



COLOMBIA

Protection Analysis | ARAUCA

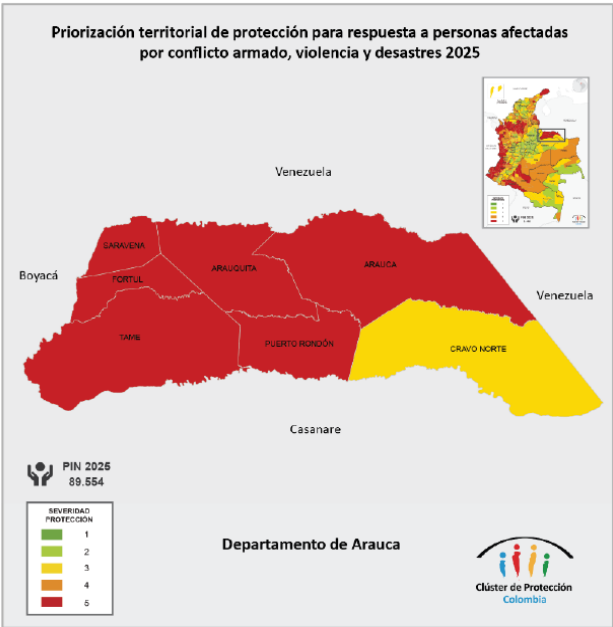
Analysis of protection risks related to the armed conflict

JULY 2025

EXECUTIVE SUMMARY

Arauca is one of the departments bordering Venezuela most heavily impacted by the armed conflict. It has a population of 317.398ⁱ. Of these 75.102ⁱⁱ originate from Venezuela, representing 2.74 % of the Venezuelan population residing in Colombia. The armed conflict stems from disputes over territorial, political, and economic control – including key mobility corridors – and is characterized by the presence of dissident factions of the Revolutionary Armed Forces of Colombia – People’s Army (FARC-EP) and the National Liberation Army (ELN). Hostilities have severely impacted the civilian population, particularly community leaders and human rights defenders.

Protection risks are closely tied to human mobility, which challenges the authorities’ capacity to respond, and impacts of natural disasters, in a context marked by overlapping crises that disproportionately affect conflict-affected individuals, refugees and migrants. About 96 % of Venezuelan nationals in Arauca are concentrated in four municipalitiesⁱⁱⁱ, of which 63 % reside in the Arauca municipality and the other 33% in Arauquita, Tame, and Saravena municipalities. To date, four Indigenous peoples from Venezuela (Eñepa, Inga, Yaruro, and Jivi) have established settlements in Arauca. They are severely affected by a lack of identity documentation, the absence of formal recognition as binational or cross-border communities, and the restriction of their ancestral mobility patterns by migration policies.



The principal protection risks requiring immediate attention during the period covered by this analysis are:

1. **Illicit impediment or restriction of freedom of movement, confinement, and forced displacement.**
2. **Discrimination, stigmatization and denial of access to services for Venezuelan refugees and migrants.**
3. **Conflict-related gender-based violence.**
4. **Psychological/emotional abuse or inflicted stress.**
5. **Recruitment, use, and exploitation of children and adolescents by armed groups.**

URGENT ACTIONS NEEDED

To address the consequences arising from the territorial and social control exerted by Non-State Armed Groups (NSAG) in Arauca, it is critical to:

- Urgently implement collective and individual protection measures, such as community self-protection schemes and referrals, in communities affected by the social control imposed by illegal armed groups, in order to reinforce the social and communal fabric, as well as grassroots organizations and local leadership.
- Strengthen institutional and public policy frameworks and tools for comprehensive victim assistance, eliminating administrative barriers that impede the restoration of rights for displaced persons, refugees, migrants, or those with international protection needs.

UPDATE ON PROTECTION RISKS SEVERITY | 2024 - 2025

STRESS	SEVERE	EXTREME	CATASTROPHIC
-	Cravo Norte	-	Arauca, Arauquita, Saravena, Fortul, Tame, Puerto Rondón
SEVERTY VARIATIONS COMPARED TO PREVIOUS ANALYSIS			
INCREASE	14%	Arauca	
STABLE	72%	Arauquita, Saravena, Fortul, Tame, Puerto Rondón	
REDUCTION	14%	Cravo Norte	

