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**WE KNOW WHAT
WE NEED**

**PROGRAMME DESIGN CONSULTATIONS
WITH ADOLESCENTS IN COLOMBIA,
ECUADOR AND PERU**

November 2022

This publication is also available online at: www.plan-international.org

First published 2022 – Text and photos © Plan International 2022

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Recommended citation: Plan International (2022). *We know what we need.*

Programme design consultations with adolescents in Colombia, Ecuador and Peru.

ACKNOWLEDGMENTS

We especially thank the adolescents and young people in Colombia, Ecuador and Peru who have participated in the consultations and shared their insights, ideas and challenges with us. We thank them for their contributions and dedication to improving the situation in their communities. We also thank their parents and caregivers, spouses and key informants for their participation in this consultation process.

We extend our acknowledgement to the staffs and consultants of Plan International Colombia, Ecuador and Peru who have adapted and used the tools and guidance of the Adolescent Programming Toolkit and led the consultations in the context of the Venezuela crisis.

Finally, we thank our colleagues at Plan International Germany who provided technical support during the consultation process: Doris Gordón, Mahelia Hohlfeld, Alissa Ferry and Lotte Claessens.



ME CUIDO MIENTRAS VIAJO

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3. Mantén tu mochila o equipaje siempre bien abastecido. Así podrás tener todo lo que necesitas.
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4. Siempre el agua, ¡ahí que cada vez que tengas que beber, asegúrate de beber agua potable.
- 

5. Si durante el viaje debes pasar la noche en un lugar, asegúrate de que sea seguro y cómodo para ti y tu familia y otros viajeros.
- 

6. Cuando viajes, no olvides llevar contigo tu kit de primeros auxilios. Para el caso de lesiones o enfermedades, es muy importante de tenerlo.

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ABBREVIATIONS

CVA	Cash and Voucher Assistance
FIP	Ideas for Peace Foundation, Colombia
GBV	Gender-Based Violence
GTRM	Refugee and Migrant Working Group
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PAS	Psychoactive Substances
RNI	National Information Network, Colombia
RUMV	Single Registry of Venezuelan Migrants, Colombia
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmittable Infections
TPP	Temporary Protection Permit (granted by Colombia to Venezuelan migrants)
TPS	Temporary Protection Statute
UNHCR	United Nations High Commissioner for Refugees
VTP	Voluntary Termination of Pregnancy

EXECUTIVE SUMMARY

This document presents the summary of the findings of the consultations undertaken in Colombia, Ecuador and Peru between August and November 2022.

This process consulted adolescent girls and young mothers in particular, but also included adolescent boys, caregivers of adolescents, civil society organisations and SRHR and protection service providers in Colombia (Cúcuta and Tibú), Ecuador (Huaquillas and Tulcán) and Peru (Lima and Tumbes). The aim of this process was to ask about which priority activities and objectives should be included in a new humanitarian project that aims to meet the needs of adolescents affected by the crisis in Venezuela. In Colombia, consultations also included adolescents affected by the internal conflict and displacement.

The results of this consultation process will help with the design and implementation of appropriate, relevant and efficient programming for adolescents, particularly girls, to learn, lead, decide and thrive in emergencies and protracted crises, in particular in the Venezuelan migration crisis in Colombia, Ecuador and Peru, as well as the crisis related to internal armed conflict in Colombia.

In all three countries, the consultations consisted of focus groups aimed at adolescent boys and girls, married girls and young caregivers. The consultations also included focus groups held with caregivers of adolescents and interviews with leaders, representatives of government institutions, NGOs and international agencies present in the area.

FINDINGS – MIGRATION CRISIS

The consultation revealed that adolescents prioritise services and activities related to the following: access to health care, SRHR and protection, SRHR capacity strengthening, life skills, positive parenting, humanitarian assistance, legal documentation assistance and CVA support.

Participants in the focus groups and interviews stated that the migrant and refugee population faces serious **problems of violence, trafficking and sexual and labour exploitation**. These problems, which particularly affect adolescent girls migrating alone, are exacerbated because they are unaware of their rights and lack financial resources needed for food. As a result, upon arrival to the various countries malnutrition issues are seen, particularly among children and adolescents.

Another problem mentioned by participants is a **lack of access to SRHR and protection services**, as well as **ignorance or gaps regarding concepts related to sexual rights, reproductive rights and sexuality**. Various adolescent girls reported having been or knowing other women who had been **victims of violence and exploitation**. However, **they do not know whether protection services or psychosocial care are available in their community**.

In addition, the **lack of legal documentation** prevents them from accessing health care services, education and protection, from opening a bank account, signing contracts, working or starting a business, and even prevents them from filing complaints about physical, sexual or psychological violence because

they are threatened, in certain cases, with deportation. Young mothers' main concern is food for their children, work opportunities and legalisation of their migration status in the country to be able to access government benefits.

Furthermore, they **lack health care access due to the low availability of physicians and the insufficient quality of services**, particularly in SRHR, services for which they must wait many hours before being attended. Birth control options are scarce, with supply being limited to talks, workshops, etc. This especially affects female adolescents due to the increase in cases of **early pregnancy** and the resulting risk to their health, and even to their life. Additionally, their **limited access to education** restricts their opportunities to overcome their conditions of poverty or extreme poverty.

Another limitation is the **lack of information on services and activities** developed both by national organisations and international cooperation agencies. These knowledge gaps adversely affect them because, being **uninformed of their rights**, they lose capacity-building opportunities, particularly adolescents who are parents and who **have no work and/or financial support** to develop their own businesses/enterprises. Young people must find options and, although many of them want to continue studying, the **lack of legalised documents and financial resources are a barrier** that forces them to work, accepting long workdays at low salaries.

Adolescents are affected by **discriminatory and xenophobic** attitudes. Adolescent girls are assaulted most often and, when they are able to continue with their studies, most of the assaults are committed by male instructors. There are also cases of civil servants who, in assisting the community, reproduce sex-based stereotypes, encouraging prejudicial attitudes and discriminatory and intolerant practices.

RECOMENDACIONES

Adolescents and adults participating in the consultation process made the recommendations summarised below:

Provide support through information and development opportunities, i.e., create training processes with content that allows them to stay safe, to learn to care for their health and to acquire knowledge on topics such as child and adolescent rights, SRHR, protection, health care pathways and legal mechanisms to access services. For that purpose, involve children, adolescents and young people in defining innovative content and methodologies to address these and other topics of interest **(Col) (Ecu) (Per)**. Provide psychosocial support in safe spaces and with specialised staff that respect and protect their integrity and privacy **(Col) (Ecu)**. Have more training spaces for men to address topics related to SRHR and positive masculinity **(Col) (Ecu) (Per)**. Involve parents and caregivers in the training process, in order to work on SRHR topics considered to be taboo, and also work with medical staff to raise awareness on adolescents' needs and their proper treatment **(Col) (Per)**. Highlight the importance of education among adolescent and younger girls **(Ecu)**. Create a map of services and develop a contact network with protection providers, migrant associations, humanitarian aid agencies and institutions providing safeguarding and protection services to children and adolescents to enable the timely and appropriate referral of cases involving the migrant and refugee population. Parents and caregivers stated that access to SRHR information and services is important to facilitate conversation with their children on this subject **(Per)**.

