



Rapid needs assessment of older people

La Guajira, Colombia

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RESPUESTA A VENEZOLANOS
Plataforma de Coordinación para Refugiados y Migrantes de Venezuela



HelpAge

International

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

The Interagency Group for Mixed Migration Flows (Grupo Interagencial sobre Flujos Migratorios Mixtos – GIFMM) is a regional inter-agency coordination body established to lead and coordinate the response to refugees and migrants coming from Venezuela and help Colombian returnees or families with mixed migration status. In La Guajira, Colombia it comprises 32 organisations dedicated to minimising gaps in humanitarian services evident in the UN Humanitarian Response Plan.

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Introduction

Older people's right to humanitarian assistance

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

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

Rapid needs assessment of older people

The *Rapid needs assessment of older people in La Guajira, Colombia* (RNA-OP) outlines the specific needs of older refugees, migrants, returnees and members of the Wayúu indigenous population living in Maicao, Uribia and Riohacha, Colombia, having fled the current socioeconomic crisis in Venezuela.

The report contains key findings of the assessment, together with observations and analysis by HelpAge International's humanitarian and sectoral advisers, with input from the United Nations High Commissioner for Refugees (UNHCR) and the Interagency Group for Mixed Migration Flows (GIFMM). The report is in three parts. Section 1 describes a survey of older people living in informal settlements. Section 2 summarises a much smaller survey of older people in two transit centres. Section 3 reports on a small survey of older people in a care home.

The report aims to help all organisations operating in Colombia, including humanitarian agencies, donors and coordination mechanisms, to develop and implement inclusive programmes, and to support advocacy for the rights of older refugees, migrants, returnees, Wayúu indigenous communities and host communities.

The assessments were conducted jointly by HelpAge and the GIFMM. HelpAge and GIFMM welcome comments and questions based on this report. HelpAge offers technical support for inclusive responses.

Humanitarian context

Colombia's population includes over 1.8 million people affected by the current socioeconomic crisis in neighbouring Venezuela, including refugees, migrants, Colombian returnees, and members of transborder indigenous communities irregularly entering Colombia.¹ Of these, nearly 800,000 have a regularised migration status. However, more than 1 million have either exceeded their stay or entered the country irregularly.² Although, those without a regular migratory status are allowed to access the government's public health services in an emergency or for a life-threatening condition.

About 38,400 refugees and migrants (3% of the total) are aged 60 or over (60% women, 40% men).³ Older refugees and migrants are among the most vulnerable because of the discrimination they face, creating barriers to accessing health, medicines and job opportunities, recurrence of illnesses that have not been properly treated, and, in many cases, different types of chronic illnesses or disability.

¹ Government of Colombia: <https://r4v.info/es/situations/platform>

² Further information on the status issue facing Venezuelans migrating to Colombia, is available at: <https://www.refworld.org/docid/5cd1950f4.html>

³ Information provided by UNHCR, La Guajira office, March 2020. Data from Migración Colombia

The department of La Guajira in north-east Colombia has the third-highest proportion of Venezuelans (12%) after Bogotá and Norte de Santander. La Guajira is the second-poorest department of Colombia, scoring 65% in the country's Unsatisfied Basic Needs Index⁴. Large-scale migration from Venezuela has generated additional pressures on the region. Prior to the current Venezuelan diaspora, La Guajira's health, water and education public services were managed by the National Government as local government was unable to operate. The department had previously been declared in debt due their lack of institutional capacity. Misuse and negligence are structural issues that perpetuate poverty in La Guajira and increase challenges to the humanitarian response. Officially, about 165,500 Venezuelans live in La Guajira⁵, representing one fifth of the population, living mainly in the municipalities of Maicao and Riohacha. However, according to UNHCR's La Guajira's office (March 2020), the number of Venezuelans in La Guajira is higher than the official statistics, due to the high number of people without a regularised status.

The only formal border crossing point in La Guajira is Paraguachón. It borders Zulia State, which has the largest indigenous population in Venezuela, the Wayúu. During 2018 and 2019, nearly 170,300 people from Venezuela were registered through the formal crossing point of Paraguachón⁶. Nearly one third of those who entered in 2019 expressed a wish to remain in La Guajira, three-quarters specifically in Maicao. According to UNHCR, around 82% of people who have entered Colombia have used an irregular crossing point, mainly because they lack of documentation and information about their right to seek asylum at the border.⁷ Their irregular status constitutes one of the main barriers to accessing rights and services for refugees and migrants. Older people coming from Venezuela are of particular concern because of their limited access to services, combined with a high level of discrimination and xenophobia towards the Venezuelan population, who are seen to compete for resources and employment, and the perception that the streets are less safe.

La Guajira has a population of about 825,000 including 60,300 (7%) aged 60 or over. More than a quarter of the population live in extreme poverty. About 12,700 (2%) are living with a disability. Part of La Guajira is an indigenous territory (as well as the State of Zulia in Venezuela), with around 380,500 people (46%) of the population being members of the Wayúu ethnic group.⁸ Most Wayúu do not know how to read or write. Their way of life is based on shepherding, arts and crafts, and bi-national commerce. Many who arrive from Venezuela live in informal settlements consisting mainly of temporary shelters, with no access to basic services or information about their rights. Most older Wayúu speak only their native language.

Despite significant efforts by the Colombian national government and local authorities, local reception capacity in La Guajira is struggling to respond to the needs the high number of people coming from Venezuela, putting particular pressure on basic services such as health and education.

Section 1: La Guajira Informal Settlements

Methodology

Data was collected in three municipalities of La Guajira –Riohacha, Maicao and Uribia – through face-to-face, one-to-one interviews using a structured survey developed by HelpAge International. The locations were identified by UNHCR, due to their proximity to the Venezuelan border and relatively high population of older people.

