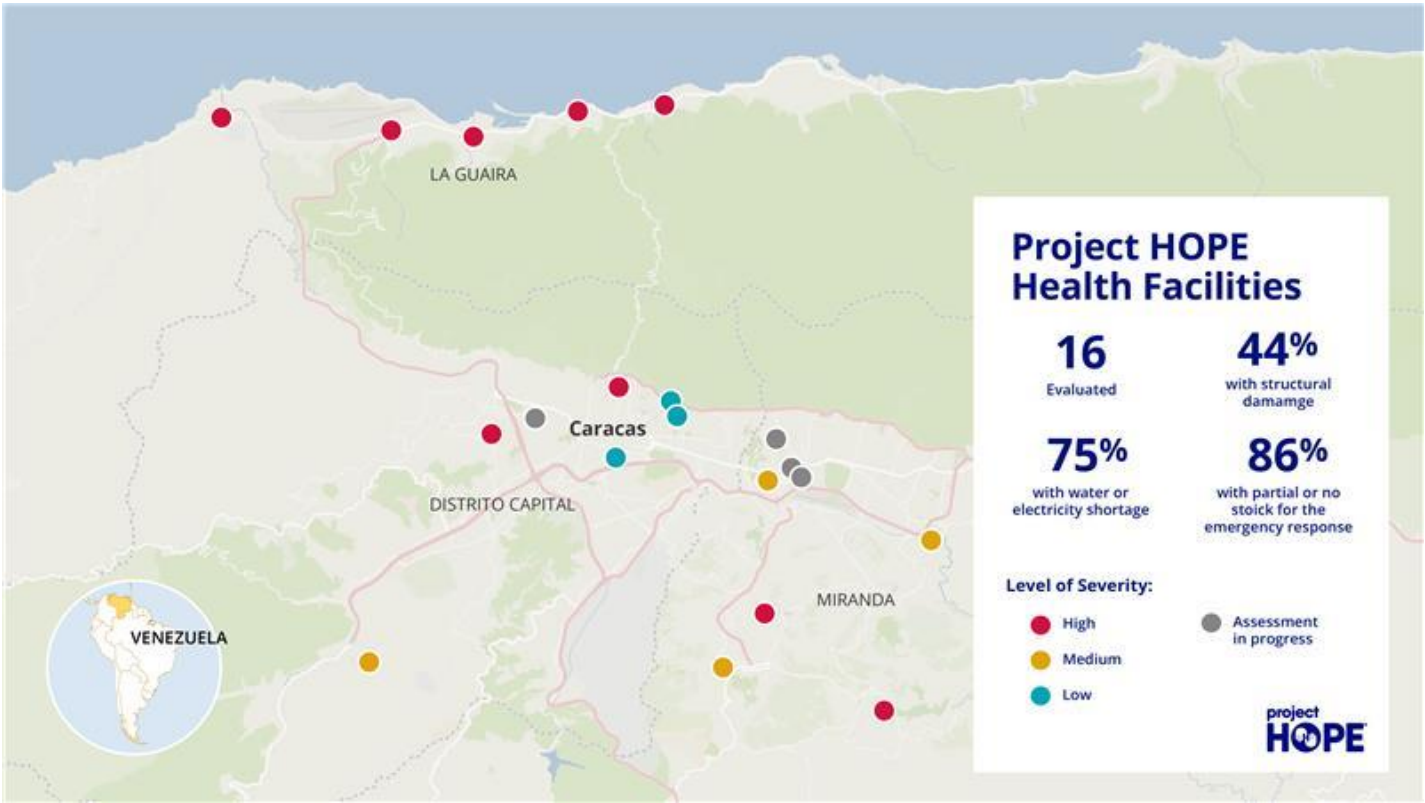
Distrito Capital

- CLINP II Br. Eutimio Rivas
- CPT II Pastor Oropeza
- CPT I Cotiza
- CPT III Luis Cardozo
- CLINP I Dr. Pedro Iturbe
- CLINP II Dr. Pastor Oropeza

La Guaira

- CPE La Guaira
- Hospital regional general Dr. José María Vargas
- Hospital Naval Dr. Raúl Perdomo Hurtado,
- Hospital Dr. Rafael Medina Jiménez
- Hospital Materno Infantil Ana Teresa Jesús Ponce

Figure 1: Map of Assessed Healthcare Facilities and Communities



Population Context

The earthquake that struck Venezuela on 24 June 2026 affected some of the country's most densely populated urban areas, including Distrito Capital, Miranda, and La Guaira, causing widespread damage to housing, public infrastructure, and essential services. Preliminary estimates from the International Organization for Migration (IOM) indicate that up to 6.76 million people may have been affected by the disaster, including approximately 2 million people in Caracas alone, highlighting the scale of the humanitarian impact while assessments continue.

