Venezuelan refugees in informal settlement await High Commissioner’s visit

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**DATA COLLECTION ROUND 1:** 01 of October to 29 of December 2020

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i. Introduction

Colombia hosts 1.7 million Venezuelans, which is 37% of the 4.6 million Venezuelans in the region. This makes Colombia the largest hosting country of Venezuelan refugees and migrants. At the same time, the country has received a growing number of Colombian and binational returnees from Venezuela (nearly 845,000 in August 2020\(^1\)) alongside Venezuelans in transit and those crossing the border in pendular movements.

The measures adopted by the Government of Colombia in March 2020 to prevent the spread of COVID-19, including border closures, have adversely affected the ability of Venezuelans to enter and reside in Colombia regularly and to access sources of income, health care, and other basic needs.

In this context, UNHCR launched a regional survey at the end of 2020 to measure and monitor the protection concerns and profiles of Venezuelans residing in the 16 participating countries. This factsheet represents the results of data collection in Colombia and an interpretation of these findings by field experts.

ii. Methodology

Between October and December 2020, as part of the first round of the High Frequency Survey (HFS), UNHCR and nine implementing partners completed 1,029 interviews with Venezuelan families, representing 4,038 individuals residing in 17 departments and Bogotá D.C.\(^2\) Due to COVID-19 prevention measures, only 31% of interviews could be administered in person, whereas 69% were conducted by phone.

To allow for an understanding of the diversity of conditions faced by families in different parts of the

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1 National Civil Registry Office, reporting period: 01 January to 30 August 2020.
2 Antioquia, Arauca, Atlántico, Bolívar, Boyacá, Caldas, Cauca, Cesar, Chocó, Cundinamarca, La Guajira, Magdalena, Norte de Santander, Putumayo, Risaralda, Santander, Valle del Cauca.
country, the results were analyzed\(^3\) nationally and for five different regions.\(^4\) Results of the survey thus need to be interpreted in light of the limitations of the methodology and data collection protocols. Above all, the sample does not reflect all Venezuelan families in the country, given that most of the people included within the survey are those who have been in contact with UNHCR or partners (e.g. through helplines or as a beneficiary of assistance). In addition, this survey focuses only on Venezuelans expressing an intention to stay in Colombia.\(^5\)

### iii. Family Characteristics

<table>
<thead>
<tr>
<th>3.9</th>
<th>55%</th>
<th>82%</th>
<th>52%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average size of family interviewed</td>
<td>Of the population part of the survey are women or girls</td>
<td>Of families have one or more children</td>
<td>Of families have one or more children under 5.</td>
</tr>
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</table>

Just over half of the population surveyed (52%) arrived in Colombia before 2019 and 85% intended to stay in Colombia for the near future. The remainder did not yet know whether they would remain in Colombia (10%) or planned to move within Colombia (4%) or travel to a different country (1%).

### 1. Key Findings

#### 1.1. Specific Needs

Venezuelans who have left their country of origin tend to be a vulnerable population as a result of various factors, including the harsh conditions that prompted their departure, their arduous journey – most often on foot – to reach Colombia and the difficult reception conditions in Colombia. Certain groups or individuals within the Venezuelan population that face heightened protection risks which hinder their ability to access rights and services are considered to have “specific needs”.

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\(^3\) The survey results on a national level were population weighted, using the most recently available estimates on the number of Venezuelan households (Colombia Migration, 30 October).

\(^4\) The interviews in 18 departments were grouped into 5 regions according to similarity of conditions. ANTiOQUIA Y REGIÓN (Antioquia, Caldas, Chocó, Risaralda), BOGOTÁ Y REGIÓN (Bogotá D.C., Boyacá, Cundinamarca), FRONTERA CON VENEZUELA (Arauca, Cesar, Norte de Santander, Santander), REGIÓN CARIBE (Atlántico, Bolívar, La Guajira, Magdalena), SUR OCCIDENTE (Cauca, Putumayo, Valle del Cauca).

\(^5\) Please note that the survey was administered to population groups with different displacement profiles, including those in transit. However, in this first round, priority was given to those with an intention to stay in the country and as such, the available results do not allow for a breakdown of the specific conditions by these different displacement profiles.
Among the Venezuelan families surveyed in Colombia with the HFS, 59% stated that one or more family member had specific needs, with the top three needs identified being: critical or chronic medical conditions (27% of families), lactating women (13%), and physical or mental disabilities (11%) (See Graph 1).