A purposive sampling approach was used to select women and men aged 50 and over, complemented by snowball sampling to reach marginalised older people who might otherwise be hard to find because, for example, of difficulties with mobility or isolation. There were four age cohorts: 50-59, 60-69, 70-79 and 80-plus. The targeted sampling approach means the sample is not

4 UNHCR, March 2020. Further information is available through GIFMM and here: <https://r4v.info/es/documents/download/76048>. The UBN Index can be found here: <https://www.diariodelnorte.net/caribe/99-la-guajira/7096-segun-el-dane-el-mayor-grado-de-necesidades-basicas-insatisfechas-se-presenta-en-zonas-rurales.html>

5 Information provided by UNHCR's Guajira Office. Feb. 2020. Information comes from Migración Colombia

6 IBID

7 UNHCR, March 2020.

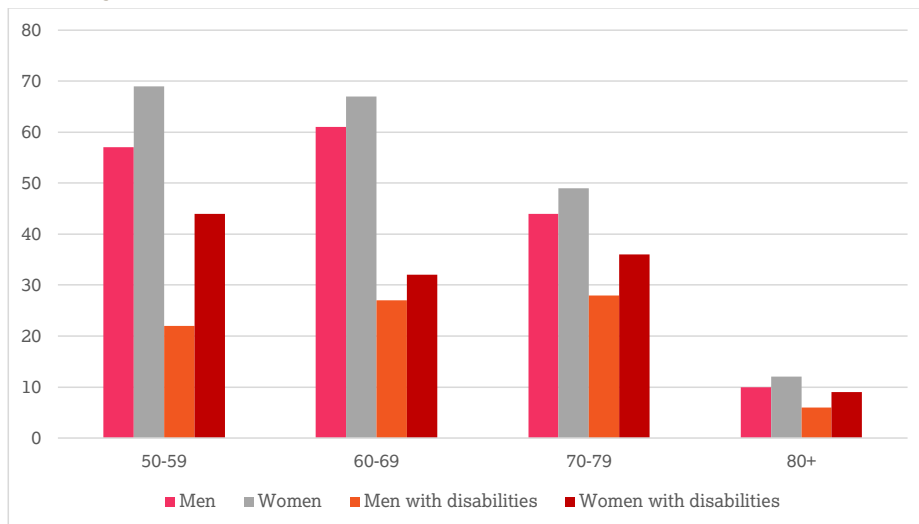
8 Colombian Department of National Statistics. 2018 Census: <https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-nacional-de-poblacion-y-vivenda-2018>

representative of the older population of Venezuelans and Colombians in Colombia but is sufficient to highlight trends. Most of the recommendations for each sector relate to older people with disabilities as well as older people in general. However, some specific recommendations for older people with disabilities are also made. A set of questions was addressed specifically to respondents who identified as Venezuelan about their asylum status.

The interviews were carried out in January 2020 by 27 local data collectors familiar with the language and culture, following training in use of the survey tool and purpose of the assessment.

In total, 369 older people were interviewed, including 197 women (53%) and 172 men (47%). This was a large enough sample to disaggregate the data into smaller subgroups to show results by age, sex and disability. To allow for a 95% confidence level, it was determined a minimum sample size of 380, using a statistical sample size calculator;⁹ however, we had only 369 respondents, so the confidence level is at 94%. The sample size of people in their 80s is relatively small, partly because people in this age group are more likely to stay in Venezuela to take care of assets and property and receive remittances from family members in Colombia, and partly because fewer people live to this age owing in part to a lack of quality medical care. Where there is no large disparity (more than 5%), in sex-disaggregated data, the findings for women and men are not given separately. A breakdown of participants by sex, age and disability is given in Graph 1.

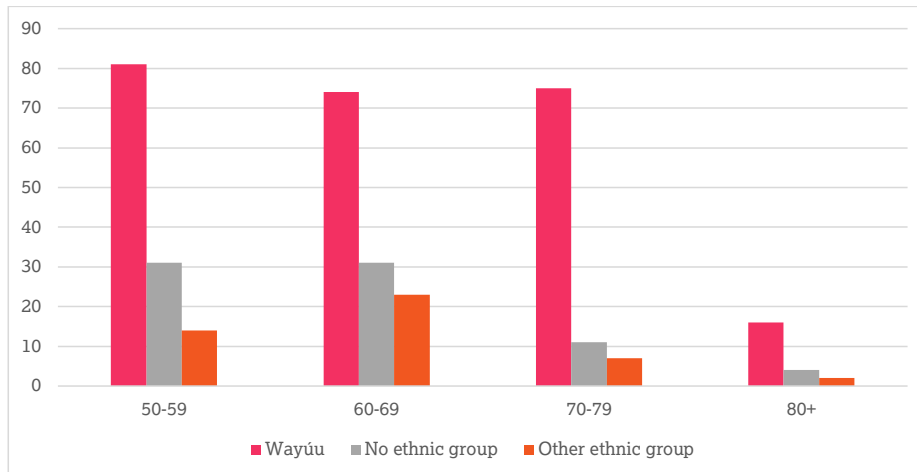
Graph 1: Demographic breakdown of survey participants by gender and disability



The majority of respondents were from indigenous ethnic group, mainly Wayúu. A breakdown of participants by ethnicity is given in Graph 2.

⁹ <http://www.raosoft.com/samplesize.html>

Graph 2: Demographic breakdown of survey participants by ethnicity



Key findings

Situation of older people in La Guajira

The situation of older people affected by the humanitarian crisis in Venezuela is diverse. Many face risks relating not only to their age, but also to their gender or disability. In addition, many face the demands of caring for others or the challenges of living alone. A high proportion of older people surveyed lack access to basic services:

- 76% of older people do not have enough to eat.
- 48% eat less to prioritise children.
- 50% are borrowing money for food or basic goods.
- 78% do not have access to safe drinking water.
- 64% have no access to bathing facilities, 84% no access to handwashing facilities and 71% no access to toilets.

The findings indicate a high level of dependency:

- 27% of older people are unable to reach aid services or distributions on their own.
- 34% rely on family, friends or volunteers to assist them to do so.
- 16% do not get to distribution points or receive relief items at all.
- 60% of older people (70% of women, 49% of men) depend on their family or friends to meet their basic needs.

However, it's important to recognise that a certain proportion of older people can cope with their situation: 27% can cope without additional support while 68% can cope with support.

Older people have significant caring role with 60% of older people care for one or more children with 30% care for three or more children. Therefore, the challenges that some older people encounter in reaching aid services and distribution points, and meeting their basic needs, can have serious care and safety implications for them and their dependants.

The lack of presence in the territory of humanitarian agencies highlights a critical need for accessible and inclusive feedback mechanisms:

- 75% of older people have not been consulted by any humanitarian agencies about the services provided
- 83% do not know how to give feedback or make a complaint.

Older people's priorities

We asked older people to rate the following items out of 5, with 1 indicating high priority and 5 a low priority: safety, water, food, shelter, medicine, cash, hygiene items, clothing, bedding, fuel and household items. The top five priorities overall were water, food, cash, safety and shelter. However, there were some differences in priorities of men and women, with women rating medicine as their fifth priority, and men rating cash as their top priority (see Table 1).

Table 1: Older people's top five priorities

Priority	Older people	Older women	Older men
1.	Water	Water	Cash
2.	Food	Food	Water
3.	Cash	Cash	Food
4.	Safety	Safety	Safety
5.	Shelter	Medicine	Shelter

Overall, older people with disabilities rated water, food, cash, medicine and shelter as their top five priorities. These were the same for women and men, except that men included shelter instead of medicine in their top five priorities (see Table 2).

