



CARE Rapid Gender Analysis

Latin America & Caribbean:
Venezuelan Migrants & Refugees in Colombia

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The views in this RGA are those of the author alone and do not necessarily represent those of CARE or its programs, or any governments/any other partners.

Cover page photo: **“We sleep on the street, because my husband is not allowed in the shelters. My two kids, my husband and me. I’m eight-months pregnant. On the streets. We are not animals.”** She approached us to tell us what is happening to women and girls, especially those who are pregnant like her. **“I met a 14-year old girl along our route who was continually sexually harassed by men. All offering her money for sex. No girls deserves that treatment.”** - Karina Rios, 37, Cúcuta, Colombia.
Image: Josh Estey



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Abbreviations

ELN	Ejército de Liberación Nacional
FGD	Focus Group Discussion
GIFMM	Grupo Interagencial de Flujos Migratorios Mixtos (Inter-Agency Working Group for Mixed Migration)
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IOM	International Organization for Migration
KII	Key Informant Interviews
LGTBQIA	Lesbian, Gay, Transgender, Bisexual, Queer, Intersex, Asexual
MISP	Minimum Initial Service Package for Sexual & Reproductive Health in Crisis-Settings
MSF	Médecins Sans Frontières
NFI	Non-Food Items
NGO	Non-Governmental Organization
SRHR	Sexual and Reproductive Health and Rights
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for Coordination and Humanitarian Assistance
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program

Executive Summary

This Rapid Gender Analysis provides preliminary information and observations on the different needs, capacities and coping strategies of Venezuelan migrant and refugee women, men, boys, and girls in Colombia. It seeks to understand how gender roles and relations have changed as a result of the crisis and share recommendations for how the humanitarian community can more effectively consider these changing dynamics to better meet the different needs of women, men, boys and girls of different ages, abilities and other contextually relevant forms of diversity.

The refugee and migrant crisis in Colombia is characterized by gendered dynamics and has taken a significant toll on the health and welfare on all those affected, but particularly on women and girls. Refugee and migrant women and girls face profound vulnerabilities as they leave Venezuela and either cross Colombia or stay in various locations across the country; this is even more the case for those at increased risk, such as indigenous populations, adolescent girls, etc. Initial field observations suggest a normalization of gender based violence, including high levels of sexual violence. Transactional sex / survival sex is a common-place coping strategy, with Venezuelans accounting for high rates of transactional sex workers. Women and girls (both Venezuelan and Colombian) face significant risks related to human trafficking. Despite all this, the level of reporting remains extremely low. Victims of sexual and gender based violence fear deportation and retaliation if they report incidents to the authorities.

Venezuela, like many other countries in the region, is a society where traditional gender stereotypes persist. Men control most assets, resources and decision-making and are predominantly the primary breadwinners; women's principal roles are domestic including child-rearing with limited decision-making in the household. The gravity of the ongoing crisis in Venezuela, including food scarcity and loss of livelihoods, has expanded the roles and responsibilities of women, requiring them to develop solutions to feed their families in the face of hyperinflation and a collapsed health system while at the same time assuming income-generating roles. This social and economic changes are also challenging power dynamics within households, which can lead to increased rates of intimate partner violence. Given the traditional gender roles, men and boys have been most likely to leave the home for livelihood opportunities elsewhere or to join the opposition movement, further expanding the role of women, and adolescent girls, who often take on the roles of adults and caretakers in the absence of their mothers.

This is a complex crisis characterized by mixed cross-border migration, compounded by the already complicated armed conflict in Colombia. Many Venezuelans enter Colombia at over 130 informal border crossings – a number of which may be controlled by armed groups and criminal gangs. Informal crossings also result in severe under-estimation of the scale of the crisis and in lack of accurate age and sex disaggregated data. There are troubling indications of sexual violence perpetrated against women and girls at informal border crossings, which need to be followed up with a more rigorous examination of the situation.

Venezuelan migrants and refugees in Colombia, particularly women, girls, men and boys are easy targets for trafficking, domestic and sex slavery and other forms of exploitation and abuse. Lack of documentation of migrants and refugees and/or limited awareness of their rights based on their current documentation status further exacerbates the potential for exploitation. In the absence of manageable options, women and adolescent girls, children, sexual and gender minorities and even male youth face extremely high risk of resorting to transactional sex as a means of survival.

Food shortages and hyperinflation, the crumbling of public services such as water and sanitation, and the collapsed health system in Venezuela – compounded by significant limitations on women and girls' bodily autonomy such as limited access to sexual and reproductive health services – encourage pregnant women

and girls, sexual minorities, HIV positive individuals, and persons with disabilities and chronic disease to migrate to Colombia. As a result, their protection risks multiply exponentially, and in many cases, result in even greater health and Sexual and Reproductive Health and Rights (SRHR) needs.

