Needs Assessment Report
Fonseca and Riohacha municipalities
La Guajira Department
Colombia

December 2019

Improvised shelter in informal settlement in Fonseca, La Guajira, Colombia
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1. Introduction

Contributing to the humanitarian efforts, in 2020 ACTED in Colombia intends to support vulnerable households in La Guajira Department. According to the International Organization for Migration, as of October 2019, 1.4 million Venezuelans have arrived to Colombia looking for new opportunities, and it is expected that this number will reach 2.4 million throughout 2020 (IOM Venezuelan Refugee and Migrant Crisis – Overview, October 2019. A report published in October 2018 by the World Bank group and the State and Peacebuilding Fund (“Migración desde Venezuela a Colombia: impactos y estrategia de respuesta en el corto y mediano plazo”) situates La Guajira department as one of the three border areas where Venezuelan migration is mainly concentrated, along with Norte de Santander and Arauca. In these areas the number of migrants from Venezuela takes up for a high percentage of the total population. In la Guajira for instance, a range of 40,000 to 56,000 individuals from Venezuela (39,000 households) arrived during 2017. La Guajira is a region with high poverty rates, low access to basic commodities and slower economic development compared to other regions in the country. The arrival of migrants from Venezuela represents a challenge for both migrants and the local population and an additional constraint for the latter since they find themselves in a situation where they have to share limited resources as the provision of goods and services is scarce.

In order to ensure a relevant project design and as part of its commitment to ensure the participation of the affected populations, ACTED conducts topical needs assessment. In the present report, ACTED gathered recently collected data collected through a needs assessment conducted by its Team. This assessment aimed achieving an understanding of the demographics of vulnerable population living in Fonseca and Riohacha, their needs and gaps, across multiple sectors.

2. Methodology

Between 17 and 19 December 2019, ACTED carried out a multi-sectoral needs assessment in 2 municipalities of La Guajira Department, Colombia. The assessment consisted of both quantitative and qualitative data collection methodologies. 9 enumerators collected data, under the supervision of the team leader. Quantitative data collection was carried out through 213 household surveys, while qualitative data were collected through Key Informant Interviews (KII) with 3 community leaders. Information was triangulated with observations by the team. 145 surveys were conducted in 5 neighborhoods in Fonseca municipality, and 68 in 1 informal settlement in Riohacha municipality. Data collection focused predominantly in Fonseca due to the high density of Venezuelan population in this municipality (12,000 out of a total population of approximately 38,000 people, according to data provided by the municipality) and the limited presence of humanitarian actors, as opposed to Riohacha, where a higher number of organizations operate. As such, ACTED aimed at increasing the understanding of needs and gaps in the areas with the highest presence of Venezuelans in Fonseca. In Riohacha, ACTED focused data collection on one of the main settlements where Venezuelans reside.

For the selection of the households to survey, enumerators adopted a random walking strategy. The sample size was calculated based on the total number of households living in each neighborhood; this data was received by the community leaders and confirmed by the municipality. The distances between ACTED base in Riohacha and Fonseca, which is located at approximately 2.5 hours by car, represented a limitation, given to time constraints the number of surveys was lower than planned. Nonetheless, the triangulation of the data through KII with community leaders and observations by the field team allows to confirm the representativeness of the data). The table below outlines the detail of the assessments conducted:
The tools were developed by ACTED based upon best practices, indicators, and data collection tools gathered from international development and evaluation agencies, and taking into account the Sphere standards. The surveys and the FGDs were reviewed by local staff, to ensure the questions were comprehensive and their wording was accurate for the local context. The survey also underwent the null phase, and it was tested by a statistically non-relevant group of respondents (the enumerators).

Limitations included:

1. the prevalence of open-ended question: this, if on one side increased the range of data variables in the survey, on the other side did not always allow respondents to identify the answer which would most correspond to their situation. As a result, in some cases respondents did not agree with any of the proposed answer.

