



VENEZUELA MIGRATION CRISIS

COLOMBIA RESPONSE STRATEGY: SEPTEMBER 2018 – DECEMBER 2020

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List of Abbreviations

Acute Watery Diarrhoea	AWD
Acción Contra el Hambre	ACF
Child Friendly Space	CFS
Child Protection	CP
Child Safeguarding	CSG
Collaborative Cash Delivery	CCD
Colombian Family Welfare Institute	ICFB
Colombian Peso	COP
Community Education Committee	CEC
European Civil Protection and Humanitarian Aid Operations	ECHO
Family Tracing and Reunification	FTR
Food and Agriculture Organization of the United Nations	FAO
Food Security and Livelihoods	FSL
Global Affairs Canada	GAC
Government of Colombia	GoC
Humanitarian Needs Overview	HNO
Humanitarian Response Plan	HRP
Infant and Young Child Feeding	IYCF
Information, Education, and Communication	IEC
Inter-Agency Group for Mixed Migration Flows	GIFMM
Inter-Agency Network for Education in Emergencies	INEE
Inter-Agency Standing Committee	IASC
International Office of Migration	IOM
International Non-Governmental Organisation	INGO
International Convention for the Red Cross	ICRC
International Rescue Committee	IRC
Mental Health and Psycho-Social Support	MHPSS
Minimum Initial Service Package	MISP
Monitoring and Evaluation	M&E
Monitoring, Evaluation, Accountability and Learning	MEAL
National Liberation Army	ELN
Non-Governmental Organisation	NGO
Non-Food Items	NFI
Norwegian Refugee Council	NRC

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Permiso Especial de Permanencia	PEP
Popular Liberation Army	EPM
Psychological First Aid	PFA
Psycho-social Support	PSS
Quality Benchmarks	QBs
Question and Answer	Q&A
Revolutionary Armed Forces of Colombia	FARC
Save the Children	SC
Save the Children Colombia	SCC
Save the Children International	SCI
Sexual and Gender Based Violence	SGBV
Sexual and Reproductive Health	SRH
Tarjeta de Movilización Fronteriza	TMF
Teacher Professional Development	TPD
Technical Advisor	TA
Temporary Learning Centre	TLC
Unaccompanied and Separated Children	UASC
United Nations	UN
United Nations High Commissioner for Refugees	UNHCR
United Nations International Children's Fund	UNICEF
United Nations Office for the Coordination of Humanitarian Affairs	OCHA
United Nations Population Fund	UNFPA
United States Dollar	USD
Water, Sanitation, and Hygiene	WASH
World Food Programme	WFP
World Health Organisation	WHO

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1. Executive Summary

Overall Response Goal: Achieve immediate and lasting change in the lives of Venezuelans, Colombia returnees and host-community children and their families in Colombia through urgent humanitarian assistance, access to basic services and active participation in designing and accessing services that meet their needs.

Total Beneficiary Target: 258,330 people including 155,000 children

Total Response Funding Target (2 years): USD 33.4 million

Since 2015, political and socio-economic developments in Venezuela have led to soaring inflation, devolving into a humanitarian crisis and triggering an outflow of Venezuelans into neighboring countries and beyond. As of late March 2019, an estimated 3.7 million people had Venezuela's rapidly deteriorating economic and political situation due to extreme hyperinflation, unemployment, widespread food and medical shortages, and violence. According to the UN, this mass migration out of Venezuela is larger than the flow of migrants crossing the Mediterranean in Europe at its peak in 2015. This trend is only expected to worsen over the coming year; according to a preliminary report by the Organization of American States, the number of Venezuelan migrants living outside their country is likely to surpass 5 million people by the end of 2019, and – if the situation in Venezuela does not improve – this number could rise to between 7.5 and 8.2 million Venezuelans by late 2020.

To date, Colombia remains by far the country most affected by the exodus of people from Venezuela, hosting about one-third – or 1.2 million people – of the estimated 3.7 million Venezuelans who have already left their homes. The UN projects that this number could increase by about 1 million people by late 2019, with about 2.2 million people from Venezuela projected to be sheltering in Colombia by December.



Venezuelan Migrants 2015/2018 – IOM Map

The humanitarian and broader international community largely agree that the most likely scenario is a continued deterioration of conditions inside Venezuela, resulting in a substantial and sustained increase in the number of vulnerable people from Venezuela in need of humanitarian assistance both residing in and transiting through Colombia.

SCC began conducting humanitarian interventions in areas along the border with Venezuela in 2016, initially focused on establishing schools' risk management plans in border municipalities of La Guajira Department. In 2017, SCC expanded its coverage to Arauca and Norte de Santander departments, after observing a spike in the influx of migrants from Venezuela. Since then, SCC has opened offices in two of the most affected boarder provinces of La Guajira and Arauca and is looking at

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expanding its response to other areas to amplify its response to ever-increasing and evolving humanitarian needs based on various fact-finding missions and assessments, aiming to scale up its presence and scope of life-saving interventions in the following sectors:

