

Delivery of assistance to refugees and migrants on the road from Ipiales to Pasto, in Nariño

GIFMM COLOMBIA:

JOINT NEEDS ASSESSMENT

COVID-19

JUNE 2020

© Colombian Red Cross



GIFMM COLOMBIA

JOINT NEEDS ASSESSMENT – COVID-19

JUNE 2020

This analysis is made available to all GIFMM staff and partners, as well as to the general public, to inform decision making for strategic and operational planning of the humanitarian response in Colombia, and other related purposes. The information included may be redistributed or adapted to meet the beforementioned purposes, as long as this analysis is credited to GIFMM. Analysis cannot be used for commercial purposes.

As a user of this analysis you acknowledge that any information is treated as non-proprietary and non-confidential information. When using this assessment, please refer to it as "GIFMM Colombia: Joint Needs Assessment – COVID-19, June 2020".

*Bogotá, D.C., Colombia
2020*



NATIONAL TEAM

OF THE R4V PLATFORM IN COLOMBIA

Analysis:

Leonie Tax
taxle@unhcr.org

Camila Borrero
cborrero@iom.int

Reporting:

Laura Zambrano
zambranl@unhcr.org

Lucía Gualdrón
gualdron@unhcr.org

Design:

Laura Bermúdez
bermudla@unhcr.org

Carolina Castelblanco
ccastelblan@iom.int

With the support of:

Carlos Acosta cacosta@iom.int and Jesús Cárdenas jecardenas@iom.int

In collaboration with:



TABLE OF CONTENTS

	Introduction	1
1	Methodology	4
2	Key Findings	7
3	Profile of respondents and households	14
	a. Sex, age and profile of the respondent	
	b. Gender of head of household	
	c. Head of household with a disability	
	d. Household composition	
	e. Date of arrival	
	f. Type of shelter	
	g. Birth registration	
4	Household perspectives on priorities	20
	a. Priority needs	
	b. Individuals with specific needs	
5	The situation of households before and after the start of the preventative isolation measures	23
	a. Income sources	
	b. Food security and nutrition	
	c. Incidents of discrimination	

6		Access to basic needs and services	33
		a. Food security and nutrition	
		b. Shelter	
		c. Risk of eviction	
		d. Access to water	
		e. Access to healthcare	
		f. Education	
		g. Telecommunications	
		h. Returns to Venezuela	
7		Physical and mental well-being	47
		a. Sexual and reproductive health	
		b. Mental health	
8		Capacity to implement COVID-19 measures	51
		a. Handwashing	
		b. Cohabitation concerns	
9		Response	54

EVALUATION PARTICIPANTS AND ACKNOWLEDGEMENTS

The GIFMM would like to thank the following organizations for their support with data collection

Action Against Hunger | Apoyar | Bethany International | Colombian National Red Cross Society | Corporación Infancia y Desarrollo (CID) | Diakonie Katastrophenhilfe | Danish Refugee Council (DRC) | Fundación Guajira Naciente | Fundación Halü | Fundación Proinco | Fundación Tierra de Paz | Heartland Alliance | Humanity & Inclusion | International Rescue Committee (IRC) | Jesuit Refugee Service Colombia (JRS Col) | MedGlobal | Mercy Corps | Norwegian Refugee Council (NRC) | Asociación Probienestar de la Familia Colombiana (Profamilia) | Pan American Development Foundation (PADF) | Save the Children | Terre des Hommes Italy | UN Women | United Nations Development Programme (UNDP) | United Nations High Commissioner for Refugees (UNHCR) | United Nations International Children's Fund (UNICEF) | United Nations Population Fund (UNFPA) | VenEsperanza | World Food Programme (WFP) | World Vision

In addition, the GIFMM would like to thank the following organizations for their analysis of the results

ACAPS | The Humanitarian INGO Forum in Colombia | Humanity & Inclusion | iMMAP | International Organization for Migration (IOM) | International Rescue Committee (IRC) | Jesuit Refugee Service Colombia (JRS Col) | Asociación Probienestar de la Familia Colombiana (Profamilia) | United Nations Population Fund (UNFPA) | United Nations High Commissioner for Refugees (UNHCR) | World Food Programme (WFP)

The GIFMM would also like to thank the World Bank for its technical support and analysis.

Above all, the GIFMM is especially grateful to the households surveyed for their willingness, time and inputs.



HOUSEHOLDS INTERVIEWED
>2.500 [ONE INTERVIEW BY HOUSEHOLD]
 ELIGIBLE HOUSEHOLDS OF THE OVER
>2.700 HOUSEHOLDS CONTACTED



METHODOLOGY AND ASSESSMENT PARTNERS
 PHONE BASED INTERVIEWS,
25 MINUTES PER CALL, **7** DAYS OF DATA COLLECTION

26
 DEPARTMENTS
 [INCLUDING A REPRESENTATIVE
 SAMPLE FOR **10**]

SAMPLE BASED ON
 DATABASES WITH
 INFORMATION OF MORE
 THAN **>82.000** HOUSEHOLDS

29
 ORGANIZATIONS

186
 ENUMERATORS

PRIORITY NEEDS



92%

OF HOUSEHOLDS PRIORITISE ACCESS TO
 FOOD



66%

SHELTER



53%

SOURCES OF INCOME

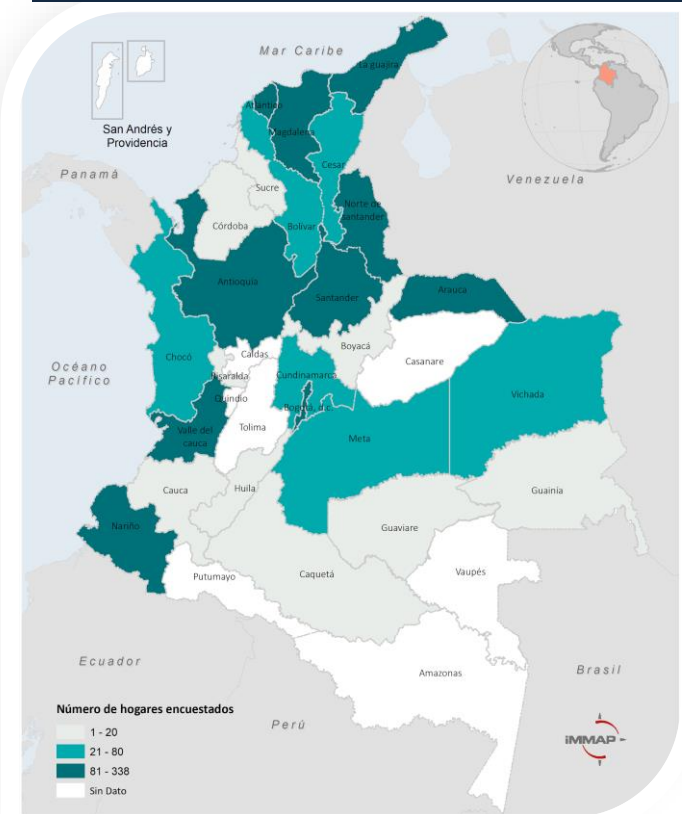
Introduction

This report details the results of the second round of the joint needs assessment conducted in Colombia in June 2020. The report outlines the methodology used, its scope and the main results. The objective of the assessment is to determine: (i) what are the levels of access to and availability of basic goods and services for households (ii) how living conditions have evolved since the start of the preventative isolation measures, (iii) what is the proportion of households that have received humanitarian assistance, by source of assistance, and (iv) what are the priorities as perceived by the population. This report also contains a panel data analysis of the first round of collection (April) and the second round (June).

The analysis included in this document reflects analysis of the data by member organizations of the Interagency Group on Mixed Migration Flows (GIFMM)¹, as well as the experience and contribution of each of the experts in the sectors evaluated. The graphs presented in this report were prepared by the authors, based on the information collected.

As of 30 April 2020, over 1.78 million Venezuelan refugees and migrants were residing in Colombia (Colombia Migration Unit, 2020)². Thousands more transited through Colombia, towards other countries or Colombian cities. In addition, there were pendular movements of thousands of people, who crossed the border in search of basic needs and services. On 6 March, the first case of COVID-19 was confirmed in Colombia. On 20 March, President Iván Duque announced the start of preventative isolation measures as of 24 March. At the time of the publication of

Number of households interviewed by department



¹ Further information about the GIFMM in the Q&A document here: <https://bit.ly/3dNRXQE>

² Colombia Migration Unit (30 June 2020). Venezuelans in Colombia as of 30 April 2020: <https://bit.ly/3ffvk9C>

this report, the preventative isolation measures are scheduled to continue until 1 August, with some modifications, including the current 44 exceptions, which allow for the reactivation of some sectors of the economy under Decree 990/2020 (Presidency, 2020)³.

In light of the significant impact of the COVID-19 crisis on the refugee and migrant population, GIFMM, under its mandate to coordinate the response for Venezuelan refugees and migrants in Colombia, identified a need to collect additional information on the main needs of Venezuelan households, how the situation has evolved in recent months and the main needs of the households.

³ Presidency (9 July 2020). Government issues Decree extending Mandatory Preventive Isolation until 1 August: <https://bit.ly/2ZicFn>

1 | Methodology



1 | METHODOLOGY

ROUND 2

Due to the preventative isolation measures within the country, data collection was carried out remotely, by telephone, in 26 departments nationwide, using a structured questionnaire⁴. 186 surveyors from 29 organizations completed 2,543 telephone surveys between May 25 and June 2, 2020.

The target population of the assessment corresponds to Venezuelan refugees and migrants. The surveys were conducted with the heads of household or those who could respond on their behalf. The unit of measurement for this analysis is the household.

The target sample size for the evaluation was 1,750 successful surveys, to obtain results that represent households in the databases with a margin of error between 7 and 8% and a confidence level of around 95% per department. Nationally, there is a 3% margin of error with a 99% confidence level. In the absence of a universal sampling frame, a combination of the databases of the participating organizations was used, combining information of over 82,000 households, or 410,000 individuals. The numbers of surveys by department were calculated and distributed as follows:

- Based on the distribution by department of the organizations' databases, the departments with the largest presence of households of interest were selected.
- Once the departments were selected based on this representation, the number of surveys was adjusted to those departments that are particularly important to inform the GIFMM response. The departments prioritized for this analysis are:

1. Antioquia 2. Arauca 3. Atlántico 4. Bogotá 5. La Guajira 6. Magdalena 7. Nariño 8. Norte de Santander
9. Santander 10. Valle del Cauca

The results presented in this report were analyzed through a joint process with an analysis team composed of 11 organizations⁵, each of which contributed according to their sectoral and/or geographical expertise. Afterwards, this initial analysis was reviewed by experts with different sector expertise and geographical perspectives that helped to enrich what is presented in this report.

For more information, please find the reference to the methodological note, the questionnaire, and the database at the end of this report.

ANALYSIS PANEL

During round 2, the 737 households contacted during round 1 were contacted a second time to measure how conditions have evolved. The survey reached a response rate of 61%, or 448 households. The characteristics of the PANEL households (location, the size of household and whether the household received support) are similar to the original population of 737 households. Hence, there is no specific bias expected as a result of the no-response rate.

To differentiate between the general results and the PANEL analysis, the latter results are highlighted in blue.

⁴ At the end of this report you can consult the link to access the questionnaire used.

⁵ ACAPS | UNHCR | Humanity & Inclusion | INGO Forum Colombia | iMMAP | IRC | SJR Col | IOM | Profamilia | WFP | UNFPA



SCOPE AND LIMITATIONS

- The 22 databases used to create the sampling frame contain information on around 82,000 households, comprising approximately 410,000 people. There may be duplicate households among the databases, which could not be removed prior to the surveys, due to the different data protection policies. **It should be taken into account that there is a selection bias in the sample frame since the people in these databases are those who have been in contact with the organizations participating in the survey (as beneficiaries, participants in previous surveys- e.g. eligibility surveys or information campaigns). As a result, the information collected is not representative of the entire Venezuelan population in the country. For instance, the proportion of surveyed households receiving assistance is likely to be higher than the proportion of refugee and migrants receiving assistance.** Additionally, some profiles of refugees and migrants such as people in transit by foot (*'caminantes'*), host communities and Colombian returnees are not included in the needs assessment, which focuses on the population from Venezuela with an intention to stay in Colombia.
- The sampling design allows for analysis on a national level, and for the 10 prioritized departments. The information on the remaining 16 departments inform the national level analysis.
- This assessment was designed to provide an analysis from a multi-sectoral perspective and does not intend to provide a detailed analysis of all sector specific concerns, their causes and impacts. As a result, sector specific assessments may be required to measure concerns in further detail.
- The results should be interpreted in light of the COVID-19 crisis and preventative measures that were in place at the time of data collection.
- The unit of measurement is the household and as such, only limited information was collected regarding the conditions and experiences of specific members of the household. Therefore, the resulting data are likely to mask significant differences within households.
- As several of the respondents received assistance through the organizations conducting the interviews, it is likely that some results have been influenced by a response error.
- There are general limitations to conducting phone-based surveys: first of all, it is not possible to confirm responses through direct observation as is common during face-to-face surveys. In addition, issues considered sensitive to respondents may be underreported.
- Likewise, as the information is collected remotely, several indicators should be considered as proxy-indicators of the food security situation, adapted to the COVID-19 context. As a result, the findings are indicative of the food security situation, and cannot determine the food security situation of all households interviewed.
- The PANEL data analysis applies to 448 households that could be followed up during the data collection process. Due to the change in database coverage between the first and second round (>45.000 vs. >82.000 households, respectively), no direct comparisons can be made between the other results. This information is indicative and only shows changes in perceptions for this number of households. During the second round, the respondent within the household might have differed from the first round, which might have influenced some of the changes recorded.



2 | KEY FINDINGS

ROUND 2



PERCEPTIONS ON PRIORITIES

The three main needs perceived by households are **food (92% of households)**, **shelter support** such as rental assistance (**66%**) and access to **employment or other sources of income (53%)**.



SOURCES OF INCOME

Before the preventive isolation measures, 89% of the households surveyed reported having a paid job as their main source of income. Two months later this percentage is 58%. 16% have no source of income at all.



FOOD SECURITY AND NUTRITION

Before the preventive isolation measures, 29% of households consumed two meals a day while 69% consumed three meals. Two months later, 59% of households reported having two meals a day, while only 26% consumed three meals. Lack of dietary diversity continues, with, on average, households not consuming all food groups relevant to an adequate diet.



WATER AND SANITATION

27% of households surveyed are unable to wash their hands properly, because they do not have access to water or inputs to do so. 18% do not have access to water when required.



PROTECTION

8% of the households surveyed indicated that they have experienced cohabitation problems. 31% of these households due to a risk of eviction, followed by 30% due to problems with children and 24% with their partner. Additionally, 12% of the households have had to leave their home and 23% face the risk of possible eviction.



EDUCATION

30% of the households surveyed do not have access to educational materials or activities. 31% do not have access to the internet. Of the households that do have access to the internet, they access it mainly through their mobile phones. Only 2% of households report having a computer.



HEALTH








37% of the households surveyed mentioned needing medical treatment since the start of the preventative isolation measures. Of these, 58% had limitations in access due as they are not affiliated to the health system (54%) and the high cost of services and medicines (50%).



SHELTER

25% of the households stated that they do not know where they will live next month. 17% have changed their place of residence since the isolation measures started. 63% of these households due to an inability to pay, 17% because of problems with their landlord and 13% because they exceeded the allocated time allowed within the type of shelter.

PANEL

 <p>PERCEPTIONS ON PRIORITIES</p> <p>The three main needs perceived by households in both April and June continue to be food (which remained at 94%), housing support (increased from 54% to 67%) and livelihoods (increased from 44% to 53%)</p>	 <p>RESPONSE</p> <p>The percentage of households that have received aid increased by 13 percentage points between April and June. This is due to an increase of 10 percentage points in the receipt of government grants and 4 percentage points in the support from NGOs and the UN.</p>
 <p>SOURCES OF INCOME</p> <p>In April, 20% of households reported a job as their main source of income. In June, this percentage increased to 57%, representing an increase of 30 percentage points. At the same time, the percentage of households that mentioned that their income was sufficient to cover their expenses for only up to one day increased by 12 percentage points.</p>	 <p>FOOD SECURITY AND NUTRITION</p> <p>Between April and June, the proportion of households having two or three meals a day increased by 6 percentage points. The food groups consumed in June were at least halved compared to the groups reported in April.</p>
 <p>WATER AND SANITATION</p> <p>Households have slightly improved hand washing practices with an increase of 3 percentage points. The percentage of households that do not have access to water when required decreased from 19% to 10%.</p>	 <p>SHELTER</p> <p>15% of PANEL households have changed their place of residence since the start of the COVID-19 measures, while 20% have changed their type of accommodation or in agreement with their owner.</p>
 <p>EDUCATION</p> <p>An increasing number of households with children have gained access to remote learning opportunities. During the first round almost half of the households with children indicated that their children did not undertake specific learning activities. In the second round, 48% of these households indicated that they now use school books/materials and/or access virtual classes.</p>	 <p>HEALTH</p> <p>In April the main difficulty in not accessing treatment was not being able to leave the house (38%) while in June it was due to not being affiliated with the health system (55%).</p>

SUMMARY

METHODOLOGY

Between May 25 and June 2, enumerators from 29 GIFMM organizations conducted more than 2,500 telephone surveys with refugee and migrant households from Venezuela. The objective of this second round of the evaluation is to assess the living conditions of Venezuelan refugees and migrants in the context of COVID-19, and thereby inform the response of the GIFMM members, promoting an intersectoral understanding of the needs identified.

The sampling design made it possible undertake analysis on a national level, and for ten departments: Antioquia, Arauca, Atlántico, Bogotá, La Guajira, Magdalena, Nariño, Norte de Santander, Santander and Valle de Cauca.

In addition, the assessment contacted households interviewed during the first round of the GIFMM assessment in April, to measure how conditions have evolved during preventative isolation measures. During this part of the assessment, 448 households were surveyed in round 1 and round 2. (for more information, see Part 1 of this report)⁶.

PRIORITIES AND NEEDS

- The three main needs prioritized by households are food (92% of households interviewed), shelter, including support with payment of rent and public services (66%) and access to employment or other source of income (53%). Households surveyed in the 10 priority departments indicate the same priority needs.
- The PANEL analysis shows that the priorities have remained the same, with households prioritizing food, shelter and access to a source of income in both April and June. (Part 4.a)
- The results show several specific needs among the population assessed: 10% of the heads of household interviewed have some form of disability; 33% of the households reported at least one member who is pregnant and/or lactating. 87% of the households have children, while 63% of households have one or more children under 5 years old. (Part 4.b)

FOOD SECURITY AND NUTRITION

74% of respondents said they had missed at least one meal a day out of the three meals required, with 59% of households currently eating two meals on average a day and 16% eating only one time or less. COVID-19 measures have had an impact on the consumption of household: 55% of households have experienced a reduction in the number of meals consumed per day since the start of the preventative measures (Part 5.b)

In general, there is a low quality and poor diet diversity, characterized by infrequent consumption of fruit, protein, and high consumption of carbohydrates. The data indicates that the populations of Nariño and Arauca, mainly, report a lower number of average food groups per day, which would indicate lower diet diversity. (Part 6.a)

The PANEL analysis shows that COVID-19 measures have impacted dietary diversity. Between round 1 and round 2, the type of food groups consumed by PANEL households were reduced by half. (Part 6.a).