2. The risk of social desirability bias, where in the collection of quantitative and self-reported data, some respondents may have answered questions about sensitive topics in a way that would be view favorably by others. Therefore, it was noted that the qualitative findings from the FGDs portrait a living situation which is much dire and vulnerable than the one emerging from the quantitative households’ surveys. In this regard, the triangulation of information and the observation by enumerators was very useful in gathering a comprehensive situation of the living conditions in the communities.

3. Out of the 145 survey respondents in Fonseca, 117 (81%) were women, and 28 (19%) were men. In Riohacha out of the 68 surveyed individuals, 58 (85%) were women and only 10 (15%) were men. The predominance of women among respondents can be explained by two different factors. In Fonseca and Riohacha, respectively 32% and 45% of all female respondents were women head of household (either because they were widowed, or divorced, or because their husband is living in another country). Secondly, surveys were conducted in the morning and afternoon, when most of men were outside of the house working, resulting in their wives (when present) being the primary respondent.
3. Findings

Findings from all data collection activities are divided per municipality (Fonseca and Riohacha), and per sector. Protection and gender are mainstreamed through the findings. In addition to findings from household surveys, observations from the assessment Team and Key Informant Interviews (KII) with the local authorities and community leaders are also reported, and they were relied upon as source of data triangulation.

3.1. Fonseca

Currently, there are approximately 12,000 Venezuelan migrants in Fonseca, most of whom arrived after 2017 when the population movement out of Venezuela significantly increased, in concomitance with a worsening of the economic conditions. Most of them live in neighborhood which are not regularized, entailing which lack of access to water or sanitation, and illegal access to electricity. Overall, the municipality emphasized the limited presence of humanitarian actors and the needs for multiple types of assistance.
ACTED conducted a total of 145 household surveys across the following 5 neighborhoods: 12 de Octubre, 8 de Enero, La bendición de Dios, Cristo Rey, and Los altos. The split per neighborhood is illustrated in the table below.

An introduction of each neighborhood is presented below:

The barrio 8 de Enero is 4 years old and consists of different sectors. It is not regularized, and as a result, residents have no access to water or sanitation, and illegal access to electricity. Currently there are 310 households living in the barrio, for a total of approximately 1,000 people. Most of the people are Colombians returnees and then there are Venezuelans (the latter are in the sector in front, La Benedicion de Dios). Living conditions are precarious, with up to 9-10 people living in an improvised shelter.

In the neighborhood 12 de Octubre, there are over 200 Venezuelans. While water, sanitation and electricity are provided in a sector which is regularized, a part of the neighborhood is not regularized but the mayor’s office is working on the continuous improvement of the neighborhood. Additionally, many residents have difficulty accessing food and some can only afford two meals a day, through a community diner providing assistance to several neighborhoods and supported by WFP, which serves food to more than 750 people a day. Venezuelan residents are in need work sustainable livelihoods opportunities in order to overcome food insecurity and to improve their access to goods and services.

In the neighborhood Cristo Rey, the community leader (a Colombian woman) emphasized the decadent situation in which several Venezuelans are living and reiterated how important it is for them to obtain job opportunities. In addition, this neighborhood has a somewhat intermittent water service. In fact, water arrives 5 to 10 hours a day mainly at night and must be extracted by pumps.

3.1.1. Household composition

With regard to household composition per age and gender, the following data were found:

<table>
<thead>
<tr>
<th>Household members per age and gender</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 years old</td>
<td>22</td>
<td>55</td>
</tr>
<tr>
<td>6 to 17 years old</td>
<td>70</td>
<td>57</td>
</tr>
<tr>
<td>18 to 59 years old</td>
<td>91</td>
<td>110</td>
</tr>
<tr>
<td>Over 60</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Regularized sectors benefit from a formal connection to basic urban services such as water, sanitation and electricity.
The size of the surveyed households (which refers to the number of individuals living under the same roof) ranges from 1 to 12 individuals, with 52% of respondents indicating that their household comprises between 1 and 4 members; 45% indicating that their household comprises between 5 and 9 members; and the remaining 3% indicating that their household has between 10 and 12 members.

