Needs Assessment of Older People in Venezuela

August 2026

Introduction (Purpose and Context)

On June 24, 2026, two powerful earthquakes struck north-central Venezuela, causing devastation near Caracas, killing over 5,000 people, and injuring thousands. The earthquakes destroyed and damaged homes, schools, health facilities, and critical infrastructure, leaving communities in urgent need of shelter, access to clean water, food assistance, and medical care. HelpAge International and its partner, Cadena International, are implementing a response so that the people most affected by the disaster can access timely, safe, and dignified humanitarian assistance, with a specific focus on older people and persons with disabilities. To support the response and ensure it is tailored to the needs of the target population, Cadena implemented a needs assessment. This report presents the key findings, observations, and analysis by HelpAge and Cadena.

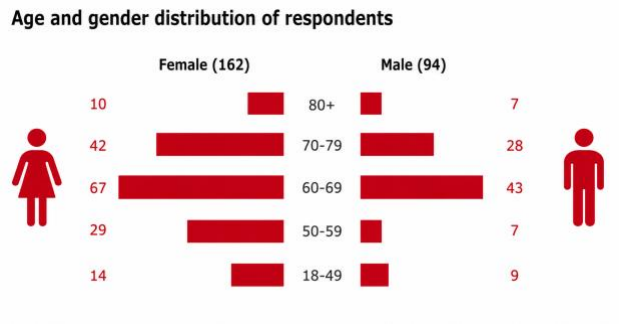
The report aims to help all organisations operating in the earthquake affected areas to respond to the diverse needs and priorities of older people. The findings are intended to support more age inclusive and effective humanitarian action and strengthen advocacy to ensure the rights and needs of older people in their diversity are recognised and addressed throughout the response. HelpAge and Cadena welcome comments and questions on this report and can offer technical support for inclusive responses based upon its findings.

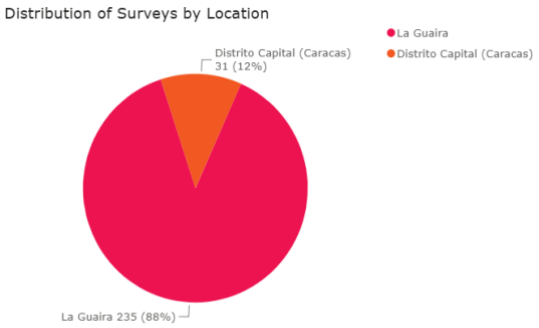
Methodology

Data was collected between 29 July and 2 August 2026, through face-to-face, one-to-one interviews, using a structured survey developed by Cadena International in Spanish. The interviews were carried out by data collectors from Cadena International, familiar with the language and local context, following training in the use of the survey and the purpose of the assessment. The assessment was conducted in Caracas and La Guaira, the areas most affected by the earthquake.

A purposive sampling approach was used to target households that contain women and men aged 60 years and above (217 households), complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find (including those with disabilities, mobility limitations or limited social support networks), with a total of 266 households surveyed.

Demographics





Of the 266 respondents interviewed, 197 of them were older people.

Nearly half of the households surveyed **123 (46%)** reported having at least one household member with a disability, while **143 (54%)** reported no household member with a disability. This indicates a relatively high representation of households with members with disabilities in the assessment.

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Key findings

Protection, mental health, and wellbeing

Assessment findings indicate widespread and complex psychological distress within households containing older people following the earthquake. An overwhelming 82% of respondents reported that at least one household member has displayed signs of distress (such as fear, insomnia, or sadness), with this high prevalence remaining uniform across all older age groups, genders, and disability statuses.

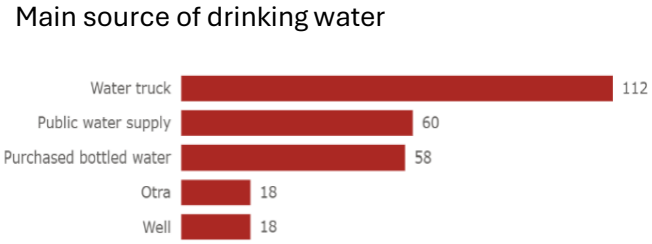
Distress is also compounding at the household level: 41% of surveyed households reported that children or adolescents also require psychosocial support. This overlap points to a significant cross-generational impacts, indicating with older people and children experiencing psychological distress simultaneously and within the same living spaces. The findings highlight the broader household impacts of the crisis and the interconnected nature of wellbeing within families.

Protection and safety risks vary by age group, while remaining broadly consistent across gender and disability status. Although many households report no major risks, the data identifies specific concerns, particularly denial of resources, opportunities, and services, as well as neglect. These risks intensify with age: neglect is most prominent among survey respondents aged 70–79, while those aged 80 and above most often report denial of resources and the absence of community safe spaces. Addressing these protection gaps is critical, as they further deepen older people's isolation and psychological distress.