⁶ In April, 737 households were interviewed. During the second round in June, there was a response rate of 61%, resulting in 448 households being interviewed for the second time.

LIVELIHOODS

Before the preventative isolation measures, 89% of the households surveyed reported having a paid job as their main source of income; two months later this percentage dropped to 54%. 16% had no source of income at all. Households that are currently without a source of income are more prevalent in Nariño (24%).

43% of respondents indicated their income could support their household for only one day. La Guajira stands out as the department with the greatest difficulty in accessing sufficient income to meet basic needs, with 58% of households indicating that their income could support their households for up to one day, followed by Arauca (50%)

Households headed by women, 63% of the households surveyed, stand out as being disproportionately affected by the COVID-19 crisis, with 19% of households headed by women reporting having no source of income, compared to 11% of households headed by a man. (11%)

The PANEL findings show that households have partly adapted to the preventive isolation measures, with an increase of 30 percentage points in households that report work as one of their main sources of income between round 1 and 2. At the same time, there is an increase in the proportion of households that report that their income can only sustain their expenditures for a day. (Part 5.a)

SHELTER

Most households live in a rented house or room (82% of the households surveyed). Almost half of the households (47%) indicated that they have not secured a place to live in the month after data collection. This seems of specific concern in Nariño, where 63% of households indicated that they are uncertain where their household will live. 73% of households residing in rented accommodation, hostels or with friends and family do not have a written agreement.

17% of households have changed their place of residence since the start of the preventative isolation measures. Of these households, 63% did so because they were unable to pay the rent and 17% of households indicated that they faced problems with the owner. (Part 6.b)

HEALTH

37% of the households surveyed mentioned that one or more members needed medical treatment since the start of the COVID-19 preventative measures in March. Of these households, 58% faced barriers to accessing health care, as they are not affiliated to the national healthcare system (54% of households facing barriers) and the high cost of services and medicines (50%).

The PANEL analysis shows a change in perceived limitations since the start of the preventative isolation measures: in April, the main difficulty in accessing medical treatment was not being able to leave the house, while in June, the main difficulty reported was not being affiliated with the health system. It should be noted that non-affiliation to the health system was reported much more frequently in households requiring health services for round 2 (55%) than for round 1 (37%). (Part 6.e)

Sexual and reproductive health: 21% of respondents reported that since the start of the preventative isolation measures a member of the household has presented needs related to sexual and reproductive health services: contraceptive services were required by 10% of the households interviewed. 9% of households reported a need for maternal health care, while 4% of households reported a need for activities in the prevention and treatment of STIs and/or HIV. (Part 7.a)

Mental health: 48% of respondents mentioned that a member of their household had experienced symptoms of anxiety, reduced sleep and/or crying episodes. The analysis shows that households that consume a low number of meals per day and/or report cohabitation problems are more likely to report symptoms of anxiety, crying episodes and/or reduced sleep. (Part 7.b)

EDUCATION

30% of households with children do not have access to educational materials or activities. Access to education is particularly low in Santander and Magdalena, where more than 40% of households with children do not have access to educational activities. Connectivity is a key aspect in guaranteeing the right to education during the pandemic, as well as access to timely information. However, only 69% of households with children report being able to access the internet.

The PANEL analysis shows that more households with children have managed to access distance learning opportunities since the beginning of COVID-19 isolation measures (Part 6.f).

TELECOMMUNICATIONS

31% of households do not have access to the internet. Of the households that do have access, this access is mainly through their cell phones, as only 2% report having a computer. Internet access is unevenly distributed across different departments. For example, 44% of the households interviewed in Magdalena and 38% in Norte de Santander do not have access to the internet. (Part 6.g)

WATER AND SANITATION

18% of households do not have access to water when required. The high proportion of households without access to water when required in the departments of La Guajira (52%) and Magdalena (50%) is noteworthy. Illustratively, at the national level, 5% of households prioritize access to water among their main needs. Most of these households are located in La Guajira and Magdalena, where 15% and 17% of households surveyed prioritize access to water. The consumption of untreated water increases the risk of water borne diseases, which, if results in an increase in a demand for health care, further complicates the current health emergency.

27% of the households surveyed do not wash their hands properly at the required times, as they have no or intermittent water service, or do not have the inputs to do so. (Part 6.d)

PROTECTION

8% of the households surveyed indicated that they face cohabitation problems. 31% of these due to the risk of eviction, followed by 30% due to problems living together with children and 24% with their partner. (Part 8.b)

On average, 46% of the households surveyed reported having experienced being discriminated against during the course of 2020 (before and after the preventative isolation measures). (Part 5.c)

33% of households have at least one member who has not been registered in their country of birth (Colombia, Venezuela or others). (Part 3.g)

23% of households face the risk of possible eviction in the month following data collection, due to an inability to pay or problems with their landlords. In addition, only 20% of households in rental situations have a written contract or agreement with their landlord. (Part 6.c)

RETURNS TO VENEZUELA

The vast majority of respondents report that no-one in their household has returned to Venezuela (92%), while 8% of households indicating that at least one household member has returned to Venezuela since the start of the preventative measures. 78% of the households indicate that no one from their household has the intention to return next month, while 16% of the households interviewed report that someone from the household intends to return next month. The main reason for thinking about returning is the partial or total reduction in access to income in Colombia (50% of households reporting that someone from the household intends to return), followed by the intention to join the family in Venezuela (28%) and the lack of access to food in Colombia (23%). (Part 6.h)

RESPONSE

65% of the people interviewed indicated they had received assistance since the start of the preventative measures, while 35% mentioned that the household has received no aid. With regards to the origin of the assistance received, the majority comes from NGOs/UN (39% of the households) and the Government (25%). 46% of the households surveyed received in-kind support or services, while 15% of the households surveyed received support in cash and/or bonds.

24% of households now rely on support from government or other organizations as a source of income, compared to 13% of households before COVID-19.

In Round 1, 40% of households in the PANEL had received support since the start of COVID-19. During round 2, this percentage increased to 53%. This is mainly due to an increase in government support, with 22% of the households in round 2 receiving Government support, compared to 11% of households in round 1. (Part 9)

3 | Profile of respondents and households



3 | PROFILE OF RESPONDENTS AND HOUSEHOLDS



a. SEX, AGE AND PROFILE OF THE RESPONDENT

Of the 2,543 surveys, 78% of the respondents are female and the remaining 22% are male (four people identify themselves as “other”). On average, the person interviewed is 33 years old. 80% of the interviewees identified themselves as the head of household, after explaining the definition of this role during the call.

79% of all respondents are between the ages of 25 and 50, that is, the economically active population. 19% are between 18 and 25 and a smaller percentage are adults over 60 (21%).

Graph 1 | Age of respondents



In 85% of households interviewed, all members are Venezuelan refugees and migrants. The remaining 15% of households are mixed, with Colombian and Venezuelan household members.

66% of the households surveyed live in capital cities such as Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín and Santa Marta, while the remaining 33% live in intermediate cities.



b. GENDER OF THE HEAD OF HOUSEHOLD

A total of 2,543 households were surveyed nationally, of which 2,529 reported being heads of household. 63% of households are female headed, 37% of heads of household were men and while 0.1% of respondents identified as other. (see Graph 2). The high proportion of female-headed households among the refugee and migrant population is confirmed by other assessments, such as the Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities, hereinafter EFSA, (World Food Programme- WFP, February 2020)⁷, which reports 55% of households headed by women.

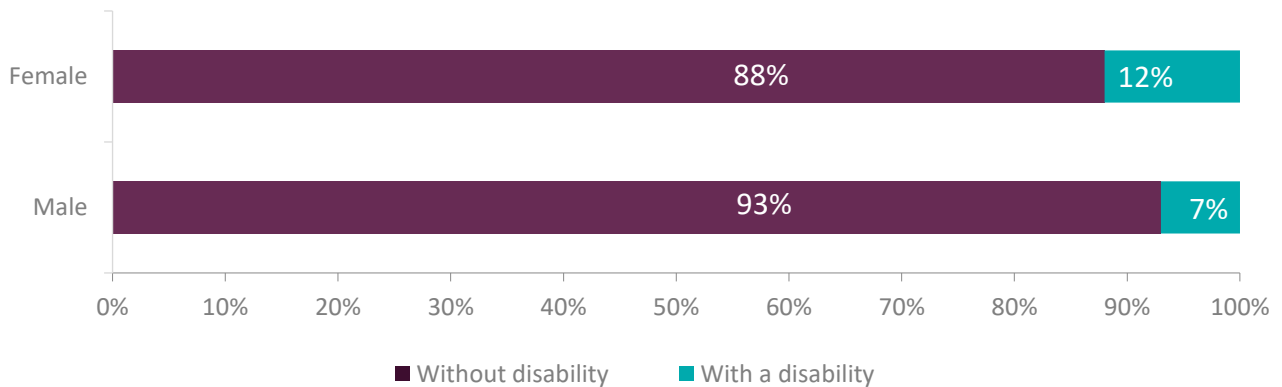
⁷ World Food Programme - WFP (February 2020). Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities. <https://bit.ly/3dOnTof> Data collected until November 2019 in four departments bordering Venezuela (Arauca, Norte de Santander, La Guajira and Cesar) and one bordering Ecuador (Nariño), surveying a total of 3,089 households.



c. HEAD OF HOUSEHOLD WITH A DISABILITY

10% of the heads of household surveyed have a disability, with a higher percentage among women than among men (see results by gender in Graph 3)⁸.

Graph 3 | Percentage of respondents (heads of household) with a disability, according to gender of head of household



The main difficulties reported by the head of households are difficulties in: seeing, 30%, remembering or concentrating (17%), walking or climbing steps (14%), hearing (6%), communicating (4%) and bathing or dressing (2%).



d. HOUSEHOLD COMPOSITION

On average, the households consist of five members (see Graph 4). This is consistent with the average household size in the EFSA (WFP, 2020)⁹. In terms of household size, 37% of households are composed of three or four people, 32% are composed of five or six people, 21% are composed of seven or more people¹⁰, and only 9% are composed of one or two people.

The households surveyed are composed of a higher proportion of women between the ages of 30 and 60, and of children and adolescents between the ages of 6 and 17 (see Figure 5). Only 2% of the population is 60 years or older. The low proportion of elderly among the surveyed population reflects the profile of refugees and migrants from Venezuela, who are more associated with the economically active population and their children¹¹.

⁸ According to the WHO, 15% of the world's population has a disability, above the 10% reported among heads of households interviewed within the study. However, this is explained by the following limitations:

- Most of the time, persons with disabilities have fewer opportunities to be considered as heads of household, automatically inducing a decrease in the prevalence of disability to respondents when the survey is conducted at the household level.
- As the survey was conducted by telephone, the person surveyed should, in principle, have no difficulty in hearing and communicating, eliminating the possibility of these persons having hearing and communication disabilities.

⁹ World Food Programme - WFP (February 2020). Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities. <https://bit.ly/3dOnTof>

¹⁰ Other analyses show a similar proportion of households with a high number of members; for example, in the EFSA (WFP, 2020), 18% of households reported seven members or more.

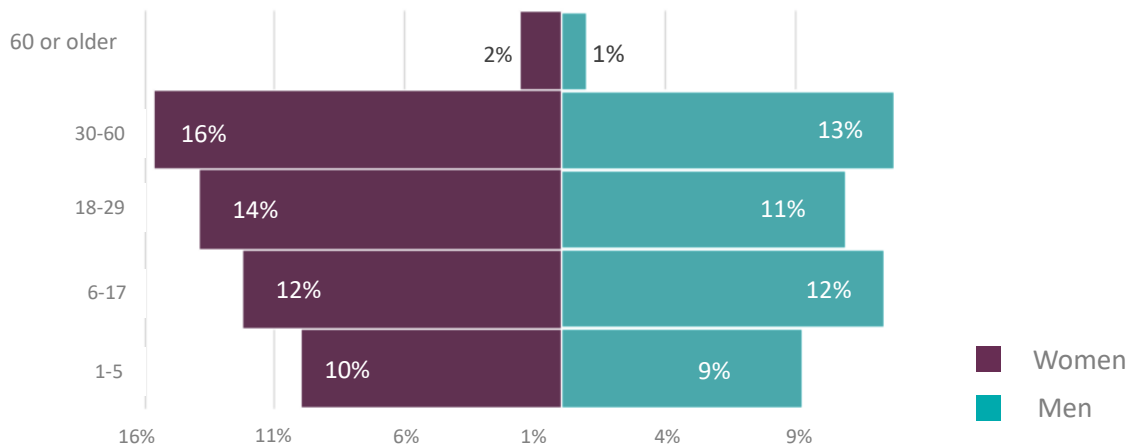
¹¹ According to GIFMM team analysis based on the migration module of the Colombia's Integrated Household Survey (2018), only 0.8% of the population that "was born and lived in Venezuela" - Venezuelan refugees and migrants- is over 60 years old, while 59% of the population is between 18 and 60 years old and 40% of people under 18.

15% of households have a high dependency rate¹², which for the purposes of this assessment corresponds to households with more than 1.5 dependents (persons under 18 and over 60) for each non-dependent member (persons between 18 and 60).

Graph 4 | Average household composition by sex and age



Graph 5 | Household composition by sex and age groups



ANALYSIS PANEL

For more than half of the PANEL households, their household size changed between April and June (51%, see Table 1). This could be because members moved to other homes, because people from different homes moved together to share expenditures or because they have returned to Venezuela.

Table 1 | Variation in household size from Round 1 to Round 2

	# households	%
Increase	120	27%
No change	217	49%
Decrease	109	24%

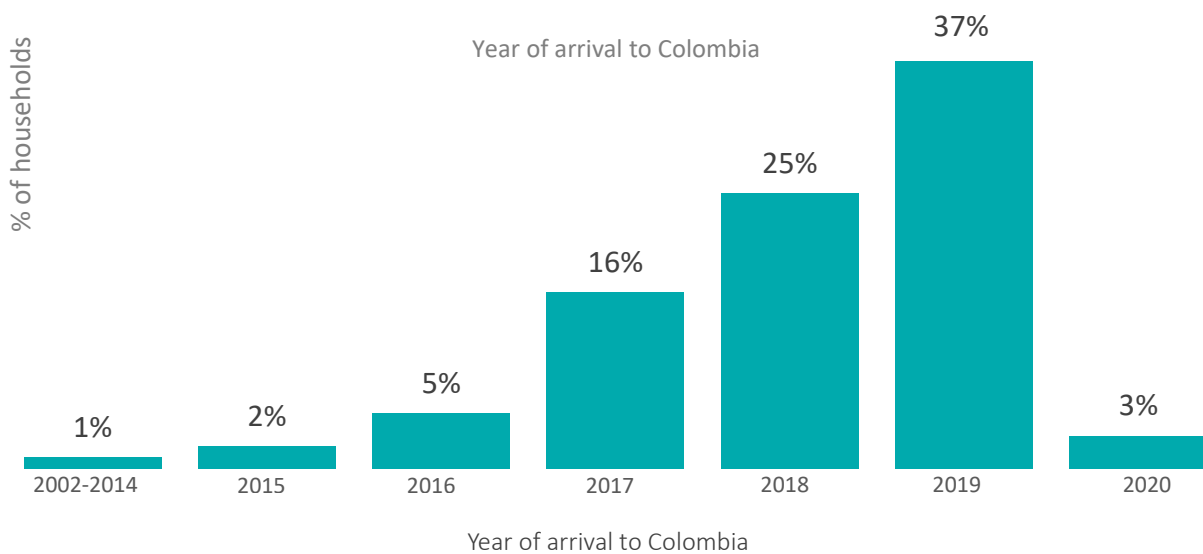
¹² The dependency ratio is a demographic concept that expresses the number of "inactive" persons who should be financially supported by "active" persons, according to their age ranges. Although they vary slightly from those indicated by ECLAC (<https://bit.ly/3hOtcHk>), the dependency ratio calculated for this assessment corresponds to the ratio between the population under 18 years of age plus the population over 60, in relation to the population aged 18 to 60, by one hundred (*100)



e. DATE OF ARRIVAL

Most households surveyed arrived in Colombia in the period between 2018-2020. The results show a year by year increase in households arriving between 2015 and 2019, with a lower number of people arriving in 2020 (see Graph 6). This lower number of arrivals in 2020 may be associated with several factors: i) with data collection in June, this reflects only 6 months of arrivals b) the COVID-19 preventative measures has limited the mobility of refugees and migrants and ii) since the database corresponds to households that have used services and/or orientation from GIFMM partners, households that have had to leave Venezuela more recently may not yet have been included.

Graph 6 | Year of arrival of households to Colombia



f. TYPE OF SHELTER

Most households rent a room or house, at 82% of the surveyed households. Only 10% reside in a home of friends or family. 19 households, or 1% of those interviewed, are residing on the street.

73% of households residing in rented accommodation, hostels or with friends and family do not have a written agreement. 63% of the households mention that they do not have a contract and make a monthly payment, 17% have a contract and pay monthly, while 11% have a verbal agreement and make daily payments and only 1% make a daily payment under agreement. 9% of households do not pay rent.

ANALISYS BY DEPARTMENT

The five departments where the highest proportion of households rent a room or house are La Guajira, Atlántico, Antioquia, Norte de Santander and Bogotá. La Guajira and Arauca have the highest proportion of people living in their own homes, which could be due to the historical cross-border dynamics of these areas.

ANALYSIS PANEL

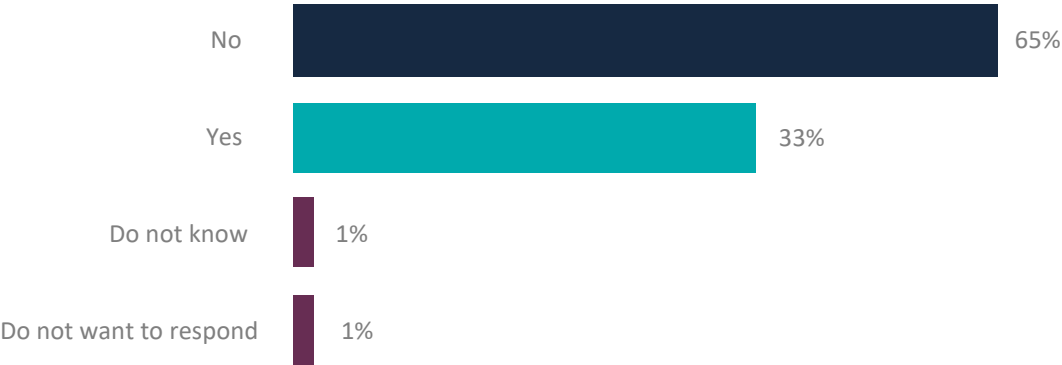
The results of the PANEL show that movement between departments within the COVID-19 context is rare, with almost no households in a different department between the first and second rounds. However, a change of accommodation is common. 15% of the PANEL households changed their place of residence since the beginning of COVID-19, while 20% changed their type of accommodation or agreement with their owner. For example, 6% of the households interviewed in April moved from a rental home to a house of relatives or friends without paying or to a hotel, hostel or daily allowance in June.



g. REGISTRATION OF BIRTHS

33% of the households surveyed mentioned that they have at least one member who has not been registered with the civil registry in their country of birth (Venezuela, Colombia or other; see Figure 7), and therefore need to confirm their nationality. Currently, Colombia has a regulatory framework that grants Colombian nationality to children born in Colombia since January 1, 2015, through the Civil Registry at birth. However, as part of the preventative isolation measures, the Registries were temporarily closed as a preventive measure, but were reopened on 8 June 2020.

