



NEEDS ASSESSMENT REPORT

Venezuelan Migrants in Colombia: Expansion

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Sectors: Violence Prevention and Response; Health; Economic Recovery and Development; and Education.

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Locations in Colombia: Barranquilla, Bogotá, Cali, Maicao, Medellín, and Putumayo department is counted as one location: Puerto Asis, and a transit border with Ecuador – CEBAF.

INTRODUCTION AND JUSTIFICATION

The crisis in Venezuela has caused widespread displacement. Arbitrary arrests, prosecution, torture, abuse against detainees, violent crime, hyperinflation, a lack of medicine, medical supplies, and food¹ have resulted in nearly 2 million Venezuelans who left since 2015.² In Colombia, over 4,000 Venezuelans enter every day.³ While some enter by air, many are traveling on foot and are continuing to transit through Colombia (known as “*caminantes*” or “walkers”) because they lack financial means to travel through Colombia. In addition, over 1 million Venezuelans have left Venezuela and moved to Colombia in the past year and a half. This includes: 442,000 Venezuelans without legal permits; 376,000 with legal status; and 300,000 Colombians who had lived in Venezuela but returned to Colombia.⁴ For those staying in Colombia, some are able to gain access legally, by having the appropriate documentation, or applying for asylum (2,057 applications since 2014)⁵; and for programs like the Special Permit of Permanence (PEP) to 262,535 Colombians as of June 2018 – mainly in the cities of Bogotá, Medellín and Barranquilla. This is for Venezuelans who were in Colombia prior to February and who entered via an official immigration check post. Those who have the PEP and passport can access the Colombian health care system, for up to two years.⁶

While some of these programs are facilitating access to minimum and basic services, there are challenges for those who do not have documentation. This includes no formal work, no access to non-emergency health care, no certification to proceed through education; as well as threats such as xenophobia; extortion; vulnerability to human trafficking, including sexual exploitation, and being less likely to report abuses to authorities.⁷

The International Rescue Committee conducted an assessment in Cucuta in September 2017, and began responding in April 2018, with programs in sexual and reproductive health, cash assistance, women’s protection and empowerment, and child protection. With the ongoing needs and volume of people continuing to cross the border, the IRC elected to conduct a multi-sector needs assessment to determine needs, gaps, and potential opportunities to expand programming to Venezuelans in other areas of the country.

¹ Broner, Tamara Taraciuk, 3 September 2018. The Venezuelan Exodus. Human Rights Watch. <https://www.hrw.org/report/2018/09/03/venezuelan-exodus/need-regional-response-unprecedented-migration-crisis>

² UNHCR. 8 October 2018. UNHCR to intensify aid in Colombia. <https://reliefweb.int/report/colombia/unhcr-intensify-aid-venezuelans-colombia>

³ UNHCR. 8 October 2018. UNHCR to intensify aid in Colombia. <https://reliefweb.int/report/colombia/unhcr-intensify-aid-venezuelans-colombia>

⁴ Broner, Tamara Taraciuk, 3 September 2018. The Venezuelan Exodus. Human Rights Watch. <https://www.hrw.org/report/2018/09/03/venezuelan-exodus/need-regional-response-unprecedented-migration-crisis>; <https://reliefweb.int/report/colombia/migraci-n-desde-venezuela-colombia-impactos-y-estrategia-de-respuesta-en-el-corto-y>

⁵ Data as of September 30, 2018. Almost 200,000 of the 346,584 were in 2018. <https://data2.unhcr.org/en/situations/vensit>.

⁶ IOM. September 2018. Migration Trends in the Americas: Bolivarian Republic of Venezuela.

⁷ Broner, Tamara Taraciuk, 3 September 2018. The Venezuelan Exodus. Human Rights Watch. <https://www.hrw.org/report/2018/09/03/venezuelan-exodus/need-regional-response-unprecedented-migration-crisis>

STATEMENT OF INTENT

Objectives

- Understand where Venezuelans are located in Colombia, along with their demographic make-up and movement intentions and motivations.
- In select locations, understand priority needs of Venezuelans and how IRC can add value with emergency programming.
- In select locations, identify key government, INGO, UN and civil society/national NGO groups working with Venezuelans, including their mandate and service coverage. Where possible, identify potential partners.

Core Questions

- Of Venezuelans transiting through Venezuela on foot, which locations are they most in need of assistance? What type(s) of assistance do they need? What actors are currently, or planning to assist them? What are their motivations for onward migration? Are there any specific needs for children or youth?
- Of Venezuelans settling in key locations in Colombia, where are they living? Why have they decided to stay? How long do they expect to stay? What assistance or access to services do they currently have and what are the key gaps? Are there any specific needs for children or youth?
- Of Venezuelans in general what access to information do they have? What are their protection risks?

METHODOLOGY

The assessment included: (1) 39 stakeholder interviews focused largely on access to services for Venezuelans, (2) 11 focus group discussions with Venezuelan men and women currently in Colombia, and (3) a family survey with 1208 Venezuelans in Colombia, using a convenience sample. Full explanation of the methods and links to the tools used can be found in Annex 1. Key details are provided below.

