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Abbreviations

CAI Immediate Attention Commands (for its acronym in Spanish), units of lesser jurisdiction of the

Colombian Police

CEDAW Convention on the Elimination of All Forms of Discrimination Against Women

CEPAL Economic Commission for Latin America and the Caribbean, for its acronym in Spanish

C&A Children and adolescents

DANE
National Statistics Management Department of Colombia, for its acronym in Spanish
Temporary Protection Statute for Venezuelans, granted by the Colombian government

GBVRA Gender-Based Violence Area of Responsibility

GIFMM Interagency Group on Mixed Migration Flows in Colombia, for its acronym in Spanish

GTRM Refugee and Migrant Working Group in Ecuador, for its acronym in Spanish

INE National Institute of Statistics (Venezuela), for its acronym in Spanish

INEC National Institute of Statistics and Census (Ecuador), for its acronym in Spanish

JNA Joint Needs Assessment

LGBTIQ+ Lesbian, gay, bisexual, trans, intersexual, queer and other diverse people

R4V Interagency Coordination Platform for Refugees and Migrants, for its acronym in Spanish

RGA Rapid Gender Analysis

RMRP The Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela

SRH Sexual and Reproductive Health

SRRH Sexual and Reproductive Health and Rights

VBG Gender-based Violence

WASH Water, Sanitation, and Hygiene

Executive Summary

Up to August (updated on August 5) of 2022, the total Venezuelan refugee and migrant population in the world reached 6,805,209. Of this population, 5,745,664 are distributed across Latin America and the Caribbean. In Colombia, this population amounts to 2,477,558, and, in Ecuador, to 502,214¹. The data above is underreported, since -according to R4V- most of the official records report only regular entries; yet if the number of Venezuelans in the region in an irregular situation is considered, the total number of migrant and refugee Venezuelans in the region would be higher than 6.81M.

In this general context, the results of the Subregional RGA of Colombia, Venezuela, and Ecuador reveal the absence of specific records of LGBTIQ+ people in national population statistics, thus they continue to be an invisible and underrepresented community, in particular cases such as the immigration context.

This RGA highlights the increased number of female heads of household, which brings a greater burden of responsibilities for women, but not necessarily greater enjoyment of rights, amid complex circumstances of running a family without sufficient income or access to resources. In this sense, female household headship involves more hours of unpaid care work for women. Women dedicate a great amount of their time to childcare and health care for relatives, as well as home cleaning, cooking, buying food and even making income to cover the expenses of the day. The surveys of Ecuador and Venezuela show that older adult women head 3.6% of households in Ecuador and 8.7% in Venezuela. On the other hand, LGBTIQ+ respondents indicated that unpaid household chores are distributed equally among the couple.

Decision-making at home about family activities and dynamics such as attending school, visiting relatives, buying or selling assets, deciding to bear a child, earning money, deciding to migrate, or seeking personal medical care, is in charge of women. Yet, many less women achieve economic autonomy than men do. Despite the difficulties identified, there are clear advances, such as the fact that women are in

Key findings

- The Venezuelan population, after the acute phases of COVID, both in their country and in Ecuador have faced not only a more difficult financial situation but also psychological and emotional effects that have not been addressed.
- The high risk of food insecurity for the Venezuelan population in general but especially for women in the three countries is an important warning to consider. Borrowing food, reducing portion sizes, and reducing the number of meals per day are the main coping mechanisms used by people short of cash for food. Strategies assumed mainly by women and children.
- Free access to reachable health centers, as well as to water sources, continue to be a priority to be addressed in Venezuela.
- Access to right and services is limited in all three countries due to the Venezuelan population's lack of proper documentation. This is compounded in Ecuador and Colombia by the increase of xenophobia and in Venezuela by the difficulties of mobility due to security issues and transport costs.
- The tasks of childcare and care for relatives with health needs continue to be permanent occupations of women.
- Informal employment is still the primary source of income for the migrant population to cover their basic needs. Occupations that are mostly carried out under conditions of labour exploitation and abuse.
- Humanitarian aid continues to be the most accessible form of assistance for the migrant and local population in need. However, not all have access to it, either due to ignorance or because attention hours are not convenient for women and girls.

¹ R4V Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela 2022. Recuperado el 23 de septiembre 2022. https://www.r4v.info/es/refugiadosymigrantes

charge of these decisions or that men and women, mainly in Colombia, distribute unpaid work almost equally. These could represent opportunities to promote and seek changes in traditional gender roles.

Informal employment and paid domestic work are the primary sources of income for the migrant population. This population also mentioned that after the most acute and critical phases of COVID-19, they have learned new trades to adapt to the context by supporting each other among family members. It is important to mention that these newly learned trades are generally directly related to socially assigned gender roles.

Half of the migrant population in Colombia and Ecuador does not earn more than the official minimum wage in such countries, which places them below the poverty line. However, since such income is much greater than what they would receive in their country, they continue to work for such income, regardless of the working conditions, including excessive working hours without extra pay, additional activities not agreed upon at the beginning, receiving ill-treatment -even violence-, all of which are acts of labor exploitation and abuse. Alternative sources of income continue to be forms of assistance received by humanitarian aid, the support of relatives, and, to a lesser extent, money loans, food sales, work as peddlers, reselling products, looking for non-food products given away, cleaning windshields on the streets, selling candy, begging, and performing sex work.

All the informants mentioned to know that women and girls are at greater risk of sexual and genderbased violence and that LGBTIQ+ people is exposed to discrimination, as well as sexual violence and rejection at work and when attending sexual health care services. The following are the main challenges faced by the displaced or affected population: Colombia, respondents mostly mentioned xenophobia, obstacles to obtaining employment and proper identification documents, human trafficking, and harassment; in Venezuela, the main challenge identified is the obstacles to receive documents and thus a job, followed by the difficulties associated with moving around the confrontation line. In Ecuador, the main challenges include getting a job, obtaining documents, and coping with the separation of families and xenophobia.

According to the people surveyed in the three countries, volume crime is the most recurrent conflict and, therefore, the primary source of insecurity in the territories. In the case of Ecuador, hitmen and drugrelated crimes were also mentioned, as these are severe conflicts that affect the insecurity of nationals and foreigners. In Venezuela and Ecuador, the police continue to be, in general terms, the leading actor respondents turn to most often for help when they have faced some type of violence. Although the answers between countries differ, in both, men turn to the police in higher percentages (Venezuela: 81% of men, compared to 69% of women; Ecuador: 64% of men and 52% of women). Colombia differs by having a friend as the first person respondents turn to most often for help in case of a criminal incident.

Access to health centers is enjoyed by most people surveyed. Those who cannot access explain this fact due to the lack of money to pay for medical care or the lack of health centers near their residing area. Regarding access to education, although it is relatively equitable for boys and girls, it is concerning that, in Venezuela and Ecuador, there are a significant number of boys and girls not attending school at all, as well as the fact that in many Ecuadorian homes only the boys attend to school, so that girls perform part of the housework.

Regarding access to water, Venezuelan respondents recognize that searching for water sources is a priority need. In Ecuador and Colombia, the population mentioned that the location of water is mostly safe and that water-collection takes less than 30 minutes.

Food security continues to be one of the main problems affecting the population in human mobility due to scarce financial resources to buy food. Within this population, a more significant percentage of women than men reduce the amount of food per day as a coping mechanism. The lack of access to a daily healthy diet reported by all the people surveyed raises again the alarm about their situation in the countries of this study.

The Venezuelan migrant population willing to settle in the country faces severe obstacles regarding access to adequate housing. Once again, the lack of income makes it difficult for them to rent an adequate space-let alone get one of their own-which is why overcrowding is frequent in places where migrants live.

Regarding participation processes and organizational membership, on the one hand, survey respondents several times mentioned participating or being members of an association or organization. Yet, we cannot account for their degree of effective participation. On the other hand, according to responses, many people in Venezuela belong to religious groups more than political or social ones.

The primary needs identified in Colombia are health care and food, with similar equivalencies between male and female respondents. In Ecuador, the main need identified by local women, migrant men and women, and LGBTIQ+ people-not mentioned above others only by local men-are livelihoods, followed by food, mentioned mostly by migrant men and women. Access to water is the second need most reported by local women and men. LGBTIQ+ people identified education as their second need. In Venezuela, surveyed men and women declared water to be their main need, followed by food for women and livelihoods and health care for men. LGBTIQ+ people in Venezuela mentioned education as their first need, followed by access to food.

Key recommendations

This joint report provides general recommendations applicable to the three countries and is complemented by recommendations made in previous RGAs as the circumstances that initially motivated them remain in force. Hence, this report is also a call to governments, humanitarian actors, international organizations, and donors to address—from a gender-sensitive perspective—the needs, priorities, and vulnerabilities of the Venezuelan population in their country and in conditions of human mobility in Colombia and Ecuador.

- Incorporate the gender-sensitive, protection, and inclusion approaches aligned with the principles to combat GBV and the humanitarian principles in all response sectors: comprehensive health rights and sexual and reproductive health; water, sanitation, and hygiene; accommodation and shelter; food and nutrition; livelihoods, protection, and participation.
- Respond promptly and immediately with cashbased or in-kind assistance programs that help the migrant population to access to basic daily food, regardless of their immigration status and as a requirement for the implementation of economic empowerment processes, especially for women.

- Provide mental health care from a gendersensitive perspective, both to the migrant and the host population. As part of the recovery from the most acute phases of the COVID-19 pandemic, develop participatory plans to prevent and treat mental health problems as a fundamental part of comprehensive health.
- ► Ensure effective participation processes, centered in female heads of household, people with disabilities, ethnic minorities, young people and adolescents, and gender-diverse people, avoiding asymmetric power relations between humanitarian aid organizations and the target population.

Introduction

Since 2020, the "Without Borders" Consortium, made up of CARE Ecuador, CARE Colombia, COOPI, PLAFAM ADRA, CORPRODINCO, and Tinta Violeta has been carrying out actions as part of the "Improving access to sexual and reproductive health and protection services for people affected by the Venezuelan crisis in Ecuador, Colombia, and Venezuela" project. The Consortium has been implementing actions to provide essential sexual and reproductive health and protection services, as well as community infrastructure for the care of the Venezuelan population in human mobility, based on three main approaches: gender in emergencies, protection, and accountability.

Faced with a new context that includes COVID-19 contagion, yet without mobility restrictions, arose the need to carry out a new RGA, which aimed to update the information for Colombia, Venezuela, and Ecuador. The CARE toolbox was used to develop these investigations. This RGA document represents the final product of the consultancy for the development of a Rapid Gender Analysis in Venezuela, Colombia, and Ecuador. This systematized and analyzed the data and information already collected in Colombia (departments of Nariño-Ipiales and Pasto-, Santander-Bucaramanga-, and Norte de Santander-Cúcuta and Pamplona-), as well as new information collected in Ecuador (El Oro-Machala and Huaquillas-, and Manabí-Manta- provinces), and in Venezuela (states of Miranda and Lara) to develop the current document.

Background information

According to the OCHA situation report for Venezuela, updated to October 13, 20222, an increase in the reporting of cases of COVID-19 was observed between June and July 2022, which decreased in August. Until October 13, 545,159 cases of COVID-19 have been reported, of which 5,818 resulted in deaths. With the support of the United Nations System and its partners, the health system continues to respond to the emergency with prevention and control actions, as well as containment of cases and hospitalization. In September 2022, the government of Venezuela and the UN signed a new Cooperation Framework for Sustainable Development in the country that includes three strategic areas: the well-being and resilience of people, the transformation to an environmentally sustainable economy and inclusive and equal social cohesion, thus endorsing its commitment to comply with the 2030 Agenda and the SDGs.

According to the R4V Movement Report, the regional trend of entries of Venezuelans in Colombia and Ecuador between January and March of this year has been characterized by seasonal flows that increased by pendulum movements to and from Venezuela in December of the previous year and January 2022 due to the Christmas and New Year holidays. This R4V report also shows the immigration changes between July and August 2022, in Colombia and Ecuador, as host countries, once the first phases of COVID have been overcome. This results in that, in Colombia, the Venezuelan migrant population increased by 635,198 people, while in Ecuador, it decreased by 11,689. The increase in Colombia could be due to the registration of people who benefit from the Temporary Protection Statute for Venezuelan Migrants (ETPV for its acronym in Spanish) and also due to the national registration and the survey of socioeconomic characterization of Venezuelans that have identified a previously unreported large number of this population residing in Colombia³.

The Rapid Gender Analysis objectives

The objective of the consultancy was to lead the

process of producing a Subregional Rapid Gender Analysis that covers Venezuela, Colombia, and Ecuador, updating the situation and vulnerabilities of diverse women and girls, including the refugee and migrant population from Venezuela and host communities, incorporating the emergency and protection approaches, and based on the CARE toolkit, which included primary and secondary data review and analysis; the development and application of data collection and analysis tools disaggregated by sex, gender, and age (quantitative, qualitative, and anecdotal); the systematization and analysis of the information found according to the categories provided; production of a final analysis report: coordination with local grassroots organizations to collect primary information in each country; coordination with the technical team of CARE, COOPI and partner organizations in Venezuela, Colombia, and Ecuador for the development of the RGA.

<u>Methodology</u>

Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The investigation was carried out between August 20 and September 15, 2022, in Machala, Huaquillas, Manta, and Ibarra in Ecuador and Miranda and Lara in Venezuela. In the case of Colombia, the research was carried out in the departments of Nariño, Norte de Santander, and Santander, from May 25 to July 14, 2022, before the start of this consultancy. This report consolidates the data obtained from primary information from Venezuela and Ecuador and relevant information from the RGA report previously carried out in Colombia.

² OCHA. Situation report. Venezuela -julio – Agosto 2022. Last update: 13 oct. 2022. Downloaded on October 20, 2022: https://reports.unocha.org/es/country/venezuela-bolivarian-republic-of/ Downloaded on: oct.13, 2022

³ Final report: Systematization for the CARE RGA (Nariño-Norte de Santander and Santander), 2022 (unpublished).

Data collection included quantitative and qualitative techniques, including **surveys** in the three countries (60 in Colombia, 300 in Venezuela, and 530 in Ecuador), **individual stories** (23 in Colombia, 6 in Venezuela, and 8 in Ecuador), **focus group discussions** (18 in Colombia, 6 in Venezuela, and 5 in Ecuador) and **interviews with key informants** (11 in Colombia, 10 in Venezuela, and 4 in Ecuador). In Colombia, community mapping was also carried out, with 125 people participating.

For the final systematization of the CARE Colombian RGA report, the consulting team from that country reviewed various administrative records from DANE, Ministry of Health, DNP, Profamilia, National Migration Observatory, Ministry of Foreign Affairs, Nariño Gender Observatory, World Bank, GIFMM, R4V, UNHCR, IOM, among others. While for this final document, that incorporates the analysis of the information collected in Venezuela and Ecuador, the consultancy retrieved information from official surveys of the INE of Venezuela, INEC of Ecuador, DANE Colombia, R4V Venezuela, GTRM, World Bank, ECLAC, reports of previous Rapid Gender Analysis carried out by CARE, by UN Women Humanitarian Response Plans of Venezuela and Ecuador, studies by Plan International on migrant girls, investigations by Amnesty International, UNFPA, and the CONPES Strategy to Integrate the Migrant Population in Colombia.

The research process faced some **limitations**. For Colombia, the projected focus group discussions' scope was 126 people; 125 were reached. The groups more difficult to summon were those comprising the LGTBIQ+ population⁴. The projection of interviews with key informants was 12 people. Yet, it was possible to reach only 11, as some international cooperation institutions and agencies were unwilling to produce information that could be regarded as official statements⁵.

The survey scope projection in the case of Ecuador was 900 people. However, due to internal difficulties of one of the organizations contracted to collect information in Ibarra, only 30 surveys were carried

4 The mapping of the LGTBIQ+ population faces a structural difficulty, as not all people belonging to the diverse community are officially declared as such, especially in areas where the patriarchal culture has greater influence and where exposure to different risks and threats toward gender diversity prevails.

out in said location, resulting in a total of 530 surveys. Regarding the interviews for individual stories, key informants, and focus group discussions, these were only carried out in Machala, Huaquillas, and Manta but not in Ibarra, which prevented the planned number of primary data collection from being met.

In the case of Venezuela, due to the specific work of the organization that collected the information, there is an overrepresentation of women above the rest of the population considered for the research. The geographical areas within the selected States and the people chosen by the organization are based on the more expeditious access a previous organizational work allowed. Likewise, it was identified that the mobility processes had generated an overrepresentation of women in community spaces, as a high percentage of men have migrated or are the ones who remain outside their homes in search of household income.

Demographic analysis Colombia

According to DANE's national population projections, by area, sex, and age, by 2022, the population of Colombia reached 51,609,474 people, of which 49.2% are male and 50.8% are female. Colombia reports, as of August 12, 2022, that 700 municipalities reached coverage greater than 70% in complete COVID-19 vaccination schemes, and as so the national authority eliminated the mandatory use of face masks⁶.