Some findings confirmed high levels of vulnerability among surveyed households. For instance, out of 20 female respondents aged between 18 and 22, 9 of them are head of household, with boys and girls aged less than 5 years old. Indeed, cases of women as young as 20 years’ old who are pregnant or lactating were reported. At the same time, 8 cases of mono-parental households headed by man with young children to look after emerged. The presence of pregnant or lactating women and of people living with a disability was found in 39% and 10% of the surveyed households respectively.

3.1.2. Nationality and migratory status

70% of surveyed households are Venezuelan, 22% are Colombian and 8% are Wayuu (indigenous populations who have double nationality).

Overall, with the exception of the neighborhood 8 de Enero, where almost half of the population is Colombian, Venezuelans represented the most populous group in all surveyed neighborhoods. Additionally, out of the 32 surveyed Colombian households, 22% host an average of 2 Venezuelan individuals in their shelter.

With regard to their migratory status, 68% of the 101 surveyed Venezuelan households indicated that their status in Colombia is irregular as they were unable to stay under the pertinent national immigration and other legal framework, and as a result, they find themselves without documentation, access to legal rights and services.
A correlation was found between the migratory status and the possession of the PEP (Permiso especial de permanencia). This is a tool of the Colombian government which aims at authorizing and regularizing the presence of Venezuelans in the Colombian territory. It is not an identification document, as such, it does not replace the passport and cannot be used as a valid travelling document.

Indeed, only 13% of the 69 households having an irregular status in Colombia are in possession of the PEP. On the other hand, 78% of the 32 households having a regular status in Colombia possess the PEP. Hence, it can be seen how having a regular status in Colombia facilitates the acquisition of the PEP.

It is interesting to note that across the assessed neighborhoods, 71% of 101 surveyed Venezuelan households have been in Colombia for more than 1 year. Within this group, 61% still have an irregular status. Despite residing here over a long time, and intending to stay for extended periods of time, they have not yet been able to regularize their situation. This suggests that there is a need to provide support and guidance to households through the regularization process.

In addition, 52% of all surveyed households (70 Venezuelan and 6 binational) indicated that other members of their households have emigrated in the past 3 years, thus since 2017. These include individuals of different age groups, with the largest group being women and men aged 18 to 59. This indicates a predominance of individuals at a productive age since they are the ones being able to work and send remittances home.

The table below illustrates the reasons which led Venezuelans households to migrate. Main push factors quoted by respondents are lack of financial resources, lack of food, unattended medical needs and insecurity.
66% of the surveyed households intend to stay in their current place of residence. Lastly, 51% of respondents said that some of their household members (between 2 and 5) who are in Venezuela intend to emigrate in the next 3 months. The main reasons would be the same as those quoted by the household members who already migrated.

3.1.3. Living conditions

Shelter

The graph below illustrates the types of shelter in which surveyed households had been living in the month prior to the survey:

Improvised shelter is the most common shelter type in neighborhoods 8 de enero (74%) and La bendición de Dios (91%) while house or apartment represents the most common shelter type for the households living in 12 de octubre (80%) and Cristo Rei (67%). In Los altos, 50% live in an improvised shelter and
50% in a house or apartment. A correlation between the type of shelter and economic level of these households (their average monthly salary) can be noted, whereby households with the higher salary have access to an improved shelter type. This can be attributed to the fact that a higher income enables households to dedicate a portion of it to priority expenses other than food.

Despite the fact that 49% of people reported living in houses or apartments, data from Key Informant Interviews (KII) and observations from the assessment team provided additional information on the conditions of the shelters, and confirmed the subjectivity of answers in terms of paradigm of habitability. This means that in some cases households can characterize their shelter as house or apartments, even if these are below the Sphere standards. Indeed, in many cases shelters were constructed by inhabitants using materials of fortune such as nylon and metal, resulting in infrastructural weaknesses which present risks in cases of rain and inclement weather conditions. Moreover, interviewed community leaders stressed the overcrowding conditions in some sectors, where up to 10 people live in an improvised shelter, with lack of privacy. Only a small portion of houses were made of bricks.

