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1. INTRODUCTION

The protection monitoring is one of DRC Colombia's the main activities and it identifies protection gaps, incidents and human rights violations. It also identifies and analyses capacities and coping strategies of the population of interest, to reinforce the responsibility of the State and other actors to protect the affected population (advocacy) and inform the programming of DRC and other organizations in the humanitarian response.

The protection monitoring collects data about protection risks (threats and vulnerabilities) at individual, household and community level to detect human rights violations, their capacities, the access to services (safe and without discrimination) and provides a quarterly context analysis. Also, the protection monitoring looks to identify and analyze risks, incidents and trends relevant to the protection and assistance of affected po-

pulations that allow informed decision-making, the prioritization, the promotion, and the design of humanitarian responses.

The protection monitoring is conducted in the communities where the refugee, migrant, and returnee population live and includes household surveys, focus group discussions, interviews with key informants, and direct observations. The protection monitoring analysis in this report is based primarily on this information but is complemented by information available through other sources.

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2. SUMMARY

This report presents data collected from October to December 2020, through the monitoring made by DRC offices in Colombia. In total 1,613 families were interviewed, corresponding to 6,263 persons during the monitoring period, 32.68% of the interviews were made in Barranquilla, Riohacha 30.32%, Bogotá 23.28% and Medellín 13.72%. In addition, 23 focus groups (Barranquilla 8, Medellín 3, Bogotá 12) and 35 interviews with key informants (Riohacha 17, Medellín 8, Bogotá 6, Barranquilla 4.) were conducted.

In 2020, 6,371 households were interviewed, corresponding to 24,152 persons. This sampling of the population of interest will make it possible to analyze the protection needs of a target population of approximately 90,000 refugees and migrants with a confidence level of 96% and a margin of error of 1%

The main findings are:



» The priorities identified by the population monitored during the last quarter of 2020 were the same as the previous quarter: food, housing and economic income.



» 78.9% of the people monitored are working, which represents an increase of 17.7% compared to the previous quarter, but 97.5% do informal work.



» 81.5% of the Venezuelan population has not been able to access any of the special residency permits for Venezuelans (PEP), and 18.6% have acquired a special residence permit. The high percentage of people without any migration permit has been constant during 2020.



» The percentage Venezuelans who have not applied for refugee status in Colombia is very high (97.2%) and the main reason is the lack of knowledge about the procedure (96.6%).



» 2.4% left Venezuela due to persecution and 3.2% due to generalized violence and may be in need of international protection. DRC identified 43 cases (155 people) during the reporting period who had submitted a refugee claim, 93% are still waiting for a decision and 7.0% were rejected and no case has been recognised.



» Of those surveyed between October and December, 8.1% have some type of disability.



» 20.2% present a specific protection need. Single mother or father is the most frequent profile followed by children and teenagers at risk and people with serious medical conditions. Most of the children and teenagers at risk are those at risk of being out of school, mainly because of barriers in accessing computer tools that allow access to virtual classes due to the restrictions of face-to-face classes as a result of the health emergency.



» Since November 2020, DRC identified a new barrier in the civil registration for children and teenagers born in Venezuela to Colombian parents who do not have a duly apostilled birth certificate.



» The refugee and migrant population continue to face barriers to access health care and the automatic affiliation for the population with PEP, or asylum seekers, as stipulated in Decree 64 of 2020 is not always done.



» Insecurity continues to be a concern for the population of interest and 41.5% perceive that their community is somewhat insecure, insecure or very insecure.

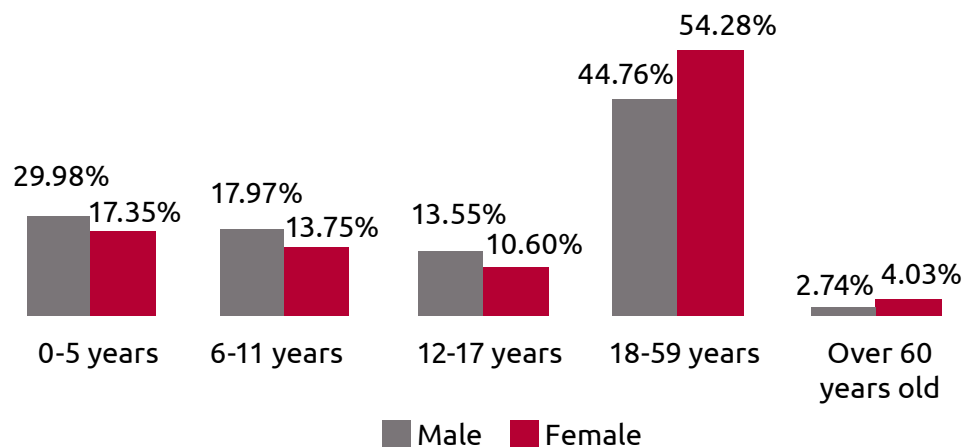
To consult the graphs and the main results of the monitoring from January to December 2020, please consult this [link](#).

3. POPULATION

In total 1,613 families were interviewed, corresponding to 6,263 persons. Most of the monitored persons were adult women (54.28%, and men (44.76%), ranging between 18 and 59 years old, followed by children between 0 and 5 years old (boys 20.98% and girls 17.35%), children between 6 and 11 years (17.97 % boys and 13.75%

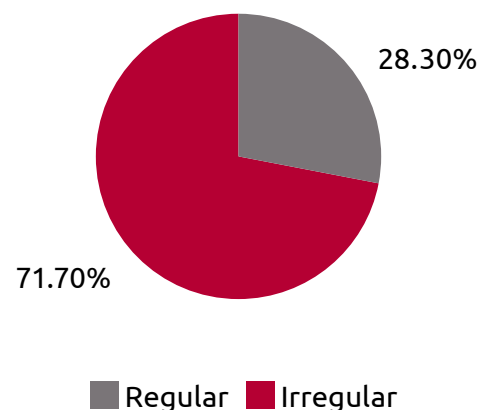
girls) and children between 12 and 17 years old (boys 13.55% and girls 10.60%). The interviews also included persons over the age of 60 years old (2.74% men and 4.03% women). It should be noted that 82.8% of the respondents were women, which represents a certain bias in the data.

Age and sex



Out of the total monitored population monitored, 80.52% are Venezuelans, 12.20%, Colombians, 5.89% have dual nationality, 1.29% are at risk of statelessness and 0.10% of other nationalities. Most of the monitored people come from the State of Zulia (53.6%) followed by the States of Carabobo (8.4%), Caracas (7.4%) and Falcon (5.8%).

