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1. INTRODUCTION

The protection monitoring is one of the main activities of DRC Colombia 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 populations that allow informed decision-making, the prioritization, the promotion, and the design of humanitarian responses.

2. OVERVIEW

This report presents the results of DRC Colombia's protection monitoring conducted from July to September 2020. In total, 1,548 households were surveyed, covering a total of 6,365 persons. The surveys were carried out in the four locations where DRC has field presence: Barranquilla (30.9%), Riohacha (29.2%); Bogotá (20.0%), and

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.

To consult the graphics and the main results of the monitoring please click this [link](#).

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Medellin (19.8%). In addition, 17 focus groups were completed (Barranquilla 4, Medellin 4, and Bogota 9). From January to September 2020, DRC has interviewed a total of 4,755 families, covering a total of 17,874 persons.

Key findings:



» The priorities identified by the population monitored during the third quarter of 2020 were food, housing and economic income.



» Irregular entries to the Colombian territory by the Venezuelan population continued and stood at 70.4% during the reporting period.



» 81.3% of the Venezuelan population has not been able to access a residency permit, and 18.2% have a special residence permit for Venezuelans in Colombia (PEP).



» Many of the people monitored decided to leave Colombia because their social and economic rights were violated: lack of access to services (7.2%), lack of access to education (3.3%). There is also a smaller group who fled Venezuela due to generalized violence (2.5%) and persecution (1.6%).



» The percentage of Venezuelans who have not applied for refugee status in Colombia continues to be very high (98.4%) and the main reason is the lack of knowledge about the procedure to be recognized as a refugee (91.6%).



» From January to September 2020, DRC's protection monitoring identified 103 asylum cases representing 351 persons, of these, only 5.8% has been recognized as refugees, 88.4% are yet to be adjudicated and 5.8% were rejected.



» 7.41% of the population have at least one disability, and 22.6% have specific protection needs. This represents an increase of 5.6% compared to the first six months of the year.



» Most of the people monitored of Venezuelan nationality (73%) intend to remain in Colombia in the short term (0-3 years).



» 15.9% of the children born in Colombia to Venezuelan parents have not been registered in the Civil Registry in Colombia and are therefore at risk of statelessness.



» 61.2% of the people monitored are working, (formal and informal) which represents an increase of 13.4% compared to the previous quarter.



» An increase in evictions was observed. This was partially due to the expiration of Decree 579 of 2020 which suspended evictions in the context of the health pandemic resulting from COVID-19.



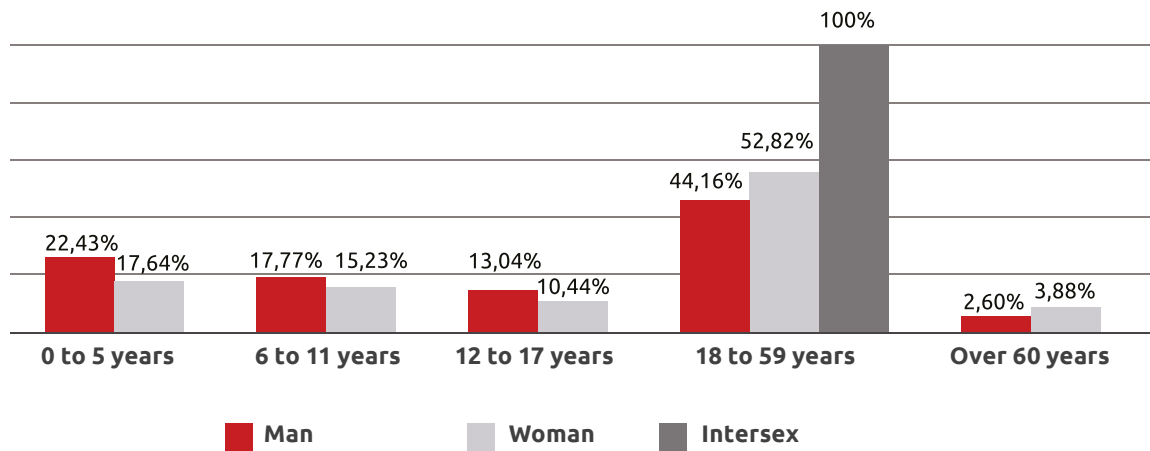
» 43.9% of the population perceives that their community is somewhat insecure, insecure or very insecure. The affected populations in Riohacha and Barranquilla reported the highest levels of insecurity.

3. POPULATION

Between July and September 2020, 1,548 households were monitored, covering a total of 6,365 people through the protection monitoring tool, of which 82.1% of the respondents were women, 17.84% were men, and 0.06% were intersex.

Of the 1,548 households monitored, 77.76% were Venezuelans, 14.06% Colombians, 6.4% have dual nationality, 1.6% were people at risk of statelessness and 0.1% corresponded to other nationalities. Most of the people of Venezuelan nationality monitored come from the State of

Age and sex of the respondents

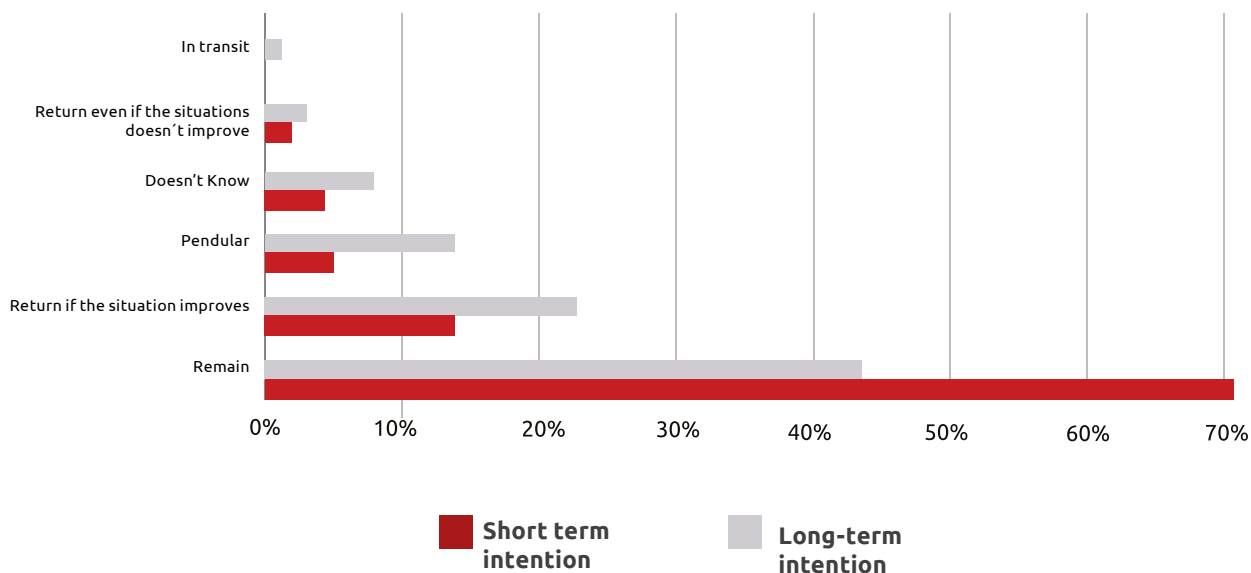


Zulia, Carabobo and Caracas; and the vast majority entered Colombian territory irregularly.

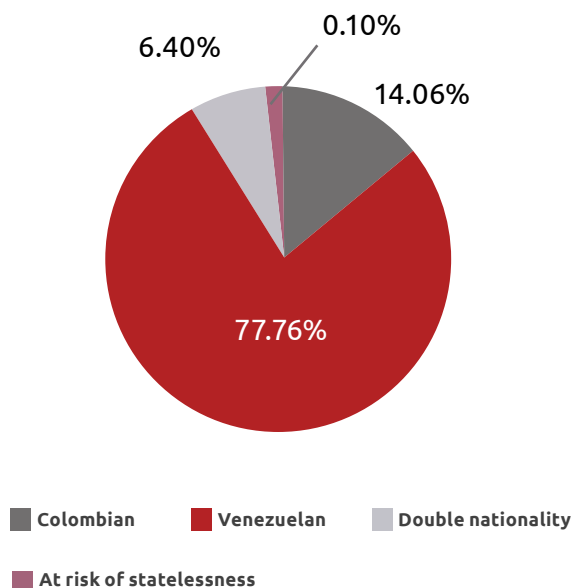
Most of the Venezuelans (73.4%) expressed their intention to remain in Colombia in the next three years. The percentage of people who expressed their intention to return if the conditions in Venezuela do not improve is significantly low (14%). However, in the long term (more than three years), the percentage of people who would like to remain decreases to 42.8% but only 32.7% expressed interest in returning to Venezuela even

if conditions improve. However, the intention to return regardless of the circumstances is very low (1.8% and 2.5% respectively). Despite the strict COVID-19 quarantine measures in place for 6 months (March to September 2020), Venezuelan's intention to remain in Colombia was constant during 2020. This suggests that more efforts should be invested to facilitate integration and support durable solutions.

