



Rapid needs assessment of older people

Venezuela

November 2019

CONVITE A.C.

HelpAge

International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Convite is a humanitarian, independent, non-profit, non-governmental organisation that works to guarantee and promote social, economic and cultural rights across Venezuela and is a new member of the HelpAge Global Network. Convite provides direct support to older people, as well as assisting the National Committee of the Pensioned and Retired of Venezuela as part of the Latin American Democracy Network. One of the organisation's main objectives is to raise the profile of the crisis in the country internationally.

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Introduction

Older people's right to humanitarian assistance

HelpAge International's vision is of a world where older women and men lead active, dignified, healthy and secure lives. This applies to all older people, including those affected by humanitarian emergencies. The four principles of humanitarian action – humanity, neutrality, impartiality and operational independence – afford everyone the right to safe and dignified access to humanitarian assistance and protection without discrimination and on an equal basis with others. Commitment to international humanitarian law and these principles means everyone responding to a humanitarian crisis has a responsibility to ensure all those affected, including older people, have these rights upheld.

We want older people to be able to access humanitarian aid with dignity and in safety. Older women and men are not inherently vulnerable to disasters. However, when disasters strike, they are at risk of having their rights denied.

Rapid needs assessment of older people

This document assesses the specific needs for humanitarian support of older people affected by the crisis in Venezuela. The aim of this Rapid Needs Assessment (RNA-OP) is to inform the design of our own and other agencies' humanitarian responses to the impact of the crisis. The assessment focuses on the states of Bolívar, Lara and Miranda. Bolívar was selected due its proximity to the Brazilian border, Lara because of its high concentration of older people, and Miranda due its socioeconomic diversity.

The report contains key findings of the assessment, together with observations and analysis by HelpAge's humanitarian team and advisers. The report also aims to help all organisations operating in the affected areas - including humanitarian agencies, donors and cluster groups - develop inclusive programmes and at the same time forms part of our work advocating for the rights of older people.

Convite, a rights-based organisation working across Venezuela with support from HelpAge International, conducted the assessment in September 2019. HelpAge International welcomes comments and questions based on this report and offers technical support for inclusive responses.

Methodology

The rapid needs assessment data collection was carried out through face-to-face individual interviews using a structured survey created by HelpAge International. Local community leaders were used to conduct the interviews due to the insecure conditions and their knowledge of the community and ability to identify older people in the restricted zones. The assessment used a two-step purposive sampling approach in order to reach women and men aged 50 and over. Initial respondents were identified through chain sampling based on referrals from the core community leaders and thereafter snowball sampling to meet required targets. Based on the targeted approach, the sample is not representative of the demographics of the population in Venezuela, but highlights trends across the older people group.

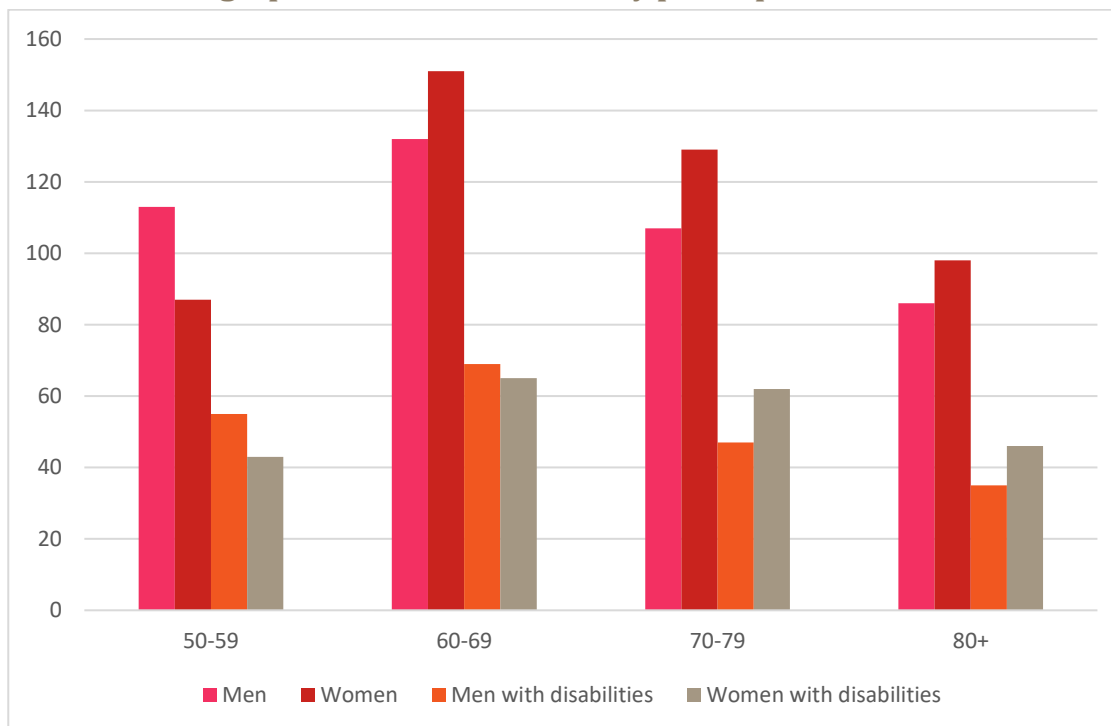
Of the 903 respondents, 448 were rural and 455 urban – almost an even split. The total RNA-OP sample was spread across the three states as follows:

- Bolívar: 21%.
- Lara: 35%
- Miranda: 44%

Prior to the data collection, HelpAge International provided a training of trainers for Convite leadership on the RNA-OP purpose, tool, process and methodology, which they then used to train their 22 data enumerators. A field-based pilot test was conducted to identify and resolve any issues with the tool and data collection.

The 903 older people interviewed provided sufficient sample size to disaggregate the data into smaller subgroups. Of those interviewed, 465 were female (51%) and 438 were male (49%). Where there is no large disparity between gender statistics, the disaggregated data is not used. A breakdown of participants by sex, age and disability is given on Table 1.

Table 1: Demographic breakdown of survey participants



The existence of a substantial number of people with disabilities, as illustrated in the table, confirms the importance of an inclusive response. It should be noted that during the data collection enumerators were encouraged to identify those who were housebound. This was done as this population group is often the most difficult to reach therefore it was advised that extra effort be taken to solicit interviews from them. In addition, older people in the 50s proved difficult to interview as many were at work while the enumerators were gathering data.

Humanitarian context

Venezuela is experiencing one of the most dire economic crises in the country's history and the worst to impact any country outside of war-time since the mid-20th century. The dire socioeconomic situation has escalated into a violent political crisis as the Government and opposition jostle for control. The result is 94% of the population in poverty, mass migration to neighbouring countries and a complete collapse of food provisions, local markets, employment and health systems.¹ This has been compounded by hyperinflation, with the cost of goods doubling each week for a period during 2018, and political violence. Seven million people are in need of humanitarian assistance, with the priorities being water, sanitation and hygiene, food, health and protection.²

This complex emergency is difficult to address given the lack of institutional capacity to guarantee human rights and implement public policies.

The country's Humanitarian Response Plan³ highlights the need to help people to survive in their daily lives and aimed to help 2.3 million people (32% of the people in need) between July and August 2019, at a cost of US\$223 million. However, as of early October 2019 only 14% of the required funding had been raised.

According to several national surveys carried out on people's living conditions in Venezuela, multidimensional poverty increased from 41% of households in 2015 to 51% in 2018. Additionally, families are having difficulty accessing many public services. In 2018, 25% of households in the states of Lara, Miranda, Táchira and Zulia were getting daily power outages.

¹ UN 'Overview of Priority Humanitarian Need' in Venezuela (March 2019)

² International Organization for Migration (September 2019) Appeal

³ OCHA (July 2019) Plan de Respuesta Humanitaria Venezuela

Estimates by the Venezuela National Statistics Institute say there are three million people over 55 within the country, of which 1.4 million are men and 1.6 million are women. This represents 9.5% of the total population. The same sources predict that this number will increase over the coming years. According to official sources, 100% of women over 55 and men over 60 receive a pension. However, according to local partners, such as Convite, only around one-in-five of those eligible receive it. The pension in Venezuela is currently equivalent to US\$2 a month. In August of this year, the cost of monthly basic food necessities was estimated at US\$122⁴, due to hyperinflation. Pensions, therefore, only cover 1.14% of basic food costs.

Key findings

Older people's priorities

The survey asked older people to choose their top priorities from safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. The results are shown in Table 2 below. The priorities for older people with disabilities were the same as older people in general, with men prioritising fuel over food and medicine.