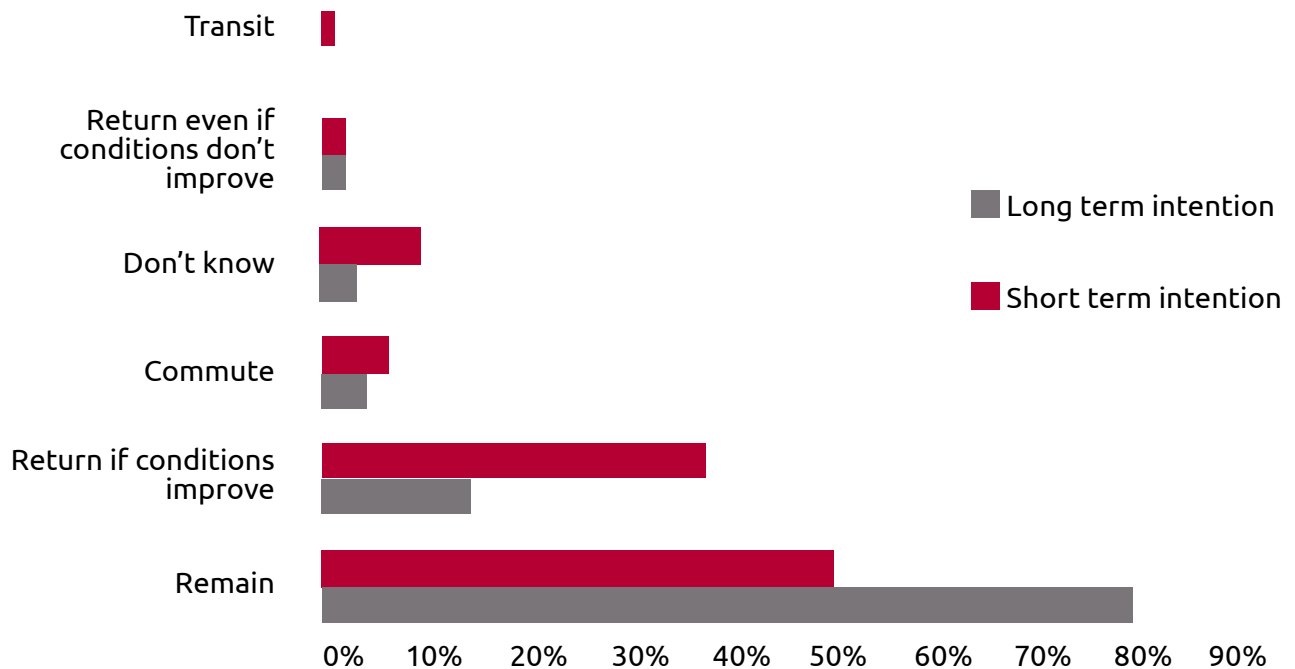
Type of entry



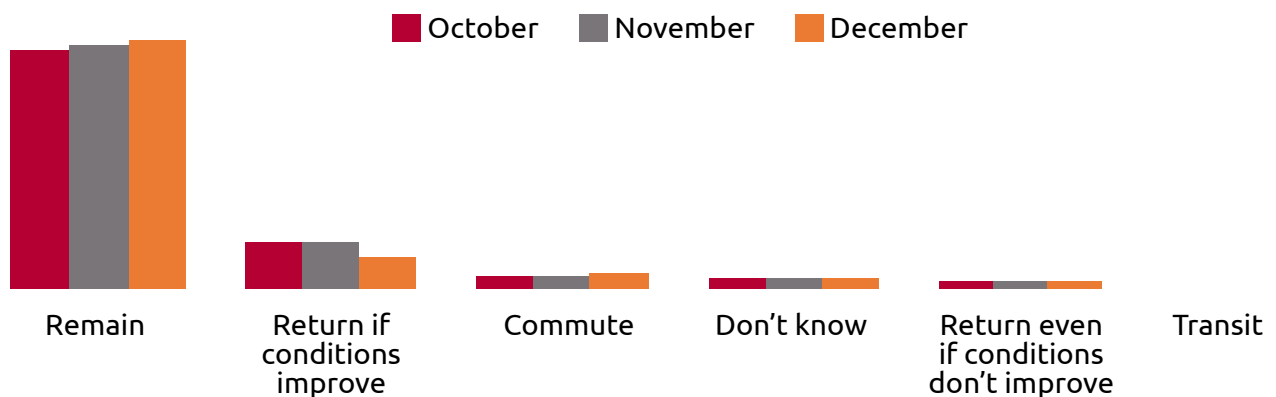
During the monitoring period, the irregular entry to Colombian territory continued to be higher in proportion (71.7%), to the people who entered irregularly (28.30%).

In comparative terms, the population who intend to remain in Colombia in the short and long term is significantly higher than those who intend to return if the living conditions in Venezuela would improve.

Intention to remain in the territory (General comparison between long and short term)



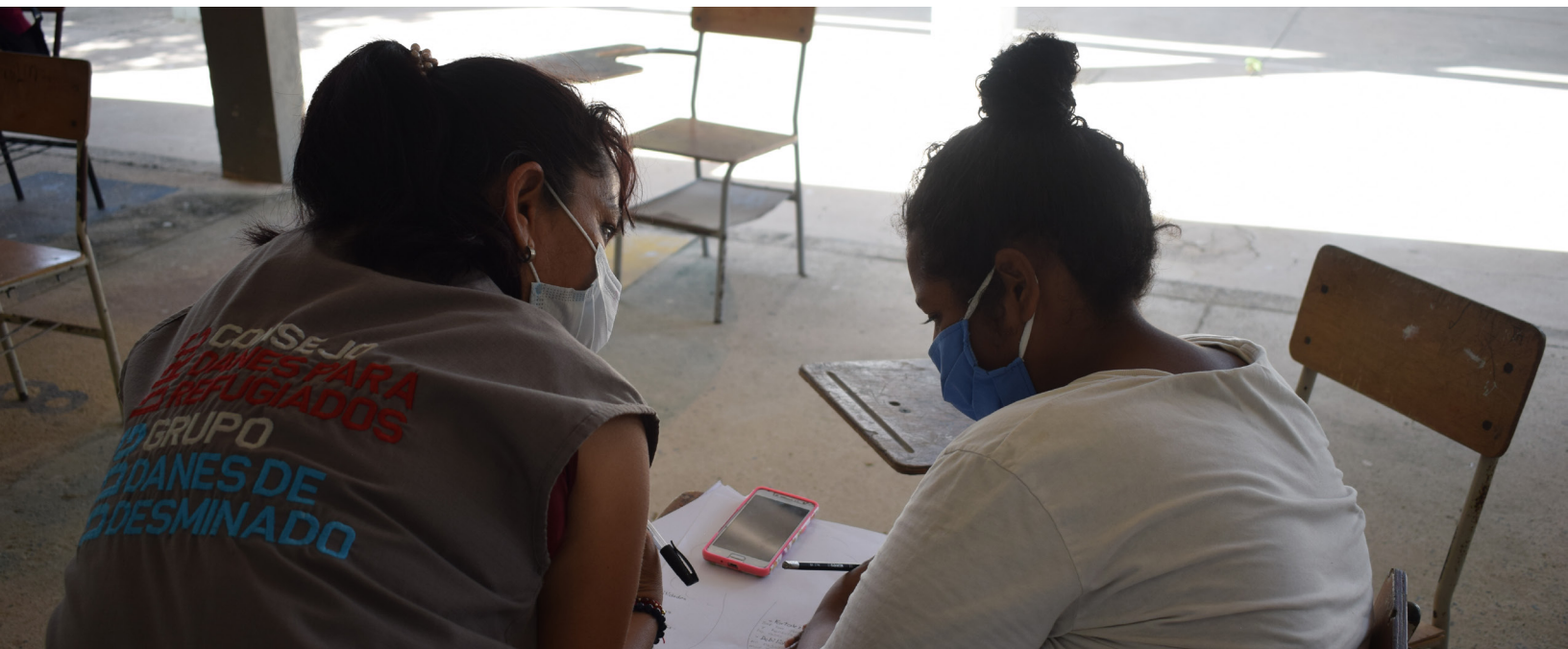
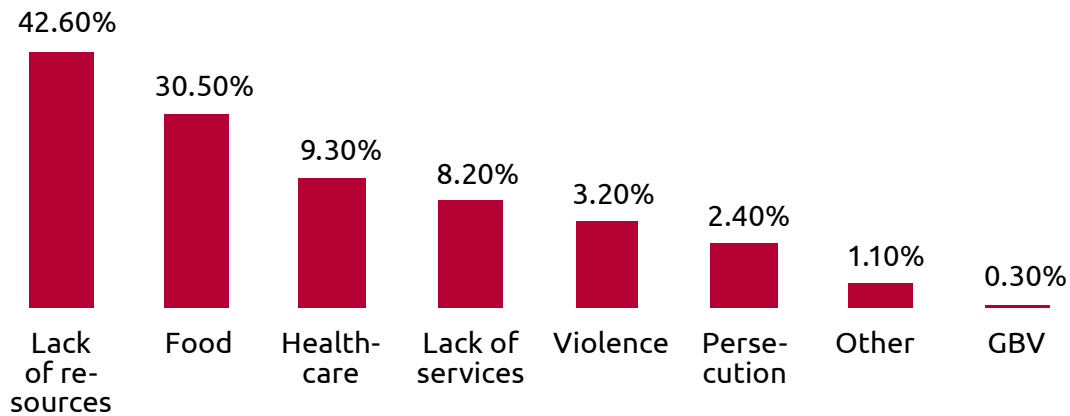
Intention to remain in the short term (0 – 3 years)



It should be noted that the intention to return, even if living conditions do improve in Venezuela, both in the short and long term, represent a very low percentage compared to those who intend to remain. This demonstrates the need for Colombian State institutions to generate and promote mechanisms that can allow the Venezuelans to regularize and integrate to achieve durable solutions.

The main reasons why the monitored population decided to leave Venezuela are: lack of resources (42.60%), food (30.50%) and access to health services (9.30%). The motivations for leaving Venezuela are directly related to the current crisis in Venezuela.

