

Venezuelan refugees and migrants: awareness and information on COVID-19

This snapshot focuses on the level of awareness of COVID-19 among Venezuelan refugees and migrants in Colombia and Peru, and their access to information. It aims to contribute towards building a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the situation of refugees and migrants during the COVID-19 pandemic.

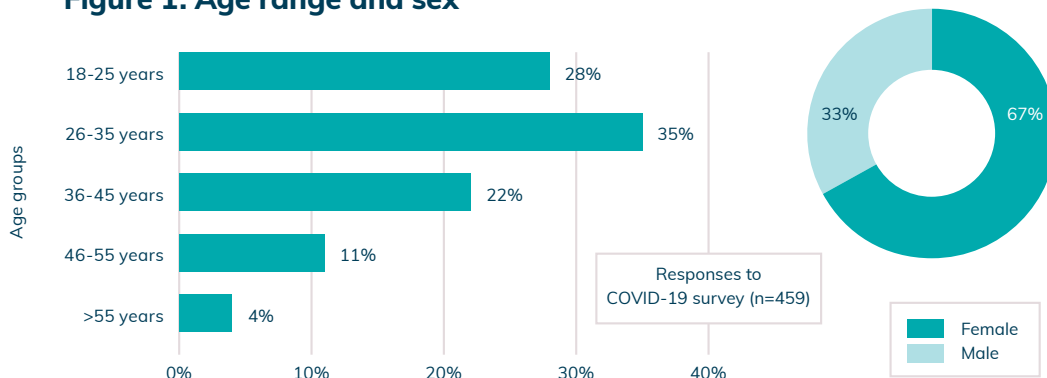
Recommendations

- Disseminate information on COVID-19 to migrants and refugees through channels which they consume frequently and sources they trust.
- Include accurate information on the asymptomatic spread of COVID-19 in public information material concerning the COVID-19 pandemic.
- Promote the use of reliable sources of information about the virus and how to protect oneself from contagion.

Profiles

The analysis is based on 459 surveys conducted between 6 April and 22 May 2020. 338 respondents were interviewed in Colombia and 121 in Peru. 67% of the respondents were women and 33% were men. The average age of respondents was 33 years.

