

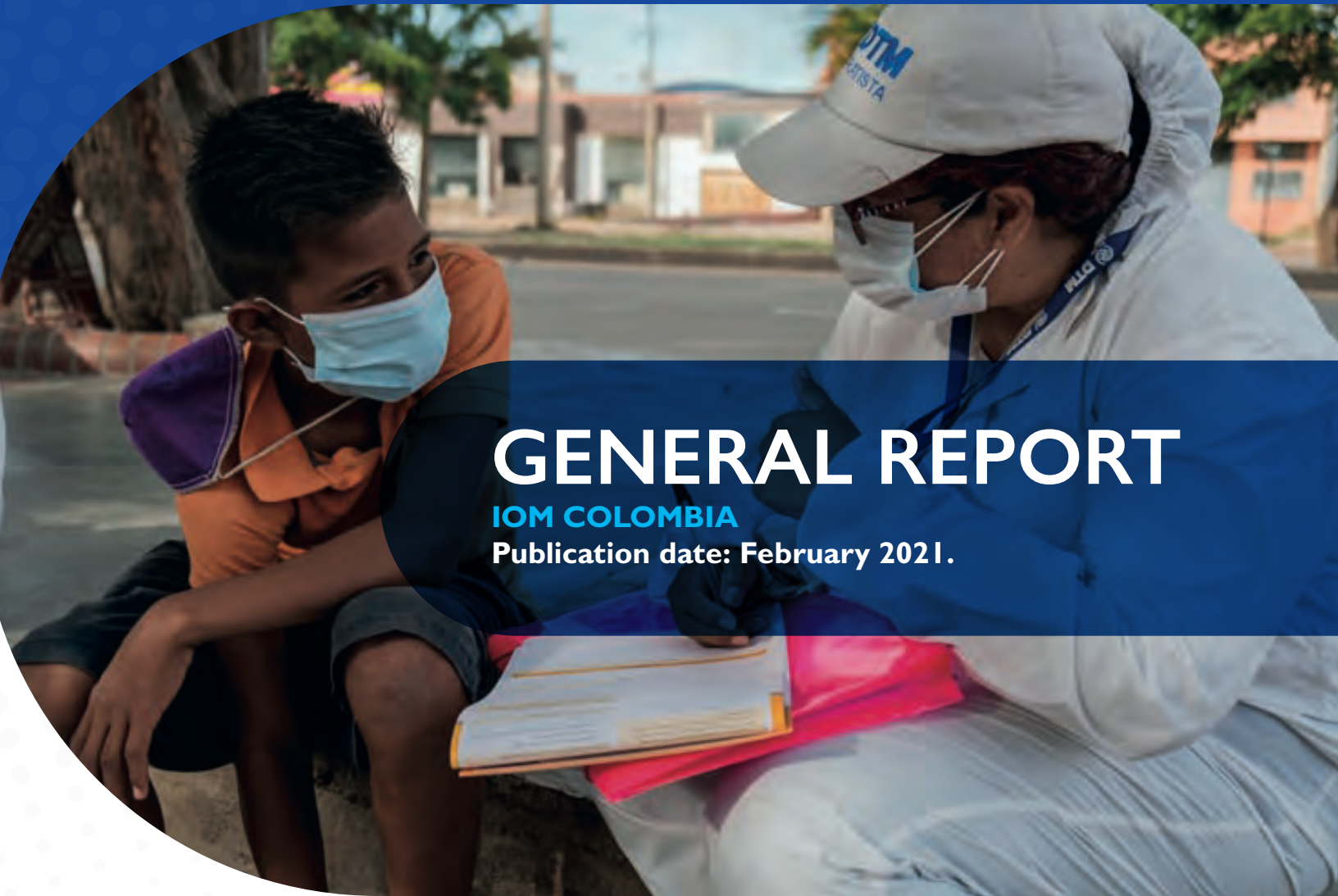


DTM

THE UN MIGRATION AGENCY

**DTM FOCUSED ON REFUGEE AND
MIGRANTS CHILDREN, ON A LONG STAY OR
STREET SITUATION**

Collection period:
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GENERAL REPORT

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Japanese Community



DTM FOCUSED ON REFUGEE AND MIGRANTS CHILDREN, ON A LONG STAY OR STREET SITUATION

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ACRONYMS

UNHCR: United Nations High Commissioner for Refugees.
DTM: Displacement Tracking Matrix.
EPS: Health Promotion Entity.
ICBF: Instituto Colombiano de Bienestar Familiar (Colombian Family Welfare Institute).
IPS: Service Provider Institution.
MIUT: Child and Early Marriage.
NNA: Children and adolescents.
IOM: International Organization for Migration.
ILO: International Labor Organization.
WHO: World Health Organization.
UN: United Nations.
PEP: Special Permit of Permanence.
UNDP: United Nations Development Program.
RAMV: Administrative Registry for Venezuelan Migrants.
SPA: Psychoactive Substances.
TMF: Border Mobility Card.
UARIV: Unit for Integral Victim Attention and Repair.
UNFPA: United Nations Population Fund.
UNICEF: United Nations Fund for Childhood.

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GLOSSARY

High children permanence in the street. The term corresponds to children who remain in the streets for most of the day, but who return to some form of family and home at night. (Technical guideline for the care of children whose rights have been threatened or violated, in situations of high permanence on the street, and life on the street ICBF)

Stateless. Condition of any person not considered a national by any State, in accordance with the legislation thereof.

Source: United Nations Convention on the Status of Stateless Persons (approved on September 28, 1954 and in force since June 6, 1960), art. I. Note: Statelessness can be the result of various factors, such as conflicts of nationality laws, transfers of territory (succession of States), administrative practices, discrimination, non-registration of births, arbitrary deprivation of liberty, renunciation of nationality and long-term residence abroad. Minors can also inherit a statelessness condition from their parents. (IOM Glossary on Migration, 2019)

Caregiver: An individual, community, or institution (including the State) with clear responsibility (by custom or by law) for the well-being of the child. It most often refers to a person with whom the child lives and who provides daily care to the child. (Glossary of minimum standards for the protection of children in humanitarian action, NMPNA, 2019)

Commercial Sexual Exploitation of Children (ESCNNA for its acronym in Spanish). It is a violation of the human dignity and fundamental rights of children, such as:

- A form of physical, sexual, psychological and symbolic violence against children, which involves cruel and degrading treatment of their human dignity.
- An assault suffered by the child that cannot be considered as a job.
- A modern form of slavery suffered by children captured and subjected to this crime as victims.
- An extreme form of violence and abuse comparable to torture by the adult who uses the child, based on an unequal relationship of power.

A type of sexual violence, that is, a gender-based violence product of the construction of a set of discriminatory social practices anchored in our culture, which we will be covered the following section. (Line of Public Policy for the Prevention and Eradication of Commercial Sexual Exploitation of Children 2018 - 2028).

Young / youth. For the United Nations, without prejudice to any other definition made by the Member States, young people or youth are defined as those individuals between 15 and 24 years old. This definition arose in the context of the preparations for the International Year of Youth (1985) (A / 36/215) and was approved by the General Assembly in its resolution 36/28 of 1981.

Migration. The movement of persons away from their place of usual residence, either across an international border or within a State. (IOM Glossary on Migration, 2019)

Regular migration. Migration that occurs in compliance with the laws of the country of origin, transit and destination. (IOM Glossary on Migration, 2019)

Migrant. An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students. (IOM Glossary on Migration, 2019)

Irregular migrant. Movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination. (IOM Glossary on Migration, 2019)

Unaccompanied children and adolescents. Are children, as defined in article I of the Convention, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. (Observation number 6 of the Committee on the Rights of the Child)

Separated children. Are children, as defined in article I of the Convention, who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. (Observation number 6 of the Committee on the Rights of the Child)

Children living on the street. These are minors who live permanently on the street, without any family support network. They have generally dropped out of school, do not have identification documents, are financially "independent" and face multiple risks for the protection of children, and can be especially used by adults in criminal activities". (Technical guideline for the care of children whose rights are threatened or violated, in situations of high permanence on the street, and life on the street ICBF).

Country of destination. In the migration context, a country that is the destination for a person or a group of persons, irrespective of whether they migrate regularly or irregularly.. (IOM Glossary on Migration, 2019)

Country of origin. In the migration context, a country of nationality or of former habitual residence of a person or group of persons who have migrated abroad, irrespective of whether they migrate regularly or irregularly. (IOM Glossary on Migration, 2019)

Host country. A national or local community in which displaced persons temporarily reside; : In the context of returns, the term is used, as opposed to country of origin and as an alternative to country of destination or sending country to provide clarity in the identification the various countries involved. In other contexts, the term "host country" is generally best avoided, as it may imply a particular relationship between migrants ("guests") and natives ("hosts") which may be misleading and could undermine the integration of migrants. (IOM Glossary on Migration, 2019)

Passport. A document issued by the competent authority of a State, valid for international travels, which identifies the holder as a national of the issuing State and constitutes evidence of the holder's right to return to that State. (IOM Glossary on Migration, 2019)

Special Stay Permits (PEP). Special permit issued by Migración Colombia that allows Venezuelan citizens to carry out different activities within the national territory, for a period of 90 days, extendable for up to two (2) years. (Migración Colombia).

Child protection in humanitarian action (CPHA). The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action. (Glossary of Minimum Standards for Child Protection in Humanitarian Action, CPMS, 2019)

Return. In a general sense, the act or process of going back or being taken back to the point of departure. This could be within the territorial boundaries of a country, as in the case of returning internally displaced persons (IDPs) and demobilized combatants; or between a country of destination or transit and a country of origin, as in the case of migrant workers, refugees or asylum seekers. (IOM Glossary on Migration, 2019)

Family reunification. It is the right of children and their parents to leave any country and enter their own for a family reunification or for maintaining the relationship between them. (Convention on the Rights of the Child, article 10)

Safe-conduct pass for permanence. Temporary document that Migración Colombia issues to foreigners in exceptional situations, in order to remain in the national territory with a legal status. This safe-conduct is granted in circumstances of irregular stay, visa application or changes, provisional or conditional release, definition of administrative situation, refugees, asylees, among other reasons. (Migración Colombia).

Exit safe-conduct pass. Temporary document with a validity of 30 days that cannot be extended, issued by Migración Colombia to foreigners in exceptional situations, in order to legally leave the national territory. This safe-conduct is granted in circumstances of irregular permanence, migrants in transit, deportation, expulsion, cancellation of visa, and expiration of the Temporary Permit of Permanence (PTP) (Migración Colombia).

Border Mobility Card (TMF). The border mobility card is the physical support of the border transit authorization, whereby immigration authorities' control, verify, record and supervise compliance with the immigration requirements of border transit. (Migración Colombia).

Child labor. Any physical or mental activity, paid or unpaid, dedicated to the production, marketing, transformation, sale or distribution of goods or services, carried out independently or at the service of another natural or legal person by persons under 18 years of age. Similarly, according to the International Labor Organization - ILO, child labor corresponds to all work that deprives children of their childhood, their potential and their dignity, and which is detrimental to their physical and psychological development. The worst forms of child labor "Article 3 of ILO Convention No. 182 include: (a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and forced or compulsory labor, including the forced or compulsory recruitment of children for use in armed conflict; (b) the use, provision or offering of a child for prostitution, for the production of pornography or for pornographic performances; (c) the use, the recruitment or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children." (Worst Forms of Child Labor Convention)

Transit. A stopover of passage of varying length while travelling between two or more States. (IOM Glossary on Migration, 2019)

Vulnerability. Within a migration context, vulnerability is the limited capacity to avoid, resist, cope with, or recover from harm. This limited capacity is the result of the unique interaction of individual, household, community, and structural characteristics and conditions. (IOM Glossary on Migration, 2019)

Participation of children and adolescents: The manifestation of the right of every child to express his or her view, to have that view given all due consideration, to influence decision-making and to achieve change. It is the informed and willing involvement of all children, including the most marginalized and those of different ages, genders and disabilities, in any matter concerning them. (Glossary of Minimum Standards for Child Protection in Humanitarian Action, CPMS, 2019)

INTRODUCTION

The complex political and socioeconomic panorama of the Bolivarian Republic of Venezuela has generated one of the largest migratory movements in recent years; an estimated 5.4 million people have left that country, and of these, more than 4.6 million remain in Latin American and Caribbean countries¹.

Colombia has not been foreign to this situation. According to the data presented by Migración Colombia as of October 2020, there are 1.7 million Venezuelan nationals present in Colombia, of these 12% are Children (NNA)², who as actors in this migratory phenomenon pose a great challenge for the Government of Colombia (CG) at the national and local levels, which, in an attempt to guarantee the human rights and fundamental freedoms of this population, must implement and strengthen programs to a response oriented to the needs of migrant children and adolescents.

In order to implement public policies, programs and successful projects specifically intended for refugee and migrant children and adolescents undergoing long stay or street situation and their families, it is necessary to determine their current location, needs, vulnerabilities, migratory flows and conditions. In this regard, the International Organization for Migration (IOM), in furtherance of its mission, implemented the Displacement Tracking Matrix focused on refugee and migrant children and adolescents undergoing long stay or street situation (hereinafter DTM NNA for its Spanish acronym), in six departments of the national territory (Atlántico, Cesar, La Guajira, Nariño, Norte de Santander and Valle del Cauca). For such purpose, support was provided by the United Nations High Commissioner for Refugees (UNHCR), the United Nations Development Fund (UNICEF), and the Colombian Institute of Family Welfare (ICBF) in the conceptual coordination and consolidation of social offer in the territories.