According to the United Nations Development Programme (UNDP), approximately 8.6 million people were exposed to moderate or stronger ground shaking across northern Venezuela, including 2.1 million people exposed to more intense shaking. The same assessment estimated that nearly 1.7 million structures were located within the affected areas, underscoring the extent of potential damage to homes, public facilities, and critical infrastructure. The economic consequences of the disaster are substantial. Preliminary satellite-based assessments conducted by UNDP estimate direct physical damage at approximately USD 6.7 billion, equivalent to around 6% of the country's Gross Domestic Product. These losses include damage to housing, productive assets, and infrastructure that supports the delivery of essential services, including healthcare.

The impact on children is particularly concerning. UNICEF estimates that 1.8 million people require humanitarian assistance as a result of the earthquakes, including approximately 680,000 children. Hospitals in Caracas and several affected states have reportedly sustained significant damage, affecting access to healthcare for children and pregnant women. In Distrito Capital alone, preliminary assessments identified damage to 432 schools, representing more than one-third of the district's educational facilities.

The healthcare facilities assessed by Project HOPE are located within municipalities that collectively serve an estimated population of more than 3.8 million people. These communities already faced challenges related to access to healthcare, water, sanitation, and other essential services before the earthquake, and these vulnerabilities have been exacerbated by disruptions caused by the disaster.

Historical service utilization data from healthcare facilities in Distrito Capital, Miranda, and La Guaira indicate that more than 494,000 medical consultations were provided between 2021 and 2026. Women accounted for approximately 63% of consultations, while men accounted for 37%. The age groups with the highest utilization of health services were adults aged 19–49 years and adults aged 60 years and older. These patterns indicate a significant dependence on primary healthcare services among adult and older populations.

The epidemiological profile of the assessed areas is characterized by a substantial burden of non-communicable diseases. Historical consultation data show that non-communicable diseases account for more than half of all consultations, highlighting the importance of continuity of care for patients requiring regular medical follow-up and uninterrupted access to medications for hypertension, diabetes, cardiovascular diseases, asthma, and chronic kidney disease.

During the assessment, health personnel reported concerns regarding increased demand for healthcare services related to trauma injuries, minor injuries, hypertensive crises, and psychological distress associated with the earthquake and its aftershocks. Several facilities also expressed concern about maintaining continuity of care for patients living with chronic conditions due to disruptions in access to medicines, transportation constraints, and damage to health infrastructure.

Population groups facing heightened vulnerability include pregnant and lactating women, children and adolescents, older persons, persons with disabilities, and individuals living with chronic health conditions. These groups are disproportionately affected by disruptions to healthcare services, reduced mobility, temporary displacement, deteriorating living conditions, and limited access to safe water and sanitation.

Although the assessment did not include direct household-level data collection, interviews with health personnel and field observations indicated damage to housing, community infrastructure, and access routes within the catchment areas of the assessed facilities. Respondents also reported elevated levels of stress and uncertainty among affected populations driven by material losses, fear of additional aftershocks, and challenges in restoring normal living conditions.

In this context, restoring the functionality of health services, replenishing essential medicines and medical supplies, ensuring continuity of care for vulnerable populations, and supporting access to basic services remain critical priorities for the humanitarian response during the initial phase of the emergency.

Limitations

The findings of this assessment are not statistically representative of all health facilities affected by the earthquake. The assessment was designed as a rapid operational exercise, focusing on facilities located in the most affected areas and those accessible to assessment teams during the first days of the emergency.

Ruins of a building in La Guaira. Photo: Ernesto Costante

The assessment reflects conditions observed within the first 48 hours following the earthquake. Given the continued occurrence of seismic aftershocks, structural damage, service disruptions, and operational constraints may evolve. Consequently, the conditions and needs identified during the assessment may change as the situation develops and additional impacts emerge.