Table 2: Older people with disabilities' top five priorities

Priority	Older people	Older women	Older men
1.	Water	Water	Water
2.	Food	Food	Cash
3.	Cash	Cash	Food
4.	Medicine	Medicine	Shelter
5.	Shelter	Shelter	Safety

Key findings by sector

Water, sanitation and hygiene

- Water was ranked as the highest priority by older people and older people with disabilities.
- 78% of older people have no access to safe drinking water. Reasons include water points being too far away and having nowhere to store water.
- 82% of older people are dissatisfied with the drinking water available to them.
- 80% of older people do not feel safe accessing water points.
- Most older people have no access to bathing facilities (64%), hand-washing facilities (84%) or toilets (71%). Older men face slightly greater difficulty than older women in accessing these facilities.

Food security, income and debt

- Food was ranked as the second highest priority by for older people.
- 76% of the sampled older people do not have enough to eat.
- 47% of older people feel unsafe while accessing food.
- 77% of older people cannot afford to buy food.
- 52% of older people often go to bed hungry 1-2 nights per week, while 22% go to bed hungry 3-5 nights per week.
- 84% of older people currently have no income and 66% of older people have had to borrow since the crisis started.
- 91% of older people say they could use cash safely. Those who could not said it was mainly because of the risk of theft.

Protection

- 96% of respondents have changed their behaviour since the crisis began in order to meet their basic needs and 36% have adopted at least one negative coping mechanism.
- 62% have ID that allows them to access humanitarian services (civil identity document (72%) or other IDs (21%).
- 60% of older people (70% of women, 49% of men) depend on family or friends to meet their basic needs.
- 60% of older people (72% of women, 47% of men) care for one or more children. Of those, 30% care for more than three children. 33% care for one or more older persons. 15% care for one or more people with disabilities.
- 27% of older people (29% of women, 24% of men) cannot reach distribution sites independently.
- 16% do not get to distributions points or receive relief items at all.
- 34% reach distribution points with assistance from family, friends or volunteers.
- Of respondents identifying as Venezuelan:
 - 74% have no permit or visa to reside in the country, meaning they are unable to access services or apply for jobs.
 - 12% have a temporary Special Stay Permit (Permiso Especial de Permanencia – PEP), giving them access to rights and opportunities.
 - 14% have other forms of temporary permission to stay, such as work or study visas.
 - 82% (46% of women, 54% of men) have not applied for asylum. The most common reasons for not applying for asylum are not knowing how to (60%) and not considering it necessary (22%).
 - 6% (8% of women, 3% of men) do not know whether they have applied for asylum.
 - 1% have applied for asylum but abandoned their request, 1% have had their request rejected and 1% have an asylum decision pending.

- Only 8% say they would not face any risk if returning to Venezuela.
- The most common risks from returning to Venezuela include family would lack food (67%), imminent health risk (57%), lack of employment (55%) and violence (8%).

Shelter

- Shelter is the fifth highest priority of older people.
- 37% of older people do not feel safe in their shelter, especially those living alone (47%).
- 48% are not satisfied with their shelter (51% of women, 45% of men).
- 44% say their shelter needs major repairs.

Health

- 53% of older people (58% of women, 48% of men) have one or more health conditions. These include:
 - Hypertension (31%)
 - Gastrointestinal issues (20%)
 - Respiratory problems (15%)
 - Heart problems (13%)
 - Diabetes (9%)
 - Cancer (1%)
- More older women than men have hypertension and gastrointestinal issues. More older men than women have heart problems.
- 59% of older people reported having joint aches and pains.
- 25% of older people have two or more health conditions (multi-morbidity).
- 31% have no access to health services (34% of those with at least one health condition).
- 35% do not feel safe accessing health services.
- 19% have no one to help them access health services.
- 15% do not access health services because of negative attitudes of health providers while 13% say health services are too expensive and 11% say their nearest health facility is too far away.
- 29% of those taking medication only have enough medication for up to a week.

Disability

- 55% of older people who responded to the survey are living with a disability (61% of women, 48% of men).
- 33% of both older women and men have a lot of difficulty seeing or cannot see.
- 24% of both older women and men have a lot of difficulty or cannot walk or climb stairs.
- 21% of older people who responded have difficulty remembering often or all of the time; while 14% have difficulty remembering a lot of things or almost everything

Wellbeing

- 46% of older people feel worried, nervous or anxious daily.
- 24% feel worried, nervous or anxious on a weekly basis and 4% on a monthly basis.
- 55% of older people who live alone feel worried, nervous and anxious daily.
- 54% of older people with a disability feel worried, nervous and anxious daily (60% of women, 50% of men).
- 28% of older people are in pain every day or most days (37% of those with disabilities).
- 30% of older people (35% of women, 25% of men) feel very tired or exhausted most days or every day.
- 4% cannot cope at all.
- 68% can cope with support and 27% can cope without support.

Accountability

- 75% of older people (69% of women, 83% of men) have not been consulted by any humanitarian agencies about the services provided to them.
- 83% of older people (80% of women, 86% of men) do not know how to make a complaint or provide feedback on the humanitarian services designed to support them.
- 78% of older people with disabilities have not been consulted by any humanitarian agencies.
- 84% of older people with disabilities do not know how to make a complaint or provide feedback.

Recommendations for an inclusive response

Tabla con formato

1. Use data disaggregated by sex, age, disability and ethnicity to inform responses and support the activities of implementing partners and other service providers.
2. Consult older people, including women and those with disabilities, in a meaningful way to develop feedback and complaints mechanisms that they can use.
3. Make sure older people have access and are aware of the different ways that they can provide feedback or make complaints (such as feedback boxes, hotline numbers or focal points they can contact) and that they understand how these work and how their feedback will be dealt with.
4. Establish outreach services for older people who are unable to reach static facilities and assist them to register and receive support.
5. Provide tailored support to older people caring for others.
6. Register dependants of older people, including boys, girls, adolescents, people with disabilities and other older people. Link older carers and their dependants to relevant services providers in their area who could provide additional support.
7. Share information with older people in accessible formats and languages, considering the hearing, visual or other communication barriers they may face.
8. Provide opportunities for older people, including those with disabilities, to take on voluntary roles, such as community monitors and peer support providers for those who feel they cannot cope.
9. Establish or strengthen a community volunteer network for older people who depend on others to meet their basic needs and for those unable to reach distribution points.
10. Identify older people who have lost or do not have relevant IDs to access services and support them to find or replace their IDs.
11. Raise awareness of staff and partners about ageing and disability issues to promote the rights and dignity of older people, including those with disabilities, and support them to develop inclusive programmes.
12. Use the *Humanitarian inclusion standards for older people and people with disabilities*¹⁰ and *IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019*¹¹ to fully design inclusive activities that respond to the needs and rights of older people, including those with disabilities.