The Integrated System of Gender Violence records⁷ 112.758 cases of GBV in 2020, including physical and sexual violence, negligence and abandonment, and psychological violence. It also points out that, despite the existence of a high level of underreporting, GBV against refugee women has also increased, going from 166 cases reported in 2017, to 2,430 in 2018, and 4,165 in 2020. Most of these violence cases occurred in the home (80.89%). Among the 58.8% who experienced violence on public roads, 24.1% of women suffered discrimination or were treated unfairly for being Venezuelan.

⁵ Around 20 contacts were made to reach 10 people interviewed, many among them leaders.

⁶ OPS/OMS Col-CDE. Reporte Situación COVID-19 Colombia. SITREP 283 de 11 agosto 2022. Retrieved on September 20, 2022 from: https://www.paho.org/es/documentos/reportesituacion-covid-19-colombia-no-283-11-agosto-2022

⁷ Retrieved on September 19, 2022 from: https://www.amnesty.org/es/latest/news/2022/07/datos-y-cifras-violencia-de-genero-contra-refugiadas-venezolanas/

The GIFMM registered fewer people moving along on the highway ("walkers") due to the "armed strike" announced by the ELN – National Liberation Army in February 2022. The leading destination among "walkers" is Ipiales (44%), followed by three large Colombian cities: Bogotá, Medellín, and Cali, and to a lesser extent Floridablanca, in Santander. According to the Joint Needs Assessment for the destination population (JNA), carried out in June 2021 by the R4V National Platform in Colombia (GIFMM), 77% of Venezuelan refugee and migrant households lacked access to health; 26% of boys and girls did not attend school, 24% of households faced food insecurity; 25% consumed poor quality water, and; 36% lived in overcrowded conditions.

In February 2021, the Colombian government announced the Temporary Protection Statute that was already implemented in 2022. This measure grants a Temporary Protection Permit to the Venezuelan population in Colombia, regularizing its migration situation in the country for ten years. This permit allows access to fundamental rights and services: the formal labor market, Colombian public health, justice, and psychosocial support services in Comprehensive Care Centers; that is, conditions that can provide protection and security of care to the migrant population.

Venezuela

According to the rapid multisectoral assessment report carried out in Venezuela, of a population of 2,090,479 in Caracas, 2,066,916 in Lara, and 3,323,073 in Miranda, 22%, 23%, and 24% of the population, respectively, are people with needs, among which 55% are women in Caracas, 54% in Lara and 56% in Miranda. In addition, the level of external migration is 13.1% in Caracas, placing it in the top 2, 7.8% in Lara, and 4.8% in Miranda, ranking them in the top 4 and 7, respectively⁸. ECLAC estimated that the Venezuelan GDP would contract by 30% at the end of 2020. The loss of national income has limited investment in public services and continues to impact the supply of electricity, water, domestic gas, and telecommunications services⁹.

Regarding COVID-19, the data shows that of the 534,014 confirmed cases until July 27, 2022, 272,426 were women and 261,588 men. According to official

data, the Capital District has the highest number of confirmed cases, with 84,634 cases, followed by Miranda, with 75,328 cases. Lara is placed sixth nationwide with 27,233 confirmed cases¹⁰. In Venezuela, the COVID-19 crisis overlaps with the humanitarian crisis ongoing as a result of political instability, the deterioration of the socioeconomic situation, and the increase in insecurity and violence, which translates into hyperinflation, collapse of wages, shortages of food and medicines, lack of health and education services, deterioration of basic infrastructure, such as water, sanitation, electricity and public transport. All of these have led to the largest exodus from Latin America and the Caribbean in modern history¹¹. According to data from R4V, as of July 5, 2020, more than 5.2 million Venezuelans have left the country¹².

The Venezuelan government is currently implementing the Plan de la Patria, described as the "Third Socialist Plan for Economic and Social Development of the Nation of Venezuela," which is a medium-term plan for the 2019-2025 period, containing an action program named the Concrete Agenda for Action of the Homeland Plan 2025: Stabilization and Political and Economic Peace 2019-2020. The objectives of the Plan follow those of the UN 2030 Sustainable Development. Until April of this year, the humanitarian response reached 942,000 people with some type of assistance in all the states of Venezuela¹³. Heavy rains in mid-April 2022 have affected 16 states and 61 municipalities. In May, the stamping service for Venezuelan passports entering and leaving the country reopened. In the border areas, technical coordination tables were established between the Local and Humanitarian Coordination and the authorities that seek to improve the articulation and coordination mechanisms with local and regional authorities. These articulation mechanisms could be spaces for direct coordination with the population suffering greatest needs.

⁸ World Vision, septiembre 2020. Evaluación rápida multisectorial para Venezuela. Respuesta a la crisis venezolana, p.10.

⁹ OCHA. Ciclo de Programa humanitario. Plan de Respuesta Humanitaria, actualización junio 2021, Venezuela. Pág. 8

¹⁰ Datos de la Comisión Presidencial COVID-19 de Venezuela (dashboard) actualizado a 27 julio 2022 https://app.powerbi.com/view?r=eyJrljoiNzlmZjkzMTUtNjFiNy00NTM-0LTg0MzYtN2I4ODIyYmJkMWM2IiwidCI6IjBmOWUzNWRILTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiO-jh9&pageName=ReportSection

¹¹ World Vision, septiembre 2020. Evaluación rápida multisectorial para Venezuela. Respuesta a la crisis venezolana, pág. 4.

¹² World Vision, septiembre 2020. Evaluación rápida multisectorial para Venezuela. Respuesta a la crisis venezolana, pág. 7.

¹³ https://reliefweb.int/report/venezuela-bolivarian-republic/venezuela-informe-de-situacion-marzo-abril-2022-al-13-marzo-2022

Ecuador

According to the national statistical data of the INEC, more than half of the population are women. Yet, no information available allows establishing LGBTIQ+ people percentage regarding the national population. The information available from the INEC regarding gender diversity relates to a voluntary survey carried out in the country with 2,805 LGBTI people interviewed¹⁴. Regarding household headship, it is recorded that 73.6% of homes are lead by men and 26.4% by women. While in 96.1% of married women, men run the household, approximately 70% of the separated-coupled households are headed by women¹⁵.

According to the Joint Needs Assessment of the Refugee and Migrant Working Group (GTRM) of May 2022¹⁶, Ecuador is the third country, after Colombia and Peru, with the largest number of Venezuelans. Up to February 2022, the approximate number of Venezuelan refugees and migrants in Ecuador amounted to 513,903, which shows the need to address the situation of this population. 73% of those surveyed, says the report, are in an irregular migration situation because they do not have a valid visa. This Evaluation shows that food needs continue to be the primary need of the surveyed family groups. However, there is an improvement in access to food compared to the data from the 2021 evaluation. The ECN observes that informality has increased from 71% in 2021 to 79% in 2022. Four out of 10 family groups are below the extreme poverty line (USD 48.25), a situation that has led family groups to implement different strategies to satisfy their essential needs, such as asking for money lent to friends and family, increasing working hours, and ask for money on the street.

In 2021, the incoming government of Ecuador, regarding Venezuelan migration, announced a new regularization process aimed at addressing the needs of refugees and migrants from Venezuela with an irregular migration status and promoting their economic and social integration. In September 2022, the process to regularize Venezuelan migrants began in Ecuador under the name "Aquí Estoy" (I'm Here). The new campaign tries to regularize at least 324,000

14 CNIG. Mujeres y hombres en cifras IV. Una mirada estratégica desde el género y las diversidades, noviembre 2021-52.

Venezuelan citizens to access legal protection and stability in the host country and be granted a two-year renewable visa and, later, an identity card. This could be an opportunity to guarantee the migrant population safe and non-discriminatory access to health services, GBV care, and others.

Findings and analysis

The consultancy extracted the results below from the systematization and subsequent analysis of the data obtained using the tools for collecting primary information.

Changes noted during the last period¹⁷

Colombia

The changes experienced by the community of Nariño in the last-and post-pandemic-year focus on three key components: 1) care, 2) economy, and 3) international cooperation. In Norte de Santander, specifically in the city of Cúcuta and the municipality of Pamplona, there were prevalent changes associated with 1) the economy and labor issues, 2) the school situation of children and adolescents, and 3) the rise of xenophobia. In Santander, particularly in the city of Bucaramanga, essential changes were registered in terms of 1) economy, 2) women's traditional roles, and 3) immigration processes. To know the details of each department, review the specific RGA of Colombia attached to this report.

Venezuela

The changes the survey respondents reported are associated with 1) greater economic difficulties, 2) family crises related to physical and mental health issues, and 3) free movement after a long period under mobility restrictions due to the pandemic.

¹⁵ Ídem.

¹⁶ GTRM-Ecuador/R4V. Resumen de Resultados de Ecuador. Evaluación conjunta de necesidades, mayor 2022.

¹⁷ Information for this area of research in Venezuela and Ecuador was collected through individual stories, interviews with key informants, and focus group discussions. In Colombia, the executing team obtained information from personal accounts and key informant interviews.

Ecuador

In Ecuador, the changes noted by the participants include 1) an increase in the levels of violence in the country, 2) financial problems resulting in mental health issues, and 3) a lack of attention from State institutions.

The global health pandemic generated multiple effects, of which the most evident and still in force is the economic crisis, evident in the three countries. Unemployment is one of the most apparent effects, together with the increase in crime and the emergence of other diseases. Women respondents, for example, said they regularly use the time their sons and daughters have classes to look for work. In Venezuela, respondents also pointed out that, so far this year, one of the most challenging tasks is to get gas for cooking and find water supply for their homes, frequently demanding women to spend long exhausting days looking across long distances while men are out at work-which again reflects the naturalization of gender roles in households, specifically the feminization of care tasks.

The responses analyzed show a deeper level of affectation in health in general but more acutely in psychological and emotional terms, as many respondents have faced their relatives' illness or even death. COVID brought psychological pressure not only because of the finances but due to the mobility restrictions and the fear the context spread among the population. For some of the people interviewed, the women had to become stronger and more independent; they overcame their fear to face what they were experiencing. They also noted that the boys and girls "lost the habit of working in class." The pandemic left them feeling "everything has been reborn" and "they had to reinvent themselves."

The situation of the Venezuelan migrant population, especially women, in Colombia and Ecuador continues to be complicated: several times, respondents admitted they have had to beg, causing severe emotional effects. Men and women emphasize that the difficult financial situation, together with the pandemic and the deaths it caused, impacted their mental health, forced them to move from one place to another, and put additional pressure on mothers having to deal with the instability and changes all of these brought to their sons and daughters. Once again, the burden of care and the responsibilities derived from the circumstances fell on women as if it

was their natural role. Some respondents mentioned an increase in drug addiction and male and female prostitution linked to reduced possibilities of getting means to survive.

Food prices have increased, which has resulted in restricting the number of meals families eat per day. In some of the focus group discussions in Ecuador, participants reflected on the current labor context. They noted that now there is more work for women, but they also consider that more violence affects them emotionally. In general, there is a more significant workload for women, impacting not only those performing unpaid work—who now have fewer chances of working outside the home—but also those working under contract, often without financial compensation for additional working hours, resulting in work rights violations.

All respondents agreed on stating there is a lack of care on the part of State institutions, who do not provide support despite the current social upheaval and affectation to health, which has a detrimental effect on citizen rights.

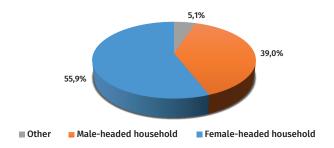
Gender Roles and Responsibilities

Household headship

Colombia

55.9% of survey respondents, both migrants and host communities, recognize women as heads and decision makers at home, and 39% have a home headed by men. Only 5.1% identify other types of power configurations and/or diverse associations of sex and gender.

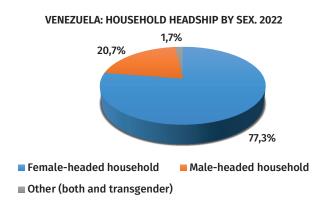
COLOMBIA: HOUSEHOLD HEADSHIP BY SEX. 2022



Households are predominantly made up of 3 or 4 members (18.3%), matching the national average estimated by DANE (2018) and the Survey on Quality of Life and Integration of Venezuelan Migrants in Colombia, which estimate an average of 4.4 members for migrant households. Households of 5 people reach 15% and single-family households comprise 13.3%. Some of the surveyed provided exceptional cases far from the average, with households made up of 8 (6.7%) and 10 people (5%), yet with significant percentages for this sample. Within the household members, the people surveyed mentioned that 4.8% of them are pregnant or lactating and 4.5% have some type of disabling condition.

Venezuela

The surveys show that 77.3% respondents said that women head their homes and 20.7% said it is a man who runs the household. The remaining 1.7%, adds to 5 households, 4 of which recognized double household heads and 1 that is a transgender household. The results show that 81.7% of those surveyed are in household headed by an adult, 8.7% by an older adult and 0.3% by a minor. There is 9.3% (28) that does not register a response in this regard.

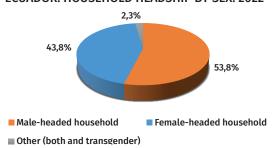


The sample regarding household headship in Venezuela shows how each respondent points out headship in their respective household. Many respondents acknowledge changes in household headship that rendered most households to be currently women-led, yet, the research does not provide information regarding the causes that motivated such changes. Likewise, it was identified by local organization that the mobility processes had generated an overrepresentation of women in community spaces, as a high percentage of men have migrated or are the ones who remain outside their homes in search of household income.

Ecuador

The results of the surveys applied to both the host population and migrants show that 53.8% of households are headed by men, 43.8% by women, and 2.3% by others, which includes a person living alone and an LGBT couple that claims to share expenses and responsibilities. Regarding the age of the person who heads the home, 93.8% is an adult, 3.6% is an older adult, 2.1% is a minos, and 0.6% did not responded.

ECUADOR: HOUSEHOLD HEADSHIP BY SEX. 2022

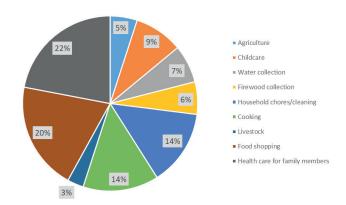


The evidence provided in this Sub-regional RGA of a higher percentage of households headed by women allows us to deduce there is a need for financial support to move their families forward, given the obstacles-described above-most women have to face in this context. Providing the conditions to improve financial stability could imply reinforcing assistance through monetary aid, which has already proven effective in contributing to the overall wellbeing of migrants and refugees. Another critical need for the head-of-household women is to create spaces where care for their children and/or ill family members can be provided, freeing time to manage productivity and family income.

Unpaid care work

Colombia

Time distribution: work at home



According to the survey results, family health care is the activity that demands the most unpaid care work time, followed by purchasing food, cooking activities, and house cleaning, all of which are performed daily. The time spent in these activities is between one to three hours of survey respondents' time. From a gender perspective, 50% of women and 50% of men mentioned that they dedicate themselves totally to the care of a relative. In this sense, a predominant inequity was not evident regarding said work. However, regarding cleaning the house, only 25% of the men surveyed mentioned that they dedicate

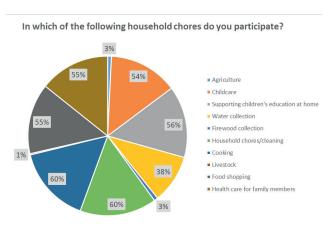
themselves "totally" to said task, and 37.5% of men stated to be responsible for buying food.

Analyzing the main tasks listed in the survey, it was found that cleaning the house, cooking activities, and buying food were the main tasks recorded by the respondents. From a gender perspective, 70% of the people who claimed to dedicate themselves partially to cleaning tasks at home are men. Lastly, 38.5% of the people who reported to dedicate themselves partly to food-buying tasks are men.

| Activity | TOTALLY | PARTIALLY | DOES NOT PARTICIPATE | LESS THAN 1 HOUR | 1 TO 3 HOURS | MORE THAN 3 HOURS | N/A |
|--------------------------------|---------|-----------|-------------------------|---------------------|--------------|----------------------|-----|
| Health care for family members | 26 | 16 | 7 | 1 | 1 | 1 | 10 |
| Food shopping | 24 | 19 | 8 | 8 | 1 | 0 | 1 |
| Cooking | 17 | 26 | 14 | 0 | 4 | 1 | 2 |
| Household chores/cleaning | 16 | 27 | 10 | 0 | 4 | 1 | 2 |
| Childcare | 11 | 16 | 8 | 1 | 4 | 1 | 21 |
| Water collection | 8 | 7 | 7 | 1 | 0 | 0 | 37 |
| Firewood collection | 7 | 4 | 7 | 0 | 1 | 0 | 40 |
| Agriculture | 6 | 6 | 6 | 1 | 0 | 0 | 42 |
| Livestock | 3 | 10 | 9 | 0 | 0 | 0 | 38, |

However, these statistics contrast with the qualitative data obtained, in which most women respondents are engaged in the traditional heteronormative gender roles regarding unpaid care work. Only 22% of the opinions on roles show unpaid care work managed with a certain balance between couples. Nonetheless, these statements belong mainly to men and the LGTBIQ+ respondents, from which we imply that women do not perceive men as involved in care work as women are. In this sense, it is noteworthy that within the LGTBIQ+ community, opinions regarding unpaid care work tend to highlight equity in the distribution of roles. On the other hand, migrant women stand out as those more frequently stated having an equitable distribution in domestic care work (focus group discussion of migrant women from Pasto and a migrant social leader from Ipiales). On the other hand, regarding the time spent on unpaid care work, the women interviewed reported spending at least 4 or more hours a day on such work.