Although humanitarian response is ongoing in border areas such as La Guajira and Norte de Santander in Colombia, it is not commensurate to the scale of need. Many migrants and refugees have no choice but to live on the streets or in informal settlements away from public services. In addition, the over-burdening of border towns is slowly resulting in migration to other parts of the country such as Santa Marta and Baranquilla. The situation is even more dire further away from the main towns. Beyond the scale of the response, there are challenges related to inadequate participation of crisis-affected populations in decision-making and through feedback mechanisms.

In light of the above findings, the following report includes recommendations aimed at improving mainstreaming gender and protection across all sector responses, as well as for specific gender, protection and SRHR programming.

Introduction

Background information: Venezuelan migration to Colombia

The ongoing economic, political and social crisis that engulfs Venezuela has resulted in the displacement of a vast proportion of its population. In recent years, more than 3.7 million Venezuelans have left their homes (UNHCR, 2019) and arrived in neighboring countries. Colombia hosts more than 1.2 million Venezuelans – nearly 50% of the entire displaced population. Colombia, itself, is emerging from decades of armed conflict which displaced over 7 million people, most of whom are marginalized rural, indigenous and Afro-Colombians (Ministerio de Relaciones Exteriores, 2018). The country has long struggled with the illegal drug trade.

There are seven formal border crossings along the 2,219 kilometer long border between Colombia and Venezuela. At least 130 illegal informal crossing points also have been detected, indicating that official numbers of migrants and refugees are likely significantly lower than actual numbers. The main points of entry into Colombia are in the departments of La Guajira and Norte de Santander, bordering the Venezuelan states of Zulia and Táchira.

In **La Guajira** department, Paraguachón is the only official entry point along the 249kms border between Colombia and Venezuela. Home to approximately 44% of the marginalized, indigenous Wayuu community, this area has long suffered from a crisis of its own. Weak infrastructure in this area is evidenced by scarce water supply, lack of access to health and education services, resulting in poor health outcomes such as high rates of child mortality. It also has a long smuggling history, with local criminal structures and armed groups controlling the trafficking of people and contraband, including gasoline, illegal drugs and non-food items.

The department of **Norte de Santander** is the main entry point from Venezuela to Colombia with a border extension of 421 kms. Mobility in the department is constrained by the presence of armed groups related to internal armed conflict in Colombia, which creates high levels of risks related to violence, child recruitment and gender-based violence. The main metropolitan area of Cúcuta has a large portfolio of public services, but both pendular and transit migration in the area has created an economy based in remittances, unemployment and high inflation. Displaced persons are concentrated in peripheral areas, with no access to the sewage system or electricity. Pre-existing public service and space limitations make overcrowding a source of risk for women, men, girls and boys. Unemployment and restricted access to livelihoods in the metro area have led to a flourishing transactional sex economy. There has been an increase in recruitment for armed groups' urban cells; vulnerable groups are specifically targeted for inclusion in illegal smuggling operations.

Venezuelan migrants and refugees confront an increasingly precarious and dangerous situation when they cross into border towns in Colombia. On the journey, migrants and refugees face a number of risks, including sexual harassment and violence. In border towns, migrants and refugees lack access to services and livelihoods opportunities.

Rapid gender analysis methodology and objectives

A Rapid Gender Assessment (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. RGAs are progressively built up using a range of primary and secondary information to understand gender roles and relations and how strategies need to

be in place to support the changing gender dynamics during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls of different ages, abilities and other contextually relevant forms of diversity and to ensure we 'do no harm'. RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterize humanitarian interventions.

The research was completed from May 6-13, 2019 in Colombia and was complemented by secondary data collection prior to and after this period. Data collection was undertaken in Riohacha and Maicao, La Guajira Department and Cúcuta and Puerto Santander, Norte De Santander department – two of the most seriously affected border regions of Colombia – and in Bogota. Given that RGAs follow an iterative process, this effort was an initial RGA and will be updated appropriately over time when new findings and recommendations are produced. Research methods included four FGDs; 15 interviews with Venezuelan migrants and refugees including women, men, boys and girls; and 30 Key Informant Interviews (KIIs) with local authorities, community leaders, UN agencies, and local and international NGOs.

Secondary Data Review included desk research from a variety of sources included at the end of the report, with particularly relevant information from [UNHCR's Regional Refugee and Migrant Response Plan](#), [Profamilia's Evaluation of Unmet SRHR needs of Venezuelan Migrants](#), and [Human Rights Watch](#) various comprehensive documentation efforts on the crisis.

The research had several limitations, including:

- A very short timeframe for primary data collection in-country, particularly given the complexity of the crisis and sensitivity of the subjects that arose from discussions. This resulted in data collectors' inability to 1) travel to the smaller and more distant areas from the border, where migrants are likely more vulnerable, living in remote informal settlements with less access to services or humanitarian aid; and 2) visit the small settlements of about 5-8 houses known as *rancherías* inhabited by the Wayuu indigenous population that are binational and have been living in a persistent crisis-situation in the La Guajira department for decades. Their needs have more than likely been compounded as a result of this humanitarian situation and exacerbation of migration flows.
- Most respondents reported that they had been in Colombia for a maximum of 2 months. This may be due to fear of deportation as many migrants are in Colombia on tourist visas that expire after 90 days. However, if this information is accurate, it may represent perspectives of only a sub-set of the migrant population. Furthermore, additional in-depth research is needed on the unique needs of vulnerable sub—groups such as indigenous groups and LGBTQIA populations.

