

Now and the Future

Gender Equality, Peace and Security in a COVID-19 World

Colombia



1. Introduction

This report is part of the global 'Call to Action: Now and the Future, COVID-19 and Gender Equality, Global Peace and Security' project with Gender Action for Peace and Security (GAPS). The project is supported by the UK government's Conflict, Security and Stabilisation Fund (CSSF) and was researched and developed by GENFAMI, a Colombian women's rights organisation (WRO), and supported by CARE International Colombia. The report assesses the impact of COVID-19 on women and girls in Colombia, highlights the needs of women, girls and the LGBTI community during the COVID-19 pandemic, and prioritises actions to address them.

In Colombia, a very high percentage of women, adolescents and girls face challenges such as inequality, poverty, a lack of opportunities, and a patriarchal society that normalises gender stereotypes. These gender inequities exacerbate the existing risks to human rights, which include: 1) the long history of armed conflict in this country; 2) the increase of mixed migration flows from Venezuela, which is considered one of the greatest migration flows in the world (; and 3) the impact of the pandemic on public health, the country economy, access to services (particularly the sexual and reproductive health), and also the rise of gender-based violence (GBV).

The incidence and prevalence of GBV has been remarkably high in Colombia before the pandemic. In a context where the armed conflict has increased violence against women and girls (VAWG), GBV remains widely underreported.

COVID-19 and its knock-on effects have led to an increase in different forms of GBV, including human trafficking and sexual exploitation. During the lockdown, fewer investigations and court procedures were conducted as Colombia's institutions focused on the emergency response to COVID-19, which did not prioritise addressing GBV. The closure of commercial establishments such as bars and clubs, due to COVID-19 lockdowns, resulted in victims and survivors being exploited in private spaces (including homes) and the proliferation of sexual exploitation in virtual spaces.¹ A major concern in Colombia is the threatening and killing of women who are active civil society leaders and human rights defenders; during the pandemic, threats and violence against women activists have continued.

¹ Anfitti, Miranda y Ramírez (2020) Características de la trata de personas en contextos humanitarios en América del Sur. OIM. Oficina Regional-R4V-Buenos Aires (en prensa).

Colombia currently hosts more than 1.7 million Venezuelans, of whom at least one million do not have the required documentation to legalise their stay,² constituting the largest number of Venezuelans migrants worldwide. Migration has multi-dimensional effects both on refugees and migrants, as well as on host communities, especially in a country with pronounced inequalities.³ Venezuelan nationals face multiple risks during the process of transit and on arrival at their destination (including risks of exploitation and abuse) which are exacerbated by lack of documentation, and sexual violence against Venezuelan children and adolescents. Refugees and migrants from Venezuela also face multiple unmet needs related to SRH and barriers to accessing healthcare due to their migration status. CARE's 'Rapid Gender Analysis (RGA) of the Impact of COVID-19 on Latin America and the Caribbean' (2020)⁴ highlights the disproportionate impact of the COVID-19 crisis on refugees and migrants and specifically on women and girls.

Colombia has developed a broad legal framework related to women, peace, and security (WPS) issues, which includes a commitment to human rights through the ratification of international treaties and normative instruments. The government has also developed policies, programmes and projects that seek to respond to the country's needs in relation to WPS and COVID-19. Despite these steps, there is a gap between paper and practice. There is inadequate action to guarantee: lives free from violence; gender equity, peace and security for the population; and safe and protective environments.

In response to these challenges, GENFAMI, supported by CARE, spearheaded this research involving 20 civil society organisations (CSOs).

² Migración Colombia 'Venezolanos en Colombia'

³ World Bank (2018) 'Migración desde Venezuela a Colombia' Page 90: 'El diseño de políticas diferenciadas para poblaciones vulnerables será clave para asegurar que las vulnerabilidades de los migrantes no se conviertan en trampas de pobreza y marginalización'.

⁴ CARE (2020) 'An Unequal Emergency: CARE Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela'

2. Recommendations

2.1. Recommendation 1: Ensure access to sexual and reproductive health (SRH) services

Guarantee access to SRH services for women and adolescent girls in Colombia (with a special focus on migrants and refugees, host communities, indigenous women, and women in rural areas), through health services adapted to their specific situation and needs and ensuring sufficient coverage and quality. Develop information, education and communication strategies that help women and girls understand the Colombian health system, how to access services and how to exercise their rights; and strengthen safety conditions in areas affected by armed conflict.

2.2. Recommendation 2: Ensure comprehensive prevention of violence against women, adolescents and girls

Strengthen general, specific and targeted measures for the prevention of all forms of violence that affect women, adolescents and girls, transforming the social determinants that cause and maintain them. This involves developing strategies at the individual, family, community, social and institutional level to prevent and mitigate risks for highly vulnerable girls, adolescents and women (victims of armed conflict, refugees and migrants, and indigenous, Afro-Colombian and LGBTI populations). It is important to apply gender, differential, intersectional and intercultural approaches that address the specific protection needs of diverse population groups.