Due to the widespread impact of the earthquake and the priority placed on rapidly assessing the functionality of health facilities, the assessment did not include a dedicated household- or community-level data collection component. Information regarding community impacts was therefore obtained indirectly through health facility personnel, key informant interviews, secondary sources, and observations conducted during field visits. As a result, findings related to community-level effects should be interpreted as indicative rather than representative of the broader affected population.

Nevertheless, the information collected provides a relevant and timely overview of health service functionality, infrastructure conditions, and priority needs in the assessed areas, contributing to evidence-based planning and prioritization of immediate humanitarian response actions.

Findings

Health Services

Operation of Healthcare Facilities

The assessment of 16 health facilities across La Guaira, Distrito Capital, and Miranda reveals a system that remains partially functional but is operating under severe structural and operational strain. Structural damage is widespread and directly affects service delivery. Approximately 43% of facilities reported damage to structural elements such as beams and columns, while half reported additional deterioration in roofs, walls, or flooring. This indicates that even operational facilities are working in compromised physical conditions. In several locations, damage is significant enough to raise concerns about the safety of patients and staff, including the separation of structural elements and visible risks of collapse.

Despite these limitations, the majority of facilities remain open; however, operational continuity masks a substantial reduction in service scope: 69% of facilities have suspended outpatient and administrative activities, focusing almost exclusively on emergency and trauma care. This shift toward lifesaving services reflects both the surge in demand and the constraints placed on infrastructure and resources.

Access to health services is constrained not only by the condition of facilities but also by external logistical challenges. While only a minority of facilities reported completely blocked access routes, damage to infrastructure and surrounding transport systems continues to limit patient mobility to 94% of the assessed health facilities. Referral systems are particularly affected due to limited ambulance availability and travel restrictions between facilities.

At the same time, all assessed facilities report a marked increase in patient demand following the earthquake. Facilities

describe a surge in trauma cases, as well as an increase in acute conditions such as hypertensive crises, respiratory complications, and stress-related disorders. In several instances, facilities indicated that they were unable to attend to all patients due to limited capacity, suggesting the presence of significant unmet health needs across affected areas.

83 deaths were reported at four health centers assessed in La Guaira during the initial phase of the emergency. Since these figures reflect only the information available at the time of the assessment and do not represent a comprehensive mortality surveillance system, the actual number of deaths could be higher. Nevertheless, the findings highlight the severe human impact of the earthquake in the affected areas and the ongoing need for emergency medical care, referral services, psychosocial support, and humanitarian assistance.

Emergency Care Capacity

Emergency service availability varies across assessed facilities. Around 38% reported emergency areas as non-functional, reporting that they deliver emergency care at community spaces near the facility. This uneven capacity significantly limits the overall response capability.

The assessed health facilities collectively serve catchment populations exceeding 3.8 million people. However, only 75 beds or stretcher spaces were reported as immediately available across the 16 facilities assessed, while more than one-third of facilities reported non-functional emergency departments. Facilities in La Guaira reported no available bed capacity despite experiencing significant service demand. These findings highlight the limited surge capacity available to respond to current and potential additional health needs generated by the earthquake.

Staff and Patient Access to Facilities

Access to healthcare facilities has been significantly disrupted following the earthquake, affecting both healthcare personnel and patients. The assessment indicates that 81% of health facilities reported staff absence or difficulties in reaching their workplace, primarily due to transportation constraints, infrastructure damage, and broader disruptions to mobility networks. At the same time, 50% of facilities reported that roads in the surrounding areas were affected, limiting physical access to facilities and constraining patient movement.

These findings are consistent with external reports highlighting the extent of infrastructure damage across affected areas. In La Guaira and other impacted states, earthquakes caused damage to roads, transport networks, and key infrastructure, significantly disrupting mobility and access to essential services. In several locations, collapsed buildings, debris, and damaged roadways have obstructed access routes, making it difficult for both emergency responders and civilians to reach health facilities.

In the hardest-hit areas, such as La Guaira, road links to affected neighborhoods were cut off, further isolating communities and delaying access to care. This has been compounded by broader systemic disruptions, including damage to transport systems and restrictions on access to certain zones, which have slowed the arrival of personnel, supplies, and humanitarian assistance.

As a result, the combination of staff shortages and constrained physical access has reduced effective service availability, even in facilities that remain operational. Patients face delays in reaching care, while health workers encounter difficulties in maintaining continuous service provision. These constraints have contributed to increased pressure on accessible facilities and may lead to worsening health outcomes, particularly for trauma cases and time-sensitive conditions.