Reasons for leaving your home country or habitual residence



4. SPECIFIC NEEDS AND PEOPLE WITH DISABILITIES

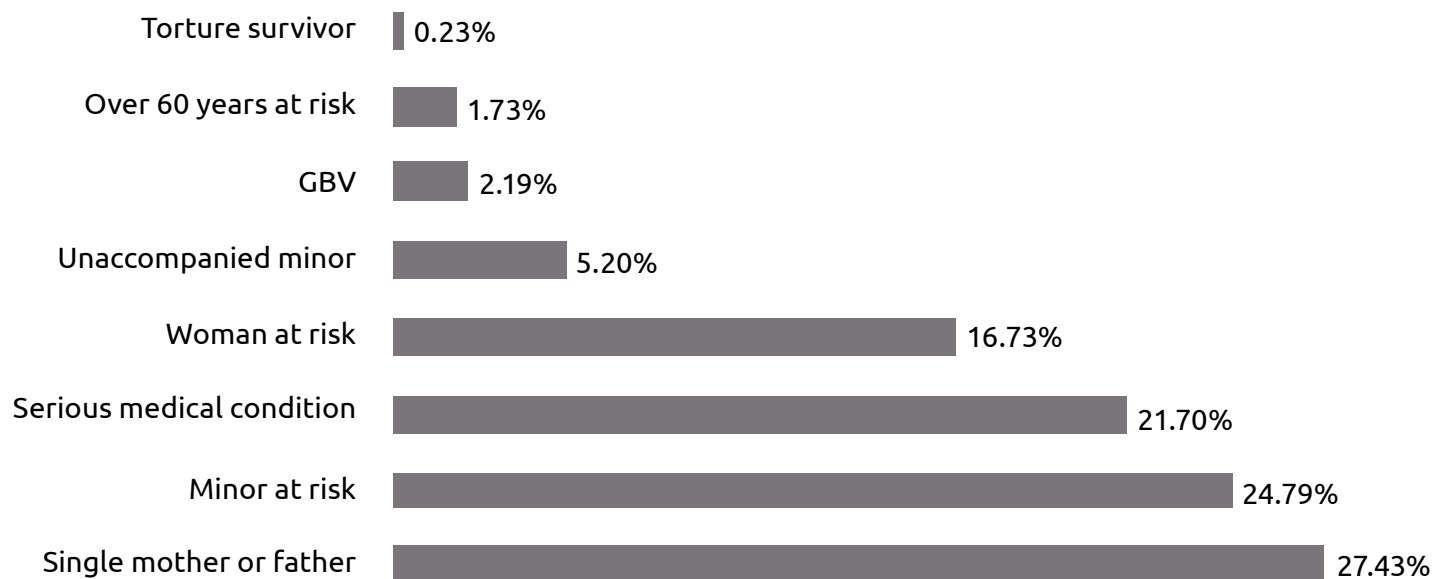
Single parent is the most frequent profile with specific protection needs within the monitored population (27.43%), followed by children and teenagers at risk (24.79%), people with serious medical conditions (21.70%) and women at risk (16.73%). As found in the previous monitoring period, the high number of children and adolescents at risk of being out of school stands out.

The prevalence of disability among the respondents remains low (8.5%). The main types of disabilities are people with visual disabilities

(29.30%), physical disabilities to walk (21.90%), and physical disabilities to dress (15.4%).

According to the recommendations regarding disability during COVID-19 issued by the Pan American Health Organization and the World Health Organization,¹ the State should take actions to support caregivers and the support networks for persons with disabilities. This care for the population with disabilities and their caregivers must be provided regardless of migration status.

People with specific protection needs



Venezuelan female caregivers are less protected than Colombian caregivers since most of them do not have a social support network. This gap is further aggravated by not being affiliated to any health insurance due to the lack of documentation.

Caregivers expressed not having support networks and going through situations of great stress without any type of support added to the stress of their regular work. Female caregivers who do not have family or community networks generally have a greater burden because they also assume household chores.

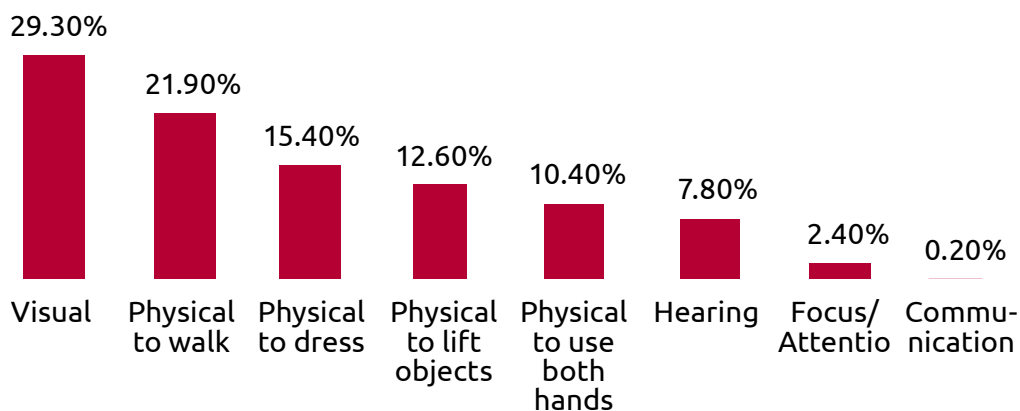
Refugees and migrants with disabilities also face challenges in accessing regularization permits, which is the main obstacle to accessing comprehensive care in the State's health and social support services. Likewise, State services to caregivers, who are mostly women, such as psycho-social and economic support is also only available to those with a migration permit.

It is noteworthy that even when persons with disabilities and their caregivers have regular migration status, they still face barriers to access State services. This is mainly due to structural problems in the Colombian health system that have been exacerbated by the COVID-19 context throughout 2020.

In Medellín,¹ it was identified that the main barrier faced by the refugee and migrant population with disabilities is not being able to access the programs offered by the authorities even when they are enrolled in the Sisbén (subsidized health care).² However, DRC identified some 30 Venezuelan refugees migrants with disabilities who have been accepted in social protection programmes implemented by the mayor's office. This shows an advance in the care of Venezuelan refugees and migrants with disabilities.

In Barranquilla, in some cases the barrier to access specialized services for persons with disabilities is due to the lack of financial resources to pay for transportation to specialized health centers.³

People according to type of disability



1. Interview with key informant of the Disability Directorate of the Secretary for Social Inclusion, Family and Human Rights of the Mayor's Office of Medellín

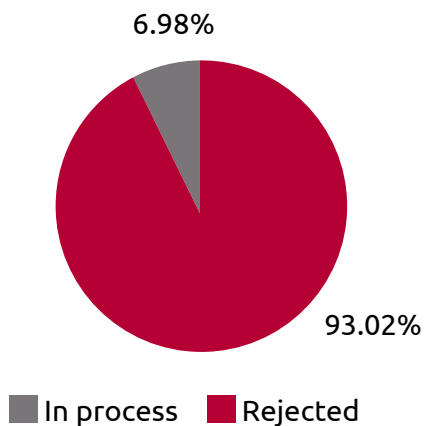
2. Interview with key informant No. 56, of 12/21/2020.

3. Interview made in December 2020 to a caregiver of a person with a physical disability.

5. INTERNATIONAL PROTECTION

During the monitoring period, 43 cases (155 people) who had submitted an asylum application were identified. Most of the applications (65.1%) were made in 2020, however none of them have been recognized to date, and 93% are in process and 7.0% were rejected (corresponding to 3 cases and 14 people)

Asylum seekers and application status



The border closure measures due to the COVID-19 emergency did not contemplate the need of international protection of the Venezuelan population. The extension of the closed land border decreed by the National Government through Decree 1297 of September 29, 2020, meant the barriers to access to the territory and family reunification continued during the reporting period.

According to the IACHR, the State, as part of due process, "must offer sufficient information and adequate guidance on the procedures available [to the person] to apply for asylum in accordance with national legislation."⁴

Thus, the responsibility of the Colombian State at the border should not be limited exclusively

to controlling the entry and exit of the population but should also include procedures to identify people with international protection needs. Failing to identify these persons in a timely manner limits their right to seek asylum system and access basic rights. This affects in particular persons with specific protection needs.

Moreover, the lack of adequate mechanisms to provide information means that the population in need of international protection does not identify or recognize itself as refugees and as a fundamental right. Thus, access to information about the rights of refugees and how to access to the asylum procedure continues to be one of the greatest obstacles to accessing the asylum system for Venezuelan population.

In addition, difficulties were observed in accessing documentation for asylum seekers. Resolution 2223 of 2020 of September 16, 2020 reactivated face-to-face service to the public at the Migratory Services Facilitation Centers as of September 21, 2020. However, this has not been effective due to the unavailability of online appointments and because the applicants do not have means of access to the internet to schedule their appointments.

DRC legal teams have identified barriers to achieving family reunification for members who are not part of the nuclear family as outlined in article 2.2.3.1.6.13 of Decree 1067. The interpretation from The National Refugee Commission (CONARE) is that the family composition of refugee applicants only includes the family members listed in the decree (minor children and / or dependents, spouse or permanent partner), thus not taking into account the diversity of family conformations in the context of forced migration.

4. Due process in the procedures for the determination of refugee status and stateless person, and the granting of complementary protection, August 5, 2020, paragraphs 201 and 202. www.oas.org/es/cidh/informes/pdfs/DebidoProceso-ES.pdf

6. MIGRATION STATUS AND RESIDENCY PERMITS

As observed throughout 2020, a large percentage of the monitored population Venezuelans does not have any type of migration permit that allows regular stay in Colombia. (81.3%). Only 18.6% of the population has special residency permit (PEP) and 7.1% Border Identity Card (TMF).