Venezuela



The survey indicates that the activity that most demands the longest unpaid care work time is cooking, followed by household cleaning tasks, support in educating children at home, and food shopping. However, if we add the answers given to family health care and child care-325 answers-then this would be the joint unpaid task that demands the most time, as it is in Colombia. All these answers refer to a permanent dedication to these activities ("Totally"). Hence, it is also striking that the collection of water has had 115, which means dedicating oneself to providing this vital resource to their family daily. Regarding the amount of time deployed to such activities, respondents said they put between 1 and 3 hours into them, except for care tasks (relatives and children's health) in which they occupy more than 3 hours.

The data shows that women carry out the unpaid activities that demand the most time. Thus 59% of women dedicate themselves ("Totally") to cooking, 58.3% to household cleaning tasks, 54.3% to supporting children's education at home, and 53% to purchasing food. Those who perform childcare reach 52.6%, as well as those that care for ill relatives. Finally, 37% of women dedicate themselves ("Totally") to collecting water.

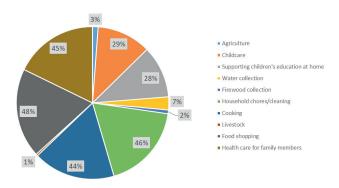
| Activity | TOTALLY | PARTIALLY | DOES NOT PARTICIPATE | 1 TO 3 HOURS | MORE THAN 3 HOURS |
|------------------------------------|---------|-----------|-------------------------|--------------|----------------------|
| Cooking | 181 | 109 | 1 | 7 | 5 |
| Household chores/cleaning | 179 | 109 | 1 | 7 | 5 |
| Supporting children's education at | | | | | |
| home | 167 | 62 | 4 | 5 | 4 |
| Food shopping | 166 | 121 | 2 | 9 | 1 |
| Health care for family members | 164 | 111 | 1 | 2 | 8 |
| Childcare | 161 | 69 | 5 | 1 | 12 |
| Water collection | 115 | 113 | 4 | 8 | 2 |
| Firewood collection | 10 | 28 | 5 | 5 | 0 |
| Agriculture | 10 | 20 | 2 | 1 | 0 |
| Livestock | 3 | 7 | 14 | 0 | O. |

Regarding the partial dedication to the activities, survey data shows that the most common ones were purchasing food, water collection, health care for family members, cooking, household cleaning tasks, childcare, and supporting children's education at home. The main activities women performed partially entail from 1 to 3 daily hours, similar to those involving total dedication.

In addition, in the focus group discussions, women stated they seek a balance between their work activities and care tasks. Besides the several hours a day women perform unpaid work, they allocate most of the weekends to do pending care tasks, not to affect their work or their sons' and daughters' studies. In sum, many women devote most of their time to some working form.

Ecuador

In which of the following household chores do you participate?



According to the survey, the unpaid care work activities that require the most time are buying food, cleaning the house, taking care of family members' health, cooking, and supporting the education of children in the household, followed by child care, water collection, agriculture, firewood collection, and livestock. The workload demanded by regularly performing these activities for most respondents is between 1 and 3 hours. Again, in this context, an average of more than 3 hours is repeated as the time per day required by these unpaid care activities.

The survey also indicates that the unpaid activities that require the most time are permanently ("Totally") carried out by women. It is found that 34.2% of women spend their time buying food, 32.3% cooking, 31.8% caring for relatives, 25% taking care of children, 24% supporting the education of children in the household, and 19.5% doing household cleaning tasks. Among men respondents, 11.5% and 10.9% mentioned that they are permanently dedicated to buying food and caring for relatives' health, respectively, and a little more than 8% do cooking and house cleaning.

| Activity | TOTALLY | PARTIALLY | DOES NOT PARTICIPATE | 1 TO 3 HOURS | MORE THAN 3 HOURS |
|---|---------|-----------|-------------------------|--------------|----------------------|
| Food shopping | 253 | 148 | 17 | 125 | 1 |
| Household chores/cleaning | 238 | 150 | 20 | 115 | 10 |
| Health care for family members | 237 | 131 | 26 | 32 | 62 |
| Cooking | 228 | 148 | 39 | 109 | 5 |
| Childcare | 150 | 105 | 38 | 20 | 62 |
| Supporting children's education at home | 148 | 105 | 36 | 72 | 14 |
| Water collection | 36 | 24 | 115 | 7 | 0 |
| Agriculture | 18 | 7 | 104 | 0 | 4 |
| Firewood collection | 11 | 8 | 121 | 1 | 0 |
| Livestock | 3 | 4 | 114 | 3 | 1, |

Regarding the activities respondents are partially responsible for, these are primarily cleaning the house, cooking, and buying food, followed by caring for the health of relatives and child care and support in the education of children at home. They dedicate between 1 and 3 hours to these activities, except for care tasks that require more than 3 hours (table above) and are performed mainly by women. Migrant women get up early to fix the house, leave their sons and daughters at school, and then go to work. At night, they help their children with their homework and finish the day late. As for the adolescent population, their responsibilities include, in addition to studying, caring for boys and girls, helping at home, and preparing food. Often among the families surveyed, it is said that the girls work less, yet they have more or less 2 hours to play while the boys have twice as much time to play. Another commentary among the families is that few men "help" around the house, and if any do, they dedicate only 1 hour to it.

Itshould be noted that in the research countries, neither domestic chores nor caregiving is considered work. In addition, work increased for women due to the issues of COVID-19 and the care of their sons and daughters due to the return to face-to-face classes. Finally, in the 3 countries, it is evident that women perform multiple tasks simultaneously, such as preparing food, shopping, doing laundry, cleaning the house, as well as taking care of their sons and daughters both at home and at school, and even in extracurricular activities and community support work.



Control of resources and decision making at home and in the community

Colombia

50% of the people surveyed reported that they make their own decisions regarding home issues; this has to be considered in view of the fact that more than 70% of the informants are over 18 years of age. The immigration crisis and the post-pandemic context do not reflect drastic changes in this dynamic. 60% of the respondents declared that they have economic autonomy as long as they decide to work to earn their own money. However, it is men who mostly (75%) decide on this issue and only 43% of the women surveyed do so. This tendency is more frequent in the department of Santander, and to a lesser extent in that of Norte de Santander.

Regarding decision-making concerning income, a large part of migrant families (65%) must share all their income with the rest of the household members and only 30% of people can freely dispose of their money. The opposite case occurs in shelters, where there is a greater possibility of deciding on the administration of individual resources: here only 40% of people share all of their economic income with the home, while 30% they share only a part and the other 30% autonomously manage their income and decide on it.

However, in host population household, couples usually decide together how the money that enters the home will be invested (66.6%), contrary to the situation experienced by migrant homes where it is mainly the man who determines the use of income (41.6%), yet, among several (37.5%) migrant families decisions are made jointly. Regarding decision-making concerning the purchase and sale of goods, among 56% of household men decide whether to buy or sell their possessions, and in 32% of households women decide on this. There is still a high percentage of women (43%) who do not have any involvement in this matter.

At the community level, there was evidence of a high lack of knowledge on the part of Venezuelan migrants (48.3%) about who are the people who make decisions in their community. Consequently, low participation in community decision-making spaces is evident in this group. Only 21.8% intervene strategically in favor

of the group they belong to. A key actor interviewed mentioned there is little integration of migrants in community decisions, such as the elections of the Community Action Boards. For more details by Department, review the systematization report for Colombia for this year, which appears as an annex to this study.

Venezuela

Regarding decision-making in the home, following the responses obtained regarding household headship, in 93.6% of the answers, it is women who make decisions about family activities and dynamics, such as whether the children attend school, or if they visit relatives, buy or sell assets, decide to have another child, earn their own money, decide to migrate, or about seeking personal health care. Men and LGBTIQ+ household decision-makers reached 3.2% each. However, it is noted that the results respond to a survey where there is an overrepresentation of women among the rest of the population.

When questioned about who is not consulted about decisions, the answers pointed to girls and boys, and the justification was that they are young to make decisions. Only one woman mentioned that people only consult mothers but not grandmothers. Women manage, plan and distribute food and nonfood resources, while men contribute the money to acquire them.

Regarding decision-making in the community, 86% of the people surveyed answered that the local government makes the decisions in the community. Other authorities mentioned in a lower percentage were the Community Councils and community leaders. From the responses, it can be inferred that the people surveyed had a good knowledge of who makes decisions in their community, given that their social structures have remained for many years. Of the people surveyed, 58% answered that they participate in community decision-making; 12% did not answer this question. In this same line, in the key informant interviews, they recognized that the Community Councils, the community leaders, the citizen's assembly in conjunction with the spokesperson of the Community Council, as well as the popular power, the community, commune, and the government take decisions and help ensure that rights are fulfilled, and collaborate at the territorial level in the provision of services to the community.

The following phrase of a woman interviewed when referring to the participation of women in community decision-making spaces is decisive: "right now, it is about who yells the most and who has the most strength. It may be women who get there, but with a man's attitude, men's behavior. That way, they can make the decisions over whoever there is". The phrase hints at the difficulty it implies for women to enter the public levels of participation, where there is firm scrutiny of potential leaders. They are required to adopt "strong and rude" attitudes, traditionally associated with the behavior of men, which then can breed rejection by other women.

Ecuador

In the household sphere, both in migrants and in the host population, 68.2% of women are the ones who make decisions in their homes, while 25% of men and 6.69% of LGBTIQ+ people are the decision-makers at home. Despite the migration crisis or post-pandemic circumstances, there is no further evidence of change regarding these dynamics. According to the data obtained, when deciding on education, access to health services, and household income, the women decide. In 3 key informant interviews, it was identified that women are more frequently in charge of controlling family resources and assets; only 1 Venezuelan gay man responded that, in his case, each household member manages their resources independently.

At the community level, 95% of the people surveyed believe that the local government is the decision-maker in the community in which they currently reside. Respondents also mentioned the elderly, the military authority, and religious leaders. Some people surveyed, homeless or passing through, did not answer because they had little knowledge about their current location particulars. Only 17% of the people surveyed responded that they do participate in decision-making in their community, and, of this universe, 34.4% are migrants, among whom women participate the most. In short, the data shows a low level of participation at the community level.

Unlike what is evidenced in the responses obtained in Venezuela, in Ecuador, there are no social or community participation structures. Thus, the people interviewed gave an account of the participation spaces of which they are part in an excessively general way, such as dialogue, meetings, intervention through citizen participation, neighborhood organizations, or

activism. However, the fact that community meetings now involve migrants and LGBTIQ+ people is relevant. Some people interviewed perceive there is more participation because there are more needs. Under this premise, several Ecuadorian participation spaces have begun to include members of the Venezuelan community.

Capacity and Coping Mechanisms

Livelihoods

Colombia

The primary means of livelihood declared among the people surveyed is work in the informal sector, with an increase of 11.1% in the last year, where it was already the primary means of income in the households interviewed. Similarly, informal employment is the primary source of income, especially for women and the female gender, which list among their most prominent activities: first work and second unpaid care work. The average number of hours invested in paid activities is 10.6 hours worked per day.

From the qualitative perspective, it is observed that respondents' primary jobs are diverse: sales, agriculture, domestic work, and informal commerce. Only one migrant declared having a formal job. Concerning capacities and abilities, the data points out that resilience capacities have been developed in the face of the country's adversities and economic crises. For example, in different interview statements, it has been highlighted that the COVID-19 health crisis has developed capacities—besides those for resilience—for coexistence, for assuming new care roles in the case of men or couples in the households, and for rationing services.

Venezuela

According to the survey, the main livelihood-currently and before the health crisis—is paid work from home. Before the crisis, 12% of participants were engaged in paid work, and this percentage has increased to 29%. The second livelihood before the crisis was informal employment, with 11%; currently, this reaches 27%. In other words, the number of people who performs work previously identified as the primary means of livelihood increased, which gives signs of economic precariousness since these

are labor sources that only cover basic needs, given the characteristics of these activities in the country. Women carry out other trades to meet their needs, such as construction workers, service employees, independent workers, and domestic workers. We also found woman respondents who were retired and others who mentioned being unemployed. As for men, they are more frequently independent workers and construction workers; a retired person was also identified among this population. Only one person from LGBTIQ+ people responded to this question and stated he was a student. An essential piece of information that came to light is that women, despite being the ones who control food distribution, do not have access to land ownership.

Regarding skills and abilities, both men and women mention that they quickly learn trades and have been forced to do so due to the COVID pandemic. The following excerpt from the individual story of a 25-year-old woman from Lara shows amid the crisis, all family members decided to support each other: "we had to unite as siblings, cousins, aunts, some educating at home and others going out to look for sustenance for the little that was managed to sustain the home." In the focus group discussion, in the case of women, the capacities identified were those to venture into trades socially assigned to their gender, such as manicuring, hairdressing, cutting and sewing, cooking, and sales. In this sense, the respondents mentioned that, despite the difficulties, they maintain an entrepreneurial spirit, are expressive, and can adapt.

In the survey, the men describe themselves as passionate workers, fighters, and innovators. On the other hand, the learning capacity of both girls and boys stood out. Finally, LGBTIQ+ people describes themselves, like men, as "passionate workers and fighters." As for the jobs they access—a social imprint of gender roles—the survey indicates that the usual jobs are in aesthetics, design, and as chefs. This last population's organization and mutual protection strategies also stand out.

Ecuador

The main livelihood of the people surveyed before the crisis and currently is informal employment. Retail trade appears as a second livelihood before and after the COVID crisis. The two activities identified by the population surveyed as the main ones do not require significant investments to access and seek income, but the latter is not always enough to cover much more than basic needs. Of the total number of people surveyed who responded (450) to how many hours of paid work per day they invest, 43.1% indicated that they work more than 8 hours, 30.7% said 8 hours, and 26.2% less than 8 hours. Of the 43.1% of people who responded to work more than 8 hours, 18.9% are women, and 23.1% are men, which allows us to infer that in the field of paid work, there is a greater presence of men who are working more than the statutory hours.

Regarding the capacities and abilities of each family member, in all the life stories, domestic and care tasks appear as a capacity attributed to women. Additionally, the abilities of boys and girls in using the Internet are mentioned.

In the focus group discussions, both women and people from the LGBTIQ+ community mentioned that they are good at teaching beauty and cooking courses. This last appreciation reflects the gender roles that reach the LGBTI population, casting them towards what "supposedly" their abilities are. Another statement these populations make is that women control the assets. In this regard, they point out that there is greater access to the labor market by women, while men more frequently work the land and take care of the cattle.

Income and Savings

Colombia

In all the research Departments, the monthly income of the migrants surveyed ranges from USD 24 to USD 229, under the current minimum monthly wage in the country (USD 269). The highest income frequency for migrant men was USD 72 (50%). Migrant women, for their part, have lower income ranges than men, with a considerable frequency of monthly stipends of USD 36 (28.5%). Both sexes' earnings position them within the line of extreme monetary poverty.

Colombian women also have lower income ranges than men, sometimes not receiving any payment for their work. However, the majority of Colombian men (31%) and women (30%) surveyed say they have monthly earnings of around \$400,000 (96 USD), not far from the extreme poverty in which migrants find themselves.

80% of the people surveyed do not have an additional source of income. The main alternative sources of income obtained by migrants come from external assistance and/or informal jobs such as support from relatives (3 people), humanitarian aid (2 people), sex work (1 person), sale of prepared food (1 person). While for the host population, extra resources come from a variety of sources usually associated with their status as locals, such as businesses (2 people), family support (1 person), home rentals (1 person), money loans (1 person), handicrafts (1 person), catalog sales (1 person). For details on income and savings in the research departments in Colombia, refer to the 2022 systematization report.

Venezuela

Of the people surveyed, 42.4% have an income greater than the minimum wage, 34.3% equal to the minimum wage, and 23.2% have an income less than the minimum wage. Of this group, 186 are women, 17 are men, and 4 are LGBTIQ+ people. Considering that the government increased the mandatory minimum wage to 130.00 Bolivares¹⁸, equivalent to 0.00041595 US dollars, the population's financial situation continues to be critical. 60.4% of the people surveyed do not have additional income. The 100 people who stated having additional sources of income (92 women, 5 men, and 3 LGBTI people) outside their paid occupation pointed out mainly family support. More than half of the people surveyed shared all their income with their family, reserving nothing for personal use.

