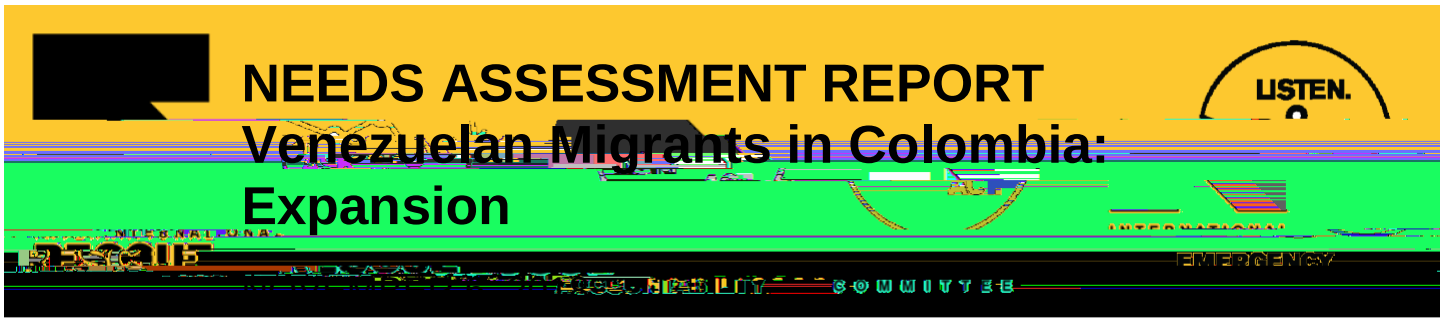
NEEDS ASSESSMENT REPORT
Venezuelan Migrants in Colombia: Expansion



Sectors:

STATEMENT OF INTENT

Objectives

→ Understand where Venezuelans are locatedh5.600000912 0 612 792 reWi1 1(Co.55 685.22o-10(g)16(b-10ia 1(, .55 63 6885

To avoid redunda

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
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).

Ofuti8(31(g)-18(a)6(y)25(ei-18(ss)25(a)-18)6(o)t)-18gcicantly l-1

venders, 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 abductiolack, and recruitment to work on coca farms. Five out of six male focus 3(i)11(d)reW*nBT120.8 287.1 Tf12 792 120.8 287921((e)]TJET009 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.

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 3(o)]TJET5deW*q0.00000912 0 612 792 reW*nBT/F1 10 Tf1 0 0 1 40. 612 7918(l)22(o)6(m)-16(b)6

surveyed). In Maicao (n=74) however, people were more likely to live in
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
result, many
are forced to live in cheap and unhealthy motels -sometimes, sharing a room with a number of unknown Venezuelans,

Other	5%	3%	4%	9%	12%	1%	9%	5%	6%	6%	2%

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.