Availability and Continuity of Services

The continuity of health services has been significantly affected following the earthquake, resulting in a substantial reduction in the scope of care provided across assessed facilities. According to the assessment, 69% of health centers

reported disruptions affecting either medical or administrative services, reflecting widespread operational challenges across the health system.

In most of these cases, facilities have shifted to a reduced service model focused primarily on emergency response, suspending routine consultations, specialized care, and administrative functions. This transition indicates that while services have not entirely ceased, the range of available care has been considerably narrowed, limiting access to essential health services beyond immediate lifesaving interventions. As a result, continuity of care has been particularly affected for patients requiring non-emergency services, such as those with chronic conditions, maternal and child health needs, and preventive care. The suspension of these services increases the risk of deterioration in health outcomes over time, as untreated conditions and delayed care contribute to a growing burden of disease.

Basic Service Accessibility

Project HOPE team organizing and preparing the distribution of medicines and medical supplies for healthcare facilities responding to the emergency. Photos: Ernesto Costante

Access to basic services within health facilities has been significantly disrupted following the earthquake, further constraining service delivery and reducing the quality of care. The assessment indicates that 63% of health facilities experienced water supply shortages, while 56% reported interruptions in electricity, highlighting critical deficits in essential utilities required for safe and effective medical operations.

In addition, 38% of facilities reported disruptions in telecommunications systems, limiting coordination, referral processes, and communication between facilities and response actors. Similarly, 44% reported shortages or interruptions in internet connectivity, affecting data management, patient registration, and overall information systems, which are essential for maintaining continuity of care in emergency settings.

Cold chain systems, which are vital for the preservation of vaccines and temperature-sensitive medicines, have also been affected. The assessment shows that 31% of facilities experienced interruptions in cold chain functionality, increasing the risk of compromised medical supplies and limiting the capacity to deliver essential services such as immunization and certain treatments.

The cumulative effect of these disruptions is a significant reduction in operational capacity across facilities. Water and electricity shortages directly affect infection prevention, sterilization, and the ability to carry out medical procedures, while communication and internet disruptions limit coordination and response efficiency. Together, these constraints contribute to a deterioration in both the availability and quality of health services, even in operational facilities.

Availability of Medicines and Supplies

Availability of medicines and supplies is critically constrained. Approximately 47% of priority medicines and supplies are currently out of stock, while 39% are partially available and only 13% are fully available. This indicates that 86% of supply lines do not meet operational needs. Inventory losses due to infrastructure damage were reported by 23%, while 15% reported difficulties accessing storage areas. These constraints further reduce availability even where stock exists.

Shortages observed across facilities are not limited to isolated items but affect a broad range of essential medicines and basic medical supplies required for both emergency and routine care. Facilities reported partial or complete stockouts of key medications and consumables, including analgesics such as acetaminophen, ibuprofen, and diclofenac; antibiotics such as amoxicillin, penicillin, and cefadroxil; and cardiovascular medications such as enalapril and acetylsalicylic acid. Critical supplies for emergency and trauma care—including intravenous solutions (0.9% saline), syringes of various sizes (5cc, 10cc, and 20cc), IV access devices (catheters), butterfly needles, and wound-care materials—were also widely unavailable or insufficient.

Shortages were identified in essential medications for the management of respiratory conditions, such as salbutamol and beclomethasone, and drugs for pain management and acute treatment, including dipyrone and injectable ketoprofen. The lack of supplies for managing irritants affecting eyes and skin further highlights gaps in basic emergency response capacity.