CONTEXT

INTERNALLY DISPLACED PERSONS (2024 – April 2025)		PERSONS IN CONFINEMENT / RESTRICTED MOBILITY (2024 – April 2025)	PEOPLE AFFECTED BY FLOODING (May 2025)	MISSING PERSONS (August 2024 – May 2025)	REFUGEE AND MIGRANT POPULATION PRESENT IN THE DEPARTMENT OF ARAUCA (2025)	
2.517 ^{iv}		12.539 ^v	19.194 ^{vi}	108	75.102	
WOMEN	0 – 17 YEARS	REFUGEE AND MIGRANTS 2024	0 – 17 YEARS	REFUGEE AND MIGRANTS	IRREGULAR STATUS	REGULAR STATUS
49.82 %	23.12 %	692 ^{vii}	1.273	2.571	19.282	55.820

The department of Arauca has historically been the scene of territorial disputes between two Non-State Armed Groups (NSAG) vying for political and economic control of a region endowed with resources of strategic importance, including revenues from the petroleum industry. These territorial contests are linked to the border area and the mobility corridors they exploit, the weak presence of state institutions in sparsely populated rural zones, and the persistence of illicit economies such as extortion, smuggling, and drug trafficking. In 2022, the breakdown of non-aggression agreements between these groups triggered a period of intense armed confrontations that gravely affected the civilian population: between 2022 and April 2025, 17,630 individuals were forcibly displaced and 16,390 were confined^{viii}. This was driven by maneuvers for territorial control, chiefly the tension generated when one NSAG established a presence in areas historically dominated by the other.^{ix}

In this context, humanitarian crises overlap in communities with high levels of unmet basic needs (UBN), especially in remote and hard-to-reach rural areas. In the Department of Arauca, three of its seven municipalities – Arauquita, Arauca, and Saravena – exceed the national average in UBN rates. In these municipalities, communities experience heightened vulnerability due to this prolonged humanitarian emergency, directly undermining the restoration of rights and their economic, social, and communal livelihoods. This situation affects not only the local population but also the refugees and migrants who have chosen to remain in the department, as well as those merely transiting through it.

“No one can ask after anyone else, nor discover why they are missing”^{ix}

The department faces a complex situation due to the prolonged armed conflict characterized by the presence of NSAG. These actors exert significant territorial control, affecting the daily lives of local communities, including children and adolescents, as well as migrant and refugee populations residing in the area. This control is exercised through the imposition of “coexistence” rules, the co-optation of productive sectors via extortion as a means of territorial domination, and the prescription of permitted and prohibited actions, as well as by influencing local institutions. The violence has left deep scars on the collective memory of Arauca’s inhabitants, causing many communities to lose hope in pursuing their life plans in the region, while others remain out of cultural ties and connection to the land despite having no alternatives. However, the normalization of violence and the enforcement of NSAG-imposed regulations hinder the recognition of impacts on mental health, protection risks, personal development, and freedom of expression.

PROTECTION RISKS

RISK 1

Impediments and restrictions on freedom of movement, confinement and forced displacement

During 2024 and into early 2025, the Department of Arauca has experienced a progressive deterioration of its protection environment, particularly in the municipalities of Arauquita, Puerto Rondón, and Tame. The persistent presence of NSAG and their territorial control have imposed severe restrictions on freedom of movement, weakened institutional capacity, and limited access to fundamental rights. This situation has heightened protection risks for rural communities, Indigenous peoples, refugees and migrants, social leaders, and—especially—children and adolescents.

“We no longer have anywhere to turn; no institution offers us solutions. We feel utterly alone”.^{xi}

The breakdown of the community fabric is among the most profound consequences of this armed control. Social organizations, such as the Community Action Councils, have been dismantled by the assassination or displacement of their leaders, and fear has prevented new leadership from emerging. Across the municipalities, distrust of institutions and the fear of stigmatization have eroded both the sense of belonging and the collective project. The population, especially young people—lives in a state of emotional paralysis, bereft of opportunities or support networks.

This social fragmentation, coupled with the absence of an effective institutional response, has left communities isolated, vulnerable, and without the tools to withstand or rebuild in the face of the structural violence they endure. The Department of Arauca remains one of the primary regions in the country most severely affected by community confinement during 2024.^{xii}

Confinement

In Arauca, restrictions on movement and the imposition of confinements—understood as the inability to freely access one’s own territory to secure fundamental rights—enforced by NSAG have transformed daily life into a routine of fear and silence. In municipalities such as Fortul and Saravena, residents avoid leaving their homes, even within town centers, for fear of reprisals or suspicion. In some hamlets, inhabitants venture out only once a month, severely limiting their access to basic rights such as healthcare, education, and food^{xiii}. This territorial control not only dictates schedules and routes but also regulates information, communications, and social interactions, creating an atmosphere of constant surveillance. The presence of explosive devices, the use of farms as makeshift laboratories, and the threat of armed attacks have paralyzed community life, forcing families either to relocate in secrecy or to endure prolonged confinement, with devastating consequences for their physical and emotional well-being.