Through Resolution 2359 of 2020 issued by Migración Colombia, a new term of the Special Residency Permits (PEP) was launched. As with the previous PEPs, only people who have entered Colombia regularly through an authorized immigration checkpoint are eligible. However, the majority of the monitored population does not meet these requirements and have therefore not been able to benefit from the permit.

One of the main obstacles to the access regularization is the lack of knowledge on the requirements and characteristics of the migratory regularization permits, as well as the asylum procedure. In addition, refugees and migrants do often not have the necessary means to find out and schedule virtual appointments with Migración Colombia. The online platform is frequently busy and during the monitored period, appointments were only given for the first quarter of 2021.

Through the monitoring, DRC has identified that there is a lack of knowledge of the principle of family unity as a protection tool in the implementation of regularization permits. This manifested through operational problems, such as the lack of clarity regarding the number of people who can assist an appointment, especially those for families with many children. Other barriers to access the PEP include the difficulty in filling out the single procedure form (FUT) and the lack of specific information regarding the documents that have to be attached to the declaration of health status for COVID-19.

In addition, other factors such as xenophobic treatment by officials of Migración Colombia were identified. Likewise, it was identified that, on some occasions, the population with PEP experiences discriminatory treatment when they present the document to access State services.⁵ This occurs despite the fact that different resolutions of the Ministry of Foreign Affairs and Migration Colombia make it clear these services should be available for the Venezuelans with a PEP.

In Medellín, DRC identified cases of Venezuelans paying up to COP 200,000 to third parties in order to obtain a PEP. This is the case of a 46-year-old woman who paid a person in the neighborhood to process her PEP, but when validating the information in official system, she found that her permit was false. The woman had been offered a job as long as she had a PEP, so, to issue it quickly, she paid this person. However, since the PEP ended up being false, she was not offered the job. This type of fraudulent cases demonstrates the need to increase and improve official information channels among the refugee and migrant population to minimize the risk of vulnerable persons being lured into such schemes.

5. Information collected through DRC's Community-Based Protection project in Bogotá,

7. NATIONALITY AND CIVIL DOCUMENTATION

The main obstacles to access the birth registry are barriers in the process (40.3%), lack of documentation of the child's parents (24.2%) and lack of knowledge about the procedure (24.2%).

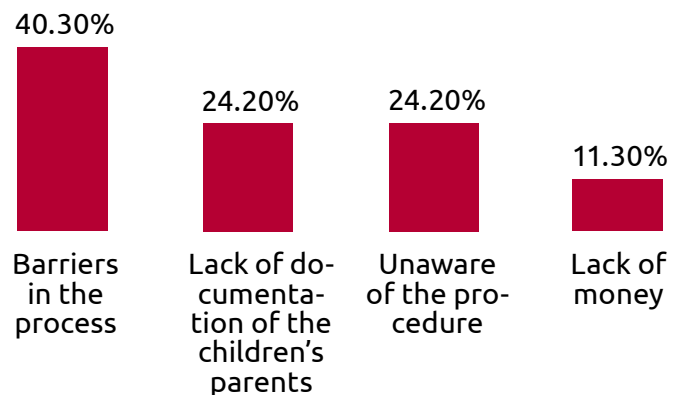
When compared with the data collected in the previous quarter, it can be observed that there is a constant lack of knowledge among the population about the procedure and that there was an increase in people who reported barriers in the registration process.

Despite the advice and support of DRC legal officers, Venezuelans often encountered difficulties in obtaining appointments with the National Civil Registry Office (RNEC) to make civil birth registration in order for their children to access Colombian nationality. DRC also identified difficulties related to the rejection of the identity documents of the minor's parents, in many cases because they are in poor condition.

In Medellín and Barranquilla there were cases where due to loss or theft the affected population presented copies instead of the original identification documents, but the Civil Registry officials rejected these. There were also cases in which Civil Registry officials denied the veracity of live birth certificates issued by health centers endorsed by the Ministry of Health and Social Protection in Venezuela.

Another barrier is the requirement for birth certificates to be issued from the original registration depository in Venezuela, but many refugees and migrants did not bring these documents or have to pay someone to bring them from Vene-

Barriers to access birth certificates



zuela. The reasons for this requirement is that the RNEC has identified cases where false documents were presented. Nevertheless, this general stance should not apply to all cases because it impedes access to the rights of minors.

It is important to recognize that in contexts of mixed migratory flows it is common to find a population with protection needs who did not have the opportunity to bring or have documents issued in Venezuela before leaving the country. In this sense, the civil registration procedures are not protection centered as they do not consider the dynamics of forced migration.

In none of the cases identified by DRC were the parents given an alternative route to follow. There was also no coordination between RNEC and other public institutions to guarantee the right to civil registration and nationality by virtue of the principle of the best interests of the child.

The monitoring team in Barranquilla evidenced a practice that consists of Venezuelans making use of notaries as an alternative to access the civil registration procedures. This means that the person must cover certain expenses related to biometrics and authentication of documents themselves. Sometimes the notaries also make irregular charges such as for the issuance of the civil registration of birth for the first time.⁶

Although it is legal and possible to access the civil registry this way it has only been achieved with certain notarial offices and it is not constituted as a safe and efficient alternative to resolve the barriers to civil registration.

Until 14 November 2020, children and adolescents born in Venezuela to Colombian parents who do not have a duly apostilled birth certificate were able to register their children in civil registry through a special process. This process allowed for the presentation of competent witnesses together with the Venezuelan birth certificate. However, this mechanism has not been extended.

This means that these cases must obtain the apostilled documents in Venezuela, which depends, among other things, on the state of current diplomatic relations between Venezuela and Colombia. Access to the apostille in Colombian territory is currently practically impossible due to the absence of consular services and diplomatic in Colombia. This means the affected persons need to obtain the documents from Venezuela by other means which implies high economic costs and could also entail additional protection risks. Due to this barrier to the civil registration in Colombia for these children, they are not able to access Colombian nationality and the rights that come with being Colombian.

6. Resolution 1299 of 2020 expressly establishes in its article 37, literal c), that this exercise of the notarial function cannot be charged in the case of "The issuance of the first copy of the civil birth registration and the when intended to issue the citizenship card for the first time".

8. ACCESS TO EDUCATION

Most of the monitored population has not managed to successfully complete higher education (70.6% of those surveyed), and this explains why many Venezuelans do not have the skills demanded from the labour market in Colombia.

Nevertheless, the Venezuelan population has a slightly higher number of people who have achieved university studies than the Colombian population. The same is true of the percentage of Venezuelans who have completed technician degrees.

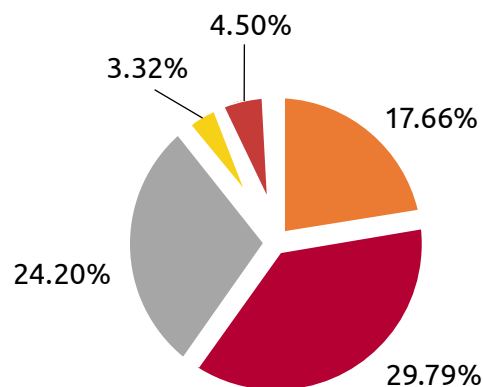
The same barriers identified in the previous quarter persist, which are lack of documentation (20.81%) and the absence of available school placements (17.16%). Regarding documentation, some educational institutions require documents and other requirements that are not in line with the provisions of Circular No. 16 of April 2018 issued by the Ministry of Education.⁷

In Riohacha, some directors of educational centers require children to provide documents such as PEP, VISA and even the TMF, that prove the regular migration status in order to allow them to enroll. This is a clear violation of the universal right to education in Colombia.

Likewise, in Medellín there were cases where the schools asked for documents that are not contemplated in the norms, such as having undertaken the Sisbén survey and being affiliated with the health care regime and having an EPS to assign them a placement.

Refugee and migrant parents interviewed by DRC in Medellín indicated that the educational

Level of education



- Kindergarten
- Elementary
- High School
- Technical Diploma
- Bachelor's degree

institutions assume that the lack of health coverage is a risk for the school in the event of an accident as the student does not have an EPS that can attend them. It was also identified that some educational institutions continue to deny placements to refugee and migrant children and adolescents who do not bring a report card from Venezuela, claiming that without this document they cannot place students according to their level. This is despite the fact that the Colombian education system allows for placement exams to determine the student's appropriate educational level.

In Barranquilla, it was found that refugees and migrants residing in informal settlements do not have access to schools.