2.3. Recommendation 3: Enact a comprehensive protection response

Develop timely, effective, comprehensive response mechanisms to protect women, adolescents and children against all forms of violence that affect their dignity and physical and sexual integrity; and ensure the exercise of rights, the access to comprehensive justice, security and protection, and health services, with an intersectional, intercultural and inter-institutional approach.

2.4. Recommendation 4: Provide comprehensive services for populations at high risk in emergency settings

Strengthen comprehensive emergency responses to ensure access to humanitarian aid for the populations at higher risk in emergency in Colombia with a gender-sensitive approach that guarantees the exercise of the rights of women and girls. In affected areas with a weak institutional capacity, lack of public services and insufficient levels of preparedness and response capacities, pre-existing vulnerabilities tend to be exacerbated during emergencies.

2.5. Recommendation 5: Support gender-sensitive knowledge management and research

Promote research and knowledge generation and management to enhance evidence-based public policies related to topics such as: prevention of, and response to, all forms of violence against women, adolescents and girls; SRH; and psychosocial support and mental health – particularly in emergency contexts applying a differential, multi-ethnic and intersectional approach, and considering the current situation caused by COVID-19.

2.6. Recommendation 6: Support women to strengthen their livelihoods

Position women at the centre of public policies aimed at the country's economic recovery, involving them in building responses through initiatives to strengthen their autonomy and rebuild their livelihoods, prioritising the most vulnerable populations. Specific actions could include support to entrepreneurship and multi-purpose cash and voucher strategies for women's livelihoods to reduce dependency on spouses and male family members, financial vulnerabilities and gender inequality.

2.7. Recommendation 7: Ensure meaningful participation of women and girls in social and political spaces

Support the formulation of policies that promote women's equitable participation in all spheres of life and address factors related to labour legislation and access to decent work. Labour legislation should aim to close inequality gaps at local and regional levels by: protecting women's rights; promoting flexible schedules and the involvement of their support networks; and supporting women to strengthen capacity and be empowered on topics related to SRH rights and services, labour law and economic rights. Ensure the safety and protection of female community leaders, activists and human rights defenders.'

3. Background

“Violence against women is ancient. In society, women are harmed to harm the collective. It is essential that we are supported as a society to heal the wounds we have as a collective, resulting from the damage that has been done to women.”

Representative of the National Organization of Indigenous People in Colombia (ONIC)

This report is based on an analysis of key documents related to the regulatory framework as well as public policies developed by different government programmes, studies and research conducted in the country, systematic analysis of the organisation’s experience of working in affected communities, and interviews with key stakeholders from CSOs and international humanitarian aid organisations, conducted with an intersectional focus. All participating organisations serve women, girls, refugees and migrants, indigenous communities, survivors of sexual exploitation, human trafficking and GBV, as well as victims/survivors of the armed conflict. They all shared their valuable views and contributions. We extend our special thanks to all participating individuals and organisations.

Country context

Analysing the situation of women, adolescents and children in Colombia (both Colombian nationals and Venezuelan refugees and migrants) requires an understanding of the economic, political and social context. Women, adolescents, girls and LGBTI individuals face problems such as inequality, poverty and lack of opportunities, and a patriarchal society that normalises gender stereotypes that harm women, adolescents and girls. These gender inequities exacerbate the existing risks to peace and security related to the armed conflict that has affected the country for decades, and the Venezuelan migration, which in recent years has been one of the most significant humanitarian crises in the world.

Colombia has 48,258,494 inhabitants, of which 51 per cent are women. It has a relatively young population, with 64 per cent aged 15 to 59 and 22 per cent being children and adolescents. More than one-third of Colombians (36 per cent) live in poverty and 10 per cent in extreme poverty, with higher poverty rates in rural areas. Nearly four in ten (38 per cent) of women-headed households live in poverty, compared to 34 per cent of households headed by men affected by poverty. Seven per cent of the population identifies as living with a disability.

Colombia has a broad legal framework related to women’s rights, peace and security WPS, which includes commitment to human rights by ratifying international treaties and instruments. These include: The International Convention on the Rights of the Child (CRC); the Convention on the Rights of Persons with Disabilities (CRPD); and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its jurisprudence and other conventions relevant to the WPS international law framework. These include the UN Security Council Resolution 1325 and relevant security council resolutions, which contain the normative WPS agenda.

Colombia decided to institutionalise or mainstream women's human rights issues into its broader laws, rather than having a standalone NAP.⁵ However, some women's peace groups and civil society actors are advocating for a NAP that builds on the 2016 peace agreement between the Revolutionary Armed Forces of Colombia (FARC-EP), one of the main non-state armed actors in Colombia's armed conflict, and the Colombian government. The peace agreement, finalised after a half-century of conflict, is recognised as having gender sensitive language and being one of the most inclusive peace agreements in recent history.⁶

The government developed policies, programmes and projects that seek to respond to the country's needs in relation to WPS and COVID-19.

Colombian armed conflict

In 2016, the government and FARC-EP signed a peace agreement. Although this was a milestone for the country's peace and security, its implementation has progressed slowly. The new, post-peace agreement context is shaped by multiple armed groups including FARC-EP dissidents and emerging criminal bands fighting for the control of territories occupied by the FARC-EP. Forced displacement, confinement and mobility restrictions continue to affect civilians throughout the country.