¹⁰ <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion>

¹¹ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

Sector-specific findings and recommendations

1. Water, sanitation and hygiene

Water was ranked by older people as their highest priority. Seventy-eight per cent of respondents said they did not have access to safe drinking water, while 82% said they were dissatisfied with the drinking water available to them. Furthermore, 80% of said they did not feel safe going to water points.

Reasons older people gave for being unable to access safe drinking water included water points being too far away (29%), nowhere to store water (25%), could not carry water back to their shelter (14%) and not enough drinking water (11%). There is a severe lack of water infrastructure in the informal settlements of La Guajira and areas where Wayúu communities live. Some organisations are bringing in water and setting up water tanks and pumps. However, they are not reaching all areas and this approach is not sustainable, therefore action needs to be taken to improve older people's access to safe and sufficient water in a sustainable manner.

Compounding the problem of older people's lack of access to safe drinking water is the impact this may have on other members of their households, especially small boys and girls. Sixty per cent of respondents said they were caring for children. If they have to send a child to collect water for them, they may expose the children in their care to protection risks on their way to and from water points.

Access to sanitation and hygiene facilities is also very poor. Respondents said they had insufficient access to bathing facilities (64%), handwashing facilities (84%) and toilets (71%). Some respondents said they had no choice but to defecate into bags and throw them into open areas due to a lack of facilities. On average, the situation was worse for older women than men. For example, 87% of older women said they had no access to handwashing facilities, compared with 80% of men.

Older people highlighted a number of significant barriers to accessing facilities. These included not enough toilets or bathing facilities (35%), not enough water (25%) and lack of privacy (24%). Safety was a major concern in terms of access to bathing facilities (62%), handwashing facilities (80%) and toilets (70%).

Additionally, the fact that 20% of respondents said they had gastrointestinal problems and 24% had difficulty walking, makes it clear that any water, hygiene and sanitation facilities that are not inside or close to their shelter will be too far away to access.

Recommendations

1. Consult older people, including women and those with disabilities, to design sustainable interventions for making safe drinking water, hygiene and sanitation facilities available and accessible to them.
2. Provide water filters and storage tanks to older people throughout the settlements who do not have safe drinking water points close to their shelters. Regularly refill the storage tanks with safe and sufficient drinking water. If necessary, take measures to keep the water clean and avoid contamination.
3. Provide washing facilities and toilets that are appropriate and accessible for older people close to their homes.
4. Establish outreach services for the delivery of safe drinking water regularly to older people who have difficulty walking or cannot leave their home, using suitable containers. Provide extra water to households with older people who are incontinent to enable them to maintain basic hygiene.

2. Food security, income and debt

Food was ranked by older people as their second highest priority. Older people's responses to our questions about food security suggest a mixed picture. Most respondents (68%) said they ate two meals per day. However, more than two thirds (76%) said they did not have enough to eat (74% of women and 78% of men).

More than Nearly half of respondents (52%) said they went to bed hungry 1-2 nights per week, 23% said they went to bed hungry 3-5 nights a week and 8% said they went to bed hungry every night.

Lack of income is one of the most significant but overseen barriers preventing older people from accessing food (76%). Eighty-four per cent of respondents said they currently had no income. Nearly two-thirds (66%) said they had had to borrow since the crisis began. Ninety-one per cent of respondents said that, if given cash, they could use it safely (90% of women and 92% of men).

Fifty-two per cent of respondents said they felt unsafe accessing food. Two per cent said that the food they had was not appropriate and lacked diversity. Thirty-one per cent said they did not have not enough materials or space to prepare food. Nine per cent said they faced physical barriers to collecting or preparing food.

The Wayúu communities are known for handicrafts, with woven bags called 'mochilas' being a commonly created item sold within Colombia and across the globe. Older people are often taking part in making such handicraft as a cultural tradition.

Recommendations

1. Consider distributing cash in the short term to enable older people to clear their debts and providing longer-term livelihoods support to older people. Consult older people in the design of interventions offering cash or e-vouchers.
2. Conduct a safety audit jointly with agencies working in different sectors and use the findings to establish referral pathways for other means by which older people can safely access sufficient food.
3. Conduct a market assessment to identify shops and markets where older people, can buy food that is appropriate and affordable, either on credit or using e-vouchers.
4. Establish older people focused business incubation centres where older people can obtain business advice and earn an income making and selling goods, particularly members of the Wayúu communities who are known for their handicrafts.
5. As far as possible, develop integrated programmes with a number of components such as cash for work, improved water, sanitation and hygiene facilities, access to food, savings and loans associations and small business support.

3. Protection

Nationality

Older people were asked whether they held Colombian or Venezuelan nationality. However, 46% of older people surveyed were Wayúu persons who can claim dual nationality, so a shortcoming of the survey is that findings about nationality may not be representative, since many respondents who had two nationalities had to choose one or the other.

Protection environment

Many respondents were unaware of their displacement status. They did not know whether they were an asylum seeker, refugee, migrant, returnee or internally displaced person. Nearly half of those who said they were Venezuelan (46%) said that they had not applied for asylum. One third of these (34%) said this was because they did not know how to.

Thirty per cent of respondents said the ID they had did not allow them to access humanitarian services, and 7% said that they were not sure. These findings may reflect a lack of available services, or a lack of knowledge about what services respondents are entitled to.

It is clear from the findings that many older people do not have sufficient information about their status, entitlements and means of accessing assistance.

Perceptions of safety and risk

A large majority of respondents (80%) said they were concerned about safety. Older women and men broadly agreed that the most significant risks were denial of resources, isolation, physical abuse, threat of violence, and emotional abuse (see Table 3). However, approximately 20% of older people reported that they had no major safety related concerns.

Table 3: Top five safety risks perceived by older people

Safety risk	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Denial of resources, opportunities or services	40%	39%
Isolation	25%	22%
Physical abuse	20%	17%
Threat of violence	18%	17%
Emotional abuse	19%	15%

It is possible that older people's limited knowledge about their status, rights and entitlements plays a part in the high proportion (40%) who perceive denial of resources, opportunities or services as a safety risk. However, this perception may also apply to the general population, given the exceptionally limited resources in La Guajira, the second poorest department in Colombia.

Behaviour change and coping mechanisms

Nearly all respondents (96%) said they had changed their behaviour since the crisis began in order to meet their basic needs. The most common behaviour changes were broadly similar for men and women, including those living alone and those with disabilities (see Table 4).