Table 2: Older people's top five priorities

Disability	Older people	Older women	Older men
1.	Cash	Cash	Cash
2.	Medicine	Medicine	Fuel
3.	Food	Food	Medicine
4.	Fuel	Fuel	Food
5.	Hygiene items	Hygiene items	Hygiene items

Key findings by sector

Disability inclusion

- 46% of older people who responded to the survey are living with a disability. Rates are higher among women (50%) than men (41%).
- Of those with a disability, 46% of older women and men have a lot of difficulty in walking or cannot walk.
- 56% of older people have a lot of difficulty in seeing or cannot see.
- Most older people with disabilities (27% women and 17% men) rely on friends or family to take them to pick up relief items. 31% of older people with disabilities (36% of women and 26% of men) rely on their friends or family to bring them relief items.

Food security, income and debt

- Cash and food are the highest priorities for older women and men.
- 77% of older people report they do not have access to enough food.
- Three-in-five older people regularly go to bed hungry, with nearly one-in-five going to bed hungry three-to-five nights a week, and one-in-ten every night.
- Rural populations are more likely to go to bed hungry, and older men more so than women.

⁴ CENDA (August 2019) Centro de Documentación y Análisis para los Trabajadores

- Rural men (81%), closely followed by urban men (74%), have among the lowest access to enough food. Nearly every person living alone (95%) said they cannot access enough food.
- 80% of older people report that they cannot access the kind of food that they are able or want to eat. The situation is even worse for 64% of older people who cannot afford to buy food.
- Three-in-four older people have had to borrow since the crisis started.
- 96% of older people said that if they were given cash, they would be able to use it.

Accountability

- 97% of older people – including 96% of those with disabilities – have not been consulted by any humanitarian agencies about the services being provided to them.
- 73% of older people – including 72% of those with disabilities – do not know how to make a complaint or how to provide their opinion on the humanitarian services designed to support them. This is particularly pronounced for older women with disabilities where 74% reported not knowing how to make a complaint compared to 69% of older men with disabilities.

Protection

- 67% of older people depend on family and friends to meet their basic needs (76% women and 57% men). 35% of this group are further depended on by children and/or other older people for care and support (39% women and 30% men).
- 34% of older people cannot reach aid services or distribution centres alone and require some form of assistance.
- 25% of older people (49% women and 26% men) do not get to distribution points or receive aid items at all.
- 23% of older people who responded live alone (19% women and 26% men).
- 53% of older people viewed denial of resources, opportunities or services as a major safety risk for them. Lack of access to services is a key protection risk for older people with disabilities.
- 45% of older people said a lack of safe space in the community was their second highest perceived safety risk.
- 65% of older people require additional support to cope, while 21% feel they cannot cope at all.
- 21% of older people are caring for and supporting on average five dependants. Many of these older carers are in their 70s and some of them have a disability.
- 42% of older people feel unsafe accessing healthcare or food and 37% don't feel safe accessing drinking water.

Health

- 75% of older people report that health services do not have medicines available.
- 30% of older people do not have access to health services, while 64% report that health services are too expensive.
- 14% of older people reported that health providers had negative attitudes toward them.
- 6% of older people did not have access to assistance to reach healthcare services when they needed it.
- 79% of older people have one or more non-communicable disease and 45% of older people have two or more.
- 63% of older people should be on medication, but affordability and availability are barriers.
- Of the 11% of older people with a skin disease, 20% do not have access to handwashing facilities, and 17% do not have access to bathing facilities.
- 57% of older people with gastrointestinal problems report going to bed hungry at least one night a week, with 12% going to bed hungry every night.

Water, sanitation and hygiene

- Most, but not all, older people have access to WASH facilities – safe drinking water (84%), bathing (86%), hand-washing (86%) and toilet facilities (90%).
- No immediate intervention is required while other sectors remain a greater concern.

