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MIGRANT WOMEN AND THEIR SOCIAL REALITY IN THE FACE OF MULTIDIMENSIONAL POVERTY

多维贫困下的流动女性及其社会现实

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Abstract

This research aims to identify the rights acquired by Venezuelan migrant women in Colombia in relation to the multidimensional poverty they experience in Cartagena, considering vulnerabilities throughout the migration cycle and individuals' lives. This study employs a socio-legal approach, incorporating contributions from quantitative social research, which involves the collection and analysis of quantitative data on statistical variables. The findings indicate that Venezuela experiences a state of flux, characterized by rapid political changes due to the nature of the struggle for political power in internal law, generating asymmetry and social inequality. This situation presents conditions of inequity, exclusion, and poverty that are causes of concern for neighboring countries, such as Colombia, which has received Venezuelan migrants under the protection of IHL norms. The scope of the research encompasses the social and legal sciences as many of these migrants are women residing in the impoverished sectors of Cartagena, thereby expanding the multidimensional poverty zones in the city. The study concludes that Venezuelans migrating to Colombia arrive through regular channels, seeking their ancestors and relatives of their Colombian parents who conferred life and nationality upon them in Venezuela. Others are Venezuelan by birth, without Colombian parentage, who have resided in Venezuela but perceive Colombia as offering improved living conditions compared to their home country. Some arrive with documentation to secure employment opportunities, while others enter irregularly.

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Keywords: migrants, women, gender, poverty, human rights

摘要 本研究旨在确定委内瑞拉移民妇女在哥伦比亚获得的权利，以应对她们在卡塔赫纳经历的多维贫困，同时考虑到整个移民周期和个人生活中的脆弱性。本研究采用社会法律方法，结合定量社会研究的贡献，涉及收集和分析统计变量的定量数据。研究结果表明，委内瑞拉处于一种不断变化的状态，由于国内法中争夺政治权力的性质，政治变化迅速，产生了不对称和社会不平等。这种情况呈现出不公平、排斥和贫困的状况，这引起了邻国的担忧，例如哥伦比亚，该国在国际人道法规范的保护下接收了委内瑞拉移民。研究范围涵盖社会科学和法律科学，因为这些移民中有许多是居住在卡塔赫纳贫困地区的妇女，从而扩大了该市的多维贫困区。研究得出的结论是，移民到哥伦比亚的委内瑞拉人通过常规渠道抵达，寻找他们的哥伦比亚父母的祖先和亲属，正是这些父母在委内瑞拉赋予了他们生命和国籍。还有一些人是土生土长的委内瑞拉人，没有哥伦比亚血统，他们虽然在委内瑞拉居住过，但觉得哥伦比亚的生活条件比他们的祖国要好。有些人带着证件来到这里是为了获得就业机会，而有些人则是非法入境。

关键词: 移民、妇女、性别、贫困、人权

I. INTRODUCTION

This research is undertaken because the 30-year anniversary of the Cartagena Declaration [1] presents an opportunity for the analysis of advancements, challenges, and current issues regarding international protection and effective integration of asylum-seeking, refugee, and stateless populations in Latin America and the Caribbean, as outlined in the Cartagena +30 Initiative document [2]. This document is the result of collaborative efforts by various organizations and individuals subject to international protection from 14 countries in the region, aiming to propose cooperation strategies within the framework of shared responsibility and international solidarity. This endeavor is particularly significant as the region progresses toward spaces of regional integration [3].

Colombia, within the framework of the international agreements and conventions that it has signed to receive the Venezuelan migrant population [4], has implemented the construction of infrastructure works with amenities, such as health posts, to enhance healthcare for communities affected by migration from Venezuela [5] to Cartagena (Colombia). These efforts aim to promote healthy recreation among migrants and indigenous Afro-descendants in the Cartagena areas, thereby contributing to peace in the territories of the communal units of Locality 2 (The Virgin and Touristic) where such interventions are critically needed [6].