Intention to remain in Colombia (comparative between short and long term)



Nationality of the respondents



The entries to Colombian territory by the Venezuelan population continue to be mostly irregular (70.4%) rather than regular (29.6%). Of the total number of people monitored, it was possible to identify that the main reasons for leaving Venezuelan territory are lack of economic resources (42.6%) and food shortages (32.1%)

Although they do not represent a significant percentage, it is important to mention that there are other reasons associated with massive human rights violations, such as lack of access to social and economic rights: lack of access to health care (9.3 %), lack of basic services (7.2%) and lack of access to education (3.4%). Finally, 2.2% fled Venezuela due to generalized violence and 1.6 % because of persecution. These causes are generally associated with international protection needs and could fall within the refugee definition in Colombia. ¹

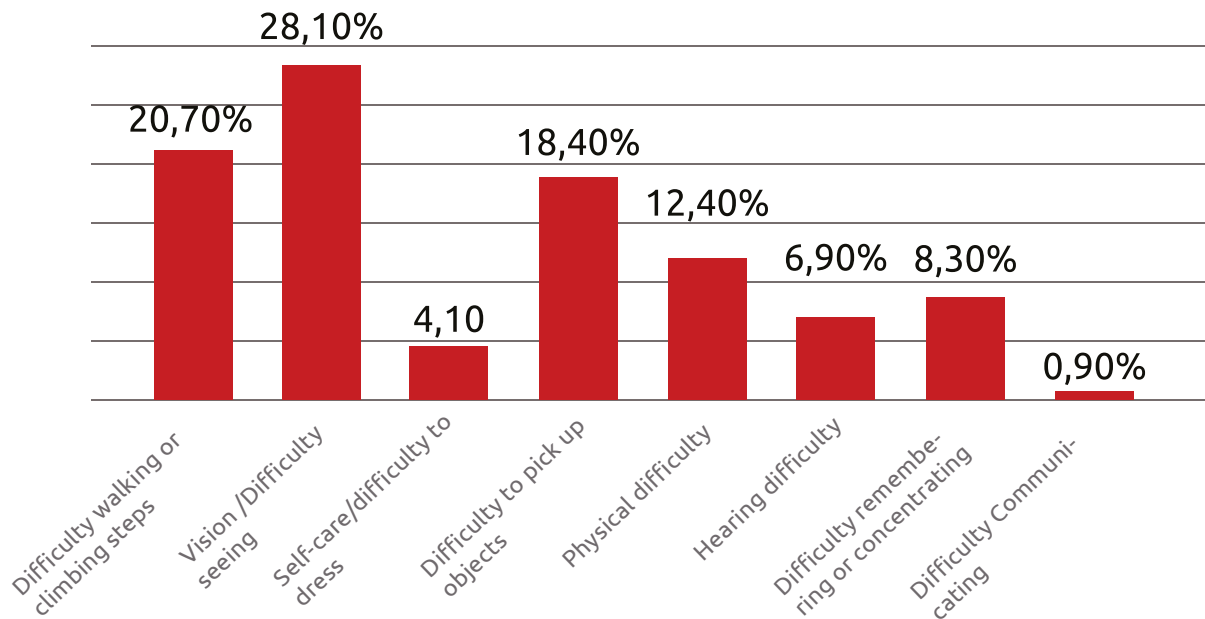
1. The definition of refugee status is enshrined in art. 2.2.3.1.1 of Decree 1067 of 2015: "For the purposes of this chapter, the term refugee shall apply to any person who meets the following conditions: a) That due to well-founded fears of being persecuted for reasons of race, religion, nationality, belonging to a certain social group or political opinions, she is outside the country of her nationality and cannot or, because of said fears, does not want to avail herself of the protection of such a country, or that, lacking nationality and finding herself, as a result of such events, outside the country where she previously had her habitual residence, she cannot or, because of said fears, does not want to return to it; b) That she had been forced to leave her country because her life, security or liberty have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of Human Rights or other circumstances that have seriously disturbed public order, or) That there are well-founded reasons to believe that she would be in danger of being subjected to torture or other cruel, inhuman or degrading treatment or punishment in the event of expulsion, return or extradition to the country of her nationality or, in the event that lacks nationality, to the country of habitual residence".

4. SPECIFIC NEEDS AND PERSONS WITH DISABILITIES

Of the respondents, 7.4% have a disability, the highest prevalence is in Medellin (10.9%) and the lowest is in Bogota (2.3%). The most affected population group is the elderly (22.8%). The most frequent disabilities are related to physical and sensory disabilities: 22.9% walking, 21.4% visual,

19.8% physical, 15.4% lifting objects, 11% using their hands and 5.6% hearing. Women (7.7% of the total respondents) have a slightly higher prevalence compared to men (6.1%).

Type of disability



22.6% of the respondents between July and September present a specific protection need. This represents an increase of 5.6% from the first six months of the year. This increase can be attributed to the mandatory isolation that has adversely affected refugees and migrants. In particular, the number of children at risk of losing their school years due to the closure of educational institutions has increased and, at the same time, the difficulty of the refugee and migrant population to continue their studies virtually is due to the lack of IT-equipment and the lack of internet access.

The profiles of high risk are girls, boys and teenagers at risk (32.9%), single parents (23.3%), woman at risk (16.5%) serious medical condition (16.3%) and unaccompanied children (5.3%). As in previous months, the Venezuelan population (24.7%) has a prevalence of specific protection needs that doubles the Colombian population (12.1%) and this is also observed between women (29.5 %) and men (14.5%).



5. INTERNATIONAL PROTECTION

The percentage of people of Venezuelan nationality who have not applied for asylum in Colombia continues to be very high (98.4%). The Colombian State does not actively provide information on how to access to the procedure to be recognized as a refugee and the main reason is the lack of information on how to access to the asylum process (91.6%).

In addition to the high percentage of people who have not accessed the refugee procedure and the limited institutional offer, a high percentage do not have the intention to apply for refugee status (66.43%). Out of the 66.43%, 36.4% argue that they are not interested, 29.5% due to fear of not being able to return to Venezuela and 10% affirm that they have no intention because they do not know what it entails to be a refugee in Colombia.

During the reporting period, the following profiles of asylum applicants were identified:

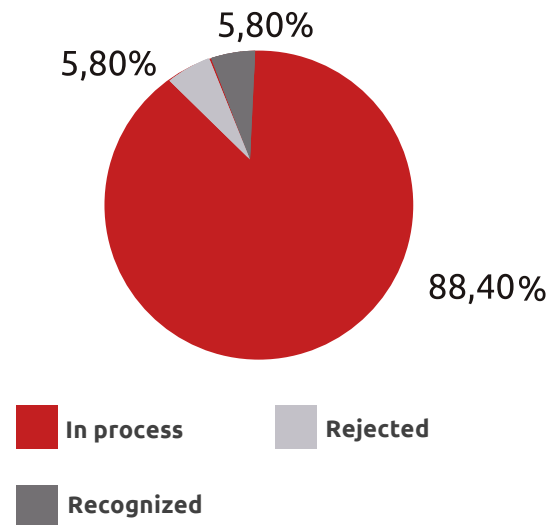
Profiles: asylum seekers

- » Survivors of GBV.
- » People without access to health care, education or other social and economic rights.
- » People who belonged to political groups and faced persecution.
- » Former public officials.
- » Former members of the Venezuelan security forces.
- » Persecution by colectivos.²

2. For more information see: Lucia Newman 'Venezuela: Who are the colectivos?' AlJazeera, 9 May 2019. < <https://www.aljazeera.com/features/2019/5/9/venezuela-who-are-the-colectivos>>



Asylum seekers and application status (2017-2020)



Many of these profiles may well be covered by the expanded definition of refugee status stipulated in Decree 1067 of 2015, including the 1951 Convention on the Status of Refugees, the 1984 Cartagena Declaration (1984) or the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. During the reporting period, 24 new (78 persons) asylum cases were identified and from January to September 2020, DRC has identified 103 asylum

cases representing 351 persons. Of these, only 5.8% have been recognized as refugees, 88.4% are in the process and 5.8% have been rejected. Out of all the applications, 72.5% of the applications were submitted between 2017 and 2019, which means that these applicants have been waiting between 1 and 3 years for their asylum application to be adjudicated. The long waiting periods is another deterring factor for persons not to apply for asylum.