This report is made up of six sections, with inputs to generate public policy recommendations that can be considered in the work plans of territorial and national entities, to strengthen the complementary actions between the Government of Colombia and International Cooperation.



Application of the DTM NNA survey to a caregiver in Cali - Valle del Cauca © IOM 2020

METHODOLOGY

The Displacement Tracking Matrix (DTM) is a tool designed by IOM to monitor the displacement and mobility of population in emergency situations and in a migratory context; the tool captures, processes and disseminates information in a regular and systematic manner, providing better understanding of the displacement and needs of the migrant and refugee population. The DTM NNA is based on the model applied by IOM globally, and was adapted explicitly for its application in the phenomenon of migrant childhood and adolescence undergoing long stay or street situation in the context of mixed migratory flows from the Bolivarian Republic of Venezuela.

The purpose of this DTM is to generate information for decision-making on national and/or local public policies capable of responding to the problems of migrant children and adolescents and thus to enable the protection of the rights of this population. The technical data sheet of this program is described herein below:

¹ Coordination Platform for Refugees and Migrants from Venezuela. R4V Latin America and the Caribbean, Venezuelan refugees and migrants in the region - November 2020. <https://r4v.info/es/documents/details/82847>

² Migración Colombia, Radiography Venezuelans in Colombia as of October 31, 2020. <https://www.migracioncolombia.gov.co/infografias/radiografia-venezolanos-en-colombia-corte-a-30-de-octubre-de-2020>

³ International Organization for Migration (IOM), DTM methodology, <https://dtm.iom.int/about>

Technical DTM NNA data sheet for refugees and migrants undergoing long stay or street situation.



Field operation group

Characterizers: 5
Team leaders: 5
Enumerators: 36



Collection period

3 September
to 10 October 2020



Collection method

Direct face-to-face surveys using a semi-structured format.



Survey objective

Identify, characterize, analyze, and propose recommendations leading to a comprehensive approach of the situation and risks associated with the refugee and migrant population from the Bolivarian Republic of Venezuela, between 6 and 17 years old, undergoing long stay or street situation.



Geographical coverage

It was carried out in 6 departments⁴ of the national territory, as follows:

- Department of Atlántico: [Barranquilla, Soledad and Campo de la Cruz](#).
- Department of Cesar: [Valledupar](#).
- Department of La Guajira: [Riohacha and Maicao](#).
- Department of Nariño: [Pasto and Ipiales](#).
- Pasto and Ipiales: [Cúcuta and Villa del Rosario](#).
- Department of Valle del Cauca: [Cali](#).



Target Population

Refugee and migrant children and adolescents between 6 and 17 years old and their parents or caregivers.

Surveys conducted



Children and Adolescents interviewed:	2,374
Caregivers:	2,174
Total Surveys:	4,548

Determination of collection points

The process of establishing the location points of the migrant population in furtherance of the DTM NNA was implemented in three moments:

1 Area/base evaluation: this evaluation was carried out by means of the DTM NNA characterization professional in each municipality with key actors from the departmental, municipal or district administrative level who have

information on the migrant population and identify their location according to the territorial and administrative planning of each territory. The key actors at this level were representatives of government entities such as Secretariats, Local Government Councils, Police, ICBF, and other actors such as International Cooperation, NGOs, the Church, and private companies.

⁴ Department of Atlántico: 1,259 surveys; Department of Cesar: 514 surveys; Department of Guajira: 840; Department of Nariño: 458 surveys; Department of Norte de Santander: 1,175 surveys; Department of Valle del Cauca: 302 surveys.

The outcome of this evaluation was a list of areas of territorial sub-administration where there was information on the verifiable presence of migrant population.

A meeting was coordinated with the territorial entity in each municipality after applying the DTM, aimed at informing it about the exercise, identifying the areas of the municipality where the population is located during the day, and summoning their officials responsible for this population to participate in the exercise.

2 Assessment of the locality or equivalent territorial administrative level: this assessment was conducted by the DTM NNA characterization professional of each municipality with key actors at the sub-administrative level, that is, the smallest observation unit in the neighborhoods. The key actors at this level were community leaders and Local Administration Boards (JAL by its acronym in Spanish), grassroots organizations and NGOs, cultural collectives or groups of women, youth, parish priests and

pastors. The outcome of this assessment is a list of sites or places where the migrant population has settled or settled.

3 Survey at the site of permanence: this evaluation was carried out directly at the place where the migrant population was loaded. It was restricted to cases of spontaneous settlement and street population at large. This survey was performed directly with people from the Bolivarian Republic of Venezuela (Venezuelan, Colombian and Colombian-Venezuelan nationals) located in the prioritized municipalities and also in the neighborhoods identified in the localities, as priority areas in each territory.

The direct survey in the place of residence is a questionnaire for collecting characterization data, which enables the identification of profile, needs, socioeconomic situation and intention of people from Venezuela located in neighborhoods, areas, streets, within a municipality, prioritized in the previous moments.

Survey structure:

The DTM NNA used a main form and a complementary form.

These were structured as follows:



Form 1. Male and female caregivers.

- A. Survey details.
- B. Demographic/status details.
- C. Mobility.
- D. Subsistence means.
- E. Health.
- F. Food safety.
- G. Protection Risks.
- H. Long stay or street situation.
- Comments.



Form 2. Child and Adolescents interviewed.

- A. Survey details.
- B. Demographic/status details.
- C. Mobility.
- D. Family and habitual residence.
- E. Subsistence means.
- F. Protection risks.
- G. Long stay or street situation.
- H. Support social networks.
- Comments.

Limitations:

- Given that a non-probabilistic sampling method was used, of an intentional or convenience type, the results are only indicative of the characteristics of the surveyed population and it is not possible to generalize about the entire migrant population between 6 and 17 years of age from the Bolivarian Republic of Venezuela present in Colombia during the study period.
- The DTM NNA only interviewed the minors accompanied by their caregivers; hence, the results included in this report do not include data on separated or unaccompanied children and adolescents.

- This report is aimed at identifying alerts against risks, threats and needs of the population; nonetheless, some issues require in-depth research to identify the causes and consequences and thus be able to establish measures, projects, policies or strategies to overcome those issues.

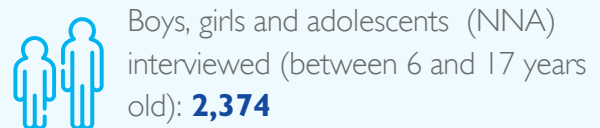
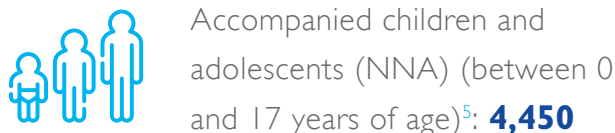
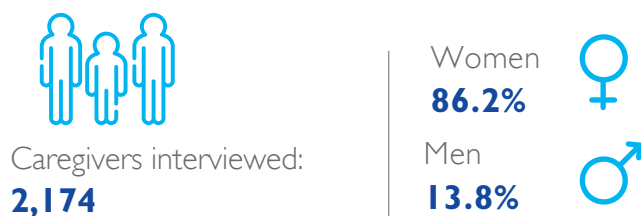


Application of the DTM NNA survey to a lactating woman in Cali, Valle del Cauca, © IOM 2020

RESULTS PRESENTATION

Results for caregivers are framed in blue dashed line boxes hereunder.

When an asterisk (*) symbol is included on a graph, it means that a single respondent was allowed to provide more than one answer. Therefore, the sum of the totals can be greater than 100%.



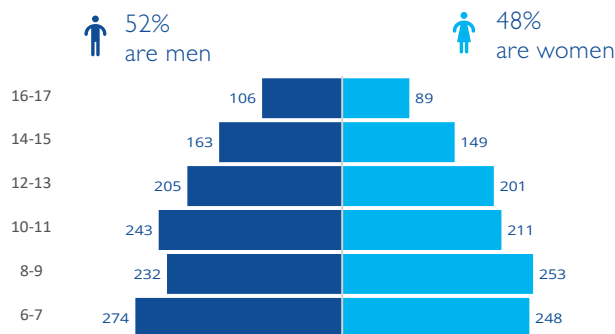
⁵ Accompanied children and adolescents: includes all the children and adolescents registered in the survey by the caregiver; some of these minors were under the age of 6 and thus were not interviewed during the collection of data by the DTM NNA.

1. Demography

In this section, the results of the DTM NNA are presented in relation to the distribution of the respondents at national level, gender variables, age range, identification document, and nationality.

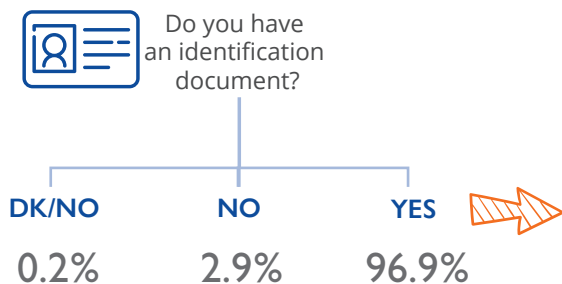
The map I shows the distribution of the **2,374** children and adolescents surveyed. Atlántico, Norte de Santander, La Guajira and Cesar are the departments with the highest number of interviews.

Graph 1. Population pyramid of NNA interviewed by gender and age range.

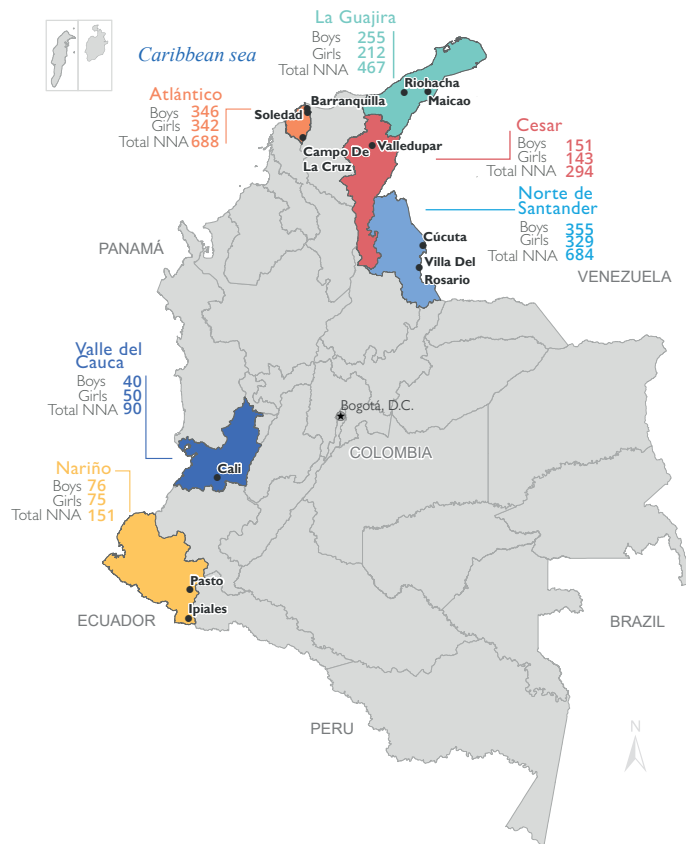


Identification document

Of the 4,450 accompanied children



Map 1. Distribution of NNA by gender



With respect to caregivers, 86.2% were women and only 13.8% were men.

The most common documents held by the respondents were (*):

(PN)	Venezuelan Birth Certificate	68%
(CI)	Venezuelan Identity Card	16.6%
(RC)	Civil Birth Certificate	13.9%
(TI)	Identity Card	5.5%
(CNVV)	Venezuelan Live Birth Certificate	3.1%
(CNV)	Colombian Live Birth Certificate	1.3%
(PV)	Venezuelan passport	0.9%

As regards caregivers, **98.4%** have a document, with the following prevailing (*):



Venezuelan ID (C.I)
91.6%



Colombian ID (C.I)
11.4%



Venezuelan Passport
5.7%

2.9% of accompanied children do not have any type of identity document; of this group, **64.6%** was born in Venezuela, **33.1%** in Colombia, and **2.4%** in Ecuador.

With regard to the caregivers of these minors, it is noted that **93.2%** are of Venezuelan nationality and **13.4%** do not have any immigration document.

2. Family and habitual residence

With the aim of determining the household composition of the surveyed children and adolescents, the DTM included questions on current family composition and prior to migration, obtaining the following information:

Previous family composition

Who did you live with in Venezuela? (*)



Parents, grandparents, and uncles

99.6%



Adults with a kinship relationship

0.3%



Alone

0.3%

Nationality

Graph 2. Nationality of accompanied children and adolescents..