An ACTED enumerator conducts a survey with a beneficiary outside of her shelter in the barrio 12 de octubre. The shelter is made of simple materials.

An ACTED enumerator conducts a survey with a beneficiary outside of her shelter in the barrio 12 de octubre. The shelter is made of bricks.

The barrio La benedicion de Dios consists mostly of improvised shelters.
76% of respondents indicated feeling safe in their shelter. Within this group 55% live in a house or apartment and 9% in a shared house, however 36% live in improvised shelters lacking doors, locks, and in some cases also walls. This suggests that their answers should be interpreted in light of their own paradigm of safety, which varies between each individual. As for the 24% who reported not feeling safe in their shelter, 63% live in an improvised shelter, 29% in a house or apartment, 6% in the streets and 3% in a shared house.

WASH

Access to water

Households were asked to indicate which methods (one or more) they use to access water for consumption (drinking, washing, cooking). Results are illustrated in the graph below.

![Access to water for consumption graph]

76% of the 59 households who reported having piped water into their dwelling live in houses or apartments, however for all of them, access to water is irregular throughout the day. On the other hand, access through the public tap (63%), purchased bottles (66%), or surface waters (100%) is predominant among people who live in improvised shelters. Overall, the differences in the methods to access water depend on the fact that some sectors are regularized\(^2\) (8 de enero and La Bendición de Dios) while others are not (12 de octubre and Cristo Rey).

Finally, water treatment is not a very common practice, adopted only by 27% of respondents. Within this group 58% said they always treat it and the remaining 42% said they do it sometimes. 88% of the households who treat water use boiling as the main treatment method; while 15% use a water filter.

Access to sanitation

The modalities through which households access sanitation vary as illustrated in the following graph. The main modalities are “toilet with tank connected to water and sewage network” (35%) and upgraded latrine.

\(^2\) Regularized sectors benefit from a formal connection to basic urban services such as water, sanitation and electricity.
77% households who have either a tank connected to the water and sewage system or an upgraded latrine with septic tank said that this is for the exclusive use of their household, while 21% share it with others (friends and neighbors), the remaining 2% did not answer the question.

The perception of suitability of the sanitation system varies: 34% of respondents said it was suitable while 44% said it was unsuitable, the remaining 20% did not answer. Results showed that this perception is not necessarily correlated to the sanitation modality the household has access to, independently of the sanitation modality they have access to. For instance, 44% of the households who have a tank connected to the water and sewage system described the conditions of their toilets as unsuitable while 64% of households who have a basic latrine with a hole described them as suitable.

**Electricity**

Access to electricity varies between the different surveyed neighborhoods. In non-regularized neighborhoods such as 8 de enero and La bendición de Dios there is no public electric network and households either connect illegally to the network, or they depend on their neighbors, in both cases access to energy is irregular throughout the day. In 12 de octubre neighborhood the situation has improved as the municipality has been working to normalize access to electricity in some areas, however many households remain deprived from this service.

While 83% of the households indicated having access to the public electric network, in most cases, the nature of such access is rather illegal as they do not pay for the service. In addition, service degradation was reported, resulting in intermittent energy service. Only 1 out of 145 households reported having an alternative source of energy (solar panels) to mitigate these problems.

**Food security**
Among the 66% of households who have a place to cook, the main source of fuel for cooking is gas (64%) followed by wood (22%). 32% of the households do not have a place to cook in their shelter, within this group, wood is the main source of fuel for cooking (80%). Observations from the assessment team revealed that those who do not have a place to cook in their shelter often do it outdoors, this is common across all four neighborhoods. Respondents said they also go to friends and neighbors to eat. In addition, residents of 8 de enero, 12 de octubre and La Bendición de Dios can benefit from the community diner supported by WFP which serves 2 meals per day to approximately 750 people.

53% said that on average, during the month prior to the survey, their household had 2 meals per day. 38% indicated having three meals per day. The remaining 9% indicated eating one meal per day, due to the lack of financial resources to afford more. Answers should be interpreted in light of individual perceptions: for instance, observations revealed that one egg shared by multiple people can be considered as one meal.

