

Andrea and her family at their new home in Cúcuta (Norte de Santander).  
Almost two years ago they moved to Colombia, to have better access  
to food and medicine.

**COLOMBIA:**

**JOINT RAPID NEEDS**

**ASSESSMENT - COVID-19**

**MAY 2020**

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**RESPONSE FOR  
VENEZUELANS**

Coordination Platform for  
Refugees and Migrants  
from Venezuela



**GIFMM**

Grupo Interagencial sobre  
Flujos Migratorios Mixtos



# HOUSEHOLDS INTERVIEWED

**737** ELIGIBLE HOUSEHOLDS OF **> 800** HOUSEHOLDS CONTACTED. ONE INTERVIEW PER HOUSEHOLDS

**17**  
DEPARTAMENTOS

SAMPLE BASED ON DATABASES WITH OVER **>45.000** HOUSEHOLDS



METHODOLOGY AND PARTICIPANTS  
PHONE BASED INTERVIEWS

**15** MINUTES **8** DAYS OF DATA COLLECTON

**13**  
ORGANIZATIONS

**31**  
ENUMERATORS

PRIORITY NEEDS



**95%**

OF HOUSEHOLDS PRIORITISE FOOD



**53%**

SHELTER



**45%**

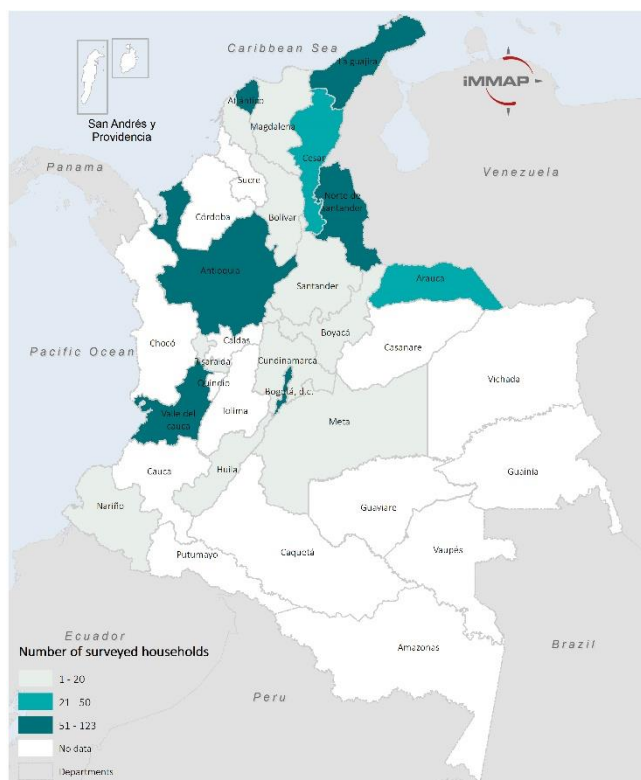
SOURCE OF INCOME

## Introduction

This report provides an overview of the results of the joint rapid needs assessment, the methodology used and the context in which it was undertaken. The analysis, and this document reflect the interpretation of the results by the members of the *Grupo Interagencial de Flujos Mixtos Migratorios* (GIFMM), as well as the contribution of the different sectors covered by assessment, while the graphs visualize several key findings.

As of 29 February 2020, over 1.8 million Venezuelan refugees and migrants were residing in Colombia. Thousands more transit through Colombia, towards other countries or Colombian cities. In addition, there are pendular movements of thousands of people, who cross the border in search of basic needs and services. On 6 March, the first case of COVID-19 was confirmed in Colombia. On 20 March, President Iván Duque announced the start of preventative isolation measures as of 24 March. At the time of the publication of this report, the preventative measures are scheduled to continue until 11 May.



Considering the significant change in circumstances, GIFMM, under its mandate to coordinate the response for Venezuelan refugees and migrants in Colombia, identified a need to collect additional information on the main needs of Venezuelan households in the context of the COVID-19 outbreak and preventative measures.