Graph 7 | Percentage of households with one or more members not registered



4 | Households perspectives on priorities

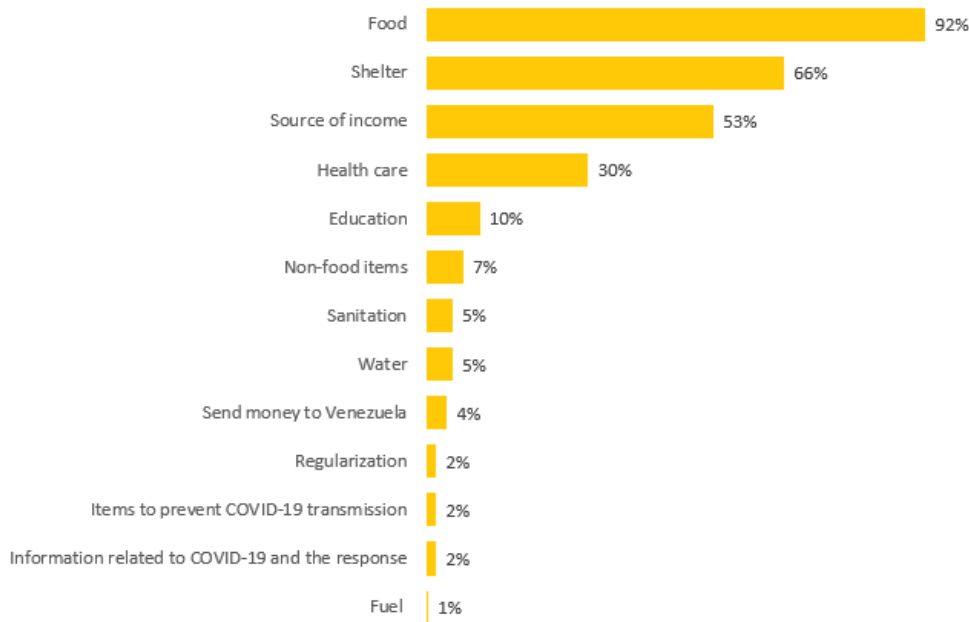


4 | HOUSEHOLDS PERSPECTIVES ON PRIORITIES



a. PRIORITY NEEDS

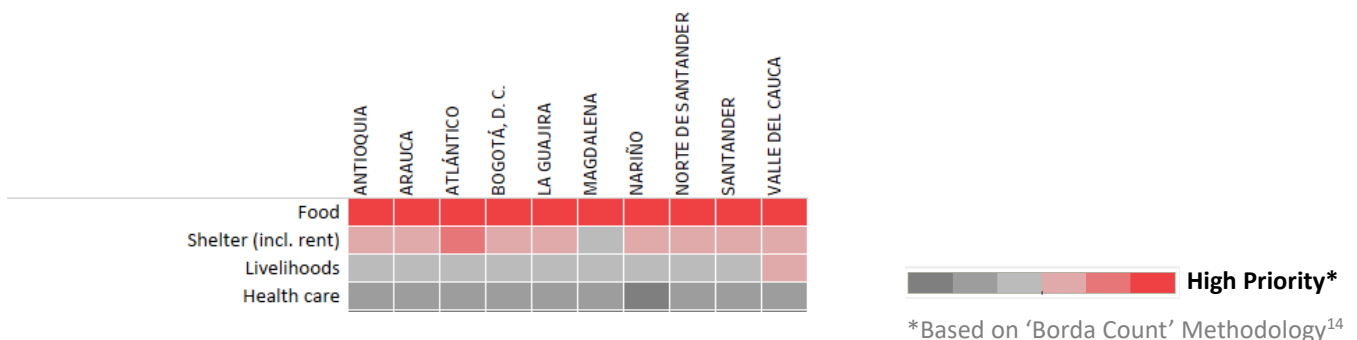
Graph 8 | Needs prioritised by households¹³



According to graph 8, the three main needs reported by the households surveyed are food, with 92% of the households, followed by housing, reported by 66% of the households, and 53% who consider employment as the priority need. These needs were prioritized in a similar order by both male and female headed households.

ANALISYS BY DEPARTMENT

Graph 9 | Priority needs per department*



Households surveyed in all ten departments indicate the same priority needs: access to food, housing support and employment.

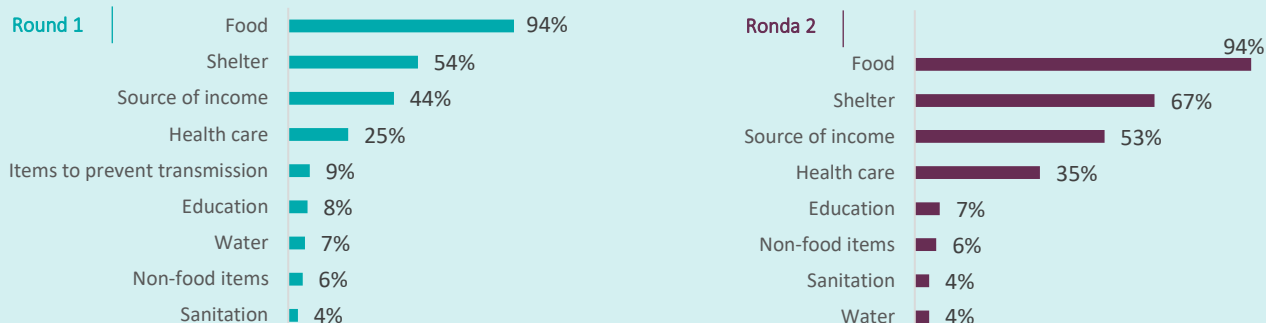
Nationally, 5% of households prioritize access to water. Most are in La Guajira and Magdalena, where 15% and 17% of households surveyed prioritize access to water

¹³ The question refers to the three main needs of the household. Thus, this answer represents up to three needs (in some cases households expressed one or two needs).

¹⁴ This methodology consists of each person in the survey assigning a score to each variable in order of preference. Each one of these scores given by the person of the household gives a number of points that correspond to this prioritisation, so that if a household prioritises a variable with 1, it is awarded 3 points, with 2, it is awarded 2 points and with 3, it is awarded 1 point. More information on the "Borda Count" methodology can be found in the Methodological Note at the end of this report.

ANALYSIS PANEL

Graph 10 | Priority needs of PANEL households (Round 1 and Round 2)



- Although the three main needs remain in the households of the PANEL, a greater proportion reports a need for support in housing and employment.
- Households prioritised access to health more frequently during round 2 compared to round 1. and it is now more frequently prioritized.
- It is noteworthy that during the second round, households prioritized access to water and prevention materials less frequently.

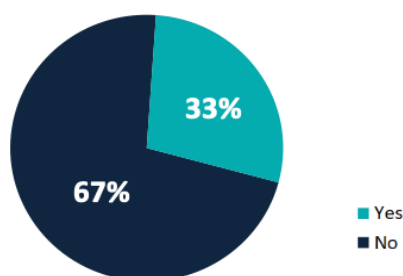


b. INDIVIDUALS WITH SPECIFIC NEEDS

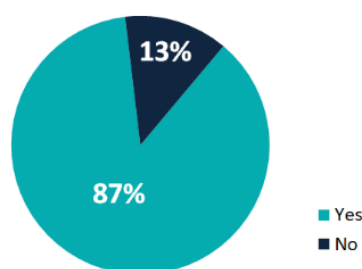
33% of households report at least one pregnant and/or lactating woman (see Graph 11); this figure is consistent with other data sources, such as the EFSA (WFP, 2020) ¹⁵, where 31% of households report at least one pregnant and/or lactating woman.

87% of households have children among their members, and 8% of households have five or more children under 18 (see Graph 12).

Graph 11 | Percentage of households with pregnant/lactating women



Graph 12 | Percentage of households with children



¹⁵ World Food Programme - WFP (February 2020). Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities. <https://bit.ly/3dOnTof>

5

Situation of households before and after isolation measures



5 | SITUATION OF HOUSEHOLDS BEFORE AND AFTER ISOLATION MEASURES

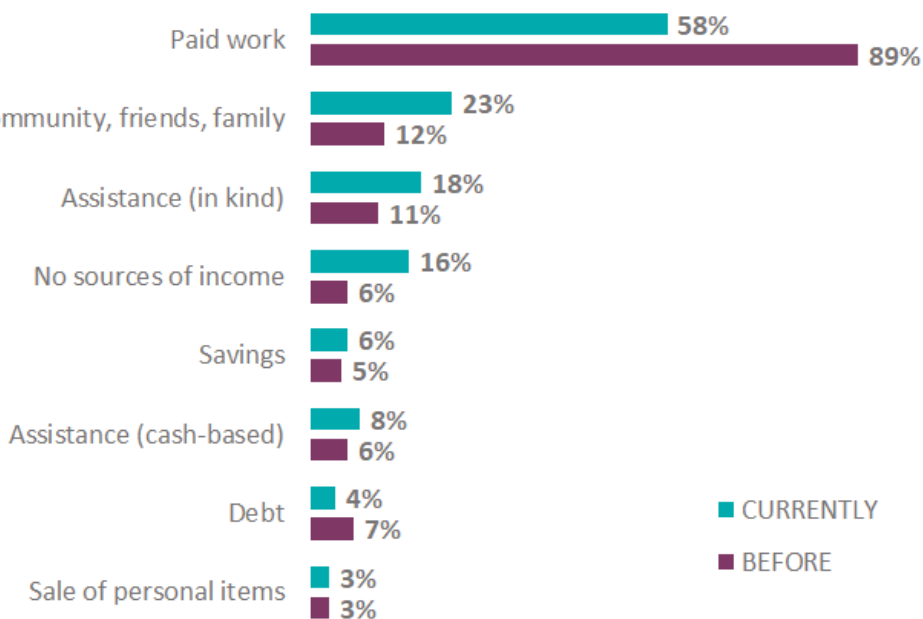


a. INCOME SOURCES

Before the introduction of the preventative isolation measures, 89% of the households mentioned paid work (both formal and informal) as their main source of income, while at the time of data collection (two months later) this percentage stood at 58%. 24% of households now rely on assistance from the Government or other organizations, as well as support from community, friends and family (previously 13%, see Graph 13). This reflects the solidarity among community members by providing support to Venezuelan families in need. 25% of people who reported receiving humanitarian aid (in kind and/or in cash), point to it as one of their main sources of income.

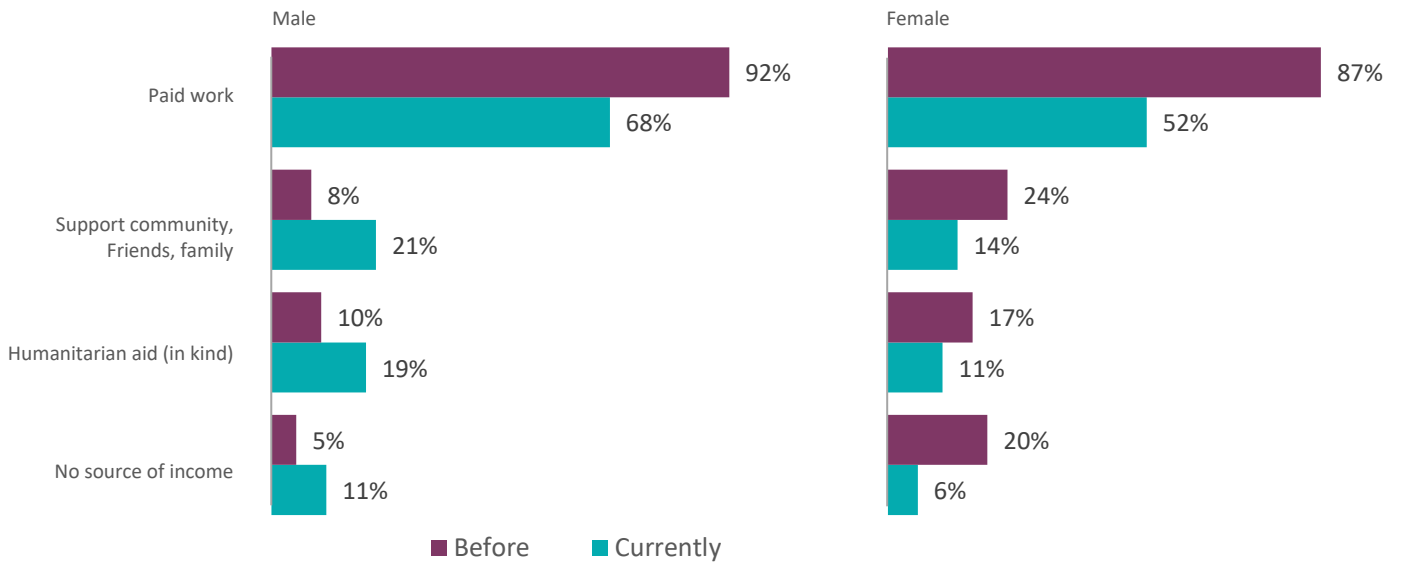
92% of households depend on a single source of income, about 8% depend on two sources of income and 0.2% depend on three sources of income.

Graph 13 | Main sources of income before vs. after preventative isolation measures



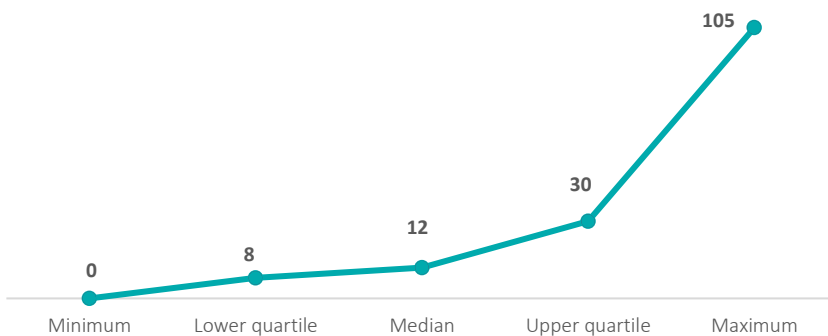
Female-headed households have been affected by the COVID-19 crisis to a greater extent compared to male-headed households: before the crisis, the proportion of households reporting paid work as a source of income was similar among female- and male-headed households (88% and 92% respectively). Currently, only 53% of female-headed households report work as a source of income, compared to 69% of male headed households. Similarly, having no income is more common among female-headed households (19%) compared to male-headed households (11%, see Graph 14).

Graph 14 | Main sources of income before vs. after preventative isolation measures - by gender of head of household



Households with work as a source of income report working, on average, 20.5 hours during seven days before data collection, slightly less than the average working day according to Colombian legislation, which corresponds to 24 hours a week. Analyzing the distribution of hours worked, we find that the median number of hours worked is 12 hours and that 75% of households work at least 30 hours per week (see graph 15). Considering that the minimum hourly wage in Colombia is COP 3,699 (USD 0.99 per day), the average monthly income of these households would be USD 81.2, equivalent to only 34% of the current legal monthly minimum wage (SMMLV)¹⁶. This trend is consistent with that reported by the National Association of Industrialists (ANDI), which indicates that 34% of refugees and migrants working in the country earn between 0 and 0.5 times the current legal monthly minimum wage (SMMLV) and that 29% earn between 0.5 and 1 SMMLV¹⁷.

Graph 15 | Distribution of hours worked by respondents in the last seven days



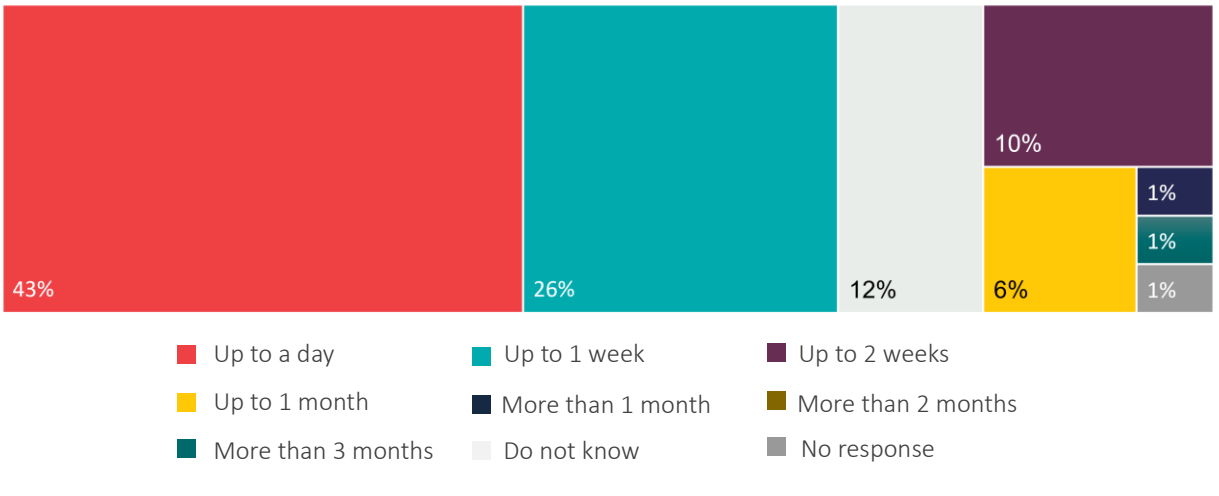
Illustratively, the households surveyed report a low capacity to cover their expenses according to their income. 43% of households indicated that their income could support their household for only one day followed by 26% who said that their income was only enough for up to one week (see graph 16).

¹⁶ Calculations based on market exchange rate of 23 June 2020, corresponding to 3,733.27 COP.