Figure 1. Age range and sex

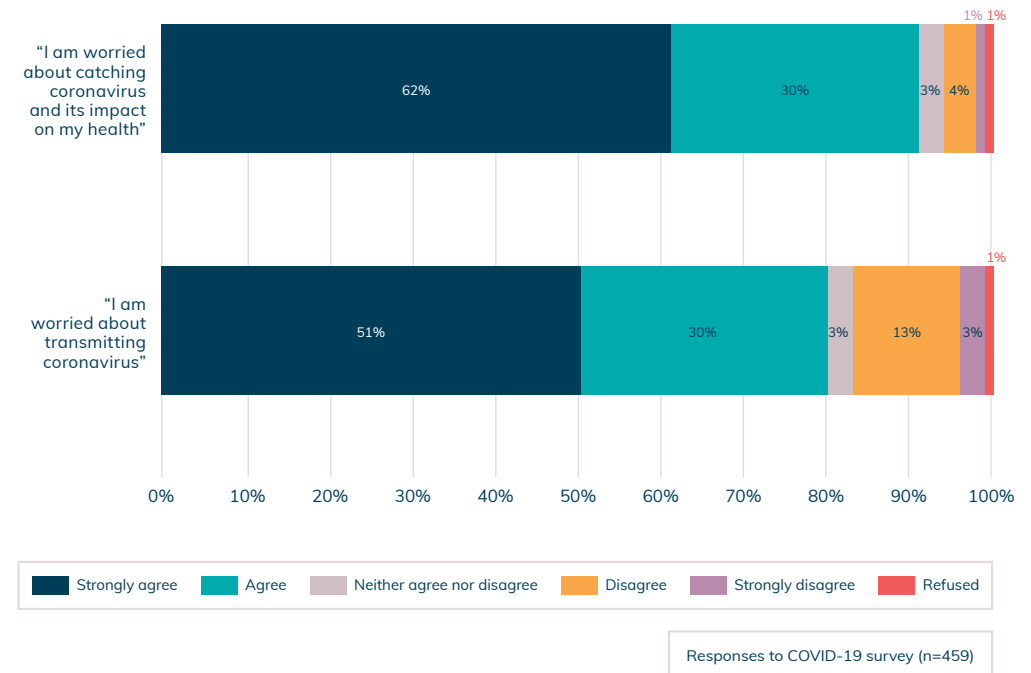


Refugees and migrants are generally aware of COVID-19

Most respondents have at least a basic level of awareness of COVID-19: 100% have heard of the virus, while 94% declared having seen people around them act more cautiously by wearing, for example, masks, gloves, or respecting social distancing.

92% of respondents reported being worried about contracting the virus and the impact this might have on their health. In comparison, fewer respondents stated worrying about transmitting the virus to others (81%).

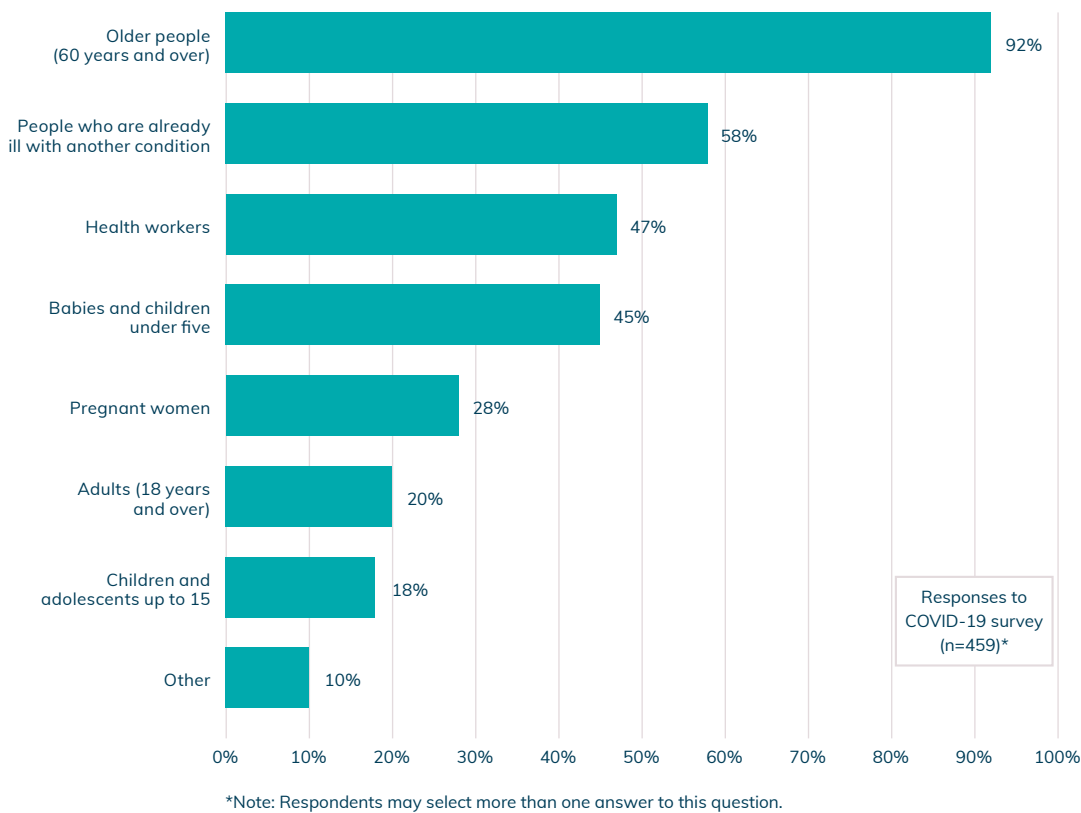
Figure 2. Refugees' and migrants' perception of COVID-19 transmission



Common symptoms of COVID-19 are relatively well known among Venezuelans: 92% of respondents cited fever while 76% indicated aches and pains, difficulties breathing and dry cough. However, only 9% of all respondents mentioned that the virus can be asymptomatic, with a significant difference between countries: 18% of respondents in Peru cited this answer, against only 6% in Colombia¹.