7. Instructions for the care of children and adolescents from Venezuela in Colombian educational establishments.

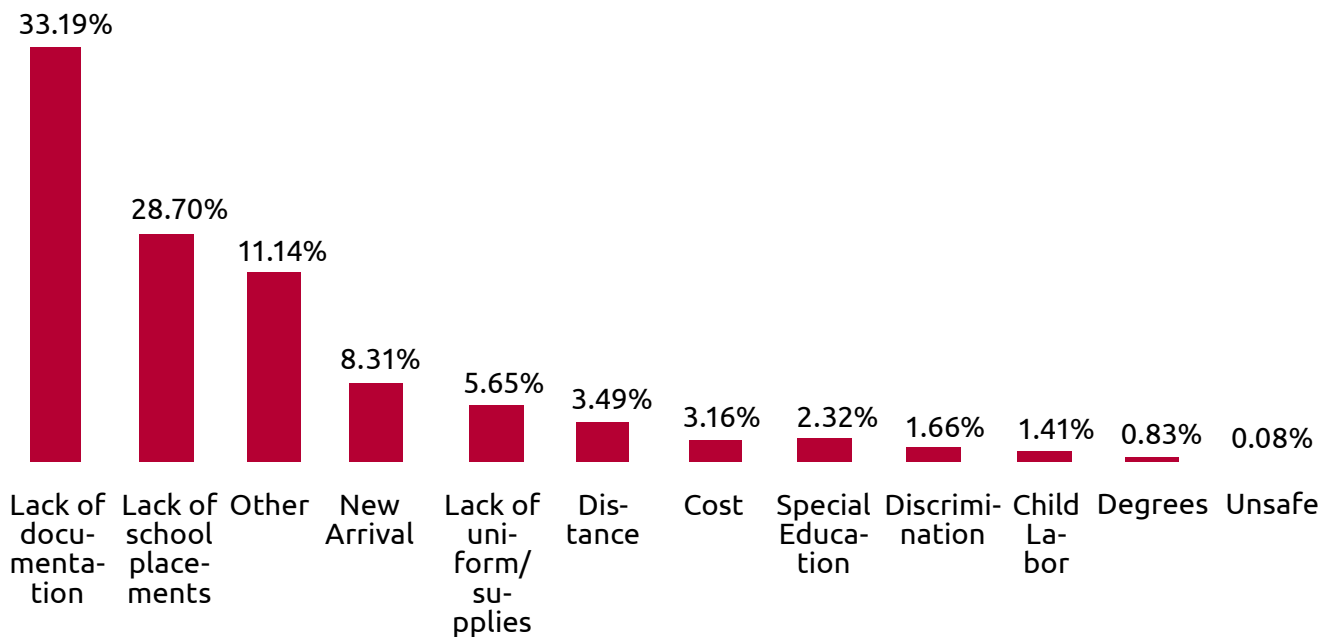
These settlements are not recognized by the local authorities within their territorial planning, and therefore there are no education institutions. The only alternative for these children is to enroll in schools outside of the area where they live but this involves transportation costs that are often unsustainable for refugee and migrant families.

In Medellín, DRC identified a child with autism whose mother could not find an educational ins-

titution that could provide reasonable accommodations for his social, linguistic and intellectual development.

All the aforementioned has been aggravated by the virtual education regulations as a preventive measure against COVID-19, which has made it more difficult for children who do not have the means or access the internet to participate.

Barriers to access education for children and adolescents



9. ACCESS TO HEALTHCARE

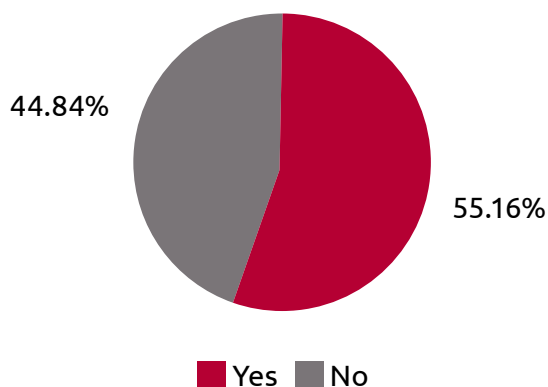
44.8% of the monitored Venezuelan population does not have access to healthcare, and documentation constitutes the main barrier (46.71%). This is an increase from the previous monitoring period (July – September). The second barrier is distance (12.50%) and then access to transportation to reach health centers (7.40%).

Although the stated barriers vary somewhat according to the context of each monitored city, it can be observed that overall, there is a lack of knowledge among the health institutions regarding the right that refugees, asylum seekers and migrants have to health.

The asylum seeker permit (SC2) constitutes a valid document to access health care for asylum seekers, but local authorities and health service operators (EPS - IPS) are often unaware of this. This unawareness means there is not a timely implementation of Decree 064 of 202, which guarantees automatic affiliation to the Colombian health system for asylum seekers and persons with PEPs, which prevents their full access to the right to health.

Since the issuance of Circular 017-4 of July 21, 2020 issued by the Department of National Planning (DNP), which suspends the execution of the SISBEN survey in response to contingency measures due to the Covid-19 pandemic, there are no means that allow the identification of vulnerable population in need of subsidized health care including refugees and migrants.

Access to healthcare



In Riohacha, problems of access to basic treatments and medicines for common diseases were identified, and as well as weaknesses in mental health services. In Barranquilla, the requirements for affiliation to the health system vary depending on the discretion of the health officials. For example, users are contacted by phone to forward the affiliation request with other actions that vary according to each case which are not part of the regular procedure.

In Medellín, affiliation to the health system also depends on the fulfillment of requirements that are complex to fulfill for persons with specific protection needs. This includes requirements that are not regulated in the norms for access to healthcare for the Venezuelan population, such as being asked to utility bills to prove residence in the municipality. It is also a requirement that is difficult to fulfill since most refugees and migrants live on a day-by-day payment or tenancies and do not have rental contracts or utility bills issued in their names.

In some cases, health institutions also required refugees and migrants to prove their blood group. This information is not widely known to the refugee and migrant population and is difficult to obtain since it does not appear on the Venezuelan identity card and the person has to resort to taking blood tests, which implies extra costs that are often unsustainable for the affected population.

During focus groups held in Bogotá with Venezuelan refugee and migrant women who have

given birth in Colombia, some highlighted that they faced barriers to access prenatal check-ups and all the specialized care they require during the gestation period. In addition, some health centres required a PEP for vital emergency situations where the baby could be at risk.

These types of barriers to access to health services is widespread in all the monitored territories and are reflected in operational issues to provide these services.

10. BASIC NEEDS

Livelihoods

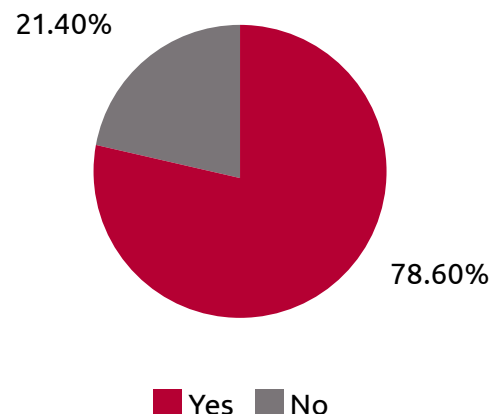
The high percentage of the population that generates income for themselves and their families (78.60%) in the informal economy (97.80%) continues to be constant. The percentages of informal work do not present significant variations in relation to the last quarter.

These data confirm the ineffectiveness of the PEPFF within the monitored population.

The main reason being the lack of awareness of the permit among both employers and the population of interest.

Lack of documentation (37%), lack of job opportunities (17.70%) and having to care for children (9%) continue to be evidenced as the main barriers to accessing work.