¹⁷ El Heraldo (25 June 2020). 34.5% of refugees and migrants earn less than half the minimum wage. <https://bit.ly/31n6olW>

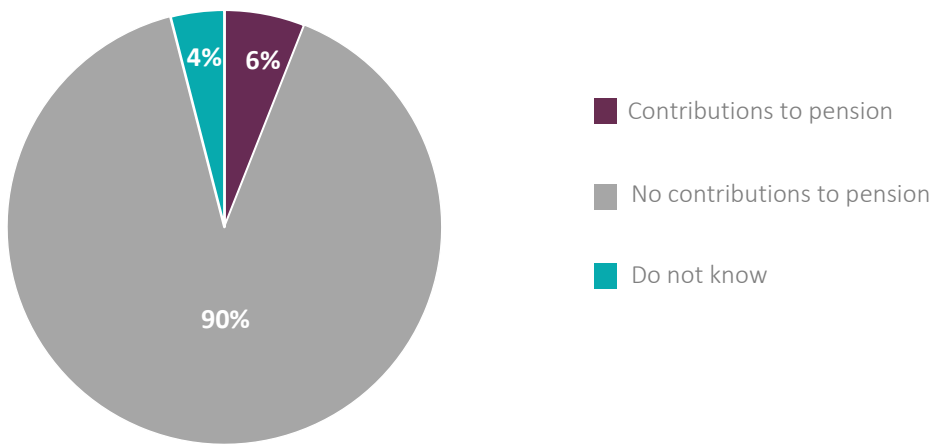
Additionally, according to the Migration Venezuela Project Observatory, Venezuelan households in Colombia earn only COP \$455,000 per capita per month, while an average Colombian household earns COP \$767,000, showing a 40.6% gap.

Graph 16 | Duration in which income sources can sustain expenditures



Of the total number of households that report work as a source of income, 6% contribute to a pension, 90% are not contributing and the remaining 4% do not know if they do (see Graph 17). The departments with the highest percentage of heads of household who make pension contributions are Bogotá and Antioquia (26% and 22%).

Graph 17 | Percentage of households of who the head contributes to the pension system



ANALISYS BY DEPARTMENT

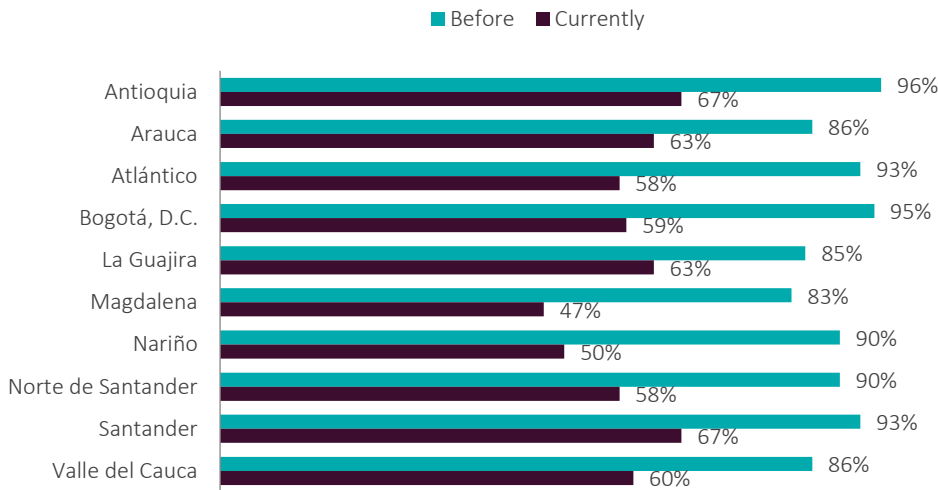
Of the departments under analysis, those with the highest proportion of households reporting the loss of their source of income are: Magdalena, with 83% of households reporting work as a main source of income before the introduction of the preventive measures, compared to 48% currently; Nariño (90% to 50%), Norte de Santander (90% to 59%); Bogotá (95% to 57%); Atlántico (93% to 57%) (see graph 18).

According to the "Rapid Market Assessment" carried out by the Colombia Cash Transfer Working Group in La Guajira, Arauca, Atlántico, Vichada and Norte de Santander¹⁸, the main reasons for the decrease in income are the reduction of opportunities to

¹⁸ Cash Transfer Group - CTG (April 2020). Rapid Assessment of the Socioeconomic Impact of COVID-19 on Local Markets in Colombia. <https://bit.ly/3eMcK8N>

find new daily jobs due to the official measures COVID-19, the termination of current employment due to the official measures COVID 19; and the difficulties to access new income opportunities without public transportation.

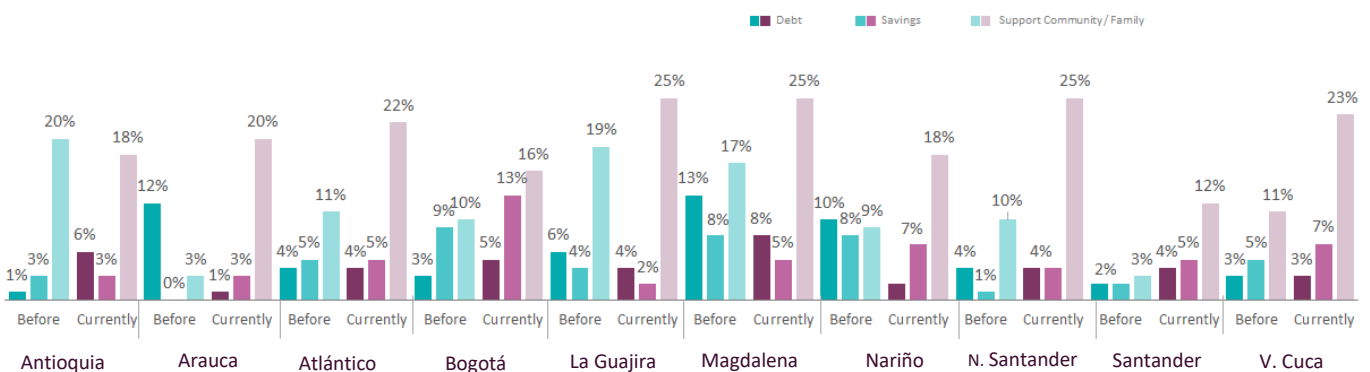
Graph 18 | Percentage of households that report work as a source of income - by department¹⁹



With regards to sources of income other than work, support from the community or family is the most relevant, reported by between 10% and 25% of households in most regions. With the exception of Antioquia, in all the departments under analysis there was an increase in this type of support, which demonstrates a greater dependency of households on this type of support as well as increased community solidarity: in terms of variations, the most important increases occurred in Arauca (from 3% to 20% of households reporting this as a main source of income), Santander (from 3% to 12%) and Norte de Santander (from 10% to 25%).

Both in the use of debt and savings, there are disparate results between departments and over time (see Graph 19).

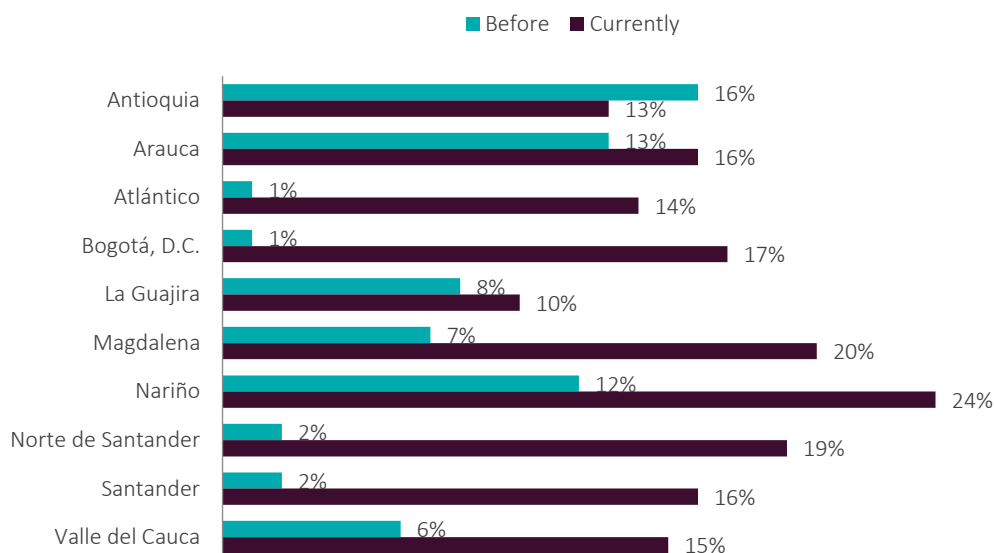
Graph 19 | Percentage of households that report debt, savings and community/family support as sources of income - per department



¹⁹ To note: small changes between departments may reflect the methodology and sampling design, rather than a change in the actual situation.

The department with the highest proportion of households that currently do not have access to a source of income is Nariño (24%, see Graph 20). Households surveyed in La Guajira stand out as the largest recipients of in-kind assistance (36% versus the average of 16%) and Magdalena as the largest recipient of cash assistance (49% versus the average of 9%)²⁰.

Graph 20 | Percentage of households reporting having no income - by department



In terms of the ability of households’ income to cover basic needs, La Guajira stands out as the department with the greatest difficulty, with 58% of households indicating that their income only covers a day, compared to the national average of 43%, followed by Arauca (50%). They are followed by Nariño and Valle del Cauca, where 73% of households are unable to maintain their income for more than one week (La Guajira 79% and Arauca 76%). Magdalena presents a greater capacity to maintain income for at least two weeks (19% compared to the average of 10%), which should be put into context with the previous findings (great loss of work and greater receipt of cash benefits). It is closely followed by Bogotá with 24% of households stating that their income lasts between two weeks and a month (see Table 2).

Table 2 | Duration during which income sources can sustain households’ expenditures - per department

	Antioquia	Arauca	Atlántico	Bogotá, D.C.	La Guajira	Magdalena	Nariño	Norte de Santander	Santander	Valle del Cauca
Up to a day	37%	50%	38%	31%	58%	40%	49%	40%	46%	38%
Up to 1 week (max. 1 week)	25%	25%	24%	33%	21%	24%	24%	30%	21%	35%
Up to 2 weeks (max. 2 weeks)	11%	7%	12%	14%	10%	19%	7%	10%	1%	9%
Up to 1 month (max. 1 month)	6%	8%	6%	10%	3%	6%	6%	4%	3%	9%
More than 1 month	0,5%	2%	0%	0%	1%	1%	1%	1%	1%	0%
More than 2 months	0,5%	0%	0%	0%	0%	0%	0%	1%	0%	0%
More than 3 months	0%	1%	0%	1%	0%	0%	0%	1%	0%	0%
Do not know	20%	6%	19%	10%	5%	10%	13%	12%	27%	8%
No response	0%	0%	0,5%	0%	1%	0%	0%	0%	1%	0%

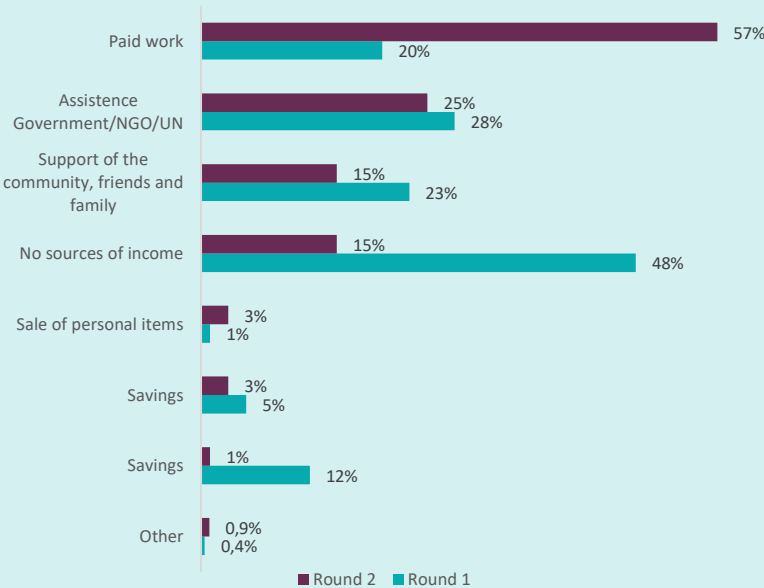
²⁰ To note: small changes between departments may reflect the methodology and sampling design, rather than a change in the actual situation.

ANALYSIS PANEL

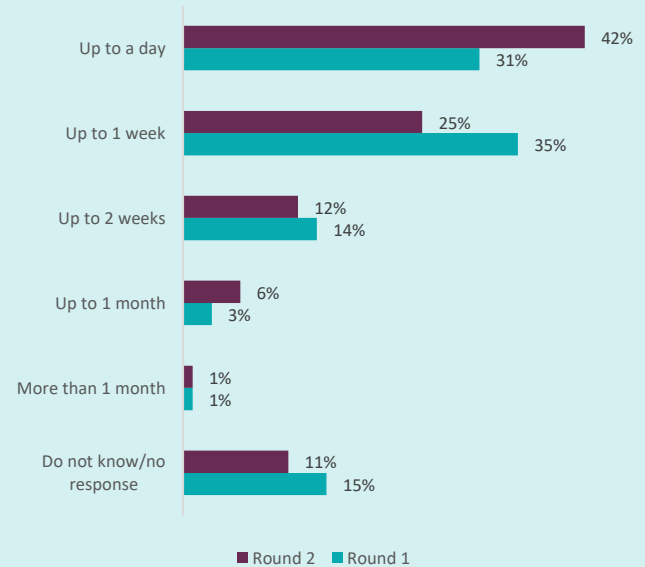
The PANEL data show that households have partly adapted to the preventive isolation measures at the time of data collection, two months after the start of the COVID-19 preventative measures. During the first round of data collection, a large portion of the households were out of work. Currently, there is an increase of 30 percentage points in households reporting that they are working (see Graph 21). It is noteworthy that there is now a small increase in households that had to sell assets to survive, as well as a decrease in the use of savings.

Although more PANEL households are currently able to access work as a source of income, there is an increase of 12 percentage points in the proportion of households that report that their overall income is sufficient to cover only one day (see Graph 22).

Graph 21 | Main sources of income from Round 1 to Round2



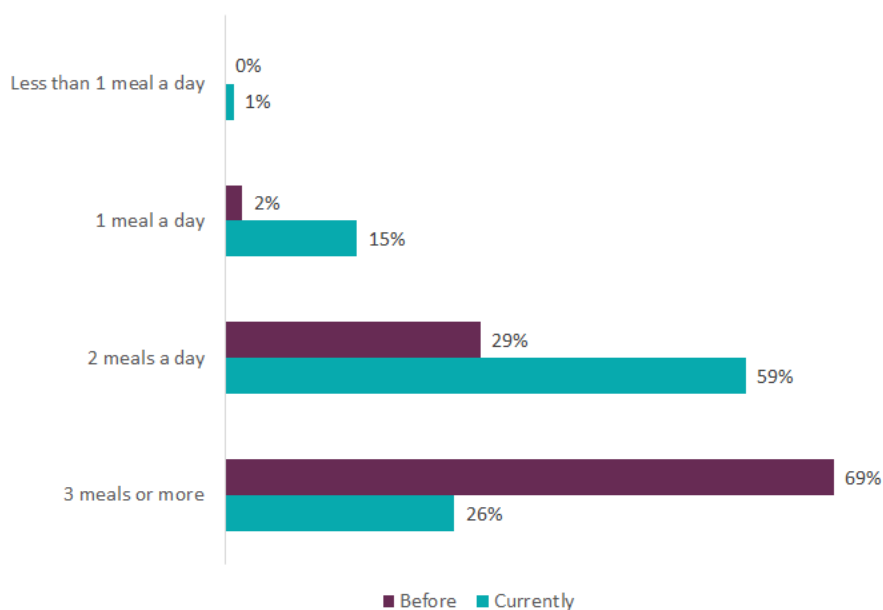
Graph 22 | Time in which income sources can sustain households' expenditures from Round 1 to Round 2



b. FOOD SECURITY AND NUTRITION

Before the preventative isolation measures, 69% of the households consumed on average three meals a day and 29% consumed two meals a day. Two months after the beginning of the preventative isolation measures, the number of households that reported eating three times a day or more, was reduced by 43 percentage points: after the preventative isolation measures, 26% of the households consumed three meals a day, 59% consumed two meals a day and 16% consumed only one meal a day or less (before the isolation only 2% made one meal) (see graph 23). **This means that 74% of those surveyed stated that they had missed at least one meal a day out of the three required, which is associated with the difficult income situation of the households, and affects their ability to comply with the preventative isolation measures.**

Graph 23 | Number of meals consumed by households before vs. after the preventative isolation measures



COVID-19 measures have had an impact on the consumption patterns of the household: 55% of households have experienced a reduction in the number of meals eaten per day since the start of the preventative measures (see Table 3).

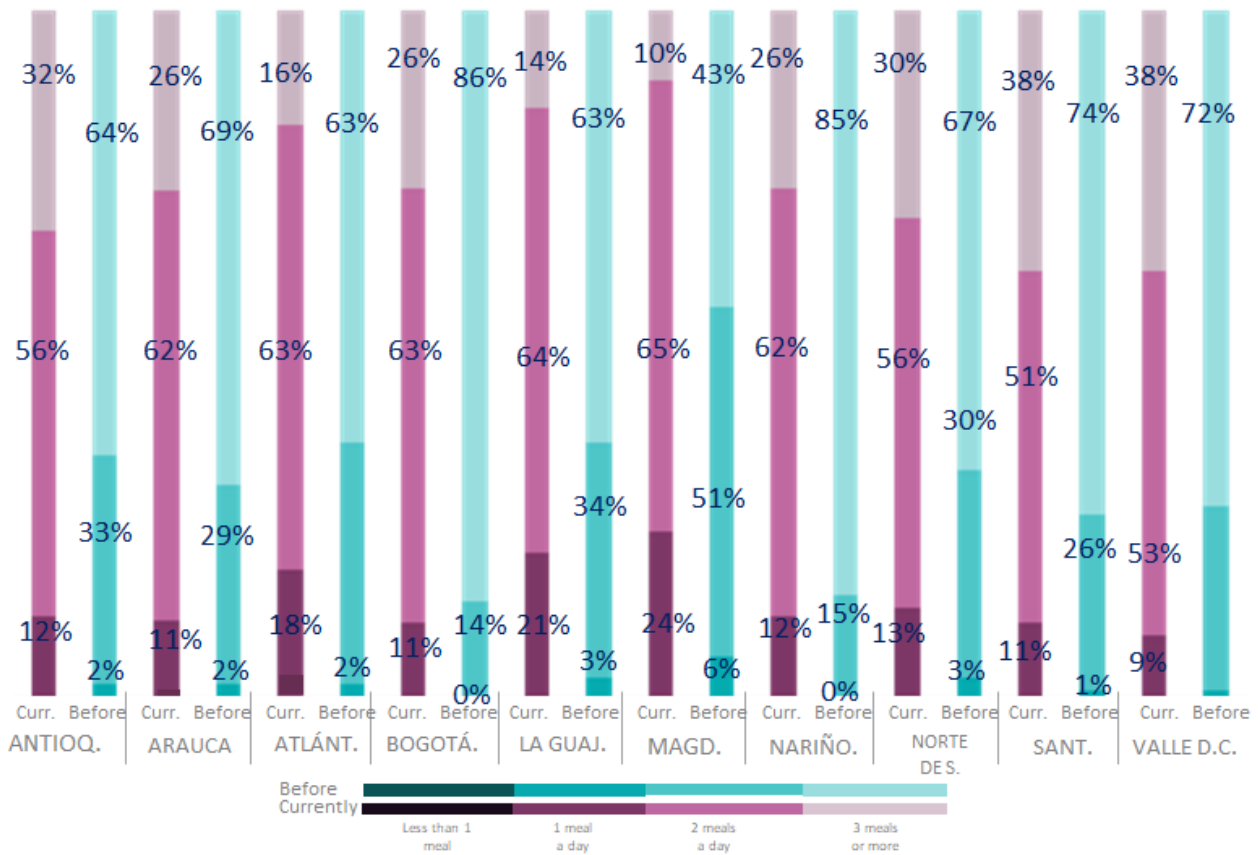
Table 3 | Variation in the average meals consumed by households before and after the preventative isolation measures

		CONSUMPTION CURRENTLY			
		Less than 1 meal	1 meal a day	2 meals a day	3 meals or more
CONSUMPTION BEFORE THE RESTRICTIONS	Less than 1 meal	0%	0%	0%	0%
	1 meal a day	0%	1%	1%	0%
	2 meals a day	0%	8%	17%	3%
	3 meals or more	0%	6%	41%	21%

ANALISYS BY DEPARTMENT

In general, the results show that in most departments there was a significant reduction in the number of daily meals consumed by the households of the population surveyed, increasing food insecurity in these departments. The departments most impacted within the sample are Arauca, Atlántico, Bogotá, La Guajira and Nariño. In particular, Nariño had an increase of 59 percentage points of households not eating 3 meals a day, followed by Bogotá with 57 percentage points, Guajira with an increase of 46 percentage points, Arauca with 43 percentage points and Atlántico reported an increase of 42 percentage points (see graph 24).