6. MIGRATION STATUS AND RESIDENCY PERMITS

70.4% of the Venezuelans monitored entered Colombian territory irregularly and only 7.4% have a Venezuelan passport. With regards to the special residency permit for Venezuelans (PEP), only 18.2% have acquired a permit and 81.3% of the Venezuelans have not been able to obtain it. Further, only 0.1% of the monitored population has the PEPFF (Special Permit of Permanence for the Promotion of Formalization). To access the PEPFF, a person must have a formal job offer and this is difficult for the affected population and the mobility restrictions due to COVID-19 has become an additional barrier. Moreover, many Venezuelans are unable to access the special permit procedures online due to no or limited access to the internet.

The percentage of the population who does not have any migration permits continues to be very high, 81.4%, in contrast to 55% published by Migration Colombia.³ As in previous months, a larger portion of population in Bogota and Cundinamarca (27.7%) have been able to acquire regularization permits compared to Barranquilla (12%) where the lowest percentage of people with a migration permit was identified.

Further, 64.8% of the monitored Venezuelan population were not able to access the PEP - RAMV implemented in 2018. The main barriers were:

- 58% were not in the country during the registration.
- 22% were working during the registration.
- 16% did not have time to attend the registration.
- 9% reported that health problems restricted them from attending the registration.

There are important variations with regards to the access to the PEP-RAMV according to geographical locations. For example, in La Guajira and Bogota, around 40% of the population were able to access RAMV compared to 27.8% in Medellin and Barranquilla.

Finally, it should be noted that the PEPs are temporary, and does not count as time residing in Colombia for accessing residence visas. This is thus a legal barrier for people who would like to remain long term in Colombia or access Colombian nationality.

3. Migración Colombia Migración Colombia: <https://public.tableau.com/profile/migracion.colombia#!/vizhome/PermisoEspecialdePermanencia-PEP/Inicio>

7. NATIONALITY AND CIVIL DOCUMENTATION

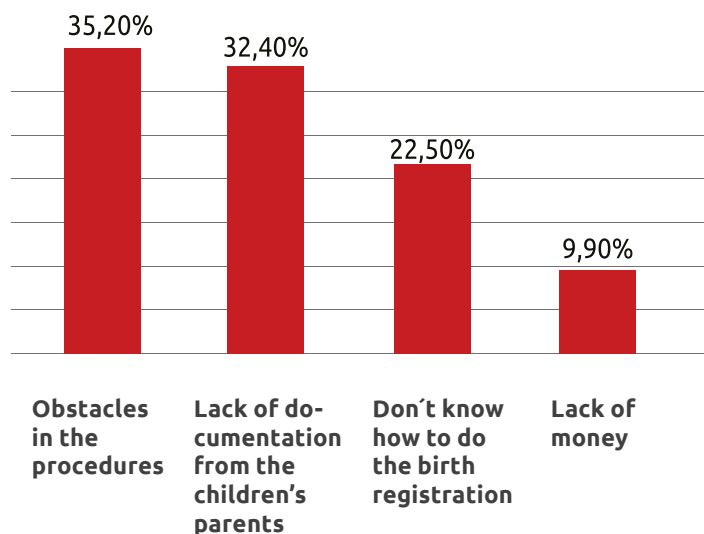
Of the Venezuelans monitored, 48% reported having a Venezuelan identification document (cédula), followed by birth certificate (29.6%), and birth registration (6.5%).

Even though the Resolution 8470 (2019) issued by the National Registry of Civil Status and of Law 1997 of 2019, allows children born in Colombia to Venezuelan parents to access Colombian nationality, barriers still exist to access the civil registry. During the reporting period, 15.9% of the children born in Colombia to Venezuelan parents have not been registered. The main reasons are administrative barriers in the process (35.2%), lack of documentation of the parents or of the minor (32.4%), lack of knowledge of the registration process (22.5%) and lack of money to cover the costs (9.9%). These barriers are partially due to operational problems in the process

of registration and acquisition of nationality. The Colombian Constitutional Court has made clear that there should be no administrative or legal barriers that prevent or block access to the right to civil registration and nationality, as the legal personality of each person is a gateway to access other rights, by virtue of the best interest of the child.⁴

The administrative barriers that prevent entry to the civil registry and nationality increased due to mobility restriction measures to mitigate the spread of COVID-19. This situation was compounded by the lack of face-to-face appointments and the difficulty in accessing online appointments, given that the quotas for appointments are exhausted and a large part of the monitored Venezuelans do not have access to internet or IT equipment.

Reasons for not accessing birth registration



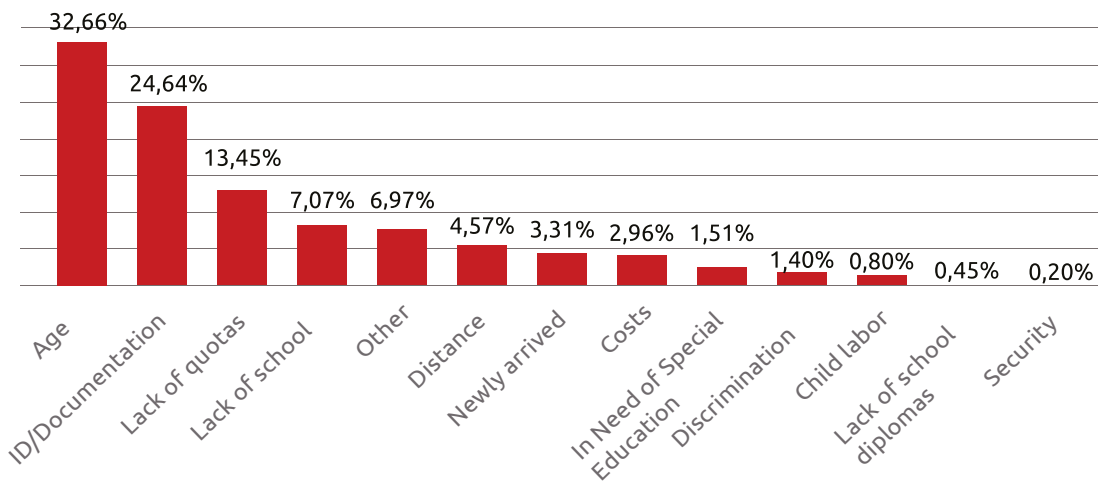
4. Sentence T – 006 of 2020

8. ACCESS TO EDUCATION

Of the population monitored, 64.2% of the school-age children are currently studying, however, 35.8% reported barriers that prevent them from accessing the educational system in Colombia. The most common barriers identified were lack of documentation (27.9%), lack of student quotas (14.5%), and lack of school uniforms (8.5%).

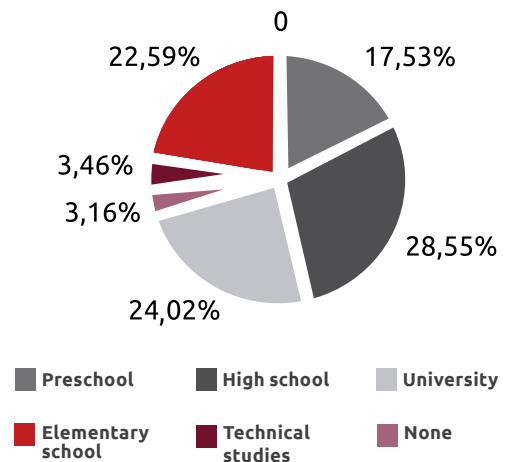
28.5% of the population has completed primary school and 24% secondary school. However, a considerable percentage of people monitored (22.59%) have not completed any educational level.

Barriers to access education



It appears that the Venezuelan population in general has had better access to basic education and 58.7% have completed primary and secondary education, whereas this figure for Colombians is only 38.6%. However, a large part of the people monitored do not have professional degrees or university studies and only 3.16% completed technical programs and 3.46% university studies. In bigger cities such as Bogota and Cundinamarca, 8.8% have completed university studies.