Venezuelan nationals



Colombian



Colombian-Venezuelans
(Binational)

Accompanied children and adolescents

81.5%

13.3%

4.5%

El 0.76% stated having another nationality

Caregivers interviewed

89%

6.1%

4.9%

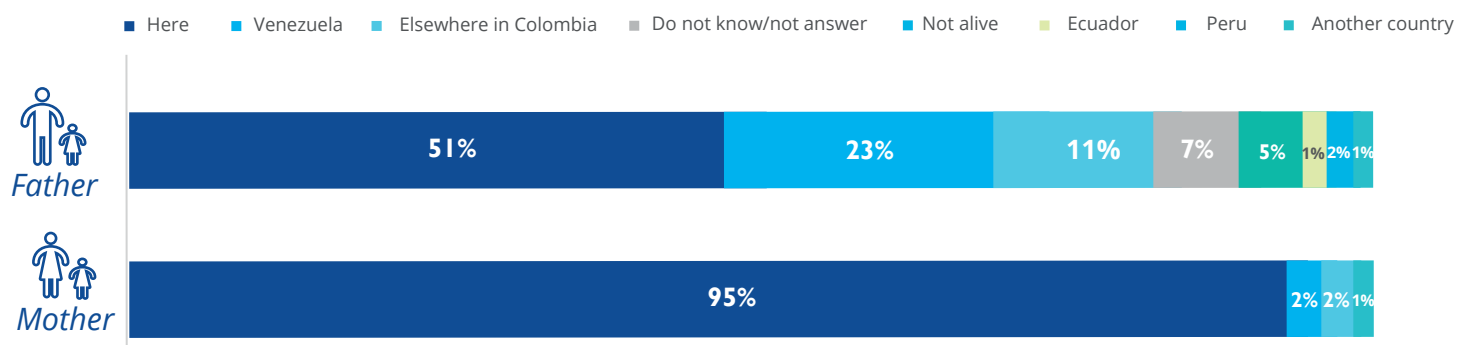
Current family composition

In order to assess whether the minors are with at least one of their parents, the DTM NNA asked about their current location, having found that the majority (95%) are in the company of their mother, and in the case of the father, 23% are in another country. Graphs 3 and 4 show these results.

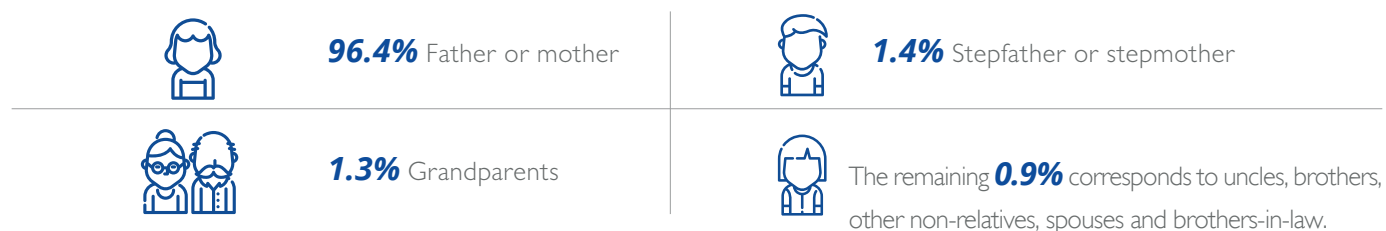


Application of the DTM NNA survey to accompanied girl Riohacha - La Guajira © IOM 2020

Graph 3. Current location of the father and mother of the children interviewed.



Graph 4. Relationship of the children with the caregiver interviewed.



3. Mobility

In this chapter, the DTM inquired about how children and adolescents entered Colombia, with whom, and the origin of their displacement, obtaining the following results:

Map 2. Children and adolescents Displacement



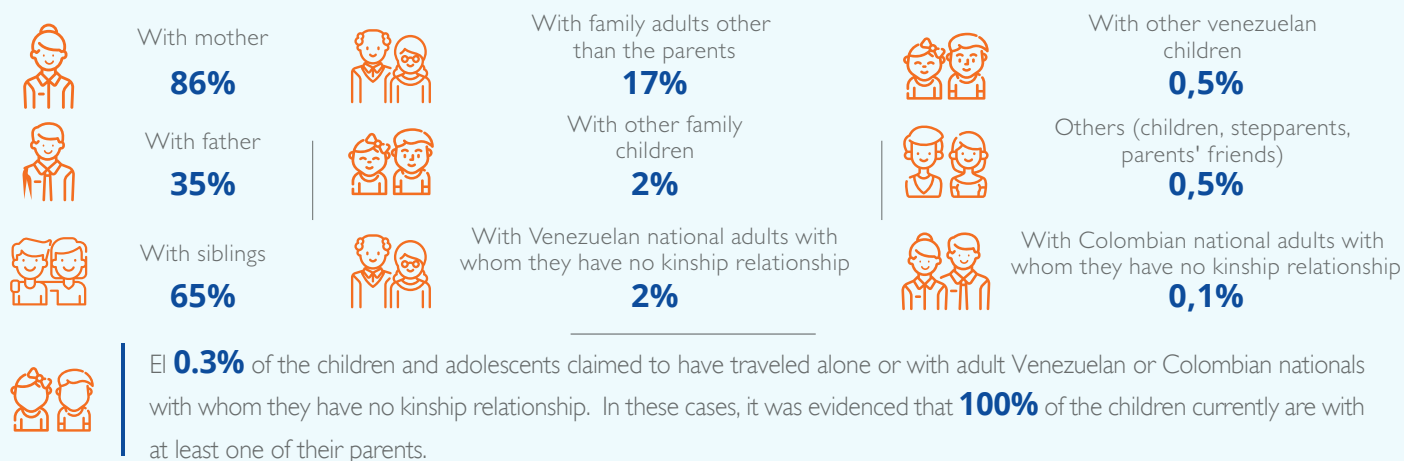
According to the previous map, it is noted that 48% of the children and adolescents come from the state of Zulia in Venezuela, and that, in line with their previously analyzed family composition, more than half are

accompanied by their family (at least mother and siblings) and a smaller percentage by their father. They entered Colombia mainly through informal crossings.

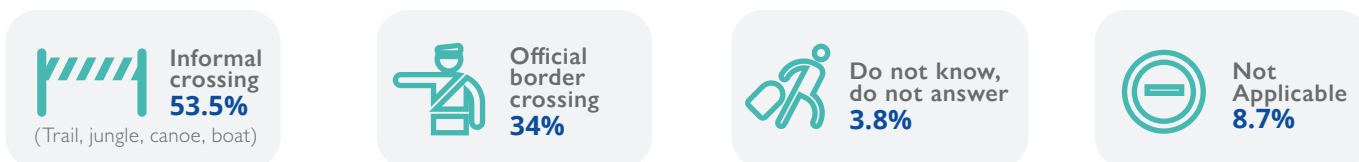
Company of children and adolescents during their entry into Colombian territory

In this section, the 2,374 children and adolescents interviewed were asked about their company at the time of entering Colombian territory. The results obtained were:

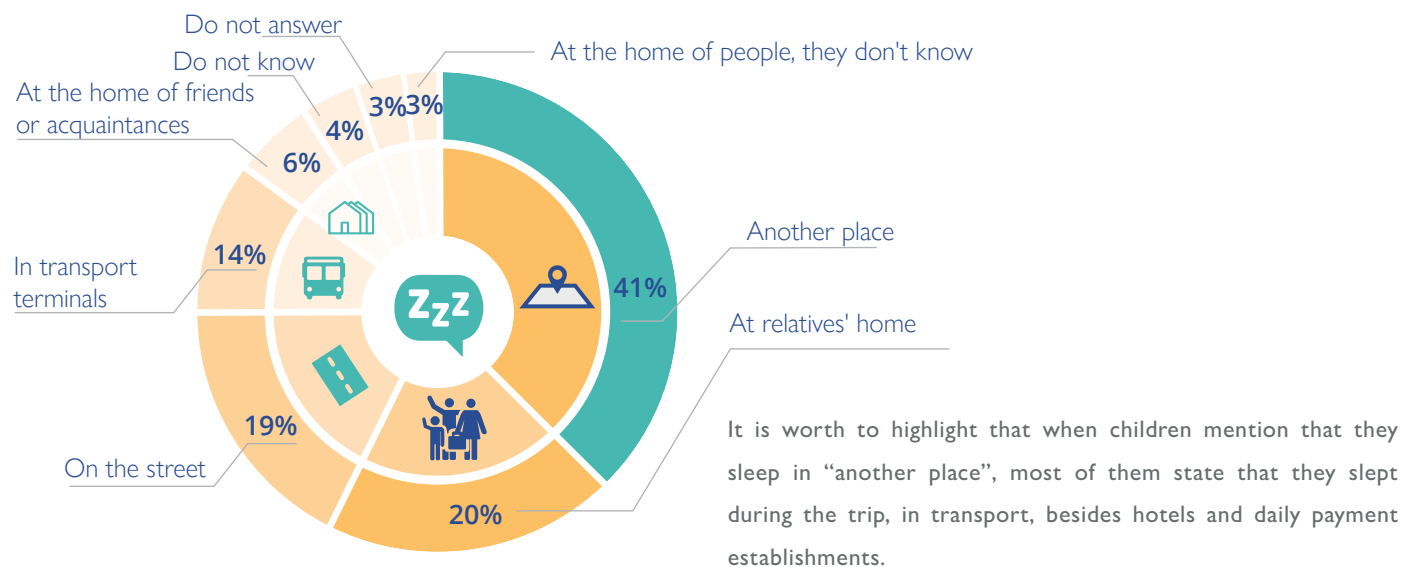
Graph 5. Companions of children and adolescents at the time of arrival in Colombia (*)



Graph 6. Arrival of children in Colombia



Graph 7. Places where they slept during the journey (*)

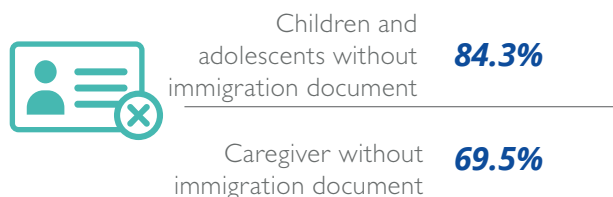


Migratory documents

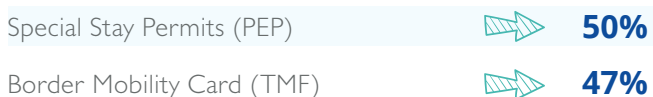
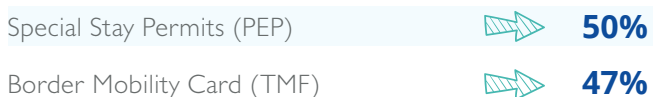
Question asked to 1,935 caregivers and 3,660 accompanied children and adolescents of Venezuelan or other nationality

Regarding the documentation that proves the migratory status of the respondents, it was found:

Graph 8. Caregivers and accompanied children and adolescents without immigration document.

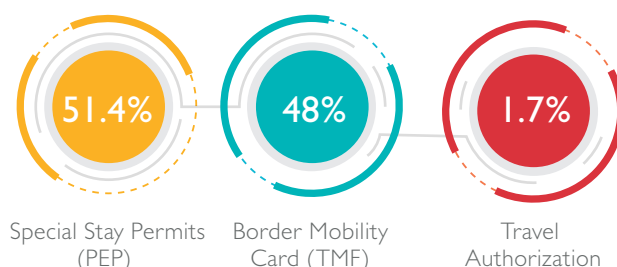


Of the 577 (15.8%) accompanied children and adolescents who have an immigration document:



It is worth noting that having the TMF is not considered a document that enables people to be placed under the regular status category. Furthermore, its validity is framed only in the border areas, not within the country.

As regards caregivers, 592 stated that they had an immigration document, with the most common being: (*)

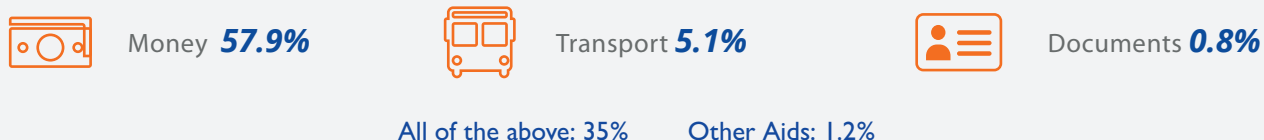


The caregivers interviewed were asked if they were registered in any form or document for registering migrants in Colombia, to which **73.7%** answered no.