Between August 2024 and May 2025, the Arauca Local Coordination Team (ELC), through OCHA’s humanitarian alerts, reported that 32 communities in Tame, Arauquita, and Puerto Rondón were affected by confinement, impacting an estimated 4,658 individuals^{xiv}. An estimated 1,116 children and adolescents, and about 281 refugees and migrants have been impacted by confinement. Among the primary needs identified by the communities is the development of community contingency plans that enable institutional coordination while leveraging local contextual knowledge to identify protective community spaces, propose long-term solutions, and ensure a sustained institutional presence.

Displacements

In 2025, forced displacement in Arauca continues to be a phenomenon that severely impacts the communities. Between 2024 and April 2025, according to the Victims Unit (Unidad para la Atención y Reparación Integral a las Víctimas (UARIV)^{xv}), at least 2,517 individuals were forced to flee their homes in Arauca. The primary drivers of displacement include territorial control, the assassination of community leaders, and the recruitment, use, and exploitation of children and adolescents. Of those, 1,254 (50 %) were women, 582 (23 %) were children and adolescents, and 163 (6 %) belonged to Indigenous communities.

“Either they leave, or I’ll kill them”^{xvi}

There is clear evidence of a weakening in protection mechanisms and the public policy framework for victim assistance by state authorities, due to factors such as institutional distrust, limited capacity at both community and institutional levels, and the influence of NSAG over governmental decision-making bodies. Consequently, many individuals refrain from reporting incidents, which obstructs access to rights restoration, obscures the true impact of internal forced displacement, and underscores the urgent need for remedial measures in the Department of Arauca. Furthermore, although municipalities have established Contingency Plans for armed-conflict emergencies, most lack adequate financial resources to address mass displacement, instead focusing on individual assistance for displaced persons.

RISK 2

Discrimination, stigmatization and denial of access to services for Venezuelan refugees and migrants

The armed conflict has had a significant impact on the Venezuelan population. Over the past three years, an average of 20 % of the homicides recorded by the Forensic Medicine Institute have been committed against refugees and migrants: in 2022, of 400 suspected homicides, 79 involved Venezuelan nationals^{xvii} in 2023, that figure was 42 out of 171 reports^{xviii}; and in 2024, preliminary data indicate that 187 people were killed, of whom 25 were Venezuelan^{xix}. Moreover, during 2024 more than 600 Venezuelans in the Department of Arauca were affected by confinement and displacement.

“Nobody is going to claim a Venezuelan”^{xx}

It is important to note that there is a gap in data on other incidents affecting refugees and migrants because UARIV does not maintain records disaggregated by nationality, making it impossible to track statements given by Venezuelan victims. Such incidents include kidnapping, torture, forced disappearance, threats, forced displacement, and confinement, so it is unclear whether these individuals have been registered in the Single Registry of Victims. Lack of migratory status regularization is used by UARIV as a barrier during its assessment processes, hindering recognition of foreign victims and limiting their access to comprehensive victim assistance. The refusal to take statements, recognize, and register Venezuelan victims in the Single Registry of Victims—and more generally to provide them with services— is concerning. Consequently, the Office of the Attorney General (Procuraduría General de la Nación) issued Directive 002 in 2025, urging government institutions to take actions that protect refugees and migrants under the framework of the Victims Law.

Lack of documentation not only prevents refugees and migrants from being recognized as victims of the conflict. Of the 75,219 Venezuelans in Arauca registered by Migración Colombia, more than 19,282 (likely an undercount, as many cross via informal routes) still cannot access their rights, including healthcare, education, and employment. For this reason, demand for legal assistance through tutela actions and for access to the asylum system and migratory regularization remains high in the department. However, municipal ombudsman offices do not serve the Venezuelan population, claiming they lack the capacity to provide legal guidance and assistance.

According to community testimonies, the pressure exerted by NSAG on the Venezuelan refugee and migrant population prevents effective local integration: *“Those who hire Venezuelans must be held accountable for their actions.”^{xxi}* This creates a significant barrier to employment, as in some areas NSAG even prohibit the hiring of Venezuelans on farms.

Moreover, local institutions continue to deny Venezuelans access to basic rights. Healthcare facilities frequently refuse services for lack of documentation. For example, in the municipality of Tame alone, three pregnant women suffered perinatal deaths in 2025 due to interrupted prenatal care. The GIFMM has also reported a rise in cases of patients with catastrophic illnesses whose medical treatments have been halted following non-compliance with tutela rulings.