In the interviews, girls, boys, adolescents, and women mentioned that due to the difficult financial situation, they must leave the community to obtain income and satisfy their basic needs. They generally migrate to the country's capital or bigger cities. Particularly LGBTIQ+ people, when forced to leave the community, do so towards city centers. For their part, men obtain income to satisfy their basic needs through self-owned businesses and informal trade.

Unfortunately, the study reveals that begging or transactional sex are some of the main activities the population resorts to in the face of the overwhelming economic crisis, although domestic work was also discussed. Likewise, the informal economy, recycling, state subsidies, and aid from organizations in the territories appear as some of the mechanisms used by the vulnerable population to cover their basic needs and those of their family.

Ecuador

In the surveys of Ecuador, of 450 people who answered questions regarding their current monthly income, more than half (51.3%) receive less than the minimum wage, 31.6% receive the minimum wage, and 17.1% receive more than the minimum wage, which in Ecuador is 425 dollars¹⁹. We also know that migrants, who in their country receive a minimum wage of less than 1 dollar, find it inviting to obtain jobs with higher incomes, still below what is legally established or adequate for a specific job, which makes them susceptible to exploitation and labor abuses. From the survey results, it can be inferred that 30.2% of the migrant population receives less than the minimum wage, 14.7% the minimum wage, and barely 7.3% more than the minimum wage. Regarding the local and returnee women interviewed, 13.1% receive less than the minimum wage, 8% receive the minimum wage, and barely 4.7% more than the minimum wage. The comparison of salaries received by both the migrant population and the host population reveals the difficult financial situation of the population in general, further exacerbated by the pandemic.

93.9% of the people surveyed do not have additional income from a different source than their paid occupation. The main alternative income sources the surveyed migrants have come from humanitarian aid and family support. Most migrants interviewed shared all their income with their families. From the application of qualitative techniques, it can be deduced that women borrow or expect voluntary contributions because they do not have money to purchase non-food products.

Most of them point out that they are engaged in the informal economy, street sales, and cleaning windshields on the streets. They also agree that they had begged when the hardest crisis point hit and they could not cover their basic needs. Resorting to transactional sex is one problem that most affects migrant women in host communities; LGBTIQ+ people also engages in sex work to cope with financial limitations. On the other hand, domestic work is a major way to earn income among women. Other mechanisms to satisfy their essential needs are attending organizations primarily aimed at the migrant population, mainly women, children, and the LGBTI population. State subsidies are also a resource they seek to alleviate their situation.

¹⁸ Decree No. 4,653 of March 15, 2022.

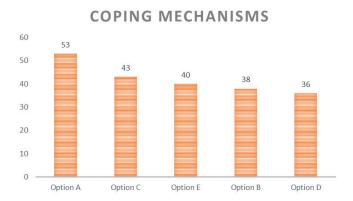
¹⁹ Ministerial Agreement No. MDT-2021-276 of December 21, 2021.

Coping mechanisms

In the surveys applied in the three countries regarding the prioritized coping mechanisms, the following 5 options were presented for respondents to choose from:

- Option A: consume less preferred/expensive foods.
- Option B: Borrow food or rely on the help of friends and/or family.
- ▶ Option C: Limit portion sizes at mealtimes.
- Option D: Limit your consumption so that small children eat.
- ▶ Option E: Reduce the number of meals per day.

Colombia



In general terms, the most frequently chosen mechanisms include eating less preferred/expensive foods, limiting the size of portions at mealtimes, and reducing the number of meals per day.

In the department of Santander, several migrants mentioned that, due to the lack of work, they ventured into informal sales to cover the most pressing needs. The Venezuelan LGBTIQ+ population, because of the homophobia they perceive and for security reasons, avoids going out or hides their identity. Likewise, to obtain a livelihood, they look for jobs in aesthetics or resort to sex work since they are some of the few income sources they find available.

In Norte de Santander, in the case of migrants, there is a better distribution of roles at home and work since women declared that now, in most cases, activities at home are shared, and sometimes even the responsibilities of men and women have been reversed. Yet, workloads have increased due to all the needs that must be covered. Given this, some people now omit lunch breaks, work full days until night, work weekends, and give priority to their daughters and sons in access to certain resources. These strategies are more noticeable in women community leaders, who play various roles in social life. Something similar happens with LGBTIQ+ people, who, as a coping mechanism, have chosen to spend a large part of their time in social work, becoming leaders.

The study shows evidence that members of LGBTIQ+ people have found an interesting bet in the cultural field to develop projects that generate income to survive. In Nariño, informal street selling is the primary coping measure for the migrant population. In turn, their resilience and adaptation capacity has allowed them to work in different trades, even though these do not correspond to their level of education, and some have even undertaken with the assistance of humanitarian organizations. Respondents also shared anecdotes of acquaintances who, faced with the structural and social barriers imposed by residing in a new country, decided to resort to crime.

Family support networks are another key strategy to concentrate expenses and collaborate among extended families, which has also positively impacted their emotional well-being. Moreover, participation spaces such as the immigration roundtables have been generated, which have made it possible to identify needs and care strategies in psychological issues, with particular approaches around LGBTIQ+ people and GBV.

Venezuela



Based on the responses of the surveyed population, we know that the coping mechanisms that have been adopted, in order of frequency, are: eating less preferred or expensive foods, borrowing food or asking friends or relatives for help, limiting the size of portions at mealtime, limit consumption, so that young boys and girls eat, and reduce the number of meals per day. From a gender perspective, respondents stated that 40% of women and 41% of men access preferred or relatively more expensive food a few times a week; 17% of women and 19% of men limit their consumption so that girls/boys eat. Concerning these mechanisms, it is evident that men slightly exceed women in the reduction and limitation of food, possibly in compliance with the social mandate assigned to men to protect. However, about reducing the amount of food per day a few times a week, only a part of the women (12%) claimed to participate in this strategy, but no men did.

The information obtained from qualitative techniques shows that family members generally depend on government social benefits and remittances from relatives abroad. But the participants also mention non-economic coping mechanisms such as the family attitude and the motivation to grow and undertake to get out of the crisis. They also allude to spiritual practices, meditation, and the search to improve communication with the family, as well as undertaking new trades or continuing to learn. For their part, men look for work and ask for support from family and friends. The girls study and, in case of need, ask for support from relatives, friends, teachers, and their respective mothers. Male children and adolescents are commonly dedicated to studying but have many difficulties communicating their needs. It is noted that both boys and girls need psychological and family help and time for play. LGBTIQ+ people seeks to raise their voice; they welcome collective organization and protection among their friendships.

On the other hand, the participants consider that the interventions of the CARE program could better support these coping mechanisms with approaches to the community to listen to them directly, with psychological and economic support centers, organizing meetings, and training workshops for men and women on violence. They also suggest supporting women with institutional links and avoiding so many protocols. It can be inferred that the members of the target populations seek greater spaces to have real participation.

Ecuador

The first coping mechanism they turn to, due to the lack of economic resources that allow them to meet their basic needs, is reducing the number of meals per day. Less frequently, they consume less preferred or expensive foods, then limit the size of the portions at mealtimes, borrow food or depend on the help of friends and/or relatives, and finally limit consumption so that preferably boys and girls eat.



From a gender and migration reading, male and female locals, each 40%, consume less preferred/ expensive foods. Migrants, both women and men, adopt this practice in a higher percentage (54% of men, and 58% of women). The application of strategies such as limiting the food consumption of adults so that boys and girls eat (25% of women, 17% of men, and 17% of LGBTIQ+ people) and reducing the number of meals per day, a few times a week (30% women, 24% men and 21% LGBTIQ+), are practiced to a greater extent by the migrant population. In general, it is more frequently women, both locals and migrants, who, as a coping strategy, limit food consumption or reduce the number of meals they receive per day, actions that undoubtedly affect the nutritional and health condition of women.

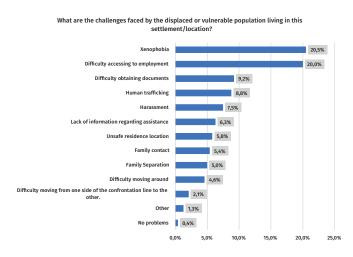
The survey indicates that 59% of migrant women and 69% of migrant men say they cannot access financial support, which results in increased vulnerability conditions that put them at the expense of abuse and exploitation. Most participants affirmed that they depend on their daily work as the primary source of economic support. They also reflect on how CARE could support in different areas, such as the legalization of migrants, working with the government to promote programs for the benefit of

women, accessible credit, education, and training programs. They also suggest that humanitarian aid support be permanent and that kits be delivered once a month.

Protection

Safety and freedom of movement

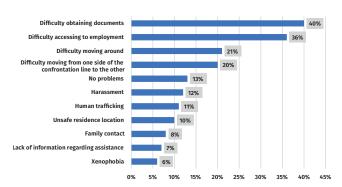
Colombia



The community's perception of the main problems faced by the migrant population in Colombia is associated mainly with xenophobia and difficulties of obtaining decent employment that allows them to escape extreme poverty. 100% of the people surveyed stated that they perceive an increase in security concerns faced by women, girls, and the LGTBIQ+ community in the last year. Specifically for women and girls, security risks were identified when traveling through any part of the community, followed by risks of experiencing sexual violence and/or abuse. Domestic violence also obtained a dominant position together with the impossibility of accessing services and resources, a situation that is ratified in the income section and that is deepened by the lack of training in entrepreneurship and soft skills for women. The LGTBIQ+ community mentioned homophobia has spread firmly across the municipality of Pamplona, Norte de Santander, as well as high rates of STD and HIV infection. The consumption of psychoactive substances as a trigger for insecurity was also mentioned.

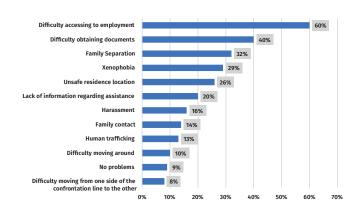
Venezuela

The main challenges faced by the population are the obstacles to obtaining employment and documents, evidence of the critical financial situation of Venezuelan society, and the consequent high demands for documents to travel outside the country. These priorities could compromise seeking support, for example, in the face of gender-based violence, thus relegating various urgent care needs under the pressing financial need. The survey respondents also identified significant difficulties in moving from one side of the confrontation line (problematic and conflict geographical points of any nature) to the other.



In order of identification, the highest security risks for women and girls are domestic violence, sexual violence (the highest risk for girls), attacks while transiting within the community, and trafficking in women and girls, especially for the latter. Other specific security problems are related to the lack of privacy at home and insecurity when living in homes that often lack locks, the lack of safe places in the community or when traveling outside of it, and, finally, the risk of families demanding girls to get married.

Ecuador





The most significant challenges faced by the forced-to-migrate population are the difficulty of obtaining documents and employment, which relates to the urgent need to find income sources and the significant advantage a regular migration status offers for it. Apart from these financial requirements, the challenge of facing the separation of their families and the fear of facing xenophobia appear in a relevant percentage, all of which result in negative impacts on mental health.

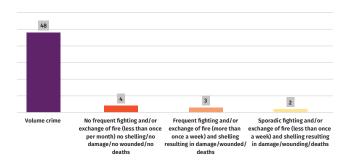
Amid insecure contexts and due to the androcentric and sexist society in which we operate, it is women and girls who are in situations of most significant risk when faced with security problems. In this country, among the specific security problems for women and girls, human trafficking stands out, followed by sexual violence, violence in the

home, the lack of safe places in the community, the impossibility of accessing services and resources, the risk of attack when moving outside the community, the lack of privacy at home, the risk of attack when moving within the community, the insecurity within the house due to the lack of essential elements such as locks, and finally the risk of girls being forced by their family to get married.

The responses of 15 and 12 women under 18 years of age, surveyed in Venezuela and Ecuador, respectively, indicate that they feel affected by the separation of their families and are forced to move from one place to another with relatives, which exposes them to different forms of violence. Girls, in particular, are at risk of sexual violence, abuse, and unwanted pregnancies.

Intensity of the conflicts

Colombia



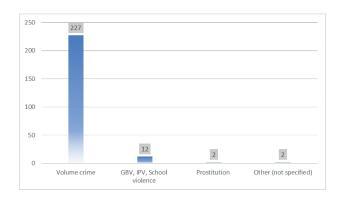
On the one hand, the Colombian population surveyed is whom most consider volume crime as the primary source of insecurity. On the other hand, within the migrant population, only 6 people identified particular considerable conflicts. From the gender perspective, the distribution is equitable: 18 women, 23 men, and 6 LGTBIQ+ people point to the results above.

Regarding mobility, considering that volume crime is the greatest source of insecurity, 165 people affirmed that they could move without safety risks, 162 people mentioned that it is necessary to transit with a male relative to feel safe, 27 people declared that another person or child must accompany them, and 21 people mention that there is no safe movement possible. What is striking about this information is that of the 21 people that said it is impossible to move safely, 95% are migrant people, of whom 38% identify as female, 52% as male, and 10% as LGTBIQ+ people.

If we disaggregate these responses by gender, it can be seen that 888 responses from the female gender stated that some company is necessary to transit safely, mainly to go to a local market, a nearby town, and to visit a relative elsewhere. In the case of responses from the male gender, there are 75 who affirm they need some company to safely visit a relative in another place, go to a closer town, and/or travel outside their home.

| COLOMBIA | Visiting neighbors or relatives living in the same neighborhood | Going to the local market or stores | - | , | Visiting relatives elsewhere | Traveling to another province/municipa lity/department | Total | Gender |
|---------------------------------------|--|--|----|----|---------------------------------|---|-------|----------|
| Accompanied by another | | | | | | | | |
| woman or child | 3 | 5 | 3 | 4 | 5 | 4 | 24 | Female |
| Accompanied by a relative | 9 | 11 | 10 | 13 | 11 | 10 | 64 | remale |
| Subtotal | 12 | 16 | 13 | 17 | 16 | 14 | 88 | |
| Accompanied by another woman or child | 0 | 1 | 0 | 0 | 1 | 0 | 2 | |
| Accompanied by a relative | 11 | 12 | 10 | 13 | 14 | 13 | 73 | Male |
| Subtotal | 11 | 13 | 10 | 13 | 15 | 13 | 75 | |
| Accompanied by another woman or child | 0 | 0 | 0 | 0 | 1 | 0 | 1 | LERTHO |
| Accompanied by a relative | 4 | 4 | 4 | 2 | 14 | 6 | 34 | LGBTIIQ+ |
| Subtotal | 4 | 4 | 4 | 2 | 15 | 6 | 35 | |
| TOTAL | | | | | 46 | | 198 | |

Venezuela



As in Colombia, volume crime is identified by 227 respondents as the main source of insecurity, while 12 people point to GBV, family violence, and school violence. Of these responses, the most numerous come from women.

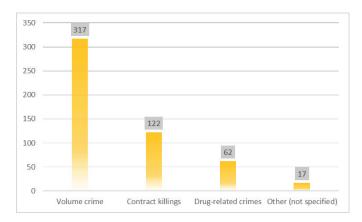
The insecurity of moving without company is also identified in greater proportion by women, who affirm that they require the company of a male relative to visit the family in another place, travel to another municipality or department, go to the closest town, to the local market, a store, or the health center. Slightly higher is the number of people surveyed who indicated that another woman or child accompanies them to visit neighbors or relatives in the same neighborhood to avoid security conflicts.

As analyzed in Colombia, this insecurity of moving without some company, especially a male company, could affect the freedom to seek help in cases of gender-based violence since seeking help could entail greater risk to the victim's security in case the aggressor becomes aware of it.

In some way, certain gender biases can be perceived in the response of men who only mention being accompanied by a male relative to move to any of the established categories, and in no case mention the company of a woman or child. Regarding this issue, according to 270 people surveyed, the factors limiting freedom of movement are transportation costs, security, and cultural acceptance.

| VENEZUELA | , | Going to the nearest town | | Going to the health center | Traveling to another province/municipa lity/department | Visiting relatives elsewhere | Total | Gender |
|---------------------------------------|----|------------------------------|----|-------------------------------|---|---------------------------------|-------|----------|
| Accompanied by another | | | | | | | | |
| woman or child | 12 | 15 | 13 | 13 | 16 | 18 | 87 | |
| Accompanied by a male | | | | | | | | Female |
| relative | 15 | 20 | 10 | | | 24 | 101 | |
| Subtotal | 27 | 35 | 23 | 27 | 34 | 42 | 188 | |
| Accompanied by another woman or child | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Accompanied by a male | | | | | | | - | Male |
| relative | 1 | 1 | 1 | 1 | 1 | 1 | 6 | |
| Subtotal | 1 | 1 | 1 | 1 | 1 | 1 | 6 | |
| Accompanied by another | | | | | | | | |
| woman or child | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Accompanied by a male | | | | | | | | LGBTIIQ+ |
| relative | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL | 28 | 36 | 24 | 28 | 35 | 43 | 194 | |

Ecuador



As recorded in the surveys in Colombia and Venezuela, volume crime is first among the conflicts identified. Unfortunately, this information is consistent with the

increase of all forms of crime in the country, particularly hitmen and drug crime cases. In this case, the responses of the host and migrant populations are similar.