4. Permanence and transit

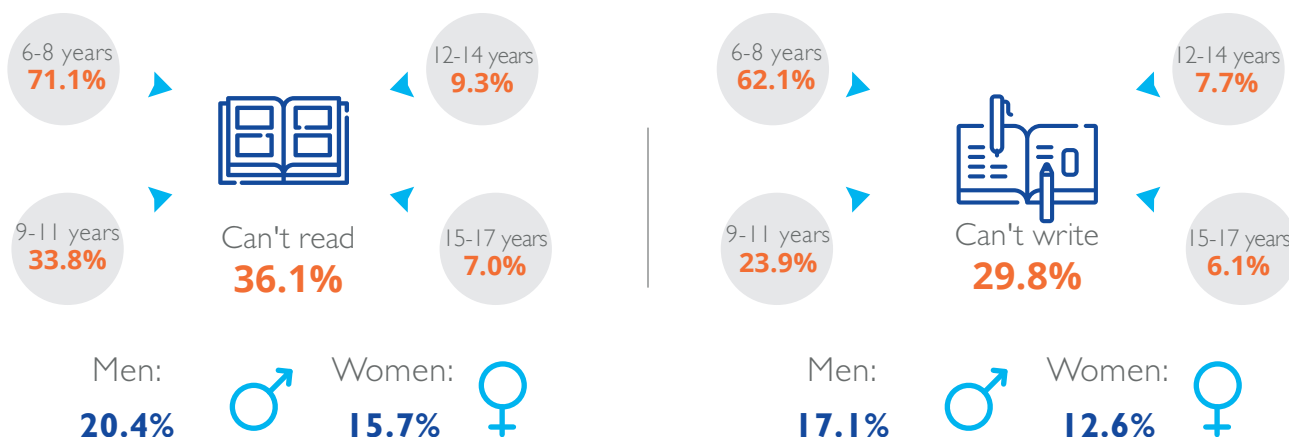
The DTM, in order to determine if the surveyed caregiver wishes to settle permanently in Colombia, asked a number of questions about mobility plans and needs of the migrant who wishes to continue in transit, and the results obtained were:

Graph 10. Need to continue traveling to a different destination:



5. Education

In order to identify school attendance, educational levels, educational lag, reading and writing levels, questions were asked to the Children and Adolescents relative to their education, and the results were the following:



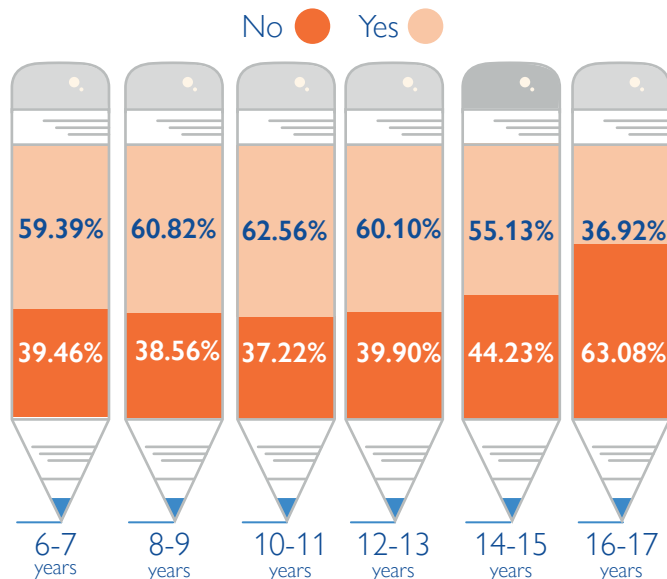
7% of Children and Adolescents between 15 and 17 years old stated that they did not know how to read (5% are boys and 2% are girls), and 6.1% of those interviewed in this same age range indicated not knowing how to write (4.4% boys and 1.7% girls).

School attendance

41.5% of children and adolescents do not attend school:



Graph 11. Currently, children and adolescents are studying.



+ 0.5% of children do not know, do not answer.

Children and Adolescents between 16 and 17 years of age are attributed the highest percentage of school non-attendance.

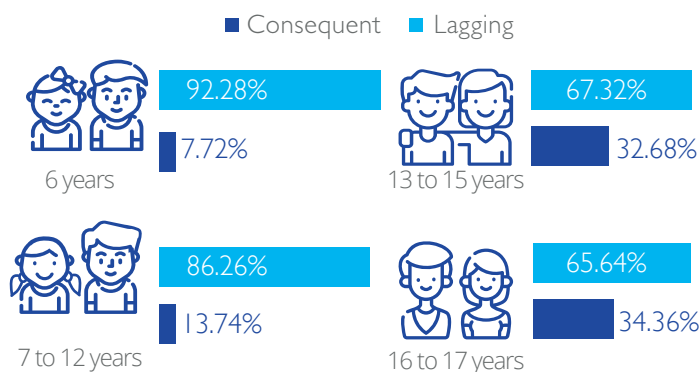
Table 1. Reasons for children and adolescents not studying (*):

Lack of documents	26%
Change of residence	25%
For other reasons - What? (difficulties during the time of the pandemic, pregnancy, medical issues, short time being in Colombia)	24%
There is no space in the school where they want to study	23%
They have no money to pay for their studies	11%
Do not know how to access school	8%
They have to work or look for a job	6%
Do not like to study	4%
There is no nearby school	3%
Must take care of household chores	1%

Educational level of respondents

The surveyed children and adolescents were categorized according to the academic scale of the Venezuelan educational system, which implies that children between 7 and 12 years old should be studying basic primary education (from first to sixth grade), from 13 to 15 years of secondary education (first to third year), and from 16 to 17 years diversified high school education (fourth to sixth year). In view of the foregoing, graph 12 shows the calculated school lagging by age.

Graph 12. Last approved level according to the Venezuelan educational scale, according to the age range of the Children and Adolescents.

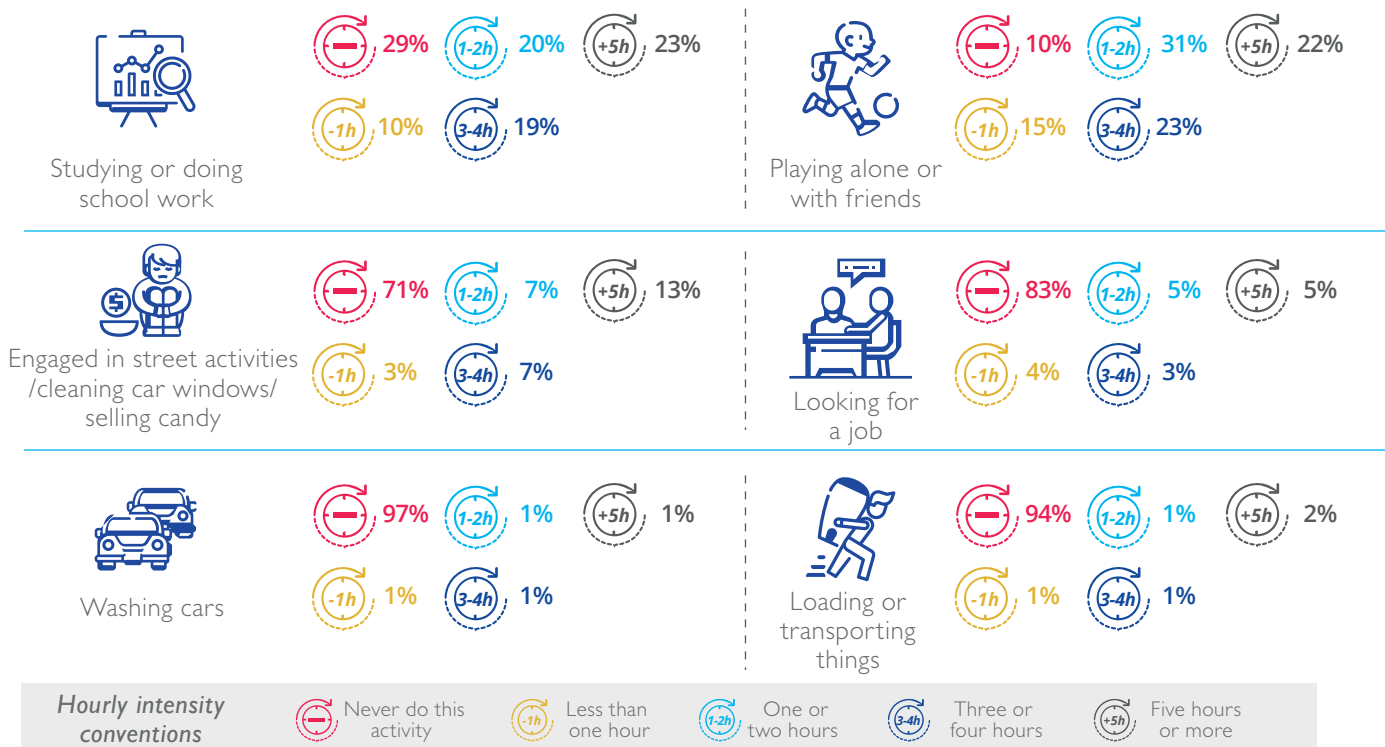


- **1,8%** of the surveyed children and adolescents do not have any type of academic education. Those under 6 years of age are concentrated in this group.
- The group of **16 to 17** years is the one with the greatest educational lag, with 34%, followed by **13 to 15** years group.

Weekly activities for children and adolescents

In this section, the activities in which children and adolescents spend their weekly time were evaluated; some are related to studies, recreation and paid activities. In the latter case, they were asked about the use or destination of the resources obtained. The results were the following:

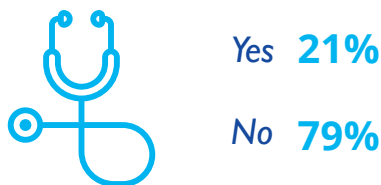
Graph 13. Children and Adolescents weekly activities.



6. Health

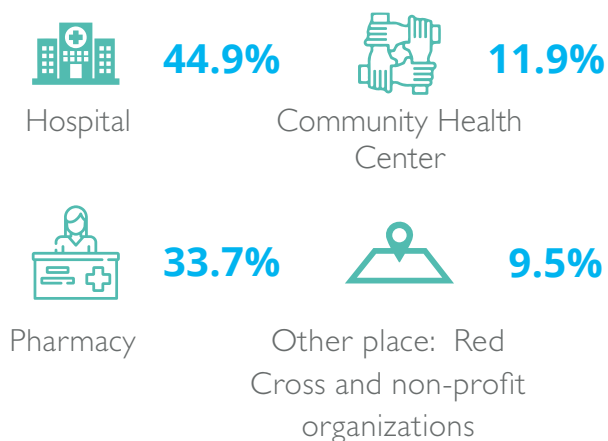
In this chapter, the caregiver is asked about the minor's health condition, access to medical services, and vaccination card. The results were the following:

Graph 14. Health problems of children and adolescents during the journey.



Adults or Children and Adolescents who had health problems and were able to see a doctor: **82.8%**

1,610 caregivers with access to health services. Assisted in:

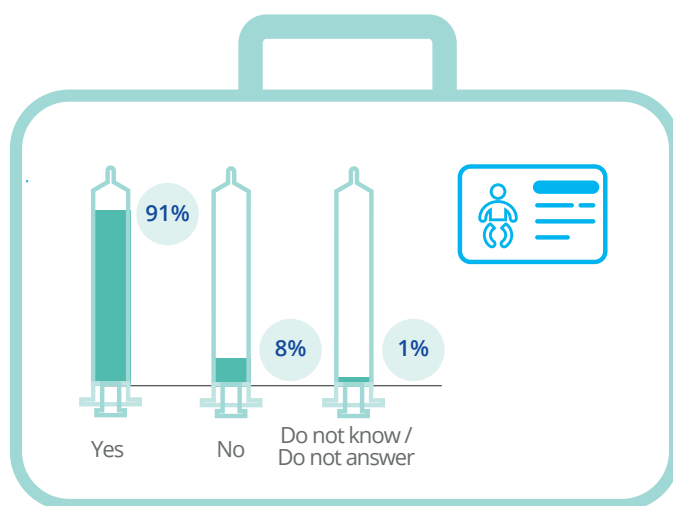


Children and Adolescents who state having a vaccination card

In this section, caregivers were asked only whether the children and adolescents had a vaccination card or not; therefore, the results included below do not refer to the vaccines that have been applied to the minors.

In Colombia, the vaccination scheme is aimed at boys and girls under 5 years of age; the vaccination card allows health personnel to know about the child's immunological condition and guides parents on the scheme applied to the minor. The record starts from the moment of birth, when the child receives his first doses, and it is updated each time the next doses are applied. For migrant children and adolescents, it is useful to have this card, not only because of their registered history, but also because it reduces barriers to access to the health system and facilitates entry into the education system.

Graph 15. Children and Adolescents between 0 and 5 years of age who are reported to have a vaccination card.