All households resort to one or more of the following measures to cope with food insecurity, as indicated in the graph below. Overall, it emerges that reducing food portions and eating cheaper or less preferred food are the most common coping mechanisms.
Only 23% said they had a food stock and for 91% of this group it would last less than 1 month. However, it should be noted that the quantification of this food reserve is subjective, and in most cases, when respondents showed it at the request of enumerators, it consisted of small amounts of food (e.g., a can of tuna and some oil). 74% of households having a food reserved said they had the same amount of food or less compared to last year. This can be attributed to the progressive loss of purchase power and the lack of sustainable livelihood solutions for households.

Livelihood and priority expenses

Only 2% of respondents said they were working with a contract, 14% were working without a contract, 11% were unemployed, 59% were working independently and the remaining 14% did not answer the question. As illustrated in the table below, the main sources of income are the provision of technical services, informal sales and activities in small businesses.

<table>
<thead>
<tr>
<th>Household’s source of income</th>
<th>Main source of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent service such as construction, carpentry, mechanics or electrics</td>
<td>33</td>
</tr>
<tr>
<td>Recycling</td>
<td>14</td>
</tr>
<tr>
<td>Small activity (bakery, florist, food/drink truck, small shop)</td>
<td>12</td>
</tr>
<tr>
<td>Mototaxi</td>
<td>11</td>
</tr>
<tr>
<td>Domestic work</td>
<td>8</td>
</tr>
<tr>
<td>Sale of various items (fruit, vegetable, sweets, coffee, ice-cream)</td>
<td>29</td>
</tr>
<tr>
<td>Agricultural work</td>
<td>3</td>
</tr>
<tr>
<td>Trader</td>
<td>2</td>
</tr>
</tbody>
</table>

64% of the households reported that their monthly income was less than 200,000 COP, which is less than a quarter of the minimum wage in Colombia, set at 877,803 COP in January 2020.
In 74% of the households, only 1 member has generated income in the last year. 86% of the respondents said that buying food was their priority household expenditure. Only 6% said they had savings, while 57% had debts.

90% of all households admitted adopting coping strategies in the last month to be able to feed their family and meet other needs such reducing the expenses related to food (58), dedicate more hours to look for non-habitual jobs (43), contracting debt with family, friends or neighbors (22). According to 32% of respondents, the lack of regularity of migration in the country mainly affects their ability to generate livelihoods.

**Education**

Among the 124 households who reported having school age children, 70% said their children go to school and within this group, 94% said they go to school daily.

However, **30% of households said that their children do not go to school, the main reasons preventing children from attending school according to the respondents were** the lack of documentation, lack of resources to buy school equipment. Other reasons are illustrated in the graph below:
Health

57% of households do not have access to basic health services. 83% of them are Venezuelan, 10% are Colombian returnees, and 7% are binational. The lack of affiliation to the social security is the main reason preventing 77% of these people from not accessing basic health services. Other reasons include cost, distance, and mobility restrictions.

The 43% who have access to basic health services (including Colombian and Venezuelans with a regular status in Colombia) said the closest health centre is less than 30 minutes away. Overall respondents were unsatisfied with the quality of the services offered at the health centre, with respect to the waiting time, the infrastructure, the availability of specialized medical equipment and the presence of experienced personnel, and the availability of medicines.

With regard to the availability of specialized medical services such as mental health, psychosocial support, and neonatal health, in the surveyed communities 91% of the respondents indicated that, to their knowledge, such services are not available.

Protection

77% of respondents indicated feeling safe in their community, 20% said not feeling safe, and 3% did not respond. In addition, 52% of respondents admitted that they do not know to which entities they can refer protection cases existing in their communities such as violence, abuse or neglect. While the remaining 48% said they were aware of such entities, when asked about which ones and which mechanisms they should follow, 36% were not able to respond.