Table 4: Behavioural change reported by older people

Behaviour change	Older women	Older men
Reduce the quantity or quality of food	74%	65%
Limit food consumption to prioritise children	58%	36%
Borrow money for food or basic goods	51%	50%
Increase reliance on family support	34%	25%
Work for goods	31%	42%
Reduce spending on non-essentials	19%	26%

Considerably more older women than men said they were eating less food or lower quality food to prioritise children (74% of women and 65% of men).

More than one third of respondents (36%) said they had resorted to negative coping mechanisms, such as begging, to meet their basic needs or the needs of their families (see Table 5).

Table 5: Negative coping mechanisms reported by older people

Coping mechanism	Older women	Older men
Begging	14%	17%
Collecting food scraps	8%	9%
Sending children to other families	8%	3%
Other	5%	7%
Sending children to work	6%	5%

Recommendations

1. Ensure that information on the asylum process reaches older people. Consider assisting older people to regularise their immigration status through the various schemes opened by the Colombian government. Consider using outreach services to provide older people with information on the asylum process and access to documentation. Consider offering legal assistance to older asylum seekers throughout the procedure. Encourage the government to use outreach services to hold eligibility interviews with older people. Have local systems in place for those granted refugee status to obtain legal documentation.
2. Find out what specific rights and entitlements older people in Colombia have (both Colombians and Venezuelans). Map services both in La Guajira and nationally that could accept referrals for older people.
3. Provide tailored support to older people who are supporting and caring for others. Register dependants of older people, including children, people with disabilities and other older people. Link older carers to relevant services providers in their area that could provide additional support to them and their dependants.
4. Sensitise households about the importance of equitable access to food within the household, regardless of gender or age.
5. Provide tailored support to older people reporting behaviour changes that could put them at risk or negative coping mechanisms to meet their basic needs.
6. Conduct a safety audit of available facilities (such as water, sanitation and hygiene) and services (such as health) to identify safety concerns of older people and use the findings to develop strategies to reduce the risks.

4. Shelter

The majority of older people in informal settlements, in La Guajira, live in temporary shelters either made from tarpaulin, or constructed using small bits of wood and corrugated sheeting. Nearly half the respondents (48%) said they were dissatisfied with their current shelter (51% of women and 45% of men). They gave several reasons. Firstly, 44% said their shelter required major repairs. This problem is likely to be exacerbated by lack of income, with 23% saying they could not afford shelter materials. This applies to more women (26%) than men (19%).

Secondly, 32% of respondents said that their shelter did not have enough space. These cramped conditions are concerning, considering that 60% of older people are looking after at least one child. Thirdly, 31% of respondents said shelter materials were not appropriate for the weather conditions in La Guajira, where it is often very hot. A key concern is the lack of shade for older people outside their shelters. Additionally, 28% of respondents said they lacked building materials to improve or repair their shelter.

Fourthly, 27% said their shelter was far from basic services. Poor access to services is concerning, as almost a quarter of respondents (24%) have difficulty walking and more than half have a chronic health condition. Finally, 20% said their shelter was far from their family or friends. This applies especially to those living alone (32%). Considering that 60% of older people depend on their family or friends to meet their basic needs, lack of proximity to this vital support network presents many with a significant barrier to meeting their basic needs.

Additionally, 37% of respondents said they did not feel safe in their shelter. This is unsurprising, given the level of instability in the region. Older people living alone are especially vulnerable, with 47% saying they felt unsafe in their homes.

Many respondents commented that the uncertainty of their situation and their living conditions made them feel unsafe. Many had previously lived in urban areas of Venezuela with access to all essential services and subsidies to use them. Now they were living in settlements where they were struggling to access basic essential services and a small piece land to build a basic shelter without legal support, fair conditions or electricity.

Recommendations

1. Evaluate the accessibility and quality of shelter for older people. Adapt shelters to enable older people to live safely and with dignity, providing support for daily living activities where needed.
2. Provide cash transfers to older people to purchase building materials, tools and labour to repair their shelters, once a market assessment and safety audit on cash is conducted. Make the cash transfers conditional on using the money for this purpose. Where possible, provide these restricted cash transfer as part of an integrated cash transfer scheme designed to meet a range of needs.
3. Provide vouchers for tools and shelter materials to older people whose shelter is in greatest need of repair, and who can supervise the work and ensure it is completed to their satisfaction.
4. Conduct a safety audit to identify the reasons why older people feel unsafe in their shelter. Use the findings to develop appropriate responses, such as encouraging a stronger security force presence in the neighbourhood or facilitating people to relocate.
5. Include older people with limited mobility in consultations about shelter repair and rehabilitation and plan how to protect their privacy, safety and dignity.

5. Health

Burden of disease

More than half respondents (53%) said they had at least one health condition (63% of women and 57% of men). The burden of disease also increases with age, with 49% of people in their 50s reporting one or more health conditions in comparison with 62% of those in their 70s. People with disabilities also appear to be experiencing greater health challenges than their peers with 60% reporting at least one condition.

The two most commonly reported conditions of hypertension (31%) and gastrointestinal issues (20%). These findings show that many older people may need treatment for both non-communicable and communicable diseases. In addition, 59% of respondents reported having joint aches and pains, and 4% said they were struggling with issues in relation to their mental health. Joint aches and pains presented as a more significant challenge for people with disabilities, 67% of whom reported this issue.

The pattern of disease was similar for women and men, with conditions ranked in the same order. However, significantly more women said they had joint aches and pains, hypertension and gastrointestinal issues, and more men had heart problems. A full breakdown is given in Table 4.

Table 4: Health conditions of older people

Health condition	Older people	Older women	Older men
Hypertension	31%	37%	25%
Gastrointestinal issues	20%	23%	17%
Respiratory problems	15%	14%	16%
Heart problems	13%	11%	16%
Diabetes	9%	10%	9%
Cancer	1%	1%	1%

Older people with disabilities ranked the same conditions in the same order. However, more older people with disabilities (60%) said they had at least one health condition, and significantly more (67%) said they had joint aches and pains.

The prevalence of disease increases with age, with 49% of people in their 50s reporting one or more conditions, compared with 62% of those in their 70s.

Rates of older people reporting joint aches and pains increase with age, rising to 73% of those aged 80-plus. Rates of hypertension were found to increase with age from 50-79 but decrease in those aged 80-plus. Among those aged 80-plus, heart problems were more prevalent than gastrointestinal issues. Heart problems were reported by 12% of those aged 50-59, rising to 18% of those aged 80-plus. Both respiratory problems and heart problems were reported by both women and men in every age cohort.

One in four respondents (26%) said they were living with more than one health condition (27% of men and 24% of women). The prevalence of multiple conditions appears to increase with age, with 25% of those in their 50s having at least two conditions, compared with 32% of those in their 70s.

