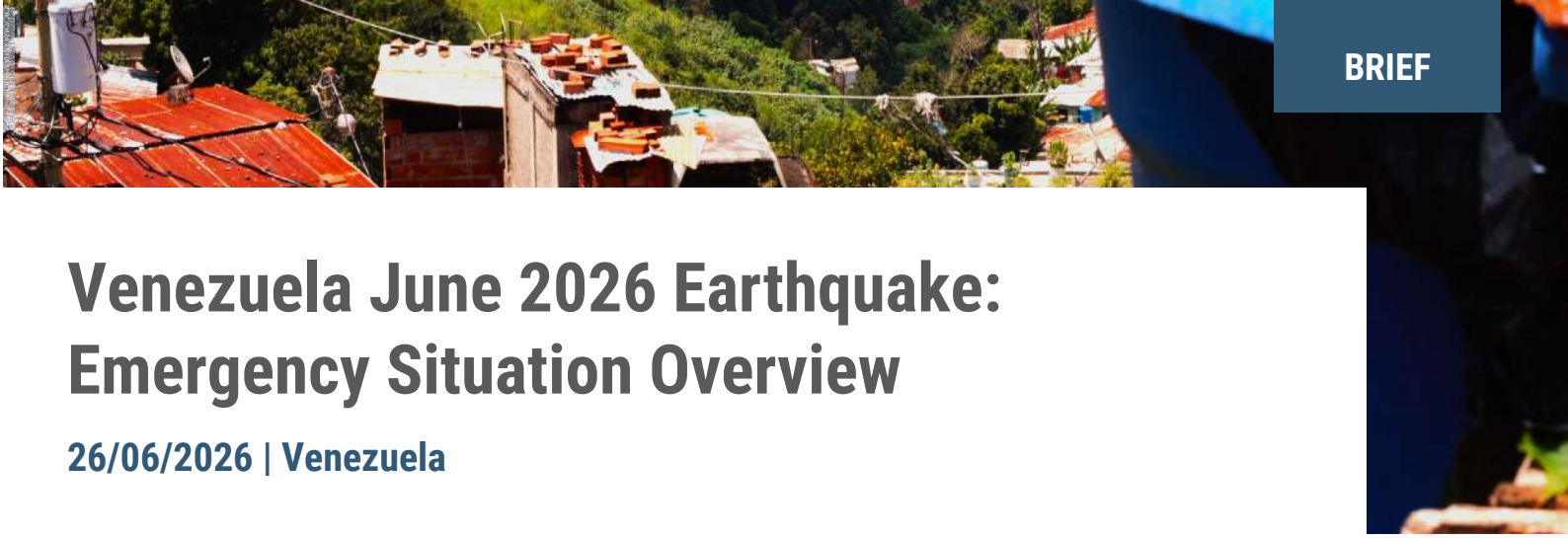


BRIEF

Venezuela June 2026 Earthquake: Emergency Situation Overview

26/06/2026 | Venezuela

KEY MESSAGES

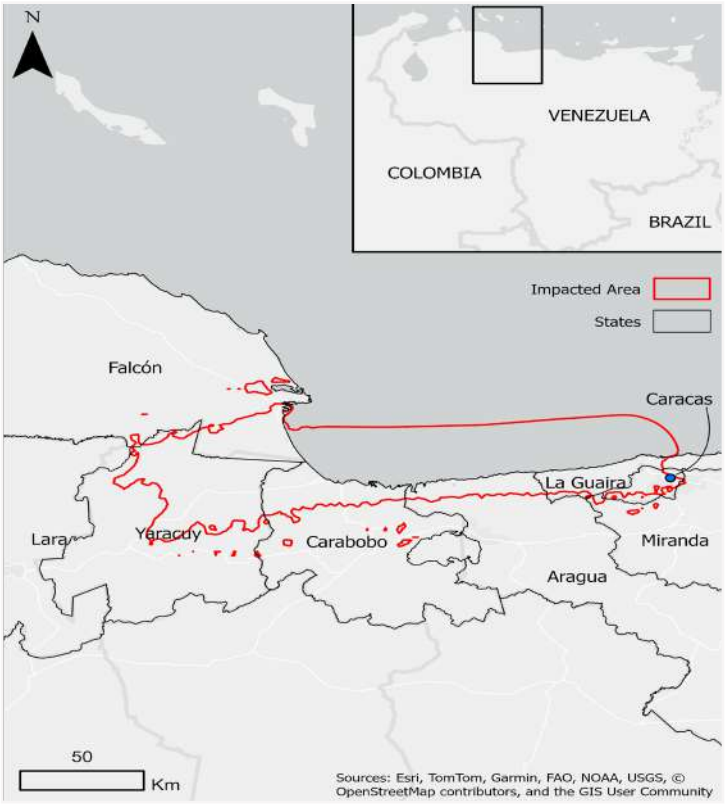
- **On 24 June 2026, the largest earthquakes to strike Venezuela in over a century impacted an area with high levels of vulnerability after years of economic crisis.** The most affected states entered the emergency with limited coping capacity.
- **The earthquake struck areas where essential services were already operating under severe strain, limiting their capacity to absorb additional shocks.** Across several affected states, HSM data indicated widespread housing deterioration, serious water access problems, and health systems facing shortages of medicines, equipment and trained staff. These pre-existing constraints are likely to amplify humanitarian needs as displacement and demand for services increase.
- **The earthquake risks disrupting fragile livelihoods and reversing recent improvements in household food access.** As food insecurity in Venezuela is primarily driven by limited purchasing power rather than market availability, households relying on daily labour, small businesses or informal income may see their ability to meet basic needs deteriorate rapidly, particularly where alternative coping mechanisms such as remittances or social assistance are limited.
- **Pre-existing vulnerabilities suggest that humanitarian needs may be particularly severe in specific affected states rather than evenly distributed.** HSM data indicate that **Aragua, La Guaira, Carabobo and Falcón** consistently reported some of the weakest pre-earthquake conditions across shelter, water access and health services, suggesting these areas may face greater challenges absorbing the impacts of the earthquake.

CONTEXT & RATIONALE

On 24 June 2026 at around 18:04 local time, two powerful earthquakes (magnitudes 7.2 and 7.5) struck northern Venezuela seconds apart. Both were shallow with the main shock's depth of around 10 km. The fault runs east towards one of the country's most densely populated corridors, home to Caracas and several major coastal cities. Significant damage was reported in **Caracas and the states of La Guaira, Miranda, Carabobo, Aragua, Falcón, and Yaracuy**. As of 26 June the situation remains highly fluid: official figures report at least 589 dead and 2,980 injured but are preliminary and expected to rise. The full scale of damage and needs is not yet established, and aftershocks remain possible.