Shelter

- Shelter is the lowest priority of older women and men in Venezuela.
- 5% of older people have no shelter.
- 29% of older people are living in homes that need major repairs (32% women and 26% men).
- No immediate intervention is required while other sectors remain a greater concern

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Recommendations for an inclusive response

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1. Further evaluation of humanitarian needs in Venezuela should systematically include the collection and analysis of the specific risks faced by older people – such as living alone, caring for children or being housebound – and appropriate programme responses developed.
2. Provide financial support to programmes focused on upholding older people's rights in the crisis.
3. Establish outreach to register and support older people who are unable to access services and assist them to do so and systematically use the information they gather to inform and improve the wider humanitarian response.
4. Make sure that outreach support services and teams register dependents of older people, including children, other older people and people with disabilities.
5. Ensure referral pathways are in place to other service providers so that they know the role of older carers and that support is extended to them as well as to children and other dependents.
6. Ensure information on child protection and services for children is communicated to older caregivers. Consult older caregivers on their priority needs and challenges in caring for young children after a crisis.
7. Develop leadership capacity among older people, supporting them to organise into older people's associations and advocate directly within the humanitarian system.
8. Set up safe spaces for older people in their community where they can meet and engage with their peers and other age groups.
9. Include community-based and direct psychosocial support, particularly for those who feel unable to cope and identify older people within the community as volunteers, peer supporters and leaders.
10. Mobilise the community and involve older people in community support activities that focus on strengthening their resilience and coping mechanisms by building links with their local community.

Sector-specific findings and recommendations

1. Disability inclusion

Table 3: The prevalence of disabilities among older people

Disability	Total	Women	Men
Sight	56%	56%	57%
Walking or climbing stairs	46%	53%	36%
Mobility in the home	44%	45%	42%
Hearing	19%	17%	22%
Remembering or concentrating	19%	22%	15%
Self-care	15%	18%	10%
Communication	8%	9%	7%

The findings show a concerning high level of disabilities throughout the three states. The level of independence is also worrying, with 44% of older people having a lot of difficulty moving around their home and 46% having a lot of difficulty in walking. Older women have more difficulty than older men with walking, mobility and self-care.

These figures raise concerns about whether older people are sufficiently active to be able to meet their daily needs and access support and assistance. The significant number of older women and older men with visual and hearing difficulties, and problems remembering and concentrating needs further follow up to better understand the type of interventions, care and support needed.

These findings raise protection concerns and suggest that specific technical staff need to be engaged to provide the relevant support, for example, rehabilitation, care and medical staff, in order to build up a multi-disciplinary outreach or community approach. They show a high number of older people have more than one disability (see table 4).

Table 4: Number of older people with multiple disabilities

Number of disabilities older people are living with	50-69	70+
1	51%	41%
2 to 3	36%	40%
4 to 7	14%	19%

The data identifies how the number of disabilities increases among the over 70s and highlights the complex issues that older people are living with. It flags up concerns for care and support at the community level. Providing quality care and support to maintain and improve people's level of independence and autonomy will be challenging. It is important to have a multidisciplinary health, rehabilitation, and social care team to prevent further disabilities linked to health conditions, as well as to maintain and improve quality of life and independence. The data also identifies that 55% of older people with disabilities have access to appropriate assistive products. However, we do not know if these assistive products are of the right quality.

Table 5: Percentages of older people with disabilities using assistive products

Older people with disability	Total	Women	Men
Has an assistive device	55%	53%	57%
Does not have access to an assistive device	45%	47%	42%
The assistive device still works	25%	24%	26%
Does not use an assistive device	13%	13%	12%

Almost half of those with a disability do not have access to assistive devices and of those that do, only one quarter have devices that still work. This raises questions on better understanding where people get their assistive devices, their affordability and availability.

A significant number of people are being cared for by older men and women with disabilities. This level of responsibility must make it more difficult for them to support themselves and look after others. This needs to be considered in the provision of humanitarian support, and to ensure equal access to services.

The data raises protection concerns for people of all ages with disabilities and with others, for example, prevention of violence, exploitation and abuse, and protection from risk and psychological harm. This needs to be better understood to see if there is a need for a more community-integrated approach that moves away from age-centred approaches.

Understanding family and community support mechanisms are important in order to provide relevant support. For example, community support should be given to carers so that they have time to get medical care, or respite from their demanding family and carer roles.

Table 6: Number of older women and men with disabilities with caring responsibilities

Type of dependant	Average number of dependants for older women with disabilities	Average number of dependants for older men with disabilities
Children	0.3	0.3
Older people	0.4	0.5
Person with disability	0.1	0.1
Other people	1	1.3

There is also a concern that 34% of older people – 63% of whom have a disability - cannot reach aid without assistance. Nearly 60% of older people with a disability reported that they receive no aid at all.

Most older people with disabilities who do receive aid rely on friends and family (27% women and 17% men) to take them to pick up their aid, whereas 36% of older women and 26% of older men with disabilities rely on their friends and family to bring aid and relief to their home.