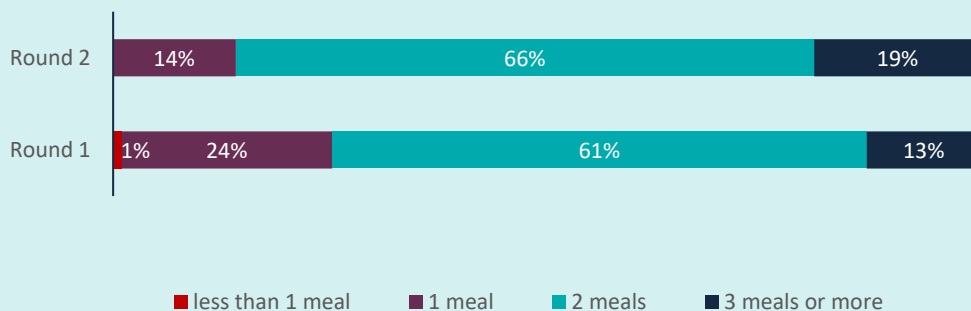
Graph 24 | Number of meals consumed by households before vs. after the preventative isolation measures - by department



ANALYSIS PANEL

The PANEL data show that there is an increase in the proportion of households having two and three meals a day. Data collected in April show that 61% of households ate two meals a day and by June this proportion had increased by 5 percentage points. The percentage of households having three meals a day increased by 5 percentage points. Additionally, there is a decrease in the percentage of households that have only one meal a day. In April the percentage of households was 24% and by May it was 14%, which shows a decrease of 10 percentage points (see graph 25). This may be due to the increase in households that mentioned having a job (an increase of 30 percentage points), as well as the increase in assistance received by the surveyed households. However, in general, 81% of the panel households currently do not have access to the required 3 meals on average a day.

Graph 25 | Number of meals consumed by households before and after the preventative isolation measures - from Round 1



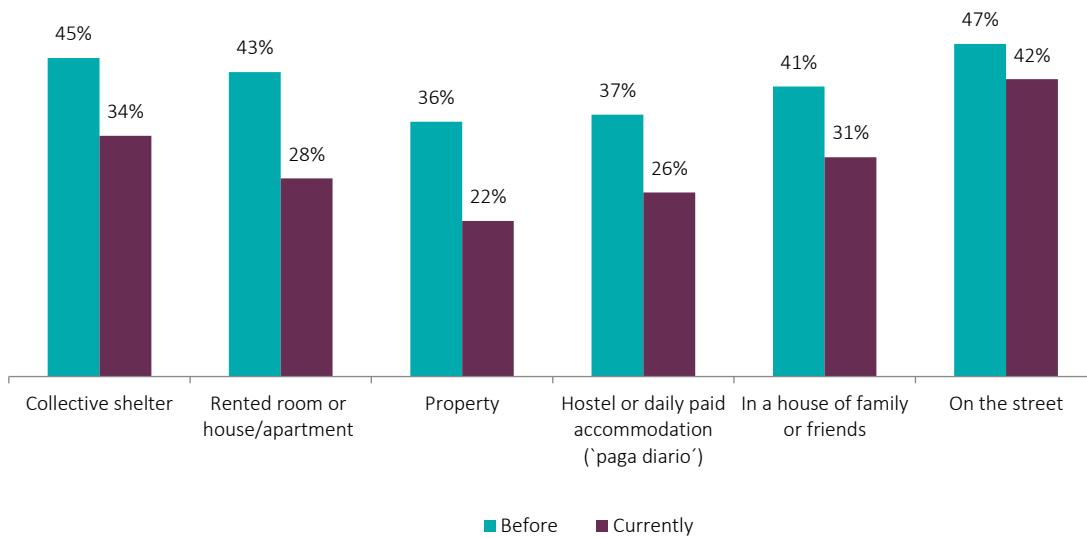


c. DISCRIMINATION

On average, 46% of the households surveyed reported having experienced being discriminated against during the course of 2020 (before and after the preventative isolation measures).

Households surveyed report a lower perception of discrimination now compared to before the preventative isolation measures: 43% of respondents reported having experienced discrimination this year before the preventative isolation measures, while 29% reported having experienced such a situation after the isolation measures were put in place. This could be explained by the reduction in daily interactions.

Graph 26 | Percentage of households that have suffered some episode or situation of discrimination for being Venezuelan - by type of shelter





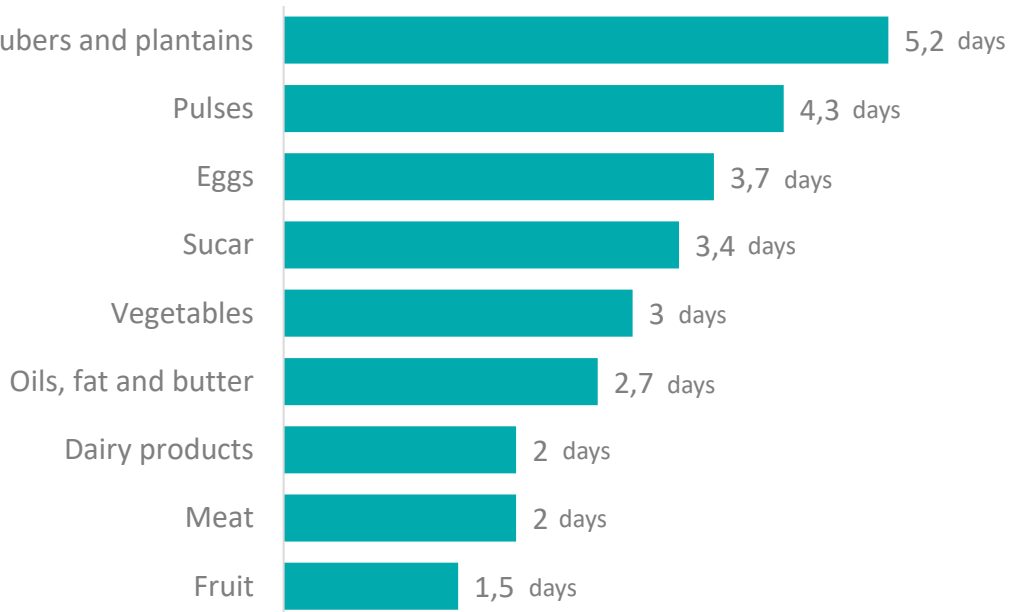
6 | ACCESS TO BASIC GOODS AND SERVICES



a. FOOD SECURITY AND NUTRITION

In terms of food diversity, in the week prior to the survey, almost all respondents (98% of households) reported consuming cereals, roots, tubers, bananas and derivatives on an average of 5.2 days per week; 95% of households reported consuming legumes and dry seeds on an average of 4.3 days per week; and 90% of respondents said they consumed eggs on an average of 3.7 days per week. The least prevalent foods in the previous week's diet were fruits, with 56% of households reporting consumption on an average of 1.5 days per week; milk was consumed by 67% of households with an average of 2 days per week, and 73% of households reported meat consumption on an average of two days per week (see graph 27).

Graph 27 | Average days per week households consumed specific food groups (in the week before data collection)



In terms of dietary diversity, households that did not receive aid, tend to consume less fruit (52% of unassisted households versus 58% of assisted households); as well as milk (61% of unassisted households versus 69% of assisted households); and oil (80% of unassisted households versus 86% of assisted households).

In terms of dietary diversity, households with minors tend to consume less meat (72% households vs. 79% households without minors; on average 1.9 days a week vs. 2.7 days a week without minors); as well as fruit (55% households vs. 62% households without children; 1.4 days a week vs. 1.8 days a week without children); while they consume legumes more frequently (96% households vs. 89% households without children; 4.4 days a week vs. 3.7 days a week without children).

ANALISYS BY DEPARTMENT

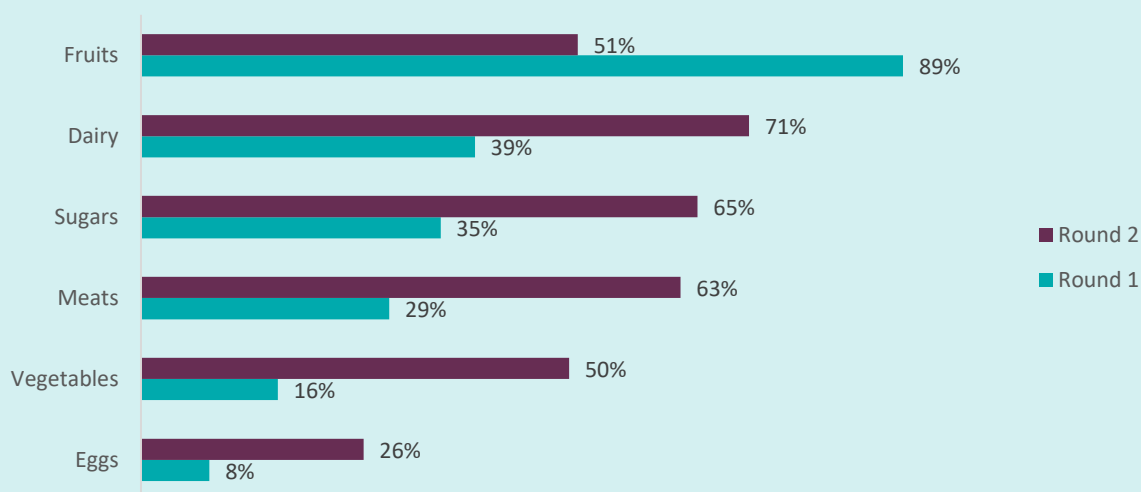
Table 4 | Percentage of households that report consuming specific food groups in the week before data collection - by department

	Antioquia	Arauca	Atlántico	Bogotá	La Guajira	Magdalena	Nariño	Norte de Santander	Santander	Valle del Cauca
Cereals, roots, tubers and plantains	99%	99%	98%	98%	100%	97%	98%	99%	95%	99%
Fruit	51%	47%	49%	58%	54%	62%	54%	58%	52%	69%
Vegetables	85%	76%	85%	84%	82%	88%	71%	80%	80%	83%
Milk	61%	65%	67%	72%	68%	65%	65%	63%	74%	74%
Meat	77%	70%	69%	74%	76%	71%	54%	71%	77%	74%
Eggs	93%	86%	91%	90%	86%	96%	85%	94%	95%	94%
Pulses	97%	94%	96%	93%	97%	98%	95%	92%	97%	95%
Oil	89%	79%	88%	82%	90%	86%	75%	77%	87%	80%
Sweets	67%	72%	73%	73%	75%	77%	78%	81%	80%	84%

ANALYSIS PANEL

It is worth noting that although households interviewed as part of the PANEL show an increase in the number of meals consumed per day, all foods, without exception, were reduced by at least half compared to round 1. There is a decrease in fruit consumption with a reduction of 37 percentage points, a decrease in meat consumption with a reduction of 34 percentage points, and a decrease in vegetables with a reduction of 34 percentage points (see figure 29).

Graph 28 | Food groups consumed by households (in the week before data collection) - From Round 1 to Round 2





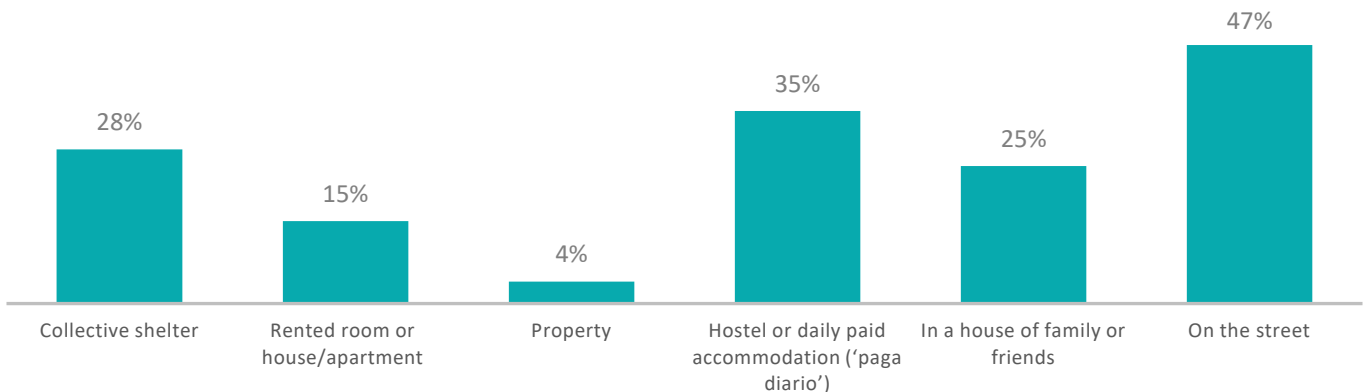
b. SHELTER

Access to safe housing is critical for refugees and migrants, particularly at this time when compliance with preventative isolation measures depends largely on being able to access the appropriate housing conditions. Thus, Presidential Decree 579 of 15 April²¹ prohibited all actions associated with evictions between 15 April and 30 June 2020, explicitly stating that the measure applies without distinction as to the nationality of the tenants. Given that the assessment was conducted between 25 May and 2 June, these results do not reflect the impact of the non-extension of Presidential Decree 579 on the population surveyed.

In this context, 17% of households have changed their place of residence since the start of the preventative isolation measures. There is a relation between the current type of housing and whether the household changed location: (see graph 30): 47% of the households that residing on the street and 35% of households that lived in a hotel or ‘paga diario’ (daily-paid accommodation) changed location at least once since the start of the COVID-19 restrictions.

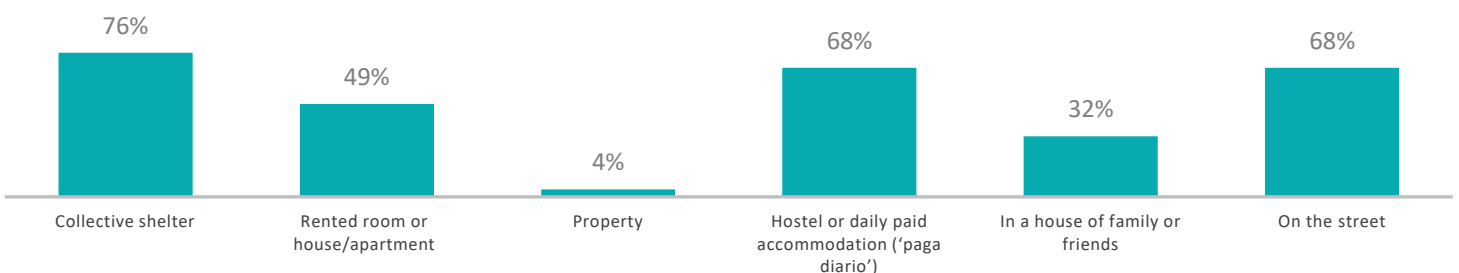
Of those who changed their place of residence, 63% reported that the main reason for changing their home was not being able to pay, followed by 17% who said they had problems with their landlord and 13% who said they had to leave locations such as a hostel, because they exceeded the assigned time.

Graph 29 | Percentage of households that have changed their place of residence since the beginning of the preventative isolation measures - by current type of housing



Nearly half of households (47%), face uncertainty regarding their housing situation in the short term. 25% of the households stated that they *do not* have a place to live for the next month, and 22% responded that they *do not know* if they have a place to live. This situation of uncertainty is more presented in the most unstable housing situations, with 76% of households currently living in shelters, and 68% of households living in hotels, hostels or in a ‘paga diario’ (daily-paid accommodation), as well as those living on the streets reporting that they are not sure of where they live in the month after data collection. Nearly half of the households living in a room or a house for rent are in the same situation and to a lesser extent, they report those in someone else’s house (32%, see graph 30).