Level of education completed



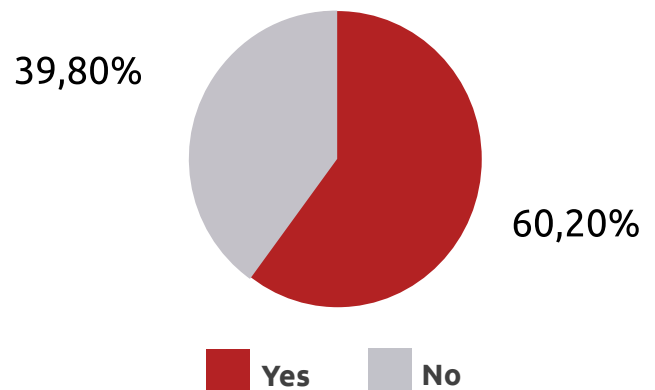
9. ACCESS TO HEALTH CARE

The major barriers to access health care for Venezuelans are the lack of documentation to regularize their migratory status. They also face difficulties in accessing the SISBEN survey,⁵ difficulties in affiliating to the EPS,⁶ lack of information on the SGSSS, administrative practices in IPS⁷ and attitudinal barriers.

57.5% of the monitored population has faced barriers in accessing to health care services and this percentage has been constant since January 2020. The most affected city is Medellin were 73.6% reported barriers. The most frequent barriers are lack of documentation (44.9%), followed by the distance between homes and health care centers (10.21%), and irregular charges at public health care facilities, lack of information, cost of medication, the excessive waiting time to get an appointment, discrimination, the cost of transportation and the lack of specialized services.

As reported in previous trimesters, the barriers to access health services vary according to geographical location. In Barranquilla and Medellin, the major barriers are lack of documentation and irregular charges, in La Guajira it is distance, and in Bogota it is the lack of documentation and information on how to access to health care services.

Access to health for Venezuelans

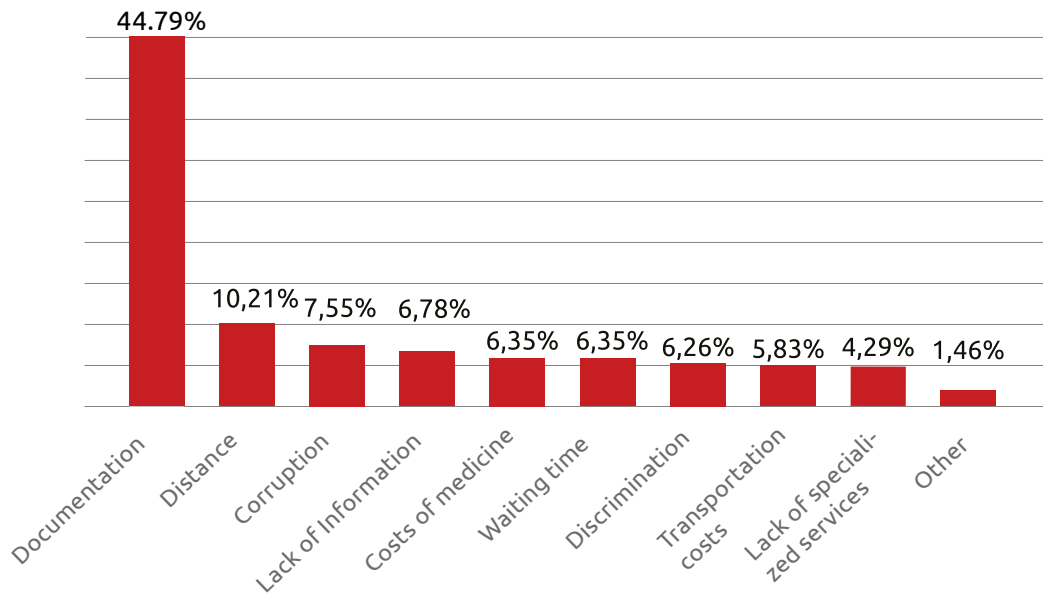


It is important to note that a large part of the monitored population (54.9%) only has access to emergency services, 35.2% access primary health care services and only a small percentage have been able or have access to specialized medical services (9.3%).

10. Early warning 032 of 2020, Early Warning System of the Ombudsman's Office: <https://alertastempranas.defensoria.gov.co/Alerta/Details/91746>

11. Early warning 037 of 2020, Early Warning System of the Ombudsman's Office: <https://alertastempranas.defensoria.gov.co/Alerta/Details/91776>

Barriers to access to healthcare for Venezuelans



The lack of a valid identification document is perceived as the major barrier to access health care services, even though emergency care should be guaranteed regardless of migration status. However, refugees and migrants also perceive that migration regularization does not always guarantee access to the health care system, since there is no clear information, open or publicized channels for the affiliation of those who have obtained a PEP or an asylum seeker permit.

While Decree 64 of 2020 seeks to simplify the affiliation process to allow public health care for refugees and migrants with a valid document and eliminate the accessibility barrier posed by the SISBEN survey, this information has not always reached the affected population. In addition, some health officials sometimes do not provide information about the new affiliation process to refugees and migrants.





MIGRANT AND REFUGEES ACCESS TO HEALTH CARE IN MEDELLIN

In Medellin, DRC protection monitoring have found that violations of the health right occur despite the fact that medical care for pregnant women is part of those prioritized by the relevant authorities in Antioquia.

Women, face barriers in the pregnancy and delivery stage and prenatal controls are not always carried out, and if they are executed, they are only done at the end of the gestation period. This prevents a timely intervention to protect the life and integrity of the unborn and/or the mother, and the number of these is not in line with international WHO standards.¹

When a cesarean section or a specific procedure is required and the IPS does not have the ability to attend it, a referral is made to another medical center. In some cases, the referral is not made through the Technical Annex No. 9 so the new IPS does not record transfers, but a new admission, and this produces costs for health care, which are supported by signing blank promissory notes.²

On the other hand, in some cases refugees and migrants experience xenophobia and comments ridiculing the names that mothers assign to their newborn children when the documentation for the postpartum is delivered.

1. The WHO recommends that pregnant women have between 4 and 8 prenatal check-ups. Information from: <https://n9.cl/5nrz2> dated: 09/24/2020.
2. A woman had been hospitalized in the U.H Manrique for 8 days; she was referred to the General Hospital and registered as a new admission.

Children and teenagers also face challenges in accessing health care services. On many occasions, the EPS affiliation process is not carried out at the time of birth and when the affiliation is made, parents are not always informed about it. In addition, the procedures for transferring from one EPS to another when the family changes city of residence is complicated and sometimes delayed.³ Refugees and migrants without affiliation to the EPS that presents symptoms like high fever are not considered as emergency cases and can therefore not access medical appointments.

Refugee and Migrant children and teenagers with psychosocial disabilities who are not affiliated to the EPS do not receive treatment because these symptoms are also not usually considered medical emergencies. It was observed that refugees and migrants with irregular migratory status in Colombia who have psychosocial disabilities and who were undergoing psychiatric treatment in Venezuela cannot access to the medications in Colombia because the formulas were subscribed by health professionals in Venezuela.⁴

Even when children and teenagers are affiliated to the EPS, parents often do not have appropriate information of how to access the health care

and have to wait long periods.⁵ There are also cases of families in which the parents have PEP and EPS, but the children and teenagers are in an irregular migratory status and without affiliation.

The most common group that seek health care in Medellín are children and teenagers with malnutrition, cancer and HIV. The last two conditions have priority attention in Medellín, but malnutrition does not. Of the cases of non-prioritized pathologies, health care can only be accessed if the need is sufficiently justified by Technical Annex 3.

Finally, it is observed that men have difficulties to access emergency health care because many of their pathologies are not prioritized. The most frequent cases are occupational accidents and patients can only get treatment for the initial injury, since they are often laid off by employers them, and then lose the affiliation to the EPS, which hinders them from getting follow-up treatment through the subsidized health care regime. Likewise, men who suffer from strokes are treated in the emergency room at the time of the accident, but do not receive rehabilitation care after the incident.



3. A 3-year-old girl who has many seizures and has not had access to health care or diagnosis. It is registered in an EPS in the municipality of San Luis, Antioquia, and now lives in Medellín.

4. A 16-year-old teenager in an illegal migration situation. In Venezuela was diagnosed with depression. She has not been treated and does not have access to medications because she does not have a Colombian Formula. Her symptoms have been aggravated.

5. A 5-year-old girl with kidney deficiency. If she has not a surgery soon or not continue with the treatment, she will require dialysis at a very young age.