Recommendations

1. Use data disaggregated by sex, age and disability in all programming to assess whether programmes are inclusive and analyse the data to get a snapshot of the number of older women and men with complex needs, for example, two or more disabilities and chronic disease, to inform the type of response needed.
2. Develop activities to address the accessibility needs of older people with disabilities by providing outreach and home-based care to older women and men at risk of isolation and neglect. To achieve this recruit and train staff and volunteers on how to develop case management activities. Provide information and communications that are accessible to older people with a lot of difficulty remembering, concentrating and communicating.
3. Include older people with disabilities in leadership activities and participation beyond complaints, by being included in existing structures and developing new ones, for example, older people's associations.
4. Put support in place to ensure prioritised needs - medicine, food and fuel - are accessible.
5. Establish psychosocial support activities for older people feeling isolated and neglected as part of community integration and mobilisation. To achieve this, recruit and train staff and volunteers on how to listen and communicate with older people in formats which meet their own communication needs, for example, difficulty in hearing, seeing and remembering.
6. Provide tailored support to older people caring for others by developing carer training and support packages that improve the quality of care and provide psychological support to the carers themselves.
7. Establish a community volunteer network or peer support groups to encourage older people and people with disabilities to be actively engaged in community activities.

2. Food security, income and debt

Three-in-five older people in Venezuela go to bed hungry. Hunger is more pronounced amongst older people in rural areas than in the urban population and more older men than women go to bed hungry at night.

One in 10 older people go to bed hungry every night, while nearly one in five older men and women go to bed hungry three to five nights a week.

Older people only eat on average of 2.37 meals per day. Older women, fair slightly better than older men, eating an average of 2.43 meals compared to 2.31 meals a day. Furthermore, rural older people eat slightly less than urban older people.

Food insecurity among older people who live alone is particularly concerning. 95% report that they do not have access to enough food and eat less than those who live with others (2.2 meals per day compared to 2.4 meals per day for older people living with others). 98% of older women who live in rural areas do not have access to enough food.

Seventy-seven per cent of older people report that they do not have access to enough food, with men faring the worst. Rural men (81%) closely followed by urban men (74%) have the least access to enough food, although, the situation is not much better for older women (72% urban and 55% rural). In rural areas, the gender disparity is significant, with 81% of men compared to 55% of women reporting not having access to enough food.

Eighty-three per cent of older people in urban areas are not able to get hold of food that meets their needs, compared to 77% in rural areas. 81% of older people who live alone report that the food that they can access is not appropriate to their specific needs (88% urban and 74% rural).

Even where there is enough food, 64% report they cannot afford to buy food. One quarter of older people (28% women and 22% men) currently have no income, while three quarters of older people have had to borrow since the crisis started in order to meet their day-to-day needs. Furthermore, 70% of older people who live alone report that they cannot afford to buy food, with rural older people having the least purchasing power.

For 79% of older people, accessing food puts their safety at risk.

Hyperinflation has left many Venezuelans struggling to afford basic items such as food.⁵ Although older people ranked cash as their highest priority, hyperinflation and the complex economic and political environment makes cash interventions in the Venezuelan context difficult to implement. However, with 96% of older people saying that if they were given cash, they would be able to use it, a cash intervention should be explored including different cash delivery systems such as mobile money transfers.

We know that while older people do have access to food, the main issue is having safe access to enough food and a diverse, nutritious diet. Commodity vouchers could solve this by providing older people with access to specific goods but they are complicated and too restrictive for those with diverse food needs.

Recommendations

1. Research and analyse if using cash interventions would be the safest and most effective method in the Venezuelan context, investigating its political, economic and legal viability. Further consultation with local organisations, older people and local food commodity traders and businesses is required to understand what the needs are and how they could be met by the local markets.
2. Further analyse the lack of food available in the market through market assessment.
3. Consider food parcels as an alternative option to cash after consulting older people on what should be included to ensure they meet their dietary needs.
4. Consider a commodity voucher programme as an alternative to cash after a detailed market assessment.
5. Implement an inclusive longer-term cash intervention (12–24 months) for older men and women who are supporting three or more people or live alone and have no sustainable income, and for those living alone.
6. Sufficient cash should be provided to ensure enough appropriate food can be purchased and that the cash grant is proportional to the number of dependants.
7. Provide inclusive, one-off or short-term cash transfer designed to reduce or remove the debt burden of older people, particularly those who are aged over 70 and are supporting two or more other people.
8. Target those who are most food insecure, particularly when they are one or more of the below:
 - Male
 - Living alone
 - Caring for others
 - Living in rural areas
 - Have a disability

⁵ <https://www.bbc.co.uk/news/world-latin-america-36319877>

3. Accountability

Overall, 97% of older people said they had not been consulted by any other humanitarian agencies about the services provided to them. This shows just how far older people are excluded. Slightly more older people with disabilities (4%) were consulted, but the figure is still very low.