Several comparative analyses of the survey were conducted looking at differences between:

- Male vs. female respondents
- Respondents in transit to another city or country vs. those who intended to stay/settle in the location they were surveyed
- Respondents in location A vs. the average across all location (looking for location with extreme values)
- Respondents who had spent most of the previous month in Venezuela vs. those who had been in Colombia for the previous month

Differences between any of these groups were only reported when they were found to be statistically significant using a 95% confidence interval. The only exception is in the tables where groups are compared across multiple indicators. The survey aimed to include 50% female respondents, and more than 30% people in transit ('walkers'), as well as approximately 200 persons in each of the six surveyed locations. The actual breakdown of survey participants was 53% female, 28% in transit, and per location ranged from 190 to 206.

Limitations

This assessment used a non-representative sample. The nature of a convenience sample is that it is not considered to be representative of the entire population of interest, in this case, Venezuelans in the six locations surveyed. However, because of this non-representation, the sample size is increased to help to control for any bias that is otherwise present. This is why the survey aimed to include at least 1200 individuals/families. To ensure that the sampling methods did not preclude an accurate understanding of the situation – we systematically report on the total number included in each point estimate. That is to say, if in Bogota 188 people responded to the question of 'how old are you?' resulting in an average age of 29, there will be an (n=198), to allow consideration of the level of accuracy. In some cases, our accuracy is better than others, as some participants elected not to respond to some questions.

To avoid redundancy within the report all figures quoted are based on at least the 'n' noted in the table at right, per location. Where this is not true, the 'n' is included with the statistic.

Category	n
All respondents	>1190
Cali	>190
Bogotá	>190
Barranquilla	>190
La Guajira	>190
Medellin	>190
Putumayo	>190
In transit	>325
Settled	>660

LOCATIONS

For this assessment, a total of six locations were included. These locations were selected based on existing knowledge of service providers, potential gaps, and limited data on Venezuelans establishing themselves as well as in transit. Additionally, to reach both populations, locations were selected based on urban locations as well as border locations.

Department	City
La Guajira	Maicao (border town)
Atlántico	Barranquilla
Bogotá	Bogotá
Antioquia	Medellín
Putumayo	Puerto Asis, and CEBAF (a transit location that is technically in Ecuador)
Valle de Cauca	Cali

KEY FINDINGS

Profile of those surveyed

Of the 1208 Venezuelan survey participants, 46% were adult men, and 52% were adult women, 1% were adolescent boys, 1% adolescent girls. The only location where the number of male respondents was significantly less than females was Maicao, where 33% of those surveyed were male. This distribution does not reflect the overall distribution of males and female, as the aim was to survey 50% of each.

The average age of those surveyed was 30 years old, with a maximum of 79 years old and a minimum of 15 (median of 27 years old). Two percent of the sample was between the ages of 15 and 17. No one under 15 years old was surveyed.

The assessment was broadly divided among three groups, depending on their movement intentions for the next month:

- 1) Those who were in transit to another location, either another city in Colombia (7%) or another country (21%)
- 2) Those who intended to settle in the city they were in (55%);
- 3) Those who intended to return to Venezuela (13%).

A small group (4%) were undecided about their plans.

However, as this assessment is not representative of all Venezuelan's in Colombia, these numbers are provided only to explain which groups of people were included in the assessment.

The average amount of time that participants had been in Colombia was approximately 170 days (median of 90 days). Of those surveyed, 82% had been in the country for less than a year, 44% for less than three months, and 29% for less than one month. This did not vary by gender, but varied significantly by location, with the two border locations surveyed Maicao and Putumayo, as well as Cali with an average of stay in country of two to three months. Of those intending to return to Venezuela in the next month (n=155), 81% had spent most of the last month in Colombia.

OVERALL FINDINGS

Economic needs (Food/Shelter etc.) and gaps

The majority of Venezuelans surveyed were professionals in Venezuela. A breakdown of the careers that respondents had in Venezuela can be found at right.

However, in Colombia, most of them are struggling to make a living. Of all those surveyed, 12% noted that a member of their family had taken on work that is seen as dangerous or unhealthy since coming to Colombia. This was similar across all groups surveyed, except for those who were mostly in Venezuela last month (n=309; 6%) and those in transit (6%).

The struggle to earn a living is reflected in a reduced consumption of food. The average number of meals eaten the day before the survey, by all survey respondents was 2.4. This is significantly worse for three groups: Those who lived most of last month in Venezuela (n= 309; 2.1 meals); those in transit (2.2 meals); and those in Maicao (2.2 meals).