A major WPS issue in Colombia, raised by CSOs, remains the killing and threatening of civil society leaders and human rights defenders and their families, especially women and individuals from marginalised communities and groups. These killings have increased since the signing of the peace agreement. Data collected by CSOs, the UN and the government diverges, making it impossible to specify the scale of the problem. Numbers currently being used in reports on murders of activists in Colombia in 2020 highlight inconsistencies in data on the issue. According to media reports,⁷ the CSO Indepaz counted 251 civil society leaders killed in 2020, while the UN Office of the High Commissioner for Human Rights (OHCHR) recorded 49 murders so far this year, and the national Ombudsman's Office records 139 cases as of September 2020. The discrepancies in the data result from the different methodologies used and demonstrate the fragmentation of protection and security systems in Colombia, hampering citizens' and residents' right to political participation.

Likewise, in a context where armed conflict and forced displacement increased VAWG, it remains widely underreported due to the challenges around reporting. According to the National Center for Historical Memory (NCHM), as of September 20th 2017, 92 per cent of a total of 15,076 victims of crimes against sexual freedom and integrity were girls, adolescents and adult women.⁸ Sexual violence has been widespread in the context of armed conflict for decades, and the NCHM records two periods during which GBV has peaked: from 2000

⁵ See: Jacevic, M. (2019) *WPS, States, and the National Action Plans*, Page 274

⁶ See: Norwegian Centre for Conflict Resolution (2017) '[Towards an inclusive peace: women and the gender approach in the Colombian peace process](#)'

⁷ '[Over 250 leaders killed this year, Indepaz](#)', El Tiempo, November 8, 2020

⁸ Centro Nacional de Memoria Histórica (2017) 'La guerra inscrita en el cuerpo. Informe nacional de violencia sexual en el conflicto armado'. Bogotá: CNMH; Centro Nacional de Memoria Histórica (2018) 'Memoria histórica con víctimas de violencia sexual: aproximación conceptual y metodológica'. Bogotá: CNMH

to 2005, a period marked by paramilitary onslaught; and with the uptake in activity of post-demobilisation armed groups, as well as the FARC-EP regrouping, between 2011 and 2014.⁹

According to Sisma Mujer (2020),¹⁰ in 2019 in Colombia a woman was killed by her partner or ex-partner every three days, at least one woman was assaulted by her partner or ex-partner every 13 minutes, and at least one woman was sexually assaulted every 24 minutes. Data on adolescent girls and boys published by the National Institute of Legal Medicine and Forensic Sciences (2019)¹¹ shows that of the 21,500 expert examinations of sexual offence in the last five years, on average, between 83 per cent and 86 per cent are cases of violence against children and adolescents, and of these, 85 per cent are cases of violence against girls. According to this data, in most cases, survivors are aged 10 to 14, followed by the group aged five to nine.

Venezuelan migratory crisis

Colombia hosts the largest number of refugee and migrant Venezuelans worldwide, which stretches the capacity of the Colombian state to address the critical needs both of Venezuelans and Colombians. Migration has had multidimensional effects both on refugees and migrants, as well as on host communities in a country showing extreme levels of vulnerability, as highlighted in a 2018 World Bank report on the Venezuelan crisis and its effects in Colombia.¹²

According to data from Migración Colombia,¹³ of the more than 1.7 million Venezuelans in Colombia, at least one million do not have the required documentation to stay in the country. This hampers their access to health, education, financial services and legal work opportunities, among others. Venezuelan nationals face multiple risks in transit and on arrival at their destination, as many use unofficial border crossings which expose them to risks of exploitation and abuse.

Women, adolescents and girls, as well as LGBTI people, are particularly at risk of GBV, and migrants in an irregular situation in Colombia often cannot access specific support services due to lack of knowledge, mistrust or out of fear of being deported.

A study conducted by Profamilia (2020),¹⁴ which analysed the conditions of refugees and migrants from Venezuela found that the migrant population has multiple unmet needs related to SRH, barriers to accessing healthcare due to their migration status, lack of accessible information about available services, and discrimination in Colombia. Those with irregular legal status are further impacted by multiple risks than those who have gained legal status, who have better access to health, education and employment.

⁹ Centro Nacional de Memoria Histórica (2017) 'La guerra inscrita en el cuerpo. Informe nacional de violencia sexual en el conflicto armado'. Bogotá: CNMH; Centro Nacional de Memoria Histórica (2018) 'Memoria histórica con víctimas de violencia sexual: aproximación conceptual y metodológica'. Bogotá: CNMH

¹⁰ Corporación Sisma Mujer (2020) 'Comportamiento de las violencias contra las mujeres en el marco de la pandemia del COVID-19 en Colombia' (Boletín N°1)

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¹² World Bank (2018) *Migración desde Venezuela a Colombia*

¹³ Migración Colombia: *Venezolanos en Colombia*

¹⁴ Sánchez, S., Rivera-Montero, D., Murad, R., Castaño, L., Royo, M., Rivillas, J., Asociación Profamilia. (2020): *Informe 4. Salud sexual y salud reproductiva desatendidas durante la cuarentena en Colombia.*

The impact of COVID-19

All participants agreed that women and girls in Colombia are most exposed to human rights violations and that the impact of COVID-19 has magnified this at individual, family, community and institutional level. The compounding effects of COVID-19 have been felt at economic levels, as well as on the education and health (including mental health and psychosocial wellbeing) of the wider population, and in particular women and girls.

