The complex humanitarian emergency in Venezuela

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Cover photo: Migrants from
Venezuela at Rumichaca Bridge,
Tulcan on the Ecuador–Colombia
border. Credit: Diego Castellanos/
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Caminantes (migrants travelling on foot) on the Cúcuta-Pamplona road from Venezuela into Colombia. Credit: Cindy Catoni

Editorial

The theme of this edition of *Humanitarian Exchange*, co-edited with Alexánder Alegría-Lozada from Profamilia in Colombia, is the impact of the complex humanitarian emergency in Venezuela. Since 2016, the ongoing political and socioeconomic crisis has resulted in political instability, economic decline, deterioration of state structures and services and increases in corruption, crime and violence, undermining people's livelihoods, health and security. More than 6 million people have left the country, almost 5 million of whom have moved to other countries in the region. More than 1.8 million have sought refuge in Colombia.

In the lead article, Feliciano Reyna Ganteaume explains how HumVenezuela, an independent platform developed by Venezuelan civil society organisations, is documenting and monitoring the complex humanitarian emergency in the country. Lucía Ramírez Bolívar reflects on the evolution of the Colombian state's legal response to Venezuelan migration, while Lina Arroyave Velásquez exposes the plight of binational indigenous peoples on the Colombia–Venezuela border. Jorge González Caro argues that gender-based violence in Venezuela, made worse by the ongoing economic crisis and Covid-19, must be addressed as a humanitarian priority. Adriana Marcela Pérez-Rodríguez discusses data on gender-based violence affecting both Venezuelan migrants and Colombians, advocating that a feminist approach to migration management should be central to Colombian government decision-making. The specific issues and challenges affecting lesbian, gay, bisexual, transgender and intersex (LGBTI) migrants are highlighted by Cindy Hawkins Rada, Daniel González-Pérez and Daniel Verástegui-Mejía.

Emily Cowlrick, Gabriela Christie and Alicia Pepe Vides reflect on how partnerships between international organisations and local actors are supporting Venezuelan migrants in Colombia to access information and support. Drawing on a recent case study from the Humanitarian Policy Group at ODI, Mariela Torrealba, Yorelis Acosta and Oliver Lough find little evidence that social media is serving as a 'lifeline' for Venezuelan *caminantes* (migrants travelling on foot) as it has in other displacement crises. Diego Prado, Esther Yaneth Garzon and Lina Camperos report on two cash transfer pilots in support of *caminantes*, and Elizabeth Tromans and Marcela Dajer Gómez analyse experience of integrating cash and protection responses. The edition ends with an article by Robert Muggah, Lycia Brasil and Mac Margolis, who make the case that climate change in Venezuela, and the government's failure to address it, is set to worsen the displacement crisis.

The complex humanitarian emergency in Venezuela

HumVenezuela: Venezuelan civil society and the right of access to public information

Feliciano Reyna Ganteaume

A lack of access to public information has dogged the humanitarian response in Venezuela since the beginning. In fact, it was Venezuelan human rights organisations that were the first to warn, in late 2015 and early 2016, that the country was facing a humanitarian crisis, drawing on extensive documentation of human rights violations. At the time, the Venezuelan state had an obligation to update several reports to United Nations (UN) treaty bodies, as well as going through the second cycle of the Universal Periodic Review (UPR). In addition, the Inter-American Commission on Human Rights had granted hearings to civil society organisations on rights violations. Alternative and follow-up reports on the human rights situation presented by more than 150 organisations made clear that the severity and scale of harm to the Venezuelan population, in terms of access to food, health services and livelihoods, amounted to a humanitarian crisis.

At the time, European Civil Protection and Humanitarian Aid Operations (ECHO) was also producing its own documentation, which corroborated the concerns of Venezuelan organisations. However, several UN agencies in the country either did not report what was already evident, or drew on official information that did not show the reality. In July 2016, more than 80 organisations sent a letter to then UN Secretary-General Ban Ki-moon expressing their 'indignation and rejection of the conduct and silence of several agencies of the United Nations System in Venezuela, in particular with regard to those responsible for health and food ... in a context of accelerated increase[s] in poverty, economic and social fragility, political and institutional instability, as well as in the face of a massive and severe shortage of food, medicines and medical supplies throughout Venezuela and the absence of internal capacities to solve this situation in the medium term'. The letter closed by warning that 'the United Nations System cannot continue failing in the fulfillment of its responsibilities in Venezuela, to prevent irreparable consequences in loss of life and a greater escalation of the deterioration of food and sanitary conditions, which affects especially the most vulnerable population, if a mechanism for cooperation and international assistance of a humanitarian nature is not implemented as quickly as possible'.

Petare, Caracas. Credit: Wilfredorrh

The following August, in an interview with Argentinian newspaper *Diario la Nación,* Ban Ki-moon expressed his concern 'about the current situation, in which basic needs cannot be covered ... food, water, sanitation, clothing, are not available. That creates a humanitarian crisis in Venezuela. This whole situation is created by political instability. And, first of all, there must be political stability. The UN is ready to help, but the powers and regional bodies are already committed'.[1]

Changes in the leadership of some agencies began to produce a response, but it was not until massive waves of people were forced to migrate between 2016 and 2017, mainly to Colombia, that it was understood that Venezuela was facing a humanitarian emergency, and that a response was imperative. When the Venezuelan government finally admitted the severity of the situation and authorised the formal installation of the UN humanitarian architecture in Venezuela in mid-2019, Venezuelan civil society organisations had been implementing their own humanitarian programmes for three years, with the support of ECHO and donors including Canada, the United States and several European nations.

The initial implementation of humanitarian programmes was guided by information collected in the field by Venezuelan civil society organisations. The lack of essential data, as well as the reluctance of the Venezuelan government to admit the magnitude and complexity of humanitarian needs, meant delays in the publication of the first Humanitarian Response Plan and the Humanitarian Needs Overview in 2019, and prevented the timely publication of subsequent plans in 2020 and 2021. These have been published in

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1   www.lanacion.com.ar/el-mundo/ban-ki-moon-en-venezuela-hay-una-crisis-humanitaria-nid1926563/.

the second half of each year, and have maintained a constant figure of 7 million people in need, which does not correspond to other analyses even from the UN system itself. The publication of part of the results of a field study by the World Food Programme (WFP) between July and September 2019 was of enormous importance. Despite the resistance of the Venezuelan government, data gathered by the study clearly showed that 9.3 million people (32% of the population) were in acute food insecurity, with the risk that 17 million more (almost 60%) could be affected. A few months later the coronavirus pandemic arrived.

It is possible that this lack of data is part of the reason for the very poor funding of Humanitarian Response Plans. If we compare the global funding of HRPs reported by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in the Financial Tracking System, we see that, of the 23 global plans in 2019, Venezuela received the second lowest proportion of requested funds after Haiti, at 33.8%. In 2020 it was again the second least funded out of 25 global plans. In 2021, the Venezuela plan was 36% funded, among the 10 least-funded of 30 global plans.

Without information it is not possible to make decisions to activate, plan, implement and evaluate actions to adequately respond to a crisis. The large-scale and multidimensional impacts of most complex emergencies demand data with certain levels of aggregation, in order to achieve a view of the magnitude and dimensions of these crises. Data must be sufficiently disaggregated to identify the specific needs and vulnerabilities of different groups.

In Venezuela, gathering sufficient and timely information on the impact, response and complexity of the emergency has involved multiple actors and joint efforts given the effects of the emergency on national and local information systems. For several years no statistics or government documents have been published in Venezuela, and information from independent sources is censored or blocked. Obtaining accurate information is even more problematic in areas of Venezuela that are difficult to reach or where the authorities have restricted access to affected populations.

The urgent need for reliable information on the emergency led a group of Venezuelan organisations to create HumVenezuela in 2019. HumVenezuela's objective is to provide relevant information regarding the situation of people affected by the complex humanitarian emergency in Venezuela, and thus contribute to assessments determining its profile, magnitude, dimensions and response requirements.

HumVenezuela monitors existing information and generates its own research data to measure standardised categories and indicators of the humanitarian situation. The information collected undergoes a rigorous process of review and verification of quality, consistency and coherence. The data is recorded in each dimension and category according to aggregation criteria, and then disaggregated according to the levels of deterioration or severity that the data itself shows. All the information corresponding to the data and its sources are available in downloadable Excel tables on the website. There are four sources of information:

1. **Sectoral records and statistics.** More than 8,000 sources from local, national and international actors, both official and independent, were reviewed. Sources used comprise studies and research, records, monitoring and situation alerts and statistics, and are cited in data tables that can be downloaded from the HumVenezuela website.

2. **Consultations with informed actors.** During the research process, 25 of the organisations participating in HumVenezuela consulted with actors working in specific sectors or areas where there were information gaps. An interdisciplinary team cross-checks and validates all data and evidence collected to ensure a more accurate and holistic analysis and to facilitate consensus on how best to respond to the needs identified.

3. **Community diagnostics.** The measurements are supported by field data collected through community diagnostics in 16 Venezuelan states. Assessments were carried out between May and June 2021, to collect data on access to food, water and other basic services, education, health, human mobility, violence and community problems. A total of 4,489 people were surveyed and reported on their family groups, allowing for the collection of data related to 15,175 people. The sample included different populations, such as women, children and adolescents, the elderly, people with disabilities, indigenous people, LGBTI people, producers and farmers, and people with chronic and acute health conditions, including Covid-19.

4. **Demographic information.** With reference to population data and demographic information, HumVenezuela uses Latin American and Caribbean Demographic Center (CELADE) estimates, since Venezuela's official census projections do not consider the impact of migration on the size and composition of the Venezuelan population and households.

Data on the HumVenezuela website is designed to help ensure that responses are proportionate to the situation, and that actors with decision-making power comply with the requirement to include all affected populations in responses. Data and indicators can be viewed and downloaded directly from the HumVenezuela website, along with graphical representations of the most relevant results. Information provided by HumVenezuela can be followed through its two Twitter accounts, in Spanish and English: @HumVenezuela and @HumVenezuela_en.

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Help point for *caminantes* travelling from Venezuela to Colombia. Credit: Cristal Montañéz

Venezuelan migration: six years of progress and challenges in the Colombian state's response

Lucía Ramírez Bolívar

August 2015 saw the first mass forced displacement of people from Venezuela to Colombia. Since then, the migration crisis has grown to become the world's second largest after Syria. The UN estimates that more than 6 million people have left Venezuela, of whom almost 5 million are in Latin America; according to the migration authorities, about 31% (1,842,390) are in Colombia, the main recipient country in the region.

In Colombia, there is a direct relationship between access to rights – such as health, education and work – and having regular migration status, i.e. having a permit to stay in the country, which can be a visa or one of the special permits that have been created for Venezuelans. This relationship has shaped the Colombian state's response to migration, but it has also highlighted the limitations of basing a strategy of care on a legal requirement, which for many people has been difficult to fulfil due to the crisis in Venezuela.

Whether a Venezuelan national can access regular migration status in Colombia depends on the documents they have and the way in which they entered the country. Before the issuance of the Temporary Protection Status for Venezuelan Migrants (ETPMV) – explained below – the possibility of accessing a visa or a Special Permit to Stay (PEP) depended mainly on the person having a passport. However, obtaining a Venezuelan passport can take months due to costs, administrative hurdles and corruption.

In addition to the difficulties in accessing a passport, migrants cannot access visas because of the costs – a study visa application costs $50, and if approved the visa can cost between $50 and $400 depending on the type – or because of the particular requirements of some visas, such as providing apostilled documents, another procedure that is almost impossible in Venezuela. Considering this situation, in 2017 the national government created the PEP, a regularisation mechanism exclusively for Venezuelan nationals that authorises them to stay and work in the country for two years. However, in order to apply for this permit, it is necessary to have entered the country before certain dates, through a migration control point, so that the passport could be stamped. Continued migration meant that this measure fell short and had to be renewed several times. By the end of 2020, 56% of Venezuelan migrants in Colombia were in an irregular migratory situation, showing the limitations of the PEP.

The Colombian state's response, supported by international cooperation, has made important advances in areas such as access to education for children and adolescents; recognition of the nationality of children born in Colombia to Venezuelan parents; and emergency medical care. However, as the PEP demonstrated, the state migration response has had a mainly humanitarian and short-term focus, which has affected migrants' access to their rights.

People in an irregular migration situation, or whose refugee claim is pending, are not authorised to work. This has resulted in close to 90% of migrants working in the informal sector, where they are exposed to labour exploitation and face serious barriers to self-sustainability and to meeting their needs.

In terms of health, migrants who do not have a visa or permit can only receive emergency medical care, not treatment for chronic or terminal illnesses such as cancer or HIV. In most cases they do not receive the care they need. Many turn to *tutela* – a legal mechanism – to seek fundamental rights protection before a judge, but it takes several weeks to be resolved and does not address the underlying problem. Many are reluctant to seek these services for fear of being deported.

With regard to education, although the government has insisted that access for migrant children should be guaranteed, in practice barriers persist due to educational institutions' lack of knowledge about these guidelines and how the migration system works or, worse, due to xenophobia. In addition, in the absence of a migration permit to be in Colombia, students have problems completing their studies, graduating and entering higher education.

To address these barriers to access to rights, generated mainly by the lack of a regular migration status, the Colombian government created the Temporary Protected Status (TPS) for Venezuelan Migrants. This measure covers people who already had a temporary permit such as the PEP, and those who were in an

irregular situation and entered the country before 31 January 2021. These individuals, along with those who enter regularly in the next two years, will receive a Temporary Protection Permit (PPT), which will allow them to stay in the country for 10 years, work and access the health, pension, education and financial systems. It will also allow them to validate their professional qualifications before the Ministry of Education, enter and leave Colombian territory and eventually apply for a resident visa if they meet the requirements.

The TPS is an important and urgent step towards the integration of Venezuelan migrants, as it will allow them access to health and education and facilitate their participation in the labour market so that they can become self-sustaining and contribute to the country's development. However, some aspects of the TPS raise concerns about the impact they could have on other fundamental rights, such as the presumption of innocence, due process and recognition of refugee status.

In relation to the presumption of innocence, the Statute establishes that, in order to be able to apply for a PPT, the person must not have administrative or judicial proceedings in progress. An ongoing proceeding is an investigation that is open but where no decision has been taken as to whether the person is responsible for the act for which he or she is being investigated. Not granting the PPT for this reason is a disproportionate requirement and a form of early sanction, as it would penalise people for whom the state is still uncertain as to their responsibility. The migration authorities should bear in mind that this type of requirement to access a benefit, permit or procedure has been considered unconstitutional by the Colombian Constitutional Court and in violation of the right to the presumption of innocence.

The TPS also jeopardises migrants' right to due process. The decree and the resolution that regulates it establish that one of the reasons for cancelling a PPT is that the person has a 'record of infractions of the legal system', or that their presence is considered 'inconvenient' or 'a risk to national security'. These are very broad and ambiguous concepts that can give rise to many interpretations by the officials deciding on the cancellation of the PPT. For example, running a red light is a violation of the law. Is a person's permit to be cancelled for that reason?