This is echoed in the food consumption scores, where 12% of all those surveyed were poor, and another 10% were

borderline⁸. The food consumption score in three groups, those in Cali (20% poor, 20% borderline), those in transit (23% poor, 14% borderline) and those who lived last month in Venezuela (n=308; 23% poor, 16% borderline) were significantly worse; while it was significantly better for those who are settled (7% poor; 9% borderline), as well as those living in Medellín(5% poor, 9% borderline) or Barranquilla (4% poor, 4% borderline).

Due to a lack of money and a struggle to obtain food, Venezuelans have adapted a number of coping mechanisms, particularly relying on less expensive food, limiting portion sizes and reducing the number of meals eaten. The most common coping mechanism across all survey respondents, ranked by the average number of time participants engaged in the activity over the last seven days (n=1147) are listed at right.

Several additional coping mechanisms that participants used in the last 30 days include spending their savings/capital (48%), Taking on debt (38%), mothers begging with their children on the street (15%), or sending children to work or beg on the street (4%). These rates do not vary by whether a family is settled or in transit.

Protection needs and gaps

As noted in the introduction, while most Venezuelan's in Colombia are struggling; their specific access to services and opportunities are largely dictated by the type of identification documentation they have. The most common type of documentation that all surveyed participants (n= 1200) reported having was a Venezuelan national ID card, while only 14% of those surveyed reporting having a PEP. The percentage of type of identity

	Men	Women
n	565	616
Vender	16%	28%
Other	27%	26%
Business	17%	16%
Skilled work	12%	15%
Restaurant/hotel	5%	9%
Teacher	1%	4%
Healthcare	2%	4%
Construction	20%	3%
Government	6%	2%
Factory	8%	2%
Farmer	3%	1%

Mechanism	# of times
Rely on less preferred and less expensive foods	4.1
Limit portion size at mealtimes	2.9
Reduce number of meals eaten in a day	2.6
Borrow food, or rely on help from a friend or relative	1.7
Restrict consumption by adults in order for small children to eat	1.6
Beg in the streets	0.8
skip whole days without eating	0.6
Send family members to eat elsewhere	0.4

Type of ID	Percent
Venezuelan national ID	88%
Stamped passport	24%
PEP	14%
Non-stamped passport	5%
TMF	5%
Other	4%
Birth Certificate	4%
Colombian national ID card	1%

⁸ Using standard FCS definitions of poor, borderline and acceptable.

document did not vary by group from the overall table at right, except that the PEP was more likely to be had by people who are settling in their current location (19%) than those in transit (6%).

Focus groups discussed which groups of Venezuelans were least likely to access the services they need. They reported either that there was limited access for all (regardless of age or gender) (2/6 male, 2/5 female), or that adult men were least likely to have access (2/6 male, 2/5 female). The explanation for this was that the organizations providing services tended to assist women and children first, and often there was no additional capacity to assist men.

As the economic crisis has led many to flee Venezuela, almost all have had to leave members of their immediate family behind. A full 94% of all participants were separated from their normal household members in Venezuela - and either had all of their household members with them, or they were single/living alone. Of these, 86% had been separated from adult household members, while 49% had been separated from children. This is approximately five times higher than typically seen in emergency contexts.

However, this separation is not always occurring in Venezuela. Across all those surveyed, 13% know of Venezuelan children who are living in Colombia without any adults. This number is significantly lower for both Medellín and Putumayo (5% and 3% respectively) – but significantly higher in Maicao at 35%. Meanwhile, 34% (n=1149) noted that abandonment is one of the biggest safety risks for Venezuelan children.

Despite this high rate of child separation, it was not considered the biggest risk to children. Instead, there were diverse views about what the biggest safety risks are for Venezuelan children, these varied by location, gender and if the person was in transit, or settled, as noted below.

	All	Cali	Barran.	Bogotá	Maicao	Medellín	Putum.	Male	Female	Transit	Settled
n	1149	197	204	197	165	198	186	552	595	311	641
Sexual violence	50%	55%	50%	44%	64%	55%	32%	45%	54%	41%	53%
Drugs	50%	51%	51%	50%	54%	79%	11%	50%	49%	31%	55%
Physical violence	44%	51%	45%	28%	67%	42%	32%	40%	47%	39%	45%
Abandon	34%	35%	39%	20%	48%	37%	28%	35%	34%	41%	33%
Gangs	21%	15%	31%	7%	27%	30%	17%	21%	21%	18%	22%
Other	19%	10%	14%	26%	15%	2%	50%	21%	18%	31%	16%
None	18%	24%	5%	16%	19%	39%	6%	20%	17%	20%	17%

When those listed the risks to children noted above (n=942) were asked where these risks occur most often (multiple responses possible), 70% said in Colombia, 41% said in Venezuela, and 37% noted the border. Focus groups also completed a ranking of risks to children and collectively prioritized (in order): 1) risks to health 2) sexual abuse/violence 3) drug abuse and lack of shelter (tied); and 4) food, labor exploitation, physical violence, abduction (tied). Other risks mentioned included lack of identification, xenophobia, lack of education, begging and abandonment.