In general, respondents correctly identified population groups at higher risks from COVID-19: 92% cited older persons, 58% people already ill with other conditions, and 47% health workers. 45% of all respondents also cite babies and children under 5 as a group at risk from the disease although COVID-19, unlike other diseases, does not predominantly affect children (see Figure 3).

Figure 3. Which groups do you consider to be at the most risk from the disease?

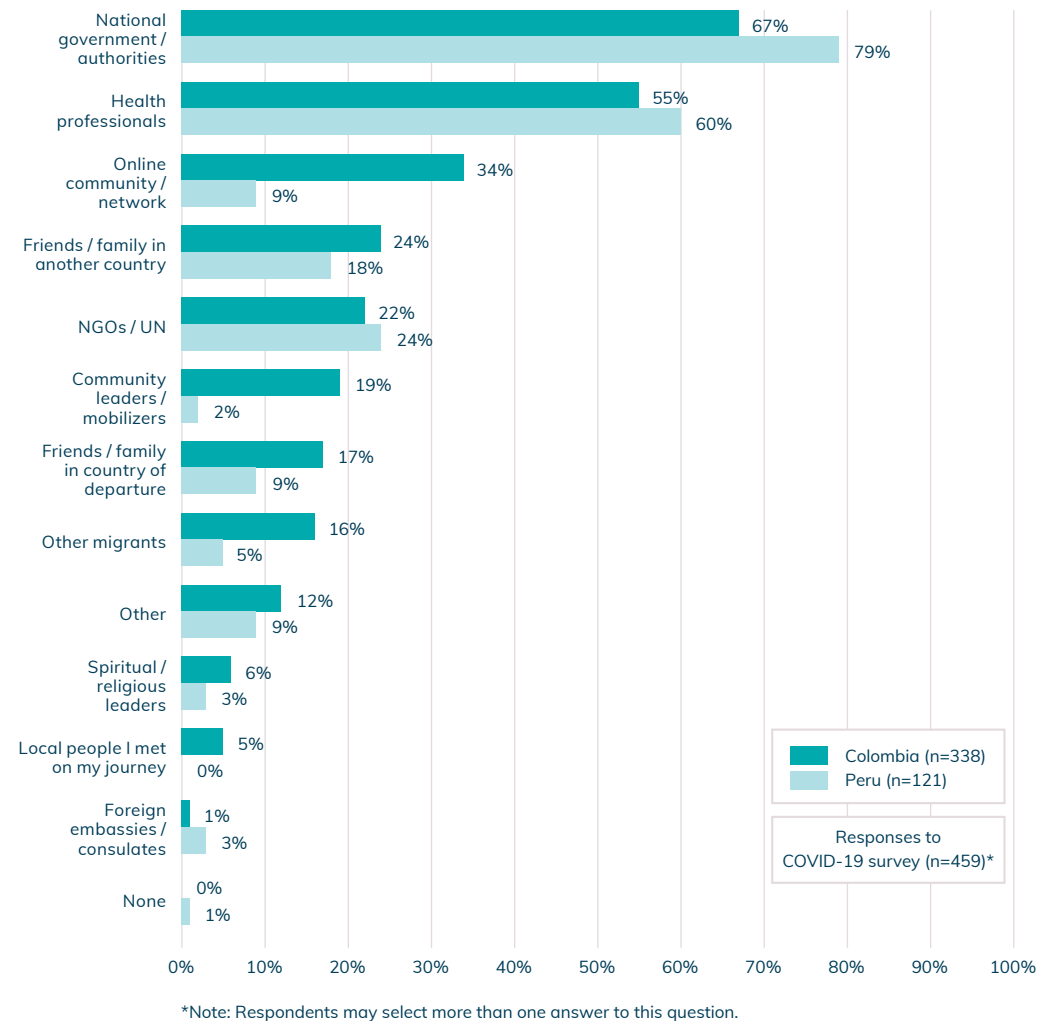


1 p-value= 0.000.

Authorities and health professionals considered as most reliable sources of information

All respondents reported having received information on the virus and how to protect themselves, the most used source of information being the national and/or local government (70%). Respondents also reported, although to a lesser extent, having received information from health professionals (56%), virtual communities (27%), friends and/or family in another country (22%), NGOs and/or the UN (22%), among others (see Figure 4).