- In **Child Protection**, SCC aims to influence each level of the ecological model to improve access to rights and wellbeing of children and respond to the urgent protection needs of boys and girls. This includes the following activities: a) engaging children in structured psychosocial and recreational activities; b) direct CP case management for child survivors of abuse or those at risk of abuse, including SGBV survivors and unaccompanied children; c) and strengthening community-based child protection mechanisms as well as larger formal systems (e.g. ICBF). This will be coupled with mobile intervention for children and families on the move and information hubs to promote safe migration and protective behaviour of both unaccompanied children and those with their family or caregivers. CP will be also mainstreamed across other sectors through a comprehensive integration plan.
- In **education**, SCC's focus is to increase the absorption capacity of the formal education system and to prepare children for their transition to accredited formal education. While working on increase access to education, SCC will also prioritise improving the quality of education through comprehensive teacher capacity building. Our interventions will include: establishing TLCs in areas with high concentrations of out-of-school children, distributing of teaching and learning materials, and conducting social emotional learning activities in TLCs and schools to promote the well-being of children. Formal schools receiving vulnerable populations will also be supported with infrastructure and rehabilitation. SCC will support establishment of CECs and will facilitate activities to support parents and caregivers to support their children's well-being and development through improved knowledge of hygiene, health, nutrition and protection practices.
- In **food security and livelihoods**, SCC will continue distributing multi-purpose cash transfers to affected populations in border areas of Arauca and La Guajira. In La Guajira, SCC will aim to support vulnerable Venezuelan households living inside Venezuela through cross-border multi-purpose cash transfers. Multi-purpose cash transfers will also be distributed in recipient cities of Bogotá and Cali. Across all sectors, SCC also intends to be at the forefront of using cash as a modality that enables the migrants to make decisions about their own lives while also bringing economic benefits to the host population.
- SCC will conduct **WASH** interventions in communities – including both formal and informal settlements – focused on the emergency provision of water, emergency latrines, drainage improvement, and solid waste management, along with distribution of hygiene materials supported by hygiene promotion activities. Additionally, SCC intends to integrate WASH with CP and education activities by providing adequate WASH infrastructure support and hygiene promotion activities in institutions, as well as establishing and training CP and education committees to organise clean-up campaigns and solid waste management activities.
- In **Health and Nutrition**, SCC intends to conduct sensitisation sessions on breastfeeding practices and maternal diet. Activities will be coupled with increased access and use of critical reproductive health information and services with the provision of the MISP for reproductive health and will provide clean delivery kits and new-born kits with health messaging and reproductive health kits. The quality of IYCF activities will be strengthened through capacity building on IYCF for SCC and partners staff. IYCF will include malnutrition screening, nutrition counselling, breastfeeding and complementary feeding practices promotion, support to early initiation and exclusive breastfeeding, IYCF in specific context such as cholera, feeding and garden demonstration, male involvement, mothers to mothers and peers' groups.

The strategy is ambitious and reflects the envisaged scenario – hundreds of thousands, if not millions, of migrants, will continue to arrive as the situation inside Venezuela deteriorates even further. SCC, in line with our global mandate, must scale up to meet the ever-growing needs of vulnerable children and their families via tried and tested approaches which can be replicated alongside opportunities to deliver new interventions. As a movement, we need to mobilise to meet the overwhelming scale of need faced in the country while ensuring CSG remains at the forefront of the response.

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2. Background and Context



In the border town of Paraguachón, a young Venezuelan boy pushes a cart toward the checkpoint on the Colombian side of the border with Venezuela.
(Jenn Gardella / Save the Children)

A. Characterizing the Migration Crisis

Migration from Venezuela to Colombia can be broadly characterized as follows:

- **Regular Migrants:** refers to those who enter the Colombian territory with a passport through a formal border crossing, complying with the requirements established by the immigration authority.
- **Irregular Migrants:** refers to those who enter Colombia via informal entry points via land or river – often under the control of armed groups or criminal gangs – due to lack of valid documentation, or remain in the country after their documents (visas, etc.) have expired. It is thought the vast majority of migrants fall in this category, and therefore have no access to services, like primary and reproductive health care, that come along with this status.
- **Pendular Migrants:** refers to people who reside in Venezuela but possess a TMF, which allows them to move habitually between the two countries through a single, designated border control post. Most cross to Colombia frequently to buy supplies and food or to do temporary work. It also includes children that live in Venezuela but attend school in Colombia and who are crossing the border every day to attend school.
- **Refugees:** refers to, according to the Geneva Convention on the Status of Refugees, a person who "due to well-founded fears of being persecuted for reasons of race, religion, nationality, belonging to a certain social group or political opinions, is outside of the country of their nationality and cannot return to it." In the case of the Venezuelan crisis, only a very small quantity of citizens has requested this status. These are mainly people who have taken part in the resistance against the government of President Maduro. The refugee status process can take up to 1.5 years, during which time applicants cannot work.¹

¹ During a May 21 press conference in Geneva, UNHCR declared that it considers [the majority of those fleeing Venezuela as people in need of international refugee protection](#). According to UNHCR, populations fleeing Venezuela would qualify for international protective status under either the 1951 Refugee Convention and/or the wider criteria outlined in the 1984 Cartagena Declaration – applicable in Latin America – due to the threats to their lives, security, and/or freedom in their home country.

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B. Key Challenges, Risks, and Vulnerabilities Facing Venezuelans in Colombia

Ensuring that children can go to school is one of the best ways to reduce children's vulnerability to the myriad protection risks they face. However, educational opportunities for Venezuelan children in Colombia remain extremely limited. While the GoC has released a directive affirming that all children—regardless of nationality or migration status—have the right to education, Venezuelan children still face significant access barriers to education in Colombia. Many school districts still require that parents present official papers certifying the child's school level – documents that are impossible for many families to obtain. In some cases, children are able to attend school informally in Colombia, but they never get their scholar certificates because they are not able to formally enrol. Furthermore, discrimination and xenophobia, overcrowded classrooms, and the need to travel long distances to schools are also among the challenges that Venezuelan children face in accessing education in Colombia.

Under Colombian law, everyone—regardless of migration status—is entitled to receive urgent health care services in the event of an emergency; however, only citizens and migrants with regular status are able to affiliate themselves with the Colombian public health care system to receive primary and secondary health care services. This means that Venezuelans who lack regularized migration status are especially vulnerable, as they are unable to receive basic primary or reproductive health care and often do not seek medical attention until there is an emergency. According to Colombian health authorities, nearly 132,000 Venezuelans received urgent care services in Colombia during 2018 – a nearly 434% increase from the estimated 25,000 Venezuelans who sought emergency care during the previous year. This has severely constrained local capacity at hospitals and placed a serious financial burden on the health care system.

Venezuelans in Colombia also face significant barriers to the formal labour market in Colombia. Venezuelans who remain in Colombia without any documentation or formal permission to stay are not legally allowed to work, making them extremely vulnerable to labour exploitation on the informal market, and makes earning enough income to feed their families, or put roofs over their heads, extremely difficult. While Venezuelans with regularized migration status are entitled to seek formal employment in Colombia, discrimination, xenophobia, and lack of documentation certifying education levels or professional experience also constitute access barriers to employment for all migrants.

Additionally, advocacy is needed for children born to Venezuelan parents in Colombia, as these children are not recognized as citizens of either Colombia or Venezuela, rendering them stateless; GoC authorities have recorded at least 3,290 children born since December 2017 who have been unable to obtain citizenship, although some rights groups contend the numbers could be as high as 25,000.² These children are at extremely high risk and have no rights to access the Colombian health or education systems.