Access to health services

The Colombian Government has given Venezuelans in Colombia the right to access health services. However, although nearly 60,000 Venezuelans used health services between 1 March 2017 and 30 November 2019. 31% of respondents (34% of men and 28% of women) said they had no access to health services. Access appears to improve with age. Respondents saying they could not access health services included 40% of those aged 50-59, around 30% of those aged 60-79 and only 9% of those aged 80-plus. Access appears to be more of a problem for those with a health condition, with 34% of those reporting at least one health condition saying they could not access health services.

Safety concerns were the main reason why older people could not use health services, followed by cost, attitudes of health workers and distance from facilities. Thirty-five per cent of respondents (37% of men and 32% of women) said they did not feel safe going to a health centre. Their fears may be exacerbated by a lack of support for older people, with 19% of respondents (24% of men and 15% of women) saying they had no one to help them access services. Concerns about safety and security

appear to decrease with age, with 42% of those aged 50-59 citing these, compared with 5% of those aged 80-plus.

Thirteen per cent of respondents said health services were too expensive. More older women (14%) than men (11%), and more older people with disabilities (16%) said health services were too expensive.

Some 15% of both older women and men highlighted negative attitudes of healthcare providers. Distance to health facilities was a problem for 11% of respondents (more men than women). Differences were also seen by age, with 14% of respondents aged 50-59 saying distance was a problem, compared with 9% of those aged 80-plus).

Access to medicines

More than one third of respondents (37%) said they were taking medicine for a health condition (45% of women and 29% of men). Those aged 80-plus were most likely to be taking medication (55%), and those aged 50-59 least likely (29%). These findings could reflect the lower rates of ill health among respondents aged 50-59, or perhaps their poorer access to health services. More than a quarter of respondents taking medication (28%) said they only had enough medicine to last a week or less.

Recommendations

1. Develop age- and gender-sensitive strategies to overcome the safety and security concerns of people to improve their access to health services.
2. Provide appropriate support to older people, based on the type of help they feel they need – for example, if they need someone to help them to get to a health facility, or if they would like someone to accompany them to be better able to understand what a health worker is telling them
3. Train health workers to understand that everyone has the right to health, irrespective of age or any other characteristic.
4. Strengthen health services to respond to both communicable and non-communicable diseases, and to older people presenting with multiple conditions. This should be achieved through adequate training for health workers and provision of appropriate diagnostics and treatment
5. Establish mobile and outreach clinics for older people in collaboration with the health sector.
6. Link with sectors focusing on health, water, sanitation and hygiene, and food to develop multi-sectoral approaches to addressing the significant level of gastrointestinal issues faced by older people.
7. Provide health and rehabilitation services to older people with joint aches and pains.
8. Include medicines for conditions common in older age in essential medicines lists, and make adequate stocks available at an affordable price. Allow older people with chronic conditions regular and uninterrupted access to these.

6. Disability

More than half the older people surveyed (55%) were living with a disability¹² (61% of women and 48% of men). Rates of disability increase with age. Among those with disabilities, 39% were aged 70 plus, compared with 29% aged 60-69 and 32% aged 50-59 years. Of the 204 older people with

¹² Disability has been determined using the industry standard Washington Group Questions as part of the RNA-OP. Further information can be found here: <http://www.washingtongroup-disability.com/>

disabilities surveyed, 54% were Venezuelan and 46% were Colombian. Sixty-eight per cent of these older men and women depend on families and friends for support to get their basic needs.

The findings show a concerningly high level of disabilities for the older people who are staying in a very challenging environment. One third of older people (33%) said they had a lot of difficulty seeing and almost a quarter (24%), including far more women than men, said they had a lot of difficulty walking or climbing stairs. Older women’s mobility problems may put them at risk of abuse and isolation. Twenty-one per cent of respondents said they had difficulty remembering often or all of the time and 14% said they had difficulty remembering a lot of things or almost everything. Fourteen per cent said they had difficulty communicating (see Table 5).

Table 5: Prevalence of disabilities among older people

Disability	Older people	Older women	Older men
Seeing	33%	35%	30%
Walking or climbing stairs	24%	31%	17%
Communicating	14%	18%	11%
Hearing	11%	12%	12%
Leaving the home	10%	11%	8%
Self-care	5%	6%	4%

With vision and mobility being the key areas of concerns for older people in this survey, there is clear evidence that glasses and mobility aids have been available to support their needs, but in their present location assistive products may not be available and may increase their level of dependency and isolation in the community. This highlights the importance of ensuring access to appropriate assistive products to meet the needs of the older people in this community. More than a third of older people with disabilities (36%) said they had an assistive product, and 13% per cent said they used more than one. However, only 26% said their assistive products worked. Glasses were the most common (44%) followed by walking aids (18%). Considerably more men than women said they used assistive products (see Table 6).

Table 6: Percentage of older people with disabilities using assistive products

Assistive product	Older people	Older women	Older men
Has an assistive product	36%	31 %	43%
Has an assistive product – mobility*	18%	12%	28%
Has an assistive product – glasses	44%	41%	48%
Has multiple assistive products	13%	10%	17%
Has an assistive product that works	26%	22%	31%

*Walking stick, crutches, walking frame or wheelchair

Recommendations

1. Disaggregate data by sex, age and disability at all stages of programming to find out how many older women and men there are with complex needs and how far their needs are being met. Use the findings to develop an inclusive response.

2. Recruit and train staff and volunteers in communicating with older people who have difficulty communicating and in supporting older people with all forms of disability.
3. Continually recruit physiotherapists, psychosocial workers and other health professionals to provide comprehensive community services to older people with disabilities to promote their independence and reduce the risk of secondary complications.
4. Develop plans with community health and social workers to carry out screening programmes for older people who have difficulty seeing, walking, leaving the home or communicating. Plan how to improve their access to healthcare and other essential services.
5. Develop targeted activities to address potential gender-based violence, especially for older women with disabilities.
6. Set up buddying schemes to support older people who cannot leave their home because of difficulties remembering and concentrating.
7. Provide essential clothing and safety equipment to older people with disabilities as well as others in the community to prepare for the next potential migration.
8. Actively involve older people with disabilities in planning and information sharing for their immediate and longer-term future to make sure their needs are taken into account and services are accessible to them.
9. Provide accessible messages to everyone about the different type of services that exist to reach older people with disabilities.

7. Wellbeing

Older people's wellbeing is a cause for serious concern. Seventy-four per cent of respondents (72% of women and 76% of men) said they felt worried, nervous or anxious on a daily (46%), weekly (24%) or monthly (4%) basis. Over half of those living alone (55%) and those with a disability (54%) said they felt worried, nervous or anxious every day.

Thirty per cent of older people surveyed (35% of women and 25% of men) said they felt exhausted or very tired most days. Twenty-eight per cent said they were in pain daily or most days (37% of those with disabilities).