The same is the case with the concept of national security. This argument has been used to advance massive and immediate expulsions, as was the case following demonstrations in 2019, without an individual analysis of cases and without guaranteeing the right to a defence. In addition, the person who applies for the TPS cannot challenge the decision that denies or cancels the PPT, as appeals procedures do not apply.

With regard to the application for refugee status, the TPS establishes that asylum-seekers may apply for the PPT, without this process being affected, but that once permission is granted, they will have to choose whether to accept it or renounce their refugee claim. The recognition of a person as a refugee implies that the host state must protect them, not return them to their country of origin, and extend this recognition to their nuclear family, among other obligations. These protections are not granted by the TPS.

Having to choose between a refugee application and a PPT places those seeking the protection of the Colombian state in a difficult position given the shortcomings of the refugee system. Among these deficiencies are the absence of a time limit for the state to make a decision on an application and

ambiguity about whether or not refugee claimants are authorised to work. In the face of this uncertainty, it is very likely that people will be forced to renounce their refugee claim and, consequently, the rights that this recognition entails.

Although the TPS marks a new stage in Colombia's response to migration, it still has important gaps that urgently need to be addressed. Given the worsening of the situation in Venezuela due to the pandemic, people will continue to migrate and will be forced to do so irregularly given the serious difficulties in accessing a Venezuelan passport. These people will not be able to access the TPS and will therefore face the same difficulties accessing health, education and employment as they did before the Statute came into force.

Likewise, there are migrant populations that face greater protection risks, such as binational indigenous peoples, young people, women, the lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ+) population and victims of violence and migration-related crimes such as human trafficking and forced recruitment. These risks are not being made visible or addressed with a differential approach. To address these gaps, it is essential that national institutions and international cooperation agencies support local authorities not only to implement existing policies, but also to promote healthcare and socioeconomic integration programmes, among others.

Colombia has been recognised internationally for its positive response to migration. However, opening doors implies not only allowing border crossings, but also promoting policies that guarantee the effective integration of migrants and allow them to rebuild their lives in a dignified manner.

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Binational indigenous peoples on the Colombian-Venezuelan border: unrecognised fundamental rights

Lina Arroyave Velásquez

Around 20 indigenous peoples straddle the 2,219-kilometre border between Colombia and Venezuela. These groups occupy border territories that pre-date the current demarcation; their semi-nomadic culture is based on transit of the border according to cultural patterns of mobility and occupation. The Venezuelan crisis, mining exploitation and the presence of armed criminal groups in their territories have caused them to move from one side of the border to the other.

Venezuelan migrants cross the border between Colombia and Ecuador through Rumichaca Bridge, 2018. Credit: Laura Aguilera/ICRC

The response of the Colombian and Venezuelan governments to the problems faced by these peoples has been inadequate. Political and diplomatic tensions between the two states have served as an excuse for not jointly implementing policies in line with the needs and cultural, political and social characteristics of indigenous peoples, and for not recognising their binationality and its practical effects.

In this context, this article analyses the current situation of the indigenous peoples settled in the Colombian–Venezuelan border corridor, and how the humanitarian crisis in Venezuela is disproportionately affecting access to their fundamental rights.

Factors causing the forced migration of binational indigenous peoples: violence and barriers to accessing rights

The humanitarian emergency in Venezuela

According to the UN Refugee Agency (UNHCR), forced migration has been the only way out for Venezuelan indigenous peoples in search of access to health, food, housing, education and basic services that the Venezuelan state has failed to provide, in addition to the humanitarian crisis (hyperinflation, lack of quality public services, limited access to economic resources). For example, food programmes

such as the Local Committee for Supply and Production (CLAP) do not meet the nutritional, cultural and traditional standards of indigenous peoples. They also jeopardise the cultural relationship of these communities with the land because they do not support farmers and small producers.

Mining

The indigenous peoples of the state of Amazonas (Venezuela), including the Piaroa people, have had to migrate to the departments of Vichada and Guainía (Colombia), not only because of the humanitarian crisis, but also because of legal and illegal mining in their territories. Since 2008, mining has been controlled by illegal armed groups from Brazil and Colombia.

The National Strategic Development Zone of the Orinoco Mining Arc (AMO) was created through Decree No. 2248 of 2016 as a way to regularise mining. However, the project did not include free, prior and informed consultation with the indigenous peoples affected. According to Human Rights Watch, the project is creating serious environmental problems such as deforestation and contamination of rivers, contributing to the spread of diseases such as malaria.

Militarisation and illegal armed structures

According to Pares, in the last decade violence on the Colombia–Venezuela border has intensified as a result of the reconfiguration and expansion of illegal armed groups (Estructuras Armadas Ilegales (EAI)). Although much of the border is patrolled by the Bolivarian National Armed Forces (FANB) and the Colombian army, according to Crisis Group this has not prevented ELN guerrillas and other EIAs from exercising local control, including through the forced recruitment of indigenous youths or acting as authorities in these territories. According to the UN Office of the High Commissioner for Human Rights (OHCHR), militarisation and the presence of illegal and legal armed structures have increased insecurity in these areas.

The situation of indigenous peoples in Colombia

Venezuelan indigenous peoples who have migrated to Colombia have not been granted legal and material guarantees in relation to forced migration. According to the Colombian Ombudsman's Office, their situation is precarious. Most do not have access to basic services, and many face discrimination and xenophobia, as well as the social problems of the municipalities where they arrive, including violence and forced recruitment. For example, in La Guajira department, which has received Venezuelan Wayúu people, 30% of the population are living in poverty. In 2017, Colombia's Constitutional Court declared in Ruling T-302 the unconstitutional state of affairs in La Guajira regarding access to health, drinking water, food and ethnic participation.[2] In such a precarious context the arrival of Wayúu migrants has triggered conflict with Colombian indigenous peoples who have driven the Venezuelan Wayúu out of their

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2   According to the Colombian Constitutional Court, this concept refers to 'a generalised, unjustified and disproportionate violation of the constitutional rights of a group of persons caused by structural failures'.

territories. For the Yukpa and Barí Motilón peoples likewise, life in Colombia is very precarious due to systematic violations of their rights, not only because of the armed conflict but also because of neglect at the hands of the Colombian state.

Binationality: a historical debt to the indigenous peoples of the Colombian–Venezuelan border

What does it mean for an indigenous people to be pendular and/or binational migrants? Pendular migrants cross borders as a manifestation of their ancestral and/or livelihood practices but are not necessarily rooted in the land. Binational peoples, on the other hand, occupy two countries because their ancestral areas were at some point divided by modern state borders. *Binacionalidad* refers to the dual legal and political link of a subject with more than one state. This should translate into the recognition of citizenship and access to fundamental rights in each state, and in this sense they should not be treated as foreigners. However, in practice neither Colombia nor Venezuela has recognised the binationality of indigenous border peoples.

Since recognition of binationality is subject to the principle of reciprocity, i.e. the correlation that should exist between one state and another in international relations, the absence of treaties or reciprocal norms cannot excuse Colombia[3] and Venezuela's denial of the rights of border peoples. It is therefore necessary that the states in which binational indigenous peoples live recognise their special and differentiated status, as suggested by international organisations such as the International Labour Organisation and the Inter-American Commission on Human Rights.

It is important that Colombia and Venezuela interpret in a broad sense international instruments and their respective political constitutions and legal frameworks that recognise binational indigenous peoples as subjects of special protection. Although there are currently no treaties in force that would facilitate the recognition of binationality, and this is in any case very unlikely given the state of relations between the two countries, it is possible to apply special and exceptional governmental measures that do not require diplomatic reciprocity.

States have a duty to refrain from acts that frustrate the object of an international treaty and to respect international law clauses such as the *res inter alios acta*, i.e. that an agreement between several parties cannot affect a third party, and the *Pacta sunt servanda* clause,[4] which implies that 'every treaty in force is binding on the parties and must be complied with by them in good faith'. Otherwise, both states will have failed to meet their obligations to guarantee and protect the rights of indigenous peoples as mandated in their laws and in ratified international treaties.

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3   According to the Colombian Consitutional Court, the Political Constitution recognises the principle of reciprocity in a broad manner, i.e. it is not limited to one of its modalities (diplomatic, legislative or judicial reciprocity).
4   Article 26 of the 1969 Vienna Convention on the Law of Treaties and the 1986 Vienna Convention on the Law of Treaties between States and International Organisations or between International Organisations.

What should states do to guarantee the rights of binational indigenous peoples?

Both states have failed to respond adequately to the crisis face by Venezuelan indigenous migrants. In Colombia, the state has focused on providing humanitarian assistance rather than developing policies and programmes to support indigenous migrants. Examples of measures that could assist indigenous populations include humanitarian corridors and censuses to provide data on indigenous populations arriving in Colombia. The Venezuelan state has likewise failed to develop public policies aimed at guaranteeing the rights of indigenous peoples, including the restoration of their territories.

In order to address the human rights violations faced by binational indigenous peoples, the Colombian and Venezuelan authorities must reopen channels of communication to promote mechanisms aimed at facilitating contact and cooperation between indigenous and tribal peoples across borders. The aim should be for the authorities to guarantee binationality to these communities in consultation with the indigenous authorities.[5] According to OHCHR, it is the duty of states to 'engage and collaborate with each other to find diplomatic solutions that protect the rights of indigenous peoples at the national level and in the context of migration'.

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Saving lives and protecting women: sexual and reproductive health as a key part of humanitarian response
Jorge Gonzalez Caro

Until a few years ago, Venezuela enjoyed higher rates of economic growth and social development than most other countries in the region. A combination of political and economic problems and international sanctions has generated a deep crisis, with dramatic cuts in public spending impacting access to food, essential services such as health care, water and sanitation, education and gas, fuel and electricity. The prolonged economic contraction and hyperinflation have driven more than 5 million people to flee the country.

Migratory flows are very varied, including those who intend to leave, those who repatriate and those who move back and forth. The official closure of borders with neighbouring countries has forced people on

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5   Article 32 of ILO Convention No 169 on Indigenous and Tribal Peoples.

the move to use irregular routes, making epidemiological controls more difficult, limiting the monitoring of flows and increasing protection risks, with a differentiated impact on women and girls who are victims of various forms of gender-based violence (GBV).

Care for women victims of sexual violence is one of the components of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis. MISP is part of a series of crucial lifesaving activities in response to the sexual and reproductive health needs of affected populations at the onset of a humanitarian crisis. These needs are often overlooked, with potentially deadly consequences. The MISP has been developed by the Inter-Agency Working Group for Reproductive Health in Crisis. The UN Population Fund (UNFPA), in partnership with other stakeholders, supports the implementation of the MISP[6] to ensure that all affected populations have access to lifesaving sexual and reproductive health services. Key implementation objectives are that there is no unmet need for family planning, no preventable maternal deaths and no GBV or harmful practices, including during humanitarian crises.

Migrant women and children shelter in tents next to the Red Cross health centres at the Colombian border, 2018. Credit: European Union/N. Mazars

6   See Minimum Initial Service Package (MISP) for SRH in Crisis Situations (UNFPA).

The Humanitarian Response Plan in Venezuela accounts for 1.6 million women and girls in need of protection against GBV, many of them on the move either within Venezuela or cross-border. While women and adolescent girls throughout Venezuela have traditionally suffered endemic GBV from intimate partners and other relatives, the humanitarian crisis has given rise to multidimensional and unprecedented forms of GBV. Information obtained directly from women and girls indicates that sexual violence, sex trafficking and sexual slavery are among the most common violations facing women and girls.

When emergencies occur and humanitarian response is activated, the primary role is to save lives, provide protection and 'do no harm'. Sexual and reproductive health and GBV care is an essential part of this. The entry point is as simple as it is effective: a pregnant woman will have her baby whether the conditions for delivery are right or not. She will have her baby in the middle of an earthquake, a mudslide or a flood, or on the road on her way to another country. In all these circumstances, humanitarians must be prepared to ensure that deliveries are safe and that no woman loses her life giving life.

Maria Angelica, a minor, was attacked and raped on a border trail while travelling on foot to Colombia with her mother. Fortunately, she was able to obtain treatment at a health centre. But sexual and reproductive health services do not always save lives in such obvious ways. Alejandra, a 32-year-old woman from Puerto Piritu in the state of Anzoategui in Venezuela, says, 'I always say that being able to prevent more pregnancies saved my life! I have two children from high-risk pregnancies. The doctor said that in the next one I could die. Two years ago I had [a contraceptive] implant and so far, so good – no more pregnancies'. When a crisis puts women in the position of having to choose between buying food and buying contraceptives, receiving contraceptives as part of humanitarian aid is as important as receiving food.

An unwanted pregnancy in the midst of a crisis is not only very difficult for both mother and baby, but it can also jeopardise the woman's future for years, limiting her ability to get a job or make decisions about her life and future. Marisol, who is facing an unwanted pregnancy that came about due to a shortage of contraceptive supplies, tells us, 'I didn't think I would get pregnant, it was a one-night stand. I can't raise a child in this situation. Now I will have to take boiled malt with some herbs or other options that I was told work to terminate the pregnancy'. This desperate choice, and other unsafe and illegal practices often conducted clandestinely, have a very high probability of ending in a complication that puts at risk the lives of women who could not avoid pregnancy because they did not have access to modern contraceptives. The provision of information on family planning and modern contraceptive options and supplies is key to preventing women like Marisol from having to put their lives at risk in this way.

In Venezuela, where the current humanitarian crisis has also severely affected the economic empowerment of women and girls, the Covid-19 outbreak has led to an increase in GBV and other economic and protection vulnerabilities. As a result, a large proportion of women and girls have resorted to harmful coping mechanisms, such as survival sex or quick and early, in some cases forced, marriages, as well as forced prostitution. Women and adolescent girls who rely on the informal sector for a livelihood are at increased risk of sexual exploitation and abuse.

The mobility restrictions imposed in response to Covid-19 have placed women and girls at greater risk of intimate partner and other forms of domestic violence, including femicide. According to the Centro de Justicia y Paz (CEPAZ) observatory, between June and November 2020 the media reported 103 cases of femicide. In the Venezuelan context, GBV has become normalised and is accepted by communities. Innovative strategies are needed to raise awareness of GBV and help prevent and mitigate it, while simultaneously promoting behavioural and social change to help eradicate attitudes and practices that perpetuate violence and gender inequalities, and to strengthen community capacity to prevent and mitigate GBV.

Some 60 national and international organisations are part of the GBV Area of Responsibility (AOR) led by UNFPA in Venezuela. Action in this AOR is governed by the Inter-Agency Minimum Standards for GBV Programming in Emergencies. Standard 1, GBV Guiding Principles, the first of three 'foundational standards' which underpin all GBV programmes, highlights the increased risk to women and girls due to discrimination and other barriers to access, and provides guidance on working with survivors of sexual abuse. The second foundational standard focuses on women's and girls' participation and empowerment, offering guidance on overcoming constraints, ensuring their participation and involving men and boys. The third focuses on staff care and support.

Ten programmatic standards cover healthcare for GBV survivors, psychosocial support, GBV case management, referral systems, safe spaces for women and girls, justice and legal assistance, dignity kits, cash and voucher assistance, economic empowerment and livelihoods, and the transformation of social systems and norms.

