

Delivery of hygiene kits
and food items.

GIFMM COLOMBIA:

JOINT NEEDS ASSESSMENT

COVID-19

JULY 2020

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GIFMM

GRUPO INTERAGENCIAL SOBRE
FLUJOS MIGRATORIOS MIXTOS

R4V

**RESPONSE FOR
VENEZUELANOS**

Coordination Platform for
Refugees and Migrants
from Venezuela

GIFMM COLOMBIA

JOINT NEEDS ASSESSMENT – COVID-19

JULY 2020

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*Bogotá, D.C., Colombia
2020*



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AND ACKNOWLEDGEMENTS

THIRD ROUND

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

Action Against Hunger | A.D.N. Dignidad | ADRA | Americares | Bethany International | Caritas Switzerland | Colombian National Red Cross Society | Corporación Opción Legal | Diakonie Katastrophenhilfe | Danish Refugee Council (DRC) | Food and Agriculture Organization of the United Nations (FAO) | Fundación de Atención al Migrante (FAMIG) | Fundación Escuela Nueva | Fundación Guajira Naciente | Fundación Panamericana para el Desarrollo (FUPAD) | Fundación Plan Internacional | Fundación Proinco | HIAS | Humanity & Inclusion | International Organization for Migration (IOM) | International Rescue Committee (IRC) | MedGlobal | Mercy Corps | Norwegian Refugee Council (NRC) | OXFAM | Save the Children | Sepas Riohacha | Tearfund | United Nations High Commissioner for Refugees (UNHCR) | United Nations International Children's Fund (UNICEF) | United Nations Population Fund (UNFPA) | World Food Programme (WFP) | World Vision | ZOA

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

ACAPS | ADRA | CCD - CashCap | Food and Agriculture Organization of the United Nations (FAO) | Mixed Migration Centre | The Humanitarian INGO Forum in Colombia | Humanity & Inclusion | iMMAP | International Organization for Migration (IOM) | International Rescue Committee (IRC) | Pan American Development Foundation (PADF) | REACH | United Nations Population Fund (UNFPA) | United Nations High Commissioner for Refugees (UNHCR) | World Food Programme (WFP) | World Vision

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

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



HOUSEHOLDS INTERVIEWED

>3.100 [ONE INTERVIEW BY HOUSEHOLD] ELIGIBLE
>9.000 HOGARES CONTACTADOS

24 DEPARTMENTS

(INCLUDING A REPRESENTATIVE SAMPLE OF 11)

SAMPLE BASED ON DATABASES WITH INFORMATION OF MORE THAN

>127.000 HOUSEHOLDS



METHODOLOGY AND ASSESSMENT PARTNERS

PHONE BASED INTERVIEWS

25 MINUTES PER CALL FOR 7 DAYS

34 ORGANIZATIONS

208 ENUMERATORS

PRIORITY NEEDS



91%

OF HOUSEHOLDS PRIORITISE ACCESS TO FOOD



67%

SHELTER



54%

SOURCES OF INCOME

INTRODUCTION

This report details the results of the third round of the joint needs assessment by the Interagency Group on Mixed Migration Flows (GIFMM), implemented in July 2020, in the context of the COVID-19 crisis and accompanying preventative measures. The report outlines the methodology used, its scope, and the main results.

The objective of the third round is to understand: i) the levels of access to basic goods and services and main barriers in accessing them ii) how living conditions have evolved since the start of the isolation measures, and iii) the perspectives of the population on their priorities, to inform the development of the 2021 Response Plan for Refugees and Migrants (RMRP).

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

As of 30 June 2020, more than 1.74 million Venezuelan refugees and migrants were residing in Colombia. (Colombia Migration,2020)¹. Thousands more transited through Colombia, towards other countries or Colombian cities. In addition, there were pendular movements of thousands of people, who crossed the border in search of basic needs and services. On 6 March, the first confirmed case of COVID-19 was reported in the country, and on 20 March, President Iván Duque announced the measures of obligatory preventive isolation as of March 24, 2020², which were maintained until 31 August 2020³. On 25 August, President Duque announced the lifting of the obligatory preventive isolation measures, to be replaced by a period of 'Selective Isolation'⁴ as of 1 September, which constitutes the lifting of several restrictions on the economy. Please note that this assessment does not aim to measure the impact of these changes in policy on the Venezuelan refugee and migrant population.

In light of the significant impact of the COVID-19 crisis on the refugee and migrant population, GIFMM, under its mandate to coordinate the response for Venezuelan refugees and

¹ Colombia Migration (August 2020). Venezuelans in Colombia as of 30 June 2020. <https://bit.ly/2Fv2HrM>

² Presidency of Colombia (July 2020). Keys of the Decree 990, which establishes measures for 'COVID-19 free' municipalities and those with low, moderate and high affectation. <https://bit.ly/2ZW5M5N>

³ Presidency of Colombia (July 2020). Decree 990/2020. <https://bit.ly/3cpvnyN>

⁴ Presidency of Colombia (July 2020). Decree 990/2020. <https://bit.ly/3cpvnyN>

migrants in Colombia, identified a need to collect additional information on the main needs of Venezuelan households, how the situation has evolved in recent months and the main needs of the households.

EXECUTIVE SUMMARY

The objective of this third joint needs assessment is to estimate the levels of access to basic goods and services among the Venezuelan population in Colombia and main barriers to accessing these, to assess how living conditions have evolved since the start of the isolation measures, and to gather the perspectives of the population on their priorities, to inform the 2021 planning process through the Refugee and Migrant Response Plan (RMRP).

Between 21 and 27 July 2020, 208 enumerators from 34 GIFMM organizations conducted more than 3,100 phone surveys with households from Venezuela. The sample design allows for a departmental analysis on 11 departments: Antioquia, Arauca, Atlántico, Bogotá, Bolívar, La Guajira, Magdalena, Nariño, Norte de Santander, Santander and Valle del Cauca.

Colombian Government has taken several important steps to provide refugees and migrants with access to services and rights, also in the context of COVID-19. However, the assessment shows that the population faces a variety of protection needs and risks:

- **Priority needs:** The three main needs perceived by households are food (91% of households interviewed), shelter support, including rental assistance (67%) and access to employment or other sources of income (54%). For each of these priorities, households could indicate their preferred modality for receiving assistance. 35% of respondents reported a cash transfer as their preferred modality, followed by 5% who preferred vouchers or coupons, 3% the in-kind delivery of goods and items, 3% specific services and 6% who did not know. Just under half (46%) chose a different modality for each priority. **72% of households that prioritized food and 80% that prioritized housing as a priority need prefer cash transfers or vouchers.**
- **Specific needs:** The evaluation identified several specific needs: 12% of the heads of households surveyed have a disability⁵, only 16% of the people surveyed have a legal status in Colombia⁶, in 28% of the households there is at least one pregnant and/or lactating woman.

Female-headed households are more vulnerable: they report a higher percentage of people in a situation of disability (11%) as well as the highest percentage of households without an income (11%) and lower access to food (28% of female-headed households consume the recommended 3 meals a day vs. 37% of male-headed households)

In addition, indigenous peoples face specific protection risks: Indigenous people have reported more frequently having had "situations" with non-state armed groups, and 17% of households belonging to an indigenous community have one or more members without a document identifying them as Venezuelan (vs. 11% of other ethnic groups)

- **Livelihoods:** 9% of respondents have no source of income, and 19% of households report that none of their members engage in any paid economic activity. Only 31% of working-age people do so, and of these only 3% make pension contributions. The proportion of households with at least one member whose main activity is work has decreased 26 percentage points from that reported before the COVID-19 crisis. 92% of households indicate that lack of financial resources is a barrier to accessing food.
- **Food Security and Nutrition:** 69% of respondents reported having been deprived of at least one meal a day out of the three needed, with 60% of households eating twice a day and 9% eating only once. This is accompanied by a low diet diversity, particularly due to limited consumption of more expensive food groups with higher nutritional value, such as fruits, vegetables, milk, meat and sugars.

42% of respondents reported incurring emergency survival strategies to cope with the lack of food or money to buy food, such as begging on the street.

82% of households with a child under six months reported this child was exclusively breastfed.
- **Water, sanitation and hygiene:** 33% of households do not have access to improved water sources. Regarding the quality of the supply, 36% of households do not have access to drinking water when required. 12% of the surveyed households use inadequate methods of excreta disposal and elimination, while 46% are exposed to inadequate environmental sanitation conditions. 9% of households with women of reproductive age do not have access to menstrual hygiene supplies.

⁵ The methodology used to assess the disability situation was the Washington Group - Short Set (SS-WG) questionnaire; <https://bit.ly/3iqiVmp>

⁶ A part of this population may be in the process of renewing their documentation

- **Protection risks:** 20% of the 971 children born in Colombia since 1 January 2015 do not have a Civil Registry of Birth, the document required to obtain Colombian nationality.

7% of the women and transgender interviewed know a woman who has experienced violence by her partner, ex-partner, or a family member since the start of the COVID related restrictions. Most of these responses related to these events are associated with physical violence, highlighting a possible risk to the physical integrity and life of the survivors.

With respect to exposure to insecurity, 12% of people surveyed reported having knowledge of a possible presence of non-state armed actors in the area where they live.

Almost half (44%) of the people surveyed reported having experienced discrimination based on their nationality in 2020.

- **Internet and education:** 37% of households do not have access to the Internet.

Prior to the COVID-19 crisis, 25% of children aged 6-11 and 39% of children aged 12-17 did not attend school or college, primarily due to lack of space and lack of income. Currently, in the context of COVID-19 isolation measures, approximately 40% of households with children aged 6 to 17 have access to online learning. However, 27% of children aged 6 to 11 and 37% of those aged 12 to 17 do not have access to these types of educational activities.

- **Health:** 84% of households interviewed are not affiliated to the national healthcare system (in Spanish *Sistema General de Seguridad Social en Salud – SGSSS*)

18% of respondents stated that since the start of the preventative isolation measures, at least one member of the household needed sexual and reproductive health services, mainly access to contraception and maternal

health care. However, 39% of those who required a contraceptive method were unable to access it.

43% of the people interviewed mentioned that a member of their household had presented symptoms of anxiety, reduced sleep hours, or crying episodes during the seven days prior to data collection.

- **Shelter:** 67% of Venezuelan households are living in overcrowded⁷ conditions, including 18% of households where seven or more people shared one room. In addition, half (50%) of the households surveyed are not sure where they will reside in the month after data collection. 87% of households do not have insufficient household items for cooking, cleaning, bedding, and/or sleeping.
- **Returns:** 8% of the households surveyed have at least one member who intends to return to Venezuela in the month following data collection, mainly due to the limited access to income in Colombia.



⁷ According to the National Administrative Department of Statistics - DANE (National Census of Population and Housing 2018), this corresponds to more than three people per room.

1 | Methodology

1 | METHODOLOGY

Due to the preventative isolation measures within the country, data collection was carried out remotely, by telephone, in 24 departments nationwide, using a structured questionnaire. 208 surveyors from the participating organizations conducted 3,102 telephone surveys between 21 and 27 July 2020.

The target population corresponds to Venezuelan refugees and migrants with an intention to stay in Colombia. The surveys were carried out with the head of household or persons who could respond on their behalf and provide information on the household. As such, the household is the unit of measurement for this analysis.

The objective sample size for this evaluation is 3,102 successful interviews, to obtain results that represent the households in the databases with a margin of error of 10% or less and a confidence level of around 95% per department. At the national level, there is a margin of error of 3% with a confidence level of 99%. 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 127,000 households (or 635,000 individuals). The number of interviews by department was distributed as follows:

- The distribution by department of the organizations' databases was taken as a starting point.
- Once the departments were selected based on this representation, the number of surveys was adjusted to ensure sufficient coverage in those departments that are especially relevant to the GIFMM response:

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

The results presented in this report were analyzed through a joint process with an analysis team consisting of 16 organizations⁸, each of which contributed according to their sectoral experience. In addition, the resulting analysis was reviewed by sector and geographic experts, to enrich and complement the results and analysis presented in this report.

⁸ ACAPS, ADN Dignidad consortium, ADRA Colombia, FAO, Forum of Humanitarian NGO in Colombia, CCD, Humanity & Inclusion, IOM, IRC,

For more information, please use this [link](#) to access the methodological note, questionnaire and anonymized database.

SCOPE AND LIMITATIONS

The 34 databases used to create the sampling frame contain information on around 127,000 Venezuelan and mixed households, or around 635,000 people. Due to the standing data protection policies, the different databases could not be combined. As such there may be duplication of households across databases.

In addition, it should be taken into account that there is a **selection bias in the sample** since the households included within the databases are those who have been in contact with the organizations participating in the survey (as beneficiaries, participants in previous surveys - e.g. eligibility surveys or information campaigns). As a result, the information collected is not representative of the entire Venezuelan population in the country. For instance, the proportion of surveyed households receiving assistance is likely to be higher than the proportion of the total refugee and migrant population in Colombia receiving assistance. Additionally, people transiting Colombia by foot ('caminantes'), host communities, and Colombian returnees are not included in the needs assessment, which focuses on the population from Venezuela who an intention to stay in Colombia.

The sampling design allows for analysis on a national level and the 11 prioritized departments. While the remaining 13 departments are considered in the descriptive statistics at the national level, information is not disaggregated by department.

This assessment was designed to provide an analysis from a multi-sectoral perspective and does not intend to provide a detailed analysis of all sector-specific concerns, their causes, and impacts. As a result, sector-specific assessments may be required to measure the highlighted concerns in further detail.

The results should be interpreted considering the COVID-19 crisis and preventative measures that were in place at the time of data collection.

The unit of measurement is the household and as such, only limited information was collected regarding the conditions and experiences of specific members of the household. Therefore, the resulting data are likely to mask significant differences within households.

iMMAP, Mixed Migration Centre, REACH, UNFPA, UNHCR, WFP and World Vision.

As several of the respondents received assistance through the organizations conducting the interviews, some results have likely been influenced by a response error.

There are general limitations to conducting phone-based surveys: firstly, it is not possible to confirm responses through direct observation as is common during face-to-face surveys. Also, issues considered sensitive to respondents may be underreported.

Likewise, as the information is collected remotely, several indicators should be considered as proxy-indicators of the food security situation, adapted to the COVID-19 context. As a result, the findings are indicative, and cannot determine the food security situation of all households interviewed.

Finally, due to the change in databases among rounds, it is not possible to make direct comparisons between the results of the first, second, and third GIFMM data collection.