The **objectives** of this preliminary RGA are to:

- To better understand the situation and vulnerabilities of women, men, girls and boys affected by the crisis.
- To understand the impact of the crisis on gender dynamics in regions with the largest influx of Venezuelan migrants including the La Guajira and Norte De Santander departments, particularly the border towns of Maicao/ Riohacha, and Cúcuta
- To get a sense of urgent protection needs as a result of changing gender and social and dynamics and potential gaps in a gendered-approach to the humanitarian response.

Demographic profile

In Colombia one out of every 47 people is Venezuelan¹. During 2018, the migrant population located in the departments that border Venezuela increased by almost one million (418%). Arauca, Cesar, La Guajira and Norte de Santander received and welcomed almost two-thirds of the total migrant population that arrived in

- The total number of Venezuelans registered in Colombia as of March 2019 is 1,202,408.
- Of the Venezuelan migrant population in Colombia, 37% are young adults (age 18-29), with the majority of the population consisting of young adults and adults between 18 and 59 years old.
- Of the migrants, 48% are men, 44% women, 0.03% transgender, 7.97% did not register their sex.
- The ethnic breakdown of the migrants is approximately 26% indigenous, 6.1% afro-descendant, and 1.965% *Raizales*. Most people speak Spanish and are Catholic. However, indigenous groups such as the Wayuu and Yukpa speak their own languages and have their own belief systems.

Colombia². 93% of the Venezuelan migrant population is concentrated in 12 departments of the country, including 11% in Norte de Santander. Of these, 8% live in the town of Cúcuta and 12% live in La Guajira, within which 9% live in Riohacha.

These cross-border indigenous communities, such as Wayuu and Yukpa groups, face even greater intersecting vulnerabilities. Many from these communities lack full recognition as nationals of either country and are impacted by the situation in Venezuela, as well as conditions upon arrival in areas such as La Guajira, which have traditionally been socio-economically disadvantaged compounded by the impact of being uprooted from traditional lands. These sub-populations are unique culturally and ethnically and have distinctive needs. Access to registration, documentation, rights and services in this context is critical for these communities.³

There are four types of **mixed migration flows** in the region:

1) **Pendular migration** of populations crossing into Colombia for a maximum of eight days. Bi-national indigenous population groups like the Wayuu and Yukpa are included in this group;

2) **Permanent migration** of populations in search of better lives and means for survival;

3) **Circular migration** of populations who temporarily migrate to Colombia for a maximum of three months in search of income-generating opportunities such as agricultural workers, sex workers and provisional informal workers; and

4) **Transit migration** of populations transiting through Colombia en route to other countries. Those in transit, and particularly the “*Caminantes*” crossing the country on foot face distinct risks and

have critical needs related to inadequate shelters or private spaces at the entry points, as well as along the route for resting, showering, changing and breastfeeding (UNHCR Regional Response Plan 2018).

Furthermore, the documentation status of these populations contributes to their unique needs, risks and access to resources and services. There are currently 657,732 **regular migrants** either with visas or some accreditation to stay (11%) or those with Colombian government issued permits to stay (89%): *Permiso Especial de Permanencia (PEP)*.⁴ The Colombian government, however, has now stopped providing the third generation of PEP. There are also 3.17 million Venezuelans with Border Mobility Cards (TMF) for

¹ Government of Colombia, 2018 as noted by Profamilia, 2018

² Ibid

³ <https://data2.unhcr.org/en/documents/download/67282>

⁴ Special residence permit.

border residents who regularly transit between the two countries. In addition, there are approximately 443,989 **irregular migrants** and migrants without regular status, which would ensure them access to rights and services. These migrants are often obliged to take irregular routes and are often exposed to further risks. Moreover, 71% of irregular migrants entered without authorization and 29% exceeded their legal stay.

In addition to the above categories of displaced people, there are **asylum seekers** who seek refugee status in Colombia. The process grants a residence permit in the country but no other access to public services. There are also **refugees** who previously received refugee status, a permanent residence in the country and access to all the public services; and **Colombian returnees** who are Colombian nationals that had a permanent residence in Venezuela and, due to the Venezuelan crisis, are re-entering Colombian territory. There is a significant number of former Colombian refugees in Venezuela who are losing their international protection as they enter the Colombian territory and are in critical need of information about the pathways already established by the government for access to rights, nationality and documentation, as well as greater support through the process to access these rights and reintegration in their home country.