When asked where children could go to or be taken to seek help if they encounter these risks, some focus groups noted that they were not aware of any location (3/6 male, 2/5 female). Others mentioned the police or the government child protection services (3/6 male, 3/5 female), but many expressed fear of both entities noting they were afraid the children would be taken away (3/6 male, 3/5 female).

In terms of women's protection,⁹ all five female focus groups mentioned that sexual violence is occurring against Venezuelan women in Colombia, with some participants having experienced violence themselves. Two groups mentioned that the greatest risks were either at their workplace or when searching for work, saying 'men trick women with job opportunities but in reality, they have intentions of some kind of exploitation', 'other times women are drugged

⁹ Note that due to risks to participants' safety and dignity, no data on women's protection was solicited in the survey, but instead we relied on the focus groups with women and discussions with service providers.

and taken advantage of.’ Given the informal nature of income generation of most women in the survey (65% are street vendors, pg. 9), the environment is conducive to these types of risks. None of the five female focus groups knew where to go to receive services, either medical, legal or psychosocial, if they or a friend were the victim of sexual violence, with one group suggesting the church is the only option.

Sex work was noted as a common coping strategy, with one focus group mentioning that even professionals, like doctors, have turned to sex work. The concern was also noted that Colombians perceive that all Venezuelan women are sex workers and thus they are subject to a high degree of harassment, both verbal and physical (4/5 female, 1/6 male). Women also consistently noted a fear of the kidnapping of their children, and specifically girls (3/5 groups).

Men noted specific risks of xenophobia resulting in physical violence (4/6 male), and focused on labor exploitation as another key risk noting longer hours, lower wages, lack of recourse, lack of safety equipment, coupled with a lack of knowledge about their rights in this undocumented environment (3/6 male). Participants reported personal knowledge or experience of both forced labor or abduction, and recruitment to work on coca farms. Five out of six male focus groups were unaware of any place to seek assistance if they were victim of any of these risks.

Health Needs and gaps

Of those surveyed, only 31% had tried to use health facilities in Colombia. Of these (n=364), 61% were able to receive services, of which (n=222) 92% received free services, but only 14% also received free medication. This points to a gap for some (39%) in receiving the medical care they sought, and a gap for most (86%) in receiving the medication they needed.

Of those who did not try to use health facilities in Colombia (n=829), 74% said this was because they did not need to, while 26% noted that they did not believe they would be able to receive services, so they did not try. This was partially explained when 78% of survey respondents said that there are barriers for Venezuelans to access health care in Colombia. When asked what these barriers were they (n = 895) focused on not being able to afford the services, or being refused on account of being Venezuelan/not having appropriate identification.

Healthcare barrier	Percent
Can't afford	68%
Refused assistance	41%
Other	27%
No staff	2%
No supp/med	2%
No equipment	1%

This was confirmed in focus groups where the most commonly discussed concerns regarding healthcare among focus groups were the lack of money to pay for care, medication and transport to the facility (4/6 male, 3/5 female) and a lack of appropriate documentation/insurance/PEP (4/6 male, 3/5 female). The next most common problem was that Venezuelans did not know where they could go to receive assistance (3/6 male, 4/5 female), and a concern that Venezuelans would not receive care due to xenophobia (2/6 male, 4/5 female).

In terms of the motivations for seeking health services, of those who did seek services (n=361), 54% noted it was due to an illness, 13% was for reproductive health needs, 10% for chronic conditions, and 25% for others. The below table outlines the number of people who reportedly sought medical care for the following reasons:

Chronic		Reproductive Health		Illness		Other	
36		47		196		91	
Hypertension	7	Problematic Pregnancy	15	Diarrhea	58	Injury	28
Diabetes	6	Routine pregnancy	18	Fever	69	Mental health	1
Heart concerns	3	Delivery	4	Cough	114	Immunization	4
Cancer	3	Mother/child wellness	5	Vomit	51	Malnutrition	3
Other	18	Contraceptives	4	Other	54	Other	56
		Other	7				

It was noted in focus groups that people default to self-medication (2/6 male, 3/6 female). While the most commonly reported health care need for women was RH/gynecological care, including contraception and UTI/STI treatment (4/5 female). All five female focus groups noted that they prefer to use sanitary pads, three groups noted that these are

occasionally distributed by service providers and/or they can purchase them in Colombia, however all groups noted a history of infections due to not being able to access appropriate supplies.

In terms of preventative services, all six male focus groups reported barriers to access ranging from services only being offered to children, having very few facilities that will provide them with access, to a lack of access due to not having insurance/PEP. Women noted that there were vaccination campaigns for children including Venezuelans, but one group stated that they were not available if you did not have the child's vaccination record from Venezuela (3/5 female).

All five female focus groups noted a concern for children who have recently arrived from Venezuela having very poor nutrition status, as well as women who are unable to lactate due to lack of proper nutrition.

Information and services needs and gaps

Only 21% of those surveyed had accessed any kind of service provider or organization to help them with their needs in Colombia. This number was significantly higher in Cali (35%) and Maicao (33%), but lower in Barranquilla (5%) and Medellín (8%).