Engage with families and communities to transform harmful norms (xenophobia and discrimination), help adolescent and young parents to finish their education and gain access to technical training and financial support (CVA), and as well as to meet their basic needs: food, housing and health care. Create spaces for interaction and socialisation, both among Venezuelan families and between Venezuelan and host community families. Promote workshops on sport, art (mural painting, music), reading and writing, dance and environmental care **(Ecu) (Per)**. Encourage training in the safe use of social media and how to prevent cyberbullying. Generate training spaces on responsible parenting and childcare aimed at adolescent and young parents. Involve adolescents and young people in defining educational content and methodologies to prevent violence, xenophobia and discrimination **(Ecu)**. Strengthen the initiatives of migrant associations and other government agencies that provide psychological and socioemotional support to the refugee and migrant population (Per). Strengthen community capacity and promote engagement spaces for adolescents and young people, whether Ecuadorian or Venezuelan, where they can share their problems and life dreams and are given tools to prepare proposals that could be undertaken jointly and in which they can involve their parents and community leaders **(Ecu)**.

Improve the quality and availability of services to meet the needs of Venezuelan migrant or refugee adolescents and young people. Support adolescents and young people in legalising their migration status and in accessing food, housing and personal care products. The support can consist of money or CVA, legal advice and information points with Internet access and computers **(Col) (Ecu) (Per)**. Develop transportation support mechanisms **(Col) (Per)**. Promote skill-building activities and business development opportunities allowing them to earn their own income, particularly for pregnant adolescent girls and young women and for parents **(Ecu) (Per)**. Ensure access by pregnant adolescent girls and young women and their children to health and protection services that are efficient, high-quality and free **(Ecu) (Per)**. Strengthen protection services for victims of violence and train their staff. Establish support groups for adolescent girls and young women who are mothers or pregnant **(Ecu) (Per)**. Supply personal hygiene kits and kits for babies and small children according to the need of the beneficiaries. Optimise target population registration and selection mechanisms, in order to prevent beneficiaries who gain access to assistance by falsifying their information. Build alliances with education centres to develop activities that benefit both adolescent refugees and migrants and adolescents from the host communities, in order to achieve a greater impact on the population **(Per)**.

The local community should also be involved in all activities undertaken with the migrant and refugee population, in order to make everyone feel included, build relationships between individuals from both countries and prevent discriminatory and xenophobic attitudes.

CONTEXT OF COLOMBIA, ECUADOR AND PERU

Humanitarian crises disproportionately affect adolescents, particularly girls: they live in fear of experiencing violence, are unable to move about freely and have limited access to schooling, social support networks and health care. Adolescent girls have fewer options than boys to meet their basic needs, and they have limited control and power over their lives.

VENEZUELAN MIGRATION

This migration process began with the Venezuelan financial crisis in the 1980s and 1990s and the resulting migration toward Northern countries. However, migration has intensified in the past 20 years, with refugee applications from Venezuelan citizens doubling around the world.

This situation has progressively worsened. Applications increased five-fold in 2009, and as of 2014, the dynamics developed into a severe humanitarian crisis. The Office of the United Nations High Commissioner for Refugees (UNHCR) reported an increase of 8,000 per cent in refugee applications, particularly in the Americas.

In April 2021, 5,642,960 migrants, refugees and asylum seekers from Venezuela were registered, of whom 4.5 million are in Latin America and the Caribbean: mainly in Colombia (1,742,927, 49% women and 51% men), Peru (1,049,970), Chile (457,300), Ecuador (431,207) and Brazil (261,441). Around 2,651,050 Venezuelans have obtained residence and stay permits under another procedure (not including tourist visas) in various host countries.¹

Later, on 5 November 2022, there were 5,989,543 Venezuelan refugees, migrants and asylum seekers reported by the host governments in Latin America and the Caribbean (according to GTRM information). Nevertheless, it is important to emphasise that these data are estimates and depend on the method used by each government to process statistical data. Many information sources do not include Venezuelans without a legal migrant status, which means the total number is likely higher. Consequently, the same applies to the number of individuals exposed to malnutrition, violence, GBV, lack of access to health care, education, protection, work, etc., particularly affecting women, children and adolescents.

Colombia reached 2,477,588 refugees and migrants in November 2022.² According to Amnesty International research and despite the low levels of registrations, existing data reveal that gender-based violence affecting female refugees rose from 2,430 cases reported in 2018 to 4,165 in 2020 and that although violence occurs in all spaces, women are repeatedly subject to assault and sexual violence in public spaces, both in the host cities and along the migration route.³

Furthermore, violence in the family setting occurs between spouses or ex-spouses, whether Venezuelans or nationals, and victims are both adult women and adolescent girls. This type of violence takes the form of control over the lives of women and of financial and property violence, which in some cases becomes physical violence and sexual violence. In these situations, the lack of access to meaningful work and financial empowerment of Venezuelan refugee women, both adults and adolescents, makes it hard for them to break out of the violent cycles in which they find themselves.⁴ Adolescents are particularly subject to risks such as

drug use, various kinds of violence, situations of forced recruitment, forced displacement, dropping out of school and child labour.

The cities of Cúcuta and Tibú, which are part of the North Santander department, recorded 253,911 individuals from Venezuela (in February 2022), and the department had the third largest concentration of migrant individuals (10.25%). It is estimated that 51% of the migrant population are women and 49% are men, 24% are children and adolescents between 0 and 17 years old and 31% are young people between 18 and 29 years old (Migración Colombia, 2022).

In Ecuador, according to GTRM data, there were 502,214 Venezuelan refugees and migrants in the country in 2022,⁵ 38.5% of whom were unemployed, compared with 6.3% among the host communities. Likewise, the R4V National Platform in Ecuador (GTRM) identified that the main needs of the Venezuelan migrant or refugee population in the country in 2022 were “access to food (87%), livelihoods (65%), housing (53%) and health services (25%).”⁶

Tulcán and Huaquillas are two border cities in Ecuador. The first is located in the north of the country, near the border with Colombia, and receives population from Colombia and Venezuela, whereas Huaquillas is located in the south of the country, near the border with Peru, and receives population from Venezuela and Peru.