However, these projects are occasionally left incomplete due to instability in the work process as contractors fail to fulfill the execution of the state contract [7] and utilize the legal mechanism of contract subrogation [8]. Work stability refers to the condition of the project after its utilization within a specified period that meets functionality criteria, a situation that influences the sustainability of the work. This quality is particularly determined by the commitment to appropriate use by the community that will utilize the project [9].

This issue [10] is elucidated in a study conducted for the Universidad del Sinú – Cartagena Section [11], which addresses non-compliance in the execution of state contracts and the utilization of the legal mechanism of contract subrogation [12]. The study argues that, in the case of social infrastructure work contracts, two types of standard documents must be incorporated into the process of enabling requirements [13]. First, it indicates that there are documents applicable across all sectors of social infrastructure, which have been unanimously created in Colombia Buys Efficiently [14]. These documents are determined with a base document and its annexes, comprising the formats, forms, and matrices that were accepted in Resolution No. 219 of 2021 [15]. Additionally, there exist complementary standard documents, namely the experience matrix and glossary, which require adaptation to each specific sector. Public works contracts for social infrastructure [16] encompass the education, health, culture, recreation, and sports sectors, with each sector governed by a resolution that stipulates the enabling

requirements [17].

Law 2022 of 2020 [18] stipulates that the model documents [19] adopted by the National Public Procurement Agency in Colombia [20]—not exclusively those pertaining to transport infrastructure—must be mandatorily adhered to by all public entities subject to the General Statute of Public Administration Contracting (EGCAP) [21]. To implement this legislation, the National Public Procurement Agency, currently known as Colombia Buys Efficiently, issued Resolution 219 of 2021, which establishes the adoption of model documents for bidding processes related to public works of social infrastructure [22].

This inquiry is addressed socially because, in the Lebanon neighborhood, between Pedro de Heredia and Pedro Romero avenues, the Centro Intégrate is formally open: a citizen assistance center for migrants [23], created as a national strategy, which seeks to bring the local institutional offer closer to the migrant, returnee, and host community populations [24].

The Mayor's Office of Cartagena, through the International Cooperation Program and the Secretariat of the Interior and Citizen Coexistence, in collaboration with the USAID Cooperation Agency and the International Organization for Migration (IOM), conducted a final inspection of the facilities equipped with modern and accommodating resources. These facilities have commenced receiving initial inquiries from individuals interested in their services. The Intégrate Centers represent a coordinated response strategy with the USAID, aimed at facilitating access to institutional services for migrant and returnee populations. This initiative aligns with the District Administration's Development Plan, "Save Cartagena Together," which endeavors to foster integration between migrants and the host population.

This center offers care, referral, and case transfer services with health, education, legal assistance, psychosocial care, gender, and general guidance professionals. The center operates under the methodology of the case care model, which aims to provide comprehensive care to the client from the identification of their unmet needs (e.g., health insurance and school placement) to the closure of the case or resolution of the needs. Hence, the question that guides this research is: What rights do Venezuelan migrant women acquire in the face of multidimensional poverty in Cartagena?

The general objective of this research was to identify the rights acquired by Venezuelan migrant women in the face of multidimensional poverty in Cartagena; the specific objectives were to establish the rights acquired by Venezuelan migrant women in the context of multidimensional poverty in Cartagena within the public policies based on the social rule of law that exists in Colombia to regulate migration, conduct semi-structured interviews with Venezuelan migrant women to carry out case studies that facilitate an investigation into the recognition of the rights acquired by Venezuelan migrant women in the context of multidimensional poverty in Cartagena, and conduct a statistical survey to assess the effectiveness of the application of the rights of Venezuelan migrant women who reside in the La Puntilla Sector in the Olaya Herrera neighborhood in Cartagena at the Intégrate Center.

II. METHODS/MATERIALS

The hypothesis is predicated on the premise that Colombia, in accordance with the human rights treaties [25] to which it is a signatory, provides elements that facilitate the comprehension of the right to equality and the principle of non-discrimination as a foundation for addressing the human rights of Venezuelan migrant women. These women have advocated the recognition of these rights through tutela action judgments, which have been incorporated into the constitutionality block of the Constitutional Court in support of the enjoyment of well-being afforded by the social state of law [26].