The impact of the earthquake is likely to be compounded by the high levels of vulnerability already present in Venezuela after years of economic crisis and the gradual deterioration of basic services. Based on HSM data (see p.4), **this brief aims to identify what humanitarian consequences are likely, given what was already known about pre-existing vulnerabilities in the affected states** It aims to support an early understanding of the risk factors to monitor as the situation evolves.

Map 1: Most affected areas by the 24 June Earthquakes



IMPACT Shaping practices Influencing policies Impacting lives

Weak shelter, health and WASH systems against a backdrop likely to compound impact and response capacity.

% of assessed parroquias where, KIs reported that **the majority of houses presented significant and/or severe damage** to their roofs, floors, walls, doors and windows, by state (pre-earthquake)

- **44%** Aragua
- **25%** La Guaira
- **19%** Carabobo
- **12%** Falcon
- **11%** Distrito Capital
- **9%** Yaracuy
- **4%** Miranda

% of assessed parroquias where KIs reported that there was a **serious and/or extremely serious problem with water** in their parroquias, by state

- **81%** Aragua
- **76%** Falcon
- **73%** Yaracuy
- **44%** Carabobo
- **33%** Distrito Capital
- **33%** Miranda
- **25%** La Guaira

According to REACH's Humanitarian Situation Monitoring data from March 2026, shelter conditions in the earthquake-affected states (admin1) were concerning, pointing to a situation of **high vulnerability in the face of an event such as an earthquake.** In La Guaira, the most affected state, key informants (KIs) in all assessed parroquias (admin3) reported that the majority of houses presented some kind of damage. In all the other affected states, KIs reported the same in over 70% of assessed parroquias. The Capital District was the exception, with KIs reporting widespread damage in 44% of assessed parroquias.

