

Data collection of GIFMM's Joint Needs Assessment.

GIFMM COLOMBIA:

JOINT NEEDS ASSESSMENT

JUNE 2021 • ROUND 5

© GIFMM



GIFMM
INTER-AGENCY GROUP ON
MIXED MIGRATION FLOWS



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

GIFMM COLOMBIA

JOINT NEEDS

ASSESSMENT

JUNE 2021

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, June 2021”.

*Bogotá D.C., Colombia
2021*



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

NATIONAL TEAM

OF THE R4V PLATFORM IN COLOMBIA

Analysis:

Camila Borrero
cborrero@iom.int

Leonie Tax
taxle@unhcr.org

Reporting:

Laura Zambrano
zambranl@unhcr.org

Lucía Gualdrón
gualdron@unhcr.org

Design:

Carolina Castelblanco
ccastelblan@iom.int

Laura Bermúdez
bermudla@unhcr.org

With the support of:

Carlos Acosta cacosta@iom.int, Jesús Cárdenas jecardenas@iom.int y Adelaida Acosta acostaad@unhcr.org

Local Information Management Teams:

Antioquia

Sergio Daniel Bayona
Sandra Valencia

Arauca

Rafael Caballero
Daniela Tocarruncho

Bogotá, D.C.

Carlos Andres Hernández

Cesar - La Guajira

Maria Fernanda Gutiérrez
Sandra Otero

Nariño

Jeisy Narváez

Norte de Santander y Santander

Catalina Arenas
Claudia Toro

Valle del Cauca

Ivan Acevedo Velásquez
Brigitte Mueces

In collaboration with:



Analysis group:



ASSESSMENT PARTICIPANTS AND ACKNOWLEDGEMENTS

FIFTH ROUND - 2021

GIFMM acknowledges the following organizations for their support in collecting the data:

Action Against Hunger | United Nations High Commissioner for Refugees (UNHCR) | ADRA | SOS Children's Villages | Colombian Red Cross | Danish Refugee Council (DRC) | Heartland Alliance | HIAS | Humanity & Inclusion | International Rescue Committee (IRC) | Food and Agriculture Organization of the United Nations (FAO) | Pan American Development Foundation (PADF) | Norwegian Refugee Council (NRC) | International Organization for Migration (IOM) | Secretariat of Pastoral Social | Save the Children | World Food Program (WFP) | Malteser International | World Vision

In addition, GIFMM also acknowledges the following organizations for their support with the analysis of the results:

ACAPS | Action Against Hunger | United Nations High Commissioner for Refugees (UNHCR) | ADRA | Humanity & Inclusion | Humanitarian NGO Forum in Colombia | iMMAP | Medical Teams | International Organization for Migration (IOM) | REACH | Sesame Workshop | World Food Program (WFP) | United Nations Population Fund (UNFPA) | World Food Program (WFP)

Needs Assessment Analysis Technical Team (ETAEN for its acronym in Spanish):

Joanna Franco - ACAPS | Reynell Baldillo - ACAPS | Alex Howes - ACAPS | Michael Olmos - ACH | Diego Ballén - ACH | Jose Luis Muñoz - ADRA Colombia | Alex Ordoñez - GIFMM Nacional | Ingrid Hurtado - NGO Forum | Erika López - Humanity & Inclusion | Jenny Rivera - IM Integration GIFMM Oscar Castro - iMMAP | Andrea Arenas - iMMAP | Iván Contreras - iMMAP | Cesar Lucas - Medical Teams | Carlos del Castillo - Sesame Workshop | Luis Fernando Viancha - iMMAP | Katerine Zapata - iMMAP | Lina Camperos - REACH | Alejandra Hincapie - PMA

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

TABLE OF CONTENTS

	Introduction	1
	Context	2
	Methodology	2
	Scope and limitations	3
1	CHARACTERIZATION OF THE INTERVIEWEES..... AND HOUSEHOLDS	4
2	POPULATION PERSPECTIVES	6
3	DOCUMENTATION AND TEMPORARY	10
	PROTECTION STATUTE	
4	RESIDENCE AND MOVEMENTS.....	13

TABLE OF CONTENTS

5		SPECIFIC NEEDS	17
6		ACCESS TO BASIC NEEDS AND RIGHTS	24
7		PROTECTION RISKS	45
8		COPING MECHANISMS	50
9		RESPONSE.....	53
		ANNEX 1 DEPARTMENTAL ANALYSIS.....	55

JOINT NEEDS ASSESSMENT

GIFMM COLOMBIA ROUND 5 • JUNE 2021



2.161

HOUSEHOLDS SURVEYED

(one survey per household) eligible from
6.483 households contacted

20

Departments

Obtained from databases with
information on
>266.000 households



METHODOLOGY AND PARTICIPANTS

35 -minute phone calls for **14** days

> 19

Organizations

≈1.880

Enumerators



According to the responses provided by Venezuelan households, **the three main needs remain to be the following**, similar to what was evidenced in the past rounds of the evaluation:



Food
85%



Housing support
64%



Employment or
income generation
46%

Introduction

This report refers to the fifth¹ joint needs assessment round carried out by the Interagency Group on Mixed Migratory Flows (GIFMM) under the context of COVID-19 in Colombia in June 2021, whereby the results and methodology used are disclosed.

The fifth round sought to learn: **i)** what are the levels of access and availability to basic goods and services by households and their problems in accessing them, **ii)** how living conditions have

evolved and **iii)** what are the priorities of the population, aiming at establishing a baseline for the response for 2022.

The analysis included in this document corresponds to the interpretation of the data by GIFMM member organizations, as well as the experience and contribution of each of the experts from the sectors assessed. The graphs presented in this report are self-made, based on this collection of information.

¹First 2021 round with the aim of informing the Colombia chapter of the Response Plan for Refugees and Migrants 2022.

Context

As of 31 January 2021, more than 1.74 million Venezuelan refugees and migrants were in Colombia². Due to preventive isolation measures implemented last year, the country's economic situation has been declining. According to figures from the National Statistics Administration Department (DANE), by 2020, more than 3.55 million people reached a situation of poverty in the country³. Under this scenario, it is of interest to GIFMM to continue with an information gathering that allows us to learn the conditions in which refugees and migrants living in Colombia find themselves and who are the object of our response.

Methodology

The organizations involved in gathering information had databases available, including telephone numbers of refugees and migrants from Venezuela. Thus, 188 enumerators from these organizations conducted 2,161 telephone surveys between 1 and 21 June 2021.

The target population corresponds to Venezuelan refugees and migrants intending to stay in Colombia. The surveys were carried out to the heads of household, understood as people who, due to their age, as the main economic family providers, making decisions at home or for other reasons, are recognized by their members as such. Alternatively, people who could provide answers on behalf of the household and gave information thereon also responded to the survey, the unit of measurement for this analysis.

The target sample size of the evaluation was 2,161 successful surveys, which allowed to obtain results that represent households in the databases, with a margin of error of 10% or less and a confidence level of around 95% for the prioritized departments. There is a margin of error of 3% at the national level, with a confidence level of 99%. As has been done in previous rounds, in the absence of a universal sampling frame, households were selected from a combination of the databases provided by the organizations participating in the assessment. These combined databases contain information of over 266,000 households. The survey numbers by department were

calculated and distributed as follows:

- The distribution by department of the organizations' databases was taken as starting point.

- Once the departments were selected based on this representation, the number of surveys was adjusted to the departments that are especially relevant to reporting GIFMM's response:

- | | | |
|-----------------|---------------|-----------------------|
| 1. Antioquia | 5. Bolívar | 9. Norte de Santander |
| 2. Arauca | 6. La Guajira | 10. Santander |
| 3. Atlántico | 7. Magdalena | 11. Valle de Cauca |
| 4. Bogotá, D.C. | 8. Nariño | |

The results presented in this report were analyzed through a joint process with an analysis team made up of 16 organizations, where each one contributed to the exercise according to their sector experience. Likewise, this process of analysis of the results had the feedback of different sectors and geographic perspectives through the local GIFMM, which helped to enrich the findings presented herein.

Through [this link](#), it is possible to access the methodological note, the questionnaire and the database of the fifth round. The anonymized database is available at [Humanitarian Data Exchange - HDX](#).

²Migración Colombia: Distribution of Venezuelans in Colombia, January 2021: <https://bit.ly/2XjiYJv>

³National Statistics Administration Department Monetary poverty statement, April 2021: <https://bit.ly/37LE3yd>

Scope and limitations

- The databases of the participating organizations contain information about around 266,000 households. For this reason, there may be duplication of households among databases, which could not be eliminated prior to conducting the surveys due to the organizations' data protection policy. Likewise, it must be borne in mind that there is a bias in the sample since the people in these databases are those who have had contact with the organizations (such as beneficiaries, participants in previous eligibility surveys, assistance or informative campaigns); which is why the information collected in this assessment is not representative of the entire Venezuelan population in the country. Furthermore, the population in transit, host communities and Colombian returnees are not part of these databases and therefore are not included in the needs assessment, which then focuses on the population from Venezuela with an intention to stay.
- This evaluation was designed to provide an analysis from a multisectoral perspective; however, it does not contain a detailed analysis of all sectors, their concerns, and themes; therefore, the expectation is for future sector evaluations to address specific concerns in each area.
- The unit of measurement is the household. As such, only limited information can be collected regarding the conditions and experiences of its members; therefore, the resulting data is likely to hide significant differences within households.
- One of the limitations of conducting telephone surveys is the impossibility of conducting an observation exercise that allows verifying the respondents' answers, which is important when analyzing this type of assessment. Since the survey has some sensitive questions regarding coexistence and protection issues, among others, it is possible that the issues considered liable for the respondents are not reported sufficiently or with complete veracity.
- The analysis regarding the type of area in which households live should be taken as indicative. Being a telephone survey, the answer refers to the interviewer's perception about where he/she lives and what he/she considers to be a city, the outskirts of the city, a rural area, or a town.





© GIFMM

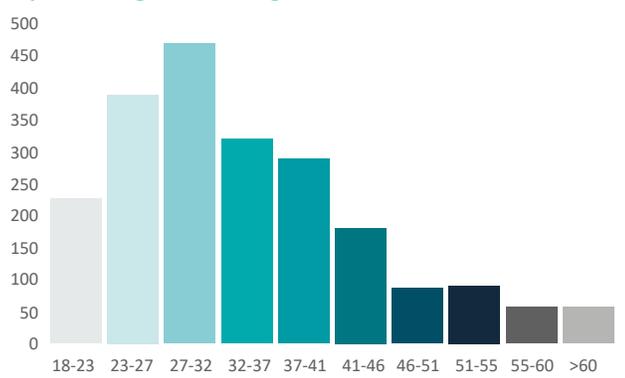
1 CHARACTERIZATION OF THE INTERVIEWEES AND HOUSEHOLDS

Profile of the interviewee

Of the 2,161 people surveyed, 82% were women, and the remaining 18% were men. Only two people, corresponding to 0.09% of the sample, identified themselves as transsexuals. The average age of the respondent is 35 years old, with the average age for women being 34 years old and 37 years old for men.

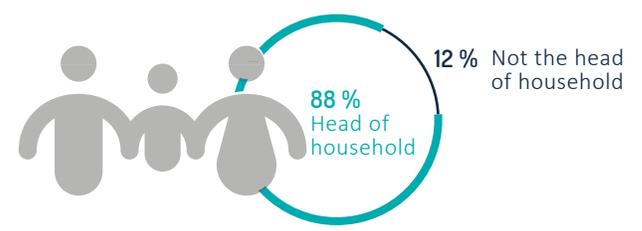
As shown in the histogram (graph 1), the age range of the people surveyed is distributed between 18 and 79 years, with a higher concentration of respondents between 22 and 40 years, corresponding to 75% of the total.

Graph 1. Histogram of the age of interviewees



88% of those interviewed considered themselves as the head of the household (see graph 2). In addition, most of these households have a female head of household (80%). In 35% of the households, the interviewee mentions that there is more than one head of household. Of this 35%, 88% are women who consider that this happens in their homes.

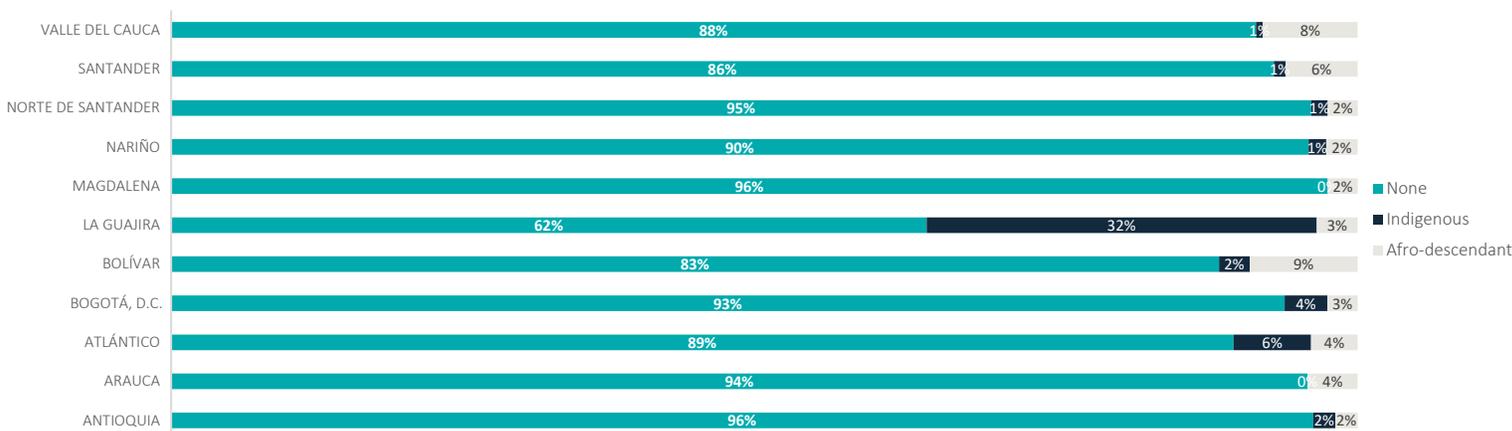
Graph 2. Role in the household of the people interviewed



⁴In this evaluation, the definition of head of household corresponds to the person who, due to his / her age, for being the main economic provider of the family, given the decisions he/she makes at home or for other reasons, is recognized as such by the members thereof. It can be a man or a woman, and this role can correspond to more than one person in the household. There is a possibility that there is a bias in these results, firstly because of the number of women in the sample and secondly because women heads of households have priority in the response. **4**

On the other hand, 87% of the surveyed households do not recognize themselves as members of an ethnic community. 6% of the households identify themselves as indigenous, and 4% state that they belong to the Afro-descendant community (including black, Raizal, and Palenquero communities). Only three households surveyed are from the ROM-gypsy community. The department with the highest proportion of households with some ethnic belonging is La Guajira, with 32% of the respondents recognized as indigenous, followed by Bolívar with 9% belonging to Afro-descendants (see graph 3).

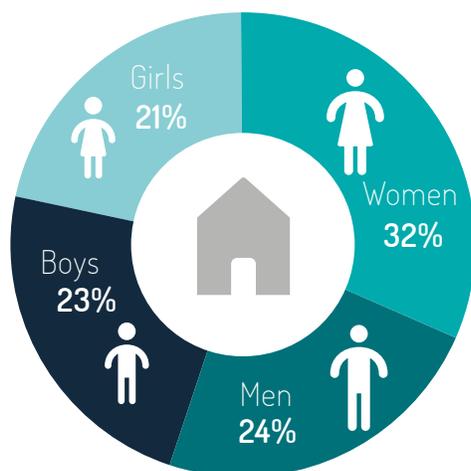
Graph 3. Ethnicity of the people interviewed by department ⁵



Household composition

On average, the surveyed households have 4.6 members and are 32% women, 24% men, 21% girls, and 23% boys (see graph 4).

Graph 4. Household composition



Regarding household size, 3% are single-person households, 8% are two-person households, 19% have three members, 25% have four members, and 20% have five members. This composition of households accounts for 76% of the sample. The remaining 14% are households composed by six or more members (see graph 5).

Graph 5. Histogram of the age of household members



25% of households have at least one pregnant and/or lactating woman, and 92% are households with children. Finally, regarding the profile of the surveyed households, it is found that 74% are made up of Venezuelan refugees and migrants only, and 26% are mixed households, that is, made up of members Venezuelans and Colombians.

⁵To bear in mind: Small changes between departments may be a reflection of the methodology, rather than the actual situation.

Community strengthening activity through educational support to children and adolescents of Venezuelan refugee and migrant parents who work in recycling and have no one to take care of their children while they are working.

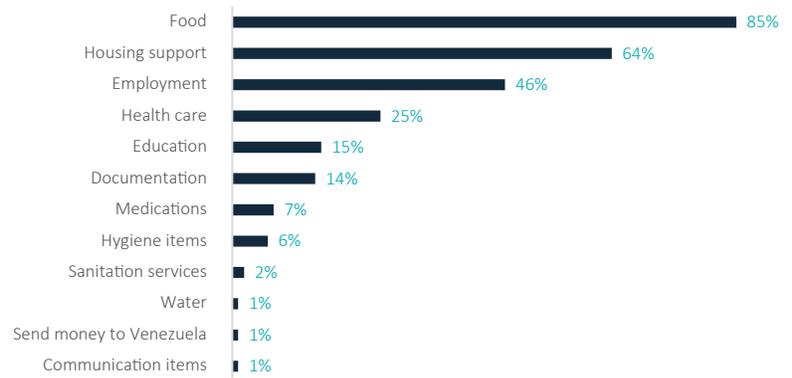
© GEFMM

2 POPULATION PERSPECTIVES

Prioritized needs

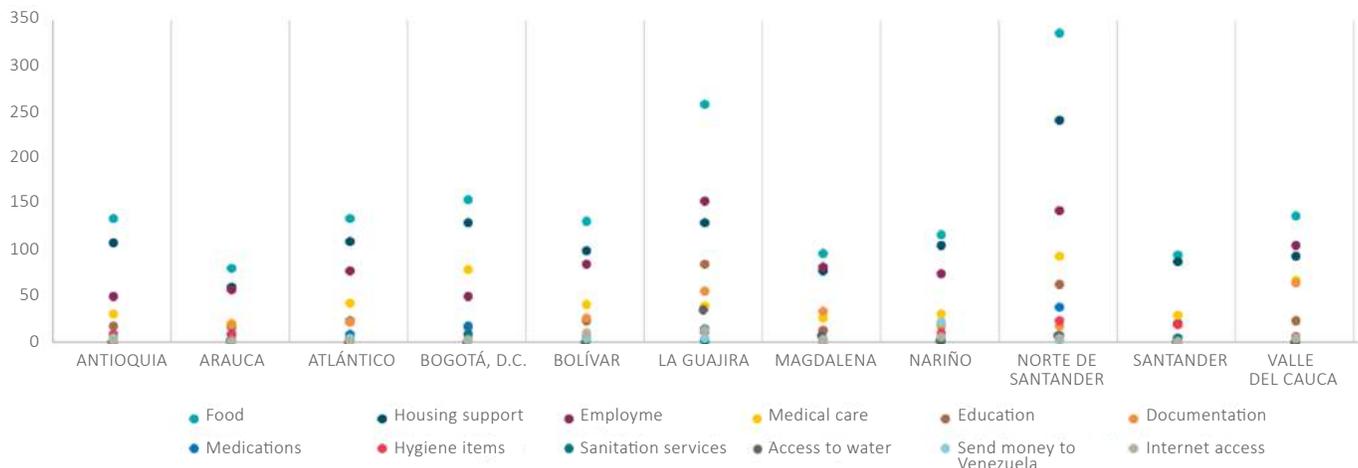
Households continue to state that their three main needs are food (with 85%), housing support (64%), and employment (46%). Other important needs prioritized by interviewees correspond to medical care and education for children (see graph 6). No significant differences in these needs are observed between groups of men and women or in households with and without children.

Graph 6. Needs prioritized by households



In all the departments with sufficient information, food is the main need. Housing support follows in all departments except for La Guajira, where the need for income generation is more frequent than the need for housing support. In Santander and Bogotá, the third most important need corresponds to medical care (see graph 7).

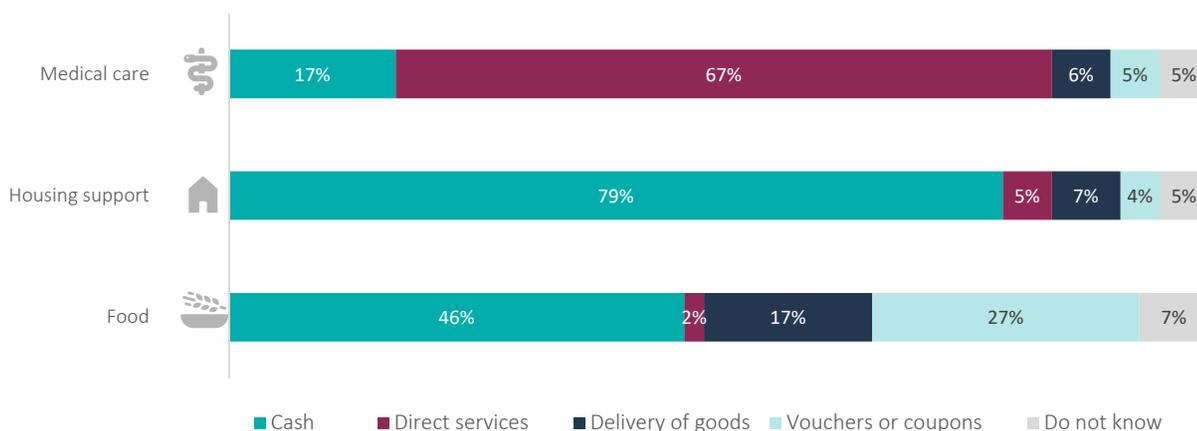
Graph 7. Needs prioritized by households, by department



Assistance modality preferences

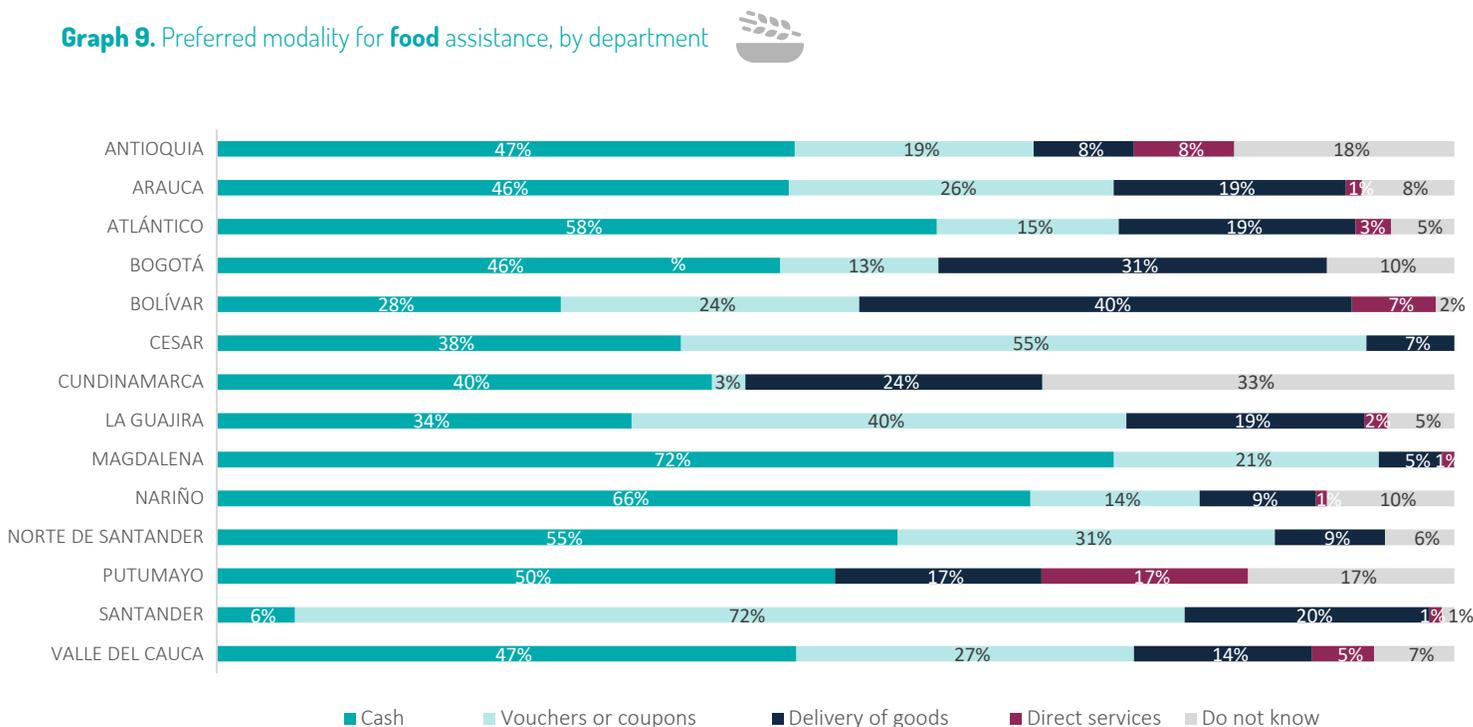
The preferred care modality is presented below for the three priority needs, food (85%), housing (64%), and medical care (25%, see graph 8). It is observed that cash is the preferred modality for housing support (79%) and food (46%). However, due to the nature of this need, for medical care, the preferred modality corresponds to services, while cash follows as the preferred modality (17%).

Graph 8. Preferred modality for the three main needs



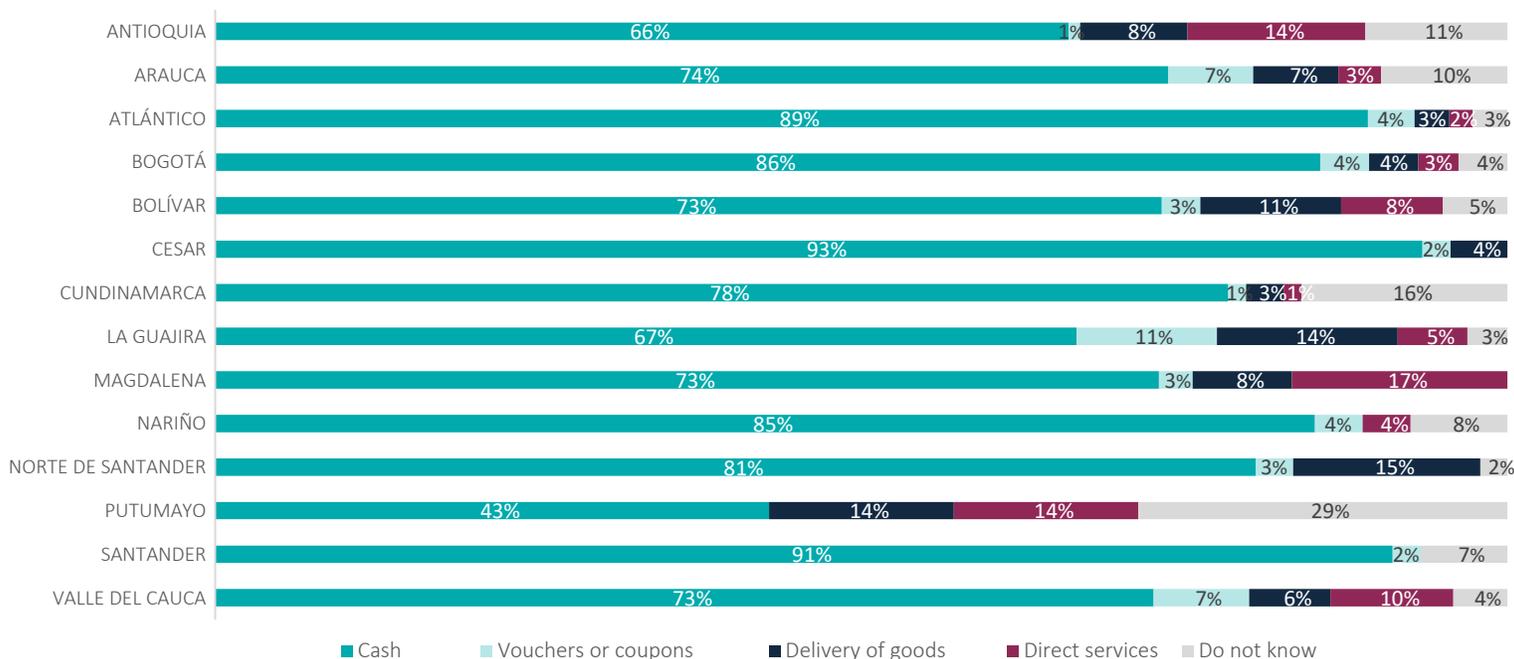
When the preferred modality for food and housing is observed at the departmental level, cash remains in the first place for most regions. This reaffirms the conclusions at the national level of the general preference for cash to attend to these two needs (see graphs 9, 10, and 11). In turn, this year, the delivery of vouchers or coupons has been reduced in most departments⁶, which possibly has implications for this preference. For medical care, the preferred modality is also serviced, in line with the national panorama.