According to the results of the Protection Monitoring performed by the United Nations High Commissioner for Refugees (UNHCR), at the northern border of Ecuador, the city of Tulcán has the main official border crossing for entry and exit between Ecuador and Colombia, which is the International Bridge of Rumichaca. For decades, the province has received population with international protection needs, and it is calculated that more than a million Venezuelans have gone through Tulcán in recent years, with some of them settling in the city.

The rapid interagency assessment carried out in Huaquillas identified the presence of large numbers of nursing mothers, individuals with chronic diseases and single mothers. Additionally, the assessment identified a lack of access to birth control methods due to the lack of medical supplies at health facilities. It is considered necessary to establish protection interventions, emphasising health care access, promoting sexual and reproductive rights and putting in place strategies for at-risk women, due to the presence of sexual trafficking and exploitation networks.⁷

In Peru, there were 1,490,673 Venezuelan refugees and migrants in November 2022,⁸ making it the second most common destination after Colombia, with the highest number of Venezuelan migrants and refugees. Nevertheless, although the Venezuelan migrant exodus began most strongly in the region in 2016 (World Bank, 2019), the actions developed to support families have been insufficient to achieve a situation of safety and well-being in Peru in terms of key topics such as nutrition, health, education, protection and integration.

Regarding access to health care services, affiliation with the Integrated Health System (SIS) rose considerably, but only 103,233 of all Venezuelan migrants who have settled in the country were affiliated with this insurance system as of July 2021. Among the members, 14% were children aged 0 to 4 years; 1.5% were children aged 5 to 11 years; 1% were adolescents aged 12 to 17 years; and 9% were young people aged 18 to 29 years (Refugee and Migrant Working Group-GTRM, 2021). Limitations on access to SRHR may lead to a rise in pregnancies among adolescent girls. Furthermore, pregnancy accentuates the poverty of female adolescents, jeopardises the continuity of their education, increases school drop-out rates and makes young mothers more vulnerable to child labour, with Peru being one of the countries where this is most common. There are also repercussions for health and a higher risk of sexual violence (Plan International, undated). Several qualitative studies establish the severe lack of available information and the migration status of women as the leading causes preventing access to these services (Irons, 2021).

INTERNAL DISPLACEMENT IN COLOMBIA

In its Global Trends report on forced displacement, the UNHCR mentions that Colombia continues to report the highest number of internally displaced persons worldwide, with a total of 8.3 million people at the end of 2020. OCHA data reveal that the number of internally displaced individuals in the country increased 135% between January and August 2021 compared with the same period in 2020. According to the RNI,⁹ the total number of victims of the armed conflict in Colombia was 9,361,995 individuals in October 2022.

In particular, the figures indicate that more than 57,100 persons have been displaced in 110 massive emergency events during this period, with direct threats by non-state armed groups being the main cause. According to figures from the Ombudsman of Colombia (Defensoría del Pueblo), internal displacement mainly affects groups facing a situation of historical and structural vulnerability, such as indigenous ethnic and African descent communities (59% of cases) and the peasant population, and severely impacts many rights

such as the right to an adequate standard of living, to freedom of movement, freedom of residence, housing, health, education, employment and family life.¹⁰

In 2021, there were 486 victims of explosives, the highest number in the last five years. This figure reveals that the phenomenon has worsened and that it has direct effects on the civil population, as most victims are civilians.¹¹ The surge in armed violence has led to an increase in cases of sexual violence. Fear of GBV leads women and girls to become displaced as they seek protection.

Women who have experienced the war in Colombia have had to bear the ill effects of confrontations between illegal armed groups. A total of 91.1% (4,092,494) female victims of conflict are displaced, 10.8% (486,594) are victims of homicide, 5.6% (251,714) of threats and 1.8% (84,579) of enforced disappearance.¹²

Children and adolescents continue to be exposed to serious violations, recruitment and use, abuse, exploitation and other forms of armed violence, as well as to natural disasters and the consequences of the pandemic. Approximately 1.9 million children in the country have humanitarian protection needs.¹³

A study by FIP and IDRC reported that gender-related violence continues to be used by illegal armed individuals as an instrument of social control. “The perceptions of safety of women and the LGBTI population are impacted by gender-related violence they encountered in the past and continue to face.”¹⁴

METHODOLOGY: ADOLESCENT PROGRAMMING TOOLKIT

The consultation process used the Adolescent Programming Toolkit developed by Plan International. This toolkit builds upon the great motivation, energy, innovation and capacity of adolescents and on the agency of girls.

The **Plan International toolkit** promotes adolescent-responsive programming, which is the intentional design and implementation of actions that meet the gender and age-specific and diverse needs, priorities and capacities identified by adolescents themselves, with special attention to girls and at-risk adolescents.

The **toolkit** has four parts:

1. Why we should invest in adolescents in crisis settings;
2. Theory of Change to support adolescents to learn, lead, decide and thrive in crisis settings;
3. Programmatic Framework which presents our results framework and key interventions;
4. Step-by-step Guide for programming with and for adolescents in crisis settings throughout the entire humanitarian programme cycle. The guide contains 13 practical tools and key considerations for reaching and supporting adolescents.



Plan International's commitment to adolescents and young people in crisis settings such as human mobility

Plan International developed a set of tools based on evidence and numerous recommendations from adolescents in crisis settings, suggesting that humanitarian actors should do the following:

- Place adolescents at the centre of action and address them as drivers of their own actions, and promote their participation and leadership.
- Address specific risks and barriers for girls and engage with boys and men to tackle gender inequality, discrimination and violence against girls and women.
- Work at all levels and engage with families and communities, local power holders, service providers, duty bearers and community stakeholders to improve action for adolescents.
- Deliver intentional, multi-sectoral programmes covering protection, education, SRHR and economic empowerment interventions, tailored to the context-specific needs and capacities of adolescents.

The toolkit was used to consult adolescents and young people, in particular girls and young mothers, involving them in identifying the priority activities and objectives that should be included in the project. This will allow the design and implementation of an appropriate, relevant and efficient programme for adolescents, particularly girls, to learn, lead, decide and thrive in emergencies and protracted crises. This specific case considers the Venezuelan migration crisis affecting Colombia, Ecuador and Peru and the internal armed conflict affecting Colombia.

The guidance for conducting the focus groups and interviews of leaders and providers was developed by Plan International. Before starting the consultation process, the tools were tested to incorporate improvements and suggestions. In applying the methodology, the questions were adapted to some extent, in keeping with the culture and terminology of the participating population. Also, games were used as ice breakers for dialogue and sharing experiences and knowledge.

As part of the implementation of the methodology, Plan International's technical team, in compliance with the safeguarding, protection and ethical policies of Plan International, first identified and contacted the adolescents, parents and caregivers who would participate in the focus groups and with the service providers and local leaders who would be interviewed.

