CONVITE A.C.

CHSAlliance

Convite,

VENEZUELA EARTHQUAKE RESPONSE, SITREP

August 2026

Convite, Venezuela Earthquake Response,
Sitrep, August 2026

Convite medical team providing comprehensive assistance in a displacement site, August 2026. Pantheon Place-Caracas

Introducing Convite Civil Association (Convite AC)

Convite AC was established in Venezuela in 2006 and has been providing age- and disability-inclusive development and humanitarian assistance for 20 years, combined with research and advocacy actions. Convite partners with a wide range of local, national, and international agencies and specializes in multisectoral responses that include the Health, Mental Health and Psychosocial Support (MHPSS), Protection, Food Security and Livelihoods (FSL), and Water, Sanitation and Hygiene (WASH) sectors.

As a national NGO, Convite is a board member of Pahnal representing 48 Venezuelan organizations in humanitarian coordination structures, while also being a Strategic Advisory Group (SAG) member of both the Food Security & Livelihoods and WASH Clusters, co-leads the Age and Disability Advisory Group (to the Inter-Cluster Coordination Group - ICCG), and is an active member of the Protection and Health Clusters. Convite is also a certified member of the Core Humanitarian Standards (CHS) Alliance, is SPHERE-certified, and is a champion of the wider adoption of these standards in Venezuela.

Situation of Older People before the earthquake

Venezuela is currently experiencing significant aging, driven by mass migration of people aged 18 to 45 in recent years, along with a declining birth rate and rising life expectancy.

In March 2026, Convite published ***'Assessment of the living and health conditions of older people in Venezuela 2025 - Convite'***, a part of the EU-funded 'ECHO LEAD' project. This rigorous assessment included a sample of 1,803 people aged 60 plus, across 19 capital and regional cities.

'Older people in Venezuela are subject to **compounding risks,** including **financial, health, food, social, and protection,** that exacerbate their vulnerability.'

Key findings:

- **Older People play vital roles as Primary Caregivers: 25% (328 older persons) were directly/f**ully responsible for caring for a family member. The largest group of recipients of this support are **children and adolescents (189 cases),** other older persons (137), and people with disabilities (39).
- 65% do not have access to **safe water**
- 55% of older people reported they were **currently working** (majority in the **informal labor market**) as they need to **supplement social protection income** to cover costs of food, healthcare, and family support.
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- Access to **food** was widely identified as a challenge for older people. **Coping strategies** included buying less expensive and lower-quality food (73.4%), reducing portion size (52.1%), and reducing the number of meals (39.5%).
- **Health:** 62% reported **health facilities** lacked resources to provide a 'good service'. **Access to medicines** was a major challenge; **82% take medicines to manage chronic diseases.** Of these, 88% experienced significant challenges in accessing the medication. Over 86% had no health insurance
    - The most common morbidities are hypertension (63%), gastrointestinal disorders (32%), diabetes (22%), and venous insufficiency (17%). These conditions require medical monitoring and constant access to treatment.
    - The most frequent infectious or communicable diseases were dengue and acute diarrhea.
    - Disability: over 44% reported difficulties with sight, 31% reported mobility challenges, and 22% had difficulty remembering or concentrating.

Venezuela Humanitarian Response Plan, February 2026 (pre-earthquake)

"With a **'leave no one behind'** approach, differentiated care will be sought for groups in situations of greatest vulnerability, including … people with disabilities, older adults …" (p, 7)

Interagency Multisector Needs Assessment, report published by OCHA, 6th July 2026. The Protection assessment identified **older people as the top priority group** that especially requires assistance, with 97% of respondents identifying them as such. The second highest priority group requiring assistance was identified as **people with disabilities, with 87%** of respondents identifying them as such.
Venezuela Earthquakes: Rapid Needs Assessment (RNA) | Humanitarian Dataset | HDX

Increased risks for older people:

- Reduced access to essential health services and medicine for chronic health conditions such as diabetes, hypertension and dementia, and increased risk of infectious disease outbreaks
- Mental Health: grief and stress with limited access to appropriate mental health support
- Loss of access to assistive devices to aid mobility, sight and hearing.
- Social isolation with the loss of family, caregivers and displacement into informal shelter arrangements, leading to insufficient access to food and nutrition.
- Ageism in humanitarian assessments and response planning, with data on older people not systematically collected.