Both volume crime and other identified conflicts (hitmen and drug crime) justify the search for accompaniment to move by women, men, and LGBTIQ+ people. The women in this survey preferably seek the company of a male relative to travel to another city, visit a relative in another place, go to the nearest town, visit neighbors or relatives in the same neighborhood or go to the local market or shops; instead, they prefer the company of a woman when they go to the health center. On the contrary, LGBTIQ+ people preferentially seeks a woman or child's company when moving, which we infer responds to widespread homophobia throughout the region.

| ECUADOR | Going to the local market or stores | Going to the nearest town | Visiting neighbors or relatives living in the same neighborhood | | Traveling to another province/municipa lity/department | Visiting relatives elsewhere | Total | Gender |
|--|--|------------------------------|--|----|---|---------------------------------|-------|----------|
| Accompanied by another woman or child | 22 | 27 | 23 | 31 | 31 | 30 | 164 | |
| Accompanied by a male relative | 29 | 34 | 27 | 29 | 41 | 3€ | 196 | Female |
| Subtotal | 51 | 61 | 50 | 60 | 72 | 66 | 360 | |
| Accompanied by another woman or child | 7 | 6 | 8 | 11 | 5 | 7 | 44 | |
| Accompanied by a male relative | 14 | 18 | 10 | 13 | 21 | 25 | 101 | Male |
| Subtotal | 21 | 24 | 18 | 24 | 26 | 32 | 145 | |
| Accompanied by another woman or child | 2 | 2 | 2 | 4 | | 4 | 17 | |
| Accompanied by a male relative | 0 | 0 | 1 | O | 0 | C | 1 | LGBTIIQ+ |
| Subtotal | 2 | 2 | 3 | 4 | 3 | 4 | 18 | |
| TOTAL | | | | 88 | | 102 | 523 | |

According to the people surveyed, volume crime has been the most decisive conflict in the contexts of the three countries, with a striking difference from the other conflicts typified among the mapped options. This situation of insecurity determines people identified with the female gender need accompaniment to move could be a limitation to request attention in cases of gender violence, much more if, due to the conditions noted, it is precisely the aggressor partner who accompanies a GBV victim.



Gender-based Violence

Colombia

All the key informants in Nariño affirmed that there are cases of sexual abuse and/or exploitation in the department. On the one hand, illegal groups and/ or cartels often exploit the vulnerability of migrants to lure them with job offers and eventually recruit them as human trafficking victims. Trans women also recognize themselves as vulnerable to GVB attacks in the workplace and-in an underhanded way-in their sentimental relationships. As security measures to reduce these risks, community-based organizations have increased their strategic actions, especially for women, to train their members and build awareness on issues such as prevention routes and complaints mechanisms on all types of crimes. Additionally, government agencies monitor these cases, such as the Ombudsman's Office, which add to the efforts that have led to an increase in the police force and community security groups, especially in the city of Ipiales.

In the Norte de Santander department, sexual abuse and exploitation cases are perpetrated mainly by groups outside the law and the victim's close relatives. The key stakeholders mention that, as coping strategies, the department has managed an increase in the number of policewomen and patrols available, and unified checkpoints have been established, with training for CAIs and comprehensive support provided by social psychologists to build awareness on the issue. Likewise, hotlines have been created with an emphasis on human trafficking.

Venezuela

Key informants stated that they are aware of cases of gender violence that have occurred in their communities and that in the face of this problem, training workshops are held, psychological care is provided at the Otro Beta care center, cases are recorded, and complaints filed. There is deep concern among the population regarding violence against girls and boys; however, when asked about specific risks by population group, there were no particular answers. In fact, one person stated verbatim: "there is no risk, as such, that depends on gender." The only exception in this regard was a response in which the participant mentioned knowing a case of sexual violence against a minor. Due to the absence of responses from the people interviewed, it is necessary to investigate

more deeply why these events are not disclosed despite their occurrence. What is evident is that the problem of gender violence is not a minor or recent issue in this country, and instead has given rise to the CEDAW Committee making relevant observations to the Venezuelan State²⁰ regarding the violence against women and girls is widespread. As early as 2014, the CEDAW mentioned that GBV was on the increase and recommended Venezuela to maintain a system with updated official figures on violence, which can be publicly accessed.

The context of the COVID-19 pandemic, along with social and economic pressures, movement restrictions, and precarious homes, have generated insecurities and increased vulnerability for women and girls. For that reason, UN Women declared that there is a high probability that sexual exploitation and child marriage will increase, "leaving women and girls from fragile economies and refugee contexts in especially vulnerable situations."²¹

The data collected by COFAVIC through direct cases attention between June 2020 and September 2021 show that 19% of all cases registered in Miranda State belong to GBV, and 2.7% of cases in the States of Lara, Aragua, and Nueva Esparta are GBV. In this period, 278 alleged cases of murders of women and girls were also registered in the country. The states with the highest incidence of GBV cases were Miranda (17%), Capital District (10%), Bolívar (9%), Zulia (9%), Carabobo (8%), Aragua (7%), and Lara (6%)²². It should be noted that among those with the highest incidence of cases are the States of Miranda and Lara, where information collection was carried out.

Another form of violence, which affects women above all, is human trafficking for sexual exploitation, a form of gender-based violence that, in the quarterly update of the Venezuelan Protection Cluster, was recorded in the locations listed as follows: "during the first quarter of 2022, in the CCT Ciudad Guayana the partners reported the articulation of different routes of trafficking in women for sexual exploitation in the states of Sucre, Nueva Esparta, Delta Amacuro, and Bolívar for transfer to Trinidad and Tobago."²³

²⁰ CEDAW, 2014. Concluding observations on the combined seventh and eighth periodic reports of the Bolivarian Republic of Venezuela.

²¹ COFAVIC. 2022. Violence against Venezuelans. COFAVIC report on violent deaths of girls and women 2017-2021. Page 36.

²² Ídem-46

²³ AdR Gender Violence Protection Cluster, Venezuela.

Ecuador

In the focus groups, the participants indicated that the greatest risks for women are physical and sexual violence, and macho attitudes that range from compliments to forms of coercion such as threats. In one group it is considered that boys and girls are also affected by violence and sexual abuse. The participants pointed out that, in cases of gender violence, there is accompaniment for victims to file a complaint, since GBV prevention workshops have been organized and there are advocacy groups for cases brought before the courts. A man who was interviewed mentioned that there is very little that can be done since GBV is normalized throughout the population.

The participants suggest that to better address cases of violence against women, femicide, and sexual abuse, laws are necessary to protect women. Of 4 people interviewed, only one is a migrant, reflecting the lack of knowledge of the GBV regulations in force among Ecuadorians. On the other hand, when referring to the specific needs of girls and boys in the face of issues such as sexual abuse or begging, participants mentioned that educational support is necessary. In the case of men, criminal violence, drugs, and lack of employment are identified as their main risk situations, for which they say protection from the corresponding authorities is required. LGBTIQ+ people, for their part, needs protection against discrimination, sexual violence, and rejection at work and by sexual health care providers.

The people interviewed identified neighborhoods and, in general, public places as risky places, answers that reflect the high-risk reality that exists in the places where the interviews were conducted (Machala, Huaquillas, and Manta).

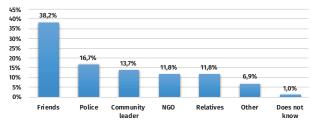
Quarterly update (January-February-March 2022).

Access to justice and alternative coping strategies

Colombia

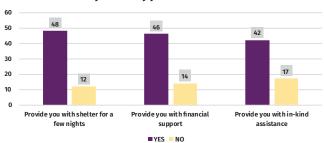
The majority of the people surveyed (38.2%), regardless of their migration status, when they are victims of some type of violence, seek help mainly from a friend before resorting to the relevant public bodies and/or institutions. Likewise, community leaders, as well as NGOs and family members, are not considered the first option when requesting support.

To whom do community members most often turn to for help when they have faced some type of violence?



Although the family is not the most frequent option to seek help, it is considered an ally for those surveyed in case they need a trusted person to solve urgent situations. The host population considers this strategy viable (90%) to a greater extent than people in immigration processes, possibly because the latter, in most cases, do not have family support networks that can provide them with shelter, financial support, and/or in-kind assistance.

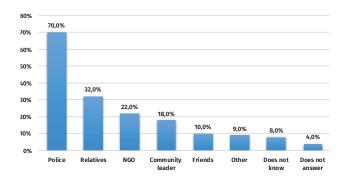
If you need help or have a problem, is there someone in your family you can count on to...?



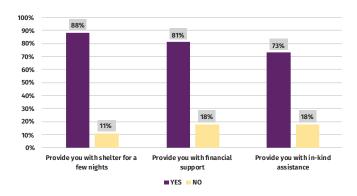
Venezuela

Faced with protection threats, a usual coping mechanism is to discuss security issues at the family level. In this way, fathers and mothers seek more information from their children but also to manage family difficulties. At the community level, all people must be aware of what is happening around the community to prevent acts of insecurity from escalating. However, it is also mentioned that when faced with situations of violence, the Police and friends are consulted. One interviewee said she went to the Cacica Urimare nucleus for support and protection.

According to the systematized results, when the population surveyed has been a victim of some type of violence, unlike in the case of Colombia, 70% of them went to the Police for help. There is a big difference between this first option and the other alternatives since seeking help from a family member registers 32%, from a Non-Governmental Organization 22%, from community leaders 18%, and friends 10%.



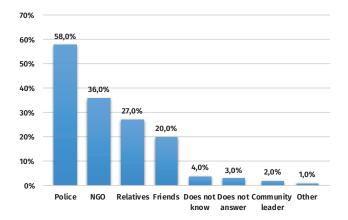
In the table below are the answers to the question of whether if in case of experiencing violence they would go to the family looking for shelter, financial support, or in-kind assistance.



From the survey, it can be seen that 265 women, 17 men, and 3 LGBTIQ+ people indicate that they do have relatives to whom they can turn in case they require refuge. On the other hand, 227 women, 15 men, and 4 LGBTI people responded that they could go to a relative in case they require financial support. Finally, 201 women, 15 men, and 5 LGBTIQ+ affirmed that they have family members they can turn to in case they need in-kind assistance.

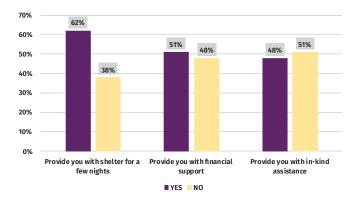
Ecuador

Some alternative coping strategies that occur in risk situations, in the case of women and girls, are avoiding going out late or wearing certain types of clothing that are supposed to be safer in risk situations. The participants mentioned that there are homes where adolescents and girls receive physical and verbal abuse from their fathers and mothers to exercise greater control over them. It was also recognized that women's organizations contribute to addressing problems of violence and other difficulties. Regarding the situation of men, they do not have coping or protection mechanisms; that is, silence prevails among them, which generates significant emotional consequences that later impact their environment. In a focus group discussion, participants mentioned that LGBTIQ+ people represses their way of being ("gays avoid showing themselves to be effeminate. They move away from the neighborhood. They do not interact with their neighbors. In the case of being minors, then simply they hide." The coping mechanisms identified in LGBTIQ+ people consist of seeking support from friends, leaving the community of origin or even the country, and seldom filing complaints against discriminatory acts. There is also talk that some women, to protect themselves when they have to circulate in public spaces, ask for the company of people they know and, as a general rule, do not go out at night.



The answers obtained in the survey coincide with what was found in the application of qualitative techniques, and that is that 58% responded that if they were a victim of some type of violence, they would go to the police. Comparing these data with the responses from Venezuela, one could glimpse higher levels of trust in that country than in Ecuador. The presence of Non-Governmental Organizations as mediators of many of the problems in the country allow them to be present in the lives of the host and migrant population, which is why NGOs, with 36%, appear as the second actor they would go to in case of experiencing violence, followed by a family member (27%), and friends (20%).

In the table below are the answers to the question of whether if in case of experiencing violence they would go to the family looking for shelter, financial support, or in-kind assistance.



Access

Humanitarian Assistance

Colombia

In absolute terms, only 15 people indicated that they had received humanitarian aid in the last 30 days. Of these, 40% are Colombian locals, and 40% are men; 0% are people identified with the LGTBIQ+ community.

Regarding the restrictions on access to humanitarian aid, those surveyed point out that there are cases in which girls/women cannot access services due to the criteria imposed on their families, prioritizing attention to men. All interviewees (9) agreed that the hours, spaces, absence of female staff, and location are not adequate for effective access to services, which is significant for analyzing the adequate conditions to provide humanitarian assistance.

Finally, when asked if they are consulted when evaluating and assisting to their needs, 94.7% responded negatively.

Venezuela

From the responses to the survey, it can be seen that 216 people have received humanitarian aid in the last 30 days, of which 94% are women, 4% men, and 5% people from LGBTIQ+ people.

19% of the people surveyed answered that NOT all people can access humanitarian assistance due to the following reasons (listed by frequency): lack of medicines in health centers; the care is intended for specific populations such as women; the service is not enough for everyone; there is no coordination to manage service provision properly; it is not safe for girls/women to travel to service sites; girls/women cannot access services because their families prevent them; and, the hours are not convenient for girls/women.

Ecuador

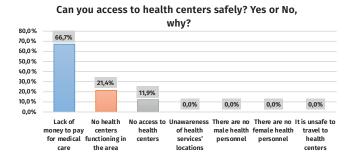
The survey results indicate that 80 people have received humanitarian aid in the last 30 days, of which 44% are migrant women, 21% local women, 21% migrant men, 6% local men, 5% migrant LGBTIQ+ people, and 2% local LGBTIQ+ people.

46% of the people surveyed affirmed that NOT all people could access humanitarian assistance services due to the following reasons (listed by frequency): lack of medicines in health centers; ignorance; priority is given to men; the hours are not convenient for girls/women; no female staff serving; the location of the services is not suitable for girls/women; they cannot access their services because their families prevent them; and, it is not safe for girls/women to travel to service sites.

Comprehensive Health and Sexual and Reproductive Health

Colombia

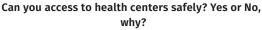
60.7% of the migrants surveyed declared that they do not have safe access to health centers, in contrast to the 96.5% of the host population that has said service. The economic insufficiency of migrants to pay for medical care is the main reason to explain the difficulties in accessing this service. In a smaller proportion (21.4%), people affirm that no health centers are operating in their area of residence or transit.

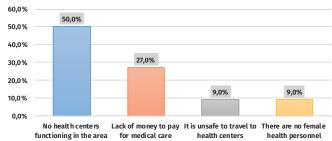


In a mapping of health effects on women, it was identified that 12 women have ovarian cysts. Of this proportion, 10 are migrant women. This proportion is maintained in the case of urinary infections (8 migrants and 1 local). In the case of human papilloma,

100% of people with this condition are migrants. Finally, in the case of breast cancer, of the 9 people who reported this affectation, 7 are migrants and 2 locals. In all cases, the effects on health present higher rates in migrants than in locals. In the case of men, the prevalence of health problems in migrants is similar: of the 17 people with prostate cancer, only 4 are Colombian locals; in the case of the three remaining health conditions, similar proportions appear.

Venezuela





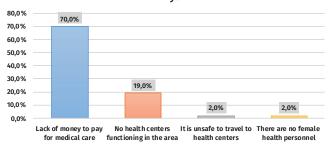
93% of the Venezuelan population surveyed said that they do have safe access to services in health centers. The remaining 7% said they do not have access to said service for the following reasons: because there are no health centers in the area (50%), there is not enough money to pay for medical care (27%), it is not safe to travel to health centers (9%), and there is no female staff at health centers (9%).

In the individual stories, the women stated that, on issues related to access to health services, they are the ones who make the decisions, which matches the opinions expressed in the focus group discussions.

According to the results of the focus group discussions, the health services to which the population has had access include bio-psycho-social care, COVID vaccines, and care in the event of COVID infection. In Miranda, attention was focused on women, girls, men, boys, and the LGBTIQ+ population. In Lara, on the other hand, access was promoted mainly for women. The participants stated that this year, access to health services has improved, considering there is now exclusive care for COVID patients and that health centers have also begun to care for other diseases and conditions.

Ecuador

Can you access to health centers safely? Yes or No, why?



76% of survey respondents answered they have safe access to health centers, and the remaining 24% said they do not. Among the migrant population, 82% responded that they did have safe access to health centers compared to 17% who said they did not, mainly because they do not have enough money to pay for medical care (70%), there are no functioning health centers in the area (19%), it is not safe to travel to health centers (2%), and there is no female staff at health centers (2%).