The consultation process was undertaken between September and October 2022. The design was qualitative, the techniques used for the consultation were document review, focus group discussions and in-depth interviews with various groups, such as mobile and refugee Venezuelan adolescents, parents and/or caregivers who lived in Colombia (Cúcuta and Tibú), Peru (Lima and Tumbes) and Ecuador (Huaquillas and Tulcán). In addition, representatives of national organisations (in each country) and international organisations present in the area were involved. The process focused mainly on topics related to health, education, migrant legalisation, sexual and reproductive rights and protection against violence, including gender-based violence. Participants were also asked about preferences and potential risks related to the use of cash and voucher assistance (CVA).

Active participation of adolescents and young people was encouraged throughout the process, such that it:

- a) Took reality as a starting point in order to understand their opinions, perceptions, feelings and knowledge.
- b) Used a playful approach, with direct questions being asked using informal language as a way to encourage expression and communication.
- c) Respected the opinions and understanding of the participants.
- d) Asked for thoughtful and critical feedback on experiences and feelings arising by participating in the project.

The consultation questions were as follows:

- 1. What activities, services and interventions do adolescents and young people prioritise as part of this project, particularly adolescent girls and young women who are married, pregnant or have children? What actions should be developed with the following stakeholders: adolescents, parents and caregivers, community and service providers?**
- 2. What are the gender-related risks and barriers encountered by adolescents - in particular girls, young married and pregnant women and young caregivers - when accessing services, and how should these barriers be overcome?**
- 3. How can cash and voucher assistance be safely used to improve the well-being and protection of at-risk adolescents?**

In Colombia, the consultation included 70 participants. A total of 46 adolescents aged 10 to 19 years were consulted (31 girls and 15 boys), 14 of them were married girls. Likewise, interviews were conducted with leaders, organisations and institutional stakeholders, and focus groups were held with caregivers of adolescents (a total of 24 caregivers: 15 mothers and 9 fathers).

In Ecuador, the consultation included 37 adolescents aged 10 to 19 years (23 girls and 14 boys). Among the adolescent girls participating, eight were mothers, three were pregnant and twelve were neither married nor pregnant. Among the adolescent mothers, one was 14 years old and the rest were aged 16 to 19, one of them lived with her spouse, two lived only with their child and the remaining five adolescents lived with their family. One of the pregnant adolescents lived with her spouse and two were alone.

The adolescent boys were aged 10 to 19 years, one was 18 years old and lived alone; one was 16 and had an early union with an adolescent girl of the same age; and the remaining twelve lived with their families, most of them under the protection and care of their mothers. The four focus groups were made up of adolescents and young people who had stayed in Ecuador for varying lengths of time (5 months to 4 years in Huaquillas; 2 months to 4 years in Tulcán).

There were 18 adult participants: 16 were mothers and two were fathers; eight of the mothers had no spouse and were directly responsible for the care and protection of their children. In addition, seven interviews were conducted with key informants: five representatives from public institutions, the director of an NGO and one community leader.

In Peru, the consultation included 46 participants. A total of 16 adolescents aged 11 to 17 were consulted (6 girls and 10 boys); 10 young parents aged 18 to 24 (6 women and 4 men); and 20 parents and caregivers of adolescents (13 women and 7 men).

In addition, interviews were conducted with local leaders and volunteers from Venezuelan associations such as ACSOAR, Pasos Firmes, Mag the Bay and Grandmav in Lima; and Líderes sin Fronteras, Pequeña Venecia and Vene-Perú in Tumbes. Seven service providers were interviewed.

In Lima, interviews were conducted with representatives from the Carlos Cueto Fernandini health centre, from the town of Los Olivos and from the Emergency Centre for Women (CEM) in San Juan de Lurigancho. In Tumbes, representatives were interviewed from the Ombudsman for Children and Adolescents (DEMUNA) of Papayal and Tumbes, from the Special Protection Unit (UPE) of the Ministry of Women and Vulnerable Populations and from the Emergency Centre for Women (CEM) in Tumbes.

TABLE 1: CONSULTATION PARTICIPANTS

Country	ADOLESCENTS						PARENTS/ CAREGIVERS OF ADOLESCENTS		TOTAL
	GIRLS 10–14	BOYS 10–14	GIRLS 15–19	BOYS 15–19	YOUNG MARRIED WOMEN	HUSBANDS ¹	MOTHERS	FATHERS	
COLOMBIA	9	5	8	7	14	3	15	9	70
ECUADOR ²	-	-	12	11	11	3	16	2	55
PERU ³	6	10	-	-	6	4	13	7	46

1 This group included both adolescents (up to 19 years) and adults. In Colombia and Ecuador, all husbands were adolescents.

2 In Ecuador, consultations took place with adolescents aged 14 to 19 years. The table includes them in the age bracket of 15 to 19 years.

3 In Peru, consultations took place with adolescents aged 11-17 years. The table lists them in the 11- to 14-year age group. All young married women and their husbands were between 18 and 24 years old.

ADOLESCENTS' PRIORITIES AND RECOMMENDATIONS

FINDING 1: KNOWLEDGE GAPS RELATED TO SRHR AND PROTECTION MAIN CONCERNS

Ignorance and confusion about SRHR-related terms is a concern particularly seen in **(Col)**, with the individuals consulted being unaware of or having knowledge gaps about concepts related to sexual rights, reproductive rights and sexuality. There is confusion about these concepts, and in some cases participants said they did not know what they mean. However, some participants said that there are families that do not agree with their children receiving SRHR workshops because “they (other parents) still consider the subject of sexuality to be a taboo” **(Col)**.

In **(Per)** and **(Ecu)**, there was also concern about the lack of knowledge on how to access the services and on the paths to take. Knowledge on masculinity is weak.

“

“My mom hit me once; I was in love and all that, and I was 16 years old. I asked her to take me to a health centre because I had a boyfriend at the time, and I was already dreaming that the first time would be with him. It’s no secret to anyone that a 13- or 14-year-old has a boyfriend and wants to have intimate relations. The little test of your love. (...) my mom hit me and I didn’t even tell her I had a boyfriend; I only told her that I wanted to be careful because I didn’t want to become pregnant and she gave me a hard beating.” **(Adolescent girl, Colombia)**

”

In both **(Ecu)** and **(Per)**, participants feel that the availability and quality of health care services, in particular related to SRHR, are poor and they feel discriminated against.

In **(Per)**, participants mention that SRHR is a priority for adolescents, but the information they receive, the approach taken when discussing the topics and the meeting schedules are hindrances to motivating young people to participate and gain knowledge about these topics. In protection and GBV, adolescents said that they feel unsafe on the street and that it's necessary to have safer spaces with more surveillance, video cameras, etc.