Main changes between the third round of the JNA and previous GIFMM joint multi-sector assessments in 2020⁹:

- Households were consulted about their preferences regarding forms of assistance.
- Household coping mechanisms were incorporated into the analysis in order to assess their livelihood-based survival strategies to meet their food and other needs.
- Questions on nutrition (breastfeeding) were incorporated
- The scope of analysis in water, sanitation, and hygiene was expanded, including questions on basic sanitation/disposal of excreta, access to menstrual hygiene supplies, and environmental sanitation.
- Similarly, more analysis was developed on housing conditions, reviewing whether households are living in overcrowded conditions, as well as the availability of toiletries, sleeping items, and cooking implements, to inform the analysis of the NFI sector.
- To strengthen the 2021 protection strategy, this round also included additional questions to measure protection risks, including the risk of statelessness, Gender-Based Violence (GBV), and legal status.



⁹Rapid Joint needs assessment - COVID-19 (May 2020): <https://r4v.info/es/documents/details/76032> and Joint needs

assessment - COVID-19, second round (June 2020): <https://r4v.info/es/documents/details/78013>

2

Profile of the respondent and household



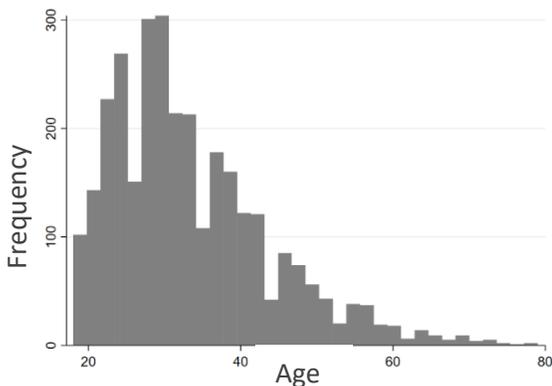
2 | PROFILE OF THE RESPONDENT AND HOUSEHOLD

PROFILE OF THE RESPONDENT

Of the 3,102 surveys conducted, 78% of the people interviewed are women, 21% are men, and 0.3% (9 people) identify themselves as transgender. The average age of those interviewed is 33.4 years (average age for women is 33 years while the average for men is 35 years).

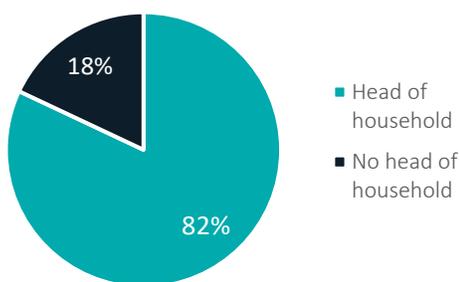
The people surveyed are between 18 and 79 years old, with a higher concentration of those between 18 and 39 years old, which corresponds to 75% of the respondents (see graph 1).

Graph 1. Age histogram of respondents



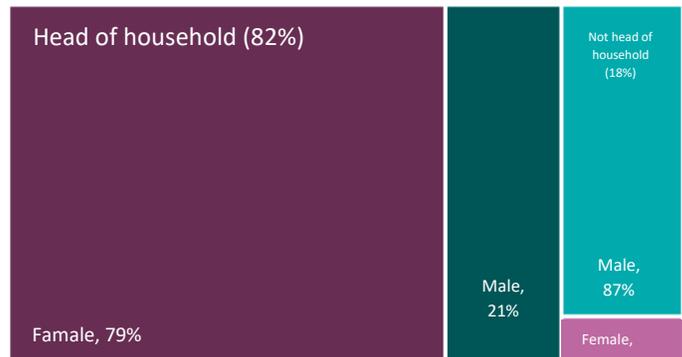
82% of the total respondents consider themselves as the head of the household¹⁰ (see graph 2). Of these, 75% are women and 24% are men, with a percentage of less than 0.3% for transgender people. 18% of respondents did not consider themselves the head of household (18%) but answered on behalf of him or her (87% of these are men and 13% are women, see Graph 3).

Graph 2. Role of respondents in their household



¹⁰ The head of household refers to the person who, because of his/her age, because he/she is the main economic breadwinner of the family or for other reasons, is recognized as such by his/her members.

Graph 3. Gender of respondents, according to their role in the household



88% of those surveyed do not identify themselves as being part of an ethnic group, while 9% identify themselves as indigenous, and 3% consider themselves as Afro-descendants. It should be noted that most indigenous people surveyed are in the department of La Guajira, at almost 75% of the total indigenous population assessed¹¹. Of the total number of people of Afro-descendants, 68% are women and 32% are men. Of the total number of indigenous people covered by the assessment, 80% are women, 19% are men, and 1% are transgender.

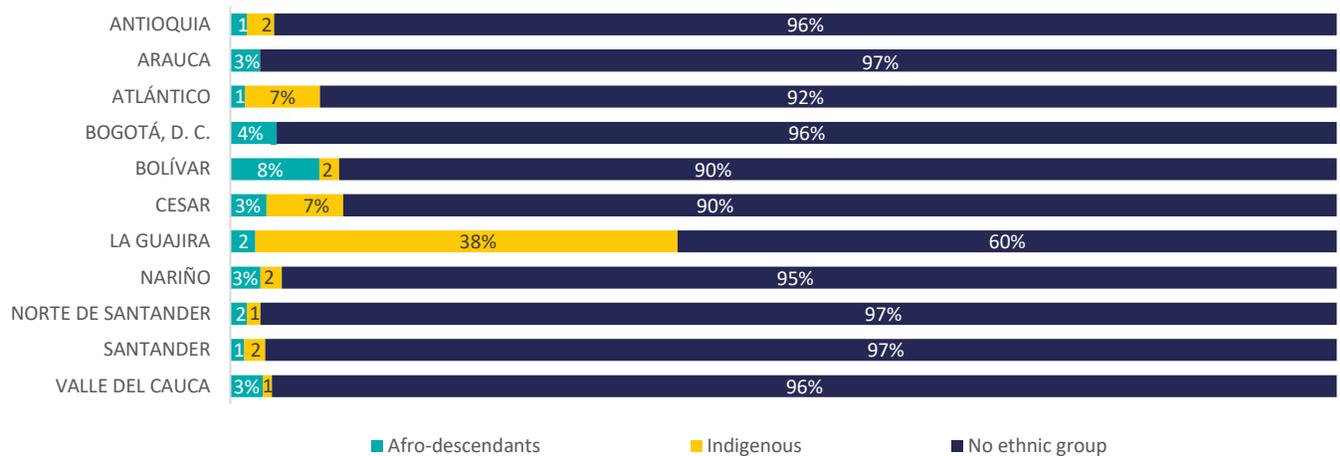
Although at the national level the Afro-descendant population is a minority (ranging from 1% to 3% of those interviewed at the departmental level), Bolivar stands out with 8% of the surveyed population identified as both Venezuelan and part of this ethnic group; likewise, the indigenous population stands out in La Guajira (38% of those interviewed), and to a lesser extent in Atlántico and Cesar 7% in each case, see graph 4).

In terms of ethnicity, 89% of the indigenous population surveyed belongs to the Wayúu indigenous group. Other indigenous groups of those interviewed include those corresponding to the binational area¹², with 4%, and other groups correspond to 7%.

¹¹ 25% of the entire indigenous population of Colombia, is residing in La Guajira according to the National Indigenous Organization of Colombia: <https://www.onic.org.co/onic>

¹² Puinave-Uaipi, Piaroa-Guagua, Sikuane-Guahibo, U'wa-Tunebos, Hitnu – Macaguán and Yukpa-Yuco

Graph 4. Ethnicity of respondents by department ¹³

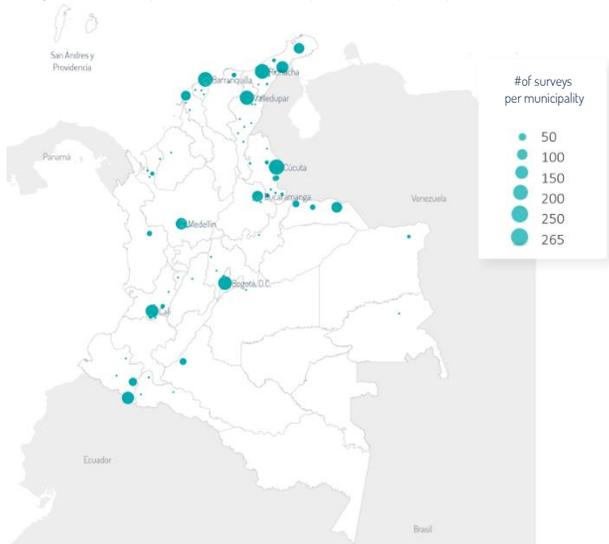


HOUSEHOLD PROFILE AND COMPOSITION

In 79% of households interviewed, all members are Venezuelan refugees and migrants. The remaining 21% of households are mixed, with both Colombian and Venezuelan household members.

62% of the households surveyed reside in departmental capital, cities such as Barranquilla, Bogotá, Bucaramanga, Cali, Cúcuta, Medellín, Riohacha, and Valledupar, while the remaining 38% are municipalities that are not department capitals¹⁴.

Map 1. Surveys conducted by municipality



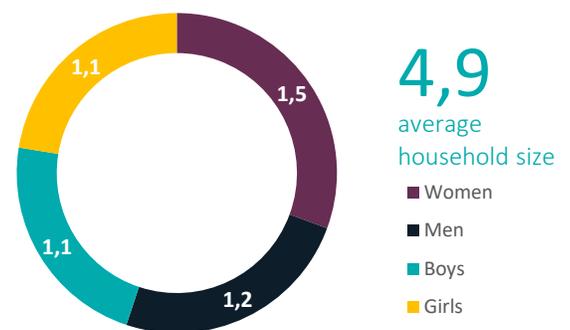
¹³ To note: Small changes between departments may be a reflection of the methodology, rather than a reflection of the actual situation.

¹⁴ Even though only some of the municipalities where surveys were conducted are representative in statistical terms, it should be noted that almost all are specifically relevant to the analysis of the situation of refugees and migrants in Colombia: of the 82 municipalities analyzed, 18 correspond to the top 20 municipalities with the greatest

Households surveyed consist, on average, of 4.9 members and are composed mostly of one boy, one girl, one man, and two women (see graph 5). This household size and composition is consistent with that reported by the Emergency Food Security Assessment for Migrant and Refugee Populations and Host Communities, hereinafter EFSA (World Food Program - WFP, February 2020)¹⁵.

The average household size exceeds the reported Colombian average, which according to the National Census of Population and Housing (National Administrative Department of Statistics - DANE, 2018), stands at 3.1 people per household.

Graph 5. Average household composition by sex and age

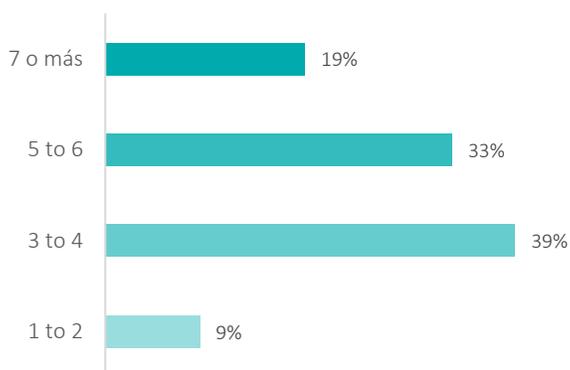


number of refugees and migrants, 19 additional municipalities correspond to the top 50, and 14 more correspond to the top 100; these 51 municipalities represent 93% of the total number of surveys conducted.

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

In terms of household size, 39% of the households have three or four members, 33% have five or six members, 19% have seven or more members, and only 9% have one or two members (see graph 6). Of the households surveyed, Nariño and Bogotá showed a household size below the national assessment average, with four members, while La Guajira exceeds it with six members on average.

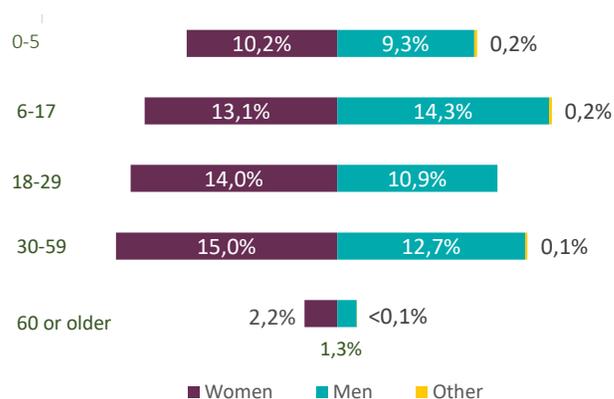
Graph 6. Percentage of households by number of members



Similarly, in 89% of the households there is at least one child.

Adults between 30 and 59 years of age represent the largest age group among those surveyed, followed by children and adolescents between 6 and 17 years of age (see graph 7). Adults aged 60 or over represent only 3% of the population covered by the assessment, in line with the estimates within the consolidation of available statistics in 'Venezuelans in Colombia' as of 30 June, published by Colombia Migration (2.6%)¹⁶.

Graph 7. Household composition by sex and age groups



22% of the households have a high dependency rate¹⁷, that is to say, for each non-dependent member (persons between 18 and 59 years of age) there are more than 1.5 dependent members (persons under 18 and over 60 years of age) within the household. This dependency rate is above the results of the second round of the rapid needs assessment as well as the dependency rate calculated in the EFSA in February of this year (15% in both cases). La Guajira and Arauca are the departments where most households have a high dependency rate (34% and 24% respectively); in contrast to the departments of Santander, Valle del Cauca, and Bogotá, which have lower rates (11%, 15%, and 15% of households surveyed).