The pandemic has impacted public health, the country economy and has also exacerbated pre-existing challenges for women and girls, such as insufficient access to SRH services, and exposure to GBV.

The Urban Mixed Migration: Bogota Case Study (2020)¹⁵ shows that in the capital the main effects of the pandemic both on Venezuelan refugees and migrants and Colombians affected by the armed conflict are: 1) reduced safety due to a rise in crimes such as theft; 2) an exponential increase in incidents of GBV including domestic violence; 3) a sustained increase in labour exploitation; 4) increased risks of other crimes such as extortion and bribery; 5) a higher likelihood of deportation for Venezuelans; and 6) a significant increase of the risk of sexual exploitation, among others. These risks are not exclusive to the capital city, but are widespread in other cities, where other risks are also present.

As CARE's RGA of COVID-19 in the Latin American region (2020)¹⁶ emphasises, it is important to highlight the crisis and its effects on the lives of refugees and migrants in countries such as Colombia, Ecuador, Peru and Venezuela, especially women and girls. Changes in household dynamics include an increase in intimate partner violence (IPV) and unpaid care work in homes, which negatively impacts women's and girls' emotional and physical health.

COVID-19 and its knock-on effects have also led to an increase in human trafficking. Traffickers are changing the dynamics, processes and modes of recruitment, as criminal organisations have taken advantage of lockdown measures. Trafficking networks 'offered' accommodation to vulnerable women and girls in migration condition during movement restrictions with the objective of exploiting them sexually either through digital GBV (using web cameras) or sending women and girls directly to private homes.

Also, during the lockdown, although the call to emergency services (mostly related to all forms of violence against women and children) increased, the formal denouncements of GBV decreased.

¹⁵ Mixed Migration Centre (MMC) (2020) 'Urban Mixed Migration: Bogota Case Study'

¹⁶ CARE (2020) 'An Unequal Emergency: CARE Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela'

In addition, it is possible that mechanisms for identifying and supporting trafficking victims, not only nationals but also foreigners, were weakened. The closure of commercial establishments, such as bars and clubs, resulted in victims being exploited in private spaces, which are harder for authorities to reach.

For Colombian victims and survivors of international trafficking who wanted to repatriate, restrictions on mobility and entry into the country posed a significant problem, since the ban on international commercial flights affected the institution's capacities to bring them back to their places of origin and returns of survivors have been more difficult since it is not always possible to coordinate with the corresponding authorities.¹⁷

¹⁷ Anfitti, Miranda y Ramírez (2020) Características de la trata de personas en contextos humanitarios en América del Sur. OIM. Oficina Regional-R4V-Buenos Aires (en prensa).

3. Recommendations and Evidence

3.1. Recommendation 1:

Ensure access to sexual and reproductive health (SRH) services

Guarantee access to SRH services¹⁸ for women and adolescent girls in Colombia (with a special focus on migrants and refugees, host communities, indigenous women and girls, and women and girls in rural areas), through health services adapted to their specific situation and needs and ensuring sufficient coverage and quality. Develop information, education and communication strategies that help women and girls understand the Colombian health system, how to access services and how to exercise their rights; and strengthen safety conditions in areas affected by armed conflict.

Evidence:

Preventive quarantine measures decreed by the Colombian government were one of the longest in the LAC region. This resulted in a significant increase of barriers to access health services, especially in rural areas. Due to mobility restrictions girls, adolescents and women suffered more than any other groups regarding access to healthcare. For indigenous and other ethnic groups, access to health services was severely impacted, as they live far away from health service providers. Additionally, in some conflict-affected areas, territorial control has been exerted by armed actor groups, restricting the mobility of populations in those areas and their access to humanitarian support. Refugees and migrants with irregular status only have access to emergency health services, while access to specific health services is covered and partially supported by NGOs and international cooperation agencies.

COVID-19 has severely affected access to health services. Telemedicine is hampered by access to technology and cannot be used to provide specific services. For instance, Pap smear tests (screening for cancer or pre-cancer in the cervix), orientation on family planning, or infectious diseases testing cannot be conducted remotely. There were many limitations in the delivery of medicines. Women in vulnerable situations do not have the required technology to get electronic prescriptions for medicines. Also, access to technologies is a barrier for older or rural women and others from vulnerable communities, without the education or money that make telemedicine useable. There should be new mechanisms to deliver medicines that meet the healthcare priorities of different groups according to their needs.

¹⁸ Sexual and Reproductive Health: contraception, maternal health, pregnancy and childbirth care, voluntary interruptions of pregnancies, sexually transmitted infections including HIV, teenage pregnancies.