C. Colombia's Complex Internal Crisis

It is also important to remember that this migration is occurring within an already extremely complicated Colombian context that presents its own challenges and risks. Colombia is experiencing a reconfiguration of the profile of relevant irregular armed groups after the signing of the peace agreement the FARC; guerrilla groups and paramilitaries are still extremely active in Colombia, and disputes by armed groups over territorial control and illegal economies continue to generate protection risks and humanitarian needs among the civilian population. These territory disputes leave the civilian population – both Colombians and Venezuelan migrants alike – in the crossfire and increase the risk of recruitment and labor and sexual exploitation for children, especially Venezuelan children who arrive in Colombia without their families.

As a result of the conflict and associated widespread violence, Colombia continues to face large humanitarian needs; according to the UN, approximately 5.1 million people in Colombia are projected to be in need of humanitarian assistance throughout the country due to the ongoing conflict and natural disasters, not including those affected by the Venezuela migration crisis.

Despite all of these persistent and severe internal challenges, the GoC has broadly speaking been quite welcoming and open to cooperation with humanitarian actors, as well as other regional governments, to find solutions to assist those arriving from Venezuela. Nevertheless, they're struggling to cope. Hospitals and schools are completely overwhelmed and tensions are building in the border regions where thousands of people are arriving every day. With millions of people already in need of assistance due to conflict and natural disaster in Colombia, the influx of vulnerable people from Venezuela has only exacerbated the complex humanitarian context in Colombia, and the GoC has called on the international community to step up and provide more timely support and funding.

² [Venezuela's exodus raises worries about babies being stateless](#) (AP, May 2019)

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3. Scenarios

In November 2018, SCC – in coordination with SCI – commissioned Transition International and Diaspora Democrática to conduct a study of the key trends, current dynamics, and likely evolutions of the Venezuelan migrant crisis in Colombia.

The research team gathered evidence – in the form of focus group discussions, key informant interviews, and online surveys with affected populations, SCC staff, local authorities, and response actors – during two separate field missions to La Guajira and Arauca, conducted in December 2018 and January 2019.

The final report outlines four potential scenarios that could occur inside Venezuela over the next year, all of which have implications for the humanitarian context in Colombia. Below are top-line summaries of said four scenarios; additional details and elaborations can be found in the full report.

Scenario 1: Most Likely Case

Maduro Remains in Power in the Short-to-Medium Term

The first scenario postulates that current Venezuelan President Nicolas Maduro remains in power, despite increasing economic sanctions and diplomatic pressure on Maduro to call step down and/or call new elections. For this scenario to materialise, access to alternative sources of financial liquidity and a weakening of the opposition forces would be required. Under this scenario, **the population outflow is likely to remain the same, with predominantly poorer and more vulnerable households – the majority of whom will likely lack the required travel documentation – entering Colombia.** The burden on already overstretched public services in receptor areas will increase. Given the increasing diplomatic pressure underway, this scenario is not very likely in the long-term, but may play out in the short-term (less than 12 months).

Scenario 2: Best Case

Negotiated Political Transition Occurs in Venezuela

The second scenario puts forth a ‘negotiated’ transition of the Maduro government with new elections creating conditions for a change of power. In this case, the humanitarian impact would depend on whether, when, and under what circumstances President Maduro would step down, and how levels of uncertainties and the impact of the economic sanctions evolve. **A continuous outflow of Venezuelans on the move could be expected, with intermitted spikes in relation to economically driven unrest.** As of May 2019, both government and opposition forces have categorically refused to engage in negotiations and the emergence of a trusted and credible mediator is not in sight.³

Scenario 3: Least Likely Case

Direct Foreign Military Intervention Triggers Regime Change in Venezuela

The third scenario foresees a short and targeted foreign military intervention with low levels of violence with the purpose of quickly ousting the Maduro government, averting a descent into civil war. Under this potential scenario, any new government would be likely to face a crisis of legitimacy; furthermore, the reconstruction of the economy would require a long-term engagement, likely to be accompanied by expressions of social unrest. The humanitarian impact would depend largely on the modality of intervention and whether the objective of a fast ouster can be achieved. **The population flow out of the country would likely to continue due to uncertainty and fear of an escalation, and large-scale returns of Venezuelans would**

³ In late May, representatives from the Maduro regime and the opposition met in Oslo, Norway, to engage in diplomatic talks, which ultimately ended without reaching any agreement. [Venezuela crisis talks in Oslo break up without agreement](#) (BBC, May 2019)

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not be expected to materialize within the one-year forecast.

Scenario 4: Worst Case

Protracted Conflict Erupts Inside Venezuela

The fourth scenario proposed comprises a protracted foreign military intervention that is met with resistance from government forces, the army, and militias, increasing the likelihood of asymmetric warfare with the involvement of armed non-state actors and descent into civil war. Under this scenario, high levels of civilian casualties could be expected. **The humanitarian impact in this scenario would result in considerable spikes in population outflow, as people flee violence and social unrest, including those seeking medical attention for injuries.** While this option seemed highly unlikely a few months ago, the fast escalating tensions and increased militarized rhetoric by various involved parties involved indicate potential for this type of situation unfolding within the next year 2019.

Taking into consideration these four projected potential scenarios, as well as the reality that about 94 percent of the Venezuelan population is currently living at or below the poverty threshold, it is most likely that the flow of Venezuelans fleeing to and through Colombia will continue over the coming months and years.

4. Problem Statement

As the situation inside Venezuela deteriorates even further, people are arriving in Colombia in increasingly vulnerable conditions. For years, Venezuelan families have struggled to access even the most basic goods and services, like food, medicines and health care, safe water, and electricity. Thousands of people — including unaccompanied children, expectant mothers, and other especially vulnerable groups — are fleeing Venezuela to Colombia and other countries throughout the region each day, desperately seeking the basic things they need to survive. More and more, families are arriving with increasingly scarce resources — often with little more than the clothes on their backs—and have an immediate need for food, health care and medicines, and shelter. An especially vulnerable groups are “caminantes,” a population of concern comprising people who travel to interior areas of Colombia and neighboring countries on foot due to lack of access to safe transportation – exposing themselves to severe protection risks – like abuse, exploitation, forced recruitment into armed groups, and xenophobia-driven violence, among others – along the way, in addition to the environmental risks posed by Colombia’s rough terrain and climate.

In the last months, new and increased vulnerabilities have been identified, including increasing drug use among women and adolescent, increased recruitment of migrants, including children, by armed groups – especially in Arauca – and an increase in the arrival of unaccompanied minors.

