



*Economic collapse and internal conflict is driving millions of Venezuelans from their home. Three million people are now displaced, including nearly 800,000 women of reproductive age. More than 1.4 million Venezuelan migrants, 60% of whom are women and girls have fled to Colombia, and are in need to basic services, including sexual and reproductive health services.*

Save the Children's programs are responsive to protracted and acute emergencies. In March 2019, Save the Children's Emergency Health Unit set up a Sexual and Reproductive Health (SRH) Unit in Maicao, Colombia to provide SRH services directly to Venezuelan migrants. The outpatient facility and mobile outreach clinic offer:

- antenatal care,
- clinical management of rape,
- contraceptive services,
- mental health and psychosocial support (MHPSS),
- newborn health care,
- postabortion care (PAC) services,
- postnatal care,
- prevention, diagnosis, and treatment of sexually transmitted infections (STIs),
- sexual- and gender-based violence (SGBV) prevention and treatment; and
- referrals for vaccination, hospital-level services and cash assistance.

PROGRAM OVERVIEW	
Location	Maicao, La Guajira Department, Colombia
Facility Type	Urban outpatient SRH Unit, with mobile outreach clinic
Number of SRH consultations	6,223 (Mar-Nov 2019)
Number of new health clients	2,793 (2,590 female, 203 male) (Mar-Nov 2019)

Once in Colombia, Venezuelan migrants who seek healthcare encounter barriers to due to political, legal and financial limitations of the overburdened Colombia health system. Migrants are offered emergency care, in case of life or death situations, and very limited preventive healthcare. For preventive and non-emergency services, the national system requires payments that are significant barriers for migrants left impoverished by Venezuela's economy. To address this gap, Save the Children initiated and continues to directly provide comprehensive SRH services according to the Minimum Initial Service Package for Reproductive Health in emergency settings with approval from and in support of the Ministry of Health of Colombia.



Meyerlin (age 22) is a Venezuelan migrant living in Colombia. She visited Save the Children's clinic in Maicao to access family planning services: "I've been in Colombia for two years. Today is my first time here at this clinic. I came for family planning because I already have three children and I want to take of myself and my babies."

## Program Spotlight: Integrated Services and Referrals with a Focus on Adolescent-Responsiveness

Committed to providing quality SRH services demanded by Venezuelan migrants, our program created a network of direct referrals (incoming and outgoing) to multi-purpose cash assistance, protection services and MHPSS. The most vulnerable women and children, including survivors of SGBV, can access holistic health care at one location, therefore minimizing re-victimization for the survivor, and be referred for additional non-health services. Clinical providers and social workers have been trained to identify vulnerable mothers and girls and refer them directly for cash assistance. Initially, all services were offered at one location, but eventually, a separate cash referral system was established given the volume of people seeking cash assistance and the confusing messages it sends to offer cash at a health center. When the other sector teams identify pregnant girls or women in need of SRH services, they can refer directly to the SRH Unit or mobile outreach clinic.

With over a quarter of people accessing services at the SRH Unit being adolescent girls, services had to be offered in a way to meet their unique needs. Child protection staff work with the health team to provide referrals and counter-referrals to SRH and MHPSS services. Community mobilizers work inside adolescent clubs to deliver messages on SGBV prevention, mental health awareness and SRH rights of adolescents and young people. In collaboration with the education team, health staff began implementing an SRH rights session in one of the education centers for adolescents, which not only taught adolescents about their SRH rights but also provided an opportunity for them to engage in conversations on how to better address their SRH needs through our humanitarian programs. The health team also led SRH sessions for a group of teachers from an indigenous school with the help of education and child protection staff members. These sessions allowed Save the Children to identify community gatekeepers to understand adolescents' barriers to SRH service access and use.

## PROGRAM COMPONENTS

### SERVICE DELIVERY

Provide quality SRH services from the SRH Unit and mobile outreach clinics, which target the most vulnerable women and girls.

### CAPACITY BUILDING

Build skills of health staff through competency-based training on clinical management of rape, values clarification and attitude transformation and adolescent SHR.

Conduct supportive for mentorship and improve the quality of clinical services including counseling, illness history, and diagnosis.

### SUPPLY CHAIN MANAGEMENT

Determine list of medicines, supplies and devices and identify approved suppliers.

Procure supplies in accordance with our guidelines and Colombian regulations for quality standards.

### DATA FOR DECISION MAKING

Review data from the SRH Unit and Mobile Clinic on a weekly basis to adjust implementation (supplies, staffing, training) according to needs.

### COMMUNITY MOBILIZATION

Offer SRH Rights courses in education centres and youth clubs in settlements.

Conduct education and awareness sessions on SGBV and MHPSS services through community committees with the support of the Child Protection team.

### PARTNERSHIPS AND ADVOCACY

Partner with Ministry of Health and local public hospitals.

Participate in the SRH sub-cluster led by the Ministry of Health and UNFPA.