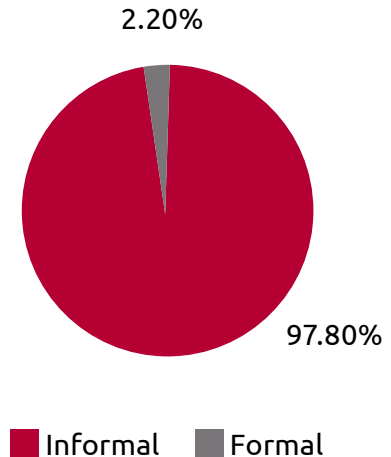
% of population working



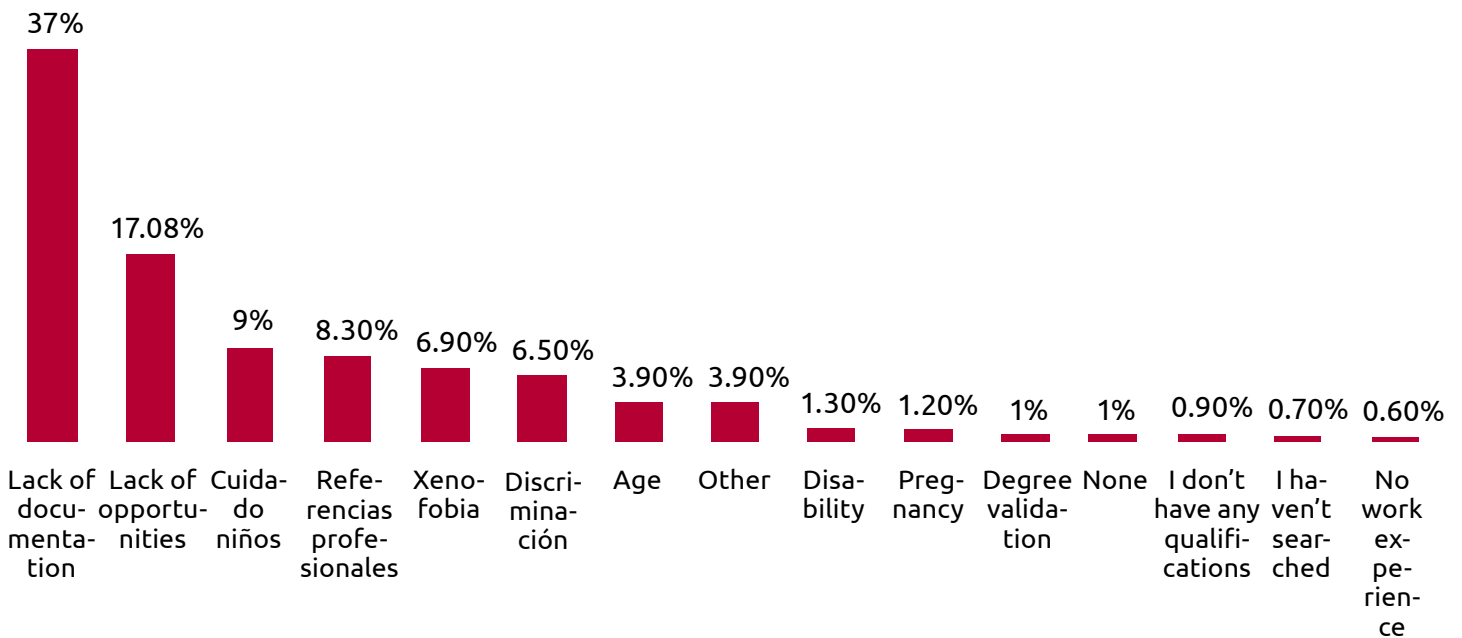
Caring for children is presented as an obstacle to finding work (formal or informal) given that parents do not feel safe leaving their children alone due to the lack of safe spaces for them.

The absence of clear public policies for early childhood care, along with the lack sustainable livelihood activities generates protection risks and limits the opportunities for income generation activities for refugees and migrants.

Type of economic activity to generate income



Barriers to access work



Housing:

Most of the people monitored have the possibility of living in houses or apartments (76.90%) that they rent (14.70%), and a lower percentage live in informal settlements (7.20%) or are homeless (0.80%).

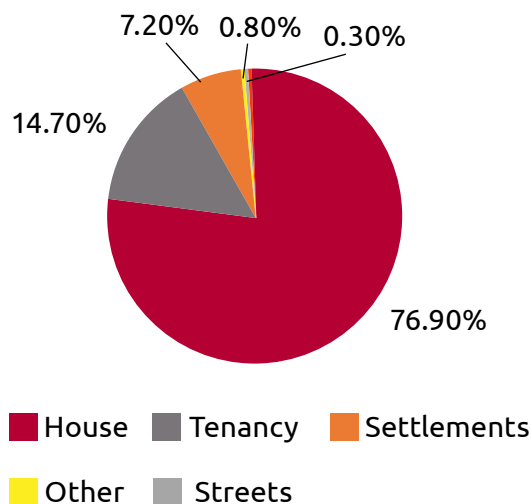
However, most of the people surveyed reported that they live in rentals (79.50%), followed by day-by-day tenancies (6.20%). They are therefore at higher risks of eviction due to the freedom of movement restrictions imposed by the authorities because of the pandemic which limits their possibility to generate income.

In all monitored areas, refugees and migrants tend to prioritize the payment of rent over the purchase of food to avoid homelessness situations and thus reduce their exposure to safety risks and less dignified conditions.

In Riohacha, the informal settlements modality is more common than in other areas and represents 12.9% of the housing modalities.

In October, in Riohacha, 14 evictions were identified, which affected people with specific protection needs, mostly single head of household

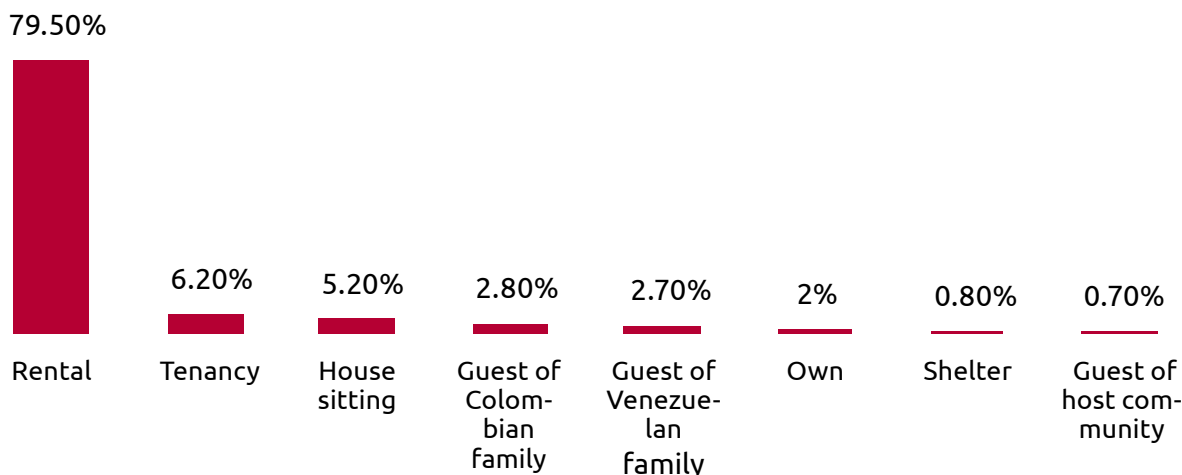
Type of housing



fathers or mothers, single women, and lactating or pregnant women. In all cases, the authorities carried out actions to retain documents on behalf of the owners.

This trend continued during the month of November, and massive evictions of 33 families living in informal settlements were identified in commune 9 in the Villa Fátima neighborhood. The authorities did not have plans to assist the people and they ended up in the street without protection.

Housing modality



In Medellín, non-state armed groups intervened in some evictions. This was also evidenced in the past monitoring report and constitutes a systematic practice in some localities of the city.

In Barranquilla, at the end of the October-December quarter, some economic activities were reactivated, however, according to DRC monitoring, the percentage of the population living in informal settlements increased, from 9.9% in October and November, to 14.7% in December.

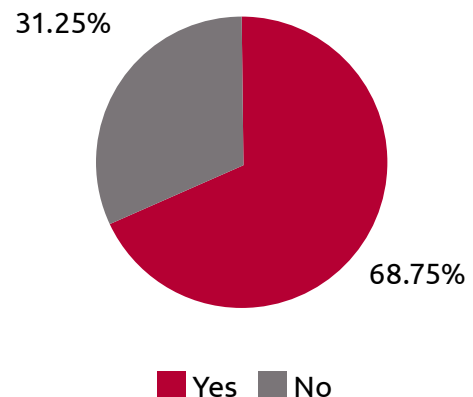
This could indicate that, although people have begun to generate income, they have relocated to cheaper housing options due to the lack of savings and stable income since the mandatory isolation by Covid-19 in previous months.

Water and sanitation:

68.75% of the monitored population has access to drinking water. However, access is not homogeneous in all the monitored cities. In Riohacha, the percentage of people without access to drinking water is significantly higher (87.09%), compared to that of the other areas. This can be associated with the significant increase in cases at risk of eviction and the high levels of informal economy (98.4%) that forces families to live in informal settlements without access to public services. This situation requires comprehensive and multisectoral interventions to address various aspects of the population's vulnerability and it cannot be addressed exclusively through individual assistance.

As in previous months, it is striking that 46.4% of the monitored population has a good perception of sanitary conditions where they live. This could be because people have "normalized" the precariousness and conditions of vulnerability in their lives.