Methodologically, for legal sciences this is a mixed socio-legal research, that is, in the first instance it has contributions from qualitative research, in which qualitative researchers make narrative records of the phenomena that are studied through techniques such as participant observation and unstructured interviews and in the second instance it has contributions from quantitative research, which is the one in which quantitative data on statistical variables are collected and analyzed [27, 54].

In this investigation, an analytical method was employed for both the analysis of qualitative texts and statistical data. The primary source of information collection comprised interviews and surveys, along with their respective formats. Additionally, secondary sources were utilized as bibliographical cards facilitated the recording of topics extracted from textual sources, including law, jurisprudence, and doctrine, pertaining to the investigated subject. These sources provided information on the inquired topic, and the

analysis of the content recorded in the bibliographical cards was conducted through content analysis [28].

III. Results

In this section, the specific objectives of the proposed research are delineated through the established categories for collecting, analyzing, and interpreting information on the investigated topic as follows:

A. Rights Acquired by Venezuelan Migrant Women in the Face of Multidimensional Poverty in Cartagena within the Public Policies Based on the Social Rule of Law That Exist in Colombia to Regulate Migration

This inquiry possesses a conceptual justification as it is essential to ascertain the theoretical notions surrounding the rights of Venezuelan migrants in the Colombian territory [29, 32] to determine how their inclusion in the provision of basic health services, which the Colombian government offers, should be implemented to mitigate the Venezuelan migration crisis [30, 33]. This determination is based on international agreements and treaties, particularly those drafted in the domain of human rights [34], and on the Political Constitution of 1991, which establishes the social state of law as its constitutional foundation (Art. 1º Const. Pol. Col.) and must be aligned with the Colombian health system [31, 35]. Colombia has undertaken numerous initiatives to address the needs of the migrant population, especially those from the neighboring republic of Venezuela, primarily through their regularization [36], to enable their access to public services such as healthcare [37]. To this end, Colombia has legislated the conditions that foreigners must fulfill to receive the basic care provided by services such as health [38]. In cases where these basic requirements are not met, some Venezuelans have pursued legal action through the Tutela [39], prompting Colombian constitutional judges to recognize their access to this fundamental right enshrined in the Constitution of 1991, as regulated by Statutory Law 1751 of 2015 [40].

Health is a human right for individuals anywhere in the world and has been recognized by various treaties signed by states [41]; thus, this right is validated in the internal law of the same, perfecting the conditions so that both their nationals and foreigners receive an optimized public service, in situations of efficiency, equality and without any discrimination, so that people live a dignified life under the welfare state [42]. From there, the Colombian government has taken, in relation to the health of migrants, compliance with the norms of international human rights law, and has coupled it with its internal law [43].

The migratory status of Venezuelan citizens in Colombia to be beneficiaries of certain types of health care is as follows [44]:

Venezuelan nationals in regular condition or with a Special Permit to Stay (PEP): People who entered the country legally and whose statutory stay periods expired had to apply for the Special Stay Permit to be issued in two stages: the first between August and October 2017, and the second between February and June 2018.

Venezuelan nationals registered with the RAMV: These are Venezuelan nationals who entered Colombia legally, that is, through one of the border checkpoints, with a full analysis of the current regulations determined by Colombian laws and complying with the controls of Migration Colombia.

Irregular migrants not registered with the RAMV: These are individuals from the Bolivarian Republic of Venezuela who arrive in the country without fulfilling the individualization requirements and procedures required by the immigration authority; that is, they do not carry a valid identification document that allows them to register for health care and guarantee other rights.

Indigenous peoples in border territories with Venezuela: Various indigenous groups live in the border territories of the Bolivarian Republic of Venezuela and Colombia. These populations are protected by both the 1991 Constitution of the Republic of Colombia and the 1999 Constitution of the Bolivarian Republic of Venezuela and request a differential study that also places them within the Venezuelan migration phenomenon in the administrative procedures and public policies established by South American countries. Therefore, they have a priority affiliation with the SGSSS and access to the subsidized regime through registries, which are the responsibility of the legitimately recognized indigenous authority.