It is interesting to note that while 77% indicated feeling safe, enumerators reported several cases of respondents informally mentioning insecurity episodes. In most instances, people are afraid to speak up and report cases of violence and drug addiction. For instance, an ACTED enumerator reported a case of a woman who described an episode of finding drug in her patio and feeling nervous as a result of this, but then answered yes at the question ‘Do you feel safe?’ This illustrates how often the answers given by individuals can be influence by the presence of others and are based on subjective perceptions.

Respondents were also asked to identify the most important security issues affecting girls and women in their communities, results are illustrated in the following graph:
77% of respondents indicated not being aware of the existence of entities that can support them and their households if they are in need of specific psychological support (for instance in cases of gender-based violence or mental health).

**Access to information**

Among 101 Venezuelan respondents, only 26% said being aware of their rights as migrants, asylum seekers, or refugees, the other 71% said that they are not aware of these rights and 3% did not respond. 64% of Venezuelan respondents added that they do not know the process to regularize their presence in the country. In addition, it is also interesting to report 6 cases of Colombian returnees who said that, following their return to Colombia from Venezuela, they are in great need of information on their rights, and they also requested support in organizing themselves with a governance structure in the settlement where they live.

All the 65 Venezuelans who indicated lack of awareness of the process to regularize their presence in the country, said that having access to information on their legal rights would be very useful (55%) or quite useful (45%).

Indeed, all households reflected on how their irregular status negatively affects one or more sectors, and particularly health (88 households), livelihoods (46 households) and education (36 households).

**Vocational training**

68% of respondents said **not being aware of opportunities for formal work** existing in their area, within this group 74% were Venezuelan, 19% were Colombian and 7% were binational. When asked if there were any **opportunities for technical or professional trainings in their area**, 33% of respondents said there were such opportunities, often **provided by entities such as the Chamber of Commerce and...**
the SENA (National Learning Service). 32% said there weren’t any opportunities in the area, 31% said they didn’t know and the remaining 4% did not answer.

However, 90% of respondents expressed interest and enthusiasm at the idea of being able to participate in technical or professional trainings. They expressed preferences for various training topics, which are illustrated in the table below.

In addition, 87% of respondents said yes when asked whether they would like to participate in training on curriculum drafting, job seeking, interviews questions.

3.2. Riohacha

In Riohacha, ACTED conducted a total of 68 surveys in one informal settlement behind the neighborhood ‘Los Cerezos’.

3.2.1. Household composition

The respondents age ranged between 18 and 63. 44% of the surveyed households have between 1 and 4 individuals while 50% have 5 to 8 members. The remaining 6% consists of larger households with up to 14 members.

The following graph illustrates data collected on household composition:
Pregnant or lactating women are present in 36% of the interviewed households, while persons living with a disability are present in 10% of the households.

3.2.2. Migratory status

91% of the households living in the settlement, the remaining 9% are binational (7%) and Colombian (2%) returnees. **92% of the Venezuelan respondents reported having an irregular status and the remaining 8% have a regular status.** Among the 16% who said they had the PEP, 60% are irregular and 40% have a regular status.

With regards to their time of permanence in Colombia, 74% of Venezuelan households have been here for more than one year. This data is illustrative of the fact that, despite being in the country for a long time, the households are still not regularized. The main reasons for leaving their country included lack of material/financial resources (58); lack of food (); unattended medical needs (51 households); insecurity (27 households).

In addition, 39% of Venezuelan indicated having other household members – predominantly women and men aged 18 to 59 years old - who emigrated in the last 3 years. 85% Venezuelan households are currently living in the same municipality where they first arrived, and **94% expressed their intention to remain in their place of residence.**

Lastly, 65% of Venezuelan households said that they have household members who remain in Venezuela but intend to emigrate in the next 3 months, the main reasons quoted by respondents were the same that pushed them to leave in the first place.

3.2.3. Living conditions

**Shelter**

94% of the surveyed households indicated living in an improvised shelter, and the remaining 6% in a house or apartment. While 59% of the households reported feeling safe in their shelter, it is important to keep in mind the considerations done above on the paradigm of safety and the subjective perceptions, that influence people’s answer. Similarly, respondents qualify as ‘home’ everything that has a structure, although this does not comply with the Sphere standards or construction regulations.