Graph 9. Preferred modality for food assistance, by department

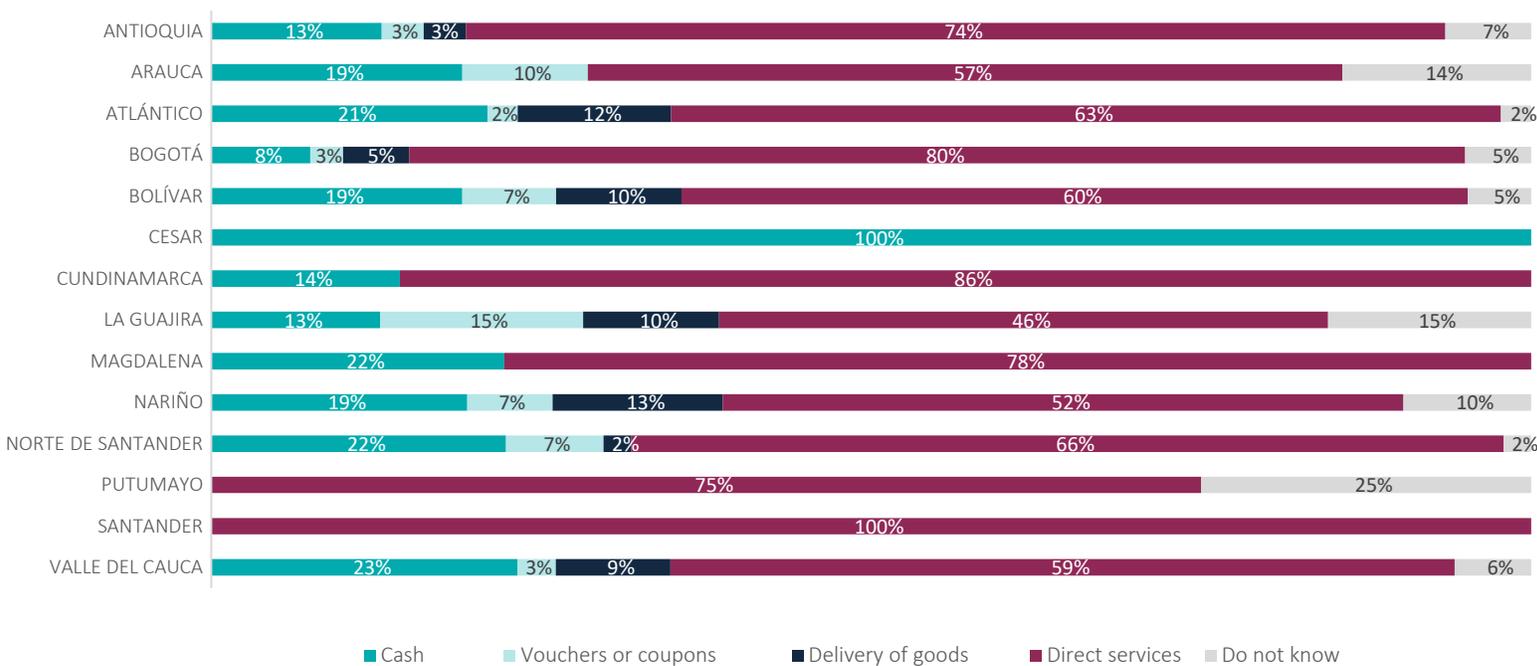


⁶ For more information on this point, see 5W of the Monetary Transfers Group, available at <https://bit.ly/3hQhRZ3>.

Graph 10. Preferred modality for housing support, by department



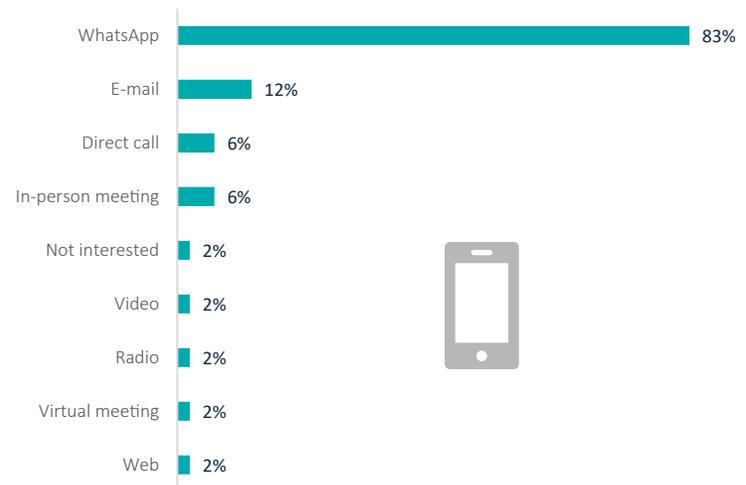
Graph 11. Preferred modality for Health Care assistance, by department



Feedback preferences

In humanitarian action, information return processes are of great importance to prioritize the dignity of communities as subjects of rights, since they allow people to feel like participants and central actors in the processes that will eventually influence decision-making to their benefit while strengthening the communication links between humanitarian organizations and the population. When asking households about how they would like to receive information on the assessment results, the people surveyed responded that the instant messaging platform WhatsApp is their preferred means for this (see graph 12).

Graph 12. Preferred means of receiving the information



Additionally, households were asked if they had any observations or comments that they would like to highlight about the survey. Through a qualitative analysis, the responses were framed in the following categories:

- **Positive feedback:** It was the broadest category. Most of the households expressed their appreciation for the assessment and the space to be able to be heard and know that they are taken into account. They also appreciated the aid received by the organizations so far.
- **Request for help:** Households mentioned requests related to help to find employment, receive health services, education for children, and support for registration to access the Temporary Protection Statute for Venezuelans (ETPV).
- **Information request:** On this occasion, the requests were focused on receiving information about the ETPV, psychosocial care, and documentation.
- **General comments:** Mainly focused on the extension of the survey. People expressed that they hope that the results will positively affect the response to the needs referred to in the interview and the visibility of the situation of the Venezuelan population in the country.

3 DOCUMENTATION AND ETPV

Regular status

Graph 13. % of respondents with regular status in Colombia



While the Temporary Statute of Protection for Venezuelans (ETPV)⁷ process is being developed, other mechanisms will still contribute to Venezuelans' regularization in Colombia. The Government of Colombia has progressed through actions that provide them with regular status. In particular, the Special Permit of Permanence (PEP) allows Venezuelans to stay in Colombia for up to two years and access the labor market and basic services such as health and education⁸.

As shown in graph 13, the PEP is the most common instrument within the surveyed households: 15.2% of the surveyed people, who are not Colombian, carry a PEP. However, just like on previous rounds of GIFMM assessments, **68% of people did not have regular status in Colombia during data collection**, without important differences between women and men (65.5% of women and 65.9% of men).

82.8% of children and adolescents do not have regular status or Colombian nationality, compared to 65.6% of adults. Although children and adolescents have the right to access education and

health even without having regular status, the fact of not having a regular status affects their access to other services, basic goods, and minimum rights.

Results confirm a very limited access to asylum - with only 2% of people having access to a letter of safeguard for asylum-seekers.

However, other evaluations show that the vast majority of the Venezuelans surveyed expressed that they would be at risk if they returned to their country of origin, including risks such as lack of food, lack of employment opportunities, inability to access medical services, and security risks (e.g., widespread violence, targeted violence or persecution, which may include gender-based violence)⁹.

This round confirms that people without regular status face more difficulties in accessing basic goods. For example, people without regular status are more likely to live in a household where they must ask for donations on the street to access food (32.9% of people without regular status live in this type of household compared to the 25.2% from other households).

In 41% of households with debt, none of the members has regular status in Colombia, which makes it impossible to access the banking system. This is why households are forced to turn to informal lenders instead of the financial system and may face high-interest rates and risks of extortion.

⁷The Temporary Protection Statute for Venezuelans (ETPV) is a regularization measure established by the Government of Colombia as of February 2021. It is a complementary mechanism to the international refugee protection regime, with the aim of allowing the transit of Venezuelan refugees and migrants who are in the country from a temporary protection regime to an ordinary migratory regime, that is, that refugees and Venezuelan migrants who take advantage of the measure will have a period of 10 years to acquire a resident visa. See more at: <https://bit.ly/3BC7RuF>

⁸As of March 1, 2021, the publication date of [Decree 216](#), in view of the regularization process through the Temporary Statute of Protection for Venezuelans (see following footnotes), no new PEP will be issued, and all PEPs regardless of their issuance phase, including the Special Permit of Permanence for the Promotion of Formalization (PEPFF), which are in force, will be automatically extended until February 28, 2023.

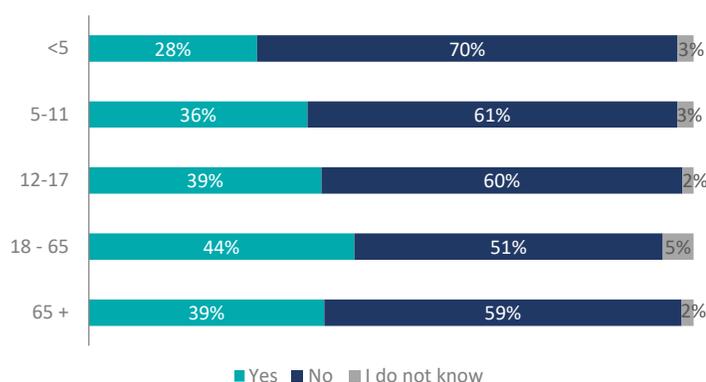
⁹UNHCR - High Frequency Survey, DRC - Protection Monitoring.

Access to the National Registry of Venezuelan Migrants (RUMV)¹⁰

The results of this evaluation confirm the important advances in the process of implementing the Temporary Protection Statute (ETPV). Data collection was carried out during the first three weeks of June, and, by that time, 40% of the 8,428 people with Venezuelan nationality who participated in the survey indicated that they had completed the virtual pre-registration process.

Children show less participation in pre-registration (see graph 14). Only 28% of the parents of children under six years of age have completed the process for their dependents, compared to 44% of adults between 18 and 65 who have been able to register. Some households mention that their children are too young to qualify for the measure, which shows that they lack information on the possibility that children have to enroll in the pre-registration process, regardless of their age. There are no essential differences according to the gender of the applicants: 40% of the women and 39% of the men have completed the process.

Graph 14. % of people who have completed the virtual pre-registration, by age



49% of people with Special Permit of Permanence (PEP), PEP for the Promotion of Formalization (PEP-FF), or safe-conduct had completed the virtual pre-registration process, compared to 37% who had managed to register without none of these documents. Also, 4 out of 10 asylum-seekers had completed the virtual pre-registration process.

The largest proportion of pre-registration records had been in Antioquia, where 62% of the population had completed the virtual stage of the process. The departments in which there has been a lower proportion of registrations coincide with those bordering Venezuela: Arauca (24%), Norte de Santander (26%), and La Guajira (26%). In line with expectations, the measure's scope was lower in rural areas than in urban areas: 31% of people from Venezuela in small municipalities and other rural areas had completed the virtual pre-registration, compared to 41% who had registered in the cities.

According to the surveyed households, the most important barriers they encountered in their registration process were technical problems with the website (35%)¹¹ and the lack of information on the measure (32%). According to the evaluation, Arauca, La Guajira, and Norte de Santander, the departments where coverage was lower, the lack of information on the process was the main barrier to qualify for the measure. 19% of households that faced barriers to registration did not have (sufficient) access to the Internet.

20 of the 1,605 Venezuelan refugee and migrant households indicated that they did not have sufficient resources to complete registration. Although the process is free of charge, these households indicated that they had to pay for the procedures related to access to documents or the support they would receive, possibly at the hands of processors or intermediaries.

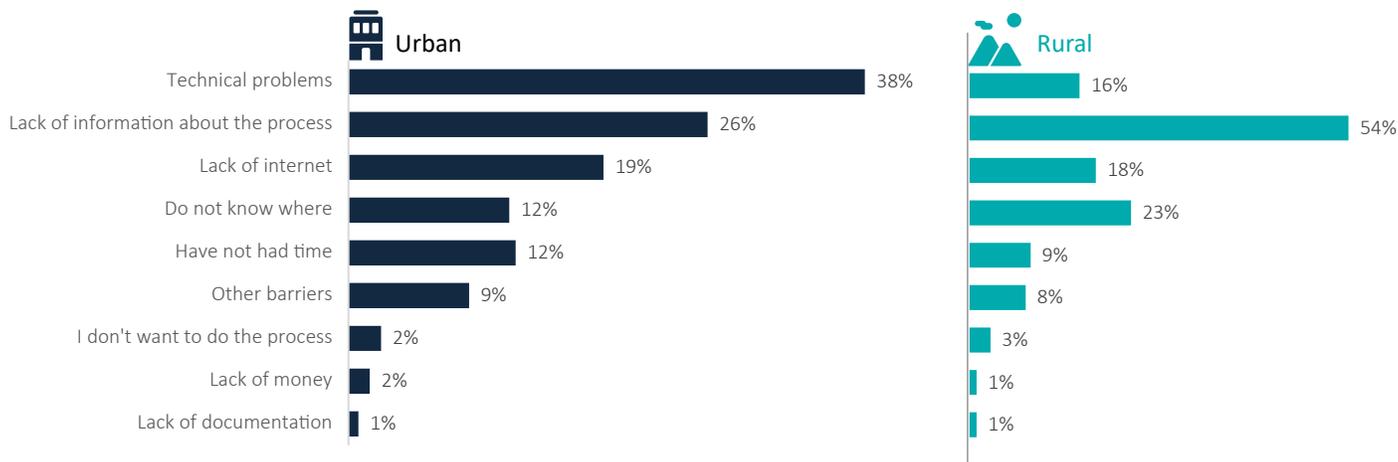
¹⁰The Unique Registry of Venezuelan Migrants (RUMV) is the procedure established by the Colombian government to access the benefits of the Temporary Statute of Venezuelan Migrants (ETPV).

¹¹Información del monitoreo de brechas por organizaciones del GIFMM muestra que este tipo de problemas incluye la falta de obtención de cita para continuar con el proceso, o un porcentaje de quienes han logrado obtener cita señalan que el sistema erróneamente se las ha asignado en una ciudad diferente a la de su residencia.

The results confirm the interest of refugees and migrants to take advantage of this measure: only 3% do not want to do the virtual pre-registration to access the Statute. In rural areas, the lack of information about the process is the main barrier to qualify for the measure, a factor mentioned by 54% of people from rural areas, compared to 26% of households located in cities. The lack of information on the places available to carry out the process is

the second most common barrier (indicated by 23% of households in rural areas, see graph 15).

Graph 15. Main barriers to access to ETPV pre-registration, by type of area (% of households with at least one member who has not completed the process)

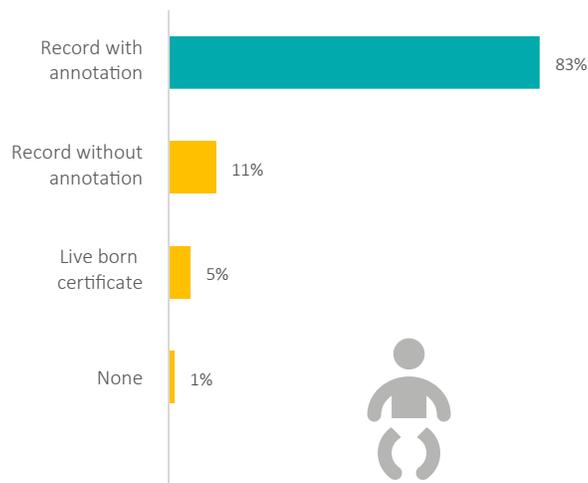


Birth certificate

Currently, Colombia has a regulatory framework that temporarily and exceptionally grants Colombian nationality to children of Venezuelan mothers and fathers born in Colombia, as of 1 January 2015, through the Birth Certificate, which is the identification document of children from 0 to 7 years old in Colombia .

In the surveyed households, 475 children meet these conditions. Three hundred ninety-four of them (83%) hold a Civil Registry of birth with the annotation that says "valid to demonstrate nationality." That means that the others- 17% of the children- do not have the required documentation. Among the reasons mentioned by the respondents are the lack of information (55% of the children without civil registration), the lack of documentation (8%), and the lack of resources (8%, see graph 16). This shows a difference with respect to the results in November 2020, when the temporary closure of the registry offices (from 17 March to 31 May), within the framework of mandatory preventive isolation measures (26%), was the main reason for the lack of documentation.

Graph 16. Children of Venezuelan mothers and fathers born in Colombia, as of 1 January 2015, by type of documentation

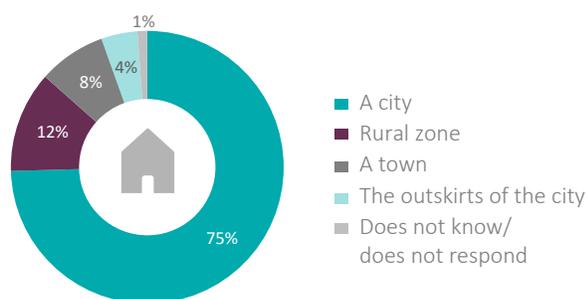


¹²Resolution 8470 of 2019 and Law 1997 of 2019.

4 RESIDENCE AND MOVEMENTS

Most of the surveyed population is located in main cities: 61% are in Bogotá, Cúcuta, Cartagena, Medellín, Cali, Riohacha, Maicao (the only non-capital city among those mentioned), Barranquilla, Bucaramanga and Santa Marta. 75% of the people interviewed report that they live in a city, 4% in a peri-urban area (on the outskirts of a city), 8% report that they live in a town (either in the town center or 'municipal head town' of a small municipality), and 12% report that they live in a rural area (see graph 17).

Graph 17. Area in which the household currently lives



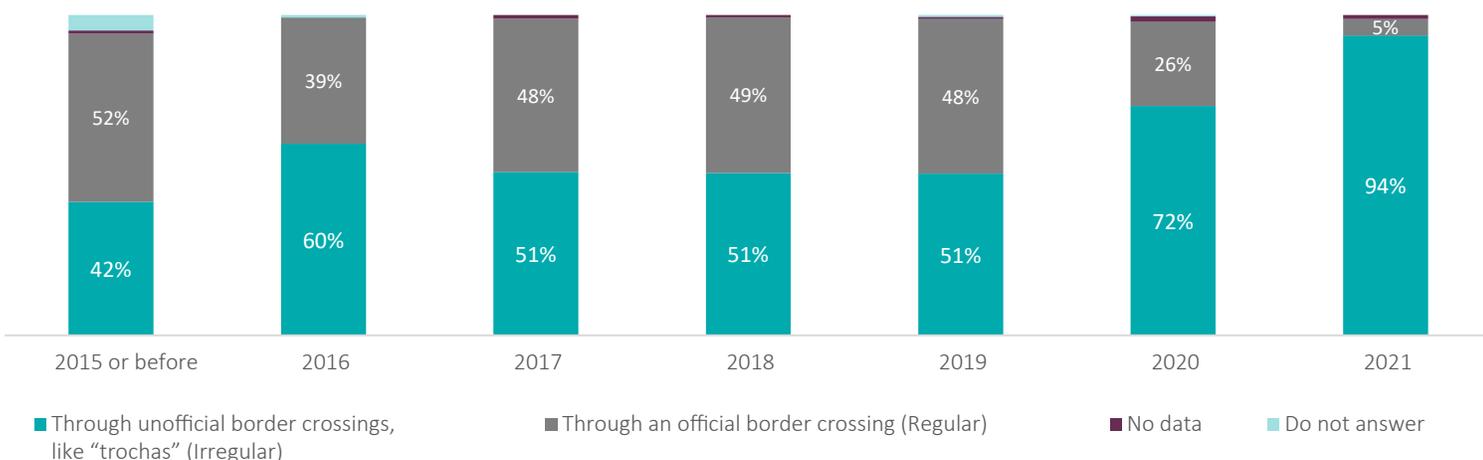
Among households in which the head of household has a disability, 11% live in a village and 9% in a rural area. There are no significant differences among households with a male or female head of household. However, among the households in which the

head of the household has a lower educational level, 35% live in rural areas (no level of education 50%, incomplete primary school 32%, and complete primary school 24%). 45% of the households that are part of indigenous people live in a rural area, and the same proportion live in a city.

Regarding the form of entry in the country of the households interviewed, 44% report that they entered the country through an official border crossing, and 54% report that they entered through an unofficial or irregular border crossing (also known as 'trocha'). As a measure to mitigate COVID-19 spread in Colombia, the borders were closed from 16 March to 2 June 2020, with some short periods of exceptional outflow movements. The increase in restrictions on mobility through regular and orderly crossings at the borders has meant an increase in the proportion of people who enter the country through irregular border crossings. This poses greater risks for refugees and migrants, especially women, girls and boys.

¹³ Although according to [Decree 580 of 2021](#) the expectation of effective opening would be until September 1, 2021. This is relevant because it affects the expectations of people who, while in Venezuela, intend to migrate to or through Colombia.

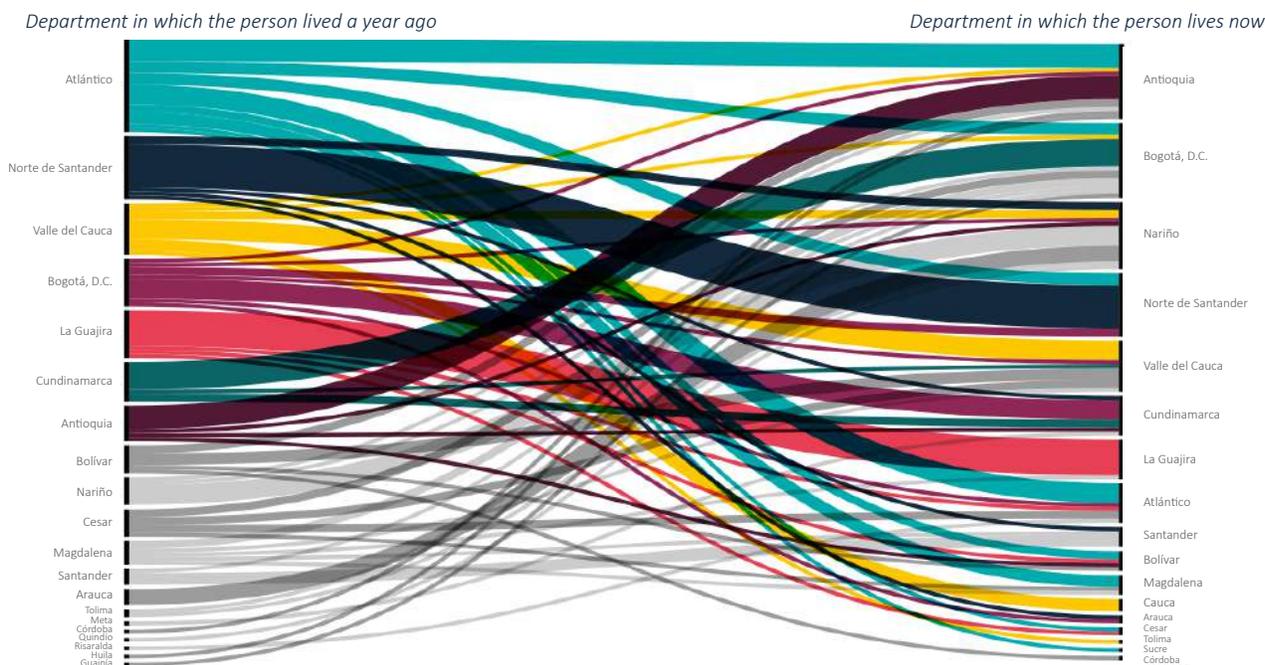
Graph 18. Changes in the proportion of entry through regular or irregular passages according to the year of entry to the country



As shown in the previous graph, of the surveyed households entered in 2020, 72% did so by irregular border crossings, 21% above those who entered between 2017 and 2019. This trend was accentuated in 2021. In the first six months of the year, 94% of the people interviewed entered through irregular border crossings. Among the households interviewed with a woman as the head of the household, 56% came through irregular routes, compared to 50% of the households with a male head of household. Although 86% of the surveyed population reported entering through Norte de Santander (45%) and La Guajira (41%), those who entered through Norte de Santander did so mainly (61%) through official border crossings. In contrast, those who entered through La Guajira mainly were (69%) by irregular routes.

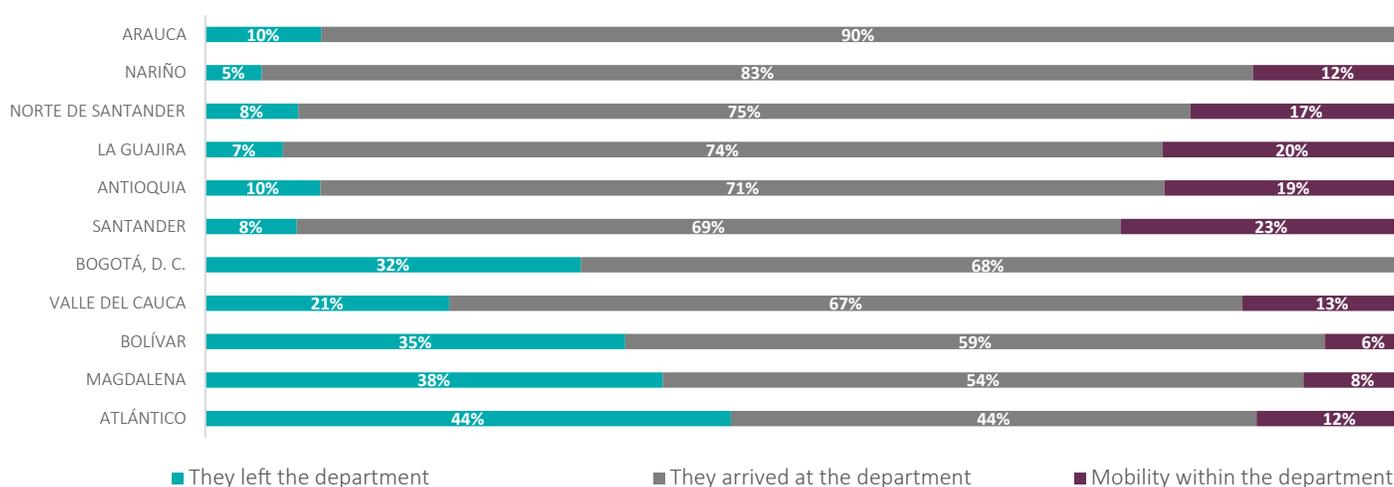
Regarding movements within the country in the last year, 14% of the people surveyed reported that they lived in another country (7%) or municipality (6%) for a year, which implies that 86% of the respondents did not move in the last year. The most significant internal movements have originated in Atlántico, Norte de Santander, Valle del Cauca, Bogotá, La Guajira, Cundinamarca and Antioquia; 69% of the people left the municipalities of these departments. In the case of Norte de Santander, La Guajira, and Antioquia, 27% of the population left municipalities in these departments. Still, the majority (70%) moved within the same department as shown in graph 19. The most frequent places of destination in these movements are Antioquia, Bogotá, Norte de Santander, Nariño and Valle del Cauca (60%). Of the population that lived in another country, 94% came from Venezuela, 4% from Ecuador, and 1% from Peru.

Graph 19. Internal migration movements



According to the departments of current residence of the people surveyed, the result of these flows indicates that 10% left Arauca, and 90% came to the department, mainly from other countries. In the case of Nariño, 5% left the department, 12% moved to the department's interior, and 83% arrived in the department, with a majority inflow from other countries, especially Ecuador and Peru. La Guajira reports a similar situation, where 7% of the surveyed population left that department, 74% arrived in the department in the last year, and 20% moved within the department (see graph 20). This dynamic also occurs in Antioquia and Santander, although the income flows are mainly national. In relation to those who entered or moved therein, the proportion of people who left these departments is higher in Atlántico, Magdalena, Bolívar, Bogotá, and Valle del Cauca. Although in Bogotá there are no flows identified within the city, while investigating for a change of municipality, most of the people who left Bogotá did so towards municipalities of Cundinamarca.

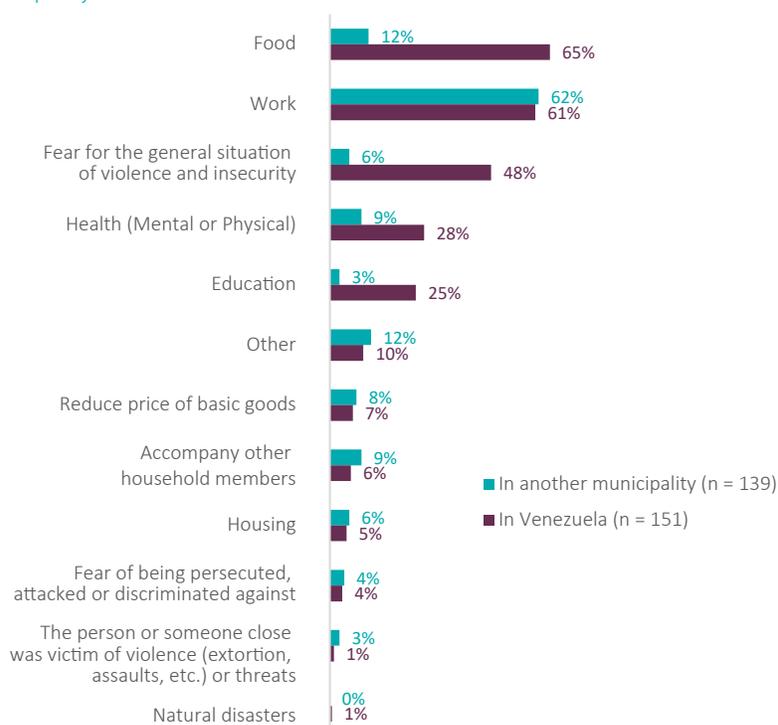
Graph 20. Results of internal flows and from other countries in the departments of current residence



The reasons to move from one place to another are different among those who lived in Venezuela a year ago and those who were in another municipality within Colombia: In the first case, the main reason is to have access to food (65%), for 61% motivation relates to work, while 48% feared due to the general situation of violence and insecurity, 28% entered to access physical or mental health and 25% for education, among other reasons. In the case of the surveyed population that moved within Colombia, the main motivation was work (62%), followed by food (12%) and by accompanying other household members (9%, see graph 21).

Although the search for work is a reason to leave their place of residence both for those who live within Colombia and for those who resided in Venezuela in a similar proportion, access to rights such as health, education, and food were the main reasons reported for leaving Venezuela to Colombia, meanwhile, these reasons to leave within Colombia were not reported in the same proportion.