## Assessment partners



## Key findings

 <h3>PRIORITY NEEDS</h3> <p>The three needs prioritized by households are food (95% of households) shelter, for instance payment of rent, (53%) and access to employment or a source of income (45%).</p>	 <h3>SHELTER</h3> <p>More than 50% of households prioritized support to shelter, including support to the payment of rent and public services. Over 5% of households reported being at risk of eviction.</p>
 <h3>SOCIO ECONOMIC INTEGRATION</h3> <p>Before the confinement measures, paid work was one of the main income sources for 91% of households. Since the start of the confinement measures, this reduced to 20%. 48% of households report having no source of income.</p>	 <h3>FOOD SECURITY AND NUTRITION</h3> <p>The number of meals consumed per day reduced since the start of confinement measures, with 15% of households consuming three meals or more a day, compared to 56% beforehand. The type of food groups consumed show that the current diet lacks in micronutrients.</p>
 <h3>WASH</h3> <p>30% of households interviewed do not wash their hands adequately, primarily due to a lack of water, not using soap or not having access to facilities to do so.</p>	 <h3>PROTECTION</h3> <p>7% of households report cohabitation problems, of which 23% of households report problems with their children while 18% report facing difficulties living with their partner.</p>
 <h3>EDUCATION</h3> <p>46% of households with children do not undertake learning activities with their children. The large majority do not have access to a computer (97%). The main communication means available to households are television (65%), phones with internet access (48%) and radios (17%).</p>	 <h3>HEALTH</h3> <p>30% of households interviewed indicated that one or more members required medical treatment since the start of the confinement. 67% of those households did not receive adequate treatment, primarily due to the inability of the person to leave the house (47%) and-or because they are not affiliated with the national healthcare system (34%).</p>

## Methodology

In light of the preventive isolation measures, data collection was undertaken by phone instead of face-to-face, with households in 17 departments, and analyzed at a national level. The organizations participating in the assessments used phone numbers from their respective databases, with the contact details of Venezuelan refugees and migrants. Thirty-one enumerators from 13 organizations conducted 737 phone interviews between 31 March and 8 April. The unit of measurement of the survey is the household, and respondents are either heads of their household, or reported to be able to respond in his or her name. In the absence of a universal sampling frame, this assessment uses a combination of four databases. Households were randomly selected from these databases, from which two databases had a stratification of 70% vulnerable and 30% non-vulnerable households, in line with the characteristics of the population within these specific databases. With over 700 completed interviews, the assessment results provide findings that are statistically representative of households within the databases, with a 99% confidence level and  $\pm 5\%$  margin of error.

A reference to the detailed methodology, questionnaire and database can be found at the end of this report.

## Scope and limitations

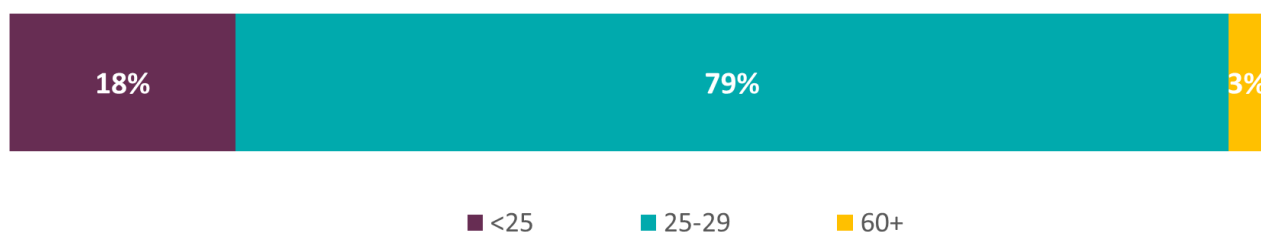
- The databases from which the sample was drawn contain information of over 45.000 households, an estimated 250.000 individuals. The four databases were sampled separately, as data protection regulations impede the merging of the personal data contained within the lists. As a result, it is likely that household duplication occurred among lists. In addition, the sampling frame represents households that have been in contact with each organization (as beneficiaries, participants in previous (eligibility) surveys, helpdesks or information campaigns). As a result, there is an additional, non-estimated, sampling error and as such, the information is not representative of the entire Venezuelan population in the country. In addition, Venezuelans in transit (*'caminantes'*), host communities and Colombian returnees are not included within the sample frame and consequently, not included in the assessment results.
- This rapid assessment was designed to provide an analysis from a multi-sectoral perspective and does not intend to provide a detailed analysis of sector specific concerns, their causes and impacts. As a result, sector specific assessments may be required to measure concerns in further detail. The results should be interpreted in light of 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.
- As several of the respondents received cash transfers through the organizations conducting the interviews, it is likely that some results have been influenced by a response error.
- Finally, there are general limitations to conducting phone-based surveys: first of all, it is not possible to confirm responses through direct observation as is common during face-to-face surveys. In addition, issues considered sensitive to respondents may be underreported.



## Respondent profile

Of the 737 respondents, 78% were female, 22% were male while two respondents identified as transgender. 79% of the respondents were between 25 and 59 years of age, the economically active population, while 18% were between 18 and 25 years of age. Three percent of respondents were adults aged 60 years or older (see Figure 1).