Anecdotal evidence from the survey showed that participants were generally unaware of what services were available to them, either through Colombian institutions or through NGOs. When asked what type of services they needed information about (n= 1136), employment services (61%) and legal services (44%) were most commonly mentioned. The other service information requested is noted in the table at right.

The only variations on the requested information by group was that women prioritized information about medicine more than men did (38% to 29%) and those in transit prioritized information about food more than those who are settling (40% vs. 27%), while those settling prioritized employment (64%) over those in transit (49%).

When focus groups were asked if they had specific advice about how to provide services to Venezuelans they free listed: information regarding access to services and legal rights; psychosocial/mental health services (notably for sex workers and people who are depressed); health assistance (notably to children and sex workers); considering assistance to men who are less likely to receive services, and more likely to default into gang/illegal activity due to desperation; advocacy for another PEP registration, training public officials about xenophobia, and ensuring their assistance is targeted first to those most in need.

Of all those surveyed, 70% of them noted that either they or a family member who lives with them, has a cell phone. This varies significantly by location, as in Maicao this is only 47%.

Medellín and Putumayo the number was higher (81%, 82% respectively). Of those who have access to a phone (n=842), 88% noted they can use it to access the internet. Again, with Maicao (n=97) as the outlier at 72%. The majority of those surveyed used one or more forms of social media (n=1068) as outlined in the table at right.

Findings specific to those in transit

As expected, rates of those in transit were higher at the two border locations surveyed, Putumayo (63% in transit to another country, 2% in transit to another city; n=188) and Maicao (7% in transit to another country, 26% in transit to another location in Colombia). Of all those surveyed who were in transit (n=322), 39% had been in Colombia for most of the last month, while the remaining 61% had been in Venezuela. Anecdotally, this 39% reflects some who have problems with their plans to transit and thus get 'stuck' in a location for longer than intended, as well as some who intended to stay in one location, were unsuccessful there, and are now moving on.

Service type	Percent
Employment	61%
Legal	44%
Health	43%
Medicine	34%
Food	32%
Shelters	23%
Psychosocial	15%
Other	6%

Type	Percent
Facebook	89%
WhatsApp	70%
Instagram	23%
Twitter	13%
Other	2%

Reason for choice	Percent
Work	53%
Recommendation of relatives	15%
Recommendation friend	5%
Joining relatives	43%
Joining friends	5%
Familiarity with the location	2%
Other	4%

Most of those in transit to another country (n=248) were headed to Peru (65%), but this is expected as the survey was conducted in Putumayo, where most people are exiting for Peru. The others were largely headed to Ecuador (26%), Chile (6%) or Argentina (2%). There was insufficient data for those in transit to another city in Colombia to analyze trends.

For all of those in transit, their most commonly stated motivation for their choice of destination was work opportunities, followed by joining their relatives. Men and women did not differ in their motivations, however those who spent the last month in Venezuela differ from those who spent the last month in Colombia, with the latter being more likely to be moving to find work (65% vs. 46%), and the former being more likely to be moving to reunite with their relatives (51% vs. 30%).

Of those in transit, 67% reported that they have had problems with their plans to transit so far. The most common problem is lack of money, followed by a lack of documents and food.

Overall, of those in transit, 16% were traveling alone, 58% with relatives, and 26% with only friends. Most of these were traveling with three or less people, however there were some groups as large as 40 (the average group size was 5.4). Men and women were equally likely to be traveling alone, however women were slightly more likely than men to be traveling with relatives (65% vs. 48%). Of those transiting in a group of relatives or friends (n=276), 58% had children among their group. 97% of those children were reportedly traveling with a relative.

While participants in transit noted a variety of risks along the route, the most common response to what the risks were, was 'none' (46%; n=303). The most common risks people in transit (n=303) reported facing were theft and extortion, all risks noted can be seen in the table at right, while results did not vary significantly by gender.

The priority needs reported by people in transit were different from those reported by people who are settling in their location. For those in transit, the largest needs were for food (80%), transport (65%) and Lodging (40%). The full results can be seen on the next page.

The only difference between men (n=153) and women (n=176) was that women were more likely to report a need for hygiene materials (24% vs. 11%).

Specific health concerns were noted in focus groups regarding the health of those in transit, including the tendency to catch flu/pneumonia due to exposure to the elements; stomach problems and skin infections due to a lack of clean water along the road (2/6 male).

Findings specific to those who are 'settled'

A total of 665 individuals/family groups who intended to stay in their location were surveyed, representing 2,431 people. The average family size 3.6 with the following breakdown of individuals represented, which provides an overview of the expected population of settled Venezuelans in the surveyed locations: 42% adult men, 35% adult women, 13% boys, 11% girls. Of those intending to stay where they were, 90% had spent most of the last month in Colombia.

