

# Colombia: COVID-19

## Impact of government measures

Briefing Note – 16 April 2020

The first case of COVID-19 was reported in Colombia on 6 March 2020. The government has since implemented a series of containment measures to mitigate disease spread and strengthen the Colombian health system. The containment measures themselves have a secondary impact, affecting humanitarian needs among vulnerable population groups.

The purpose of this report is to support the humanitarian response in Colombia to understand the following issues:

- **How do government measures mitigate the epidemic impact on vulnerable population groups?**
- **What are their factors of vulnerability in relation to the measures?**
- **Which humanitarian needs are likely to arise in the short to medium term?**

The primary focus of the analysis is on **Colombian internally displaced people (IDPs)**, **Venezuelan refugees and migrants**, and, to a lesser extent, **Colombian host communities** and **Colombian returnees**, although some findings and conclusions apply to broader population groups (such as low-income households in general). This report does not present specialised health analysis and does not focus on government measures directly related to health.

### IMPACT



## Key issues



**Reduction in livelihood opportunities**  
For people dependent on informal labour



**Overcrowded living conditions**  
Challenges for social distancing and hygiene practices



**Returns to Venezuela**  
Health risks for returning Venezuelans

Measure	Type of Measure	Description
Decrees 457, 531	Lockdown	National quarantine from 25 March to 27 April: preventive isolation for all inhabitants of Colombia, with exceptions for example for health services and to meet basic needs.
Decree 457	Movement restrictions	Suspension of national air travel from 25 March to 13 April.
Decree 412	Border closure	Closure of all sea, land, and river borders from 17 March until 30 May.
	Social distancing	All events limited to 50 participants.
	Social distancing	Suspension of in-person classes until 31 May.

Overview of selected government measures. Sources: Government of Colombia 06/04/2020, 23/03/2020, 16/03/2020, 16/03/2020, 08/04/2020; El Tiempo 15/03/2020. See [ACAPS database of government measures](#) for an overview of measures worldwide.

### Methodology

The analysis presented in this report is based on secondary data review (SDR).

### Limitations

This report relies mainly on publicly available sources and therefore should be used only to provide a contextual overview and a general indication of the impact and risk exposure faced by vulnerable population groups. The situation is evolving rapidly and information presented in this report may quickly become outdated. No comprehensive figures on people affected by the government measures are available.

## Colombia: Government measures

Following detection of the first cases of COVID-19 in Colombia, national and local government implemented a series of containment measures to curb transmission of the coronavirus in the country. They include halting of entry into and reducing human contact within the country.

Beyond slowing transmission of the virus in Colombia, these measures have had a significant secondary impact, particularly on vulnerable population groups such as **Venezuelan refugees and migrants, Colombian returnees from Venezuela, internally displaced people (IDPs), host communities, indigenous communities, and low-income households**. Government measures implemented across the region have also led to **Venezuelans returning to Venezuela**. Reducing the impact of the restrictive measures on vulnerable population groups will be crucial to ensuring their well-being throughout the duration of the measures.

## Impact of government measures

Measures to contain the spread of COVID-19 have had a profound multi-sectoral impact on vulnerable population groups, such as Venezuelan refugees and migrants and IDPs. This impact is likely to continue and worsen over time if these measures are extended, particularly as coping mechanisms and assets are depleted, and if humanitarian assistance does not meet basic needs.

### Livelihoods

**Government restrictions have had a significant impact on people's ability to engage in livelihood activities. The national quarantine has particularly affected people without a formal labour contract such as day labourers and street vendors, as many cannot continue their income-generating activities.**

In 23 major cities and urban areas, 48% of the working population works informally (DANE 13/04/2020). Cúcuta, Norte de Santander, presents the highest percentage, with 71% of the working population working informally (DANE 13/04/2020).

Many Venezuelans in Colombia work informally, though estimates vary. Among 1,500 people interviewed by UNHCR in 2019, 46% were street sellers or otherwise informally employed, with an additional 26% being unemployed (UNHCR 19/03/2020). In 71% of Venezuelan households in five border departments assessed by WFP, the primary source of income was irregular daily labour or street vending, while 9% had no source of income (WFP 19/02/2020). In the same departments, in **host communities**, 52% of households were using irregular daily labour and 11% were using street vending as their main source of income (WFP 19/02/2020). No representative data is available for the whole

Venezuelan population in Colombia, which is widely dispersed. Nonetheless, this data indicates a high level of economic vulnerability among Venezuelan refugees and migrants.