The majority of older people (73%), including older people with disabilities (72%), said they did not know how to give their opinion or make a complaint about services. This means that not only are programmes not being designed to specifically meet these people's needs, but they are not getting the feedback to improve either.

Given that the crisis in Venezuela has been ongoing for several years, the lack of consultation and inability of older people to give feedback is concerning and needs to be addressed. It can lead to programming that does not address the differing needs and concerns of older women and men or uphold their rights and can reinforce unequal power relations between older men and women. It may even exclude them from accessing support and assistance altogether. A failure to consult the impacted parties can exacerbate the marginalisation and protection risks faced by older people, particularly those with disabilities. More needs to be done to understand the barriers preventing older people from engaging with responding actors and accessing feedback mechanisms, for example, reliance on local languages, low literacy levels and complaints having to be made at fixed locations.

Recommendations

1. Use accessible communication methods and local languages to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access complaints and feedback mechanisms.
2. Gather and incorporate older women's and men's input and feedback in the design of new projects, as well as inclusive complaints and feedback mechanisms, prior to implementation.
3. Hold focus group discussions with older people with disabilities, particularly women, to design an engagement plan for working with humanitarian agencies.
4. Analyse feedback from older women and men, particularly those with disabilities, on a regular basis and adapt programmes accordingly.
5. Review current complaints and feedback mechanisms to determine what barriers older women and men, including older people with disabilities, face in accessing them.
6. Identify accessible complaints mechanisms and community-based CFM that enable older women and men with disabilities to share their concerns and receive appropriate feedback.

4. Protection

Older people have significant concerns about the denial of resources, opportunities and services, no safe spaces existing in the community, and financial and emotional abuse (see Table 7).

Table 7: Top three safety risks perceived by older people

Safety risks	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Denial of resources, opportunities or services	53%	53%
No safe space in the community	45%	45%
Financial abuse	39%	39%
Emotional abuse	36%	33%
Neglect and isolation	27%	26%

The protracted crisis in Venezuela has had a considerable impact on older people’s sense of how they are coping. 65% of them saying they are unable to cope without additional support, while 21% say they cannot cope at all.

Older people’s sense of their ability to cope may be exacerbated by their dependence on others to meet their basic needs and their perception that there isn’t a safe space for them in the community. It is likely to be further aggravated by their inability to reach aid services or distributions points on their own and high levels of food insecurity. Such perceptions and concerns can impact an older persons overall psychosocial wellbeing, for example, increased worry, stress and anxiety, and requires attention. It indicates a need for support in not only accessing resources but also in the provision of group, peer and one-to-one psychosocial support in safe spaces in communities which help build links, strengthen resilience and find ways for people to manage their situation.

Twenty-one per cent of all older people surveyed are caring for and/or support on average five dependants, including children and/or other older people. Many of these older carers are in their 70s and some of them have a disability. This creates serious implications for the care and safety of children in the care of those who are, in turn, relying on others for support. Ensuring inclusive access to important services for everyone has to be included in a response, along with referral links for additional support to other service providers.

Thirty-four per-cent of older people said they cannot reach aid services or distributions points alone, while one quarter do not get to distribution points or receive aid services at all. Considerably, more older women (49%) do not get to distributions points or receive aid, compared to older men (26%).

Sixty-seven per-cent of older people are reliant on other people to meet their basic needs, with the dependence being substantially higher for women (76%) than men (57%). 35% of this group have dependants - including children, people with disabilities and older people - who rely on them for care and support (39% women and 30% men).

High proportions of older people did not feel safe when accessing healthcare and food services (42%) and drinking water (37%).