Access to drinking water



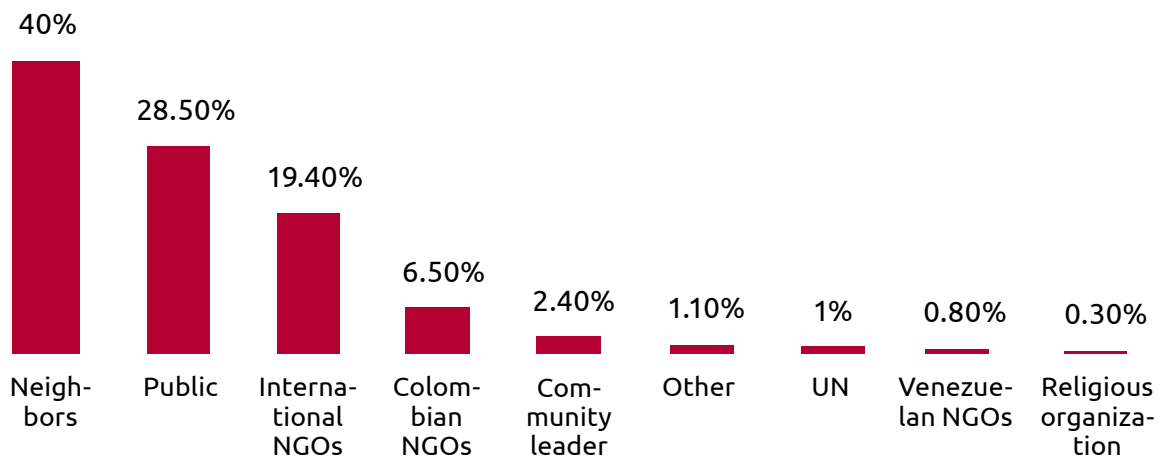
11. ACCESS TO INFORMATION AND HUMANITARIAN ASSISTANCE

The main sources of information among the monitored population are neighbors (40%), public entities (28.50%) and international NGOs (19.40%).

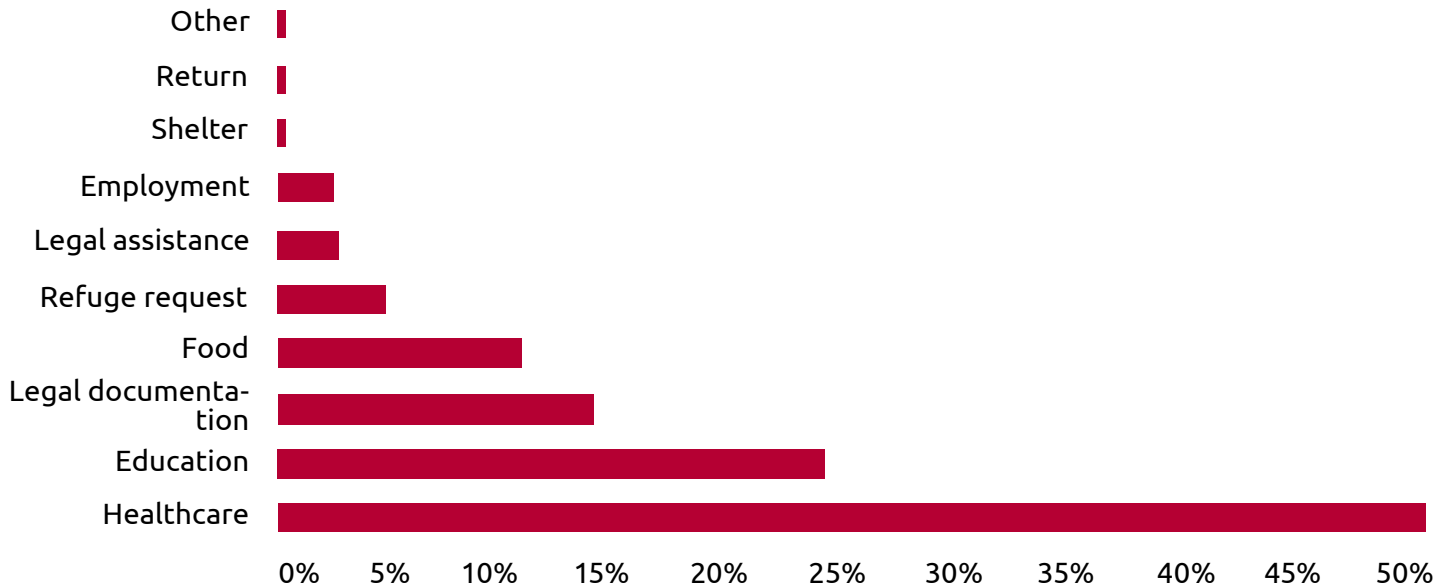
This requires increasing information sessions focused on these topics to ensure that information gaps are covered.

The main topics on which the population obtained information were health, education and legal documentation. However, DRC's legal and monitoring teams also identified gaps in information regarding regularization, access to health services, international protection, and GBV.

Sources of information



Subjects on which information was obtained



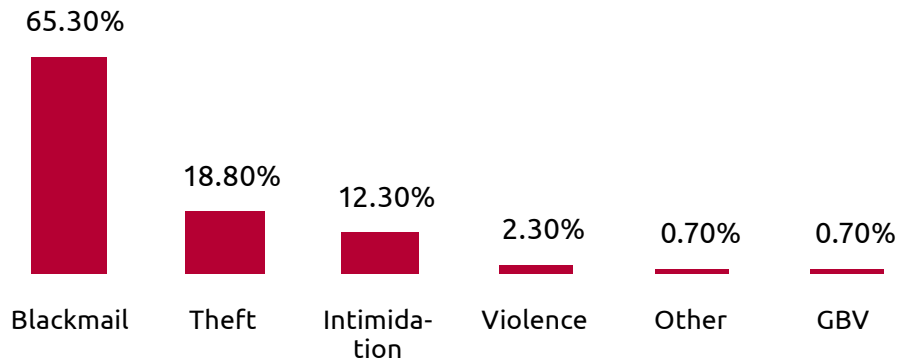
12. VIOLENCE AND INSECURITY

The population that enters the territory in search of better conditions to access their rights faces abuses at the borders, due to illegal economies, the presence of criminal organizations, and non-state armed groups. The population that enters irregularly (trochas) experiences greater risk considering there is almost no presence of authorities in these areas. The main abuses suffered by the monitored population that entered irregularly were extortion, robbery, and intimidation. When persons with specific protection needs experience abuses upon entering Colombian territory these needs are often exacerbated.

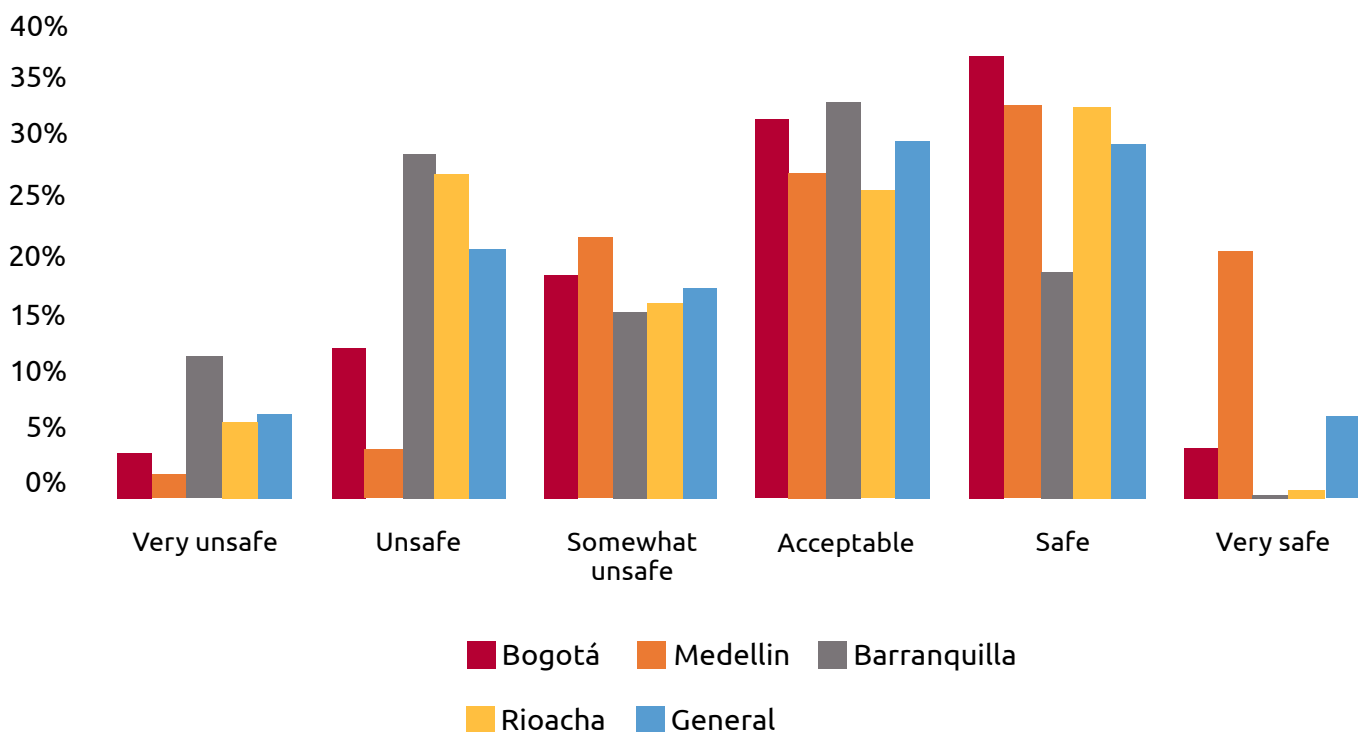
As in previous months, a large part of the population (41.5%) perceives that their community is somewhat insecure, insecure or very insecure. In Barranquilla this figure reaches 51.9%.