As a result, many **Venezuelan refugees and migrants** survive from day to day without savings, which means that they are unable to cover their basic daily needs if they do not work and generate an income (BBC 25/03/2020; RCN 19/03/2020). Existing household assets will likely be quickly depleted.

Female heads-of-household, who often fulfil double roles as breadwinners and caretakers, are particularly vulnerable if they lose their sources of income (GIFMM 26/03/2020; CARE 05/2019).

### Food security

**Many households, such as Venezuelan refugee and migrant households, are already in a precarious food security situation with existing high levels of food insecurity and the use of negative coping strategies. Significant reductions in daily income and food access during the national lockdown mean these households will require humanitarian assistance to meet their daily needs.**

Many Venezuelans and poor Colombians relied on soup kitchens for daily meals before the quarantine. Many of these soup kitchens closed because of restrictions on the number of people allowed per event, reducing people's access to food (La Opinion 27/03/2020; GIFMM 28/03/2020). Furthermore, the closure of schools as part of the prevention measures resulted in suspension of school feeding programmes, which particularly impacts children from food insecure households (R4V 02/04/2020). According to WFP, over 4 million children in Colombia (Colombian and Venezuelan) do not have access to school meals due to the restrictions (WFP 04/2020). Alternative modalities of food assistance are necessary to continue ensuring children's access to food.

In La Guajira department, the COVID-19 crisis coincides with the dry season and pre-crisis high malnutrition levels, leaving many members of the **Wayuu indigenous group** particularly vulnerable and in need of food assistance (NYT 09/04/2020).

Venezuelan households in Colombia faced food insecurity prior to the current health crisis. In five border departments assessed by WFP in 2019, 21% of Venezuelan households were severely food insecure, and 34% moderately food insecure. In comparison, 3% of Colombian host community households in the same locations were severely food insecure and 24% were moderately food insecure (WFP 19/02/2020). In these border departments, negative coping strategies are common among Venezuelan households. 82% of Venezuelan households reduced the size of food portions (compared to 72% of host community households) and 78% reduced the number of meals (compared to 67% among host community) (WFP 19/02/2020). 49% of Venezuelan

households used emergency coping strategies such as begging, compared to 23% of host community households (WFP 19/02/2020).

As for Colombian IDPs, over 70% of IDPs in need in 2020 are estimated to have severe or catastrophic food security situations, due to difficulties in accessing food (OCHA 01/04/2020). A comprehensive food security survey for IDP households is not available.

## Shelter

**Poor households who lost their income are at risk of being evicted from their accommodation. Overcrowded living conditions create challenges for social distancing and imply health risks.**

The implementation of social distancing measures has had an impact on shelters for **Venezuelan refugees and migrants**, many of which are unable to comply with the requirements for necessary WASH installations and limitation of social contact. Shelters in different departments have had to close (El Espectador 18/03/2020; GIFMM 26/03/2020). Some Venezuelans have been unable to pay rent following their loss of income, and have been evicted from their accommodation (La Opinion 27/03/2020; WRadio 01/04/2020, GIFMM 03/04/2020). This happened despite the government prohibiting evictions over the duration of containment measures (Government of Colombia 31/03/2020).

Evictions are affecting vulnerable Colombians as well. In Bogotá, some 200 **IDPs** from the Embera Katío indigenous group lost their accommodation as they could not cover the daily rent following income losses during the national lockdown (El Espectador 07/04/2020; El Espectador 08/04/2020).

The living conditions of many Venezuelan migrants and refugees make it difficult to observe social distancing, and put them at risk of contracting the virus. Overcrowding of living spaces has been reported in Norte de Santander in particular, but also in La Guajira (NRC 11/2019; LaFM 25/03/2020; El Espectador 18/03/2020; GIFMM 28/03/2020; El Tiempo 25/03/2020; El Tiempo 01/04/2020). Almost half of Venezuelan refugees and migrants in Colombia live in overcrowded conditions with more than three people per room (GEIH, iMMAP 2019). Such conditions make it difficult or even impossible to practice self-isolation or home quarantine and separate accommodation will be required for suspected or positive cases of COVID-19.