A survivor-centred approach cuts across all of the programmatic standards. This translates into a model of care that places the person at the centre: her participation in the process, the recognition of her capacities, including analysis of her situation, and autonomous decision-making at all stages of the care process. Breaking with models that are more 'tutored' by the service provider, the aim is to empower women and build resilience.

A key part of the work on the ground has been the creation of a large number of safe spaces as meeting places to counteract the emotional effects of GBV. These spaces are part of a strategy for the protection and empowerment of women and building individual and group resilience to GBV. They are formal or informal places where women and adolescent girls feel physically and emotionally safe, where they can express their emotions and opinions. They are spaces for socialising and building or rebuilding social networks, especially deep connections and bonds between women. In a safe space, they can receive clear information about women's human rights, social support and access to safe response services such as psychosocial support, legal counselling and medical services which do not put them at risk of revictimisation.

One woman survivor of GBV, and a safe space participant, wrote:

> There was a time when I thought I couldn't ... and I couldn't. I thought I didn't know anything ... and I knew nothing. I thought I wouldn't have the strength and I faltered. I thought it was too much of a burden and I fell. I underestimated my ability and I was not capable. Today, after receiving support in safe spaces, I now believe that I can. That I know more than I even imagine. That I have the strength I choose to have. That there is no burden that my shoulders can't carry and that I can go wherever I set my mind to go.

The provision of personal protective equipment has allowed face-to-face services to continue in areas with connectivity problems, but the multisectoral response has also been adapted to a remote modality. On-site services are provided in rented or leased physical spaces, equipped for that purpose, and through missions to remote areas. Making the existence of these new services known in the first place is a dissemination challenge, while mobility restrictions linked to Covid-19 and other particularities of border areas require ongoing local advocacy, which may include obtaining special permissions and adapting to restricted schedules in order to maintain access.

In areas bordering Brazil and Colombia, many women move back and forth across borders to buy necessities for their families or products for resale at informal markets in their communities. In transit, especially along irregular routes, they are at high risk of violence, especially sexual violence. Perpetrators include traffickers, men involved in regular and irregular commercial activities and agents of the security forces. When women are asked in community workshops about their main fear when using these routes, the general response is 'to be raped'.

With the implementation of social distancing measures to curb the spread of Covid-19, technologies to enable the remote delivery of specialised GBV response services are essential. Each service provider in the AOR in Venezuela was given a mobile phone and trained in methodological adaptions for the provision of services through telephone calls, WhatsApp and text messaging. UNFPA has developed technical guidelines for remote services providing specialised psychosocial care for GBV survivors, which are being used by multiple actors associated with the response to GBV in a range of countries.

In Venezuela, humanitarian actors are committed to expanding the humanitarian response and improving their efforts to prevent and respond to GBV in ways that preserve or restore the dignity of women and girls. This is done through the delivery of menstrual hygiene kits, by supporting women on the move to access means to maintain their personal hygiene, in mass messaging and through the creation of 'sisterhood' or 'sorority' networks in safe spaces that empower vulnerable women and survivors of GBV. Sisterhood networks enable groups of women to connect in a safe physical space or through a secure channel such as WhatsApp. Empathy, respect and understanding grows between women in the network as they become aware that other women in the group have suffered experiences similar to their own.

We are convinced that sexual and reproductive health care services, including the provision of contraceptive supplies, emergency obstetric care and clinical care for victims of sexual violence, along with services that rescue and restore the dignity of women and girls, are as important as any other humanitarian service in protecting people and saving lives.

Jorge Gonzalez Caro is the National Representative for UNFPA Venezuela.

Gender-based violence in a migrant context: a case study of Norte de Santander

Adriana Marcela Pérez-Rodríguez

Introduction

The Observatory of Gender Issues of Norte de Santander was set up in 2019. Based in Cúcuta, a city on the north-east Colombian border with Venezuela, its aim is to generate qualitative and quantitative gender analysis and information to contribute to regional social and political change towards equality. Its research focuses on gender-based violence (GBV), political participation, economic autonomy, border issues and migration, sexual and reproductive rights and human trafficking. The Observatory has published five reports on political participation of women in the 2019 local election, GBV and security from a gender perspective.

Gender-based violence

Between January and December 2021, our research identified 830 victims of GBV in Norte de Santander: 29% Venezuelans and 71% Colombians; of these, 24% were from the LGBT population, primarily transgender and bisexual individuals. Some 68% of cases occurred in Cúcuta, the capital of Norte de Santander; 8% in Venezuela; and 4% at illegal border crossings controlled by armed groups.[7] Ninety-six per cent of victims suffered psychological violence; 88% suffered sexual violence; 79% registered physical violence; and 44% endured economic violence. Venezuelans accounted for 40% of victims of economic violence, 32% of victims of physical violence, 31% for sexual violence and 30% for psychological violence. The Observatory also noted that only 22% victims reported incidents to the authorities, and only 15% accessed health services to treat trauma.

The Observatory's latest report provides data about violence suffered by women and LGBT *caminantes*, or walking migrants.[8] These account for 5% of victims registered in the study, 85% of whom experienced

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7   The remaining cases were in other municipalities, mainly border areas such as Tibú, Villa del Rosario and Los Patios.
8   Migrants trekking by foot to national and international destinations, sometimes individually or in groups.

economic violence, mostly relating to bribes paid to police officials in Colombia, national guard officers in Venezuela and illegal armed groups. A similar proportion (84%) suffered psychological violence related to xenophobic aggression or attacks by their partners; 74% and 73% also suffered physical and sexual aggression, respectively. Venezuelan women and LGBT people experienced these forms of violence at home or in their communities, and in some cases this was one of their reasons for leaving the country. Entering Colombia through border crossing points, most of them illegal, they again suffer violence at the hands of criminal armed groups asking for bribes and, in many cases, raping, torturing, killing or 'disappearing' women. Official border points are open to migrants on foot and to commercial traffic. However, transgender migrant women have warned local organisations that Venezuelan national guard officers are preventing them from crossing the Simón Bolívar international bridge. According to them, even after showing health records and medical appointments as the reason to enter Colombia, officers force them to use illegal routes where they are at high risk of sexual aggression and murder at the hands of the armed men controlling crossing points.

Once in Colombia, the intersection of gender and xenophobic prejudice has a direct effect on the lives of Venezuelan women and LGBT people. Interviewed victims have endured social exclusion, with many women forced into prostitution and sex work to make ends meet for themselves and their families, the denial of basic human rights (especially regarding health, education and safety) and higher risks of sexual exploitation.

The Venezuela–Colombia border in Cúcuta, 2020. Credit: Comisión Interamericana de Derechos Humanos

Violence must be seen as a pattern of acts that emerge before, during and after migration, encompassing domestic settings, public spaces, institutional offices and health services. For Venezuelan transgender women, establishing themselves in Cúcuta means that they will likely only have opportunities as sex workers or selling drugs on the street. The cycle of violence pushes them to the limits of legality, where the state treats them as criminals, not as vulnerable victims.

Human trafficking

The third Observatory report analysed several routes used by migrants, including the humanitarian corridor of Los Patios, where under-age women are lied to about job offers as street vendors in Cúcuta and then forced into sexual exploitation. On the road from Cúcuta to Bucaramanga, armed men seize women to sexually assault and exploit them. The high mountains of the Páramo de Berlín present risks of hypothermia and sex trafficking for women at the hands of armed men,[9] under the justification that Venezuelans are barred from travelling down to Bucaramanga. From Bucaramanga to San Gil, women *caminantes* are captured by illegal armed groups for sex trafficking and moved to territories under their control in Bolívar department.

According to the authorities, between 2019 and 2020 human trafficking increased by 267%. Structural conditions in Norte de Santander, including high rates of poverty and unemployment and the presence of a wide range of illegal groups, from leftist guerrillas to transnational criminal gangs and Mexican drug cartels, provide fertile ground for crime, especially sex trafficking. Undocumented migrant women are being defrauded with false promises of work and good salaries as maids and waitresses in homes, restaurants and billiard parlours. As live-in maids, women can work from 4:00 am to 11:00 pm, suffering labour exploitation, psychological aggression and sexual assault from family members; their mobile phones are taken away and they are allowed out of the home for just a few hours, under heavy surveillance. In billiard parlours, waitresses are coerced into sex with clients. As undocumented migrants, women are forced to stay in exploitative work under threat of being reported to the authorities. Several women told the Observatory that, when they spoke to people back home about their working conditions, the answer was that they should be glad to have a job at all. Xenophobic and patriarchal norms dictate the expectations migrant women have in Colombia, in the eyes of many justifying sex or labour exploitation resulting from human trafficking.

Oddly, there are no reports or information available nationwide for LGBT victims. Currently the Observatory is directing a research project, with Caribe Afirmativo and Avocats Sans Frontières Canada, for the creation of the first national report on LGBT victims of human trafficking.[10] Challenges identified so far include the lack of documented information in general. Antioquia and Santander departments offered

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9   After interviewing staff from different humanitarian organisations who work in the Páramo, the shared conclusion is that it is still unknown who these men are or if they are affiliated to illegal armed groups. Some officers mentioned that they could be citizens from Bucaramanga ganging up, but this is uncertain due to the lack of corroborated information.

10   The research is being carried out in Antioquia, Santander and Norte de Santander as it is easier to access information in these departments than in other territories. The project hopes to publish its findings in March 2022.

out-of-date official reports with little analysis. Norte de Santander had a wider range of information mostly produced by national and local civil society organisations, while local government hasn't produced any public reports. None of the reports included data on LGBT victims, and there are no specific numbers beyond gender/nationality. Civil servants interviewed in the three departments didn't have recent reports on LGBT victims; in Norte de Santander, for example, the current number of LGBT victims is officially zero. This plainly does not reflect the reality faced by transgender women and gay men in the department.

Conclusion

Norte de Santander is a complex social context for the protection of human rights in general, and the rights of women, migrants and the LGBT population in particular. Experiences of GBV are evidence that there is a humanitarian crisis in the department, fuelled by internal armed conflict, the challenging binational management of migration flows, the failure of the international war on drugs and the poverty most people endure. Although the Observatory is the only organisation currently working on gender research and data production in the department, it does not work alone as it is constantly providing key information to local government institutions and international and national organisations providing assistance.

A central recommendation from our reports is the need for a feminist migration policy based on the protection of human rights and intersectional analysis. This must address:

1. The demilitarisation of communities where migrants live, as this has proven to be an unsuccessful strategy to safeguard security, putting migrant women and the LGBT population at risk of violence, and exacerbating xenophobic prejudice by linking the Venezuelan population to criminality.
2. Strengthened regularisation mechanisms, such as the Temporary Protection Statute for Venezuelan Migrants, since the lack of documents has proved a constant barrier to the protection of migrants' human rights, especially for women and LGBT migrants.
3. A guaranteed basic human rights package for undocumented migrants, including access to sexual and reproductive health services and psychological and legal assistance to victims of GBV and human trafficking.
4. Re-establishing bilateral cooperation between nations in order to address and prevent exclusion, violence, human trafficking and impunity during migration.
5. Tackling xenophobia and prejudice, starting with civil servants.
6. Reforming anti-drug approaches, since prohibition has intensified conflict and armed control in vulnerable communities (most of them with a high migrant presence), fuelling the creation of transnational criminal gangs between Colombia and Venezuela, such as La Línea and El Tren de Aragua.

Local government offices have been informed about this proposal through public events and documents. However, this is still a difficult conversation as Colombia does not have even a basic migration policy, and the humanitarian crisis is largely managed through security policies, implying a greater presence of military and police forces at the border and in migrants' communities. International agencies and civil society organisations have wider acceptance since many, such as De Justicia, are also pushing for a human rights-based migration policy. In Cúcuta, this is an ongoing discussion led by the

Observatory, with frequent mentions in newspaper articles, television programmes, public events and social networks. However, the larger challenge is in Bogotá and other cities that don't share borders with Venezuela. As a research organisation, it is our duty to use our information, data and analysis during the 2022 Congressional and presidential elections in order that a feminist approach to migration management becomes central to decision-making in the future.

Adriana Marcela Pérez-Rodríguez is the co-founder and Director of the Observatory of Gender Issues of Norte de Santander in Cúcuta, Colombia.

Venezuelan LGBTI people living with HIV in Colombia: the need for a comprehensive and inclusive humanitarian response

Cindy Hawkins Rada

Venezuela is facing a crisis in its health system, including shortages of medicines. The crisis has had differentiated impacts on LGBTI people living with Human Immunodeficiency Virus (HIV). According to Amnesty International, HIV-positive people in the country are at imminent risk to their lives due to the lack of essential antiretroviral drugs.[11] Thousands of people have been forced to migrate to other countries in search of medicines. For them, the options boil down to emigrating or dying. While many have travelled to Peru, Chile and even as far as Spain in search of antiretrovirals, most have gone to Colombia. In Colombia, LGBTI people living with HIV face multiple barriers to accessing antiretroviral treatment (ART). These barriers arise from prejudices related to their diverse sexual orientations, gender identities and gender expressions (SOGIGE), as well as legal barriers linked to their immigration status.

The situation of LGBTI people living with HIV in Venezuela and their journey to Colombia

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 110,000 people in Venezuela were living with HIV in 2020. Of those, 55% were receiving ART. Trans people and men who have sex with men (MSM) had HIV prevalence rates of 35.8% and 22.3% respectively, demonstrating the higher risks they face.

Venezuela's health system began to deteriorate in 2018, two years after the start of the economic crisis: in that year, just 26% of people with HIV accessed ART, and 90% of people living with HIV who had registered for ART with the government were not receiving it. Lack of funding has caused shortages

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11   Amnesty International (2018) *Venezuela: people with HIV from the LGBTI community have never feared as much for their lives as they do now* (www.amnesty.org/es/latest/news/2018/07/venezuela-personas-con-vih-de-la-comunidad-lgbti-nunca-han-temido-tanto-por-sus-vidas-como-ahora/).

of drugs and medical supplies and equipment, while large numbers of health professionals have migrated to other countries. Nearly 90% of hospitals reported general drug shortages in 2018, including antiretroviral drugs. Most Venezuelans have resorted to intermittent medication use, partial self-dosing, incomplete treatments (the lack of one or more of the treatment drugs), restricting treatment or using expired medication.

The impact of the crisis on the health system has forced many people to leave the country. For LGBTI people living with HIV, migration to other countries is motivated by shortages of medicines, lack of coverage of comprehensive treatments and inadequate health services.

> We left because of all that, because of lack of food, medicine for a friend who has HIV and, above all, because of fear.[12]

Members of INTEGRA, a network of LGBTI Venezuelan youth in the Colombian Caribbean. They promote and advocate for the human rights of LGBTI migrants and refugees from Venezuela, including people living with HIV. Credit: Caribe Afirmativo

12   Discussion group, Cúcuta, Colombia, December 2019, cited in Caribe Afirmativo (2020) *Feeling like our lives are slipping away: LGBTI+ refugees and migrants from Venezuela in Colombia, Ecuador and Chile.* Barranquilla: Caribe Afirmativo (www.acnur.org/publications/pub_agd/6062ad154/sentir-que-se-nos-va-la-vida-personas-lgbti-refugiadas-y-migrantes-de-venezuela.html).