Shelter where one of the respondent lives, built with fortune materials that make it vulnerable in case of heavy rains or earthquakes.
WASH

Access to water

With regard to their access to water, 71% purchase bottled water, 19% obtain it through public tap, and 10% said that they have water piped into their dwelling. For the latter, water supply is not constant, but rather once a week or only a few hours a day.

76% of surveyed households reported never treating water and 4% did not respond. Within the 20% of households who treat water boiling is the most common treating method (88%) followed by adding chlorine (12%).

Access to sanitation

Access to sanitation is very limited among surveyed households. 62% do not have a toilet, and they defecate in the open field or into the bush and 19%, have a basic latrine with a hole. Other results are illustrated in the graph below.

Of the 38% of households who have a toilet and do not defecate in the open, 50% consider the conditions of their toilet unsuitable. The differences in the access to sanitation among the households are due to the fact that the informal settlement limits with the neighborhood ‘Los Cerezos’, where the sewage system is present.

Electricity

71% of households reported having access to the public electric network, within this group 81% has access to electricity for over 15 hours a week. As the settlement limits with a neighborhood called ‘Los Cerezos’, where public electricity is provided, in most cases households who reported having access to electricity actually have an informal connection to the network and take it illegally from their neighbor. None of the households have access to an additional source of energy.
With regard to the source of fuel for cooking, wood is the main one (46%) followed by charcoal (40%), and gas (14%).

Food security

66% of households said they have a place to cook, 33% said they did not and the remaining did not reply. As illustrated in the graph below, 56% of households have 2 meals per day. It is important to note that the households living in the settlement have access to a community diner where they can eat once a day (at lunch).

![Daily meals chart]

87% of the households surveyed admitted to having adopted one or more livelihood strategies within the previous month in the face of food insecurity, the remaining 13% did not answer the question. The most recurrent strategies were reducing food portions (46 households), stop eating some food types (42 households), and reduce the number of meals per day (40 households). The information from the observations confirmed a generalized situation of vulnerability: the diet is generally not very varied and cases were seen where an egg shared by several people was considered to be a complete meal.

Only 7% said they had a food reserve and all the members of this group said it would last less than a month. However, it should be noted that the quantification of this reserve is subjective, and in most cases, when respondents showed their reserve at the request of the enumerators, it consisted of small amounts of food (e.g. a can of tuna and some oil). 76% indicated that their food reserves were the same or lower compared to last year.

Livelihood and priority expenses

In 76% of the households, only 1 member has generated income in the last year, for 90% of the respondents buying food was their priority household expenditure, followed by water. Only 3% said they had savings, while 50% had debt.

82% of all households admitted to having adopted coping strategies in the last month to be able to feed their family and meet other needs. The remaining 18% did not answer the question. According to 60 per cent of the respondents, the lack of regularity of migration in the country mainly affects their ability to generate livelihoods.
The sources of income are diverse, but the main ones are the provision of technical services, informal sales and activities in small businesses.

Only 4% of the respondents said they were working with a contract, 4% were working without a contract, 41% were unemployed, and the remaining 51% were working independently. This indicates the rather informal nature of the jobs.

72% of households reported that their monthly income was less than 200,000 COP, which is less than a quarter of the minimum wage in Colombia, set at 877,803 COP in January 2020. Other data on this matter is illustrated in the graph below:

Households reported having taken different measures to be able to address their family needs: dedicate more hours to look for non-habitual jobs, reduce expenses in food and contracting debt with friends, neighbors or others were adopted by respectively 31, 30 and 15 households.

Education

Among the 59 households with school age children, only 40% said their children go to school, and in 97% of these households they attend daily. The remaining 60% said their children do not go to school, the following graph illustrates the main reason that prevent them from attending:
Lack of documentation remains the main obstacle preventing children school attendance.

Health

90% of respondents do not have access to basic health care, 96% of them are Venezuelan and 4% are binational. The main barrier preventing them from accessing to health care, applicable to 92% of the respondents, is for the lack of affiliation to social security. For the remaining 8% elevated cost is the main barrier.