Based on the population breakdown for Venezuelan migrants in Colombia, we estimate the following gendered needs:

Gender	577,156 women and girls and 625,252 men and boys
SRHR	23,086 are pregnant (4%) and 3,463 will face life-threatening complications in pregnancy
GBV	577,156 (48%) women and girls are at risk of GBV
WASH	144,289 women and girls (25% of women who are of reproductive age) require support with menstrual hygiene management

Findings and analysis

Gender roles and responsibilities

Historically in Venezuela, *machista* gender and social norms resulted in men as primary breadwinners and decision makers. Through the FGDs and KIIs, women described that their primary role in the past was largely limited to child-rearing and domestic work within their own households.⁵

As the economic, political and social situation began to deteriorate in Venezuela, inflation began to rise and cost of necessities became unaffordable for most. As a result, men began moving into other territories in Venezuela or to other countries to find more lucrative job opportunities. In addition, as men were more involved in the opposition movements, they were also more likely to be imprisoned or placed under house-arrest, therefore limiting their mobility to the home. These scenarios left women with increased responsibilities in earning the household income as well as decision-making for the household on top of their existing roles as caretakers. Even prior to the crisis, one major area of decision-making for women was around food. Given the hyperinflation, particularly for food items, women's decision-making became even more critical. They made decisions about selling household assets such as furniture and televisions to ensure that their family could afford to eat. Overall, this situation resulted in the expanded role and responsibilities for many crisis-affected women.

Upon arrival to Colombia, these additional roles and responsibilities for women persist for most. Consultations across sub-groups of women and girls showed that decision-making and responsibility differs between groups. Women and girls with less reliable or smaller networks result in increased responsibility and decision-making for individual women. This situation also often results in deepening vulnerabilities. Female-headed households are common and face increased responsibilities and risks. Many Venezuelan migrants have no option but to sleep on the streets as they cannot afford any shelter. It is common for pregnant and lactating women and girls to come to Colombia on their own or be abandoned by their partners. In these instances, as described by a young pregnant woman consulted in the Parque De La India (Francisco el Hombre) in Riohacha, she, like many others, take on sole responsibility for themselves and their children. Even those women and girls in female-headed households currently in shelters or camps (where they cannot stay beyond 30 days), expressed increasing burdens of not only fulfilling their responsibilities as mothers but also as primary breadwinners. Adolescent girls expressed that it is common for them to be left by their parents who leave to seek economic opportunities, resulting in their assumption of adult roles, often as caretakers of their younger siblings.

Control of and access to services

Prior to the crisis in Venezuela, most public services were made available by the government. While the cost of services such as water, electricity and health were heavily subsidized and sometimes free, men were likely to cover the cost of these services or make decisions over these services, resulting in the perception that men controlled these resources. In addition, before rapid hyperinflation, food, non-food items and other assets were primarily purchased by the male income to the household. However, with the changing

⁵ Here, the definition of machismo is taken from Venezuelan feminist literature such as by the Comadres Purpuras, defined as the notorious logic that emerges from patriarchy where men as the main reference in society impacting day-to-day life in ways such as taking on primary responsibility of child-rearing and household duties, separating men from such co-responsibilities. Venezuelan feminist literature that indicates the misconception that Venezuelan society is matriarchal because the home and school is centered around the mother. Rather than matriarchal, it is a matrilineal society, where the mother or other mother-figures that take on child rearing responsibilities, because patriarchy separates men from the co-responsibilities at home, which makes it so that the mother's role reproduces from generation to generation. <https://venezuelanalysis.com/analysis/14113>

economic, political and social climate over the past few years, the ongoing crisis resulted in a shortage of public services such as electricity, water and natural gas for cooking. This situation challenged male control over household needs that resulted in greater participation/ involvement of women in the control of resources.

Food and nutrition: Food was one area where traditionally women made decisions for the household. As a result of hyperinflation, access to diverse, nutritious food became unaffordable. This gave women control over non-food assets as many had to sell off their television, furniture and other assets to secure cash to buy food for the household. Several women noted that they often saved food for their husbands and children and cut back on number of meals or portion sizes for themselves while some reported that at times their households had no food at all. Upon arrival into Colombia, despite barriers to obtaining an income to purchase food and supply of food being limited, most reported receiving at least one hot meal per day by humanitarian organizations. For those living on the street, the situation is more challenging. Begging on streets or securing jobs in bars or restaurants was reported, particularly among women and girls.

Water and sanitation: While access to water and sanitation services were not much of a concern, over the last few years the situation has significantly deteriorated. FGD participants noted water scarcity in Venezuela, resulting in their limited ability to maintain their routine hygiene practices such as flushing of toilets, taking daily showers and washing dishes. They noted that the electricity shortages were a major reason for this, and that those who had access to generators did not have fuel to run them. Upon arrival to the border towns of Colombia too, women, men, boys and girls face challenges in accessing water and sanitation services. La Guajira has historically faced structural challenges around this issue while the attacks on the Caño Limón – Coveñas pipeline in Norte de Santander have contaminated the region's water tributaries, also resulting in insufficient access to potable water. Humanitarian organizations have recently been able to provide some of the larger informal settlements with filters for water purification. For those living in informal settlements, given safety concerns, men and boys are usually responsible for seeking out water sources and bringing water for their households. Women and girls may support in these activities but usually they are accompanied by a male. In terms of latrines, those living in such informal settlements had constructed latrines in the form of a hole in the ground, covered by cardboard around all sides. However, there was no waste disposal system. Access to sanitary pads was limited among women and girls.