“

“there’s lots of talk about women’s rights to sexual and reproductive health, but it’s also good to raise men’s awareness and understanding, so that they are empowered, knowledgeable and empathetic about all the changes taking place, because they are necessary for a healthy sex and reproductive life. We’re not consistent, because we talk about equality but always leave men out of these important topics.” **(Personal communication, Colombia)**

”

On SRHR, in **(Ecu)** participants mention that training is hugely controversial because some adolescents and young people understand the importance of being knowledgeable on this subject, whereas others are tired of hearing the same things about the subject from different institutional actors. They also indicate that there are some cases of adolescents and young people (of both sexes) who do not understand that early pregnancy (at age 14) is a risk to their health as a whole and to that of their children.

In **(Per)**, participants mention that work must be done by both sexes on building healthy and positive relationships between adolescent girls and boys, as well as between young fathers and mothers.

“

“I haven’t gone to talks or that kind of thing before, because none of this information was available at that time about you [the organisations], and I didn’t know that you were going to do this for adolescents and young mothers.”

(Young mother, Lima, Peru)

”

RECOMMENDATIONS:

- Support adolescents and young people with information and training processes with content that allows them to stay safe and learn to care for their health.
- Involve adolescents and young people so they can participate in the design, planning, implementation and evaluation of activities and services. Discuss with them the topics they want to learn more about and the dynamics and techniques they would like to use for this purpose. Use entertaining, easy-to-read, direct and concise material.
- Provide psychosocial support in safe spaces with specialised personnel who respect and protect their integrity and privacy.
- Create spaces to train adolescent and young parents in responsible parenting and childcare.
- Establish support groups for adolescent girls and young women who are pregnant or have children.
- Strengthen protection services for victims of violence, and train the staff of such services.
- Involve adolescents and young people in defining content and methodologies for education on SRHR and the prevention of violence, xenophobia and discrimination.
- Empower adolescent and younger girls, orient them, provide training and also work on gender-related ideas and stereotypes in schools and families, including children and adolescents, with particular emphasis on working with the boys.
- Work with adolescents on masculinity and provide premarital counselling to young people.
- Work on topics related to acceptance, tolerance, solidarity and equality of rights between men and women.
- Encourage the training of adolescent boys in responsible masculinity.

FINDING 2: ACCESS TO HEALTH CARE AND PROTECTION AGAINST VIOLENCE

MAIN CONCERNS

In **(Col)**, participants mention that it is **hard to access health and protection services**, because the distance and lack of money for travel make it difficult to reach health facilities. They also feel that there is a limited supply of birth control options and that they are finding it hard to access pregnancy tests, examinations and ultrasounds. There are cases of OBGYN violence at the time of delivery.

In **(Col)** and **(Per)**, participants say that access in some cases may be available, but that because the preliminary examinations are not performed and adequate accompaniment is not offered for treatments, women's health may be affected. In all three countries **(Col)**, **(Ecu)** and **(Per)**, it was observed that, according to the participants, there are administrative barriers that prevent access to services because they are not legally residing in the country, i.e., due to lack of legal documents.

In **(Ecu)**, participants say that the migrant and refugee population and particularly adolescent girls who travel alone encounter serious problems (violence, trafficking, sexual and labour exploitation) because they do not

have documents (making it impossible to legalise their migrant status) and lack financial resources. On arrival to Ecuador, most of them report serious nutritional problems, with children and adolescent girls being most commonly affected.

“

“to be attended in a hospital, you have to be on the verge of death, ‘more on the other side than on this side’ and appointments at point-of-care facilities take one or even two months. If there is an Ecuadorian woman in line, they care for her first and make us wait.” “(..) on one occasion, the doctors were not busy but did not care for my mother. We had to take her to a private clinic.”

(Adolescent girl, Huaquillas, Ecuador)

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Early pregnancy is considered to be an increasingly important protection issue, as it puts adolescent girls' health and life in danger. In addition, it hinders access to education, which then limits their opportunities to overcome their conditions of poverty **(Col)**, **(Ecu)** and **(Per)**.

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“There are girls who are taken out of their homes, forced into relationships and then experience an unintended pregnancy.”

(Personal communication, Colombia)

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Difficulty with communications between the Ecuadorian and Venezuelan populations. In **(Ecu)**, an important factor mentioned was the difference in culture, vocabulary and sociocultural norms. Some Venezuelan girls aged 13 or 14 years, due to their family situation, are already emancipated when they leave their country and have spouses, usually of adult age. Ecuadorian authorities have even intervened in these cases (because they are minors in a relationship with an adult, in Ecuador it could be a sexual crime and it would have to be shown that the adolescent girl can consent to a sexual relationship).¹⁵

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“This is a legal clash in Ecuador because the authorities wanted to bring legal action against that kind of union, but in some cases the action taken was harmful because couples with children were being separated.”

(CEA Director, Tulcán, Ecuador)

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Xenophobia and discrimination are identified in **(Ecu)** as some of the protection risks to which Venezuelan adolescents are exposed, in addition to the lack of access to housing, health care and financial income for subsistence and the lack of legal documents. Likewise, in **(Ecu)** they mention that only a few adolescent girls know where to file a complaint or request support if they themselves or someone in their environment are victims of violence. They also mention that health care and protection services in the various host countries are insufficient. This situation was observed in **(Per)**, where some government institutions providing services (police stations, health facilities, violence care centres, among others) are having trouble due to the high number of cases, lack of staff, high worker turnover, delays and poor care by some civil servants.

In **(Per)**, it was also mentioned that children and adolescents aged 6 to 17 years do not receive care from the Comprehensive Health Care System (SIS) and that there is a limited number of mental health care professionals in the psychology and psychotherapy services, among others. In **(Col)**, it has been reported that some public servants reproduce gender-based stereotypes, thus encouraging prejudices and discriminatory and intolerant practices, and that a lack of familiarity with the process for signing up to the health care service or the pathways to SRHR care among the migrant population exposes them to situations where they experience discrimination by service providers.

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“Young people must adapt to a new culture. It is quite a shock; they’re not here because they want to, but because of the situation in their home country.”

(President of the 8 de Septiembre neighbourhood, Huaquillas, Ecuador.)

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“Many organisations are doing wonderful things, but they are doing them in an isolated fashion. The population at highest risk is the adolescent population. This population is subject to sexual harassment and bullying by social media. Besides that, adolescent abductions are a regular occurrence. Adolescents are being lost because they are at the most difficult age; they don't know if they're children or adults; some still see themselves as children and others as adults, so parents do not know what to do.”