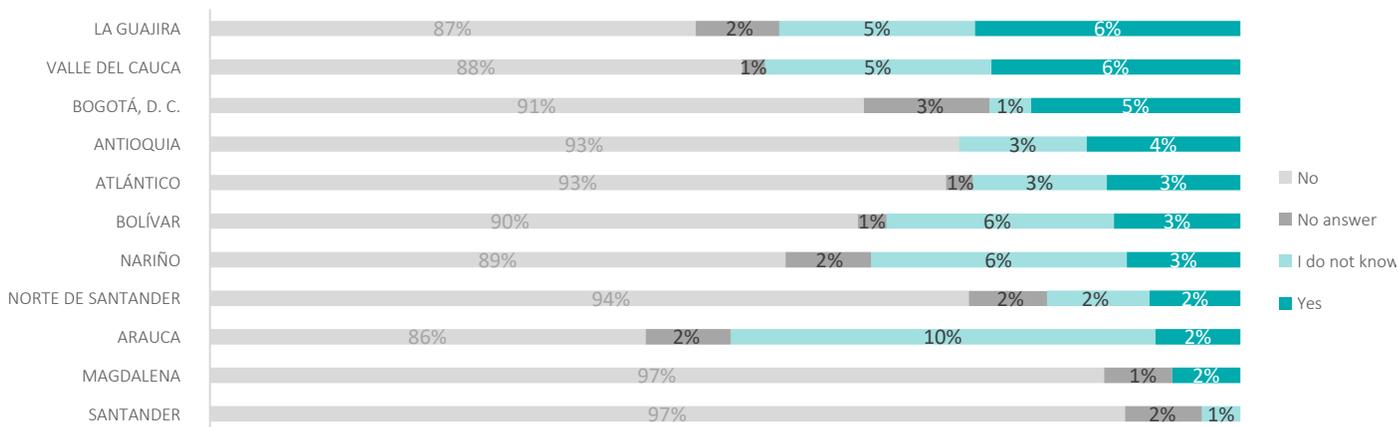
Graph 21. Reasons for changing households' place of residence in the past year



Return to Venezuela

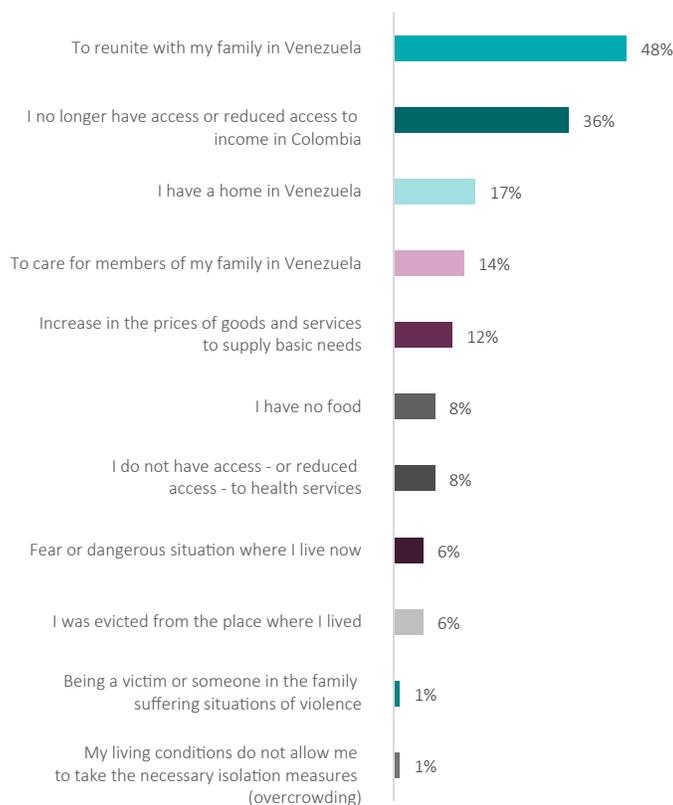
In 91% of the households surveyed none of the members reported the intention of returning to their country of origin. In 4% of households, at least one person intends to return, and another 4% does not know. The departments in which there is the highest proportion of households whose members have some intention of returning to Venezuela are La Guajira (6%), Valle del Cauca (6%), and Bogotá (5%, see graph 22).

Graph 22. Return intention of household members according to the department of residence



Family relationships and ties are the main motivation to return. 47% of households reported that family reunification is the main reason for the intention to return, and 14% report taking care for a relative in Venezuela as their motivation. Reduced or non-existent access to income in Colombia is the second most frequent reason to return – reported by 36% of the respondents-, followed by reasons related to the reduction of purchasing power: 12% of households indicated the increase in the prices of goods and services to supply basic needs, 8% mentioned that they do not have food and 8% do not have access or have reduced access to health services (see graph 23).

Graph 23. Reasons for intending to return (n = 83)



The third most frequent cause is associated with housing conditions. 17% affirmed to have a home in Venezuela, 6% report that they have been evicted where they lived. 1% confirmed to live in overcrowding, which prevents taking the necessary isolation measures in the context of COVID-19. For 7% of households, there are motivations related to protection concerns: 6% feel fear, or state that there is a dangerous situation in the place where they live, and in 1% of the cases, respondents or their relatives have been of situations of violence.

In La Guajira and Valle del Cauca, the departments with the highest intention to return, the main reason for wanting to return is family reunification; in Bogotá, the main reason is the absence or reduction of income.

5 PEOPLE WITH SPECIFIC NEEDS

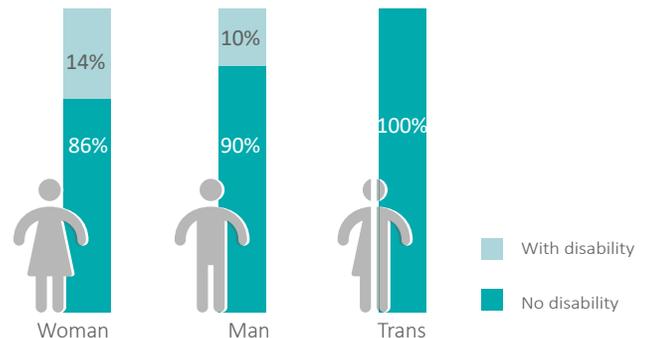
JHead of household with disabilities

Using the Washington Group questions¹⁴ to collect information on the disability of the heads of the household, it was found that 74% of the people surveyed do not have any type of disability, 15% do not know or did not want to answer, and 11% do have some type of disability¹⁵ (see graph 24). Of the women surveyed, 14% have a disability, of the total of men, 10% have a disability, and of the transexual people surveyed, none reported a disability (see graph 25).

Graph 24. Head of household disaggregated according to disability

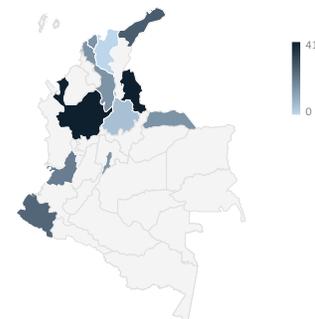


Graph 25. Head of household disability by sex



Map 1 shows the heads of households disaggregated by disability and by the department where the household was at the time of the survey, which was conducted in June. Although there was not an equal number of data collected in each department, there is at least one person with a disability in most of them.

Map 1. Number of heads of households with disabilities by department



¹⁴See more about the Washington Group - Short Set (SS-WG) methodology and questionnaire: <https://bit.ly/3iqiVmp>

¹⁵It should be noted that the answer options to this question are: "No, no difficulty"; "Yes, some difficulty"; "Yes, quite difficult"; "I can't do this activity." If the person answered "Yes, quite difficult" or "I cannot do it" to one of the six questions, we can consider that the person has a disability. 17

Comprehensive early childhood care

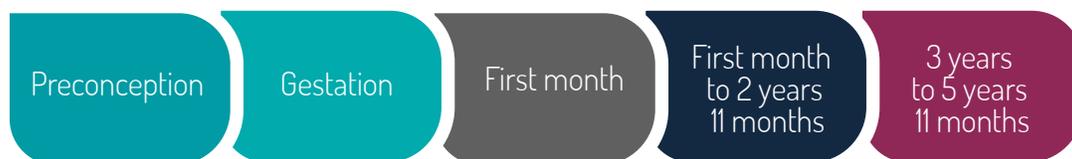
Early childhood is a fundamental, irreplaceable and urgent period in the life course of human development. At this time, the foundations are created to develop capacities, abilities, and potential skills that allow children to assume themselves as social, unique, cultural, and diverse beings, with capacities to learn, relate to themselves and their environment, and actively learn to participate in society.

Children's physical, emotional and cognitive development is largely determined by the experiences they live in their early years, which are themselves determined by the quality of the environments in which they spend their life, including their home, public spaces, and educational and health settings. When

children are exposed to adverse conditions, such as humanitarian emergencies, which generate toxic stress with negative effects on their health, growth, and significantly on their cognitive development and mental health.

The State Policy for the Comprehensive Development of Early Childhood, called in Spanish “De Cero a Siempre” ¹⁶ proposes, from the comprehensive care approach, a series of care and differential guidelines aimed at families from the preconception stage, women in pregnancy and lactation and all children from birth to 5 years 11 months of life. The following analysis is framed from this perspective.

Figure 1. Stages of the early childhood life course



Source: Own elaboration from the Comprehensive Route of Attention of the Political, Technical and Management Foundations of the Comprehensive Development Policy of the Early Childhood, “De cero a siempre”

¹⁶Center on the Developing Child at Harvard University, 2007. *The Science of Early Childhood Development*. [Tomado de The Science of Early Childhood Development \(harvard.edu\)](https://www.harvard.edu)

a | Preconception

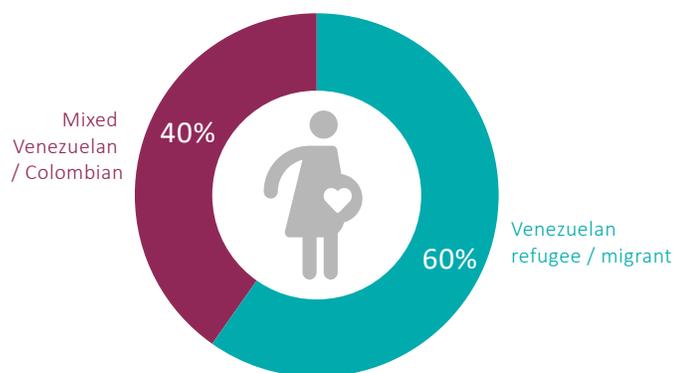
The preconception stage is a fundamental moment in the primary health care component, especially for adolescents and women of reproductive age and their partners, because it leads to the recognition and exercise of sexual and reproductive rights. In order to decide about having children or not, detecting reproductive risk, preventing sexually transmitted diseases, and promoting healthy lifestyles for procreation, care in contraception and gynecological services are essential during women’s reproductive age^{17 18 19}.

In the first round of the GIFMM’s 2021 joint needs assessment, 24% of the people interviewed stated that a household member presented a need in sexual and reproductive health (SRH) during the 30 days prior to the survey in June. Of these households, 51% were unable to access the service. At the departmental level, Atlántico, Nariño, and Santander show the greatest barriers. Meanwhile, the services with the most significant access gaps were gynecology, contraception, and prevention/treatment of sexually transmitted infections (STIs) and/or HIV (see more in the section on Sexual and Reproductive Health).

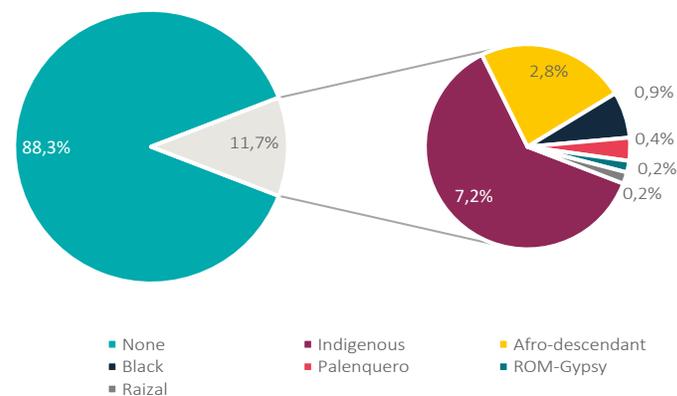
b | Care for pregnant women and breastfeeding practices

About 470 households, representing 22% of the total surveyed, reported that they have at least one pregnant or lactating woman in their household group. Of these, seven out of ten are headed by women, and six out of ten are households made up of exclusively Venezuelan nationals (see graph 26). Nine out of ten households with pregnant and lactating women do not belong to an ethnic group; about 7% of these households belong to the Wayü ethnic group, mainly in La Guajira, among other indigenous communities²⁰ and about 5% self-recognize as member of the Afro-descendant, black, palenquero, ROM or raizal communities (see graph 27).

Graph 26. Profile of households with pregnant and lactating women



Graph 27. Ethnicity of households with pregnant and lactating women



¹⁷WHO, 2013: https://www.who.int/maternal_child_adolescent/documents/preconception_care_policy_brief.pdf

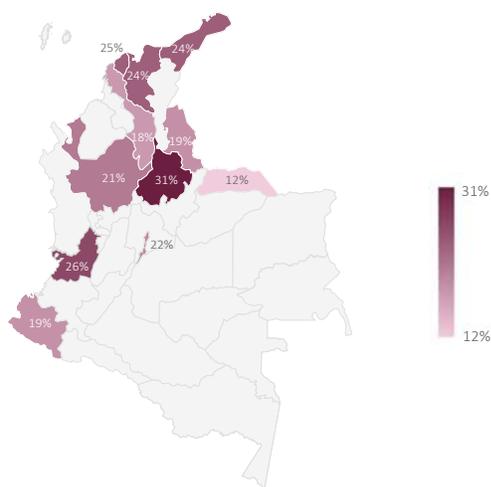
¹⁸Stephenson et al 2018: <https://pubmed.ncbi.nlm.nih.gov/29673873/>

¹⁹Hill, 2020: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-02973-1>

²⁰Some households of this ethnic group were also reported in Atlántico, Cesar, Norte de Santander, Antioquia and Bogotá, likewise, 0.2% with households with pregnant and lactating women of the Sikuani Mahibo ethnic group in Bogotá.

Households with pregnant and lactating women have an average size of 5.3 people nationwide and are mostly located in La Guajira, Norte de Santander, Valle del Cauca, Bogotá, Bolívar, and Antioquia (see Map 2). The average age of pregnant and lactating mothers is 26.4 years. In terms of income, 64% of households with pregnant and lactating mothers are in the range of less than COP 450,000 per month and 30% between this value and COP 900,000 per month, which affects barriers to access to basic goods and services. Likewise, according to the reported data, 63% of these households only consume two meals or less per day, a situation that implies low energy and nutrients required to cover the increased needs during both pregnancy and lactation periods. (see graph 28).

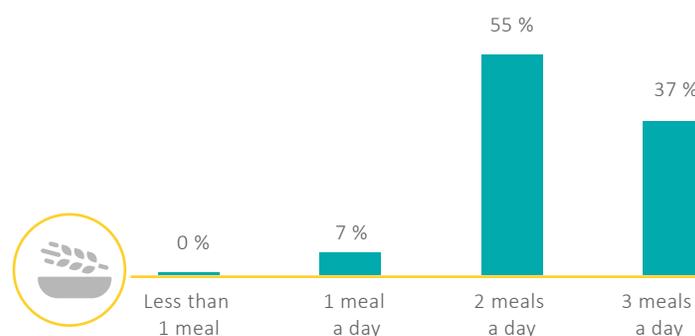
Map 2. Geographic distribution of households with pregnant and lactating women (representative departments)



Seven out of ten households with pregnant and/or lactating women used their savings in the last thirty days to cover basic needs and food and reduce their expenses related to health and education. Four out of ten households sold their essential goods to meet food needs, three out of ten asked for donations on the street to buy food. Regarding help or assistance received, 47% of households with women in this condition received help, mainly in food (61%), housing (28%), medical care (18%), and hygiene items (14%). 21% of the households required care for pregnant women. Of these, 43% mentioned that they did not access the service.

Breastfeeding provides children with the healthiest conditions for the beginning of their lives since breast milk provides all the nutritional elements required for the first six months and meets nutritional needs up to two years if accompanied by an adequate complementary diet²¹. According to the Ministry of Health, there

Graph 28. Number of meals consumed per day by households with pregnant and lactating women



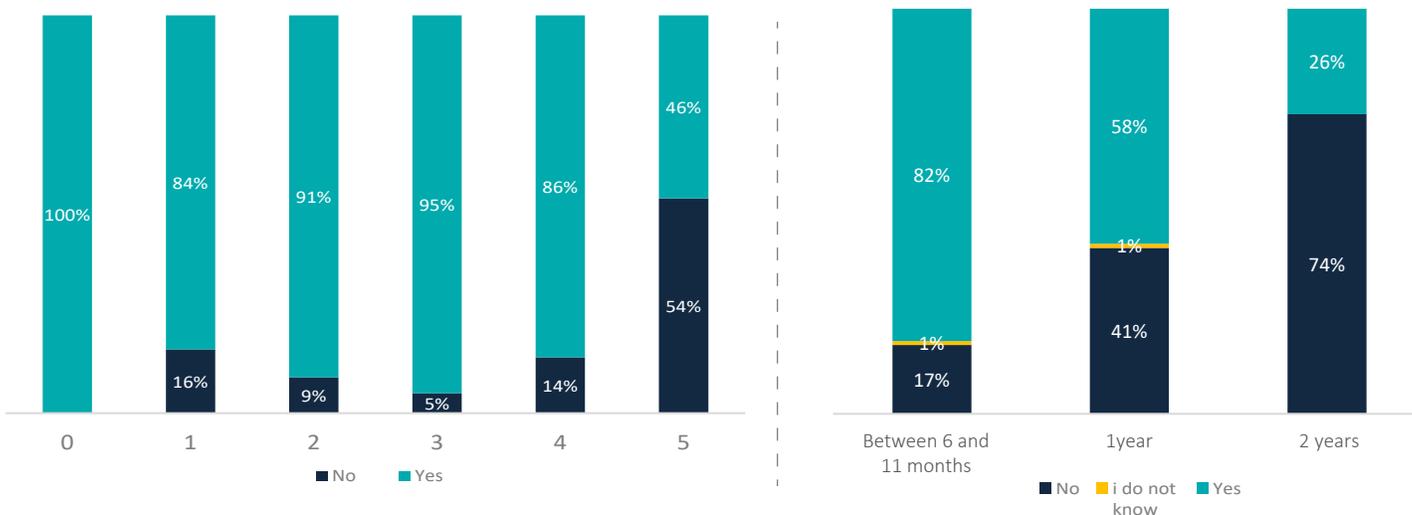
is clear evidence on cognitive development and reduction of morbidity and mortality during early childhood due to the practice of breastfeeding, which is also considered a protective factor to avoid malnutrition and obesity, both in childhood as in adulthood²². Based on this, the World Health Organization, UNICEF, and the American Academy of Pediatrics, among other organizations and academic leaders, recommend the early initiation of breastfeeding during the first hours of life, followed by the exclusive practice during the first six months of age, and its continuation with complementary feeding for two years or more²³. That said, it is observed that 84% of refugee, migrant, and returnee children from Venezuela under six months of age are exclusively breastfed.

²¹United Nations Children's Fund (UNICEF), August 2019. Breastfeeding, key to development <https://uni.cf/3rLUeLv>

²²Ministry of Health and Social Protection, June 2021. Breastfeeding: the best option for women, children and the country <https://bit.ly/3y7wsVU>

²³World Health Organization (WHO), June 2021 Infant and Young Child Feeding <https://bit.ly/3oTs8bc>

Graphs 29 and 30. Exclusive (under six months) and complementary breastfeeding practice (between six months and two years)



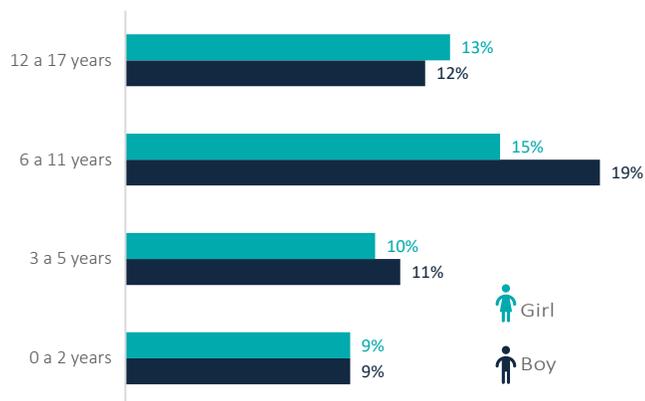
When disaggregating the practice of exclusive breastfeeding by age groups in months, the percentage of children who receive exclusive breast milk varies between 84% and 95% in the groups following the first. However, it is remarkable that in the 5-month group, only 46% reported exclusive breastfeeding. From the sixth month to the first year, it is observed that 82% of children continue to breastfeed. In the one-year-old group, only 58% of households reported this practice in children. Finally, complementary breastfeeding was reported in 24% of the children from the surveyed households in the two-year-old group. In all cases, but especially in emergencies, the practice of breastfeeding, both exclusively for children under six months of age and complementary up to two years of age, should be strengthened and supported, given its advantages for the health of mothers and the integral development of children.

c | Comprehensive care for children from birth to 5 years of age

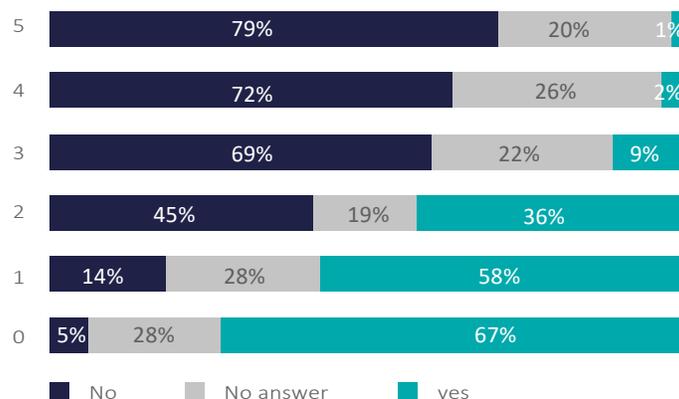
Of the total number of children and adolescents reported in the evaluation (4,320), 40% are children between 0 and 5 years old, that is, in their early childhood stage. 34% are between 6 and 11 years old and 26% between 12 and 17 years old. Of the total number of early childhood boys and girls assessed (1,711), 47% are between 0 and 2 years old, and 53% are between 3 and 5 years old (see graph 31). Of the 2,161 households interviewed,

56% have at least one child in early childhood. These children belong to households where half of the heads of households are young people between 18 and 29 years old, 32% have completed high school, and 10% have some kind of disability. 34% of these children's homes are at risk of being evicted, and 50% consume an average of two meals a day.

Graph 31. Proportion of children by age group



Graph 32. Children between 0 and 5 years old according to reported place of birth



Right to an identity

The right to identity allows children to have a name and a nationality from birth. Additionally, it is the gateway to guarantee other rights such as health, education, and protection. As indicated in graph 32, 53% of children in early childhood were born in Venezuela, 23.6% in Colombia, and for 23.4%, their place of birth was not reported. 24% of these children have a birth certificate, and the same percentage have completed the virtual pre-registration of the Temporary Protection Statute (ETPV).

Vaccination

According to the vaccination schedule, the evaluation asked about the last date on which the child received the vaccine. For the purposes of this analysis, the technical team has proposed that all children between 0 and 5 years old have received at least one vaccine a year, following the guidelines for monitoring the early childhood policy.

In accordance with this threshold, and as indicated in Table 1, with information reported by respondents on the vaccination

schedule of 1,546 children from 0 to 5 years old, which is equivalent to 91% of all children in early childhood included in the assessment. Of this group, 1,323 (86% in turquoise) were vaccinated between 2020 and 2021, which means that they are within an opportunity range according to the monitoring indicator of the Ministry of Health. The remaining 14% (in red) are outside this range, exposing them to greater risks of contagion from infectious diseases that can lead to serious illness and even death.

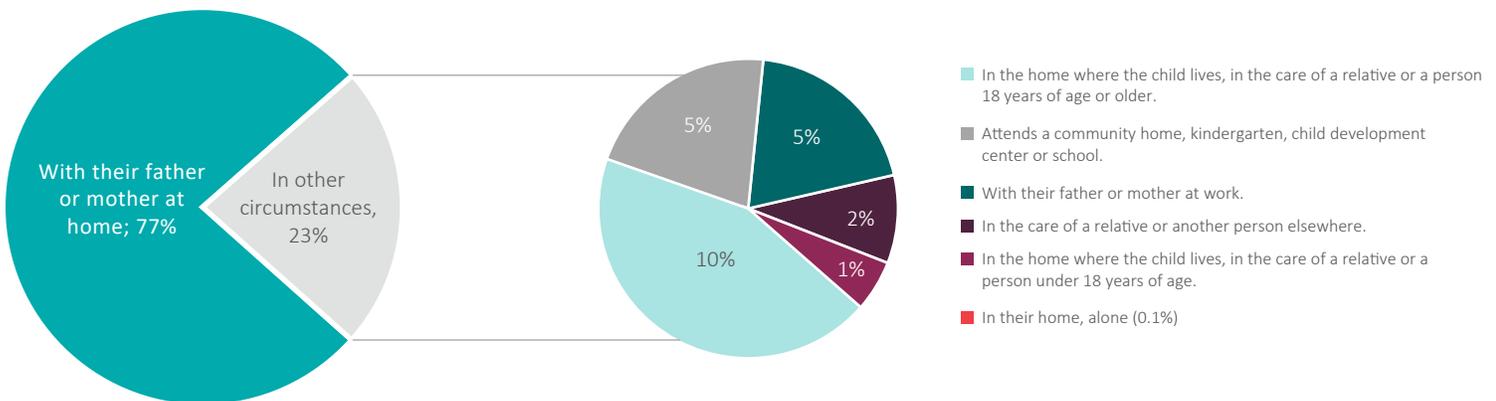
Table 1. Number of children who received the vaccine for the last time according to year and simple age

CHILDREN AGE	2015	2016	2017	2018	2019	2020	2021	TOTAL
0						6	203	209
1				1	1	56	220	278
2				2	16	103	152	273
3		1	1	12	57	97	99	267
4			11	22	35	90	90	248
5	1	6	10	18	29	91	116	271
TOTAL	1	7	22	55	138	443	880	1.546

Care and access to initial education

As a consequence of the confinements derived from the COVID-19 emergency, since March 2020, both the Colombian Institute of Family Welfare (ICBF) and the territorial entities suspended face-to-face access to their initial education services in all its modalities. Despite this restriction, 83 (5%) of the 1,704 children aged 0 to 5 included in the survey reported that they were attending a community home, kindergarten, child development center, or school (see graph 33). Although face-to-face access to initial education modalities was restricted, the ICBF developed a virtual strategy to support families to accompany the training of their children, given that at the time of the survey, very few face-to-face services had been reactivated at the national level, which could indicate face-to-face access to services not regulated by the ICBF or the local authorities.

Graph 33. Place where children from 0 to 5 years old stay most of the time during the week



The closure of early childhood education services has resulted in children under five staying home. As shown in graph 26, 87% of these children spend most of the time of the week at home, either under the care of their father or mother (77%) or cared by a person over 18 years of age (10%). The assessment also found that 2% of the girls and boys are cared for by a relative or someone else in a place other than their home. It is worth highlighting the cases of Arauca, Cauca, and Putumayo, where more than 10% of the children in these departments are cared for by a third party, which suggests that their father or mother is outside the home working or in other activities that they prevent them from assuming the daily care of their children.

Finally, the survey allowed us to observe three additional facts to draw attention on:

- 1 5% of the children are cared for by their father or mother in their places of work, being Nariño (12%), Magdalena (7%), and Norte de Santander (6%) the departments with the highest percentage of children in this modality of care. Although there is no more information about the parents' workplace, it is important to consider whether it is related to street work or other dangerous jobs that could put the safety of children at risk.
- 2 1% are in the care of a relative or person under 18 years of age.
- 3 A 2-year-old child (2% of the total) stays home alone during the day in Arauca. It is essential to activate the necessary intervention pathways to identify cases like this and to coordinate urgent actions with the family to guarantee safe daily care.

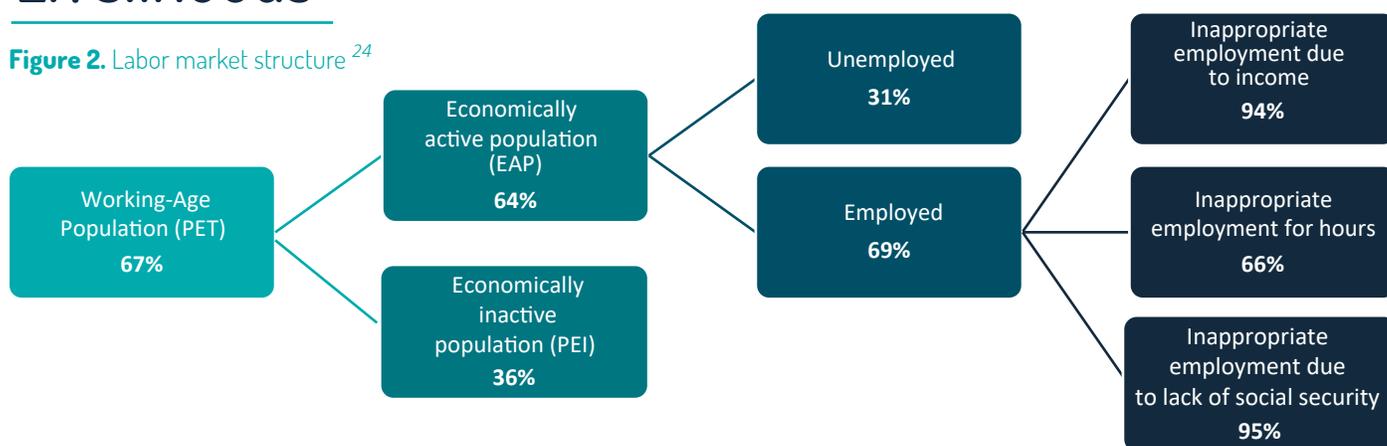
Indigenous community returned from Venezuela.

© GIFMM

6 ACCESS TO BASIC GOODS AND SERVICES

Livelihoods

Figure 2. Labor market structure²⁴



67% of the members of the surveyed households are over 12 years of age and, therefore, are part of the working-age population (PET in Spanish). 64% of the PET corresponds to the economically active population (EAP); of these people, 69% are employed, that is, they are currently working, while 31% are looking for a job, that is, unemployed. Although seven out of ten respondents seeking job opportunities already have a job, the conditions under which they do it are not optimal. 95% do not contribute to social security, 94% earn less than the minimum wage (COP 908,526 or 260 USD approx.), and 66% work more or fewer hours than those established by the norm for working hours in Colombia. The surveyed households also face barriers to access financial products, where less than 10% have access to some products, and only 6% have a savings account. The

occupancy rate is 44%. That is, 4 out of 10 people of working age are doing so. Finally, the dependency ratio is 48%, which indicates that for every 100 people of their working age, there are 48 who do not.