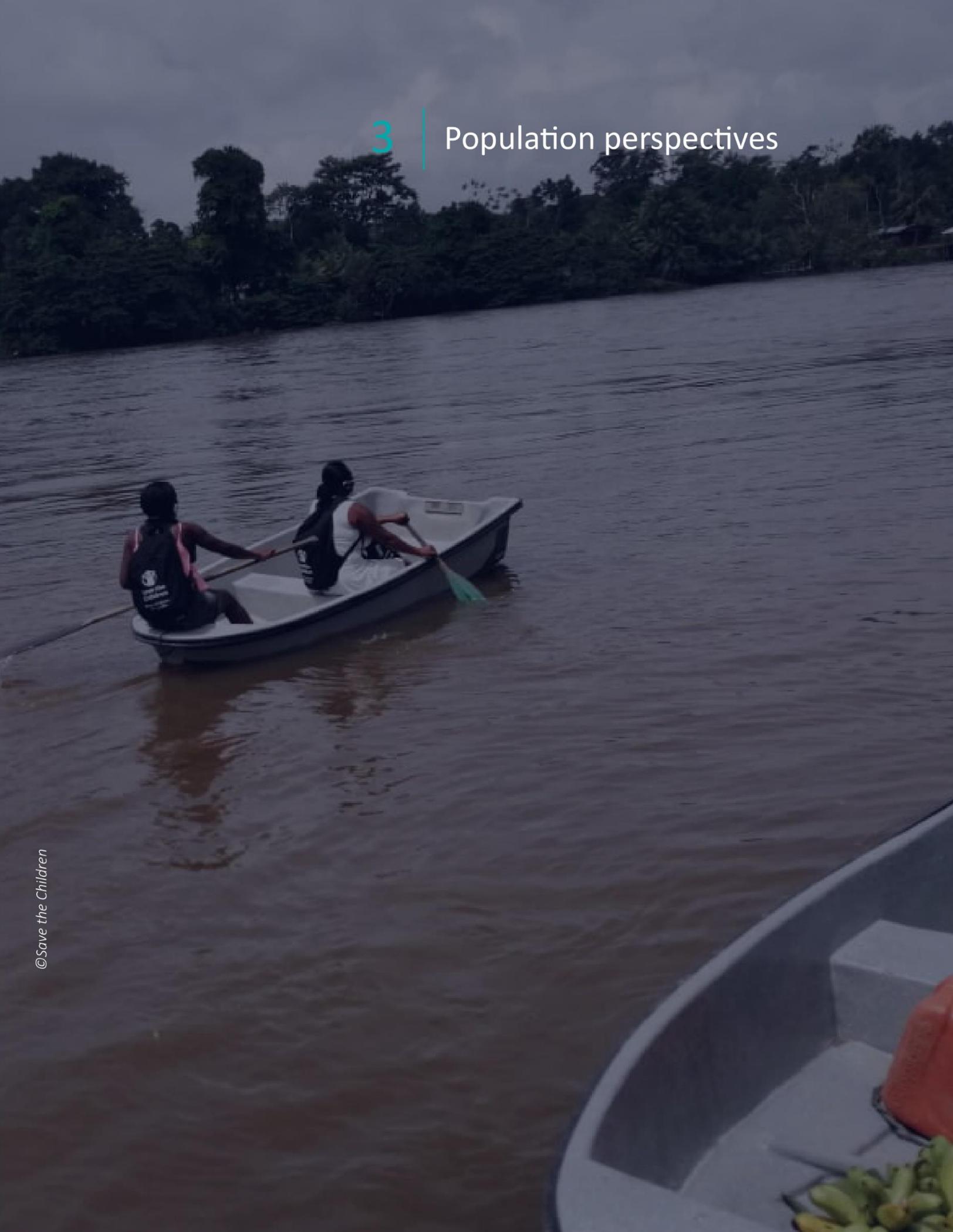
¹⁶ Colombia Migration (August 2020). Venezuelans in Colombia as of 30 June 2020: <https://bit.ly/2Fv2HrM>

¹⁷ The dependency ratio is a demographic concept that expresses the number of "inactive" persons who should be financially supported by "active" persons, according to their age ranges. Although they vary slightly from those indicated by ECLAC (<https://bit.ly/3hOtcHk>), the

dependency ratio calculated for this assessment corresponds to the ratio between the population under 18 years of age plus the population over 60, in relation to the population aged 18 to 60, by one hundred (*100). Also, for the purposes of this assessment, the 1.5 threshold is context-specific, based on a WFP analysis of household food insecurity conditions as part of its EFSA assessment in November 2019.

3

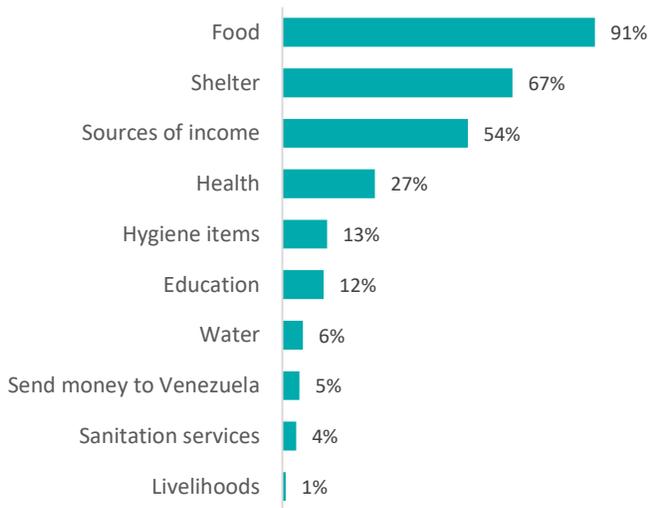
Population perspectives



3 | POPULATION PERSPECTIVES

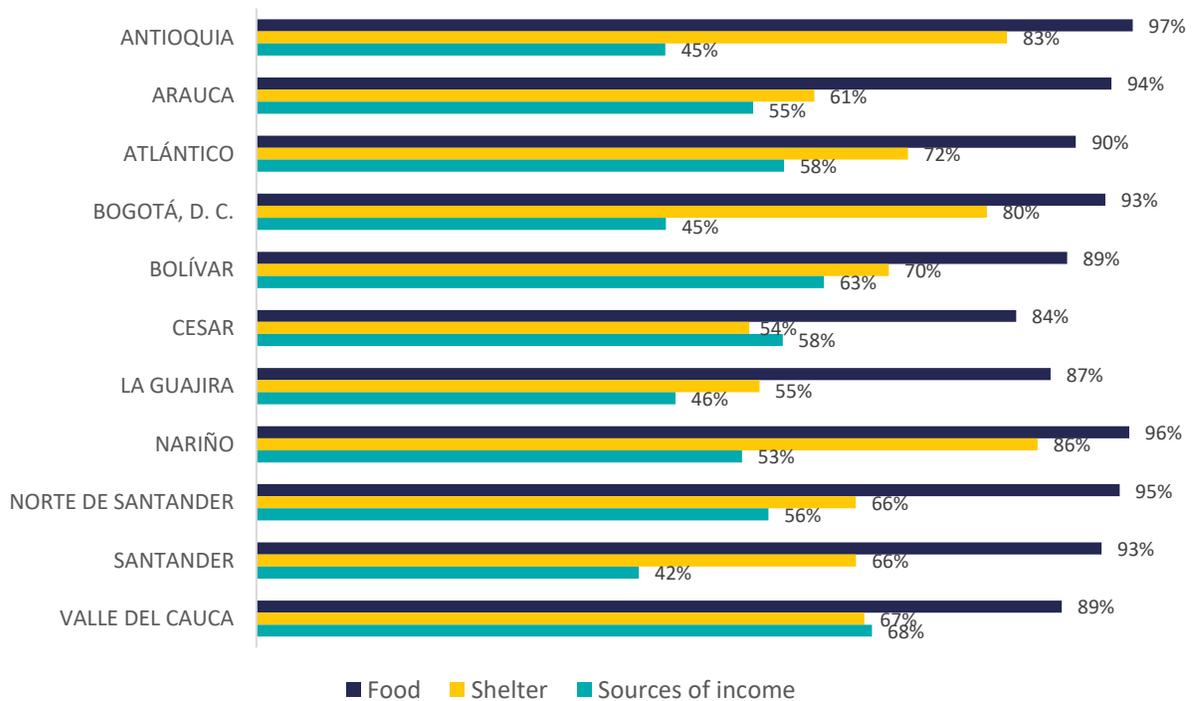
PRIORITY NEEDS

Graph 8. Needs prioritized by households



The three main needs perceived by households are **food (91% of households interviewed)**, **shelter assistance, including rental assistance (67%)**, and **access to employment or other sources of income (54%)**. The prioritization is similar across the country: at the departmental level, there are no significant changes between the three main needs prioritized by households (see graph 9).

Graph 9. Priority needs per department



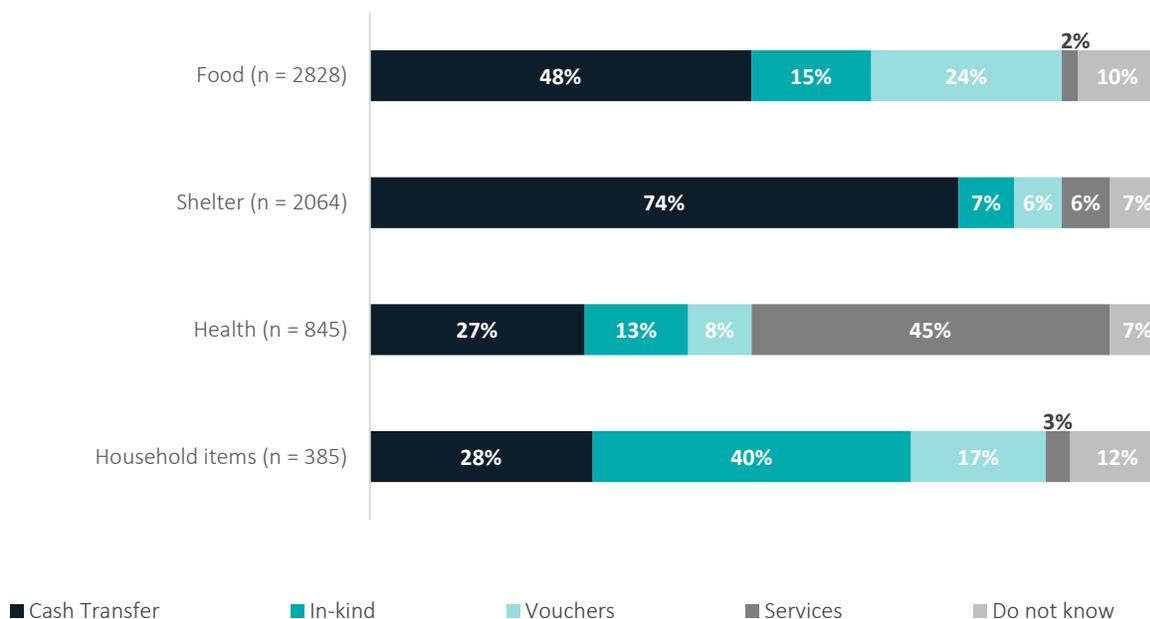
PREFERENCES RESPONSE MODALITIES

For the first time during this third round, interviewees who reported food, housing, health, household items, education, water, and communications as one of the priority needs had the option of expressing their preferred aid modality¹⁸, choosing from the following options: cash, vouchers or coupons, deliveries of specific goods and services.

35% of respondents reported a cash transfer as their preferred modality, followed by 5% who preferred vouchers or coupons, 3% the in-kind delivery of goods, 3% specific services, and 6% who did not know. Just under half (46%) of the population did not have one preferred modality, i.e. chose different modality for each priority.

Graph 10 below illustrates the preferences for the four needs prioritized by households. In terms of food, a preference for cash is evident in 9 of the 11 departments covered.

Graph 10. Households’ preferences about response modalities by sector¹⁹



There are important differences²⁰ in preferences according to several household characteristics: It was found that the higher the risk of eviction, the greater the preference for cash to meet food needs. In addition, the fact that the head of household is female increases the probability of reporting a preference for cash to access food (+3%). Households with an indigenous or Afro-descendant background are less likely to report cash as the preferred modality (-14%) and report an increase in preference for in-kind shelter support (+4%) compared to other households.

Finally, there is evidence that in households that apply livelihood-based coping strategies to meet their needs, the preference for bonds or coupons decreases (-5%), and the preference for cash increases (+12%) versus households that do not use these strategies²¹.

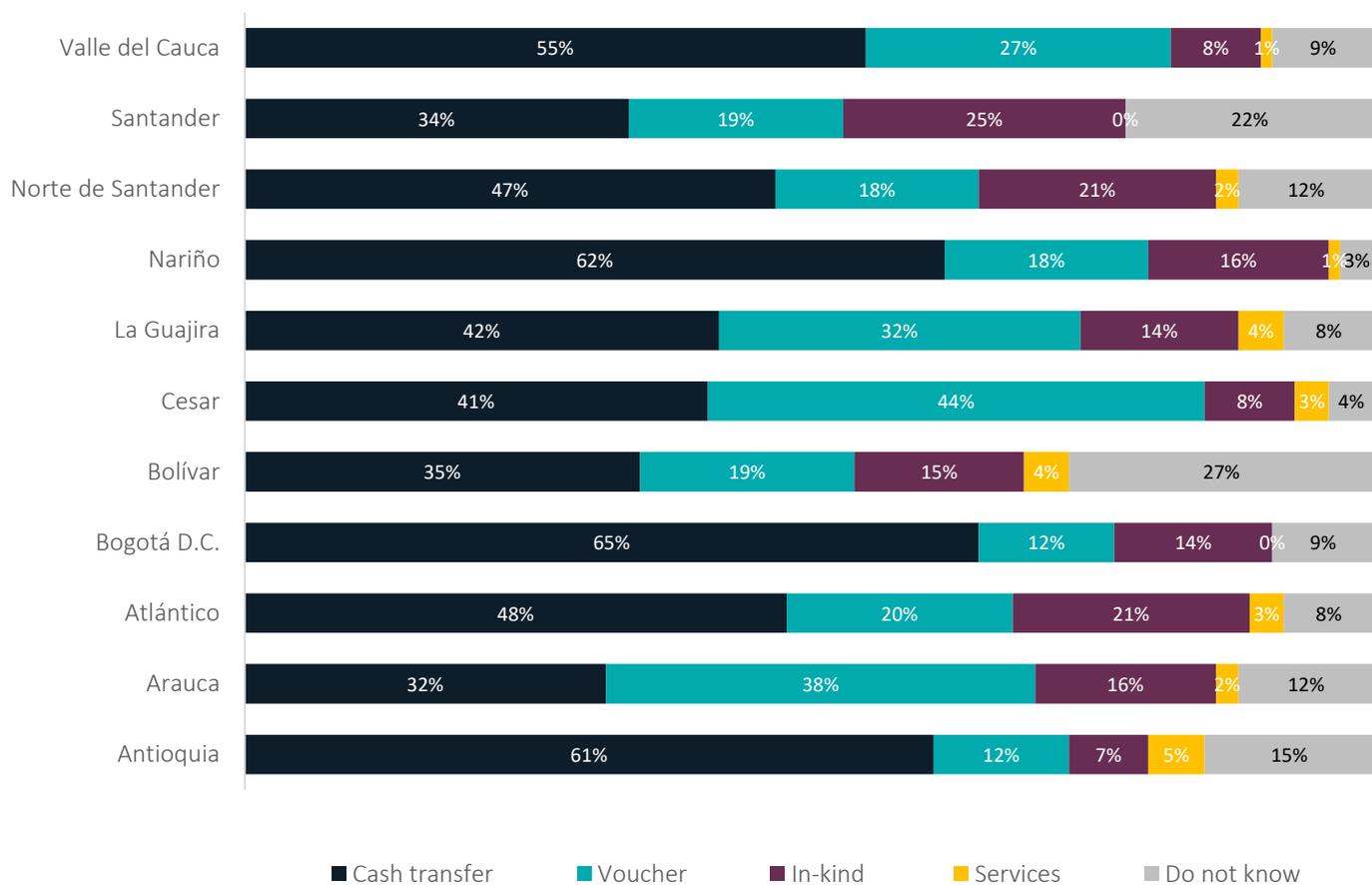
¹⁸ A respondent can indicate a maximum of three preferences.