Health: Most respondents noted that they had stopped seeking health services due to the long waiting times and shortage of supplies at hospitals and health facilities. The Venezuelan health system collapsed over the last few years as many health professionals, particularly Cuban doctors fled the country. Moreover, those that stayed now sold medicines that were previously free to their patients given the rising costs and their interest in needing to earn a higher income. This situation has had a tremendous impact on the population, with particularly grave consequences for women and children's health. Diseases such as malaria and diphtheria, which were previously eliminated or controlled, are now increasing and are now found in the border towns of Colombia. While Colombia offers greater availability and accessibility of some health services than what is available in Venezuela, significant barriers remain even in Colombia. The scale of the needs has over-burdened the health system. Migrants and refugees without documentation report fears about xenophobia, discrimination and even deportation when they seek health services.

SRHR: Unplanned pregnancies, particularly adolescent pregnancy and an increase in STIs have severely affected women and girls in Venezuela. Most pregnant women and adolescent girls are not able to access any antenatal care or delivery services. Many come to Colombia just for antenatal care and then may even return on the same day. One respondent recounted a story from Venezuela of a woman who gave birth on the street right outside the hospital because the hospital did not have sufficient providers and supplies.

Inside Venezuela, family planning services have been unavailable for about five years with the cost of contraceptives increasing by 25 times. Transactional sex as a coping mechanism for women, girls and individuals of other sexual and gender identities begins even in Venezuela for many, furthering increasing protection risks and SRH needs. Venezuela is the only country where many who were previously on ART, no longer have access to ARVs. In Colombia, these services are available but extremely limited. While humanitarian organizations are providing some life-saving services in line with the Minimum Initial Service Package (MISP) for SRH in Crisis-Settings, as noted with health services, with the tremendous scale of the SRHR needs, weak local coordination mechanisms on SRHR, lack of integration with HIV and GBV programming, those with intersecting vulnerabilities – such as pregnant adolescents, LGBTQIA populations, persons with disabilities –are likely falling through the cracks, particularly in more remote informal settlements.

Capacity and coping mechanisms

Based on the research and discussions with humanitarian organizations, the timeframe during which migrants and refugees arrived in Colombia was often associated with their capacities and skill sets. As with many slow onset emergencies, professionals such as doctors, lawyers, and others with a high-level of technical skills possessed adequate resources and were the first to leave Venezuela beginning in 2016. This migration was followed largely by men and boys, as well as some women with skills in search of income-generating opportunities in Colombia. Over the last year, many more Venezuelan women and girls have arrived in Colombia. Field observations and discussions with Colombian health officials stationed at formal border crossings suggest that approximately 50% of the Venezuelan women crossing into Colombia are pregnant or seeking care for infants. Many arrive with complications of pregnancy resulting from malnutrition and limited or no access to prenatal care. Many individuals reported reducing the number of meals per day. Others described the disruption of education of girls and boys; some children cross into border towns of Colombia on a daily basis to continue their education.

Given the level of economic devastation of most Venezuelan migrants and refugees arriving in Colombia, men and women, as well as male and female youth, expressed that opportunities for income-generating activities or livelihoods are a significant. Many respondents indicated that people are robbed of the little money, clothes and legal documents they had when they arrived in Colombia. Common income-generating activities for subsistence include begging, garbage collection/ selling of recyclable materials, as well as serving as street vendors. Women and adolescent girls, especially those living on the street, reported selling items such as candy, bread and coffee or seeking jobs as waitresses in bars. Almost all women and girls revealed that it was common for migrants to engage in transactional sex, while adolescent girls mentioned that mothers often encouraged their daughters to do so. Humanitarian organizations reported that a high proportion of women and girls, including transgender women, are engaging in some form of transactional sex as a survival mechanism. This was confirmed in FGDs and KIs with women, men, boys and girls. In Cúcuta, many women and girls arrive at the border and get their hair cut off for the production of wigs to earn a small income. Some mentioned that this is an entry point for sex trafficking in the area. Women and adolescent girls who come alone or with their children are at greatest risk.

Men and male youth find it extremely challenging to find livelihood opportunities for survival in the already economically depressed areas of La Guajira and Cúcuta where they become easy targets for recruitment into criminal gangs and armed groups often serving as informants and supporting activities of smuggling gasoline from Venezuela to Colombia as well as smuggling of drugs and other contraband. Some men and boys come for short periods to earn a small amount of money to send back home or to travel to other

countries in search of a better life. Many of them are involved in fixing trucks, in carrying commodities across the border including weapons, drugs and gasoline trafficking. Their lack of legal status and documentation make them targets for exploitation and abuse. Youth in particular are extremely vulnerable as they fall through the cracks between childhood and adulthood, with no one wanting to look after them or having the resources to do so. Anecdotal evidence from other NGOs indicate that large proportions of LGBTQIA men are engaging in transactional sex for survival.