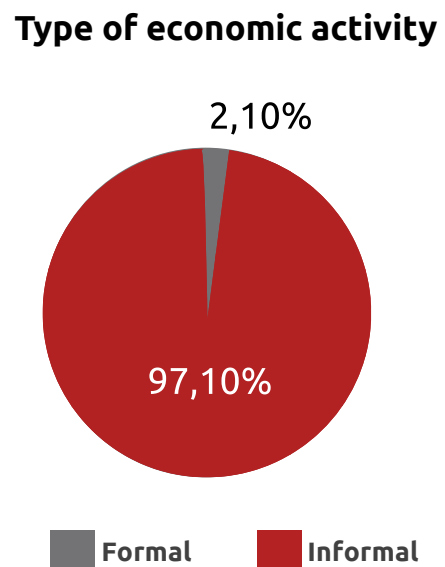
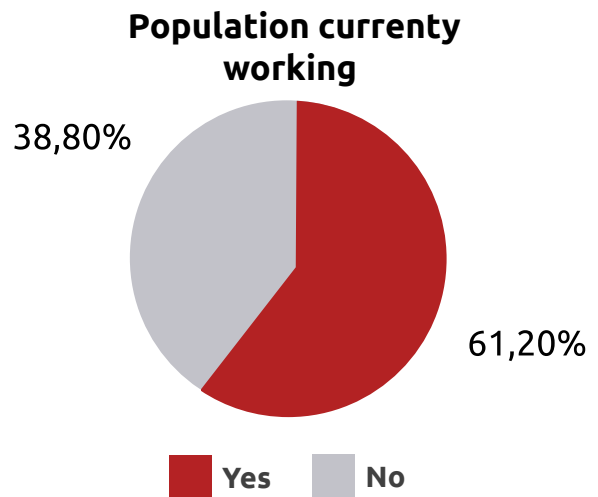
10. BASIC NEEDS

Livelihoods:

Of the people monitored, 61.2% are currently working, which represents an increase of 13.4% compared to the previous quarter. An overwhelming majority of the population gain their income through informal activities (96.9%). Thus, the mandatory quarantine measures due to COVID-19 negatively impacted the livelihoods of the refugee and migrant population. However, from June to September, an increase of people working (informal and formal) is observed: June 46.5%, July 55.8%, August 61.5% and September 67.1%. This is probably due to the easing of the mandatory quarantine restrictions imposed by the government.

According to the protection monitoring, most of the people working informally⁸ are street vendors (56.8%).

Unemployment is also an issue for the Colombian population due the limited supply of formal jobs. With reference to the Venezuelan population, there are specific elements that hinder their access to work.

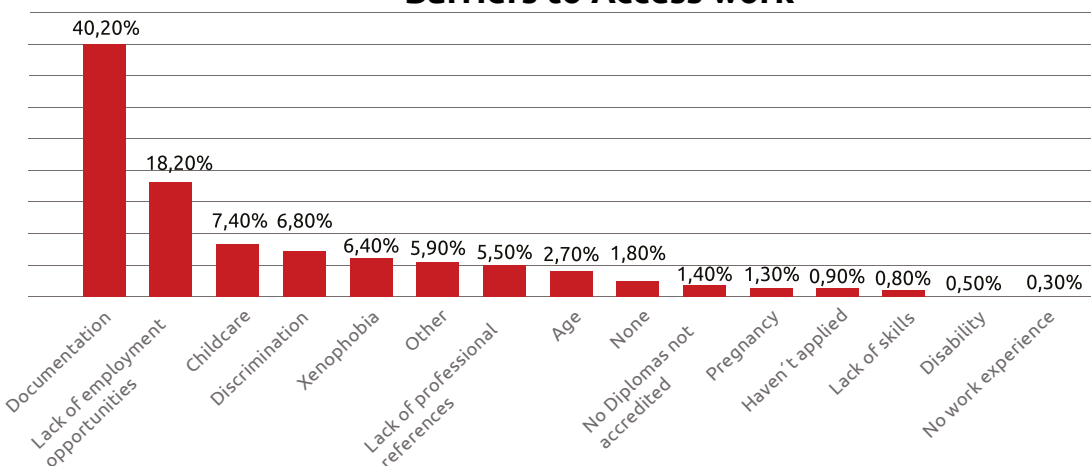


8. Informal employment is understood as a relationship that does not have all the labor and social benefits contemplated by the Colombian legislation (Substantive Labor Code), such as access to formal health care, vacations, service bonuses and unemployment benefits.

Of the monitored population of Venezuelan nationality, 39.4% report barriers to accessing a job with decent conditions due to the lack of documentation. On the other hand, there is no significant difference between the population with PEP and without PEP that has accessed formal employment. Of the population with PEP, 94% work in the informal sector, compared to 98% of

the population without PEP. There are therefore other barriers that hinder the access to formal work for refugees and migrants, such as the lack of work experience in Colombia, lack of technical and university studies lack of job offers and the lack of employment for refugees and migrants.

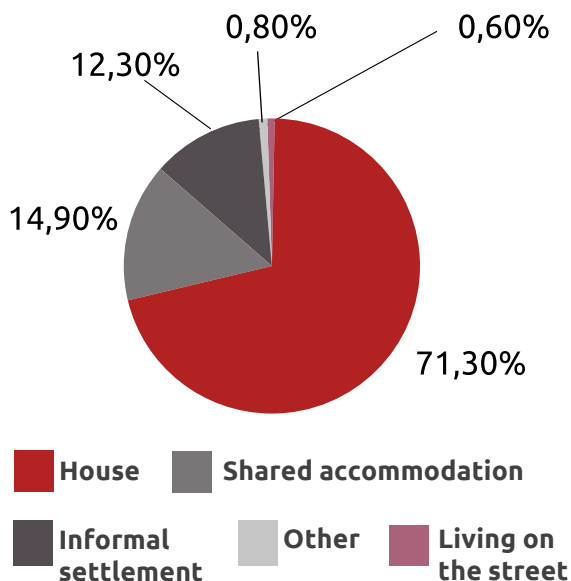
Barriers to Access work



Housing:

Most of the population monitored are renting their housing (78.3%), among which 79.3% live in houses or apartments and 12% in shared housing with other families. 41.5% of the monitored population pays a rent of 200-400,000 COP; 26.8% between 0 and 200,000 COP, 15.4% between 400 and 600,000 COP, 14.2% pay nothing and 2.0% pay more than 600,000 COP per month. However, there are variations in the price according to the geographical area. The most expensive rents are paid in Bogota where 32.6% of the population pay between 400 and 600,000 COP compared to Riohacha where 35.1% of the monitored population lives in informal settlements and 30% of the population do not pay any rent at all. Most of these constructions use plastic as the main construction material (36.4%) and most of the people do not have a toilet in their home (46.6%).

Type of housing

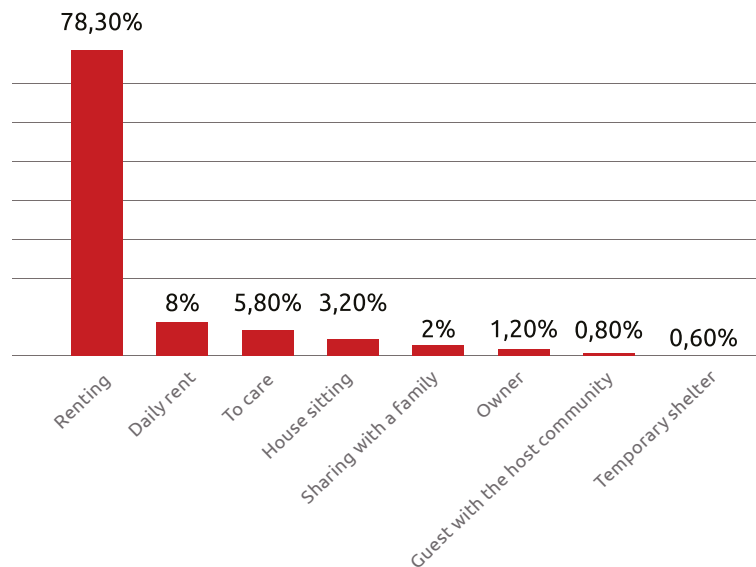


These conditions present further risks since much of the population monitored have specific protection needs.

Following the expiration of the temporary regulations that suspended evictions during the COVID-19 emergency (Decree 579 of 2020), the risk of evictions increased during the monitoring period. In addition, cases have been identified where non-state armed actors have intervened

in conducting the evictions. These can be classified as forced evictions by virtue of the damage suffered by people as a result of actions executed by armed actors. These forced evictions⁹ could constitute violations of international humanitarian law and eventually generate internal displacement, in this sense, the affected persons could be considered as victims according to the Colombian legislation.