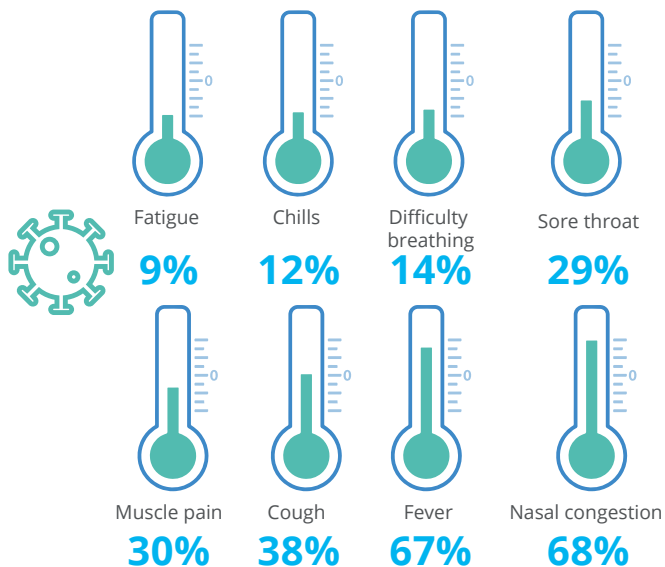


COVID-19

“SARSCoV2 has been classified by the World Health Organization (WHO) as a Public Health Emergency of International Importance (ESPII). To date, cases have been identified in all continents and on March 6, 2020, the first case was confirmed in Colombia”⁶. Therefore, the DTM collected information on symptoms compatible with COVID-19 and places where migrants spent the period of isolation. Included below are the results:

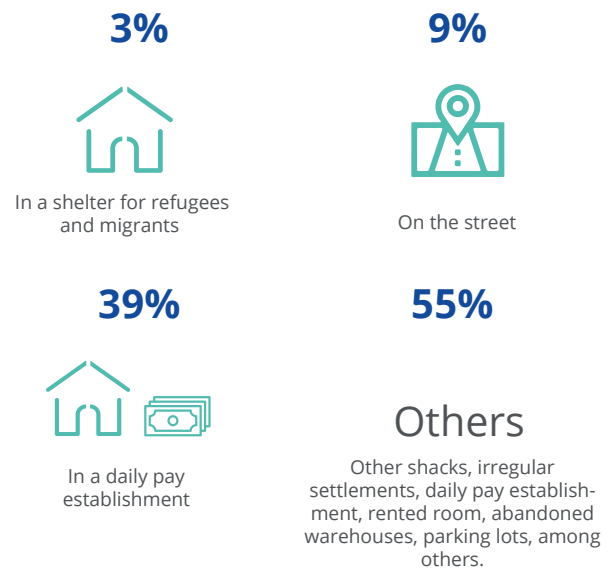
83% of the caregivers said that their children did not present any symptoms related to COVID-19. For 17% (370 remaining people) who reported having at least one symptom. The following results were registered:

Graph 16. COVID19 symptoms reported by those surveyed. (*)



Mandatory isolation in Colombia began at zero hours on March 25 ; with this measure, free movement of people and vehicles in the national territory were totally restricted. When asking the caregivers interviewed about where they spent the mandatory isolation period, more than half of them indicated the answer option “other”, which includes shacks, huts, improvised constructions with cans and boards, rented rooms, daily paid establishments that, as has been shown by the news and other sources of information, have a high risk of eviction because they cannot pay for them . Graph 17 shows these results.

Graph 17. Place where they spent the isolation period. (*)



⁶ Ministry of Health and Social Protection. CORONAVIRUS (COVID-19). Taken on 16 October 2020 <https://covid19.minsalud.gov.co>.

⁷ Decree 457 of 2020 [enforced by Law] whereby instructions are given by virtue of the health emergency caused by the COVID-19 Coronavirus pandemic and the maintenance of public order. 22 March 2020.

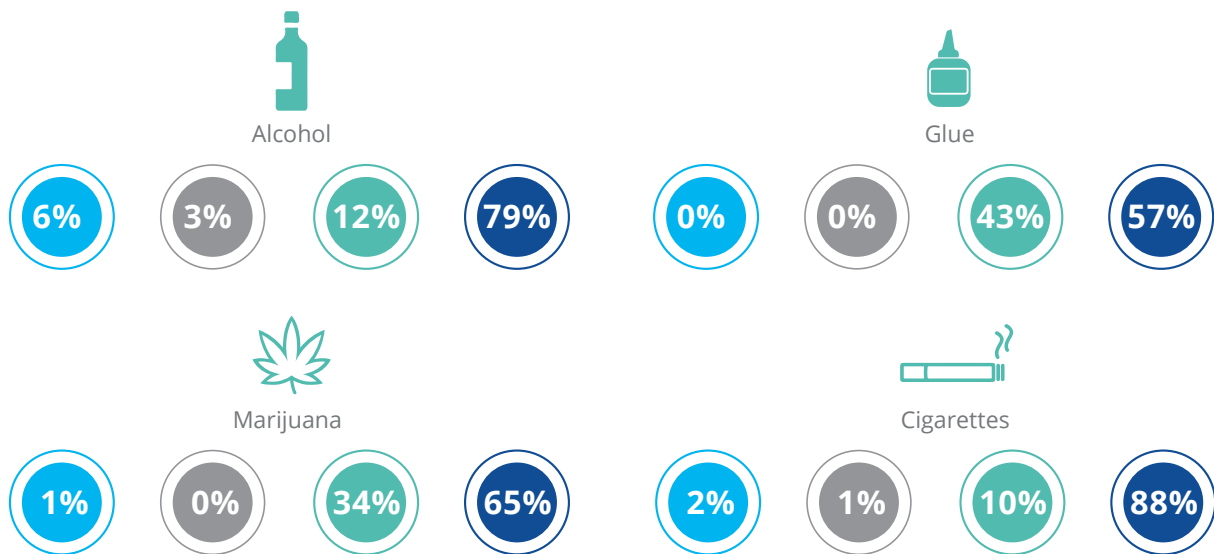
⁸ GIFMM Colombia: Joint Assessment of Needs associated with COVID-19. July 2020. <https://r4v.infoles/documents/details/79280>

Consumption of Psychoactive Substances (SPA)

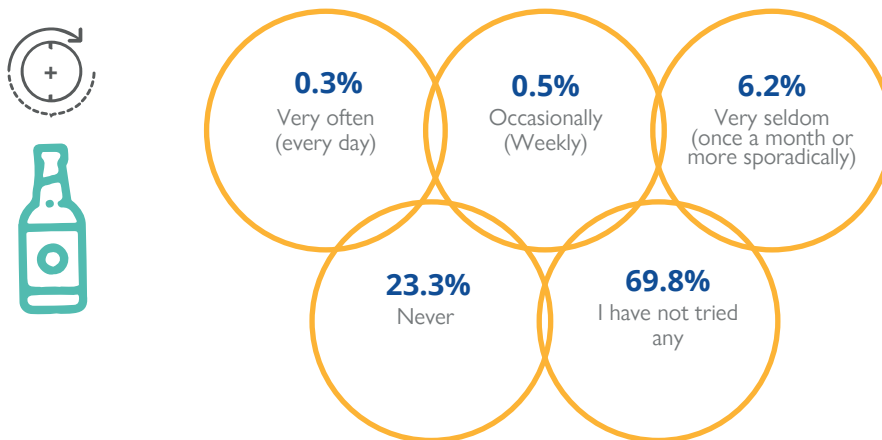
In this section, the DTM asked children about substance use; it is worth considering that risk factors related to SPA by migrant children and adolescents undergoing long stay or street situation may be caused by a lack of supervision of parents or caregivers, domestic violence, not having support networks, the availability of substances in the environment where they reside or frequent and the use of psychoactive substances by friends, among others. The results of this section were the following:

Graph 18. Psychoactive substances in Children and Adolescents.

■ I've tried it and I don't like it ■ I have tried it and I like it ■ I do not know what it is ■ I have not tried it



Graph 19. Frequency of consumption.



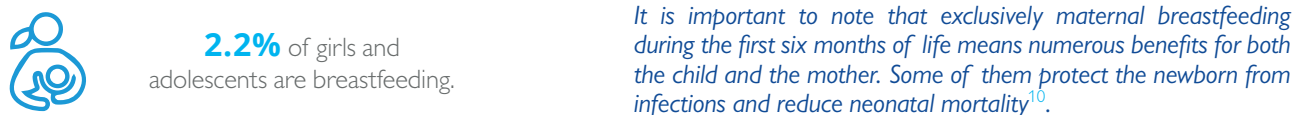
7. Early Motherhood and Fatherhood

Questions asked to 1,367 children and adolescents between 10 and 17 years old, 650 women and 717 men

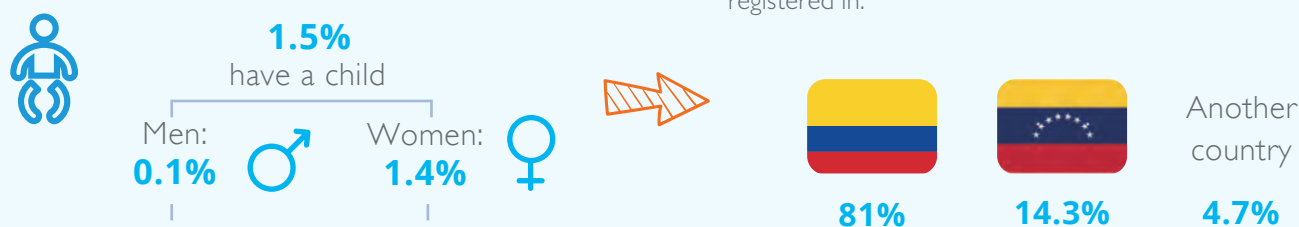
In general terms, “ Adolescent pregnancy and its immediate consequence, early childbearing, are one of the biggest social, political and economic challenges for countries in Latin America and the Caribbean. When an adolescent becomes a mother, her sexual and reproductive rights, and her rights to health and education, among others, are affected in the short term. But she will also face mid and long-term consequences. Her development potential, her possibilities of earning a decent income and her future may be at risk. Adolescent mothers are likely to be trapped in a vicious cycle of poverty and exclusion that will mainly affect them, but will also limit opportunities for their children.”⁹. Therefore, the DTM NNA included questions on paternity and early motherhood, obtaining the following results:



Prenatal control is key to having a delivery without risks or complications. Furthermore, babies born from uncontrolled mothers during pregnancy are at risk of being premature or low weight at birth or other health complications.



Of the children and adolescents surveyed,



15 years is the average age at which she had her first child

Of the 18 girls and adolescents surveyed who indicated they had at least one child, 16% reported that they had it at 14 years of age or younger.

⁹ UNFPA (2020). Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Implementation of the Milena Methodology in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay. United Nations Population Fund - Regional Office.

¹⁰ WHO. Infant and Young Child Feeding (August 2020). <https://www.who.int/es/news-room/fact-sheets/detail/infant-and-young-child-feeding>

8. Emotional well-being

The perception of children's emotional well-being was measured by the DTM with direct questions to the minors, inquiring about how they feel about specific situations proposed, their fears, sadness and expectations. The results were the following:

Of the **2,374** children  **57%** have never felt unsafe

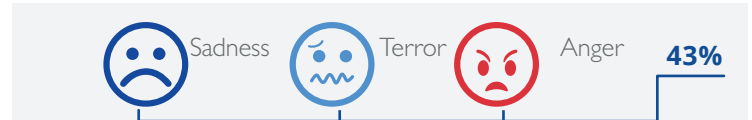


Table 2. Reasons for children to feel fear, anger, sadness and insecurity. (*)

- Other***85,8%**
- Because they had to sleep on the street or in uncomfortable situations. **12,5%**
- Because they felt they were being mistreated. **2,5%**
- Because they were taken to a place against their will **1,1%**

* The category "others" includes: sadness for being away from their relatives who live in Venezuela, for being away from their friends and, in general, for being far from their country.

Additionally, the children were asked how often they feel protected, accompanied, happy, angry, not wanting to eat and the results for the category "very often" are shown below:

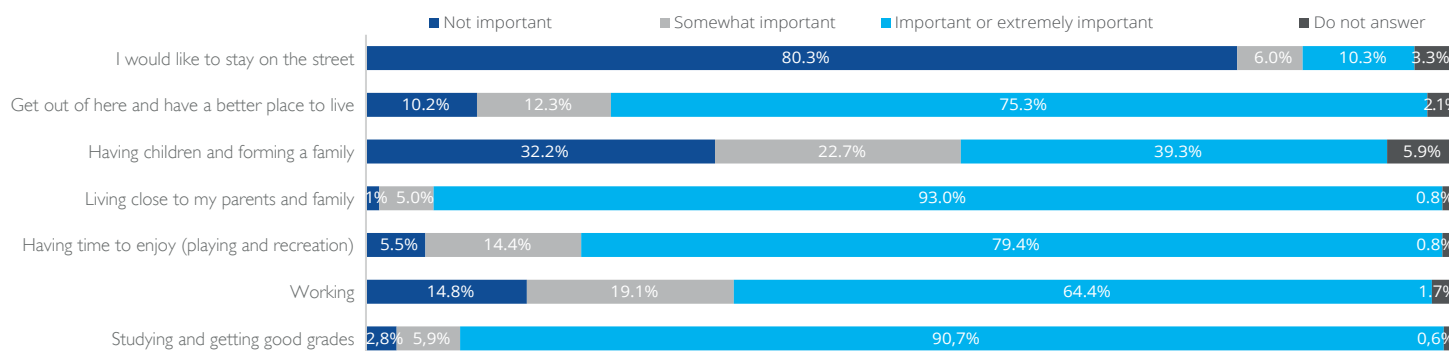
Graph 20. Children and Adolescents feelings.