Figure 1 | Age respondents





## Household profile

Figure 2. Average household composition

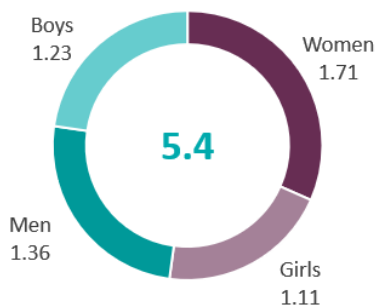
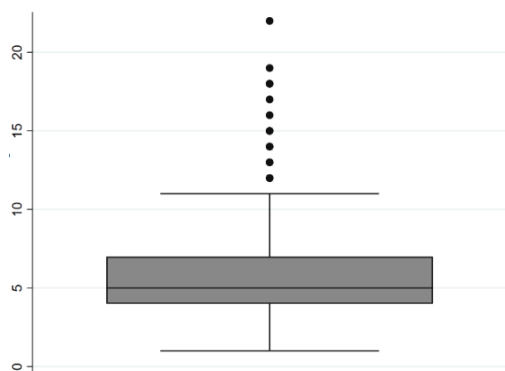


Figure 3. Household Size (Distribution)



In 89% of households interviewed, all members are Venezuelan refugees and migrants. The remaining 11% of households are mixed, with Colombian and Venezuelan household members, including newborns with Venezuelan parents who are Colombians by decree. No Colombian returnees or host communities were interviewed as part of this assessment. In addition, at 88% of households interviewed, the large majority are households with children.

The average composition of a household, broken down by sex and age is reflected in Figure 2.

The average household size is 5.4 members. The results show that most households are between 4 and 7 members, while 57% of households are composed of more than 5 household members<sup>1</sup>. (See Figure 3) The larger households reflect family dynamics as well as coping mechanisms, with non-family members sharing income and expenses.

83% of the households interviewed reside in a rented apartment or house while 8% are staying in a house with family or friends, without payment. Two percent of households interviewed reported living on the street.



Venezuelan families receiving assistance. / World Vision

<sup>1</sup> These findings are in line with the results of other assessments, including the results of the 2019 WFP Emergency Food Security Assessment.

## SITUATION OF HOUSEHOLDS BEFORE AND SINCE THE INTRODUCTION OF PREVENTATIVE MEASURES



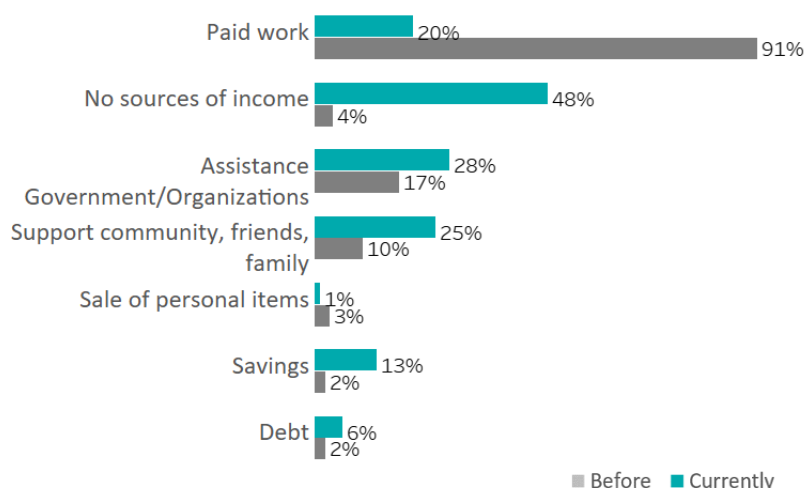
### Income sources

Before the introduction of the preventative measures, paid work was one of the main sources of income for 91% of households, primarily informal activities including self-employment or domestic work, generating income on a daily basis. A smaller percentage relied on help from the community, friends or family, or assistance from the government or humanitarian organizations as their main source of income (10% and 17% of households respectively).

Currently, at the time of preventive isolation measures, 20% of households report paid work as a main source of income. In addition, 48% of those surveyed stated that they had no source of income, which implies a significant increase compared to the 4% who reported having no income before the introduction of the isolation measures. The percentage of households that are using their savings as a main source of income has increased (from 2% previously, to 13% currently). Likewise, the importance of aid received from other households in the community or family has increased, with 25% of households mentioning support from the community as a main source of income, while 28% of households report support from the Government and other organizations. This reflects widespread solidarity in the midst of the current crisis and the importance of aid as a source of income for the households interviewed.

84% of those surveyed mentioned that their income is **insufficient** to cover their basic needs, and the remaining 16% reported that it is **only just sufficient** to cover the needs. In addition, 32% of the households in the sample mentioned that their current income was sufficient to cover their expenses for only one day, 36% reported that it was sufficient for one week, 15% for two weeks. Fourteen percent of households did not know how long their current income could sustain their expenses. It is important to note that the mandatory isolation started on 24 March 2020, and that the data informing this analysis was collected between 31 March and 8 April of the same year.