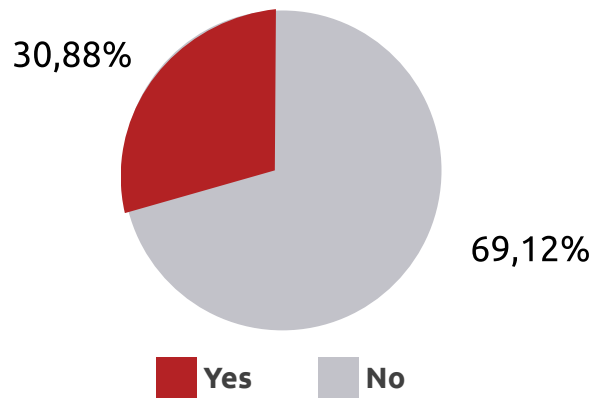
Housing modality



Water and sanitation:

Most of the monitored population has access to drinking water (69.12%), except for Riohacha where only 16.4% have access and 67.9% report barriers to accessing water. 87.3% of the monitored population obtains water through aqueducts and 41.2% of the population has a good perception of cleanliness and sanitary conditions within the community they live.

Access to drinking water



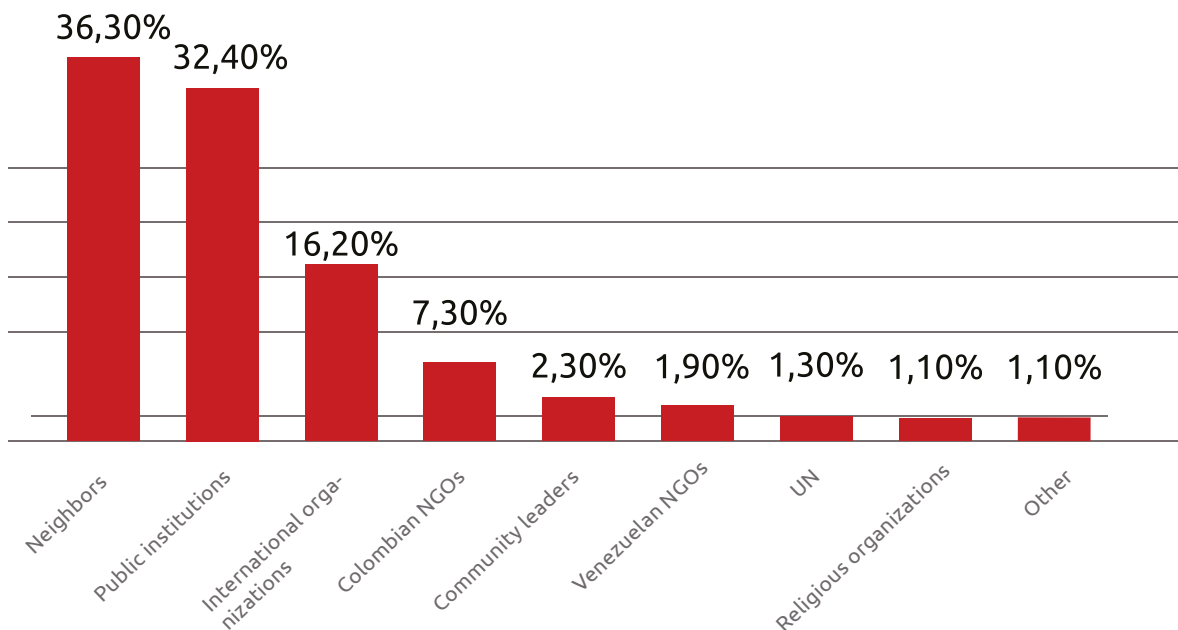
9. They are understood as the fact of making people, families and/or communities leave their homes and/or properties they occupy, permanently or provisionally, without offering them appropriate resources of legal or other protection or allowing them access to them. General Comment No. 7: Right to decent housing, of the United Nations Committee on Economic, Social and Cultural Rights.

11. ACCESS TO INFORMATION AND HUMANITARIAN ASSISTANCE

The lack of access to information about rights and services continues to be one of the main protection risks. 66.2% of the monitored population has not received information about rights and services in Colombia. The population in Riohacha reports having the best access to information (48.7%) and the least access is in Barranquilla (27.8%) and Bogota (21.3%).

Of the 33.8% who have access, 75.95% affirmed that the information they were given was sufficient to access social services. As observed in previous months, the sources of information comes mainly from the own community (36.3%), public institutions (32.4%), international organizations (16.2%) and to a lesser extent from national NGOs (7.3%), community leaders (2.3%), United Nations (1.3%), Venezuelan NGOs (1.9%), religious organizations (1.1%), and other sources (1.1%).

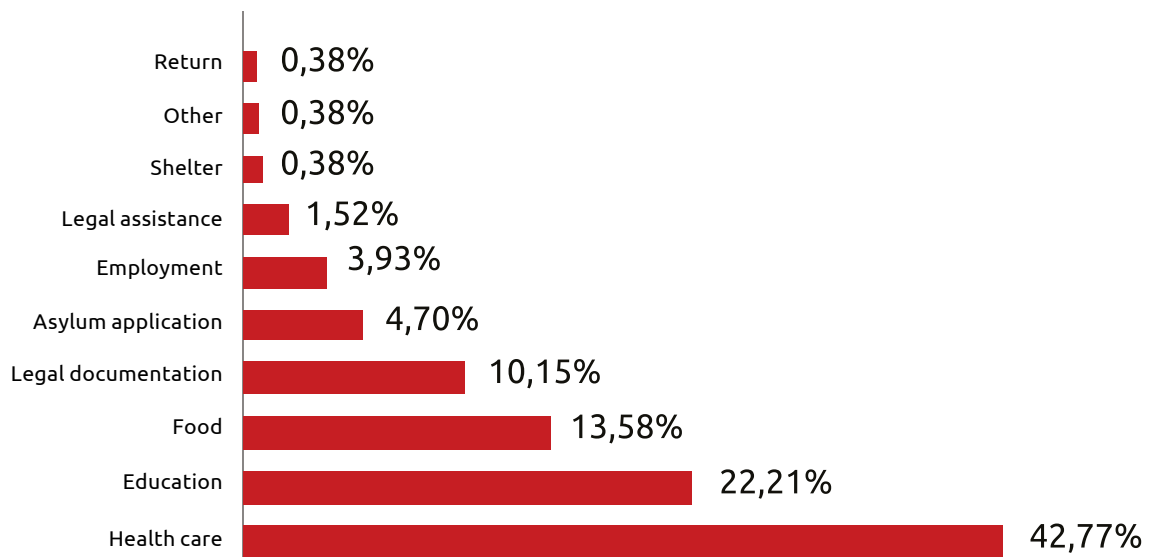
Sources of information



The major sources of information identified through the monitoring are: “word of mouth” (39.1%), individual information and group information sessions (23.2%). The main topics on which the population received information and learned about the referral pathways are health (42.77%), education (22.21%), nutrition (13.58%) and legal documentation (10.15%). On the other

hand, the affected population has received little information related to asylum procedures (4.70%), employment (3.93%) and legal assistance (1.52%).

Type of information received



There is therefore a need to strengthen the dissemination of information about referral pathways in the monitored areas, especially on how to access to asylum procedures, employment routes and legal assistance.

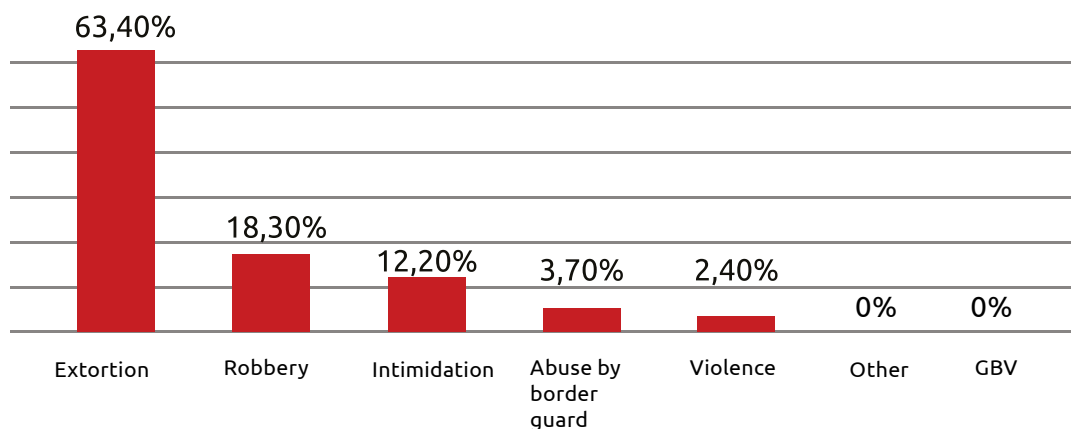
To ensure better access to information, it is important to join forces between government agencies and actors that provide information in the inter-agency coordination spaces (GIFMM) to establish common messages and reach a greater number of the affected population.