(Service provider, Lima, Peru)

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RECOMMENDATIONS:

- Provide clear information on how to access the various services in each country, particularly for adolescents.
- Create spaces for Venezuelan families to share and socialise with families from the host communities.
- Ensure that adolescents and young people have access to health care and protection services that are free, efficient and high-quality.
- Encourage actions for teachers to be aware of and respect the rights of students of all ages.
- Collaborate with other institutions to provide training to health facilities, educational institutions and authorities and create commitment to work on behalf of children and adolescents. Involve authorities in regional governments, local governments, etc.
- Involve men in health care and protection facilities to ensure that male adolescents and adults can be more confident about going to these institutions.
- Set up temporary, non-permanent shelters for the migrant population in transit where they can get clean and rest and then continue with their travels.
- Develop awareness activities among users about where to go and what to do in unsafe situations.
- Make more material resources available for the development of activities and services and ensure that the staff is trained and has more time for care provision.
- Provide more residential housing facilities that can take in more children and adolescents who have been abandoned.
- Build alliances between Plan International and health care establishments, educational institutions, migrant and refugee spaces, etc.
- Provide information on the possibilities for accessing health care services through points of care, migrant associations and social media.

FINDING 3: EDUCATION AND LIFE SKILLS TO CREATE WELL-BEING AT HOME

MAIN CONCERNS

In **(Ecu)**, it is considered that **cash and voucher assistance (CVA) can assist in the health, protection and well-being of adolescents**, as it allows them to gain access to those and other services. It can help parents to provide the needs of their children. In **(Per)**, adolescent girls and their parents and caregivers consider it important to have access to a hygiene kit with sanitary pads and personal care products because it helps lower household expenses. Young mothers consider it important to have kits for babies and small children, including diapers and personal care products.

Participants in **(Col)** consider that CVA vouchers have a positive impact on the population and are better than cash, due to the risk of the latter being used for other things that are not a priority for the family. However, they feel that the CVA should be preceded by skill-building activities, such that it does not become a mere welfare benefit.

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“Poverty and need are a risk, leading young people to seek options to eat and live, and bad people take advantage of that. Need is the cause of everything bad that can happen to them. A boy may be decent and honest, but if his parents cannot get the resources, he will become desperate enough to sell drugs in order to help at home, because abusers have this all mapped out.”

(Male caregiver, Colombia)

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In relation to **access to capacity-building, life skills and training**, in **(Ecu)** they feel that there are too few life skill programmes addressed to adolescents and young people and insufficient capacity-building opportunities or financial support to create their own businesses or entrepreneurial efforts.

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“Talks and workshops should be dynamic and fun; they should be a safe space that allows us to engage and talk, and where our opinions are respected and we are not judged.” (Adolescent girl, Huaquillas, Ecuador)

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Las personas participantes en **(Col)** opinan que los procesos formativos dirigidos principalmente a las Participants in **(Col)** feel that training activities aimed mainly at adolescents and related to entrepreneurship can be a strategy to reduce gender-based violence and to develop capacities in the population. Nevertheless, adolescents also lack motivation due to the distance they must travel to places where the activities are provided and due to the lack of technology at home (laptops, tablets, cell phones).

In the case of **(Per)**, adolescents are concerned about the lack of access to financial resources to help with basic household expenses. Adolescent and young mothers are particularly at risk of informal work, long hours and low salaries. This situation is worse for those who are underage, have been abandoned and lack a legal migration status or have to look after small children. Therefore, it is considered important to empower them to attain financial autonomy and independence, even perhaps for them to be able to work from home, giving them a safe environment and allowing them to care for their small children themselves and avoid the need for them to find childcare.

Adolescent boys and adult men in **(Per)** feel that activities and services are often aimed only at the female population. According to them, the male population has less access to services because women are considered a priority group due to their greater vulnerability. Although they acknowledge this reality, they mention the need to consider the role of breadwinner assigned to men (including adolescent boys) and the informal work they do for long irregular hours, all of which puts them in a stressful situation.

According to participants in **(Ecu)**, **food insecurity increases the risks of unintended pregnancies and gender-related violence**. Adolescents with no access to work or financial support (CVA) lack financial resources and struggle to meet their basic needs such as food, housing and medicines. This situation makes children and adolescents more vulnerable to becoming victims of any kind of violence (including gender-based violence) and, in the case of girls, exposes them to early pregnancy.

RECOMMENDATIONS:

- Use social media to advertise talks, capacity-building, meetings and other activities to reach more of the population that could benefit from the services and activities to be undertaken.
- Stress the importance of education among adolescent and younger girls.
- Promote training on the safe use of social media and how to prevent cyberbullying.
- Encourage activities that enhance life skills, particularly among pregnant adolescent girls and young women and among parents. Encourage the creation of businesses in safe spaces for adolescent and young mothers.
- Promote skill acquisition and income-generating opportunities among adolescents and young people, particularly those who are alone or are parents.
- Continue to deliver hygiene kits with sanitary pads and personal care products for adolescent girls, and discuss the possibility for adolescent boys to also receive a hygiene kit that includes condoms for protecting themselves and their partners.
- Support adolescent and young parents so they can finish their education and gain access to technical training and financial support (CVA) to meet their basic needs: food, housing and health care.
- Hold productive workshops and find initiatives to promote access among the vulnerable population to work tools, kits and other materials to start businesses (e.g., in the areas of personal care or selling food) and thus help prevent violence among adolescents.
- Organise activities with adolescents around other topics enabling them to meet and share with their peers.
- Ensure the topics discussed with adolescents are more direct, clear and concise.
- Take advantage of spaces with adolescents to organise sport and cultural activities, such as visits to historical sites, so they can learn about the history and cities where they live.
- Incorporate a Venezuelan model called Casa de la Cultura (Culture House), offering various activities such as playing an instrument, singing, doing fun games as well as providing psychological care, a space within the community where they can have a good time and learn, and that is free. Have meeting spaces where adolescents can come, chat and engage in other activities in tandem with their studies.
- Organise activities such as sports, arts and crafts (such as flower arrangement, decoration), entrepreneurship, environmental care, etc., in which young people can occupy their time.
- Support activities such as wall graffiti, sharing or spaces where they can meet on Saturdays and talk about various topics, knowing they are in a safe space.

FINDING 4: LEGAL DOCUMENTATION IS AN ESSENTIAL REQUIREMENT FOR GAINING ACCESS TO SERVICES

MAIN CONCERNS

Regarding **document legalisation**, participants in Peru mention that there is ignorance about the importance of having legal documents to facilitate access to health care, education, protection and entrepreneurial services. They also mention that the difficulty in accessing a formal job because of their age and lack of regulatory documentation, puts young people in a vulnerable position.

Conversely, in **(Ecu)** adolescent boys perceive that their main problem is the lack of documents, as this keeps them from studying or working. They mention that the loss or theft of documents during their travels mean that many children and adolescents (including those who are unaccompanied and separated) do not have identification. This makes it hard for them to receive care at health facilities and prevents them from enrolling in school. Furthermore, they mention an alarming situation, particularly in the case of young mothers, who are worried about not having enough money to pay for passport services, when the procedure is actually free and can be done online, but they do not know that. This situation makes it clear how much a lack of access to timely, accurate information affects certain groups.