The Venezuelan migrant population [45] has established a series of instruments that facilitate their migratory regularization in Colombia by complying with the following requirements that have been established for each one.

Border Mobility Card – TMF: This allows Venezuelan migrants to enter, transit, and stay for up to seven days in the delimited areas on the Colombian border, buy or sell products, visit relatives, work, or study in Colombia.

Special Permit to Stay – PEP I and II (free of charge): This is a special authorization given to

Venezuelan citizens who entered Colombia through one of the Migration Control Posts (PCM) and who stamped their passport before the dates established by the government so that they could stay in the country for up to two years, join the SGSSS, and work legally in the country.

PEP – RAMV (free of charge): PEP was granted to Venezuelans in an irregular situation when they were counted in the Administrative Registry of Venezuelan Migrants in the first half of 2018.

PEP IV: Documents enabled by Venezuelan nationals, who entered the country, stamped their passport through a PCM until December 17, 2018.

PEP for members of the FANB: This is a Special Permit of Permanence granted to members of the Bolivarian National Armed Forces, who arrived in Colombia and repudiated the authority of the political regime of President Nicolás Maduro, currently in force in Venezuela. This permit is granted by virtue of a Memorandum of Understanding signed with the interim Government of Venezuela under the authority of Juan Guaidó, which was recognized by Colombia and allowed the military to be as civilians in Colombia and access a health care route.

Extension of PEP I: As of June 4, 2019, the process of extending the PEPs granted during the first phase (August 3 to October 31, 2017) began to facilitate the stay of many Venezuelan citizens who were unable (as was the purpose) to regularize their situation through a visa.

Extension of PEP II: In 2020, due to the global situation of the Covid-19 pandemic, the process of the PEP granted in 2018 was extended.

PEP V: A new period was opened for the granting of PEP for migrants who had entered the country before November 29, 2019.

Special Permit of Stay for the Promotion of Formalization (PEPFF): This permit allows Venezuelan migrants to regularize their situation and remain in the country as long as they have an employment contract.

Temporary Transit Permit: It is intended to allow the regular movement of foreign citizens (mainly Venezuelans) who transit through Colombia to other countries. It is valid for 15 days and does not require a passport; registration can be done with the identity document of the person to whom the Andean Migration Card is issued [46].

B. Qualitative Analysis of Semi-Structured Interviews with Venezuelan Migrant Women to Investigate the Recognition of the Rights Acquired by Venezuelan Migrant Women in the Face of Multidimensional Poverty in Cartagena

The qualitative sampling used to conduct semi-structured interviews is non-probabilistic, since it was intentionally oriented at the discretion of the researcher for convenience, which involved a selection procedure for women living in the La Puntilla sector, with a certain characteristic raised in the research problem: that of being migrants [47].

This sample comprised of Venezuelan women who voluntarily agreed to participate in the interviews. They were contacted through a leader who was a member of the community action board and who presented themselves, taking time out of their precious time to carry out this fieldwork.

Fifteen women were interviewed and asked the same questions, which were answered as follows: Luz Mary, for example, lives in a free union, has two children, one born in Venezuela and the other in Colombia, is of Wayuu ethnicity, and can easily cross the border. She has lived in Cartagena for six years and has a Special Permit of Permanence (PEP) with which she has received access to health, education, and support for entrepreneurship. She did not receive help from the government.

Another of the women interviewed was Wendy, who also lived in a free union and had three children: two born in Venezuela and one Colombian. She has been living in Cartagena for seven years and has a Colombian ID because her father is Colombian, her mother is from Venezuela, and her children have already been given documents that give them Colombian nationality. The Colombian ID gives them access to the basic services offered by the welfare state.