12. VIOLENCE AND INSECURITY

When crossing the Venezuelan-Colombian border, refugees and migrants face several protection risks and other threats. During the reporting period, 17.7% of the monitored population that entered the country regularly through an official border point suffered some type of abuse. This percentage more than doubles when it comes to those who enter Colombia irregularly (38.4%). Among the main abuses described by

interviewees that entered legally are extortion (63.4%), robbery (18.3%), intimidation (12.2%) and, to a lesser proportion abuses by border officials (3.7%) and violence (2.4%). Those that entered irregularly, commented that the main issues faced were extortion (70.1%), robbery (18.6%), intimidation (8.6%), violence (1.8%), GBV (0.7%) and other abuses (0.2%).

Type of abuse suffered by people who entered Colombia regularly



43.9% of the population perceives that their community is somewhat insecure, insecure or very insecure. Barranquilla and Riohacha are the areas considered most insecure by the affected population.

The data collected shows that crime (75.3%), the presence of gangs (20.4%), and the presence of armed actors (8.1%) are the main factors of insecurity for the affected population. DRC mainly conducts protection monitoring in urban centers where it has a field presence. Traditionally, the presence of armed groups has been higher in rural areas than in urban centers, yet 4.3% of the monitored population refers to confrontations

between armed groups as a factor of insecurity. The security related protection risks faced by refugees and migrants demonstrates the importance of a humanitarian response that goes beyond humanitarian assistance.

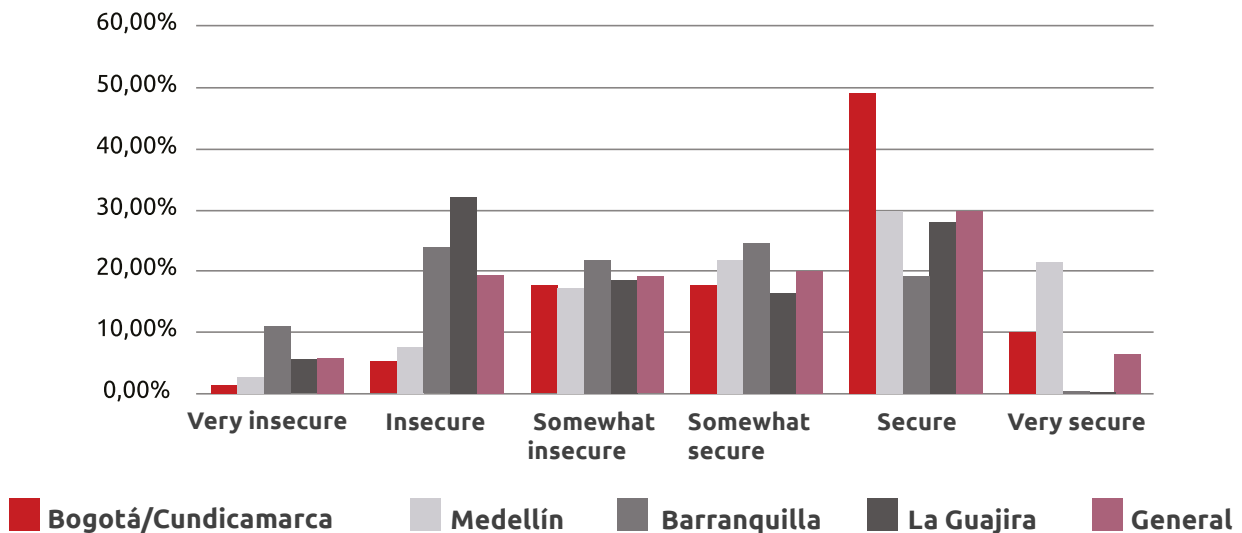
However, in Bogota, 47.8% of the monitored population consider their community or neighborhood as safe compared to 5.16% who consider it unsafe. Nevertheless, there are risk factors, such as crime (75.3%) and the presence of criminal gangs (20.4%), that could mean risks for the monitored population, but these risks do not seem to significantly change the population's perception of whether their community is safe or not.

Likewise, in Medellín, the population does not report a high level of perception of insecurity. At the same time, 39% of the monitored population report that the main factor of insecurity is the presence of armed groups.

Regarding the risks associated with the presence of armed actors, the Ombudsman’s Office (Defensoría del Pueblo) on July 17 issued an early warning¹⁰ informing about the presence of armed actors throughout the city of Medellín. The perceptions of relative security in Bogotá and Medellín can therefore be explained by the “normalization” of violence within the communities where refugees and migrants live.

On 13 August 2020, the Ombudsman’s Office also issued an early warning for Barranquilla where mentions a risk scenario that arises from “confrontation and settlement of accounts between criminal structures for the control of illegal economies”.¹¹ In Barranquilla, DRC has identified that the affected population has a higher perception of insecurity than in other areas. The population identifies crime (64.5%) the presence of gangs (21.2%) and armed confrontations (8.1%) as the main factors of insecurity.

How do you perceive the security where you live?



In Riohacha, the perception of insecurity is also high, and the main risk factors stated by the population continue to be crime (79.7%) and the presence of gangs (12.2%). However, a very low percentage of the population referred to the presence of armed actors as a risk factor (3.7%), compared to Medellín and Barranquilla.

10. Early warning 032 of 2020, Early Warning System of the Ombudsman’s Office: <https://alertastempranas.defensoria.gov.co/Alerta/Details/91746>

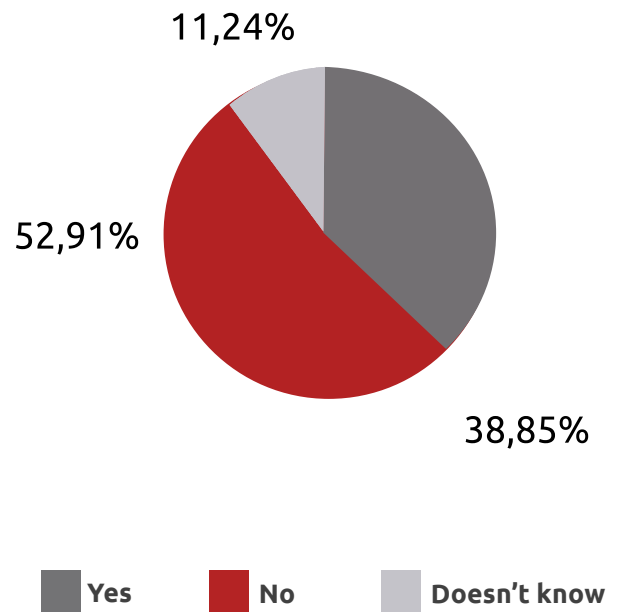
11. Early warning 037 of 2020, Early Warning System of the Ombudsman’s Office: <https://alertastempranas.defensoria.gov.co/Alerta/Details/91776>

13 . GENDER-BASED VIOLENCE

Gender-based violence represents a minor risk factor in the perception of safety of the total population monitored. Only 2% stated it as a factor of insecurity in their communities. Yet, 32% responded that GBV represents a problem within their community.

This data is directly related to the population's lack of knowledge about GBV, and 53% are not aware of the meaning of GBV. Further, the majority (49.9%) reported that there are no care services for GBV survivors.

Do you know what GBV is?