The situation for children and adolescents is also concerning: schools routinely deny enrollment to refugee and migrant children for lack of documentation and fail to activate anti-bullying protocols when incidents of xenophobic harassment occur.

RISK 3

Conflict-related gender-based violence

Gender-based violence (GBV) has long been used as a mechanism of control and domination in Colombia’s armed conflict, disproportionately affecting women, girls, boys, adolescents, and persons of diverse sexual orientations and gender identities. In the Department of Arauca, GBV has risen steadily over the past four years. According to figures from the National Institute of Health, the incidence rates per 100,000 inhabitants were 268.9 in 2021, 298.1 in 2022, 321.6 in 2023, and 434.2 in 2024—representing a 35 % increase between 2023 and 2024. In 2024, Arauca registered the fifth-highest rate of reported GBV incidents nationwide.

In 2025, 67.8 % of reported GBV cases in Arauca involved women and 95.5 % of sexual violence incidents were perpetrated against women. Of these sexual violence cases, 72.7 % occurred among minors under eighteen—underscoring a critical risk for girls and adolescents, particularly in rural, indigenous, and border areas. However, underreporting persists due to fear of reprisals, institutional mistrust, and geographic barriers. The prevalence of child marriage and early unions in Arauca reaches 6.8 %, exceeding the national average (4.8 %)^{xxii}. This contributes to higher rates of adolescent pregnancy and school dropout, disproportionately affecting Indigenous, migrant, and rural girls who face multiple forms of exclusion.

According to the Arauca Special Administrative Health Unit (UAESA), 10 % of GBV and neglect cases involve refugees and migrants, who face heightened barriers to protection and justice services due to structural unemployment, lack of documentation, and social stigma. In 2024, the UARIV reported 15 conflict-related sexual offenses.

Despite the sustained increase in GBV reports in Arauca, significant underreporting persists—especially in rural areas under the influence of NSAG. Women and girls encounter multiple obstacles in accessing care pathways, including fear of reprisals, lack of trust in institutions, social stigmatization, and geographic constraints. This situation is exacerbated in confinement contexts, where movement is limited and institutional services are scarce or non-existent. Low reporting rates and limited activation of protection routes reveal a critical gap between existing legal frameworks and their effective implementation on the ground. Each unreported incident represents a survivor deprived of care, justice, and guarantees of non-recurrence.

Structural patterns of violence also disproportionately affect girls and adolescents—such as child marriage and early unions under the guise of “courtship”^{xxiii}. These practices used by NSAG actors restrict educational access, increase adolescent pregnancy rates, and perpetuate cycles of exclusion and poverty, particularly within Indigenous, rural, and migrant communities. In this context, refugee and migrant women face additional hurdles to protection and justice services due to lack of documentation, unfamiliarity with institutional procedures, and social stigma. This convergence of factors deepens their vulnerability and calls for an intersectional, gender-sensitive, sustained, and territorially tailored response.

RISK 4

Psychological/Emotional Abuse and Inflicted Stress

Prolonged and recurrent humanitarian emergencies have inflicted a progressive emotional deterioration on the population—particularly children and adolescents, female heads of household, refugees and migrants, and social leaders—who endure intimidation, threats, uprooting, and family separations. Chronic stress, anxiety, somatization, and depressive symptoms are consistently documented in field mental health and psychosocial reports. Moreover, 48 % of confined communities have received no mental health support due to access restrictions, stigma, and a shortage of specialized personnel, exacerbating the conflict’s invisible impact.

Mental health in Arauca is an escalating concern, with evidence of suicidal ideation and behaviors, gender-based violence, and widespread psychological distress. Efforts to address these challenges include mental health campaigns and the promotion of protective factors to prevent suicide. However, significant barriers remain: the local health plan^{xxiv} cites insufficient resources and specialized services, and persistent stigma deters individuals from seeking help. The intensification of hostilities forced the closure of at least four primary healthcare posts, further diminishing service availability. In 2025, the departmental government inaugurated Psychosocial Listening Centers^{xxv} intended to serve over 7,160 vulnerable individuals. Although this represents institutional progress, coverage remains inadequate; expansion into additional municipalities and rural areas is urgently needed.

Humanitarian workers themselves suffer from this ongoing pressure, facing restricted access—limited entry hours, cancellations due to combat or harassment—and insecure conditions. Exposure to traumatic narratives without sufficient institutional support raises the risk of burnout and emotional overload, undermining the quality of interventions.

Community and institutional dialogues reveal deep concern over elevated stress levels and mental health harms. In some cases, practices that violate fundamental rights—such as freedom of expression, association, and personal development—have become normalized.