At the departmental level, Arauca and Nariño stand out for having the highest proportion of PET (76% and 71%, respectively). Nariño and Atlántico have the highest PEA, 77% each. In contrast, La Guajira, Santander and Norte de Santander have a lower proportion of PEA (57%, 58% and 59%, respectively). Regarding employment rates, the highest are Santander and Bogotá (88% and 76%, respectively); by contrast, the lowest are Nariño and Valle del Cauca, with 61% and 62% respectively.

²⁴ A person who has an inadequate paid job receives less than the minimum wage. Inappropriate hourly employment is one where you work less or more than 48 hours a week, or the equivalent of 8 hours for 6 days a week. In the case of inappropriate employment due to social security affiliation, it is taken as a proxy if the person who works is not contributing to a pension. The definitions were taken from the National Administrative Department of Statistics (DANE) <https://bit.ly/3Awhn0J>.

The average person surveyed works more than the daily workday but earns less than the legal minimum wage, and his/her income is enough to support their household for barely a week. Regarding income, six out of every ten households obtained a monthly income of less than COP 450,000, three out of every ten earned between COP 450,001 and COP 900,000; and approximately one in ten households obtained a monthly income equivalent or greater than a minimum wage (COP 908,526 or USD 260 approx.). Regarding the income trends identified by respondents during the last 30 days, 76% of the households showed a decrease, 20% answered that they remained the same, and 4% increased.

Regarding working hours nationwide, those who work do so for longer hours, either nine or more hours (45%) or between 7 and 8 hours (32%). When disaggregating by area of residence, a higher proportion of respondents living in cities have longer hours than normal than those who do not live in cities. The proportion of people surveyed who live in cities and work nine or more hours is 17% higher than those who work the same hours but live in rural areas. In contrast, the proportion of people

surveyed in rural areas who work between 0 and 4 hours is 10% higher than that of those who live in cities (see graph 34).

Graph 34. Average hours worked by area where you live²⁵



With regard to the sustainability of expenditures, seven out of ten households can sustain themselves for barely a week with their current income, two out of ten a month or more, and one in 10 does not know (see table 2). When disaggregating by area of residence, there is less sustainability of expenditures in households that do not live in cities.

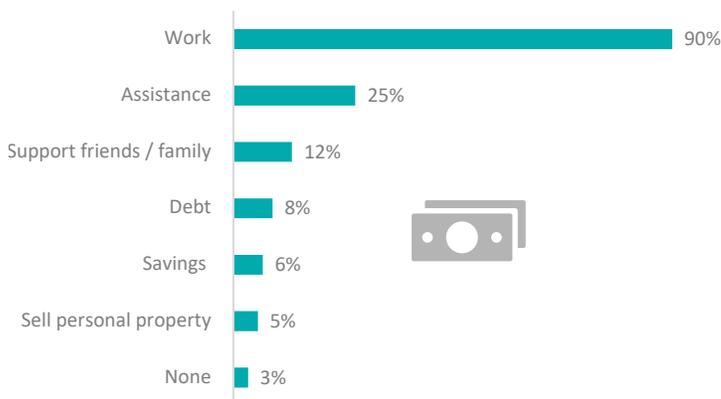
Table 2. Time in which the household can sustain its expenses with the current income - by area of residence

Zone	Up to one day	Up to one week (max. 1 week)	Up to one month (max. 1 month)	A month or more	Does not know	Refuses to answer
City	29%	41%	19%	2%	8%	0%
Remainder	38%	40%	14%	1%	7%	0%
TOTAL	31%	41%	18%	2%	8%	0%

²⁵ "Remainder" corresponds to the aggregation of respondents who stated that they live in: the outskirts, in towns or in rural areas.

Results show that paid work remains as the most common source of income among those surveyed. Humanitarian assistance (from governments or NGOs) and the support of friends remain as the second and third sources of income with 25% and 12% of households, respectively. Debt and savings are low, where 8% of households have income from debt and 6% from savings (see graph 35).

Graph 35. Household income sources



The main source of household income continues to be work, according to 90% of the households surveyed. The assistance and support of family and friends are a complement for households to overcome their daily expenses. Past needs assessments, which

have collected information from different Venezuelan refugee and migrant households, have showed an increase in the proportion of households that have work as their main source of income. 68% had a job in July 2020 and 80% in November 2020. For its part, the perception of receiving humanitarian assistance and support from friends and family has been positive among the different households in the past samples. It is worth noting that these results are indicative and that they do not constitute an evolution of the same households between months.

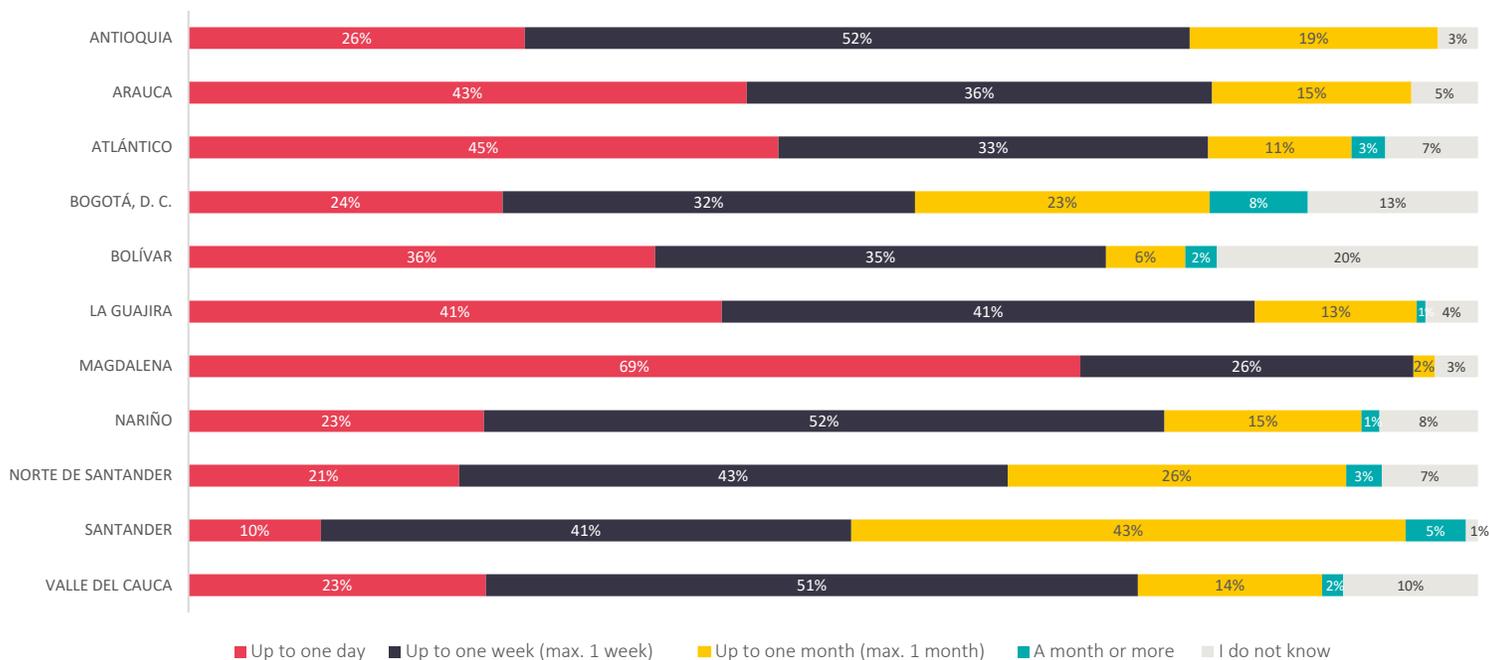
When broken down by department, Santander has the highest number of households with at least one person working (96%). In contrast, in Valle del Cauca (11%), Arauca (10%), and Magdalena (10%), households depend more and more on debt or loans. It should be noted that in Antioquia (27%), Bogotá (27%), and Norte de Santander (26%) the respondents have attributed more than 25% of their income to assistance. On the other hand, Valle del Cauca (12%) is where savings have the highest incidence. The support of friends is more relevant in Bolívar (12%), La Guajira (10%), and Norte de Santander (12%), and the sale of personal property in Arauca (9%) and Atlántico (10%, see graph 36).

Graph 36. Distribution of household income sources by departments

Department	Debt	Savings	Work	Assistance	Support from friends	Sell personal property	I don't have any	Other
ANTIOQUIA	1%	0%	66%	28%	4%	0%	1%	0%
ARAUCA	10%	1%	60%	6%	8%	9%	5%	0%
ATLÁNTICO	7%	3%	61%	10%	8%	10%	1%	0%
BOGOTÁ, D. C.	2%	2%	61%	27%	5%	1%	1%	1%
BOLÍVAR	5%	6%	69%	2%	12%	4%	2%	0%
LA GUAJIRA	5%	9%	57%	11%	10%	3%	4%	0%
MAGDALENA	10%	0%	63%	17%	8%	2%	1%	0%
NARIÑO	7%	4%	60%	14%	8%	4%	3%	0%
NORTE DE SANTANDER	4%	1%	51%	26%	12%	4%	1%	0%
SANTANDER	0%	1%	96%	1%	1%	0%	1%	0%
VALLE DEL CAUCA	11%	12%	56%	7%	7%	3%	3%	1%

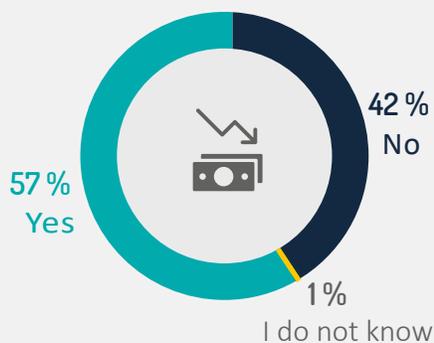
La Guajira, the departments of the Caribbean region (Atlántico, Bolívar and Magdalena) and Arauca have a higher percentage of households whose income supports the household for only one day, in contrast to Santander, Norte de Santander, Bogotá and Antioquia, which seem to have a better behavior regarding income. The case of Santander could be explained by the high proportion of work in income. On the other hand, the dynamics of Norte de Santander, Bogotá, and Antioquia could be due to the high proportion of assistance as part of the income (see graph 37).

Graph 37. Time in which the household can sustain its expenses with current income - by department



Debts

Graph 38. Proportion of households that reported having debt at the time of data collection:

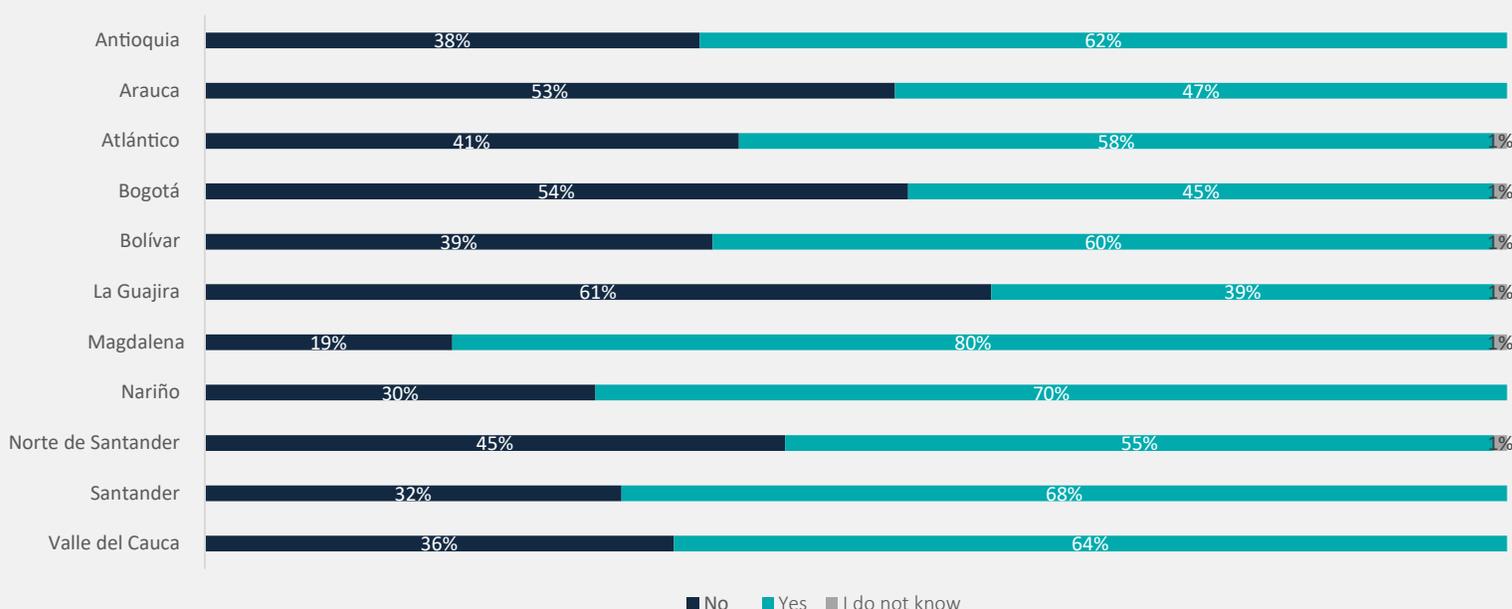


Graph 39. Main reasons why households reported having debt at the time of data collection:



reason mentioned by most households for having acquired these debts was the payment of rent for an apartment/house/room (86%), followed by food (29%) and other basic household expenses (26%)²⁶. Taking into account that the risk of eviction reported was mainly attributed to the inability to pay rent, when comparing the households that reported being at risk of eviction with those that reported not being in such a risk, the proportion of households that reported having debts is higher than those who affirmed not having debt. However, Cundinamarca (39%), Nariño (34%), Santander (34%), and Magdalena (34%) were the departments where the risk of eviction was reported in the highest proportion; in turn, in these, having debt was more common (77%, 70%, 68% and 80% respectively, see graph 40).

Graph 40. Proportion of households that reported having debt at the time of data collection by department



Food Security

According to the Evaluation of Food Security in Emergencies for the Migrant Population of Venezuela and Host Communities in Border Departments- EFSA 2020²⁷, carried out by the World Food Program (WFP), 88% of the refugee and migrant households surveyed arrived in Colombia in order to have access to food, which reflects a situation of vulnerability in the country of origin. The results of the current assessment aim to understand the situation of refugee and migrant household intending to stay

in the country. To this end, an analysis of two indicators is presented in this section: The Food Safety Index and the number of meals consumed per day. The food security index (ISA in Spanish) is a composed measure that reflects the situation of households, based on the frequency and diversity in food consumption as well as the households' ability to cope with difficulties in the access thereof²⁸.

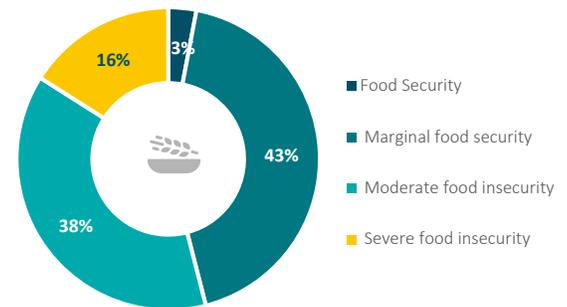
²⁶They refer to payment of services or purchase of basic elements for the home, excluding food.

²⁷World Food Program - WFP (February 2020). Evaluation of food security in emergencies (ESAE) for migrant population from Venezuela and foster homes in border departments. <https://bit.ly/3dOnTof>

²⁸Coping capacity is related to the economic vulnerability of households and the use of negative coping strategies to cope with the lack of food or money to buy it.

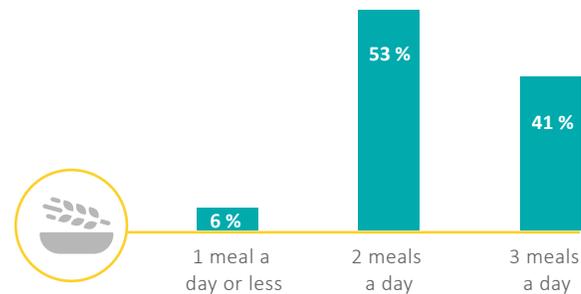
The results show that 54% of refugee and migrant households intending to stay are experiencing food insecurity. Of these, 16% are severely food insecure, that is, have extreme gaps in food consumption or suffer from extreme depletion of livelihoods leading to gaps in consumption. Another 38% of these households are moderately food insecure, as they have significant gaps in food consumption or are marginally able to meet their minimum food needs only by employing irreversible coping strategies²⁹ (see graph 41).

Graph 41. Food security index



Regarding the number of meals consumed, 59% of households intending to stay in Colombia consume two meals a day or less, which indicates that they are restricting the minimum recommended consumption of three meals a day (see graph 42).

Graph 42. Number of meals consumed by households per day



Although these two indicators give a general overview of the analyzed households' situation, the results vary according to some household characteristics or of the head thereof³⁰. It should be noted that the results do not present statistically significant differences among households with heads who identify themselves as male, female, or trans. On the other hand, some findings show differences according to the ethnicity and disability situation of the person who runs the household.

The percentage of households with severe or moderate food insecurity does not report statistically significant differences according to the ethnicity of the head of the household. However, it is worth to remark that the households where the head is self-recognized as indigenous have a significantly higher rate of households experiencing food security (47%) than those whose heads recognize themselves as part of another ethnic group³¹ (42%) or to households whose heads do not belong to any ethnic group (35%), (see graph 43). This is largely due to the fact that, among the first group, there is a significant percentage of households that declare not having resorted to negative survival strategies to access food³².

In contrast, when analyzing the number of meals a day, households with an indigenous head present the worst situation, while 8 out of 10 consume two meals a day or less. On the other hand, 69% of households whose head belongs to another ethnic group and 57% of households whose head does not self-recognize within any ethnic group consume two meals a day or less (see graph 44).

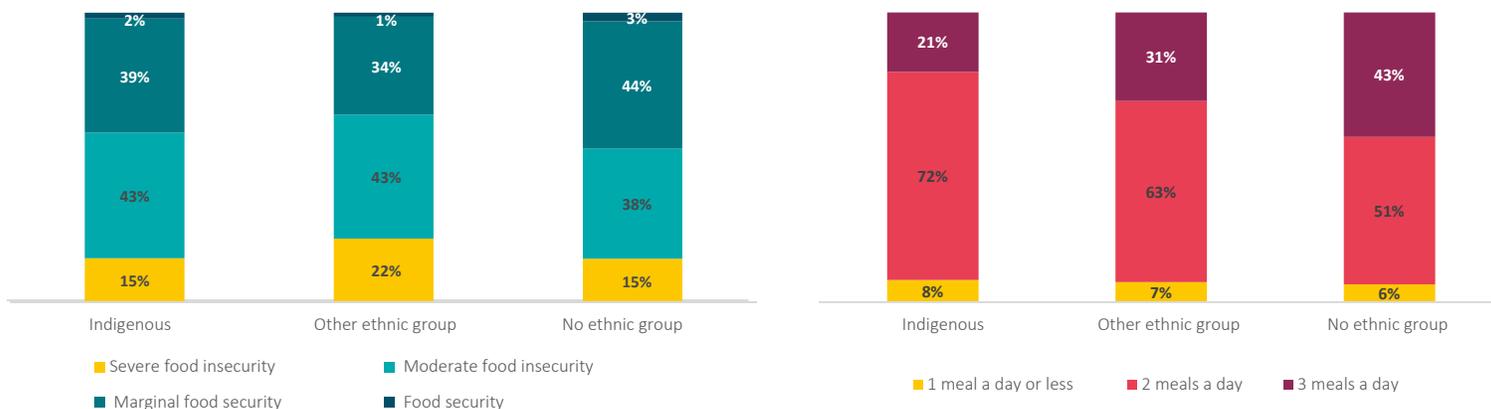
²⁹The marginal food security situation refers to the fact that the household has a minimally adequate food consumption without employing irreversible coping strategies, but is unable to meet some of the essential non-food expenses. For its part, food security represents a situation where the household is able to meet essential food and non-food needs without using negative coping strategies.

³⁰The differences between the proportions of the different groups of households were evaluated [from the z statistic](#).

³¹This category includes households where the head is recognized as Afro-descendant, black, Palenquero (a), Raizal or ROM-Gypsy (a).

³²It is important to bear in mind that households with indigenous heads or those belonging to other ethnic groups represent 12.2% of the total households analyzed (6.1% in each case).

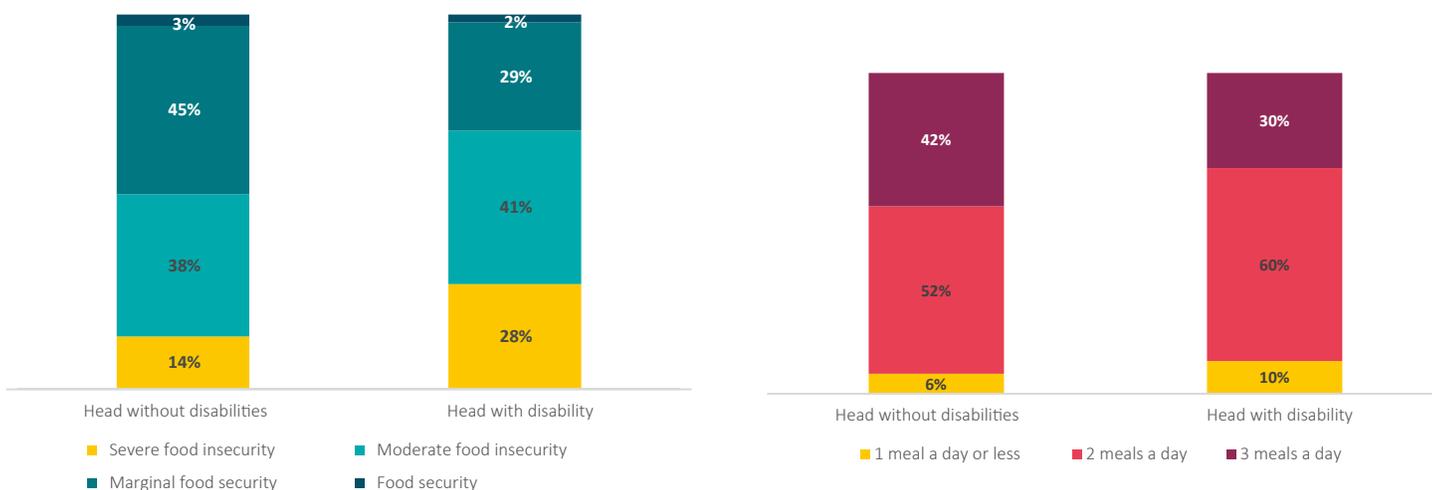
Graphs 43 and 44. Food security index and number of meals consumed by households per day, according to ethnicity of the head of household



With regard to disability, both the percentage of households with moderate food insecurity are higher when a person with a disability heads the household (see graph 45). This happens because in such households there is a higher rate of poor food consumption as well as a lower coping capacity (or a higher probability to resort to negative coping mechanisms). It means, higher economic vulnerability and higher use of emergency strategies.

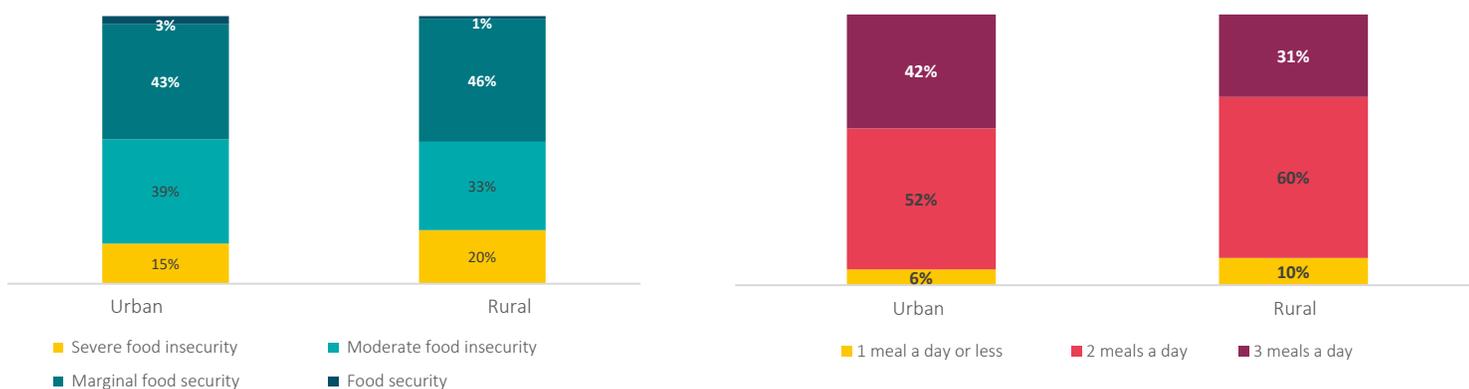
Likewise, the households whose head has a disability report a worse situation in terms of the number of meals consumed per day, than those headed by a person without disabilities: 70% of the former and 58% of the latter consume two meals per day or less (see graph 46). Although households headed by a person with a disability represent a relatively low percentage of the households analyzed (11.4%), this result confirms that these households are a particularly vulnerable group.

Graphs 45 and 46. Food security index and number of meals consumed by households per day, according to the disability of the head of the household



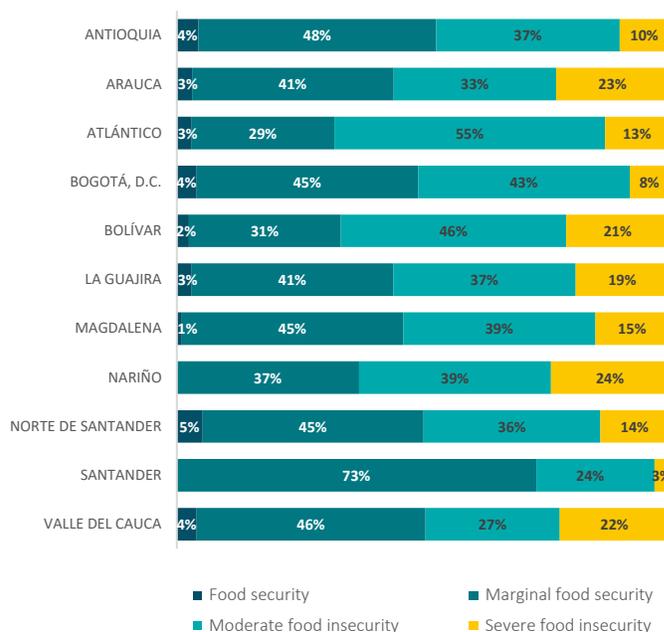
In addition to the characteristics of the head of household, the food security situation of refugee and migrant households varies according to their geographical location within Colombia³³. Regarding those who reside in rural areas, they have a higher percentage of households with food insecurity (20% severe) than those who settle in urban areas such as a city or town or its outskirts (15% severe, see graph 47). This difference is mainly related to the frequency and diversity in food consumption and economic vulnerability, since households that reside in rural areas make less use of irreversible coping strategies (emergency). Regarding food consumption, households in rural areas are also more vulnerable, as there is a higher proportion of such households that consume two meals a day or less than in the case of households in urban areas (70% vs. 58%, see graph 48).

Graphs 47 and 48. Food security index and number of meals consumed by households per day, by area of residence



When analyzing the Food Security Index for the 11 departments in which the survey is representative, it is observed that the highest prevalence of severe food insecurity, they are Nariño (24%), Arauca (23%), Valle del Cauca (22%) and Bolívar (21%), while Antioquia, Bogotá DC, and Santander are the ones with the lowest percentages of households in this critical situation. Regarding moderate food insecurity, Valle del Cauca and Santander once again stand out as the departments with the lowest rates (24% y 27%, respectively) and in the remaining nine departments statistically significant differences were not found (see graph 49). However, results from both ‘severe’ and ‘moderate’ categories show that in Atlántico, Bolívar y Nariño departments households suffer to a greater extent from food insecurity, with percentages above 60%, followed by Arauca and La Guajira with more than half of the households

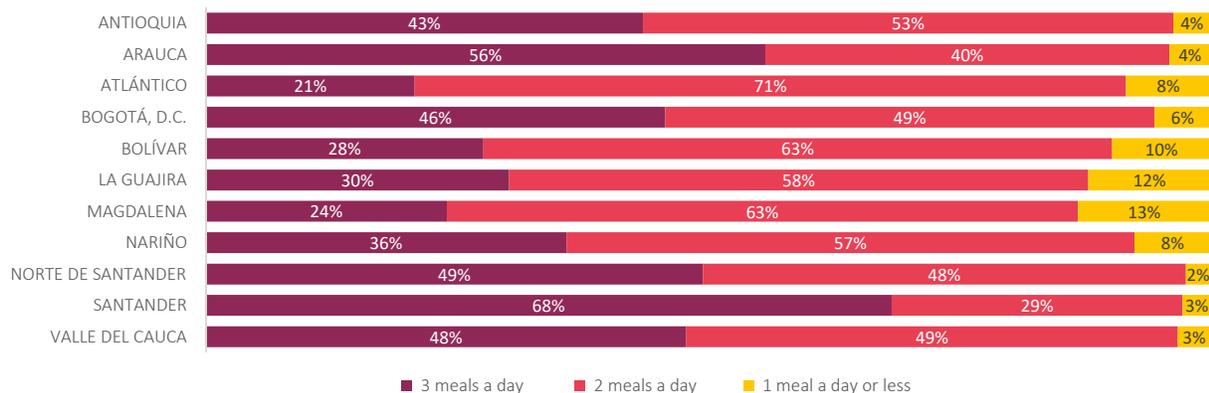
Graph 49. Food safety index by department



³³ The differences between the proportions of the different groups of households were evaluated *from the z statistic*.