WASH

Water shortages, reliance on external supply and reported illness by target communities point to several connected WASH concerns.

- 42% relies on water trucks
- 48% report insufficient water
- 17% have no sanitation facility
- 49% report WASH-related illness



Water trucks and bottled water are the main source of drinking water for 64% of households, making these families dependent on availability of outside supply and the cost that comes with it. A further 128 households (48%) say the water available does not meet their needs. Sanitation access is also uneven: 41% use a toilet connected to the sewer system, 30% share a facility, 17% have no facility, and 12% use a latrine. Nearly half (47%) have only partial access, or no access, to soap and hygiene items. Among households with older people (60+), water trucks were the main water source (91 households), followed by purchased bottled water (51) and public water supply (51). A total of 49% of households reported water or sanitation related illnesses since the earthquake.

Shelter

Assessment findings indicate severe shelter impacts across surveyed households. Only 3% of households reported that their home was unaffected by the earthquake, while 58% reported their dwelling was partially damaged and uninhabitable and a further 18% reported it was completely destroyed. As a result, many households continue to rely on inadequate temporary accommodation, with 36% sleeping in public spaces or outdoors and 29% staying in collective or temporary shelters. The scale of need is reflected in households' priorities, with shelter and housing identified as the most urgent need by 33% of respondents, more than any other sector.

Shelter recovery needs are expected to remain substantial in the medium term. Nearly four out of five households (79%) reported needing support to repair or rebuild their dwelling, while housing repair support was the most frequently identified mid-term recovery priority (45%), followed by cash assistance (41%) and construction materials (40%). Recovery is also expected to take time, with 42% of households estimating it will take more than six months to secure stable housing again. These findings point to an urgent need for both immediate shelter assistance and sustained support for safe and accessible housing recovery, particularly for households containing older people and people with disabilities.

Humanitarian Assistance and Needs

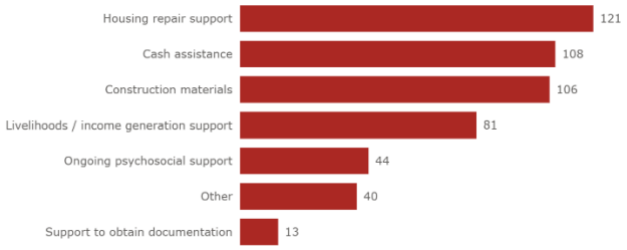
In the assessed locations, 86% of households surveyed reported receiving some kind of assistance, however, for older people, the question remains whether assistance was actually reachable and usable. 100 households (38%) report barriers that prevent older people from reaching distribution. A delivery in the community does not, by itself, mean that these individuals received or could use it.

Prioritisations and Needs

87 households (33%) identify housing or shelter as their most urgent need. Food follows at 18% (49 households), water at 17% (46) and health at 12% (31). Non-food items account for 8%, psychosocial support for 7%, and other needs for 5%. A response focused only on repairs would miss much of what households' report. Among households with older people, shelter and housing was the most frequently reported urgent need (72 households), followed by food (44), water (32) and water (32), maintaining the same prioritisation of the entire sample.

The intention of 71% of households to remain and rebuild indicates a preference for recovery in their current communities. However, 15% are considering permanent relocation, 9% remain undecided, 4% may move temporarily and 1% may leave the country.

The priorities reported for the medium term are consistent with this intention to rebuild. Home repair was selected by 121 households (45%), cash assistance[1] by 108 (41%) and construction materials by 106 (40%). Livelihood support was identified by 81 households (30%), followed by psychosocial support (17%), other forms of assistance (15%) and documentation support (5%). As respondents could select more than one option, these results reflect overlapping recovery needs.

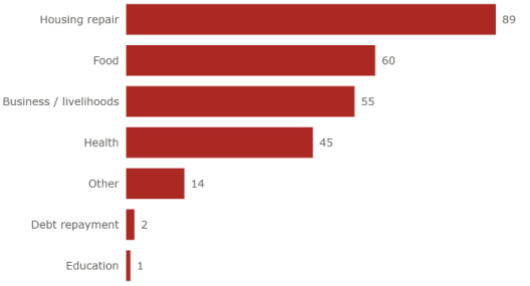


Income and Potential Use of Cash Assistance

98 households (37%) report having an income source. 63% either have no income or only partial income, with 94 (35%) have none and 74 (28%) answer "partially,"[2] reducing their ability to meet immediate needs or pay for recovery.

The Government of Venezuela and humanitarian agencies are currently assessing the feasibility of cash assistance. When asked about the main intended use of cash assistance, 89 households (33%) prioritised home repairs, followed by food (60; 23%), business or livelihood recovery (55; 21%), and health-related expenses (45; 17%)[3]. Among households with older people, the main intended use of cash assistance was housing repair (72 households), followed by food (53 households) and then business/livelihood recovery (45 households).