Figure 4. Who did you receive information on COVID-19 from?



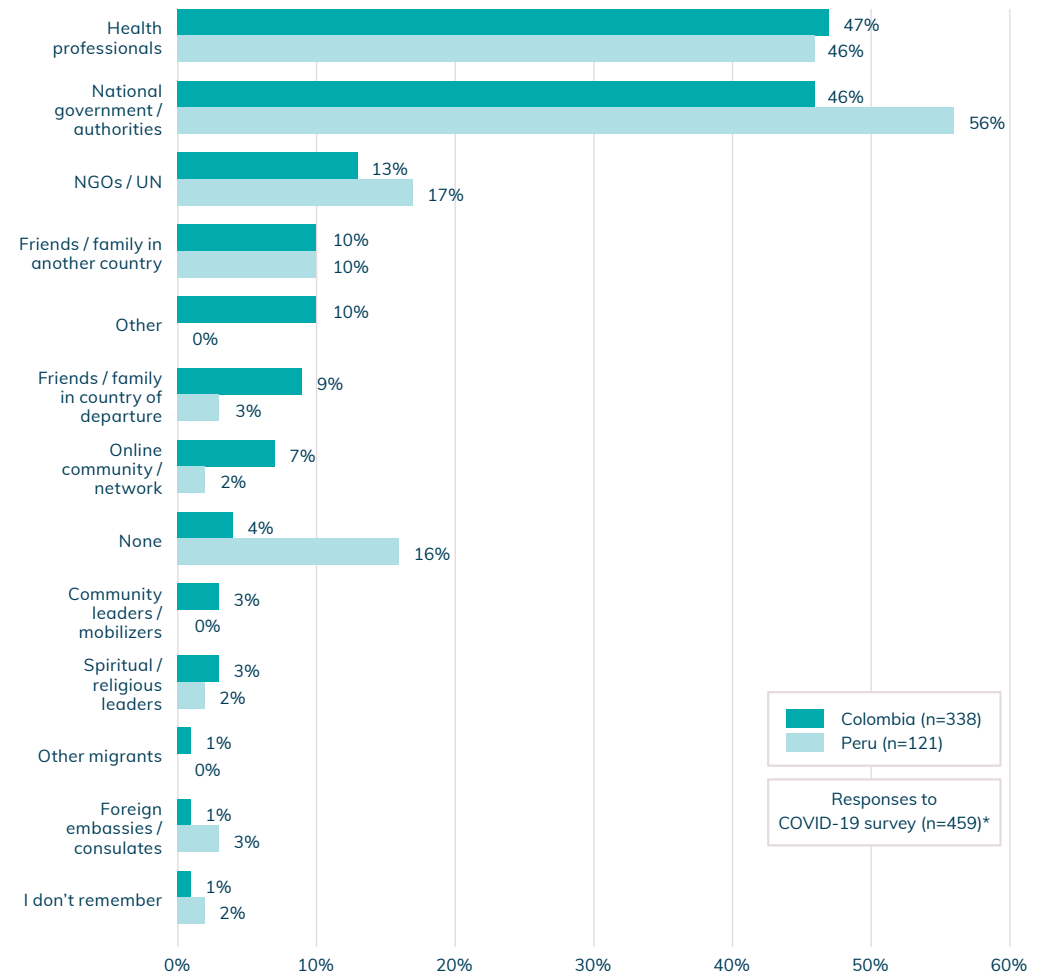
Answers to this question varied significantly between the two countries of interview: 79% of respondents in Peru stated having received information from the government, against 67% in Colombia². In Colombia, informal sources of information appear to be more frequently used: 34% of respondents in the country received information from online communities (versus 9% in Peru)³, 19% from community leaders (2% in Peru)⁴, and 17% from friends and/or relatives in the country of origin (9% in Peru)⁵.

The two sources of information that respondents consider as most trustworthy are national and/or local governments (49%) and health professionals (47%). NGOs and/or the United Nations are less frequently cited (14%), as are families/friends in another country (10%) and families/friends in the country of origin (8%) (see Figure 5).