Expectations or priorities of Children and Adolescents

In order to know the future expectations and priorities of children and adolescents on matters related to education, family, recreation and work, the DTM asked them, How important are the following activities in your life? The outcome was:

Graph 21. Expectations of the Children and Adolescents



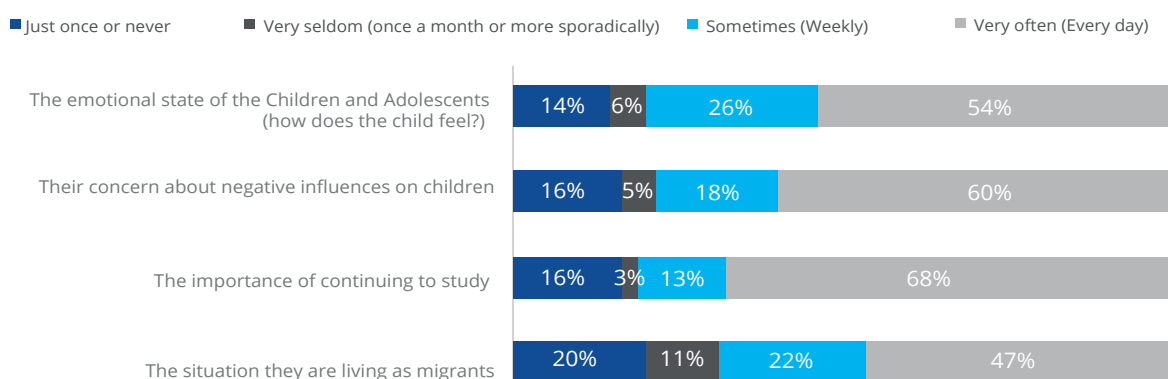
90.7% of the children and adolescents interviewed deem it important or prioritize studying and obtaining good grades while 4.9% give it little or no importance. Of this group of children and adolescents who do not give priority to studying, 54.8% are not currently studying despite being in school age with an average age of 13. This shows which children and adolescents wish to continue with their studies and recognize the value of education in their development and well-being.

It should be highlighted that for 93% of the children and adolescents interviewed it is extremely important to live close to their parents and their families; this implies that for those separated from their family nucleus, that is, parents who still live in Venezuela, who are in other cities in Colombia or that have gone to other countries in the region, it is considered necessary to make family reunification possible through humanitarian actions, as the prolonged separation of children and adolescents from their families can affect them emotionally.

Communication between children and their caregivers

In this chapter, the caregiver of the children and adolescents were asked about how often they talk with the minors about issues related to their situation as migrants, their emotional state, negative influences, among others. Results are listed herein below.

Graph 22. Conversations between caregivers and children and adolescents.



In this same section, caregivers were asked about the people who regularly take care of children and adolescents, with the following results:

Graph 23. Caregivers who have left children under care of other people day or night.

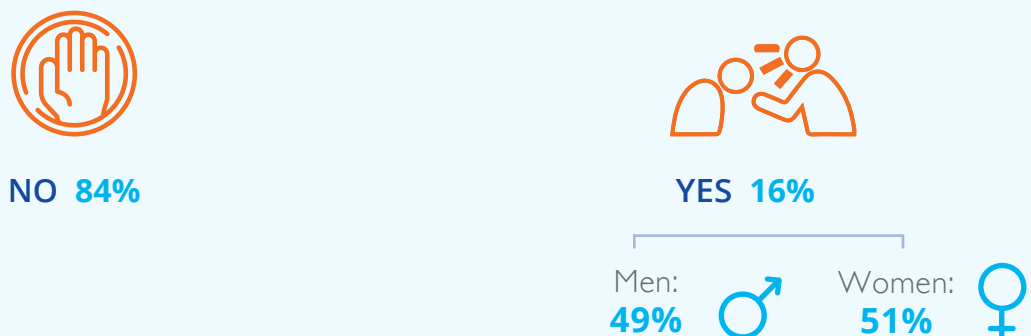
Has any person outside the family regularly taken care of your children?



Identification of possible attacks

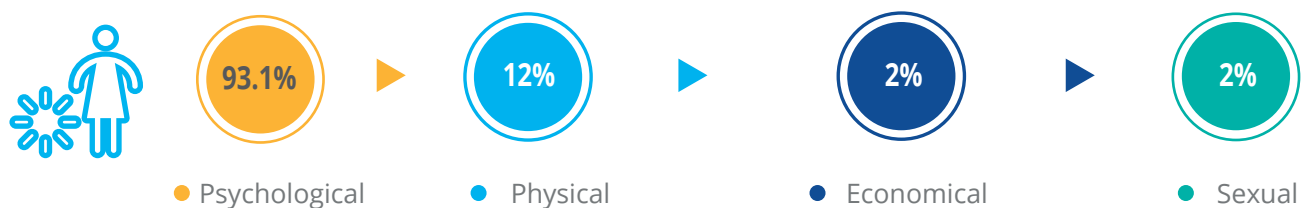
From the evaluation of the narrative of Children and Adolescents surveyed during the core of risk questions, possible **aggression** of those who could be victims. The results were the following:

Children and Adolescents who are possible victims of aggression



Among 389 children and adolescents, it was identified that they have possibly suffered or are suffering some type of aggression; psychological violence was the most common, as shown in the following graph.

Graph 24. Type of aggression identified in Children and Adolescents (*)



9. Food security

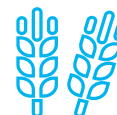
In 1996, the World Food Summit (WFS) adopted the following definition of food security: “There is food security when all people have physical and affordable access at all times¹¹ to enough safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”¹². It is recognized that this definition is made up of four dimensions: availability, access, utilization and stability as a cross-cutting component. In order to obtain information on the food security of children and adolescents with a high permanence or living situation on the street, this chapter investigated access, the quality of food and the variety of foods consumed by those who were interviewed. The results were the following:



55.9% of children do not eat all three meals per day (breakfast, lunch and dinner).



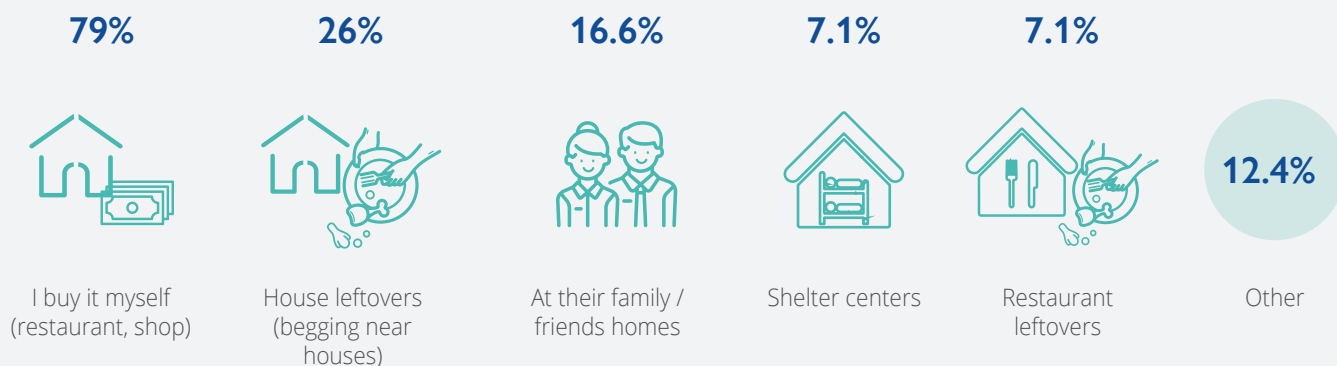
64.8% of the accompanied children and adolescents were left without food at least once during the last 3 months due to lack of money or resources.



84.7% of children and adolescents have or have had a diet based on a small variety of foods (carbohydrates, vegetables, proteins).

When asking caregivers **How do you get food for yourself and the children you accompany?** The following was obtained:

Graph 25. How do they get food. (*)



26% caregivers mention that they obtain food from household leftovers or by begging, which corresponds to an emergency management strategy used by families to mitigate the negative effects of hunger.

¹¹ Furthermore, at the 2009 World Food Summit, “social” access was incorporated.

¹² FAO, online. Rome Declaration on World Food Security and World Food Summit Plan of Action.

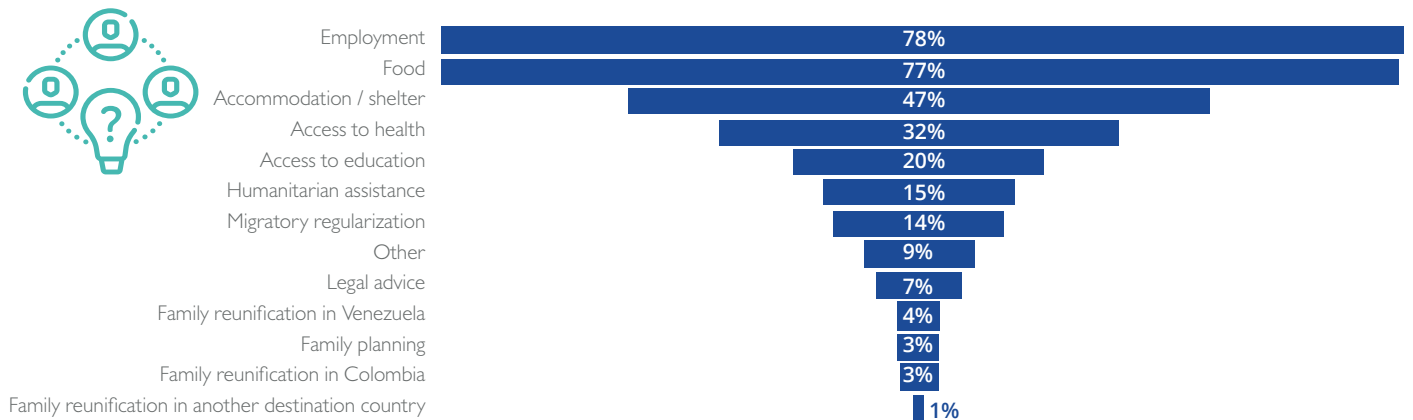
10. Means of subsistence, aid received and social support networks

In order to identify how the respondents manage to meet their basic needs, the DTM NNA inquired about the aid received, the type and the institutions that have contributed to mitigating the difficult situation they are facing. The results were the following:

Population needs

From the TMD applied to the 2,174 caregivers, the following list of priority needs could be identified.

Graph 26. Priority needs of surveyed caregivers and children and adolescents. (*).



Aid received

YES 61.7%
No 38.3%

What kind of help have you received mostly?

1,342 caregivers indicated (*)



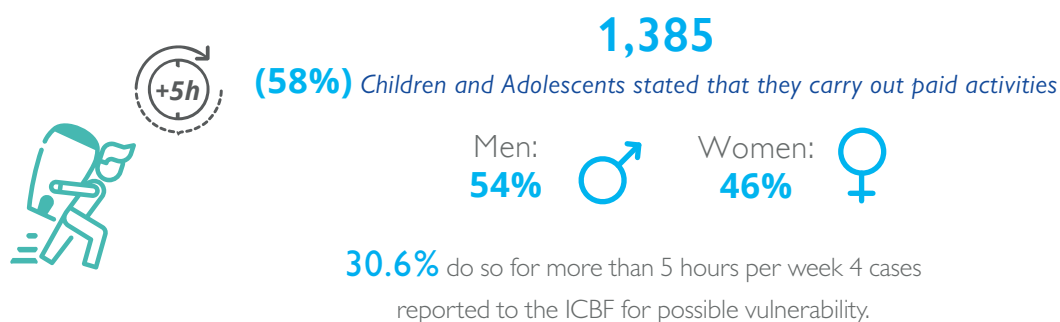
The aid received comes from multiple national and international organizations. According to the perceptions of those surveyed, the institutions that have provided humanitarian aid include: Red Cross, UNICEF, Churches, the Danish Council for Refugees, Save The Children, Pastoral Social, UNHCR, city halls, among others.

¹³ Purchase vouchers, money, market cards, lodging

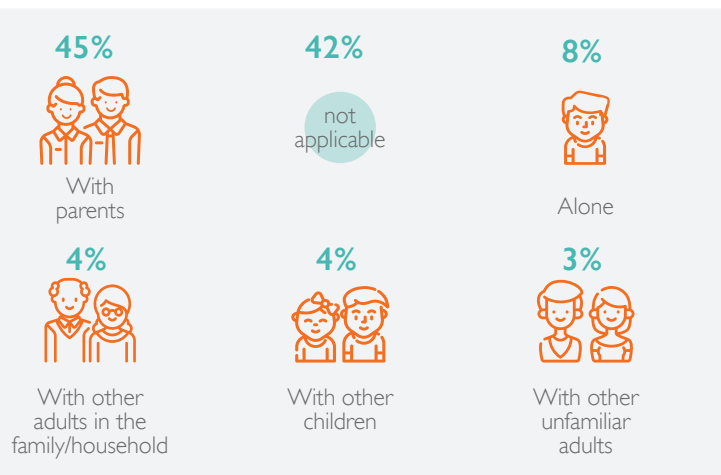
Paid activities

Although the purpose of the DTM is not to determine whether children and adolescents are facing child labor situations, it does enable the identification of paid activities and the time they dedicate to said activities.

According to the ILO, the term child labor is usually defined as: "All work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and mental development"¹⁴. In this regard, it can be argued that those children and adolescents who dedicate five hours or more to paid activities are at risk of falling into child labor situations.



Graph 27. Company of NNA while they carry out income-generating activity. (*)



54.4% of children and adolescents who carry out activities with adults who are not part of their family do so for 3 hours or more.

85% of children and adolescents state they give the money obtained to their parents, 25% keep it for themselves, and 0.3% give it to a person they can trust.

How do children invest their money? (*)

Table 3. Spending of money from income-generating activity.

Food	67.4%	Entertainment (toys, games)	16.2%
Clothing, body care	29.8%	Health, medicines	2.3%
Home expenses	31.7%	Send money to family or acquaintances	1.2%
Other - which ones?	18.7%	Use of cigarettes, alcohol, marijuana, glues, other drugs	0.3%
		Payment for security (so-called vaccines)	0.3%

¹⁴ ILO, What is understood by child labor?, taken on December 30, 2020. <https://www.ilo.org/ipeclfacts/langes/index.htm>.