Arauca, La Guajira, and Norte de Santander, located along the border with Venezuela, remain among the departments most severely affected by the crisis, having received among the highest population influxes from Venezuela to date. However, it is important to recognize that humanitarian needs are not confined to these areas. Although other border departments — including Boyacá, Cesar, Guainía, and Vichada — are hosting fewer people arriving from Venezuela, the influx is overwhelming an already-constrained local capacity to respond and exacerbating humanitarian needs among both arrivals from Venezuela and host communities in these areas.

Furthermore, the GoC and humanitarian actors have identified significant unmet needs in areas in Colombia’s interior and along the Atlantic coast, including Antioquia, Atlántico, Bolívar, Magdalena, Santander, and Valle de Cauca departments, as well as the capital city Bogotá. Needs are especially acute among Venezuelans sheltering in urban and semi-urban areas with already-high poverty rates.

Broadly speaking, we can observe the following overarching trends:

1. People from Venezuela will **continue to arrive in increasingly vulnerable conditions** and require both access to basic services and dignified means of income generation.

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2. Venezuelans will **increasingly rely on informal border points** to enter Colombia, with more people entering in more remote and / or rural locations of Colombia where illicit economies and armed groups are prevalent, **encountering increasing protection risks**.
3. Venezuelans on the move will become **'trapped' at the borders** due to lack of resources to travel to or settle elsewhere; this population will increasingly consist mostly vulnerable households – including those with children – with irregular migratory status living from one day to the next, often in irregular settlements.
4. The social climate will deteriorate and **xenophobic sentiments will increase** – possibly leading to violence and insecurity – due in part to perceived competition over access to basic goods and livelihoods opportunities.

Protection actors have limited capacity to respond and few of them are providing CP case management for the most at-risk children. The protection needs are dire with Venezuelan and Colombians reporting sexual violence, family separation, and forced recruitment as primary risks. The Colombian CP system was and remains unprepared to respond to the crisis, notably lacking the capacity and resources to respond in areas of the country that are already historically affected by poverty, lack of access to basic services, and violence. The majority of Venezuelan children remain out of school and, with no opportunity to gain psychosocial support, the risk of long-term negative impact on their well-being and healthy development is increasing.

Barriers to accessing education are significant and include discrimination, overcrowding and distances of up to one-hour walking on dangerous roads. According to the Government's register, only approximately 77,100 Venezuelan children were formally enrolled in school in Colombia as of early 2019 – meaning that at least tens of thousands of children are missing out on education because of the crisis. Parent engagement and quality of teaching are consistently cited as key gaps. Advocacy efforts are urgently needed as Venezuelan children without the necessary documentation are permitted to attend school but do not receive a certificate upon completion. The existing school feeding programmes are not sufficient to cover all children. Many children are not able to access education due to lack of transportation support. Many children are placed in lower grades as they are well behind their peers in terms of their learning levels and some even lack basic literacy and numeracy skills.

The health response is limited with hospitals overcrowded and lacking sufficient resources to deal with the influx. As an example, between June and July 2018, the high demand for foreign patients who were pregnant overwhelmed the obstetric service in a public La Guajira hospital to such an extent that of the 788 births attended, 469 were children from Venezuelan women. As there are no specialists or medicine for terminal illnesses for any of the population, Venezuelans face further discrimination and rejection from facilities.

Food Security and Livelihoods were consistently raised as key needs among surveyed Venezuelan populations, with lack of food and income opportunities cited as among the key displacement drivers in this crisis. People are unable to access livelihoods due to insufficient documentation, limited opportunities, and discrimination. This has led to severe exploitation of vulnerable groups. Migrants are forced to spend the limited resources they have on food and clean water. As a result, SCC's response to date has included a strong cash component to address these gaps – and with success; during a preliminary survey of cash program participants in Arauca and La Guajira, about 96 percent of reported that the cash transfer had a positive impact on their food security situation after the first delivery.

WASH facilities are sub-standard and scarce. Clean drinking water is unavailable forcing migrants to either purchase water or drink unsafe water. Basic latrines and other sanitation services are not available to Venezuelans living in street conditions or in informal settlements, and hygiene items remain a large need.

Thanks to the generous support from our donors, we reached more than 57,000 beneficiaries – including nearly 42,000 children – between September 2018 and April 2019.

With generous support from our donors – including SC Norway, SC Sweden, SC UK, SC Spain, SC Netherland, and SC US – we reached more than 57,000 beneficiaries between September 2018 and April 2019. Overall, actors present in these areas encountered by SCC welcomed our coordination and support. Despite these initial successes, taking into consideration that virtually all involved stakeholders expect that this crisis will continue to result in an outflow of Venezuelans, with intermitted spikes in relation to economically and politically driven unrest, SCC's response – and, as such, our strategy – will likely have to continue until at least December 2020.

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5. SCC Response Framework: Geographic Targeting

A. Geographic Targeting

SCC will be responding in La Guajira, Arauca, with tentative expansion to Nariño, Magdalena, and Valle del Cauca departments. To scale up in all areas with ongoing response activities, the emergency team will need sufficient staffing to ensure quality programming. Furthermore, field offices in the two identified locations have opened (Arauca, La Guajira) allowing to support the response with dedicated staff at field level with remote support from Bogotá and frequent travel to the field.

In addition, SCC will continue monitoring the situation in the other areas of Colombia, which have seen an increase in the number of settled migrants, to evaluate the necessity and feasibility of responding as appropriate.

6. SCC Response Framework: Program Focus

All sectors will aim for the highest technical quality following their respective globally recognised standards, e.g. Sphere Standards, Child Protection Minimum Standards, INEE and IASC guidelines on MHPSS. The response will be guided by Humanitarian Principles, the Code of Conduct for the Red Cross and Red Crescent Movement and NGOs, as well as the Core Humanitarian Standards.

Our goal is to achieve immediate and lasting change in the lives of Venezuelans, Colombia returnees and host community members, focusing on the most vulnerable children and their families, through urgent humanitarian assistance, access to basic services and active participation in designing and accessing services that meet their needs. The response will in all cases take into account conflict sensitivity and the best interest of the child. This will be achieved through integrated programming to ensure a holistic and complimentary response.

A. Child Protection

Child Protection Outcome: Children and families can access timely and quality response to CP concerns appropriate to the best interest of the child and in line with the minimum standards for CP in humanitarian action.