Across all locations surveyed, the most common type of residence for Venezuelans who intend to stay in their location this month, was a rented room/apartment (between 75% and 87% in all locations except Maicao at 39%; n=74). There was a near even split in all locations except Maicao for the next most common type of residence between living in a relative's home, a friend's home or living on the street (6% in each type out of all

Transit problem	Percent
Money	62%
Documents	37%
Food	36%
Other	36%
Water	24%
Shelter	17%
Safety	16%
Clothing	13%
Bathrooms	11%
Health	6%
Xenophobia	5%
Trafficking	2%

Risk	Percent
None	46%
Theft	27%
Extortion	12%
Other	12%
Physical violence	11%
Accident	10%
Intimidation	7%
Deportation	6%
Illegal economic activity	4%
Kidnapping	3%
Trafficking	3%

Need	Percent
Food	80%
Transport	65%
Lodging	40%
Water	31%
Information	21%
Medical	19%
Hygiene	18%
Other	17%
Clothes	11%
Don't know	3%

surveyed). In Maicao (n=74) however, people were more likely to live in a friend’s home or a free shelter (18%, and 14%, respectively) than the other types of housing. There were no differences in type of residence by men or women surveyed, however there was a difference between those who had lived in Colombia for the last month (n=602), and those who had living in Venezuela (n=67), with the latter being less likely to have rented accommodation (54% vs. 80%).

That said, focus groups raised the concern that it is very difficult to secure an apartment to rent (particularly in big cities) as they require a large amount of documentation which Venezuelan’s typically do not have. As a result, ‘many are forced to live in cheap and unhealthy motels -sometimes, sharing a room with a number of unknown Venezuelans, or being the victims of extortion’ (3/6 male, 1/5 female).

Access to water for people who are settled in their location (n=659) varies quite significantly by location. In all locations, other than Maicao, over 90% of the settled population surveyed has access to a place to bathe. In Maicao (n=74) this is only 76%. Similarly, in all locations other than Maicao, over 89% of the settled population surveyed has access to a toilet where they live, this number is only 69% in Maicao (n=74). Of Settled women surveyed (n=336) 32% said that there were safety or dignity issues for women and girls in their bathing or toilet locations, the only places where this varied by location were in Medellín (n=144) and Bogotá (n=134) where the risks were not as frequently reported (both at 16%).

On average, for families that are settled (n=556), 65% of the family members are bringing in an income of some kind. This is significantly lower in Maicao (n=59) and Cali (n=76) (51% and 55%, respectively), but higher in Medellín (71%, n=126). The majority of those who are earning an income (n=557) are doing so by selling items (anything from small candies to t-shirts to food/coffee) on the street. All methods noted of earning an income can be seen in the table at right. This ranking did not vary significantly by assessed location.

Overall, the stated needs of those who are settled are focused on items that can be purchased or overcome with income generation, followed by health and protection concerns. However, they varied by group- so are listed in the table below.

	Potable	Buy
Putumayo	26%	91%
Maicao	19%	74%
Bogotá	58%	21%
Cali	69%	11%
Barranquilla	79%	9%
Medellín	91%	7%

Income activity	Percent
Street vending	65%
Other	22%
Restaurant	9%
Shop	8%
House cleaning	5%
Car park/clean	4%
Recycling	3%
Cook	3%
Begging	1%

Need	Priority needs of settled Venezuelans by survey location							By gender		By last month’s location	
	All	Cali	Barran.	Bogotá	Maicao	Medellín	Putum.	Men	Women	Colombia	Venezuela
n	664	110	143	135	74	144	58	325	339	598	66
Job	78%	78%	83%	71%	85%	83%	66%	78%	78%	78%	85%
Food	57%	76%	35%	53%	82%	50%	67%	55%	58%	54%	79%
Money for rent	53%	61%	42%	69%	43%	49%	48%	52%	54%	52%	61%
Healthcare	39%	34%	28%	47%	42%	38%	55%	37%	41%	40%	29%
Shelter	38%	33%	40%	25%	62%	41%	33%	38%	38%	38%	33%
Medicine	33%	52%	20%	24%	43%	34%	40%	30%	36%	33%	38%
Legal services	16%	28%	8%	5%	16%	31%	7%	17%	16%	17%	15%
School	13%	13%	8%	4%	38%	17%	10%	9%	18%	14%	6%
Safety	11%	12%	6%	5%	16%	22%	7%	10%	13%	12%	8%
Women/girls services	7%	6%	3%	2%	14%	13%	10%	6%	9%	8%	3%

Other	5%	3%	4%	9%	12%	1%	9%	5%	6%	6%	2%
Protection from gangs	3%	3%	2%	1%	8%	6%	0%	3%	4%	4%	2%
LGBTQ services	2%	1%	0%	0%	5%	5%	0%	1%	2%	2%	3%

Some key differences are that food is notably a higher concern for those in Cali, Maicao and those who were in Venezuela last month, while money for housing is a larger concern in Bogotá than in other locations and free shelter is a priority in Maicao. Healthcare is a higher priority for people in Putumayo and Bogotá, while medicine is a higher priority in Cali than other locations. School is mentioned as a higher priority in Maicao than anywhere else, and is more likely to be mentioned by women. While protection activities such as legal assistance are noted as a higher priority in Medellín and Cali; and assistance for women and girls, LGBTQ assistance, as well as protection from gangs were most commonly prioritized in Medellín and Maicao.