“No one can ask after anyone else, nor discover why they are missing.”^{xxvi}

The objective of these coercive tactics is to shatter community resilience, erode social cohesion and trust, and prevent external actors from reducing vulnerability or strengthening local coping capacities. Key gaps and limitations in Arauca include: a) A severe shortage of specialized staff, particularly clinical psychologists, psychiatrists, and social workers—especially in rural areas; b) Insufficient territorial coverage, with most services concentrated in Tame and the capital, leaving critical voids in municipalities such as Cravo Norte, Puerto Rondón, and the rural settlements of Arauquita; c) A lack of sustainable financial resources for mental health at both departmental and national levels; d) Persistent stigma surrounding psychological care, which suppresses demand and continuity of treatment; e) Weak operational capacity within the judicial system and the UARIV, compromising comprehensive support for survivors of violence and trauma-induced stress.

RISK 5

Recruitment and use of children and adolescents by armed groups

In 2025, children and adolescents in the Department of Arauca continue to be profoundly affected by recruitment, use,

exploitation, and sexual violence at the hands of armed actors. According to the UN Monitoring and Reporting Mechanism on grave violations against children, violations increased from 46 cases in 2023 to 52 in 2024, and there was a 59 % rise in recruitment and use of children compared to the previous year. However, threats and recruitment incidents are significantly underreported due to families' and communities' fear and the armed groups' control over survivors, which deters them from activating protection pathways and filing complaints.

Faced with stigma, barriers to accessing rights, and a lack of economic opportunities for their families, children and adolescents are often driven into child labor, thereby increasing their risk of involvement in armed conflict as a means of subsistence. Poverty, family separation, and precarious living conditions exacerbate their vulnerability, while forced displacement or temporary departures from their communities—employed as a protection strategy against recruitment—interrupt their educational trajectories. This lack of guarantees for completing schooling is especially concerning in rural areas and urban peripheries, where access to vocational or higher-education programs is virtually nonexistent.

“In Saravena, it is commonplace for armed organized groups to gather children under various pretexts—football games, for example—to control them. They manage the school routes and use that opportunity to indoctrinate the children.”^{xxvii}

Furthermore, the escalation of hostilities, including clashes within urban centers, the presence of landmines and other explosive devices near schools and residences, and cross-border recruitment even from Venezuela impose severe mobility restrictions. Armed groups dictate personal details such as haircuts, clothing, and schedules for girls and women, while the tactic of “courtship” as a recruitment method remains ever present. Compounding these threats are explosive hazards along roads and around homes and the constant risk of sexual violence against girls and adolescents. In 2025 alone, two civilians—a Venezuelan national and an individual serving in the Public Forces—have been injured by landmines. Threats persist, and many displaced families remain unrecorded in official statistics.

“There are cases of so-called ‘troubled adolescents’ who are taken as a form of social control or punishment. Another method is offering them payment. For the militias, recruitment is generally for use and exploitation. Indigenous children are at greatest risk.”^{xxviii}

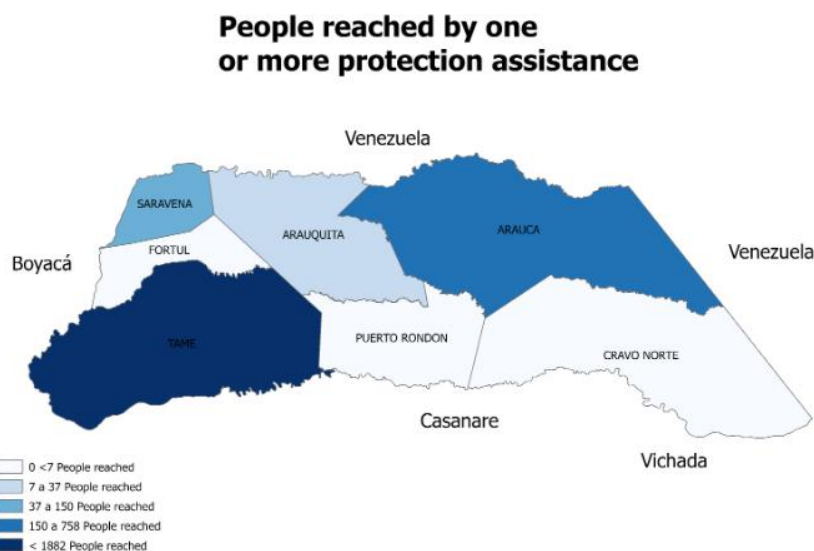
Finally, official figures in Arauca fail to capture the full scope of violations against children and adolescents. Beyond territorial control, a widespread fear of reporting and household strategies—such as negotiating directly with armed groups for a child’s return—further conceal the true scale of abuses. In some areas, families now send their children out of the department from as young as twelve years old as a protective measure. Such practices result in family separation and heightened psychosocial risks, as children are torn away from their homes, schools, friends, and relatives.