Total Target Beneficiaries: 26,630 people

Funding Target (2 years): USD 4 million

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SC staff organize a game to help children – recently arrived from Venezuela – get to know each other at one of our CFSs in Maicao, La Guajira.
(Jenn Gardella / Save the Children)

Risks

Children on the move in Colombia face a high risk of violence and abuse, including sexual exploitation and recruitment by armed rebel groups and criminal gangs. Many migrant families have been separated, resulting in an increase in the numbers of female-headed households and unaccompanied and separated children. Family separation and the disruption of traditional community structures poses high protection risks for children and affects their psychosocial well-being and can have long-lasting effects on their healthy development. Within the temporary settlements or on the streets, migrant women and girls have been exposed to various forms of violence and abuse, including sexual abuse and exploitation. Accommodation sites for migrants, where available, are often overcrowded, heightening insecurity and protection risks.

A recent report commissioned by SCC identified the main protection risks for children on both sides of the border as the following: 1) increasing numbers of children out of the education system, lacking the protective environment and being exposed to child labour, forced recruitment or engaging in commercial sexual exploitation as a means to contribute to the survival of households; 2) new arrivals who underwent traumatic events in the course of border crossings, including sexual violence, and arriving in increasingly precarious conditions, including chronically sick and disabled children, as well as those children who care for sick and elderly household members; 3) children of households 'trapped' at border regions with limited livelihood options, living on one meal a day and with a lack of basic WASH services and facilities; 4) children in single-headed households (female or male), with many young children and without means to secure livelihoods; 5) children exposed to grave child rights violations for the purpose of generating income for household survival, including forced recruitment, trafficking, (commercial) sexual exploitation and transactional sex and child labour. There are significant gaps in terms of data and information regarding unaccompanied and separated children, combined with high level of mobility across the countries and between borders and patterns of evading authorities.

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Families and children lacking income generation activities to cover their basic needs in terms of nutrition and health care are resorting to negative coping mechanisms which are harmful for children, such as child labour, sex work (exploitation), begging, and recruitment into armed groups or criminal gangs. Caritas reported that 60 percent of children in Venezuela are suffering from some form of malnutrition, with more than 18 percent suffering from severe malnutrition. From September to December 2018, in one of the informal settlements of La Guajira's Maicao city, five infants died due to severe malnutrition and chronic diarrhoea caused by lack of basic water and sanitation conditions. Up to date, these are the main gaps in the humanitarian response:

Gaps

1. ICBF's lack of capacity to provide child protection urgent needs for vulnerable Colombian and Venezuelan boys and girls, especially CP Case Management. Due to the leadership of ICBF, across the three departments there is a significant gap in comprehensive service mapping and referral pathways to inform case management. UN agencies and other humanitarian actors have duplicated the internal institutional referral pathways and applied them to the new unexpected migrant crisis with scarce results.
2. Colombian schools have limited capacity, class rooms are small, and educational material and resources few. The ratio of teachers to students is not adequate and the majority of Venezuelan children remain out of school. With the schools not having the capacity to cover the educational needs of children, opportunities to access psychosocial support is also nearly absent in the informal settlements where Venezuelans reside.
3. The administrative process of ICBF for Colombian unaccompanied children is ineffective to respond to the needs of Venezuelan unaccompanied children. ICRC is the only organization to date authorized to carry cross-border family reunification. To date, the only alternative care solutions for unaccompanied children are the interim care centres established by local NGOs and the Institutional Care of ICBF for Colombian unaccompanied children. There's been limited conversations at the inter-agency level and with ICBF on promoting and strengthening community-based alternative care mechanisms.

Child Protection Strategy

The current CP programme consists of three different components to intervene at the three levels of the ecological model: children, families, and communities. The focus has been predominantly on establishing CFSs, community-based mechanisms, and case management services for children at high risk, as well as promoting safe spaces and information hubs and mobilising the community to promote children's wellbeing. Looking forward, there is a need to continue strengthening the integration with other sectors (education, cash, health, and MHPSS) and commence response activities in Nariño, Valle del Cauca, and Norte de Santander which are facing considerable gaps in provision of CP services and strengthening the programming to target adolescents and youth. This will be achieved through the following key child protection interventions:

1. Establish Child Friendly Safe Space which provide and extensive curriculum of recreational and psychosocial support activities in order to strengthen girls' and boys' coping mechanisms and resilience and promote their well-being and healthy development.
2. Establish and strengthen case management services for vulnerable Colombian and Venezuelan girls and boys and respond to their urgent protection needs through a holistic, age and cultural appropriate approach including identification of unaccompanied children and integrated psychosocial support.
3. Strengthened community mechanisms to prevent violence, abuse, neglect and exploitation through effective CP monitoring & prevention mechanism.
4. Strengthen the child protection national systems, including authorities and local partners and increase their capacity to prevent and respond to the urgent protection needs of children affected by the Venezuelan crisis.

Beneficiaries

SCC aims to reach all levels of the ecological model and therefore will target authorities, relevant service providers (i.e. those that serve as a first point of contact for survivors and children), communities, families, and individual children. The calculation for the total number of beneficiaries is the following:

- 18,000 children engaged in structured and recreational CFSs activities including psychosocial support activities
- 3000 children reached through mobile CFSs in different communities
- 800 children receiving case management services

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- 4500 community members trained and/or reached through awareness raising activities
- 330 authorities and service provider's capacity built to promote the best interest of the child
- **Total: 26.630**

Areas of Intervention

CP activities aim to reach the most vulnerable Venezuelan, Colombian, and indigenous children in Arauca, La Guajira, Valle del Cauca, Norte Santander, and Nariño. CFS locations, which act as the child protection hub in each community will be selected in consultation with children and communities themselves and aim to reach out of schoolchildren. Community engagement activities will take place in the surrounding areas of the CFSs. Case management services, including mobile social work teams, will cover the three areas as it is a critical gap across the three departments. Finally, information hubs will be strategically placed along transit routes to reach children on the move.

Human Resources

The aim is to have national CP TA and CP Managers for 2 years. This is due to the high capacity within Colombia. Therefore, the CP team will have a larger HR structure at the start of the response to allow for sufficient capacity building and establishing of CP programming with the intention to minimize and nationalise.