For the remaining 10% who do have access to basic health services, the nearest health center is located 15 to 30 minutes from their home. Overall the respondents indicated being very unsatisfied with the quality of the health services offered and the available infrastructure. Finally, 96% said that in their communities there are not specialized health services (mental health, psychosocial support, neonatal health).

Protection

71% of respondents reported feeling safe in their community, while 28% reported not feeling safe, the remaining 1% did not answer. At the same time, 88% of respondents said that they did not know where to report protection concerns existing in their community, and only 12% were are aware of such mechanisms.

Respondents also provided information on which they think are the most important security issues affecting women and girls in their communities. The 47% who acknowledged the existence of such issues identified the following:
88% of respondents said that they are not aware of entities that can support community members in need of psychological support (gender-based violence or mental health).

Access to information

Through the survey, ACTED aimed at gathering data on whether Venezuelans living in Colombia are aware of their rights as migrants, asylum seekers, or refugees. 82% of 62 Venezuelan respondents answered that they are not aware of those rights and 76% said they are not aware of the process to regularize their presence in the country.

Among the Venezuelans who expressed lack of awareness of the process to regularize their presence in the country, 98% said it would be very useful (43%) or quite useful (45%) to obtain information on their legal rights. Indeed, households reported that the lack of regular migratory status is affecting one or more sectors, the main ones being: health (for 48 households); livelihoods (for 41 households); education (for 31 households).

Vocational training

88% of respondents said not being aware of different opportunities for formal work existing in the area. When asked about the existence of opportunities for technical or professional training in their area, only 12% said this kind of opportunities existed, 40% said they didn’t know and 48% said there were not such opportunities in the area. 92% of respondents expressed their interest in taking part in professional training, with beauty, sewing and cooking being the most popular subjects. Finally, 88% of respondents expressed their interest in participating in training on curriculum drafting, job seeking, interviews questions.

3. Conclusion and recommendations

Through the assessment conducted in two municipalities of La Guajira, ACTED was able to collect relevant and up-to-date findings on the population living in the area, their needs and gaps. Overall, data analysis, coupled with observations by the field teams and conversation with the community leaders, found high levels of vulnerabilities across the surveyed areas. It is interesting to note that while Venezuelans represent the largest population group interviewed, Colombians returnees living in the targeted areas are also vulnerable, especially those who are returnees from Venezuela and have to start a new life without appropriate support. Therefore it is relevant to provide assistance and structural support.
to improve their living conditions and build resilience in the communities, some suggestions for activities are

Despite the fact that most of Venezuelans have been living in Colombia for over 1 year, they are still irregular in the Country. Such irregular status remains the main barrier impeding access to services such as health, education, but also preventing them from finding sustainable livelihood opportunities. This, in turn, makes it necessary the provision of support to them to increase their knowledge on their rights and processes to regularize their status. Such information will also be beneficial of them since most surveyed households indicated having members who are currently in Venezuela but intend to emigrate to Colombia in the near future.

In addition to this, in general living conditions remain challenging across all the surveyed households, with many of them living in improvised shelters lacking basic dignity and protection standards, and having irregular access to water and sanitation services, when the latter exist at all. Food insecurity is prevalent among surveyed households, with most of them either having a meal per day, or two meals through the community dining room, but nonetheless adopting various coping mechanisms. Livelihood opportunities, as mentioned above, remain limited, with most households drawing their main income from informal activities such as sales of goods and recycling, and almost no individual working with a formal contract. The irregular status affects households’ access to other services such as education (with lack of documentation being the main barrier preventing children from attending school), and health (with lack of affiliation to social security is the main barrier preventing households from accessing basic health services. Lastly, several protection issues were identified in the communities, even though often households are reluctant to acknowledge their existence and openly speaking about it. ACTED would like to act upon these findings by developing protection campaigns on risks such as human trafficking and Gender Based Violence.

Against such data, ACTED has found an impellent need to support the communities and households with increased access to information on their legal rights to increase awareness on the regularization process and information sharing on how to access services provided by existing mechanisms.