RESPONSE

PROGRESS MADE ON PROTECTION

As of April 2025, twelve organizations have delivered assistance in the Department of Arauca, reaching a total of 2,829 individuals—35 % of whom are women, 17 % men, 23 % girls, and 25 % boys. Protection activities have been concentrated primarily in the municipalities of Arauca and Tame, with more limited coverage elsewhere in the department.

Of those served, 6 % belong to Indigenous communities and 1 % to Afro-Colombian communities. Between January and April 2025, 92 % of interventions focused on providing information, guidance, and legal assistance to conflict-affected persons, as well as delivering targeted support to facilitate access to institutional pathways and reinforce the State's protection efforts. A further 6 % of activities addressed gender-based violence (GBV) through case management for survivors and community sensitization initiatives to prevent and mitigate GBV risks. The remaining 2 % were implemented as part of mine action, including workshops and risk-education campaigns directed at communities in areas of high anti-personnel contamination.



ACCESS-RELATED CHALLENGES AND ACTIONS, AND CRITICAL GAPS

Despite institutional and humanitarian efforts, access to affected populations in Arauca is constrained by critical structural barriers. Armed groups' territorial control restricts community mobility, prevents reporting of abuses, and challenges the visibility of emergencies. This dynamic has transformed mass displacement into "trickle" displacement, diminishing institutional capacity to trigger large-scale humanitarian alerts. The normalization of self-protection practices and the protracted crisis have fostered a false perception of stability, obscured the severity of needs and limited resource mobilization and territorial prioritization in favor of more visible emergencies elsewhere. Fragmented information flows and institutional mistrust further impedes timely activation of protection pathways and comprehensive response implementation. It is urgent to recognize these barriers as components of a chronic, sustained humanitarian emergency that demands differential approaches, flexible funding, and continuous territorial presence.

Despite this adverse context, marked by a combination of armed conflict, migration, and climate change, communities in Arauca have maintained engagement in institutional forums such as Transitional Justice Committees, the Departmental Bureau for Migration Affairs, and Psychosocial Listening Centers. These mechanisms have enabled the channeling of protection risks, coordinated interinstitutional responses, and strengthened community advocacy. Concurrently, local resistance and social cohesion initiatives—ranging from sports events to cultural and communal activities—have proven effective tools of collective protection, bolstering social fabric, generating trust, and reinforcing community identity. Community-based and faith-based organizations have played a pivotal role by offering emotional support, activating support networks, and facilitating access to institutional pathways—even in areas of heightened insecurity—thanks to their constant presence and deep territorial knowledge.

RECOMMENDATIONS

Based on this analysis, urgent measures must be taken to halt exposure to the various risks identified. The Protection Cluster, its Areas of Responsibility, and partner organizations consider the actions outlined below essential to prevent further harm to communities and to arrest the ongoing deterioration of their quality of life.

RISK 1

Illicit impediment and restriction of freedom of movement, confinement, and forced displacement.

TO THE NATIONAL, DEPARTMENTAL, AND LOCAL GOVERNMENT

- Strengthen institutional emergency response capacity by increasing the budget for municipal and departmental contingency plans, ensuring that allocations align with current emergencies and removing administrative barriers that delay immediate humanitarian assistance—even for refugee and migrant populations.
- Promote durable solutions for displaced and confined persons by facilitating return, relocation, and local integration processes founded on principles of security, voluntariness, and dignity, through interinstitutional teams and departmental coordination bodies prioritizing the most affected territories.
- Ensure institutional presence and community participation in high-risk areas by maintaining a constant state presence in communities subjected to territorial control and movement restrictions.
- Encourage the development of community contingency plans in hamlets experiencing recurrent displacement and confinement and activate protection pathways in a timely manner.

TO HUMANITARIAN ACTORS, INTERNATIONAL COOPERATION, AND DONORS

- Ensure humanitarian interventions maintain a sustained presence and adopt a comprehensive approach by conducting recurring engagement processes within communities, strengthening local protection networks and safe environments. These actions must guarantee ongoing support tailored to the specific needs of populations affected by displacement and confinement.
- Promote community-driven social fabric reconstruction strategies through cultural, educational, and sporting initiatives that foster social cohesion, civic participation, and resilience in highly impacted areas, as part of a dignity-centered, collective recovery response.
- Strengthen local institutional capacities for victim assistance by providing technical support and continuous training to public officials on victim-care policies, including the operation of coordination bodies such as Transitional Justice Committees and their subcommittees. Additionally, support municipal authorities and oversight agencies in conducting censuses and needs assessments to ensure refugee and migrant populations can access the Single Registry of Victims.