Respecting to the number of daily meals, the departments of the Caribbean coast and La Guajira are the ones with the worst situation (see graph 50). The percentage of households that consume three or more meals is lower in Atlántico (21%), Magdalena (24%), Bolívar (28%), and La Guajira (30%), and, in contrast, is significantly higher in Santander (68%). The other departments show few significant differences.

Graph 50. Number of meals consumed by households per day by department



Health and vaccines

There is low coverage in health services for the refugee and migrant population: of the 2,161 households surveyed, 60% stated that no member of their household is affiliated to the Colombian health system. This low coverage is related to difficulties of access to regularization, considering that in Colombia, affiliation to the General System of Social Security in Health requires various documents that most refugees and migrants lack.

For this reason, only 23% of households have at least one member who is affiliated with the health system, from which 89% belong to the subsidized regime and 11% to the contributory regime. As a reference, according to a report issued by the Ministry of Health and Social Protection in May, 48% of the Colombian population is affiliated to the subsidized regime and 48% to the contributory regime, with 4% in the special regime (the one designated for the Magisterium and the military forces)³⁴.

At the departmental level, Santander has the lowest percentage of people affiliated with the health system (3%), followed by Arauca (5%) and Nariño (6%). The largest proportion of affiliation is reported in La Guajira, Antioquia, and Norte de Santander with 19%, 15%, and 14% of households, respectively.

Regarding vaccination against COVID-19, 94% of those surveyed expressed that no member of their household had received the vaccine at the time of data collection in June. The remaining 6% said that there was at least one person in their household who had the opportunity to access the vaccine. Of the 120 households that stated that they had a vaccinated member, 57% are households with Colombians, 18% of the households have at least one person with a PEP, and the remaining 26% are households with irregular status.

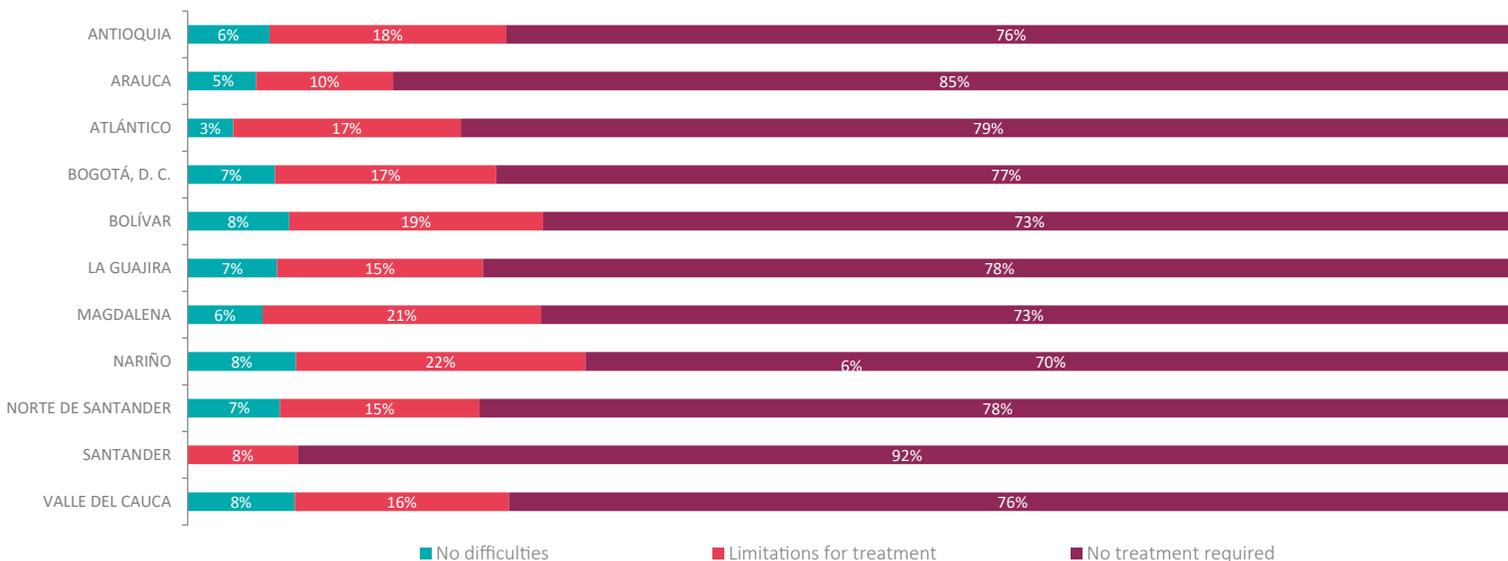
Regarding the diagnosis of chronic diseases in the refugee and migrant population, 26% of the surveyed households state that at least one of their members has been diagnosed with a chronic disease such as hypertension, diabetes, kidney disease, cancer, or HIV infection. Of these, 39% affirm that they have not been able to access medical treatment and 24% indicate that they have, but not with the required frequency. Among the main access limitations are non-affiliation to the health system (65%), the high cost of services and medicines (43%), and the lack of documentation.

Hypertension is the most commonly diagnosed disease, with 19% of the households that mentioned having required medical treatment, followed by diabetes (6%) and kidney diseases (3%).

³⁴ Ministry of Health and Social Protection Health insurance figures at May 2021: <https://bit.ly/3x6kfQf>

At the departmental level, there is to remark that between 8% and 30% of households have at least one member who has needed access to medical treatment when diagnosed with a chronic disease. The territories with the greatest difficulties in accessing medical treatment are Nariño and Magdalena, with 22% and 21%, respectively (see graph 51).

Graph 51. Access to medical treatment by department



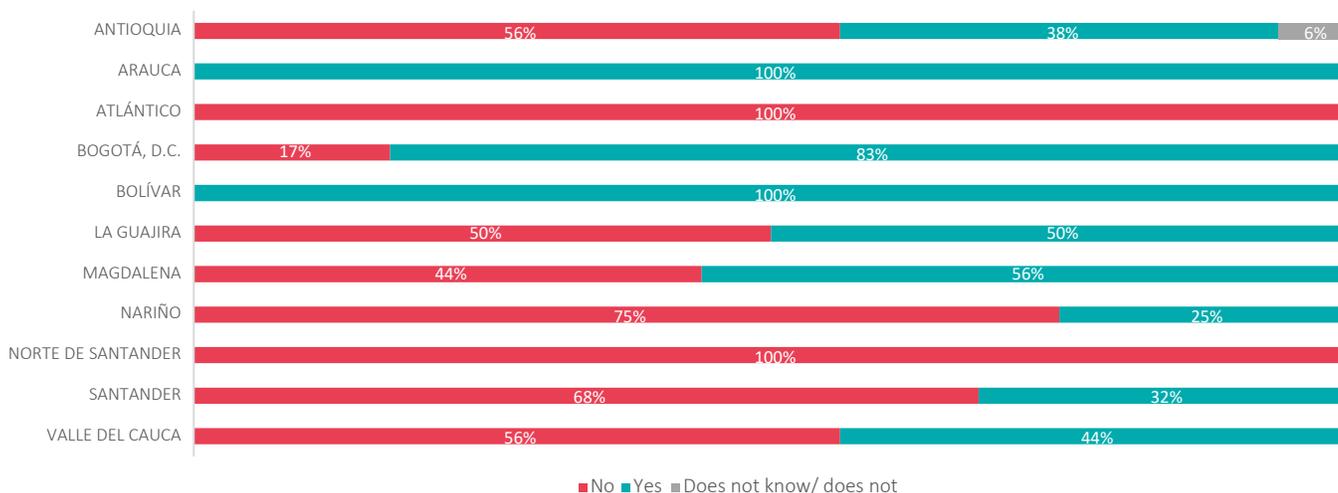
Sexual and reproductive health

In the first round of the 2021 needs assessment, 24% of the people interviewed stated that a member of the household had sexual and reproductive health (SRH) needs during the 30 days prior to the survey.

Of these people, 51% were unable to access an SRH service. Particularly, gynecology services were required by 57% of the households interviewed, of these 66% could not access the service; 34% of the households manifested needs related to

contraception services, of these 37% could not access the service; 21% of the homes required care for pregnant women, of these 43% mentioned that they did not access the service; finally, 8% expressed the need for condoms or other actions in the prevention and treatment of sexually transmitted infections (STIs) and / or HIV; of these households, 41% were unable to access the service. Graph 52 details the gaps in access to these services at the departmental level.

Graph 52. Percentage of households with and without access to sexual and reproductive health (SRH) services by department



Mental health

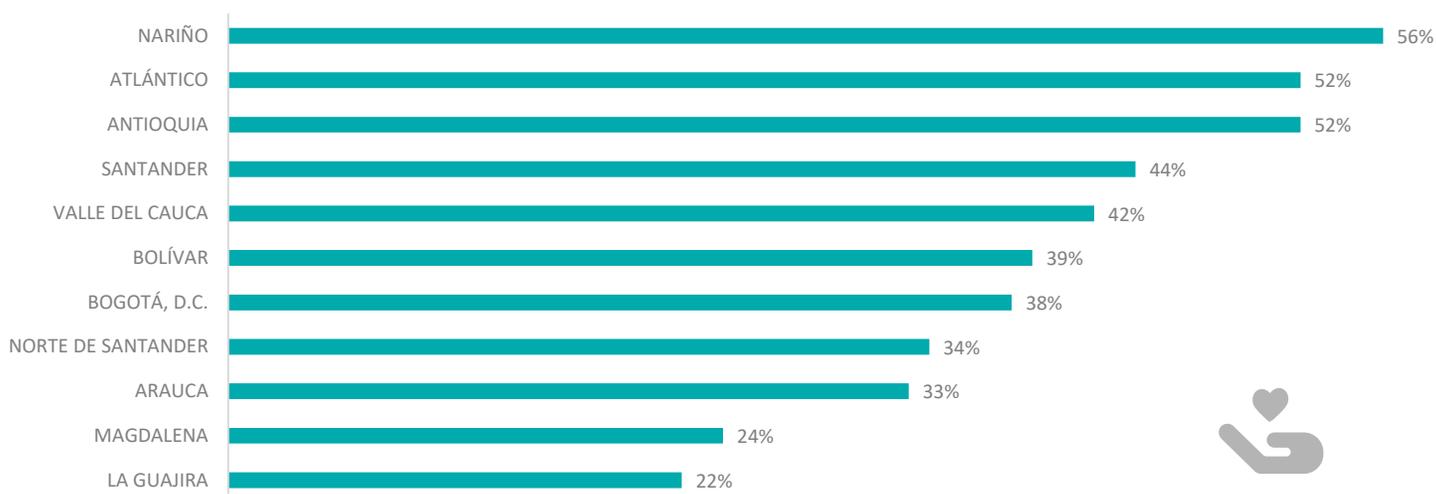
There is evidence that migration is a social determinant of health and mental health. This implies that mental health is influenced not only by individual factors but also by the economic, social, and environmental conditions in which the person finds him/herself during his/her life and throughout the migration process. Additionally, the COVID-19 pandemic poses a series of additional challenges and risks for refugees and migrants, putting their mental and psychosocial health at greater risk³⁵. Unsatisfied basic needs, the separation from support networks, and acts of discrimination have caused that a large proportion of Venezuelan refugees and migrants are at risk of developing mental illnesses such as depression, anxiety, sleep disturbances, sadness, anger, as well as the feeling of losing control of their lives³⁶.

In this round of evaluation, 38% of the people interviewed expressed that they or a member of their household had suffered anxiety, depression, crying episodes, or reduced hours of sleep during the last seven days prior to collecting the information.

20% stated that he/she or one of the members of the household had symptoms of depression, 20% anxiety, 12% indicated crying episodes, and 17% reduced hours of sleep. Detailed analysis by ethnicity shows that 56% of those who recognize themselves as Afro-descendants, 49% of those who recognize themselves as black and 21% of those who recognize themselves as indigenous have had any of these symptoms.

At the departmental level, the households that reside in Nariño, Atlántico, and Antioquia have a higher chance of having a member who has experienced some symptoms of anxiety, depression, crying episodes, or reduced hours of sleep (see graph 53). In particular, households in the first two departments have greater difficulties in accessing treatment, as well as low access to sexual and reproductive health services, water, sanitation, and hygiene (WASH) services and higher rates of marginal food security and discrimination; all these factors could be related to the results evidenced in mental health.

Graph 53. Percentage of households with at least one symptom associated with mental health problems by department



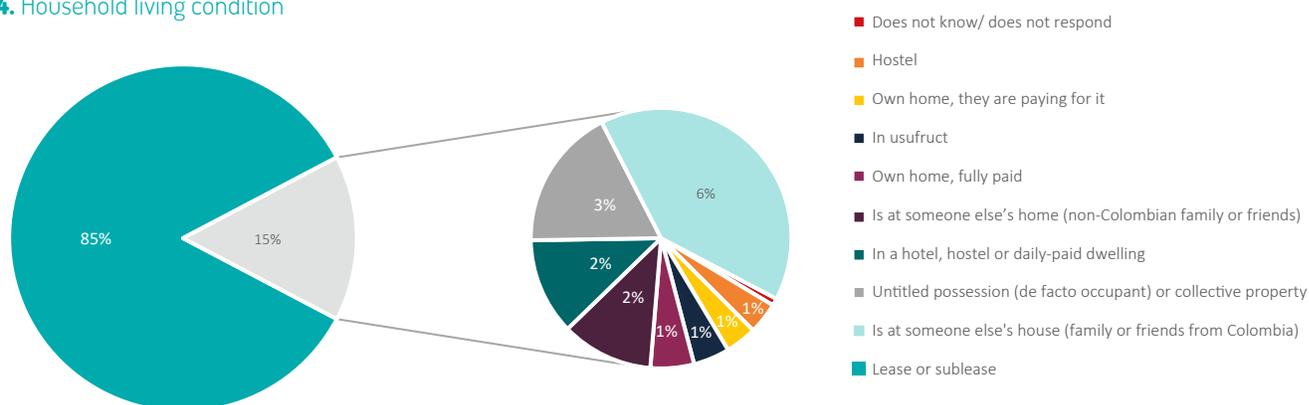
³⁵ International Organization for Migration (2020), *International Migration Magazine. Reflections from Argentina*. N° 6 IOM Argentina, Autonomous City of Buenos Aires. <https://bit.ly/3zzywGB>

³⁶ Profamilia Association and United States Office of Foreign Disaster Assistance (OFDAUSAID). *Health inequalities of the Venezuelan migrant and refugee population in Colombia. How to improve the local response within the humanitarian emergency?* Bogota, D.C. 2020 <https://bit.ly/36ZatEG>

Housing and risk of eviction

85% of the surveyed households are residing at rented or subleased places. Households that are in the home of someone else of Colombian nationality correspond to only 6%, followed by households with possession without a title, representing 3% of households (see graph 54). The situation of informal tenure (possession without title) continues to be a concern since the population that remains under these conditions implies a higher risk of eviction. This is also related to the irregular status of a significant proportion of refugees and migrants living under these conditions, related to the impossibility of providing documents that allow them to formalize contracts.

Graph 54. Household living condition



On the other hand, 36% of Venezuelan households are in a situation of overcrowding³⁷. This scenario indicates that a significant proportion of households live in precarious housing conditions that represent a low quality of life with possible negative impacts on their health caused by high risks of contagion and easy spread of COVID-19 and in their living conditions in general. This is reinforced in the Regional Survey of Evictions of Refugees and Migrants³⁸, where it was found that in most accommodation places, three or more people live together without adequate conditions, while almost 12% lived in informal settlements on private lands or public use facilities such as parks, roads, terminals, among others, which make their situation even more precarious.

During data collection in June, 31% of households declared that they were at risk of eviction and 3% responded that they did not know if they will be evicted. 85% of them (or 31% of the total households surveyed) reported that the main reason for feeling at risk of eviction is a lack of resources to pay the rent; in fact, for households that report that they have no source of income, the perceived risk of eviction is 16% higher than for those with some

source of income (47% vs. 31% respectively). This uncertainty is greater for rented or sublet homes (32% at risk of eviction, compared to 29% of homes that are not rented or sublet), which in turn are also more affected by the expiration of terms. It should be noted that 4% of the households mentioned being subject to threats of eviction by the authorities, which is consistent with the representation of households without possession of a title, indicating that the majority of households face a situation of eviction in the short term.

According to the sex of the head of the household, minor differences were evidenced regarding the motivations for considering themselves at risk of eviction: while households headed by women had greater difficulties in paying the rent (55% vs. 42% in those households with male leadership); inability to pay rent and services was more common in households headed by men than by women (34% vs. 27%). Acts of violence, abuse or sexual exploitation were the motivation of risk of eviction for a household (headed by a woman) of the total of 675 who expressed such risk.

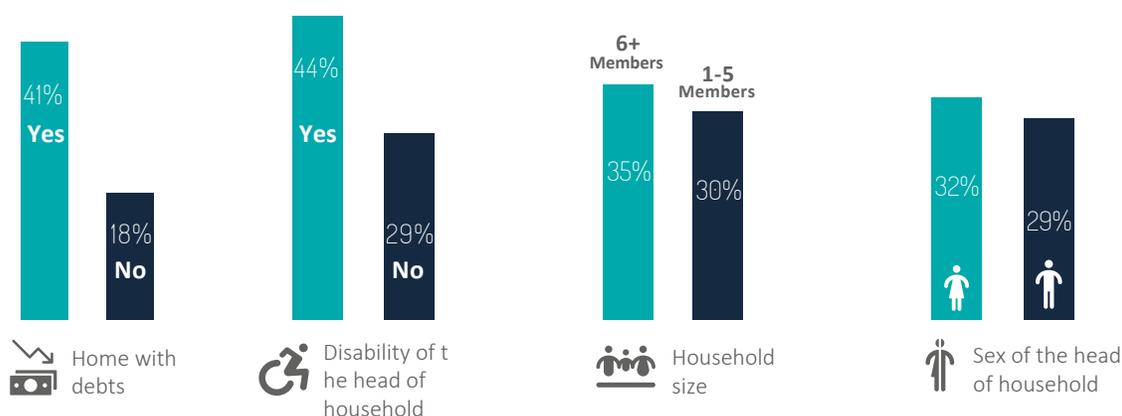
³⁷ According to the 2018 National Population and Housing Census, of the National Administrative Department of Statistics (DANE), a home is overcrowded when more than three people sleep in a room.

³⁸ Regional Protection Sector of the Regional Platform for Interagency Coordination for Refugees and Migrants of Venezuela (R4V), February 2021. Regional survey of evictions of refugees and migrants from Venezuela. Analysis of the main impacts and needs. <https://bit.ly/36XD6Ck>

Yet, analyzing the relationship between evictions and returns, 40% of households with an intention to return are considered at risk of eviction at the time of data collection, nine percentage points more than those without plans to return. Taking into account that only 6% of households that have at least one member intending to return indicate doing so because they have been evicted, it seems to be more common to return as a preventive measure than to mitigate an eviction.

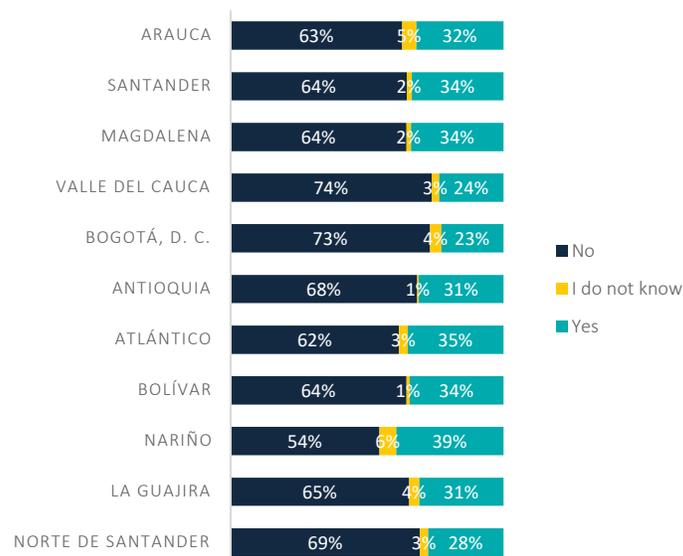
Some characteristics of the households that perceive to be at risk of eviction are the existence of debts in the household (41%), heads of household with disabilities (44%), households with six or more members (35%), and female heads of household (32%, see graph 55). This reinforces the high economic vulnerability faced by the refugee and migrant population as the main reason for instability in their housing situation.

Graph 55. % of households that are considered at risk of eviction according to some characteristics of the household



The departments with the highest percentage of households that are considered at risk of eviction are Nariño (39%), Atlántico (35%), Magdalena, Santander, and Bolívar (all with 34% representation, see graph 56); these departments host 26% of the Venezuelan refugee and migrant population, according to Migración Colombia figures³⁹. For Bogotá, the risk of eviction is 23%, an important figure when considering that the capital of the country concentrates 9% of the surveyed households.

Graph 56. % of households according to risk of eviction by department

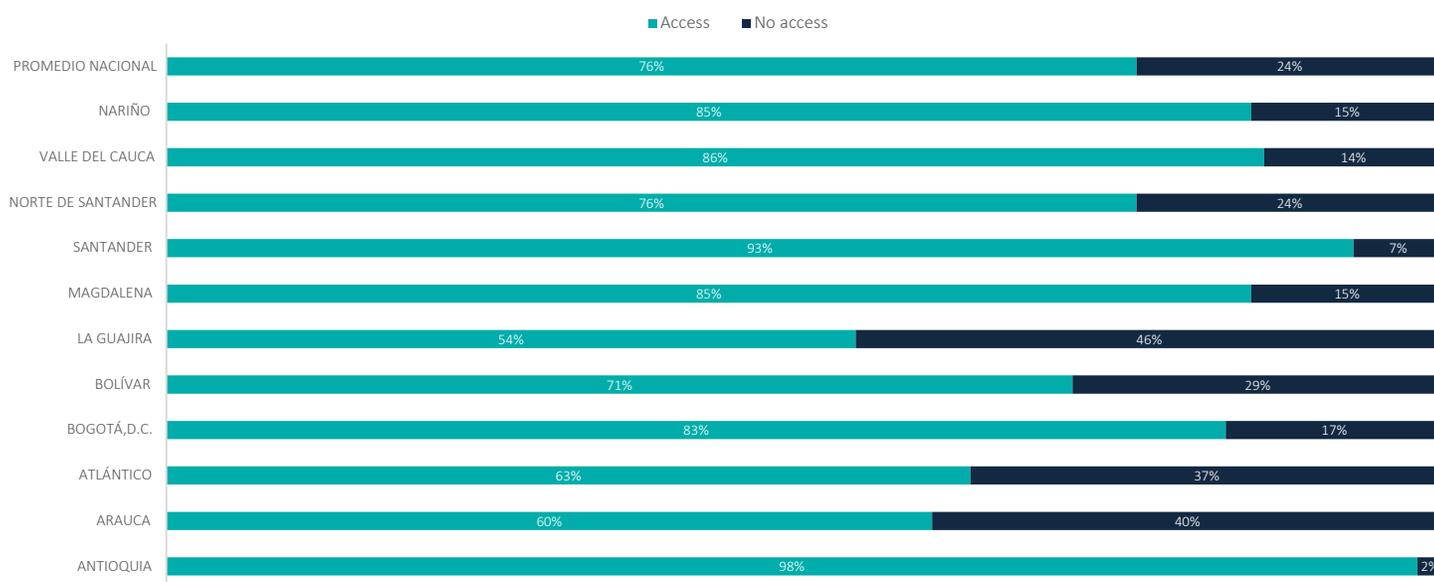


³⁹Migración Colombia Data, as of January 31, 2021.

Internet

24% of Venezuelan refugee and migrant households in Colombia do not have access to the Internet. Among those who do have access, the most widely used means is the cell phone (43% through recharge packages for their cell phone and 29% through Wi-Fi, either in their homes or those of their neighbors). The fact that about 43% of households connect through recharging means implies that this is intermittent access for households with lower income levels. Only 2% of households have permanent access to the Internet through their mobile phone (data plan), and only 0.3% connect to the Internet through a computer. The lack of permanent access to the Internet during the COVID-19 health emergency may restrict access to important information on government measures (tests, vaccination) and humanitarian aid. Furthermore, given that the schools have operated mainly virtually during the health emergency, access to the Internet is essential for the education of children and adolescents.

Graph 57. % of households according to internet access by department



When making a departmental comparison as indicated in graph 57, it is possible to observe that a few of them show a level of access considerably higher than the national average (76%), including Antioquia (98%), Santander (93%), Valle del Cauca (87%), Magdalena (86%), Nariño (86%), Bogotá (84%). On the other hand, some departments show less access than the national average (24%), such as La Guajira (46%), Arauca (40%), Atlántico (37%), and Bolívar (29%). Consequently, there are wide regional differences in access to the Internet.

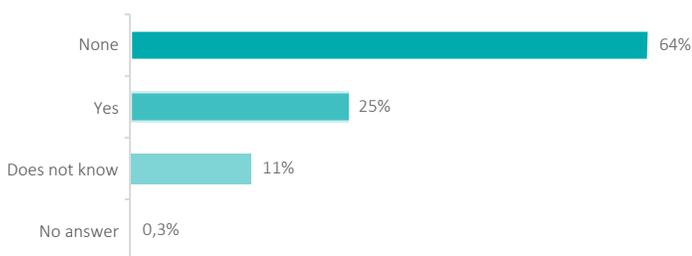
A regression analysis reveals that households living on the outskirts of a city are 9% less likely to have Internet access than households in a city. Furthermore, households that live in rural

areas are 9% less likely to have access to the Internet than households that reside in a city. Ethnicity also influences Internet access: where there is a declared ethnicity, they are 9% less feasible to have access to the Internet than households that did not report any ethnicity. Households whose head has a higher level of education are more likely to access the Internet than households whose head has a lower level of education (8 percentage points difference on average by category).

Education

In accordance with article 67 of the Political Constitution of Colombia, education is established as a fundamental right and a public service, is compulsory for children and adolescents between five (5) and fifteen (15) years of age, and will include at least one year of preschool and nine of basic education (grades 0 to 9). Given such considerations, it is inferred that for the school level following the basic one, that is, the middle school level, which includes grades 10 and 11, the ideal age is 16 and 17 years. Given the context previously exposed in the early childhood chapter (page 24), for the present analysis, the age range from 6 to 17 years is considered. Therefore, 27% of the household members listed in the evaluation are in the age range between 6 and 17 years of age⁴⁰.

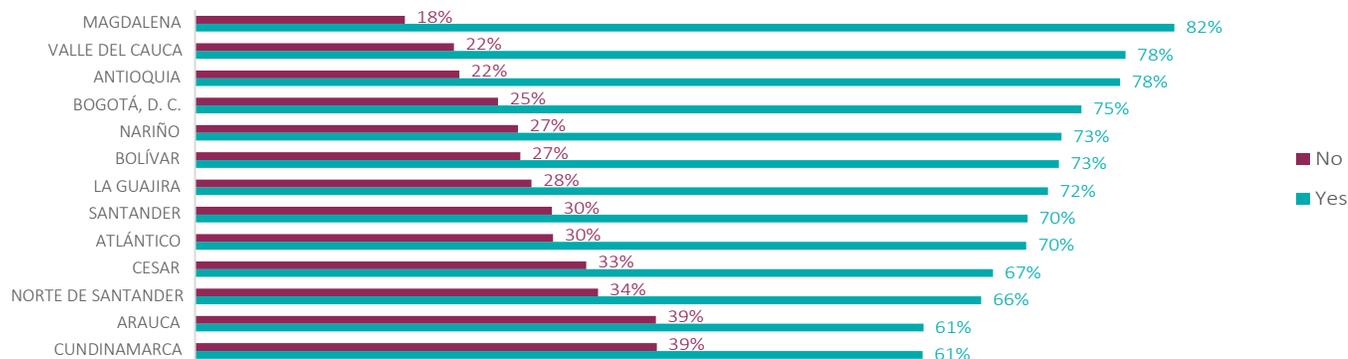
Graph 58. Is he or she (children of 6 - 17 years old) currently enrolled in preschool, school, or college?



When analyzing the state of attendance to the educational system of children and adolescents in the range of 6 to 17 years,

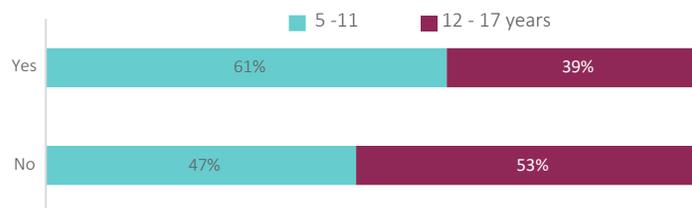
The analysis reveals that Arauca and Norte de Santander were the departments with the highest percentage of children and adolescents between 6 and 17 years of age who are not enrolled in preschool, school or college, in contrast to Magdalena (82%), Valle del Cauca (78%) and Antioquia (78%), which report outstanding indicators compared to the registered population (see graph 60).

Graph 60. Access to education for children between 6 and 17 years of age by department



it is found that 64% are currently enrolled in preschool, school, or college, 25% affirmed not being enrolled. On the other hand, 11% did not report, and, finally, 0.3% indicated that they did not want to answer the question (see graph 58).

Graph 59. Are children (6 - 17 years old) currently enrolled in preschool, school, or college?

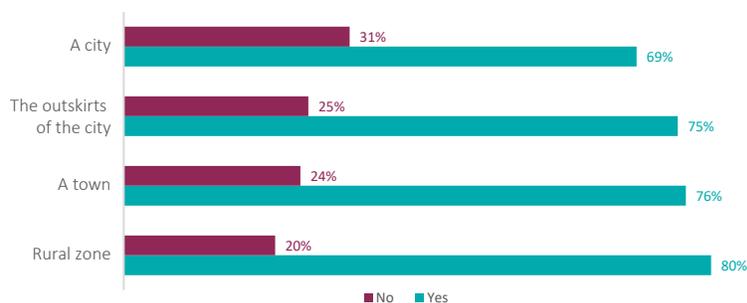


Regarding the enrollment of children and adolescents between 6 - 17 years of age in preschool, school, or college, graph 59 indicates that the population that indicated that the children and adolescents of the household were enrolled: 61% are in the age range of 6 to 11 years and the remaining 39% between 12 to 17 years. In contrast, for the non-registered population, the proportion is higher in the age range of 12 to 17 years with 53%, compared to 47% of children and adolescents between 6 and 11 years. For the total of children and adolescents between 6 and 17 years of age who mentioned not being enrolled in preschool, school, or college, 53% correspond to boys and 47% to girls.