The risks LGBTI people face are exacerbated by prejudice. Many LGBTI people were already living in precarious situations where they lacked protection and were socially excluded, preventing them from accessing health and support networks.

Access to medicines for the treatment of chronic diseases, including HIV, is a particularly urgent problem in destination countries. For LGBTI people, this implies serious barriers given not only prejudice against their diverse SOGIGE, but also regarding their immigration status. As they face numerous obstacles to accessing healthcare and treatment, humanitarian agencies should prioritise facilitating access to treatment for chronic diseases in their programming, especially for population groups with high HIV prevalence rates. This would create a more comprehensive and inclusive humanitarian response.

The lack of a comprehensive and inclusive humanitarian response in Colombia

In response to the mass migration of Venezuelans to Colombia, the Colombian government has adopted special measures to regularise immigration for Venezuelans and has provided health services regardless of immigration status. However, access to healthcare is limited by Decree 412 of 1992, which established a narrow definition of emergency health services as 'immediate and effective medical attention aimed at reducing the risks of disability and death' in the event of an 'alteration of the physical and/or mental integrity of a person, caused by trauma or by a disease of any etiology'. This definition presents a legal and practical barrier to accessing ART, given that treatment would not constitute immediate medical attention. For LGBTI people in Colombia, access to healthcare is also hampered by prejudice and stigma. For example, health centres require LGBTI people to have blood tests to check for HIV before providing any health service, assuming that, because of their sexual practices, they are living with HIV.[13]

LGBTI people living with HIV have faced denial of rights, discrimination and violence when seeking healthcare. Many have had to resort to legal action to try to gain access to services that were not considered urgent, but without which they faced an imminent risk to life, including ART. LGBTI individuals living with HIV have pursued legal action in Colombia, arguing that the denial of ART constitutes a violation of the right to life and health. In 2020, the Constitutional Court of Colombia ruled that ART is essential to preserve the life of an HIV-positive patient. Although this did not change the text of Decree 412, it did extend the interpretation of urgent and emergency medical attention to include all means to preserve the life of an LGBTI person living with HIV.

The need for a comprehensive and inclusive humanitarian response

While some LGBTI people living with HIV have managed to access treatment through legal action, the need remains for a humanitarian response that recognises the multiple and complex risks facing LGBTI people living with HIV in Colombia and Venezuela. In particular, in humanitarian crises that indirectly affect the quality of and access to healthcare, a comprehensive and inclusive response is needed that is immediate, focused on particular needs and has the objective of reducing risks to LGBTI people living

13   Caribe Afirmativo (2020) *Feeling like our lives are slipping away.*

with HIV. Although HIV treatment requires medium- and long-term measures, this does not exclude an immediate comprehensive humanitarian response, taking into account sexual and gender diversity. Thus, programmes and funds should be designed to provide access to antiretroviral medication, as well as guaranteeing adequate healthcare.

HIV is generally invisible in humanitarian responses because the humanitarian system has historically focused on other needs and is not set up to respond to such long-term/chronic health needs. HIV not only puts people in conditions of vulnerability, but also the risks of contagion are heightened in crisis conditions, especially for LGBTI people.[14] For this reason, a humanitarian response that considers components such as prevention and assistance is necessary. This includes training, prevention and care campaigns for LGBTI people living with HIV, and for communities in general.

In the case of Colombia, it is necessary to prioritise measures that allow the detection and prevention of HIV from a sexual and gender diversity perspective, while urgent measures are needed to facilitate immediate access to ART. These humanitarian measures must be accompanied by public health policies and protocols for the care of Venezuelans in the context of human mobility.

Cindy Hawkins Rada is a lawyer and researcher based at Caribe Afirmativo, a Colombian non-governmental organisation that promotes and defends the rights of LGBTI people.

## The mental health of trans migrant people in Colombia during Covid-19

Daniel González-Pérez and Dani Verástegui-Mejía

Article 25 of the Universal Declaration of Human Rights states that all people have the right to a standard of living adequate for the health and well-being of themselves and their families. In this regard, states have an obligation to ensure the provision of and access to the medical care and social services necessary to achieve this, both individually and collectively.

In Colombia, people with trans life experiences regularly face discriminatory attitudes from health professionals and institutions, turning their quest for equal access to appropriate health and other services into a constant struggle for the respect and vindication of their rights.[15] This is even more challenging for migrants with trans life experiences, who are already in a situation of high vulnerability as Colombian migration policy does not guarantee protection of their rights and needs.

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14   Elliott, L. (2003) *Gender, HIV/AIDS and emergencies* (https://odihpn.org/publication/gender-hivaids-and-emergencies/).
15   GAAT – Fundación Grupo de Acción y Apoyo a personas Trans (2020) *Trans-migrations: possible paths. Report on the rights of trans migrants in Colombia* (https://drive.google.com/file/d/1CUuyep5UICXRP3oGohaLExsnkCUvk2zp/view).
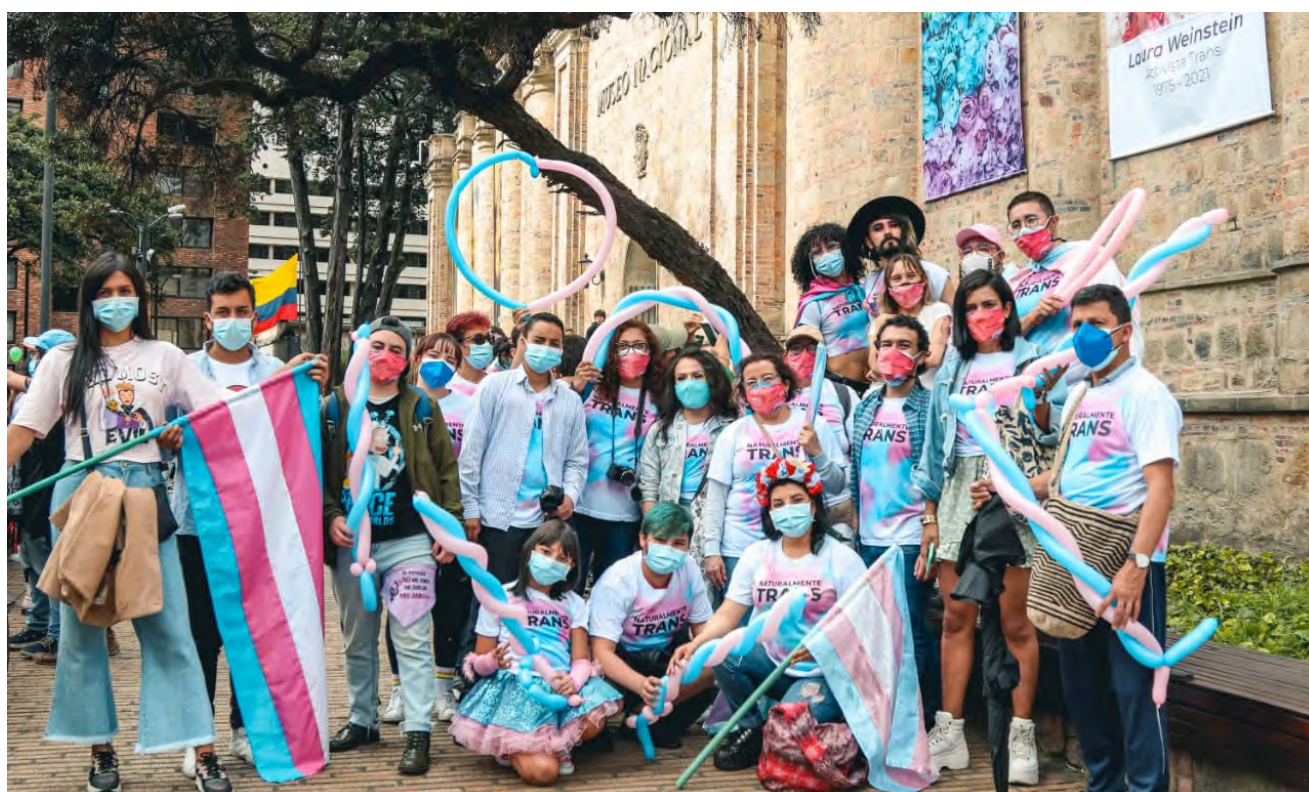
**GAAT Foundation participating in the LGBTI pride day at the National Museum, Bogotá, Colombia.
Credit: GAAT Foundation**

Box 1   Trans identity and trans life experience

Trans people do not 'begin' to feel male or female through the use of certain clothing, undergoing surgery or via a name change. Nor does someone start being trans or start their transition at a particular age. Some people identify as trans or have trans life experiences at an early age, while others hide their identities and experiences to protect themselves against discrimination, violence or even death. Fundación Grupo de Acción y Apoyo a personas Trans (GAAT) believes that identities are not fixed and that each person has their own way of being and living their gender, and should not be made to conform to or be validated against 'pure' masculine and feminine identities. All people should have the right to permanently transition, transform and express themselves in different ways.

Source: GAAT (2020): 8

In recent years Venezuela has experienced the second-largest out-migration in the world, surpassed only by Syria. After Turkey, Colombia is hosting the second-largest number of migrants in the world, most of them from Venezuela. The increasing flow of migrants into Colombia has challenged the state to design strategies to ensure that migrants arriving in the country have access to healthcare. For example, the Ministry of Health and Protection developed a Health Sector Response Plan outlining actions that could be taken to address the health needs of people living in areas affected by migration. While these initiatives are important, the particular needs of migrants with trans life experiences remain largely unmet. Their identities may be denied by pathologising their transgender experiences, with the changes to their bodies regarded as aesthetic procedures, denying them care; or they are provided with health services without taking into account their identity constructions and what these entail. In both cases, the effects on their health, particularly their mental health, are immensely negative, and have worsened over the last two years as a result of the Covid-19 pandemic. Recognising themselves as migrant trans people can trigger feelings of loss, grief and guilt associated with complying (or not) with the categories of cisgender man and cisgender woman, both in terms of appearance and everyday life, and in the context of the cultural norms of both the country of origin and the host country.

Since 2018 the GAAT Foundation has been undertaking research to better understand trans migrant people's experiences. In 2019, with the support of the Open Society Foundation, we implemented the project 'Trans-migrations: possible paths' in four Colombian cities: Cúcuta, Bucaramanga, Bogotá and Ibagué. The project aimed to answer questions including what happens to trans migrant people in these cities, and their chances of living a full life in a country like Colombia, where transphobia and violence restrict their choices. The results showed that trans migrants are continually confronted with violence and prejudice when they attempt to access social services.

As a result of the study, we decided to promote recognition of the reality of trans migrants in Colombia by opposing prejudice and social representations that contribute to violence towards them, specifically via social and political advocacy with institutions of the state. This work was however interrupted by the Covid-19 pandemic affecting how social organisations operated, while also presenting new challenges and priorities. So, we decided to focus on actions with the community, collecting quality information to identify problems, and then calling for the restitution of health rights by the state.

Using a quantitative methodology, we conducted research with 67 people with trans migrant life experiences. We found that 59.7% faced institutional barriers in accessing and maintaining continuity of healthcare. Another 37.5% of respondents said they had experienced institutional barriers to accessing work, education, housing and health services, mainly caused by the absence of a fixed residence. Some 22% of respondents said that their negative perceptions of health services are caused by xenophobia and discrimination throughout the system. Even when they manage to access health services they still experience discrimination and violence. Those surveyed reported that they do not perceive the healthcare they receive as 'quality care' because health professionals, administrative and/or security personnel discriminate against people with trans migrant life experience, based on their prejudices and assumptions about trans people and foreigners, including making derogatory comments and delaying treatments and procedures.

As to why people with trans migrant life experiences encounter discrimination, 12.2% said that it was based on their nationality, 8.9% said that discrimination was because they were a person with trans life experience, and 17.8% said that they faced discrimination because they were people with trans migrant experience who were also Venezuelan nationals.

These results demonstrate the double discrimination experienced by trans migrants: xenophobia (for being a migrant) and transphobia (for being a person with trans life experience). It is imperative that the government develops strategies to eliminate these types of discrimination, which in the health system take the form of psychological[16] and symbolic violence.

Another finding from our research is that only 5.9% of trans migrants had access to a mental health service prior to the onset of the Covid-19 pandemic. With the arrival of Covid-19, the need for professional mental health support has increased: 17.9% of people surveyed receive mental health support, of which 2.9% is provided by the health system, 8.9% private care, 4.4% social integration services and 1.4% through mutual support groups.

Maintaining good mental health is not only about being able to access support from health professionals. It also depends on the way people relate to each other in the social context. For example, 11.9% of respondents said they took little interest or pleasure in doing things like hanging out with their friends, eating unfamiliar food or visiting their families, 11.9% that they experienced high levels of anxiety, 19.4% had feelings of sadness and hopelessness and 8.9% said they had little ability to cope with life in general.

In addition, we were shocked to discover that one of the effects on mental health during Covid-19 was that 4.4% of people had thought about committing suicide on more than one occasion:

> I was going to my house, and the cars were passing ... and I was going to launch. I am neither the first nor the last (trans female migrant).

High levels of stress, loss of support networks due to migrant status and because of bodily transition, family separation and lack of employment and social opportunities: these are all factors that are continuously present in the lives of people with trans migrant life experiences. The GAAT Foundation is responding to these needs by offering peer services to mitigate the damage caused by xenophobia and transphobia. We have programmes to receive trans migrants who arrive without resources, but we also provide psychosocial care and accompaniment to access routes. However, the crisis is so extensive, the needs so many and the resources so limited that we are not enough. The situation of trans migrants must be made visible, alongside programmes and projects that respond to their needs; we call on the

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16   Psychological violence is any action or omission intended to degrade or control the actions, behaviours, beliefs and decisions of other people through intimidation, manipulation, threat, humiliation, isolation or any behaviour that implies a detriment to psychological health (see https://profamilia.org.co/aprende/violencia-de-genero/tipos-de-violencias/).

Colombian government and the international community to address the needs of people with trans migrant life experiences. We need social allies and politicians, academia, other social organisations and the state to step up and respond to this alarming situation.

Daniel González-Pérez is a biomedical engineer and Co-director of Research at the GAAT Foundation. **Dani Verástegui-Mejía** is a psychologist and a Project Manager at the GAAT Foundation. He has a doctorate in psychology and a master's degree in Socialisation, Gender, Diversity and Migration.

During Covid-19: moving beyond single-issue community engagement in the Venezuelan migrant crisis

Emily Cowlrick and Gabriela Christie

> Nos vamos a morir de hambre antes del COVID-19 [We're going to die from hunger before we die from COVID-19] (migrant woman in Tumaco).

> Gracias por escucharnos, por fin, alguien quiere hablar con nosotros [Thank you for listening to us, finally, someone who wants to speak with us] (migrant woman in Ipiales).

The Covid-19 pandemic rapidly transformed information and media systems the world over. Journalists, civil society leaders and other communicators act as essential intermediaries between the government, public health experts and the public to stem what has been termed an 'infodemic'. In areas experiencing a humanitarian crisis, the impact of Covid-19 compounds existing stressors and risks, and clouds information environments that are already subject to rapid changes and power imbalances.