During the confinement period only some essential health services were available in person. In rural areas, the above-mentioned security restrictions severely affected the provision of SRH services. Also, during lockdown, women and female adolescents did not have access to contraception measures and pregnancies increased, as did STIs like syphilis and HIV.

One of the organisations reported that, in some communities, women and adolescents faced significant difficulties in accessing voluntary termination of pregnancy (VTP). During lockdown, the number of women seeking VTP services increased and alarmingly, on average, women requesting this service were younger than usual.

The organizations expressed their concern about migrants with irregular status, who faced significant barriers to accessing SRH and other health services. 'For these people, Colombia only covers emergency services, and it is only through international cooperation programmes and NGOs that they can access some health services. There are unmet needs related to maternal health, such as lack of ante-natal services where the pandemic had spread, as well as difficulties accessing hygiene or dignity kits.

Migrants who move frequently between Colombia and Venezuela across the border (pendular migration) to receive SRH services, including termination of pregnancies, cannot do so anymore and therefore, their access to SRH services was significantly affected.

Indigenous women and girls do not seek SRH services as they lack knowledge on their rights and available services. This must be addressed through an intersectional, culturally responsive approach that respects the social norms affecting indigenous women and girls. Another challenge is that SRH services are often located far away from indigenous communities, whose locations are difficult to access; with COVID-19, even contraception services were reduced, as professionals could not move, and service costs increased.

SRH barriers and armed conflict are directly linked. In some areas, non-state armed groups control women's and girls' decisions and prohibit them from accessing VTP services. Some organisations report that refugees and migrants in transit in those territories could not access SRH services because of the control of armed groups. Access to second-tier health services is restricted in these conflict zones.

3.2. Recommendation 2:

Ensure comprehensive prevention of violence against women, adolescents and girls

Strengthen general, specific and targeted measures for the prevention of all forms of violence that affect women, adolescents and girls, transforming the social determinants that cause and maintain them. This involves developing strategies at the individual, family, community, social and institutional level to prevent and mitigate risks for highly vulnerable girls, adolescents and women (victims of armed conflict, refugees and migrants, and indigenous, Afro-Colombian and LGBTI populations). It is important to apply gender, differential, intersectional and intercultural approaches that address the specific protection needs of diverse population groups.

Evidence:

According to Legal Medicine, every 23 minutes a woman is a victim of some form of GBV in Colombia. In the last five years, the justice system has registered an average of 21,500 reports of sexual crimes each year. Of the victims, 85 per cent were female, and among them 85 per cent were girls and adolescents, with the highest incidence of cases in girls between 10 and 14 years, followed by cases of girls between five and nine years. Among the remaining 15 per cent of male cases, only one per cent, were adults.¹⁹

Compared to adults, adolescents (age 10 and above) face increased risks of sexual exploitation, human trafficking for sexual exploitation, early unions and marriages and early pregnancies. GBV against girls, female adolescents and women is based on symbolic and structural violence related to sex and gender, rooted in cultural beliefs and practices. Despite the cultural diversity in Colombia, these beliefs and practices have common manifestations: asymmetric power relations, early sexualization, objectification of bodies, sexual abuse, harassment, and the different forms of violence that put the integrity of women, adolescents and girls at risk.

Sexual violence is highest among ethnic minority populations, victims of armed conflict, persons with disabilities, refugees and migrants. In certain geographical areas and social conditions, the risk of GBV is higher. Such risks are particularly high in situations of multidimensional poverty, areas affected by public security problems associated with the armed conflict, areas with high human mobility, touristic areas, and mining extraction areas.²⁰

In this regard, the organisations stated that prevention actions at the local level are insufficient and recommend strengthening comprehensive GBV prevention policies, programmes and projects that address structural social norms and social determinants and apply localised and intersectional approaches to respond to the needs of the general population as well as

¹⁹ SIVIGE y FORENSIS 2020

²⁰ Procuraduría General de la Nación, Directiva: Cumplimiento de la garantía de los derechos de niños, niñas, adolescentes frente a todas las formas de violencia en razón de género, especialmente violencias sexuales, y la eliminación del matrimonio y las uniones tempranas, en especial a quienes se encuentran en mayor situación de vulnerabilidad. Dic 2020

populations at greatest risk. At the same time, they highlighted the need to develop urgent actions to support adolescents and girls who face risks related to abandoning education, a breakdown of social networks, and difficulties accessing information about their rights, leaving them without the protection against violence that education, social networks and information about rights can provide.

Within the context of the pandemic and lockdowns, non-state armed actors have tightened their control over certain territories, increasing risks of sexual violence. In these areas, it is currently not possible to develop actions to support social participation, protection and peer-to-peer support, and promote the realisation of rights as prevention strategies; the development of alternative strategies to reach the population with information and services are thus required.

Participants discussed how the context of COVID-19 affected rural, indigenous and Afro-Colombian populations, where pre-existing gender inequities were exacerbated by the pandemic. Women and girls from these communities are more likely to: return to situations where they are under patterns of control by their partners; face loss of livelihoods; or be unable to contact women's and girls' social networks, CSOs or government services.