In cities like Medellín and Bogotá, non-state armed actors exercise territorial control in some areas of the cities. Although the monitored population does not differentiate the nature of these groups or the difference between them, they are aware of the presence of illegal economies and the social control exercised by criminal and armed non-state actors. These scenarios particularly affect children and adolescents because they are exposed to recruitment risks.

Abuses faced by people who entered the territory irregularly



How do you perceive the safety in your community?



13 . GENDER-BASED VIOLENCE

GBV continues to be a matter of concern for the affected populations and 36% consider GBV to be a problem within their community.

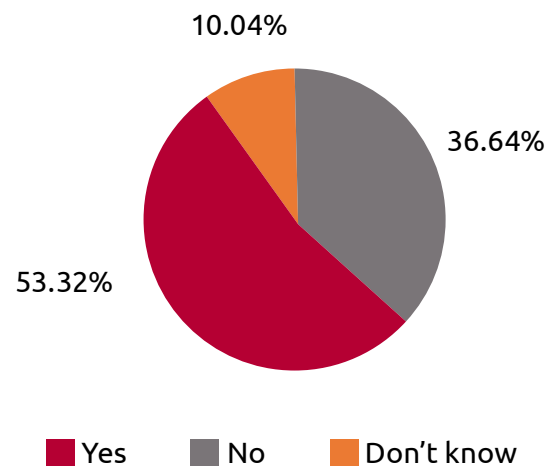
At the same time, there is a lack of knowledge on the part of the monitored population about what constitutes GBV. This lack of awareness is constant and occurs in all monitored areas.

One of risks related to GBV that has been identified is the internalization of GBV in the communities. This internalization contributes to GBV survivors not resorting to the GBV response mechanism available from authorities and humanitarian organizations.

In this sense, the socialization of this problem in the territory is fundamental for the management of cases, along with the institutional articulation to generate prevention and protection measures for GBV survivors and their families.

In the monitored cities, there were not always appropriate response mechanisms to GBV in place for certain population groups. For example, it did not include targeted procedures for male or the LGBTI survivors of GBV. This population is thus more exposed to scenarios of discrimination and abuse. In regions where there are indigenous communities, DRC found difficulties in applying ethnic approaches to the identification of cases and lack of coordination between indigenous and ordinary justice systems. These gaps could lead to damaging actions that prolong the suffering experienced by the survivors.

Do you know what GBV is?

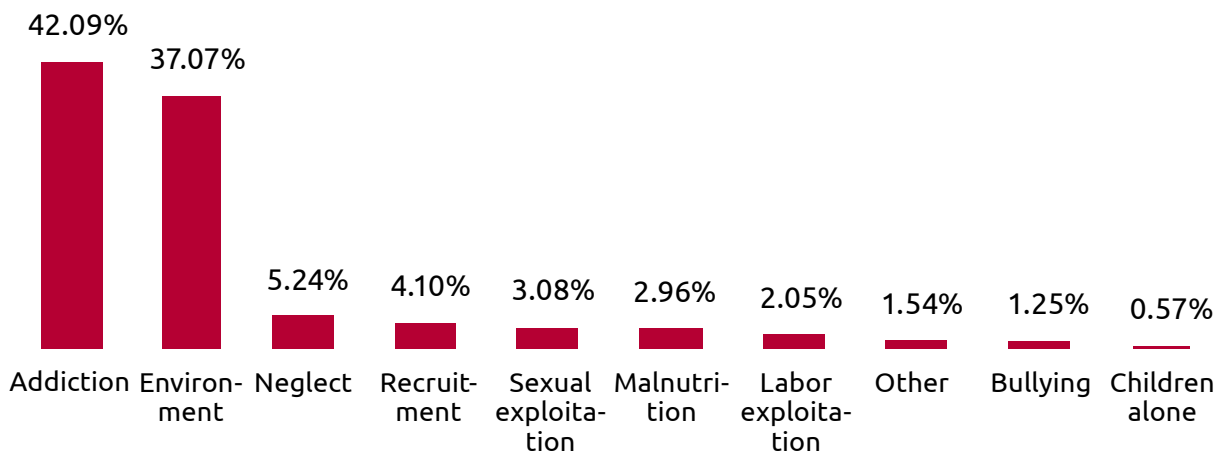


14. CHILD PROTECTION

Children and adolescents are directly affected by all the conditions described in the previous sections, however, there are particular risks that put their guarantee of constitutional protection at risk.

The major protection risks are drug addiction, unsafe environments and negligence by parents. The first two are directly related to the insecurity in the neighborhoods where they live and the presence of gangs and armed actors.

Child protection risks



15. SOCIAL INTEGRATION AND RELATIONSHIP WITH THE HOST COMMUNITY

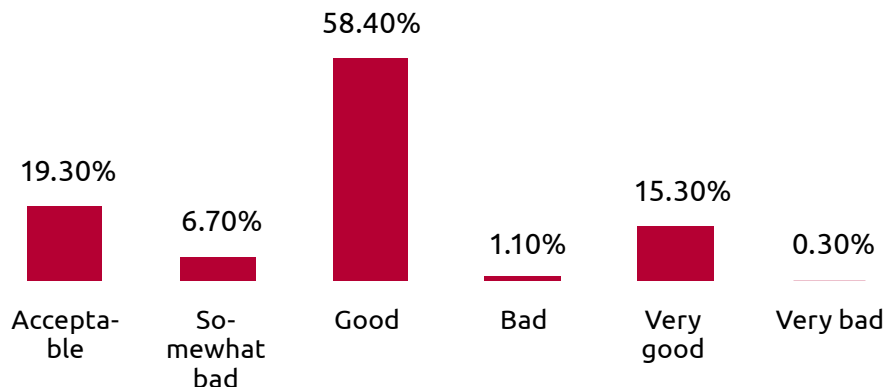
In general terms, the Venezuelan population reports having a good (58.40%), acceptable (19.30%) and very good (14.30%) relationship with the host communities. In some cases, the host communities have functioned as support networks to assist the most vulnerable refugees and migrants.

However, scenarios of discrimination and xenophobia and stereotypes in the host community were also identified. These directly affect the Venezuelan population and demonstrates that the perception of a good relationship does not exclude scenarios of xenophobia or discrimination.

The xenophobia and discrimination to which the Venezuelan population is subjected does not only come from the host communities, but also comes from the differential treatment from the local authorities. This treatment is evident for example, during income generation activities or in interactions with State institutions to access basic rights.

The stereotypes that are perpetuated on the Venezuelan population cannot only be addressed by awareness-raising and educational actions to the general population but should also include specific actions that involve both civil society and relevant government and state institutions.

Relationship between Venezuelan population and host community



16. RECOMMENDATIONS



- **Cash transfer assistance and livelihood strategies:** Cash transfers and income generation activities should be implemented not only as emergency assistance but also as medium and long term to support the population of interest to support refugees and migrants to become self-sufficient.



- **GBV:** Coordination among public agencies and institutions that provide GBV response should be strengthened in order to increase awareness-raising activities on GBV and gender roles, as well as improve the response mechanisms for survivors.



- **International Protection:** Dissemination of information on the right to asylum and the mechanisms for seeking asylum in Colombia should be increased at the borders and among public institutions.



- **Access to accurate and quality information:** DRC, together with the GFIMM protection groups, should design informational materials on the access to rights to be shared with refugee and migrant communities with a focus on international protection, health (Decree 64 of 2020) and civil registration.



- **Employment:** Through the GFIMM, undertake information and legal aid strategies on the PEPFF as well as routes for the labour insertion of the Venezuelan population. These should be addressed to both employers and refugees and migrants.



- **Local Integration:** The majority of the Venezuelan population intends to remain in Colombia in the next 3 years and beyond. This fact should guide the humanitarian response and public policy towards a vision of local integration and durable solutions.