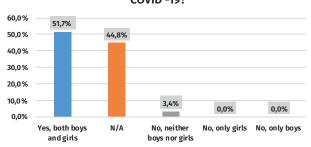
According to the analysis of qualitative responses, women make decisions regarding access to health services. Among these remarks stood out the opinion of a man in Manta, for whom health is an individual responsibility and therefore decides personally on this and other related issues unless the support of someone else is required, which is usually more common in the case of economic nature. However, it is widely recognized that women are the ones that address sexual and reproductive health issues.

Regarding access to health services, including promotion, bio-psycho-social care, COVID vaccines, and care for COVID-19 contagion, only the Manta participants state that girls, women, men, and the LGBTIQ+ population, both residents and migrants have had access. All the participants also noted that concerns related to health services, even more so during the pandemic and post-pandemic, are mainly the responsibility of women.

Educacion

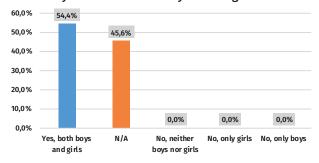
Colombia

Did your children attend school before COVID -19?



Regarding the levels of schooling, the results obtained are positive. Only two cases of children-members of migrant families-who did not attend school were reported. During the last year, there have been no cases of non-attendance at school.

Are your children currently attending school?



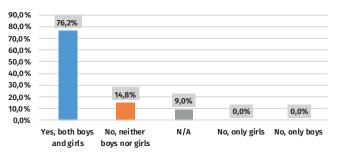
In this sense, through community mapping, focus group discussions, individual stories, and interviews with key actors, the greatest obstacles to the access of the migrant population to education were identified. The results indicate that the main difficulties are related to a lack of documentation, the overburden of the school system and academic institutions, and, most of all, the persistence of social structures that perpetuate discrimination. On the other hand, to promote the migrant population's access to education, mainly international cooperation programs and projects have facilitated access to uniforms for school students. The key actors highlighted the difficulties for young people to access higher education and also pointed out that the fact that fathers and mothers are forced to take their children with them to the workplace has a considerable negative effect on the latter's education.

The LGTBIQ+ population also emphasizes the need for more significant opportunities for professionalization, training, and educational support for the diversification of the tasks they usually perform.

From the perspective of opportunities and educational context for boys and girls from Venezuela, the scenario in all territories points to a significant presence of xenophobia, promoted mainly by education officials.

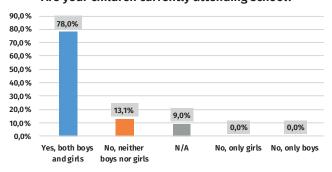
Venezuela





Schooling levels are acceptable, as in Colombia and Ecuador, since both girls and boys have a high percentage of school attendance. However, before the COVID-19 pandemic, 14.8% of boys and girls did not attend school. There has been a slight improvement in the last year, with 13.1% of boys and girls not attending any school. The main explanation to justify the non-attendance of boys and girls is that the schools are not working correctly (11%). Other issues that stand out as obstacles to school attendance are the significant distances students must travel to reach educational institutions and the lack of surveillance agents in schools and colleges to guarantee safety conditions.

Are your children currently attending school?

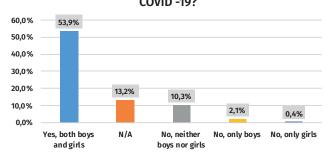


There are no significant differences between boys and girls regarding equal access to education. The irregularities are manifested around "over-age," that is, the case that students take classes that do not correspond to their age, mainly due to the lack of teaching staff, which sometimes requires parents to assume the role of teachers. All of this undoubtedly affects educational quality and learning processes. In the case of boys or girls with disabilities, there are no special free centers, and therefore, they are forced to access conventional schools.

Ecuador

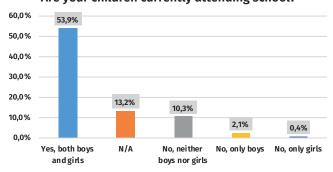
The country presents a better percentage of school enrollment for boys and girls than Venezuela: before COVID-19, 10.3% of boys and girls did not attend school. However, a gender gap in access stands out, as 2.1% of respondents stated that only the boys in the family attended school, while 0.4% stated that only the girls did. According to the survey data, this reality did not change during the current year.

Did your children attend school before COVID -19?



According to the survey data, this reality did not change during the current year.

Are your children currently attending school?



More than half of the participants (53.9%) have both their sons and daughters attending school, but there are households where none of the sons or daughters attend (10.3%), or only the boys attend (2.1%), or only girls (0.4%). The reasons given for neither girls nor boys attending school are that there is not enough money to send them, the schools are not working, and the girls or boys stay at home to help with housework or paid labor. In the cases only boys go to school, the most frequent justification is that there is not enough money to send everyone and that girls stay home to help with household chores. When boys do not go to school, it is alleged-likewise-that there is not enough money to send every child to school, but no respondent elaborated on gender criteria. In the application of qualitative techniques, it is found that the pandemic affected access because there are no financial resources to pay for internet service or a smartphone to receive virtual classes.

Other reasons about difficulties of access and permanence pointed out the discrimination that boys receive for having long hair or girls for dyeing their hair. Among the security problems detected in schools are the bullying of migrant children based on their nationality and the lack of security guarantees through guards, cameras, or alarms within the school, the neighborhood, and its streets, which in certain cases remain desolate at many hours. Insecurity, common crime, and drug use are recurrent worries for parents when sending their children to school. Regarding children with disabilities, respondents mention that they have access to conventional schools, but they do not know of specialized schools that can provide them with an accessible service in logistical and financial terms.

In Ecuador and Venezuela, respondents pointed out that financial difficulties deepen at the beginning of the school year, when families need money to pay for uniforms, school supplies, educational materials, and transportation. Regarding the distance from schools, most surveyed indicated they are close to schools. Still, physical access obstacles remain because illicit drugs are frequently sold around the school, which makes the area dangerous.

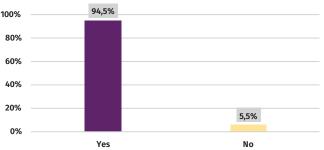
Access to services and resources

WASH

Colombia

Both the migrant and host populations spend less than 30 minutes to collect water, and most consider the location to access this resource to be safe. Only 5.5% of the migrants interviewed must take protection measures when collecting water, as they perceive that there are risks involved.

Do you consider the water collection location to be safe?



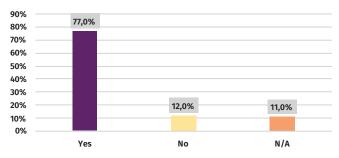
96.6% of survey respondents reported having access to latrines and/or bathroom facilities; despite this, both the migrant and host populations indicated having to face other issues, such as not having locks on the doors. In addition, Venezuelans mentioned that in some cases, the toilets are located in unsafe places, which poses risks at night, as well as not having separate toilets for each sex. Faced with these risks, migrants have had to implement strategies such as asking to be escorted by groups of men and women (25.8%) and/or defecating in the open (16.1%). Slightly less than 90% of survey respondents said that they have access to safe spaces to carry out their personal hygiene routines. The 17.5% of the participants who indicated not to safe spaces were all migrants, whom mentioned risks related to not having locks on the doors, unsafe locations, or simply not having access to these facilities.

Specifically for women, one of their main hygiene needs is having access to basic menstrual care products, mainly to sanitary napkins. 9.4% of respondents (only migrant women) do not have access to bathroom facilities, mainly during the migration journey. 83.3% of the women interviewed claimed to have these needs covered, while the remaining 16.7%, corresponding only to migrant women, reported insufficiencies in this area.

Venezuela

77% of the survey respondents have to leave their home to access to water, while 18% take more than 60 minutes to collect water, 16% take less than 30 minutes, and 11% take between 30 and 60 minutes to do so. Seventy-seven percent of survey respondents consider the location to collect the water to be safe, while 12% think it is unsafe. As for having access to a safe place for personal hygiene, 97% of participants responded affirmatively, while the remaining 3% consider bathroom facilities unsafe, as there are no separate toilets for men and women.

Do you consider the water collection location to be safe?



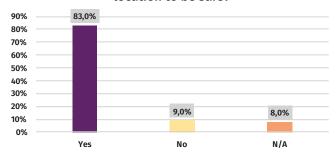
Some of the basic and specific needs of women are those related to menstrual hygiene, where 91% of female respondents reported sanitary napkins to their main need, while 2% responded that they needed reusable cloths. 96% of the women interviewed mentioned that their hygiene needs are covered, while 4% responded that these specific needs are NOT met.

Ecuador

Eighty-four percent of survey respondents do not need to leave their homes to access to water, while 7% take less than 30 minutes to collect water, 3% take more than 60 minutes, and 1% take between 30 and 60 minutes to do so. As for migrants, 79% do not have to collect water outside their home, 8% take less than 30 minutes to do so, 4% take more than 60 minutes, and 1% take between 30 and 60 minutes. Eightythree percent of respondents consider the location of the water to be safe, while 9% consider it unsafe. On the other hand, 93% of respondents mentioned that they DO have access to a safe place for personal hygiene, while 7% do not, as they cannot access to bathroom facilities, there are no separate toilets for men and women, the doors do not have locks, or the facilities are unsafe at night. The reasons why

the migrant population do not have access to a safe place for personal hygiene include lack of bathroom facilities, the doors not having locks, and the facilities becoming unsafe at night.

Do you consider the water collection location to be safe?



Regarding women's specific needs related to menstrual hygiene, 28% of respondents need disposable sanitary napkins, access to bathroom facilities, and reusable cloths. Lastly, 7% of the women surveyed do NOT have their hygiene needs met, while 93% DO have these needs met.

Food security

Colombia

The migrant population in Santander faces high instability regarding food security, caused mainly by the lack of employment opportunities, the high rates of informal employment, and the price raise of the market basket that makes access to food even more difficult and implies a reduction in the portions of daily food intake. Girls, boys, women, men and the LGTBIQ+ community are provided food for only one night through food aid and food distribution offered by CAS and IOM and Red Cross' shelters. There have been a few cases where girls and/or women are prohibited to access to these services by their relatives.

In Norte de Santander, food assistance is not a service available for the migrant population under safe conditions. Assistance provision depends on the type of documentation or permit participants have, therefore, many are left without access to these services. Only children and pregnant women are given priority attention and are not asked to fulfill the requirements. In Moreover, inflation in Colombian has affected the economy of the most vulnerable families; some even mentioned that access to food was better during the pandemic

because of the food vouchers and food assistance received in response to the health crisis. The Frontera Morada Organization, the World Food Programme, Caritas France and CONSORNOC continue to provide food assistance. Discrimination against the LGBTIQ+community living in these territories often prevents them from accessing to services.

The presence of international cooperation agencies has increased in Nariño, thus migrants can access to food assistance for a few days. Nevertheless, food insecurity persists among this population. Acción contra el Hambre (Action Against Hunger) is one of the organizations that provides food cards, as well as ADN and the Technical Secretariat of the Local Committee against Human Trafficking, which provides survivors of trafficking with food and accommodation for 5 days, regardless of their immigration status.

Venezuela

The World Bank, based on data from the International Monetary Fund from April to July 2022, estimates the annual inflation of food-related goods in Venezuela at 155%, becoming the third country with the highest food inflation in the world, only surpassed by Lebanon and Zimbabwe. Taking data published by the Venezuelan Finance Observatory, the market basket went from \$303 in July 2021 to \$329 in July of this year²⁴.

In the Miranda focus group discussion, women reported to be the ones who manage and control access to food; they purchase food with their own money obtained through formal or informal employment. They also mentioned that food delivery in Miranda has improved from last year to date, after the most pressing phases of COVID. In Lara participants also reported an improvement in the access to food, however, they mentioned that this situation has changed slightly, because "the pandemic brought each person's best side", referring to the solidarity previously shown. It is worth mentioning that food security also has to do with the fact that few people plant; most purchase food. Participants also addressed the fact that women, in spite of being the ones who control food distribution, do not have access to land ownership.

24 CARDOZO, Álvarez Ramón, 2022. (In)seguridad alimentaria y desnutrición en Venezuela. Retrieved September 20, 2022. https://p.dw.com/p/4FnfW

Out of 200 people surveyed, 105 women and 3 men responded that in the last 7 days they had to beg for food or rely on the help of friends and relatives from 1 to 3 days; 7 women and 2 men did so from 4 to 6 days, while 5 women and 2 men reported doing so every day. 51 women and 2 men had to reduce portion size at mealtimes between 1 to 3 days a week, 19 women and 2 men did so from 4 to 6 days, while 24 women and 2 men did it during the 7 days of the week; this is another mechanism they resort to, often so that small children eat. 30 women reduced the number of meals per day between 1 to 3 days, 16 women and 2 men did so from 4 to 6 days, while 16 women did so during the whole week. These data as well as the worrying reports on food insecurity in Venezuela, evidence the serious vulnerabilities faced by people, which are detrimental to health and human rights.

Ecuador

The pandemic, together with the financial crisis, has had a deep impact on food security, especially for children in the country, whom already have worrying percentages of chronic child malnutrition, which is one of the main public health problems faced by Ecuador.

The focus group discussion addressed things to do to have access to food and other basic needs; one migrant participant mentioned that everyone helps each other to make ends meet. The group indicated that depending on the money available, they control the food portions so that everyone can eat; they eat only one meal, seasonal fruits and many vegetables. The group acknowledged that all these responsibilities fall on women, which evidences the feminization of caregiving and all related tasks. They also pointed out that things have changed from last year, as there are families that do not eat the three meals every day, they now eat once a day, and for this reason they have to ration food intake and save. Participants also mentioned that food prices have risen, which hinders access because money is not enough. In the case of the LGBTI population, solidarity among their community is vital for the provision of food for themselves and other people in need.

The food insecurity that is evident in the three countries, especially for the migrant population in Ecuador and Colombia, and the general population in Venezuela, is a predictable consequence of the precarious situation faced by this population, which forces them to eat less or not to eat at all. This context is detrimental to the human right to food, in

addition, there is an element that, although has not been mentioned in the research, is still important: the right to food refers not only to have access to food, but also to have healthy and organic food, as this is the basis of human health.

Housing and shelter

Colombia

In the department of Santander, some international organizations and agencies provide shelter and food for the migrant population for one night, mainly in the city of Bucaramanga. There is still a significant percentage of Venezuelan people living on the streets, facing the inclement weather conditions.

In Norte de Santander, the Venezuelan population settles in different places according to their needs and possibilities. For example, especially in the municipality of Pamplona, some communities have been established in unorganized high-risk settlements. They have had to reach agreements with local authorities to avoid eviction and have had the support of the University of Pamplona, from the school of architecture for the design and feasibility assessment of the construction of ecological houses. On the other hand, they mention the lack of social housing projects in the municipality that ensure them a decent and stable life.

In Nariño, as in Santander, accommodation services are offered by some international humanitarian organizations such as Acción Contra el Hambre. However, their capacity is not sufficient to reach all migrant population in need, and some organizations do not have the food resources to assist people. According to a key informant, the State ensures provision of shelter at the departmental and municipal levels for cases of violence, whether gender-based or caused by the armed conflict.

Venezuela

The few responses obtained in the focus group discussions in Lara and Miranda showed that no population group has access to shelters²⁵; however,

25 The term "shelter" is defined as "habitable roofed space that provides a safe and healthy, private and decent environment for persons residing therein". Taken from

they do have access to housing and accommodation. In this regard, survey data show that only 61 women and 3 men own land individually or jointly with their partner; none of the LGBTIQ+ people surveyed own land. Regarding housing, 188 women reported to have a house, of which 20 have an additional house, 3 LBTIQ people own a house, either individually or jointly, as well as 10 men.

The review of updated data on Venezuela from the GBV Area of Responsibility (GBV AoR) Working Group of the Global Protection Cluster from the first quarter of this year is concerning, since housing services (shelters) are scarce, especially for survivors of gender-based violence and their dependents. Shelter availability is important for the multi-sectoral response that the cluster strives to promote.

Ecuador

Responses from key informant interviews indicate that housing and shelter are available to all. However, this does not match data on the needs of the migrant population in the country, according to which the need for shelter or housing is a priority; this is located in priority category 3 in the R4V Joint Needs Analysis of May 2021 in Ecuador.

The survey provides information of 162 migrant women whom were inquired whether they individually or jointly with their partner own a house or other type of housing; 145 responded that they do not own a house, 8 said that they do own a property individually and 9 said that they own a joint property. Of the 118 local female respondents, 80 said reported not to own a house, 11 did own an individual property and 27 owned a joint property. As for male migrants, of 120 respondents, 112 mentioned not to own a property, 2 respondents own an individual property and 6 own a joint property. Of the 105 male local respondents, 73 said not to own a property, 14 own an individual property, and 18 own a joint property. None of the 8 LGBTI migrant persons interviewed own a house, as opposed to 3 local LGBTI persons who reported to own a house individually, while 4 said not to own a property.

the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing risk, promoting resilience and boosting recovery. Shelter, human settlements and recovery. IASC-page 39. The Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela (R4V) January to December 2022²⁶, addresses the urgent need for shelters for Venezuelan migrants in the region. It reveals that, based on several assessments carried out throughout the region, access to shelters remains one of the top three priority needs among Venezuelan migrants and refugees. The pandemic and the resulting crisis have directly affected the ability of this population to generate income, thus their ability to access to adequate housing.