Regarding GBV risks for migrants and refugees, the organisations surveyed suggested strengthening prevention processes for refugee and migrant populations to consolidate their knowledge around their rights and how to exercise them. They also proposed the development of comprehensive, focalised strategies to prevent the risk of sexual exploitation and human trafficking.

Organisations working in refugee and migration contexts drew attention to the increase in early unions and child, early and forced marriages between Venezuelan girls and adult Colombian men. There is a need for mechanisms among for vulnerable communities to prevent this phenomenon.

Concerns are unanimous about the increased risk of GBV in digital settings, which manifests in: risks of online sexual abuse against children and adolescents; recruitment for sexual exploitation; and abuse in the online sex industries (particularly with a proliferation of webcam sexual exploitation businesses that have multiplied during the pandemic). Organisations report an elevated risk among populations in extreme economic conditions that may drive parents to accept the sexual exploitation of their children, despite its serious impact on the lives of children and adolescents. Targeted gender-focused intervention strategies are required that address online sexual exploitation within family settings where they happen and actively involve parents, who often know about the practices.

3.3. Recommendation 3:

Enact comprehensive protection response

Develop timely, effective, comprehensive response mechanisms to protect women, adolescents and children against all forms of violence that affect their dignity and physical and sexual integrity; and ensure the exercise of rights, the access to comprehensive justice, security and protection, and health services, with an intersectional, intercultural and inter-institutional approach.

Evidence:

Colombia has strengthened inter-sectoral mechanisms to respond to GBV in 714 of the 1,102 municipalities of the country and has designed guidelines and protocols for the care and protection of victims of GBV. However, those efforts are insufficient to face the pandemic. There is a gap between the legal framework, public policies and action on the ground. This is because: 1) there is not enough coverage of services in isolated, rural zones and areas affected by the armed conflict or black-market trade/illegal economies; 2) the communities at higher risk don't know how to access services, are not aware of their rights, and do not identify GBV due to lack of awareness; and 3) there is a lack of quality services and protection teams with specific training in a survivors' rights approach to addressing GBV.

In that sense, participant organisations consider it important to strengthen the monitoring and evaluation tools, and follow-up processes of service provision for protecting GBV victims and survivors, especially in the context of armed conflict.²¹

CSOs working with victims of armed conflict describe how mutual support and social peer networks have been part of their leadership approach. These 'informal' networks are often the only psychosocial support mechanism available in these regions to deal with the impacts of the atrocities suffered, as the actions proposed in existing policy frameworks and state programmes do not reach them, in particular those in remote areas.

Afro-Colombian women's organisations working across the country, in particular in the Pacific regions, draw attention to the need to improve state presence and protection in their territories. These regions, which are heavily affected by armed conflict, are among the most dangerous contexts for women and girls. Women have suffered GBV as a barrier to access participation in society, and risk their physical integrity when they have assumed leadership roles in the community.

In the border areas, many Venezuelan refugees and migrants were trying to return when lockdowns were imposed, which resulted in large crowds of people gathering in border towns. As borders were closed, they tried to pass through irregular crossings. National institutions, women's and humanitarian aid organisations working in the areas highlighted the increased risk of sexual violence, mainly of women and adolescents. Verbal reports were received of victims of sexual violence during transit, and around risks of recruitment for trafficking and sexual exploitation.

²¹ Auto 092/2008 Constitutional Court

The number of Venezuelan migrants and refugees entering the country after the lockdown has risen again and is projected to peak in the next months, adding to the challenges in host communities and places of transit already impacted by the pandemic. Elevated discrimination and xenophobia against women migrants and refugees has been reported.

Comprehensive protection programmes for refugee and migrant children and adolescents are required with an approach tailored to their needs and rights, as their irregular status exposes them to greater risk of sexual violence, human trafficking and sexual exploitation.

The virtualisation of many aspects of life during the pandemic appears to have eased certain forms of GBV perpetrated against women and girls, like sexual exploitation and human trafficking, particularly in contexts of mixed migration. The pandemic led to changes in trafficking methods and recruitment. Many daily activities have become virtual to prevent mass contagion; the use of technology and social media is an opportunity for criminals who have increased the recruitment of victims through these social networks. It allows traffickers to hide identities and increase outreach. Trafficking networks and criminal organisations offered accommodation to vulnerable migrant and refugee women during lockdowns, by sexually exploiting them via webcam.

It is important to continue implementing measurements to strengthen support and comprehensive protection mechanisms for survivors, to guarantee that they can access referral pathways and redress, with a survivor-centred protection approach.

3.4. Recommendation 4:

Provide comprehensive response for populations at high risk in emergency settings

Strengthen comprehensive emergency responses to ensure access to humanitarian aid for populations at high risk²² in Colombia with a gender-sensitive approach that guarantees the exercise of the rights of women and girls, especially in affected zones with a weak institutional capacity, lack of public services, and insufficient levels of preparedness and response capacities.