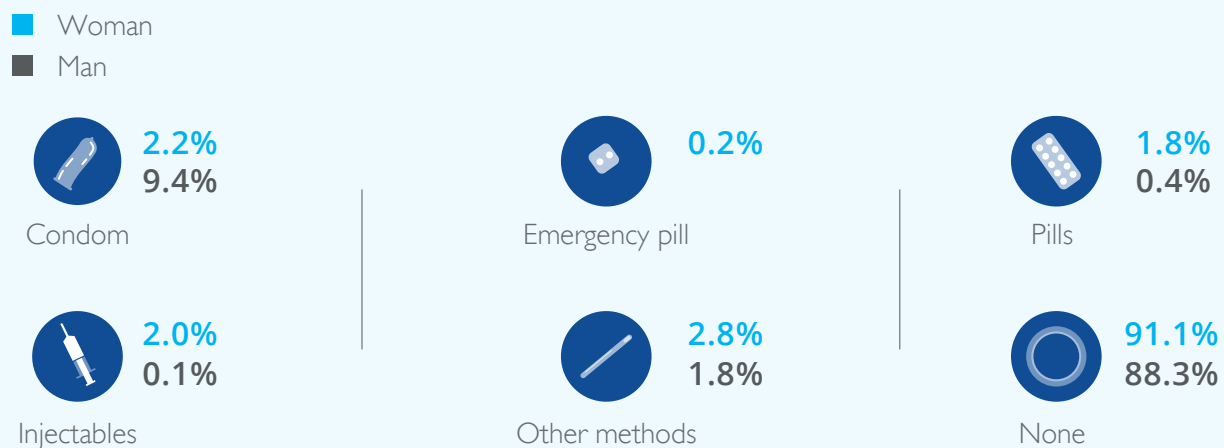
11. Sexual and Reproductive Health

The questions related to sexual and reproductive health were applied only to children between 10 and 17 years of age (1,367 of which 650 are women and 717 are men), the following are the results obtained:

Contraceptive methods

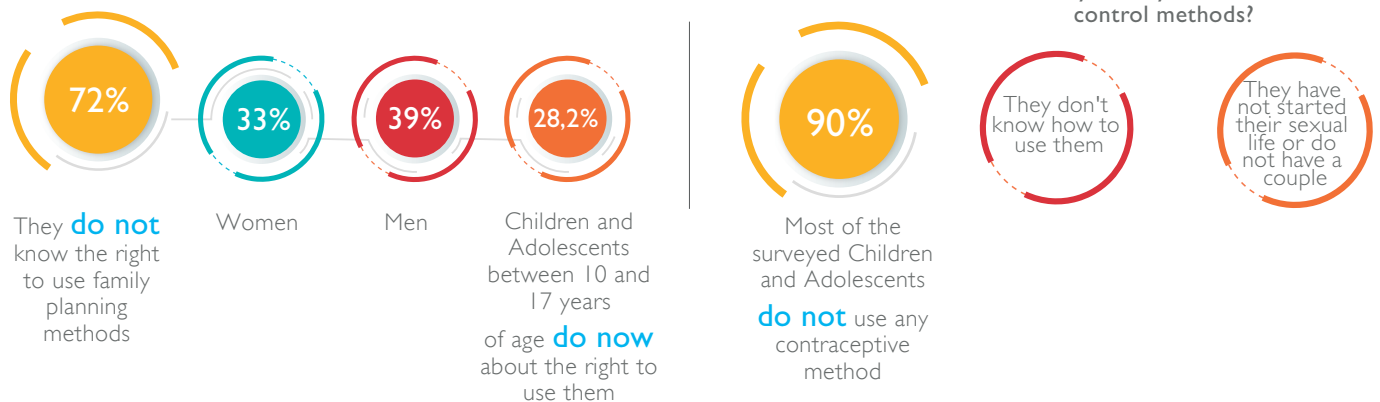
To obtain information on access to safe and voluntary family planning services for migrant children and adolescents undergoing long stay or street situation, the DTM included questions related to the use and knowledge of sexual and reproductive rights of this population. The results were:

Graph 28. Use of contraceptive methods among Children and Adolescents interviewed.



Of the **1,367** Children and Adolescents surveyed, it was found that:

Sexual and reproductive rights



Access to menstrual care products



58.6% of minors access menstrual products as follows:

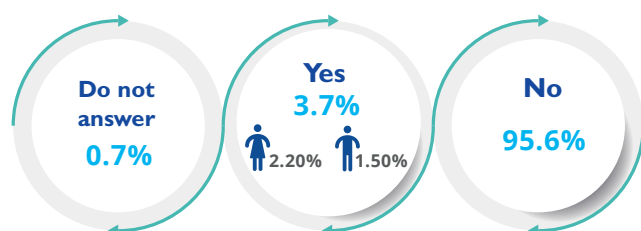


91.6% Buying them

7.1% Donated

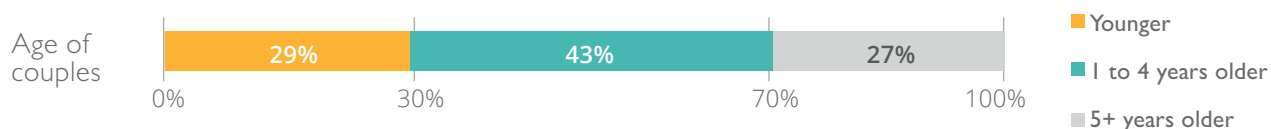
Perfil Profile of Child Marriage and Early Unions (MIUT)

Graph 29. Children who are married or have a couple.

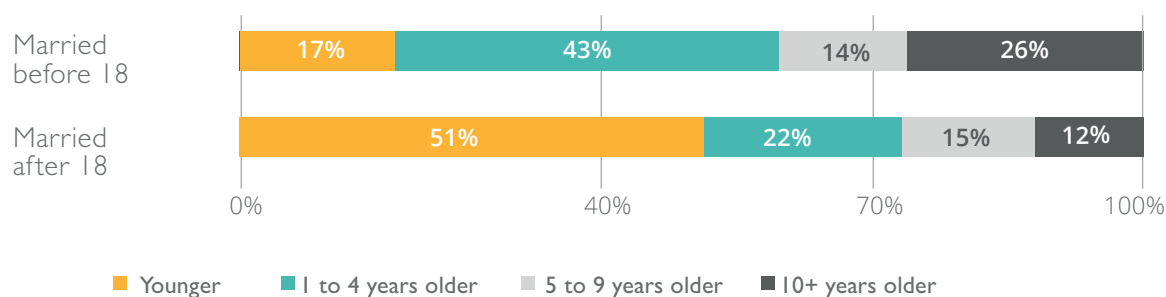


Of the Children and Adolescents who stated having a couple, 58.8% live or sleep with their partner, where 17.6% are men and 41.2% are women.

Graph 30. Age difference between surveyed children and their couples.



Graph 31. Age difference between caregivers and their couples.



23.9% of caregivers were married before the age of 18. These child marriage and early union characteristics seem to persist between generations and do not necessarily respond to the migration phenomenon; this, added to the low educational levels in this particular population segment, perpetuating poverty traps related to early union, early pregnancy and lack of education.

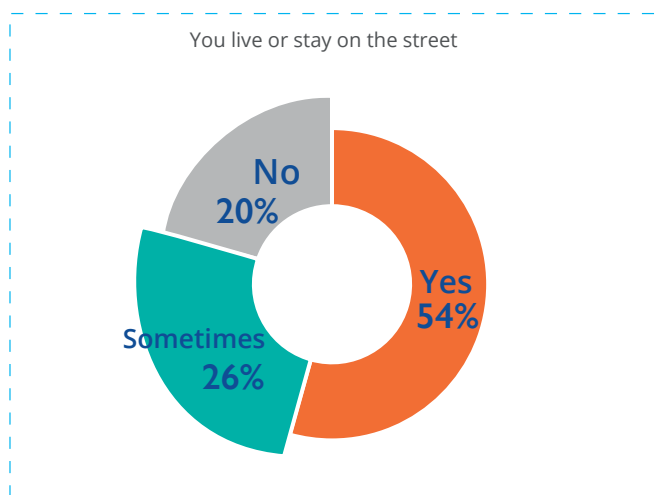
Sexual and reproductive health in an early union context

Of the girls and adolescents between 10 and 17 years of age who claim to be married or live with their couple, 37.3% do not know that they have the right to use family planning methods. Additionally, of the girls who are married or living with a couple, 23.3% are pregnant, 85.71% attend medical check-ups, while 14.3% do not.

12. High permanence or street life situation

Based on the observation and analysis of the environment and the narrative of those surveyed, the DTM NNA team determined that there is a distortion of the concept of high permanence or street life situation, there is a false perception of what it means to have a house to sleep, understanding that in some cases these were adapted spaces without any type of rigid structure, which lacked sanitary service and kitchen, such as: bridges, tents, shacks, huts, among others. Caregivers were found who stated that they were not in high permanence or living on the street, but who met the characteristics to be classified within the study group. Included below are the results of this chapter.

Graph 32. High permanence or street life situation of caregivers.



Of the 1,697 children and adolescents interviewed who answered yes or that they sometimes live or remain on the street, they began to do so at:



Place where they are

86.5%



Another place in Colombia

9.1%



Another country

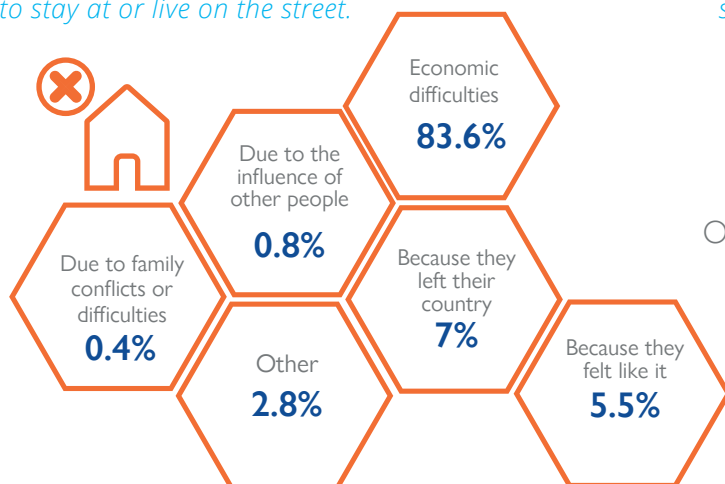
4.4%

The DTM also asked the total of children surveyed with whom they normally sleep at night. (*)

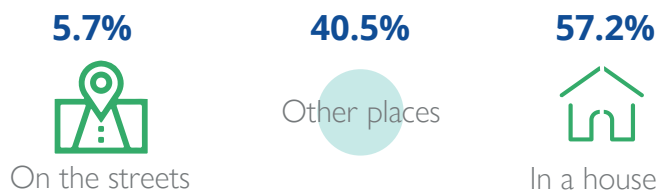
Table 4. Company of children and adolescents when they sleep.

•With the family	97.2%	•With couple	0.8%	•With other children	0,3%
•Alone	2.1%	•Others	0.3%	•At friends' places	0.2%
				•With other adults	0.2%

Graph 33. Reasons for children and adolescents to stay at or live on the street.



Graph 34. Places where children and adolescents sleep. (*).



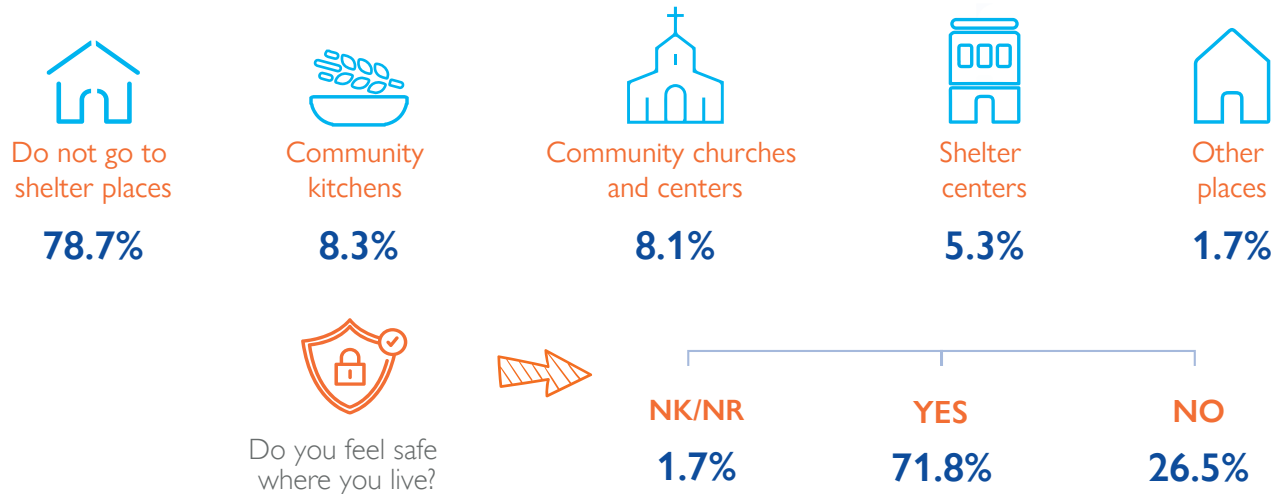
Other places refer to: shacks, plank, wood or zinc structures, parking lots, warehouses, and rooms for rent.