Participation

Community participation and involvement in programs, associations or groups

Colombia

Regarding community participation, the surveys show that 76.4% of respondents do not participate in community decision-making. Of the 21.8% that do mentioned to participate, only 16.6% are migrants; 33.3% self-identified as females and 25% as LGTBIQ+.

The next question on membership in social-political organizations, is related to the previous results. In this sense, 55.1% of respondents mentioned not to belong to any association, group or club that holds regular meetings, while the remaining 44.9% affirmed the opposite; the latter is composed of 33.8% migrants, 33.8% women and only 13.6% LGTBIQ+ people. There is higher participation in the department of Norte de Santander and Nariño. Regarding the type of organization, 40% identified themselves as a social organization, 26.7% as women's organizations, 26.7% as "other type of organization" (collective, migration, association, JAC, cultural), 3.3% as political organizations, 3.3% as religious organizations.

Thus, as can be seen in the interviews with key informants in all regions, there is no conclusive answer regarding community participation, with non-profit organizations being the main actors referred to for "community management", and regarded as key to address social problems.

Venezuela

According to survey results, 58% of respondents are members of an association or organization. Of these, 62% self-identified as female. The participation of men and LGBTI people was minimal, however, six men of the 16 respondents do participate in or are members of some association or organization; and, 1 of the 3 LGBTI persons surveyed participates in or is a member of some association or organization.

Survey data shows that 25 people are members of religious organizations, 19 respondents are members of political organizations and 16 of social organizations; this reveals a more religious than political or social attachment, possibly linked to the hopelessness brought about by the socio-political and economic crisis that the country is going through, which pushes people to seek spiritual refuge.

Ecuador

According to survey data, 55 Ecuadorians (25 women, 27 men and 3 LGBTI persons) and 40 migrants (22 women, 14 men and 4 LGBT persons) participate or are members of an association or organization. Of these, nineteen Ecuadorians belong to a political organization, 11 to a social organization, 7 to religious groups and 4 to a trade union; while for the migrant population, 16 belong to a social organization, 7 to trade unions, 6 to religious groups and 2 to a political organization.

Even after the crisis, 100% of male and LGBTIQ+ respondents who belong to some type of organization continue to meet. Ninety-one percent of women who belong to organizations continue to meet, which evidences the support they receive from being part of some group.

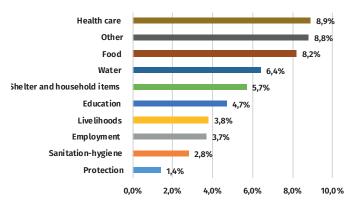
²⁶ R4V 2022. Regional Refugee and Migrant Response Plan (RMRP). P. 62.

Needs and vulnerabilities

Colombia

Regarding their main needs, survey respondents mentioned health care (8.9%), food (8.2%), access to water (6.4%), shelter and household items (5.7%), education (4.7%), livelihoods (3.8%), employment (3.7%), sanitation-hygiene (2.8%) and protection (1.4%) as their main needs.

What are the top three priority needs for you and your household?



As for the first prioritized need, health care, the distribution of male and female respondents is similar (25-26); while there are 8 LGTBIQ+ people who prioritize this need. From a regional perspective, there were 16 responses in both Nariño and Norte de Santander, while there were 28 responses in Norte de Santander.

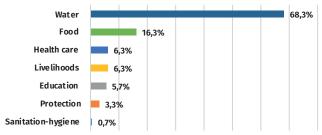
With regard to the second need prioritized, food, the distribution of male and female respondents is similar; this need is more prioritized in Santander than the other departments analyzed.

Venezuela

Survey data on the priority needs of the population placed access to water in the first place with 68.3% of responses, followed by 16.3% of responses for food, 6.3% for livelihoods (employment, financial resources, having a vehicle or livestock), 6.3% for health care, 5.7% for education, 3.3% for protection, and 0.7% for sanitation and hygiene (sewage, wastewater management).



What are the top three priority needs for you and your household?



0,0% 10,0% 20,0% 30,0% 40,0% 50,0% 60,0% 70,0% 80,0%

From a gender perspective, the results indicate that water is the most prioritized need for women, followed by food, and education and sanitation and hygiene at the same level of priority. Also for men, water is the most pressing need, followed by food, livelihoods and health care. LGBTIQ+ people mentioned education as their first need followed by food. For girls and adolescents (15 respondents) water is the most prioritized need, followed by food, as for the rest of the population, however, the third need for this group is education.

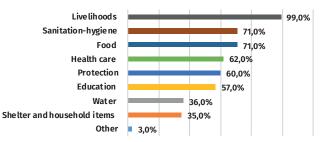
Since the participation of men and LGBTI people was less than that of women, the latter outnumbered those that prioritized water as a need (12, 2 and 187 respectively). Women mentioned to require training on sexuality, as well as health care, education on rights, neighborhood organization, institutional security, campaigns, protection and accompaniment. Girls and boys need awareness raising, sensitization and accompaniment, as well as psychological support. Men also require awareness and communication processes. Psychological help is identified as necessary for LGBTIQ+ people, as well as specialized help centers.

Ecuador

The priority needs identified by survey respondents include livelihoods (employment, financial resources, vehicles, livestock) in the first place with 99% of responses, followed by food and, with the same percentage, sanitation and hygiene with 71% of responses (sewage, wastewater management), health care (62%), protection (60%), education (57%), water (36%), shelter and household items (35%).

The main priority need identified by both Ecuadorian females and migrant males and females, is livelihoods; however, for Ecuadorian males, the first need is food, which suggests that this group have better access to employment. Migrant women, on their part, mentioned food and water as their main the needs, after livelihoods. It should be noted that only in the case of local and migrant males health care was considered as the third priority need. The LGBTIQ+ respondents also mentioned livelihoods as their main need; the LGBTIQ+ migrant population placed education on the second place, before food. For girls and adolescents (12 respondents) the first need is also livelihoods, followed by water and food, the same as for the adult local population.

What are the top three priority needs for you and your household?



0,0% 20,0% 40,0% 60,0% 80,0% 100,0% 120,0%

The application of techniques for collection of qualitative data allows knowing the perception of participants with respect to the people who are facing greater vulnerabilities, including women, children, the elderly, migrants, LGBTIQ+ people, and people living on the street. One of the migrant women participating in the group commented that women face grater vulnerabilities "just because they are women", which shows the sexist notions that naturalize situations and conditions that deny women's rights. The migrants interviewed mentioned food, health, education, employment and housing as needs of their family members. When asked about their main needs, they mentioned job stability, education, health, food, more information for LGBTIQ+ people, and the need to promote new masculinities.

Conclusions

Colombia, Venezuela and Ecuador are countries located in South America; the first two are larger in size and population than the latter: Colombia triples and Venezuela doubles the population of Ecuador. Nevertheless, the sex composition in both Colombia and Ecuador is similar, with 50.8% women and 49.2% men, and 50.5% women and 49.5% men respectively. In both countries, there is no sex-disaggregated data that considers LGBTIQ+ people, therefore it was not possible to relate to the total population. On the other hand, Venezuela's population consists of 49.9% female and 50.1% is male persons; Venezuela registers that 10% of its population is LGBTIQ+.

The changes perceived by surveyed and interviewed participants in the three countries, include, in the case of Colombia, access to health care, the financial situation, international cooperation, the school situation of children and adolescents, increased xenophobia, the traditional roles of women, and immigration processes. For the case of Venezuela, the changes include greater economic difficulties, family crises, including physical and mental health, and freedom of movement, since quarantine measures were lifted. Participants in Ecuador mentioned increased violence in the country, the difficult financial situation that affects mental health and the lack of attention from State institutions.

Venezuela and Colombia have a higher proportion of female heads of household, 77.3% and 55.9%, respectively, compared to 20.7% and 39% of male heads of household. On the other hand, Ecuadorian respondents report 43.8% female heads of household

and 53.8% male heads of household. There is a trend regarding increased recognition of female household headship in both host and migrant populations, which results in overload of family responsibilities, which has been evident from the pandemic until present time.

For women, both local and migrants, taking on the role of head of household means assigning more time to unpaid care work. In the three countries, this work is mainly assumed by women, including childcare and health care for family members; this increased during the pandemic and continues after the pandemic, and are tasks to which women are constantly dedicated. The sociocultural norms assign the tasks of cooking, household cleaning and food shopping to women; in the cases of migrant households, these are performed by other members, based on the need to support each other when they are outside their country rather than for conscious changes. It is worth noting that part of LGBTIQ+ people in the three countries somehow has a more equitable distribution of household chores.

decision-making Household reveals differences among the three countries. In Colombia, most men (75%) decide to work to earn their own money and therefore have financial autonomy; they decide whether to acquire or sell their possessions (56%) compared to 32% of women who do so. In Venezuela 93.6% of women make decisions about family activities and dynamics, although it should be noted that the survey has an overrepresentation of women. Ecuador is in line with Colombia, as 68.2% of respondents (migrants and locals) indicated that women make decisions at home. In none of the countries is there any evidence of changes in these dynamics.



Participation in community spaces of the migrant population in Colombia is affected by the lack of knowledge of the Venezuelan population about who made decisions in their community, which results in low participation in community decision-making. In Venezuela, there is evidence of knowledge of community decision-makers and as well as participation in these processes. In Ecuador, both the local and migrant populations know who the decision-makers are in their communities, with the exception of those living in the street or in transit; however, this knowledge does not ensure a majority participation, since only 91 people mentioned to participate.

Jobs in the informal economy are the main alternatives for the vulnerable populations in the 3 countries, although in Venezuela domestic work is in the first place, followed by jobs in the informal economy. In any case, these jobs do not allow them to generate sufficient income: many people receive less than the minimum wage and those in Venezuela who do receive more than the minimum wage (42.44%) cannot purchase much as this wage is not even equivalent to 1 dollar. These precarious situations for both the host population, but even more so for migrants, have led them to apply coping mechanisms, which are recurrent in all 3 countries, such as buying less preferred/expensive foods, borrowing food or relying on friends or relatives, reducing portion sizes, not eating in order to be able to feed the youngest, or reducing the number of meals per day. These strategies increase the risks of food insecurity. In this context, help from relatives and from humanitarian organizations continue to be important to support both the host and migrant populations in need.

Violence is widespread in the 3 countries, and respondents agree on the increase that the pandemic has brought to occurrence of gender-based violence against women and LGBTIQ+ people. Participants also mentioned that girls are generally the victims of violence and sexual abuse, as well as human trafficking for sexual exploitation, which is another type of violence that affects women, mainly those in human mobility. In addition to these forms of violence, there is also volume crime, which is the first type of conflict identified by participants of the three countries, followed by fighting or gunfire once a month in Colombia, GBV, IPV and school violence in Venezuela, and contract killings and drug-related crime in Ecuador. Faced with this level of insecurity, with the exception of Colombia, where they prefer to turn to a friend for help, in the other two countries respondents mentioned that they would turn to the police.

Access to support and services is another main need in the target countries. Data indicate that numerically more people received humanitarian assistance in Venezuela than in the other two countries, the main hosts for Venezuelan people in human mobility. In these countries, the perception of survey respondents is that men are given priority attention, that schedules are not convenient for girls/women, there are no female staff to provide services, the location of the services is not convenient for girls/ women, they cannot access the services because of their families, or it is not safe for them to travel to the service sites. In Ecuador, participants also mentioned the lack of medicines in health centers (38%) and lack of knowledge of the population (18%). Regarding comprehensive sexual and reproductive health, with the exception of Colombia, in Venezuela and Ecuador, more than half of survey respondents mentioned to have safe access to health care centers. The responses of those who cannot access to services mentioned the same difficulties in all 3 countries: not having enough money to pay for medical care and there are no health centers in the area.

School enrollment is acceptable in the 3 countries, as most both boys and girls are attending to school. In Colombia, before COVID-19, 3.4% of boys and girls did not attend to school; now this has dropped to 0%. In Venezuela and Ecuador before COVID-19 and now, there are still 13.1% and 10.3% of boys and girls who are not attending school, respectively. The reasons given by parents for the non-attendance of their children to school include schools closures, not having enough money, and in the case of Ecuador, because the girls stay home to help with household chores while boys have to work since the money is not enough to cover everyone's expenses.

Safe and immediate access to water is not a problem for the majority of survey respondents, including the population in human mobility. Contradictorily, 68.3% of survey respondents in Venezuela mentioned access to water as a priority need, as this continues to be an issue for Venezuelans, as is unrestricted access to food; mostly women are responsible for this activities, as they have to distribute food, restrict it, prioritize its consumption and generate income every day to meet basic needs. Limited access to housing also reveals the difficulties faced by the Venezuelan migrant population aiming to settle in another country.

Recommendations

The recommendations taken from the reflections of surveyed and interviewed participants in the three countries, ask authorities and decision-makers to approach the communities to listen directly to their demands, and mainly to create spaces for direct participation. In addition, participants recommend promoting psychological, economic and legal support, as well as holding regular meetings for collective decision-making that allow them to address their priority needs in all areas affecting vulnerable migrants and the general populations, mainly women, children and adolescents who are exposed to greater risks to their physical and sexual integrity.

Overarching recommendation

This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. An updated gender analysis of the changing gender dynamics within affected communities allows for more effective and appropriate programming and will ensure that humanitarian assistance is tailored to the specific and differing needs of women, men, boys and girls. Organizations should continue to invest in gender analysis, to share new findings, and to adapt programming based on the changing needs of women, men, boys and girls.

Targeted recommendations

Humanitarian actors, international organizations, donors and civil society

- Create or strengthen spaces for psychosocial support to treat the mental health of the target population. This should include individual attention, as well as collective spaces for reflection and socialization of resources, contacts, ideas; participants must feel safe and free to ask, know and inquire in these spaces, regardless of their situation or conditions.
- Increase comprehensive projects that initially provide conditional cash-based assistance to vulnerable migrant and local women and LGBTI people, to help them covering their basic personal and family needs, especially access to

food, as well as contributing to the economic empowerment of the population in need, always based on the direct opinion of the target population.

- Strengthen humanitarian assistance programs in Venezuela, that mainly aim to cover the food and mobilization needs of those populations facing extreme vulnerabilities and whose freedom of movement is hampered by transportation costs.
- Increase the delivery of menstrual hygiene kits for migrant girls, young women and adult women in all countries, ensuring the supply of sanitary napkins, and establish WASH facilities that consider the needs of menstruating girls and women.
- Support small-scale food production at the community and family level, by conducting workshops on healthy and organic food that focus health protection and promote the care of the environment, detached from what is considered the "must be" of food.
- Promote vocational training aimed at providing skills for small-scale commerce or other enterprises that allow for improvement of participants' individual and family financial situation.
- Identify actors and allied service providers at the community level, including not only official services, but also those of social and humanitarian aid organizations. Keep this record updated and distribute it massively in urban and rural areas, in the most unprotected and excluded sectors of each country. For this purpose, different mechanisms for socialization should be considered (community radio stations, community leaders, churches, temples, bus stops, public transportation, cell phone applications, social networks) and must consider the use of languages that allows the understanding of people with visual or hearing disabilities.
- Promote the inclusion of men in the efforts to combat gender-based violence, by using inclusive approaches, and strengthen processes of new masculinities that have already started in some countries.

Support and strengthen community mechanisms for close and immediate support to those who need it most, in constant and direct dialogue with migrant communities, women, children, and LGBTIQ+ people. These community mechanisms should provide equitable spaces free of discrimination to promote the effective participation of all people for whom and with whom we work.

Public Sector

- Increase the State budget for GBV prevention and attention programs, opening of shelters and business projects to promote the financial autonomy of women survivors of violence, both locals and migrants.
- Establish regular training and education processes with field practices on migration, gender and inclusion issues as a requirement for the recruitment of public officials who provide services to the migrant population; carry out job performance evaluations
- Provide official communication spaces to widely disseminate the services available to the migrant population and establish mechanisms to provide all the basic information required by people upon their arrival in another country.
- Refine the migration offices and national borders, and provide training to their officials on the identification of crimes such as human trafficking and the proper handling of cases of sexual violence that may occur.
- Arrange that all national and institutional statistics be disaggregated by gender and, at the same time, generate guidelines and protocols for the attention of LGBTIQ+ individuals in all public agencies, not only in specialized ones.

