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Risk Assessment PSEA Colombia

Background information

- The risks assessment on PSEA in Colombia began in June 2019 and are ongoing but have faced significant challenges (see in challenges).
- Assessments are being and will continue to be conducted in a number of departments with a perceived high risk of SEA.
- It is planned for field assessments to lead up to a risk assessment exercise at national level. The aim of this exercise is to strengthen the knowledge of risks associated with SEA, share the input from the assessments in the field and jointly analyse and compile the “national risk matrix” for Colombia.
- Following the high-level visit of ASG Jane Connors, the Victim’s Rights Advocate, Colombia received a recommendation to conduct risk assessments in the following provinces:
 - North Santander (capital Cúcuta) Completed
 - Arauca (capital Arauca) To be completed Q4 2019
 - La Guajira (capital Riohacha) To be completed Q4 2019
 - Nariño (capital Pasto) Completed

Conducted interagency risk assessments June – September 2019

- Cúcuta (department of North Santander)
- Mocoa (department of Putumayo)
- Pasto (department of Nariño)

UNICEF specific risk assessments were conducted in Barranquilla (Atlántico) and Arauca (Arauca) involving UNICEF personnel and implementing partners. UNICEF prioritized six departments (Atlántico, La Guajira, Arauca, Norte de Santander, Nariño and Magdalena) deemed the most affected with the migratory influx.

Objectives PSEA Action Plan 2019-2020

1. Women, girls, boys and men access safe and accessible complaint mechanisms for SEA.
2. Timely and adequate response for women, girls, boys and men survivors of SEA.

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3. Cases of SEA are investigated quickly, safely and with dignity, based on the wishes and interests of the survivor.
4. Prevention of SEA strengthened.
5. Coordination to prevent and respond to SEA and sexual harassment.

Methodology

- The risk assessments have been conducted through meetings with UN agencies in local coordination teams (ELCs and local GIFMMs) which included the participation of implementing partners and civil society representatives.
- Each risk assessment begun with awareness raising on the topic of SEA followed by guided group discussions on perceived risks and risk factors.
- Due to the lack of PSEA tools available for interagency risk assessments, the TF PEAS is developing a standardized guide/method for interagency risk assessment in the field that can be conducted by any member of the Task Force PEAS. The guide is expected to include awareness raising, group work and standardized questions on perceived risk factors. Currently, the risk assessments are conducted with key questions to identify potential risk factors responding to the country-specific context and areas of concerns. Some of these questions are described below:

What do you think are the biggest risk factors for SEA by people working on UN projects in the department?

Which group of people are more vulnerable to SEA by people working on UN projects in the department?

Do UN personnel and partners know the zero tolerance policy on SEA? Do the communities know of the zero tolerance policy?

What are the chances that victims and the affected community will report an incident of SEA?

- A number of key documents will be analysed to feed into the national risk analysis. For example, the department-specific briefs prepared by each of the 12 ELC (local coordination teams) updated every 6 months, information from the ongoing gender briefs being prepared in the ELCs and the updates from local GIFMMs.

Lessons learnt and challenges:

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- A significant challenge has been the lack of a standard, readymade, simple and easy to apply tool for interagency risk assessments. This has hampered the possible advancements in conducting the risk assessments as Task Force members try to fit these into their field schedules but lack guidance and a practical standard tool. Assessments have been to the best of TF member ability in order for the team to find the time and capacity to develop a suitable and adaptable tool.
- Buy in from field offices. A lesson learned is that invitations and coordination for interagency activities need to come directly from the RCO in order to ensure a greater participation underlining the importance of PSEA implementation in the field.
- Lack of active participation/active interest. It has been difficult to ensure full participation in the workshops/dialogues in the field. Either participants do not show up, do not participate actively or leave before the workshop is finalized.
- The awareness on PSEA appears to be very low. Sometimes this seems to have prevented fruitful discussions on risks and risk factors.
- Thus, it is important to dedicate a couple of hours for the exercise to ensure sufficient time for awareness raising followed by group work and discussion on risks and incorporate simplification and streamlining initiatives into the procedure wherever possible.
- Differences have been identified in the use and meaning of the concepts "abuse" and "sexual exploitation" among the Task Force agencies. This is a challenge for the joint work of the Task Force.
- There have been difficulties in maintaining the risk focus on SEA due to a misunderstanding of what constitutes SEA and how this differs from other forms of GBV.
- As a result of these challenges, the risk assessments have had differing levels of success and disparate outcomes in terms of identified risks and risk factors.