Marilyn was born in Maracaibo (Venezuela), her husband and children are nationals of the neighboring country; therefore, they have a Venezuelan ID and processed the PEP, which has given them access to health but they are currently not working; and Nerilda, who is from Cartagena but lived in Petare (Caracas-Venezuela), returning to Colombia in 2019, because her children are also Colombian, but they have a Venezuelan ID; therefore, they have access to the welfare state that the 1991 Constitution offers to Colombian citizens.

Ana Mile, born in Maracay (Venezuela), is a single mother, as she has an 8-year-old son and PAP, with which she receives benefits such as access to health and works in an informal business. Also, Adelaiscri was born in Caracas (Venezuela) but daughter of Colombians residing in the sister country, and she presented herself to

the interview after being contacted by a community action leader. She is a high school graduate and currently works at Super Giro.

It is concluded from this item that these migrant women said that before the government of Hugo Chavez people lived well in Venezuela, they did not pay for electricity or water and recognized that General Chavez did very good things for the Venezuelan people. The bad thing, the Venezuelan migrants claim, was that he left President Maduro in charge of the administration of the state, because there is no food or diapers for children; every day, the prices of food increase and each vendor has different prices in their business. Money is not enough to buy food, food is scarce, and electricity goes out for up to five days.

These migrant women from Venezuela recognize that their rights have been recognized as women and migrants, and that one of the rights they enjoy the most is the right to health.

C. Statistical Analysis of the Effectiveness of the Application of the Rights of Venezuelan Migrant Women Living in the La Puntilla Sector in the Olaya Herrera Neighborhood in Cartagena

Five questions were asked in a survey format to migrant women living in La Puntilla, a marginal sector of the Olaya Herrera neighborhood in the city of Cartagena, and the result of the statistical analysis is presented as follows:

Table 1.
Have you, as a migrant, felt that your human rights have been protected in Colombia? (Surveys applied to the community investigated)

Option	Frequency	Percentage
Yes	130	87%
Not	20	13%
Total	150	100%

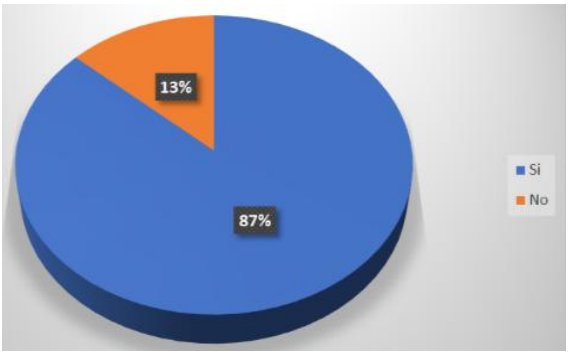


Figure 1. Have you, as a migrant, felt that your human rights have been protected in Colombia? (Surveys applied to the community investigated)

Table 2.
Have you, as a migrant, felt that your human right to health has been guaranteed in Colombia? (Surveys applied to the community investigated)

Option	Frequency	Percentage
Yes	135	90%
Not	15	10%
Total	150	100%

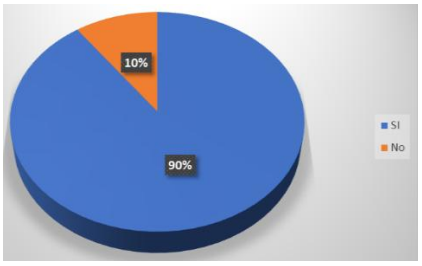


Figure 2. Have you, as a migrant, felt that your human right to health has been guaranteed in Colombia? (Surveys applied to the community investigated)

Table 3.
Have you, as a migrant woman, felt that your human rights have been guaranteed in Colombia? (Surveys applied to the community investigated)

Option	Frequency	Percentage
Yes	119	79%
Not	31	21%
Total	150	100%

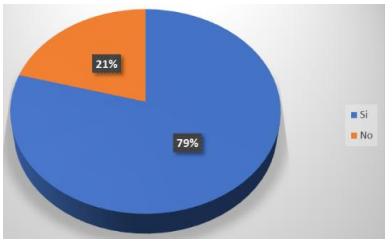


Figure 3. Have you, as a migrant woman, felt that your human rights have been guaranteed in Colombia? (Surveys applied to the community investigated)