For newly displaced **IDPs**, the government measures create obstacles to finding safe shelter. For example, in Roberto Payán, Nariño department, 250 people were displaced in late March. To avoid large concentrations of people, they were accommodated among the community, rather than in public spaces such as coliseums (El Espectador 30/03/2020). Accommodation for IDPs need to be equipped with necessary WASH installations and have sufficient space to avoid overcrowding and reduce the risk of COVID-19 transmission (OCHA 23/03/2020).

## WASH

**WASH needs are related to the issue of inadequate shelter conditions. Regular hand-washing with soap and warm water or antibacterial gel and regular cleaning of living spaces are crucial to reduce COVID-19 transmission. Particularly in overcrowded accommodations where many people or multiple families share one space, maintenance of hygienic conditions can be difficult. For homeless people, following personal hygiene recommendations is even more challenging.**

Regions where WASH conditions were insufficient even before the crisis are particularly vulnerable. For example, La Guajira department has been affected by droughts, water shortages, and low access to sanitation (OCHA 01/04/2020). In rural areas of the department, only 4% of the population had access to drinking water in 2019 (RCN 09/07/2020). The Wayuu indigenous group in La Guajira is particularly affected by the lack of water (El Espectador 08/04/2020). Water shortages and lack of access to water in La Guajira affect Venezuelan refugees and migrants as well. Only 41% of Venezuelans in La Guajira have access to water via pipes, with water trucks (15%) and rivers (7%) being other significant sources of water (GEIH, iMMAP 2019).

In a 2019 assessment of shelters and accommodation for Venezuelan migrants and refugees in four border departments, over 80% of accommodations presented a lack of hygiene and menstrual hygiene products (UNICEF, iMMAP 18/07/2019). The assessment also uncovered insufficient hand-washing practices, with over 50% of respondents stating that they did not wash their hands before eating (UNICEF, iMMAP 18/07/2019).

Furthermore, local GIFMM (Inter-Agency Group on Mixed Migration Flows) platforms have identified needs for additional hygiene items such as soaps and cleaning products in hospitals and medical assistance centres, as well as for the population, for example in Arauca and Cesar departments (GIFMM 24/03/2020; GIFMM 03/04/2020).

## Health

**Barriers to accessing healthcare pose risks for vulnerable population groups, such as Venezuelans without a regular legal status.**

For an analysis of Colombia's health capacities, see for example El Tiempo 28/03/2020.

Beyond available healthcare and the country's capacity to cope with an outbreak, it is important to consider certain population groups' vulnerability to the coronavirus, as well as access to healthcare.

**Risk groups (medical):** Considering what is known about the coronavirus so far, the following groups have been identified at particular risk of developing severe symptoms of COVID-19 if they are infected:

- People above 70 years of age;
- People with pre-existing medical conditions (e.g. diabetes, hypertension, and cancer).

(ECDC 31/03/2020; CDC 02/04/2020)

**Risk groups (living conditions):** Beyond the susceptibility to developing severe symptoms of COVID-19, some population groups are more at risk of infection through community spread of the virus:

- People in a state of homelessness, due to lack of access to hygiene, sanitation, and healthcare, and difficulty observing social distancing if staying in emergency shelters (CDC 22/03/2020);
- Refugees, migrants, and internally displaced people, as they often live in overcrowded conditions, with less access to hygiene, sanitation, and healthcare (The Lancet 31/03/2020).

In addition, in the Colombian context, the most vulnerable population groups generally include those with reduced access to healthcare, such as:

- Poor households in rural and urban areas;
- Venezuelan refugees and migrants, particularly those without a regularised legal status;
- Ethnic communities like indigenous and Afro-Colombian communities;
- People in transit and pendular migrants, due to the border closures.

(Global HRP 28/03/2020; GIFMM 26/03/2020).

Inclusion of Venezuelan refugees and migrants in the Colombian national healthcare system is limited. In June 2019, of the approx. 600,000 Venezuelan holders of the PEP (Special Stay Permit), only 26% were connected to the system (RMRP 2020). WFP found that 58% of Venezuelan refugee and migrant households in five assessed border departments do not have access to healthcare, primarily due to the lack of personal resources (WFP 19/02/2020). Venezuelans without a legal status face particularly strong barriers to accessing healthcare, as they are likely to avoid approaching health services due to a fear of being reported to the authorities. Generally, Venezuelan refugees and migrants who are not affiliated with the Colombian social security can access only emergency health services, irrespective of their legal status (Government of Colombia 25/05/2017). Women comprised around 70% of Venezuelans accessing medical consultations and hospitalisations in Colombia between 2017 and 2019 (IMMAP, Proyecto Migración 2020).