Against a backdrop of years of economic crisis, falling purchasing power and the gradual deterioration of infrastructure, the two explanations most commonly given by KIs for the damage across the considered states were progressive deterioration linked to a lack of maintenance and the age of the houses, and, less frequently, a combination of structural deterioration and exposure to natural hazards.

Initial post-earthquake reports and the potential scale of destruction suggest that many people are likely to be without adequate shelter, forced to sleep in the open, move into collective sites, or take refuge with relatives and friends. The latter could further strain housing that was already overcrowded: severe overcrowding, with five or more people per room, was the most common condition reported in assessed parroquias in Carabobo and substantial elsewhere.

Combined with a loss of habitable housing, this raises the risk of crowded living conditions, **disruption to education where schools are damaged or used as shelters, and heightened protection risks** for those displaced, such as gender-based violence in crowded settings and risks to children, older people and persons with disabilities.

Such conditions are of particular concern in a context where water and sanitation systems are strained. In the round of March 2026, for the first time, HSM recorded water as the first priority need at national level. The public water network was the main source of drinking water reported across the affected states, though many KIs also pointed to bottled water and, in some states such as Falcón, to tanker trucks. **Reliance on the public network came with limitations: supply was reported to be intermittent and, in places, dependent on electricity that was itself unreliable**, and some KIs described water points that were distant or no longer functioning.

Reaching safe water faced further barriers: water was often described as of poor taste or quality, costly in several states, and in parts of Falcón and Carabobo the supply points were said to be hard to reach. Where the network fell short, households reportedly fall back on tanker trucks, bottled water, or surface and rainwater, sources that generally require treatment to be safe. **Yet a number of KIs, particularly in Carabobo, Yaracuy and Aragua, indicated that water often went untreated** for lack of means, with boiling - which depends on the same unreliable gas and power - the main method mentioned.

The risk is further compounded by a health system that was already short of medicines, staff and emergency provision before the earthquake. Its capacity to respond both to the immediate impacts of the earthquake and to their knock-on effects is likely to be low.

According to pre-earthquake HSM data from across the affected states, KIs reported barriers to medical care in all the assessed parroquias across affected states. Shortages of medicines were reported in most assessed parroquias everywhere, rising to nearly all assessed parroquias in Aragua, Carabobo, Falcón and Yaracuy; shortages of basic equipment and of trained personnel followed a similar pattern across the seven states. On the access side, cost was the most-cited constraint in Aragua and long waiting times was frequently reported by KIs in the Capital District.

% of assessed parroquias where KIs reported that **emergency health services were not available,** by state

54% Miranda

44% Distrito Capital

27% Yaracuy

25% La Guaira

19% Aragua

13% Carabobo

12% Falcon

The system was not well placed to absorb a sudden rise in demand. Emergency services were reported as available in only a small minority of assessed parroquias in Carabobo and Falcón, and in fewer than half even in Miranda and the Capital District, which were otherwise better provided for. The same two states stood out on other measures too: Falcón for damaged facilities, Carabobo for medicine shortages.

These conditions heighten the public health risks in the aftermath of the earthquake. As the immediate trauma phase passes, public health risk may shift towards infectious disease. Should the displacement and crowding suggested by the shelter conditions materialise, they would meet an already fragile water and sanitation baseline, raising the likelihood of waterborne and other outbreaks.

With little spare capacity, current reports on the health situation suggest the system is likely to struggle not only to treat earthquake-related trauma, but also to maintain care for patients with ongoing health needs and to meet the further arising in the aftermath of the earthquake.