Below are some preliminary risk factors identified at HQ level and through dialogue in the field:

- Colombia is estimated to have received 1.4 million Venezuelans since 2017, in addition to the more than 7 million internally displaced Colombians within the country, many in situations of high vulnerability.
- New and increasing number of humanitarian actors arriving to areas with populations in situations of high vulnerability, some of which lack prior humanitarian experience and may not have knowledge of PSEA nor preventative measures in place.

- National legislation permits sex work and sexual relations with children and adolescents above the age of 14. Similarly, children and adolescents above the age of 14 are allowed to marry with their parents' consent. The migrant population of Venezuela is rooted in the figure of *emancipation*, which exposes girls and adolescents to different forms of gender-based violence. These are widely culturally accepted practices and there is a high risk that implementing partners and affiliated staff are not aware of the prohibition under the Zero Tolerance policy.
- Survival sex and other negative coping mechanisms are rampant amongst the Venezuelans arriving to Colombia. Many field operations note that upwards of 90% of those engaging in sex work in their respective operations are Venezuelan women and girls.
- National referral mechanism for survivors of SEA/GBV not sufficient nor adapted to the current humanitarian situation. An insufficient institutional capacity specifically in rural areas/border areas with high risk of SEA.
- High levels of corruption and centralization of power, particularly in the field. This context creates an understanding for the community that the institution will not act if a perpetrator is a person working with the UN. In the context of armed conflict there is also the fear of the consequences for reporting. For that reason, the community pointing out that given the lack of institutional capacity and corruption, the risk is that there are few complaints and the ones which are done, will remain in impunity.
- Lack of state presence in many areas of the country, making the population highly dependent on humanitarian aid. The beneficiaries believe that UN personnel or partners are the only solution to get out of their vulnerable situation, for that reason, people who are working with UN projects are more likely to receive sexual advances from the beneficiaries.
- The ongoing presence of the armed conflict and other illegal armed actors in the field, which exacerbates the weak institutional capacity and the fear of reporting misconduct and human rights violations.
- A systematic under-registration of cases of GBV because of a generalized perception of corruption and lack of confidence in state-institutions. This is exacerbated in the Venezuela crisis as many Venezuelans are in Colombia with irregular migratory statuses, fear of deportation and lack of knowledge of their rights in Colombia.
- Systematic impunity and generalized acceptance of GBV.
- Barriers to access justice mechanisms, particularly in the field.

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- Low levels of knowledge by communities, particularly displaced, migrant and refugee communities, on their rights.
- Low level of knowledge of SEA among UN personnel, implementation partners and civil society.
- Low level of implementation of preventative SEA measures by UN Agencies systemwide, including uneven and unsystematised awareness raising with staff, affiliated workforce and implementing partners.
- A generalized perception that SEA by humanitarian actors “is something that doesn’t happen here.”
- Lack of reporting mechanisms among UN and CSOs in the field.
- Barriers to accessing existing complaint mechanisms, including geographical barriers for rural communities, low levels of phone and internet connectivity in some parts of the country, and language barriers for indigenous communities.
- Resistance to put complaints mechanisms in place because of the fear that beneficiaries will come forwards with complaints of misconduct.
- Implementing partners are highly dependent on UN support and therefore less likely to report cases of SEA for fear of losing funding.
- Very little awareness of community-based complaint mechanisms and few complaint mechanisms that are adapted to the needs of the most vulnerable individuals, including children, disabled individuals, individuals with limited literacy, and indigenous populations, many of which do not speak Spanish.
- Few community awareness raising activities on the code of conduct, their right to receive assistance and how to access complaint mechanisms.
- Different degree of PSEA regulations and processes adopted and implemented across UN agencies, INGOs and NGOs.
- Appears that few UN agencies have clauses on PSEA in their contracts with implementing partners. (to be confirmed with questionnaire).
- The GBV Sub-cluster is making progress in developing and strengthening mappings of services and referral mechanisms for GBV survivors. However, the mapping and referrals mechanism are not yet fully operational in all humanitarian settings of the country.
- Majority of the Task Force PSEA members have limited prior experience on PSEA.
- Few PSEA Focal Points have PSEA in their ToR which limits their ability to work actively on PSEA within their organisation.

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- Lack of a preparedness response plan/incidence plan, for example related to formal communication and relation with media.