



Assessment Report Colombia

April 11, 2018



Sector(s): Economic recovery, health, women and children's protection

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INTRODUCTION AND JUSTIFICATION

Economic crisis has been ongoing in Venezuela for several years now, and continues to escalate. The crisis started by impacting individuals' access to goods and services, and is now progressing towards the collapse of public services - including health and services for child protection. Venezuelans struggle to access goods and services such as food, medicines, and healthcare. Even those with consistent employment do not earn enough to survive. As a result, Venezuelans have fled to Colombia in droves, seeking income and access to essentials such as food.

Cucuta, the capital of Northern Santander department (or Norte de Santander), and a major hub for Venezuelans' entry into Colombia, is located in one of the regions of the country most affected by a number of other stressors. These include: armed groups (including paramilitary groups, guerilla groups, and other criminal elements operating on both sides of the border); drugs (through the cultivation, processing and trafficking of drugs- primarily coca/cocaine); trafficking of goods (licit and illicit - drugs, gasoline, etc.) across the border; active conflict; and natural disasters. This complicated dynamic goes back decades and already stretches the capacity of the Colombian government/state to respond to the needs of the Colombians on their own. As a result, the needs of Venezuelans, in large-part, are not being met.

The assessment was undertaken to better understand the needs of Venezuelans both in Cucuta, and in Venezuela before they reach Colombia, with the hope of establishing assistance programming in Colombia, in line with the context and in coordination with other actors on the ground.

STATEMENT OF INTENT

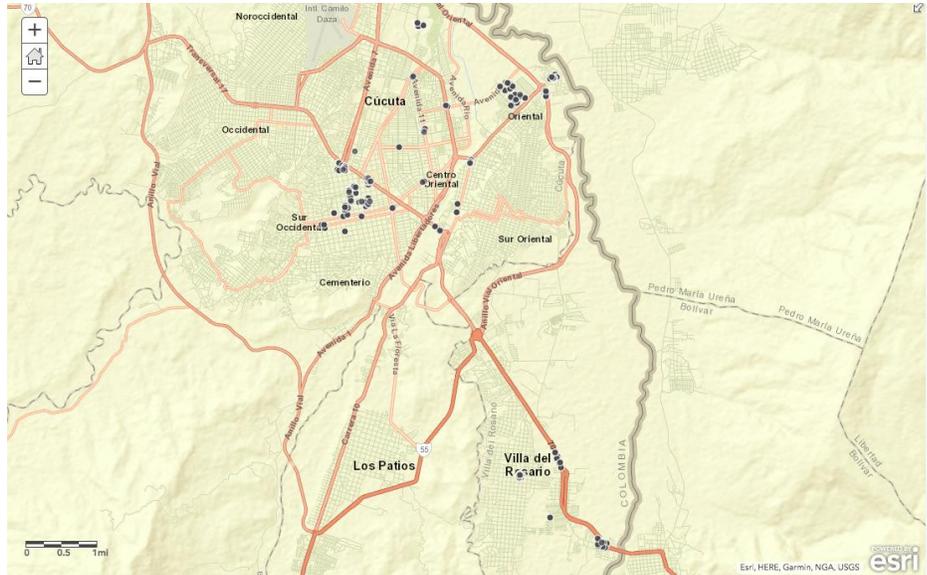
Objectives

- Understand what services Venezuelans access to in Cucuta
- Map services in Cucuta and Rosario to identify gaps and any referral pathways
- Understand the current make-up of those crossing into Cucuta
- Understand protection, health and economic needs of Venezuelan's in the border towns of Cucuta and Rosario
- Understand how Venezuelans in Colombia, and when possible, those still residing in Venezuela prioritize their own needs

METHODOLOGY

Tools and Sampling

The IRC conducted an emergency multi-sector assessment in Cucuta and Rosario cities in Colombia along the border with Venezuela. The assessment included (1) 15 stakeholder interviews focused largely on access to services for Venezuelans, (2) three focus group discussions with Venezuelan women currently in Colombia, and (3) a family survey with 519 Venezuelans who arrived in Colombia within the last year, using a convenience sample. Full explanation of the methods can be found in Annex 1. Key details are provided below. The map at right shows all survey locations (black points).



A lack of female surveyors resulted in only 34% of survey respondents being female, so female focus groups were conducted to augment our understanding of the needs and views of women. The survey included all locations around Cucuta and Rosario with a high concentration of Venezuelans. The 519 families surveyed represent 740 men, 502 women, 123 boys and 79 girls. The age range of respondents was 18-64 (average of 30 years old).

A comparative analysis between male and female survey respondents was completed and where responses varied significantly, the differences are noted in the report. The same analysis was completed between Venezuelans who had been in Colombia for less than three months and those who had been there for three months to a year. The median amount of time respondents had been in Cucuta was 3 months (29% have been there less than a month; 53% between 1-6 months, 18% have been there over 6 months - so the sample is weighted towards new arrivals).

Limitations

Convenience samples are not representative of the entire population of interest, in this case, Venezuelans in Cucuta/Rosario who arrived within the last year. However, the sample size was increased to 500 to help control for bias/inaccuracy due to non-representation. To aid in understanding our accuracy, 95% confidence intervals are included below. For each interval you see, for example: $45^{50}55$, the confidence interval is given in subscript (yellow). This means that the point estimate found, in this example was 50% but that we are 95% confident that if we conducted the survey again tomorrow, using the same methods, we would obtain a point estimate between 45% and 55%. In some cases our accuracy is better than others, and this is why the confidence intervals are included.

KEY FINDINGS

Context and Demographics

Cucuta is a major border city, where more than half of the population of Norte de Santander lives (833,000 in the metro area). There are three official border crossings¹ in/near the city, and many informal borders north of the city. Those north of the city are in cocaine producing areas and are gang controlled (n=3). The border areas are complex and have layers of post-conflict, conflict and migration, which has fostered communities that have a lot of coca production, trafficking and armed recruitment (n=3), this is most notable in the areas north of Cucuta which have a lot of needs, but also have a lot of security concerns; stakeholders noted that Cucuta is much safer/faster place to start-up programming (n=2). There are also highly vulnerable indigenous groups (Yuca and Ary) along the border.

According to stakeholders and the family survey, many people are, and have always been, crossing back and forth for economic reasons. While UNHCR notes that 35,000 people cross every day, and around 4,000 do not return to Venezuela, these numbers show an incomplete picture as they do not include those who cross at the informal borders.

Our survey depicts a story of a cross section of Venezuelans residing in, or transiting through the Cucuta metro area. Of those surveyed, 78% (406 families) spent most of last month in Colombia/Cucuta while 22% (113 families) were residing in Venezuela. For those who were residing in Venezuela we asked them primarily about their lives in Venezuela, and about Colombia for those residing in Cucuta. However, only 57% of those surveyed intended to stay in Cucuta. Seven percent (7%) planned to leave the country, 9% to transit to another location in Colombia, and 18% planned to return to Venezuela. The remaining 10% stated they did not know what they would do/they had no plan.

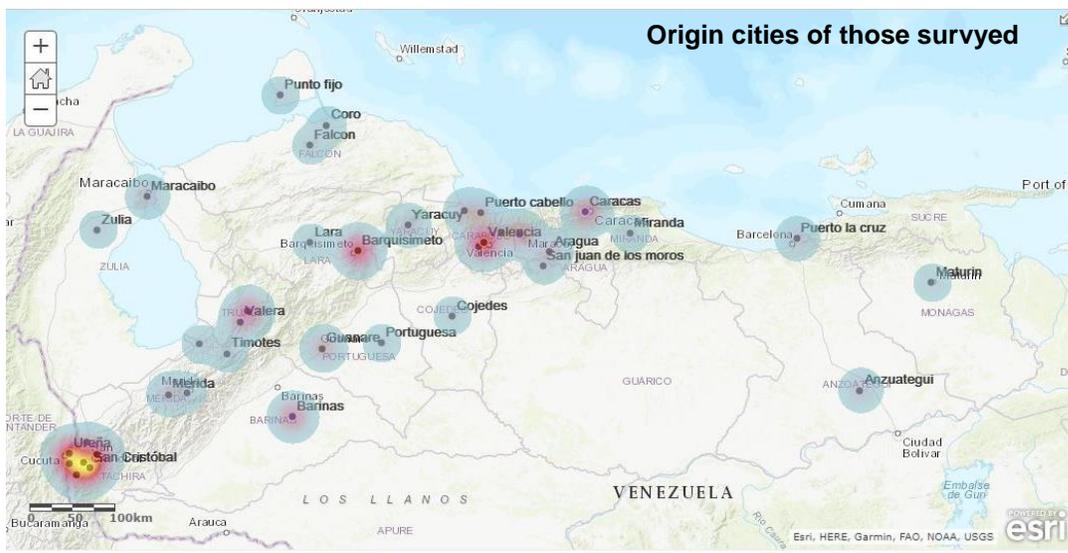
Of those who were in transit to another location, about half (54%) have relatives in the location they are traveling to. Similarly, half of them (51%) noted that they were having problems in their plan to transit, which is reinforced by 53% of them having been in Cucuta for three months or more. This echoes a story told by stakeholders that often those who cross into Cucuta and stay are the most vulnerable, as it often means they do not have the means to continue their travel (n=3).

Of those who were not in transit, 88%^{91%}₉₃ reported that they came to Cucuta to work, while another 9%^{12%}₁₅ noted they came to purchase goods to take back across the border. While stakeholders noted that Venezuelans often buy goods to take back across the border to sell (n=2), 94%^{98%}₁₀₀ taking goods back across the border noted that it was for their own families. This is consistent with the limitations on goods that are allowed to cross the border (small quantities, no vehicle crossings). Of these, 94%^{98%}₁₀₀ were buying food, and 28%^{41%}₅₅ were buying medicines. Those who came over to buy goods to take back to Venezuela were more females than males (13%^{19%}₂₅ vs 4%^{8%}₁₁).

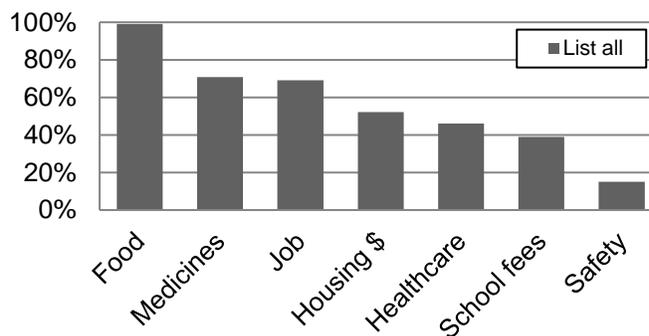
¹ Vz-Ureña/Co-Escobal, Vz-San Antonio/Co-Parada and Vz-Boca de Grita/Co-Puerto Santander/ Puerto Santander - the first two were included in the survey locations; the third is in the north, near the informal crossing areas and was deemed unsafe to survey at this time.

Priority Needs

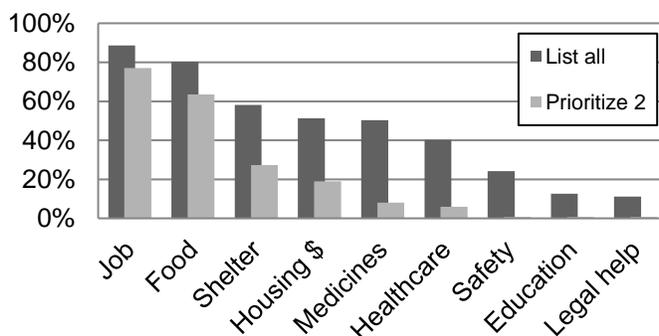
Those who spent most of the last month in Venezuela originate from areas throughout the country but they report similar needs. The highest they reported is food (97.99%₁₀₀), medicines (62.71%₇₉), and a job (61.69%₇₈). This contrasts with those in Colombia who note a job (86.89%₉₂), food (76.80%₈₄), and shelter (53.58%₆₃) as their priority needs; when this latter group was asked to prioritize only their two greatest needs, they remained in the same priority order above, while items like money for rent, healthcare and medicines dropped significantly (to 15.19%₂₃, 4.6%₈, and 5.8%₁₁, respectively). Women in Cucuta were more likely to prioritize shelter as one of two priority needs than men (28.36%₄₃ vs 18.23%₂₈).



Priority Needs In Venezuela



Priority Needs in Cucuta



Economic Needs

As noted in the section above, all of the top needs in both Venezuela and Cucuta relate to cash. The difference is that while most purchased goods/services/shelter are readily available within Cucuta, they are not available in Venezuela (n=2). While 88.91%₉₃ of respondents came to Cucuta to work, 86.89%₉₂ listed a job as their biggest need, this is unsurprising as Cucuta has one of the highest unemployment rates in Colombia, and Venezuelans are not legally allowed to work (n=2; fgd=1).

This results in many Venezuelan’s earning money in the informal sector, which dramatically increases their risk of exploitation and their connection to illicit trafficking (n=2). Some have also not managed to earn money in the informal sector, as 42.47%₅₂ of families surveyed in Cucuta note that no member of their family is currently earning an income. Those who are earning an income in Cucuta are largely doing so by selling things on the street 60.66%₇₂, while a few collect recycling or work in a shop (2.5%₈ each).

Despite the lack of job opportunities, of those surveyed, many more family members in Cucuta are earning an income than in Venezuela. Of the average 5 members of the household in Venezuela, 1.87 (37%) of them are earning an income of some kind, while of the 3 members of the family in Colombia 2.52 (84%) of them are earning. And many of those in Colombia are sending some, if not most of what they earn, back to their remaining family in Venezuela.

Interestingly survey respondents hail from a diverse career background in Venezuela and not only from those who did not have a 'good job' in Venezuela. The most common was a shopkeeper/vender ²²24%₂₆, and the next were construction workers ¹⁵17%₁₈, and business professionals ¹²14%₁₅. Others include government workers, healthcare professionals, farmers, factory workers and hospitality workers.

This all paints a picture of people from all types of employment backgrounds inside Venezuela who can neither earn enough money to purchase goods, nor access goods to purchase. They send family members (often not the whole family) to Colombia to earn money. Once in Colombia they are forced into the informal labor market, and half are still unable to earn any money at all.

Food

Food was the number one reported need by those living in Venezuela for the last month (⁹⁷99%₁₀₀). It was the second most reported need for Venezuelans in Cucuta (⁷⁶80%₈₄). Of all people surveyed ⁵⁰55%₅₉ said that in the past seven days there have been times when they did not have enough food to eat. While a number of organizations are providing food assistance in some form, including WFP (vouchers), NRC (cash), Scalabrinis (WFP IP), and the Dioses de Cucuta (hot food, food bank, WFP IP) it is not meeting all of the needs (n=4).

Shelter

Focus group participants noted that while they still have their shelters/homes in Venezuela, many people there are struggling as there is limited access to both water and electricity (fgd=1).

Once they arrive in Cucuta, shelter becomes a larger concern (# 3 on the list of priorities). Of those who have been mostly in Colombia for the last month, ⁵⁹63%₆₈ are renting a room/apartment; ¹⁸22%₂₆ are living on the street; ⁹13%₁₆ are staying in a friend or relative's home; while only ⁰1%₂ are staying in a free shelter. The survey team saw many people living on the streets in Cucuta. One focus group confirmed the need for shelter, noting 'the biggest need would be housing for people on the street, so Venezuelans could be less stressed. You have to choose to eat or put a roof over your head - most people choose to eat, so they sleep on the street and have to keep one eye open.' There is one active shelter in Cucuta that is open to Venezuelans, but they only have a capacity for 120.

Of those residing in Cucuta for the last month, ³⁷42%₄₆ noted that they needed information on how to access shelters, indicating that many of those who are renting or living with friends/relatives, do not believe this is a sustainable situation. Focus groups confirmed this and noted that Venezuelans were discriminated against in renting property, and that many families are sharing accommodation - one woman provided the example of 16 people per room, with five families in the home (fgd=2).

Of those living in Cucuta for the last month, only 61.66%⁷⁰ noted that they have access to enough water where they are living, while only 71.75%⁸⁰ noted that they have access to a toilet and a place to bathe. Of those who do have access to toilets/bathing facilities, 47%¹⁰ noted that there are safety/dignity concerns for women/girls to use them.

Protection Needs

In Cucuta there are many services provided by the state including health care, education, protective services, employment opportunities etc.; however, Venezuelans and the Yupa are not able to access these services because they often lack the appropriate documentation/passports (n=3, fgd=1). Many Venezuelans do not have access to passports/documentation as they are very expensive (n=2).

As a result of Venezuelans having limited documentation and the borders not being fully controlled, a registration/census exercise is underway to document the number of Venezuelans residing in Norte de Santander (n=2, fgd=1). Meanwhile, there are many organizations working on the issue of registration/documentation/legal support for Venezuelans (n=5).

In terms of risky locations, respondents differentiated between types of border crossings: formal border crossing were considered safe with relatively little risk; while the informal border crossings were highlighted as particularly risky (n=2, fgd=2) as they are controlled by armed groups, resulting in trafficking, recruitment, transactional sex and crime (n=1, fgd=1).

Complicating the matter, Norte de Santander is a complex department as the humanitarian architecture was designed to respond to IDPs who have been affected by conflict (which is ongoing), and now many agencies are trying to pivot to respond to both IDPs and the influx of Venezuelans (n= 2).

Women

Throughout service mapping in Cucuta it became clear that there were no agencies focusing on GBV prevention and response. The police have not been trained on GBV and there are no GBV focal points within the police force. Within the health system, the hospital was supplied with PEP kits which was a policy put in place in 2015 in response to conflict within the region.

There are clear gaps around access to hygiene items inside Venezuela (82.88%⁹⁴ cannot afford basic hygiene items like soap, however they are not readily available on the market to buy, 62.71%⁷⁹).² Similarly, 59.73%⁸⁶ of women residing in Venezuela for the last month did not have access to feminine hygiene products. Female focus groups in Colombia noted that while supplies are readily available in Colombia, they do not have the means to purchase them.

Both those remaining in Venezuela and those who have come to Colombia note that family members have taken to dangerous/unhealthy work on either side of the border (Venezuelans 38%¹³, Colombians 36%⁸). This low percent is surprising, as prostitution is not illegal in Colombia but is in Venezuela. It was reported that since the economic crisis in Venezuela, there has been an increase in the number of Venezuelan women engaged in transactional sex (n=2). It was also noted, that many girls below the age of 18 were

² This response varied between male and female respondents, whereby women were more likely to report a lack of physical access to purchase hygiene items like soap (81.90%⁹⁹ vs 49.60%⁷¹).

engaging in transactional sex (n=2, fgd=2). Two focus groups further reported that Venezuelan women/girls are propositioned for sex in the street by Colombian strangers. When they decline there are no repercussions from the men, or risks but as a result the women modify their behavior and avoid particular locations that are known for sex work. This increase in sex work was always reported alongside a comparison of cost – sex acts with Venezuelans (5,000 pesos) were costing half the price of Colombians (10,000 pesos); at the same time, 5,000 pesos represents significant income in Venezuela (30 million Bolivars) (n=2, fgd=1).

It was reported that due to economic needs, some Venezuelan women are marrying Colombian men, in the aim of gaining citizenship and therefore access to services (fgd=1). This, coupled with overcrowding in homes, has reportedly led to an increase in intimate partner violence (fgd=1). The police will respond to reports of intimate partner violence (n=1, fgd=1), despite lacking the appropriate training and GBV referral pathways. There were a few agencies noted as working in the area of GBV; however, all had limited programming and were not consistently present in Norte de Santander (n=3, fgd=1).

Children

Assessment participants noted a number of concerns regarding the protection of children inside Venezuela. Reportedly, schools in Venezuela are shutting down due to limited resources and a lack of teachers as they are all leaving for employment abroad (n=1, fgd=2). This was echoed by 1725%₃₄ of survey respondents who were in Venezuela last month who noted that children in their household have dropped out of schools since the start of the economic crisis. Of these children, 1333%₅₃ are now earning an income in Venezuela. Caretakers are also changing their behavior towards children (7481%₈₉ of people who spent the last month in Venezuela) – most noting more aggressive behavior towards their children (4152%₆₂) or paying less attention to their children (2838%₄₈).

In addition to dropping out of school and having a more stressful home environment children are also at risk of separation. The average family/household size in Venezuela is 5, but in Colombia it is 3. This is echoed by 3140%₄₉ of families in Venezuela reporting that a child lives with them who has been separated from their normal caregiver. This is four times higher than IRC typically observes in active conflict settings. This story is confirmed as the average number of children living in a household in Venezuela is 2, but only .5 in Colombia, demonstrating that many children are being left behind in Venezuela. This echoes the concerns of partners in Venezuela who note an increase in children being abandoned and/or left unaccompanied and resulting in an increase in children living and working on the street, recruitment into armed groups and exploitation (child labor and sexual in nature) of children.

Of those who spent the last month in Venezuela, 3342%₅₂ know of children who have been abandoned (unaccompanied), which is also four times higher than the IRC typically observes in acute emergency settings. While 1827%₃₅ noted that someone other than their relatives has offered to take their children away for jobs/school/better living conditions. This is often an indicator of potential trafficking or exploitation of children - and is higher than is typically seen in emergency contexts.

Once in Colombia, the situation changes, slightly. There is a strong national system for child protection case management in Colombia, but they do not include Venezuelan children. Instead, unaccompanied and separated Venezuelan children are supported by the police through identification and referral into the

government ministry of ICBF for family tracing and shelter (n=1, fgd=1). Within this system, unaccompanied or separated Venezuelan children are placed in a shelter while they try to locate the child's nuclear family in Colombia; when this fails the children are placed up for adoption, which rarely occurs as most children are older and thus more difficult to place in adoptive families (n=2). Meanwhile, 1014%₁₇ of Venezuelans who have been living in Cucuta know of Venezuelan children in the city who are unaccompanied.

Lack of access to school was mentioned as a major gap that was contributing to high risks and vulnerabilities for children (n=1, fgd=2). Children can enter school and take classes but they cannot obtain a certification as many of them do not have the required registration/documentation/fees/school supplies (n=3, fgd=1) – this can contribute to a push factor for children leaving school, entering into school in a lower grade as well as discrimination and having no access to the school feeding program (n=1, fgd=2). When children leave school this puts them at higher risk for child protection violations.

Focus groups noted that the overcrowding and stress of living in Cucuta with their children (lack of food/shelter/money/etc.) was leading them to be aggressive towards their children.

Only 2328%₃₂ of people living in Cucuta felt that it was generally safe for children. The biggest threat to children was noted to be physical violence (2428%₃₂), followed by sexual violence (1216%₂₀). Focus groups spoke about the concern with physical violence and described it as a combination of abuse at home as well as violence from armed groups/gangs.

In order to better understand these risks, focus groups discussed them and noted that risks for children included the following (where stakeholders confirmed, this is noted):

- families who are not taking care of their children – a concern was raised over lack of access to daycare and this being a major need to reduce risk of children being left alone or getting injured in the street or separated (n=1)
- people they don't know causing harm to children
- family separation for Venezuelans and Yupa – sometimes caused by immigration picking children up from the street, not realizing they are there with their parents or their parents are working the streets (n=2)
- recruitment into/violence from gangs (n=2)
- abductions at the border areas (n=2)
- drugs

Health Needs

Survey respondents living in Venezuela noted the largest barrier to accessing health care was the lack of medications/supplies (8288%₉₅), followed by a lack of equipment (6070%₇₉) and a lack of staff (5060%₇₁, n=1). Actors report rates of infectious diseases are increasing due to the lack of access to medical care, including vaccinations (n=2).

In Colombia, the health system is a paid system relying on insurance for access. Only those with residency status can purchase an insurance plan. For those without insurance, including Venezuelans, health care can only be accessed by paying out of pocket, which is prohibitive to the majority of Venezuelans crossing the border (n=1, observation). Services are only free for emergencies (those with conditions which risk life or which could be debilitating; delivery for pregnant women is also included in emergency services). Primary

health care services, or those for chronic conditions are not included (n=7, fgd=2). As a result, many chronic health care cases, antenatal visits and general primary health care needs become exacerbated and often escalate to emergency health care needs (n=3). This is the same policy for the indigenous Yupa group.

In the survey population, 5560%₆₅ said there were barriers for Venezuelans to access health care in Colombia due to not being able to afford it, or not having the appropriate documents to be eligible. Yet 1923%₂₇ of survey respondents tried to use health facilities in Cucuta, of those only about half (4858%₆₈) received health services, but for 8391%₉₉ of those who did receive it, did so for free. Most of these individuals noted receiving services either at facilities that provide only emergency-level care or at the Red Cross first aid station at the border. However, of those who did not try to receive health services, 2631%₃₇ of them wanted to access services, but said they did not believe that they would qualify for assistance, so they did not go. The vast majority of those who did seek health care did so for an illness such as a fever/cough – which would not be treated for free through the Colombian health system, which is a paid system based on insurance policies (similar in many ways to the US system).

In Norte de Santander, there are 32 health posts and only six provide emergency health care services (n=1), as a result the emergency services are overwhelmed with too many patients seeking and requiring services (n=2, observation). Emergency services are meant to be reimbursed by the government; however, with the additional influx of Venezuelans the health care system is exhausting their resources for the Colombian population and therefore going into debt (n=3).

Some of the needs identified by stakeholders and focus groups include:

Public health (n=5), epidemiologic surveillance and vaccinations (n=4), primary health to support chronic diseases including HIV (n=7, fgd=1) and medications which could be procured locally (n=2) – though several respondents cautioned that Venezuelans were selling their medication for income (n=3).

In terms of priority populations, those highlighted as highest risk and unable to access prevention services include: women requiring reproductive health care; pregnant women requiring antenatal care; children (n=3, fgd=1).

Reproductive Health

Routine care antenatal care for pregnant Venezuelan women is a need, as many do not have documentation and it is cost prohibitive (n=1, fgd=1). It was also reported that in some instances, health providers in Colombia were recommending women go to San Antonio for routine antenatal care which is located just over the border in Venezuela as they could not provide services for them in Colombia (fgd=1). As a result of limited antenatal care, many more pregnancies and deliveries are resulting in complications and therefore emergency care (n=4). Deliveries for both Colombian and Venezuelan women are covered under emergency health services (n=2).

In Colombia, because prostitution is not illegal - sex workers have monthly health check-ups, health screening and reproductive health care available to them (n=1, fgd=1). Due to the economic crisis, there has been an increase in Venezuelan women and girls engaging in transactional sex, and since they do not have access to the same preventative care and treatment, there has been a steady increase of STIs (n=2, fgd=1). PEP kits were reported to be present in health facilities (n=2).

Nutrition

Child malnutrition was highlighted as a need by many stakeholders, emphasizing that there are no nutritional support services for children. They have seen an increase in emergency health services for these cases but lack any follow-up on sustained preventive care (n= 6). While the food response is still limited, focus group discussions noted a few locations they were aware of that they could receive free or discounted food (fgd=2).

Assistance and Information

When asked about service provision in Cucuta, one assistance provider noted that ‘the assistance actors aren’t planning; everyone is doing emergency work, but it is not well defined and there is no long-term plan.’ When asked about if they had received assistance from any organization to meet their needs – 78.82%⁸⁵ of survey respondent noted that they had not. This is not too surprising as many services, such as access to non-emergency health care and social services are restricted for Venezuelans without registration and necessary immigration papers. While other material items are accessible to Venezuelans, they are often cost prohibitive.

When asked what types of services they needed more information about, the key response was the provision of food (54.59%⁶³) – men were more likely to request information about receiving food than women were (58.63%⁶⁸ vs 42.50%⁵⁷). Following food, respondents requested information about medicines (47.51%⁵⁵) and legal services (43.48%⁵²). Though 71.75%⁷⁹ note that they use Facebook (34.39%⁴³ use Whatsapp) - only 43.47%⁵² have/have a family member with a cell phone, suggesting they might not use either frequently.

RECOMMENDATIONS

1. As the highest four needs reported in Cucuta relate to access to money, IRC must consider some form of cash/distribution programming, whether in-kind, in-cash, or via vouchers.
2. We understand that persons earning an income in Cucuta are unable to meet all of basic needs and must make hard decisions between food, shelter, and sending money back to Venezuela. IRC must consider how any economic response would impact this decision-making.
3. When planning targeting for any ERD programming, IRC will need to consider a diversity of risks and coping mechanisms, as we believe that in Colombia the vast majority of Venezuelans will meet IRC’s typical criteria for economic vulnerability, so additional layers will be needed.
4. IRC should not consider engaging in the registration process in Colombia, at this time as there are a number of actors focused on this work, and it is too complex for a rapid start-up.
5. Exploitation and economic drivers result in high rates of transactional sex, while the response to GBV is not institutionalized- IRC should strongly consider programming that addresses both the prevention and response to gender-based violence while simultaneously addressing the economic drivers.
6. IRC should consider programming that would support protective and accessible environments for children that would reduce their exposure to the multifaceted risk environment that is Cucuta.
7. The growing concern around transactional sex, the transition of normal pregnancies to emergency cases without proper care, and the lack of response to GBV suggests that if the IRC considers a health response, RH would be the most appropriate option.

8. IRC must consider that the humanitarian architecture in Cucuta was designed to accommodate IDPs. As the dynamics switch to include migrants/refugees, the IRC should consider how it can play a leadership role in affecting humanitarian strategies, coordination and advocacy.
9. Given that there are a dearth of assistance options available, and the target population does not have a high access to technology, information provision, and specifically via technology, is not recommended.

ANNEXES

1. [Methodology and Tools](#)