- **CP TA** at national level for capacity building, national coordination and advocacy, mobilization of resources, strategic decision making that promotes integration and quality oversight
- **MHPSS TA:** this role is now supporting the integration of MHPSS/SGBV activities within Child Protection and Health sectors. Given funding restrictions, it would only be present on this first phase and phase out giving responsibilities to MHPSS coordinator.
- **CP Manager** will be based in each department and operationalize activities. The CP manager will be responsible for the line management of the team, budget oversight, capacity building at the local level and both internal and external coordination.
- **Case Management Coordinator** will lead on the establishment of referral pathways and service mapping in each location as well as provide technical support to complex cases. The case management coordinator is responsible for rolling out an effective and harmonized data management system and capacity building on forms and case management procedures.
- **MHPSS coordinator:** shared with Health activities its role is key to ensure technical supervision for the implementation of MHPSS/SGBV activities and integration of MHPSS/SGBV within the case management activities with the support of the MHPSS officer.
- **MHPSS Focal Point:** will provide direct supervision for Case workers with cases having specific MHPSS and SGBV needs. It would also supervise CFS and community-based activities to ensure appropriate integration of MHPSS.
- **Case Management Officer** will provide direct line management to the social work assistants and are responsible for ensuring a link to the community mobilization efforts.
- **Social Worker** will conduct case management for vulnerable and at risk children. In line with minimum standards, they will aim to have no more than 25 open cases at any given time.
- **CFS/Community Mobilisation Coordinator** to mobilise the community at large, coordinate efforts to support community-lead information campaigns and conduct inter-agency coordination to gather IEC materials and where necessary create them.

Budget

The total budget for a 24-month project would be USD 4 million.

B. Education

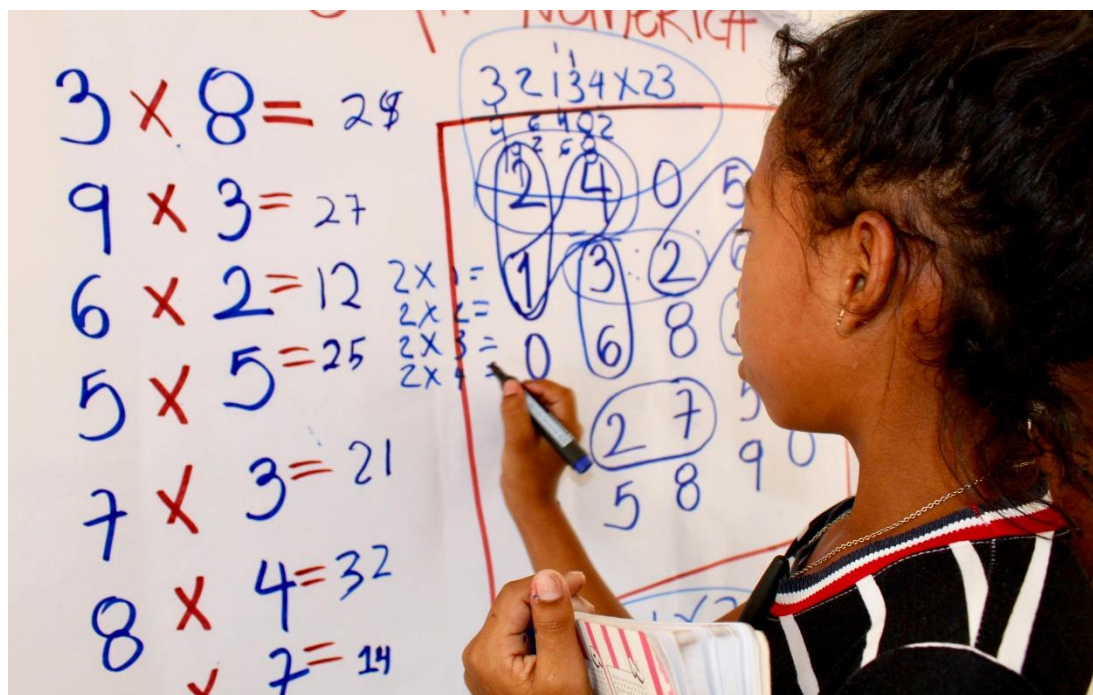
Education Outcome: Girls and boys (aged 3-17) in the target population enjoy their right to education, through provision of access to protective, inclusive and quality learning environments.

Total Target Beneficiaries: 14,485 people

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Funding Target (2 years): USD 5 million



A young Venezuelan girl works on math problems in one of our TLCs in Maicao, La Guajira.
(Jenn Gardella / Save the Children)

Risks

Boys and girls from both Colombia and Venezuela are being denied access to education. This is in part due to a misunderstanding of their rights, administrative barriers and discrimination. The lack of appropriate documentation acts as a primary barrier preventing thousands of children accessing sustainable education in border locations. This applies both to children born in Venezuela to returning Colombian parents and to Venezuelan children. A recent NRC report identified over 4,500 out of school migrant/returning children in Arauca, Norte de Santander and La Guajira.

According to the 2019 Colombia HRP, school dropout rates are consistently high due to negative coping mechanisms such as recruitment of children by armed groups, seeking to support the family and other labour work in rural areas. In the case of children without legal documentation, school dropout would also be related to the lack of motivation to continue attending school, conscious that no formal certificate will be granted. This is compounded by insufficient infrastructure (including WASH facilities and classrooms and play areas), furniture (chairs, tables, textbooks etc.) and lack of feeding programmes. In rural areas, children are deterred from attending school due to the unsafe distances they need to travel. Students can walk for up to one hour on remote and isolated trails to attend school; girls reported fear of sexual violence and both girls and boys indicated concerns about the physical safety of the roads. There are not enough flexible education models to support access to education for adolescents. Many students are accessing education in high risk areas but many schools lack risk management plans.

In Venezuela, between 2015 and 2017, access to education among the population aged 3 to 24 years fell from 78 percent to 71 percent. This means that just over 9.3 million children and young people in this age group attend school and more than 1 million are out of school. In the case of 18-24-year olds, almost half (48 percent) do not study. Six out of 10 young people between the ages of 18 and 24 do not have access to higher education. This represents a 10 percent increase since 2016. Four out of 10 children and adolescents between the ages of 3 and 17 (38 percent) drop out of school for different reasons, including transportation problems, blackouts or lack of power and food.