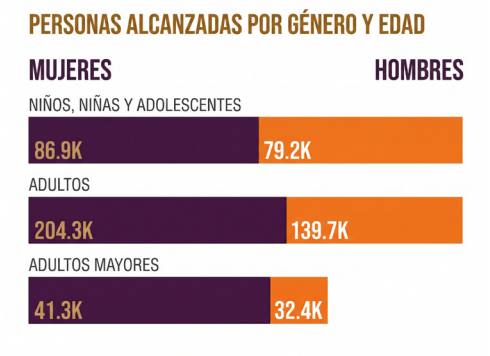
Humanitarian Response Plan, Earthquake Response addendum, June 2026 OCHA. Impact and Needs:

A Rapid Needs Assessment (RNDA) conducted by OCHA/UNDAC during the first week of July indicated severe impacts for 31% of the population in the directly affected areas and the most acute levels of need in La Guaira, the Capital District, and Falcón. On July 12, OCHA published an Addendum to Venezuela's 2026 Humanitarian Response Plan, estimating that 1.3 million people have humanitarian needs resulting from the twin earthquakes, bringing the 2026 target to 5.5 million.

'There is a critical urgency to ensure economic and physical access to safe and nutritious food, thereby mitigating the nutritional risk to children under five, women and older people without financial support networks.' (p 17)

Summary of Earthquake Response, 5 Ws

(https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-resumen-respuesta-al-terremoto-2026-al-14-de-agosto-de-2026) Of the 304,100 people reached with humanitarian assistance, 73,700 (24%) are older people (41,300 Female, 32,400 Male). This percentage represents almost a 6-fold increase in the number of older people included in the humanitarian response compared to the 5W report from May 2026, which reported they accounted for only 4% of those reached. This indicates the high prevalence of acute need amongst older people and can be seen as a positive trend related to a more inclusive response, among other reasons.



Source: OCHA Dashboard, 14th August, 2026

Earthquake Response: Assistance provided from 24th June to date (18/08/2026)

- Provision of medicines and medical supplies to health facilities: 6.748 units distributed and 409 people received.
- Primary Health Care - through medical teams, 596 people assisted in 12 journeys. 38 people assisted at home
- Food distribution - high-quality food baskets (250 families, 1050 beneficiary people), 15 tons, including fresh food, e.g., eggs.
- 538 Hygiene kit distribution (538 families, 2259 beneficiary people); adult diaper provision to 39 institutions: 9,950 units
- 456 insect repellent distributed at the same number of families
- 140 NFI kits (no food ítems) distributed to the same number of families
- 02 Community NFI kits distributed to 86 beneficiary families
- Water filters (190 families and 798 beneficiary people) and water purification packs
- (200).
- 35 debris removal kits donated to the Volunteer Fire Department of the Central University of Venezuela
- Protection, Case Management, Mental Health and Psychosocial Support (MHPSS): 15 people reached

Convite medical team conducting consultations and registering health information during earthquake-response activities at a temporary assistance point, August 2026.

Convite staff distributing water filters and water purification supplies to promote safe water consumption among affected families in Pericoco, La Guaira State, August 2026.

Convite staff providing direct assistance and collecting information from a person affected by the earthquake at a temporary shelter site, El Junquito, June 2026.

Convite team members conducting field registration and needs assessment activities with displaced families in El Junquito, June 2026.

Convite donated debris-removal equipment and tools to the Volunteer Fire Department of the Central University of Venezuela to support earthquake-response operations, August 2026.