Four percent said they could not cope with their situation, however, it's important to recognise that a certain proportion of older people surveyed can cope without additional support (27%) and with some additional support from others 68% said they could cope.

Nevertheless, given that 60% of the older people surveyed said they were caring for children, these findings highlight the importance of establishing strong support mechanisms for older people, particularly older carers, to help them cope with their current situation and improve their sense of wellbeing.

Recommendations

1. Provide psychosocial support to older people feeling, worried, nervous or anxious, including those with disabilities. Recruit and train outreach staff and community volunteers on how to communicate with older people who have difficulty hearing, seeing or remembering.

2. Establish links and referral pathways to service providers that may be able to provide additional, multi-disciplinary support to older people, such as palliative care for those in chronic pain.
3. Recognise the capacities of older people, including those with disabilities, and their potential to contribute. Provide opportunities for them to take on roles in the response, for example, by establishing community volunteer networks.
4. Recruit and train older people to provide peer support to other older people who feel worried, anxious and unable to cope.
5. Set up support groups for older people (possibly separate groups for women and men) where they can meet each other in a supportive environment with volunteers from the community.

8. Accountability

Older people are largely neglected by humanitarian agencies. Three quarters of respondents (75%) said they had not been consulted by other humanitarian agencies about the services provided to them. This is particularly high compared with other crises and requires an immediate response to avoid further marginalisation of older people. Slightly fewer older people with disabilities said they had not been consulted (78%). This may reflect a marginally greater focus on disability inclusion than age inclusion among responding agencies.

Eighty-three per cent of respondents said they did not know how to give their opinion or make a complaint about humanitarian services. The figure was similar for older people with disabilities (84%). This is a startling finding, particularly compared with other crises where these figures have been as low as 25%. This means that not only are programmes being designed without considering the specific needs of older people, but humanitarian agencies are not receiving the feedback they need to improve their programmes either.

Most surprising are the findings suggesting that older men (with or without a disability) are more excluded than older women. Eighty-three per cent of older men said they had not been consulted, compared with 69% of older women. Eighty-six per cent of older men said they did not know how to complain or provide feedback on services, compared with 80% of older women. This gender dynamic is mirrored in older people with disabilities, with 88% of men saying they had not been consulted, compared with 71% of women, and 87% of men saying they did not know how to make a complaint or provide feedback on services, compared with 82% of women.

Without proper consultation and feedback, programming may not address the differing needs and concerns of older people or uphold their rights, and it can reinforce unequal power relations between older men and women along gender lines. It may even exclude older people from accessing support and assistance altogether. A failure to consult the impacted parties can exacerbate the risks faced by older people, particularly those with disabilities, by reinforcing their exclusion or marginalisation as the norm.

Recommendations

1. Use accessible communication methods and local languages to consult older women and men, including those with disabilities, about their needs and preferences, gaps in services, whether services are safe and accessible, and how they can access feedback mechanisms. Repeat the messages frequently in different formats.
2. Gather ideas from older women and men to design inclusive complaints and feedback mechanisms, such as feedback boxes, phone numbers and community focal points.

3. Hold focus group discussions with older people, particularly older men, to plan how to engage with humanitarian agencies. Share these plans with all sectors cluster meetings.
4. Analyse feedback from older people on a regular basis and adapt programmes as necessary.
5. Review existing complaints and feedback mechanisms with older people to identify the barriers they face in using them. Hold reviews specifically with older men and with older people with disabilities.
6. Ensure older people are aware of complaints and feedback mechanisms and understand the processes and how the information will be used.
7. Analyse all feedback received from older people monthly and inform them this is being done. Where the system is not being used, consult older people on how to adapt it so they can and feel comfortable using it.

Section 2: Transit centres

Introduction

Since 2018, nearly 340,000 refugees and migrants have arrived in Colombia from Venezuela through the department of La Guajira. Many remain in La Guajira - nearly 156,000 as of October 2019. Increasing numbers of Colombian returnees and Wayúu people have also come to La Guajira. UNHCR currently supports three transit centres in La Guajira that provide temporary, integrated assistance for approximately 30 days to refugees, migrants, Colombian returnees and Wayúu populations.

Methodology and demographics

Data was collected through face-to-face, one-to-one interviews using a structured survey (rapid needs assessment of older people) developed by HelpAge International. The locations were identified by UNHCR. Most of the recommendations for each sector relate to older people with disabilities as well as older people in general. The interviews were carried out in January 2020 by local data collectors familiar with the language and culture, following training in use of the survey tool and purpose of the assessment.

The team interviewed 40 older people in two transit centres, (60% women and 40% men), in Riohacha and Maicao. Of these, 72% identified as Venezuelan and 28% as Colombian. Ten per cent said they were members of the Wayúu ethnic group.

A limitation of the survey is the small sample size, since only a small number of people use the transit centres at any one time. In addition, the circumstances of people using the transit centres are temporary as they move on after thirty days.

Key findings

Legal status

More than half the respondents (53%) said that they were migrants. Nearly a quarter (23%) identified as returnees, 15% as refugees, 8% as host community members and 3% as asylum seekers.

Nearly two thirds (63%) said that they had not applied for asylum, 8% said that they had applied and were pending a decision and 3% said they had been recognised as refugees.

Reasons given by those who had not applied for asylum (26 respondents) included not knowing how to (18 respondents), not considering it necessary (4 respondents), the procedure being long (2 respondents), and fearing that they would not be allowed to return to their country of origin (1 respondent).

Most respondents (72%) said they had a valid civil identity document, and 28% said they had another identity document. However, not all those with ID said they could access humanitarian goods or services. Fifty-eight per cent said their ID allowed them access, 40% said it did not and 3% said that they did not know.

Wellbeing

Nearly two thirds of respondents (65%) said that they depended on their family to meet their basic needs. Ten per cent said they could cope without any additional support, 80% said they could cope with support and 10% said that they could not cope at all.

Income

Almost all the respondents (95%) said they currently had no income. More than two thirds (68%) said they had borrowed since the crisis began. Almost all (95%) said that they could use cash safely if it was provided to them.

Safety

The responses received showed that older people had significant concerns about safety. Women and men broadly agreed on the main risks: denial of resources, opportunities and services, isolation, neglect, emotional abuse and physical abuse (see Table 7).

Table 7: Top five safety risks perceived by older people

Safety risk	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Denial of resources, opportunities and services	43%	48%
Isolation	35%	30%
Neglect	15%	18%
Emotional abuse	15%	10%
Physical abuse	15%	8%

In addition, respondents saw further risks for men to be regular armed violence (18%), financial abuse (18%), and the threat of violence (15%).