Figure 4. Three main sources of income, before and currently

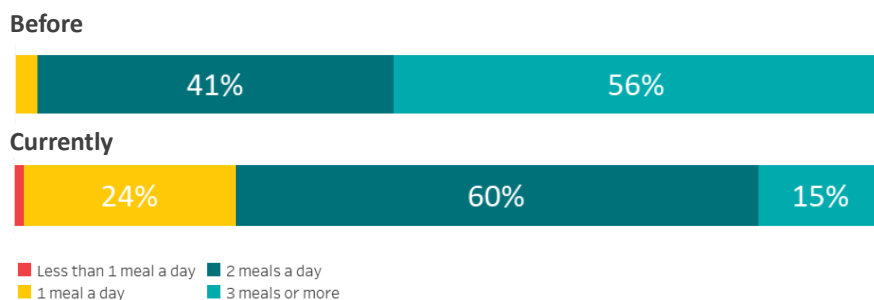


### Food security

The assessment results show a significant reduction in the number of meals consumed per day: in the 7 days prior to the survey, 84% of respondents were deprived of at least one of the three meals a day required. 60% of households ate twice a day, while 24% only ate once. Before the confinement, 40% of households did not consume the required three meals a day. After the restrictions, only 15% of the households consulted, report consuming three or more meals, compared to 56% who reported doing so before the restrictions. Of this percentage, 10% went from three to one meal per day, 68% from three to two meals, and only 22% continued to consume three meals a day.

In addition, the assessment results on food groups consumed indicate that households do not maintain a varied, proportionate diet with foods rich in protein and adequate micronutrients (such as meat and dairy products, fruits and vegetables). This information is of concern since, according to the WFP Emergency Food Security Assessment in 2019, 55% of refugee and migrant households were already severely and moderately food insecure at the time of data collection (end of 2019)<sup>2</sup>.

Figure 05. Number of meals consumed on average per day, currently and before



## ACCESS TO BASIC NEEDS AND SERVICES



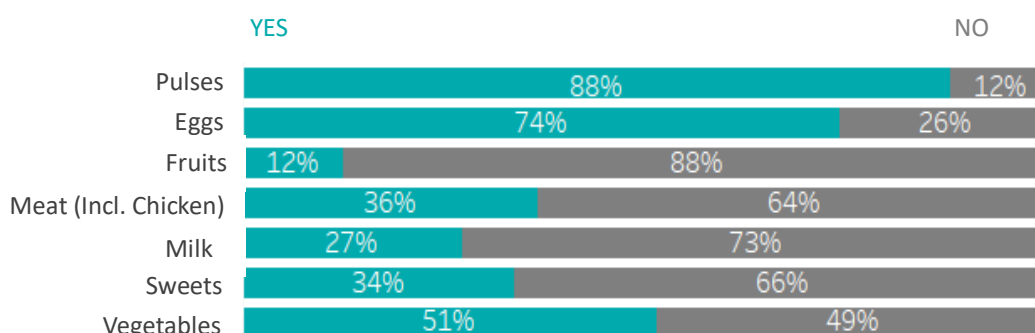
### Food security and nutrition

Only 36% of households consumed red meat and chicken in the 7 days before the assessment, indicating that there is a low consumption of products high in protein among households interviewed. The most frequent alternative sources (by access) were legumes (88%) and other substitutes such as eggs (74%).

In addition, few households mentioned the consumption of dairy products (27%), fruits (12%) and vegetables, (51%), which reduced the possibility of an adequate supply of essential vitamins and micronutrients such as iron, calcium, vitamin A and C.

Cereals and flour are likely to contribute to the diet of the interviewed households, due to their high availability, cultural traditions and ease of access. However, this food group was not covered within the questionnaire.

Figure 6: Food groups consumed by households in the 7 days before the assessment



<sup>2</sup> Furthermore, analysis by WFP, ECLAC, and the World Bank in March 2020 shows that the COVID-19 will have significant effects on informal work and result in loss of wages.



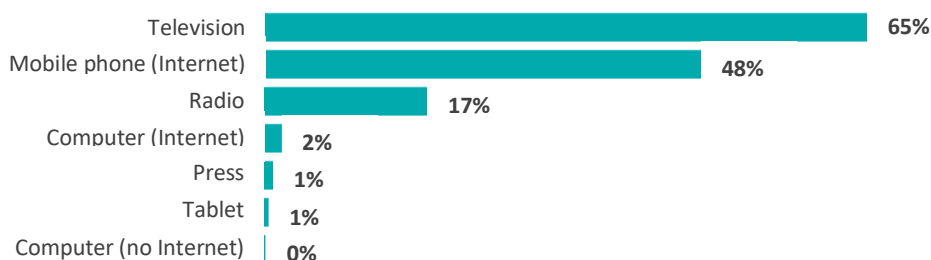
To help households comply with the preventative isolation, organizations distribute items door to door. / Action Against Hunger



## Telecommunications

The most common information and communication elements that surveyed households report having access to are a television and a smartphone (65% and 48% respectively)<sup>3</sup>. The low proportion of households surveyed with access to a computer (only 2% is noteworthy, as it greatly reduces opportunities for households with for children to access virtual learning opportunities<sup>4</sup>.