If you had cash assistance, what would you primally spend it on?



[1] The feasibility of cash assistance remains subject to approval by the Government of Venezuela.
[2] It could describe irregular or insufficient earnings to cover the essential needs of the household members.
[3] Respondents could choose only one option, so the results do not necessarily capture competing needs, the amount required, or who would decide how money is spent within the household.

Age, Gender and Disability Inclusion

Assessment data highlights intersectional vulnerabilities among older people, where advanced age, gender, and disability compound functional limitations, health needs, and barriers to assistance. Of the 217 households with an older person member, 43% reported a household member having a disability.

Functional Support and Assistive Needs

Dependency on caregiving and assistive devices increases sharply when intersecting with disability and advanced age. Overall, 21% of households with at least one member aged 60 or above reported requiring assistance from a caregiver for daily activities, a figure that rises to 35% for households including a person with a disability. Older women were more than twice as likely as older men to report that they required assistance from a caregiver for daily activities (28% compared with 18%), and slightly more older women lived alone without family support (12% of women compared with 8% of men), highlighting increased risks of isolation and difficulties accessing assistance. Additionally, 42% of households with an older person, report using assistive devices (such as canes, walkers, or wheelchairs).

Chronic Health Management

Chronic illness management is a widespread requirement across the demographic, with 69% of older people regularly take medication for chronic conditions. Furthermore, 60% of older households report that at least one member requires ongoing medical care for a chronic illness.

Older women appeared to have higher levels of chronic health needs compared to older men. Approximately 74% of older women regularly took medication for a chronic health condition compared with 61% of men. This increased to 90% and 71% respectively for those aged over 80. Older women also reported that they required ongoing medical care for a chronic illness (approximately 65% compared with 53%).

Isolation, Documentation, and Access Barriers

While 89% of households report that older people aged 60 and above are not living alone, isolation risks increase significantly within advanced cohorts: 24% of those aged 80 and above, and 25% of those aged 80+ with disabilities—live entirely alone without family support. These vulnerabilities are exacerbated by barriers to accessing aid and legal identity:

- **Access Barriers:** 38% of older households face barriers (such as distance, mobility challenges, and long queues) preventing them from reaching distribution points, with this figure rising to 70% for older women respondents aged 80 and above. Women were more likely as older men to report barriers preventing older household members from accessing aid distribution points (45% compared with 33%).
- **Documentation Gaps:** While 84% of older household members own valid identification documents, ownership drops to 76% for respondents aged 80 and older and falls sharply to 60% for older women in that age cohort.

- **Caregiving Roles:** A smaller proportion of older people (14%) are caring for children or adolescents after the earthquake.

Recommendations

The following recommendations are based on the findings of this assessment and aim to support age-, gender- and disability-inclusive humanitarian action that responds to the priority needs identified by households affected by the earthquake.

1. **Deliver age-, gender- and disability-inclusive humanitarian assistance:** Ensure assistance, information and services are accessible to older people in all their diversity through flexible and inclusive approaches, including accessible communication, home delivery, mobile outreach and priority access arrangements, with particular attention to older women, people with disabilities, and those facing mobility, health, caregiving, language or literacy barriers.
2. **Promote inclusive shelter and housing recovery:**
   - Ensure temporary shelters are safe, accessible and dignified, with accessible entrances, toilets, bathing facilities and sleeping areas.
   - Support older people to repair and recover their homes, prioritising those facing accessibility barriers, mobility limitations, protection risks and high care-support needs.
3. **Strengthen health, rehabilitation, and care support:** Ensure uninterrupted access to healthcare, essential medicines, assistive products, alongside maintenance, replacement and rehabilitation services, caregiver support and referral pathways for older people, particularly older women, people with disabilities and those with significant health and care needs.
4. **Provide accessible WASH services and hygiene kits:**
   - Ensure water points and sanitation facilities are physically accessible, with shorter travel distances, reduced waiting times and provide support for people who cannot collect or transport water independently.
   - Provide age-, gender- and disability-sensitive hygiene kits that respond to the specific needs of older women and men and people with disabilities.
5. **Provide accessible multipurpose cash assistance.** If approved by the Government of Venezuela, prioritise and deliver cash assistance through inclusive mechanisms that enable older people in their diversity to meet their priority recovery needs, while maintaining choice, dignity and independence.
6. **Expand family-centred MHPSS:**
   - Develop and deliver family-centred mental health and psychosocial support (MHPSS) that addresses the overlapping needs of older people, children and caregivers within the same household.
   - Strengthen community-based support and outreach mechanisms to identify and reach households experiencing isolation, exclusion and unmet psychosocial support needs.