The Internews Covid-19 response is rooted in the same knowledge as all humanitarian responses: that information can literally save lives. The solutions and strengths we bring to building healthy information environments are as needed now as ever. The Rooted in Trust project, supported by the Bureau for Humanitarian Assistance, focuses Internews' capacity and networks on countering the spread of rumours and misinformation about Covid-19 in humanitarian crises. The first phase of the project was grounded in hyper-local information ecosystems in areas experiencing crisis in:

- Mindanao, Philippines – reaching approximately 800,000 people through social media engagements, and almost 700 through community listening and learning sessions.
- Lebanon, with migrant and refugee communities, collecting 2,774 rumours across 200 social media platforms.

- Mali, where more than 180,000 displaced people were reached via community listening outreach, tailored radio programmes and rumour bulletins.
- Sudan, where teams collected 1,350 rumours from listening activities in conflict- affected communities, and 2,209 rumours from social media platforms.
- Central African Republic, where teams produced 18 rumour bulletins and worked closely with a network of 25 radio stations.
- Afghanistan, where 1,013 rumours were collected across 232 platforms.
- Colombia, working with migrant communities in Nariño, where more than 66,000 people were reached via rumour bulletins.

This article focuses on the work in Nariño, a region on the Colombia–Ecuador border, exploring the dynamics of information in an area already experiencing crisis. In contexts such as this, engagement and communication must recognise the chronic stressors and risks that people face, as well as the additional impact and necessary adjustment of methodology and approach caused by Covid-19.

As Covid-19 was taking hold among migrant populations in Nariño in 2020, the Rooted in Trust project sought out local partners to engage with the most vulnerable communities in Ipiales and Tumaco – to hear their concerns and questions about Covid-19 and build more accessible information channels. These partners were Caribe Afirmativo and Fedemedios. Working directly with LGBTQI+ Venezuelan migrants and on-the-ground reporters, these partner organisations have strong, trusted networks throughout the community and a deep understanding of the cultural nuances between people in the two target cities.

At the time of the project, there were approximately 1 million Venezuelan migrants in Colombia, more than half of whom were undocumented. In early 2021, it was announced that the country would grant temporary protection status to undocumented people, meaning they could access basic services such as the national health system, including Covid-19 vaccinations. Despite these additional protections, sections of the population continue to face barriers to accessing information and support.

Like the broader migrant community, LGBTQI+ migrants face significant information gaps related to prevention, treatment and the signs and symptoms of Covid-19. In addition to feeling insufficiently informed, fear of stigmatisation and denial of medical support has led LGBTQI+ individuals to delay pursuit of medical treatment, putting them at even greater risk of being infected or suffering more severe symptoms. The double stigma of being both LGBTQI+ and a migrant discourages and diminishes their access to information, further marginalising the community. Additionally, the abuse and violence these communities face is at times perpetrated by the authorities, who are typically the stakeholders one would turn to for protection and information.

With a long history of working with LGBTQI+ migrant populations across Colombia, Caribe Afirmativo is expert in supporting and providing resources to people with diverse gender and sexual identities. Working alongside Caribe Afirmativo meant that Internews' Rooted in Trust project could plug into

the honest and complex conversations already being had within these communities. Caribe Afirmativo was able to use the training, funding and overall support from this partnership to expand their trusted networks and reach even more LGBTQI+ individuals at risk throughout Nariño.

Through a combination of key informant interviews, surveys, extensive desk research and Covid-19-safe focus and listening groups, carried out by Caribe Afirmativo and Fedemedios, an Information Ecosystem Assessment was conducted to establish an understanding of information dynamics in this community as they relate to Covid-19 information needs. The Information Ecosystem Assessment methodology guided a participatory exercise with partners to document the spaces in which their community communicates. Local social media monitors identified 106 potential rumour sources and pinpointed 150 keywords in colloquial Spanish.

This activity also helped the team identify information influencers particular to the LGBTQI+ community – and how/if those had changed since the beginning of Covid-19. It became evident quite quickly that key health information influencers for this community tended to be YouTube content creators, often not located in Nariño, or even in Colombia. Social media channels most commonly used by LGBTQI+ communities to share information were also identified, generally private closed Facebook and WhatsApp groups.

Via rumour-tracking methods, Rooted in Trust was then able to see what types of rumours were being shared within this community, and what information they needed to counter those rumours. Through analysis, monitors found that conversations avoided certain information needed by LGBTQI+ migrant communities. Migrants expressed fear in openly requesting information specific to their community and indicated that this type of information was only being shared by word-of-mouth through community leaders working in migrant camps. This need for safe information-sharing platforms supported the plan for the project to create two new Facebook groups (one for Ipiales and one for Tumaco) as well as a WhatsApp group to serve as safe spaces to share information specific to LGBTQI+ migrants.

Given the broader migrant crisis, these platforms set up to communicate and engage with LGBTQI+ migrants about Covid-19 could not be restricted solely to conversations about the pandemic, but also had to serve as a space for open dialogue about their day-to-day experiences, including the protection risks they regularly face, how they deal with them and what would help. Within those conversations, issues around Covid-19 came up.

Using the feedback from their established channels and additional conversations from Rooted in Trust's Information Ecosystem Assessment, Caribe Afirmativo established comprehensive health and judicial steps for LGBTQI+ migrants to follow when in need of assistance, including safe houses, safe ways to access services and safe environments for reporting abuse and giving feedback. This has proven incredibly useful and important, increasing safety for LGBTQI+ migrants and accountability for perpetrators of abuse.

This was evident through an experience shared with the project team, where a trans woman who knew of Caribe Afirmativo was able to use their referral-mapping information to report the acts of violence

and trafficking she had experienced. By providing this informational resource and sufficient follow-up support, Caribe Afirmativo ensured that authorities were held accountable, and that the government worker guilty of sexually exploiting and physically abusing this woman was arrested.

Experiences like this confirm the link between accessible and relevant information and increased accountability and – ultimately – safety for at-risk groups. But it also points to the need for assessments and engagement to move beyond a single issue. If Internews and Caribe Afirmativo had not blended ongoing efforts to improve protection outcomes for LGBTQI+ migrants with Covid-19 information needs, pandemic response efforts would have fallen short in the face of a much wider crisis that cannot be put to the side. In the case of our work with LGBTQI+ migrants, each multi-faceted concern, question or piece of feedback presented engagement needs that had to be addressed delicately through the lens of a community that is doubly discriminated against across legal, health and social norms.

Within Internews methodologies, we continue to seek balance between facilitating open conversations alongside large-scale data analysis approaches that are consistent and responsible, and that effectively flag high-risk rumours. In the face of Covid-19, what was once an on-the-ground, intensive approach had to be rapidly adapted for the new, socially distanced world – while still maintaining the ability to reach conversations and groups of people increasingly isolated by the shift to online activities. What has made these approaches successful is dedicating and building capacity to ensure analysis and rumour tracking is as local and contextual as possible. In this case, Caribe Afirmativo – through their considerable expertise and trusted networks – were the facilitators of such work. In some humanitarian crises, it is more challenging to find this balance. Sometimes the right local capacity to blend two-way engagement with urgent and essential messaging (for example, health messaging) is more difficult to locate – or may not exist. Media and humanitarian partners can fixate on fact-checking and correcting, rather than identifying information needs and locating trusted information flows, causing information to sound potentially tone deaf, or to be shared through channels that are not trusted or utilised by the target population(s).

In our efforts to find this balance, and by way of Rooted in Trust's recent Information Ecosystem Assessments and rumour-tracking experiences across seven humanitarian crisis situations during Covid-19, Internews continues to learn and adapt our methodologies. Given its essential place in all our approaches, we explored understandings of trust in a report compiled by Pierrick Judéaux (Global Research Coordinator for the first iteration of Rooted in Trust): *Understanding trust: global conversations and local realities during the COVID-19 pandemic*.

From this report, and from our Covid-19 response as a whole, three lessons stand out:

Two-way engagement mechanisms are essential to providing life-saving information

Two-way communication mechanisms are necessary to ensure that information about Covid-19 (and other crises) is shared between humanitarian organisations and communities in a way that is relevant

and timely to those communities. These mechanisms must include ways of listening to concerns, feedback, myths and rumours about Covid-19, particularly from vulnerable and marginalised groups whose voices may not be systemically listened to or represented.

There are remote and in situ methods for two-way engagement that are effective, including remote social media/digital platforms and in person at migrant check-points or shelters. Two-way engagement can also happen via trusted media – either through existing mechanisms (for example, call-in radio) or through additional support to set up or improve engagement efforts to make the mechanisms more inclusive and accessible in terms of language and literacy, and content that appeals to different groups.

Proximity does not equate to trust

Population groups that feel stigmatised or marginalised are unlikely to trust voices that emanate from the community that stigmatises them. Instead, they turn to actors that give them a voice. Research indicates that migrant populations in Tumaco and Ipiales are much more likely to trust international media than local voices from host communities. As one researcher put it: 'with xenophobia on the rise, it is not surprising that mistrust is perceived towards the dominant society'.

With legal crossing closed due to the pandemic, migrants were forced to take dangerous routes. Credit: Gerald Bermudez/La Otra Frontera

Discourse around localisation, the value of proximity and the need for humanitarians to rely more closely on influential figures in the communities they work with has been prevalent in the last decade. However, the practical implications derived from these conversations have often proved simplistic and frequently amounted to relying on community leaders (local government representatives, informal community representatives etc.) to 'pass on messages' to community members. But not all local intermediaries and gatekeepers carry the same trust within migrant communities, and especially among those identifying as LGBTQI+. In our survey, community leaders, religious leaders and local government officials in Nariño appear to enjoy little trust overall – at least as far as information on Covid-19 is concerned. More than half – 55% – of respondents felt some level of distrust (partial trust, very little trust, or no trust at all) in community leaders, 69% for religious leaders and 70% for local government officials.

This finding affirms Internews' approach to locating and reinforcing existing community structures that can facilitate feedback and communication mechanisms, but also to aid and protect people who might be outside those community structures by supporting and setting up channels that they trust.

There is a lack of specific understanding of vulnerable and marginalised people's rights and needs, and the risks they face in seeking information and services

Lack of knowledge from the media and humanitarian response agencies about issues related to specific groups can further obscure their struggles and make humanitarian efforts less effective. The Information Ecosystem Assessment in Nariño found much lower levels of information related to Covid-19 prevention, treatment, signs and symptoms held by LGBTQI+ migrant communities in Ipiales and Tumaco. Unless they are a specialist service, journalists and media platforms generally lack understanding of the needs and interests of vulnerable and marginalised people. So, when it comes to communicating large amounts of new, technical information (as is the case in the pandemic), reporting with specific needs in mind – for example, people with a different immigration status and legal rights – is difficult.

We have found that investing resources in Information Ecosystem Assessments as early as possible in a crisis can go a long way in identifying these needs early, and shape the way we bridge the work of local journalists, media platforms, health communicators and humanitarian responders.

Leveraging lessons such as these from the first phase, Rooted in Trust began its expanded second phase in August 2021, adding teams and partners in Brazil, the Democratic Republic of Congo, Iraq, South Sudan and Zimbabwe. The second phase will continue to strengthen the local capacity of humanitarians, media and health communicators to ensure their Covid-19 information work is shaped by and responsive to the needs of vulnerable communities caught up in humanitarian crises.

Emily Cowlrick is a Humanitarian Manager with Internews. **Gabriela Christie** is the Senior Programme Officer with the Rooted in Trust programme.

Migrants arrive at a bus station in Bogotá, Colombia, 2018. Credit: Bernardo Restrepo/World Bank

NGOs + journalism: an innovative alliance supporting Venezuelan migrants in Colombia

Alicia Pepe Vides

Traditionally, the media investigates, amplifies and disseminates information, while NGOs provide humanitarian aid in emergencies. For an international aid agency and a local newspaper to work together to provide information and guidance to populations in crisis is a rare type of partnership in the humanitarian field.

In Colombia, which is host to the largest number of migrants and refugees from Venezuela in the world, the International Rescue Committee (IRC), through its global information strategy SignPost, and the newspaper *La Opinión de Cúcuta*, with its project Estoy en la Frontera ('I am on the border'), have partnered to provide critical, reliable and updated information through their web platforms and online responses to nearly 2 million Venezuelans living or transiting through Colombia.

InfoPa'lante, the local office of SignPost in Colombia, was launched in September 2020. It provides orientation and information services to Venezuelans in Colombia. It has national coverage, providing a map of more than 300 service points offered by international NGOs, grassroots organisations and Colombian government entities. It provides informative content, an online chat, Facebook Messenger and a WhatsApp number offering real-time guidance.

The Estoy en la Frontera platform was created in November 2019 to provide information and advice to migrants and refugees in Norte de Santander, La Guajira and Arauca, along the Colombian–Venezuelan border. It publishes guides, reports, interviews and other information highlighting the obstacles migrants and refugees face in accessing their rights, as well as stories of resilience.

Both websites provide information for Venezuelan migrants and refugees on how to regularise their migratory situation and access health, education and employment services. The users can also chat with moderators trained to answer questions and other requests for information in real time.

Building a collaborative partnership

It took time for IRC and *La Opinión* to get to know each other, find common ground and establish complementarity between the two projects. This process proved critical, as alignment on mission and values facilitated decision-making on other issues related to grant-making, technology and collaborative work between both teams. The two organisations signed a partnership agreement, and moderation teams were trained to ensure that shared practices were followed. They also developed clear performance measures for the collaboration to ensure that expectations for both organisations were clear.

The IRC provided tools and lessons from the implementation of SignPost programmes globally, as well as information on and referrals to local protection structures and expertise to assist users with serious protection needs. For its part, *La Opinión,* a trusted media outlet in the region with more than 60 years' experience, provided expertise in local journalism and reporting on border issues. This made the partnership an easy choice.

This alliance, which did not exist previously in Colombia, offers important lessons. It confirms that information is a human right and a determining factor in enabling people to make better decisions in times of crisis. It has also had other positive effects, including changing the narratives around and perceptions of host populations towards migrants, and the assurance that the key messages that help prevent risks are reaching the communities that need them. In short, it builds knowledge along the way, while advancing an innovative and emerging partnership model.

Technological challenges

Each platform uses different technological tools to publish information and respond to queries from Venezuelan migrants and refugees. InfoPa'lante uses the services of Zendesk, a technology partner that

provides a system to manage, in one place, content, a map of services and online guidance requests. Estoy en la Frontera manages its platform through a payment service controlled by the newspaper's technology team.

With a clear working methodology for both projects, the question arose of how technology could support the partnership. For facilitating attention in real time, both teams studied the possibility of centralising in the same software the moderation processes that InfoPa'lante and Estoy en la Frontera provide in their online chats and social networks. The software would then register users on InfoPa'lante's and Estoy en la Frontera's online services through a single report. However, it was necessary to ensure the independence of each platform and to separate results-reporting processes. Therefore, technological integration was discarded and, currently, both projects collect their own metrics in different ways.