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Gaps

1. Major gaps remain in terms of both access, ongoing attendance, and quality. TLCs are essential to provide services to out-of-school children and to improve the absorption capacity of the formal education system; this includes the need for catch-up classes and basic numeracy and literacy. These are required both in the community and established schools, as well as complimentary transportation and food. Additionally, considerations are needed for children on the move.
2. School infrastructure is poor and WASH facilities are scarce. Children require basic materials to attend school, such as notebooks, pencils, uniforms and shoes.
3. Teachers are not prepared to respond to the needs psycho-social needs of children and require additional capacity building in social emotional learning, psycho social support and gender sensitive approaches.
4. Migrant children usually arrive with lower levels of knowledge, so supplementary classes are needed for them to catch up with their Colombian peers. Absorption capacity is very low, especially in border areas where the school infrastructure is very precarious.
5. Active community outreach is essential to ensure a culturally sensitive and effective approach. Structured psychosocial support and social emotional learning activities as well as training of teachers and community sensitization on child safeguarding are also essential to promote students' wellbeing. The availability of recreational space is very limited and in some schools does not exist at all.

Education Strategy

SCC recognises the critical importance of supporting schools and aims to provide quality basic education programs that are accessible, gender-sensitive, age-appropriate and respond to diversity. SCC will have eight main objectives to improve access and quality of education:

1. Ensure coordination with the GoC Ministry of Education, local education authorities at the departmental and municipal levels, and the Education Cluster.
2. Provide equitable access to children and adolescents aged (3-17 years) to quality learning, including Early Childhood Care and Development (ECCD), accredited flexible non-formal education models, catch-up classes, basic literacy, numeracy and life-skills learning opportunities through temporary learning spaces inside schools and in informal settlements.
3. Infrastructure construction / rehabilitation support for the schools most in need coupled with materials support (furniture, school kits, uniforms etc.) either through direct distribution, conditional cash or voucher transfer whenever appropriate for the specific context.
4. Strengthen teachers' pedagogical practices through the application of the educational tools, some of which have already been used by SCC in other projects.
5. Capacity building for teachers in psycho social first aid, social emotional learning, CSG and Code of Conduct.
6. Promote parent engagement and advocate for children's right to access school. Learning and Well-being in Emergencies (LWiE) parenting sessions will aim to mobilise parents in support of their children's learning, wellbeing and development at home and in the community.
7. Creation and strengthening of CECs to further engage them in the active promotion of education in their community.
8. Supporting schools with the development of Risk Management Plans to ensure schools are prepared for and are able to respond to emergencies.

Expertise from SCC education programme will be leveraged to enable a contextually and culturally appropriate community mobilisation approach. Through the CECs, SCC will explore ways to better understand how the different community stakeholders perceive education, supporting more tailored and culturally appropriate education services and awareness raising.

Beneficiaries

SCC's primary target will be the children attending the TLCs and schools in which we will be implementing our activities. As indicated in the education objectives above, family members and communities will benefit from the projects through the

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creation of Education Committees and promotion of parent engagement. The calculation for the total number of beneficiaries is the following:

- 400 children in 8 TLCs (25 per TLC + 2 shifts per day)
- 7,590 children in 15 schools (500 per school + 30% of new children in schools for the second year)
- 5,995 parents and community members: At least 1 parents of the half of the number students we reach in total through TLCs and schools + 2000 extra community members
- 500 teachers and local authorities
- **Total: 14,485 people**

Areas of Intervention

Education activities will work alongside the other sectors of intervention, to enhance integration. The Education response is thought to reach children, their families and communities in areas within the three regions of Arauca, Santa Marta and La Guajira.

Human Resources

- **Education in Emergencies TA** at national level for standardization and quality supervision
- **Education Coordinator in each area** – budget monitoring, overall area supervision, internal and external coordination
- **Education Officer** in each area
 - One for community activities and management of TLCs
 - One for school-related activities, including trainings for teachers, delivery of school kits, infrastructure rehabilitation, provision of furniture, etc.
- **Education Assistants** – to support the Education Officers at field level. The number of assistants recruited will be evolving according to the number of TLCs and schools engaged, also related to their location.
- **TLC tutors** – for each TLC, we would need TLC tutors for the daily running of activities (equal numbers of male and female).
- **Engineers** –for construction, rehabilitation and repairs related to all sectors (WASH, CP, and Education). The cost for this position is shared with the other sectors.

Budget

The total budget for a 24-month project would be 5,000,000 USD.

C. WASH

WASH Outcome: Targeted children and their families have increased access to safe water and safe sanitation along with along with increased hygiene knowledge and practice.

Total Target Beneficiaries: 24,000 direct, 80,000 indirect

Funding Target (2 years): USD 1.5 million

Risks

Overall, WASH facilities are very limited and sub-standard in the all informal settlements and makeshift shelters affecting children, families, and communities in Arauca, Norte de Santander, and La Guajira. WASH facilities – especially in informal settlements – are strained, with most existing facilities lacking basic protection measures like gender segregation and are in locations not easily accessible for women. The risk and fear of GBV for women when accessing latrines, which are scarce, at night has been reported. Open defecation poses a serious health risk for both the refugees/returnees and the host community. AWD is a key concern for the sector as well as the high rate of malnutrition. Improving access to safe drinking water, keeping living areas free of open defecation, and ensuring hand-washing with soap at critical times will reduce such risks.

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Gaps

- Lack of access to safe water in close proximity to the settlements, especially informal settlement, means that affected populations have to use the little resources available to purchase small amounts of clean drinking water, which is insufficient in quantity to ensure personal hygiene, leading to high number of cases of fungal skin infection among children and adults.
- There are critical gaps in sanitation in all areas, including schools. Access to latrines is one of the biggest problems at the moment for the both migrants and returnees. Open defecation is common, especially among those living in the street and in many informal settlements, due to lack of latrines. Although some informal settlements do have latrine pits, they're often built by the affected communities themselves and are very sub-standard as a result.
- Access to showers is almost entirely absent, also probably linked to unavailability of sufficient water to practice good personal hygiene. Solid waste and vector management is non-existent, and household waste is often dumped in narrow spaces between shelters, posing major risks for vector-borne disease outbreaks.
- There is severe gap in access to hygiene items (soap, toothbrush and toothpaste, toilet paper, etc.) primarily due to lack of purchasing power. General hygiene conditions are extremely low, especially for affected communities without a safe shelter and sufficient water supply due to lack of availability of water, thereby leading to poor practice of personal hygiene. There is an urgent need to provide an enabling environment for health-seeking behaviours, including hygiene interventions.
- WASH systems in Institutions face the same challenges as the rest of the infrastructure in institutions especially the schools; there has been a slow deterioration of the systems over time, with the system quality decreasing and becoming dilapidated due to neglect. Currently many pumping system and many water networks are damaged, many children in schools have currently collect water from water storage tank manually. Meanwhile, school latrines have a different type in every schools, there is no really standard and most of school latrines located outside class but still in the building. Many of latrine in targeted school have totally damaged and heavily damaged, and currently not functioning.