Table 4.
Have you, as a migrant, felt that your ESCR has been protected in Colombia to give you access to the right to work and decent housing? (Surveys applied to the community investigated)

Option	Frequency	Percentage
Yes	68	45%
Not	82	55%
Total	150	100%

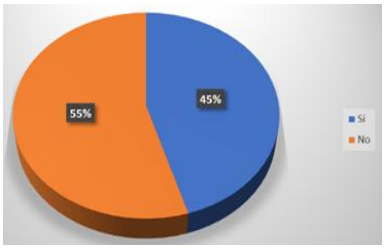


Figure 4. Have you, as a migrant, felt that your ESCR has been protected in Colombia to give you access to the right to work and decent housing? (Surveys applied to the community investigated)

Table 5.
Do you believe that in Colombia there is still a lack of protection of other rights that allow the satisfaction of basic needs as a migrant? (Surveys applied to the community investigated)

Option	Frequency	Percentage
Yes	83	55%
Not	67	45%
Total	150	100%

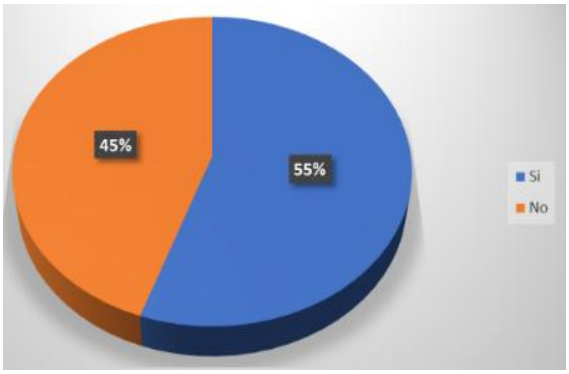


Figure 5. Do you believe that in Colombia there is still a lack of protection of other rights that allow the satisfaction of basic needs as a migrant? (Surveys applied to the community investigated)

As can be seen in the graphs related to this scientific article, migrant women consider that their human rights have been guaranteed in Colombia, especially the right to health; however, they still need to guarantee access to ESCR, which allows them to satisfy essential basic needs, such as work and decent housing.

IV. Discussion

The problem investigated in this document is based on the situation of legal insecurity experienced by thousands of Venezuelan migrants in Colombian territory, especially in the city of Cartagena at the health level, as many have arrived in precarious health conditions [48] and have filed tutela actions–as do many Colombians by birth and who have lived their daily lives in Colombia–above all, so that they are linked to the General Social Security System in Health of this South American country [49] and can access the treatments offered by this system and which they must receive, especially in emergency situations. These migrants resorted to tutela actions as stated in Sentence T – 452 of 2019 [50] because they considered it a useful constitutional action for the claim of the fundamental rights established in the 1991 norm of norms.

It is that the compatriots of Venezuela move to the Colombian municipalities, because in their native country, the provision of health services is not guaranteed; to treat the pathologies that affect their health, the health institutions of the Colombian government have been aware that during the Colombian diaspora to Venezuela during the oil boom, Colombians were accepted by the government of the time and have conscientiously assumed this migratory phenomenon of Venezuelans from their original territory - the Bolivarian Republic of Venezuela - generating efforts so that it is faced responsibly by state entities in the health sector of Colombia [51].

For example, the National Planning Department formulated the Borders for Prosperity Plan, covering social actions in all sectors, including the health of Venezuelans [42]. This Plan contains provisions and public policies to build inclusive, safe, and sustainable borders in collaboration with political institutions such as the Ministry of Health and Social Protection, with the support of other agents in the Colombian health sector [52].

Let us look at some of the international standards [53] that advocate for the protection of migrants in any transit territory, including Colombia.

Universal Declaration of Human Rights: Article 22 of this international instrument stipulates that each state, individually or in cooperation with other states, is obliged to provide resources to realize the human rights of its members, whether they are nationals or foreigners; and Article 25 states that every individual has the right to a standard of living that ensures health and well-being as well as nutrition, clothing, housing, and other minimum social services necessary for the development of their daily lives.