Recommendations

1. Strengthen the voice and leadership of older people via structures such as older people's associations.
2. Provide outreach and home-based care to older women and men at risk of being isolated and neglected as part of protection interventions.
3. Establish a community volunteer network or peer support groups for older people.
4. Arrange home-based care and intergenerational activities for families living in households headed by older people.
5. Provide psychosocial support to older people feeling isolated and neglected as part of community integration interventions.
6. Provide tailored support to older people caring for others.
7. Undertake a service mapping exercise for community members at risk of exclusion to ensure equitable access to services for all. Remove physical, communication, environmental and attitudinal barriers to ensure older people can access services.
8. Establish or strengthen the referral of older people to other service providers to ensure equitable access to services.
9. Share information on access to services in accessible formats, considering the hearing, visual or other communication barriers older people may face.
10. Provide opportunities for older people to take on roles in the community, such as volunteers and community monitors who support the work of the outreach teams
11. Use the *Humanitarian inclusion standards for older people and people with disabilities*⁶ to ensure all sectors respond in a fully inclusive way.

5. Health

More than 30% of older people in Venezuela do not have access to health services. The major barriers are the availability of medicine and the affordability of healthcare. The large majority (75%) report that certain medicines are not available at health centres, which is a serious concern given the number of older people who need medication.

Sixty-four per cent of older people report that health services are too expensive, while 14% of older people report that health providers had a negative attitude towards them. A small but significant group of older people (6%) report that they require someone to help them reach the health services but did not have this support.

Seventy-nine per cent of older people surveyed in Venezuela have non-communicable diseases (NCDs)⁷, 45% of whom have two or more NCDs. People with disabilities have higher prevalence rates for most NCDs, although advanced age remains a significant factor. It is very important for those with NCDs to be able to access adequate health services but 27% of older people with multiple NCDs have no access to health services and 26% are not on any medication.

Sixty-three per cent of older people (60% men and 67% women) reported having hypertension and arthritis. Older women (71% aged 70-79 and 82% aged 80+) and men 80+ (74%) are the group with the highest prevalence of hypertension. Arthritis affects 61% of older people (68% women and 54% men).

Prevalence increases with age and is higher for women (73% 80+). Three-quarters of people with a disability have arthritis.

⁶ ADCAP, 'Humanitarian inclusion standards for older people and people with disabilities' (2018), <https://www.helpage.org/download/5a7ad49b81cf8>

⁷ NCDs accounted for within the RNA-OP include chronic respiratory disease, arthritis, cardiovascular disease, cancer, diabetes and hypertension.

These illnesses may be part of the reality of old age but in Venezuela 18% of older people's medicine will run out within a week, while another 26% do not have any medication (44%)

The issues older people face with regards to nutrition, water, sanitation and hygiene, have an impact on health too. For example, of the 11% of older people with a skin disease, 20% do not have access to handwashing facilities and 17% do not have access to bathing facilities. 57% of older people with gastrointestinal problems report going to bed hungry at least one night a week, with 12% going to bed hungry every night.

Recommendations

1. Increase adequate stock and affordability of essential medication, ensuring those with chronic conditions have regular and uninterrupted access to their prescriptions.
2. Work with the Health Cluster to ensure that aid agencies consider the health concerns of older people in assessments and interventions.
3. Consider cash, vouchers or health insurance programmes to cover basic healthcare costs.
4. Provide transport to health centres or mobile medical services to reach the <30% of older people who cannot access them.
5. Increase safe access to food and sufficient nutrition, ensuring those who need assistance to access aid have support to do so.
6. Ensure the Food Security and Livelihoods Cluster is aware of and addresses nutritional needs of older people, particularly the oldest age groups.
7. Increase access to safe drinking water, and bathing, handwashing and toileting facilities.
8. Work with the WASH Cluster to ensure facilities have universal, accessible designs that include hand grips and age-friendly toilets.

6. Water, sanitation and hygiene (WASH)

Older people report having access to drinking water (84%), bathing (86%), handwashing (86%) and toilet facilities (90%) reflecting that WASH is not a significant problem in the crisis. Water is ranked by older people as their sixth highest priority out of eleven and hygiene items are ranked as fifth highest priority, which makes them both medium priorities. An oversight should be maintained on the WASH situation within Venezuela to ensure services do not deteriorate.

Recommendations

1. No immediate intervention is required while other sectors remain a greater concern. The response should therefore focus on priority sectors, such as food security and health.

7. Shelter

The shelter environment in Venezuela is relatively stable. 95% of older people sampled have a shelter, although 29% of older people (32% women and 26% men) reported that their shelter needs major repairs.

Recommendations

1. No immediate intervention is required while other sectors remain a greater concern. The response should therefore focus on priority sectors, such as food security and health.

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