What was achieved was to open a digital space for the exchange of information, experiences, questions and comments through an open WhatsApp group, in which moderators, content managers and editors of each project participate. Thanks to this chat, members of InfoPa'lante and Estoy en la Frontera promote cooperation, develop strategies to mitigate misinformation and strengthen their roles as guides for the migrant beneficiary population.

The cohesion of both teams offers other positive results, such as improved response times, comprehensive attention to users requesting information and more effective referrals. An example of this is an internal, encrypted referral form used by InfoPa'lante and Estoy en la Frontera moderators when they identify that a user needs urgent attention because they are at risk or are a victim of gender-based violence, have suicidal thoughts or have children and adolescents at risk in their family. These situations are escalated by email to the IRC's specialised teams, with a code and password – to preserve users' privacy – to initiate an immediate care pathway.

Two-way content

Journalistic expertise is a highly valued attribute of this new partnership. SignPost recognises that the *La Opinión de Cúcuta* has the trust of the community, thanks to a track record of more than 60 years in local journalism and reporting on border issues. In their bid to develop an information and orientation project for migrants, such as Estoy en la Frontera, it was necessary to bring together a team with experience in developing content on migration, border issues and access to fundamental human rights.

The work of this group of professionals is reflected in a series of articles written in plain and concise language, using words and expressions familiar to Venezuelan migrants and refugees to ensure that there are no language barriers that could limit understanding of the message. The rigorous treatment of information, through permanent consultation of live and reliable documentary sources, ensures that the content complies with criteria of truthfulness, impartiality and objectivity – principles that also guide InfoPa'lante, as SignPost's local office in Colombia. InfoPa'lante's content managers specialise in the production of articles for different population groups on topics such as violence prevention, psycho-emotional support and recognition of rights and duties.

The result of these good working practices is evidenced by the publication of articles written by Estoy en la Frontera on the InfoPa'lante website and social networks and vice-versa, always respecting the credits of the source that produced the information. Impact is measured in the volume of visits to both platforms – over 100,000 a month – and the positive rating left by users on the articles they consult on www.infopalante.org and estoyenlafrontera.com.

Another benefit of the agreement is knowledge transfer. Estoy en la Frontera journalists train InfoPa'lante's content managers on good titling practices, impact posts to attract more readers, the use of verb tenses and other writing tools. For its part, the InfoPa'lante team trains the journalists of Estoy en la Frontera in good moderation practices and how to fill out referral forms in particular situations: children and adolescents at risk or unaccompanied, women victims of or at risk of suffering gender-based violence and people with suicidal thoughts, and strengthening psychological first aid so they can use psycho-emotional tools.

Psycho-emotional and continuous professional training

In a collaboration where the human component is a priority to bring critical information and accurate guidance to communities, the need for psycho-emotional and professional training is enormous.   To reinforce emotional care in this kind of team, the team implement self-care practices and strategies to prevent or mitigate professional burnout and stress, which is directly related to the context in which they work, in addition to the current global situation caused by Covid-19. By generating these spaces of trust and openness, a connection is established between co-workers, which implies knowing and listening to the other from a different position and place, being more human, more sensitive and closer, being empathetic, respecting the positions, feelings and thoughts of the other, finding points in common and taking advantage of the things that unite them, despite belonging to different organisations.

Another key element in strengthening this partnership has been the professional training available to each partner's staff. Both SignPost and *La Opinión* have professionals with diverse profiles, including lawyers, graphic designers, journalists, publicists, social workers and psychologists. Each of them has free access to a study platform hosting courses ranging from marketing, social media and photography to leadership, teamwork and digital analytics, allowing them to meet their needs for technological training and soft skills, to keep pace with new trends and working models emerging in journalism and the humanitarian field. As a result, each professional is applying the tools and skills they are acquiring to their work, as well as in the development of new strategies to further position both projects as reliable and accessible platforms for consultation within migrant communities in Colombia.

Lessons

Although the collaboration is still young, both organisations hope for a long-term relationship that will continue to have a positive impact on Venezuelans needing access to information and services in their localities, and guidance on the concerns and problems that affect them.

In this sense, we share a series of lessons from this unconventional collaboration in a humanitarian context:

1. Do not rush the trust-building phase. Trust is the most important part of ensuring long-term success. It can be tempting to move quickly into planning and implementation. It is important to foster a relationship based on trust, honesty and familiarity on which to build future collaboration. Partners need to recognise that this is time-consuming, and there must be commitment on both sides to invest in it.
2. Involve senior management in the trust-building phase. In the initial stage, senior managers from each organisation held discussions directly to establish credibility. In this case, the director of Estoy en la Frontera met with the director of SignPost Global and three programme staff from IRC Colombia headquarters.
3. Identify the partnership relationship in-country. The relationship between InfoPa'lante and Estoy en la Frontera grows and strengthens in Colombia. SignPost's head office in the United States provides support through a methodology and working structure at the beginning, but then must let the relationship evolve at the local level. People with good communication skills are vital to overcoming the challenges and gaps between headquarters and partners.
4. Develop clear standards of mutual performance. Estoy en la Frontera had developed key performance indicators before beginning collaboration with SignPost and IRC to help shape its objectives. Subsequently, the partners worked together to adapt them to the collaboration, so that all parties maintained a clear understanding of where they were at any given time, and where they were going.
5. Regular interaction with migrants and refugees is key. Direct daily interaction with beneficiaries has allowed us to identify new information needs, gaps in access to services and rights and new risks they face in Colombia. This allows us to create content that responds to these questions, identify service providers in new municipalities in Colombia and publish prevention messages that protect the integrity of our beneficiaries.

Alicia Pepe Vides is the Senior SignPost Manager for Colombia.

Communicating with mobile populations in Venezuela's humanitarian crisis: can social media offer a lifeline?

Mariela Torrealba and Yorelis Acosta with Oliver Lough

As Venezuela's economic crisis continues to drive migration to neighbouring countries, a substantial number of people leaving the country have been forced to do so largely or wholly on foot, lacking the resources to travel by other means. Often referred to as *caminantes,* they constitute a highly vulnerable,

socially isolated population with limited access to assistance.[17] One particular challenge for humanitarian actors looking to assist *caminantes* is how best to provide information and support to a population that is constantly on the move, and whose routes may take them a long way from opportunities for face-to-face contact. As part of a wider HPG research project on the relationship between digital technologies and inclusion in humanitarian action, we wanted to understand whether the emerging use of social media as a communications tool within the sector was providing new opportunities for *caminantes* to access information or connect with service providers. Given the role social media has played in the displacement experiences of refugees and migrants in the Syrian refugee crisis and elsewhere,[18] we were expecting to see similar trends play out in Venezuela. We were wrong.

Fieldwork and research questions

For our work in Venezuela, we wanted to understand:

- How social media is being used within the humanitarian sector, and what factors have contributed to its success or failure.
- Who has been included or excluded as a result of these changes.
- How the humanitarian sector might adapt its approaches to social media in the future.

Overall, we spoke to 21 *caminantes* in February–March 2021, interviewed on highways and in small towns in the Venezuelan state of Táchira, close to the border with Colombia. To situate their experiences within wider efforts by aid providers to communicate with people affected by the crisis, we also spoke to 17 staff from international and local organisations (eight in Venezuela and nine in Colombia).

The *caminantes*: a population on the run

Among the *caminantes* we spoke to, we found little evidence that social media was serving as a 'lifeline' on their journeys as it has in other places. The majority of the people we interviewed did not use the internet regularly because they had no means to do so. Only five of the people we spoke to had smartphones, while another two had access to one in the group they were travelling with. Several reported previously owning a phone, but had sold it to pay for travel or buy food, or could not afford to replace their phone after it had been damaged. Others reported relying on a landline for internet access back at home. The small number who used the internet did so primarily to communicate with family members or to watch films, with very few using social media for any other purpose. Even where people had phones, weak and unreliable network connectivity remained a major obstacle.

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17   ACAPS (2021) 'The *caminantes*: needs and vulnerabilities of Venezuelan refugees and migrants travelling on foot'. Geneva: ACAPS (www.acaps.org/sites/acaps/files/products/files/20210121_acaps_thematic_report_caminantes_in_colombia_and_venezuela.pdf).
18   Latonero, M. and Kift, P. (2018) 'On digital passages and borders: refugees and the new infrastructure for movement and control' *Social Media and Society* 4(1) (https://doi.org/10.1177/2056305118764432); Signpost (n.d.) *An evidence review of the Signpost Project: empowering through responsive information* (https://static1.squarespace.com/static/5e611876d8757b66ab11c979/t/5fda77d1f906632777e21957/1608153057789/Signpost-EvidenceReview.pdf).

This lack of access to the internet and social media reflected wider limitations on *caminantes*' ability to find information. Interviewees openly acknowledged being uninformed: even before their displacement, they had generally not watched television news, sometimes for years. As one of our interviewees explained, he could not afford to repair his television set. News often came via word of mouth: a neighbour with a radio or a television, relaying information in their own way, with their own interpretation and summary, but also with the filter imposed by government restrictions on the media.

Similarly, many interviewees had little access to information or social networks on the other side of the border, reflected in the often vaguely defined plans many had for what they would do once they had crossed into Colombia.

As a consequence, most *caminantes* were unaware of the information and support national, regional or international NGOs were able to provide. Only one of our interviewees reported using social media to obtain information on migration processes, while another tried unsuccessfully to establish contact with an organisation providing relief. Reflecting a widespread lack of familiarity with the role of humanitarian organisations in a country that was until recently classed as upper middle-income, some initially assumed that interviewers asking questions about humanitarian NGOs were referring to businesses or e-commerce platforms.

For these Venezuelans, who have sold their goods to eat and feed their families, the challenges they perceive are basic and immediate. In the end, what they want to preserve is their life, the only asset they have left. When survival is what matters, there is no time for social media. As one interviewee explained, 'I don't care now', going on to say that his priority was to 'survive, that's it'.

Humanitarian organisations in Venezuela: keeping a low profile

Humanitarian workers we spoke to in Venezuela recognised that many people in transit do not have communication devices or are prevented from using them effectively by limited access to electricity and network coverage, especially outside urban areas. As a consequence, they felt that access to information through social media was not particularly relevant to their work. Despite this, humanitarians in Venezuela did use it for various purposes, primarily providing visibility to donors and informing and raising awareness among the general population. Interviewees at larger humanitarian organisations reported using social media feeds focused on communications and public outreach, using approaches developed based on the experiences of teams in other countries. They also reported exploring social media to communicate with and receive feedback from affected people via Twitter and WhatsApp. In general, though, they reported that this aspect of their work on social media was new and small-scale.

Beyond the question of relevance, social media also forms an extremely sensitive part of the wider operating environment for many NGOs in the face of government harassment and a polarised political climate. As several interviewees explained, highlighting humanitarian issues or human rights abuses could present an uncomfortable 'window to reality' to government authorities that have repeatedly downplayed the severity of the crisis, and are known to closely monitor the online activities of NGOs. In

this environment, even drawing attention to unmet humanitarian needs can put organisations at risk of reprisal. Here, interviewees highlighted the potential dangers of engaging in conversations on organisations' public Facebook or Twitter pages, which could very easily take a partisan turn and spin out of control. Nevertheless, even in this strained environment, other interviewees maintained that social media could also be a vital tool to maintain humanitarian space through raising public awareness on what is and what is not humanitarian aid. In the context of political attacks on NGO activities, they felt this was especially important given the profound lack of public knowledge around humanitarian principles and activities.

Humanitarians in Colombia: working together to communicate better

Among Colombian NGOs and humanitarian organisations, we saw a much greater diversity and intensity in the use of social media. Purposes ranged from seeking visibility with donors to using social media as a tool in their work communicating with and collecting feedback from the people they serve. Interviewees reported using a wide variety of platforms, including websites, Facebook, Instagram, Twitter and YouTube, but primarily WhatsApp groups. Several interviewees explained how their organisations were trying to meet the changing needs of refugees and migrants through the different stages of the migration process. Here, they distinguished between different types of migrants: those arriving in Colombia and other countries, many of whom lacked devices, and those returning to Venezuela, who are more likely to have them. For people in transit, the focus is often on supporting communication with their families – here, members of small NGOs in both countries lend their own equipment directly to migrants to allow them to make calls home. Some described how they had enabled families to locate *caminantes* by viewing photos on their organisation's Facebook page or group. Larger organisations placed an additional focus on exploring alternatives to support people's communication once they arrive in Colombia; they also develop programmes and products to provide information, via digital means, to returning migrants who do have mobile phones.

Interviews in Colombia identified a number of challenges affecting their ability to work effectively on social media. Some of these were related to language – to stay relevant, organisations were having to learn how to engage in the kinds of informal style that characterise many online interactions. Identifying the differences between Venezuelan and Colombian dialect, colloquialisms and idioms was also important. Interviewees also described struggling to deal with the open and unpredictable nature of exchanges on social media: here, it was often hard to determine whether people trying to communicate via organisations' Facebook or Twitter pages were actually part of their target population. Similarly, some interviewees reported difficulty in managing expectations about what their organisations could actually do when faced with the wide variety of requests and feedback they were receiving online, and were concerned about being overwhelmed with demands for attention. As in Venezuela, risk was a consideration too, albeit manifested in different ways: interviewees identified problems linked to privacy and how large platforms might exploit vulnerable users' data. In particular, they were concerned about how to address the rise of misinformation and fake news. This could also affect their own organisations, with the misappropriation of humanitarian organisations' logos and pages, and falsified content about humanitarian activities flagged as a particular problem.

Phones charging in a centre for Venezuelan migrants. Credit: Victor Moriyama/ICRC

NGOs reported a growing awareness of the need to work collectively or in partnership to share knowledge and develop more coherent and effective messaging and content. Efforts at collaboration were common among both smaller and larger NGOs, although less systematic among the smaller ones. These efforts came with a realisation that enthusiastic engagement with social media needed to be supported by a strengthened focus on 'old media' such as radio. NGOs saw social media as a complementary part of wider communications efforts, in which they felt it was important to incorporate their target populations as content creators as well as consumers. Interviewees reported plans for hybrid 'new-old media' communications campaigns, such as audio soap operas via WhatsApp to raise awareness about gender-based violence.

Conclusion

Caminantes interviewed for this study are an acutely vulnerable population, and their experience is not necessarily reflective of that of other people affected by the crisis in Venezuela. Indeed, other evidence has demonstrated cases elsewhere in the country where networking across social media has proved a vital way for people to link up with sources of support in the face of collapsing state service provision. However, *caminantes*' testimonies highlight the significant limitations of social media as a tool for inclusion in this particular setting.

It is especially striking that, for many *caminantes* – even those who were previously well-off – years of hardship and the experience of displacement itself have driven them back across the digital divide. Although some of our interviewees indicated that they were familiar with social media, particularly Facebook, this was one of the first things they gave up as their living conditions became more precarious. This challenges the idea that people move steadily forward into more connected lives as their encounters with new digital technologies proliferate. It also sounds a note of caution against assumptions that people displaced from middle-income settings are likely to be more connected. While many people affected by conflict in Syria and elsewhere were able to flee with some of their assets intact, using their phones as digital lifelines on their journeys, this option was not available to interviewees in this study, for whom the erosion of their resources and livelihoods to almost nothing was itself part of the motivation to flee.