Evidence:

Colombia has unequal living conditions across the country, with extreme social and economic disparities between urban centres and rural municipalities. The institutional capacity is insufficient in remote regions. Its geography, diverse topography and geological set-up expose the country to recurrent natural hazards. Furthermore, Colombia has been facing a complex man-made disaster: armed conflict, forced internal displacement, COVID-19 confinement and the recent mixed migration flows from Venezuela.

As a secondary effect of COVID-19, the lockdowns caused barriers to accessing basic services, disrupting attention to survivors of GBV. To counter this effect, many organisations proposed to increase coverage through remote services to ensure early identification of GBV victims to activate adequate protection healthcare and justice response.

Medical personnel who were assigned to provide SRH services have been reassigned to care for COVID-19 patients and this has led to problems in the local availability of health services in various regions of the country.

To facilitate work with indigenous communities, there is a need to strengthen participatory mechanisms to incorporate the intercultural and gender-sensitive approach from their perspective. Indigenous organisations observed a lack of coordination and participation to identify those most urgently in need of help: ‘Here it was not prioritised correctly, and aid reached the same parties several times’.

Organisations highlighted the importance of comprehensive support for GBV survivors, such as women’s shelters and specific support for families of survivors, that addresses the impacts of the different types of GBV which have surged during the pandemic.

There is a need for prevention strategies and psychosocial support to preserve the wellbeing of emergency response teams and frontline personnel. Considering the gendered impact of the pandemic, specialized and comprehensive services should be available for all response teams. These initiatives would ensure the provision of comprehensive care to the population affected by the emergency.

There is also a need for continuous, quality training of emergency response teams and frontline personnel to ensure timely service delivery, implementation of rights-based approaches, and delivery using do-no-harm principles.

There is also a need to train health teams on: detecting and identifying GBV survivors, including risk and protection factors; relevant normative and rights frameworks including the Women Peace and Security agenda; and comprehensive care and protection of populations from sexual violence, sexual exploitation and trafficking in emergency contexts.

There is a need to strengthen family reunification actions and create conditions preventing family separations during mixed migration processes. CSOs also emphasised how adolescents and children in conflict-affected populations and from refugee and migrant families with irregular status are at risk of recruitment by non-state armed groups. Girls and adolescents are more likely to be exploited victims of GBV.

3.5. Recommendation 5:

Develop gender-sensitive knowledge management and research

Promote research and knowledge generation and management to enhance evidence-based public policies related to topics such as: prevention and response to all forms of violence against women, adolescents and girls; sexual and reproductive health; and psychosocial support and mental health – particularly in emergency contexts applying a differential, multi-ethnic and intersectional approach, and considering the current situation caused by COVID-19.

Evidence:

Colombia has made a great effort to record information on violations of the rights of women, adolescents, children and populations at particular risk and need. However, organisations identified a lack of timely and available data as hindering decision-making to support their needs.

State institutions must change attitudes and policy so that they focus on the common good and society. Some participants outlined the need to have easily accessible, user-friendly information systems that can inform strategies.

Data is generally not sufficiently disaggregated or is not based on relevant categories and analysis factors. There is also no continuity of data to analyse trends and data from different sources which may be contradictory to each other. There is progress in some state agencies whilst in others this challenge persists.

Participants reiterate that there is a need for the production, systematisation and consolidation of information on specific topics such as GBV, SRHR, Mental Health and Psychosocial Support (MHPS), registration and documentation of migrants and refugees, and violations of the rights of adolescents, girls and boys. It is important that competent institutions produce reliable, accurate and valid data.

There is a need for studies and research to identify the prevalent social norms that perpetuate gender inequality, with a territorial and intercultural approach, to design strategies for care, prevention and protection against all forms of violence especially GBV.

There is a need to design and implement a mechanism to assess and monitor reparations and care for victims of GBV in general, and survivors of GBV in the context of armed conflict in Colombia.

There is an urgent need for models of impact assessment and monitoring of public policies to generate a culture of evaluation.

This requires designing and validating comprehensive care protocols that ensures effective case management, follow-up and intervention.

To determine the impact of the pandemic, more data collection is needed on gender inequality including SRH services, women's and girls' multiple roles, and focusing on specific populations such as Afro-descent Colombians, indigenous people, LGBTI, and refugees and migrants.

Collaboration between civil society and government can help guarantee that data reflects different types of service provision and crisis interventions. Academic researchers should be included to create a consolidated body of knowledge on specific topics around GBV, SRH in armed conflict, and mixed migration etc. This knowledge should also contribute to the increased use of systematic reviews and meta-analyses to improve public policy.

3.6. Recommendation 6:

Support women to strengthen their livelihoods

Position women at the centre of public policies aimed at the country's economic recovery, involving them in building responses through initiatives to strengthen their autonomy and rebuild their livelihoods, prioritising the most vulnerable populations. Specific actions could include support to entrepreneurship and multi-purpose cash and voucher strategies for women's livelihoods to reduce dependency on spouses and male family members, financial vulnerabilities and gender inequality.