Protection

Gender-Based Violence and Sexual and Reproductive Health & Rights

Many of the border areas receiving Venezuelan migrants and refugees have pre-existing risks related to armed groups (such as the ELN and EPL that control illegal economies in the region), internal displacement and natural disasters. Mixed migration routes bring economically devastated Venezuelans through areas facing these pre-existing challenges. Migrants and refugees crossing through informal

Protection

“I have noticed that many girls in this area are engaging in sex with Colombian men to make some money, often encouraged by their mothers. I also saw a girl kissing a humanitarian worker yesterday, but I am afraid of telling anyone”

-Adolescent girl, age 17 (name and location anonymous due to sensitivity)

border crossings controlled by armed groups face significantly heightened and serious protection risks.

Increasing incidents of GBV including sexual violence, sex slavery, transactional sex for survival and human trafficking are among the key protection concerns, primarily impacting women and girls but also men and boys, and LGBTQIA individuals.

These protection risks significantly intensify from the moment migrants and refugees make the decision to leave for Colombia and other countries. This begins with their need to secure some money to even get to and then cross the border. *Caminantes* have to walk long distances for days and sometimes weeks to the border, have no access to shelter, latrines or any kind of support while in transit. Migrants often

have to pay some kind of taxation at the informal border crossing or be indebted to those controlling them, exposing them to risks of exploitation, harassment and sexual violence, as well as recruitment into drug trafficking and other armed groups. Individuals and organizations consulted for this RGA painted a picture of the utter normalization of gender-based violence, including rape. Some reported sexual violence as taxation to cross the border at informal crossings; others noted that this practice was common-place. However, given fears of retaliation and deportation, reporting of GBV is extremely low.

FGDs and KIs also revealed that women, including those with small children, are, at times, offered shelter by Colombian men, resulting in domestic servitude, sometimes in the form of sex slavery at homes, coca plantations and even in rotating trafficking rings. Humanitarian organizations confirmed a high proportion of Venezuelan migrants and refugees and Colombian returnees engaging in transactional sex as a coping mechanism. In areas such as Ocaña in Norte de Santander, a survey indicated that 90% of the sex workers were Venezuelan.⁶ Women, girls, and LGBTQIA individuals who lack documentation and engage in these activities are prime targets for further exploitation, which can reduce their leverage for using condoms and

⁶ La Opinión. [En Ocaña, el 90% de prostitutas es de Venezuela](#). 23, July 2018

for decision-making around payments.⁷ Recruitment of minors into armed groups was also been reported, especially at border crossings.

Although some humanitarian organizations support life-saving SRHR services guided by the MISP, the scale of the needs and burden on the existing health system are tremendous. Evidence from statistics shared by UNHCR / IOM figures show that, last year, the number of births in Cúcuta increased by 150% and due to the overburdened health system, maternal morbidity has increased by 71% so far in 2019. In addition, due to poor access to food for pregnant women, newborns with low birth weight increased by 80%. Profamilia's rigorous evaluation of the MISP in the four main cities inhabited by migrants confirms this and highlights the gaps in knowledge and ownership of the MISP, as well as the weak coordination mechanisms – particularly on coordinating across SRH, HIV and GBV (including for clinical management of rape) programming. It also highlights urgent needs in Riohacha and Cúcuta for greater access to contraception, prevention of STIs, prevention of adolescent pregnancy, adolescent-friendly services and gendered-approaches to comprehensive sexuality education, as well as comprehensive abortion care – including safe abortion care to the full extent of the law and post-abortion care for complications in pregnancy. However, most of the data available on gaps in the response and needs are from the main towns such as Riohacha and Cúcuta⁸. Limited information is available on scale and referral pathways, particularly from remote informal settlements for Venezuelan migrants and for the binational Wayuu community – some of whom are transitioning from pendular migrant to permanently looking to settle in the economically depressed area of La Guajira. It is critical that the response include awareness-raising and communication strategies for addressing SRHR myths as well as for sharing information on availability of services. Services also need to be brought closer to the affected population, with specific strategies for reaching sub-groups like LGBTQIA, sex workers, adolescent girls, pregnant women and girls.

Participation

Decision-making about humanitarian services

Although the Regional Refugee and Migrant Response Plan incorporates a robust accountability framework using participatory methodologies in age, gender, and diversity, including a feedback and complaints mechanism, there is still work to do to operationalize the framework. The scale and complexity of the crisis have resulted in humanitarian organizations focusing their attention and limited resources on meeting life-

Participation

“Nobody has consulted me or anyone I know about how I feel about these topics and my needs, particularly as I am a girl on the move.”