Gender mainstreaming recommendations

- Include data disaggregated by intersectional identities in all studies, records and information gathering processes, which include gender, ethnicity, immigration status, disability and others that may be relevant depending on the location.
- Carry out gender and intersectional analyses with the target populations that allow addressing their specific problems and work jointly to achieve responses tailored to these realities, with the direct participation of the target population.
- Promote the development of studies and specific evaluations with a gender-sensitive and human rights approach to warn of new risks that may arise for elderly migrants, people with disabilities, people with low education level, boys, girls and adolescents, and gender-diverse people, to ensure an effective identification of needs and provide inputs to prepare an appropriate response in tune with the needs of the population.
- ► Ensure that humanitarian action maintains a gender-sensitive approach in all its interventions, and provide training to people who will intervene in each emergency on the use of such approach. Generate expertise to develop and apply specific tools for men, women, boys, girls, LGBTIQ+ people; from the beginning specific resources must be allocated to mainstream the gender-sensitive approach in all humanitarian action.
- Promote equity and inclusion in all participatory processes carried out, incorporating the target population from project and proposal planning, mainly women, the migrant population, LGBTIQ+ individuals, children and adolescents, thus allowing them to be part of their own recovery.

Recognize accountability as an essential process in all humanitarian actions, which allows informing and incorporating the target population on the programs and their subsequent evaluation.

Gender specific programming recommendations

- Promote the inclusion of gender indicators in all humanitarian planning and programming, needs assessments, risk data collection, cash-based assistance and community support processes.
- Strengthen coordination with civil society organizations working with women and LGBTIQ+ people from a gender-sensitive perspective to improve response capacity and expand services to the most remote locations.
- Identify the urgent and strategic needs of the female population, especially female heads of household, so that in coordination with other humanitarian actors, direct liaison programs can be managed with this population; provide effective accompaniment during the intervention.

- Provide training at the local level for public officials working at the borders of intervention countries, as well as in those territories with a high percentage of migrant population, on the gender-sensitive approach and care of women of all ages and LGBTIQ+ population, mainly on gender-based violence and the specific laws in force in each country.
- Create programs to provide safe spaces for women, children and adolescents, and temporary accommodation for the vulnerable migrant population, ensuring that these spaces be free of violence and discrimination.



Annexes

Annex 1: Colombia RGA Systematization Report

The report will be included as an annex in an attachment and not incorporated into this sub-regional RGA report to reduce file size.

Annex 2: Demographic profile by country

Colombia

| | Sex and age-disaggregated data | | | | | | |
|----------------------------|--|-------------------|--------------|------------|--|--|--|
| Female participants by age | | | | | | | |
| Age group | 0-5 y 6-18 y 19+ y # Total | | | | | | |
| % | 4.5% | 51.2% | | | | | |
| # | 2.299.446 | 5.085.344 | 19.057.423 | 26.442.213 | | | |
| | Į. | Male participants | s by age | | | | |
| Age group | <u>0-5 y</u> | <u>6-18 y</u> | <u>19+ y</u> | # Total | | | |
| % | 4.7% | 10.3% | 33.9% | 48.8% | | | |
| # | # 2.400.175 5.292.173 17.474.913 25.167.261 | | | | | | |
| <u>Total participants</u> | | | | | | | |
| | 4.699.621 | 10.377.517 | 36.532.336 | 51.609.474 | | | |

Based on data of The National Administrative Department of Statistics (DANE), projections for 2022.

Migrant Population

| Age | Female | Male | Total |
|---------|-----------|-----------|-----------|
| All | 1.190.973 | 1.144.268 | 2.335.241 |
| 0-9 y | 166.735 | 160.198 | 326.933 |
| 10-24 y | 393.020 | 377.609 | 770.629 |
| 55+y | 71.458 | 68.655 | 140.113 |

Taken from the Colombia Systematization Report, 2022 (unpublished).

Venezuela

| Sex and age-disaggregated data | | | | | | | | | |
|-----------------------------------|--|----------------------|-----------------------|------------|--|--|--|--|--|
| <u>Female participants by age</u> | | | | | | | | | |
| Age group | Age group 0-4 y 5-19 y 20+ y # Total | | | | | | | | |
| % | 4.0% | 12.4% | 33.5% | 49.9% | | | | | |
| # | 1.301.784 | 4.044.464 | 10.919.236 16.265.484 | | | | | | |
| | Ī | Male participants by | <u>age</u> | | | | | | |
| Age group | <u>0-4 y</u> | <u>5-19 y</u> | <u>20+ y</u> | # Total | | | | | |
| % | 4.3% | 13.2% | 32.7% | 50.1% | | | | | |
| # | # 1.388.201 4.296.024 10.655.714 16.339.939 | | | | | | | | |
| | <u>Total participants</u> | | | | | | | | |
| | 2.689.985 | 8.340.488 | 21.574.950 | 32.605.423 | | | | | |

Based on INE data, projections for 2022.

Ecuador

| Sex and age-disaggregated data | | | | | | | | | |
|--|---|-----------------|---------------|-----------|--|--|--|--|--|
| Female participants by age | | | | | | | | | |
| Age group 0-5 y 6-18 y 19+ y # Total | | | | | | | | | |
| % | 5.6% | 32.9% | 50.5% | | | | | | |
| # | 973.471 | 2.116.104 | 5.755.131 | 8.844.706 | | | | | |
| | <u>Mal</u> | le participants | <u>by age</u> | | | | | | |
| Age group | <u>0-5 у</u> | <u>6-18 y</u> | <u>19+ y</u> | # Total | | | | | |
| % | 5.8% | 12.6% | 31.0% | 49.5% | | | | | |
| # 1.018.013 2.211.957 5.435.967 8.665.937 | | | | | | | | | |
| <u>Total participants</u> | | | | | | | | | |
| | 1.991.484 4.328.061 11.191.098 17.510.643 | | | | | | | | |

Based on INEC data, projections for 2022.

Venezuelan population registered in the Immigration Registry-2020

| Sex and age-disaggregated data | | | | | | | | |
|---|---|-------------|------------|-----|------|--|--|--|
| <u>Female participants by age</u> | | | | | | | | |
| Age group 18-24 y 25-35 y 36-55 y 56+ y # Total | | | | | | | | |
| % | 18,5 | 42,7 | 31,7 | 7,1 | 51,2 | | | |
| | <u>Mal</u> | e participa | nts by age | | | | | |
| Age group | Age group 18-24 y 25-35 y 36-55 y 56+ y # Total | | | | | | | |
| % 17,7 45,3 32,6 4,4 48,8 | | | | | | | | |
| Total Venezuelan population in the Immigration Registry 2020 (adult population) 134,400 | | | | | | | | |

Based on IOM data, Registration - Flow Monitoring, May 2022.

In addition to the registered adult population, the analysis shows 49.8% of women under 18 years of age and 50.2% of men under 18 years of age.

Annex 3: Characterization of surveyed and interviewed participants

Surveys. Colombia: 60 surveys, of which 32 (53%) were responded by men and 28 (46.7%) by women. Of survey respondents, 26 (43.3%) self-identified as male, 25 (41.7%) as female, 6 (10%) as transsexual, 2 (3.3%) as non-binary gender and 1 (1.7%) as transgender. By age group, 6 respondents (10%) were 15 to 24 years old, 32 respondents (53.3%) were 25 to 34 years old and 22 respondents (36.7%) were 35 years and older. **Venezuela:** 300 surveys, of which 280 (93.3%) were responded by women, 18 (6%) by men and 2 (0.7%) by intersex people. Of the total respondents, 278 (92.7%) self-identified as female, 17 (5.7%) as male, 3 (1%) as transgender, 1 (0.3%) as non-binary gender and 1 (0.3%) as gender fluid. By age group, 165 respondents (55%) were 30 to 59 years old, 91 respondents (30.3%) were 18 to 29 years old, 32 (10.7%) were 60 years old and over and 10 respondents (3.3%) were under 18 years old. **Ecuador:** 530 surveys, of which 285 (53.8%) were responded by women, 225 (42.5%) by men and 4 (0.8%) by intersex people. 283 survey respondents (53.4%) self-identified as female, 210 (39.6%) as male, 11 (2. 1%) as transgender, 2 (0.4%) as non-binary gender, and 24 (4.5%) as other-unspecified. By age group, 20 respondents (3.9%) were under 18 years old, 45.9% were 18 to 29 years old, 233 (46.7%) were 30 to 59 years old, and 3.5% were 60 years old and over.

Community mapping with 125 participants, including 60 women, 33 men and 32 LGBTIQ+ people in Colombia.

Individual stories. 23 people were interviewed in **Colombia**, aged 30 years on average. In **Venezuela** 6 people were interviewed, all females, aged 18 to 29 (2), 30 to 59 (3) and 60 and over (1). In **Ecuador** 8 people were interviewed, including 5 women and 2 men and 1 participant who did not respond; aged 18 to 29 (2) and 30 to 59 (6).

Focus Group Discussions. In **Colombia** 18 focus group discussions were carried out with 125 participants, including 60 women, 33 men and 32 LGBTIQ+ individuals, aged 38 years on average, and an age range of 18 to 67 years; on average, women were aged 42, men were 37, and LGBTIQ+ people were 32. In **Venezuela** 6 focus group discussions were carried out with 80 participants, including 70 women, 9 men and 1 LGBTIQ+ person. Of this population, four people were under 18 years old, 28 people were 18 to 29, 45 people were 30 to 59 and 3 people were over 60 years old. In **Ecuador** 5 focus group discussions were carried out with 52 participants, including 47 women, 5 men and 4 LGBTIQ+ people, of which 8 were under 18 years old, 15 were 18 to 29 and 28 were 30 to 59 years old.

Key Informant Interviews. In **Colombia** 11 people were interviewed, including 6 institutional actors and 5 women leaders; 9 women and 2 men were interviewed. In **Venezuela** 10 people were interviewed, including 1 street leader, 1 treasurer in the Community Council, 1 parliamentarian, 1 spokesperson, 1 member of an educational community and in the Community Council, 1 community leader, 1 health committee member, 1 police officer and 1 member of a community organization; 9 women and 1 man were interviewed. In **Ecuador** 4 people were interviewed, including 1 actor of a public institution, 1 independent professional and 2 members of social organizations, of which one Ecuadorian and one Venezuelan; 1 woman, 1 man, 1 transsexual and 1 gay person were interviewed.

Characterization of survey respondents Colombia

In Colombia²⁷ 60 household surveys were conducted, of which 28 persons were interviewed in Santander (46.6%), 16 in Norte de Santander (26.7%) and 16 in Nariño, both in urban areas (79.3%) and to a lesser extent in rural areas (19%). The number of migrants was 29 people (49.2%) and 28 people from the host population (47.5%); participants also included one returnee (1.7%) and one displaced person due to the armed conflict (1.7%).

| Category | Department | City | Female | Male | LGBTIQ+ | Total |
|-----------|------------|-------------|--------|------|---------|-------|
| | Norte de | Pamplona | 0 | 4 | 1 | 5 |
| | Santander | Cúcuta | 1 | 1 | 1 | 3 |
| Migrants | Santander | Bucaramanga | 10 | 4 | 3 | 17 |
| | Nariño | Ipiales | 2 | 1 | 0 | 3 |
| | INATITIO | Pasto | 1 | 2 | 0 | 3 |
| | Subtotal 2 | | 14 | 12 | 5 | 31 |
| | Norte de | Pamplona | 0 | 5 | 0 | 5 |
| | Santander | Cúcuta | 1 | 1 | 1 | 3 |
| Residents | Santander | Bucaramanga | 3 | 4 | 4 | 11 |
| | Nariño | Ipiales | 1 | 3 | 0 | 4 |
| Namio | | Pasto | 4 | 2 | 0 | 6 |
| | Subtotal 2 | | | 15 | 5 | 29 |
| | | Total | 23 | 27 | 10 | 60 |

There was equal gender distribution among survey respondents; 53% were male and 46.7% were female. 43.3% self-identified as male, 41.7% as female, 10% as transsexual, 3.3% as non-binary gender, and 1.7% as transgender. Their ages ranged from 25 to 34 years (53.3%), 35 years and older (36.7%) and 15 to 24 years (10%).

Venezuela

300 surveys were conducted, of which 151 (50.3%) corresponded to Miranda and 149 (49.7%) to Lara, both in urban areas (83%) and to a lesser extent in rural areas (16%). Of survey respondents, 95.7% were locals, 1.7% were returnees, 1.3% did not answer, 1% were displaced persons in host families and 0.3% were migrants.

| VENEZUELA. SURVEY RESPONDENTS BY SEX | | | | | | | | |
|--------------------------------------|-----|----|---|-----|--|--|--|--|
| State Female Male LGBTIQ+ Total | | | | | | | | |
| Miranda | 135 | 14 | 2 | 151 | | | | |
| Lara 145 4 0 145 | | | | | | | | |
| Total | 280 | 18 | 2 | 300 | | | | |

Regarding the sex of interviewees, 280 (93.3%) were women, 18 (6%) were men and 2 (0.7%) were intersex. 92.7% self-identified as female, 5.7% as male, 1% as transgender, 0.3% as non-binary and 1 as gender fluid. 55% of respondents were aged 30 to 59, 30.3% were 18 to 29 years old, 10.7% were 60 years and over and 3.3% were under 18 years old.

²⁷ Information taken verbatim from the Colombian RGA Systematization Report, 2022 (unpublished).

| VENEZUELA. | VENEZUELA. SURVEY RESPONDENTS BY GENDER | | | | | | | | | |
|------------|---|------|---|---|-----|-----|--|--|--|--|
| State | State Female Male Transgender Non-binary gender Other | | | | | | | | | |
| Miranda | 135 | 13 3 | | 0 | 0 | 151 | | | | |
| Lara | 143 | 4 | 0 | 1 | 1 | 149 | | | | |
| Total | 278 | 17 | 3 | 1 | 1 , | 300 | | | | |

Ecuador

530 surveys were conducted, of which 200 (37.7%) corresponded to Manta, 142 (26.8%) to Machala, 151 (28.5%) to Huaquillas and 37 (7%) to Ibarra, both in urban areas (81%) and in rural areas (18%). Of those surveyed, 56% were migrants, 42.3% were locals, 1.5% were returnees, and 0.2% did not provide information.

| ECUADOR. SI | ECUADOR. SURVEY RESPONDENTS BY SEX | | | | | | | |
|-------------|------------------------------------|------------|--------|------|---------|-----------|-------|--|
| Category | Department | City | Female | Male | LGBTIQ+ | No Answer | Total | |
| | El Oro | Machala | 54 | 35 | 2 | 0 | 91 | |
| Migrants | El Olo | Huaquillas | 52 | 27 | 6 | 0 | 85 | |
| Wilgiants | Manabí | Manta | 33 | 56 | 0 | 0 | 89 | |
| | Imbabura | | 24 | 2 | 0 | 0 | 26 | |
| | Subtotal 2 | | 163 | 120 | 8 | 0 | 291 | |
| | El Oro | Machala | 36 | 14 | 1 | | 51 | |
| Residents | | Huaquillas | 36 | 18 | 5 | | 59 | |
| nesidents | Manabí | Manta | 39 | 70 | 1 | 1 | 111 | |
| Imbabura | | Ibarra | 9 | 2 | 0 | | 11 | |
| | Subtotal 2 | | | 104 | 7 | 1 | 232 | |
| | | 283 | 224 | 15 | 1 | 523 | | |

53.8% of surveys were responded by women, 42.5% by men and 0.8% by intersex people. Of these, 53.4% self-identified as female, 39.6% as male, 2.1% as transgender, 0.4% as non-binary, and 4.5% as other; 3.9% were under 18 years of age, 45.9% were 18 to 29 years, 46.7% were 30 to 59 years, and 3.5% were 60 years and older.

| ECUADOR, SURVEY RESPONDENTS BY GENDER | | | | | | | | | |
|---------------------------------------|------------|------------|--------|------|-------------|----------------------|-------|-------|---|
| Category | Department | City | Female | Male | Transgender | Non-binary gender | Other | Total | Other* |
| Migrants | El Oro | Machala | 54 | 28 | 5 | 1 | 3 | 91 | Transsexual (1), gay (2) |
| | | Huaquillas | 51 | 28 | 0 | 0 | 6 | 85 | Gay (4), transsexual (1), lesbian (1) |
| | Manabí | Manta | 33 | 54 | 1 | 0 | 1 | 89 | N/A (1) |
| | Imbabura | Ibarra | 24 | 2 | 0 | 0 | 0 | 26 | |
| | Subtotal 2 | | 162 | 112 | 6 | 1 | 10 | 291 | |
| | El Oro | Machala | 35 | 10 | 5 | 0 | 1 | 51 | Transsexual (1) |
| Residents | | Huaquillas | 38 | 17 | 0 | 0 | 5 | 60 | Transsexual (1), gay (3), lesbian (1) |
| | Manabí | Manta | 37 | 68 | 0 | 1 | 4 | 110 | Transsexual (3), N/A (1) |
| | Imbabura | Ibarra | 9 | 2 | 0 | 0 | 0 | 11 | |
| | Subtotal 2 | | | 97 | 5 | 1 | 10 | 232 | |
| | | Total | 281 | 209 | 11 | 2 | 20 | 523 | |







CARE Colombia: care-colombia.org

CARE Ecuador:
www.care.org.ec
CARE Gender in Emergencies:
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http://careevaluations.org

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