Ultimately, *caminantes* at the border in Venezuela are caught in a double exclusion. First, they are on the wrong side of a deep 'digital divide' limiting their access to information and cutting them off from social networks. Dependent largely on word of mouth for the limited information they do receive, social media is largely irrelevant to them. Second, and more profoundly, they are situated at the edge of the 'outer circle' of inclusion, profoundly affected by the impacts of the crisis, but largely invisible to an under-resourced and heavily constrained aid response. At the same time, they are ignored by or actively excluded from what little government support does exist, which often demands political loyalty in exchange for services.

The study also highlights the major role played by political conditions in determining the space for humanitarian organisations to use social media as a programming tool. In Colombia, a permissive environment has allowed experimentation to flourish, along with the growing realisation that successful mobilisation of social media as a communications tool requires collaboration and collective effort. However, the atmosphere of political suppression in Venezuela – which extends its reach as much into the digital sphere as elsewhere – means that many organisations have to be extremely careful how they deploy social media, if they do so at all. Here, small acts of solidarity, such as lending devices to contact loved ones, may have more impact than a Twitter feed or Facebook platform.

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World Vision assists *caminantes* **reaching the Párímo de Berlín, having walked more than 137 km from the border. Credit: Elena Forero/Mercy Corps – VenEsperanza**

Two pilots for the use of cash transfers to assist people in transit

Diego Prado, Esther Yaneth Garzon and Lina Camperos

Colombia has received more migrants and refugees from Venezuela than any other country, and the number continues to increase. Large numbers have made their way on foot: in 2021, an estimated 162,000 walkers, or *caminantes*,[19] were expected to enter Colombia as regular or irregular migrants, and this trend looks set to continue in 2022. *Caminantes* face heightened protection risks during their journey due to their often-irregular migration status and lack of access to food, water, shelter and health services.

Given this context, several international and national NGOs have expressed interest in developing a protection strategy involving the use of cash transfers to support *caminantes* entering Colombia. Building on this interest, the Cash Working Group for Colombia (CwG) developed an advocacy strategy

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19   *Caminantes*: refugee and migrant population that, due to multiple privations, including the lack of resources to access public or private transportation, travel totally or partially by foot to their final destination.

to persuade the Colombian government to endorse pilots for the use of cash transfers aimed at this transitory population. This article describes the advocacy strategy, assessment and analysis of the target population, the implementation of the pilots and the challenges and lessons learned.

Advocacy strategy

The Colombian government's guidelines for the implementation of cash and voucher assistance (CVA) for the Venezuelan migrant population, published in February 2019 and revised in March 2020, stipulate the amounts to be delivered per family based on the number of people in the household, and the eligibility requirements under which migrants can or cannot receive vouchers or cash. The guidelines do not cover people in transit, including *caminantes*.

The Cash Working Group led an advocacy process with the government to expand CVA coverage to include people in transit. Through a series of joint and inter-linked actions, including research and context analysis, strategic alliances and political advocacy processes, it was possible to influence the government to allow two pilot cash transfer programmes specifically targeting *caminantes*.

The advocacy strategy contained the following components:

1. **Context analysis and research.** Based on reports from a number of different organisations on the protection issues, unmet basic needs and risks and threats affecting people in transit, the Cash Working Group prepared an advocacy document justifying the use of cash transfers.
2. **Strategic alliances.** The Cash Working Group created space for discussion on the importance of supporting people in transit through cash transfers. The data, evidence and experience discussed were used to strengthen the advocacy document. Alliances were also formed with ZOA and VenEsperanza, two organisations that proposed pilot cash transfer projects targeting migrants in transit in border areas for government approval.
3. **Advocacy.** The CwG in Colombia worked with the government through the Border Management Office (Gerencia de Frontera), the Colombian government entity in charge of leading the response to the migrant crisis. Joint efforts included presentation from the CwG to the Gerencia de Frontera on the needs of people in transit, and how the proposed pilots might address them.

As a result of this exercise, the government approved the two pilots, and implementation began in July 2021. To date, around 1,500 people have received cash transfers. In the first pilot, recipients spent the majority of cash provided on transportation and food, while in the second the cash was used mainly to cover food and accommodation.

Information analysis: rapid assessment of people in transit

From mid-2020 to July 2021, the REACH Initiative conducted eight rounds of the Evaluation of Trends in Needs and Intentions of Migratory Movements (ETNIMM). While the majority of key informants were Venezuelans (between 77% and 98% of all key informants interviewed across each round), people from other countries

in the region were also entering and transiting through Colombia. These findings suggest a fluid and dynamic movement of migrants within the country, but with information gaps related to their needs, risks and vulnerabilities. The REACH assessment and the cash and voucher activities (CVA) were mainly motivated by the hypothesis of the additional risks faced by people in transit who were moving on foot.

In collaboration with REACH, the CWG coordination body and the organisations planning to conduct CVA pilots with people in transit, ZOA and VenEsperanza, reviewed the questionnaire used in the first five rounds and suggested including several additional questions in the following three rounds.

Questions were added on whether people preferred to receive assistance in cash, in-kind or as vouchers or services, as well as questions on how they used the assistance received en route and how satisfied they were with it (in order to triangulate with the preference). Questions were also added on whether receiving money while they were en route made them feel less secure or more at risk, as this was one of the main concerns of ZOA and VenEsperanza. Finally, questions on recipients' perceptions of access or barriers to markets along their routes were added as the ZOA pilot envisaged people using their payment cards in markets to meet their needs.

For advocacy and response analysis purposes, information was also collected about people's movement intentions. Questions on the reasons for their movement and the main needs and risks they faced on the route, had already been included in previous rounds of the ETNIMM.

The last round of the evaluation was conducted in person between 21 and 30 June, in the municipalities of Arauca (Arauca), Bogotá, Bucaramanga (Santander) and San José de Cúcuta (Norte de Santander). The key results relevant to the CVA pilots are presented below.

In terms of assistance received, just over half of the *caminantes* (53%) reported having received assistance; of this, the majority (74%) reported that the assistance came from a humanitarian agency, and the top three types of assistance received were in the form of take-away food, hot food and water (57%, 54% and 41%, respectively). The vast majority (91%) of respondents reported having used or consumed the assistance received, as opposed to exchanging it for transport or other goods (4% and 3%, respectively). Regarding the level of satisfaction with the assistance, 57% of key informants reported that the assistance satisfied some of their needs, while 28% felt it met only a few.

The top three needs during transit mentioned by key informants were food, transport and accommodation (82%, 60% and 43%, respectively). Just under half of key informants (42%) said they preferred to receive assistance for these needs in cash. Preference for vouchers or coupons and service delivery was lower, at 18% and 16%, respectively. Finally, respondents were asked how they would feel, in terms of safety, about receiving cash assistance on the road. The majority (84%) reported that they would prefer to receive cash on the road rather than pick it up at a supermarket cash register, use money transfer services or be given vouchers or coupons.

Regarding access to markets along the route, 22% of key informants reported difficulties, mainly linked to social barriers related to respondents' nationality, such as not being allowed to enter a shop or market (32%) or not being sold products (29%), and financial barriers, such as not having enough money to buy goods (25%).

Implementation of the government-approved pilots

ZOA pilot

Based on the rapid assessment of people in transit and an analysis of markets along the route between Arauca, on the border with Venezuela, and Yopal, the next city on the route to Bogotá and other municipalities in the center of the country, the following priority needs were identified: 85% of *caminantes* named food as their top priority, 70% transport, 51% clean water, 38% services and 37% shelter. In line with Colombian government guidelines and the needs identified, ZOA provided one electronic card with a value of up to COP $370,000 ($98) to each family in the pilot. Just over 60% of participants in the pilot are women, 44% of whom are pregnant; 39.4% are men; and 12.5% are persons with disabilities.

To date, the ZOA pilot has enabled 279 people (80 families) to access water, sanitation and hygiene (WASH) services, food (hot meals), transport and non-food items (including clothing, footwear, blankets and suitcases). There are 10 designated vendors at five points along the route (Panama, Tame, San Salvador, Paz de Ariporo and Chaparrera): four supermarkets, two providers of miscellaneous assistance, three hot meal vendors and one transport provider (bus station).

The breakdown of expenditure registered on the cards is as follows:

- 72.38% was spent on non-food items such as transport (47.94%), clothing (28.85%), shoes (17.64%), hygiene items (3.95%) and medicines (0.19%)
- 27.61% was spent on food, 8.77% on hot food and 18.84% on other food items.

Two-thirds of participants in the pilot gave Bogotá as their destination, largely on the grounds they had relatives or friends living there. There was a strong preference for the electronic card instead of cash (68%), because they felt safer using it to buy goods along the route.

Lessons learned from this pilot include:

- Field personnel spent 70% of their time on identifying potential beneficiaries.
- To ensure *caminantes* are targeted for cash programming, better ways of identifying them will need to be found.
- Because transport is the highest priority need, transport services providers must be included in cash programming for *caminantes*.
- Developing alliances at destination points with organisations that can provide complementary and ongoing assistance is critical to ensuring the continuity of assistance.

VenEsperanza pilot

This pilot began with the registration of people in transit entering the country at three border points in Norte de Santander (Los Patios and La Don Juana), La Guajira (CAT, Transport Terminal and Paraguachón) and Arauca (Transport Terminal and the Antioquia 'Y'). Once registration had been completed, a SIM card was issued along with information on how to contact and notify VenEsperanza when people arrived at their destination. Notification of arrival is necessary before households can participate in a targeting process (through the application of the beneficiary eligibility selection criteria) which will enable them to receive humanitarian assistance for six months, through a monthly transfer of up to COP $370,000.

The VenEsperanza consortium[20] provides assistance in the departments of Magdalena, Nariño, Valle del Cauca, Antioquia, Cesar, Bolívar, Norte de Santander, Cundinamarca, Atlántico, Santander, Arauca, La Guajira and Bogotá. People who arrive in departments where VenEsperanza is not operating are referred to the Cash for Urban Assistance (CUA) consortium.[21]

Three IT tools are being used in the pilot: KoBo (for the initial registration), a chatbot and a web form (for reporting arrivals at destination points and updating data). As an additional communication strategy, a closed Facebook group was created to share information with the population in transit. The Facebook group is a one-way communication channel designed to broadcast relevant information about the programme, to update data and contact channels and to inform people of how they can report their arrival at a destination point.

As part of the pilot, 3,728 *caminantes* have been registered, of whom 70% (2,611) reported their arrival to their destination (92% by chatbot; 8% by web). Eighty-two per cent of households that arrived at their destination and applied for cash assistance met the eligibility criteria.

Some of the challenges identified during the implementation of this pilot are as follows:

- The self-application mechanisms make it possible for people who are not *caminantes* to register.
- A significant number of people appeared to have registered twice but because they did not provide sufficient information it was not possible to contact them and verify their identities.
- A high percentage of the population in transit (55%) registered but did not report their arrival at their destination.
- There are *caminantes* who cannot be targeted with follow-up assistance because they have moved to departments where there is no pilot coverage.
- It can be difficult to contact households for post-distribution monitoring, mainly because they do not update their contact information.

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20   Save the Children, Mercy Corps, World Vision and International Rescue Committee.
21   Danish Refugee Council, Norwegian Refugee Council and Action Against Hunger.

Conclusions

The Colombian government's guidelines for addressing the needs of the Venezuelan migrant population through cash transfers do not consider people in transit, despite the high protection risks *caminantes* face. The Cash Working Group developed and implemented a multi-faceted advocacy strategy which led to government approval for two pilot cash transfer programmes aimed at minimising these risks. The success of the pilots has strengthened the argument for continuing them and the government has encouraged other organisations to consider similar initiatives or to implement new pilots. One new pilot proposed by another consortium has already been approved by the government. The pilots have provided important information and experience for the design of future cash transfer programmes for *caminantes*, and feedback from the pilots has enabled implementing organisations to identify additional risks as well as new ways to deliver cash. Better ways of communicating with people in transit are being identified as are opportunities to provide complementary assistance to people in transit and for referral of cases to organisations present in areas the pilots do not cover. It is also evident from the pilots that supporting people in transit requires more coordination and analysis of local markets and financial services providers.

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Caminantes on the Cúcuta–Pamplona road. Credit: Cindy Catoni

Integration of protection and cash assistance to Venezuelan migrants in Colombia

Elizabeth Tromans and Marcela Dajer Gómez

Why is an integrated cash and protection response needed?

According to *Migracion Colombia*, there are 1.77 million Venezuelans in Colombia, 56% of whom do not have regular migration status through formal Colombian identity documents. The economic impacts and isolation measures due to Covid-19 have resulted in a significant deterioration in the socioeconomic situation for migrants, as the loss of income from formal and informal jobs has reduced access to basic goods and services such as food, healthcare and education. Nearly 50% of migrants are without safe housing, and a majority (64%) report not having the capacity to feed themselves adequately, consuming two or fewer meals per day. One-quarter have a food consumption score of 'poor', and 84% report using some form of negative coping strategy to obtain income, including 15% who report doing work that puts their health, safety, integrity or life at risk.[22]

22   International Rescue Committee (IRC) monitoring data.

Gender-based violence (GBV)

Forty-one per cent of GBV survivors reported to the IRC are unemployed. Most earn some income through street vending, but this exposes them to harassment, as Venezuelan women are often perceived to be sex workers. Fifty per cent of over 2,200 women interviewed by the IRC reported that they had suffered GBV, with 46% experiencing sexual violence, 27% psychological violence, 23% economic violence and 4% physical violence. In many cases, survivors report that perpetrators are recently established intimate partners exploiting the relative vulnerability of Venezuelan women in Colombia. More than half of respondents do not have a social network they can trust in Colombia, and only one-fifth of these women feel safe enough to report the incident to the authorities.

The risks of GBV are compounded by gender stereotypes and xenophobia, which are also associated with barriers to accessing basic services and livelihoods, especially for female-headed households – particularly within certain subgroups such as indigenous and Afro-descendant women, women with disabilities, pregnant and lactating women, girls and adolescents (especially the unaccompanied) and people of the LGBTQI+ community (especially trans women and women engaged in sex work).

Child protection (CP)

According to the 2021 Regional Refugee and Migration Response Plan (RMRP), 1.11 million people are in need of CP services. Only 22% of them were targeted to receive humanitarian assistance under this sub-sector in 2021. The main threats to which Venezuelan children are exposed are abuse, violence, neglect, exploitation, family separation and child recruitment by irregular armed groups. Children and adolescents in transit are particularly vulnerable in locations where irregular armed groups are present. Unaccompanied and separated children (UASC) face greater protection risks and challenges to accessing the national CP system for basic services.

Adolescents are at heightened risk of recruitment and exploitation by armed groups and have been identified by UNHCR as being the most underserved by humanitarian actors. IRC's data confirms the CP risks identified by the Interagency Group for Mixed Migration Flows (GIFMM): IRC's case management data from 358 clients in 2020 showed that 50% of CP cases were related to negligence, 18% to child labour (including begging), 17% to emotional abuse, 9% to sexual abuse and 6% to physical abuse. The average age of children receiving case management services is eight, with 52% being girls.