-Adolescent girl, age 15 in the Integrated Migration Center, Maicao

saving needs of migrants and refugees and de-prioritizing approaches for involving the affected population in decision-making about humanitarian services. This has resulted in women, men, boys and girls with few or no entry points or platforms to voice their concerns or perspectives. There are limited opportunities for meaningful engagement in decision making in humanitarian services or programming as well as for sharing anonymous feedback.

Some organizations such as UNICEF, in collaboration with Pastoral Social/ Caritas, are piloting an approach they call “circles of culture” where they equip a few

⁷ Noted by UNOCHA Norte de Santander during a meeting on May 8, 2019.

⁸ See [Profamilia's Evaluation of Unmet SRHR needs of Venezuelan Migrants](#)

community members in informal settlements with knowledge and information to serve as focal points or leaders on thematic areas of need such as water and sanitation and health/SRHR. These community members would serve as sources of information and connectors for referrals. In speaking to some of these women leaders, they expressed their happiness in being able to support their community.

Women's organizations

Although Colombia is home to many civil society and local women's organizations and groups that work with vulnerable communities (including minority sexual orientation and gender identity groups to meet their intersecting vulnerabilities), it is unclear if any of them are working to integrate targeted approaches to meet the needs of Venezuelan migrants and refugees. There is a strong need for collaboration with local women's and civil society organizations like Fuerza Mujer de Wayuu and Caribe Afirmitavo to support and leverage their capacities and integrating them into response efforts.

Other relevant organizations working on gender equality and the services/programs they run

Based on in-country discussions with actors, attention to gender-sensitive approaches – particularly those addressing gender and social norms – leaves room for improvement. While a few organizations integrate some gender-sensitive approaches for selection and inclusion of beneficiaries within programming, the overall response efforts are severely lacking in gender-transformative approaches. This is particularly true within coordination mechanisms across sectors.

Needs and aspirations

Reunification: Most Venezuelan migrants and refugees interviewed in the border towns expressed their desire to stay in their current areas of settlement given the proximity to home. Many people had caring or other responsibilities for family remaining in Venezuela, particularly women who left one or more children there. They expressed wanting to have the option of going back in case of any family emergencies. A few women mentioned interest in moving to other parts of Colombia given their familial and/or social networks. Among these individuals, although UNHCR and IOM are supporting some vulnerable individuals with the reunification process, others are still in need for finding financial support for getting to other parts of the country. FGDs and KIs revealed that no respondents were interested in permanently moving back to Venezuela in the short-term given the unaffordability of meeting even basic survival needs, particularly around food. For now, most individuals adopt coping mechanisms to find a safe place to sleep in Colombia.

Education: The desire for continuing education is strong. Most young people had to disrupt their schooling when leaving Venezuela and many are interested in continuing their education in Colombia. Pregnant adolescents also voiced wanting desire to return to school after delivering their babies. There are some challenges around the difference in schooling systems between the two countries that may discourage some migrants and refugees from continuing their education and concerns over entering the school system without documentation. Legal documentation that would facilitate access to opportunities and services was expressed by women, girls, men and boys.

Conclusion

The humanitarian situation arising from the crisis in Venezuela is unlike anything seen in the region for years and is particularly complex due to mixed migration into Colombia and its associated gender and protection dimensions. On the border of Colombia and Venezuela, the migration / refugee crisis is layered on top of the internal armed conflict. The resulting is a worsening complex emergency for all those affected. Traditional gender and social norms began to change in Venezuela as a result of the ongoing crisis, which was already challenging the status quo and increasing protection risks. Displaced women, men, boys and girls are further exposed to an alarming web of protection risks in Colombia. This compounds their risks and need for gendered humanitarian response approaches that recognize these unique risks and account for them across interventions and sectors to not only meet their basic needs, but to create durable solutions for their integration and their right to lead safe and dignified lives in Colombia.

Recommendations

This RGA is focused on Venezuelan Migrants in Colombia and reflects preliminary field findings. It will need to be revised and shared as the crisis unfolds, gender roles and relations change, and relief efforts continue. These recommendations are primarily directed at humanitarian organizations currently operational and/or exploring potential operations in Colombia and at donors to advocate funding response efforts to meet the urgent needs of Venezuelan migrants in Colombia.