¹⁹ Each household could indicate a maximum of 3 priority needs. Then, if this prioritized need was food, housing, health, household items, education, water and/or communication means the household was invited to select a preferred modality.

²⁰ The correlations presented here are significant at 5% in the probit model used to generate these results.

²¹ Significant at 20% margin of error.

Graph 11. Households' preferences about response modalities for food assistance, by department



4

Specific needs



4 | SPECIFIC NEEDS

PREGNANT AND LACTATING WOMEN

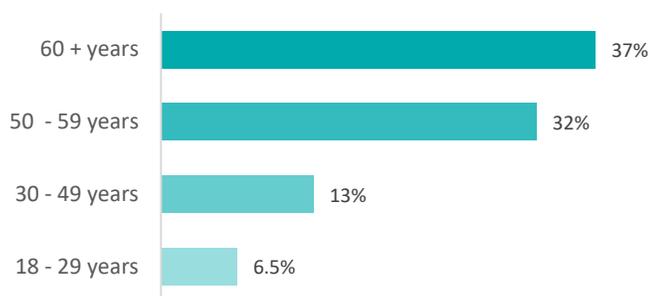
In 28% of households, there is at least one pregnant and/or lactating woman. At the departmental level, the high proportion of pregnant and lactating women in households in La Guajira stands out significantly, doubling that of other departments. This can be explained by the analysis according to ethnic groups: 12% of households with pregnant or nursing women correspond to indigenous communities, whose proportion in La Guajira is 38%.

HEAD OF HOUSEHOLD WITH A DISABILITY

12% of the heads of households surveyed have a disability²², with a higher prevalence among women (12%) compared to men (11%)²³.

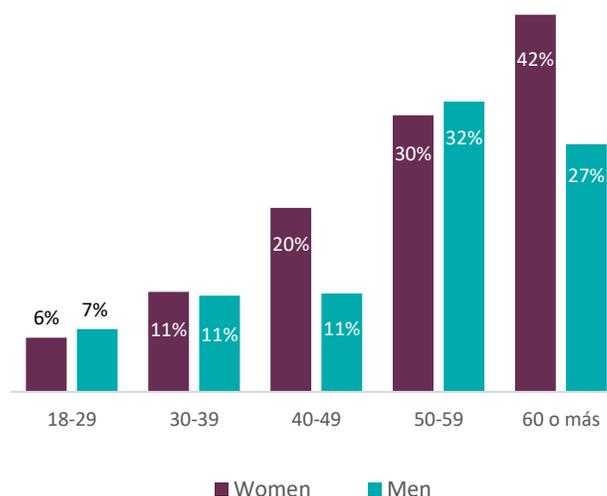
37% of the heads of households interviewed who are 60 or older report having a disability, compared to 6.5% of the heads of households who are between 19 and 29 years old. (see graph 12). Almost 38% of the total number of heads of households with a disability are women between the ages of 30 and 49, followed by men in the same age range with more than 15%.

Graph 12. Percentage of respondents (heads of household) with a disability by age



The age range from 40 to 49 years old (20% vs. 11%) and in the 60 and older age group (42% vs. 27%) is where the greatest difference between female and male heads of households with disabilities is evident. In the other age groups, the proportion is very similar between both sexes (see graph 13).

Graph 13. Percentage of heads of household with a disability by sex and age



LEGAL STATUS

16% of respondents reported that they have a regular status²⁴ (see Table 1 for details). This information is consistent with the findings of the DRC protection monitoring of April - June 2020, where the proportion of the Venezuelan population in an irregular migratory situation is 80.9%, as well as with the WFP's EFSA - February 2020, which reports that only 16% of the migrants surveyed carry a PEP.

respondents (representing 1,029 households interviewed) stated this condition.

²⁴ 'Regular status' refers to people that report having one or more of the following documents: Foreigner's Identity Card ('Cédula de extranjería'), a valid Special Stay Permit - or PEP (Permiso Especial de Permanencia, PEP, for its acronym in Spanish), with recognized refugee status, and/or a valid Letter of safeguard for asylum seeker ('Salvoconducto de solicitante de asilo').

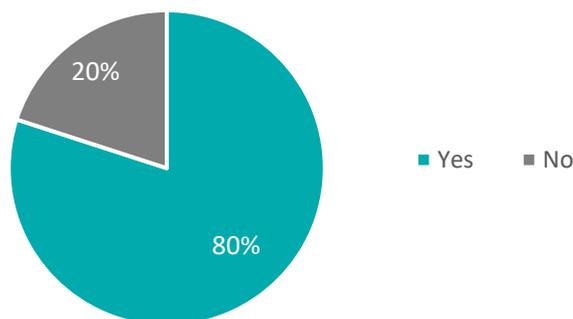
²² According to the United Nations Convention on the Rights of Persons with Disabilities (CRPD, art. 1), persons with disabilities include "persons with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

²³ The proportion of people with a disability is slightly higher than reported in the Protection Monitoring carried out by the Danish Refugee Council - DRC for the period April-June 2020, where 8.4% of

Table 1. Documentation Reported by respondents for their household members

DOCUMENT	% PEOPLE
Special Stay Permit (PEP)	17%
Current PEP	11%
Expired PEP	6%
Recognized refugee status	3%
Letter of safeguard for asylum seeker	3%
Current letter of safeguard for asylum seeker	1%
Foreigner's Identity Card	4%

with a Civil Birth Registry



The process to obtain nationality is through the Civil Birth Registry, which is the identity document for children between 0 to 7 years of age in Colombia. As illustrated in graph 14, of these 971 children, 20% have not requested registration. The reasons mentioned by respondents for this include: the temporary closure of the National Civil Registry offices countrywide as part of the COVID-19 preventative measures (from 17 March to 31 May 2020²⁵). (32% corresponding to 60 children), lack of knowledge on the process (19% corresponding to 35 children)²⁶, for fear of contracting COVID-19 or because they do not have the resources to do so (16% corresponding to 30 children for both) and/or because of other barriers.

DOCUMENTATION AND NATIONALITY

In 12% of households, there is at least one member who **does not hold** a document identifying them as Venezuelan, which could expose them to a risk of statelessness. This situation is more common among the Venezuelan indigenous communities interviewed, as 17% of those households interviewed have one or more members without this document (50 of the 293 households).

CIVIL BIRTH REGISTRY

Colombia has a normative framework that grants Colombian nationality to children of Venezuelan parents born in Colombia since 1 January 2015. Among the people covered by the assessment, 971 children, or 6% of all surveyed, meet these conditions, that is, they are children of Venezuelan parents and were born in Colombia after 1 January 2015.

Graph 14. Children born in Colombia since 1 January 2015

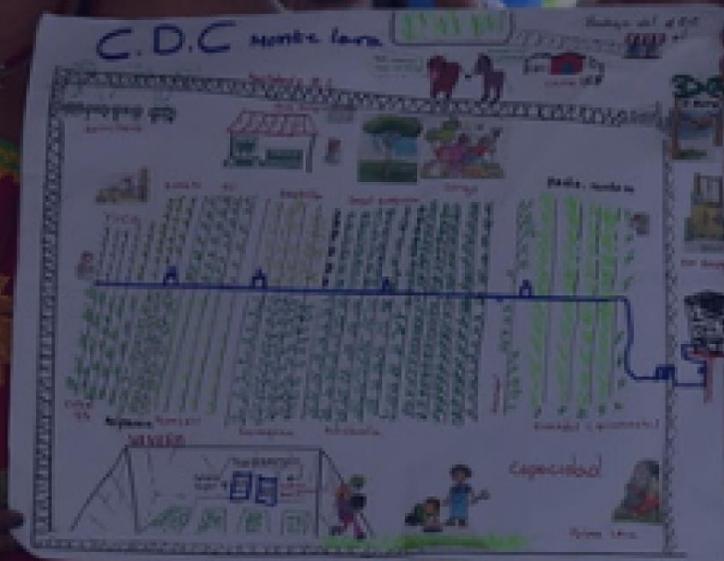
²⁵ Please note that Registration at the Notary continued during this period.

²⁶ In line with Resolution 8470 of the National Registry, to acquire Colombian nationality for their son or daughter, Venezuelan mothers and fathers with children born in Colombia after January 1, 2015, are

to visit the Civil Registry office within their municipality to request the Civil Registry. ”

5

Access to basic needs and rights



5 | ACCESS TO BASIC NEEDS AND RIGHTS

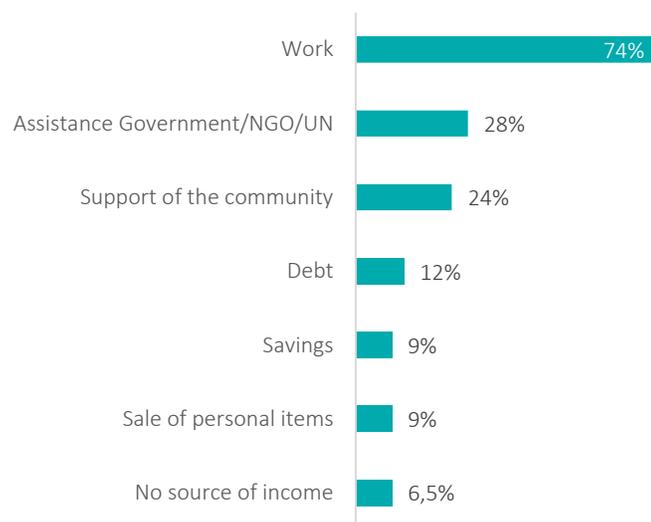
LIVELIHOODS

To measure the economic conditions of the households, respondents were requested to list the three main sources of income for the households at the time of data collection. Paid work is the most common source of income for the households surveyed, reported by 74% of households. At the same time, a large percentage of respondents rely on assistance from government and/or humanitarian agencies (28%) or support from their communities (24%, see graph 15).

9% of the households surveyed have no source of income at all, a situation that is more prevalent in households headed by women (11%) compared to those headed by men (5%), as well as among those with a head of household with a disability (11% vs. 8% without a disability). The departments of Atlántico (14%), Antioquia (13%), and Cesar (12%) have a higher proportion of households without a source of income.

Households with a high dependency rate are less likely to report work as their main source of income, compared to those with a lower dependency rate (67% vs. 79% respectively). This is especially relevant since the burden within the household is exacerbated for households that have a lower capacity to generate an income.

Graph 15. Households' top three sources of income²⁷



Of the household members of working age, only 31% do so and of these only 3% are affiliated with the social security system.

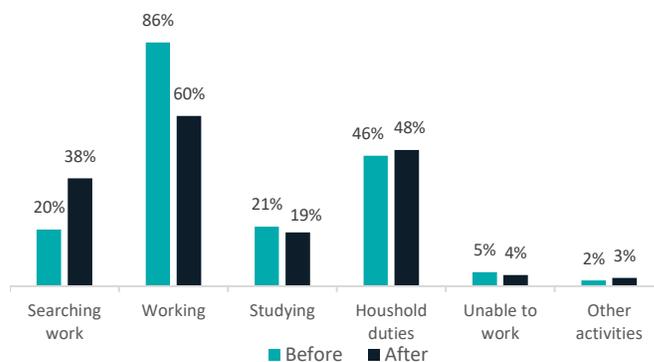
²⁷ Las personas encuestadas podían elegir las tres fuentes principales de ingreso en el hogar.

²⁸ Please note that, during data cleaning, questions related to activities carried out by household members before and during the mandatory

The jobs they manage to access are mainly: self-employment (informal or formal 51%), jobs in companies (14%), paid domestic services (4%), day labor (6%), and the remaining 3% is distributed in other activities of lower participation; 21% of the working population did not indicate a specific type of activity. It is important to note that 19% of households report that none of their members engage in any paid economic activity.

The results show how the introduction of preventative isolation measures significantly impacted access to work²⁸. Before the onset of the COVID-19 crisis, in at least 20% of households one member was looking for work, while at the time of data collection, that proportion has increased to 38%. An even more important change was recorded households where at least one member was working, dropping from 86% before the crisis to 60% during data collection (see graph 16). At the individual level, 50% of the household members over 12 years old were working before compulsory preventive isolation measures were introduced. During the crisis, this percentage dropped to 28%. In terms of other activities, the results show a slight reduction in the proportion of households with at least one member studying and an increase in the percentage of members engaged in unpaid domestic work.

Graph 16. Distribution of activities by households before vs. during the pandemic



Households surveyed in the department of Bolívar report the best results in terms of sources of income, with 85% of households dependent on paid work; 6% without income, and the remainder depending primarily on community support and government/NGO assistance (see table 2).

In addition, Santander stands out, as 19% of the households surveyed indicate that they sell personal assets (10 percentage points above the average).

preventative measures removed 1,458 and 1,257 observations respectively.

The department of Bolívar has the best results in terms of sources of income, with 85% of households depending on paid work; 6% without income, and the rest depending primarily on community support and government/NGO assistance.