Compared to 2019 data, reports of parental neglect and sexual abuse increased, corresponding to the effects of prolonged periods of lockdown in the context of Covid-19 and the increased use of negative coping mechanisms. During 2020, a high percentage of children had no access to educational activities because of the suspension of education services; without access to structured activities during the day, caregivers resorted to leaving children in the care of a relative or person under 18, or leaving them at home alone during the day, increasing CP risks, including abuse, and other types of violence (GIFMM Joint Needs Assessment, July 2020). This is particularly worrisome as 20% of people surveyed at this time reported not feeling safe in the neighbourhood where they lived.

Pregnant and lactating teenage mothers, young people on the move alone, indigenous children, children with disabilities and children with diverse sexual orientations and gender identities continue to be at higher risk due to the lack of specialised protection services available to them and their heightened risks because of their age, gender and/or social and ethnic background. Venezuelan children and adolescents also require assistance in mitigating barriers to accessing education, family reunification and basic rights and services. These have been exacerbated during the pandemic.

How is the integrated response functioning?

To address these challenges, the IRC committed to ensuring a comprehensive, multi-sector response that allows for addressing economic issues which exacerbate protection risks. Although, as in other organisations and the humanitarian architecture itself, IRC teams often work in individual sector silos, IRC Colombia made a deliberate effort to confront this obstacle. The response is made up of three teams working together: Economic Recovery and Development (ERD), Child Protection (CP) and Women's Protection and Empowerment (WPE). While a number of other IRC country programmes use a similar model of cash for protection, IRC Colombia has established this multi-team integration in a more formalised way.

What support is needed?

Women at risk of or who have survived GBV require financial support as a priority to meet their basic needs, to allow them to get out of the economic dependency which keeps them in a position of risk in the home. The CP team identify families or unaccompanied children who are economically vulnerable. As part of overall psychosocial and early childhood development support provided to the family, referrals are made to the ERD team, where cash may be needed to partially address some of the risks children face in the home due to economic vulnerability.

How is this support provided?

As one step of this wider process, WPE and CP teams refer individuals to the ERD team for cash assistance. (IRC delivers this cash assistance as a member of the VenEsperanza consortium, which is led by Mercy Corps and funded by USAID's Bureau for Humanitarian Assistance.) In the case of WPE, the cash is provided for women to meet their basic needs, reducing the risk of labour and sexual exploitation and trafficking, as well as their reliance on a perpetrator for economic support. In the case of CP, the cash is provided to reduce exploitative labour or the risk thereof. However, receiving multipurpose cash assistance is insufficient; IRC focuses on a process of autonomy, empowerment, decision-making and independence so women can get out of situations and environments of domination by perpetrators of economic, physical, sexual and/or psychological violence, and children can escape the risk of exploitative labour, trafficking and/or recruitment by armed groups. IRC's overall case management approach includes an individualised care plan, developed after an assessment to identify families' psychosocial needs.

Ongoing accompaniment is provided through case management. Both CP and WPE teams follow a client-centred, case management approach. CP Case Management is 'the process of helping individual children and families through direct social-work type support, and information management' (Interagency Guidelines for Case Management in Child Protection, 2014). The IRC WPE team refers GBV survivors or women at risk of GBV for cash assistance following the Interagency GBV Case Management Guidelines: 'a structured method for providing help to a survivor … it involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed about all the options available to them, and that issues and problems facing a survivor are identified and followed up in a coordinated way'. Case management provides a structured method for providing help, whereby the survivor or at-risk individual is informed of all the options available to them and the issues and problems they face are identified and followed up in a coordinated way. Emotional support is provided throughout the process. Case management has also become the primary entry point for survivors and other at-risk individuals to receive crisis and longer-term psychosocial support, given the lack of more established health and social support service providers in humanitarian settings.

Because Venezuelan migrants also face significant barriers in meeting their health needs in Colombia, sometimes due to economic factors, IRC's health team also refers clients to the economic team. This paper focuses on protection referrals.

Results so far

In a project endline conducted in March 2021 for the VenEsperanza consortium, IRC and partner data indicates that 24.3% of project participants were able to meet most basic needs, a 15.7-point increase from the baseline of 8.6% reported in October 2020, indicating that, for beneficiaries targeted purely for economic factors, the intervention was successful. Data collected through the end of March 2021 showed a 7.8-point increase in the proportion of households whose shelter met agreed technical and performance standards. The percentage of households reporting moderate to severe hunger fell from 69.6% in the baseline to 42.6% in the endline.

For clients referred from Protection teams to the ERD teams, limited disaggregated, analysed data currently exists. According to qualitative data collected by Protection teams, clients receiving cash report doing less work that puts their health, safety, integrity or life at risk. Clients note that the combination of psychosocial and economic support allows them to improve their living conditions. Examples provided by staff include girls attending school for the first time in Colombia since their migration, women survivors of GBV being able to move to a safe shelter, and parents being able to send their adolescent child to school instead of to work selling goods on the street. A broader data analysis and review and a lessons learned event are planned for 2022.

In 2020, 50% of women and children in IRC's case management programme were referred to other IRC and external support services, including cash assistance (70%), health services (22%), GBV prevention and response services (4%) and education (4%).

Contributors to the programme's success

IRC Colombia staff attribute the programme's success to a number of factors, but first to a shared vision of protection mainstreaming, developed collaboratively. Specifically:

- Protection and ERD teams jointly developed a programme strategy and subsequent programme design models for business development.
- No one team 'owns' the programme; standard operating procedures, including selection criteria, are jointly agreed, as well as the tools.
- The Protection teams carry out case management, in which they are specialists, while the ERD team focuses on cash delivery.
- Regular programme cycle meetings are held to discuss implementation and review monitoring data and other feedback.

Both teams acknowledge that developing shared programme documents was a lengthy process, particularly in developing a shared tool to be able to follow cases between interventions. However, this time-consuming step invested at the start of the programme has facilitated smooth collaboration during programme implementation.

Challenges

IRC teams have faced challenges with misinformation circulating in communities – about selection criteria, transfer values or other services offered. In some cases, the spreading of rumours jeopardised the safety of staff. To address this, IRC unified messages across programme teams on its local SignPost forum InfoPa'lante, IRC's information and engagement platform launched with partners in 2015. Unifying messages across teams – for example, reiterating that assistance is free and there are no intermediaries, and that assistance is provided directly from IRC through its donors – has helped to counteract rumours and manage expectations among community members.

There have also been some challenges in establishing monitoring and evaluation systems. Substantial time was spent clarifying specific criteria for when clients would be eligible for different types of support: case management support only, economic support only, or both case management and economic support. Until now, monitoring of cash recipients has only focused on food security and economic indicators, though ideally the team would like to capture the effect of cash assistance on protection outcomes as well. More work is needed to analyse existing data, disaggregating outcome data by who received what intervention, which has been challenging to do across the different data management platforms of the three teams.

Alongside information campaigns on the type of assistance provided, the individualised case management approach allows IRC to support and empower people to develop exit strategies when assistance ends, including in some cases referrals to IRC's livelihoods programme. IRC is carrying out a livelihoods programme (funded by the US Department of State's Bureau for Population, Refugees

and Migration) with local partner Minuto de Dios, which provides entrepreneurial, apprenticeship or vocational training. Priority is given to IRC internal cash assistance referrals for GBV survivors and LGBTQI+ members.

Xenophobia among host Colombians has been another project challenge, with tensions arising as pandemic-related needs also increased in host communities. IRC has responded by increasing awareness of the social safety net programmes provided by the Colombian government for which internally displaced Colombians or other Colombian victims of armed conflict may be eligible, but Venezuelans are not.

Next steps

Because needs have increased throughout the pandemic, IRC plans to both increase total client reach and expand geographic scope. In the Colombia country programme's Strategy Action Plan (SAP), which is currently under development, IRC has committed to targeting both migrants from Venezuela and internally displaced Colombians. Second, in order to scale as well as reach the most in-need cases, Protection teams have identified local partners with roots in target communities and a shared vision of integrated protection services, who will work alongside IRC. Lastly, as a matter of reflection and learning ahead of finalising the Colombia SAP, IRC will conduct a deeper analysis of the integration approach, ideally through an external evaluation. In addition, IRC plans to expand its referral system beyond IRC to other organisations offering the same or complementary services.

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The climate crisis and displacement in Venezuela

Robert Muggah, Lycia Brasil and Mac Margolis

Climate change is set to worsen the world's worst displacement crises. Venezuela already registers more than 5.9 million refugees and migrants and millions more internally displaced people in 2021. This represents around 20% of the country's population of just over 28 million. There has been an 8,000% increase in the number of Venezuelans seeking refugee status since 2014, with most requests in Colombia, Peru, Chile, Ecuador, Brazil and Argentina. Most Venezuela analysts attribute cross-border and internal flows of displacement to worsening governance, a failing economy and spiralling violence. Although climate change and extreme weather events are rarely treated as factors in decisions to move, that may be changing.

Mounting evidence suggests that Venezuela is experiencing accelerating, chronic climate shocks and stresses, some of which are factored into people's calculations whether to stay or leave. One of the most significant is severe and prolonged drought. The country's average temperatures have increased significantly in recent years. Rainfall declined sharply – on the order of 50–65% – between 2013 and 2016. In addition to disrupting agricultural production, this has severely depleted water levels at key hydroelectric installations, including the Guri Dam in Bolivar. The combined blow of dependence on hydro-power and declining oil prices resulted in knock-on effects including rolling blackouts and rationing of water and electricity in Caracas. President Nicolas Maduro's government responded with compulsory three-day weekends to save energy. A rogue climate has become yet another of the cascading miseries driving Venezuelans to pack up and go by the tens of thousands.

Venezuela is also experiencing rapidly rising sea levels. Rising sea waters risk triggering severe flooding in coastal areas, not least Maracaibo Lake, La Vela de Coro, Chichiriviche, the Barlovento coast, the Amacuro delta and the Orinoco delta. Tens of thousands of indigenous people in Venezuela risk losing their homes due to surging seas. Scientists have warned for decades (the first quantitative assessment was in 1995, followed by another study in 1997) that oil infrastructure, urban areas and tourist infrastructure would all be affected, with a particular threat posed to the regions of Costa Oriental del Lago de Maracaibo and Costa Oriental del Estado Falcón.

A big part of the challenge is that the Venezuelan authorities are not forthcoming either about the extent of displacement or the climate risks facing the country. While Venezuela is one of the most biodiverse countries in the world, the government has systematically concealed or failed to gather statistics and studies on its many biomes, making it exceedingly difficult to measure, much less protect, the country's vulnerable ecosystems. Over the past decade, basic long-term environmental data and research have been retracted from public websites, including assessments of deforestation, wildlife, water and air quality and pollution. Some 50 of the country's 335 weather stations are currently inoperable, making it hard to monitor and forecast temperatures or rainfall.

In the absence of government action, international organisations and local activists are piecing together data on the extent of climate risks. The World Bank's Climate Research Unit divides the country into five 'climate groups' to better understand seasonal precipitation and temperature patterns. The World Bank, and others, have observed how Venezuela has already lost four of its five glaciers since the early 1990s: the remaining Humboldt glacier is expected to disappear in under two decades. This will make Venezuela potentially the first country on earth to lose all its glaciers. The rapid retreat of the ice sheet is affecting water cycles and availability, though the government hopes somehow (don't ask) that 'global cooling' could reverse these trends. Some universities and research institutes are also keeping tabs on other metrics of climate change, but with piecemeal data.

Meanwhile, extensive mining and oil extraction and spills are fouling the environment. Venezuela's Orinoco Mining Arc covers some 12% of national territory; over 780,000 hectares of forest have been cleared there since 2000, threatening the Amazon. Illegal mining has spread into national parks, including Yapacana and Canaima, contaminating the environment and contributing to increased criminal and

paramilitary violence targeting locals. Lake Maracaibo, on the Caribbean coast, is an ecological disaster area. There are signs of significant depletion of fish species and growing toxicity in both the water and local inhabitants. Although the state oil company PDVSA stopped reporting spills in 2016, the number of reported accidents that year alone was four times that of 1999.

Environmental crimes perpetrated in Venezuela involve a farrago of armed groups. Among them are the so-called 'sindicatos' and 'pranes', ultra-violent criminal groups that hold vast influence in resource-rich areas. Many of the sindicatos are financed and supported by powerful elites – politicians, civil servants and soldiers – that thrive on criminal economies. Alongside these home-grown groups are Colombian guerrillas who alternately support the armed forces or mining sindicatos. Owing to the surging value of gold, violent clashes are common in wildcat prospecting areas across the country's southern flank. Throw in criminal violence associated with land-grabbing and predatory resource exploitation, plus the devastating impact of the pandemic on lives and livelihoods, and you have a trifecta of miseries hastening Venezuelan out-migration.

The international community is scrambling to respond to the twin crises of displacement and climate change. UNHCR, the International Organization for Migration (IOM) and the European Union are working with governments across the region to provide food and shelter to displaced Venezuelans. This includes improving conditions in receiving countries, providing information on services, supporting newcomers with documentation and fighting mounting discrimination and xenophobia from host communities. These same aid agencies are also mounting border operations to disrupt the trafficking and exploitation of people, including minors and unaccompanied children.

Backed by governments, UNHCR is supporting registration measures in Brazil, Colombia, Ecuador and Peru, as well as Aruba, Costa Rica, Curacao, Guyana, Panama and Trinidad and Tobago. Many of these countries have experienced spectacular growth in refugee claimants, putting tremendous pressure on local services and straining local hospitality. The burden has fallen disproportionately on Colombia, a refuge for one in three displaced Venezuelans in Latin America, where the torrent of refugees has been received with a modicum of official aid and promises of Covid vaccines, but also rising xenophobia. Responding to the displacement crisis is growing more challenging by the day, whether because of competing geopolitical and domestic emergencies in the wake of Covid-19 or deteriorating food security due to climate change.

It does not help that the Venezuelan government has demonstrated limited ability or willingness to respond to the climate crisis. With some of the world's largest oil and gas reserves, Venezuela's ruling elite have little incentive to abide by rules that would restrict production. Add to that the comparatively limited awareness of – or interest in – the core threats of climate change, such as increasing temperatures, rising coastal waters and melting glaciers. Despite their existential portent, such vital topics rate scant mention by public authorities or in the education system. The government has also shut down or scaled back agencies tasked with carrying out environmental policy. The authorities have issued only two communications on emissions since the 1990s: one in 2005, based on data from 1999, and another in 2017, with data from 2010.

In the face of a growing outcry over domestic environmental crime, the Maduro administration launched a crackdown in 2018 called, suggestively, 'Manos de Metal' ('Metal Fist'). Yet just a handful of people have been arrested in connection with illegal mining. That may be because many of the major players are government officials, who are deeply implicated in extracting rents from illegal deforestation and mining. Instead, they have gradually closed down reporting, including indicators of environmental health. After all, why bother about a problem that no one sees?

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Pollution in Lake Maracaibo. Credit: Wilfredorrh

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