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“individuals on the move, particularly unaccompanied adolescents, live on the sidewalks under inadequate living circumstances. They go hungry; the situation is rather complex.”

(Clinical psychologist/DECE coordinator, Tulcán, Ecuador)

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“that opportunity can also help them earn an income, start a business, have their own business. My husband has to become legal; that would allow him to get his residence card and open his own barbershop, to do a lot of things. Legalisation means you are able to do a lot of things.”

(Young mother, Tumbes, Peru)

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In **(Col)**, participants are aware that one of the main barriers to gain access to SRHR and protection services is the lack of official documents such as the Temporary Protection Permit (TPP), the Single Registry of Venezuelan Migrants (RUMV) and the Temporary Protection Statute (TPS) for Venezuelan migrants, among others. Moreover, they are often unable to obtain them because they don't have the personal documents required.

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“It would be good to go out onto streets to generate publicity (dissemination), to raise awareness about us. That GRANMAV is not only seen as humanitarian assistance, but that we also look at migrant status and work issues. Many people do not go out or have no access to the information (lack of technology). This would help support more people (Venezuelans).” **(Young father, Lima, Peru)**

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In **(Per)**, participants mention that **humanitarian assistance should benefit the most vulnerable**, and they consider that beneficiaries should be more carefully screened and monitored, in order to ensure that it reaches the people who really need it. International cooperation agencies and the government should provide clearer information on the activities and benefits given to the Venezuelan population. Participants also mention that they feel that more attention is given to women than to men in health and protection services. However, men (particularly adolescents) also experience violence and work in informal jobs with long hours.

RECOMMENDATIONS PROVIDED BY THE INFORMANTS:

- Design a services roadmap informing the migrant population, local leaders and providers about the various services and activities offered to the migrant and refugee population. This will help associations and providers to refer persons in vulnerable situations who require humanitarian assistance.
- Support adolescents and young people with money or CVA to legalise their migratory status and so they can gain access to food, housing and personal care products.
- Optimise migratory regularisation services in the countries, in collaboration with the respective national migrant authorities, thus allowing more migrants to have a legal migrant status in the host country.
- Provide a place/space/office where the migrant population can go to find information, so as to reach the highest number of people who need to arrange document legalisation. This could also be done through regular information campaigns.
- Empower families so they can legalise their migrant status and thus gain rights and access to services provided in the host country, such as employment, entrepreneurship, health care and education services.
- Expand life skill programmes addressed to adolescents and young people, with these programmes also including Venezuelans who have been unable to legalise their migrant status due to a lack of documents.
- Provide assistance to the most vulnerable population and prevent the misuse of benefits and services provided by international cooperation organisations. This can be done by preparing a census and performing visits and follow-up for persons who receive humanitarian assistance.

FINDINGS AND RECOMMENDATIONS OF OTHER STAKEHOLDERS

PARENTS AND CAREGIVERS

In **(Col)**, participants mention that most parents and caregivers have information on SRHR and protection, but there is still some ignorance about these services and about pathways existing in the territory. Taboos held by caregivers regarding menstrual health, VTP, diversity and gender orientation are also evident. Participants state that they do not have enough tools to discuss these topics with their sons and daughters. Furthermore, they identify several barriers for accessing services: administrative barriers because they do not have legal documents, sociocultural barriers due to discrimination based on nationality, financial barriers and other barriers such as the absence of institutions in the territory, the lack of infrastructure and the lack of safe spaces for children and adolescents. An important cause is the presence of criminal gangs and armed groups, which constantly infringe the rights of the population through situations such as forced recruitment, microtrafficking and human trafficking for sexual exploitation. They also mention that they are aware of facilitators in the territory such as leaders, international cooperation bodies and local entities.

Parents and caregivers in **(Per)** express that access to SRHR information and services is extremely important because they do not always know how to address this subject at home with their children. Mothers whose children received SRHR health care and information found it easier to talk with them about these topics.

In addition, they considered that it was an important factor for preventing teen pregnancy and sexually transmittable infections (STIs).

In **(Ecu)**, parents and caregivers feel that many individuals do not have a life project, feel overwhelmed and are focused on meeting their immediate needs. In addition, they say that their priority problems are a lack of work and/or financial support to meet their basic needs and those of their family. They also consider it necessary to promote actions and services for mothers and female caregivers of adolescents and young people, such as support therapies and personal care workshops. They mention that it is important to organise training events for adolescent boys, parents and caregivers on gender, masculinity and gender-based violence.

LEADERS

At the community level in **(Col)**, leaders feel that young girls, female adolescents and young women are more exposed to GBV situations in emergency settings such as migration or armed conflict. For instance, they can become victims of human trafficking for sexual exploitation. In addition, they mention that the presence of armed groups and gangs leads to permanently insecure situations for children and adolescents and increases the risk in the territories, such as the risk of forced recruitment.

Likewise, participants believe that most SRHR services are aimed at adults, mainly women, and that the main barrier to access these services, as well as protection services, is misinformation about their rights in these areas. Other barriers mentioned are the lack of documents and institutional absence, mainly in territories such as Tibú where justice is mostly exercised by armed actors. They also indicate that some public servants reproduce gender-based stereotypes, encouraging prejudices and discriminatory practices. They consider that leaders build the social fabric and are key figures in the area and, consequently, require capacity-building.

Additionally, at the community level, in **(Ecu)**, leaders consider it important to promote meeting spaces for Ecuadorian and Venezuelan adolescents and young people, where they can share their problems and life dreams and are given tools to prepare proposals that can be undertaken jointly and in which they can involve their parents and community leaders. They also consider it important to work with all levels of government and engage with families and communities, as well as with authorities, service providers, duty bearers and community stakeholders to improve actions on behalf of adolescents.

In **(Per)**, participants mention that activities such as talks and youth brigades, should be undertaken but with the support of community-based associations, which are the ones familiar with the population and who have information on the migrant population and thus on the adolescents. Likewise, they mention that it is important to work in a coordinated fashion among organisations to prevent duplication of services.

SERVICE PROVIDERS AND LOCAL ENTITIES

In **(Ecu)**, service providers feel that there are already useful tools available for working on topics such as self-esteem and leadership, gender and GBV, and that those tools should be used. For instance, Plan International's methodologies (Teen Pregnancy-free Zones and Leadership Schools) could be adapted (in terms of content and language) to human mobility contexts and could include gender-based, intercultural and human rights approaches.