- **Ensure humanitarian action considers the unique needs of persons facing multiple vulnerabilities within this humanitarian crisis**
 - Given the nature of the mixed migrations occurring during this crisis, further assessments are required of the specific gendered needs and dynamics among the various groups (pendulares, regular migrants and refugees with documentation and irregular migrants without documentation, Colombian returnees, IDPs, etc.). Build upon this gender analysis to: 1) gather additional data on the specific needs and overlapping vulnerabilities of specific groups including pendulares, indigenous groups, Colombian returnees; and 2) undertake a deeper sector needs assessment with a strong gender-lens.
- **Ensure meaningful participation of crisis-affected populations, particularly women and girls:** it is critical to ensure that the voices of crisis-affected populations, particularly women and girls and hidden populations such as LGBTQIA individuals, are not only heard but also inform the response efforts.
 - Mainstream meaningful participation through assessment, design, proposals, implementation and feedback mechanisms.
 - Ensuring development of program participant committees with roles for women and youth, and linkages to women's and youth groups.
 - Consider adapting specific women's leadership initiatives, like [CARE's Women Lead in Emergencies](#), to ensure that women's voices influence humanitarian decision-making.
 - Although plans for implementing accountability mechanisms are in the works, CARE calls urgent attention to operationalizing accountability for rights violations including gender-based violence and sexual exploitation and abuse through feedback mechanisms.
 - Ensure migrant populations are aware of their rights, regardless of their status. Improve their access to information on life-saving needs and integration approaches.
- **Meet urgent Protection, GBV and SRHR needs:**
 - Mainstream key gender and protection approaches in line with GBV principles and risk mitigation measures across all other technical sectors including SRHR, WASH, shelter, food, nutrition and livelihoods and assistance modalities (cash and voucher assistance, in-kind and service delivery) both at the cluster level and across specific programs are essential. See *CARE's minimum commitments to gender and diversity for each emergency core sector and/or to [CARE's Emergency Toolkit](#) for additional guidance.*
 - Strengthen both prevention and response activities as well as referral systems. Ensuring safe spaces are available to women and girls both to reduce the risks and prevent further harm for

survivors of GBV is critical. In addition, improve availability of and referrals between humanitarian actors on clinical management of rape, case management, legal services and other survivor-based care. Strengthen livelihood support for vulnerable and at-risk women, girls, boys and men. Should cash and voucher assistance be feasible and appropriate in the response, stakeholders should use the Cash & Voucher Assistance and Gender-Based Violence Compendium to implement promising practices into programming.

- Undertake rigorous field research to better understand deeply troubling reports of sexual violence, with the aim of mitigating risk. Coordinate with other actors to develop practical recommendations to address the scale of transactional sex, its complex dynamics including how it relates to diverse groups.
- **Collaborate with other actors to strengthen the SRHR response in line with the Minimum Initial Service Package for SRH in Crisis-Settings:**
 - Scale-up life-saving SRH services including voluntary contraception, safe abortion care, syndromic management of STIs and supporting access to ARTs for those previously on ARV, and strengthening of a 24/7 referral system for emergency obstetric and newborn care.
 - Train health providers on providing rights-based approaches to service provision – including for stigmatized groups such as sex workers, pregnant adolescents, LGBTQIA populations, etc.
 - Build capacity of coordination mechanisms on the Minimum Initial Service Package for SRHR in Crisis-Settings and on Adolescent SRHR in Humanitarian Settings.
- **Advocate and mobilize resources to meet urgent needs and protect Venezuelan migrant and refugees human rights**
 - CARE hopes that this report will support efforts to bring attention to the scale and depth of the humanitarian crisis, particularly its impact on women and girls, and the need to mobilize resources to meet needs robustly
 - Advocate with the Colombian government to support legal documentation efforts for “irregular” migrants, particularly for vulnerable women, men, boys and girls, including female-headed households, indigenous groups, persons with disabilities and LGBTQIA populations.
- **Undertake gender-sensitive market analysis for market-based approaches and cash and voucher assistance**
 - There is limited current market analysis for distinct markets in these areas. Moving ahead such assessments should seek to understand: who in the household should receive cash support; specific household and community risks that women, men, boys and girls face in receiving and spending the money or using vouchers; household decision-making dynamics; and mobility analysis, including access to markets.
 - The potential to use cash transfer or market-based approaches for livelihood support is clear. However, the knowledge base and analysis of distinct needs for women, men, girls and boys for cash transfer values or items for voucher contents is lacking. Stakeholders should seek to understand this, especially when considering the use of cash transfers in GBV case management.

- **Adopt nexus approaches that are based on meeting immediate humanitarian needs while strengthening structural needs across sectors including sanitation, shelter, food security and health/SRHR**
 - Recognizing the structural challenges across sectors in already socio-economically disadvantaged areas such as La Guajira and Norte De Santander, it is important to consider nexus approaches to programming that meet not only the immediate life-saving humanitarian needs of the affected population, but also longer-term sustainable approaches to systems strengthening. Furthermore, participatory approaches that address xenophobia and promote integration and resilience-building of Venezuelan women, men, boys and girls in Colombia is critical.

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Photo by Josh Estey

"I know living conditions here look bad, but it's better than what we faced in Venezuela. I go out at night to collect rubbish to recycle. I do it while the children are asleep because I can't do anything during the day. After all, they aren't allowed to go to school here, so I work at night. It's not easy paying rent and feeding them, collecting trash does not pay much. All I really want for them is to go to school."

-Yubisay Elena Sanchez Garica, 42, Cúcuta, Colombia

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