Some assessments have indicated that health-seeking behaviour among Venezuelans is impacted by real and perceived barriers to accessing healthcare. For instance, an IRC

assessment in Norte de Santander department in 2018, found that 26% of those interviewed who had not sought healthcare in Colombia stated a belief they would not be attended. 78% of those interviewed identified barriers to accessing healthcare for Venezuelans, including prohibitive costs and being refused for being Venezuelan (IRC 06/11/2018). While this assessment is not representative of the Venezuelan population in Colombia, and barriers to access to healthcare may have changed over time, these findings suggest that some Venezuelans may not seek health assistance even if they develop symptoms of COVID-19. Venezuelans in Colombia need to be adequately informed about how to receive treatment for COVID-19.

In the event of increasing case numbers of COVID-19, medical assistance for people with other health needs is likely to become limited (Business Insider 06/04/2020). This is especially likely if hospital capacities become stretched and if people avoid seeking healthcare due to fears of becoming exposed to the virus when approaching health facilities.

Some exceptions to the border closure were made for health emergencies. Pendular migrants living in Venezuelan border municipalities have been allowed to cross into Colombia to receive emergency healthcare (La Opinión 18/03/2020).

## Protection

### Protection risks along the borders are increasing as people use irregular border crossings controlled by armed groups.

Despite the closure of the border between Colombia and Venezuela, people living on the Venezuelan side are still crossing into Colombia in order to meet their basic needs. To traverse the border, they are using **irregular border crossings**, via land (“trochas”) and rivers, that are controlled by armed groups (Portafolio 24/03/2020; GIFMM 26/03/2020; El Tiempo 01/04/2020; Devex 17/03/2020). This exposes people to protection risks, such as human trafficking, physical and sexual violence, and robbery (4Mi 09/02/2020). Irregular crossings from Venezuela to Colombia are anticipated to increase as COVID-19 spreads inside Venezuela, forcing people to seek healthcare in Colombia due to the very limited capacities of the Venezuelan health system (Devex 17/03/2020). While armed groups may have an economic incentive to continue to control irregular border crossings, they may also impede irregular border crossings. In some areas of Putumayo department, an armed group reportedly has been preventing people from traversing the border between Ecuador and Colombia (Comisión Intereclesial 29/03/2020).

There are further heightened protection risks for people who have been a target of armed groups, such as **social and indigenous leaders** and **human rights defenders**. Armed groups have continued assassinations, with at least five social leaders killed since the beginning of the national quarantine (Semana 02/04/2020). As social leaders are complying with the quarantine and staying in their homes, they are easier targets for



attacks, especially if protection measures weaken (El Espectador 06/04/2020; Semana 02/04/2020; El País 26/03/2020; PAX 27/03/2020).

In addition, protection risks are heightened for people living in areas of the country with a strong presence of armed groups. In some regions, armed groups are threatening repercussions for people who do not adhere to the nationwide lockdown, setting up illegal checkpoints and threatening violence (InSight Crime 31/03/2020; Análisis Urbano 26/03/2020).

Risk of gender-based violence is increased amid the COVID-19 crisis (UNFPA 23/03/2020). In Colombia, there are indications that domestic violence has been increasing since the beginning of the national lockdown, though no specific information is available on how vulnerable population groups are impacted. Since the beginning of the lockdown, calls to the government helpline for women have increased by 79%, with most calls concerning domestic violence (Government of Colombia 01/04/2020).

## Education

### All in-person classes have been suspended in Colombia, affecting millions of school children.

Alternative forms of education, such as online learning, are only available to those with access to internet and electronic devices, and many schools, especially in rural areas, do not have virtual platforms to facilitate remote learning (El Espectador 07/04/2020). The education of children without access to virtual learning is therefore disproportionately at risk of being disrupted by the closure of schools. In rural areas of the country, less than 10% of households own computers or laptops, and only 16% have internet access (DANE 2018). Lessons learned from the 2014 Ebola outbreak in West Africa show that school closures led to school children missing up to nine months, with some children dropping out of school during the closures (Theirworld 02/04/2020). This highlights the need for education support for children affected by school closures in Colombia.

## Returns to Venezuela

### Return movements of Venezuelans are likely to increase over the following weeks as the situation becomes increasingly precarious for Venezuelan refugees and migrants who lost their sources of daily income.