Table 1: Most reported barriers to accessing healthcare (% of assessed parroquias where KIs report the barrier is present; as a multiple response question, KIs could select more than one option))

	La Guaira	Distrito Capital	Miranda	Aragua	Carabobo	Falcon	Yaracuy
Lack of medicines	75%	67%	83%	100%	100%	91%	100%
Lack of medical equipement	75%	89%	83%	69%	100%	55%	38%
Lack of trained medical staff	25%	67%	83%	69%	100%	55%	38%
Cost of care	50%	33%	46%	69%	56%	18%	9%
Damaged health facilities	25%	44%	29%	38%	82%	9%	15%
Long waiting times	50%	67%	46%	19%	56%	24%	18%
Difficulty reaching a health centre	25%	0%	13%	31%	6%	24%	18%
No health centre available	0%	11%	21%	44%	0%	6%	18%
Health centres closed	0%	22%	21%	13%	6%	12%	18%
No barriers	25%	0%	4%	0%	0%	0%	0%

With food insecurity driven by weak purchasing power, the earthquake risks setting back a fragile economic recovery crucial to improve households' access to food

In addition to its effects on water and health, the earthquake is likely to weigh on livelihoods, and through them on food security. Income from piece-rate or day labour, own domestic work and small enterprises was reported as a source used to buy food in all or nearly all assessed parroquias across most of the affected states (88–100% in Aragua, Carabobo, Miranda, Yaracuy and the Capital District). This kind of work often generates income only when it is performed and may carry little in the way of savings or contractual protection to fall back on, so even a short interruption could quickly affect earnings. This suggests that **there might be highly**

% of assessed parroquias where KIs reported **lack of economic means as a critical barrier to food access,** by state

100% Carabobo

94% Falcon

90% Yaracuy

75% La Guaira

75% Miranda

62% Aragua

56% Distrito Capital

vulnerable pockets of population across the affected states.

Whether that translates into a loss of food access depends on what else households can draw on, and those alternatives were uneven: remittances featured prominently in some states (most assessments in Falcón and Aragua) but barely in others, and social safety nets reached only part of the population. Households with no such fallback are the most exposed. even before the earthquake, KIs commonly estimated that around a quarter of people already lacked access to their usual sources of livelihood, with higher estimates in Falcón.

At a broader level, food insecurity in Venezuela was, to a large extent, driven by the years of economic crisis. With markets adequately supplied, what limited households' access to food was purchasing power rather than availability, as high inflation and local-currency prices eroded what wages could buy. **The modest improvement expected by FEWSNET through 2026 rested on a fragile macroeconomic recovery** - rising oil revenue financing government spending and the safety-net transfers that support the poorest, alongside slowing inflation and a narrowing gap between the official and parallel exchange rates.

A shock of this scale could set those gains back, disrupting economic activity and drawing public resources towards the emergency, with knock-on effects on the broader economy that would likely fall hardest on households already least able to absorb them.

Methodology Note

The Humanitarian Situation Monitoring (HSM) is a multisectoral, quantitative survey at parroquia (admin-3) level conducted every three months.

The assessment covered energy, housing, WASH, food security and livelihoods, health, mobility, education and protection, asking about conditions in the first half of 2025 or at the time of survey. Data were collected between 20 February and 23 March 2026 from 1,481 KIs across 350 parroquias in 23 states. Parroquias with multiple KIs were triangulated to a single record per indicator.

For this analysis, parroquia-level data were aggregated to state level for the nine affected states; values are the **% of assessed parroquias in each state that reported X.** The number of assessed parroquias per state in the March 2026 round is: La Guaira (n=4); Distrito Capital (n=9); Miranda (n=24); Aragua (n=16); Carabobo (n=16); Falcon (n=17); Yaracuy (n=11).

ABOUT IMPACT

Founded in 2010 and headquartered in Geneva, IMPACT Initiatives is a leading applied research organization and the largest independent provider of data in crisis-affected contexts. Through our initiatives—REACH, AGORA, and PANDA—we enable humanitarian and other aid actors to make better, evidence-based decisions by delivering timely, relevant, and methodologically rigorous data and analysis. Our extensive presence across crisis-contexts allows us to collect data directly from crisis-affected people wherever needed, including among the most vulnerable and hard-to-reach.