American Convention on Human Rights: Article 1 of this convention states that States Parties are committed to guaranteeing the rights and freedoms of individuals who live in their territory and who are recognized therein, without discrimination based on race, color, sex, language, religion, political or other opinions, national or social origin, economic position, birth, or any other social condition.

Additional Protocol for the American Convention on Human Rights: This protocol in Article 3 established the commitment assumed by states to ensure ESCR without discrimination based on national origin or other factors.

International Covenant on Economic, Social, and Cultural Rights (ICESCR): The International Covenant on Economic, Social, and Cultural Rights (ICESCR) states that every individual has the right to social security (Art. 9) harmoniously intertwined with Article 2 of the same instrument,

which argues that the nationality of this individual cannot be considered to make discrimination for the case at hand, in access to the health system. This International Covenant, in article 12, establishes that people have the right to have their health taken care of for their life and thus live in a dignified manner (1976). From this act, the Committee on Economic, Social, and Cultural Rights (DESC Committee) emerged, which in General Comment No. 14 of 2000, argued that access to health services is a fundamental and indispensable right; therefore, it is a human right.

According to the Observation of the Committee on Economic, Social, and Cultural Rights, the signatory States of the ICESCR have the obligation to certify the right to health of all their associates, in equal situations, that is, without discrimination between nationals and foreigners, including prisoners or detainees, representatives of minorities, asylum seekers, or illegal immigrants. Similarly, they must refrain from imposing discriminatory practices as a state policy. Consequently, to comply with the right to health in all its forms and levels, each State Party must have enough public health establishments, goods and services, and health care centers, as well as programs that are affordable, admissible, effective, and adjustable to all sectors of society [5]. In Colombian Internal Law, we find that the Political Charter of 1991 established rights and obligations for foreign citizens who arrived in Colombian territory, such that Article 4 of the norm of norms states, "the duty of nationals and foreigners to abide by the Constitution and Colombian laws, as well as to have respect and obedience towards national authorities. In this way, it is guaranteed, without any discrimination, that the rights of Venezuelan migrants are preserved [55].

Jurisprudential legal guarantees allow Venezuelan foreigners to receive care in basic health services in Colombia. The change in migratory dynamics between Colombia and Venezuela due to the humanitarian crisis that this Latin American country is currently experiencing has led Colombia, its neighboring country, to become the largest recipient of the Venezuelan migrant population [56]. This situation has led the Colombian government to rethink and transform its immigration policy and the jurisprudence of the Constitutional Court [57] on the right to health of the Venezuelan migrant population has been fundamental in this process of evolution, by protecting fundamental (Human) rights, including for Venezuelans who are in an irregular situation in the country, a constitutional dynamic that generates progress and eliminates barriers to access to this right, especially by the migrant population in an irregular migratory situation [58] so the predominant sentence in this line of jurisprudence is Sentence T-210 of 2018 [59]. Some Venezuelan migrants who arrived sick in Colombian territory or who became sick while in it said that they had tried to advance with the administrative procedures that regularize their stay in Colombia, but that due to lack of money because they do not have a stable job, they could not finish the process of legalizing their immigration status, but they had the need to access health services, so they made use of the Action of Protection, seeking constitutional protection of access to the SGSS, to protect life, having as support the right to equality and human dignity, just as a Colombian does [60]. These actions of protection are considered relevant because they were reviewed before the Colombian Constitutional Court, a high court that has created a solid jurisprudential line, which has increased the Constitutional Block (BC) that this Court has issued, on Human Rights issues; rulings in which this high constitutional court has emphasized that foreigners, simply by virtue of being persons who inhabit the national territory, must be guaranteed the right to health and a dignified life.