Almost all respondents (93%) said they had made at least one change to their behaviour to meet their basic needs. The most common behaviour changes were limiting food quantity or quality, borrowing money, limiting food consumption to prioritise children, working for goods, selling property or valuables and reducing spending on non-essentials (such as hygiene items) (see Table 8 on the following page).

Table 8: Behavioural changes reported by older people

Behavioural change	Older people reporting this change
Reduce quantity or quality of food	73%
Borrow money	58%
Limit food consumption to prioritise children	40%
Work for food, lodging etc. (not for cash)	40%
Sell property or valuables	33%
Reduce spending on non-essentials	30%

45% of respondents said that they had had to resort to negative coping mechanisms, such as begging, to meet their basic needs (see Table 9).

Table 9: Negative coping mechanisms reported by older people

Coping mechanism	Older people reporting this coping mechanism
Begging	30%
Send children to work	8%
Send children to other families	8%
Remove children from school	5%
Collect food scraps	5%

The 29 Venezuelan respondents were asked whether they would face a risk if asked to return to their home country. Only 2 respondents said that they would face no risks. The highest risks reported were lack of food (24 respondents), imminent health risks (23 respondents) and lack of employment (12 respondents).

Accountability

Well over half the respondents (58%) said that they had not been consulted by any humanitarian agency. More than half (53%) said that they did not know how to make a complaint or give feedback about the services provided.

Recommendations

1. Provide information about the asylum process to older people as they arrive at transit centres. Consider assisting older people to regularise their immigration status through the various schemes opened by the Colombian government. Consider using outreach services to provide older people with information on the asylum process and access to documentation. Consider offering legal assistance to older asylum seekers throughout the procedure. Encourage the government to use outreach services for eligibility interview with older

people. Have local systems in place for those granted refugee status to obtain legal documentation.

2. Consider creating a reference group of older people who have crossed the border to track the changing situation of those in transit over time.
3. Train staff and partners managing transit centres to promote the safety and dignity of older people, including those with disabilities, and prevent discrimination against them.
4. Collect and analyse data from transit centres disaggregated by sex, age and disability to develop appropriate responses.

Section 3: Older people's care home

Introduction

Casa del Abuelo is an older person's care home in the city of Riohacha. It was established 29 years ago to offer shelter, food and protection to older people who had been abandoned and were living in the streets. Since 2018, Casa del Abuelo has also opened its doors to older refugees coming from Venezuela. The home has approximately 30 residents. It also offers day services to approximately 100 people.

Methodology and demographics

Data was collected through face-to-face, one-to-one interviews using a structured survey (rapid needs assessment of older people) developed by HelpAge International. Most of the recommendations for each sector relate to older people with disabilities as well as older people in general. The interviews were carried out in January 2020 by local data collectors familiar with the language and culture, following training in use of the survey tool and purpose of the assessment.

The team interviewed 107 older people in Casa del Abuelo, of whom 63% were women and 37% were men. Of these, 23% identified as Venezuelan and 77% as Colombian. Nine per cent said they were members of the Wayúu ethnic group.

Respondents included both residents and day service users. A limitation of the survey is that no question was included to distinguish between residents and day service users. Given that the living conditions of these two groups is likely to vary significantly, further research would be needed to understand fully the situation and needs of both groups.

Key findings

Migration status

One third of respondents (34%) said that they were host community members, with a further 18% identifying as migrants, 16% as returnees, 7% as displaced persons and 4% as refugees.

Asked whether they had lodged an application for asylum, 21% said that they had not, 1% said that they did not know and 1% said their asylum application is pending. Those who said that they had not applied for asylum (27 respondents) said that they did not know about the process (13 respondents), did not consider it necessary (3 respondents), had attempted to apply but had not been allowed to (2 respondents) or feared not being allowed to return to their country of origin (2 respondents). Other reasons given were that the cost was high (2 respondents), they had not yet had time (1 respondent), they had been told not to (1 respondent) and that the procedure was long (1 respondent).

More than two thirds of respondents from the care home sample (68%) said they had a valid civil identity document, 29% said they had "another" document and 3% said they had no document. Asked whether their ID allowed them access to humanitarian goods and services, 81% of those with an ID said that it did, 16% said that it did not, and 3% said that they did not know.

Wellbeing

A large majority of respondents (79%) said that they depended on their family to meet their basic needs. Sixteen per cent said they could cope without any additional support, 78% said they could cope with support and 6% said that they could not cope at all.

Income

A high proportion of respondents (77%) said they currently had no income. More than half (53%) said they had borrowed since the crisis began. A large majority (85%) said that they could use cash safely if it was provided to them.

Safety

The responses received showed that older people had significant concerns about their safety. Women and men broadly agreed on the main risks: isolation, denial of resources, opportunities and services, neglect, emotional abuse, and physical abuse (see Table 10).

Table 10: Top five safety risks perceived by older people

Safety risk	Older people identifying this as a major risk for older women	Older people identifying this as a major risk for older men
Isolation	44%	41%
Denial of resources, opportunities and services	37%	34%
Neglect	32%	32%
Emotional abuse	35%	31%
Physical abuse	27%	27%

A large majority of respondents (82%) said that they had made at least one change to their behaviour to meet their basic needs. The most common changes were limiting food quantity or quality, borrowing money, limiting food consumption to prioritise children, working for food, lodging etc., relying more on family support, and spending less on non-essentials (such as hygiene items) (see Table 11).

Table 11: Behavioural changes reported by older people

Behavioural change	Older people reporting this change
Reduce quantity or quality of food	50%
Borrow money for food or basic goods	39%
Limit food consumption to prioritise children	24%
Work for food, lodging etc. (not for cash)	24%
Increase reliance on family support	21%
Reduce spending on non-essentials	20%

24% per cent of respondents said they had had to resort to negative coping mechanisms, such as begging, to meet their basic needs (see Table 12).

Table 12: Negative coping mechanisms reported by older people

Coping mechanism	Older people reporting this coping mechanism
Begging	7%
Collect food scraps	6%
Remove children from schools	4%
Other	14%

The 25 Venezuelan respondents were asked whether they would face any risks if asked to return to their home country. Only 2 respondents said that they would face no risks. The highest risks reported were lack of food (by 19 people), imminent health risks (by 18 respondents) and lack of employment (by 14 people).

Accountability

A large majority of respondents (80%) said that they had not been consulted by any humanitarian agency. Two thirds (67%) said that they did not know how to make a complaint or give feedback about the services provided, highlighting a lack of accountability mechanisms by the care home for their resident and day visitors.

Recommendations

1. Conduct a service quality assessment of Casa del Abuelo, differentiating between feedback from residents and day service users. Use the findings to recommend improvements to meet the needs of older people.
2. Put in place an age and disability inclusive mechanism for older people to make complaints and give feedback on the services provided.

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