Many Venezuelans' livelihood activities have been significantly impacted by the government measures. Many have lost their accommodation due to an inability to pay rent after losing their regular income, and thousands have been returning to Venezuela. Many are returning on foot due to the lack of available transport (El Espectador 04/04/2020; Reuters 03/04/2020; El Heraldo 12/04/2020). Exact figures on how many Venezuelans have become homeless, and how many are returning to Venezuela, are not available.

Some Venezuelans are returning to Venezuela from Ecuador, which has been impacted by COVID-19 as well, passing through Colombia (El Tiempo 04/04/2020; Proyecto Migración Venezuela 06/04/2020; El País 06/04/2020). At some departure points, such as Bucaramanga, Santander department, and Pasto, Nariño department, local authorities organised transportation to the border with Venezuela (WRadio 10/04/2020; LaFM 10/04/2020; El Tiempo 06/04/2020). In La Guajira, authorities reportedly blocked the entry of buses transporting returning Venezuelans into the department (El Heraldo 14/04/2020). Although the border between Colombia and Venezuela is officially closed, authorities have permitted returning Venezuelans to cross (Portafolio 06/04/2020).

These return movements are associated with a number of health risks. Many Venezuelans with an intention to return to Venezuela are congregating in public spaces such as parks in major cities, creating overcrowded conditions with a high risk of COVID-19 spread. While they remain in these public spaces, they likely lack access to basic sanitation and hygiene. For example, in Bucaramanga, some 300 Venezuelans sheltering near a park reportedly lacked access to sanitation facilities (LaFM 10/04/2020). There are further risks of overcrowding at the main border crossing points, such as Cúcuta in Norte de Santander department, as Venezuelans wait to be allowed to cross. On 12 April, Venezuelan authorities halted border crossings for two days to better prepare for the arrival of returnees (Caracol 12/04/2020). On 13 April, the government of Apure state, Venezuela, stopped permitting returning Venezuelans to cross (El Tiempo 13/04/2020). Such measures are likely to increase concentrations of Venezuelans on the Colombian side of the border.

During the return movements, refugees and migrants in transit on foot, called "caminantes" ("walkers"), are in need of transportation as well as food, shelter, and WASH (RMRP 2020). Depending on the route they are taking, they may be exposed to cold temperatures when traversing the Andean mountains (DW 07/04/2020).

Some 33,000 Venezuelans are estimated to have returned to Venezuela since the formal closure of the border (Infobae 14/04/2020). There is no available estimate of the number of Venezuelans currently crossing the country to reach the border with Venezuela.

Upon arrival in Venezuela, returnees do not encounter adequate conditions or support to comply with the recommended 14-day self-quarantine. In Táchira state, returnees are reportedly quarantined in schools and unused buildings, with inadequate WASH conditions and insufficient food assistance (Reuters 07/04/2020; La Opinión 06/04/2020). Reportedly, the ELN impeded returnees from sheltering in a local school in Llano Jorge, Táchira, during their quarantine, due to concerns that they might carry the virus (Infobae 07/04/2020).

## Additional risk factors in the short and medium term

### Misinformation

Vulnerable populations, such as Venezuelan refugees and migrants, are at risk of becoming susceptible to misinformation and fake advertisements of assistance (CaLP 31/03/2020). For example, in Medellín, a fake WhatsApp message announced economic support for Venezuelans, dozens of whom lined up in front of the city administration (El Tiempo 24/03/2020).

A regional information needs assessment among Venezuelan refugees and migrants in 15 countries of Latin America found that 70% of respondents have access to a mobile phone, with two-thirds of them having access to a smartphone (R4V 11/2019). Social media is an important source of information for many refugees and migrants, particularly for younger generations. Overall, WhatsApp (36% of respondents) and Facebook (32% of respondents) were reported as the main channels of information, followed by TV (R4V 11/2019). Nevertheless, when asked about which information sources they trusted the least, over 30% of respondents stated that they do not trust Facebook, and 20% do not trust WhatsApp (R4V 11/2019). This indicates that many Venezuelans are aware of the spread of fake news and advertisements in social media.

While these results are not representative, they are indicative of a wide use of smartphones and social media among the Venezuelan refugee and migrant population. While this gives them easy access to information, it also puts them at risk of being targeted by misinformation, for example about humanitarian assistance, government measures or health-related misinformation about COVID-19, even if they are generally aware of the prevalence of misinformation on social media.