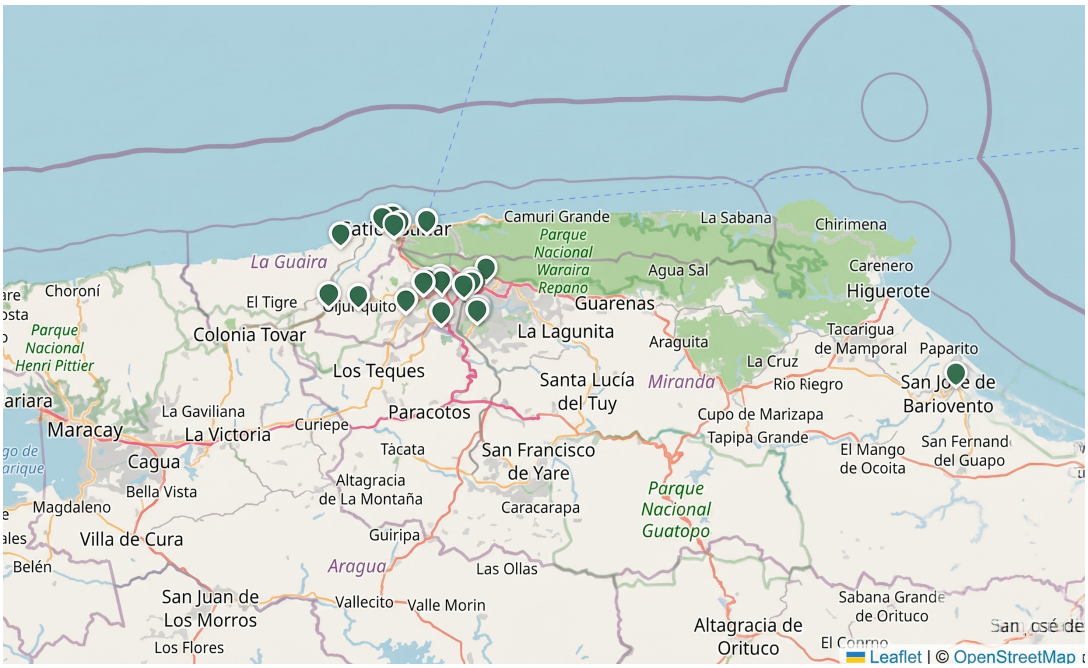
Technical Support on Age and Disability inclusion is provided by Convite to all response actors via the FSL, WASH, Health, Protection, and Nutrition Clusters and the Age and Disability Advisory Group to the ICCG. The Inclusive humanitarian guides, including the basic conceptual framework and the sectoral guidance, are available here: *https://reliefweb.int/report/venezuela-bolivarian-republic/guia-de-accion-humanitaria-con-enfoque-inclusivo*

Response Location:

Capital District: Libertador municipality

Miranda State: Chacao and Baruta municipalities

La Guaira State: Pericoco community, Carayaca parish, "U.E.N. Santa Eduvigis" transitional camp in Maiquetía parish
Food and medical assistance have also been provided to older people displaced by the earthquake in Sucre and Delta States.



Map showing Convite's earthquake-response coverage and priority locations in the affected areas of northern Venezuela, August 2026.

Needs Post-Earthquake:

- Psychosocial support
- Legal assistance
- WASH and hygiene support
- Health support, especially for older people and people with disabilities
- Food
- Small reparations
- Articles for school (for children)

Challenges Faced:

- Impact on our own offices and warehouses
- Communication Limitations
- Difficulties in accessing the temporary camps.
- Many organizations and volunteers implementing in the same spaces without articulation
- Stress post-earthquake and frequent small earthquakes
- Various organizations´ members suffered damage to their homes

Lessons Learned:

- It is always better to wait for the adequate moment to enter the field.
- The articulation with authorities, NGOs, and community leaders.
- It is important to raise awareness of the work that has been done; this is a way to get on the radar of aid donors
- Maintaining dialogue with community leaders ensures access to and a true understanding of humanitarian needs

Partners and donors:

Help-Hilfe zur Selbsthilfe, International Rescue Committee (IRC), Aktion Deutschland, Lions Deutschland, Wayuu Taya,Tearfund, Saludos Connection, GOAL, Oxfam, and the organization's equity