Graph 30 | Percentage of households not having an assured place to live for the next month, by type of shelter

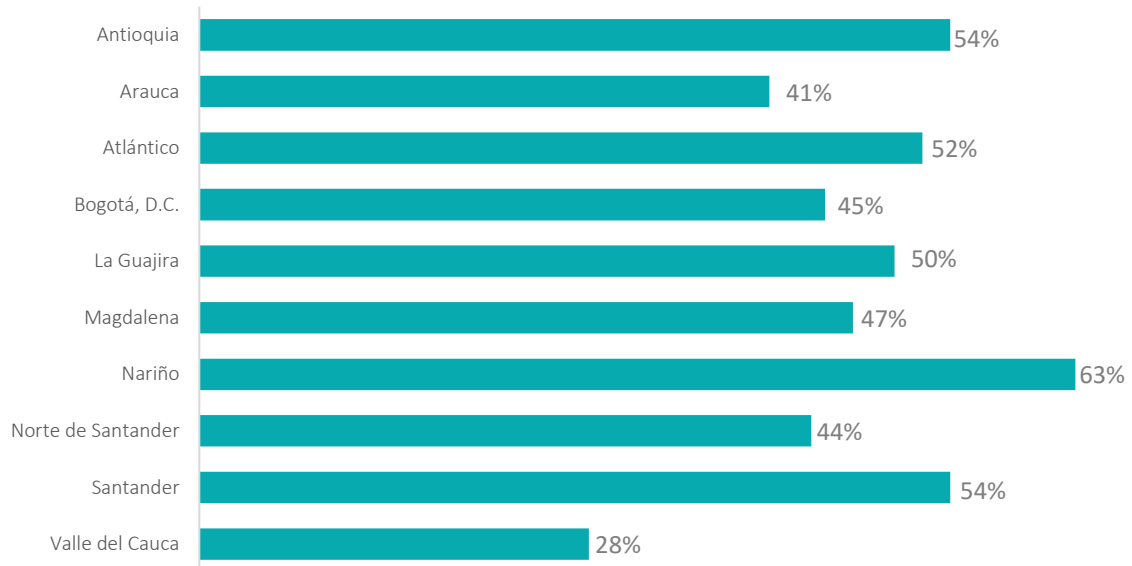


²¹ Ministry of Housing (15 April 2020). Decree 579 of April 15, 2020. <https://bit.ly/2Zbdspv>

ANALISYS BY DEPARTMENT

The departments with the highest percentage of households that face uncertainty regarding their housing situation in the short term are Nariño (63% of households), Antioquia and Santander (54%), Atlántico (52%), and La Guajira (50%, see graph 31)

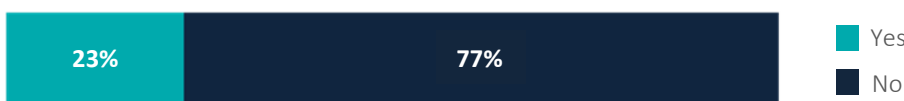
Graph 31 | Percentage of households that do not have or do not know if they have an assured place to live in the next month



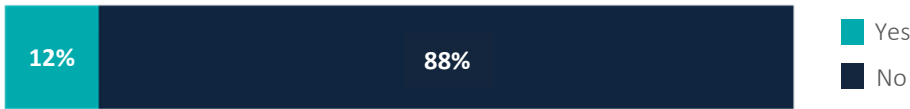
c. RISK OF EVICTION

To identify the main needs and concerns regarding housing, the households that stated that they were not assured of a place to live next month were asked about the reasons for this response: 23% of these households mentioned facing a risk of possible eviction due to their inability to pay and/or having problems with their landlord (see Graph 32). Likewise, 12% of the households reported having to leave their home due to lack of ability to pay and problems with the owner, including possible cases of forced eviction that have already occurred (see graph 33). In this context, it is important to point out that 73% of the households (excluding those that live in their own property and those residing on the street), do not have a written agreement with their landlord, which increases the risk of eviction.

Graph 32 | Percentage of households at risk of leaving their homes (due to lack of ability to pay and/or problems with the landlord)



Graph 33 | Percentage of households that have had to leave their homes (due to inability to pay and/or problems with the landlord, including possible forced evictions)



ANALISYS BY DEPARTMENT

Although there are no major differences between regions, the department of Arauca stands out, as it has the highest proportion of households that have had to leave their homes since the start of the preventative measures (23%, compared to an average of 12%).



d. ACCESS TO WATER

82% of households surveyed have access to water when required. Of this percentage, 62% report having drinking water when required. An additional 4% of the households have access to drinking water but only intermittently. 34% of households reported access to untreated water. The consumption of untreated water increases the risk of water borne diseases, which, if resulting in an increase in a demand for health care, further complicates the current health emergency (see graph 34).

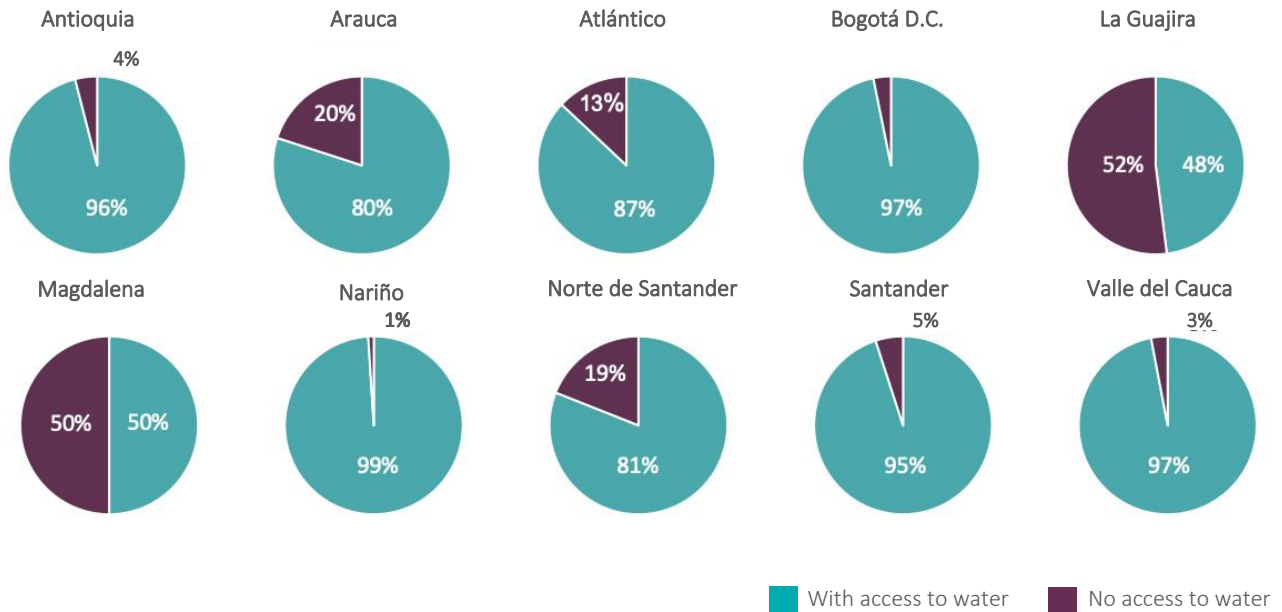
Graph 34 | Households with and without access to water, according to quality and availability of service



ANALISYS BY DEPARTMENT

There is a high proportion of households without access to water when required in the departments of La Guajira (52% of households surveyed) and Magdalena (50%), due the conditions of scarcity in coverage and supply, in addition to the high dependence on wells susceptible to deterioration. This shows the low capacity of households in these areas to mitigate, through hand washing, the spread of COVID-19 (see graph 35).

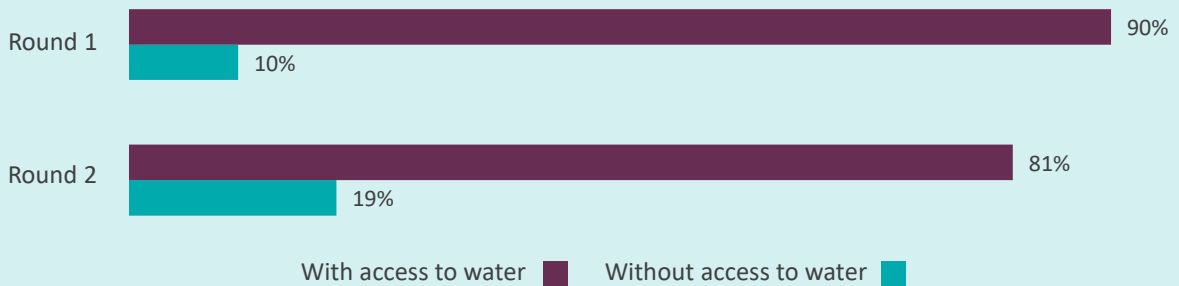
Graph 35 | Homes with and without water when required - by department



ANALYSIS PANEL

19% of households surveyed in April did not have access to water when they needed it. In June, this percentage was 10%, showing a reduction of 9 percentage points (see graph 36).

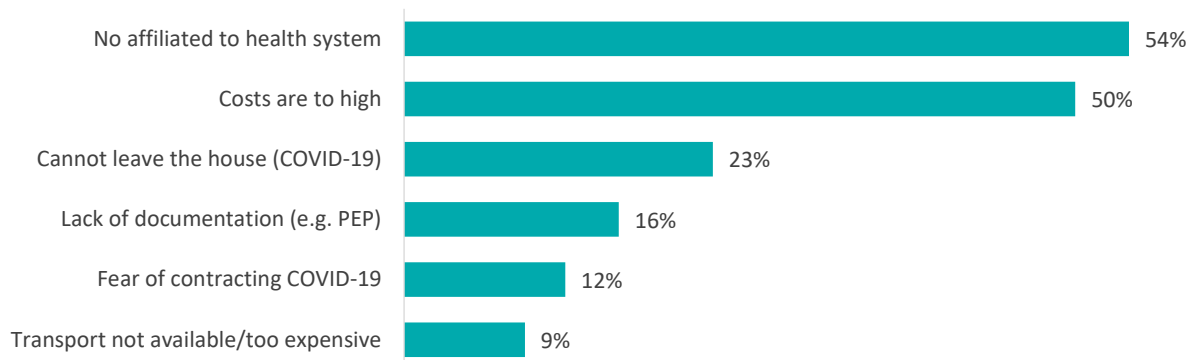
Graph 36 | households by access to water - from Round 1 to Round 2



e. ACCESS TO HEALTHCARE

In 37% of the households, at least one member needed health care since the start of the COVID preventative measures. Of those households, 58% report that they were faced with some limitation in accessing treatment. The limitations mentioned by the interviewees are: not being affiliated with the health system (54%), cost of services or medicines is too high (50%), not being able to leave the house because of COVID-19 (23%), lack of documentation (16%), because of fear of COVID-19 (12%) and the high cost or lack of transport (see graph 37). Households with people of over 60 years old and respondents with a disability appear more vulnerable in terms of access to medical services.

Graph 37 | Percentage of households faced limitations to accessing medical treatment when required²²

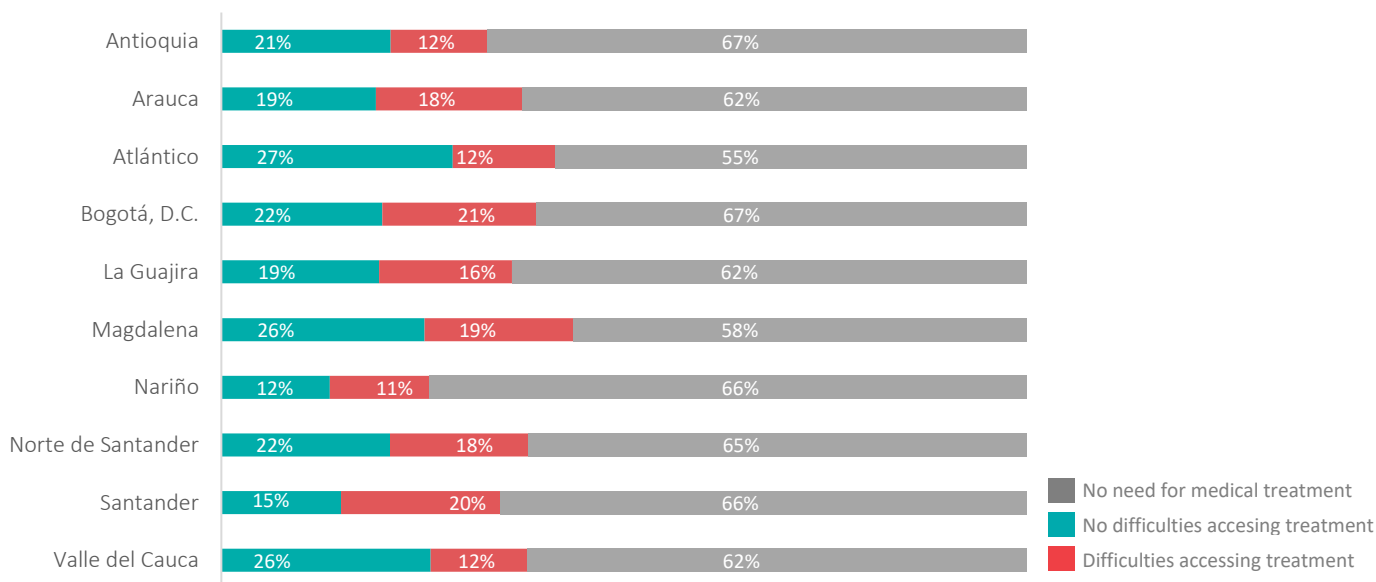


Other analyses show very low levels of affiliation of refugees and migrants to the General System of Social Security in Health (SGSSS): according to the "Plan of Response of the Health Sector to the Migratory Phenomenon" (Ministry of Health, 2019)²³ this proportion was only 22% of the refugees and migrants with PEP, while according to Profamilia, in its report "Inequalities in Health of the Migrant and Refugee Population" (Profamilia, 2020)²⁴ only 5% of all refugees and migrants are affiliated to the system.

ANALISYS BY DEPARTMENT

While there are no major differences in terms of difficulties in accessing treatment among the ten departments, it is noteworthy that between 33% and 45% of households have needed medical treatment since the start of the preventative isolation measures. Between 15% and 27% of households report that they faced limitations in their access to treatment, mostly because they are not affiliated with the health system and due to the high cost of services and medicines see graph 38).

Graph 38 | Percentage of households with one or more members in need of medical treatment



²² Respondents could provide more than one response to this question.

²³ Ministry of Health (2019). Health Sector Response Plan to the Migratory Phenomenon <https://bit.ly/2YppPPo>

²⁴ Profamilia (2020). Inequalities in the health of the Venezuelan migrant and refugee population in Colombia. <https://bit.ly/3dqbV3J>

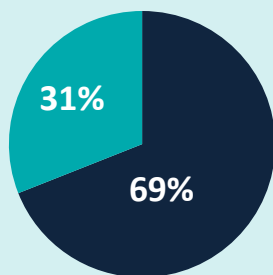
Research conducted between November 2019 and January 2020 in six prioritized cities given their high migratory flow: Bogotá, Barranquilla, Cartagena, Cúcuta, Riohacha and Santa Marta.

ANALYSIS PANEL

During the first round of collection in April, 31% of the households surveyed said that one of their members needed medical treatment. Of this percentage, 69% reported that they had not received adequate care. In round 1 and 2, 48% of the households responded that some of their members needed medical treatment since the start of the COVID measures (see graph 39).

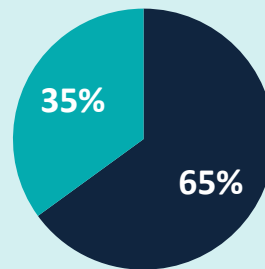
Graph 39 | Percentage of households with one or more members in need of medical treatment

Round 1.



■ No ■ Yes

Round 2.



■ No ■ Yes

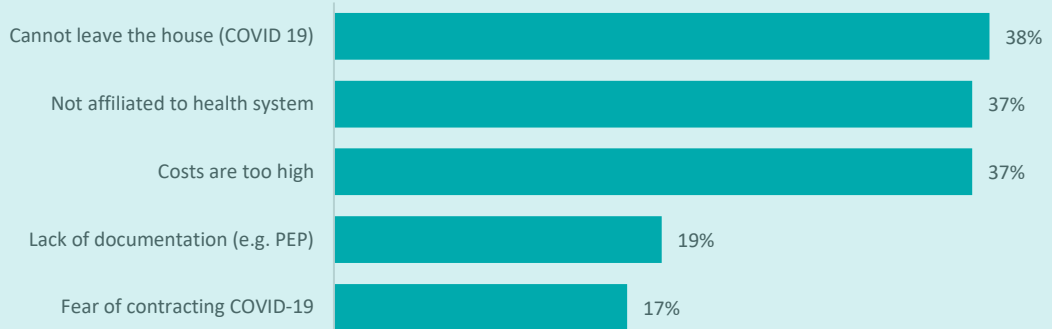
Regarding the main difficulties mentioned by the PANEL households for not being able to access medical treatment, it was found that in April the main difficulty in accessing medical treatment was not being able to leave the house. In June, the main difficulty was the lack of affiliation with the health system- non-affiliation to the health system was reported more frequently in households that required health services during the second round (55% of households requiring health care) compared to the first round (37% see Graph 40).

Table 4. Households in need of medical treatment

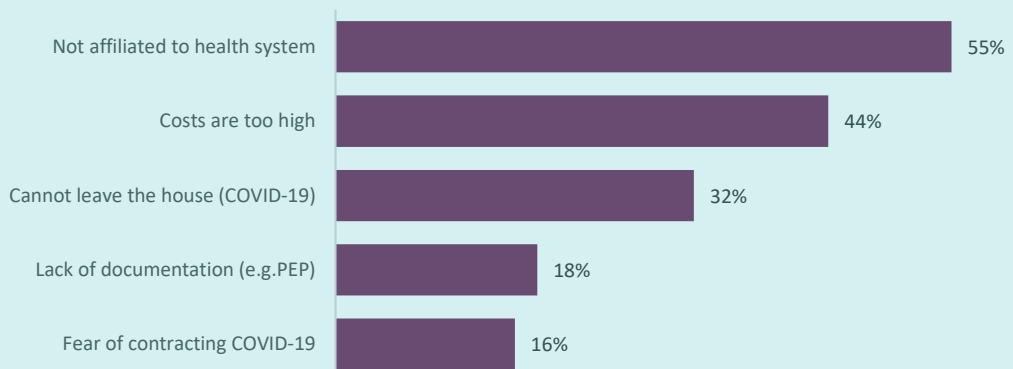
Round 1 Need medical treatment	Round 2 Need medical treatment		
	No	Yes	Total
No	234 52%	75 17%	309
Yes	59 13%	80 18%	139
Total	293	155	448

Graph 40 | Main barriers to accessing treatment (% of households facing barriers when trying to access treatment)

Round 1.



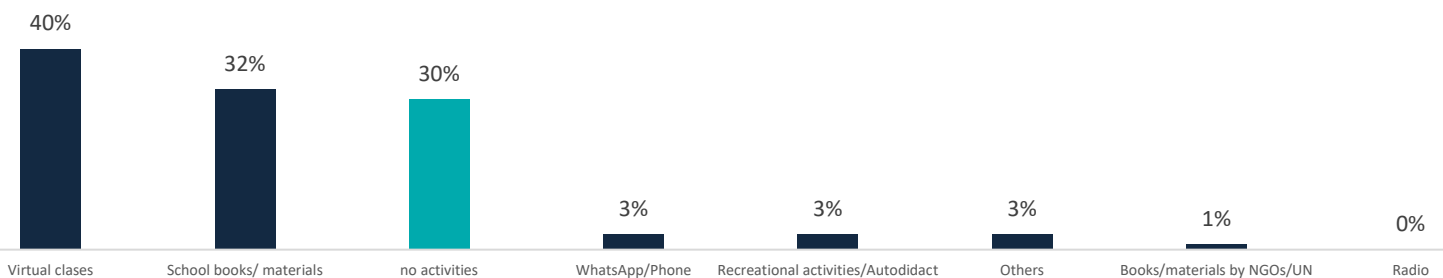
Round 2.