**Graph 1:** % of families with one or more members with a specific need:

- Individual with a critical or chronic medical condition: 27%
- Lactating: 13%
- Individual with a physical or mental disability: 11%
- Single parent: 7%
- Elderly person (60 years or older): 7%
- Pregnant woman: 4%
- Survivor physical, psychological and/or sexual violence or abuse: 4%
- Unaccompanied child: 1%

While the COVID-19 pandemic poses serious health risks to the Venezuelan population, the high percentage of Venezuelans surveyed with critical or chronic medical conditions (27%) is more likely a reflection of the health care crisis in Venezuela, one of many factors that has led to the population’s mass displacement across the border into Colombia. When HFS data is analyzed regionally, however, the significant health issues noted among Venezuelans in Colombia are also noted elsewhere in the region.

### 1.2. Access to Medical Attention

Results of the HFS in Colombia confirm the need to maintain and improve access to health care for Venezuelans: 66% of families indicated that at least one member required health care since arriving to Colombia. Meanwhile, 13% of families interviewed were not able to receive medical treatment when needed. Field experts suggest various reasons for this result, including:

- All Venezuelans, irrespective of whether they are in a regular or irregular situation, are able to access emergency medical care at no-cost in government health facilities. However, under all other conditions, an individual must demonstrate affiliation to Colombia’s hybrid public/private healthcare system (which requires that individual to be in a regular situation) or pay out of pocket.
- The current health crisis with the pandemic has placed Colombia’s already overwhelmed health care system under extreme duress.
- Discrimination is often referenced by Venezuelans as hindering their ability to effectively access services, even if within their rights.

Some 46% of the Venezuelan families interviewed stated that they were able to access medical attention. However, the HFS did not capture whether the services were provided
by local and national institutions or if they were provided as part of the interagency response (given that most of the people included within the survey are those who have been in contact with UNHCR or partners). Additionally, only Venezuelans in a regular situation can be affiliated with Colombia’s hybrid public/private healthcare system, and as such, it is unlikely that the 46% of respondents were able to consistently and effectively receive treatment for needs that are not strictly defined as emergency medical care.

1.3. Risk of Refoulement

The ongoing political and socioeconomic situation in Venezuela has culminated with 1.7 million Venezuelans moving to Colombia, and that number is expected to reach nearly 2.1 million by the end of 2021. Access to territory and non-refoulement are therefore key protection considerations for Venezuelans. Positively, 97% of Venezuelan families interviewed in Colombia said that they had not encountered violations of these rights.

Data from the HFS conducted across 16 countries shows that only 27 of the 3,025 Venezuelan families interviewed answered affirmatively to facing problems related to access to territory and refoulement. Of those, 23 said they were denied entry into Colombian territory, and four described being deported or forced to return to Venezuela from Colombia.

1.4. Regularization

In Colombia, regularization is essential to obtain access to the formal labour market, health care and non-urgent medical attention and higher education or state-sponsored vocational training. In theory, there are various avenues for regularization, including visas or permits available to all foreigners on Colombian territory who comply with requirements and a variety of Special Stay Permits accessible only to the Venezuelan population. In practice, however, it is difficult for many Venezuelans to be regularized. As a result, more than half of the Venezuelan population is in an irregular situation and an even lower number has applied for asylum (See 1.5 Asylum in Colombia).

According to HFS data, 71% of Venezuelan families entered Colombia irregularly, which is a major obstacle to regularizing their situation in the country. In the Colombian context, irregular entry occurs mainly through informal border crossings (trochas in Spanish). Since the closure of the Colombia-Venezuelan border in March 2020, the use of informal crossings has increased significantly.

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6 As of July 2020, the Health Ministry found that only 33% of people holding Special Stay Permits (PEP) had such affiliation (Migración Colombia, August 2020).

Additionally, 75% of Venezuelans stated that, at the time of the survey, they were in an irregular situation, either because they did not possess a permit or visa, or because the permit or visa they held had expired (See Graph 2). The COVID-19 crisis is likely one of various factors that has led to this high percentage, as the national quarantine that was in place from March to the end of August 2020 impacted access to and provision of all kinds of services. The validity of permits, however, was extended by decree during this period, with the understanding that permit holders were responsible for initiating the necessary procedures to regularize their situation once the national quarantine was lifted.

Among Venezuelans surveyed who claimed to be regularized, 16% referred to holding one of the various Special Stay Permits, 2% had permits as asylum applicants, 2% obtained permanent or temporary residence and 3% preferred to not respond to the question.