Figure 7. Access to sources of information and communication



<sup>3</sup> These results are consistent with the results of the "Regional Information and Communication Needs Assessment R4V", available at: <https://r4v.info/es/documents/download/73683>

<sup>4</sup> Please note that having a smart phone does not necessarily mean that the individual has access to internet. People usually recharge their phone to access data for the minimum amount of time, depending on the income available.

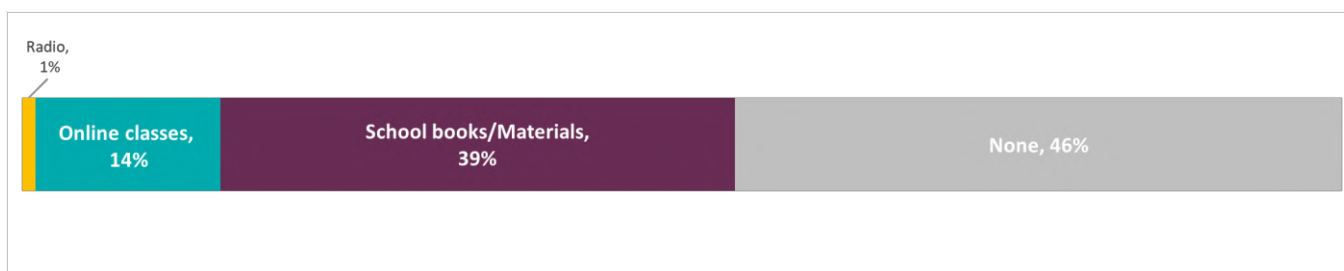




## Education

Of the 88% of households with children, 46% state that they are not carrying out any learning activities with children and adolescents. This constitutes almost half of all children surveyed. Thirty-nine percent of households indicated they are using books and school materials, while children in 14% of households are following virtual classes. In addition, during the interviews, several households explained that they have developed recreational exercises and handicrafts with their children.

Figure 8. Learning activities in households with children, by type



## Health

Of the people interviewed, 30% stated that one or more members in their household needed medical treatment since the introduction of the preventative measures, which started between one and two weeks before the data collection period. Of these households, 33% reported having received adequate care. The remaining 67% did not receive adequate care, mainly due to (i) not being able to leave the house due to compulsory isolation measures (42% of those households not receiving adequate care), (ii) not being affiliated with the health system (34%), (iii) costs are too high (30%), (iv) a lack of documentation (18%) and (v) fear of COVID-19 (14%).

Figure 9. Households with one or more member in need of medical care since start preventative measures

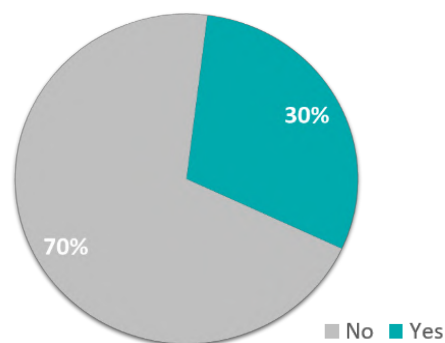
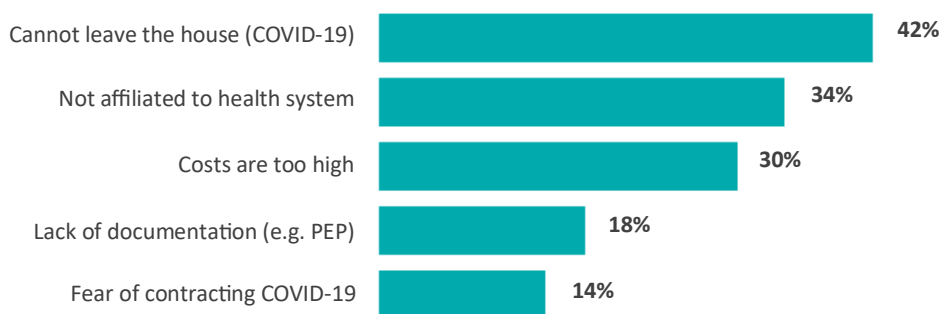


Figure 10. Main reasons for not being able to receive adequate care

% of households with members who did not receive adequate medical care



## PREVENTATIVE ISOLATION MEASURES



### Problems faced during preventative isolation measures

When asked if households faced any problems in complying with the preventative isolation measures, 48% of the respondents reported serious problems. 40% of the households interviewed mentioned the need to go out to generate an income as a barrier to implementing the measures. 34% of households face insufficient access to food, while 10% reported being at risk of eviction. Other problems reported include the lack of access to water, the need for medical care and overcrowding (6%, 5% and 2% respectively). These findings reflect the difficulties faced by households to access the income and basic needs required to be able to abide by the obligatory isolation measures.

Figure 11. Households who face serious problems in complying with the preventative isolation measures.

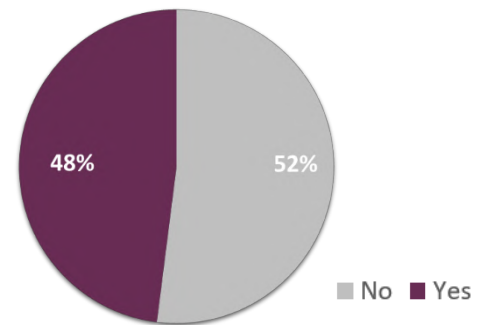
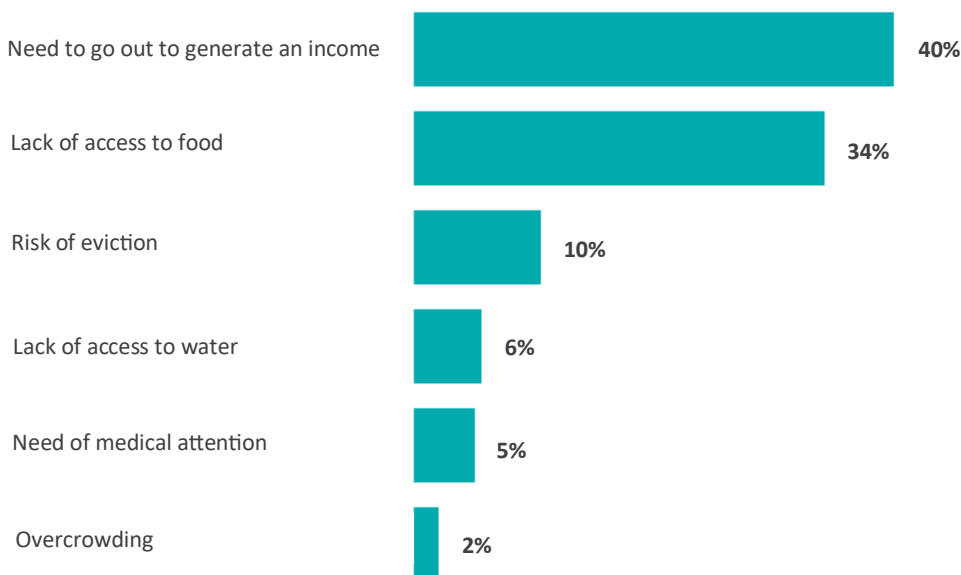
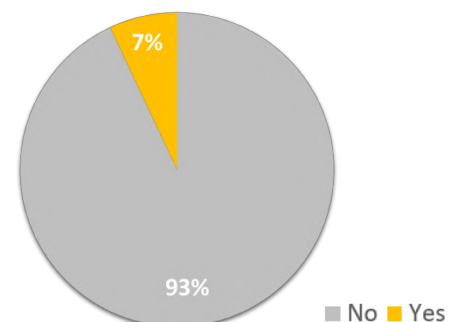


Figure 12. Problems faced in complying with mandatory isolation



In light of the impact of social isolation measures on family and community relations, and possible impacts in terms of mental health and protection concerns, households were asked whether they faced any serious cohabitation concerns. Seven percent of the respondents mentioned facing such problems within their home<sup>5</sup>. Of the 7%, 28% reported having problems with their landlord, 23% reported that living with their children and/or adolescents was difficult and 18% said they had problems with their partner.

Figure 13. Households reporting cohabitation problems during isolation measures



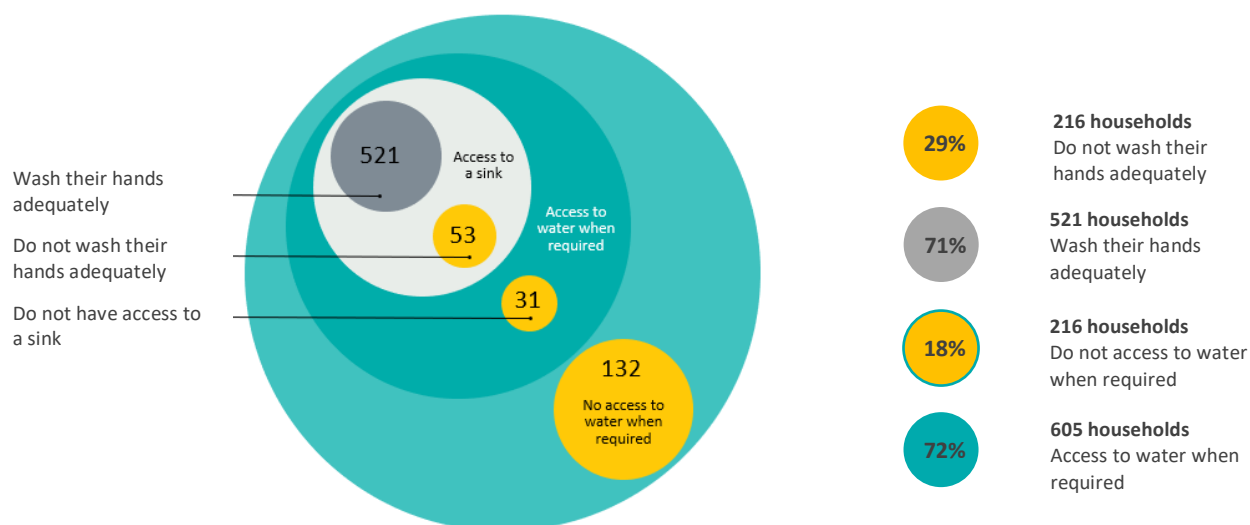
<sup>5</sup> Please note that, as described within the section on limitations, sensitive issues are likely to have been underreported, as there was limited privacy for the respondent during the phone-based interview.



## Handwashing practices

The assessment identified that 29% of the households surveyed do not wash their hands properly, mainly due to lack of water, not using soap and not having functional facilities to do so. In addition, 18% of the respondents, in 11 of the 17 departments reported, mentioned that they do not have access to water when they need it. These results should be interpreted in light of the importance of handwashing to control the transmission of the coronavirus.

Figure 14. Hand washing practices

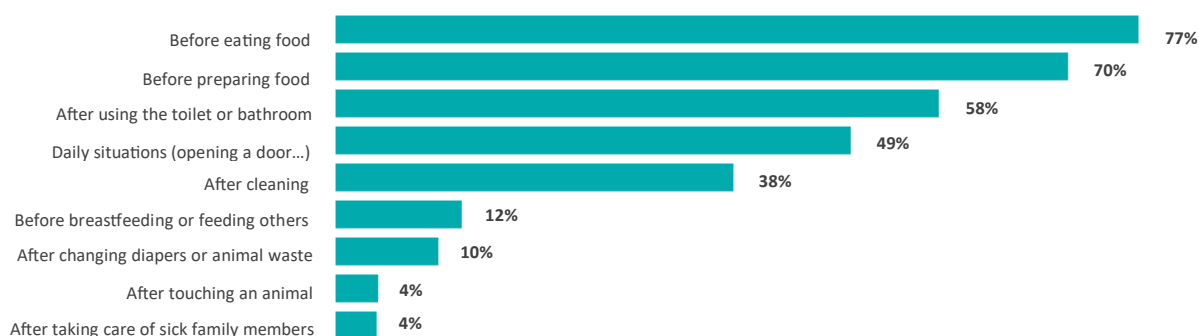


The results show that the majority of households are aware of the need to wash hands before food preparation or consumption, as more than 70% of the people surveyed indicate that they wash their hands in these situations. 57% of respondents indicate they wash their hands after using the toilet. In the context of the risk of coronavirus transmission, it is of concern that only half of the respondents indicated that they wash their hands in other everyday situations, such as greeting a person.



*A woman from Venezuela receiving information on hygiene measures in times of COVID-19. / UNHCR*

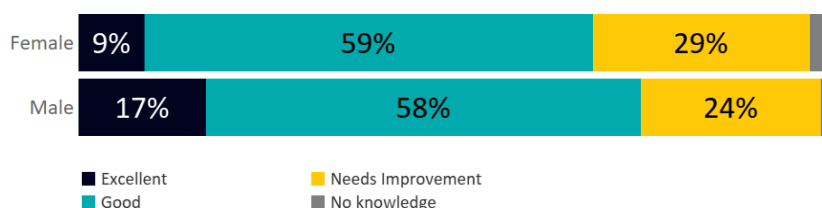
Figure 15. Hand washing practices



## Knowledge COVID-19

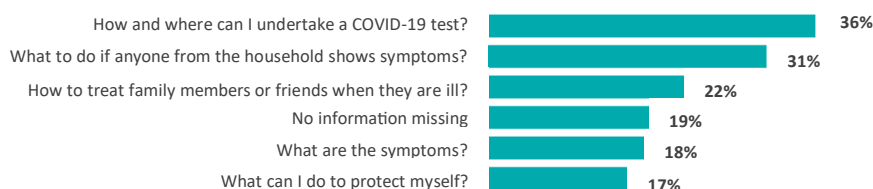
In general, the respondents considered their knowledge on how to protect themselves from the coronavirus as “good” or “excellent” (see figure 16). Male respondents reported a slightly higher level of knowledge compared to female respondents.

Figure 16. Knowledge on COVID-19



Although a high percentage of respondents considered themselves to have a good level of knowledge about how to protect themselves from the coronavirus, many indicated that they required more information on specific topics related to the virus (see Figure 17).

Figure 17. What information is missing?



The most often type of information mentioned as missing according to respondents, is information on where and how to get tested, with 36% of households reporting that additional information on this topic is required. In addition, 31% of the households surveyed need more information on what to do if a member of their household has symptoms, and 22% require information on how to treat sick people. It is important to note that, when asked about moments in the day when respondents would normally wash their hands, only 4% of the respondents reported “after caring for sick people”. Considering that adequate care of sick people is essential to prevent the transmission of the virus within the household and to ensure the health of its members, there is a clear need for households to access information on the protocols and recommendations to follow in terms of care and prevention. Additional information on basic topics, for instance on the symptoms and what households can do to protect themselves, is requested by 18% and 17% of households.

## RESPONSE

As for the assistance provided to refugee and migrant households, 39% of respondents stated that they had received assistance since the start of the preventative measures while 61% indicated that they have not received assistance. The main source of assistance is NGOs/UN, which accounts for 58% of the households reportingly having received assistance, 29% from the Government; 11% from the Colombian community; 11% from friends or relatives; 5% from the church. Two percent of households do not know the origin of the aid received.

Figure 18. Households who received assistance since the start of the preventative measures

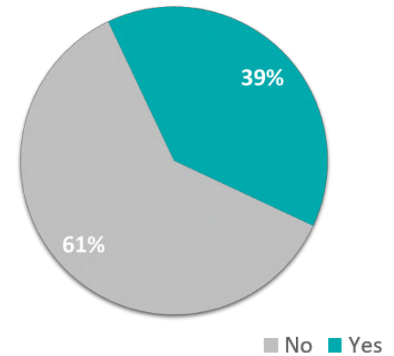
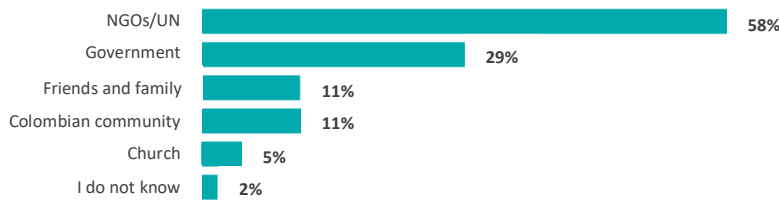


Figure 19. Households who received assistance since the start of the preventative measures

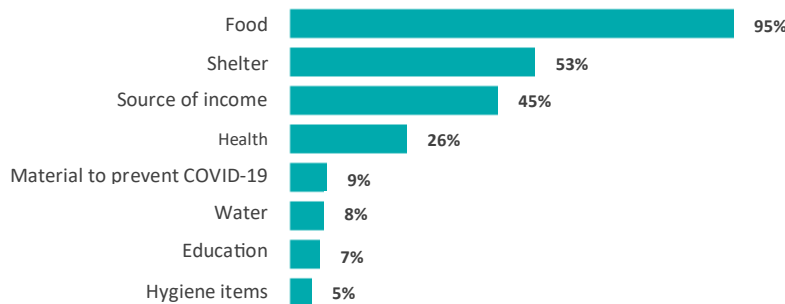
% of households who have received assistance since the start of the preventative measures



## PERSPECTIVES ON PRIORITIES

In order to better understand the needs from refugees and migrants' perspective, each household was requested to describe their three main needs. For 95% of the households, food is a priority need, followed by 53% of households stating that housing, including payment of rent, is a main need. 45% of households indicated that access to employment is among their priority needs. Afterwards, the survey asked to prioritize their main needs in order of importance. Food was ranked highest priority, followed by housing and employment. Other prioritized needs include the need for medical care (highlighted by 26% of households) access to COVID-19 prevention material (9%) and access to water (8%). Additional analysis shows no significant differences between households with different characteristics. The priorities expressed by households are similar, regardless of whether the respondent is male or female, households have more or less than five members, for households with and without minors, and for those households that state that they are receiving assistance and those that are not.

Figure 20. Priority needs





## Next steps for assessments and analysis

This needs assessment is a first evaluation of the main needs of Venezuelan refugee and migrant households in the context of COVID-19. The development of this analysis contributed to the revision of the RMRP 2020, particularly to inform sectoral strategies in the framework of the response to COVID-19 for refugees and migrants. GIFMM will continue to collect data and generate analysis, to monitor the situation of households as the pandemic and containment measures evolve, in order to inform a timely and tailored response to their needs. As more households can be reached as part of assessment activities, the analysis will strive to obtain increasingly representative samples of the various profiles of this population.

### DISCLAIMER:

When using the results of this assessment, please refer to it as the "GIFMM Rapid Assessment, May 2020".

Please note that partners involved in the analysis and data collection may have differences in the interpretation and analysis of the data.

The methodological note, questionnaire and database, can be found [here](#).

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