V. Conclusion

Colombia and Venezuela have always been brother peoples since the Spanish conquest and subsequent colonization. As stated by the Geographic Society of Colombia, the Colombian-Venezuelan border markers have been delimited since colonial times when New Granada and the Captaincy General of Venezuela were territorially organized under the government of the Viceroyalty of New Granada, created by Spain to demarcate that the new world belonged in part to the King of Spain, an act regulated by the royal decree of September 8, 1777. Likewise, the boundary markers that Colombia, Venezuela, Ecuador, and Panama today are corroborated when the integration of nations known as Great Colombia was fragmented, which was later called the Republic of Colombia, a democracy that adheres to human rights standards with which it hopes to protect the health of the migrant population of Venezuela. And as conclusions of this work, it is stated:

The Venezuelans received the Colombian diaspora, which invaded them during the oil boom, where the public electricity service was not paid, and in each house, even the most modest, there was an air conditioner because

there was enough energy, coming from the oil company PDVSA and its refineries and this public service was free for the Venezuelans, to which the Colombians who came to Venezuela to enjoy these benefits adhered.

Since 2019, the phenomenon of Venezuelan migration has worsened, fleeing the internal political, economic, and social situation that this Latin American nation is experiencing, looking in other South American nations for a territory where to start over, especially seeking democracy and freedom; hence, the Colombian government regulated in its internal law the treatment that citizens of Venezuela should receive from the political institutions of the state at the territorial level, especially at the health level.

The right to health is a fundamental constitutional right, and the basis for the protection of other human rights, such as the right to life and human dignity, in any country and each state in its territory is obliged to preserve it, which is why many immigrants from Venezuela migrate to Colombia; they do so in order to access health services to which they do not have access in their country, due to the strong humanitarian crisis that it is going through; crisis that is evident in several areas but the health sector is one of the most affected and whose consequences have led to an increase in forced immigration of the inhabitants of Venezuelan territory to other countries such as Colombia.

Colombia makes efforts for the construction of social infrastructure works, for the health care of Venezuelan migrants, such as the construction of health posts, for example, so that the communities that have arrived from the neighboring country to Cartagena (Colombia) seeking the welfare state, can be attended to, despite the fact that there may be non-compliance in the execution of the state contract and the contractor can make use of the legal figure of contract subrogation, in Colombia Efficient Purchase the proponents must certify that they comply with the conditions that were set in the Model Document, with a minimum of one (1) and a maximum of six (6) contracts made for the State, which should have ended before the closing date of the contracting process, and the number of contracts provided by the proponent must endorse a minimum value corresponding to a percentage of the official budget of the work process expressed in SMMLV, and its verification is done with the sum of the total values executed of the contracts, which comply with the requirements determined in the terms and conditions.

Although migration is a global social phenomenon and has become a matter of importance for the international community, some states have addressed in a comprehensive and integral way the protection of human rights of those people of foreign origin who, for political, economic, or social reasons, decide to move to another country to settle there and develop their life project.

It is noted from the interviews and surveys conducted on Venezuelan migrant women, that it has been in the health sector that they have felt best served in Cartagena (Colombia), and that they consider that there are significant advances so that they can access the Welfare State offered by the 1991 Constitution in Article 1, recognizing that it is a Social State of Law. Although actions of complete coverage are not enshrined because the construction of social infrastructure works such as hospitals and health posts is lacking, they seek to intertwine means of aid that allow mitigating urgent needs as a right to the minimum vital to take care of the life and health of migrants.

These women argue that the actions carried out within the Cartagena District territory by state organizations, associations, non-profit foundations, and the general civilian population, which through humanitarian acts has made great progress in providing health care to Venezuelans, as the Centro Intégrate does with the help of international cooperation, are worthy of praise.

DECLARATIONS

Author Contributions

Conceptualization, J.E.d.J.M.T.; methodology, M.d.l.E.R.; software, L.H.D.; validation, M.C.B.I.; formal analysis, E.R.L.; investigation, C.P.F.H.; writing—original draft preparation, all authors contributed equally; writing—review and editing, T.M.C.B. All authors have read and agreed to the published version of the manuscript.

Data Availability Statement

No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest

The authors declare no conflict of interest.

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