Region	Healthcare Facility	Medicines and Supplies Required
Distrito Capital	CLINP II Br. Eutimio Rivas	Nifedipine drops, salbutamol drops, budecort drops, hydrocortisone, injectable analgesics, intravenous antibiotics, gauze, bandages
	CPT II Pastor Oropeza	Metoclopramide, dipyrone, hydrocortisone, dexamethasone, diclofenac sodium, captopril, furosemide
	CPT I Cotiza	Oral analgesics
	CPT III Luis Cardozo	Cefadroxil antibiotic
	CLINP II Dr. Pastor Oropeza	Cephalexin, cefadroxil, dexamethasone (ampoules), gauze, bandages, esomeprazole, antihistamines (loratadine, cetirizine), curettes, obturators, povidone, exam table paper
La Guaira	Ambulatorio La Guaira	IV sets (macro-drippers), IV catheters, 10cc syringes available but without needles, tourniquets, povidone brush, ranitidine, cotton, plaster, stretchers
	Hospital José María Vargas	Ketoprofen (ampoules), supplies for irritation management (eyes, skin), penicillin (ampoules), butterfly needles, acetaminophen (tablets), 0.9% saline solution, IV catheters
	Hospital Naval	Supplies for irritation management (eyes, skin), butterfly needles, 0.9% saline solution, IV catheters
	Hospital Periférico de Pariata	Supplies for irritation management (eyes, skin), butterfly needles, 0.9% saline solution, IV catheters, 10cc syringes, acetylsalicylic acid
	Materno de Macuto	Supplies for irritation management (eyes, skin), butterfly needles, IV catheters
Miranda	CPT III Jesús Reggeti	Sterile gloves, gauze packs, hydration fluids, analgesics, bandages
	CPT II Francisco Perozo	The pharmacy warehouse was not available at the time of assessment
	CPT III Dr. José María Vargas	0.9% saline solution, 20cc syringes, bandages, gauze, Ringer lactate solution, non-absorbable sutures (straight), Budecort/Budesonide, dexamethasone, hydrocortisone, metoclopramide, chlorpheniramine, cardboard boxes, splints/slings, bed sheets, cervical immobilizer, immobilizers, nifedipine tablets, steri-strips, atorvastatin, paraffin gauze
	CPE Chacao	Sterile gauze, injectable haloperidol or amiodarone, 2% lidocaine, captopril
	Hospital Domingo Luciani	Medicines and supplies in general; stock available but with high turnover; urgent WASH supplies, black bags, and hygiene kits (mops, floor cloths, disinfectants)

Impact on the Attended Communities

The earthquake has had a severe and widespread impact on the communities served by assessed health facilities, affecting both human lives and the physical environment. According to the assessment, 63% of healthcare facilities reported attending to individuals injured as a result of the earthquake, confirming the high burden of trauma-related needs within affected populations. In parallel, 50% of facilities reported fatalities within their catchment communities, indicating that the event resulted not only in injuries but also in significant loss of life at the local level.

The scale of destruction is further reflected in the condition of community infrastructure. An overwhelming 94% of facilities reported damage to infrastructure in surrounding areas, suggesting that most communities have experienced structural impact affecting housing, public services, and basic living conditions. This level of damage has important implications for access to services, population displacement, and overall community resilience, as it disrupts daily life and limits the ability of affected populations to meet basic needs.

The health impact extends beyond immediate injuries and is reflected in changing patterns of morbidity. 50% of healthcare facilities reported an increase in trauma-related cases, consistent with the direct physical impact of the earthquake and its aftershocks. At the same time, 69% of facilities reported an increase in hypertension-related cases, indicating a significant rise in stress-related conditions and exacerbation of pre-existing chronic diseases. This pattern highlights the dual burden faced by health services, which must respond simultaneously to acute emergencies and the deterioration of chronic health conditions.

Collapsed residential buildings in Caracas. Photos: Ernesto Costante

These problems are exacerbated by the lack of potable water, supplies to treat it, and fuel for generators. Overall, waste management remains fragile and dependent on external factors, which increases the risk of infection and makes it urgent to strengthen comprehensive waste management.

Preparedness and Response to Emergencies

The assessment indicates that only 13% of healthcare facilities had an established protocol for seismic events or other natural disasters, while the remaining 87% lacked formal preparedness mechanisms to guide their actions during the emergency.

Similarly, institutional response capacity was limited. Only 13% of facilities reported deploying an internal emergency committee or response team, indicating that the majority of facilities did not activate structured coordination mechanisms at the onset of the crisis. This reflects a systemic gap in both preparedness planning and operational readiness.

The absence of protocols and response structures has important implications for service delivery during emergencies. Facilities without predefined procedures are more likely to experience delays in decision-making, inefficient use of available resources, and reduced coordination among staff. This can affect critical functions such as triage, patient flow management, evacuation procedures, and internal communication during crises.

As a result, many facilities relied on improvised response measures to manage the increased demand and operational disruptions caused by the earthquake. While these ad hoc adaptations allowed services to continue in some capacity, they also exposed the limitations of the system in responding to large-scale emergencies in a structured and coordinated manner.

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