Evidence:

WROs reported that women lost their jobs and livelihoods because of the economic consequences of the pandemic – particularly women working in service industries like restaurants, hotels and tourism. Women in informal work were further affected by the extended quarantine, as jobs disappeared overnight. They now await the economic recovery or must find another job or informal business. Women in these sectors had precarious salaries even before the pandemic, which means that the impact is even greater. If previous incomes did not meet basic needs, during lockdown and post-lockdown, livelihood capacities are even lower. Searching for jobs and informal occupations has increased, and in some formal jobs, the working conditions are even more unstable or challenging than before the pandemic. Women doing essential jobs such as health and domestic work had to leave their homes and work in high-contact spaces, increasing their risk of contagion.

In addition to the loss of livelihoods, or remote work during the lockdown, women had to: stay at home all the time with their families; carry out increased household chores; take care of their children and their school responsibilities; and care for older relatives. This represents invisible and unpaid work.

Refugee and migrant women have been exposed to trafficking and migrant smuggling networks who commodified their bodies and sexually exploited them, which puts them at a high social, security and COVID-19 risk.

Women in precarious situations and poverty tend to be an easy prey to GBV where they are forced into prostitution or are sexually exploited in exchange for accommodation and food. Others are forced to generate an income through these types of exchanges, which they generally assume due to multiple uncovered needs and the lack of prevention and support programmes to build alternative ways to improve livelihoods. All of these are forms of sexual exploitation affecting the physical, sexual, and mental integrity of women and girls. These situations increase women's and their families' risks and vulnerabilities. Unfortunately, there are no official strategies to mitigate these risks, or programmes to care for and protect these women and girls. It is imperative to provide comprehensive prevention programmes that include initiatives for women's and their families' economic wellbeing and livelihoods.

CSOs unanimously raised the urgent need to support entrepreneurship initiatives and multi-purpose cash and voucher strategies for women, especially in communities with a high social and economic vulnerability and those who were GBV survivors.

3.7. Recommendation 7:

Ensure meaningful participation of women and girls in social and political spaces

Support the formulation of policies that promote women's equitable participation in all spheres of life and address factors related to labour legislation and access to decent work.

Labour legislation should aim to close inequality gaps at local and regional levels by: protecting women's rights; promoting flexible schedules and the involvement of their support networks; and supporting women to strengthen capacity and be empowered on topics related to SRH rights and services, labour law and economic rights. Ensure the safety and protection of female community leaders, activists and human rights defenders.

Evidence:

National and international support must be increased to women and adolescent girls to participate in decisions on SRH, community participation and politics. This requires open convening spaces at the national and local/territorial levels that allow women's engagement in political decision-making to ensure respect for rights. There is an urgent need to promote the participation of female victims of armed conflict, migrants and refugees, indigenous populations and women and girls living with disability as well as adolescents and girls, in advocacy spaces to help Colombia move towards gender equity and peace.

Access to technology has facilitated some women's participation except for contexts of limited connectivity and access to communication devices. The government and international community should increase the availability and access of technology for women and girls as well as training on how to use them.

Furthermore, the access to online safe spaces should be guaranteed considering the rise of different forms of online sexual violence during the pandemic.

Support to ensure long-term aid is needed, including the adaptation of best practice interventions to local contexts. These interventions should help to address and close the gendered inequality gaps which surfaced during the pandemic, particularly those affecting women, adolescents and girls – to enable equal access to education, dignified work and healthcare (including SRH services).

Finally, women leaders and human rights defenders face risks against their integrity and lives. Non-state armed groups have often used GBV to intimidate women, limit their participation in politics and society, and threaten their lives and the integrity of their families. Decisive action is needed to guarantee the security of these women leaders and their families.

4. Partners

CARE International is an international non-governmental organization founded in 1945 that is working in more than 90 countries around the globe. The organization has a dual mandate, working on poverty eradication and humanitarian assistance with a focus on the needs of women and girls. In Colombia, CARE has been working for many years, but has in 2019 established a legal presence and offices and programs in Bogota, in Norte de Santander and in Nariño. The focus has centered around the response to humanitarian needs of refugees and migrants, Colombian returnees and marginalized host community members, providing a package of sexual and reproductive health and protection services together with local partners and applying a unique women leaders in emergencies approach.

GENFAMI is a Colombian organization that was established in 2009. It is specialized in strengthening the capacities of services providers to effectively prevent and address GBV. GENFAMI has developed methodologies for capacity building of health and protection service providers, women, and men, around approaches to prevent GBV with women and men, respectively, supporting survivors of sexual violence, providing maternal health in emergency settings, and self-care for service providers and first responders. GENFAMI also has experience in policy, advocacy and research on national level in Colombia.

Gender Action for Peace and Security (GAPS) is the UK's Women, Peace and Security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote Women, Peace and Security (WPS), including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK Government to account on its international commitments to women and girls in conflict areas worldwide.

This is an independent report commissioned and funded by the Foreign, Commonwealth & Development Office.

This material has been funded by UK aid from the UK government, however, the views expressed do not necessarily reflect the UK government's official policies.

Funded by:



HM Government



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