RISK 2

Discrimination, stigmatization and denial of access to services for Venezuelan refugees and migrants

TO THE NATIONAL, DEPARTMENTAL, AND LOCAL GOVERNMENT

- Strengthen and address this risk within the Departmental Migration Affairs Table by securing institutional commitments to tackle the specific challenges faced by refugee and migrant victims of the armed conflict at both municipal and departmental levels.
- Ensure that refugees and migrants—regardless of their migratory status—are explicitly included in legislation governing the system of assistance and reparation for victims of the armed conflict, and can access essential emergency health and education services.

TO THE OFFICE OF THE PUBLIC PROSECUTOR

- Monitor compliance with Directive 002 of January 2025 by the Office of the Attorney General of the Nation, ensuring the inclusion of refugees and migrants in the public policy framework for comprehensive victim assistance when they are affected by the internal armed conflict.
- Undertake urgent and sustained actions to protect and uphold the fundamental rights of vulnerable refugees and migrants facing multiple layers of victimization, including institutional oversight measures

TO HUMANITARIAN ACTORS, INTERNATIONAL COOPERATION, AND DONORS

- Participate actively in inter-agency coordination forums (such as the Local Coordination Team and the GIFMM) to enhance collaboration among humanitarian and protection organizations in the department, optimizing available resources for a complementary humanitarian response to conflict or natural disasters affecting refugees and migrants.
- Continue to support and fund social, economic, and cultural integration strategies in the department to facilitate refugee and migrant victims' access to community participation spaces, livelihoods, and long-term solutions.
- Implement targeted anti-xenophobia initiatives aimed at institutional actors, reinforcing their role as guarantors of fundamental rights.

RISK 3 Conflict-related Gender-Based Violence

TO THE NATIONAL, DEPARTMENTAL, AND LOCAL GOVERNMENT

- Facilitate the effective implementation of care and protection measures—housing, food, and transportation—for survivors of gender-based violence, in accordance with current regulations, and promote livelihood initiatives for GBV survivors and support local economic associations and collectives.
- Provide structured training on comprehensive approaches to gender-based violence for teams in the health, protection, justice, and education sectors.
- Implement the Articulation Mechanism periodically within each territorial entity and coordinate joint actions across institutions around established care pathways.

TO HUMANITARIAN ACTORS, INTERNATIONAL COOPERATION, AND DONORS

- Strengthen institutional capacities by training public officials on the effective implementation of care measures, referral pathways, and the Articulation Mechanism.
- Provide technical assistance to territorial entities to integrate emergency GBV response into municipal and departmental contingency plans.
- Conduct community-level prevention and mitigation activities to address gender-based violence, including engaging men, through a gender-sensitive approach that tackles underlying inequalities and fosters non-hegemonic masculinities.

RISK 4 Psychological/emotional abuse and inflicted stress

TO THE NATIONAL, DEPARTMENTAL, AND LOCAL GOVERNMENT

- Focus community mental health and psychosocial support (MHPSS) programs with differential, cultural, and territorial approaches in prioritized communities, creating safe spaces for listening and emotional release—particularly for women, children, adolescents, refugees, and migrants.
- Train community leaders, educators, and local actors in Psychological First Aid to strengthen existing capacities in communities most affected by armed conflict and other threats, enabling timely, accessible, and sustainable responses and integrating community-based early-warning networks.
- Expand the response capacity of existing mental and physical health programs in rural areas by delivering services at health posts, listening centers, and other community venues, incorporating differential approaches tailored to life course, gender, ethnicity, and disability to ensure effective rights enjoyment.

TO HUMANITARIAN ACTORS, INTERNATIONAL COOPERATION, AND DONORS

- Protect humanitarian personnel by implementing structural self-care measures and psychosocial follow-up, and ensure their participation in inter-agency coordination forums (e.g., the Local Coordination Team and GIFMM) to maintain continuous dialogue on field-related risks.
- Increase flexible funding for physical and mental health and protection interventions targeting those most severely impacted by the armed conflict and other threats to refugees and migrants, with a differential approach.
- Allocate resources for local MHPSS training and for providing dignity kits, safe shelters, community psychosocial support, and healthcare services—recognizing local support as a cornerstone of community resilience.