F. EDUCATION

40% of the households interviewed with children under 18 have access to virtual classes, while 32% have access to books or school materials. Thirty percent have no access to educational materials or activities (see graph 41). It should be noted that although it is very likely that the COVID-19 school closures have significantly impacted children's access to education, some households expressed that their children are not enrolled in school, indicating that they may not have had access to education even before the school closures. In 2019, the Child Resilience Alliance (CRA) estimated 120,000 Venezuelan children in Colombia were not attending school ([UNICEF 2020](#))²⁵.

Graph 41 | Percentage of households with children by type of learning activities

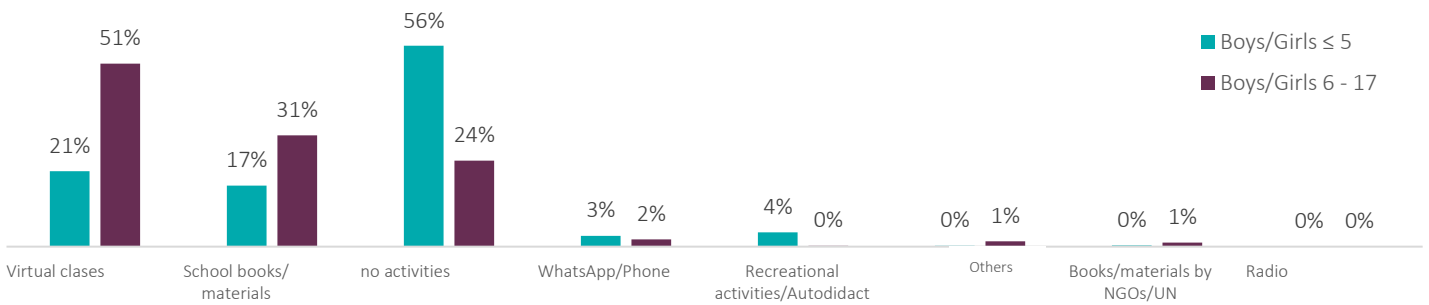


²⁵ UNICEF (2020). Impact of the migratory flow of children and adolescents on the Colombian education system. <https://bit.ly/38C6cHB>. Evaluation and report prepared by the Child Resilience Alliance for UNICEF and the Ministry of National Education

Further analysis indicates that households without access to the internet are more likely to be deprived of access to educational activities²⁶.

The disaggregation by age group shows that for children aged 5 or less, educational activities are particularly limited: Of 557 households with (only) children aged 5 or less, 56% do not have access to educational activities, while of 602 households with (only) children aged 6 to 17, 24% do not have access to educational activities (see graph 42).

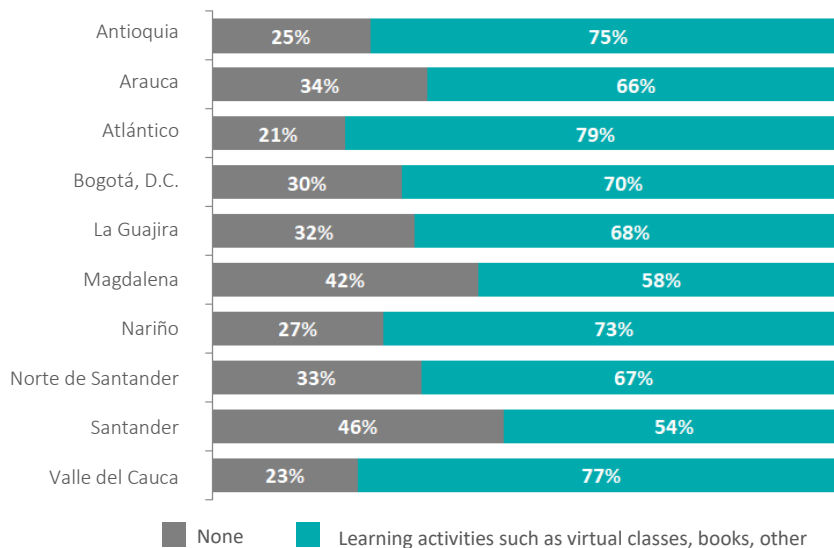
Graph 42 | Access to learning activities for households with children under 5 and children between 6 and 17



ANALYSIS BY DEPARTMENT

At the departmental level, access to educational activities is particularly low in Santander and Magdalena, where more than 40% of households with children under 18 do not have access to educational activities²⁷. Other departments, such as Atlántico, Valle del Cauca and Nariño, report a higher percentage of activities with children (see graph 43).

Graph 43 | Access to learning activities by department



²⁶ A logistic regression was performed where the dependent variable was a dichotomy of access to educational materials. The control variables used were: the number of children in the household, adults of working age, the departments of Antioquia, Atlántico, Bogotá, La Guajira, Nariño, Norte de Santander and Valle del Cauca, type of housing arrangement and a dichotomous variable of internet access. The latter shows that if households have access to Internet there is a higher probability of having access to study materials by 1,074 (pvalue<0.01). It should be noted that this type of model does not take into account unobservable variables such as the motivations of households to have access to the Internet or to carry out different types of activities with children who do not need the use of the Internet. For more information on the type of analysis applied to the results, please refer to the methodological note that is referenced at the end of this document.

²⁷ Small changes between departments can be a reflection of the methodology, rather than their actual situation.

ANALYSIS PANEL

The PANEL analysis shows that more households with children have been able to access distance learning opportunities since the beginning of preventative isolation measures. During the first round, one to two weeks after the introduction of these measures, almost half of the households with children indicated that they were not doing a specific learning activity with their children. In the second round, 48% of these households (93) indicated that they now use school books/materials and/or access virtual classes.

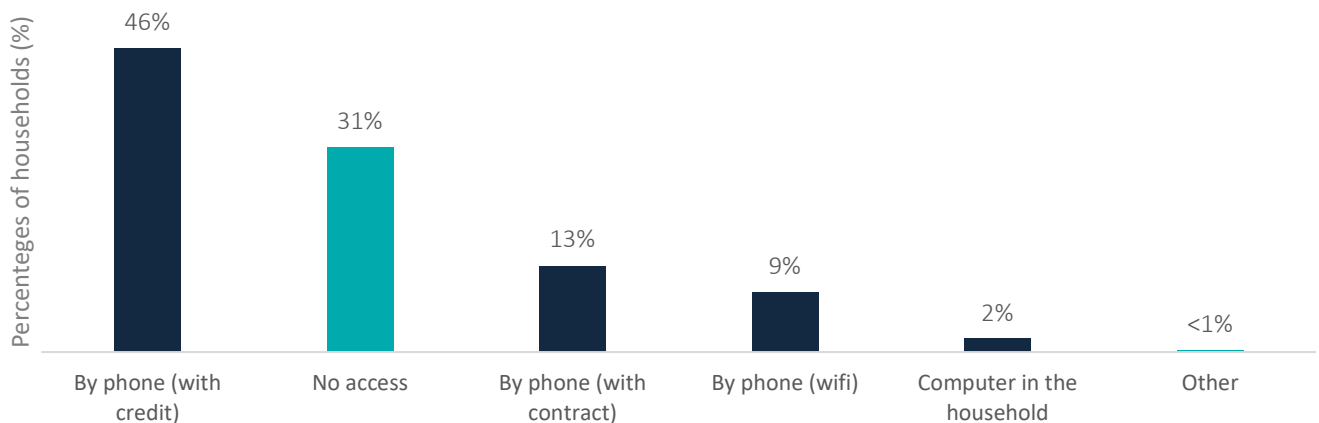
However, 19% of the households interviewed in the first and second round still did not carry out any specific learning activity. The results also show that not all households have been able to continue learning activities during the isolation measures. 43 households, or 10% of the panel households, indicated during the first round that they used virtual classes and books, but in the second round they stated that they no longer do so.



g. TELECOMMUNICATIONS

31% of households do not have access to the internet. Of the households that do have access, this access is mainly through their cell phones, as only 2% report having a computer (see graph 44).

Graph 44 | Means by which households access the Internet



Internet access is lower for female-headed households compared to male-headed households (34% compared to 27%). Male headed households are more likely to have access to the internet compared to female headed households. Furthermore, the results of the analysis show that a significant factor affecting internet access is the type of rental agreement. Households that pay monthly and have or do not have a contract are more likely to have access to the internet than those who do not pay rent²⁸. Although this needs assessment did not include questions about access to information, other studies have shown that social networks, such as WhatsApp and Facebook, are among the main sources of information for Venezuelan migrant and refugee households in Latin America and the Caribbean: the Regional Information and Communication Needs Assessment, conducted by the Regional Response Platform for Refugees and Migrants- R4V (R4V 2019) indicates that 70% of refugees and migrants surveyed

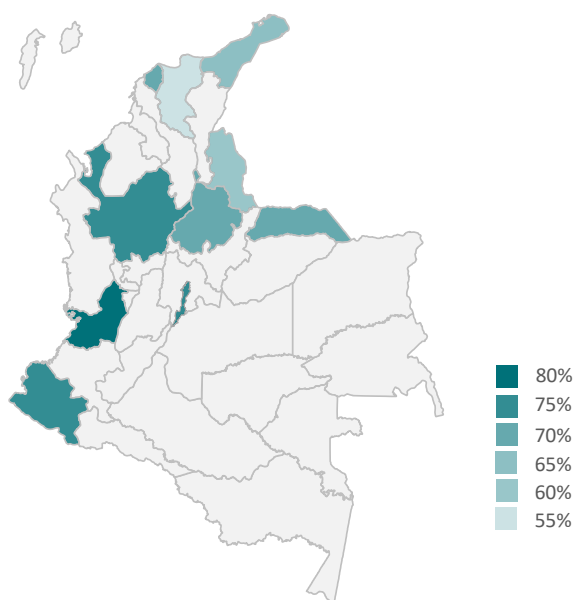
²⁸ A logistic regression was carried out to see what other factors affect the probability of households having access to the Internet, and if there are direct variables related to this, such as having a stable income to pay for a connection and having a stable household to have permanent installation, or unobservable variables such as the interest of households in having this type of service and the conditions of vulnerability faced by them. This effect turned out to be small but significant for the sex of the head of household, the type of rental agreement and the number of adults of working age (coefficient with p-value <0.05). To learn more about this model, please refer to the methodological note that is referenced at the end of this document.

access information about their situation at home through these two social networks²⁹. In the context of the COVID-19 crisis, it is essential that people have access to accurate and up-to-date information on prevention, government actions and governmental and humanitarian assistance. Lack of access to the internet limits the ability of refugees and migrants to keep informed about these issues.

ANALISYS BY DEPARTMENT

Internet access is unevenly distributed among different departments. 44% of the households interviewed in Magdalena and 38% in Norte de Santander do not have access to the internet. In other departments, the proportion of households interviewed without internet access is much lower, for example 19% in Valle del Cauca (see Map 1).

Map 1. Access to internet by department



h. RETURNS TO VENEZUELA

Since March 24 (the start of the preventive isolation measures) and June 30, over 81,000 Venezuelans have returned through the Land Migration Control Posts in Norte de Santander, Guajira, Arauca and Guainía, according to Migración Colombia.³⁰ According to the data collected, for the vast majority of households there are no members who have returned to Venezuela (92%). Eight percent of households report that at least one member of the household has returned to Venezuela since the beginning of the measures (see Graph 45). Due to the methodology (calls to Colombian cellular lines), this assessment does not include households that have already returned to Venezuela.

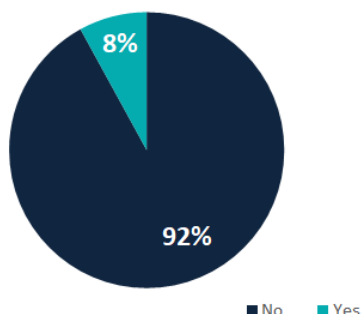
78% of the households report that no one from their household intend to return in the month after data collection, while 16% of the interviewed households report that someone from the household intends to return and the remaining 6% do not know if they intend to return or not (see graph 46). The results do not show a strong relationship between the date of arrival and the intention to return, however, there is a more pronounced trend to return among larger households. Of the households with 5 or more members about 20% report that one or more members have the intention to return, compared to 14% of households with 5 or fewer members.

²⁹ R4V - Regional Coordination Platform for Refugees and Migrants from Venezuela (November 2019) Regional Information And Communication Needs Assessment. <https://bit.ly/3eulzE2> (English version only)

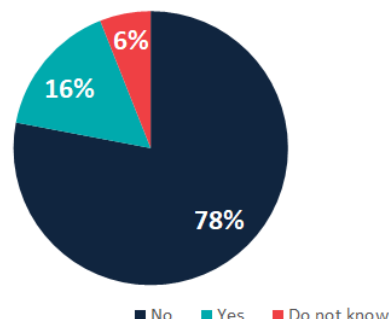
Interagency assessment conducted by the R4V Regional Working Group on Communication with Communities - CwC, between August and September 2019 in 15 countries in Latin America and the Caribbean, through individual surveys - face-to-face and online - and focus groups.

³⁰ Colombia Migration Unit (30 June 2020). For the second month in a row, the number of Venezuelans in Colombia has reduced. <https://bit.ly/3qAfMND>

Graph 45 | Percentage of households in which at least one member has returned to Venezuela since the start of the preventative isolation measures



Graph 46 | Percentage of households in which at least one member intends to return to Venezuela in the next month

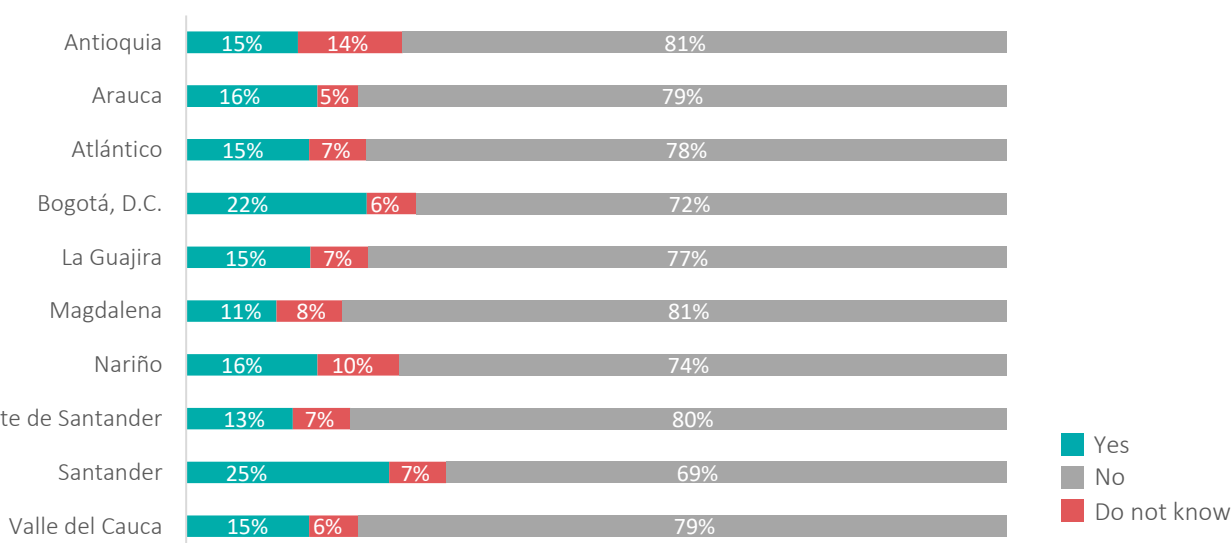


The main reason for considering return is the partial or total reduction in access to income in Colombia (50% of households reporting that someone in the household intends to return), followed by the intention to join the family (28%) in Venezuela, the lack of access to food (23%), the increase in prices of basic goods and services (16%) and the fact of having a home in Venezuela (13%). These results contrast with the findings of the EFSA (WFP, 2020)³¹, where the majority of refugees and migrants expressed concerns about the lack of food (85%) and the low purchasing power that would not allow them to meet the basic needs of their families (74%) if they were to return to Venezuela at the time of the assessment (end 2019), highlighting the uncertainty surrounding the return of some of the migrant and refugee population.

ANALISYS BY DEPARTMENT

In every department, households indicate the intention to return. The department with the highest proportion of households with intention to return is Santander (see graph 47).

Graph 47 | Percentage of households in which at least one member intends to return to Venezuela in the next month - by department



³¹ World Food Programme - WFP (February 2020). Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities. <https://bit.ly/3dOnTof>

7

Physical and mental well-being





a. SEXUAL AND REPRODUCTIVE HEALTH

Considering that 67% of the migrant and refugee population is of childbearing age, according to Profamilia (2020)³², sexual and reproductive health and access to contraceptive services are essential. The Profamilia study highlights these services as "urgent" needs in cities with a high proportion of refugees and migrants.

21% of the people interviewed stated that since the start of the preventative measures, at least one member of the household had presented needs related to sexual and reproductive health services.

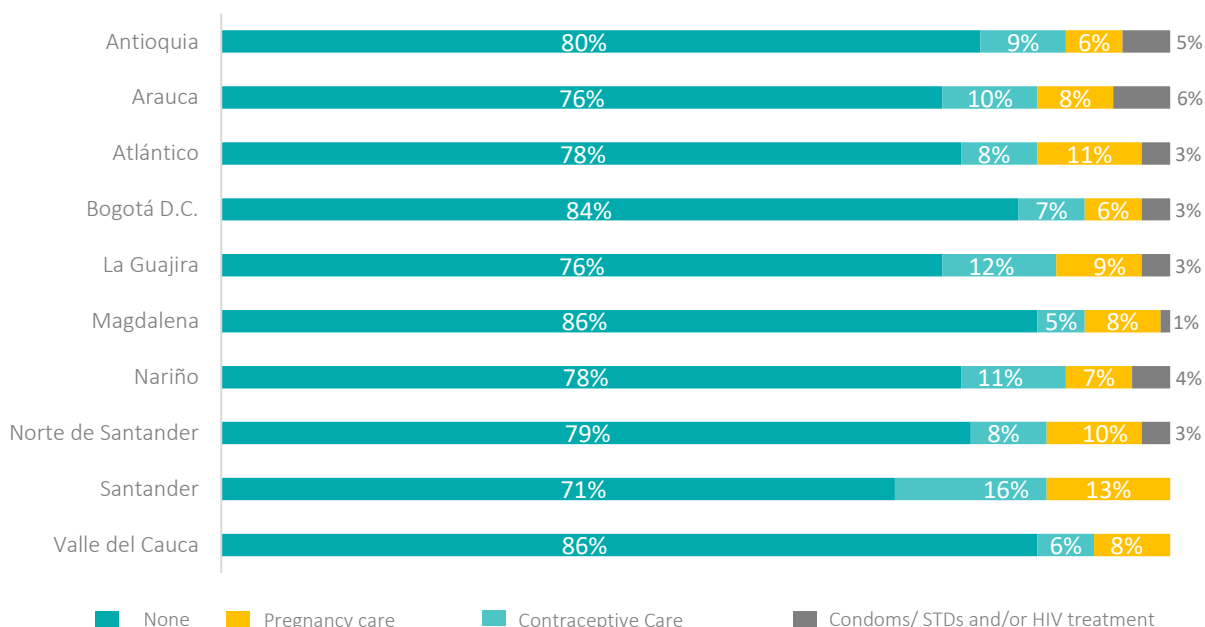
The households with the greatest need for maternal health care are the 33% with one or more pregnant or lactating women. It is important to note that access to healthcare is the main determinant of maternal mortality. However, according to the survey data, 50% of the households with pregnant and lactating women that required medical treatment faced barriers in accessing such treatment.