⁴⁰ The Colombian Ministry of National Education defines the age ranges for care as follows: Transition (5 years), Primary (6 to 10), Secondary (11 to 14), Middle (15 to 16) and Superior (17 to 21). Article 29 of Law 1098 (Code of Childhood and Adolescence) establishes that early childhood is the stage of the life cycle in which the bases for the cognitive, emotional and social development of the human being are established and includes the population group ranging from zero (0) to six (6) years of age.

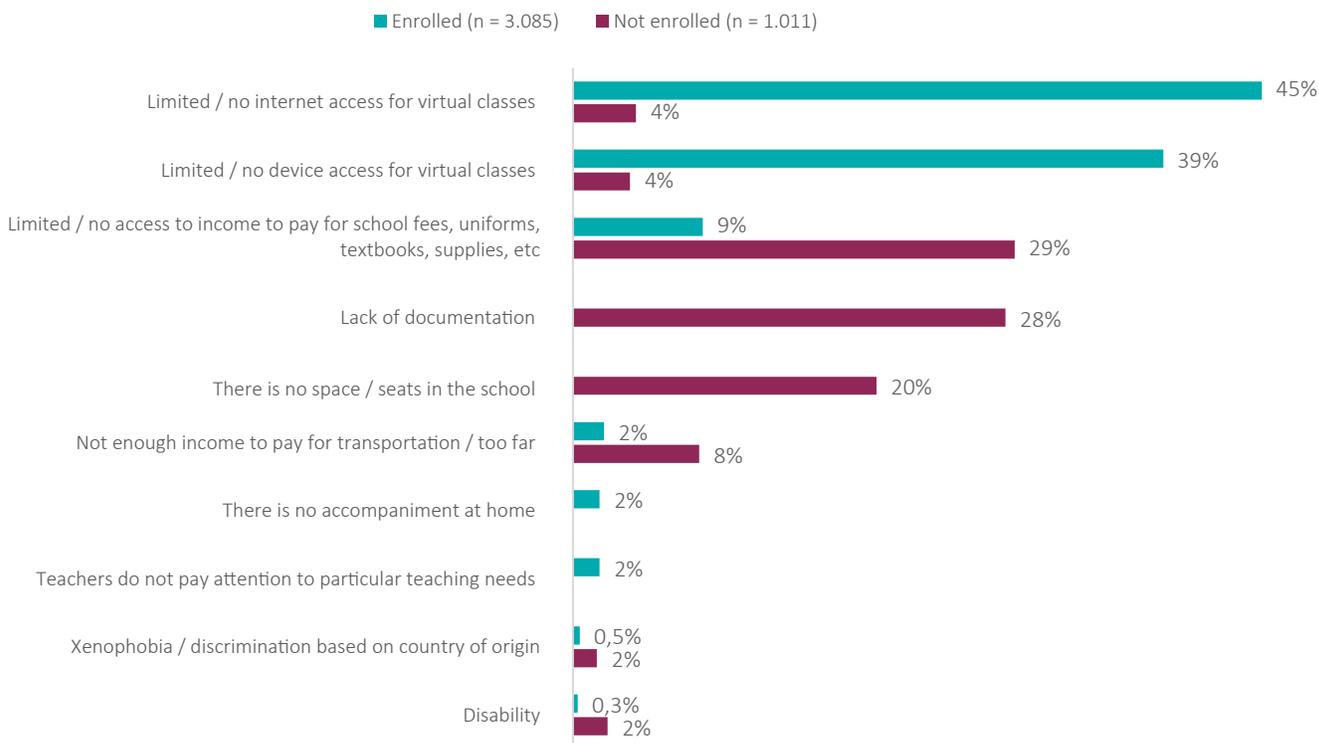
Regarding the access to education of children and adolescents from 6 to 17 years of age according to their area of residence, it is highlighted that of the total population residing in the city, 31% are not enrolled in preschool, school or college, whereas of the total population living on the outskirts of the city, 25% are not registered; for those who reside in a town 24% are not registered and finally, of the total who live in rural areas, 20% are not registered (see graph 61).

Graph 61. Access to education for children and adolescents (6 - 17 years old according to area of residence



For Venezuelan refugee and migrant households, the COVID-19 health emergency has been an additional challenge to guarantee that children and adolescents have access and effective enjoyment of their right to education and protection since they are the ones who are most exposed to risks of protection, emotional affectations and conditions of vulnerability due to the change in educational models- virtual and tele-assisted.

Graph 62. Main barriers for the development of learning of children and adolescents between 6 - 17 years of age - enrolled vs. not enrolled in preschool, school, or college⁴¹



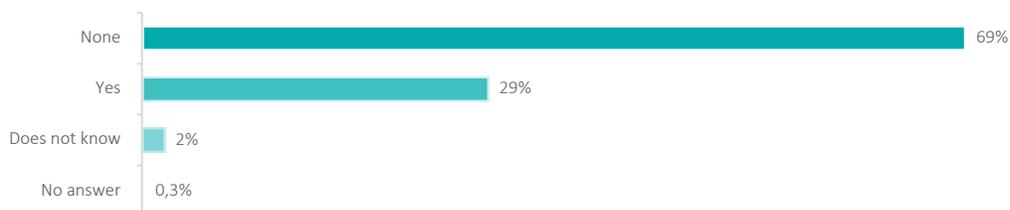
⁴¹In the options where there is no response for one of the groups, this is because the option does not apply to that group.

As indicated in graph 62, 45% of the people surveyed who reported having children between 6 and 17 years old who are enrolled in preschool, school, or college indicated limited access to the internet for virtual classes as the main barrier to their education, 39% indicated limited access to devices for virtual classes as a barrier. In other words, 84% of the children and adolescents have been affected by the lack of adequate tools (connectivity and electronic equipment) that allow their access to education implemented through these methodologies and facilitate their learning processes. On the other hand, for those who are not enrolled in preschool, school, or college, 29% report that there is not enough income to pay school expenses, uniforms, textbooks, materials, etc.. In comparison, 28% pointed out the lack of documentation as a barrier to access (which is

confirmed with 81% of the children and adolescents who are not enrolled in educational institutions as they lacked identity documents), and 20% indicated that there is no space at school.

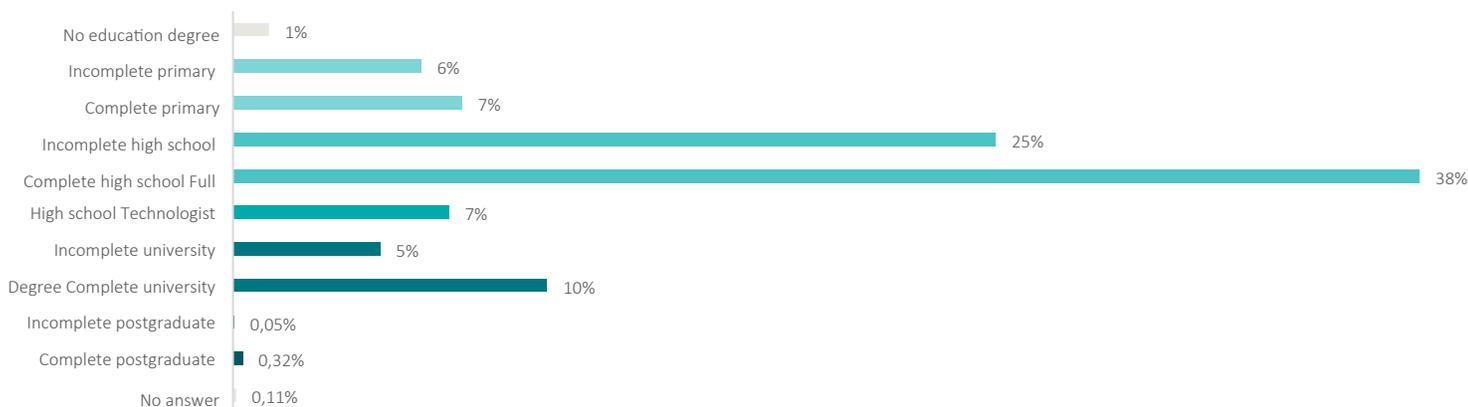
However, considering the previous analysis, it should be noted that the education regulations issued by the Colombian Government in response to the situation of refugee and migrant children and adolescents include actions of free education and validation of the schooling of children and adolescents, which is why preschool, basic and secondary education establishments will not be able to charge for academic rights or complimentary services. On the other hand, they cannot deny enrollment due to the lack of documentation.

Graph 63. Possession of identity documents by children between 6 and 17 years of age



Having relevant documentation let children and adolescents normalize their situation and access the Colombian educational system; it also helps them to be included in focus groups that allow them to support in terms of access and permanence, promoting educational continuity towards secondary education, higher education and/or to have better knowledge and abilities to start their laboral life. As shown in graph 63, 68% of children between 6 and 17 years of age do not have an identity document, 30% do, 2% say they do not know if they have it, and 0.3% do not respond to the query. Among those who do not have an identity document, 60% are in the range of 6 to 11 years and the remaining 40% between 12 to 17 years.

Graph 64. Educational level of heads of household, according to the last level of education attained



Regarding the educational level of the people surveyed who indicated that they were heads of household, it is observed the highest proportion corresponds to the population with a completed high school with 38%, followed by an incomplete high school (25%). On the other hand, 7% have indicated they have completed primary school and 6% have incomplete primary school. In relation to higher education training levels, 10% of those surveyed recorded information on their last degree of education achieved by having a completed university degree, 7% indicated that they were technologists, and 0.32% reported having a postgraduate degree complete, finally, 1% indicated not having some degree of education (see graph 64).

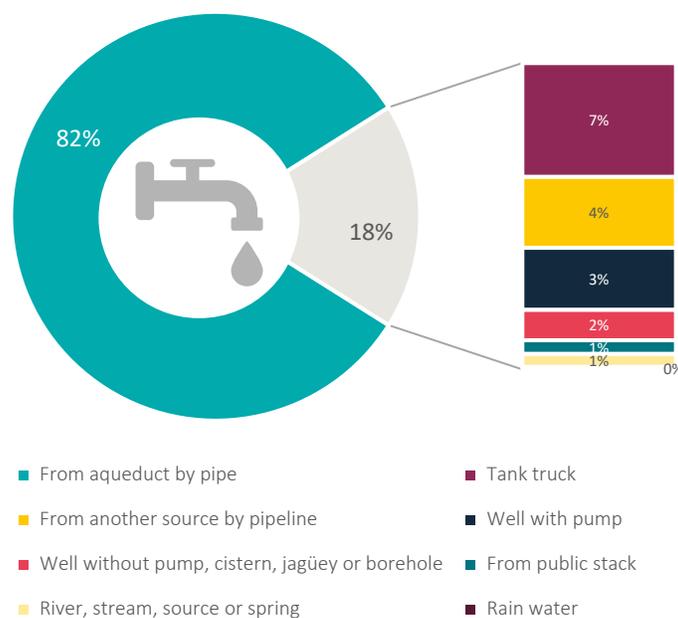
When analyzing the relationship between the last educational level of the heads of household and the presence of members between 6 and 17 years old who are not enrolled in preschool, school or college in such households, it was found that 46% of the heads of household who have members between the ages of 6 and 17 who do not attend school have not completed their high school education cycle.

Water, sanitation, and hygiene

Access to water for human consumption within the refugee and migrant surveyed households comes mainly from piped aqueducts or other piped sources, representing 86% of the total sample. However, in terms of quality, 25% of these households stated the water they consume is bad or fair, particularly because it has an odor, color or taste. Given its availability, 20% of the households that obtain water from the aqueduct, through pipes, or from another source through pipes, have water only three days a week or less and within these, 22% have pregnant or lactating women as members, which can have negative impacts on the conditions of this particularly vulnerable population group.

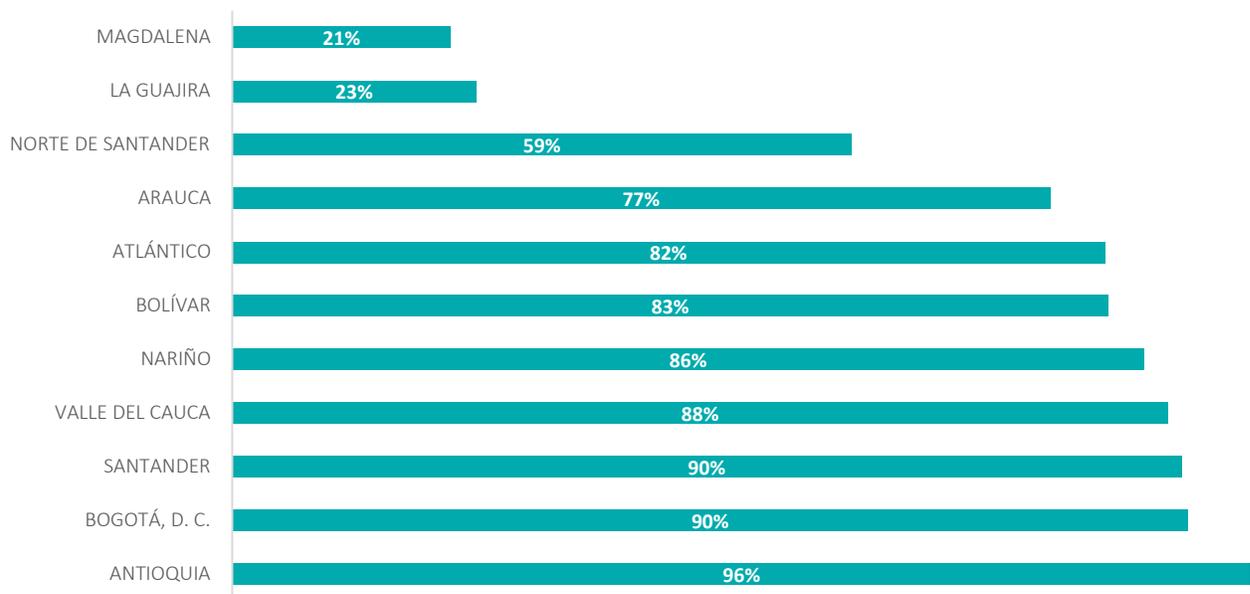
The remaining 14% of households access water resources for human consumption from sources such as: rainwater, tank cars, public basins, wells with a pump, wells without a pump, cistern, borehole or from a river, stream, source or spring (see graph 65). It is important to highlight that of the total number of households that have to collect water, 69% have women as heads of household. Also, 27% of the interviewed heads of households who must undertake the water collection process spend more than 30 minutes, including waiting time in line.

Graph 65. Sources of access to water in households



The gaps at the departmental level in relation to access to water from the aqueduct through pipes, and from other sources through pipes, show that in La Guajira and Magdalena, only 51% and 55% of households respectively have such infrastructure. It is of special concern that only 23% and 21% of the households surveyed in these departments indicated they had access to water more than three days a week, even though the water for human consumption comes from the sources mentioned above. On the other hand, it is important to mention that, although in Norte de Santander, 92% of households reported having piped water, only 59% have it more than three days a week (see graph 66).

Graph 66. Percentage of households that obtain water for human consumption from the aqueduct through pipes and other sources through pipes and that have water more than three days a week, by department



Considering the population profile, households made up of Venezuelan refugees and migrants only, are those who use tank truck supply as their second option for access to water for human consumption.

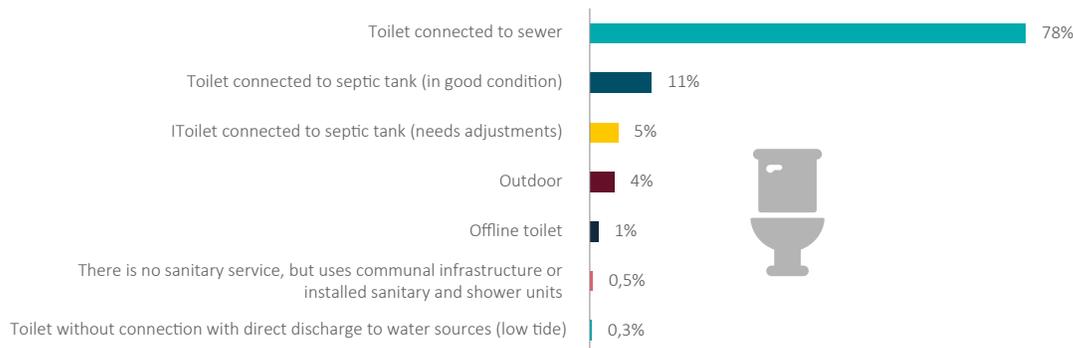
In La Guajira, particularly for the surveyed households self-recognized as indigenous, the trend towards obtaining water differs in comparison to the data of the rest of the departments and the national average, since the main means of accessing water for human consumption is through tank trucks (21%), followed by access by means of a well with a pump (27%), a well without a pump, a cistern, a lagoon or a borehole (15%), and an aqueduct through a pipeline (15%). This is related to the context and structural limitations of access to water in La Guajira. It was also evidenced that in the households that must collect water, 9% of the heads of households have some type of disability or

physical limitation, and of these households, 20% self-recognized as indigenous.

In relation to the adequate disposal of human waste, 12% of the surveyed households (most of them female-headed households) do not have adequate infrastructure. 5% indicated having a connection to a septic tank that needs to be adjusted, and 4% of the surveyed households stated they had open defecation practices, while the remaining 3% corresponded to households with an unconnected toilet, a toilet with direct discharge at low tide or households without sanitation services that use communal infrastructure (see graph 67).

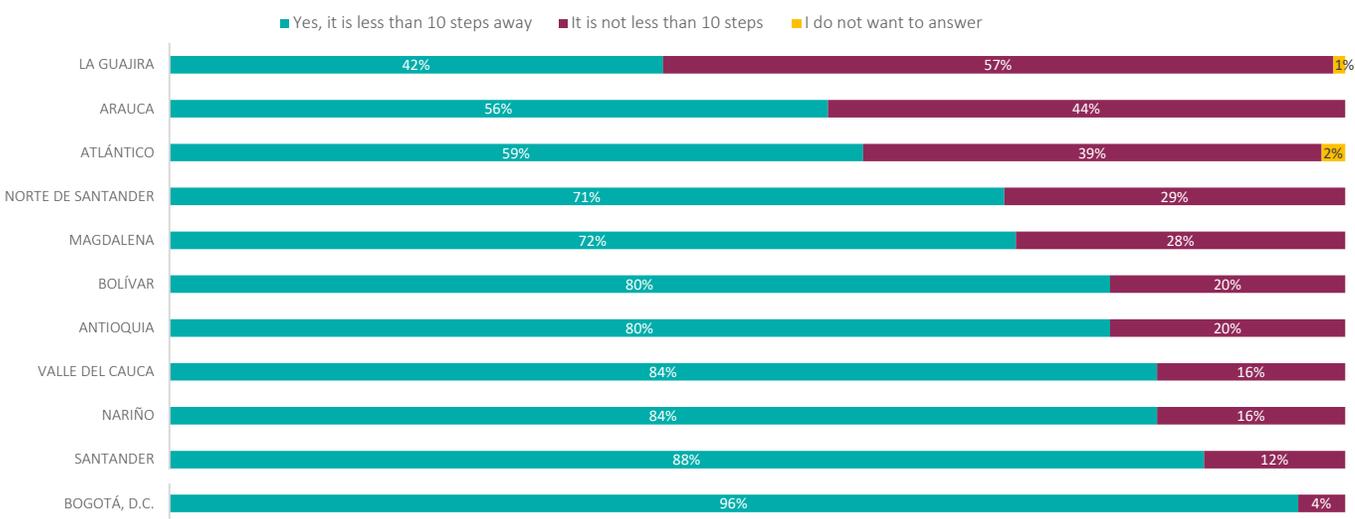
These deprivations can have health implications due to contamination of water sources and vector-borne diseases.

Graph 67. Health service used by the home

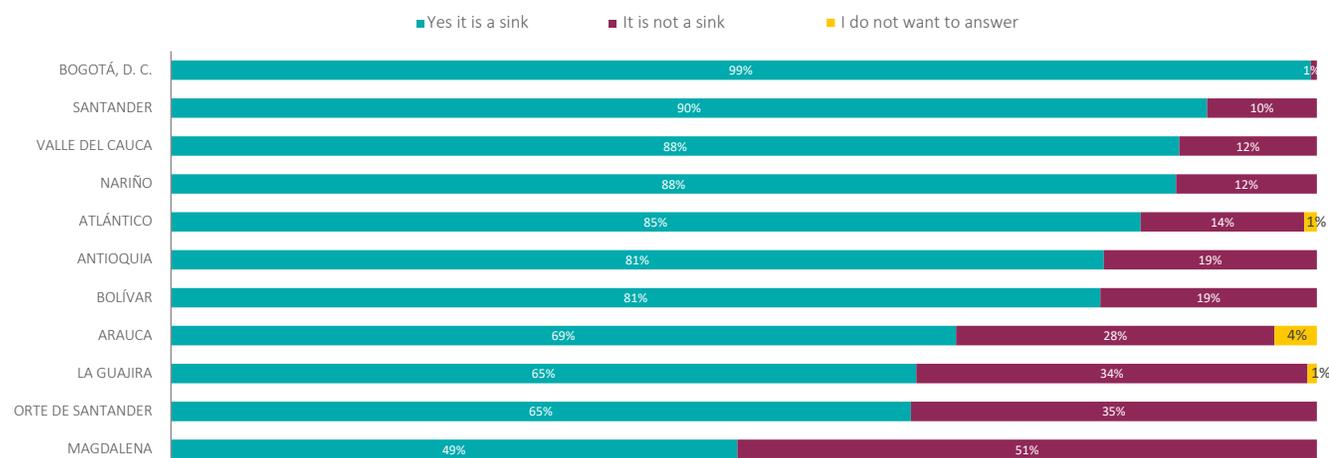


Given the continuity of the COVID-19 health emergency, it is relevant to emphasize hygiene practices. Although 92% of households affirmed handwashing is done with soap and water, it is striking that 28% of the total surveyed households indicated they did not have a hand-washing facility available within ten steps of the toilet or latrine (see departmental detail in graph 68). From the sectoral perspective, not complying with this condition somehow limits the hygiene practices that should be carried out after the use of latrines or toilets. Additionally, 21% of the households indicated they did not have a sink, and pointed out they mostly use sinks, dishwashers, and punch bowls for handwashing (see departmental detail in graph 69).

Graph 68. Percentage of households with a facility within ten steps of the toilet/latrine to wash hands, by department

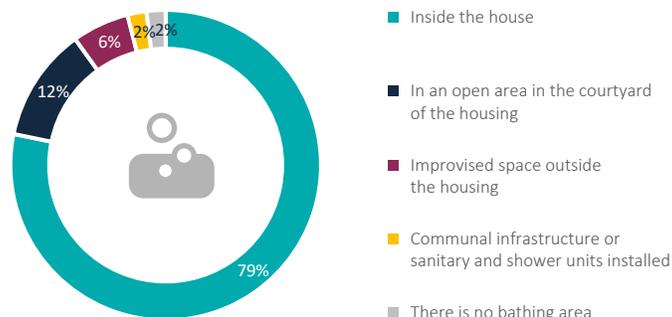


Graph 69. Percentage of households that have a hand washing facility as a sink, by department

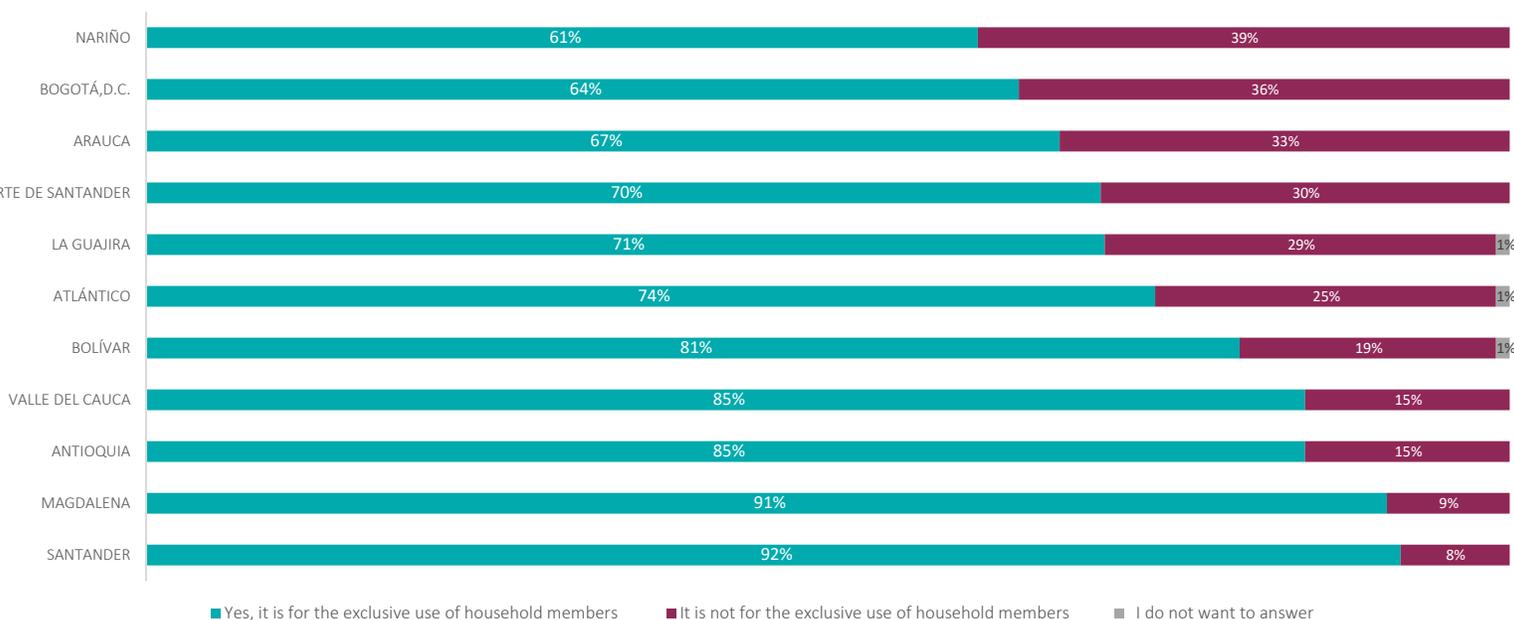


When inquiring about the place where children, adolescents, and women perform their body hygiene, 79% of households indicated it is done inside their homes. However, 20% of those households share its use, which implies protection risks. In this sense, it could indicate that approximately 41% of households do not have adequate or exclusive space for body hygiene (see graph 70). Regarding the exclusive use of showers and bathrooms, 75% of households have such exclusive use; however, the proportion varies at the departmental level, ranging between 61% and 92% (see graph 71).

Graph 70. Places used for body hygiene of children and adolescents and women



Graph 71. Exclusivity of use of showers and toilets among household members



When consulting about menstrual hygiene conditions, pads are the most used item, but only 37% of the households where girls and menstruating women live have a facility for washing their hands less than ten steps from the latrine or toilet, as well as exclusive use of showers and toilets. In addition, 3% of households stated they did not have access to supplies to attend to the menstrual period of women within the home.

From the number of women in the surveyed households that mostly use pads, 14% of them have water less than three days a week, 77% have water more than three days a week, and 9% have water three days a week. This implies that, despite access to menstrual hygiene mechanisms, limitations regarding the availability of water prevent an optimal setting for this hygiene.

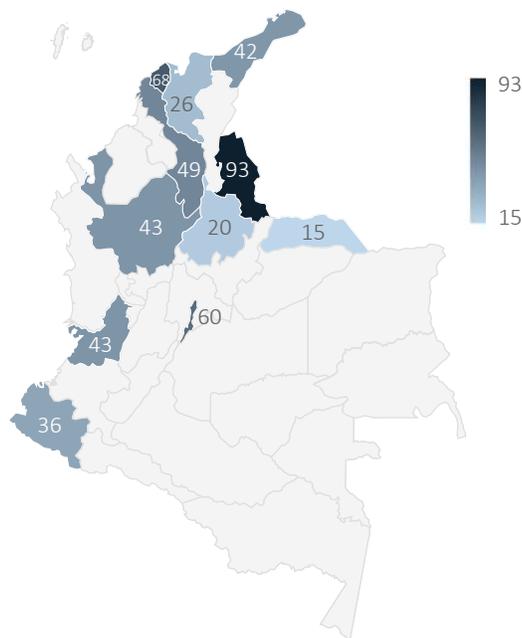
7 PROTECTION RISKS

Discrimination

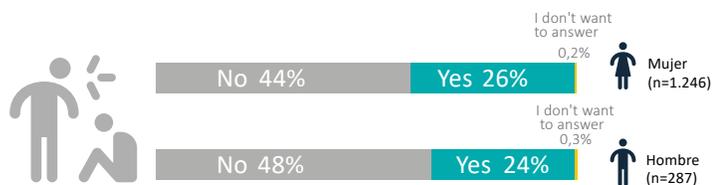
26% of the surveyed household members answered they had suffered discrimination based on their nationality in the last year (see graph 72). A regression analysis found there is no significant difference between the total number of women (26%) and the total number of men (24%) who answered affirmatively. Neither of the two trans people surveyed responded having felt discrimination due to their nationality. Regarding the place or situation in which people experienced discrimination, the street was pointed out by 69% of those who answered "Yes", 37% indicated that they experienced these episodes while looking for a job, 19% in their workplace, and 9% in public institutions, on public transport or when seeking access to healthcare. Another group of people indicated they had also been discriminated against when looking for a rented housing option, which is especially important since one of the consequences of the health emergency was precisely the possibility that refugees and migrants were evicted⁴².

When comparing the data by department, it is possible to find that the departments of La Guajira (14%) and Arauca (15%) -which are entry points for refugees and migrants- are considerably below the national average, while other departments, such as Atlántico (44%), Bolívar (30%) and Bogotá (30%) report a larger percentage of people who **have felt discriminated, above the national average (see map 3)**.