### Xenophobia

As the crisis and the related government measures are having a socioeconomic impact on the whole country, and resources and capacities to manage the crisis are becoming increasingly stretched, there is a risk of increased xenophobia, particularly targeted at Venezuelan refugees and migrants. This is particularly likely if low-income Colombian households perceive that Venezuelans are prioritised for receiving economic support. This perception will likely be augmented through fake news and misinformation shared on social media. In addition, an increase in xenophobia will likely be triggered if a large number of Venezuelans in Colombia become infected with COVID-19, or if a large-scale outbreak occurs inside Venezuela.

Some COVID-19-related xenophobic fake news targeting Venezuelan refugees and migrants in Colombia has already circulated on social media (Colombia Check 03/04/2020).

## Humanitarian access

Despite nationwide restrictions on movement, national and local governments have set a series of exceptions, some of which include movement of humanitarian organisations. At the national level, Decree 457 stipulates that “interreligious” actors have the freedom to move in the context of humanitarian assistance (Government of Colombia 23/03/2020). In Decree 531, the government allows movements of medical missions of international organisations (Government of Colombia 08/04/2020). At the local level, some departments explicitly allow humanitarian organisations associated with GIFMM or the ELC (Local Coordination Team), to operate, such as in La Guajira (Government of La Guajira 24/03/2020).

Access challenges that existed before the beginning of the COVID-19 crisis, such as presence of armed groups, continue to affect humanitarian operations, with a risk of being exacerbated by the new conditions.

The access of affected populations to humanitarian assistance has often been obstructed in areas with a strong presence of armed groups, as people confine themselves due to fears of being exposed to violence and threats, or as armed groups keep people from leaving their communities (OCHA 01/04/2020). Over 27,000 people were affected by forced **confinements** in 2019, with this figure projected to increase significantly in 2020 (OCHA 01/04/2020). In the context of the COVID-19 crisis, confinements are likely to increase, as armed groups impose their own quarantines and movement restrictions in areas where they are present, threatening those who violate their rules (InSight Crime 31/03/2020; Análisis Urbano 26/03/2020).

Some indigenous communities have closed all access for outsiders, including humanitarian organisations, to protect themselves from contracting the virus (Semana 18/03/2020).

## Humanitarian response

### National response

The Colombian government has launched a series of assistance programmes to mediate the impact of the containment measures on the most vulnerable among the population. Through the programme “Ingreso Solidario”, the government plans to provide cash assistance to close to 3 million poor households (Government of Colombia 07/04/2020). For example, Bogotá’s mayoral office announced economic assistance to 350,000 poor households in Bogotá, in the form of cash transfers, vouchers, and in-kind assistance (El País 25/03/2020).

On 13 April 2020, the government asked for additional international support to respond to the needs of Venezuelan refugees and migrants and host communities, especially in relation to COVID-19 (Government of Colombia 13/04/2020).

## International response

Humanitarian operations have been affected by reduced mobility of staff and restrictions on the concentration of large groups. For example, many soup kitchens have been closed, though some food assistance has been given in the form of food packages (NYT 09/04/2020). In-person assistance, for example in protection spaces and assistance points, has been suspended or replaced with assistance via telephone (GIFMM 24/03/2020; GIFMM 02/04/2020).

Beyond suspending activities, international organisations are adapting their programmes to changing needs and containment measures. Member organisations of the GIFMM are responding to the increase in WASH needs, for instance by installing hand-washing points and distributing hygiene kits, which have benefitted for example the Yukpa indigenous group in Norte de Santander (GIFMM 29/03/2020). GIFMM partners are also supporting vulnerable households with cash assistance and vouchers, to support them in meeting their basic needs (GIFMM 07/04/2020). Some partners are advancing cash payments (NYT 09/04/2020).

## Information gaps

- **Figures on people affected by the containment measures.**
- **Colombian returnees:** Little information is available on the socioeconomic situation and the humanitarian needs of Colombians who have returned from Venezuela in recent years due to the political and socioeconomic crisis in Venezuela.
- **Colombian IDPs:** Detailed information on humanitarian needs of Colombian IDPs is limited.
- **Venezuelan refugees and migrants:** There is no publicly available comprehensive, cross-departmental multi-sector needs assessment that is representative for the whole population. Consequently, analytical conclusions on their needs must be largely extrapolated from smaller-scale assessments with limited representativeness.
- **Rural areas:** There is little information available about the impact of the government measures in rural areas, particularly regarding supply of essential goods