1.5. Asylum in Colombia

According to the Guidance Note on International Protection Considerations for Venezuelans, “UNHCR considers that the majority of Venezuelan nationals are in need of international protection under the criteria contained in the Cartagena Declaration on the basis of threats to their lives, security or freedom resulting from the events that are currently seriously disturbing public order in Venezuela,” and that “…for a number of profiles, international protection considerations are likely to arise under the 1951 Convention/1967 Protocol”.8

Results from the HFS appear to be in line with the above conclusions, as 71% of Venezuelans surveyed described that they would be at risk if they were to return to their country of origin. Of the various risks identified by respondents, the top four referenced were lack of food (58%), inability to access medical services (45%), lack of employment opportunities that could guarantee basic subsistence (38%) and security risks (including generalized violence, targeted violence, or persecution) (31%).

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Despite the risks, just over 50% of the respondents have one or more family member who remained in Venezuela, mostly due to a lack of funds to undertake the journey (33%) or because they stayed behind to guard property (12%).

While the Venezuelans interviewed were able to identify readily the risks that they would encounter if they were to return to their country of origin, their fear of return did not directly translate into willingness to apply for asylum in Colombia. In fact, 55% of respondents declared that they had no intentions of applying for asylum status in Colombia; followed by 28% who had plans to seek asylum but had not yet done so; 16% who had applied and were awaiting their decision; and 1% who were granted refugee status by the Colombian State (See Graph 3).

While the HFS did not capture the underlying reasons as to why those 55% of Venezuelans had no intention of applying for asylum, field experts highlighted a possible explanation. A significant amount of the Venezuelan population is not aware of what asylum is, particularly who has access to it, what one can gain from it and what the process is to apply.

1.6. Priority Needs

When asked about their most urgent needs during the month prior to the survey, 84% of Venezuelans indicated that they were unable to meet basic needs related to the survival of their family, including securing food, shelter and clothing, among others. For 12% of the respondents, the highest priority was acquiring employment, health or education, followed by 4% of those surveyed who identified regularizing their situation in Colombia as the most important. Only 2% of Venezuelans stated that they had been able to meet the needs of their family in Colombia during the last month.

The results also show issues related to safety and security: since having left their homes in Venezuela, around 16% of respondents or family members have suffered from or witnessed an incident, primarily theft and physical threats or intimidation.

Considering that this round of the HFS was conducted between October and December 2020 – only a few months after the lifting of the nearly six-month national quarantine – it is possible that the resoundingly high percentage of Venezuelan families unable to meet their
basic needs is partially correlated to the dire effects that the COVID-19 pandemic has had and continues to have on this already highly vulnerable population in Colombia.

Conclusion

- 71% of the Venezuelan families interviewed for this survey stated that they would face **significant risks if they returned to their country** of origin, including generalized and targeted violence. As such, the Venezuelan population in Colombia today, including new arrivals, cannot be characterized uniquely as migrants. Rather, an important percentage manifest a potential need for international protection, whether under the 1951 Convention and its 1967 Protocol, or the 1984 Cartagena Declaration.

- About half of the Venezuelan families interviewed indicated that they were not interested in the process for **applying for refugee status** in Colombia – an important gap that needs to be better analyzed and addressed. UNHCR is committed to informing Venezuelans of their right to seek asylum and the safeguards that seeking asylum entails. At the same time, UNHCR will further its support to the Colombian government in managing a rapidly growing number of asylum applications.

- Three-quarters of the Venezuelans interviewed admitted to being in an **irregular situation**, which limits access to basic needs and rights, including non-urgent medical care, formal employment and adult education. Assistance, protection and solutions strategies as well as advocacy and outreach with communities and local and national authorities, thus need to factor in these barriers that Venezuelans in an irregular situation face. Doing so can help to reduce risks and promote the urgent need for regularization, and, for those in need of international protection, access to the asylum system. UNHCR’s biometric registration – as a complement to the Colombian government’s own biometric registration due to be rolled out this year – could be used to profile the Venezuelan population, identify vulnerable individuals and, eventually, facilitate access to documentation.

- The Venezuelan population is **highly vulnerable**, with almost none of the families interviewed in the survey currently being able to meet their most basic needs for survival in Colombia. Furthermore, most families have members with specific needs who are at heightened risk (59%), such as critical or chronic medical conditions or those who are single parents. Humanitarian responses and advocacy should therefore ensure that a multi-layered perspective is taken, incorporating a protection focus and an age, gender and diversity focus in programming.