Map 3. In the last year, have you suffered any discrimination because you are Venezuelan? - "Positive" results by department



Graph 72. In the last year, have you suffered any discrimination because you are Venezuelan? - by sex



⁴² Migración Colombia Data, as of January 31, 2021.

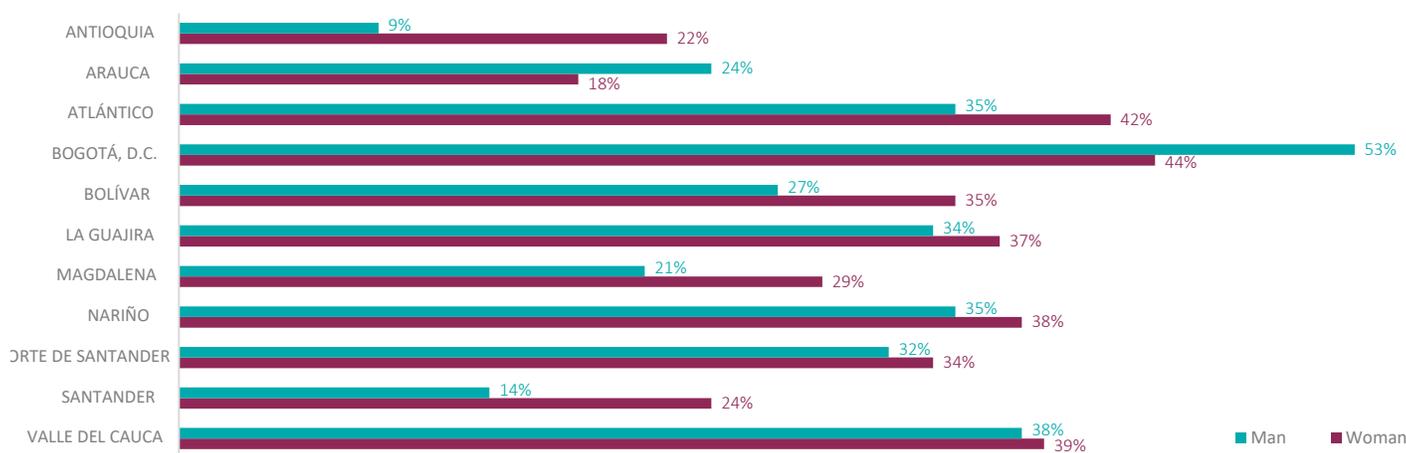
A regression analysis revealed that people living in rural areas are 16% less likely to have suffered discrimination this year than people living in cities (controlling other variables such as sex, household profile, ethnicity, department, time in Colombia, and level of education). In addition, it was found that households with higher incomes are less likely to have suffered discrimination in the last year than households with lower incomes, with an average of 5% less likely by income category (without controlling for other variables).

Security

33% of those surveyed affirm that there are places in the neighborhood where they do not feel safe during the day. There is a slight difference between the number of women who answered affirmatively (34%) in comparison to men (32%). The places where people feel most unsafe are the street (75%), households (25%), parks (22%), places to wait for public transport (12%), markets (7%), places where alcoholic beverages are sold or for sexual commerce (6%) and schools, hospitals or police stations (<0.1%). Statistics at the national level show a sustained increase in different forms of violence against the Venezuelan population, going from a record of homicide cases in 2019 from 508 to 603 in 2020, where 76% (530) of these cases, men were the main victims⁴³.

At the local level, seven departments are above the national average (33%): Bolívar (34%), Norte de Santander (34%), La Guajira (36%), Nariño (37%), Valle del Cauca (38%), Atlántico (41%), and Bogotá (46%). It should also be noted that there are some departments (Atlántico, Antioquia, Santander, Bolívar, Magdalena) in which the gap between men and women who feel unsafe somewhere in their neighborhood widens. Only in Bogotá and Arauca, men perceive greater insecurity than women (see graph 73).

Graph 73. Are there places in the neighborhood/area where you don't feel safe during the day? - Answers different to "No", by sex of the person interviewed and department

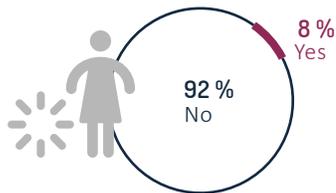


A regression analysis indicates people living in rural areas are 7% less likely to feel insecure than those in cities (controlling the sex, household profile, ethnicity, department, years in Colombia and educational level variables). Additionally, households with higher incomes are less likely to have places where they feel unsafe, than households with lower incomes: an average of 8% less per income category (not controlled by other variables).

⁴³ National Institute of Legal Medicine and Forensic Sciences. Preliminary figures of injuries of external cause Colombia. Year 2019, 2020.

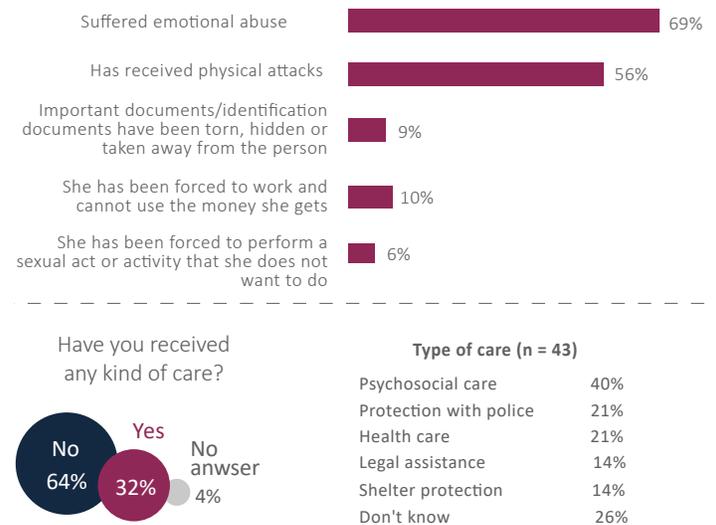
Gender-Based Violence (GBV)

Graph 74. Do you know any woman, girl, trans person, or non-binary person from Venezuela who is in Colombia and who this year has experienced any of the following situations from her partner, ex-partner or a relative, or another close person? (n = 1,734).



8% of the people surveyed reported knowing a woman, girl, transgender, or binary person who has been the victim of some type of gender-based violence by their partner, ex-partner, a relative, or other known or unknown person during 2021. The most frequent situations of gender violence reported are emotional abuse (69%)-the highest percentage among the different types of violence-, and physical violence (56%). According to the National Institute of Health (INS), gender violence in foreigners of Venezuelan nationality continues to increase, the total of cases presented for both sexes in 2019 was 2,355, rising by 2020 to 4,185 with a total of 4,185 cases, wherein 80% (3,345) of these cases the main victims are women⁴⁴.

Graph 75. Types of violence identified, and the care received by surviving women, trans people and non-binary people from Venezuela, according to people who know any GBV (n = 140)



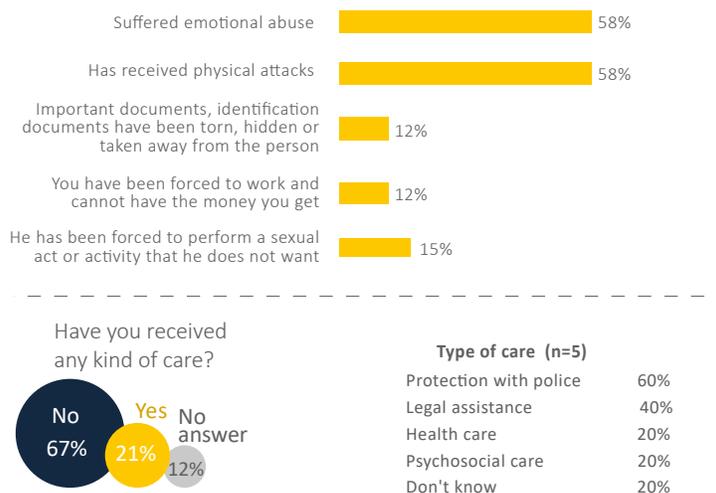
The population indicates (26%) not having knowledge of the type of care received by women, girls, trans and/or non-binary people in these situations of violence, followed by those who indicated that people received psychosocial care (20%), as well as protection by the national police (21%) and health care (21%).

Graph 76. Do you know any Venezuelan man, child, trans person or person who is in Colombia and who this year has experienced any of the following situations for their partner, ex-partner or a relative, or another close person? (n = 390)



As shown in graph 76, 7% of the people surveyed affirm that in the last year they knew a man, child, trans person or person from Venezuela who experienced a situation related to emotional abuse (in 58% of the cases), physical aggression (in 58% of the cases), followed by sexual violence (with 15%). The type of care received in these situations was mostly health care, 40%, and psychosocial care, 20% (see graph 77).

Graph 77. Types of violence identified, and the care received by surviving Venezuelan men, children, or trans people, according to people who know of any GBV case (n = 26)



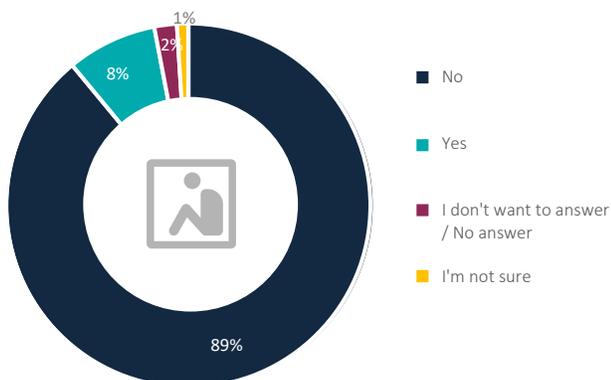
94% of the people surveyed reported not having carried out any risky activity in the last 30 days. The remaining respondents (6%) stated that they had performed activities that had put their dignity, health, safety or life at risk. However, given its scope, the present study does not give enough elements to identify a relationship between the development of forced activities or sexual exploitation or sex for survival within the household (for more information on this question, see section VII: Coping mechanisms).

⁴⁴ ídem.

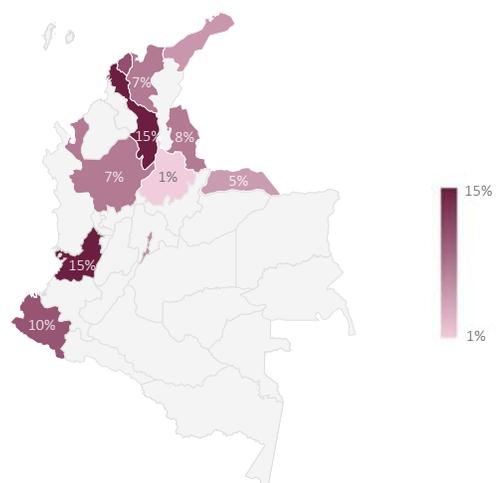
Risk of human trafficking and smuggling

In order to identify risks of human trafficking and smuggling, this questionnaire included two questions addressed to heads of household, which allow the first approach to this sensitive issue.

Graph 78. During your stay in this country, has your freedom and/or free mobility been limited while performing any activity?



Map 4. During your stay in this country, has your freedom and / or free mobility been limited while performing any activity? - "Yes" answers by department



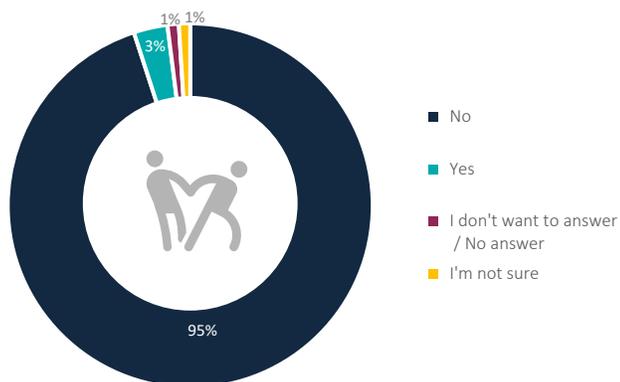
In the first place, 9% of the respondents stated that their freedom and/or their freedom of movement had been restricted for some reason while performing any activity, indicating a potential risk of human trafficking. 2.3% of the population answered they did not want to answer, were not sure, or did not answer (see graph 78). It is necessary to emphasize these types of questions can be answered negatively or not answered, due to people's fear of the possible consequences, due to the high sensitivity of the subject, to avoid related problems, or even because they may not be fully aware of having been exposed to a situation in which they have no possibility of voluntarily withdrawing.

It should be noted that there may be a bias in this question because mobility was affected by events that were prior to the application of the survey and that people could associate when answering the question, such as confinement in the context of the COVID-19 health emergency or the Colombia National Strike, which took place between May and June 2021, in the weeks prior to the data collection.

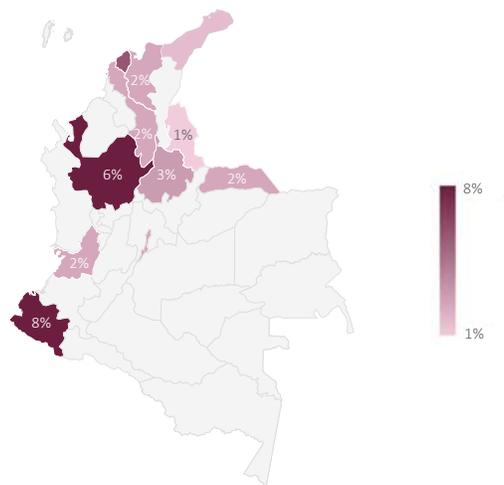
(15%), Valle del Cauca (14%), Atlántico (11%), and Nariño (10%). Likewise, a logistic regression analysis found that people in Santander are 16% less likely to feel their freedom of mobility restricted, compared to people who live in Bogotá. In contrast, people who live in Valle del Cauca or Bolívar are 6% more at risk of feeling restricted in their mobility freedom than those in Bogotá (controlling the sex, household profile, ethnicity, years in Colombia, and level of education variables).

Regarding the analysis at the territorial level, as indicated by Map 4, four departments are above the national average: Bolívar

Graph 79. During your stay in this country, have you or any member of your household felt threatened or forced to carry out any activity against your will?



Map 5. During your stay in this country, have you or any member of your household felt threatened or forced to carry out any activity against your will? – “Positive” results by department



Second, 3% of those surveyed stated that they or other members of their household had felt threatened or forced to do something against their will, which could indicate a risk associated with human trafficking, and it would be important to deepen and contrast with other sources of information. Likewise, 1.8% said they were not sure or did not want to answer this question (see graph 79), possibly indicating a latent risk of human trafficking, since as mentioned above, there are many factors by which people they prefer not to respond or indicate not being sure.

As evidenced in map 5, three departments showed a result higher than the national average of 3%, which are: Nariño (8%), Antioquia (6%) and Atlántico (5%). Nariño and Atlántico were also above the national average in the question on restriction of freedom, so it is necessary to consider the situation at the local level, contrasting this information in a particular way in each department. A regression analysis found out people from Nariño, Antioquia, and Atlántico are approximately 5% more likely to have felt threatened or forced to carry out activities than people from Norte de Santander (controlling sex, household profile, ethnicity, years in Colombia, educational level and type of area variables).

8 COPING MECHANISMS

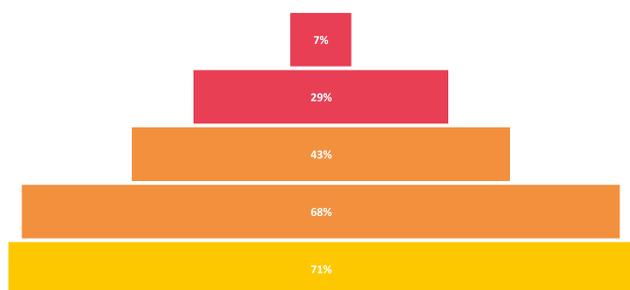
Coping strategies associated with livelihoods help to understand the household's capacities to cope with long-term difficulties. **“Stress”** strategies indicate that the household has a reduced capacity to cope with future crises due to reduced resources or increased debt. **“Crisis”** strategies are related to the direct reduction of future household productivity, which includes the formation of human capital. **“Emergency”** strategies also affect future productivity, but they are more difficult to reverse or more dramatic in nature.

That said, the evaluation asked households if, during the 30 days prior to the survey, they had to resort to a set of five strategies, which belong to the three categories mentioned. 71% of households spent their savings to meet food or other needs, which is seen as a sign of stress or mild food insecurity. 68% of households reduced essential non-food expenditures, such as education and health, which leads to a reduction in human capital (which is a productive asset), and 43% sold goods or productive assets essential in their working activities. These two are considered crisis strategies or signs of moderate food insecurity. 29% of households asked for help or donation on the street to buy food, and only 7% carried out other activities that have a risk to their dignity, health, safety, or life that they prefer not to talk

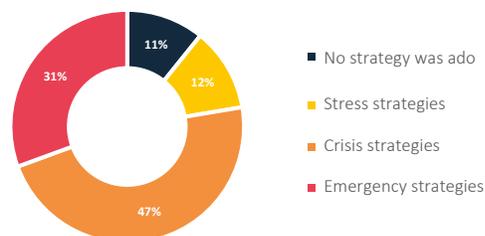
about. These last two strategies are considered “emergency” coping mechanisms or signs of severe food insecurity (see graph 80).

When classifying households on the basis of the most severe strategy adopted during the 30 days prior to the survey, three out of ten households adopted some of the emergency strategies and in five out of ten, the most severe strategy was one of crisis. Only 11% of refugee and migrant households with an intention to stay did not resort to any of the coping strategies for which they were asked (see graph 81).

Graph 80. Coping strategies adopted by households to cope with lack of food



Graph 81. More severe coping strategies adopted by households to cope with lack of food

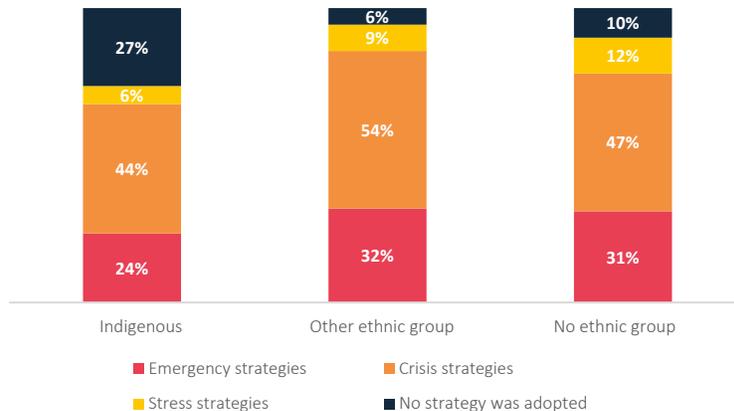
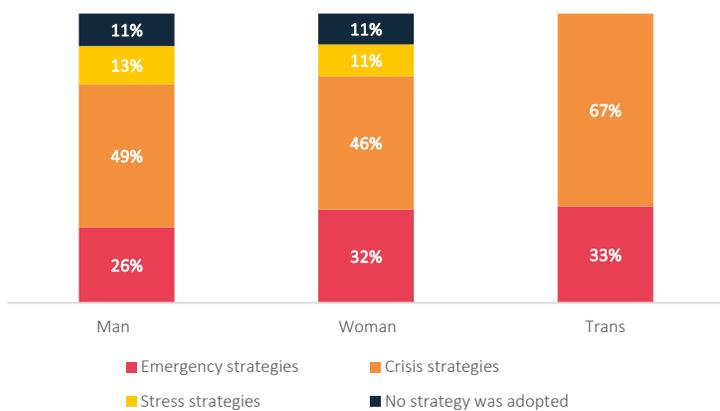


The adoption or implementation of coping strategies affecting the household’s livelihoods varies according to some characteristics of the person who leads it⁴⁵. Households headed by women⁴⁶ report greater use of emergency strategies than households headed by men. These households face greater vulnerability at present due to the gender wage gaps in the country and have a lower capacity to face future crises with the resources they have. Regarding the other types of strategies, there are no significant differences according to the gender of the person who runs the household (see graph 82).

Although there are no major differences in the use of stress, crisis, and emergency strategies regarding the ethnicity of the head of the household, the percentage of those that did not adopt any of the strategies assessed in the survey (27%) is significantly higher in those where the head is recognized as indigenous, than in households whose heads are recognized as part of another ethnic group (6%) or with households of heads who do not belong to any ethnic group⁴⁷ (10%, see graph 83). Regarding this and, as a suggestion for deeper analysis in future assessments, it is hypothesized that indigenous communities could be adopting coping or survival strategies different from those included in the survey.

Graph 82. More severe coping strategies adopted by households to cope with the lack of food, according to the gender of the head of the household

Graph 83. More severe coping strategies adopted by households to cope with the lack of food, according to the gender of the head of the household



Contrary to the previous comparisons, adopting coping strategies differs according to the disability status of the person in charge. Households with disabled heads adopt emergency strategies to a greater extent, which can perpetuate their vulnerability. Disability can be an obstacle when generating income in the labor market, and lead these households to implement irreversible coping strategies, which make them more vulnerable in the future. The percentage of households that did not adopt any strategy is almost double in households with heads without disabilities, corroborating their relative advantage over those with heads with disabilities (see graph 84).

⁴⁵The differences between the proportions of the different groups of households were evaluated using the z statistic.

⁴⁶It should be noted that, within the surveyed households, only three report having trans headship.

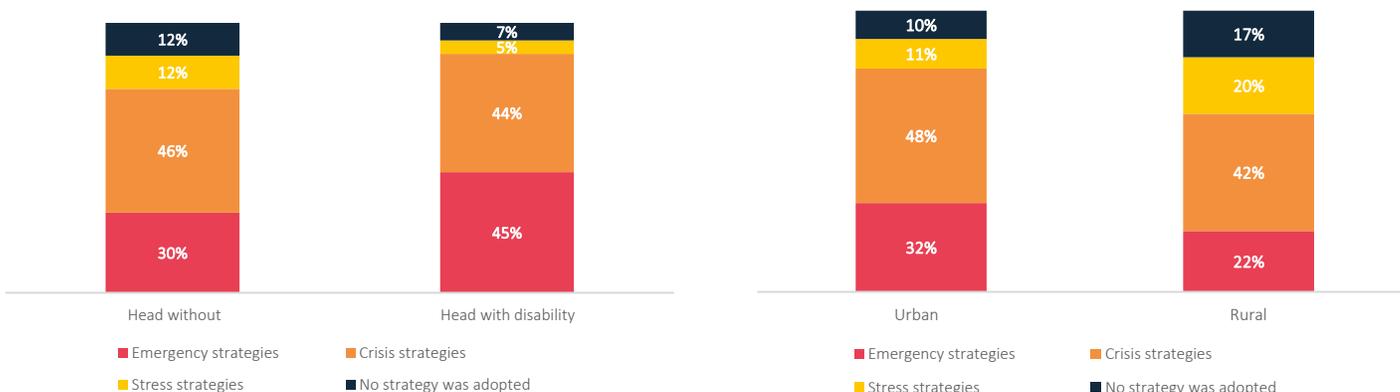
⁴⁷This category includes households where the head is recognized as Afro-descendant, black, Palenquero (a), Raizal or ROM-Gypsy (a).

In addition to the characteristics of the person in charge, the adoption of coping strategies in refugee and migrant households with an intention to stay varies according to their geographical position⁴⁸. Those who reside in rural areas present a better relative situation than those who settle in urban areas (a city, on the outskirts of a city or in a town). The former show less

adoption of emergency and crisis strategies (see graph 86). This may be due to the fact that rural households have a greater capacity to cope with crises through agricultural production for their own consumption and do not have to resort to irreversible coping strategies.

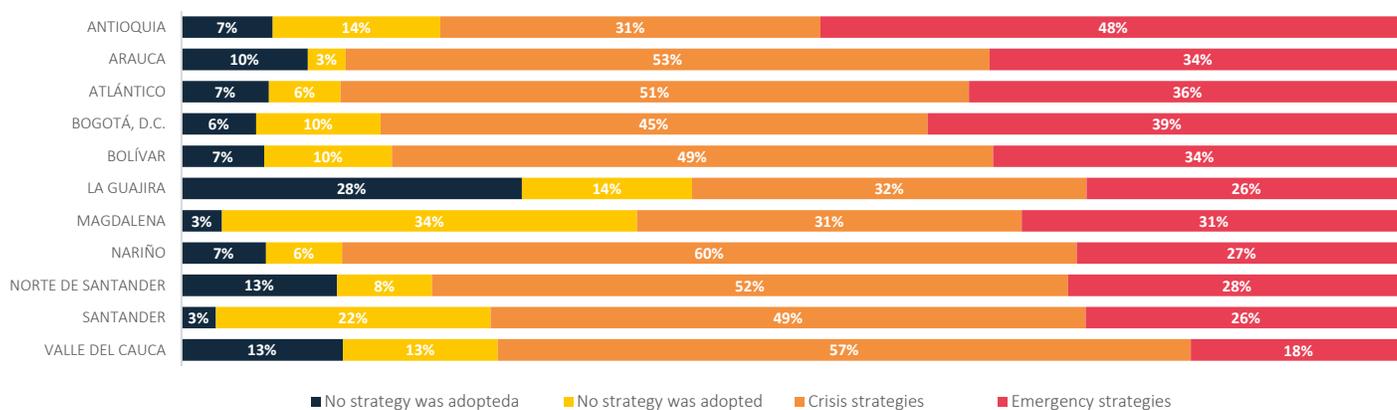
Graph 84. More severe coping strategies, adopted by households to cope with the lack of food, according to the disability of the head of the household

Graph 85. More severe coping strategies, adopted by households to cope with the lack of food, according to area of residence



When analyzing the coping strategies of households with an intention to stay that reside in the 11 departments for which the survey is representative, there are no relevant differences. However, some important results should be noted: Antioquia stands out as the department with the highest use or adoption of emergency strategies, while Valle del Cauca, Santander, and La Guajira have the least use of these irreversible strategies. In addition to the above, La Guajira shows a higher percentage of households that do not adopt any strategy than the rest of the departments (see graph 85). Taking into account that this department is one of the most vulnerable in the country, it is possible that this result is related to the fact that they use strategies other than those asked or that perhaps their livelihoods show significant deterioration and do not leave them options to put these strategies into practice.

Graph 86. Coping strategies adopted by households to cope with the lack of food, according to department



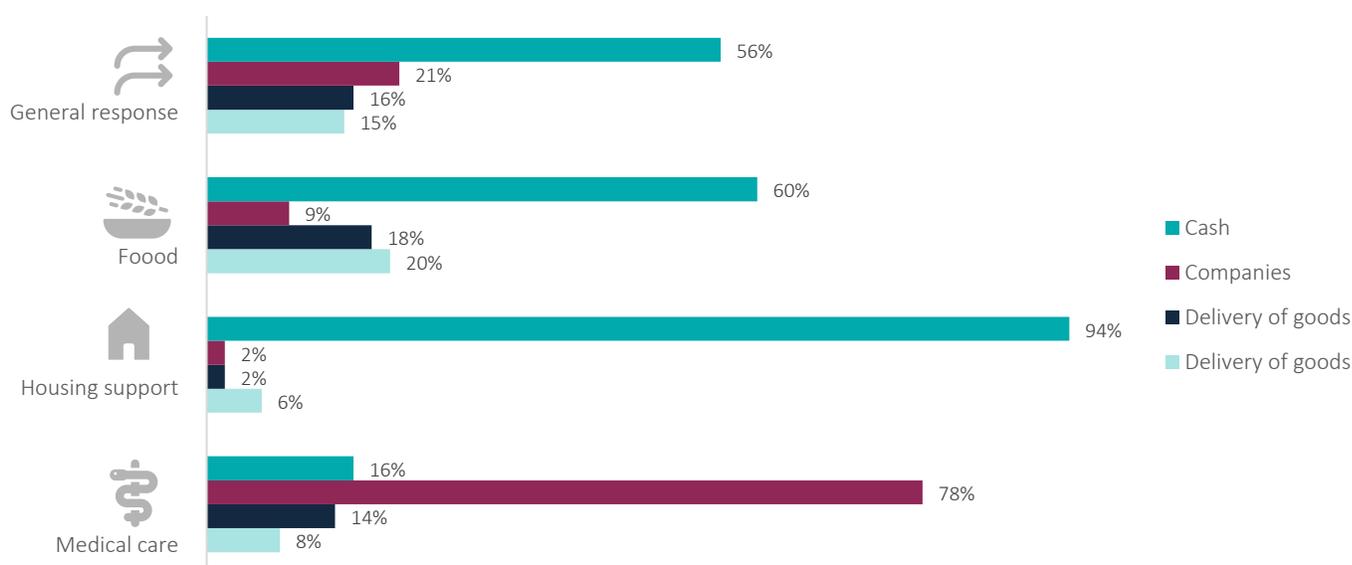
⁴⁸The differences between the proportions of the different groups of households were evaluated [from the z statistic](#).

9 RESPONSE

44% of the surveyed households indicated having received some type of assistance in the 30 days prior to data collection. The most commonly mentioned needs covered by this response were food (65% of the households reporting some response), housing support (34%) and medical care (16%)⁴⁹.

Regarding the modality or modalities in which the households reported having received this support, firstly, it is observed that regardless of the need for which they received help or assistance, most respondents (56%) reported having received cash as a form of assistance (see graph 87).

Graph 87. Modality of assistance in the 30 days prior to data collection, regardless of the needs covered, as well as for the three sectors prioritized by households



⁴⁹For this question, the respondents could select up to three answers, which is why the percentages do not add up to 100%.

Important differences are observed when disaggregating the type of assistance received according to the need for which households reported having received support, particularly for food, housing support, and medical care⁵⁰.



- In the case of respondents who reported having received **food assistance**, cash was the most reported delivery modality (60%), above vouchers or coupons (20%), or the delivery of food in kind (18%). If a more specific analysis is made with the respondents who selected food exclusively as a covered need (n = 267), the modalities in which the assistance was received indicate more similar proportions: cash (32%), vouchers or coupons (38%) or in delivery of goods (23%).



- An interesting case is observed regarding the respondents who reported having received **housing support** since they reported having received assistance mostly in cash (94%). The various households surveyed in November 2020 (other than households in this year's sample) reported a proportion of 88% who received housing support in cash. Unlike last year, in 2021 some multipurpose transfer programs⁵¹ targeted or intended to support accommodation expenses specifically, as well as some restricted programs for accommodation, were implemented. None of the three households that reported receiving support solely for housing reported having received it in cash.