SERVICE PROVIDERS

A total of 39 service providers were interviewed in the six locations, ranging from UN organizations to INGOs, to local NGOs, church-affiliated organizations and Venezuelan networks. See Annex B for list. In all locations, service providers worked with both those in transit and Venezuelans who are establishing themselves, except for in Medellín, where the transit population seems to be quite low. The following is a summary of these discussions, noting that due to limited time in each location, it was not possible to interview all providers.

Access to Cash, Goods and Services

Aside from lack of documentation, the barriers to access goods and services include xenophobia. Venezuelans have a difficult time accessing housing or places to rent, because they lack appropriate documentation and landlords do not want to rent to Venezuelans.

Cash programming can be challenging in this context, because those who are irregular do not have access to banks, or cards do not work. There are differing opinions as to which models to use. For example, in Maicao, the government does not want organizations to provide cash or vouchers; rather the preference is cash for work. Other organizations are using vouchers, or money transfer mechanisms including Efecty. Some are cautious about cash programs because Venezuelans will use them to send remittances to Venezuela, and prefer livelihoods opportunities. A gap is that there is a lack of local cash working groups.

Protection and Rule of Law

In terms of barriers, those without documentation do not have access to ongoing health, employment, lodging, and education services. Service providers noted that a key, consistent gap is the lack of information for Venezuelans on which services are available in each location; how to access services; and the lack of documentation. While some organizations, such as UNHCR, IOM, NRC, and legal aid clinics in universities are providing legal aid and working with Migracion Colombia, the processes are still unclear and cumbersome, such as applying for asylum.

According to service providers, security threats to Venezuelans include violence; prostitution; robbery; extortion; xenophobia; sleeping on the street; working dangerous jobs; and risk of recruitment to armed groups or the drug trade.

Child Protection

Service providers noted that the most vulnerable children were those who are under age five; children of undocumented parents; newborns; sick children who cannot access emergency services; malnourished children; and adolescent girls. While providers acknowledged that there are separated children, there are very few situations of unaccompanied children in Colombia. They also did not say that children recruited to armed groups was an issue.

There are limited alternative care mechanisms in Colombia for Venezuelan children, with a daycare in Bogotá, for example. Providers tend to refer to the Colombian Family Welfare Institute (ICBF), Fundacion Eudes in Bogotá, and Corporacion Infancia y Desarrollo (children and development).

Women's Protection and Empowerment

The types of gender-based violence that are reported to service providers include sexual violence; sexual exploitation and slavery; transactional sex (e.g. for money, to continue along the routes through Colombia, to cross the border); sexual abuse, intimate partner violence, emotional and verbal abuse – such as threatening to report their partner to be deported, if they speak up; as well as forced and early marriages (e.g. Venezuelans marry Colombians to access documentation).

Women and girls that are vulnerable include those who are pregnant, alone, adolescent girls and young women (e.g. 18-23) who are at risk of being recruited to false jobs and exploitation.

Referral pathways exist, but are still being established or there are few actors. In Putumayo, it is primarily through UNHCR, Mercy Corps and Pastoral Social. In Cali, it is reported to the ICBF (though the current GIFMM aims to build this pathway); NRC manages this in Maicao; in Medellín there is a hotline *1,2,3 Mujer (women)*, Profamilia, and the Fuschia Code, activated in health centers; and in Bogotá there are government services, including the Casa Rosada (pink house). There was mixed information about the GBVIMS – some organizations noted that they contribute to this, while others said that they keep records on this, but did not specify that it was GBVIMS.

If women are not afraid to seek services for sexual violence because they are undocumented, they access through churches and church-based groups, such as Pastoral Social; through UNHCR, IOM, and NGOs; or through hospitals and clinics.

Psychosocial services are limited due to the volume of needs. For example, in Cali, there is one organization that provides psychosocial support to individuals and families, but it is one volunteer, and the volume of requested cases has grown to over 50 per day. In Putumayo, Mercy Corps and Pastoral Social provide basic crisis counseling and case management, while there are no safe spaces for women and girls. Pastoral Social works with Venezuelan leaders to access people to offer psychosocial services. In Bogotá, it is through a psychologist with Pastoral Social, or with the Maristas, it is with volunteer psychology students. In Medellín, COLVENZ facilitates care; and in Maicao, NRC is currently offering services and ACF plans to do so as well.

In terms of trained staff to provide psychosocial support and Clinical Care for Sexual Assault for Survivors (including special services for children), this was mixed. Some reported they had trained female and male staff, while others noted that they are not trained.