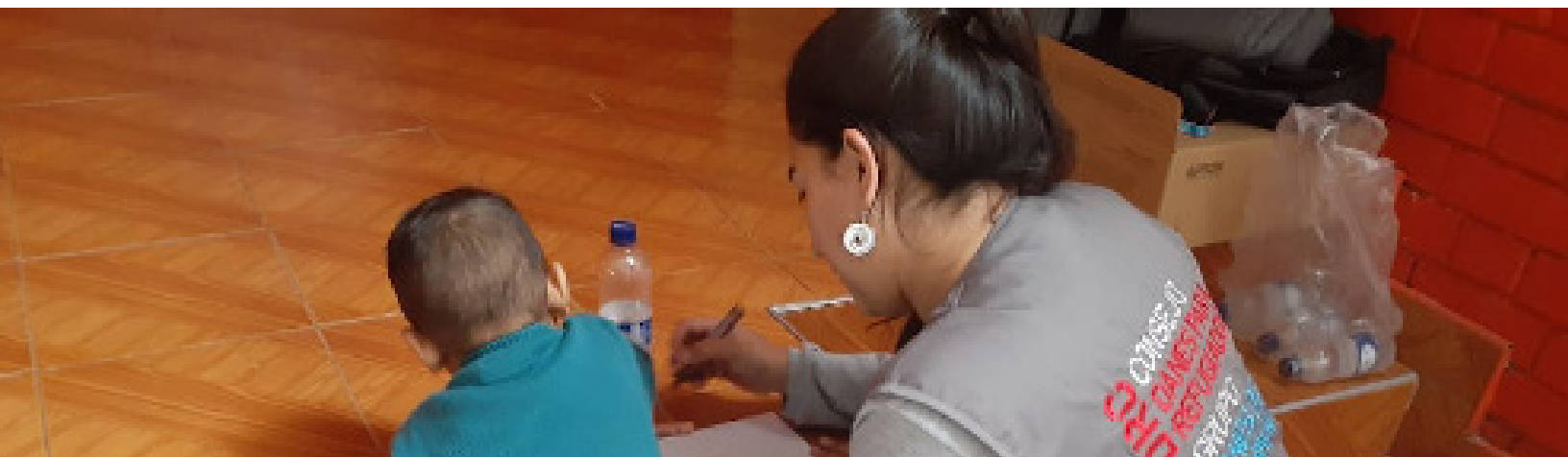
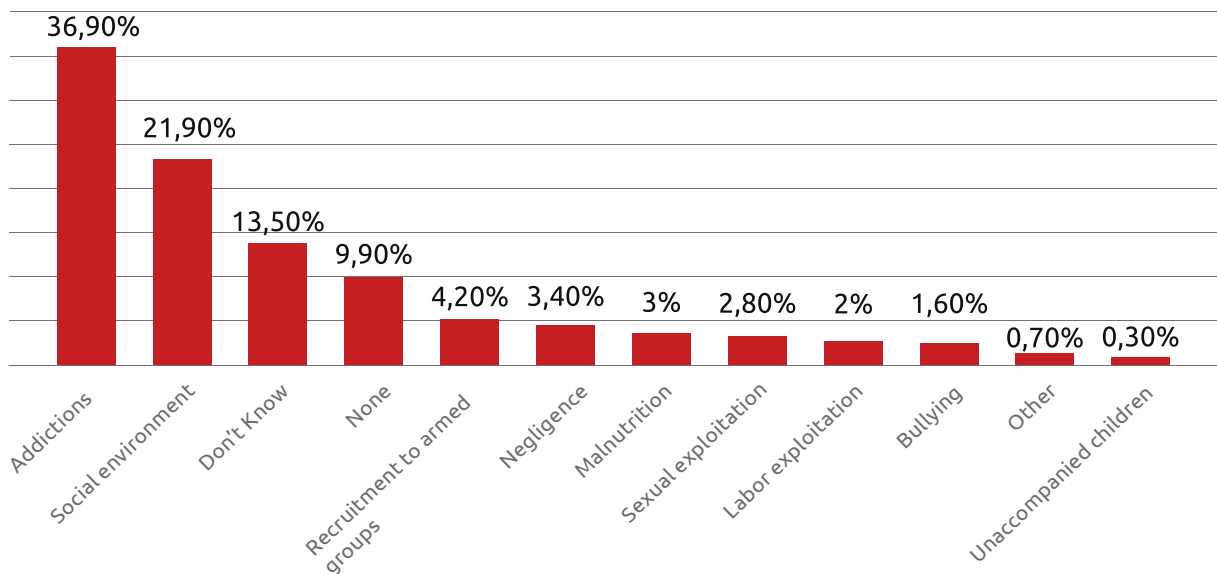
14. CHILD PROTECTION

Only 4.06% of the monitored households consider that in their communities there are safe or recreational spaces for children and teenagers and 46.77% consider that there are no such spaces.

The main child protection risks are the use of drugs (36.9%) and the vulnerable environment where they are located (21.9%). However, asso-

ciating this data with the risk factors that create insecurity, it is possible to infer that the danger in which the children and teenagers find themselves is considerably high due to the high presence of criminal gangs and armed actors in the communities where they live. In particular, in Medellín and Barranquilla, children and teenagers face a high risk of recruitment or involvement in illegal economies.

Child protection risks



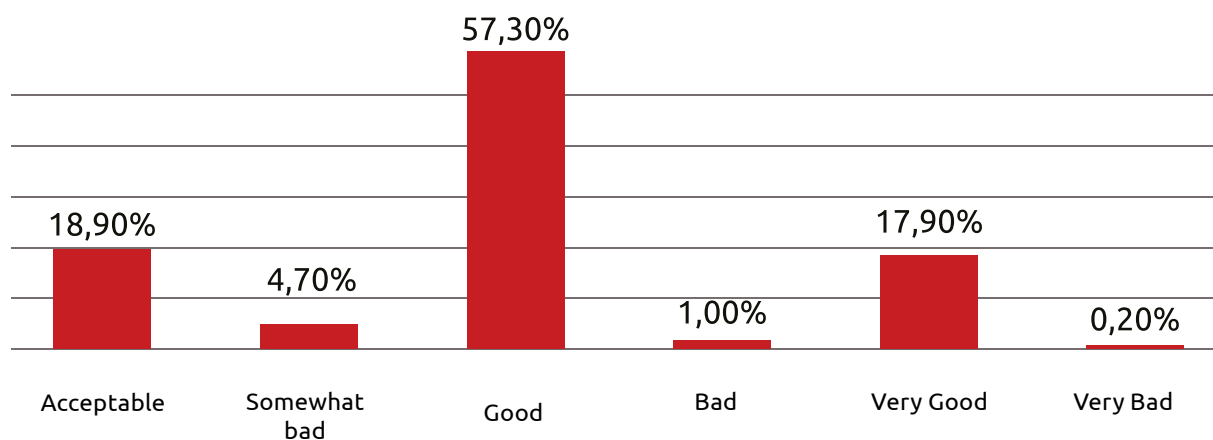
15. SOCIAL INTEGRATION AND RELATIONSHIP WITH THE HOST COMMUNITY

In general terms, the majority of the monitored population affirms that their relationship with the host community is good (57.3%), very good (17.9%) or acceptable (18.9%). Nevertheless, the affected population often report having experienced xenophobia and discrimination in work settings and within their community.

The fact that the data may seem contradictory to situations of discrimination could be explained by the internalization or “normalization” of

xenophobic behaviors by the Venezuelan population, “tolerating” actions that are constituted as daily in their environments. Xenophobia is not only limited to a level of social interaction in neighborhoods or in residential locations, but it also manifests itself in other environments, for example, the by violating the rights of the Venezuelan population.

Relationship between the Venezuelan population and the host community



16. RECOMMENDATIONS



- Lack of housing and access to food are the main priorities identified by the affected population. This should be addressed within the national coordination mechanism GIFMM, providing short term life-saving assistance but also be accompanied by income-generating activities in the medium and long term to support the population to become self-sufficient.



- Strengthen the coordination between public agencies and institutions that provide responses to GBV to ensure better quality a quicker response to GBV incidents.



- The returns to Venezuela continued, however, many of the returnees are expected to re-enter Colombia in the last quarter of the year. It is therefore necessary to strengthen the coordination with government institutions and the GIFMM protection actors to respond to the basic needs and the protection risks of new arrivals.



- Increase the dissemination of information on the right to seek asylum and the procedures for seeking international protection in Colombia.



- Establish advocacy plans with the national GIFMM and civil society within the framework of the proposed Migration Law with a human rights-based approach to ensure access to permanent migration regularization for migrants and access to the asylum system for persons in need of international protection.



- Most of the Venezuelan population intends to remain in Colombia in the short term (0-3 years) and long term (+3 years) and they are not considering returning, which should guide the humanitarian response and public policy towards a vision of local integration.



- In cooperation with the Office of Migration Colombia and the GIFMM, increase the dissemination of information on the regularization measures (PEP and renewal of the PEP and PEPFF).