13. Aids and assistance during the emergency

In order to know the humanitarian assistance to which the migrant population surveyed has had access, this chapter inquired about places of reception, aid received during the health emergency declared by COVID-19, and the institutions that provided assistance in the territory. Results are listed herein below.

Shelter or assistance places

Of the total number of caregivers interviewed, the following was found:



Aid and assistance during the COVID-19 emergency

Regarding the perception of aid and/or assistance, the caregivers interviewed show negative feelings about the answer. Thus, only 24% of the caregivers interviewed state that they receive help from local authorities and a lower percentage from other organizations; such results are shown below in figure 35.

Graph 35. Institutions that offered their aid (*).



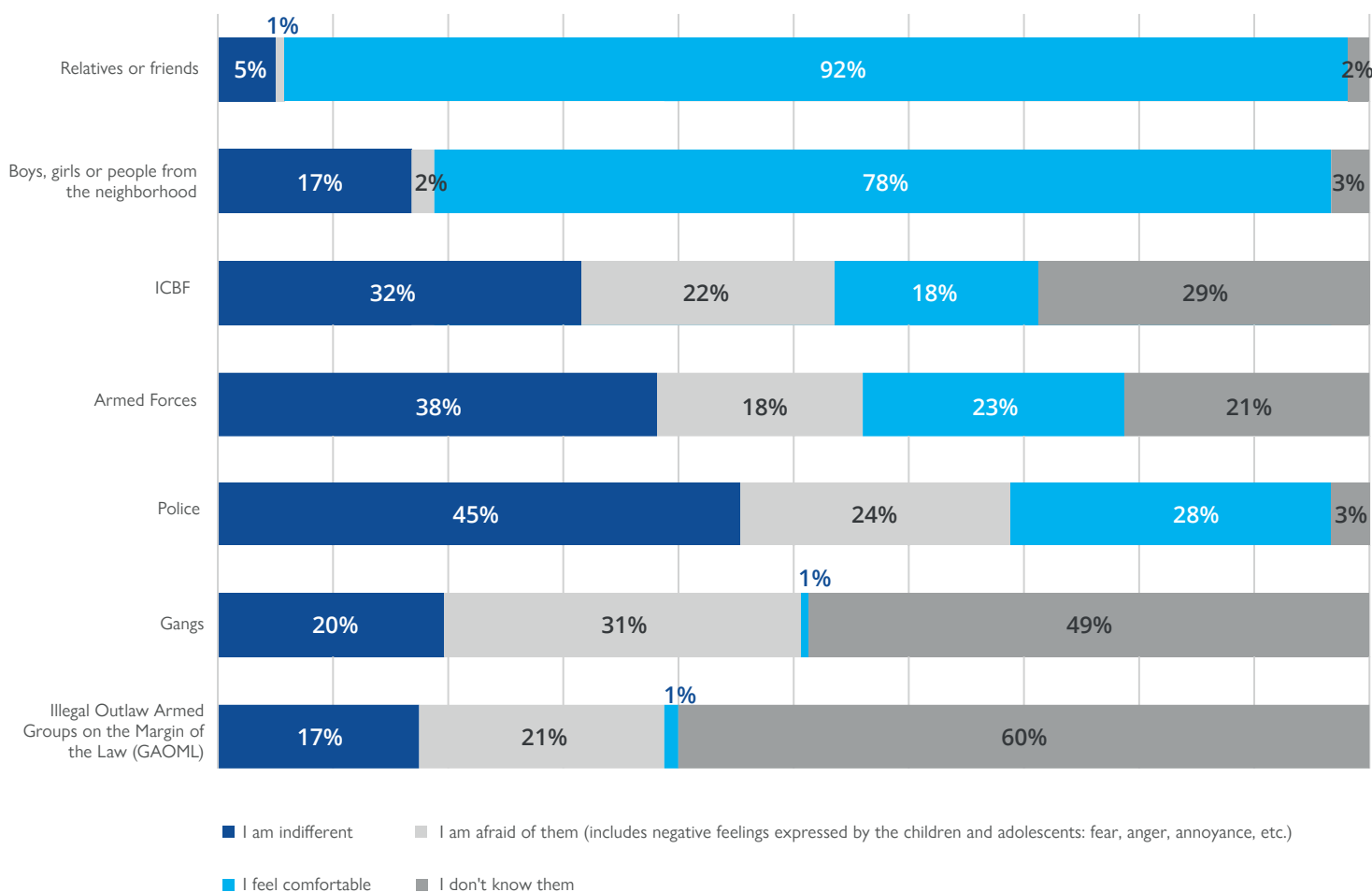
Due to strong restrictions imposed during the compulsory isolation period, as regards work activities and travel within the same urban perimeter, the DTM NNA inquired whether at any time the caregivers considered returning to Venezuela, and 76.6% said they had not thought about it.

14. Children and adolescents perception of institutions, illegal armed groups, gangs and family

When asking the children and adolescents about their perception of some Colombian institutions, population groups and groups outside the law, the following results were obtained:

According to what was reported by the DTM, children and adolescents feel comfortable surrounded by their relatives and family friends; gangs make them fearful, and they are indifferent to the Police. In graph 36, other opinions of the children and adolescents can be reviewed.

Graph 36. Perception of children and adolescents about institutions and other population groups.



CONCLUSIONS

1. The DTM evidenced that 67% of the caregivers interviewed do not know about the documentation required for foreigners who are in Colombian territory, or have access barriers to normalize their situation. This may explain why of the 3,660 accompanied children and adolescents (0 and 17 years old) of Venezuelan or other nationality, 84% do not have any immigration document. This situation proves the need to strengthen orientation and information programs and regularization campaigns for the migrant population.
2. 86.4% of the caregivers interviewed stated that they intend to remain in Colombian territory. For this migratory flow with the intent of permanence to be carried out in an organized manner and with guarantees of respect for human rights, it is recommended to strengthen support to the refugee and migrant population from Venezuela by territorial and national entities, which can provide services and aid for the insertion of this population in the community.
3. Of the caregivers surveyed who state their intent to look for a different destination, but who have not been able to do so due to difficulty in continuing their transit, they report that they need money, documents, transportation and other assistance. Having identified these needs, it is pertinent to review and strengthen the offer of national, international, governmental and non-governmental organizations that are part of the network of humanitarian actors, aimed at achieving the transit of the population to the desired destination.
4. By comparing the aid received and the needs of the population, it is found that the priority needs for the surveyed caregivers include employment, food, access to shelter, access to health, access to education and humanitarian assistance. The gap between the aid received (short-term) and the needs identified, shows the urgency of the migrant population to be cared for in a more structured manner with respect to four basic services: employment, housing, health, and education.
5. Most of the children and adolescents interviewed arrived in Colombia through informal crossings (they claim to have passed through trails, canoe and boats) and accompanied by at least one of their family members, which suggests exposure to vulnerable situations on the Colombian-Venezuelan border, namely: common crime, illegal armed groups, the possibility of being immersed in situations of public order perturbation, being victims of human trafficking, among other dangers. Further, due to the adverse conditions of the terrain, those who pass through irregular entrances are prone to undergo health problems. It is important to strengthen and increase the coverage of prevention campaigns envisaging potential threat and violation of rights related to mixed migratory flows, focusing on the prevention, attention, and activation of the routes for the restoration of rights.
6. Those caregivers surveyed who state that they do not have a safe place to sleep each night, reaffirm the need for access to shelters or solutions for a longer term. There are persistent reports of difficulties associated with not having a housing unit or structure for physical security at night.
7. Among the children and adolescents who do not have a vaccination card, the absence or delay in the vaccination scheme could be identified, which implies a risk to the health of minors and becomes a Public Health issue. Usually, the Colombian Government has reinforced its efforts to guarantee the national vaccination scheme (against 26 diseases) for the entire migrant population, regardless of their migratory status (regular or irregular). The vaccination is free and easily accessible throughout the Colombian territory; nevertheless, it is necessary to increase its visibility and knowledge of such services to which migrants can access.
8. 26% of the companions interviewed answered that they or the children they accompany could not go to the doctor or have any health service when necessary. Comprehensive health care for children under 5 years of age and pregnant women is essential for an integral development. It is necessary to take actions intended for health promotion, prevention, recovery and mitigation of health risks or damage, conditions that provide a decent life for refugees and migrants.
9. Regarding the food security of children and adolescents, the DTM found that a large part of the respondents answered that in the immediately preceding week they could not have access to the three meals (breakfast, lunch and dinner), which shows a food deficiency that poses a risk for the physical and mental development of accompanied minors. Regarding the quality of the diet, the caregivers interviewed who said that at some time a child under 18 years of age in their family had a diet based on little variety of foods (carbohydrates, proteins and vegetables), allowing nutritional problems to be generated due to protein-calories and micronutrient deficiencies that cause negative consequences throughout the life course. In early childhood, these deficiencies cause growth delays, affect cognitive development, increase the probability of developing other diseases and can even lead to death.¹⁵ Consequently, it is suggested to strengthen offers that allow refugee and migrant families, children and adolescents (with emphasis on early childhood and lactating and pregnant women) access to quality food.

¹⁵ Gaviria, Alejandro and Palau María del Mar. 2006. *Nutrition and child health in Colombia: determining factors and policy alternatives.*

10. Of the 71.8% of all children interviewed between ages 10 and 17 who said they did not know that they had the right to use a family planning method, 32.9% were women, and 38.9% were men. This high percentage not having access to contraceptive methods shows a possibility of an increased risk of adolescent pregnancy, which could significantly worsen their current situation and in the future generate greater inequalities related to gender. Within this same age group, the majority of those interviewed state that they do not use any method and the main reason is that they have not started their sexual life. This is an optimal scenario to strengthen promotion and prevention measures that allow reinforcing actions from the health and education sectors, enabling the migrant population to have access to Comprehensive Sexuality Education (CSE). Additionally, it is suggested to implement the Route for Promotion and Maintenance of Health and the Maternal-Perinatal Route so that adolescents and young people receive more information on sexual and reproductive rights, and increasing access to effective contraceptive methods are some of the actions with which it is expected to continue the reduction of adolescent pregnancy in Colombia.

11. The girls and adolescents surveyed in the age range between 10 and 17 years who do not have access to elements of menstrual care, are negatively affected on hygiene, interaction and school attendance, causing menstruation to limit the social interaction of girls and that it becomes a barrier for their integral development. For those who stated they have access to these elements, they do so with their own resources. It is necessary to offer the programs for the provision of hygiene and feminine hygiene items in the territories, as these will mitigate the gender inequality that leads to deprivation and stigma related to menstruation.

12. Of the children and adolescents surveyed who stated that they are not studying currently, they say they have been affected by the isolation decreed by the health emergency caused by COVID19, which determined that school children continue their training through virtual means. By not having access to computer tools, internet and other necessary infrastructure, children and adolescents with high permanence or living on the street could not continue with their school period, having their training interrupted. Similarly, some stated that the lack of space in the institutions and the documentation requested for enrollment are barriers to access to education. In this regard, while it is important to recognize the achievement in education. It is necessary to invite the Education sector to strengthen the strategies and reduce the access barriers for the migrants.

13. Of the 1,385 (58.3%) children and adolescents who indicated carrying out paid activities, 30.6% stated that they devote more than five hours a week, they may show signs of situations associated with child labor, and possible situations of exploitation within the framework of human trafficking in the form of begging, as defined by the ILO. Additionally, most of them state that they give the money to their parents. Nonetheless, within the framework of this DTM, four cases were reported to the ICBF for alleged violation or threat of rights related to child labor. Therefore, it is a priority to offer solutions for the prevention and eradication of child labor through the agents of the National Family Welfare System (ICBF) with the leadership of the Territorial Entities and possible complementarity on the part of International Cooperation.

14. Children who find it important to remain on the street despite the risks that this represents, commonly do so because this is a way of solving their needs; this suggests the need to work not only in protection programs but also in prevention on their projects and livelihoods. It is important that the solutions and alternatives are the result of actions taken by the National Family Welfare System (ICBF) with the leadership of the Territorial Entities and possible complementarity by International Cooperation.

15. For those caregivers who often consider the possibility that children and adolescents remain alone on the street, and who have left children in the care of someone outside the family nucleus on a regular basis, it is necessary to give continuity and reinforce the spaces for care of migrant children by cooperation, local authorities and ICBF. Furthermore, it is suggested to carry out prevention actions (campaigns with refugee and migrant populations) to sensitize parents to the risks faced by children and adolescents when being in street settings or caring for people who are not their family support network.

16. Strengthening the comprehensive protection of refugee and migrant children and adolescents from the Bolivarian Republic of Venezuela, especially adolescents, should be a priority investment for the governments of recipient countries and donors. This implies a greater and more effective provision of resources for child protection systems, both state and community networks, and strengthening protective spaces that includes increasing access to education and social protection, child-friendly spaces in emergency, and economic and social integration of refugee and migrant families.

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