Providers noted that common concerns regarding GBV include: survival sex; the lack of a support system; trapped - depending on those who are abusive because they are alone; women are exploited and controlled by gangs in Medellín; the fear of reporting because they are illegal; and by the time most cases reach services, it is beyond the 72-hour period to provide post-exposure prophylaxis to prevent HIV transmission.

Health

Service providers noted urgent medical needs to include: antenatal care, HIV and sexually transmitted diseases, respiratory infections, and malnutrition. Several providers noted that services are offered for free or at a reduced rate, such as medical consultations, antenatal care and vaccinations.

Children are vulnerable to diarrhea, respiratory infections, and malnutrition. ACF offers services in Maicao. Service providers noted that aside from children under five, that pregnant and lactating women are malnourished.

Outreach is conducted through volunteers, such as in Bogotá through volunteer doctors; in Medellín through COLVENZ; and in Maicao through Pastoral Social and a team of social workers.

While there are no cultural or religious barriers to health, the key barrier is for those who do not have documents. Everyone can access emergency health care, but those with chronic conditions (e.g. HIV, cancer, diabetes) cannot

access healthcare. UNHCR noted that they must apply for asylum, which is a complicated process and is not necessarily successful. The other barrier is that services may be far from where Venezuelans are staying, and they do not have money to pay for transportation. Other health gaps include the lack of insurance in Colombia, the ability to pay for medicine and laboratory tests, and resources within Colombia to meet the volume of demand.

Education

There are no barriers for Venezuelan children to go to school, per se. In Bogotá, for example, children get school meals and books. The barrier is that Venezuelan children are observers, or audit the classes, so they receive no certification. Additional barriers include children being bullied and harassed; lack of funds to pay for transport to school, as the placement may not be close to where they are staying.

While UNHCR is advocating to gain access and certification for these children, other organizations are trying to enroll students at the appropriate learning level, since Colombian and Venezuelan curricula differ. In Medellín, one provider is offering Learning Circles, at a rate of 14 students to one teacher for one year, and then appropriately integrating them. Another provider noted the importance of psychosocial support for children so they can appropriately integrate and limit the effects of bullying and xenophobia.

Coordination and Information

The main coordination mechanisms are through the local coordination teams and the newly-established inter-agency Grupo Inter-agencial sobre Flujos Migratorios Mixtos (GIFMM), led by UNHCR and IOM. The GIFMM are not yet active in all locations, and in some cases, have only had one meeting (e.g. in Cali), but they are working together to map services and gaps, as well as determine appropriate coordination with Venezuelan group. For example, in Putumayo, there is the Fundación De Venezolanos En Puerto Asis *Colombia (FUNVECOL)*; in Medellín, there is Colonia Venezolana en Colombia (COLVENZ); as well as the Red Venezolana De Apoyo Migratorio en Medellín (REVAMM). Providers noted that they use various routes to engage with Venezuelans, including online (e.g. UNHCR uses Somos Panos Colombia) to combat xenophobia and provide information; meeting people in bus terminals to discuss movement intentions and options (e.g. IOM, Pastoral Social); referrals to other agencies and government facilities, such as hospitals; through WhatsApp and Facebook groups; Venezuelan groups; and through the church.

RECOMMENDATIONS

Economic Recovery and Development

→ The majority of Venezuelans interviewed could solve their emergency needs by having cash to procure goods and services. However, the models (e.g. vouchers, cash, livelihoods) is not consistent across all locations. To address this, the IRC's technical unit will require deeper examination and further collaboration with existing cash actors and networks. Additionally, consider initiatives for youth (see the IRC's Youth Cash emergency program) that provides group-based support and skills training.

Child Protection

→ Address immediate key child protection concerns, including labor exploitation, sexual exploitation, sexual and physical violence, through case management and training, where gaps exist. Also explore preparedness measures for family tracing and reunification.

Women's Protection and Empowerment

→ Address immediate protection concerns for women, including labor exploitation, sexual exploitation, sexual and physical violence, through case management, and cash or vouchers to improve access to safe housing as well as reduce negative coping mechanisms.

Health

- Provide information about which health services are available and how to access them. Additionally, map services for gynecological care, and preventive services, e.g. vaccination campaigns.
- To meet the gap of lack of money to pay for medication, provide vouchers.
- Address any specific gaps in training on Clinical Care for Sexual Assault Survivors, including child survivors, where applicable.
- Address some of the health risks due to poor hygiene by providing hygiene kits; and potentially cash for people to access clean and dignified water, toilet, and bathing facilities.

Protection and Rule of Law

- Bolster existing information services to meet the key gap that people do not know how or where to access services. This may include the IRC's SignPost program, through social networks; and other means of engaging Venezuelans that do not have access to a phone or internet). Examples of this include how to access legal aid, health care, shelter, decent work, and education through existing mechanisms.

ANNEXES

- A. [Methods Doc/Assessment Tools](#)
- B. [List of organizations interviewed](#)