Local providers and authorities in **(Col)** claim that adolescents and caregivers remain ignorant about SRHR and protection services. Likewise, they feel it is necessary to involve men in training processes related to these issues. They also state that local entities do not have enough resources to respond to the migrant emergency, as seen in the lack of staff and tools and in noncompliance with the protocols, issues that are aggravated mainly in rural areas. In addition, they identify social and community-based organisations as frontline responders to the emergency situation, given the obvious lack of a timely response from the Colombian government when carrying out legalisation procedures.



Service providers interviewed (health and protection) in **(Per)** said that projects should be undertaken in collaboration with educational centres. They also mention that refugees and migrants are not well-informed on how to legalise their migrant status and gain access to education and health services, that many are improperly informed and that they recur to intermediaries who make the process onerous and almost unachievable, considering the families' limited financial income. Likewise, they state that information desks should be put in place or that regular campaigns should be organised disseminating clear and accurate information to help identify abandoned adolescents, adolescent parents and in general any families that require humanitarian assistance because they are in a vulnerable situation. Participants indicate that persons who need to be attended can be initially identified by contacting migrant organisations.

RECOMMENDATIONS

PARENTS AND CAREGIVERS

In **(Col)**, participants suggest that training be aimed at adolescents, but also parents and caregivers, for them to learn about the access pathways for services and to develop dialogue skills, thus strengthening caring family environments. More training processes with adolescent boys and adult men are recommended to engage them more actively in topics generally considered to be for women. Likewise, they suggest strengthening collaboration with various actors in order to leverage actions and adequately respond to risk situations. In addition, they recommend simultaneously developing training processes with all actors, using dynamic educational methods and approaches such as service fairs or campaigns to familiarise the population with institutions working in the area and with actions carried out in the community.

In **(Ecu)**, participants recommend promoting activities that enhance life skills, particularly aimed at pregnant adolescent girls and young women and at parents. They consider it important to have a group of Ecuadorean and Venezuelan mothers to share their experiences, concerns and problems. They would also like to receive orientation from a parenting professional because they feel quite overwhelmed by the responsibility and by the lack of money to meet the basic needs of their children. Additionally, they consider it important to be allowed to participate as workshop facilitators in topics they are knowledgeable about, for instance, baking, hairstyling and school support.

In the case of **(Per)**, participants recommend involving men in health care and protection facilities, as some men do not go to these institutions because they feel less confident unless attended by someone of their own sex. Likewise, they suggest providing parents and caregivers with tools for positive, non-violent parenting, which will help build more resilient, less violent and more respectful homes.

In **(Col)**, in order to strengthen spaces where adolescents can be safe from the impacts of the armed conflict, parents and caregivers recommend promoting or strengthening safe spaces in the community, where psychosocial support is provided and sport, art and cultural activities are encouraged. In these spaces, adolescents could receive training and engage in various activities to take advantage of their free time. For example, they could learn strategies to prevent the recruitment of children and adolescents. In addition, participants recommend strengthening cooperation with organisations and institutions, with a view to activating pathways for the protection of adolescents.

LEADERS

In the case of **(Col)**, leaders recommend developing training processes to strengthen knowledge on protection and SRHR issues, as well as to strengthen collaboration with social organisations and government entities in order to provide adequate responses to adolescents. Likewise, they recommend supporting social organisations in conducting actions aimed at strengthening existing community spaces, as well as raising awareness among adolescents, caregivers and leaders on topics such as positive masculinity, human trafficking, forced recruitment and other risks.

For **(Per)**, it is important to design a services roadmap to inform the migrant population, local leaders and providers about the various services and activities provided to the migrant and refugee population. They consider that a services roadmap will also help associations and providers refer individuals in a vulnerable situation requiring humanitarian assistance.

In **(Ecu)**, they suggest providing meeting spaces for both Venezuelan and Ecuadorian adolescents and young people, where they can share their problems and life dreams, and be equipped with tools to prepare proposals they can undertake together and in which they can involve their parents and community leaders.

In **(Col)**, in order to strengthen spaces that are safe from the impacts of armed conflict, leaders recommend capacity-building that includes men and deals with topics such as new masculinities and the prevention of human trafficking, forced recruitment and other risks, such that self-care skills are developed in adolescents. These training processes should target the entire population, both migrants and Colombians. They also



suggest providing training to raise awareness among parents and caregivers for prevention of SRHR and protection risks, particularly by developing strategies to prevent recruitment, PAS use due to microtrafficking and human trafficking for sexual exploitation. Likewise, they consider it necessary to promote physical spaces for providing psychosocial assistance, legal counselling, information on services, pathways for action and entertainment/recreational activities.

SERVICE PROVIDERS AND LOCAL ENTITIES

In **(Col)**, participants suggest developing training processes with the population and sharing information about the services offered by providers and institutions. In addition, they mention the need to train the population and the community-based organisations to identify the various forms of violence. Likewise, they recommend enhancing institutional response on gender and protection issues, by strengthening the know-how of institutions and organisations, promoting inter-institutional collaboration with leaders, community-based organisations, NGOs, humanitarian actors and state actors, and working together with government actors on activities related to emergency responsiveness, economic empowerment and strengthening of community-based organisations.

In the case of **(Per)**, a map of available services offered by organisations, government providers and migrant associations should be created to facilitate the referral of GBV, economic vulnerability and protection cases, among others. In addition, participants suggest optimising the mechanisms used to register and screen the target population by updating migrant databases, creating a vulnerability scale and performing home visits to follow up on cases for the purpose of preventing inclusion of unintended beneficiaries. They mention that migrant associations could be the first stop for identification and referral of cases.

In **(Ecu)**, participants recommend promoting technical, entertainment and recreational spaces aimed at health, protection services and education professionals to provide them with mental health tools and orientation. In addition, they suggest promoting training spaces on gender, psychological first aid, violence prevention and dialogue and participatory methodologies. They also propose informing the migrant population about their responsibilities to use public spaces properly, about the requirements for accessing each service and about the steps to be taken if they are not attended or if they are mistreated by the service.

In **(Col)**, in order to strengthen spaces where adolescents can be protected from the impacts of armed conflict, service providers and local authorities recommend strengthening the pathways for comprehensive care, promoting interinstitutional collaboration to provide a timely response according to the needs in the territory. Likewise, they recommend strengthening the skills of public servants who work directly with victims of the armed conflict on topics related to children, adolescents and young people, or on the rights and legal framework for comprehensive care and reparation of adolescents and young victims of the armed conflict, as well as providing training in care and reparation pathways. They also recommend developing action plans in coordination with other entities such as the Unidad para la Atención y Reparación Integral a las Víctimas (Unit for Comprehensive Victim Care and Reparations), the Mesa de Víctimas (Victims Office) and even with community-based organisations, in order to ensure actions undertaken are efficient and meet the needs of the population.

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Plan International Global Hub Dukes Court,
Block A, Duke Street, Woking, Surrey GU21
5BH United Kingdom Tel: (+44)1483 755 155
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