Table 2. Households’ sources of income by department

	Work	Debt	Savings	Assistance	Community support	Sale personal items	No source of income	Other
Antioquia	68%	24%	16%	25%	18%	3%	13%	0%
Arauca	87%	7%	13%	29%	31%	7%	5%	0%
Atlántico	60%	11%	3%	43%	20%	8%	14%	1%
Bogotá, D.C.	68%	7%	9%	41%	21%	5%	8%	0%
Bolívar	85%	2%	2%	4%	9%	1%	6%	1%
Cesar	69%	20%	11%	31%	18%	8%	12%	0%
La Guajira	72%	12%	5%	28%	31%	9%	8%	0%
Magdalena	64%	18%	12%	26%	29%	17%	9%	0%
Norte de Santander	78%	15%	10%	28%	29%	11%	7%	0%
Santander	88%	1%	13%	19%	15%	19%	3%	0%
Valle del Cauca	80%	5%	13%	21%	18%	9%	9%	0%

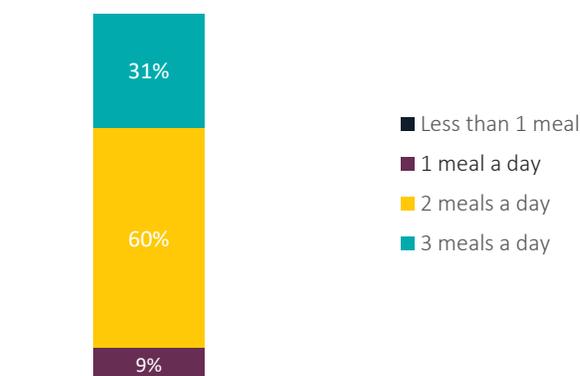
Atlántico (14%), Antioquia (13%), and Cesar (12%) stand out as the departments with the highest prevalence of households without income. The case of Antioquia is noteworthy, as it not only presents high levels of households without income but also of households that spend their savings and get into debt; as well as the case of Nariño, which presents high levels of indebtedness, use of savings, community support and, more worryingly, sale of personal goods (8 percentage points above the average).

FOOD SECURITY

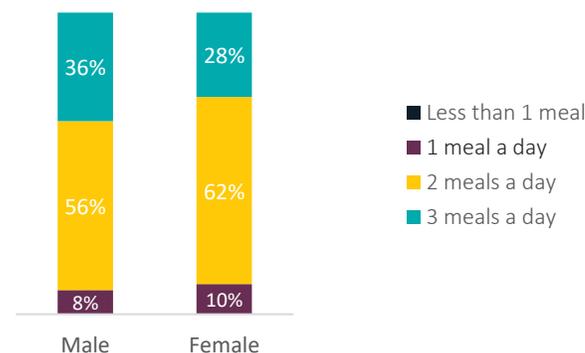
This is particularly evident among households with a high dependency rate. 12% of households with a high dependency rate only have access to one meal per day or less vs. 8% of households with a low dependency rate. This is consistent with the fact that, according to the EFSA, households with a high dependency ratio have higher levels of poor or limited consumption compared to households with a low dependency ratio (43% vs. 36%) disability.

In addition, 72% of households headed by women consume two or fewer meals per day (vs. 63% for households headed by men, see graph 18).

Graph 17. Average daily meals consumed by households (in the week before data collection)



Graph 18. Average daily meals consumed by households (in the week before data collection), by gender of the head of household

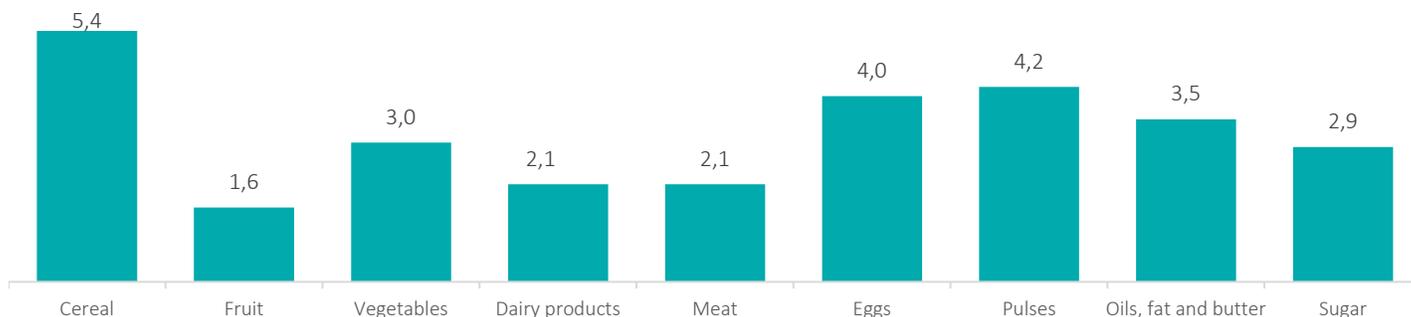


77% of households headed by a person with a disability consume 2 or fewer meals per day, at least one meal per day fewer than recommended minimum, while this percentage is 68% for households headed by a person without a disability. Importantly, within that 77%, 15% are households that consume 1 meal per day, meaning that 15% of households

headed by a person with a disability are restricted from 2 of the 3 recommended meals per day.

The average number of days per week that households surveyed consume each food group reflects a low dietary diversity. Diets especially lack fruit, vegetables, milk, meat, and sugar (see graph 19).

Graph 19. Average days per week households consumed specific food groups (in the week before data collection)

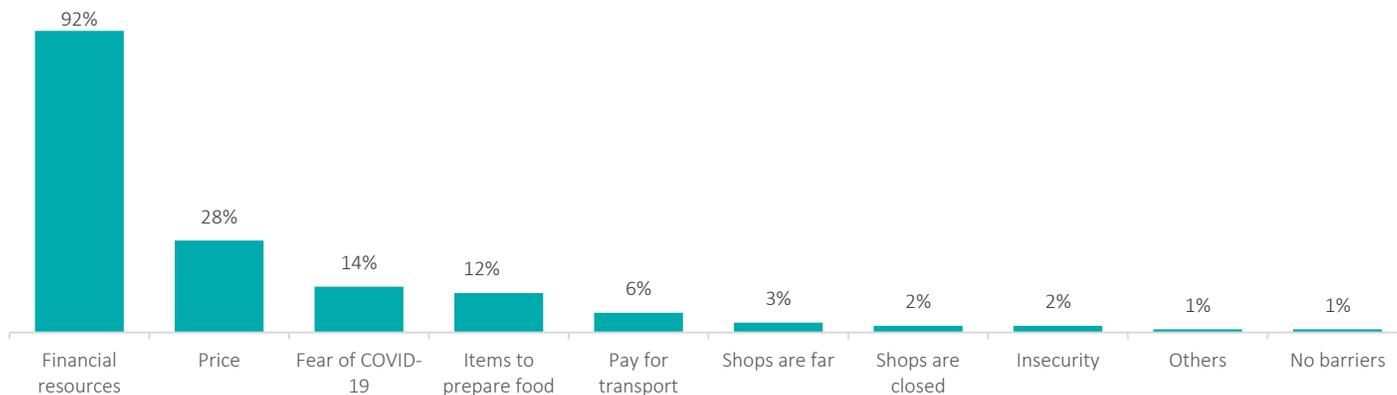


At the departmental level, households in Nariño report dietary diversity results below the average of particular concern is the consumption of meat and eggs in the week prior to the survey, at 1.5 days below the average. Consumption of meat and eggs is also below average in La Guajira. Additionally, Nariño presents below-average values when reviewing the consumption of legumes, vegetables, and fats, reflecting a diet poor in protein and energy. Cesar stands out as the department where fruit is consumed most frequently (0.5 days above average) and Santander as the department where milk and meat are consumed more often (0.9 and 0.5 days above average).

MAIN BARRIERS

The unavailability of financial resources is the main barrier to accessing food, identified by 92% of households assessed. The second most mentioned barrier (28%) is an increase in the price of preferred products or the perception that these products are too expensive. The lack of household items to prepare food, as well as the fear of contracting COVID are also highlighted as main barriers (see graph 20). A revision of those barriers that were not mentioned by households shows that insecurity, closures of stores, or the distance to stores are not of main concern to those interviewed.

Graph 20. Main barriers to accessing food

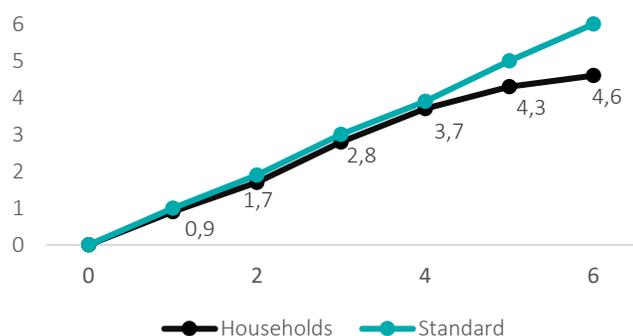


NUTRITION

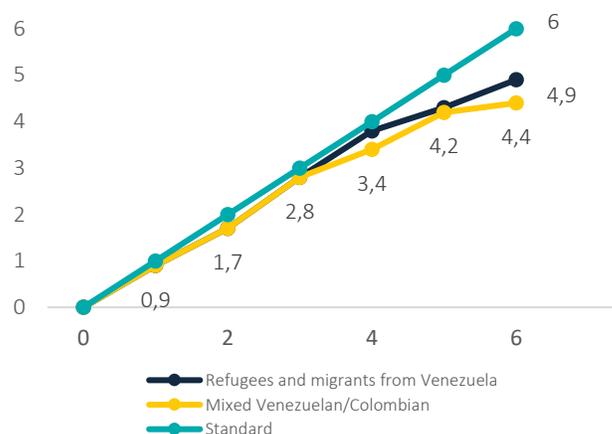
303 households surveyed, or 10% of the sample report having children under six months. 82% of those children are exclusively breastfed as appropriate for their age. It is important to point out that this practice, along with other factors prior to birth²⁹, is vital to ensure acceptable nutrition conditions during the first years of life. In general, the results show that exclusive breastfeeding is common for up to 4 months. As a result, on

average, by the time children are 6 months, they have received 4.6 months of exclusive breastfeeding (see graph 21). This average is lower in mixed Colombian-Venezuelan households, at 4.4 months (see graph 22).

Graph 21. Average months of exclusive breastfeeding for baby boys and girls under six months



Graph 22. Average months of exclusive breastfeeding for babies under six months, by household profile



Socio-economic, emotional, and contextual factors can affect levels of exclusive breastfeeding. The lack of access to safe shelter and privacy identified in this and other assessments, coupled with a lack of sources of income and uncertainty about

the situation, can result in stress and other mental health concerns. The need to work, even immediately after giving birth, can cause physical separation of mother and baby, while access to the resources required to store breastmilk is limited.

HEALTH

84% of the population covered by the assessment are not affiliated to any of the health regimes in Colombia (Contributory, Subsidized or Special). In 69% of the households, none of the members are insured. It should be noted that a regular status is a requirement for affiliation to the General System of Social Security in Health (SGSSS by its Spanish acronym). As a result, this low coverage reflects the regular status of the individuals covered by the assessment. Of the people who are affiliated with the health system (16%), 92% belong to the subsidized regime, and 8% to the contributory regime.

35% to the contributory regime (which financially supports the subsidized regime), and 5% to the special regime (that designated for the teachers and the military forces - Ministry of Health 2019)³⁰.

Other analyses confirm the very low levels of affiliation of refugees and migrants to the SGSSS. According to the "Response Plan of the Health Sector to the Migratory Phenomenon" (Ministry of Health, 2019)³¹ in the Administrative Registry of Venezuelan Migrants (RAMV), 99% of the persons registered are not affiliated to the health system, of which 26% are children.

As a reference, of the Colombian population affiliated to the health regime, 61% is affiliated to the subsidized regime, while

²⁹ Other evaluations refer to these factors: The 2020 EFSA (WFP) mentions that 41% of pregnant refugee and migrant women do not consume vitamin and mineral supplements and have not attended any type of prenatal control.

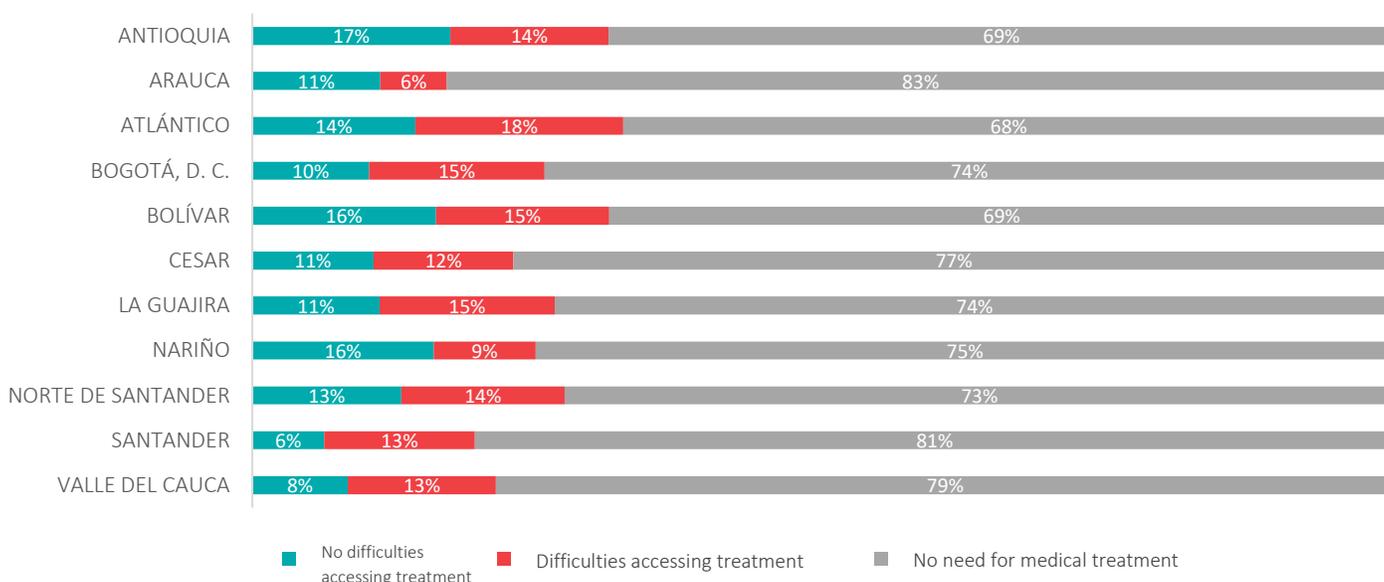
³⁰ Ministry of Health. What is the Subsidized Regime? <https://bit.ly/2Eknxdm>

³¹ Colombian Government and Ministry of Health. Health Sector Response Plan to the Migratory Phenomenon <https://bit.ly/2YppPPo>

Households that are not affiliated to the health system face difficulties in accessing medical care beyond emergency care (which is available regardless of whether the patient holds documentation), especially treatment for chronic illnesses. 25% of the households surveyed state that at least one member of their household has been diagnosed with a chronic disease such as hypertension, diabetes, kidney disease, cancer, or HIV. Hypertension is most often reported, by 18% of households, followed by diabetes (6%) and kidney disease (3%). Of the 25% of households mentioned, 52% have had difficulty accessing medical treatment since the start of the COVID-19 related preventative measures in March. Among the main limitations are not being affiliated with the health system (57%) and the high cost of services and medications (47%).

Although there are no major differences in terms of difficulties in accessing treatment among the eleven departments, it is worth noting that between 17% and 32% of households with at least one member with a chronic disease have needed medical treatment since the beginning of obligatory preventive isolation. Atlántico is the department with most households reporting difficulties in accessing treatment, at 18% (see graph 23).

Graph 23. Limitations of households' access to medical treatment by department



SEXUAL AND REPRODUCTIVE HEALTH

According to the study “Inequalities in the health of the Venezuelan migrant and refugee population in Colombia”, carried out by Profamilia³², 67% of the refugee and migrant population is of reproductive age. Therefore, sexual and reproductive health and access to contraceptive services are important aspects for this population, which in this study were categorized as "urgent" needs in cities with high migratory flows (Profamilia 2020)³³.

In this third round of evaluation, 18% of the people interviewed stated that since the start of the preventative isolation measures in March, at least one member of the household has

needed sexual and reproductive health services. Of these households, the services that were most needed were contraception, required by 52% of these households, followed by maternal health care with 37%, while 18% expressed a need for condoms or other actions to prevent or treat sexually transmitted diseases and/or HIV. 3% of households indicated other services were required.

In relation to maternal health, it should be noted that access to health care is one of the main determinants of maternal mortality.

³² Profamilia. *Inequalities in the health of the Venezuelan migrant and refugee population in Colombia* <https://bit.ly/3b991kp>

³³ Profamilia. *Inequalities in the health of the Venezuelan migrant and refugee population in Colombia*. <https://bit.ly/3b991kp> (see page 31)

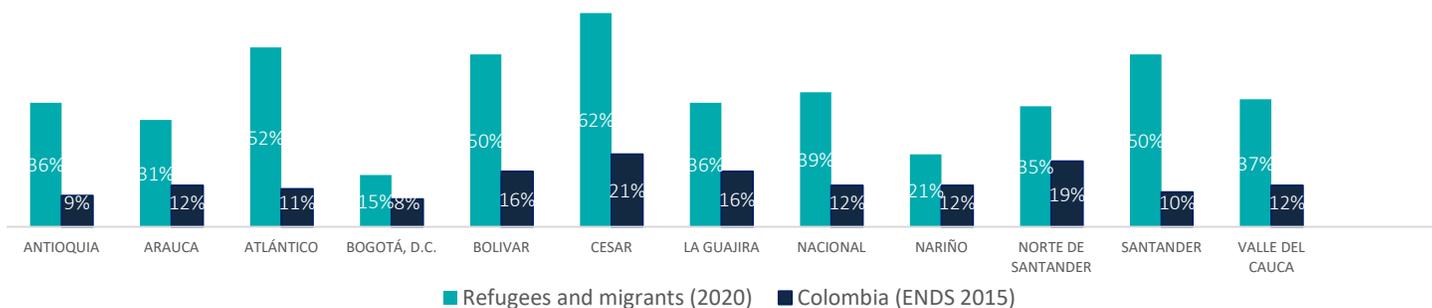
20% of households with pregnant or lactating women expressed a need for sexual and reproductive healthcare.

Regarding the need for contraception, we found that 11% of households with pregnant and lactating women have an unmet need for contraceptive services, as 39% of those households who required a contraceptive method did not have access to it.

This is an important result regarding access to sexual and reproductive rights, since it represents the gap between

women's reproductive intention and the effective access to mechanisms to make this possible (see graph 24).

Graph 24. Unmet needs for contraception³⁴ among refugee and migrant women (GIFMM, 2020) and. those of Colombian women (NDHS 2015)³⁵, by department

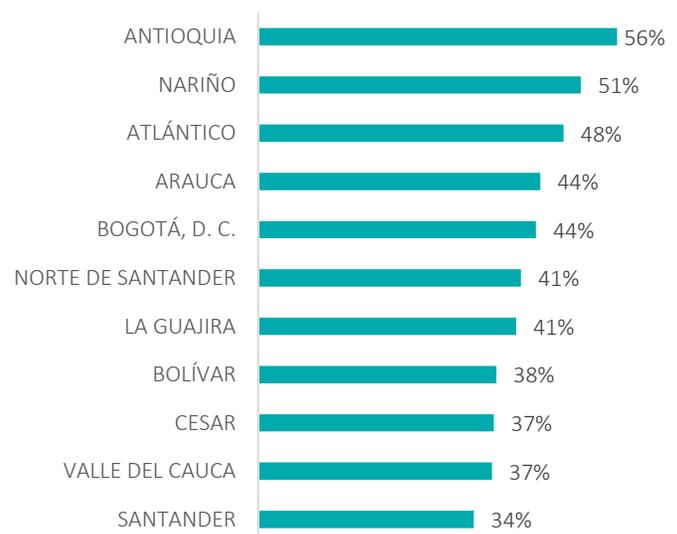


MENTAL HEALTH

43% of those interviewed mentioned that they or a member of their household had experienced anxiety, reduced sleep, or crying episodes in the seven days prior to data collection: 28% of the total respondents said that he/she or one of the members of the household had reduced sleep, 24% had symptoms of anxiety and 17% had crying episodes.

At the departmental level, households residing in the departments of Antioquia, Nariño, and Atlántico, and to a lesser extent Bogotá. D.C. and Arauca, are those that present a greater proportion of households with members who have some symptoms of reduced sleep, crying episodes or anxiety (see graph 25). 34% of indigenous households reported at least one symptom, below the 43% of households that did not report belonging to an ethnic community. Households of African descent report more frequently the three types of symptoms compared to the other groups: sleeping difficulties (35%), anxiety (33%), and crying (27%), with one or more symptoms affected in 56% of cases³⁵. Afro-descendant households most frequently report all three types of symptoms: sleeping difficulties (35%), anxiety (33%), and crying (27%), with 56% of households reporting one or more symptoms³⁶.

Graph 25. Percentage of households with at least one symptom: anxiety, reduced sleep or crying episodes, by department



³⁴ Understood as the gap, in percentage terms, between women's reproductive intentions and their access to contraceptive services.

³⁵ National Demographic and Health Survey (NDHS 2015), available at <https://bit.ly/3baQff4>

³⁶ The proportions of "one or more symptoms" for each ethnic group vs. the rest of the sample were statistically tested, obtaining significant results at 1% with Fisher's exact test for contingency tables (P unilateral value 0.09 Afro-descendant vs. the rest of the sample; and 0.001 indigenous vs. the rest of the sample).

WATER, SANITATION, AND HYGIENE

The aqueduct is the most common source of drinking water among households surveyed. 77% of households say they receive their water from this source, with a notable gap between departmental capitals (85%) and municipalities that are not department capitals (59%). Water delivery through trucks is more prevalent in non-capital municipalities, at 20% of the population compared to 2% of the population in departmental cities (see graph 26).

It should be noted that the only department where the aqueduct is not the most frequently reported source of water is La Guajira, where only 30% of those surveyed say they have this service (while in the other departments analyzed the proportion is at 87%); this shows the structural deficiencies in coverage in this region. Arauca is the second department with the lowest access to water via the aqueduct (63%).

Graph 26. Water sources for human consumption - departmental capitals vs. non-capital municipalities

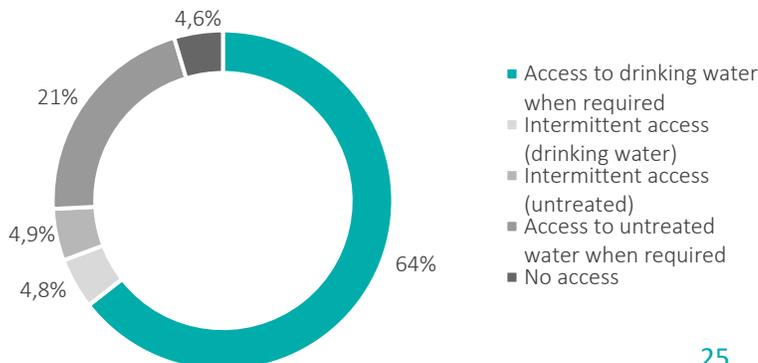


- Aquaduct by pipeline
- Other source by pipeline
- Pumped well
- Water carrier
- Public pump
- Water truck
- Water bottles or bags
- Well without pump 'aljibe', 'jagüey', 'barreno'
- River, gully, natural springs
- Rainwater

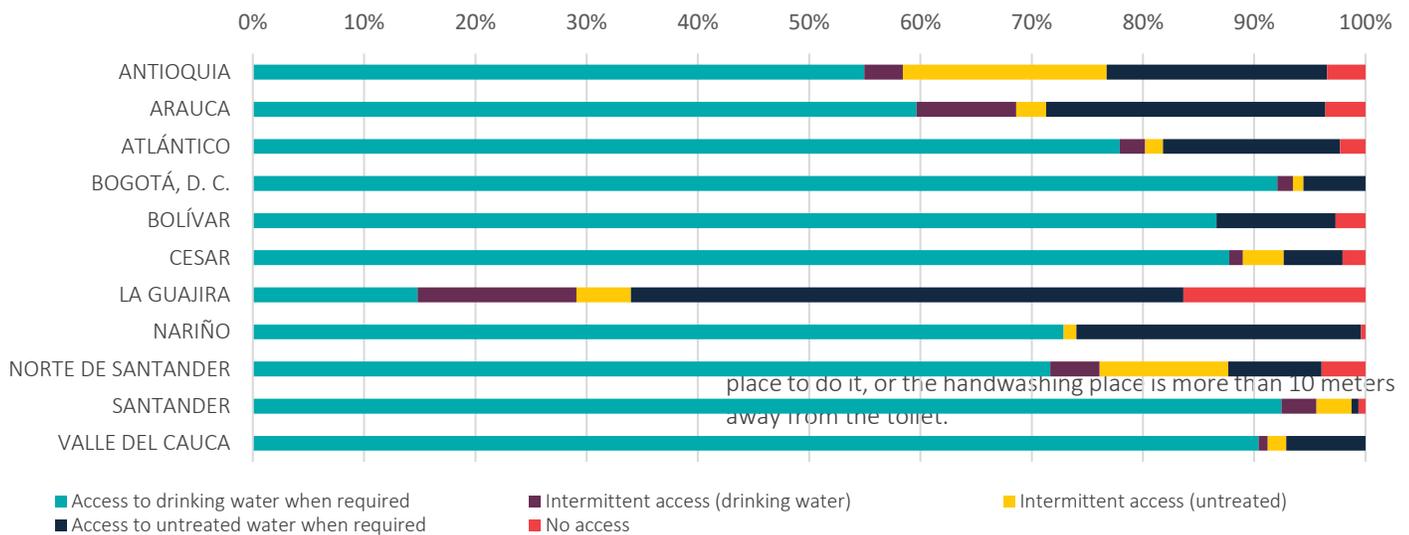
The quality of the water supply provides additional detail on the water available to the households surveyed. 36% of households do not have access to drinking water when required, either because supply is intermittent or because the water is not drinkable; and 5% of households do not have access to water (see graph 27).

In addition to La Guajira, which has a high proportion of households accessing untreated water, three departments stand out: the results in Antioquia show an above-average percentage of households using non-potable water, while in Arauca and Nariño, an above-average number of households access untreated water sources (see graph 28). The evaluation identified households without access to water in all the departments evaluated, except for Valle del Cauca.

Graph 27. Quality and availability of water access



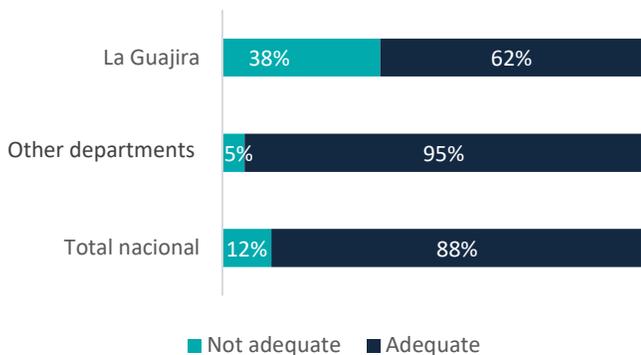
Graph 28. Quality and availability of water access by department



place to do it, or the handwashing place is more than 10 meters away from the toilet.

In terms of basic sanitation, 89% of households use adequate methods of excreta disposal and elimination, i.e., connecting toilets to the sewage system or a septic tank. However, the remaining 11% use inadequate methods, such as manual removal of excreta or a hole in the ground (see graph 29). It should be noted that the highest percentage of households that do not use adequate methods is found in La Guajira, at 38% of households.

Graph 29. Methods of excreta disposal



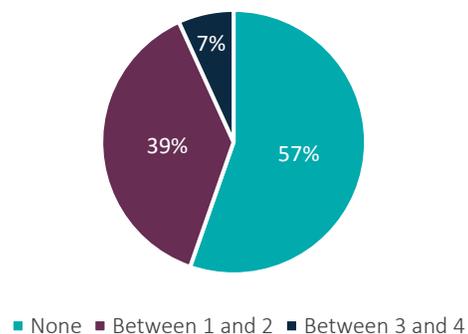
In terms of proper hygiene practices, which become even more relevant in the context of prevention of COVID-19, 90% of households indicate that they wash their hands with water and soap, which would demonstrate good hygiene practices. However, the figure changes when we consider that 41% of households are at risk of not washing their hands adequately, for instance, because these households report that they do not have access to water when they need it, they do not have a

87% of households with women of reproductive age have access to menstrual hygiene items. This means that, even though the majority of surveys were undertaken in urban centers, women in more than one out of ten households do not have access to these items.

The most-reported menstrual hygiene item is the sanitary towel, followed by pads and tampons; other implements such as menstrual cups and sponges are used to a lesser extent.

In terms of environmental sanitation, 46% of households report the presence of waste or animals in the surroundings of their shelter, including vectors such as mosquitoes and flies or similar (33% of households), stagnant water (18%), garbage or solid waste in the street (19%) and dead animals (4%). Graph 30 presents the proportion of households according to the number of issues reported.

Graph 30. Proportion of households with types of environmental pollution surrounding their shelter

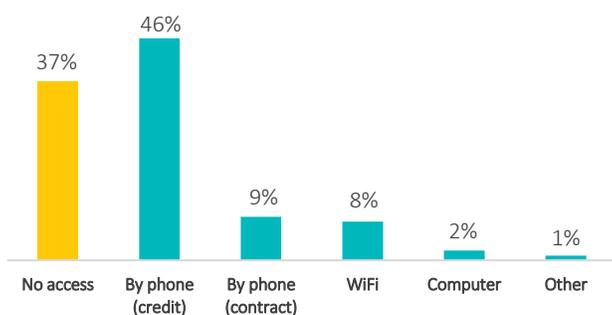


TELECOMMUNICATIONS

Only two-thirds of households have access to the Internet, and those that do mostly rely on cell phones for access: 55% of households access the Internet with cell phones, while less than 2% use computers. 37% of households do not have access to the Internet (see graph 31); this proportion increases to 69% in the case of households belonging to the indigenous community³⁷.

It should be noted that the proportion of households that access the internet through a data package on their phone (46%) are likely to have irregular or intermittent service. In addition, this type of access makes it difficult to use the Internet for educational purposes. The results also imply that households without Internet access are dependent on other sources of information and therefore cannot be reached by humanitarian organizations through online information campaigns.

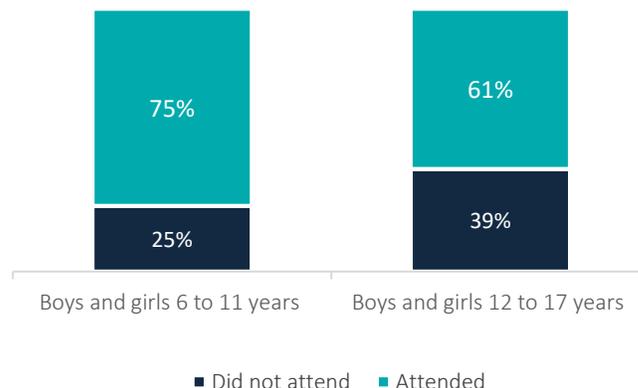
Graph 31. Household access to the Internet (by device)



EDUCATION

Before the COVID-19 crisis, many Venezuelan refugee and migrant households with children had faced difficulties in accessing education: prior to the pandemic, 25% of children aged 6-11 and 39% of children aged 12-17 did not attend school or college (see graph 32). Insufficient places in schools and lack of income were the most frequently reported obstacles; likewise, for households with children and adolescents between the ages of 12 and 17, an additional obstacle to accessing education was the need to work, reported by 4% of households.

Graph 32. Access to education of boys, girls and adolescents prior to the pandemic, by age group



Additionally, a regression analysis found that children living in households where all members have an irregular status were less likely to be enrolled in school before the COVID-19 crisis.

In the context of the COVID-19 isolation measures, approximately 40% of households with children in both age groups (6-11 and 12-17) accessed online learning: in 52% of households with children ages 6-11, and 44% of households with children ages 12-17, these children had access to homework provided by an educational institution.

The high percentage of children without access to these educational activities is however worrisome: 27% of households with children from 6 to 11 years old and 37% of households with children from 12 to 17 years old do not have access to these types of educational activities. This, in addition, to delaying their educational process and increasing the possibilities of dropping out of school altogether, implies that children have limited access to structured activities during the day. This could result in the adoption of negative coping mechanisms (parents taking children in search of a livelihood, leaving them in the care of others, etc.), which in turn exposes them to other child protection risks, including child labor, child recruitment, begging, abuse, and other types of violence.

ACCESS TO HOUSING AND HOUSEHOLD ITEMS

The majority of households interviewed are renting their shelter (76%), while 8% reside in the home of someone else, whether family or friends. 6% of households interviewed are in possession of their shelter, without a title.

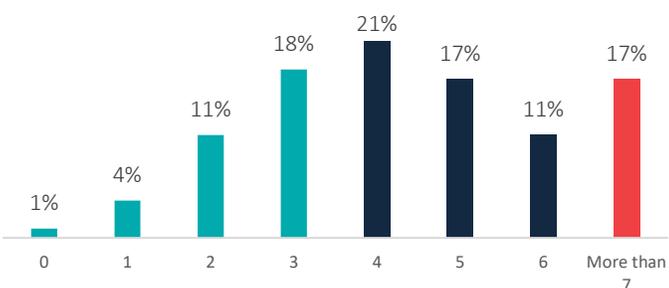
³⁷ Some of the households reporting having 'no internet' or having internet through phone credit have access to social networks only,

through a prepaid data plan, which cost less than a plan with unlimited internet access.

This situation of informal possession is of concern in terms of the possibility of evictions, which in turn is related to the irregular migratory situation of refugees and migrants, since this implies the impossibility of proving documents that allow them to formalize contracts, which consequently diminishes the options for the population to have written guarantees that could help them negotiate their stay in their places of residence (for example, in cases of inability to pay).

On the other hand, 67% of Venezuelan households are living in overcrowded conditions. Overcrowding is interpreted as a situation when, on average, more than three people sleep per room in the household³⁸. In comparison, before the preventative measures, 49% of the Venezuelan population surveyed as part of the GEIH faced overcrowding. In 11% of the households surveyed reported an average of six people per room while 18% of the households report seven or more people sleeping per room (see graph 33). This indicator is of particular concern in the context of the COVID-19 crisis and a reflection of the precarious living conditions that even households that currently have housing face.

Graph 33. Average of people sleeping per room in the week before data collection (proportion of households)



With regard to household items, it was found that 87% of households lack at least one of the following items: sleeping items, including bedding, mattresses or mattresses, pillows, etc. (80% of households report that there are no or insufficient items), cleaning and hygiene items, including broom, rag, chlorine, disinfection products (75%), kitchen items - pots, pans, etc. (68%), items for the consumption of food, including plates, cutlery, glasses (64%, see graph 34). The limited availability of items such as bedding and mattresses, combined with the situation of overcrowding, means that a large part of the households sleeps in precarious conditions; which is worrying in terms of physical and mental health.

Graph 34. Availability of household items



At the time of data collection, 30% of the households stated that they do not have secured a place to live for next month, while 20% responded that they do not know. That means that half of the households surveyed face uncertainty regarding their housing situation in the short term. 92% of these households (or 46% of the households surveyed) reported that the main reason for this uncertainty is an inability to pay. The large majority (87%) of households that are living on the street indicate that they do not have secured a place to live for the next month, which reflects a risk of longer-term homelessness for this group. 55% of households in rentals or subleases indicate they might have to leave, although being considered in a more 'stable' housing situation than others. This could be related to the informality of the contract (e.g. verbal agreements) and/or concerns about a low capacity to pay the rent in the near future. It should be noted that both variables are related to the risk of eviction: according to the monitoring of evictions, led by the Protection and Multisectorial GIFMM sectors, three out of every four of these incidents occurred in rental agreements without a formal contract (79%); likewise, 95% of the eviction risks and 80% of the eviction incidents are due to an inability to pay³⁹.

The departments with the highest percentage of households that are not assured of their place of residence are Valle del Cauca (64% of households), Nariño (62%), Bogotá (58%), Atlántico (58%), Antioquia and Cesar (56% each), and Bolívar (50%).

³⁸ According to the National Census of Population and Housing 2018, from the National Administrative Department of Statistics (DANE).

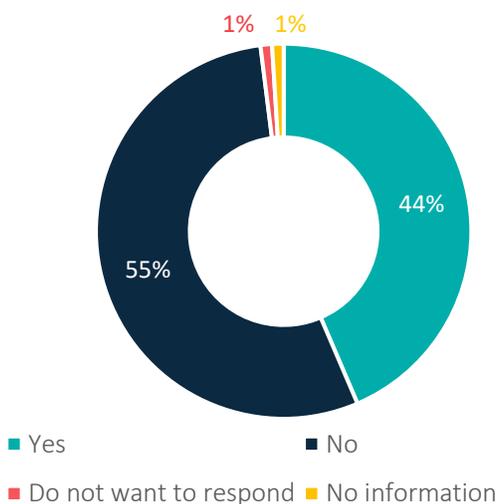
³⁹ Reporting period: 12 June to 15 September 2020. More information in the dashboard on evictions, available in the GIFMM Protection sector page: <https://r4v.info/es/working-group/218>

DISCRIMINATION

The methodology used during this assessment, phone-based surveys with (mostly) heads of households, poses limitations in terms of the protection risks that can be assessed. As such, the main protection risks considered for this analysis include discrimination on the basis of nationality; and whether respondents are aware of the presence of illegal armed groups and domestic violence against women.

Almost half (44%) of the people surveyed reported having suffered some episodes or situations of discrimination or targeting because of their nationality in 2020 (see graph 35). This figure is consistent with trends from the previous two rounds.

Graph 35. Situations of discrimination (due to being Venezuelan) faced by respondents in 2020



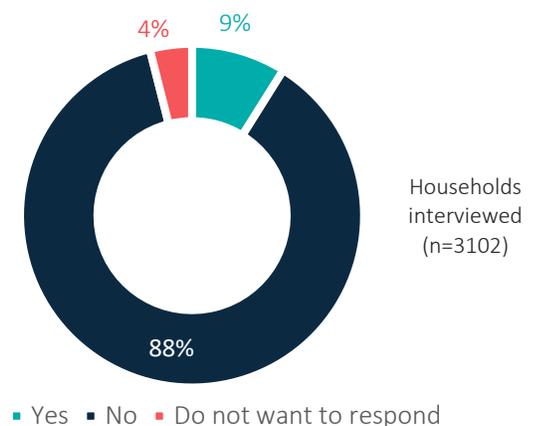
Reported instances of discrimination differ among age groups: 48% of respondents between 36 and 55 years of age reported facing situations of discrimination since the start of the year, the highest proportion among all age groups. Respondents over 55 years of age appear to have been exposed less frequently to discrimination (31%).

Discrimination was more often reported in Bogotá (58%), and to a lesser extent in Cesar and Atlántico (51% in both cases). The border departments of La Guajira and Arauca reported the lowest percentage of people who faced discrimination (40% and 37%).

SAFETY AND SECURITY

With respect to exposure to non-state actors, the vast majority of people surveyed (88%) reported not knowing of a possible presence of armed actors in the area where they live. 9% of households stated that they knew of such a presence, and in four cases they did not want to respond (see graph 36). While using these results, it should be kept in mind that, due to the nature of the phone-based assessment, respondents had limited privacy when responding to sensitive information questions such as this one.

Graph 36. Presence of armed actors reported by respondents



The departments where proportionally more households reported the presence of illegal armed groups are Cesar with 14%, Atlántico with 12%, and La Guajira with 11%. In contrast, in Nariño only 1% of households reported such presence: this low percentage can be explained by the urban nature of the households surveyed in that department: 97% of the households surveyed in Nariño are in Ipiales and Pasto.

17% of households that reported the presence of illegal armed groups also indicated that they had been approached by or had had some kind of situation with these groups; this was more frequently reported among Afro-descendants and indigenous communities (33% and 23% respectively) compared to respondents who did not indicate any specific ethnic origin (15%).

GENDER-BASED VIOLENCE (GBV)

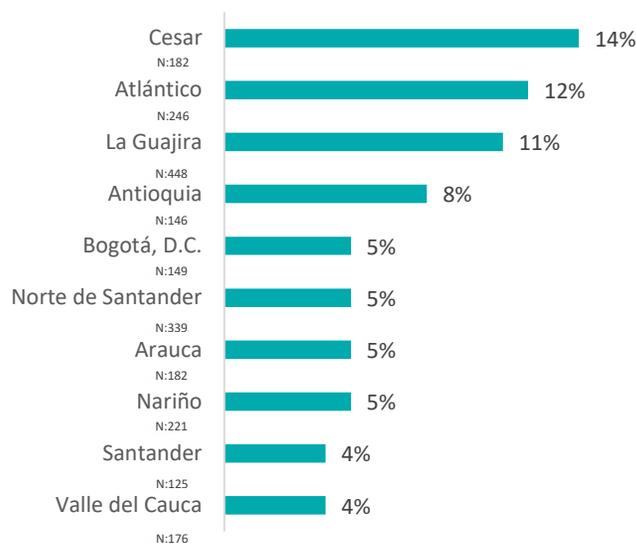
During a survey conducted by the Mixed Migration Center between 3 July and 4 August, the majority of refugees and migrants interviewed have indicated a perception that cases of domestic violence have increased since the beginning of the

COVID-19 pandemic⁴⁰. It should be noted that findings from multiple analyses globally, particularly from those countries most affected by the COVID crisis, indicate that factors such as extended quarantine and other social distancing measures have increased reports of gender-based violence as a result of stress from the economic and health crisis, combined with forced cohabitation with the perpetrator in overcrowded or confined living spaces⁴¹.

Of the 2,447 women and transgender people surveyed (79% of the total number of respondents), 7% of the people know a woman who has experienced violence by her partner, ex-partner, or a family member since the start of the preventative isolation measures. This proportion doubled in the case of households within the indigenous community (14%, corresponding to 33 of 236 women and transgender people). It should be noted that, due to limitations in the methodology, there may be under-reporting of these results, coupled with the fact that some of these aggressions (particularly psychological violence) are often normalized by the survivors, particularly in contexts of partner violence. In addition, there are additional barriers to reporting, such as economic concerns (dependence on the abuser), or fear of being deported or separated from their children.

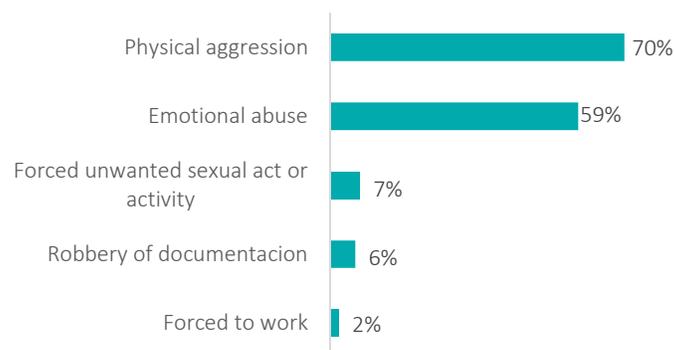
The departments where, proportionally, more households reported having knowledge of cases of domestic violence are Cesar with 14%, Atlántico with 12%, and La Guajira with 11%. These situations were reported to a lesser extent in Santander and Valle del Cauca (4% in both cases, see graph 37).

Graph 37. % of women and transgender people interviewed, aware of violence against women by department



The most common situations reported by respondents who know of this violence are physical assaults, 70%, and emotional abuse with 59%. 7% of the reports correspond to sexual violence (13 cases, see graph 38). These percentages are in line with the results of the National Demographic and Health Survey (ENDS) 2015, which identified physical aggression and emotional abuse as the most common types of violence against women⁴².

Graph 38. Types of gender-based violence reported by respondents



⁴⁰ Data from the 4Mi project's COVID-19 survey, implemented by MMC Latin America and the Caribbean in Colombia, available here: <https://bit.ly/2RibRtz>

⁴¹ For example, this trend is reported in the following documents: UN Women. *Gender Dimensions of the COVID-19 Crisis in Colombia*. 2020: UNFPA, TECHNICAL REPORT. COVID-19: A Gender Approach.

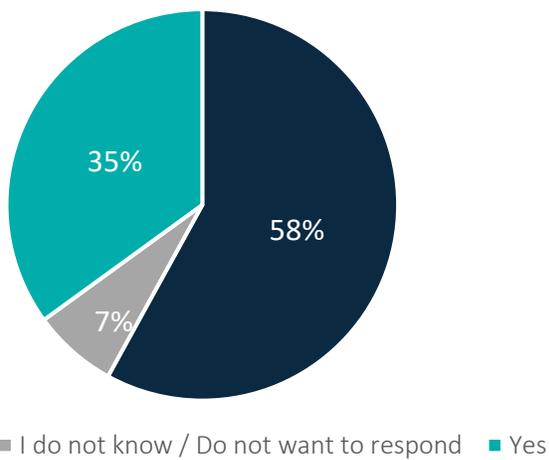
Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality, March 2020

⁴² Colombian Government, Ministry of Health and Profamilia. *National Demographic and Health Survey (NHDS)*. <https://www.dhsprogram.com/pubs/pdf/FR334/FR334.pdf>

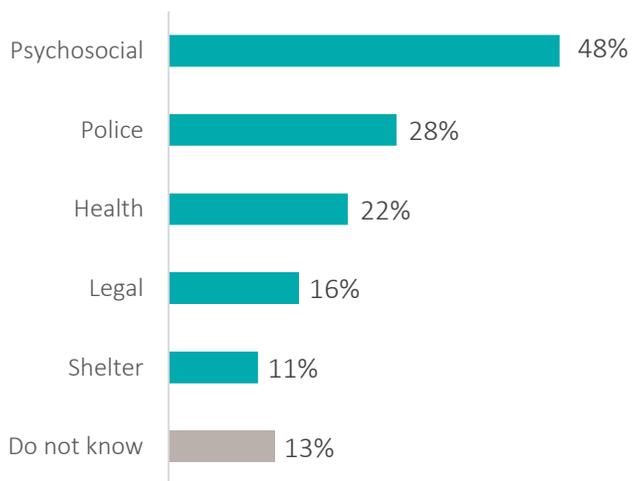
Only in a third of the cases (35%), there is a known response for the women who have been assaulted (see graph 39). Of the 64 cases where there is a known response, 48% have received psychosocial attention, while 28% have received attention from the police. It is important to emphasize that psychosocial care tends to be one of the services most requested by survivors of GBV while being least provided. Only 16% of the respondents that were aware of a response provided indicated that the survivor received legal assistance and 11% that they had access to a safe place (see graph 40).



Graph 39. Proportion of survivors who received care, as reported by respondents who knew about GBV situations



Graph 40. Types of assistance received for survivors, as reported by respondents who knew about GBV situations



6 | Coping mechanisms

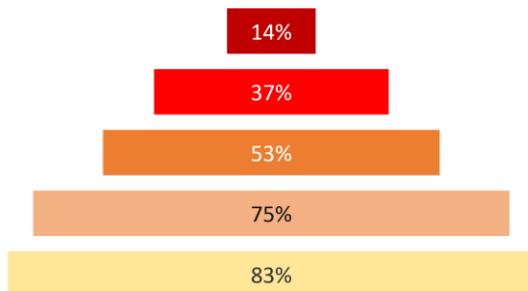


6 | COPING MECHANISMS

The measurement of livelihood-based survival strategies helps to understand the household's capabilities to cope with long-term difficulties. Strategies categorized as "stress" indicate that the household has reduced capacity to cope with future crises as a result of reduced resources or increased debt; "crisis" strategies are associated with direct reduction in future household productivity; "emergency" strategies also affect future diversity, but are more difficult to reverse or more dramatic in nature.

That said, only 5% of the households interviewed are not engaged in at least one type of survival strategy, and 6% are engaging in 'stress' strategies. 47% of respondents are incurring "crisis" survival strategies, such as reducing essential expenses like education and health or selling goods or productive assets to meet their needs; while 42% are incurring "emergency" strategies like begging (37%) or taking jobs that pose a risk to their integrity, health, safety or life (14%). 85% of households reported spending their savings to meet food or other needs (see graph 41).

Graph 41. Coping strategies adopted by households to address the lack of food or money to buy food



EMERGENCY: Undertake other activities that pose a risk to their integrity, health, safety, or life, which you prefer not to talk about and beg for help or donations on the street to buy food.

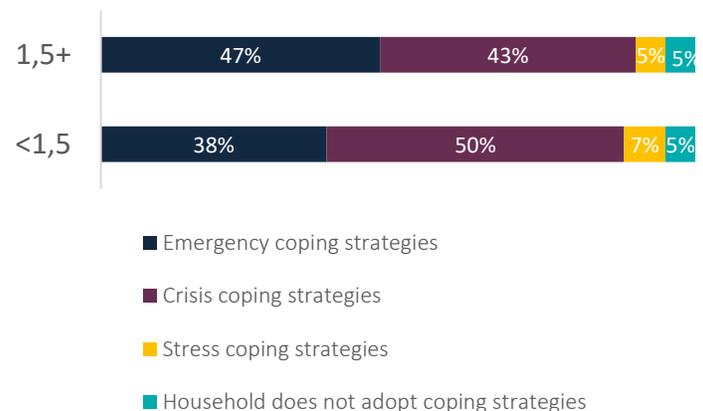
⁴³ Among these coping mechanisms that people do not want to talk about, in relation to GBV, are: survival sex, sexual slavery, sexual exploitation, forced relationships, forced marriages, early marriages;

CRISIS: Selling goods or productive assets that are indispensable in working activities to meet food or other needs. Reduce essential non-food expenditures such as education and health

STRES Spend savings to meet food or other needs

Households with a higher dependency rate incur mostly in emergency survival strategies to access food (47% vs. 38%), such as asking for help on the street to obtain food or carrying out activities that put their health or integrity at risk (see graph 42). This occurs in a similar way for households whose head has a disability (51% vs. 41%).

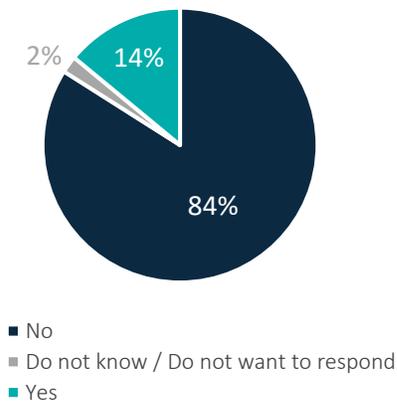
Graph 42. Coping mechanisms by household dependency rate



14% of the households carried out other activities that pose a risk to their integrity, health, safety, or life, which they prefer not to talk about⁴³, a proportion that, considering the limitations of the methodology is likely to be below the actual level. (see graph 43). The proportion rises to 20% for households with a head of household that faces a disability (73 of the 363 households surveyed).

and in relation to security: involvement in illicit economies and accepting jobs with high security risk, among others.

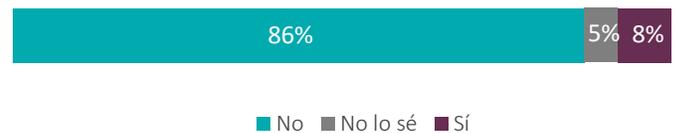
Graph 43. Percentage of households conducting activities that have a risk in their integrity, health, safety, or life, as a survival strategy



RETURN TO VENEZUELA

When asked about their intention to return to Venezuela, 86% of the households surveyed mentioned that they have no intention of returning in the month after data collection. 8% of the households report that there is at least one member with the intention to return and in the remaining 5%, they are not sure if one or more members have this intention (see graph 44). These results are consistent with the effective return of any member of the household (8%) reported among the households surveyed in the second round.

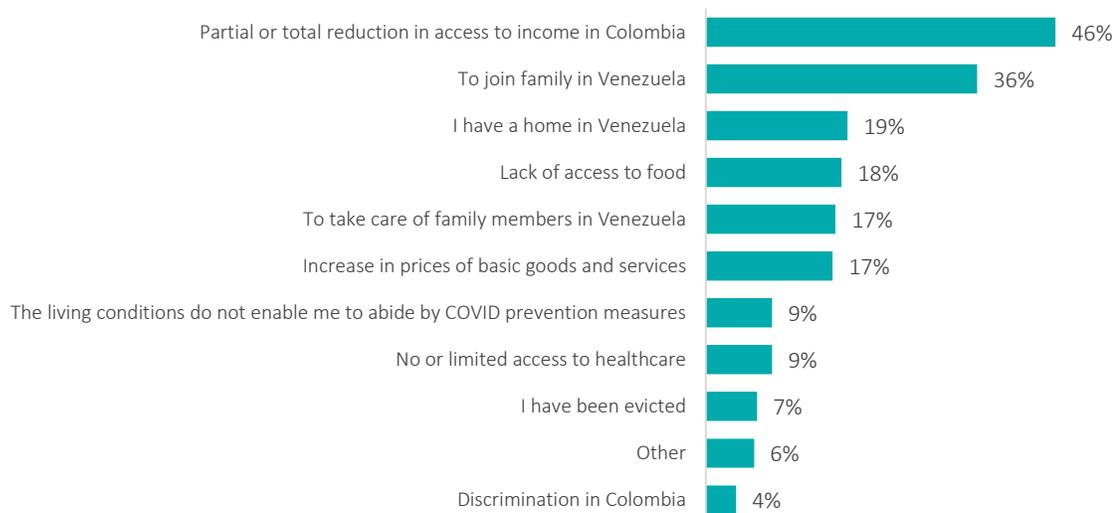
Graph 44. Percentage of households with an intention to return



The main reason reported for having the intention to return corresponds to the limitations are the limited opportunities to access an income Colombia, a situation aggravated by the impact of the COVID-19 crisis. This was reported as a cause in 46% of the households where someone intends to return.

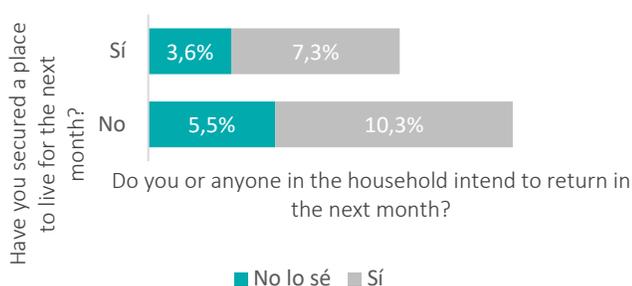
The second most-often mentioned reason is family reunification in Venezuela (36% of households interviewed), housing in Venezuela (19%), and the limited access to food in Colombia (18%) (see graph 45). In line with the above, it should be noted that among those who are consuming only one meal per day, there is a higher percentage of people who intend to return (12%).

Graph 45. Reasons for households to return (for those with an intention to return)



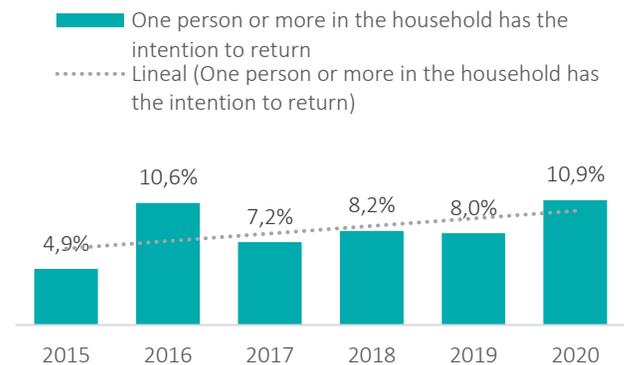
Those uncertainty about having a secure place to live next month are more likely to express an intention to return: it was found that among those who do not have a guaranteed place to live, 10.3% have at least one member with an intention to return (see graph 46), which in turn is consistent with the percentage reported from the monitoring of evictions led by the Protection and Multisector GIFMM sectors⁴⁴, where 8% of the households evicted expressed an intention to return to Venezuela. In addition, according to this monitoring exercise, 28% of the households evicted are left in the street. Although this does not necessarily imply a direct relationship, it highlights a concatenation of circumstances or vulnerabilities that could lead to returns, particularly for those who lose their homes in Colombia (for example, following an eviction) and have a place to live in Venezuela.

Graph 46. Proportion of households with intention to return vs. having or not a secured a place to live for next month



In general, those who have been in Colombia longer express a lower intention to return, for example. For example, only 5% of households who arrived in 2015 indicate that a member has the intention to return (3 percentage points below the average), while among those who arrived in 2020, about 11% intend to return in the following month (see graph 47). This could be since those who have been there longer may have stronger support networks or other mechanisms to adapt to the current situation.

Graph 47. Relationship between the year of arrival in Colombia and intention to return



At the departmental level, households in Bogotá, Bolívar, and Atlántico report a notably higher return intention compared to other departments covered within this assessment (16%, 13%, and 12% respectively). In Santander and Norte de Santander, only 5% and 4% of the households have a member who intends to return. This may be explained by the difficult situation faced by those in transit and returning, which is more evident for those living along the return route or close to the border.

Finally, there are no relevant differences in the intention to return and experience of discrimination.

⁴⁴ The findings of the GIFMM monitoring of eviction risks and incidents affecting refugee and migrant are merely indicative and for reference purposes, as they correspond to a follow-up of incidents known by

some GIFMM partners in specific regions of the country, and therefore do not correspond to a representative sample of refugees and migrants who have been evicted in Colombia.

7 | Response



7 | RESPONSE

71% of the households in databases stated that they have received aid/assistance since the start of the preventative isolation measures, while 29% mentioned that the household has received no such assistance.

With respect to the origin of the aid/assistance received, 50% of the total households surveyed received aid from NGOs/UN; 20% from the government; 7% from the church, 7% from friends or relatives, and 6% from the Colombian community (see graph 48).

Graph 48. Source of assistance reported by households