The most frequently used sources of information are not always the most trusted. For the two main types of sources - national and/or local authorities and health professionals - the two trends are aligned. The online community, on the other hand, is the third most frequently used source of information for all respondents (27%) but it is considered as trustworthy by very few respondents in both Peru (2%) and Colombia (7%). This might imply that many Venezuelans receive their information from the online community because it is the source that is easiest to access, not because they trust it the most.

The lack of trust towards all sources of information is higher in Peru: 16% of respondents indicated that no source of information was trustworthy, versus 4% in Colombia (see figure 6).

Figure 5. Who do you think is a trustworthy source of information on COVID-19?



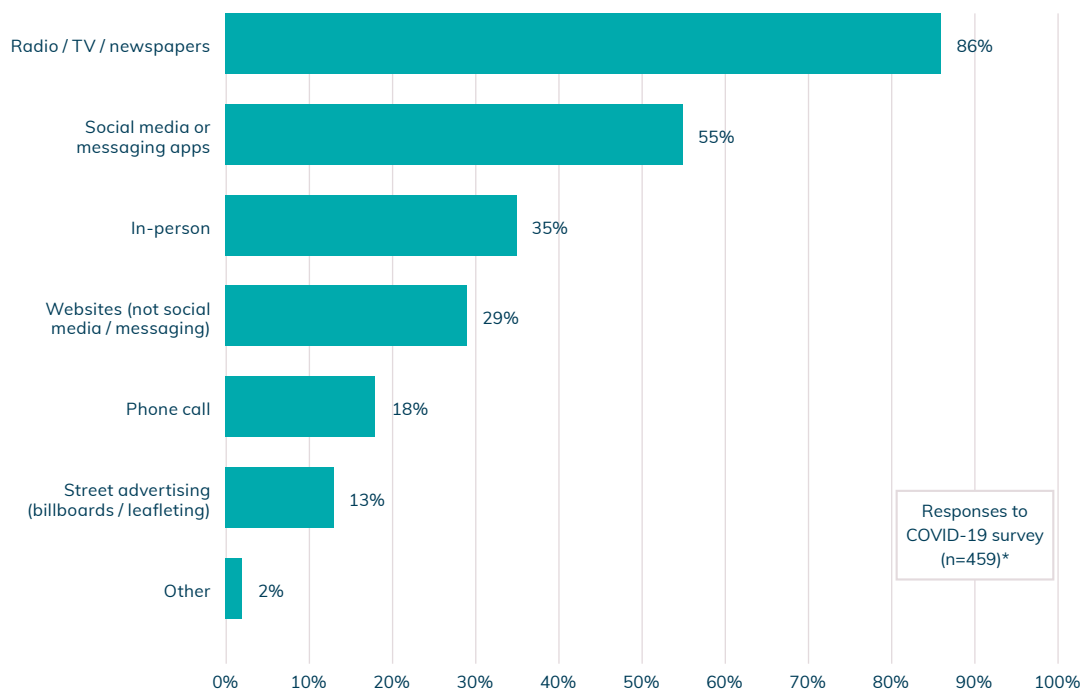
*Note: Respondents may select more than one answer to this question.

2 p-value= 0.014.
 3 p-value= 0.000.
 4 p-value= 0.000.
 5 p-value= 0.039.

Traditional media as main means to receive information on COVID-19

Venezuelan refugees and migrants most often reported having received information about the virus via traditional media such as radio, TV and newspaper (86%), followed by social media (55%), and in-person communications (35%).

Figure 6. Through what means did you receive the information (type of media)?



*Note: Respondents may select more than one answer to this question.

Responses to COVID-19 survey (n=459)*

The use of traditional media is higher in Peru (93% of the respondents) than in Colombia (83%). Respondents in Colombia seem to receive information through a broader variety of media: in-person communications (for 43% of respondents, versus 14% in Peru), website (33%, versus 16% in Peru), and street advertising (20%, versus 13% in Peru).



4Mi & COVID-19

The [Mixed Migration Monitoring Mechanism Initiative](https://www.mixedmigration.org/4mi) (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi

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