RISK 5 Recruitment, use and exploitation of children and adolescents by armed groups

TO THE GOVERNMENT AND PARTIES TO THE CONFLICT

- Respect and enforce Article 38 of the Convention on the Rights of the Child
- Guarantee access to education and protective spaces for rural children by strengthening strategies that ensure educational continuity—especially in rural areas—through the creation of safe zones staffed by trained personnel and outreach activities

in both urban and rural communities.

- Strengthen existing protective spaces—or establish new ones where none exist—through the training and deployment of personnel charged with developing child- and adolescent-focused strategies, including outreach activities.
- Consolidate urgent protection and response pathways by allocating dedicated budgets and enhancing the work plans of Municipal Immediate Action Teams to ensure prompt activation of protection routes and early-warning measures against conflict-related risks.

TO HUMANITARIAN ACTORS, INTERNATIONAL COOPERATION, AND DONORS

- Promote long-term prevention strategies—especially in rural areas—to strengthen protective environments for children, and design intervention programs with children, adolescents, and youth that build upon their knowledge and interests—using cultural, artistic, or sporting avenues to include them as active agents in community development
- Develop community communication initiatives that deepen understanding of humanitarian principles and the impacts of child recruitment, use, and exploitation in armed conflict.
- Implement systematic monitoring of grave violations against children in accordance with UN Security Council Resolution 1612, coordinating among all humanitarian partners to acknowledge both challenges and entry points for action.

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- ^x Interviewee from the Inter-Agency Monitoring Mission (identity withheld for security).
- ^{xi} Interviewee from the Inter-Agency Monitoring Mission (identity withheld for security).
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- ^{xiv} Ibid. Local Coordination Team ELC Arauca.
- ^{xv} Ibid. Unidad de Víctimas
- ^{xvi} Local authority referenced the reports filed by individuals regarding threats made by NSAG, as mentioned during the inter-agency monitoring mission.
- ^{xvii} Medicina Legal, Observatorio de Violencia, Cifras de lesiones de causa externa y desaparecidos en Colombia , <https://www.medicinalegal.gov.co/cifras-de-lesiones-de-causa-externa>
- ^{xviii} Ibid, Medicina Legal.
- ^{xix} Ibid, Medicina Legal.
- ^{xx} Ibid, Interviewee.
- ^{xxi} Interviewee from the Inter-Agency Monitoring Mission
- ^{xxii} Sociodemographic Statistics Reports developed by UNFPA and DANE. Available at: https://colombia.unfpa.org/sites/default/files/pubpdf/estimacion_y_caracterizacion_de_los_matrimonios_infantiles_y_las_uniones_tempranas_forzadas_17-02-23.pdf
- ^{xxiii} Testimony of a community leader in the municipality of Fortul. Source: Internal UNICEF exercise, 2024
- ^{xxiv} Mayor’s Office of Arauca – Arauca, Territorial Health Plan 2024–2027: <https://www.arauca-arauca.gov.co/Transparencia/Documents/PTS%20ARAUCA%202024-2027.pdf>
- ^{xxv} Government of Arauca, “Centro Escucha” Project: <https://arauca.gov.co/centros-de-escucha-en-el-departamento-un-espacio-seguro-para-el-bienestar-psicosocial/>
- ^{xxvi} Community leader interviewed during inter-agency monitoring mission. Information withheld due to security context.
- ^{xxvii} Testimony of community leader in Saravena. Source: Internal UNICEF exercise, 2024.
- ^{xxviii} Testimony of community leader in Saravena. Source: Internal UNICEF exercise, 2024.

Methodology

The methodology for this Protection Analysis Update (PAU) has combined periodic monitoring by the Arauca Local Coordination Team, the Child Protection Sub-Working Group, and the GBV Sub-Working Group, as well as qualitative inputs from meetings and consultations with local partners, key informants, and affected populations. An inter-agency mission was also carried out with partners in the field, where interviews were conducted with male and female community leaders, community-based organizations, authorities, and key actors in the municipalities. The analysis process followed the severity methodology and estimations of People in Need (PiN), as well as the Protection Analytical Framework (PAF).

Limitations

This analysis has followed a qualitative and quantitative logic derived from official data, subsequently interpreted by experts. Additionally, to avoid potential risks that could arise for the communities, direct engagement with them was limited. Only bilateral meetings were prioritized with male and female community leaders, community-based organizations, authorities, and key actors, with the confidentiality of their personal information safeguarded. Therefore, the information-gathering and humanitarian situation analysis efforts were focused on secondary data and interviews with key informants in the territory.



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