Contraceptive services were required by 10% of the households interviewed. Households composed of young women between 18 and 29 years old (66%) were identified as having the greatest need for contraception. 4% of the households reported that they needed condoms or other actions to prevent and treatment of STDs and/or HIV. Other services that people have needed during the quarantine include gynecology consultations and cytology care.

ANALISYS BY DEPARTMENT

There are no major differences between departments, and between 14% and 29% of households have reported sexual and reproductive health needs (see Graph 48).

Graph 48 | Percentage of households in need of one or more of the following sexual and reproductive health needs by department



³² Profamilia (2020). *Inequalities in health of the Venezuelan migrant and refugee population in Colombia*. <https://bit.ly/3dqbV3J>
 Research conducted between November 2019 and January 2020 in six cities prioritized due to the relatively large presence of refugees and migrants: Bogotá, Barranquilla, Cartagena, Cúcuta, Riohacha and Santa Marta.

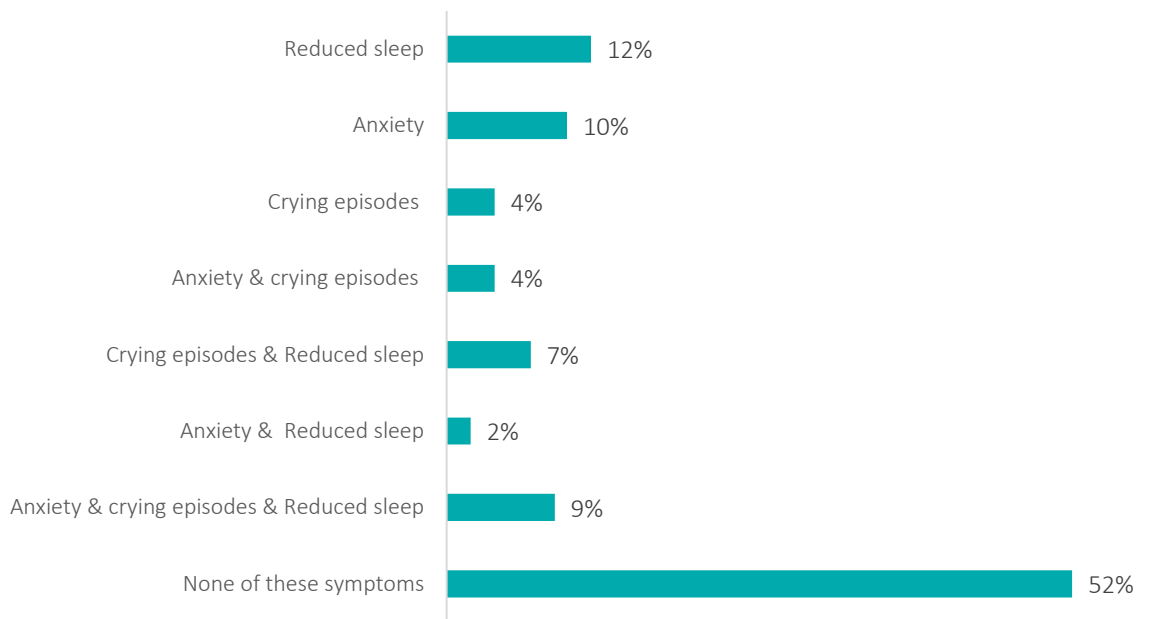


b. MENTAL HEALTH

48% of those interviewed mentioned that a member of their household had experienced symptoms of anxiety, reduced sleep and/or faced crying episodes in the week before data collection. The most common situations within the households are crying episodes and reduced sleep hours, with 30% each. 15% of the respondents stated that he/she or one of the household members has had both anxiety and reduced sleep.

The results indicate a relationship between poverty, anxiety and a reduction in the number of hours slept. Of the total number of people who suffer from anxiety and who have reduced their sleep hours, 61% only consume two meals a day. 57% of households who reported crying episodes only consumed two meals a day. Likewise, of the total number of households that reported having cohabitation problems, 64% of the households reported one or more symptoms of mental health concerns. 44% responded that one of the members had anxiety episodes, 31% had crying episodes and 40% reported a reduction in sleeping hours.

Graph 49 | Percentage of households with members who have presented some symptom of anxiety, crying or reduced sleep

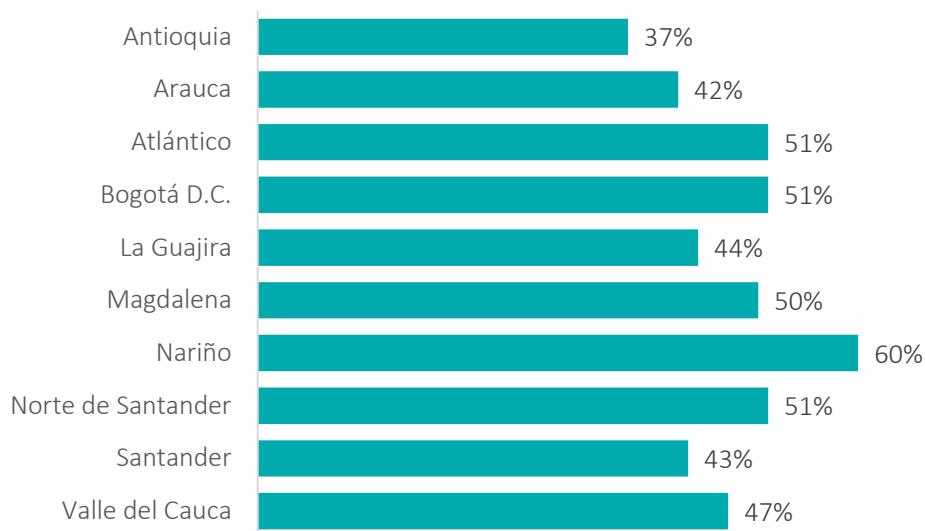


ANALISYS BY DEPARTMENT

Nariño shows the highest proportion of households with 60% that presented at least one symptom, followed by Atlántico, Bogotá and Norte de Santander with 51% and Magdalena with 50%. In the department of Antioquia, 37% of households presented one or more symptoms.

Symptoms of anxiety was reported mainly by households in the departments of Nariño (42%), Atlántico (34%), Norte de Santander (34%), Bogotá D.C. (33%), Magdalena (33%), Valle del Cauca (32%) and Santander (29%). Likewise, a reduction in sleeping hours was reported mainly among members of households in the departments of Antioquia (27%), Arauca (27%) and La Guajira (27%, see graph 50).

Graph 50 | Percentage of households with at least one symptom per department





8

Capacity to implement
COVID-19 measures

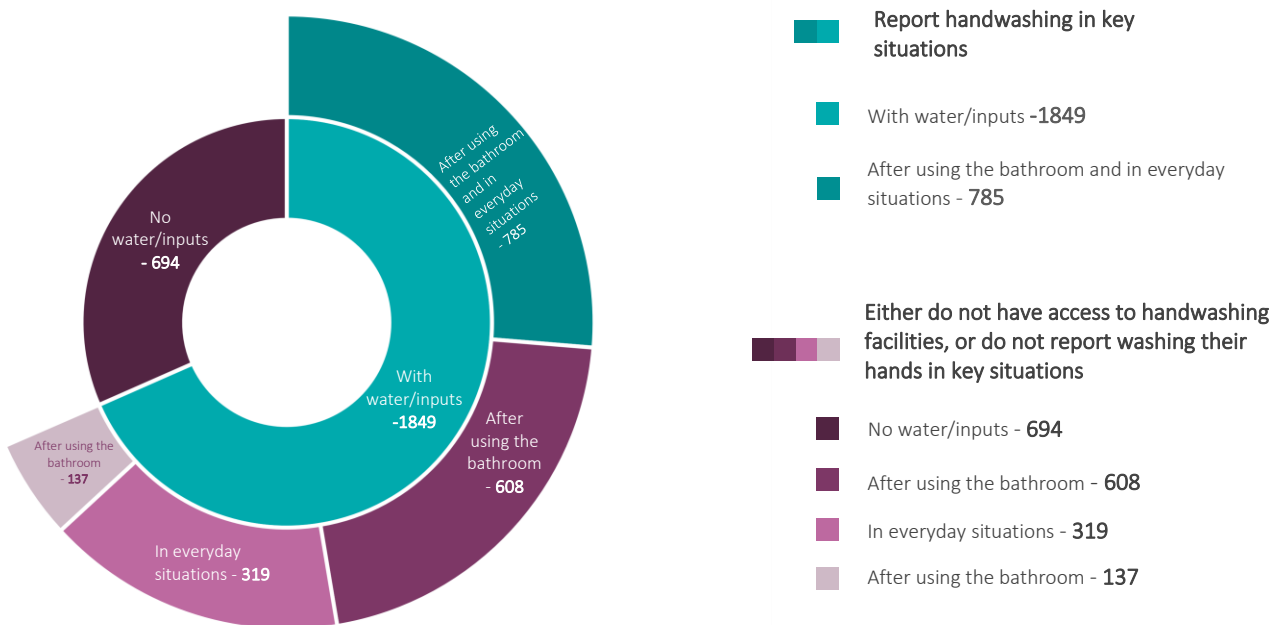
8 CAPACITY TO IMPLEMENT COVID-19 MEASURES



a. HANDWASHING

27% of households surveyed do not wash their hands properly at the required times³³ because they have no or intermittent water service, or do not have the inputs to do so. 73% of households have the capacity to wash their hands properly (have access to water and supplies), 58% do not wash their hands in everyday situations (open a door, greet a person or return to the house) or after using the toilet or latrine.

Graph 51. Handwashing in surveyed households



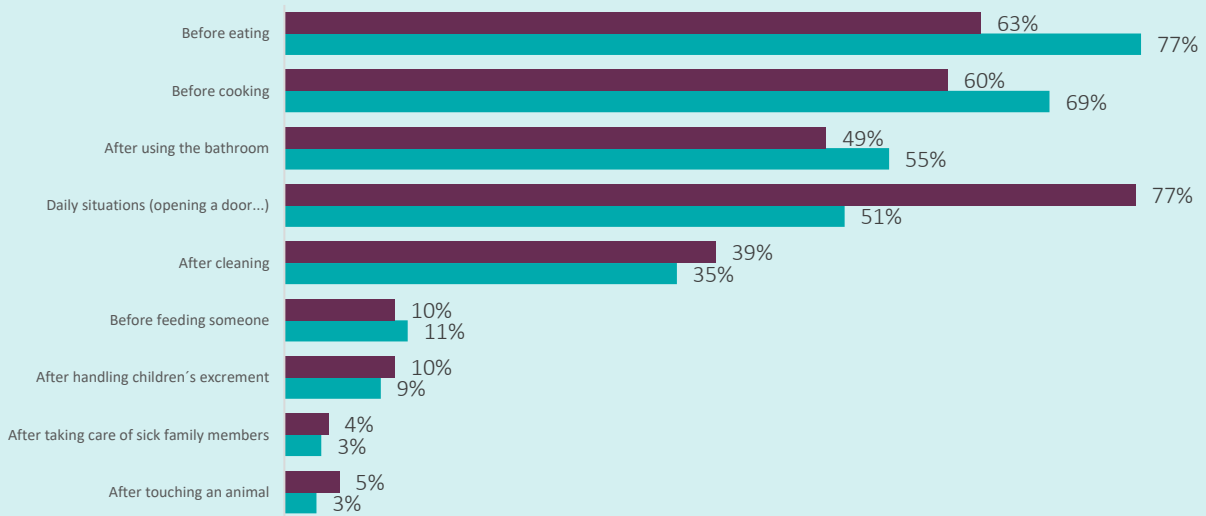
ANALYSIS PANEL

During the first round, it was found that most households wash their hands before eating, 77% of households mentioning this when asked about moments in the day when they usually wash their hands. 69% indicate they wash their hands before cooking. 55% of respondents report “after going to the bathroom” as a situation when they normally wash their hands and 51% after everyday situations.

By June, there was a significant increase in the percentage of households reporting washing their hands in everyday situations, from 51% to 77%. Handwashing before eating continues to be one of the most common situations mentioned, but with a reduction of 14%. Also, the percentage of households that reported washing their hands before cooking decreased by 9%. Another interesting finding is the reduction in the proportion of households reporting “after using the toilet” as a moment when they normally wash their hands, which decreased by 6% (see graph 52).

³³ Adequate hand washing as a prevention measure against COVID-19 requires having access to a facility and the use of water and soap.

Graph 52 | Handwashing moments mentioned by respondents



b. COHABITATION CONCERNS

Cohabitation problems can turn into protection concerns, especially in terms of gender-based violence. 8% of households indicated that they have experienced problems living together during their isolation. One percent preferred not to answer this question. Please note that the responses to this question are likely to be influenced by the context of the survey: during this telephone survey some respondents may feel at risk or embarrassed to respond.

Of the total number of persons who responded that they had problems with coexistence (8%), 31% stated that it was due to the risk of eviction, 30% said that it was due to problems with coexistence with the children and 24% mentioned that they had problems with their partner (see graph 50). Similarly, cohabitation problems are reported more frequently when the household is larger, increasing from 6% for households with 1-3 persons to 11% for households of 8 members or more.

ANALISYS BY DEPARTMENT

Living problems are of concern in every department, and reported by 6% to 12% of the households in the 10 prioritized departments.

ANALYSIS PANEL

According to the PANEL data, no significant difference was found in household cohabitation problems between the months of April and June.

9

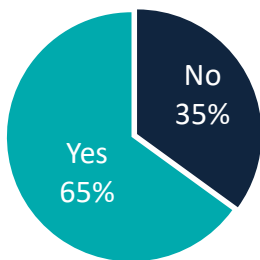
Response



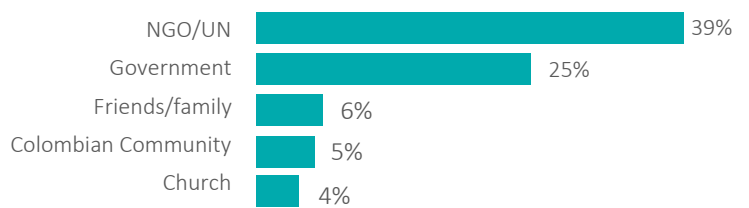
9 | RESPONSE

65% of the households interviewed stated that they had received aid/assistance since the start of the preventative isolation measures, while 35% mentioned that the household did not receive any aid so far (see graph 54). Regarding the origin of the assistance received, 39% (of all households interviewed) received aid from NGOs/UN; 25% from the Government; 5% from the Colombian community; 6% from friends or relatives; 4% from the church and 2% of the households received aid but do not know its origin. Similarly, it was found that 13% of the households received aid from more than one type of source. It is important to note that of the 65% that have received aid, 73% of the households mentioned having received aid in kind, 19% received aid cash transfers or a voucher, while 8% received both.

Graph 53 | Households that have received some type of assistance since the start of the COVID-19 preventative measures



Graph 54 | Main sources of assistance

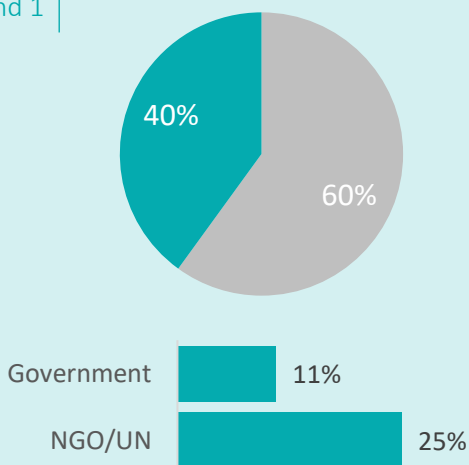


ANALYSIS PANEL

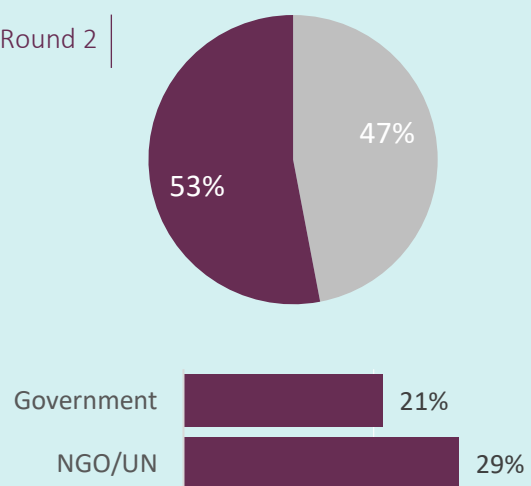
In the first round, 40% of the households in the PANEL had received support since the start of the COVID-preventative measures. During the second round, this percentage had increased to 53% (see Figure 56). This change is mainly due to an increase in support from the Government. Households reporting support from the National Government increased by 96% in the first round, with 11% of households reporting that they had received Government support in April, to 21% of households in June. The NGOs/UN remain the most important source of aid for the population in the databases.

Graph 55 | Percentage of households that have received assistance

Round 1 |



Round 2 |



NEXT STEPS

This needs assessment aimed to continue collecting information on the situation of the Venezuelan refugee and migrant population as well as to follow up on the households surveyed in April. In addition, this assessment sought to identify the main needs of the population in question in the context of COVID-19 and the preventative isolation measures put in place by the National Government. In this regard, the GIFMM will continue to collect data, as it is of interest to monitor the situation of these households as the pandemic and containment measures evolve, in order to provide a timely and adapted response to their needs. These data will also help to strengthen subsequent analyses as more households can be reached to obtain representative samples of the different profiles of the refugee and migrant population from Venezuela and the impact of COVID-19 on household dynamics and needs over time.

TO NOTE:

The GIFMM encourages additional analyses based on the data collected, for example, additional analysis of geographic differences, on a geographic level, or an analysis of analyzing the conditions of groups with specific needs, and invites the sharing of results or publications related to such analyses with the GIFMM Information Management Team.

When using the results of this assessment, please refer to it as the "Joint GIFMM Needs Assessment - Round II, June 2020".

Partners who participated in in both the analysis or and data collection may have differences in interpretation and analysis of the data.

The methodological note, questionnaire, and database, can be found [here](#):

- Methodological note
- Questionnaire
- Database

For additional information, please contact:

- Camila Borrero. National GIFMM Information Management Team, (cborrero@iom.int)
- Leonie Tax. National GIFMM Information Management Team, (taxle@unhcr.org)