- Respondents who reported receiving **healthcare assistance**, the majority (78%) reported having received support in the service modality, a situation that is replicated in the same way in those who reported having only received assistance in medical care.



All households receiving assistance were asked where they would go if they have a complaint about it. The results show that a significant percentage of households do not know how to give feedback on the answer: 30% of households do not know where they would go. 63% would contact a hotline or suggestion box of the organization's actor who attended them. 15% would contact an official of the organization.

⁵⁰It is important to take into account that both the question of the type of support and the modality were questions with multiple answer options (maximum three options), so that a respondent who indicated to have received support in food, could have done so for other needs, and the same applies to the report on the modality.

⁵¹Multipurpose transfers were not included in the support or assistance options, as they do not represent a unique need.

This analysis of departmental trends was prepared by the Information Managers from the local GIFMMs that, seizing the interagency coordination dynamics at such coordination spaces, developed joint exercises to analyze the situation and needs based on the results of this evaluation with their partners at the local level, highlighting the following findings:



ANTIOQUIA (N= 160)

- **PROFILE AND RESIDENCE OF INTERVIEWEE:**

- Firstly, the households interviewed have the following regional distribution: 85% are located in the metropolitan area of Medellín city, so-called the 'Valle de Aburrá', 10.7% reside in the eastern region of the department, and 4.8% are distributed between Urabá and Lower Cauca regions, so this distribution must be considered when reading the results.
- 31% of the heads of households interviewed have some kind of disability; in households headed by women the proportion is 28% and men 40%. In addition to being much higher than the national average (12%), the figure is surprising due to the low rate of the beneficiary population with this profile, which is 0.5%.

- **PEOPLE WITH SPECIFIC NEEDS:** Single women in the pregnant and lactating period (24% of households in Antioquia have at least one), have a special level of vulnerability due to not having a support network during the process of childbirth and upbringing in early childhood, this hinders the processes of socioeconomic integration.

- **ACCESS TO THE ETPV:** In Antioquia, as of June 21, 2021, 62% of the surveyed population has completed the Virtual Pre-registration of the Temporary Protection Statute (ETPV per its Spanish acronym). This figure is 22 percentage points higher than the number of people surveyed compared to the national level who claim to have completed the virtual pre-registration, equivalent to 40%.

- **DOCUMENTATION:** Although the official figures from Migration Colombia indicate that 63% of the population has a Permanent Special Permit (PEP, per its Spanish acronym) in Antioquia, the assessment results show a different overview, since only 18% of the people interviewed claim to have this permit. Likewise, 75% of those surveyed said they did not have valid documents, 15% more than the result at the national level, which indicates that there may be more irregularity in Antioquia than the national average.

- **LIVELIHOODS:** Compared to the national level, the households surveyed in Antioquia have a job or commercial activity as their main income 6% more than households at the national level; in turn, 28% of the households surveyed in Antioquia have government aid as their main income, while only 17% have it at the national level. This may be due to supplements in income from paid work activities through these grants.



ARAUCA (N= 95)

- **PROFILE AND RESIDENCE OF INTERVIEWEE:** Of the total number of people interviewed, 74% are women and 26% are above 18 years old. The location is different for men and women interviewed: of the total of women, 49% reside in a city, 38% in a town and 10% in rural areas, the remaining percentage did not indicate a specific residence in any of these territories. In the case of the total of men surveyed, 64% live in a city, 20% in a town, 4% in rural areas and 12% on the outskirts of the city.

- **HOUSEHOLD COMPOSITION:** Most households are made up of four (31%) and five (17%) members; 36% of the members are women, 24% men, 20% girls and 19% boys; and 80% of households report having children. 14% of the women stated that they were pregnant / breastfeeding, of which 1% were under 18 years of age. Of the heads of households surveyed, 10% have some type of disability, of these 10% are men and the remaining 90% are women.



ARAUCA (N= 95)

- **DOCUMENTATION:** When inquired on how they accessed the country, 80% agreed that through irregular passages, of these 9% carry a PEP, 3% have a Border Mobility Card (TMF per its Spanish acronym), 14% have Colombian nationality and 44% do not have any document. On the other hand, of the 19% of people who entered Colombia through a regular border crossing, 3% carry a PEP, 9% are of Colombian nationality and 11% do not have any document. This dynamic of movements is the product of factors inherent to the department's context, such as the historical consolidation of informal land and river crossings, lacking migration control, increases the possibility of crossing without assuming any migration control.

- **ACCESS TO THE ETPV AND RETURN TO VENEZUELA:**

- Only 24% of the interviewed population stated that they had completed the ETPV virtual pre-registration, 60% had not done so and 16% did not answer the question. These figures remain very similar to those of the other border departments with Venezuela (Norte de Santander, La Guajira and Cesar).
- Of those who report not being registered in the ETPV, 63% assured that they need more information, 19% do not know where to do the process and 7% do not have internet access, among other barriers.
- In this way, the interest to keep with their regularization process is a motivation to continue in Colombia and not think about returning to Venezuela in the short or mid-term: only 1% of households have at least one member with the intention of returning for the month after the data collection.

- **LIVELIHOODS, FOOD SECURITY AND COPING MECHANISMS:**

- Of the 88% of the population that has an income of less than COP 450,000, 55% consume 3 or more meals, 40% two meals and 5% one meal a day. Consequently, 50% of those surveyed ensure that this income is only enough for one day, 38% for a week, 11% for a month and 2% do not know.
- In contrast, 8% of the population stated that they had an income between COP 450,001 and COP 900,000; of these, 97% claim to have three or more meals a day and 13% two, which in turn explains why this income is sufficient for a month for 62% of the population and for a week for 25%.
- 34% of households claimed to have asked for a donation on the street to buy food. Of them, 76% affirm that their income only covers the needs of one day, while 94% said they had an income of less than COP 450,000.

- **INTERNET:** 44% of households have Internet access through a telephone pre-paid card, 13% through paid WiFi from their cell phones, 2% through the municipality's Wi-Fi and 41% do not have access. Despite the limited access and how this becomes a barrier selected by the population to access the ETPV registry and the educational system, only 2% of the population considers this an urgent need.

- **SECURITY AND DISCRIMINATION:**

- People say they do not feel safe mostly in the streets, parks / squares and in places where they wait for public transportation. According to information from the Observatory of Violence of the Colombian Institute of Legal Medicine and Forensic Science, as of June 2021, 22 criminal acts against the Venezuelan population were reported in the department, as a result of episodes with a firearm (13), knife (4), fights, natural death, transport events or other causes (5).
- Although only 15% of people reported feeling discriminated because of their nationality, the findings on the study *"Perceptions associated with content, campaigns and organizations aimed at mitigating xenophobia towards the Venezuelan population"*⁵², carried out by the Somos Panas strategy, with about 800 surveys in Arauca, show

⁵² Available in: <https://www.r4v.info/es/document/colombia-informe-sobre-la-campana-somos-panas-de-acnur-colombia-diciembre-2017-diciembre> 56



ARAUCA (N= 95)

attributions of risk situations mainly for women and insecurity upon the arrival of Venezuelans; similarly, the highest percentage of respondents agree with the perception that Venezuelans are taking away opportunities from Colombians. Consequently, although the need for access to rights and services (health, education, employment) for refugees and migrants is recognized, most of the contribution by the Venezuelan population in the Colombian society is not perceived.

- **ANSWER:** 33% of those surveyed stated that they had received help throughout their stay in Colombia, particularly, the respondents assured that they had obtained housing support (e.g., rent, – utilities, 23%), hygiene kits (23%), medicines (15%), medical care (15%) and education for children (15%). While the local GIFMM partners seek to provide an intersectoral response, the dimension of the needs and operational challenges derived from emergencies such as natural disasters, the arrival of refugees and migrants to Colombian territory, and the persistence of the impacts of armed violence, including those specifically affecting the refugee and migrant population, organizations have to double their efforts.



BOGOTÁ (N= 196)

- **PROFILE AND RESIDENCE OF INTERVIEWEES:** 7% of respondents self-recognize under some ethnic belonging; within these, 50% recognize themselves as indigenous (Guajiros- Wayuu and Sikuane- Guahibo), followed by 36% who recognize themselves as Afro-descendants and 14% self-identified as black, a higher figure than the national average.

- **LIVELIHOODS:** 61% of households indicated that their main source of income is work, a business or a remunerated economic activity, followed by assistance from the government and organizations with 27%, which shows that people are gradually achieving socioeconomic integration in the region; however, the range of income received at home is much less than COP 450,000 for 49% of the respondents, which does not allow covering basic needs and therefore implies less possibility of saving, especially in Bogotá, which is a city with a higher cost of living than the rest of the country. Considering the high number of household members, and particularly for children, there is a gap between access to goods and the ability to meet basic needs.

- **FOOD SECURITY:** 49% of households in Bogotá consume two meals a day or less, which indicates that they are restricting the minimum recommended consumption of meals a day, which is three meals. The average number of days per week that the surveyed households consume each food group reveals the lack of enough purchasing power to diversify the diet, with a low average consumption for the fruit, vegetable, and milk groups.

- **HOUSING:** 23% of the households are considered to be at risk of being evicted from their places of living; this is partly explained by the irregular status of the people who make up the households of refugees and migrants; however, this proportion is lower than the of the national average (32%). The main reasons for eviction are the inability to pay rent and basic services, as well as conflicts between neighbors and discrimination.



CESAR (N= 102)

● PROFILE OF THE INTERVIEWEE AND THE HOUSEHOLD:

- 89% of the surveys were conducted with households that are located in the municipality of Valledupar, which must be taken into consideration when analyzing the results: Being the capital of the department, it has its own characteristics and conditions (possibly more favorable than those at the rest of the department), therefore, they may not necessarily represent the situation of the other municipalities.
- 78% of the people surveyed were women, and 22% were men, with an average age of 34 years (below the national average of 42 years) in both cases.
- Regarding the educational level of the people interviewed, 32% have finished their high school studies, 12% have a technologist degree, and 4% have completed university studies. Although 5% reported not having finished primary school, all of the people surveyed state that they know how to read and write.
- 88% of families have at least one child or adolescent (NNA) in the family, and 27% have a pregnant/lactating woman at the time of the survey- figures higher than those reported at the national level (86 % and 22%, respectively). In the case of households where the head is a person with a disability (16% of the total households surveyed), 94% correspond to female heads of household . A high presence of female-headed households with children and adolescents (NNA) and/or pregnant/lactating women usually implies a greater degree of vulnerability, given the barriers to access to education and health, as well as job insecurity that are more common among women.

● **RESIDENCE AND MOVEMENTS:** 64% of the people surveyed mentioned that they entered the country irregularly or through unofficial border crossings. The department of La Guajira was the most used border for this entry (89%), followed by Cesar (4%).

● **RETURN TO VENEZUELA:** 3% of households affirm that there is a family member with the intention of returning in the next month; 73% of the members of these households do not have any document, and only 10% carry a PEP. The lack of documents and the barriers that this implies for access to services and/or decent living conditions generate the possibility for families to return to Venezuela.

● **ACCESS TO THE ETPV:** 56% of the people that make up the surveyed households state that they have not completed the virtual pre-registration of the ETPV, being the lack of internet access (51%), and technical problems on the Migration Colombia page (48%) and not knowing the process (22%) the main barriers referred. It should be considered that, in addition to the technological barriers when carrying out the process, a large part of the refugee and migrant population does not have the economic conditions to be able to approach information points.

● **NUTRITION:** Although the breastfeeding figures are similar to those of the national average (84% for children from 0 to 2 years old, 48% from 6 months to 2 years old), some organizations have expressed concern about cases where breastfeeding is not supplemented with other suitable food for children after six months of age, due to lack of income. Despite the fact that humanitarian institutions and partners work hard for the care of pregnant/lactating mothers, it is identified that the response is insufficient for the number of vulnerable people and the depth of their needs.



CESAR
(N= 102)

- **FOOD SECURITY:** The low consumption of fruits in the diet of Venezuelan refugees and migrants is alarming (1.7 times a week), especially when more than 80% of households have at least one child or adolescent (NNA) in the family. Although the vast majority of households consume between two and three meals (48% and 50%, respectively), it is important to ensure that these meals are appropriate for the ages and needs of each of its members.

- **HEALTH:** 58% of the people surveyed state that no member of their household is currently affiliated with any of the health regimes in Colombia; and 32% of households where some member has a chronic disease, 60% have not been able to access health treatment. Not being able to access health services in a timely and constant manner greatly harms refugee and migrant families: the high cost of treating disease on their own generates a negative impact, where expenses must be reduced on other equally fundamental issues such as education, food, etc. Faced with a limited supply of specialist services, the undocumented population has great difficulties in treating terminal or high-cost illnesses.



LA GUAJIRA
(N= 294)

- **PROFILE OF THE INTERVIEWEE AND THE HOUSEHOLD:**

- 295 of the surveyed households correspond to La Guajira. More than 50% of them are located in urban areas (75% nationwide), and therefore the high rurality stands out: about 43% reside in rural areas and towns, in line with the figures of the 2018 National Population Census and Housing (CNPV per its Spanish acronym), more than 50% of the population of this territory is located in populated centers and dispersed rural areas. 32% of the heads of households surveyed are indigenous, mainly from the Wayuu ethnic group.

- Regarding the distribution by sex and age, 50% are adult men and women. The other 50% corresponds to children and adolescents, higher than in previous years where it has not exceeded 40%, which may indicate that more and more households are mobilizing children to Colombia and that more and more children have been born to Venezuelan parents in Colombia.

- There is a high proportion of both children (90%) and pregnant and lactating women (28%) in households.

- 11% of the heads of households surveyed in the department indicated that they had some type of disability, being visual impairment (needs glasses) and physical (difficulty walking / climbing stairs) the greatest number. In the UNHCR and RIADIS report on disability and human mobility for Latin America⁵³, the main reasons reported by Venezuelan families with people with disabilities to leave their country of origin is: violation of rights; undernourishment, or malnutrition in the family environment, especially of children and adolescents with disabilities; absence or precarious access to habilitation or rehabilitation services; absence or precarious access to health services and the enjoyment of health as a right; among other reasons.

- **ACCESS TO THE ETPV:** 70% of household members have not completed the virtual pre-registration, with 26% who have completed- a low figure compared to the national level (40%), as for the main reasons for not having done this process are the lack of information or knowledge in this regard, technical problems on the Migration Colombia webpage and the difficulty in accessing the internet.

- **NUTRITION:** Regarding breastfeeding, 93% of households with children under six months of age offer breast milk exclusively, and only 50% of children between 6 months and two years of age refer to this practice. Breastfeeding is important for all children, especially in a department with high prevalences of acute undernourishment. According to the National Institute of Health, in epidemiological weeks 1 to 26 of 2021,⁵⁴ 19 cases of mortality due to and associated with malnourishment in children under five years of age (26% of the national total) were reported at La Guajira, as well as 493

⁵³ Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS), The UN refugee agency (UNHCR). April 2021. Disability and Human Mobility - Regional study on the situation of people with disabilities. <https://bit.ly/3ltEMLS>

⁵⁴ National Institute of Health, June 27 to July 3, 2021. Weekly Epidemiological Bulletin (26). <https://bit.ly/3ltEMLS>



LA GUAJIRA (N= 294)

cases of surveillance for acute malnutrition in children under five years of age and 173 additional cases of low birth weight ([Epidemiological map, Departmental Health Secretariat of La Guajira](#)). Taking into account the above, it is important to evaluate in greater detail the breastfeeding practice, access to food, and other determinants of the nutritional status of children and their families.

- LIVELIHOODS:** Most of the households surveyed in La Guajira obtain their income mainly through a job, business, or remunerated activity (57%), 69% receive less than COP 450,000 pesos per month, and the majority of households (82%) have resources that allow them to satisfy basic needs for a day or a week at the most. This financial instability leaves families with very few resources to meet the needs of food, housing, health, among others. In addition, there is a high percentage of labor informality: the fact that only 2% of households have a member affiliated with the health regime in Colombia accounts for this. According to the National Administrative Department of Statistics (DANE), La Guajira has an unemployment rate of 21.2% and a labor informality rate of 66.9%, which may be much higher in the refugee and migrant population.

- HOUSING:** 60% of the households live in rented or sub-rented places; 14% are de facto occupants or live in collective properties, representing a potential risk of eviction, and the remaining 26% have other types of housing; especially the first two figures differ a lot with the national average (85% and 3%, respectively). Although it is not evident from the figures of this assessments, while there are no homeless cases reported, local partners have observed an increase in the number of homeless people which, added to the financial instability to secure a home and those having one, represents poor quality or insufficient conditions to access basic services. In 2020, the department registered a high number of evictions, a situation that led many households in Maicao and Riohacha municipalities to locate in informal settlements or to find themselves on the streets or in new instable conditions regarding their housing situation, which helps explain that 31% are considered at risk of eviction in June 2021.

- WATER, SANITATION, AND HYGIENE:**

- La Guajira has conditions below the national average in this matter: for access to water for human consumption, 45% have access to the aqueduct (83% nationwide) and 27% access through tank trucks (6% at the national level). In any case, access is limited: 61% of households have access to three or fewer days a week in contrast to 76% of national surveys, which affirm to have access more than three days a week; according to what has been observed in the field, many indigenous families (both refugees, and migrants and those from the host population) do not have access to water.

- Regarding the quality of the water, 31% of the households indicate that it is 'fair' (e.g., it presents turbidity) and 7% indicate that it is of 'poor' quality since it has an odor, color, or flavor. On this point, it is important to note that, although 61% indicate that the appearance is 'good', in La Guajira department, water is not drinkable at any municipality, and therefore, can cause skin and other diseases.

- 41% of households access the sanitary service through a toilet connected to the sewer, a figure much lower than the 79% nationwide. It is highlighted that 41% have piped water and 45% some sanitation solution. This data may be related to families having handcrafted latrines and clandestine connections to aqueducts and/or sewers.

- The corporal hygiene of the children, adolescents (NNA), and women is carried out inside the house by only 46% of the households, much lower than the 80% of the households surveyed country-wide. 24% of such members of La Guajira households do so in open areas of the houses, improvised spaces outside the home (18%) or report not having an area for body hygiene (7%), implying important protection risks, particularly in this particular context of rurality and isolation between communities. Regarding menstrual hygiene, 85% of children and adolescents (NNA) and women use pads, 7% cloth compresses, and 2% have no access to menstrual care products.



LA GUAJIRA (N= 294)

- **SAFETY:** 14% of households have suffered some episode or situation of discrimination due to their nationality; these situations have occurred mainly on the street and when looking for work; however, this figure can be lower than the actual xenophobia rates. According to the study carried out by UNHCR in the framework of the We Are Panas campaign⁵⁵, the national xenophobia score obtained was of 0.46 (where 0 is the absence of xenophobia and 1 is total xenophobia), although "qualitative evidence collected in this evaluation indicates that the population of interest, both from host households and from those formed by refugees and migrants, perceives that xenophobia is currently not as high as when the mixed movement from Venezuela began."

- **PROTECTION:** Among the main profiles at risk identified by organizations are children and adolescents, given their barriers to access the basic conditions for their development such as food, health, and education. There is also a greater risk of abuse and exploitation faced by people with a physical/mental disability in this context due to the difficulty in accessing services and a third population group that is the LGBTQI + population.

- **RESPONSE:** Regarding the response prioritized by the households interviewed, it stands out that the highest proportion corresponds to access to education, while the greatest needs prioritized by households at the national level is food; in fact, food determines a large part of the opportunities in terms of physical and cognitive development of the children. The need for livelihoods is also highlighted, including both the generation of capacity-building projects and the increase in labor opportunities for refugees and migrants, given the wide barriers to access to services and formal jobs.



NARIÑO (N= 145)

- **PROFILE OF THE INTERVIEWEE AND THE HOUSEHOLD:** 74% of the heads of households in Nariño are women, where 17% state having some disability; however, there is no specific information on the types of disability. In 81% of the households surveyed, the management of the household is exercised by a woman, and it should be noted that 43% of the persons characterized are children, a highly vulnerable population.

- **DOCUMENTATION:** 52% of the people surveyed said they had a regular status, but 62% did not have any migration documents. Although according to Migration Colombia, in Nariño, 44% of the Venezuelan population carry a PEP, the results show that only 21% of the people interviewed have this document.

- **LIVELIHOODS:** More than 60% state that their monthly income is less than half the minimum wage and they work an average of 45 hours a week or more, while 85% of the surveyed households have an economically inactive population in search of job opportunities. 60% of households state that their income comes from a paid job or business, in contrast to 68% of households that indicated that their income is less than half the minimum wage (COP 450,000).

- **FOOD SECURITY:** 57% of households have a maximum of two meals a day, with a low intake of protein, fruits, and vegetables, exposing themselves to a high risk of food insecurity.

⁵⁵We are Panas. We are Panas campaign report - December 2017 to December 2020.
<https://www.r4v.info/es/document/colombia-informe-sobre-la-campana-somos-panas-de-acnur-colombia-diciembre-2017-diciembre>



NARIÑO (N= 145)

- HEALTH:** 90% claim to be affiliated with the contributory health regime. However, this result may not be completely reliable because of reports by some Venezuelans who were treated for a health emergency, under the context of universal emergency healthcare for Unaffiliated Poor Population (PPNA). The lack of clarity in the difference between schemes (subsidized and contributory) in the population can also cause confusion in the responses. 30% of those surveyed express having needed medical treatment; of this percentage, 67% report not receiving treatment as often as required.
- EDUCATION:** 69% of the children are enrolled in an educational institution, but 97% do not have a computer. Also, 31% of the children and adolescents found in these homes were not accessing educational services, mainly due to a lack of documentation. According to information from the Departmental Education Secretariat, in Nariño, about 1,100 Venezuelan children are enrolled in public institutions, representing 34% of the total number of children in the department as per figures of Venezuelans in Norte de Santander from Migration Colombia.



NORTE DE SANTANDER (N= 357)

- ACCESS TO THE ETPV:** Norte de Santander has a higher proportion of people who claim not to have completed the virtual pre-registration ETPV, which is consistent with information from local authorities regarding gaps challenges in the process. In addition, although at the national level, the main obstacle to the culmination of this process is related to technical problems on the Migration Colombia webpage, which is the second reason reported in the department (the first motive stated by respondents is lack of knowledge regarding this procedure).
- RESIDENCE AND MOVEMENTS:** Regarding the reasons for having left Venezuela or the reasons for changing the place of residence of the household in the last twelve months, in Norte de Santander, the third most relevant reason reported has to do with mental and physical health issues, while at the national level this place is occupied by reasons related to fear and violence.
- RETURN TO VENEZUELA:** 93% of the people state that in their household, no one intends to return in the month following the data collection. Given this, it is important to mention that surveys from GIFMM partners at the 'caminantes' route in the municipality of Chinácota report that 91% of the people who return do so for the first time, and at the same time, that there is a slight upward trend in the number of people who, affirm to be returning to Venezuela.
- LIVELIHOODS:** Regarding the main sources of income for the refugee and migrant population, 26% of households in Norte de Santander indicated that their main source corresponds to assistance from the Government and organizations, while this same rate at the national level is 17%. This coincides with the fact that, although 90% of the surveyed population report work as a source of income, 54% of respondents indicate that their income has decreased and therefore they need to complement it with assistance from the Government, foundations, or other organizations, since the income for 35% corresponds to less than COP 450,000 per month, and for 60% it is between COP 450,000 and COP 900,000.



NORTE DE SANTANDER

(N= 357)

● HEALTH AND IMMUNIZATIONS:

- Norte de Santander has a low proportion of affiliation to healthcare, with 65% not belonging to any type of affiliation. For the 35% having affiliation, 95% are under the subsidized regime, and the remaining 5% are under the contributory regime. Of the households with a member with a diagnosis of chronic disease, 69% state that they have access to treatment, although almost 40% do not receive it with the necessary frequency.
- In 11% of the households surveyed, one or more of its members have received the COVID-19 vaccine, for a total of 42 people with at least one dose. According to the National Institute of Health, as of 9 July 2021, a total of 2,015 positive cases of COVID-19 in refugees and migrants had been registered, so Norte de Santander has been one of the departments with the highest prevalence of the virus in this population group.

● **EDUCATION:** Regarding access to the educational system, there are 35% of children in households with no access to the educational system. To complement these figures, it is pertinent to mention that the Student Enrollment System (SIMAT) of the Ministry of Education reports that, as of July 2021, 22,431 refugee and migrant children and adolescents from Venezuela were registered in the certified territorial entities of Norte de Santander, and 24,221 were reported in Cúcuta municipality. Of this total, 16,465 are beneficiaries of the School Feeding Program (PAE, per its Spanish acronym) in Norte de Santander and 17,877 in Cúcuta.

● **HUMAN TRAFFICKING AND SMUGGLING:** Although the evaluation data are only a reference to analyze this topic (8% of respondents felt they had been restricted in their mobility and 1% reported that they or a member from their household was forced to carry out activities against their will), human trafficking in Norte de Santander is a growing phenomenon. According to the Border Lab (a social innovation laboratory)⁵⁶, in 2020, Norte de Santander became the first department in terms of human exploitation in Colombia. In this regard, it is important to mention that 63.6% of the cases reported by this source correspond to refugee and migrant women.

● GENDER-BASED VIOLENCE:

- 6% of the people interviewed report knowing at least one case of violence against women or girls, of which there are 56% reports of physical assaults and emotional abuse, 28% emotional abuse, 11% physical assaults, and 6% have been forced to perform undesired a sexual act or activity.
- There are factors underlying this violence in the department: according to a CARE quick gender analysis- both people displaced by violence in Norte de Santander, as well as refugees and migrants, are concentrated in peripheral areas where there is limited access to sewage or electricity services- these limitations represent health and protection risks of particular relevance to women and girls⁵⁷.
- One of the prejudices related to xenophobia has to do with the hypersexualization of women, making them more vulnerable to being recruited to develop sexual activities for survival. This is especially reflected in municipalities such as Ocaña, where 90% of the women involved in prostitution are Venezuelan.

⁵⁶Border Lab, *A look at human trafficking in Norte de Santander*

⁵⁷CARE International, *An Uneven Emergency: Rapid Gender Analysis on the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela*



SANTANDER (N= 107)

- **DOCUMENTATION:** On the current documentation by the refugee and migrant population, there is 5% of people who carry a PEP. This contrasts with the figures of Migration Colombia, which identify 25% of the refugee and migrant population have a PEP.
- **MOVEMENTS AND FOOD SECURITY:** Regular entries account for 70% of the department's households, higher than the national average (44%). As for the opposite, in nationwide consolidated figures, 55% households reported an irregular entry %, while in Santander, it was reported by only 29%. On the other hand, and similarly to the national results, families that changed their residence during the last twelve months reported access to food as the second reason for the change. This coincides with findings such as those of the characterization of refugees and migrants carried out by the Bucaramanga Autonomous University (UNAB, per its Spanish acronym)⁵⁸, which found that 69% of their respondents starved in the last three months prior to their movement and 44% lost between 5 to 15 kilograms of weight in this same period. In addition, only 0.5% of refugees and migrants had food available each day, and 51% stopped eating to feed the children in their family group, which implies that food insecurity persists for many of them in their places of residence.
- **LIVELIHOODS AND DEBTS:** In general terms, the department has more favorable conditions than the national average:
 - 96% of the households surveyed in Santander stated that work, their own business, or some type of remunerated economic activity was their main source of income, while at the national level, this figure is 60%. There are 48% of households with an income range of COP 450,001 - 900,000, while this figure at the national level is 33%.
 - Now, 61% of households nationwide are in the income range of less than COP 450,000, , while in Santander, 38% of households report that range of monthly income.
 - Finally, only 1% report that they receive assistance from the Government or humanitarian organizations, which coincides with the vision of GIFMM partners who state that the people assisted in Santander are usually people in transit or who go through the department with a short-term intention.
 - Even so, households in the department seem to be in debt more frequently than households nationwide (68% vs. 57%).
- **HEALTH:**
 - 49% of those surveyed are affiliated to some health scheme; 51% of them belong to the contributory scheme, and 49% to the subsidized scheme. These findings contrast with the figures provided by the Departmental Health Secretariat, which reported that 12% of the estimated population in the department are affiliated with one of the two health regimes.
 - The evaluation did not find reports on HIV / AIDS for Santander; however, the Departmental Health Secretariat reports the latter as the fourth most relevant event of interest in public health in the refugee and migrant population; in view of this, it is important to bear in mind that these types of health conditions are often subject to prejudice or stigmatization, which is why they may not be reported by phone.

⁵⁸ [Universidad Autónoma de Bucaramanga \(UNAB\), *Migrantes Provenientes de Venezuela en Bucaramanga*](#)



SANTANDER (N= 107)

- **VBG:** 3% of the people interviewed report knowing cases of gender-based violence (GBV). Of these, 66.7% correspond to acts of emotional abuse, and 33% have suffered so much emotional abuse and have also been forced to perform undesired sexual actions or activities. In the reports of the Departmental Health Secretariat of Santander, GBV is found as the event of interest in public health with the highest prevalence in the refugee and migrant population, with 481 reports so far this year until 30 June 2021.



VALLE DEL CAUCA (N= 181)

- **ACCESS TO THE ETPV:** 52 of the 182 households surveyed (29%) state that they have not completed the ETPV pre-registration process due to technical problems (31% of the total households surveyed and 48% of those in which some of their members have not completed the process).
- **DEBTS, HOUSING, AND NEEDS PRIORITIZED:** The debts of most households were used for the payment of rent and utilities, which may indicate the purpose of the assistance provided through multipurpose cash transfers. It should be noted that housing was classified as the third need by the people surveyed (52% of households prioritized it), and also it corresponds to the main item in the response reported by such households (31%). This is relevant in a department with a particular concern for refugees and migrants' living conditions and a perception of a high proportion of homeless households. In particular, the findings call for reinforcing interventions aimed at reducing eviction risks due to non-payment of rent, as well as those to ensure access to food, together with actions on employability issues, as the second priority need remarked by the surveyed households was access to employment or income generation (59%).



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela