

Participant Project  
Prevention Statelessness

GIFMM COLOMBIA:

COVID-19

JOINT NEEDS ASSESSMENT

DECEMBER 2020

Maicao, La Guajira. © UNICEF

# GIFMM COLOMBIA

## JOINT NEEDS ASSESSMENT – COVID-19 DECEMBER 2020

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*Bogotá, D.C., Colombia  
2020*



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# HOUSEHOLDS INTERVIEWED

>3.100 HOUSEHOLDS [ONE INTERVIEW BY HOUSEHOLD]  
>9.200 HOUSEHOLDS CONTACTED

21 DEPARTMENTS

RANDOMLY SELECTED FROM DATABASES WITH OVER  
>173.000 HOUSEHOLDS



METHODOLOGY AND PARTNERS

PHONE INTERVIEWS, 35 MINUTES, 9 DAYS.

36 ORGANIZATIONS

214 ENUMERATORS

PRIORITY NEEDS



85%

OF HOUSEHOLDS PRIORITIZE FOOD



68%

SHELTER



44%

SOURCES OF INCOME

## INTRODUCTION

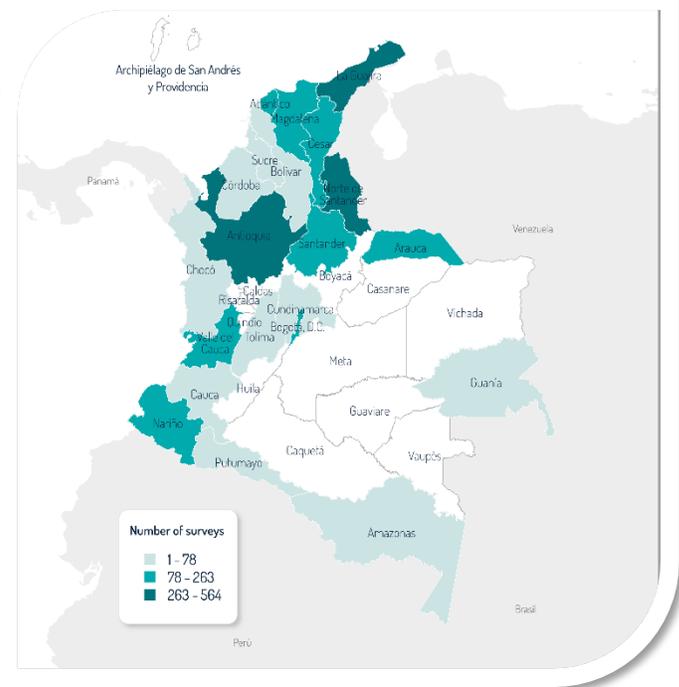
This report details the results of the fourth round of the joint needs assessment by the Interagency Group on Mixed Migration Flows (GIFMM), implemented in November 2020, in the context of the COVID-19 crisis and accompanying preventative measures. The report outlines the methodology used, its scope,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

The objective of the fourth round is to understand: (i) what are the levels of access and availability of basic goods and services and the problems households face in accessing these (ii) how living conditions have evolved and (iii) what are the priorities of the population, with a view to establishing a baseline that will inform the response in 2021.

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 31 October 2020, more than 1.71 million Venezuelan refugees and migrants were residing in Colombia. (Colombia Migration,2020)<sup>1</sup>. Thousands more have transited through Colombia, towards other countries or Colombian cities.

Number of households interviewed by department



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 start of the compulsory preventive isolation

<sup>1</sup> Colombia Migration (December 2020). Venezuelans in Colombia as of 30 October 2020. <https://bit.ly/2KhXypZ>

measures, implemented between 24 March and 31 August 2020, with some modifications, such as the 44 exceptions contemplated since the entry into force of Decree 990 of 2020<sup>2</sup>, which allow the resumption of activities in some sectors of the economy (Presidency, 2020)<sup>3</sup>. On 25 August President Duque announced the lifting of the obligatory preventive isolation

measures, followed as of 1 September by a period of “Selective Isolation”, which entails the lifting of certain restrictions<sup>4</sup>. This assessment is being carried out in the context of an on-going health emergency (extended until 28 February 2021)<sup>5</sup> and of further lifting of certain measures.

## Summary

The objectives of this fourth round of the joint needs assessment are to monitor trends in the levels of access and availability of basic goods and services and the difficulties households face in accessing them, how living conditions have evolved, and the main priorities of the population as a way of forming a baseline for the 2021 response.

Between 3 and 13 November 2020, 214 surveyors from 36 GIFMM organizations conducted over 3100 telephone surveys with refugee and migrant households from Venezuela. The sample design allows for an analysis at a national level, as well as for 11 departments in Colombia: Antioquia, Arauca, Atlántico, Bogotá D.C., Cesar, La Guajira, Magdalena, Nariño, Norte de Santander, Santander, and Valle del Cauca.

### PANEL ANALYSIS<sup>6</sup>

To enable retrospective analysis, enumerators followed up on the households surveyed during the previous round of the evaluation in order to understand how their situation has evolved, in light of the lifting of certain COVID-19 measures. During data collection in November, participating organizations carried out surveys with 704 households that were already surveyed in July, to measure these changes. The results of this PANEL cohort are presented throughout the report in blue boxes

*The main results of this fourth round are presented below.*

### *Priorities*

The three main needs reported by households remain **food** (85% of surveyed households), **housing**, e.g. rental assistance (**68%**) and access to **employment or sources of income (44%)**. In addition, 29% of households prioritize access to medical assistance.

To be noted that the three main needs, as reported by the households interviewed, have not changed between July and November 76% of households that prioritize food, and 85% of those that prioritize housing as a need, prefer **cash transfers** (cash, bonds, or quotas) as a response modality.

<sup>2</sup> Presidency (July 2020). Key points of Decree 990 that establishes measures for non-COVID-19 municipalities with low, moderate, and high affectation. <https://bit.ly/37lRq8F>

<sup>3</sup> Presidency (July 2020). Decree 990 / 9 July 2020. <https://bit.ly/3cpvnyN>.

<sup>4</sup> Presidency (August 2020). *The Sanitary Emergency is extended until November 30 and as of September 1, a new phase of Selective Isolation begins.* <https://bit.ly/35VGVsl>

<sup>5</sup> Presidency (July 2020). Health Emergency extended until February 28, 2021, announces President Duque. <https://bit.ly/3ahIT8F>

<sup>6</sup> 8 topics were selected to inform the analysis over time, and the related questions are the same in the questionnaire of the third and fourth round.

### The assessment identified several groups with specific needs

- **Individuals without regular status:** 71% of respondents do not have a regular status. Households with no adult household members with regular status are more likely to adopt emergency survival strategies and have a lower frequency of food consumption. Households where all of its members are without regular status are more likely to intend to return to Venezuela in the month after data collection.
- **New arrivals:** Households that arrived more recently (since 2019) are more likely not to have regular status, and to adopt emergency survival strategies in order to access food and money to buy food.
- **Pregnant/lactating women:** in 28% of households, there is at least one pregnant and/or lactating woman.
- 65% of these households consume two meals a day or less, and one in three of these households has resorted to begging on the street to be able to buy food.
- Female-headed households (69% of households) and households where the head of household has a disability (11%) are more likely to engage in emergency survival strategies and eat, on average, less than other households.

### Residence and movements

Seven percent of households indicate that, a year ago, they lived in a different municipality in Colombia while six percent state they lived in a different country.

Access to employment is the main reason for moving between municipalities in Colombia. Ten percent of these households moved within Colombia related to safety and security. The search for food and work are the main reasons for leaving Venezuela. 36% of households fled Venezuela due to reasons related to insecurity.

88% of respondents indicate there is no one within their household that has the intention to return to Venezuela in the month after the data collection. However, in 7% of the households surveyed, there is at least one member that has the intention to return to Venezuela. For the first time during the fourth round, family reunification is mentioned most often as the main reason for return, followed by economic reasons, either due to lack of income (25%), lack of food (8%) or an increase in the price of goods and services (5%).

The panel analysis confirms this change in the reason for return: 55% of panel households planning to return highlight family reunification is also the most common reason, compared to 28% during the third round, when the lack of income in Colombia was the main reason reported. This is likely to be related to the Christmas season immediately following data collection.

### Access to rights, services, and goods



#### LIVELIHOODS

Remunerated work is the most common source of income among respondents (83%). 18% of households mention they are dependent on assistance, from the Government or NGOs, while 5% report having no source of income at all. **The results confirm the difficult working conditions for refugees and migrants in Colombia**, with 86% of the working population receiving less than a

minimum wage, as well as with barriers in accessing formal employment, as 96% of those working do not contribute to a pension fund.

The PANEL analysis shows that **work as a main source of income has increased** (from 68% of households to 80%), **in line with the reactivation of the economy** between July and November.



### WASH

Only 68% of the population has access to drinking water, that is, **32% of the population surveyed does not have a regular source of drinking water for consumption. 10% of the population does not have access to adequate sanitation.** 5% of households with girls and women do not have access to menstrual hygiene products.

In panel households, a slight decrease in access to drinking water was reported, with only 62% of households indicated they have access to drinking water, compared to 67% in July.



### FOOD SECURITY

**Most households are unable to meet their food needs.** A calculation of the Food Consumption Score, which measures the quantity and quality of the diet, indicates 25% of households have “poor” or “borderline” food consumption. 64% of households consume only two meals a day or less, indicating that they are not able to access the recommended minimum daily consumption of three meals.

Despite the increase in access to work as a source of income, there was only a 4-percentage point increase in households having three meals a day. 71% of the households surveyed continued to be deprived of at least one meal per day.



### DOCUMENTATION

The Government of Colombia has implemented various policies to ensure access to a regular status for refugees and migrants from Venezuela. However, **70.8% of people in Venezuelan refugee and migrant households interviewed, do not have a Special Stay Permit** (*Permiso Especial de Permanencia*, PEP by its Spanish acronym), **a valid Border Mobility Card** (*Tarjeta de Movilidad Fronteriza* - TMF by its Spanish acronym), **a foreigner's identity card, a letter of safeguard for asylum-seekers or refugee status.** In 15% of households, none of the members has one or more of these documents. People who have been in Colombia for a longer period of time are more likely to have one or more documents providing regular status.



### NUTRITION

Only 51% of children under 6 months of age are exclusively breastfed. In 46% of households, children under 6 months received some type of bottle feeding. **Exclusive breastfeeding reduces as the child grows older:** at month 0, nine out of ten children are exclusively breastfed, while at month 5, only four out of ten children continue to be exclusively breastfed.



### HOUSING

80% of households surveyed are renting the place where they are residing. **Half (49%) of the households surveyed indicate they are not sure if they are able to stay in their current house during the month after the data collection,** mainly due the inability to pay rent. 38% of those interviewed are living in overcrowded conditions (more than three people per room).



### EARLY CHILDHOOD DEVELOPMENT AND EDUCATION

Only 1% of 2,289 children under age 5 included in the survey are attending a community home, kindergarten, child development center or school. This is a reflection of the suspension of initial education services by the Colombian Institute of Family Welfare (ICBF for its Spanish acronym) and authorities. **Seven per cent of children are cared for by their parents at their workplace,** two per cent are cared for by a relative or person under 18, and 0.31% are left at home alone during the day.

15% of children aged 5 to 11 and 23% of children aged 12 to 17 did not have access to education before COVID-19. Access to education has decreased during the COVID-19 restrictions: at the time of the assessment, 46% of children aged 5 to 11 and 48% of children aged 12 to 17 reported not having access to virtual sessions.



### COMMUNICATION

**33% of households interviewed do not have access to the Internet.** This proportion increases to 60% of households belonging to a particular ethnic group. For households that do have access, the most common means of access is by mobile phone. When asked about the preferred medium for receiving information about the assessment, the social messaging network 'WhatsApp' was mentioned by 78% of respondents.



### HEALTH

43% of households report that at least one member of their household has needed some medical treatment in the 30 days before data collection. Of these households, 49% reported that they have had difficulty accessing medical treatment. Main constraints include not being affiliated with the health system (reported by 56% of households), the high cost of services and medicines (51%) and the lack of documentation.

**80% of the household members are not affiliated to the health system. 16% of children aged 0 to 6 have not been vaccinated.**

24% of the people interviewed indicated that, during the 30 days prior to the survey, a member of the household had presented needs related to sexual and reproductive health services. There are large gaps between the need for sexual and reproductive health and the availability of these services. **For instance, 35% of the households reporting that they were in need of contraceptive services (7% of the total households) were unable to access these services.**

41% of those interviewed mentioned that one or more members of their household had experienced symptoms of anxiety, reduced sleep or crying episodes in the seven days prior to data collection.

In terms of mental health, there was a 12 percentage point increase in households that reported at least one symptom such as anxiety, crying episodes or reduced sleep, which could point to a deteriorating mental health situation.

### Protection risks

11% of the 1,037 children born in Colombia since 1 January 2015 **do not have a Civil Registry of Birth**, the document required to obtain Colombian nationality. Of these, 26% mention as a reason the temporary closure of the registries (from 17 March to 31 May 2020), 22% do not have the resources to do so, and 16% fear contracting COVID-19.

20% of people surveyed **do not feel safe** in the neighborhood where they live, an issue more often reported among female compared to male respondents (21% vs. 16%). Almost half (44%) of the people surveyed reported having experienced some episode or **situation of discrimination** in 2020.

The panel analysis shows that this perception has not changed, with 45% of households July and in November reporting these types of incidents.

7% of women and transgender interviewed know a woman who **experienced gender-based violence** by a partner, ex-partner, or family member during the preventative measures.

11% of the population responded that they have had to carry out some kind of work or activity without being able to withdraw voluntarily would they have wanted to, which may indicate a **risk of trafficking and smuggling**.

### Coping mechanisms

82% of households engage in coping mechanisms to manage the lack of food or money to buy food. **This includes 44% engaging in 'emergency' strategies such as begging (32%) or taking jobs that pose a risk to their integrity, health, safety, or life (15%).**

Between July and November there was a slight reduction in the number of households that adopt emergency coping strategies such as asking for food or money on the street (from 39% of households in round 3 to 37% in round 4) and engaging in activities that put them at risk of which they prefer not to talk about (17% in round 3 vs. 16% in round 4).

Sixty-five% of households were in debt at the time of data collection, while 52% were in debt to pay their rent.



# Methodology

## 1 | METHODOLOGY

**214 enumerators from 36 organizations carried out more than 3,100 telephone surveys between 3 and 13 November 2020.**

Households were selected randomly from all households included in the databases of the different participating organizations.

The target population corresponds to Venezuelan refugees and migrants who intend to stay in Colombia. The surveys were conducted with the heads of household, or persons who could respond on their behalf and provide information on the household, this being the unit of measurement for this analysis.

The objective sample size for the evaluation was more than 3,100 successful surveys, which allowed for results that represent the households in the databases, with a margin of error of 10% or less and a confidence level of around 95% by department. At the national level there is a 3% margin of error, with a 99% confidence level. In the absence of a universal sampling frame, a combination of the databases of the participating organizations was used, with information from more than 173,000 households. The numbers of surveys per department were calculated and distributed as follows:

- The distribution by department of the organizations' databases was taken as the starting point.
- Once the departments had been selected based on this representation, the number of surveys was adjusted to those departments that are particularly relevant to the GIFMM response:
  1. Antioquia
  2. Arauca
  3. Atlántico
  4. Bogotá, D.C.
  5. Cesar
  6. La Guajira
  7. Magdalena
  8. Nariño
  9. Norte de Santander
  10. Santander
  11. Valle de Cauca

The results presented in this report were analyzed through a joint process with an analysis team composed of 16 organizations, where each contributed according to their sectoral and geographical expertise. Sector experts and local GIFMM offices further reviewed and complemented the analysis.

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

### PANEL ANALYSIS

To monitor the situation of households surveyed in the third round of the GIFMM joint intersector needs assessment, 704 households were contacted again during the fourth round, to provide an analysis over time between July and November 2020 of:

- Main sources of income.
- Number of meals consumed per day.

- Type of housing.
- Risk of eviction.
- Sources of drinking water.
- Intention to return.
- Coping mechanisms.
- Perspectives on priority needs and modality preferences.

During the analysis of the panel results, a weighting factor was assigned to the results of the fourth round to ensure that the geographical distribution reflected that of the third round.

## a. | COMMUNICATION WITH COMMUNITIES

- During the fourth round of the joint needs assessment, a communication strategy has been designed to share main findings with the communities<sup>7</sup>, with the aim to strengthen communication between humanitarian organizations and the population. At the suggestion of the Communication with Communities team, two questions were included in this questionnaire to support the development of this strategy:
- 1. What are the preferred means of communication to receive information on the overall results of this survey?
  2. Do you have any observations or comments you would like to highlight about this survey?

In response to the first question, asked about the preferred means of communication for households to receive the results of the assessment, almost all respondents expressed a desire to receive information, through WhatsApp; the detailed results can be found in the next

chapter. The second question allowed for respondents to provide feedback on the evaluation exercise and a space for them to mention other comments related to the evaluation. The responses can be categorized in the following themes:

- **Positive feedback:** The majority of households expressed their appreciation for the survey and the possibility of being heard and knowing that they are taken into account.
- **Application for assistance:** Respondents included requests related to employment assistance, education, food, or baby-items.
- **Request for information:** Primarily requests for information on assistance and on obtaining documentation.
- **General comments:** Mainly focused on the length of the survey. Additionally, people mentioned that they expect the results to have a real effect on the needs referred to in the interview.

## b. | SCOPE AND LIMITATIONS

- The 34 databases used to create the sampling frame contain information on around 173,000 Venezuelan and mixed households, or around 813,000 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 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.

<sup>7</sup> UNICEF (May 2020). *Accountability to the affected populations*  
<https://data2.unhcr.org/en/documents/details/79037>

- 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.

- One of the limitations of conducting telephone surveys is the **inability to verify findings through direct observation.** In addition, **questions on topics considered sensitive by respondents may be underreported.**



1

# Household and respondent profile



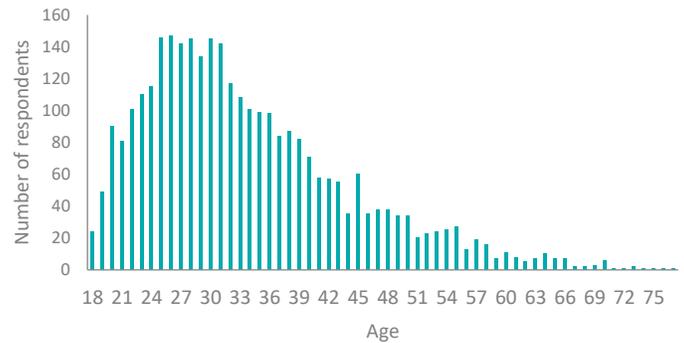
## a. | HOUSEHOLD AND RESPONDENT PROFILE

79% of the 3,111 respondents are women, 21% are men and 0.2% (6 people) identify themselves as transgender. The average age of the men interviewed is 36 years, that of the women is 33 years and the average age of transgender people is 32 years, for an overall average age of 33 years. In the age histogram it can be seen that the age range of respondents is distributed between 18 and 84 years, with a higher concentration of those between 18 and 40 years, which corresponds to 78% of respondents (see Graph 1).

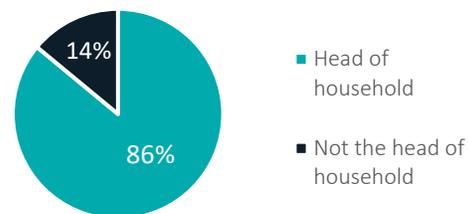
86% percent of the respondents reported being the head of the household. Of the heads of household, 77% are women, 23% are men and 0.2% identify themselves as transgender. Similarly, for those who did not self-identify as being the head of household, but instead answered on behalf of him or her, (14% of respondents), 94% are women and 6% are men. (see Graph 2).

In terms of the ethnic profile, 90% of the people surveyed do not identify themselves as part of an ethnic group, 8% consider themselves to be part of the indigenous community while 2% report being Afro descendants. It should be noted that most of the indigenous people surveyed are in the department of La Guajira, at 81% of the total indigenous people surveyed nationally. 93% of the indigenous population surveyed belong to the Wayúu ethnic group, located mainly in La Guajira. There is a difference in the profile of the respondents depending on their ethnicity: of the total indigenous people surveyed, 69% are women and 31% men, while 55% of the Afro-descendant respondents are women and 45% men. Although at the national level the Afro-descendant population surveyed is a minority (ranging from 1% to 3% of respondents at the departmental level), the department of Arauca stands out with 4% of the population surveyed recognizing themselves as such (see Graph 3).

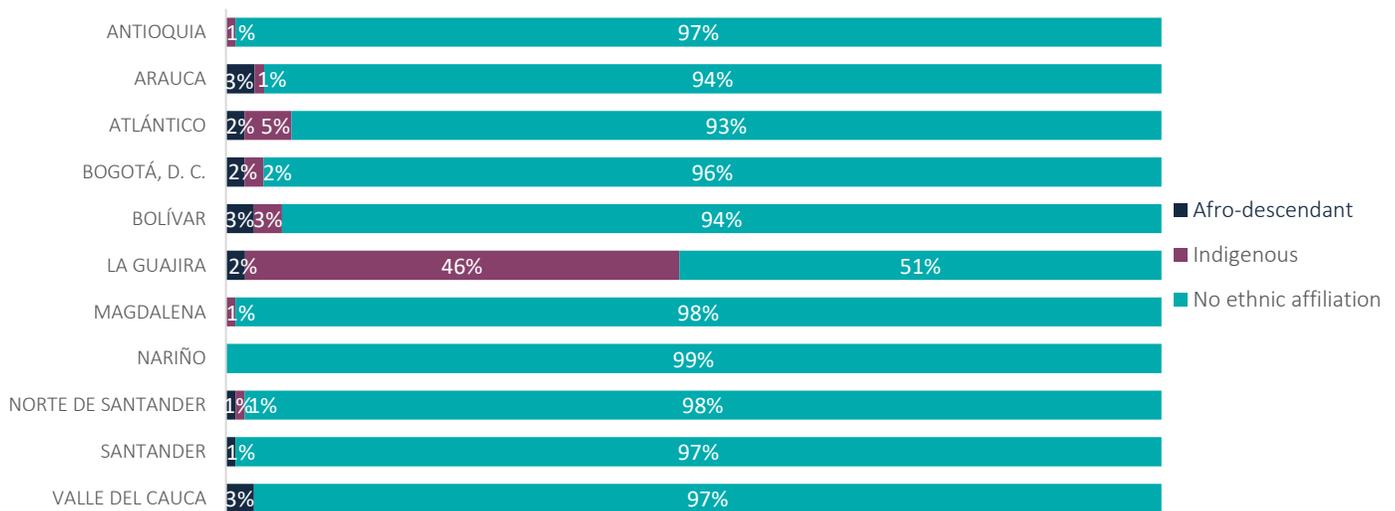
Graph 1. Histogram - age of respondents



Graph 2. Household role of the respondent



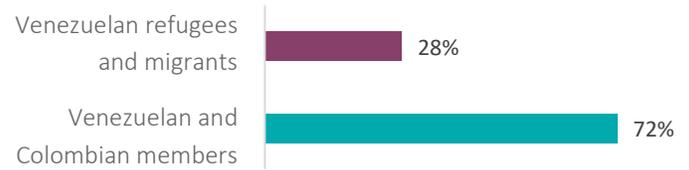
Graph 3. Ethnicity of respondents, by department<sup>8</sup>.



<sup>8</sup> To note: small changes between departments may be a reflection of the methodology, rather than a reflection of the actual situation.

72% are made up of Venezuelan refugees and migrants and 28% are mixed households, that is, made up of Venezuelan and Colombian members (see Graph 4).

**Graph 4. Background household.**



## b. | HOUSEHOLD COMPOSITION

On average, the households surveyed consists of 4.7 members, with one boy, a girl, a man and two women (see Graph 5). This means that surveyed households are larger than Colombian households, which stands at 3.1 members on average<sup>9</sup>. In terms of household size, 10% of the households have one or two members, 41% of the households have three or four members, 33% have five or six members, 15% have seven or more members.

**Graph 5. Average household composition by sex and age**



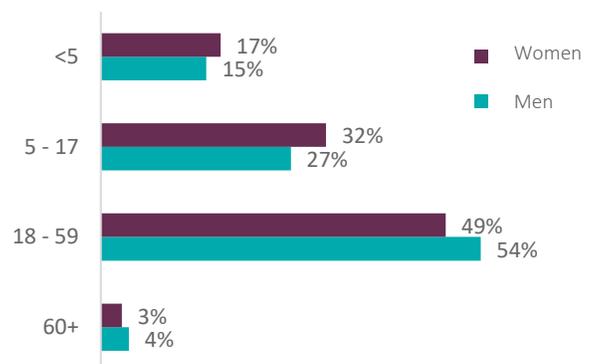
Of those surveyed, households are on average smallest in Nariño and Bogotá, at four members, while La Guajira exceeds the national average, with 5.3 members. In about 88% households, lives at least one child or adolescent. 69% of heads of household are women (see Graph 6).

**Graph 6. Head of household by gender**



Almost half of the population, 44%, are children and adolescents under 18 years of age; with no major differences in the number of boys and girls (see Graph 7). This age distribution is different from that indicated by Migration Colombia, which in September 2020 registered 24% of Venezuelans in Colombia under 18 years of age<sup>10</sup>. This may reflect the different methodologies used: Migration Colombia uses administrative records, rather than a sample-based evaluation. These administrative records could reflect gaps in the documentation of children, or households not updating these administrative records when they have children.

**Graph 7. Age of household members.**



<sup>9</sup> National Administrative Department of Statistics (DANE) - National Census on Population and Housing (CNPV for its Spanish acronym) 2018.

<sup>10</sup> Colombia Migration (December 2020). Venezuelans in Colombia as of 30 October 2020: <https://bit.ly/2KhXypZ>

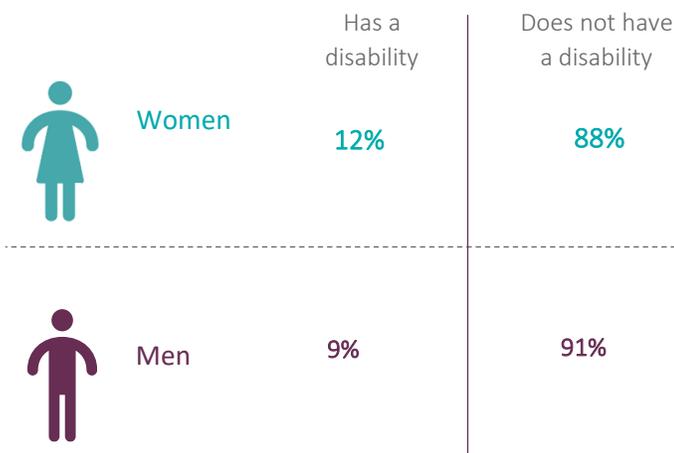
**Table 1.** Key profiles among respondents



### c. | HEAD OF HOUSEHOLD WITH A DISABILITY

The Washington Group methodology was used to identify the percentage of heads of households with a disability<sup>11</sup>. This methodology allows for the identification of the majority of people with moderate and severe disabilities, with the minimum possible error.<sup>12</sup>

**Graph 8.** Proportion of heads of household with a disability, by sex.



However, it should be noted that this percentage is likely higher among the total population, considering the following factors:

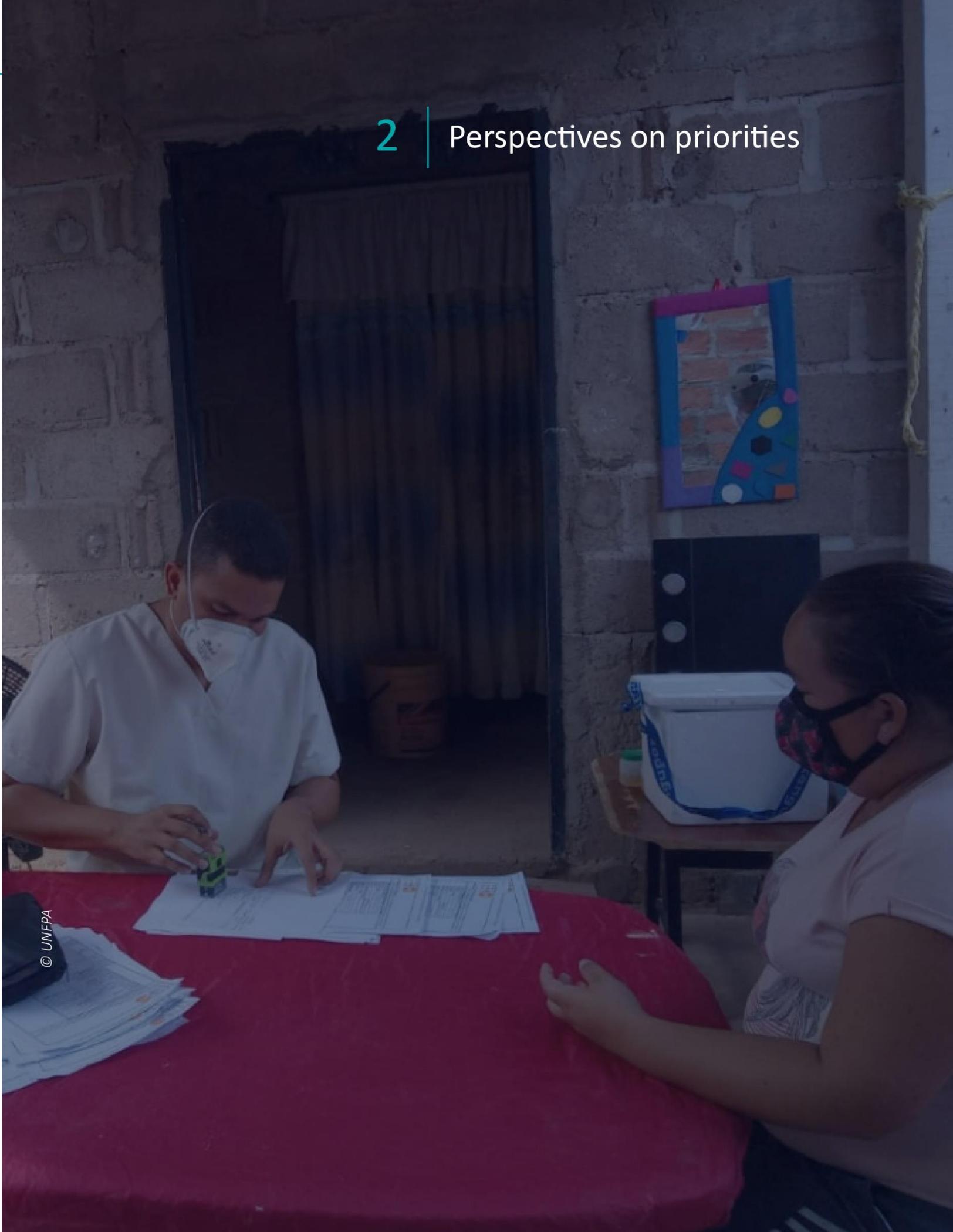
- The results only refer to the status of the respondent, not to all members of the household.
- The majority of respondents are the head of their household. In general, persons with disabilities are less likely to be considered the head of household, which automatically reduces the measurement of disability prevalence when data collection is done at the household level.
- As the survey was conducted by phone, respondents with severe hearing or communication difficulties are excluded from the findings.

The assessment found that **11% of heads of household have a disability**, which is close to the global estimate: according to the World Health Organization (WHO), 15% of the world's population has a disability.

<sup>11</sup> See more about the Washington Group - Short Set (SS-WG) methodology and questionnaire here: <https://bit.ly/3igiVmp>

<sup>12</sup> In line with the Washington Group methodology, if the responded answers "Yes, quite difficult" or "I can't do it" to one of the six questions, it can be considered that the person has a disability.

## 2 | Perspectives on priorities



## 2 | PERSPECTIVES ON PRIORITIES

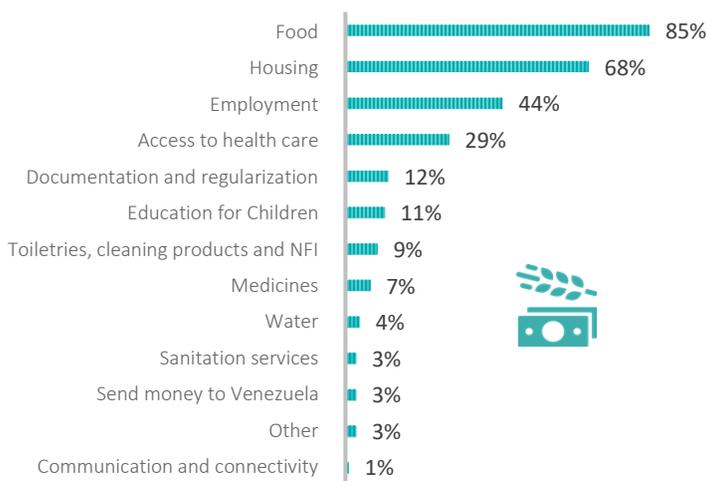
### a. | PRIORITY NEEDS

Among the needs prioritized by households, there are three that were most often mentioned. The majority of the population reports food and housing (including payment of rent and utilities) as their main needs. **85% of households report food, while 68% report housing, followed the need to access income sources, identified by 44% of the households surveyed.** As a fourth priority, 29% report medical assistance. Similarly, 7% of households prioritize access to medicines.

Less frequently mentioned as a need is increased access to documentation and regularization of their migratory status, prioritized by 12% of the population. Even though, according to Colombia Migration, as of October 2020 more than half of the Venezuelan population does not have a regular status<sup>13</sup>, this need is considered as less urgent compared to the need for food, housing, income, and health care.

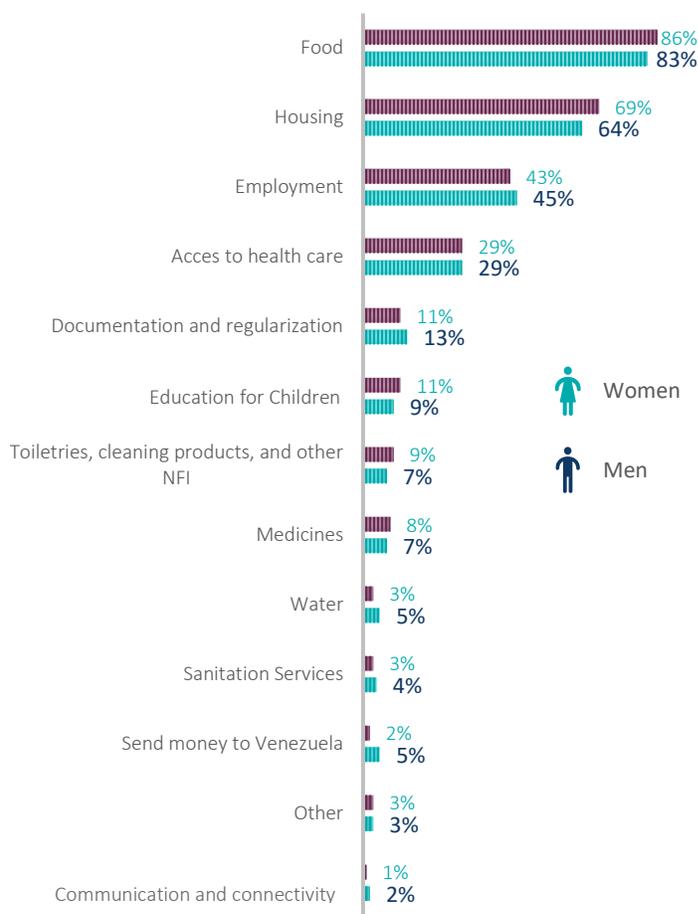
9% of households prioritize hygiene items, toiletries, and non-food items. To a lesser extent, households prioritize access to water (4%), sanitation services (3%), sending money to Venezuela (3%) and access to communications means such as Internet (1%, see Graph 9).

**Graph 9. Needs prioritized by households.**



Although men and women prioritize the same needs, **female respondents slightly more often prioritize the need for housing, food, education for children and adolescents and household items/toilets compared to their male counterparts.** Men give greater priority to needs associated with employment or income generation, documentation and regularization of migratory status and sending money to Venezuela. This is illustrated in Graph 10 below.

**Graph 10. Needs prioritized by households, by gender of the respondent**



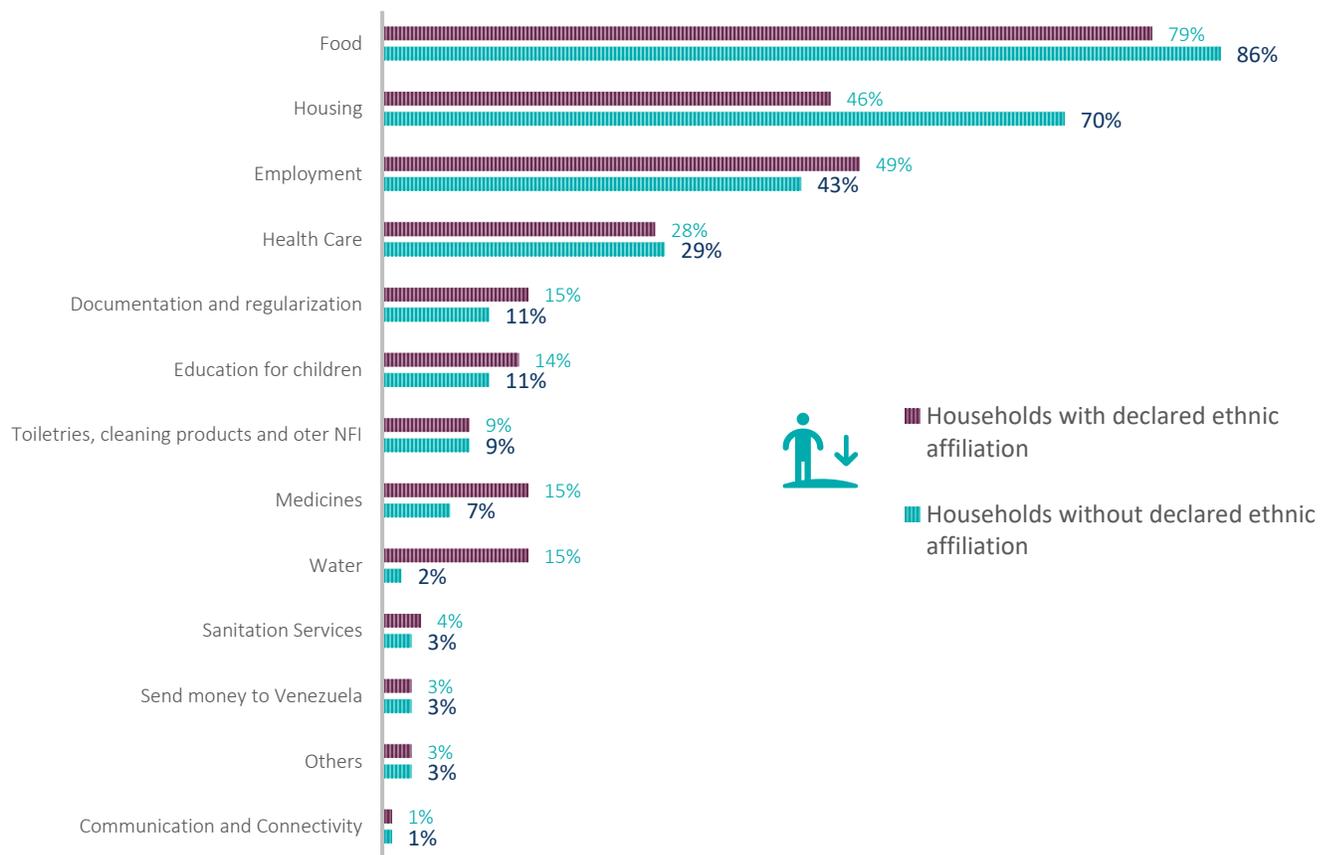
An analysis by age group shows no difference in the overall prioritization of needs. However, **respondents over 45 more often mention the need for medical care and medicines (35% of this group), while the population between 36 and 45 is more likely to mention access to employment (47%).**

<sup>13</sup> Colombia Migration (December 2020). Venezuelans in Colombia as of 30 October 2020. <https://bit.ly/2KhYpZ>

Households belonging to an ethnic community are more likely to prioritize employment and income generation (47%) documentation and regularization of their migratory status (15), access to medicines (15%) and education for children and adolescents (14%) compared to non-ethnic households.

They are also more likely to prioritize access to water (15%), likely a reflection of the constraints in accessing water which are common in the department where most of this community is residing, La Guajira. Housing needs are more frequently reported by those not belonging to an ethnic community (70%, see Graph 11)

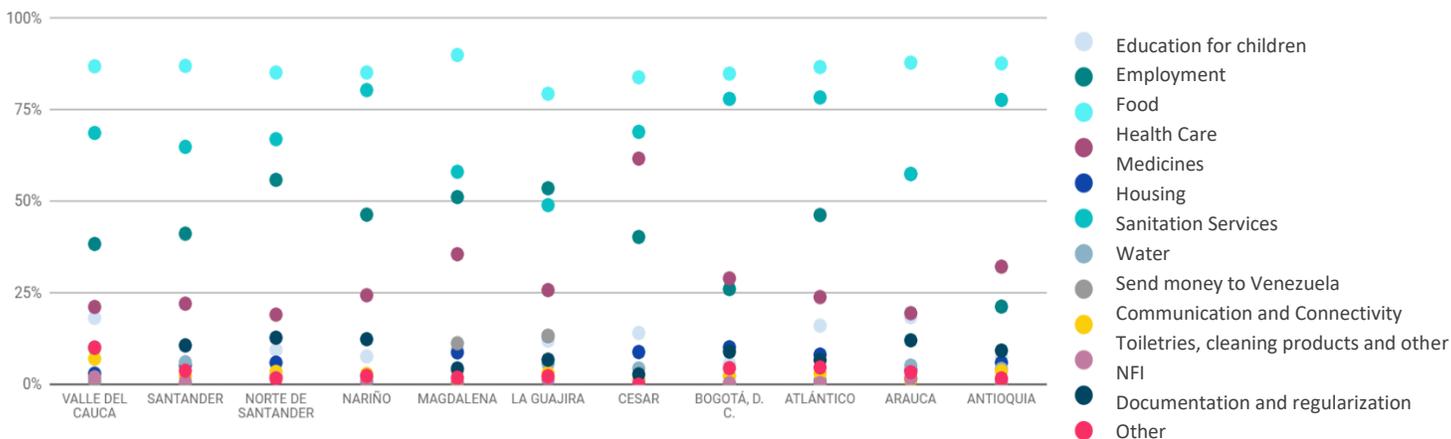
**Graph 11.** Needs prioritized by households according to their ethnicity



In general, in all departments with sufficient information, food is the main need identified by the survey population. Housing is also the second most important need in all departments, with the exception of La Guajira, where the need for income generation is more frequently mentioned than the need for housing.

However, in departments such as Arauca, Cesar and Magdalena, housing as a main need is less frequent in relation to food. In Cesar, 62% of households reported health care as one of their main needs, more frequently than employment or income generation (see Graph 12)

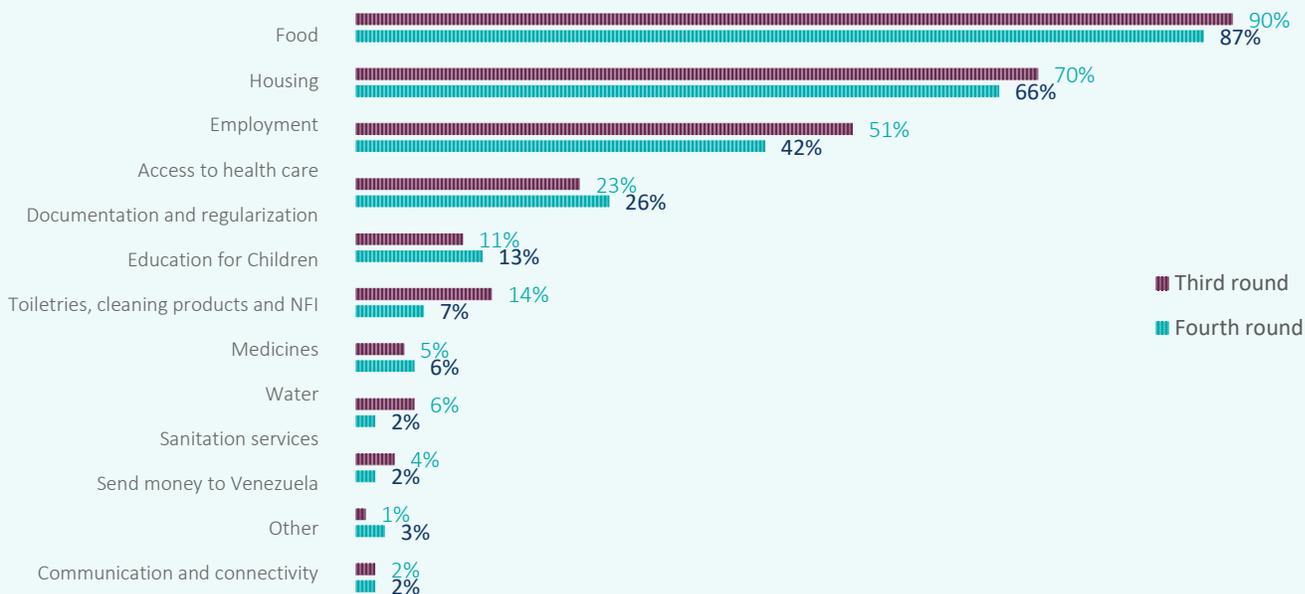
**Graph 12. Needs prioritized by households, by department.**



It can be concluded that food is a need prioritized by all respondents, regardless of age, gender, ethnic affiliation, and location, as well as access to housing (although to a lesser extent for households belonging to an ethnic community). These results are similar to those of the three previous GIFMM joint needs assessments carried out throughout 2020.

**PANEL ANALYSIS**

**Graph 13. Needs prioritized by households - Fourth round vs. third round**



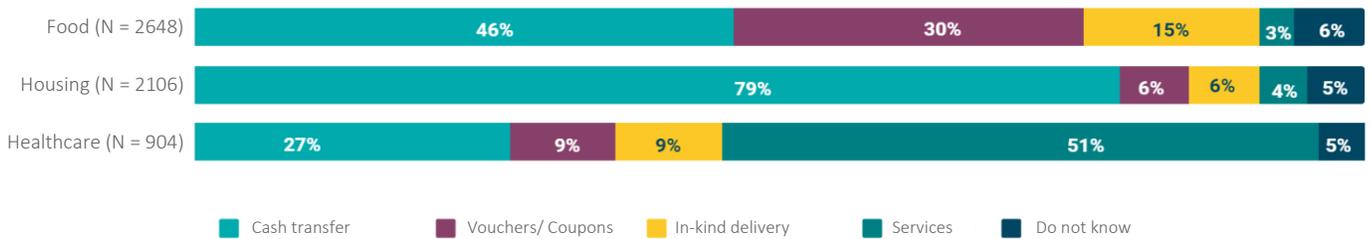
The panel analysis shows that the three main needs for households have not changed between the third and fourth rounds. However, there is an increase in households prioritizing needs related to medical care and education, which is likely to be a reflection of the changing context: the COVID-19 health emergency has led to prolonged periods of confinement, combined with continued limited access to medical treatment and education, as well as the partial lifting of isolation and mobility measures that have increased households access the sources of income.

## b. | RESPONSE MODALITY PREFERENCE

For each prioritized need, households were requested to indicate their preferred modality for assistance, **choosing from the following options: cash, vouchers or coupons, deliveries of specific goods and services.** The preferred form of assistance for the three priority needs - food, shelter, and medical care - is presented in graph 14.

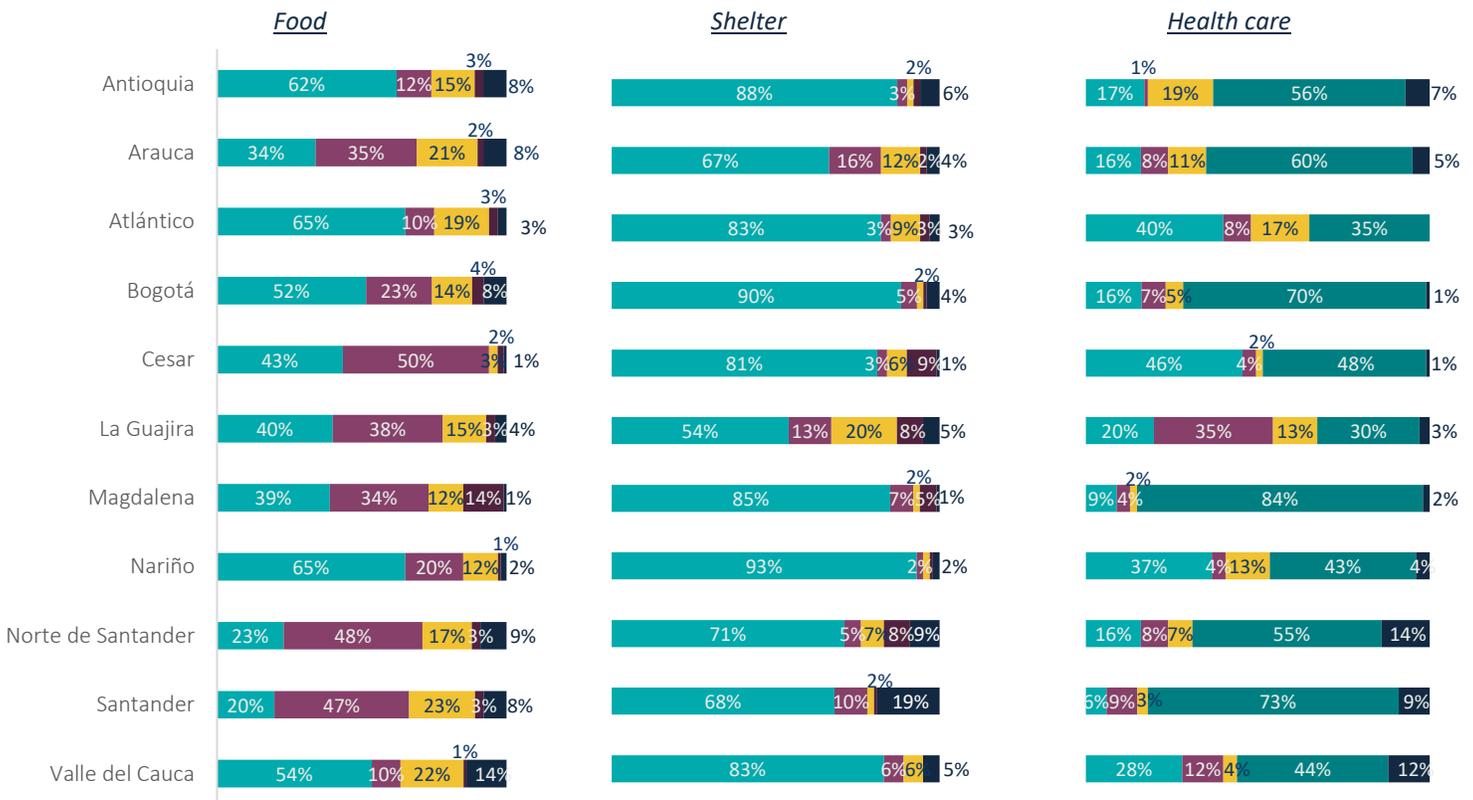
Cash is the preferred modality for both housing and food. However, for the need for health care, services are the most preferred modality due to the nature of the need, followed by cash as a second preference (see Graph 14).

**Graph 14.** Preferred assistance modalities for the three main needs as prioritized by households



Additionally, when considered at the departmental level, the preferred modality for food and housing, across the country, is cash. Departments where vouchers are preferred to coincide with those where this strategy has been implemented as a response priority (see Graphs 15, 16 and 17).

**Graphs 15, 16 and 17.** Preferred assistance modalities for needs as prioritized by households



An analysis was conducted considering whether or not the household is in a department with predominantly voucher assistance<sup>14</sup>, under the assumption that those in such departments are more likely to have received voucher assistance or to be familiar with this type of modality compared to those in departments where cash assistance is more likely<sup>15</sup>. If a household prioritizing food resides in a department where vouchers are more often delivered compared to cash, the probability of preferring cash decreases by 26%.

Other characteristics of the household are also related to preference in assistance modalities: in the case of accommodation, the probability of preferring cash increases by 10% for households identified as being at risk of eviction, and decreases by 21% if the household belongs to an ethnic community, or 5% if the head of household has not completed their education.

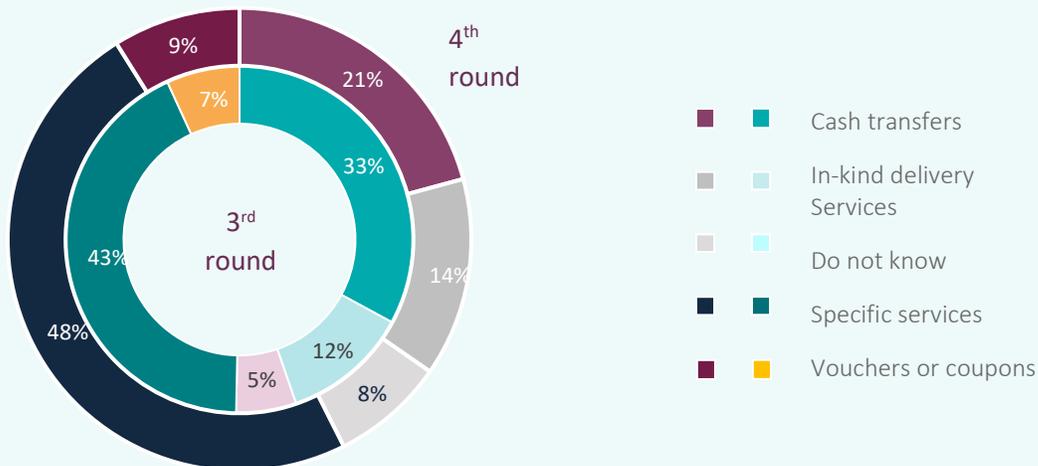
In addition, for households preferring food, **the fact that the household reports having the intention to return increases the probability of preferring cash by 8%.**

**PANEL ANALYSIS**

Between the third and fourth rounds, the main modality preferred to access food and shelter remains cash. However, there are variations in the preferred forms of food assistance: more households preferred to receive vouchers (up 7% age points), and fewer households preferred cash (down 8%age points). Cash continues to be the preferred form of housing support, even though the preference fell by 6% age points.

The most significant differences were in health needs: while receiving specific services remains the preferred option for households, the preference for cash fell by 12% age points between rounds (see Graph 18).

**Graph 18.** Preferred modality to address health care needs – Fourth round vs. third round.



<sup>14</sup> The departments with a predominance of assistance in vouchers or coupons are Norte de Santander, Santander, Arauca, La Guajira, Cesar, and Magdalena. The rest of the departments in the study are considered to be those where cash is the most widespread assistance modality.

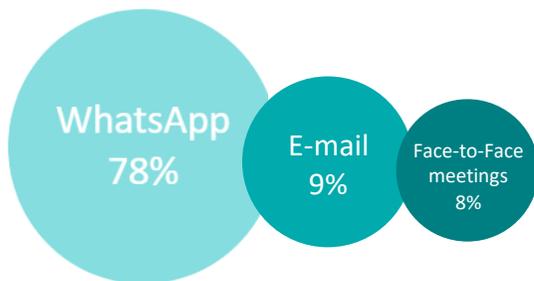
<sup>15</sup> A regression analysis was performed to evaluate some household characteristics that correlate with the preference of assistance modality. Variables included in the model were: the sex of the head of household, the risk

of eviction, the intention to return to Venezuela, the use of "emergency" coping strategies, the household's self-affiliation to an ethnic community, the level of education of the head of household (less than or equal to complete primary school) and the size of the household (greater than the average size of the evaluation: five persons). Additionally, to control for fixed effects, the department was also included, to measure whether the household's location impacted its preference for a type of modality.

### c. | PREFERRED MEANS OF RECEIVING INFORMATION<sup>16</sup>

The social messaging network 'WhatsApp' is the preferred medium for receiving information about the assessment, mentioned by 78% of respondents. There is no difference between the preferences of women and men, who both chose this medium of information, and to a lesser extent email and face-to-face meetings (see Graph 19).

**Graph 19.** Preferred channels to receive information on the assessment



There is a significant relationship between department and preference. Although in each department 'WhatsApp' is the most preferred medium, in **La Guajira** face-to-face meetings are considered an important medium as well, with 21% of people surveyed in this department mentioning such meetings. Only 56% of respondents prefer 'WhatsApp', below the national average of 78%, which is likely to be related to the low access to internet in this area: 53% of households surveyed in the department do not have access to internet, compared to 25% nationally. For its part, email is an important medium in **Bogotá**, mentioned by 23% of households surveyed, and in **Valle del Cauca** (18%).



<sup>16</sup> En esta cuarta ronda, el task force de Comunicación con Comunidades / Comunicación para el desarrollo (CwC/C4D) ha acompañado al equipo de trabajo de la evaluación para acompañar la devolución de información sobre estos resultados a las comunidades. Para ello, los encuestados indicaron los canales que prefieren para recibir dicha información.

3

Residence and movements



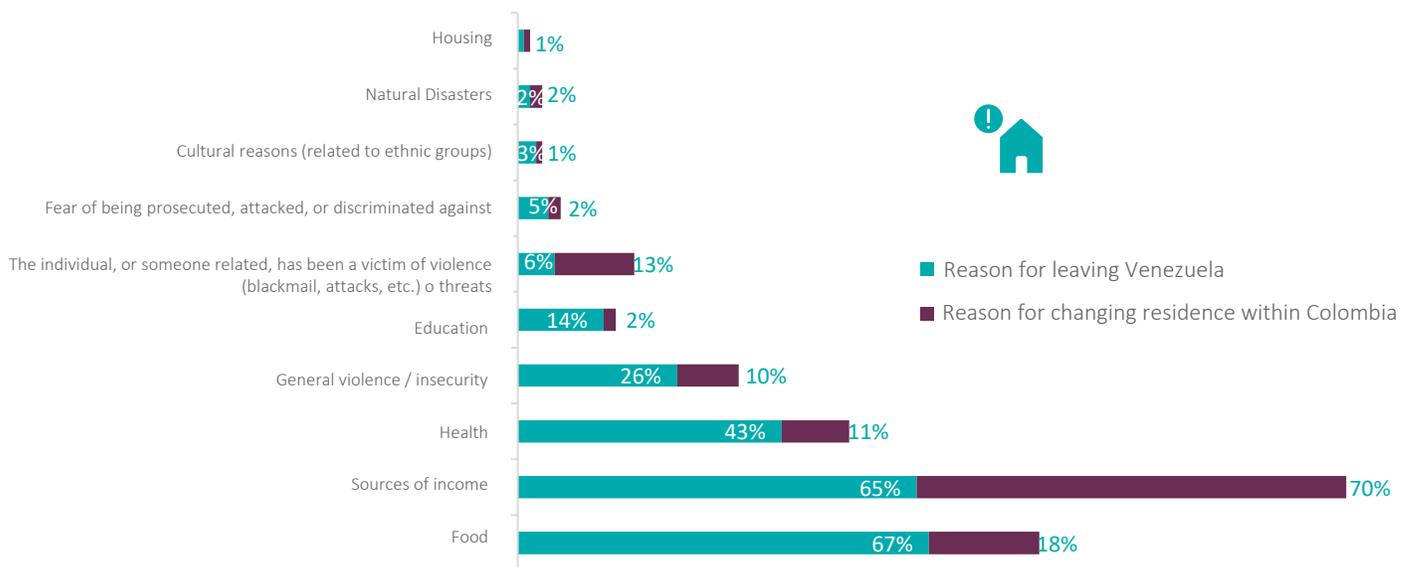
The population surveyed is mainly located in border municipalities and/or capital cities: 61% of households are concentrated in the cities of Cúcuta, Bogotá, D.C., Medellín, Valledupar, Santa Marta, Barranquilla, Riohacha, Arauca, Maicao and Bucaramanga.

**87% of the households surveyed said that one year ago, they lived in the same municipality as they do currently, while seven percent stated that they lived in another municipality in Colombia, and six percent said that they lived in another country.** Of the latter, the main countries of residence were Venezuela (89%, corresponding to 155 households), Ecuador (5%) and Peru (4%). Indigenous households were less mobile within Colombia, with only 2.5% having moved between municipalities, compared to 7% of other groups. Households where the head of household has a disability was less likely to

reside in a different country a year before data collection: (6% vs. 4%). No significant differences were found in this dynamic between households headed by men compared to those headed by women.

The reasons for moving differ between those that left Venezuela, those that moved to Colombia from a different country and for those who moved within Colombia. In the first case, the search for food (67%), work (65%) and health (43%) are the priorities, in addition to concerns about violence or insecurity (36%), a reason indicated more than twice as often as for the other groups. **In the case of those who changed residence in Colombia, job search is also a priority (70%), followed by food search (18%) and family reunification reasons (13%).** Ten percent of these households move due to insecurity (see Graph 20).

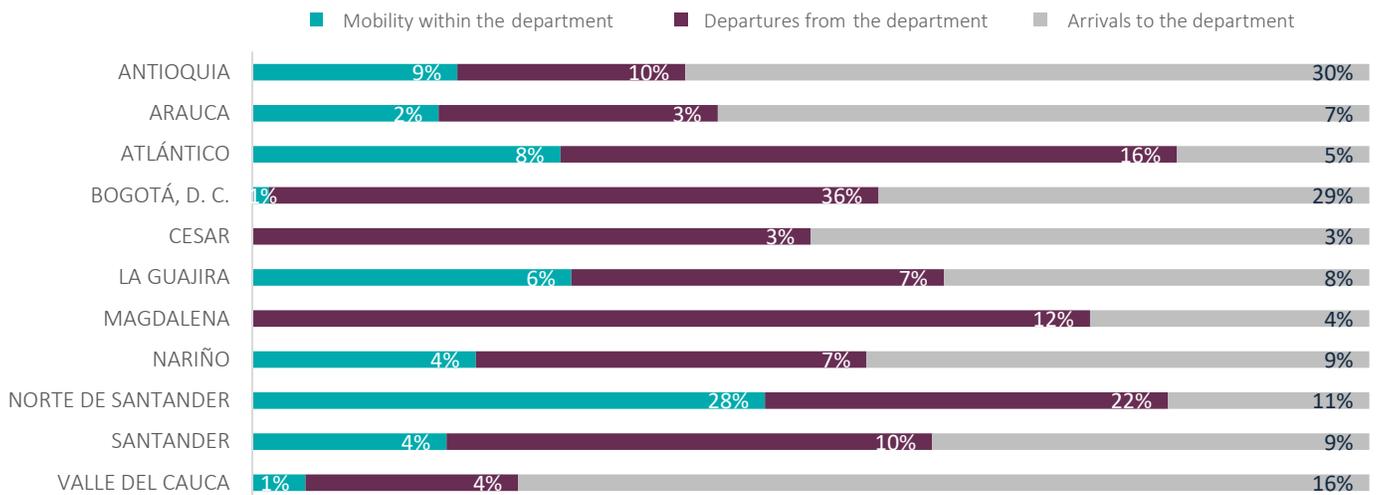
**Graph 20. Main motivations for movement, by type of movement.**



Movement between municipalities, without leaving the department, was most often recorded in Antioquia and Bogotá: 49% of the arrivals and 46% of the departures of the households interviewed are in these two departments. In addition, a high level of inter-departmental mobility is identified in Norte de Santander, La Guajira and Atlántico.

Antioquia, Arauca, and Valle del Cauca have been departments receiving refugees and migrants, while Atlántico and Magdalena report more departures and the other regions share both movements. Graph 21 presents the mobility dynamics between and within departments.

**Graph 21. Mobility dynamics, by department**



### a. | RETURN TO VENEZUELA

88% of households indicate that there no one in their household has the intention to return to Venezuela in the month after data collection. However, **7% of the households surveyed have at least one member with the intention of returning to Venezuela** (see Graph 22). There are several household characteristics that make it more likely for households to have an intention to return. In 13% of households that are part of the indigenous population, at least one member has the intention to return (vs. 7% of other for households), and 11% for households that indicated they do not have any source of income (vs. 7% for those with some source of income). At the departmental level, a higher return intent is

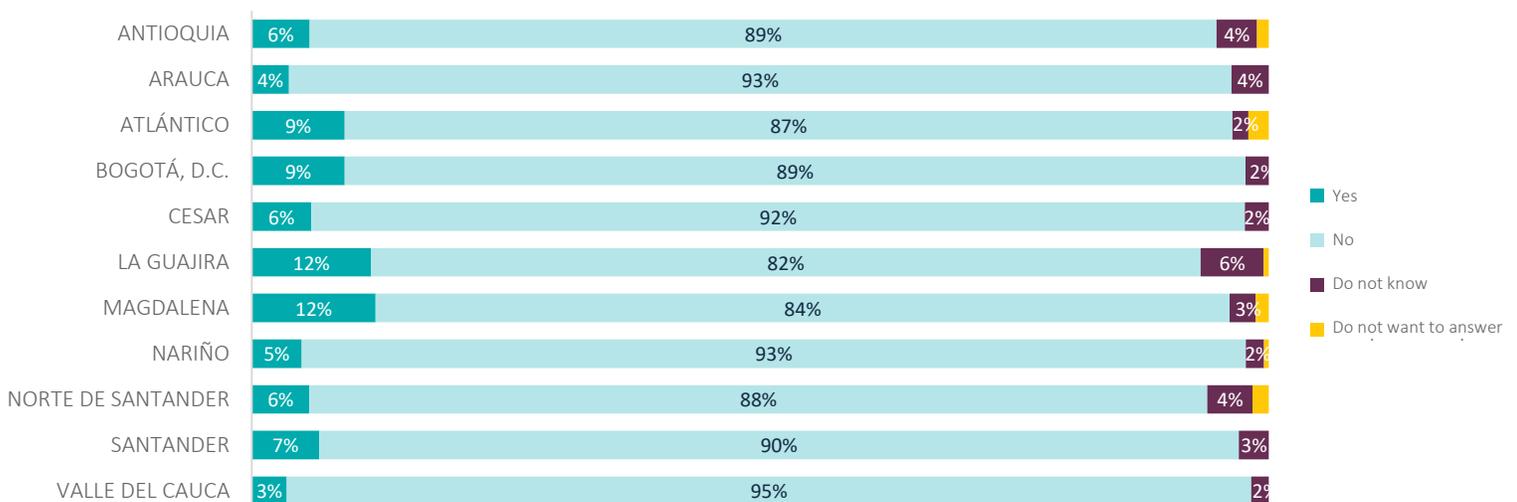
identified for those living in the Caribbean region and in Bogotá (see Graph 23).

**Graph 22. Households with at least one member that intends to return to Venezuela**



**Yes: 7%**  
**No: 88%**  
**Do not know: 3%**  
**Do not want to answer: 2%**

**Graph 23. Households with at least one member with the intention to return to Venezuela – by department.**

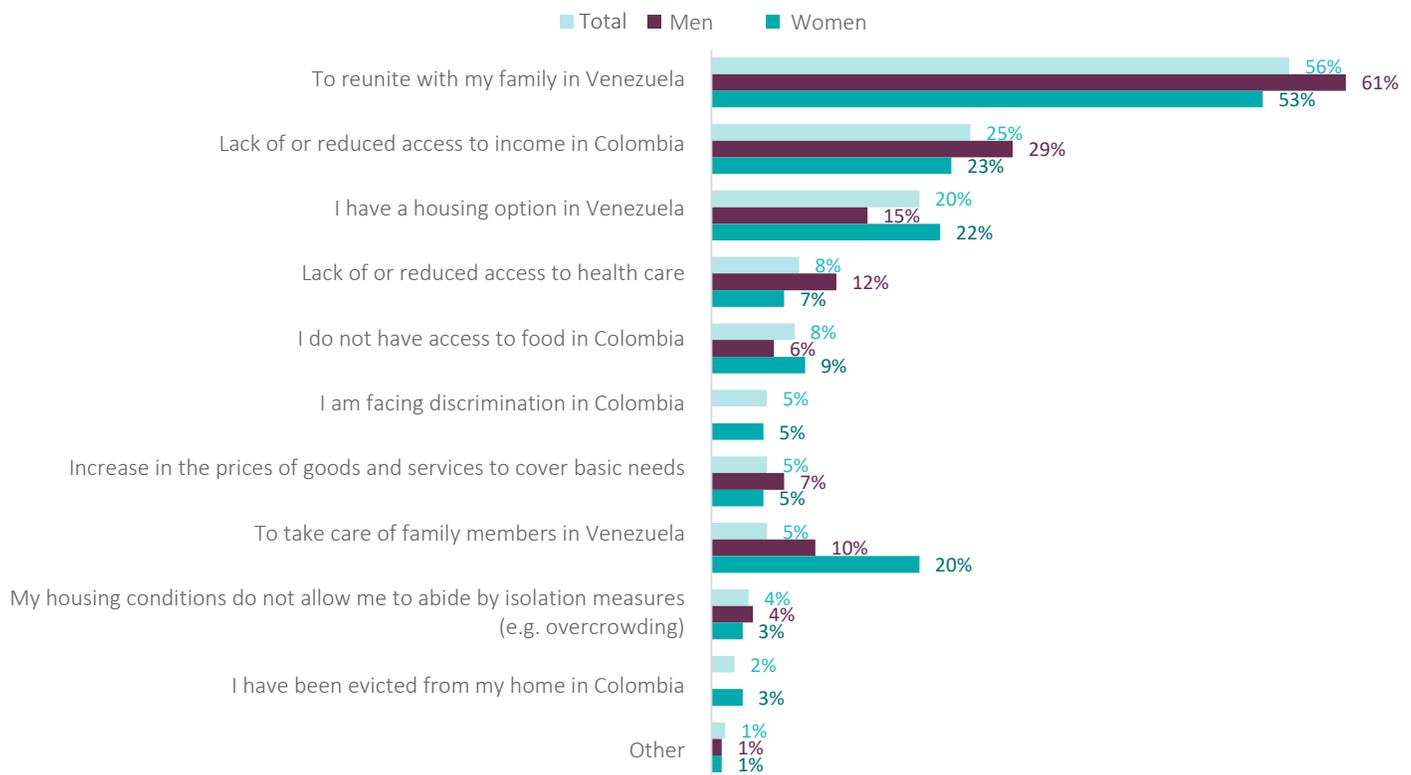


Households where no person has regular status are more likely to have an intention to return (13% vs. 7% for those with a regular status member), which could be related to greater difficulty in accessing goods, services, work and other rights given this irregular status.

For the first time, in comparison to the other rounds of this evaluation, family reunification stands out as the main reason for a possible return (56%), followed by economic reasons, either lack of income (25%), lack of food (8%) or an increase in the price of goods and services (5%). Another reason is homelessness: people have the intention to return either

because they have a home in Venezuela (20%), are in a condition of overcrowding (4%) or have been evicted (2%). 12 incidents of discrimination by female-headed households were mentioned by respondents. Similarly, caring for family members and having a house in Venezuela were more commonly reported by female-headed households as a reason to consider return. Households headed by men more often mention the difficulties of accessing income and health care (see Graph 24).

**Graph 24.** Reasons for return to Venezuela - by sex of the head of household.



**PANEL ANALYSIS**

During the third round, in 7% of PANEL households, a member intended to return to Venezuela; by the fourth round of the evaluation this percentage had increased to 11%. Family reunification is the most common reason for return: 55% of households indicated their intention to return for this reason, compared to 28% during the third round, when lack of income

in Colombia was the main reason reported. This may be due to the Christmas season starting immediately after data collection for the fourth round, resulting in an increasing return of households to Venezuela.

4

Access to basic goods and services



## a. | REGULAR STATUS

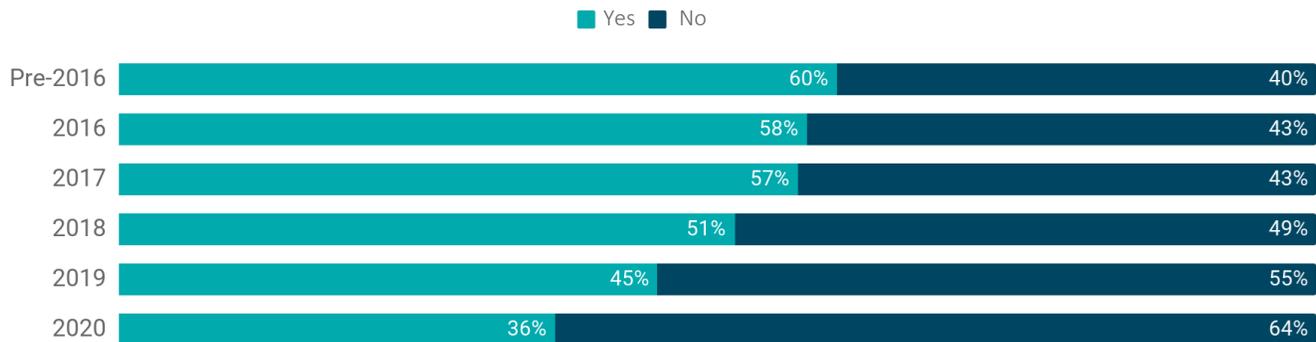
The Government of Colombia has adopted measures to provide regular status to refugees and migrants from Venezuela. The Special Permit to Stay (PEP, by its Spanish acronym) allows Venezuelans to stay in Colombia for up to two years, with the possibility of extension, and access the labour market and basic services such as health and education. Venezuelans can also access regular status by obtaining a foreigners’ identity card, a Border Mobility Card (TMF, by its Spanish acronym) or by applying for refugee status.

However, 70.8% of people in Venezuelan migrant and refugee households interviewed do not have a PEP, nor a valid TMF -

Border Mobility Card a letter of safeguard for asylum seekers or refugee status. In 15% of households, none of the members have regular status. In 63% of households, more than half of the members do not have regular status.

The results show a significant relationship between the date of arrival to Colombia and documentation: people who have been in Colombia for a longer period of time are more likely to have one or more documents providing regular status (see Graph 25).

**Graph 25.** Regular status by year of arrival to Colombia



16.1% of population surveyed is in possession of a PEP, with no major differences between women and men (15.7% of women compared to 16.8% of men). This information is consistent with various findings by humanitarian partners, such as the third round of the GIFMM joint needs assessment<sup>17</sup> (17% of the population has PEPs), DRC protection monitoring (April to June 2020)<sup>18</sup>, where the proportion of the Venezuelan population in an irregular situation was found to be 80.9 per cent, and the WFP EFSA (February 2020)<sup>19</sup>, which reports that only 16 per cent of refugees and migrants surveyed have PEPs. For 12% of people with PEPs, the document is no longer valid. However, some of this population may be in the process of renewing their documentation.

9% of the population surveyed have a Border Mobility Card. This card grants the permission to stay for (seven to nine days) in the departments bordering Colombia and Venezuela. It is therefore it is not considered a valid document for the population with an intention to stay and/or residing in municipalities outside that region.

<sup>17</sup> GIFMM Colombia. Joint Needs Assessment - COVID-19 (July 2020): <https://bit.ly/2NyCCfjo>

<sup>18</sup> Danish Refugee Council- DRC. Protection Monitoring | April - June 2020 (August 2020): <https://bit.ly/3nhZkp7>

<sup>19</sup> World Food Programme - WFP (February 2020). Emergency Food Security Evaluation (EFSA) for migrants from Venezuela and host communities at border departments. <https://bit.ly/3dOnTof>

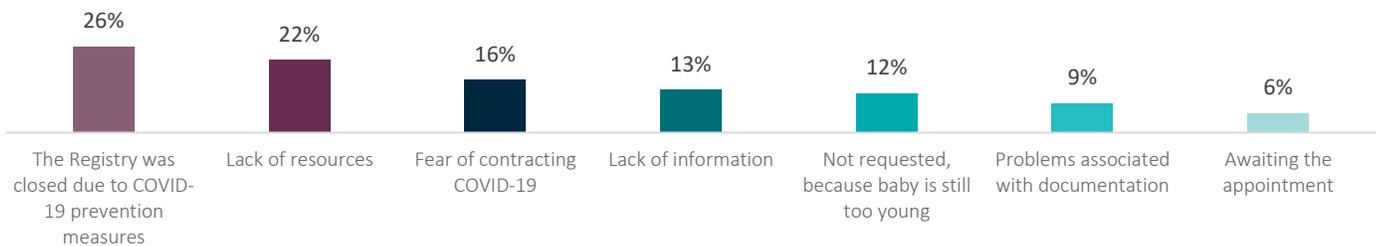
## b. | BIRTH REGISTRATION

Colombia has a regulatory framework that grants Colombian nationality to children born after the first of January 2015 in Colombia to Venezuelan parents, through the Civil Registry of Birth, which is the identification document for children from 0 to 7 years old in Colombia.

In the households surveyed, 1,037 children meet these criteria, of which 11% had not requested registration at the time of data

collection. Among the reasons mentioned by respondents for not registering their children are the temporary closure of the registries (from March 17 to May 31) as part of the COVID-19 preventative isolation measures (26% corresponding to 29 children), because they do not have the resources to do so (22%), and/or for fear of contracting COVID-19 (16%, see Graph 26).

**Graph 26.** Reasons for not applying for birth registration (n = 110)



## c. | LIVELIHOOD

53% of the population included within the assessment is part of the Economically Active Population (EAP). The unemployment rate among the EAP is 31%. **The Economically Inactive Population (EIP) corresponds to 47%<sup>20</sup> of the total population surveyed.** With regard to the employment rate, it is evident that participation is 36%<sup>21</sup>; in general terms, the overall rate of participation in the labour market of refugees and migrants from Venezuela is 53%.

At a departmental level, it is noteworthy that Norte de Santander has the highest number of EAPs and people working, with an employment rate of 36%; however, Santander (46%) has the highest employment rate in the country. Other departments with an employment rate above 40% are Bogotá and Antioquia. The departments with the highest unemployment rate are Atlántico (38%), La Guajira (37%), Bolívar (35%) and Cesar (35%). La Guajira also has the highest

EIP in the country, while it is the department with the highest percentage of Venezuelan refugees and migrants studying (24% of the total number of those studying nationally).

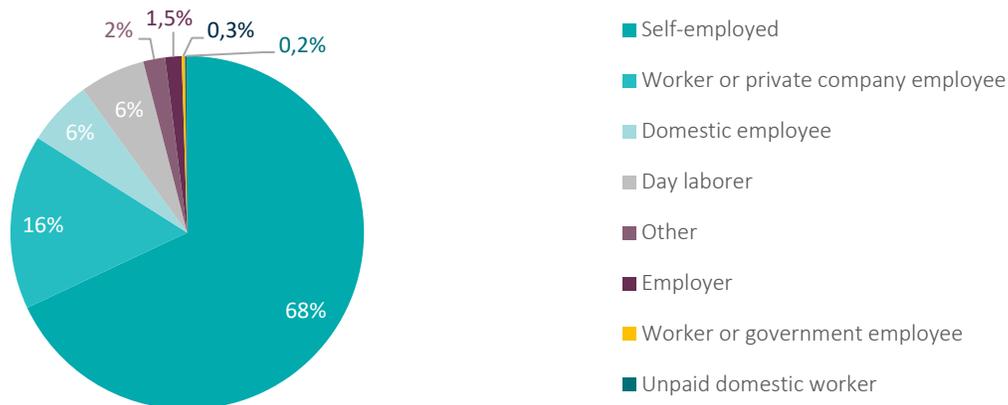
53% of those surveyed are in the 22-34 age range. It is important to mention that 77% of those surveyed only finalized a school diploma, which could be a barrier to labour insertion or economic integration, as they are not qualified to hold technical or professional positions.

Given this situation, **68% of those working has had to take up self-employment, mostly in activities such as street vending, while 22% either work in a company or are domestic servants (see graph 27).** Only 1% of those working employ other individuals. **Only 19% of those working earns a minimum wage (COP \$877,803 or USD 243 approx.) or more, while only 5% pay contributions to a pension fund.**

<sup>20</sup> This figure corresponds to the total working-age population, minus the economically active population, and includes people who are studying, those engaged in household chores, the disabled and others.

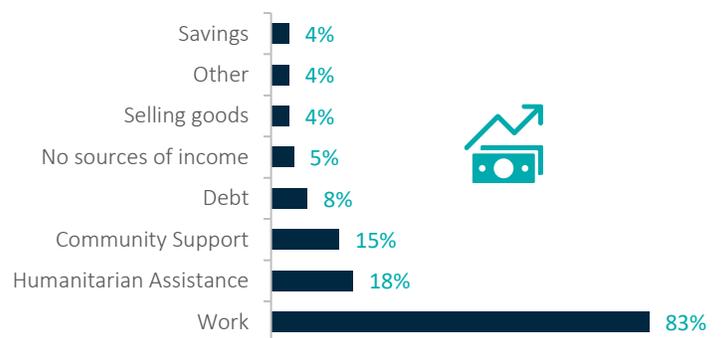
<sup>21</sup> Percentage of people who spent most of their time working.

**Graph 27.** Type of work, per household



Remunerated work is the most common source of income among respondents, mentioned by (83% of households as their main source of income. Humanitarian assistance (from governments or NGOs) and community support are the second and third most common sources of income, mentioned by 18% and 15% of households respectively (see Graph 28). When asked about the length of time that their current income can sustain expenditures, about 44% could sustain their household only for a day, 32% for up to a week, and 14% for up to a month. Only 0.23% of households say that they could sustain their expenses for a longer period, between two and three months.

**Graph 28.** Household income sources



**Table 2.** How long a household can sustain expenses with its current income - by sex of the head of household

|  |     | Up to 1 day | Up to 1 week | Up to 2 weeks | Up to 1 month | Do not know |
|--|-----|-------------|--------------|---------------|---------------|-------------|
|  | 47% | 33%         | 0%           | 13%           | 0%            | 7%          |
|  | 40% | 32%         | 0%           | 17%           | 0%            | 6%          |

The departments of Santander and Bogotá have the highest number of households with at least one person working with 94% and 91% respectively, while in Cesar (13%), Atlántico (11%) and La Guajira (11%) households are more often dependent on debt or loans. It is worth noting that in Cesar, 42% of households report humanitarian assistance as one of their three main sources of income, 24% above the national average.

Norte de Santander (75%), Arauca (73%) and La Guajira (70%) have the lowest level of households that report formal or informal work as one of their main sources; these departments have the highest number of households without a source of income (see Graph 29). In Valle del Cauca and La Guajira 22% of households depend on community support.

**Graph 29:** Household income sources by department

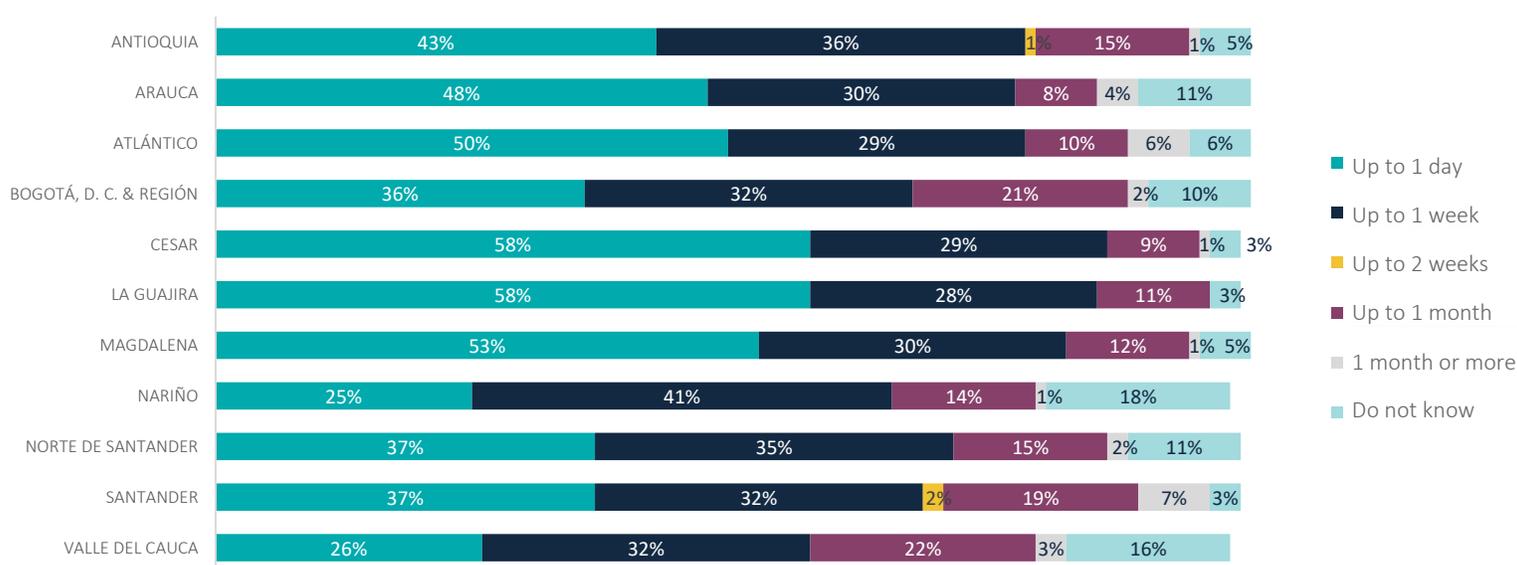
| Department         | Work | Debt | Savings | Humanitarian Assistance | Community Support | Selling goods | Other | No sources of income |
|--------------------|------|------|---------|-------------------------|-------------------|---------------|-------|----------------------|
| ANTIOQUIA          | 88%  | 4%   | 2%      | 24%                     | 7%                | 1%            | 1%    | 6%                   |
| ARAUCA             | 73%  | 5%   | 2%      | 20%                     | 15%               | 2%            | 8%    | 8%                   |
| ATLÁNTICO          | 85%  | 11%  | 2%      | 20%                     | 16%               | 6%            | 2%    | 7%                   |
| BOGOTÁ, D. C.      | 91%  | 3%   | 3%      | 17%                     | 13%               | 4%            | 1%    | 3%                   |
| BOLÍVAR            | 90%  | 0%   | 0%      | 14%                     | 4%                | 1%            | 0%    | 4%                   |
| CESAR              | 86%  | 13%  | 4%      | 42%                     | 20%               | 3%            | 0%    | 2%                   |
| LA GUAJIRA         | 70%  | 8%   | 1%      | 12%                     | 22%               | 6%            | 14%   | 8%                   |
| MAGDALENA          | 88%  | 3%   | 1%      | 5%                      | 11%               | 2%            | 5%    | 2%                   |
| NORTE DE SANTANDER | 75%  | 13%  | 9%      | 16%                     | 20%               | 5%            | 2%    | 8%                   |
| SANTANDER          | 94%  | 1%   | 1%      | 1%                      | 4%                | 1%            | 1%    | 1%                   |
| VALLE DEL CAUCA    | 90%  | 11%  | 4%      | 5%                      | 22%               | 3%            | 4%    | 3%                   |

The analysis of the livelihood situation shows that, although the number of households that have access to work as a source of income has increased compared to the third round, the refugee and migrant population from Venezuela continues to face significant barriers, such as low wages, given that 81% of those working earn below the minimum wage; and the lack of access to formal employment, given that 95% do not contribute to a formal pension scheme. In addition, it should be considered that 76% of the household report being unable to cover their family's expenses for one month. This demonstrates the precarious income situation of households, and consequently a

greater dependence on humanitarian assistance and community solidarity.

The departments in the Caribbean region (Atlántico, Cesar, La Guajira and Magdalena) have a higher percentage of households whose income supports the family for only a day, in contrast to Valle del Cauca and Nariño where households interviewed are better able to support their expenditures, which could be related to the fact that a higher proportion of people able to do so are working (see Graph 30).

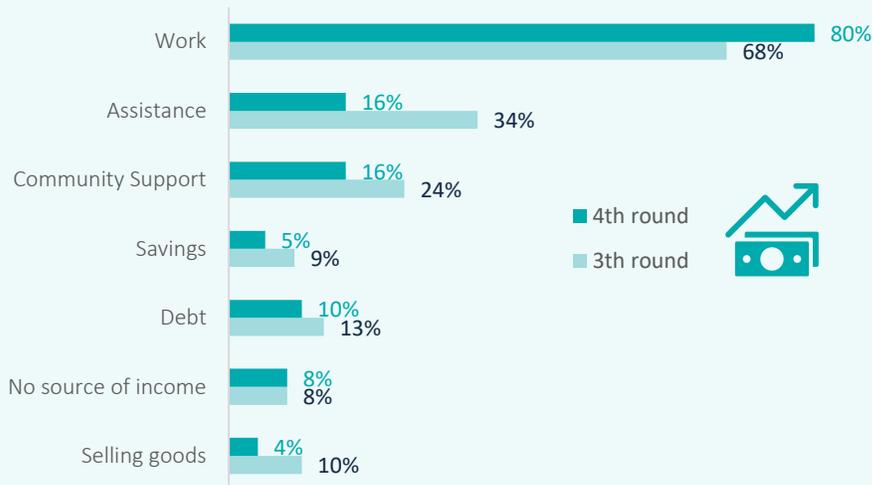
**Graph 30.** Time during which the household can sustain its expenses with their current income - by department



**PANEL ANALYSIS**

The panel analysis shows that work, as the main source of income, has increased between July and November (from 68% of households to 80%), a reflection of the reactivation of the economy during that time period. (see Graph 31). With it, humanitarian assistance, community support and the sale of household items as a main source of income has reduced.

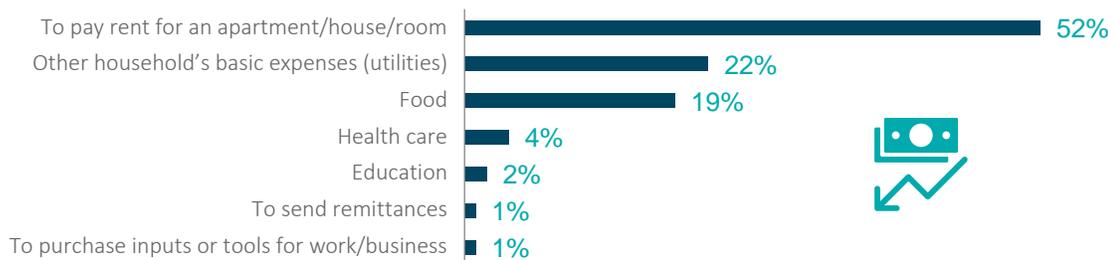
**Graph 31. Sources of income - Fourth vs Third round**



**d. | DEBT**

65%, or about two out of three households, were in debt at the time of data collection. The main reason households go into debt is to pay rent for an apartment/house/room: **52% of all households surveyed are in debt to pay rent (see Graph 32).**

**Graph 32. Main reasons for households to be in debt**



While a small difference between the levels of debt and gender and households can be identified, 66% of female-headed households are in debt, compared to 63% of male-headed households, this is not a significant relationship.

The results show the precarious situation of indebted households: 51% of households acquiring debt to pay rent

report that they are not assured of a place to live for the next month, compared to 27% of households that are not indebted to pay rent.

Taking out debt does not mean that basic needs are covered: 35% of indebted households still had to beg for food or money in the 30 days before data collection.

## e. | FOOD SECURITY AND NUTRITION

The assessment indicated several indicators to measure food consumption and food consumption diversity, which reflects the quantity and quality of households' diet.

**64% of households consume two meals per day or less**, indicating that they are not accessing the recommended three meals a day (see Graph 33).

The Food Consumption Score<sup>22</sup> is based on the frequency of food consumption during a seven-day reference period, and

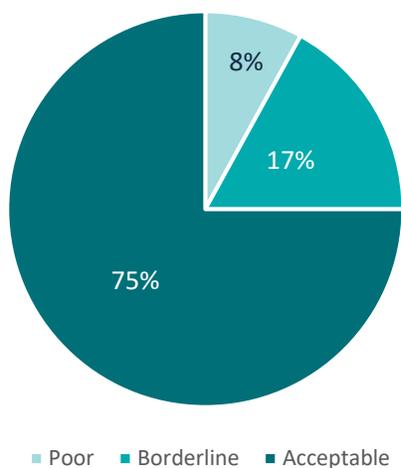
the relative nutritional importance of the different food groups. **17% of households have a borderline consumption, and 8% have a poor food consumption score** (see Graph 35). The average number of days per week that households surveyed consume each food group reveals a limited consumption of fruit, vegetables, and dairy.

Thus, households face a high risk of food insecurity due to the impact of the preventative isolation measures, including a decrease in income and fluctuations in food prices.

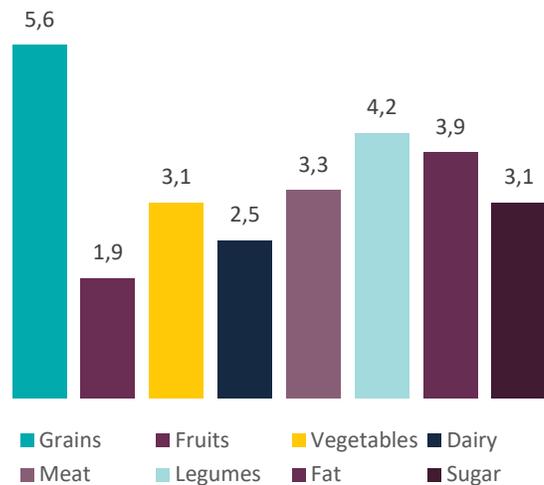
**Graph 33.** Number of meals consumed on average per day (% of households)



**Graph 34.** Household food consumption score, based on frequency and diversity of food consumption



**Graph 35.** Average number of days of household consumption per week for each food group



<sup>22</sup> The Food Consumption Score (FCS) reflects the quantity and/or quality of people's diet. It is a "proxy indicator" that represents the dietary diversity, energy value and macro- and micronutrient content of the foods consumed by households. It is based on: dietary diversity, or the number of food groups

consumed by a household on a reference period; the frequency of consumption or the number of days on which the food groups are consumed during that period; and the relative nutritional importance of the different food groups. The reference period for the calculation of the FCS is seven days.

- It should be noted that within the EFSA 2020, more than 41.4% of refugee and migrant households have were found to have poor or limited food consumption while 18.4% had a low food diversity (with less consumption of fruit, vegetables, and dairy).
- According to the National Nutrition Situation Survey (ENSIN 2015)<sup>23</sup>, the mere perception of price increases can alter consumption patterns in the population. If the surveyed population changes its consumption

patterns, for instance by decreasing it's consumption of products such as eggs, an important source of protein and affordable for a resource-constrained population, it may put the diversity of food consumption at risk.

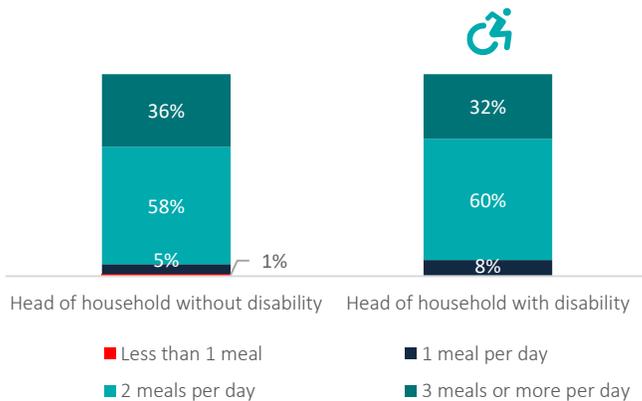
- According to the EFSA 2020, the main reason why refugees and migrants have entered to Colombia, is in search of food (88%).

The analysis<sup>24</sup> shows differences in the food security situation among households with the following characteristics

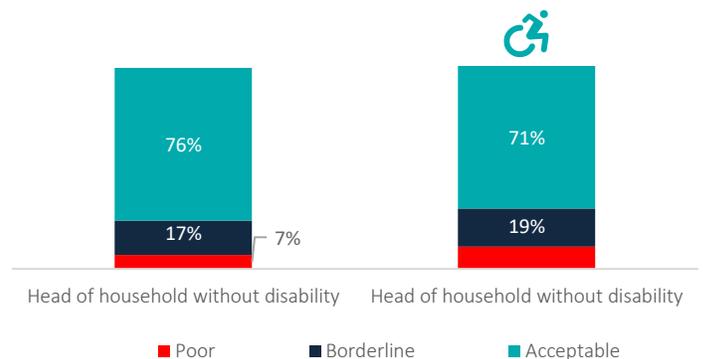
**67% of female-headed households consume two or fewer meals per day**, while this percentage stands at 59% for male-headed households.

**68% of households headed by a person with a disability consume two or fewer meals per day**, including 8% households that consume one meal per day. 64% of households headed by a person without a disability consume two meals a day or less.

**Graph 36.** Number of meals consumed by households per day on average – head of household with a disability



**Graph 37.** Household food consumption score by head of household's disability



67% of households without Colombian members consume only 2 meals a day, compared to 60% of households with both Venezuelan and Colombian household members. Also, more Venezuelan households have poor or borderline consumption (27%), compared to households that are mixed between Venezuelans and Colombians (21%).

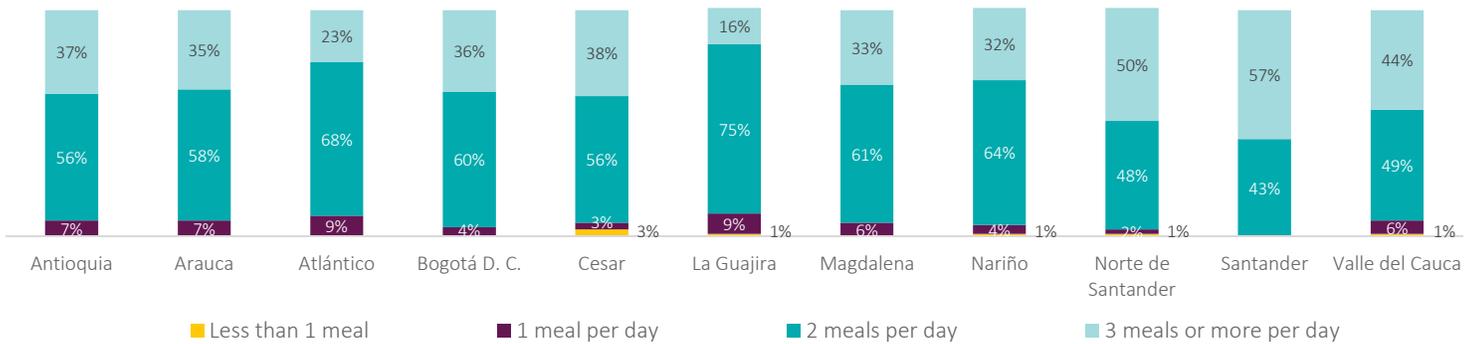
Nariño (19%), Valle de Cauca (13%) and Arauca (12%) are the departments with the highest prevalence of households consuming only one meal per day. The case of Santander is noteworthy, as they present acceptable food consumption values of more than 95%, and where there are no households consuming only one meal a day (see graphs 38 and 39).

<sup>23</sup> Colombian Institute of Family Welfare (ICBF). National Nutritional Situation Survey (ENSIN, for its Spanish acronym), 2015.

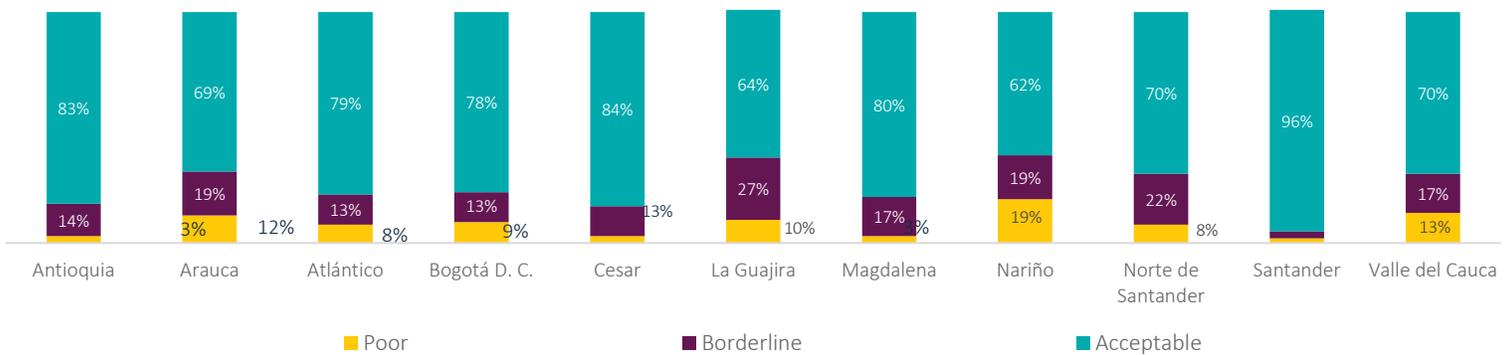
<sup>24</sup> Through the Chi-square significance test, significant differences in terms of food security were detected between different groups/disaggregation. The groups for which significant differences were found include: sex of the head of household, capacity of the head of household, ethnicity, regular status,

<sup>28</sup> household dependency ratio, level of education, date of arrival of the household, nationality of the household members (all-Venezuelan or mixed Venezuelan/Colombian), and the department where the household resides. No significant differences were found according to the presence of children or pregnant/lactating women in the household or its size.

**Graph 38.** Number of meals consumed by households on average per day by department of residence



**Graph 39.** Household food consumption score by department of residence of the household



Households where none of the adult household members (15-64 years) have a regular status tend to report slightly lower consumption frequencies compared to those with at least one member with regular status. In terms of consumption, there is no relationship between the arrival date and the number of meals consumed per day by households.

**PANEL ANALYSIS**

**Table 3.** Number of meals consumed by households per day – Fourth vs. third Round

| Round 3                 | Round 4                |                 |                         |
|-------------------------|------------------------|-----------------|-------------------------|
|                         | 1 meal per day or less | 2 meals per day | 3 meals per day or more |
| 1 meal per day or less  | 1%                     | 6%              | 1%                      |
| 2 meals per day         | 3%                     | 49%             | 13%                     |
| 3 meals per day or more | 1%                     | 10%             | 14%                     |

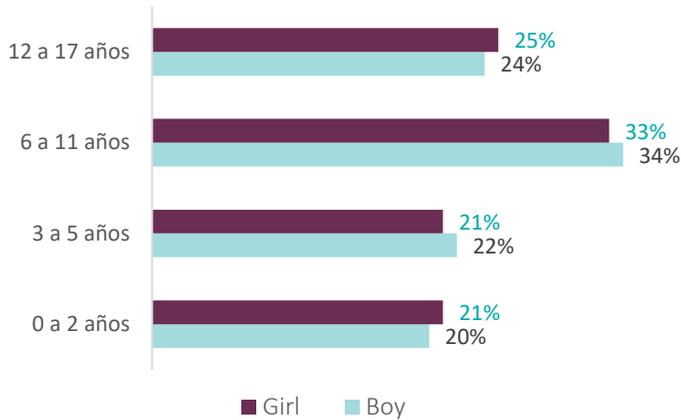
The results of the PANEL households show a small improvement in the food consumption: 15% of the households surveyed face a reduction in the amount of meals they eat per day between July and November, 64% consume an equal amount and 20% see an increase in the amount of meals they consume. During the third round, 25% of PANEL households reported eating, on average, three times a day, while during the fourth round this figure increased to 29%. However, the situation remains worrying: 71% of PANEL households surveyed in November reported having been deprived of at least one meal a day out of the three required.

## f. | NUTRITION

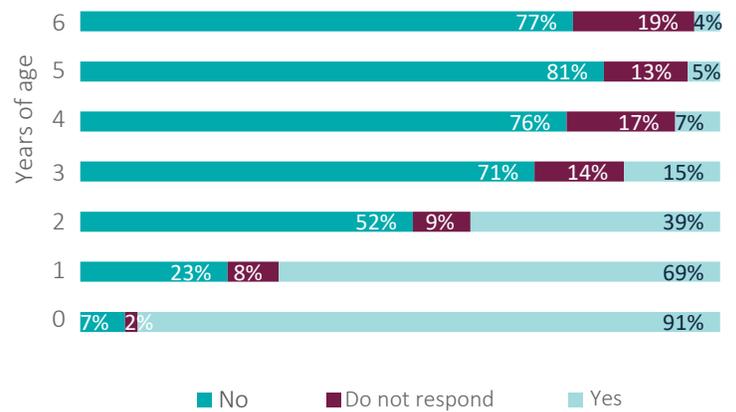
44%, or 6,558 children, within the households surveyed are between 0 and 18 years of age. Of these, 13% (831) are children under 2 years of age, most of whom were born in Colombia (91% of one-year-olds and 69% of two-year-old, see Graph 41).

Of this group of children under 2 years, 22% are children under 6 months of age. Overall, there is gender parity between the number of boys and girls (see Graph 41)

**Graph 41.** Children and adolescents according to age groups



**Graph 42.** Proportion of surveyed children born in Colombia, as of January 2015, by age



Given its relevance in terms of public health, health and nutrition experts, authorities and humanitarian partners promoted exclusive breastfeeding up to 6 months of age and as complementary feeding up to 2 years of age. "The early and exclusive offer guarantees the mother the stimulation required for an optimal milk production and the best immunological, nutritional and psycho-affective offer baby" (Borre et al., 2014<sup>25</sup>). Only 51% of refugee and migrant households interviewed with children under six months practice exclusive breastfeeding, 46% reported having given their babies some food in a bottle. 28% mention that they practice breastfeeding and provide bottle-feeding at the same time. 18% of children are bottle-fed only and 2% do not respond to any breastfeeding practice mentioned (see Graph 43).

**Graph 43.** Breastfeeding practices for children under six months

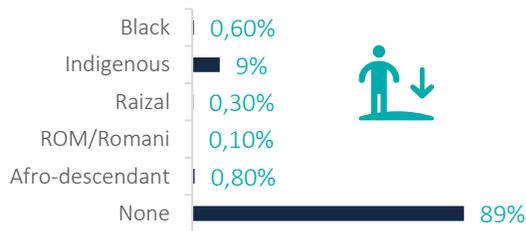


<sup>25</sup> Yeis Miguel Borre Ortiz, Carolina Cortina Navarro, Gisela González Ruiz. *Cuidarte Magazine* (2014). *Exclusive breastfeeding: do mothers really know about it?* [http://www.scielo.org.co/scielo.php?pid=S2216-09732014000200003&script=sci\\_abstract&tlng=es](http://www.scielo.org.co/scielo.php?pid=S2216-09732014000200003&script=sci_abstract&tlng=es)

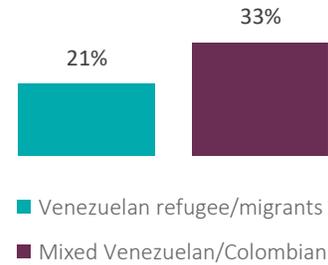
Exclusive breastfeeding practices reduces with the age of the child: at month birth, nine out of ten children were exclusively breastfed, while at month 5 only four out of ten children were still exclusively breastfed. This situation is of considerable concern given the increased risks of morbidity and mortality, as well as its impact on child growth and development<sup>26</sup>.

In 772 households (25% of respondents), there is at least one pregnant or lactating woman. In 1.2% of the households there are two or more women in this condition (see Graph 45).

**Graph 44.** Ethnic membership of households with women pregnant and/or lactating women

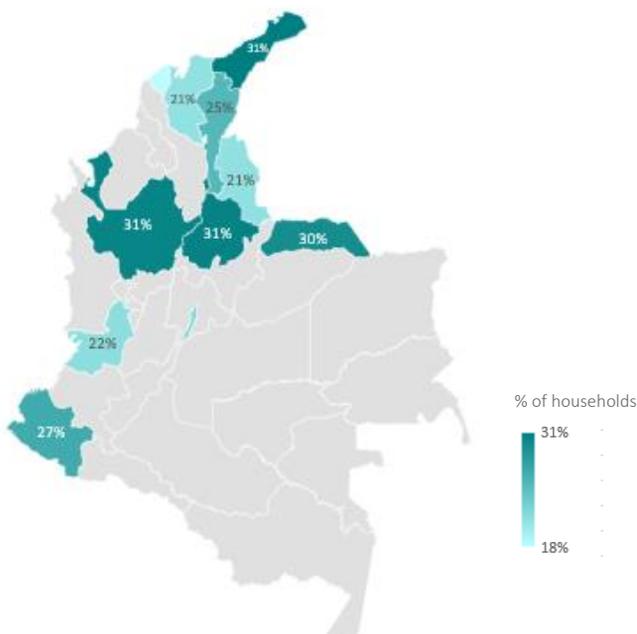


**Graph 45.** % of households with a pregnant or lactating woman, by household profile.



The departments with the highest proportion of households with pregnant and/or lactating women are Antioquia, Santander, and La Guajira (each with 31%), followed by Arauca (30%) and Nariño (27%, see map 2)

**Map 2.** Proportion of households with pregnant and/or lactating women by department



Reviewing both daily food consumption and the use of livelihood-based survival strategies, no significant differences were found between households with pregnant/lactating women and those without. However, the results in both aspects are worrying, as two out of three households consume two or less meals per day, and also two out of three households have used some kind of stress, crisis, or emergency survival strategies to access food, which impacts food consumption of the pregnant and lactating women in these households.

<sup>26</sup> World Health Organization. Breastfeeding in the 21st century. <https://bit.ly/3pqVMlh>

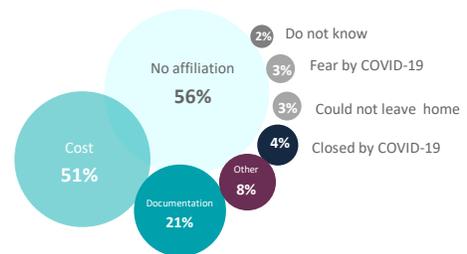
## g. HEALTH

Of the 3,111 households surveyed, **64%** state that no member of their household is currently affiliated to any of the health regimes in Colombia (contributory, subsidized or special). In general, 80% of the population are not affiliated. This low coverage is associated with the difficulties of access to regularization as in Colombia regular status, verified by means of a series of documents, is a requirement for affiliation to the General System of Social Security in Health (SGSSS).

Of the total number of household members who are affiliated to health regime (20%), 86% belong to the subsidized regime and 14% to the contributory regime. According to the health insurance Graphs issued by the Ministry of Health and Social Protection<sup>27</sup>, 49% of the Colombian population is affiliated to the subsidized regime and 47% to the contributory regime, with 4% in the special regime (the one designated for the teachers and military forces).

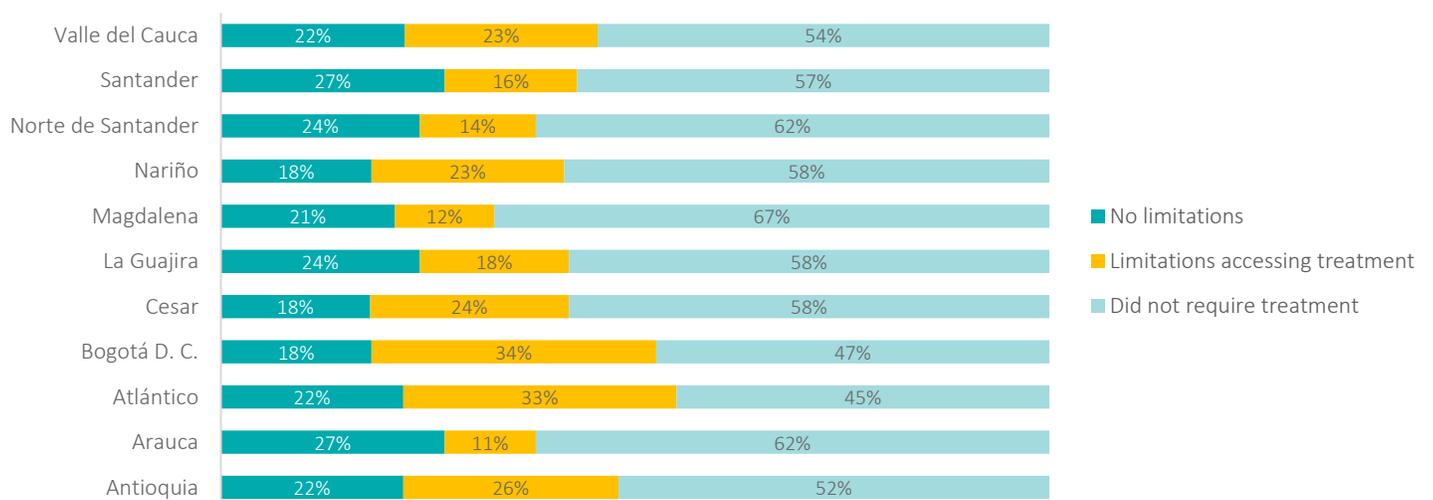
**43%** of households report that at least one member of their household has needed some medical treatment in the 30 days before data collection. Of the households mentioned, 49% state that they have had difficulties in accessing medical treatment. Among the main limitations faced are not being affiliated with the health system (56% of households with a member in need of treatment), the high cost of services and medicines (51%) and lack of documentation (21%, see Graph 46).

**Graph 46. Main barriers access to medical treatment**



At the departmental level, between 33% and 55% of households have at least one member who was in need of medical treatment. Bogotá and Atlántico are the departments with the greatest difficulties in accessing medical treatment, with 34% and 33% respectively (see Graph 47).

**Graph 47. Needs and limitations of access to medical treatment by department**



<sup>27</sup> Ministry of Health and Social Protection. Health insurance figures as of November 2020. <https://bit.ly/2KY06Ix>



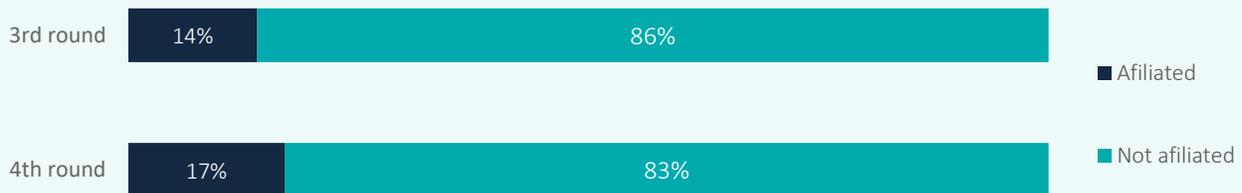
Of the total number of household members, 22% are children aged 0-6 years, of whom 84% have been vaccinated at least once, while the remaining 16% have not been vaccinated. **31% of children have not been vaccinated in the last year.**

**PANEL ANALYSIS**

The panel analysis shows a slight improvement in affiliation of individuals to the General System of Social Security in Health: the number of affiliated persons increases from 14% in the third round to 17% in the fourth round, and the number of households without any affiliated member decreases from 72% to 66% (see Graph 48). This improvement may be related to an

increased access to the contributory scheme (12% in the fourth round vs. 5% in the third round), which is consistent with the finding that a greater number of households report work as their main source of income and the increase in affiliation in departments such as Antioquia<sup>28</sup>.

**Graph 48. Affiliation to the General System of Social Security in Health (SGSSS in Spanish) - Fourth vs. third round**



The main barriers to accessing health are remained similar between the two rounds. However, they were less frequently mentioned during the fourth round: non-affiliation dropped from 62% of households in need of treatment in the third round to 37% in the fourth round), cost of treatment (47% to 24%) and lack of documentation (19% to 17%). Barriers such as being unable or afraid to leave were important in the third round (23% and 7% respectively), but not mentioned in the fourth round of evaluation; which could be explained by the partial lifting of isolation measures between the two data collection periods (July and November).

## h. | SEXUAL AND REPRODUCTIVE HEALTH

During the different stages of their movement, refugees and migrants, particularly women, do not have access to sufficient and equitable access to essential sexual and reproductive health services, which increases their vulnerability and exposes them to increased risks of sexual and gender-based violence,

early (10-14 years old) and unwanted pregnancies, sexually transmitted diseases, unsafe abortions, extreme maternal morbidity, among others<sup>29,30</sup>.

<sup>28</sup> GIFMM Colombia: Infographics of affiliations of Venezuelans with PEP to the health system in Antioquia - January to August 2020. <https://data2.unhcr.org/es/documents/details/82985>

<sup>29</sup> Rivillas, J. How do we reach the girls and women who are the hardest to reach? Inequitable opportunities in reproductive and maternal health care services in armed conflict and forced displacement settings in Colombia. PLOS/ONE [Internet]. 2018.

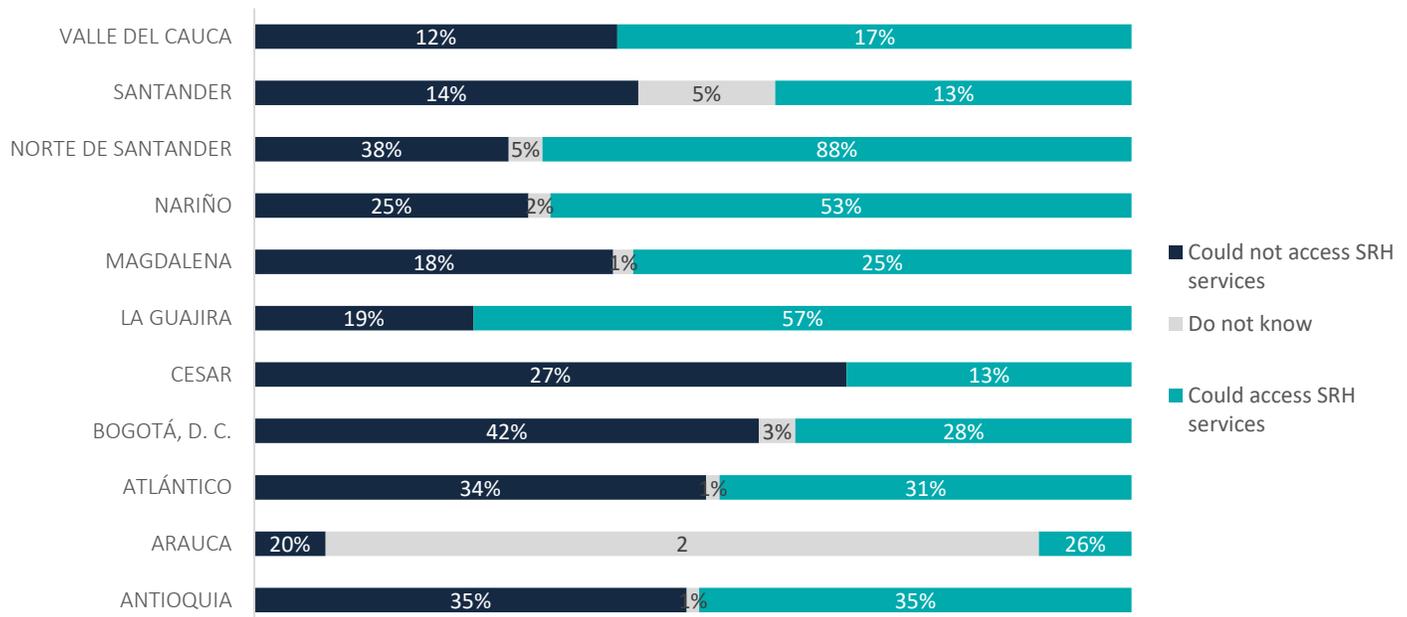
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0188654>

<sup>30</sup> Barot, S. In a state of crisis: Meeting the SEXUAL AND REPRODUCTIVE HEALTH Needs of Women in Humanitarian Situations. Guttmacher Policy [Internet]. 2017; 20:24–30. [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2002417\\_1.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2002417_1.pdf)

According to the research "Health inequalities in the Venezuelan migrant and refugee population in Colombia"<sup>31</sup> carried out by Profamilia Association, two out of every ten refugees and migrants have attended health services in Colombia in the last year. Likewise, between 2018 and 2019, the use of contraceptive services by the Venezuelan refugee and migrant population increased by 96% and prenatal care by 80%. In this fourth round of needs assessment, **24% of the people interviewed said that at least one member of the household had a need for sexual and reproductive health during the 30 days prior to the survey.** Gynecology services

were required by the 10% of the interviewed households, but of these households, 58% could not access the service; 7% of the households expressed needs related to contraceptive services, of these 35% could not access the service; 6% of the households required attention for pregnant women, of these 31% mentioned that they did not access the service; and finally 4% expressed needs in condoms or other actions in prevention and treatment of sexually transmitted infections (STI) and/or HIV, of these households 25% could not access the service. Graph 49 details the gaps in access to these services at the departmental level.

**Graph 49.** Percentage of households not accessing sexual and reproductive health services



### PANEL ANALYSIS

The results of the PANEL show that there are no significant changes in the number of households requiring sexual and reproductive health services between rounds (18% in the fourth round and 17% in the third round). However, the analysis shows a change in the types of services required, services related to pregnancy care gained relevance (46% in the fourth

round vs. 32% in the third round) compared to contraception (40% vs. 51%), as well as needs related to sexually transmitted diseases were lower during the fourth round with only 9%, which represents 17% age points less than in the third round (25%).

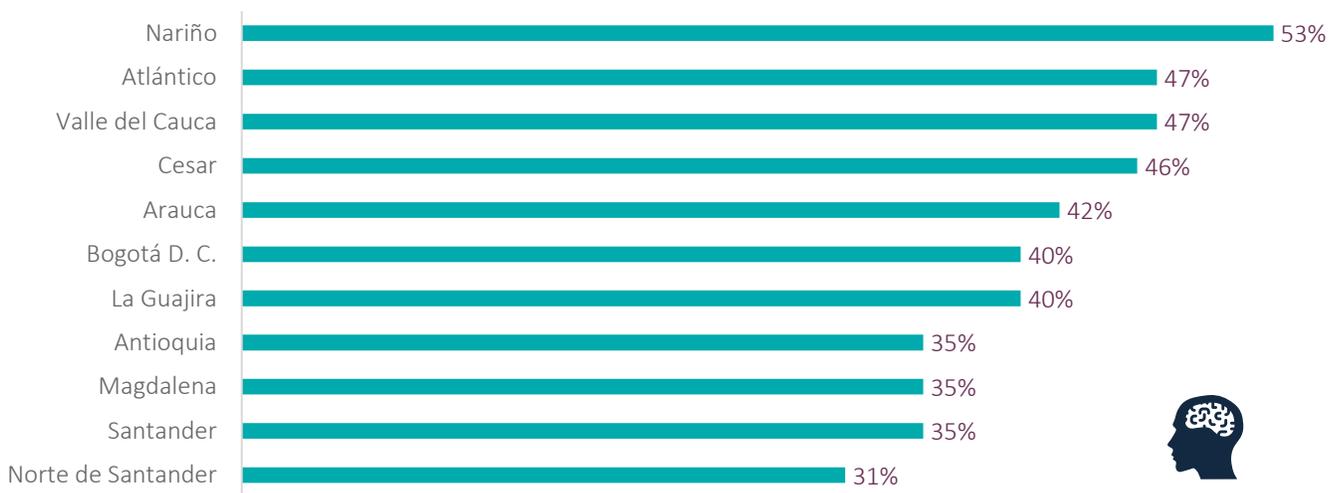
<sup>31</sup> Profamilia. Health inequalities in the Venezuelan migrant and refugee population in Colombia. <https://r4v.info/es/documents/details/77206>

## i. | MENTAL HEALTH

41% of the people interviewed mentioned that at least one member of their household had experienced symptoms mental health concerns, including anxiety, reduced sleep or crying episodes during the seven days prior to data collection. Twenty-seven percent of all respondents reported that he/she or a member of the household had reduced hours of sleep, 24%

reported symptoms of anxiety and 16% reported crying episodes. At the departmental level, households residing in the departments of Nariño, Atlántico and Valle del Cauca are those that present a higher proportion of households with members that have present some type of symptom (see Graph 50). Only 30% of households who self-identified as being part of the indigenous community expressed affection in at least one symptom.

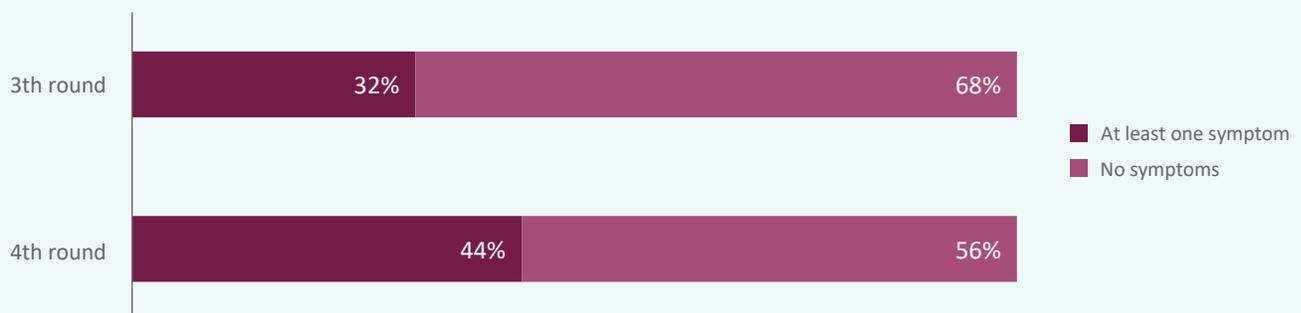
**Graph 50.** Percentage of households with at least one symptom associated with mental health problems - by department



### PANEL ANALYSIS

Although the proportion of panel households whose member register symptoms associated with mental health problems fell in round four (12 percentage points less than in round three), the situation remains worrying. Levels of anxiety remain similar as is crying. Only the lack of lack of sleep shows improvement, as it is reported by 57% of households surveyed in round four and 64% in round three (see Graph 51).

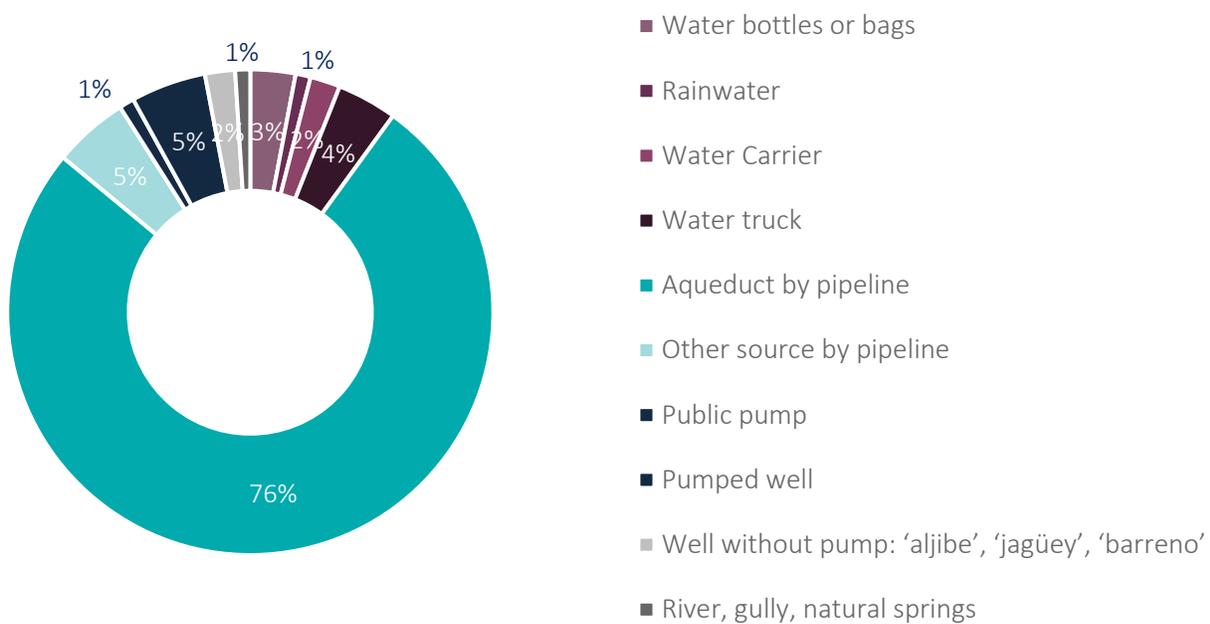
**Graph 51.** Percentage of households with any symptoms associated with mental health problems – Fourth vs. third round



## j. | WATER, SANITATION AND HYGIENE

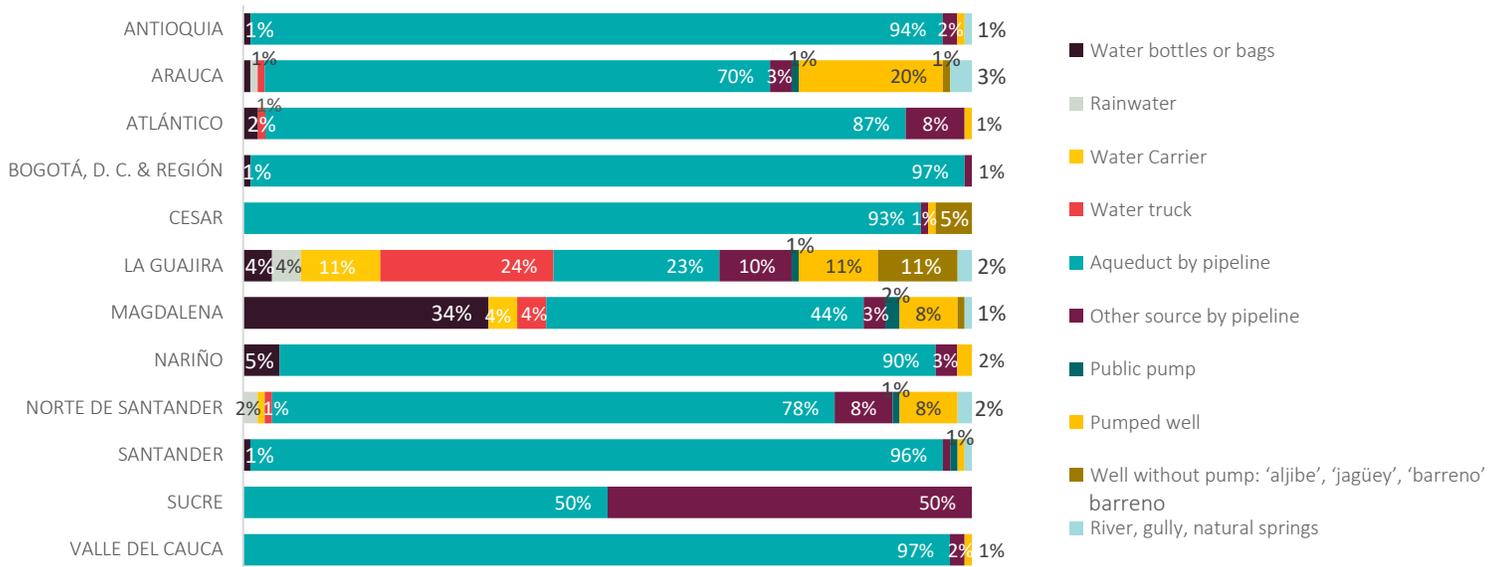
The main source of water for human consumption in homes is water from the aqueduct or sewerage system, at 75% of households reporting. However, **9% of households surveyed do not have access to a standard source of drinking water**, but use water from tank cars, water tanks or bottled water. It was also found that 10% of the population uses alternative water sources such as public fountains, rivers, streams, or springs (see Graph 52).

**Graph 52.** Household drinking water source



When reviewed at the departmental level, La Guajira shows the greatest variety of water sources for human consumption, where only 23% of households report having access to piped water. 56% of households use bottled water, or access water through rainwater, water carriers, tank cars, wells, or cisterns. Another department that demonstrates a high need for improved access to water is Magdalena, where only 44% access water via the aqueduct, and 45% using other sources of water for human consumption (see graph 53).

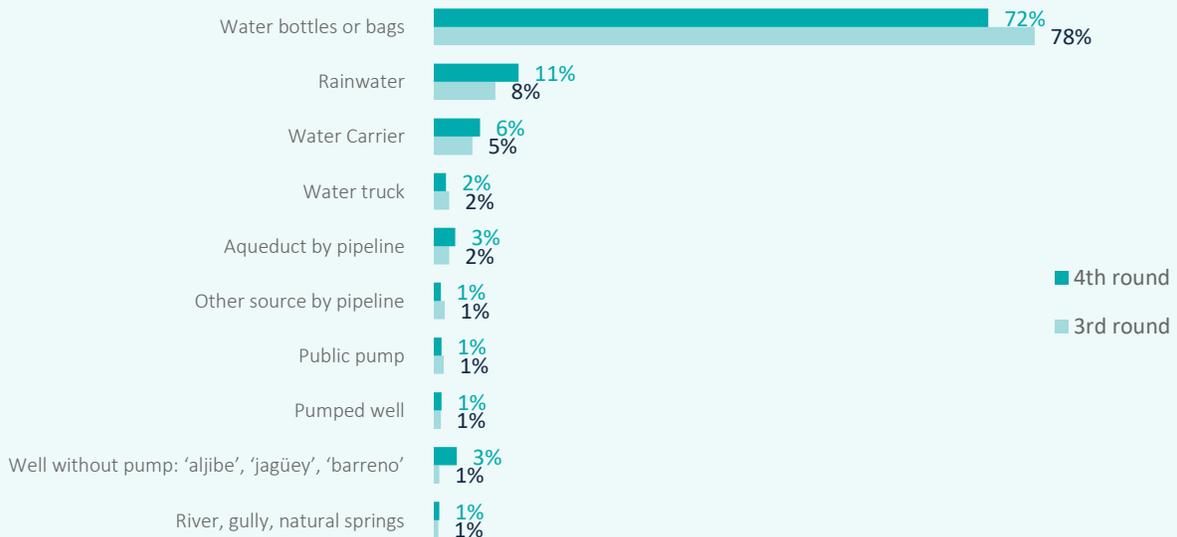
**Graph 53. Household drinking water sources – by department**



**PANEL ANALYSIS**

In terms of access to water, there is a decrease of 6 percentage points in households accessing water through a pipeline between July and November. However, this remains the main source of water (see Graph 54).

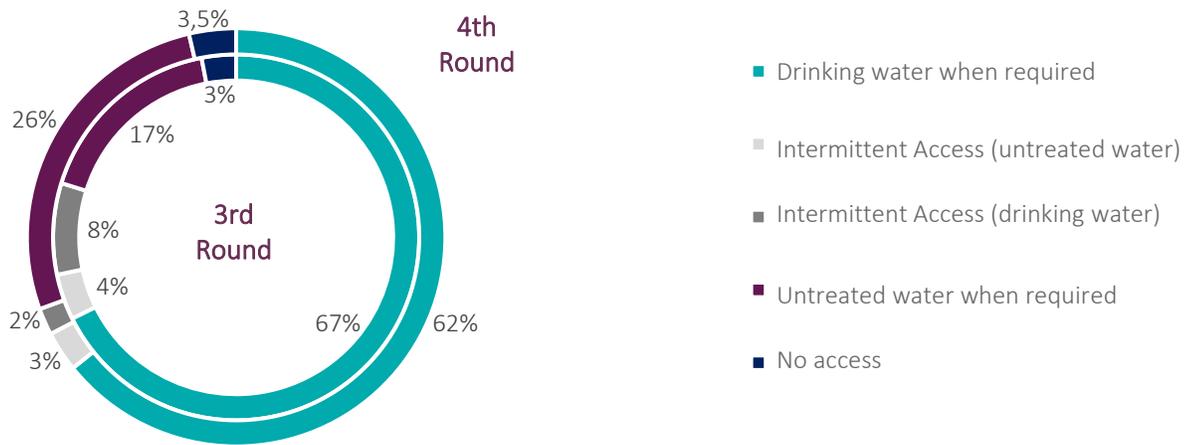
**Graph 54. Household drinking water sources– 4th round vs. third round**



Similarly, the panel analysis shows that there is a decrease in the percentage of households that have access to safe water when needed, from 67% in the third round to 62% in the fourth round.

There is, however, an increase in the proportion of households that mention that they have access to untreated water when required during the fourth round, with 17% in the third round vs. 27% in the fourth round (see Graph 55).

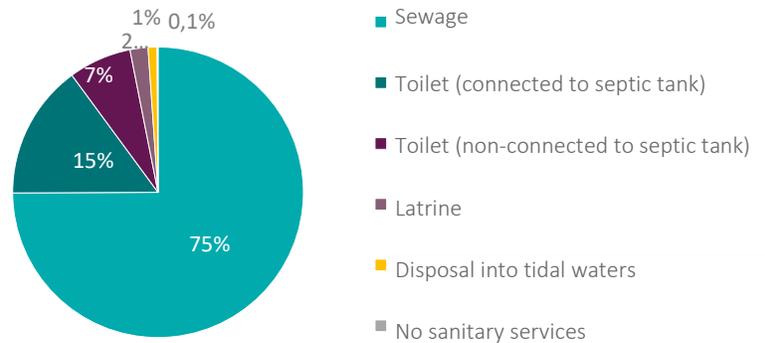
Graph 55. Quality and availability of water - Fourth round vs. third round



## k. | SANITARY SERVICES

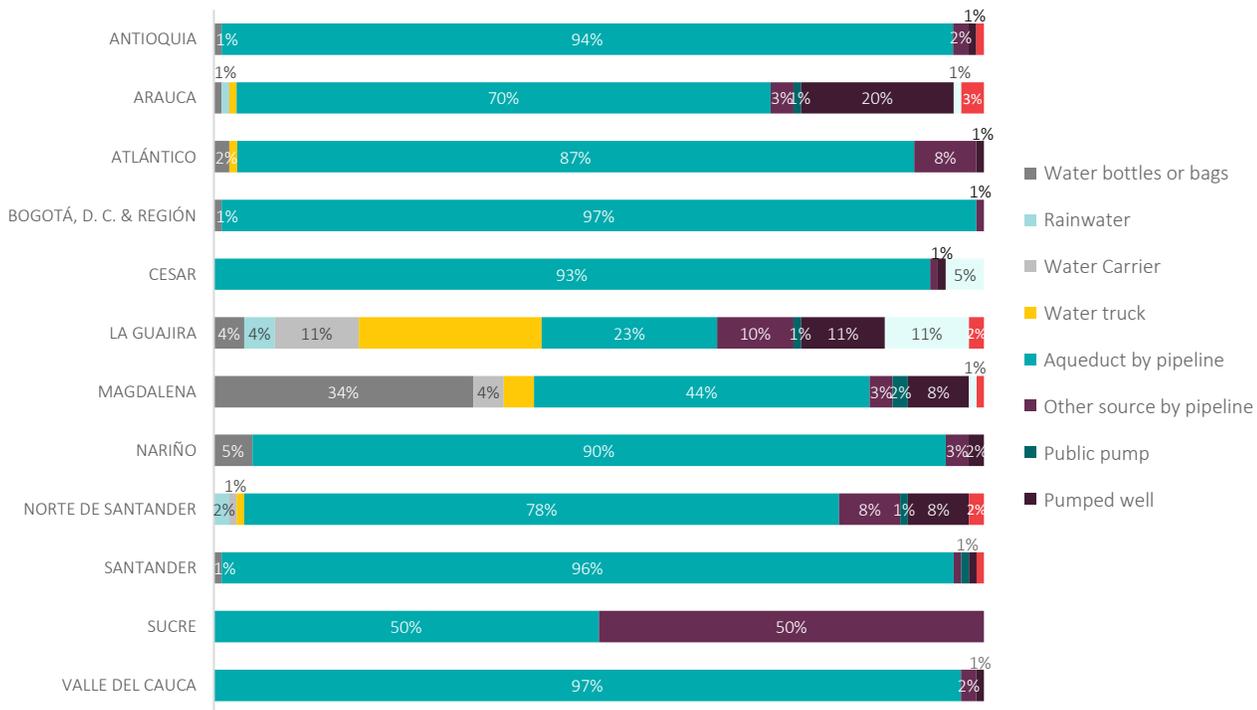
75% of the households are connected to the sewage while 15% having a toilet connected to a septic tank. **The remaining 10% of the population does not have a sanitary service that allows for the efficient management of excreta, which includes 7% of the population that does not have any sanitary service system, as well as households that dispose of their excreta by means of toilets not connected to a septic tank, latrines, or low tide (see Graph 56).** It should be noted that having access to an adequate sanitation system is one of the most effective measures in terms of public health and disease prevention.

Graph 56. Household sanitary services



The results reflect that the three border departments (La Guajira, Arauca, and Norte de Santander) are those with the lowest coverage of basic sanitation, with only 18%, 53% and 71% of households having access to the sewage system, respectively. As many as 30% of households in La Guajira report having no sanitation mechanisms at all. In Arauca and Norte de Santander households without access to the sewage system use toilets connected to septic tanks or latrines (see Graph 57).

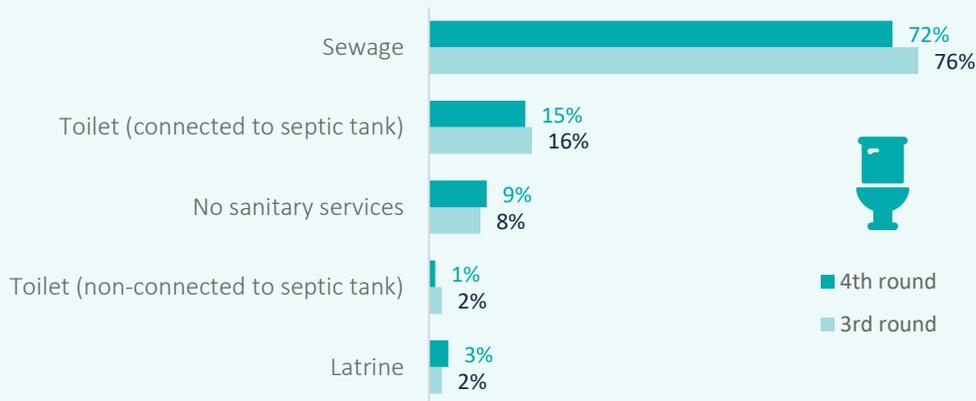
**Graph 57. Household sanitary services – by department**



**PANEL ANALYSIS**

In terms of access to sanitation, there are no major changes between the third and fourth round. While in general, the results show adequate management of excreta disposal, there is a concerning number of households without access to any method, a proportion which increased by almost two percentage points between the two data collection rounds (see Graph 58).

**Graph 58. Household sanitary services – Fourth vs third round**



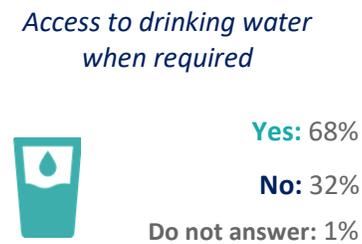
## I. | HAND WASHING PRACTICES

19% of the population do not have handwashing facilities, mainly due to the lack of access to water: 31% of households do not have access to water, a significant barrier to maintaining handwashing practices at home (see Graphs 59 and 60).

**Graph 59.** Availability of home handwashing facilities <sup>32</sup>



**Graph 60.** Household access to drinking water <sup>33</sup>



Adequate hand washing practices require a number of conditions to be in place: the necessary facilities are available and in close proximity to the toilet or latrine, water is available when required and households use soap. 1% of households have access to the necessary infrastructure for handwashing, but the main resource, water, is not available. Although 17% of households do not have a dedicated handwashing infrastructure, there is access to water when required (7% have drinking water, and 10% have untreated water, see Graph 61).

**Graph 61.** Water quality and availability in household handwashing facilities

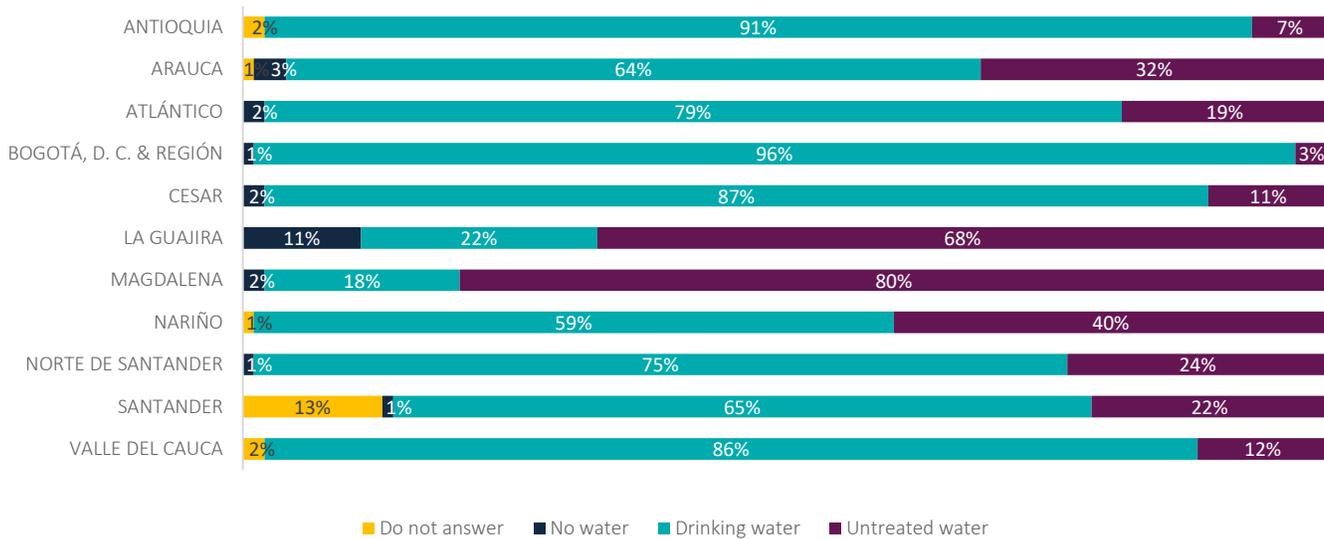


<sup>32</sup> Includes households with a handwashing facility, regardless of whether it is potable or not, and whether they access it permanently or intermittently.

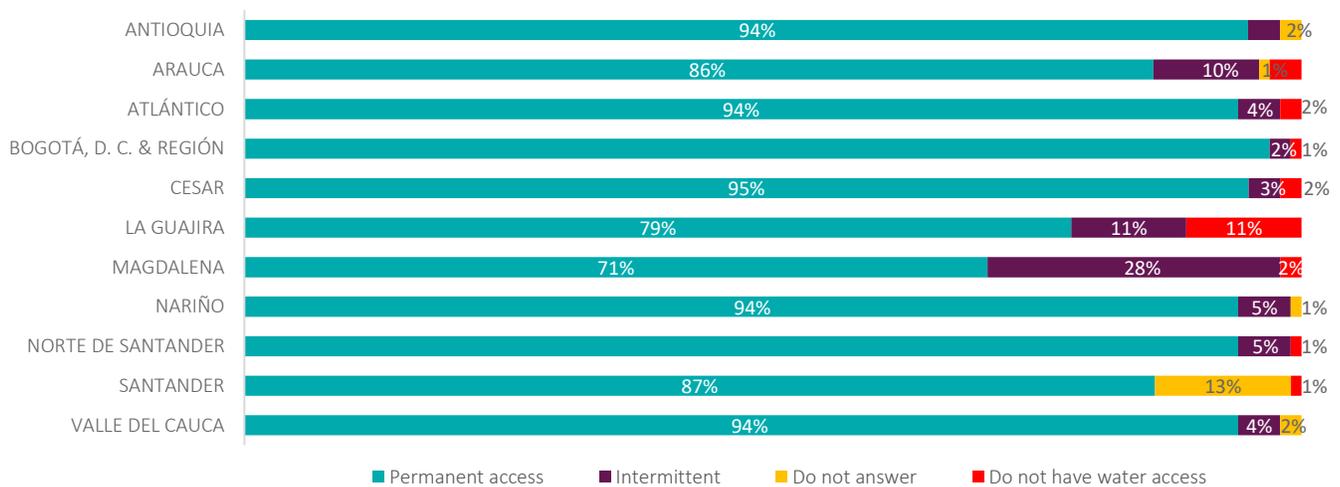
<sup>33</sup> Includes households that have drinking water, regardless of whether or not they have a handwashing facility, and whether they access it permanently or intermittently.

At the departmental level, Magdalena and La Guajira stand out, as they have a high proportion of households who only have access to non-potable/untreated water (80% and 68%, respectively), along with a high proportion of water that is only available intermittently (29% in Magdalena and 21% in La Guajira). Nariño and Arauca also have a high proportion of households only able to access untreated water source (40% and 32%, respectively). (see Graphs 62 and 63).

**Graph 62. Water quality for hand washing at home - by department**



**Graph 63. Availability of water for hand washing at home - by department**



The most common items used for hand washing are soap and water, by 94% of the population. Other elements such as antibacterial gel (2 per cent), water and ash (<1 per cent) and alcohol wipes (<1 per cent) are used by only a small proportion of those surveyed (see Graph 64). It is striking that only 3.5% of respondents say they use only water for the hand washing process, which is not a recommended practice.

**Graph 64. Items used by households for washing hands**

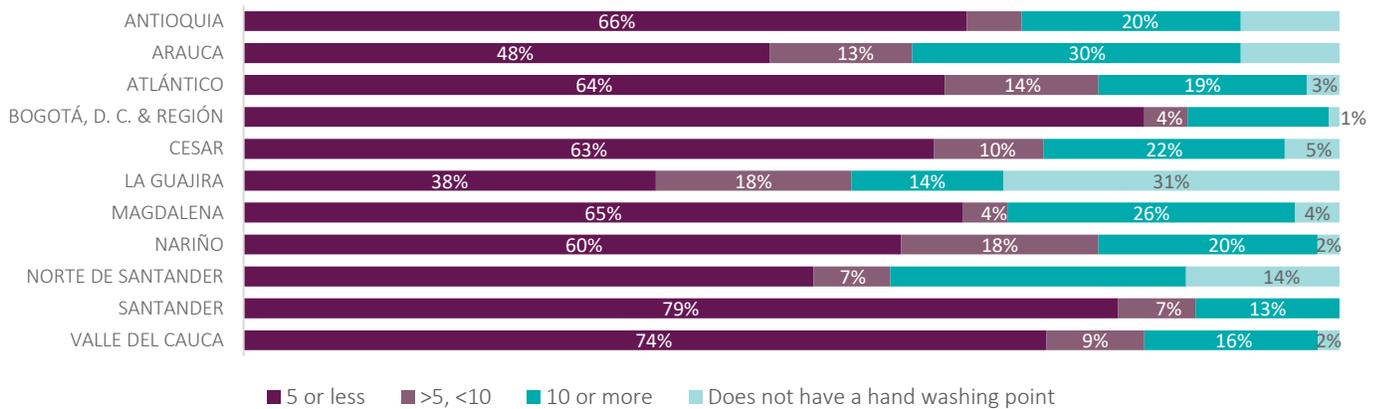


One factor that can influence handwashing practices is the distance from the toilet or latrine to the handwashing point. The assessment shows that for 60% of the population, there are fewer than five steps between the toilet and the handwashing facility. However, for 10% of the population this distance increases to more than ten steps.

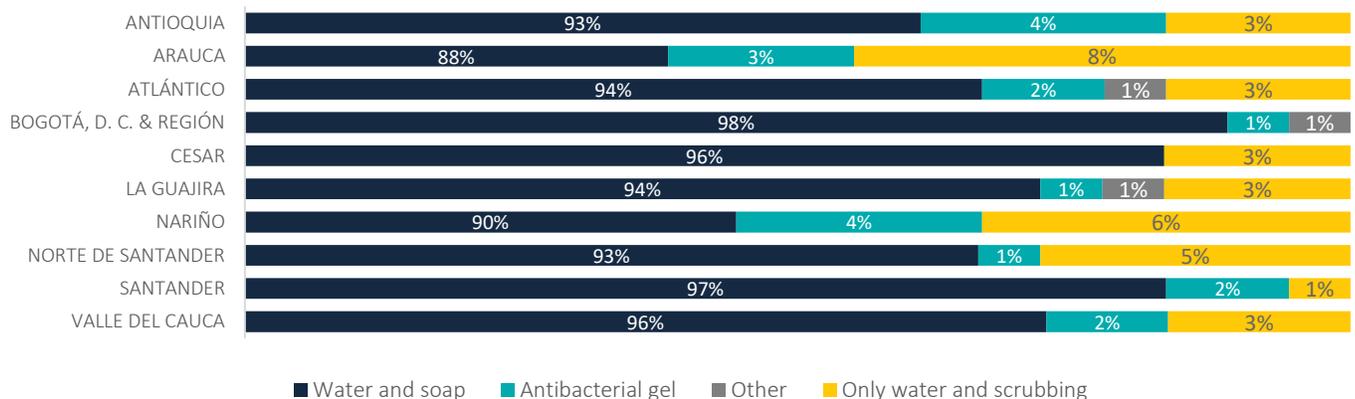
At the departmental level, households in Bogotá, Santander and Valle del Cauca, and to a lesser extent Antioquia, report

better handwashing conditions, both because they report on average a shorter distance between the toilet and the handwashing point, and because more households report the use of soap and water for handwashing. On the other hand, the use of antibacterial gel is more common in Nariño, Antioquia and Arauca, and in this last department the proportion of households that wash their hands only with water, i.e. without soap or other complementary items, stands out, at 8.5% (see Graphs 65 and 66).

**Graph 65. Distance from toilet/ latrine to hand washing point - by department**



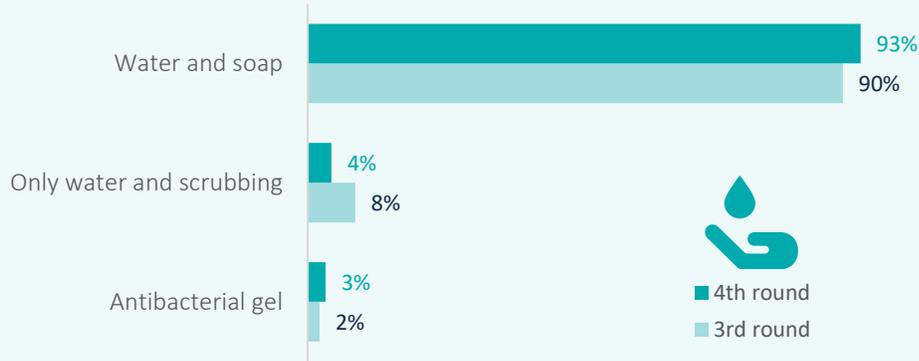
**Graph 66. Items used by households for washing hands - by department**



**PANEL ANALYSIS**

Between July and November, no significant changes in the elements used were recorded, which indicates correct handwashing in the vast majority of cases. A slight increase is evident in households using water and soap and a decrease in households' proportion that indicated that they used only water (see Graph 67).

**Graph 67. Items used for washing hands - Fourth vs. third round**

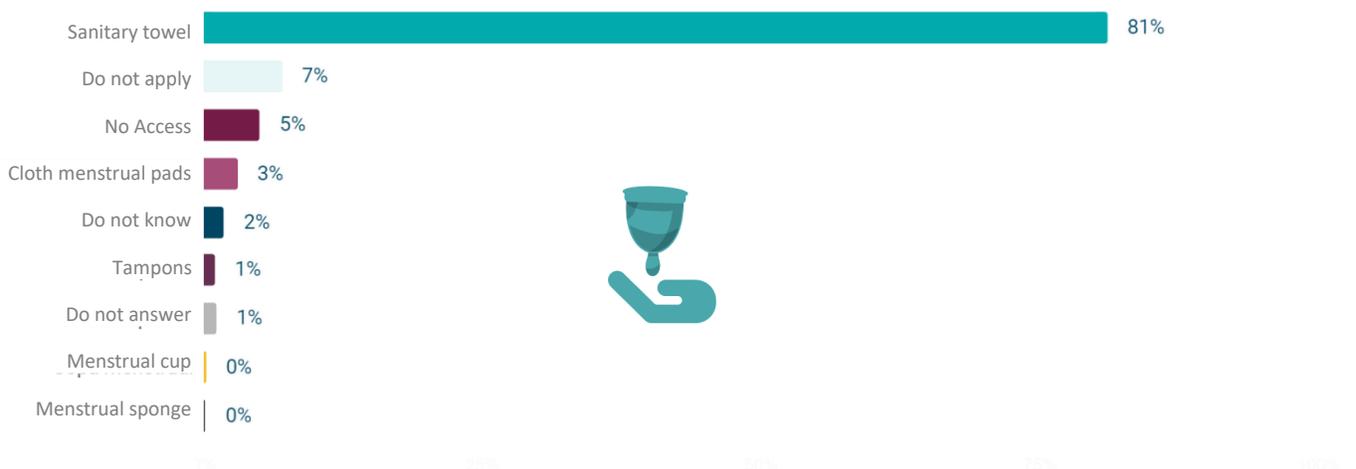


Despite the use of adequate handwashing equipment, it is evident that only 59% of the households surveyed in the fourth round have to take five steps or less from the toilet to the facility where they wash their hands, which increases the likelihood that people do not wash their hands after entering the restroom. During the third round, this percentage was 56%.

**m. | MENSTRUAL HYGIENE**

**5% of households with girls and women do not have access to menstrual hygiene products.** The lack of access to these products, combined with limited access to drinking water, soap, and other items, illustrates the difficult hygiene situation for women and girls. In households with access, sanitary towels are most common, reported in 81% of households with girls and women of reproductive age. 6% of households with women and girls report using other menstrual hygiene products such as fabric, tampons, menstrual sponges, or menstrual cups (see Graph 68).

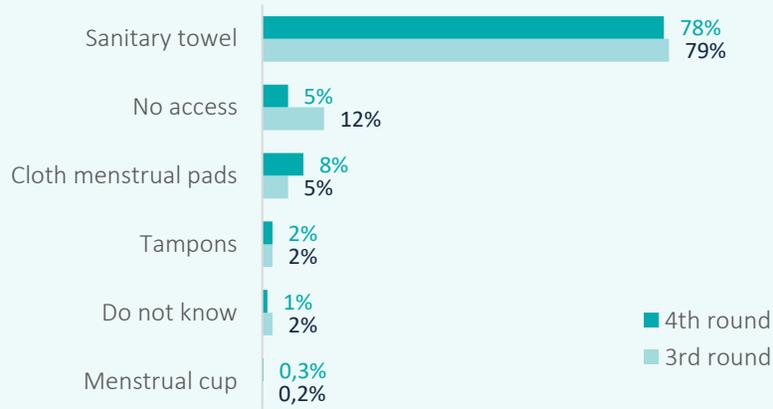
**Graph 68. Access to menstrual hygiene items in households with women and girls**



**PANEL ANALYSIS**

The proportion of panel households without access to menstrual hygiene products reduced by 7 percentage points, between round 3 and round 4, to 5%. There is no significant change in the type of items used by women; sanitary towels continue to be the most mentioned menstrual hygiene product. (see Graph 69).

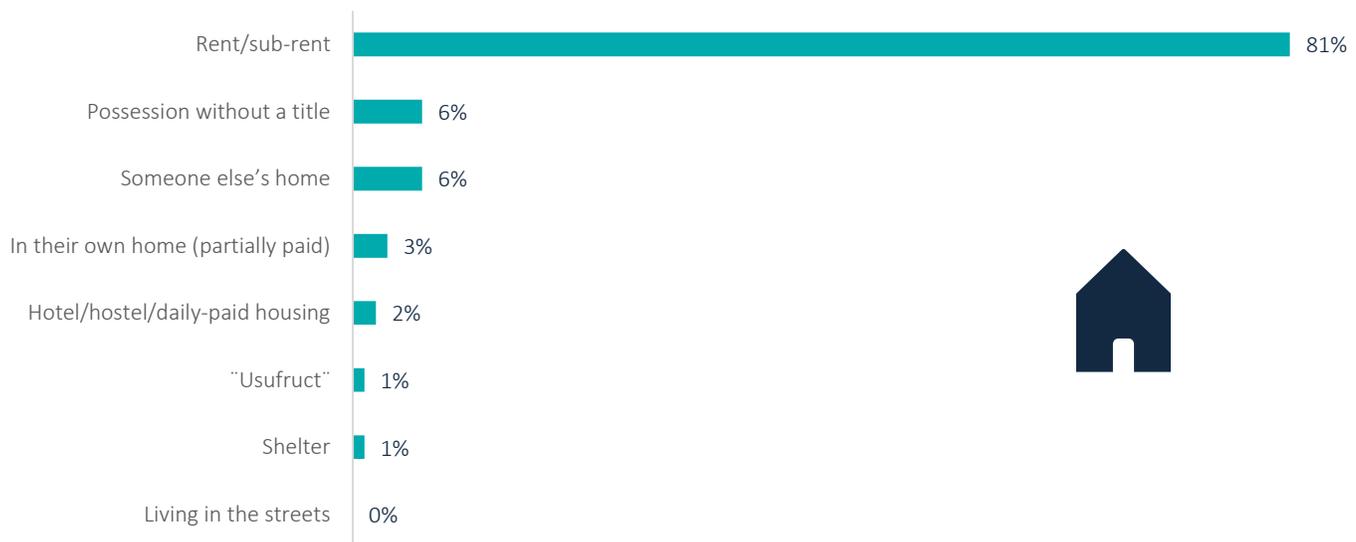
**Graph 69. Menstrual hygiene products available for girls and women - Fourth vs. third round**



**n. | SHELTER**

80% of the households in the databases are in renting or sub-renting their house, a result which is in line with previous rounds of the assessment. 4% are residing in the home of someone else, such as family or friends. 3% have fully paid off their housing (see graph 70). A large proportion of households belonging to an ethnic community live in possession without title (i.e. are de facto occupants or reside in collective property) and only 4% live in rentals or sub-rents.

**Graph 70. Type of shelter**



7% of households are in possession of their shelter, but do not have documentation to prove this. This informal tenure situation is of concern due to the risk of eviction which is compounded by the irregular status of refugees and migrants. Without regular status, households are unable to provide documents that allow them to formalize contracts, which diminishes the possibility to have a written guarantee that could help them negotiate a securer housing situation.

38% of Venezuelan households are living in overcrowded conditions, meaning that, on average, more than three people sleep by room or bedroom<sup>34</sup>. Now, in 35% of the households surveyed, an average of four to seven persons per room slept in the seven days prior to data collection, and in 3% of the households eight or more persons per room slept (see Graph 71). This indicates that even households that currently have access to housing are generally in poor living conditions and at risk of COVID-19 transmission.

**Graph 71.** Average number of people sleeping per room in the last seven days



Access to housing continues to be one of the three main needs, prioritized by 68% of the households surveyed. During data collection in November, **35% of households stated that they do not have assured place to live for the next month**, and 14% responded that they do not know whether they have a place to live. In other words, just under half of the households surveyed face uncertainty regarding their housing situation in the short term. **90% of these households (or 49% of all households surveyed) reported that the main reason for this uncertainty is not being able to afford the rent.** This uncertainty is deepened for households that are renting or subletting (42% of these households are not assured of a place to live vs. 23% of households that are not renting or subletting).

Both the low capacity to pay and the lack of verbal agreements increase the risk of eviction: according to the monitoring of evictions, led by the Protection and Multisectoral sectors of the GIFMM, four out of every five of these incidents occurred in tenancy agreements without a formal contract (81%), and 95% of the risks and 80% of the incidents of eviction point to inability to pay as the main reason<sup>35</sup>.

The departments with the highest percentage of households that are not insured for their place of residence or do not know it for the next month are Bogotá (51%), Nariño (47%), Valle del Cauca (46%), Cesar (42%) and Norte de Santander (42%), where according to Colombia Migration 40% of the Venezuelan population resides<sup>36</sup> (see graph 72).

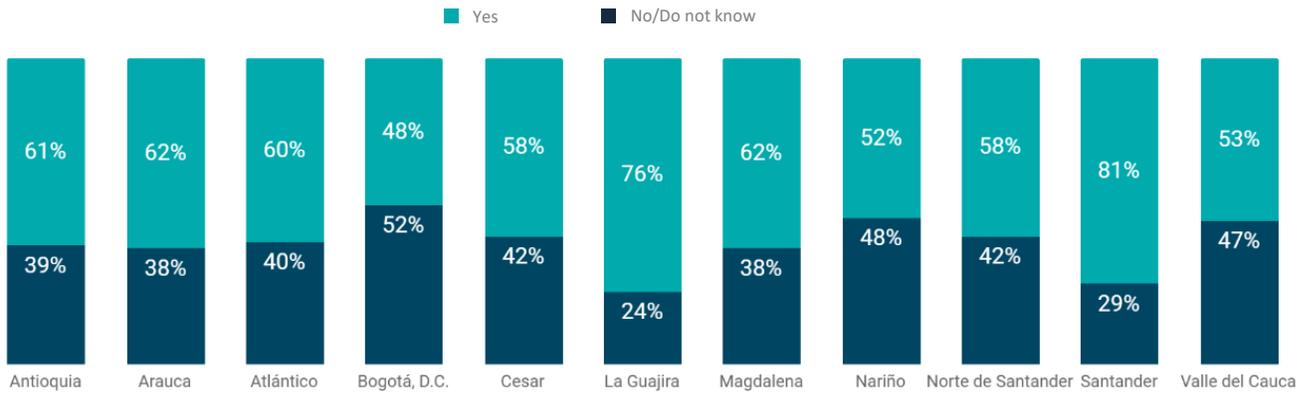
<sup>34</sup> According to the National Population and Housing Census 2018, by the National Administrative Department of Statistics (DANE in Spanish).

<sup>35</sup> The reporting period was from 12 June to 19 October 2020. It should be noted that this information is a baseline based on monitoring by GIFMM partners in the field but does not correspond to a representative sample of refugees and

migrants evicted in Colombia. More information in the evictions dashboard, available at the GIFMM Protection sector webpage:

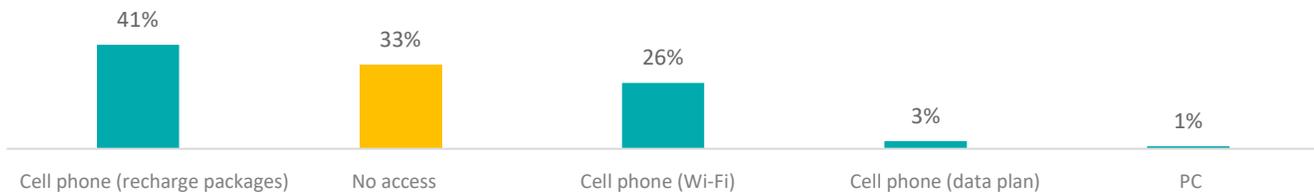
<https://r4v.info/es/working-group/218>  
<sup>36</sup> Colombia Migration (December 2020). Venezuelans in Colombia as of 30 October 2020. <https://bit.ly/2KhXypZ>

**Graph 72.** Homes that have or do not know if they have a place to live next month - by department



## o. INTERNET

**Graph 73.** Household level access to internet

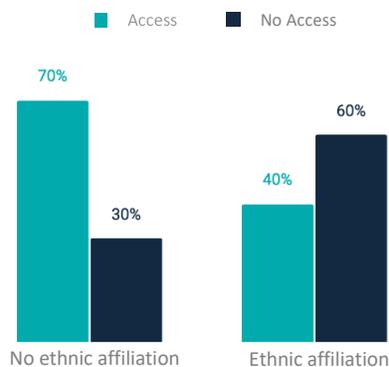


**33% of refugee and migrant households from Venezuela do not have access to Internet.** For households that do have access, the most common medium used are mobile phones. Forty-one per cent of households use recharge packs for their mobile phones and 26% connect their mobile phones to Wi-Fi networks, for example in their homes or neighbors' houses. Access with recharge packs implies that households have to regularly buy credit, which means that Internet access can be

intermittent for households with lower access to income. Only 3% of households have permanent Internet access on their mobile phones.

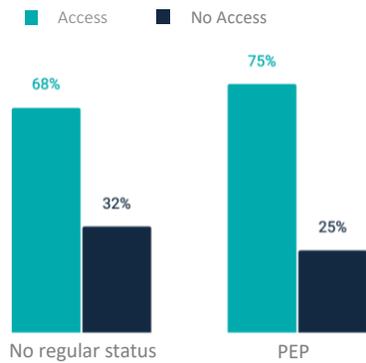
In the context of COVID-19, households require access to updated information on prevention measures, Government restrictions and available humanitarian assistance. Lack of access to the Internet can be a significant barrier to accessing such essential information

**Graph 74.** Household internet access by ethnicity



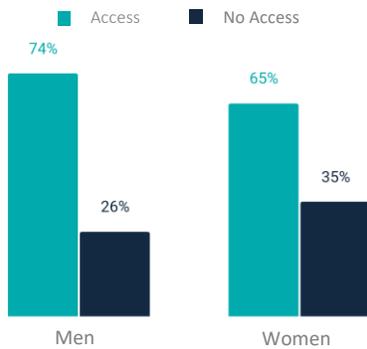
**The most significant household characteristic related to having access to Internet access is whether the household belongs to ethnic group.** Of households belonging to a particular ethnic group, 60% do not have access to the Internet, while for non-ethnic households 30% do not have access.

**Graph 75.** Household internet access according to status and documentation



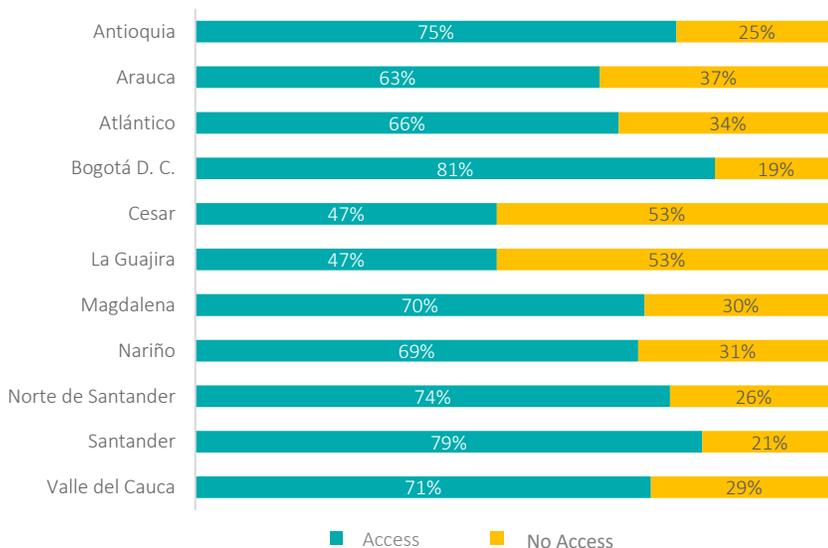
Although there is no difference between Internet access for people with regular status (e.g. those carrying documents such as PEPs, TMF or a foreigner’s identity card) and people without regular status, **the results do show improved access for people with a PEP.** Of people with PEPs, 75% have access to the Internet, while for refugees and migrants without any documents proving regular status this proportion drops to 67%.

**Graph 76.** Household internet access by sex of the head of household



**35% of households headed by women do not have access to the Internet, compared to 26% of households headed by men.** Regression analysis for the fourth round found a statistically significant relationship, i.e. male-headed households are more likely to have access to Internet. This is a change from the third round of the assessment, where no statistically significant relationship was found between the gender of the head of household and access to the Internet.

**Graph 77.** Household internet access by department



A comparison between different departments reveals significant differences in Internet access. Households in Bogotá have the highest proportion of households with access (81%), while in the departments of Cesar and La Guajira, the percentage of households with access is as low as 47%.

## p. | EARLY CHILDHOOD DEVELOPMENT

Children's physical, emotional, and cognitive development is largely determined by their early life experiences. Children exposed to emergency situations are subjected to stress that negatively affects health and growth, impairs cognitive development, and other conditions associated with mental health.

**Graph 78.** Place and person in charge of children under 5 for most of the time during the day



In a context of suspension of childcare services, children under 5 will continue to be cared for by their families in their homes or by others in places other than their home. In this regard, it is important to assess the type of interactions children are having, as well as their environment. **The preventative isolation measures and accompanying suspension of services largely explains why only 34 (1.5 per cent) of the 2,289 children under 5 included in the assessment are attending a community home, kindergarten, child development center or school.** This proportion increases to 4% for 4-year-olds. 76% of children are cared for in their homes by a parent, and 12% by a relative or a person over 18. The proportion of children cared for at home by a parent is higher for children under 1 year of age at 85% and decreases for older children. Of the parent who care for

While no further information on the workplace is available, the profile of respondents in some cases points to occupations related to street work, or other hazardous work that puts children at risk. Secondly, 2% of children under 5 are in the care

children it is important to note that 45% have not completed their high school education, while 9% of the heads of these households have a disability.

In addition, 2% of children are cared for by a relative or other person in places other than their home. In Sucre, more than one third of the children are cared for by a third party, suggesting that their parent is outside the home working or undertaking other activities that prevent them from assuming their daily care.

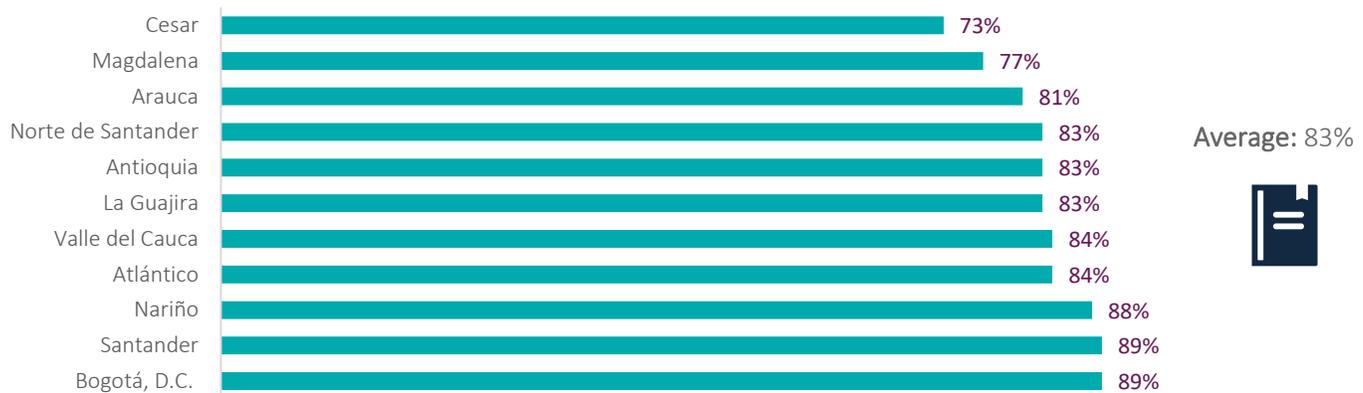
Finally, three additional pieces of information stand out. Firstly, 7% of the children are cared for by their father or mother at their workplace, which increases to 21% of children in Santander and 14% in Nariño.

of a relative or person under 18 years of age, a practice more common in Chocó, at 14% of children. And thirdly, 7 children (0.3%) are left completely alone in their home during the day, all of them in La Guajira.

## q. | PRIMARY AND SECONDARY EDUCATION

The health emergency caused by COVID-19 has posed an additional challenge for children to access education. Since the start of the health emergency in March, and the consequent introduction of remote learning models, household need to have access to strong internet connectivity and equipment to access virtual classes and schoolwork.

**Graph 79.** Access to education before COVID-19 restrictions - by department



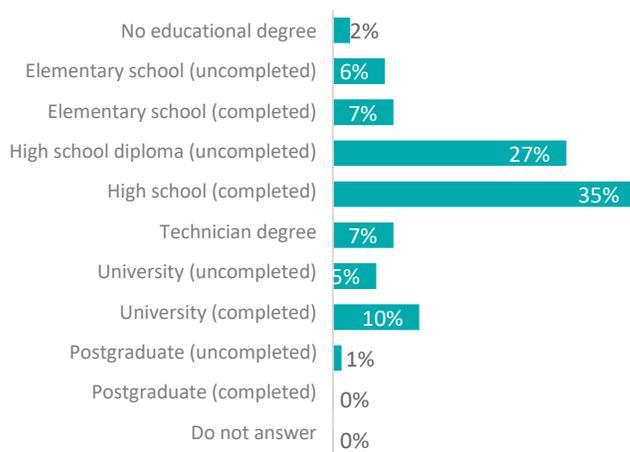
Before the COVID-19 related closure of schools and the restrictions, 83% of children surveyed attended schools. Cesar was the department with the lowest percentage of children having such access, at 73 of school-aged children.

66% of children and adolescents between 5 to 17 live in a household with access to internet, which means that 34% cannot access this service, and thereby unable to access education virtually. According to GEIH data (2019), 56% of refugee and migrant children between the ages of 5 and 17 did not have access to the Internet before the health emergency, o

the results of the evaluation would indicate a considerable improvement in such access.

The educational level of the heads of households surveyed shows that 35% completed a high school diploma, followed by 27% who have not completed high school, (27%), which shows a barrier in accessing education for refugees and migrants. 7% of the head of households were trained as technologists, which is fundamental to accessing high skilled positions. Only 10% of respondents obtained a university degree, while 5% reported to have started, but have not (yet) finalized university (see graph 80).

**Graph 80.** Educational level of heads of household, according to highest grade of instruction



**Graph 81.** Access to education before COVID-19 restrictions



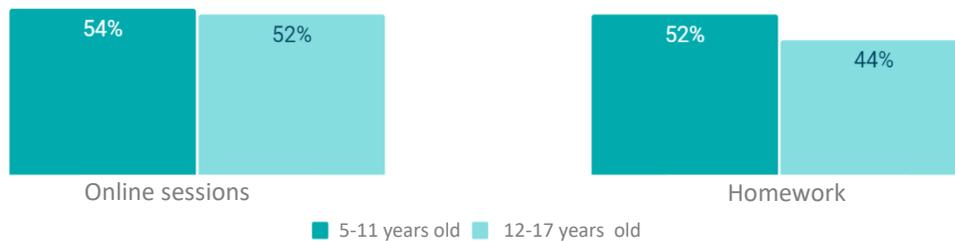
Graph 85 shows that 85% of children aged 5-11 and 77% of children aged 12-17 had access to education before COVID-19. **Access to education has been impacted by the COVID-19 health emergency restrictions: of these children, 38% between 5 and 11 years old and 35% between 12 and 17 years old do not have access to virtual sessions, which means that there are no significant differences between the age groups analyzed.** Only 6% of refugees and migrants mentioned having received education assistance as part of the response in the month before data collection.

Among children who did not have access to education before COVID-19 (15% of children aged 5-11 and 23% of children aged 12-17), 9% of those aged 5-11 and 6% of those aged 12-17 managed to access virtual sessions during the restrictions.

However, the vast majority of children outside of school before the introduction of the COVID restrictions remain out of school at the time of data collection, at 91% of these children aged 5-11 and 94% of children aged 12-17 reporting no access to virtual sessions (see Graph 82).

As such, while in general children who were enrolled in school before the COVID-19 crisis are now more likely to have access to educational activities, it is also the case that a small percentage of children who were not enrolled in school before the crisis now have access to educational activities. This suggests that alternative learning activities can possibly reach some children who were unable to attend school.

**Graph 82. Access to home schooling activities during COVID-19 restrictions** <sup>37</sup>



The respondents report that, after the closure of several educational institutions, the children in their households accessed education at home through online sessions, homework assignments by the teacher and through play activities such as singing, physical activity or play. Approximately 54% of households with children in the two age groups (5-11 and 12-17) have access to online learning. 52% of households with children aged 5-11 and 44% of households with children aged 12-17 had access to homework, while 42% of households with children aged 12-17 and 34 per cent of households with children aged 5-11 had access to play activities.

**age, with younger children more likely to have access compared to older ones.**

The results also showed that having regular status is a more important deterrent of whether children were attending school (has a stronger correlation) than having access to the internet. In terms of current access to education, having regular status is equally influential (similar correlations) as having internet access. This shows the positive impact and influence that PEP and other regularization mechanisms can have on children's access to education.

Three factors increase the likelihood of children having access to face-to-face education before the COVID-19 restrictions, and that they access virtual activities during the restrictions: **(i)** the fact that the household has access to the Internet; **(ii)** the fact that the household arrived to Colombia before 2019; and **(iii)**



<sup>37</sup> During the data analysis, it was found that a percentage of children who do not have access to the Internet reported having access to online sessions. After discussing these results, no external explanation for this phenomenon was found by the analysis team.

RA  
BIA

PLANIFICACIÓN FAMILIAR

de planificación familiar  
elegido voluntariamente.

MÉTODOS  
CONCEPTIVOS

Condón Femenino

Implantes

Cirugía

Píldoras Anticonceptivas

Los preservativos son el único anticonceptivo que te protege a ti y a tu pareja contra ETS incluido el VIH.

Decido, me cuido.



## a. | DISCRIMINATION

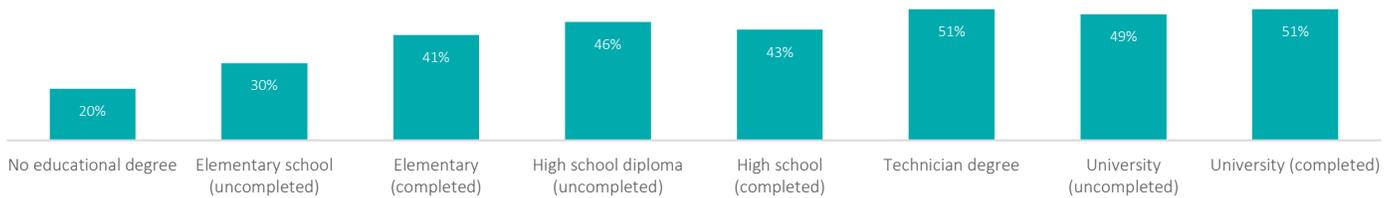
According to the information collected, 44% of people surveyed have suffered some episode or situation of discrimination due to their nationality during 2020. This perception of discrimination is higher among women, of whom 45% report having suffered a similar situation, compared to the perception of men, among whom 40% have faced this situation this year. Similarly, the Afro-descendant population has felt discriminated against more often this year (46%) compared to the indigenous population (24%) and other communities.

This shows that sex, ethnicity, and nationality are factors that, when combined, reinforce the structures of discrimination, which accentuates xenophobia. This situation is exacerbated by

negative narratives that are often reproduced in speeches and media statements. No significant differences were found between the refugee and migrant population's perception of discrimination in relation to age group or time spent in Colombia.

The perception of discrimination is greater among those with a higher level of education: among those with no education at all, 20% have felt discriminated against (24%age points below the average), while among those with higher education, at least 50% have felt discriminated against this year (see Graph 83). This may be due to competition in the skilled labour market, or the ability to identify indirect discrimination mechanisms.

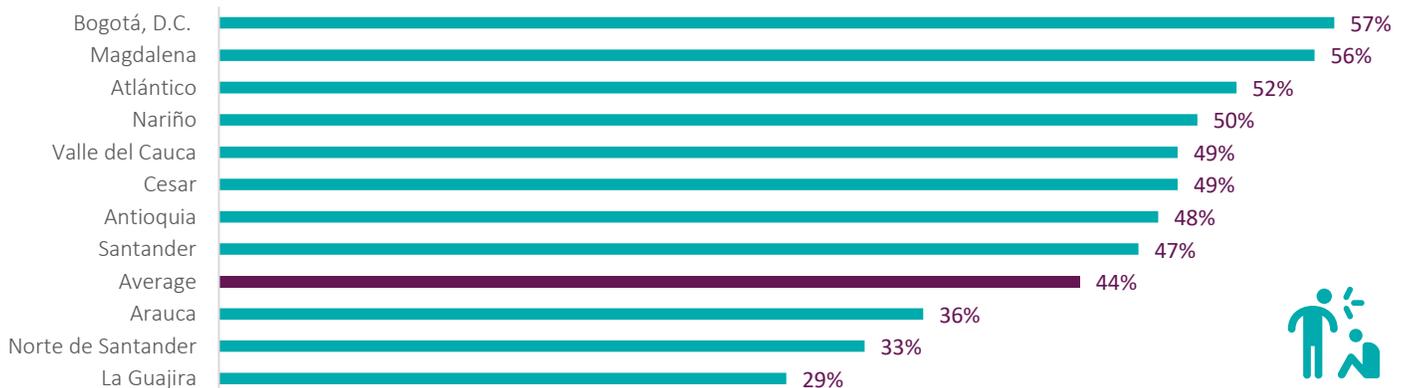
**Graph 83.** Percentage of respondents who report having suffered some episode or situation of discrimination for being Venezuelan - by educational level



The perception of xenophobia is also accentuated among people in whose households there is at least one person unable to work, with 48% of the people surveyed, while in households

where there is no person in this situation the perception of discrimination is 44%.

**Graph 84.** Percentage of respondents who report having suffered some episode or situation of discrimination for being Venezuelan - by department



Also, as was the case during the third round of the evaluation, in the three departments corresponding to the main points of entry into Colombia (La Guajira, Norte de Santander and Arauca) the perception of discrimination is below average (36%, 33% and 29% respectively), while in Bogotá, Magdalena and Atlántico the majority of the Venezuelan population has suffered some episode of discrimination on the basis of their nationality. For the 11 departments with sufficient information, about half or more of the refugee and migrant population have felt discriminated against.

In the second round of this needs assessment, conducted in June 2020<sup>38</sup>, 43% of the population reported incidents of discrimination before the isolation measures, and this perception was reduced to 29 per cent during the isolation measures. The proportion of the population that had suffered discrimination before the measures is very similar to the current one (44.5%), which would indicate that discrimination is associated with the level of social interaction.

**PANEL ANALYSIS**

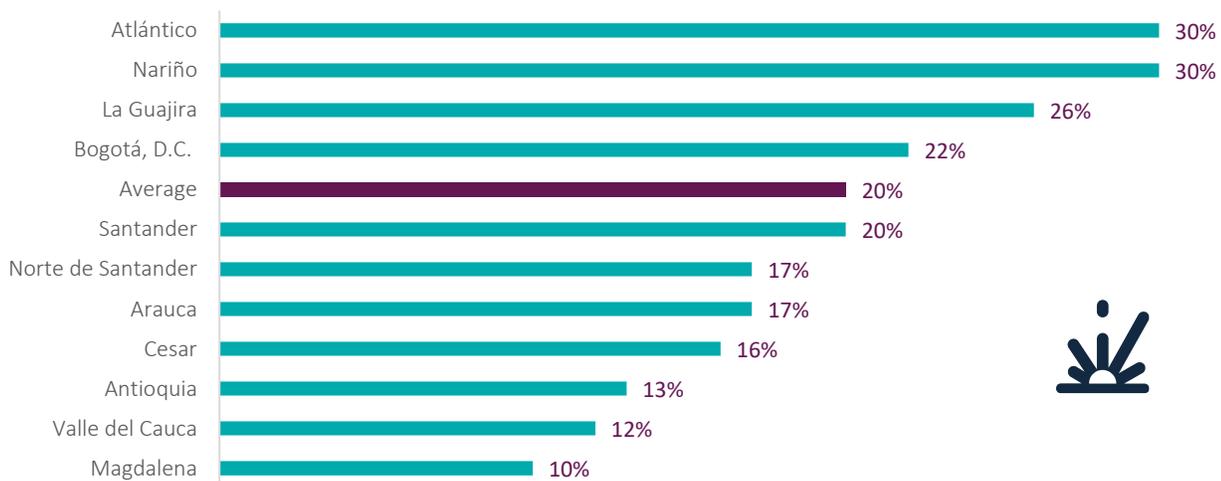
The PANEL results show that the perception of being discriminated against on the basis of nationality remains similar: during both the third and fourth round, about 45% of the PANEL households surveyed reported have directly experienced this type of discrimination.

**b. | SECURITY PERCEPTIONS**

20% of the people surveyed do not feel safe in the neighborhood where they live, and this is more frequent among women (21%) compared to men (16%). Similarly, the perception of insecurity is higher among refugees and migrants between 26 and 35 years of age (21%) and lower among people over 45 years of age (18%). In Atlántico and Nariño, the proportion of the respondents who feel insecure is 10%age points above the national average.

The departments where most people feel safe where they live are Magdalena, Valle del Cauca and Antioquia (see Graph 85). However, there is a markable difference in the perception of the security situation between men and women at the departmental level (see graph 86).

**Graph 85. Percentage of respondents who report not feeling safe in the neighborhood where they live - by department**

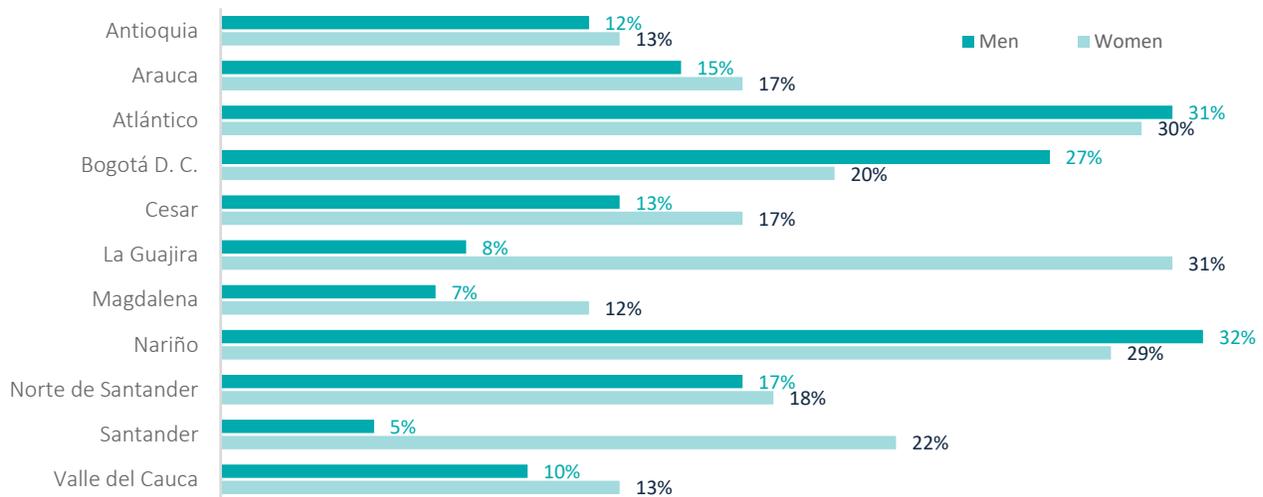


<sup>38</sup> GIFMM Colombia Joint Rapid Needs Assessment - COVID-19 | June 2020  
<https://r4v.info/es/documents/details/78013>

As the graph illustrates, the gap between women and men with regard to their perception of security in some departments is more than 15 percentage points. In Atlántico, Nariño and Bogotá men feel more insecure than women. However, in the other departments the proportion of women who feel insecure

where they live is much higher, as is the case in La Guajira: while 31% of women feel insecure where they live, only 8% of men experience this. In the case of Santander, 22% of women feel insecure, while 5% of men feel this way about where they live (see graph 86).

**Graph 86.** Percentage of respondents reporting that they do not feel safe in the neighborhood where they live - by department and sex

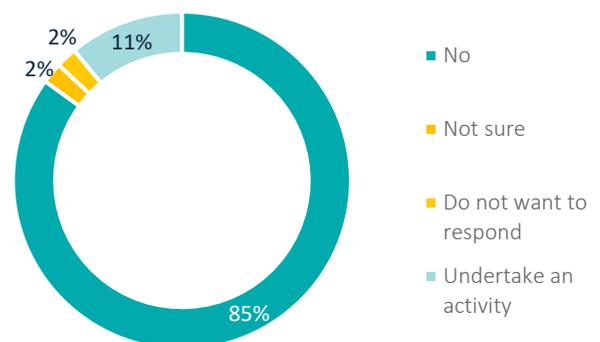


It should be noted that during 2020, at least 429 Venezuelan men and 60 Venezuelan women have been killed in Colombia; and that during the same period 572 Venezuelan women and girls have been victims of sexual violence, as well as 96 children<sup>39</sup>. This shows the concrete difference in protection risks and impact of violence.

### c. | RISK OF HUMAN TRAFFICKING

Of the people surveyed **11%** responded that they have had to undertake a kind of trade, work or activity, without the possibility of voluntarily withdrawing, which indicates a possible risk of human trafficking. The remaining **4%** included **2%** of respondents who were unsure, and **2%** who did not want to respond. People may prefer not to answer this question for fear of repercussions, or they may not be completely sure if they have been exposed to a situation where they have no possibility of withdrawing voluntarily.

**Graph 87.** Percentage of respondents who reported having been forced to undertake an activity



<sup>39</sup> National Institute of Legal Medicine and Forensic Sciences. Preliminary information on fatal injuries from external causes in Colombia, October 2020.

Similarly, an analysis found that those respondents with a disability are more likely to respond that they have had to perform a trade, job, or activity without being able to leave voluntarily. Additional analysis found no significant difference between the person's age, sex or department and the probability of answering yes to this question.

Although the regression found no significant relationship between sex and the probability of answering yes, a Cuso International study found that

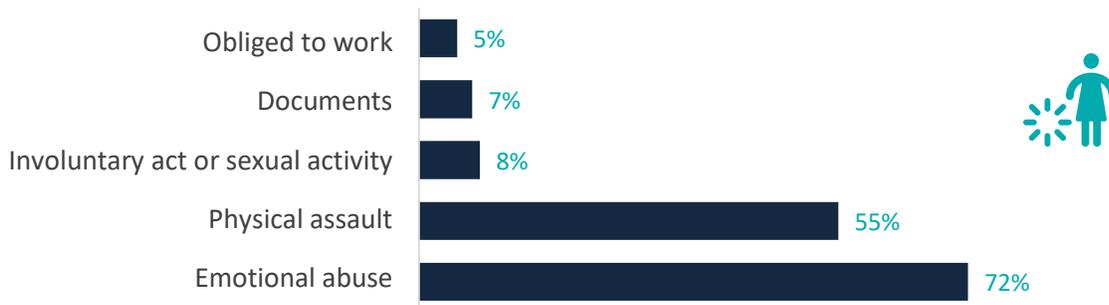
Venezuelan women are more exposed to unequal working conditions. They have a higher unemployment rate compared to men and are more often engaged in unpaid work, as well as having to work twice as many hours while receiving half the salary compared to their Colombian counterparts. The study also found Venezuelan women are exposed to xenophobia and abuse at work<sup>40</sup>.

### d. | GENDER BASED VIOLENCE (GBV)

Of the 2,464 women and 6 transgender people surveyed, 173 people (7%) indicate they know women who have experienced gender-based violence since the start of the COVID-19 crisis. The Integrated Information System on Gender-based Violence (SIVIGE)<sup>41</sup> reports that the largest number of foreign victims are Venezuelan women, with 2,538 cases reported as of December 1, 2020. No cases were reported involving those identifying as transgender.

The most commonly reported situations of gender-based violence are emotional abuse (72%); physical assault (55%); being forced to perform some act or sexual activity that she does not want (8%). These three types of violence(s) represent the large majority of reported incidents (see Graph 88).

**Graph 88.** Types of gender-based violence reported by respondents<sup>42</sup>



Stealing of documentation was mentioned in the departments of Arauca, Atlántico, Cesar, La Guajira, Norte de Santander and Valle de Cauca, which hampers the process to obtain regular status. Access to documentation is fundamental allows access to other rights, basic needs, and services. As for the obligation to work, this practice was mentioned by respondents in Arauca, La Guajira, Magdalena and Norte de Santander.

<sup>40</sup> Cuso International. Labor dynamics of Venezuelan migrant women in Colombia. November 27, 2020. <https://r4v.info/es/documents/details/83306>

<sup>41</sup> Integrated Information System on Gender Violence (SIVIGE): An information system that provides statistical information on gender violence, through harmonization, integration, organization, dissemination and management;

aimed at supporting the design, implementation and evaluation of public policies, as well as directing the actions of the different sectors. Taken from Sistema integrado de información de violencias de género (SIVIGE) on 9 December 2020: <https://bit.ly/37hct1q>

<sup>42</sup> Respondents could indicate more than one type of violence.

# 6

## Coping mechanisms



Survival strategies based on livelihoods help to understand the household's ability 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 the direct reduction of future household productivity. And, "emergency" strategies also affect future diversity, but are more difficult to reverse or more dramatic in nature.

Forty-four percent of respondents are incurring "crisis" survival strategies, that is, they are causing the reduction of future

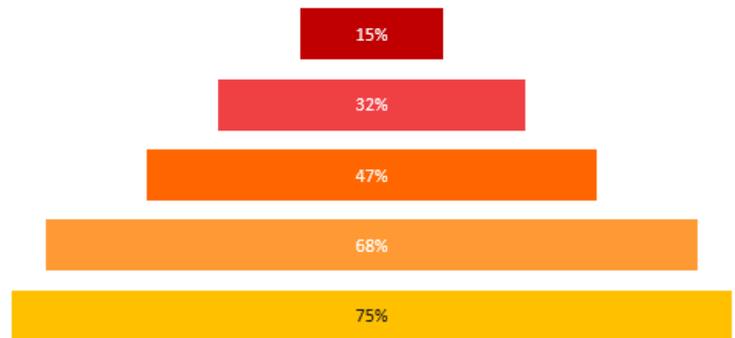
household productivity because they are reducing essential expenditures such as education and health, or selling productive goods or assets, while 38% are incurring "emergency" strategies such as begging (32%) or taking jobs that pose a risk to their integrity, health, safety or life (15%). Seventy-five percent of households reported spending the savings to meet food or other needs. Only 9% of households do not incur some sort of survival strategy based on LIVELIHOODS. Graph 89 below shows the five types of strategies evaluated and their level of severity

**Graph 89.** Survival strategies adopted by households to cope with food shortages

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

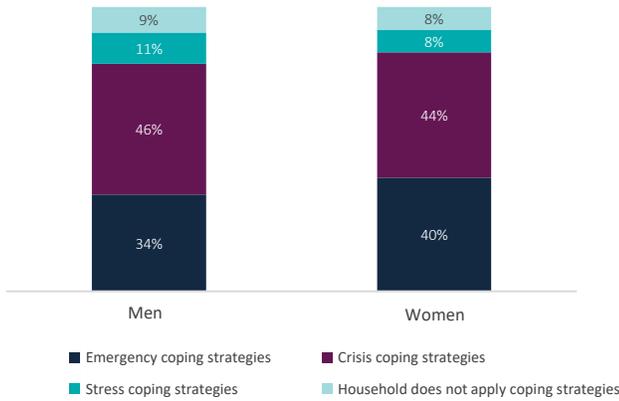
**CRISIS:** Selling goods or productive assets that are indispensable in working activities to meet food or other needs. Reduce essential non-food expenditures such as education and health.

**STRESS** Spend savings to meet food or other needs

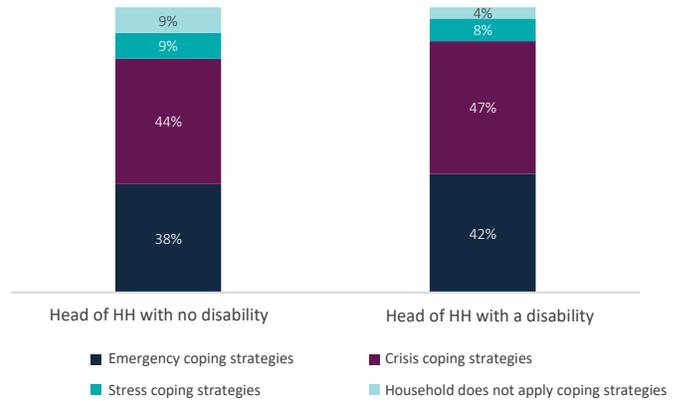


40% of households headed by women are adopting emergency strategies, compared to 34% of those headed by men (see Graph 90). Similarly, there are relevant differences when analyzing households whose head has a disability, that adopt survival strategies such as asking for money on the street, or doing jobs that put their safety at risk more often, compared to households not headed by a person with a disability (42% vs. 38%, see graph 91).

**Graph 90.** Survival strategies adopted by households - by sex of head of household



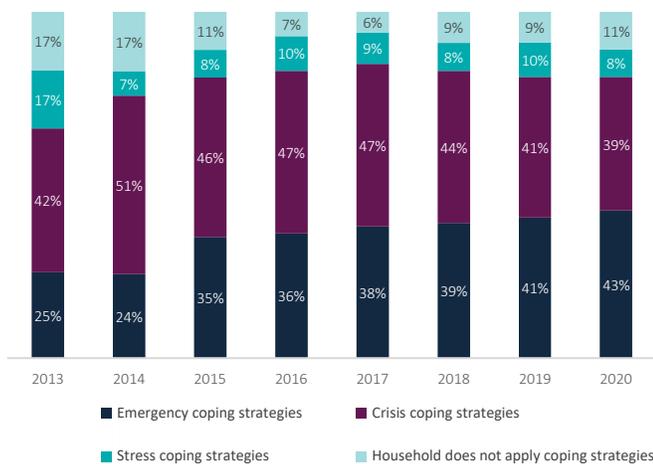
**Graph 91.** Survival strategies adopted by households - by disability status of the head of household



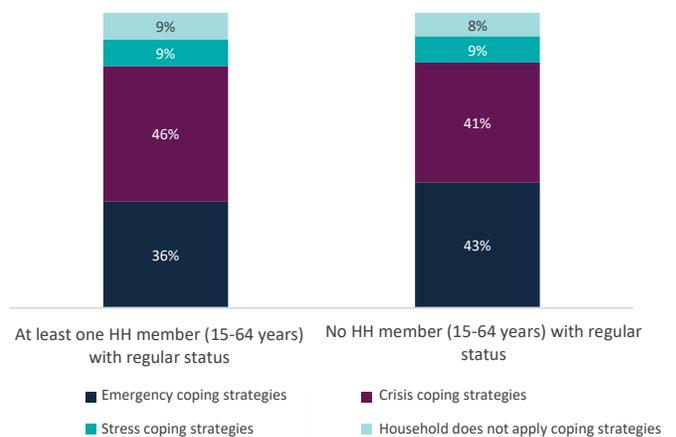
Relevant differences are found between the various household profiles. Venezuelan households engage in survival strategies such as asking for money on the street or doing jobs that put their safety at risk more often compared to households with Venezuelan and Colombian members (40% vs. 34%). In general, more recently arrived households are more likely to incur emergency survival strategies. However, in terms of food consumption (see Food security and nutrition section), arrival date has no significant relationship with the level of

consumption (see Graph 92). Households where none of its adult household member (15-64 years) have regular status tend to have a lower frequency of food consumption, compared to those with at least one member with regular status, and are more likely to adopt emergency survival strategies (43% vs. 36%, see Graph 93).

**Graph 92.** Survival strategies adopted by households - by date of arrival in Colombia

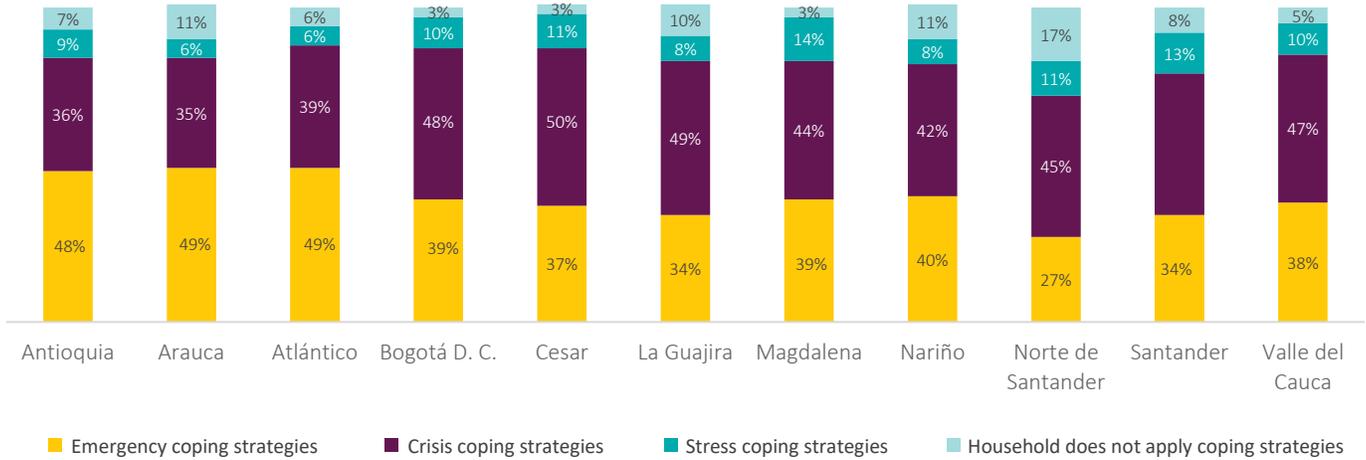


**Graph 93.** Survival strategies adopted by households - by regular status of household members



In Atlántico (49%), Arauca (49%) and Antioquia (48%), almost half of the households are engaged in emergency survival strategies. In general, in all departments the level of crisis and emergency survival strategies is concerning (see Graph 94).

**Graph 94.** Survival strategies adopted by households - by department



**PANEL ANALYSIS**

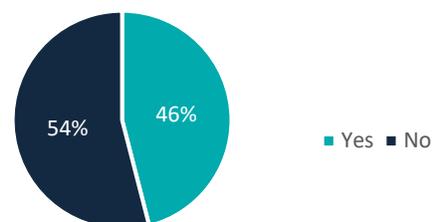
Despite a slight improvement in the situation, the proportion of PANEL households that must adopt emergency coping mechanisms remains high – 37% of households in round four had to ask for food and money on the street, compared to 39% of PANEL households in round three. Similarly, 16% carried out other activities that pose a risk to their integrity, health, safety, or life, compared to 17% during the third round.





During this fourth round of needs assessment, **53% of the households surveyed mentioned that they had not received any assistance during the month before data collection**, a situation that is of concern because of the limited access to sufficient income. (see Graph 95).

**Graph 95.** Proportion of households reporting having received assistance in the last 30 days



Of the 46% of respondents who reported receiving some form of assistance in the 30 days prior to data collection, the most commonly reported assistance was to meet food needs (69%), housing support (20%) and hygiene items, toiletries and/or non-food items (18%, see table 4)<sup>43</sup>.

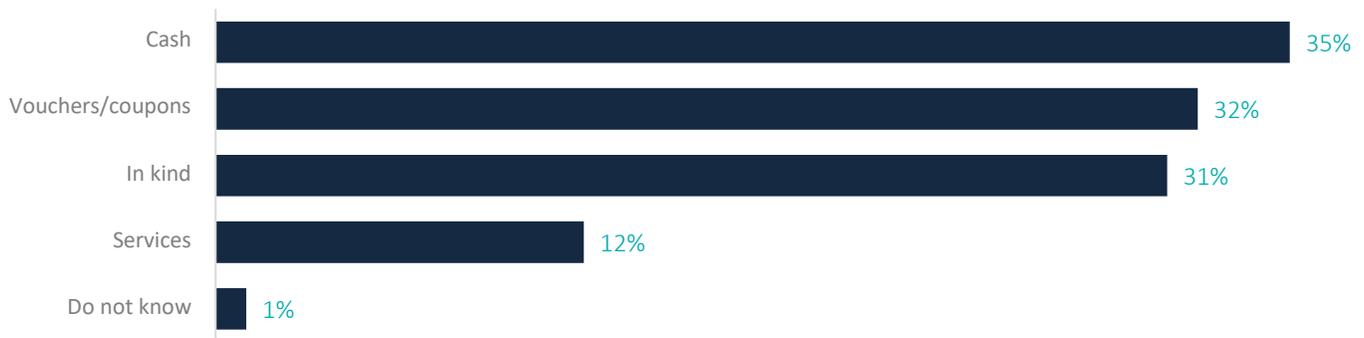
**Table 4.** Types of assistance received by households in the last 30 days

| Type of assistance                            | % of households surveyed |
|---|--------------------------|
| Employment                                    | 1%                       |
| Food  | 38%                      |
| Medical Care and Medicines                    | 5%                       |
| Housing support (rent, services)              | 8%                       |
| Access to water, sanitation, and hygiene      | 1%                       |
| Communication/connectivity (Internet, phone)  | 0%                       |
| Toiletries, cleaning products, non-food items | 7%                       |
| Documentation and regularization              | 0%                       |
| Education for children                        | 2%                       |

<sup>43</sup> This question is multiple choice-multiple answer, so the answers do not add up to 100%.

In terms of the modality that households received, it can be seen that regardless of the type of aid or assistance received, respondents reported in similar proportions that assistance was cash based (35%), as well as through terms of vouchers or coupons (32%) and through the delivery of goods (31%, see Graph 96).

**Graph 96. Assistance modalities reported by households in the last 30 days**



When the modality is broken down according to the type of support received differences between response strategies can be identified<sup>44</sup>. Respondents who reported having received food assistance reported similar proportions of having received this assistance in cash (37%), vouchers or coupons (37%) or in delivery of goods (30%). For those who only received food assistance (546), they report assistance through vouchers (49%) compared to cash (20%).

Respondents who received housing support, reported receiving mostly cash assistance (88%). However, the humanitarian community currently does not provide conditional cash assistance to address shelter needs, so it can be inferred that this report refers to a use of multipurpose transfers<sup>45</sup>, mainly to cover housing costs. Finally, the respondents who reported having received support to access non-food items (hygiene or cleaning), mostly reported having received in-kind goods.

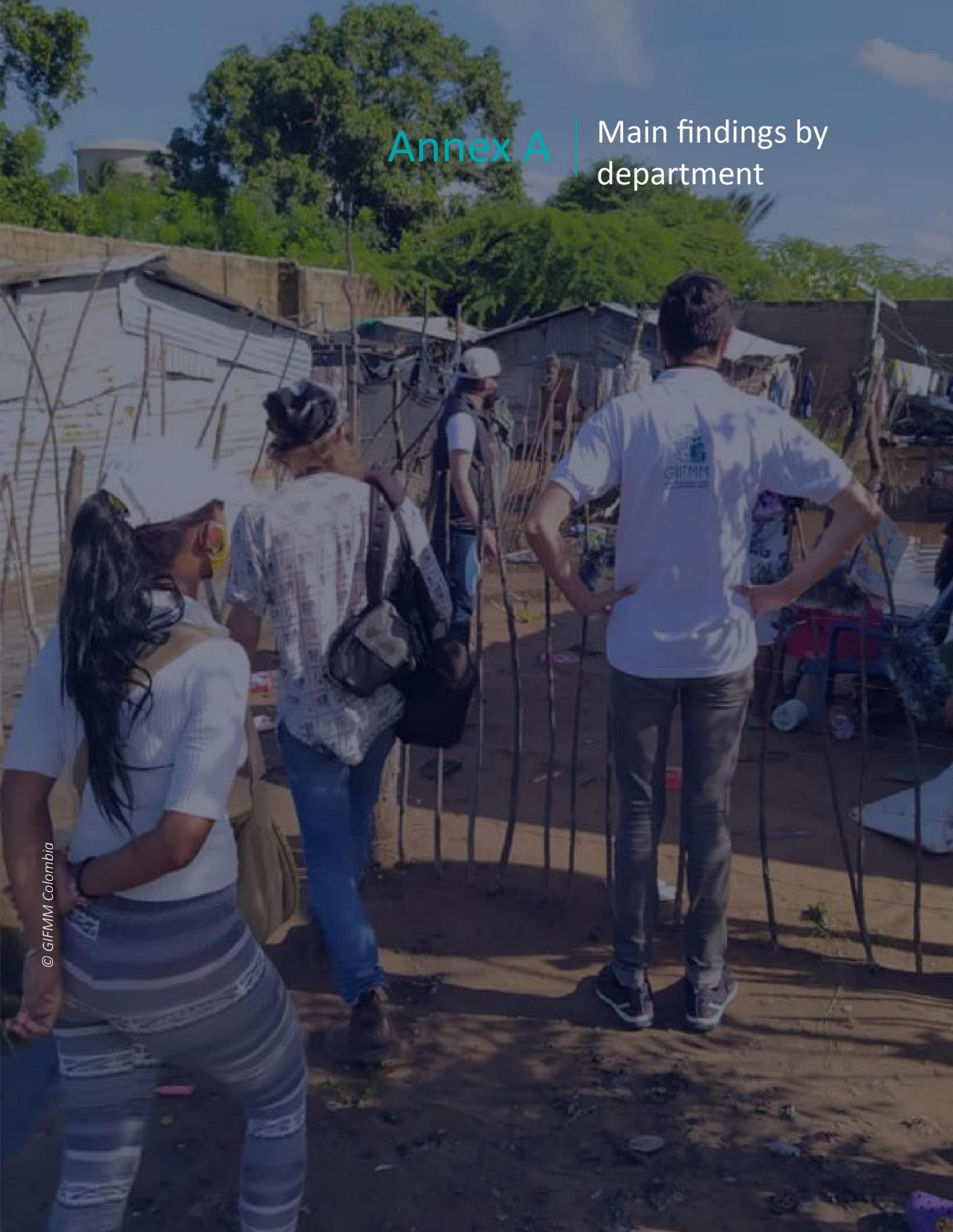


<sup>44</sup>To note: both the question on the type of support and the modality were multiple choice-multiple answer questions, so that a respondent who answered that he or she had received food support could have done so for other needs; this is the same for the report on the modality..

<sup>45</sup> Multipurpose transfers were not included in the support or assistance options, as they do not represent a need in itself but a response modality.

# Annex A

## Main findings by department



This analysis of the findings at a departmental level was prepared by the local GIFMMs. As spaces for interagency coordination at the local level, the teams developed situation and needs analysis exercises based on the results of this assessment, jointly with their partners at the local level. This annex presents the findings that were identified as key within the different contexts:



### PRIORITY NEEDS

- The needs prioritized by respondents in Antioquia are food (88%), housing (78%) and medical care (34%). This information is in line with the needs expressed by the Venezuelan population surveyed as part of UNHCR's Multisectoral Needs Assessment (July 2020)<sup>46</sup>, during which 86% of those interviewed prioritized housing and 74% access to food. However, there is an important difference regarding the expressed need for sources of income, a priority for 20% of respondents in Antioquia in this fourth round, which is 24 percentage points below the national average, and also far below the UNHCR assessment, where it was prioritized by 71% of households. This may indicate that the perceived needs of the Venezuelan population have changed since June, with households prioritizing access to other basic services such as medical care and medicines. Additionally, this could be a reflection of the changing context to the lifting of preventative COVID-19 measures by the departmental government and local authorities in September, which has allowed the refugee and migrant population in the department to increasingly access livelihoods.

### MODALITY PREFERENCES

- There is a clear preference among the Venezuelan population in Antioquia to receive cash to meet food needs, mentioned by 62% of the population (compared to 46% at the national level). Similar results are identified when reviewing housing assistance, where 88% of the people interviewed prefer cash, while at the national level the Graph stands at 79%. As in the national analysis, given that with the health emergency humanitarian partners have increased their cash transfer interventions, the results could indicate the preference of refugees and migrants to continue receiving this type of assistance to cover their needs.

### LIVELIHOODS

- 43% of respondents in Antioquia indicated that their current household income only allows them to sustain their expenses for up to one day, while 36% said that they can only sustain their expenses for up to one week, and 15% said that they can only sustain their expenses for up to one month. It is important to mention that having access to formal employment increases the ability of households to sustain their expenses with their current income: in households that report being able to sustain themselves for one day, only 5% of workers access formal employment, compared to 33% of households that can sustain their expenses for one month.
- In terms of contributions to the pension system, Antioquia is 8 percentage points above the national average in the proportion of households where at least one person per household is paying these contributions. However, in 87% of the households surveyed, no person is part of the pension system.
- Although the report [Labour Dynamics of Venezuelan Migrant Women in Colombia](#), prepared by Cuso International, refugee and migrant women tend to have higher unemployment rates. However, the study shows that in the case of Antioquia, 61% of women work, compared to 52.5% of Colombian women
- According to the study, Venezuelan men work more hours per week (51 hours) compared to women (42.5). Institutional barriers, including the lack of adaptation to the Colombian system, the lack of documentation, the inability to verify degrees and licenses and lack of knowledge of institutional channels and employment opportunities are some of the barriers that the Venezuelan refugee and migrant population face when trying to access employment.

<sup>46</sup> UNHCR, *Multisectoral Needs Analysis of UNHCR's Persons of Concern on COVID-19, July 2020*.

## FOOD SECURITY

- The number of meals that respondents consume on average per day is similar to that found in the UNHCR Antioquia-Chocó needs assessment: there is a decrease in the percentage of households that eat only once a day (13% in the UNHCR survey in June vs. 7% in this fourth round in November), while the proportion of households that eat two and three times a day increased by 4 and 2 percentage points respectively. This could indicate a slight improvement of the food consumption situation of the refugee and migrant population.

## HEALTH

- Antioquia has a relatively high proportion of households reporting being affiliated to the health system, at 86% of the assessed population, 26 points above the national total. Of these, 70% belong to the subsidized health regime, 29% to the contributory regime and only one household surveyed belongs to the special regime. There are no significant differences for Antioquia with respect to the national total in terms of limitations to accessing health services, or specific medical services in terms of sexual and reproductive health.

## EDUCATION

- 41% of heads of households in Antioquia completed secondary education. This Graph is well above the national average of 35% and in line with results of the needs assessment carried out by UNHCR in Antioquia (52%). This information indicates that the people surveyed in Antioquia have on average a higher level of education than in the other regions of the country and might therefore be better able to access employment.

## GENDER BASED VIOLENCE (GBV)

- Only two respondents in Antioquia reported knowing a woman or transgender person was exposed to violence from an intimate partner or family member during isolation. However, other sources of information reflect a deterioration of the domestic violence situation, including sexual violence and partner violence, a situation that has been aggravated by the impact of the COVID-19 crisis:
- According to the [Observatory of Violence of the Colombian Institute of Legal Medicine](#), as of 30 September, 3,793 cases of GBV were registered in the department of Antioquia, of which 3.14% of the survivors are Venezuelan nationals.
- In Medellín, where 43% of the cases of GBV in the department are reported, the Social Line 123 reports 162 cases of GBV against Venezuelan migrant and refugee women. This service is provided in the most vulnerable sectors of the city where there is a presence of armed actors and a large gap in access to basic services such as education, health, basic infrastructure, and prevention mechanisms.



## ARAUCA

## FOOD SECURITY

- 58% of households surveyed reported having access to only two meals per day, while 7% reported access to only one meal per day, the latter Graph being slightly higher compared to the national average. 70% of households reported having to rely on their savings to cope with a lack of access to food or resources to buy food, while 66% have had to reduce their expenditures in order to feed themselves or their children, and 44% have resorted to selling household goods or objects. These Graphs do not differ much from the national trend, however, for the most critical or "emergency" mechanisms, such as begging for money on the street (42%) and undertaking activities that put people's integrity at risk (23%), Arauca reports proportions that are 10 and 8 percentage points above the national average, respectively.

**SHELTER**

- In Arauca, 66% of households are considered to be in a situation of overcrowding (40% with four to seven people sleeping per room, 3% with eight or more), which is much higher than the national average of 38% of households in this situation. Likewise, 25% of households do not know where they will live in the month after data collection, which exposes minors and those with specific needs to protection risk.

**WASH**

- In general, Arauca lags behind in indicators related to access to water, sanitation, and hygiene. 70% of the households surveyed have access to water services (6%age points below national level average), 53% have access to the sewerage system (25%age points below), and 64% have access to drinking water (4 points below). In addition, the department has the highest proportion of households with girls and women who report not having access to menstrual hygiene items (8%).

**PROTECTION RISKS**

- Regarding knowledge of cases of gender-based violence against women or transgender people - 93% of women and transgender people surveyed said they were not aware of or did not want to respond, 7% said they were aware of cases of emotional abuse, physical assault (3%), cases of sexual violence (1%), hiding or confiscating documents (1%) and cases of forced labour without payment (1%). It should be noted that 16% of those surveyed stated that they had had to carry out some activity on a compulsory basis after their arrival in Colombia, which is 5%age points above the national total.



CARIBBEAN  
REGION -  
ATLANTIC AND  
MAGDALENA

**PROTECTION RISKS**

- While a large proportion of the population is at work, 25% of working age people in households in Atlántico and 12% in Magdalena are not currently working. This exposes the population at risk of recruitment or involvement with armed group, driven by a need for income sources, particularly in areas with a presence of these groups in both rural and urban contexts.

**FOOD SECURITY**

- 57% of households in Atlántico prefer cash to meet food needs and 34% in Magdalena. For vouchers, the preference is for 29% of households that prioritized food needs in Atlántico.

**WASH**

- A high percentage of the households surveyed do not have a place to wash their hands, particularly in Magdalena (48%), and in cases where they do have such a facility, the water is untreated (38%) and/or intermittent (28%).

**INTERNET**

- A high percentage of households is identified as having access to the Internet via mobile phone recharges (45% in Atlántico and 44% in Magdalena), which implies limited or intermittent access. Meanwhile, another large percentage does not have access to the Internet (34% in Atlántico and 30% in Magdalena), which is a challenge in the current COVID-19 context.



CESAR

### HOUSEHOLD PROFILE

- The high percentage of female heads of household (more than 80%), a high presence of young people between 26 and 40 years of age and a population with a low level of schooling, where more than 50% have not completed their high school studies, is of concern.

### MODALITY PREFERENCES

- There is a preference for voucher and cash to cover food needs (42% and 36%, respectively) and cash for housing (55%). For the latter, the need for cash may be associated with the payment of rent, utilities, or housing improvements.

### LIVELIHOODS

- The results show a high number of households that have work, business or paid economic activity as their main source of income (more than 80%), but this is not reflected in the proportion people contributing to a pension fund, as more than 90% of households reported that no member makes such a contribution, nor in the time that households can sustain their expenses with their current income as more than half can only sustain them for one day. In addition, the high number of households whose source of income is assistance from the government, foundations, or other organizations (42%) is noteworthy, reflecting the instability of the conditions of refugee and migrant households in the department and their vulnerability.

### WASH

- In general, high levels of access to safe drinking water sources is reported (86%), as well as access to aqueducts and sewers (93% and 89% respectively). In terms of availability, although a low proportion of intermittent access to water was reported (3%), it is important to consider the context of informal settlements, with a high proportion of refugee and migrant populations, where water only arrives on some days of the week or at limited times of the day. With respect to menstrual hygiene, households with women in general have access to this type of product, where 0.8% of households with women and girls declare not to have such access, which is, along with Santander, the lowest proportion at the departmental level.

### SHELTER

- More than 90% of people surveyed are renting or sub-renting their shelter in the department, which is 10 percentage points above the national average. The high proportion of overcrowding is of concern: 43% of households report that four to seven people on average slept per room last week (11 percentage points above the national average), while 9% slept eight or more people per room. It is also noteworthy that 42% of households (7 percentage points above the national average) do not have secured a place to live in the month after data collection.

### PRIORITY NEEDS

- Eighty-five percent of the households surveyed identified access to food as a primary need, followed by housing (66%) and employment with 57%. For other needs such as medical care, documentation and hygiene, the percentages are between 13% and 18%, while 9% of assessed households prioritize education and 7% prioritize medicine.
- These needs respond to the results of the overall needs assessment, as it showed a high proportion of households that do not have sufficient income to cover their basic needs for more than one day, a high proportion of informality and low quality jobs.



NORTE DE SANTANDER

The above reasons threaten the ability of refugees and migrants to access basic services and goods such as food and shelter, while most live in rental and sub-rental conditions, and a significant proportion in overcrowded conditions.

### SPECIFIC NEEDS

- In Norte de Santander the following population groups have been identified as facing a high degree of vulnerability; pregnant and lactating women, children, and adolescents (especially those who are unaccompanied), and people without regular status.
- According to the National Observatory for Migration and Health, 460 births by foreign mothers have been received care in Norte de Santander, 97% of them of Venezuelan origin<sup>47</sup>. There has also been evidence of a significant increase in diseases such as gestational syphilis and women with low Body Mass Index (BMI) for their age, which increasing the risk of low birth weight. This demonstrates the need to provide comprehensive prenatal care under the Minimum Initial Service Package (MIP) and access to sexual and reproductive health services.
- The department has seen an increase in refugees and migrants between 0-5 years old, from 9% in January to 13% in September<sup>48</sup>. There has been an increase in cases of child undernutrition, a risk of malnutrition in children under 5 years and unplanned pregnancies in adolescents. According to Graphs from the National Observatory for Migration and Health, up to the third quarter of 2020, 78 cases of Venezuelan children under 5 years of age have been registered with malnutrition in Norte de Santander. As a result, an increase in the prevalence of preventable early childhood diseases can be expected.
- Within the framework of various characterization exercises, it has been shown that approximately 71% of the households interviewed are in a regular status, this Graph coincides with the official Graphs of Colombia Migration, in which only 57,301 Venezuelan refugees and migrants in Norte de Santander are in the possession of a PEPs<sup>49</sup>.

### LIVELIHOODS

- Regarding the time households can sustain themselves with their current income, 37% of households indicate they can sustain themselves for only one day, 34% for one week and only 15% could do so for one month. This indicates that, despite being able to access paid activities paid, labour informality, low income and low quality jobs persist. As such households are at risk of not meeting their basic needs, and are in a situation of monetary poverty.
- This is reflected in the prioritization of needs made by households in the various exercises carried out, as well as in the third round of needs assessments in which employment constitutes one of the three main needs for the Venezuelan population. The GIFMM partners perceive an increase in the number of Venezuelan refugees and migrants in the Catatumbo region. This situation could be due, among other things, to the search for livelihoods, including those related to illicit economies.

### FOOD SECURITY

- One of the main needs prioritized by households has been access to food, although food is the most common type of assistance provided to households. 50% of the households are unable to access the recommended minimum of three meals a day, which reflects the impact of the health emergency. The lack of access and income has been one of the reasons for some households to return to Venezuela.

<sup>47</sup> Births attended by foreign women. National Observatory on Migration and Health (September 2020): <https://www.sispro.gov.co/observatorios/onmigracionysalud/indicadores/Paginas/Situacion-de-salud.aspx>

<sup>48</sup> Information derived from the monitoring activities of the Colombian Red Cross in Norte de Santander.

<sup>49</sup> Data on Special Permit to Stay (PEP). Colombia Migration (November 2020).

In this regard, more information is required on how households acquire food (own purchase, assistance or donations, barter, etc.), the perception of the cost of food, and access in terms of food availability.

#### WASH

- The water, sanitation and hygiene results reflect the structural problems of access to public services in the informal settlements in the department, in terms of access and quality of sanitation and hygiene services. For example, 13% of households only have access to untreated water.

#### SHELTER

- 77% of the households surveyed in the department are renting their shelter. Only 59% are certain they have a place to live in the month after data collection. 35% of the households surveyed live in overcrowded conditions, indicating a significant shelter need, which is partly due to the low access to income sources.

#### PROTECTION RISKS

- 35% of households reported having experienced discrimination in 2020.
- 5% of households have knowledge of situations of emotional abuse and 3% on situations of physical violence. It should be noted that in Norte de Santander there has been an increase in the different manifestations of gender-based violence with an emphasis on sexual violence, in requests for psychosocial accompaniment and support with case management to survivors of gender-based violence<sup>50</sup>.
- The existing barriers, including the lack of access to documents such as birth registration, are of concern as it poses limitations in guaranteeing basic rights.
- Although this issue was not part of this fourth round of evaluation, during the different characterizations carried out in the department<sup>51</sup>, it has been recorded that households have been exposed to robbery, theft or extortion, intimidation or threats, inhuman and degrading treatment, physical violence and eviction. Similarly, the dynamics associated with the presence of armed actors in the department have been reinforced by the conditions of double jeopardy for the Venezuelan population: according to Graphs reported by the Office for the Coordination of Humanitarian Affairs (OCHA), in the course of 2020 1,471 Venezuelans in the department have been affected by emergencies associated with this situation, 709 have experienced situations of confinement and 762 have been victims of massive internal and cross-border displacement. In the same vein, Venezuelan children have been exposed to situations of forced recruitment and women to transactional sex dynamics.<sup>52</sup>

#### COPING MECHANISMS

- 70% of the households surveyed have had to rely on their savings to be able to access food, while 31% have resorted to begging for help or money on the street, and 14% have engaged in at-risk activities to obtain resources. This shows the situation to which Venezuelan households have been exposed in the context of the health emergency, since most of them have been deprived of the means of subsistence they had, causing the return of more than 120,000 people nationwide.

<sup>50</sup> Monitoring carried out by UNFPA. It is also noted that, as of July 2020, according to the Observatory of Femicides in Colombia, 291 women had been victims of this crime in Norte de Santander and according to the Ombudsman's Office as of April 16, 2020, 139 cases had been received related to gender-based violence and unmet basic needs of women and transgender people that put their lives at risk. These reports correspond to the municipalities of: Cúcuta, Sardinata, Pamplona, Puerto Santander, Villa del Rosario and Los Patios. Therefore, it is necessary to strengthen the institutional and community response to GBV.

<sup>51</sup> Results available in the Joint Characterization of Movements Dashboard: <https://bit.ly/38g5Qqm>

<sup>52</sup> Norte de Santander Departamental briefing - OCHA. July - December 2020.



SANTANDER

LIVELIHOODS

- 94% of households surveyed report work as the main source of income, which is 9 percentage points above the national average. However, only 8 per cent of households said that at least one of the people working contributed to a pension fund. Even though this is twice as high as the national average, this remains a very low figure.

HEALTH

- The findings on affiliation to the health system in Santander (47% in the subsidized regime and 53% in the contributory regime) coincide with the Graphs of the National Observatory of Migration and Health, according to which a total of 15,164 refugees and migrants are part of the General System of Social Security in Health<sup>53</sup>, of which 50% of the refugees and migrants are affiliated to the contributory regime, while 49% are in the subsidized regime.

SEXUAL AND REPRODUCTIVE HEALTH

- A higher proportion of households with at least one pregnant or lactating woman is identified in Santander, compared to the national total (32% vs. 26%). The National Observatory of Migration and Health identified 2,216 births - including 989 caesarean sections - of foreign mothers in Santander, of which 77% corresponded to young people and adolescents, who are specifically vulnerable.

EDUCATION

- In general, a higher level of education is identified among those surveyed in Santander compared to the national average. 54% of heads of households have finalized their Bachelor (21 percentage points above the national average). In addition, there are 18% of heads of households at university level, whether incomplete or complete, compared to 16% at national level. This means that in terms of the labour market, refugees and migrants are better positioned in this department compared to other regions.



VALLE DEL CAUCA

- Households prioritise food and accommodation. Also, access to employment was third most mentioned need by households in the department.
- Analysis confirmed that pregnant and/or lactating women are specifically in need in the department.
- There are still a significant number of people working, it is not clear whether they do so formally or informally. The majority of the households surveyed report having a daily subsistence income. That means that their income cannot meet their basic needs, one of the reasons why employment is prioritized by households.
- The results do not reflect the various protection issues in the department, particularly those related to gender-based violence and discrimination.

<sup>53</sup> Migration and Health Observatory, as of August 2020. Available at: [sispro.gov.co](http://sispro.gov.co).