A young Venezuelan girl learns how to wash her hands effectively during a SC distribution of water filters and mosquito nets in Maicao, La Guajira. (Jhon Tovar / Save the Children)

WASH Strategy

SCC will implement a multi-level approach to ensure the availability, sufficient quantity, and acceptable quality of clean water and improved sanitation facilities in the communities and institutions of the program area. Such an approach includes the following activities:

- **Community/Institution level:** immediately distribute water through water trucking and rehabilitation or upgrading/construction of Community Water Supply (in order to increase the quantity of water that can be collected and its quality when people draw it with activities such installation of quality water point and drainage system, and technical training; repair/improve WASH facilities in institutional facilities such as TLCs/schools, health facilities, schools, mother care centers, CFSs, and clean-up activities in both communities and institutions, including solid waste hauling to prevent harbourage of and breeding sites for vectors, and disinfection.
- **Household level:** distribution of hygiene kit (top up with soap), water filter, mosquito net and potentially latrine kits and sensitization sessions on promoting access to basic to improved sanitation, along with skills training and material inputs targeting promotion of improved sanitation conditions.

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- **Individual level:** hygiene promotion in communities and institutions (school/TLCs, CFS, mother care centers, etc.) to increase the knowledge of basic hygiene rules; build the capacities of school administration officials, key local government units and agencies to ensure more efficient and effective WASH service provision integrating sustainability mechanisms.

SCC proposes to work in community (formal and informal settlements, and potentially host communities) and also in institutions (health facilities, schools, CFSs), to provide immediate, long lasting and comprehensive WASH results for children, their families and the environment. The team will work alongside the Health, CP, Cash, and Education teams to focus on the same area, facilities and children to facilitate sector integration. The primary focus of WASH response will be to support other key sector outcomes including Health and Nutrition, Education and CP. With this in as the premise, the target population for WASH will be:

- Children and their families at these institutions where SC will intervene in (health centers/mobile clinics; TLCs/schools; and CFSs) and
- Populations (formal and informal settlements, clean day centers, host communities) in the catchment of these institutions with unmet WASH needs.

The WASH Sector strategy will focus on the emergency provision of water, emergency latrines and the distribution of hygiene materials, supported by hygiene promotion activities. A greater emphasis on hygiene and community engagement is important as well as the initiation of solid waste collection and disposal. This approach means that, as and where appropriate, facilities constructed should be more durable and reduce the need for further costly operations, maintenance, and reinvestment. And most importantly, they should prevent potential WASH-related disease outbreaks (AWD/Cholera, etc.). The WASH response will adopt a child-centric approach with emphasis placed on user-centered design and planning of activities through a participatory approach. The main focus will be to find locally relevant, quick and creative ways to address unmet WASH needs in children and their families. Community participation in these activities will be encouraged and initiated, including setting up of committees. Specific gender needs and child safeguarding aspects in WASH services will be addressed in a proactive manner.

Furthermore, SCC will work closely with the GoC ministries of health and education, school authorities, and UN agencies and NGOs to ensure the appropriate design and implementation of WASH infrastructure interventions targeting communities, health facilities, schools, and CFSs. The WASH response will also be in alignment with the overall SCC response strategy and any other relevant external strategies (WASH Cluster, GoC initiatives, etc.).

It could also be considered to utilize cash programmers related to WASH articles instead of direct distribution of hygiene, dignity and other kits. This would lower the logistics burden and could support to enhance the migrants' self-reliance.

Beneficiaries

The primary target beneficiaries will be refugee, returnees and host community along with the children attending the CFSs and schools in which SCC will be implementing its CP and Education activities, as well as beneficiaries of multi-purpose cash interventions. Following the "child-centered strategy", family members of these children and their communities will also benefit from the project through hygiene promotion training and campaigns, rehabilitations and distribution of WASH articles. The total number of beneficiaries is calculated as follows:

- Emergency Water Supply – 24,000 (30% of the total target population for WASH)
- Excreta disposal and Environmental Sanitation – 24,000 (30% of the total target population for WASH)
- Hygiene Promotion – 80,000 (100% of the target population)
- WASH in institutions – 32,560 (Education activities: 17,920 and CP activities: 14,640)
- Noted: All beneficiaries for CP including in already including in overall targeted populations)

Areas of Intervention

The WASH team will work alongside the Health, CP, Education, and Cash teams, targeting the same geographic areas. Initially, the WASH response is thought to reach children, their families and communities in areas within the three regions of Arauca, Norte de Santander and la Guajira.

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Human Resources

- **WASH TA** –To support in developing WASH strategy, coordination with external stakeholders, develop response plan and concept notes, build capacity of national staff and initiate scaling up of WASH response
- **WASH Manager** – To support initially with the scaling up of the WASH response, including, but not limited to, managing the WASH program, providing technical guidance according to SoPs, manuals etc, recruit field staff and build capacity, reporting (internal and external), develop concept notes and external representation
- **WASH Engineers** (officer and assistant level) for construction, rehabilitation and repairs related to all sectors (WASH, Child Protection and Education). The cost for this position is shared with the other sectors.
- **Hygiene Promoters** (Officer and Assistant Level) for hygiene promotion sessions and trainings, cleaning campaigns, solid waste management and WASH hygiene committees
- **WASH Volunteers:** To manage WASH, health and SGBV community outreach activities and guarantee the efficient and effective sensitization, mobilization and participation of the communities targeted, thereby maximizing program performance.
- **WASH Facilitators:** (2 per area, 1 male and 1 female or 1 male and 1 female for every 500)

Budget

The total budget for a 24-month project would be 1,500,000 USD

D. Health and Nutrition

Health and Nutrition Outcome: To improve access to essential primary and sexual & reproductive health care services (including MHPSS and support for survivors of SGBV) through mobile and/or static health care provision to the most vulnerable populations.

Total Target Beneficiaries: 22,000

Total Target Consultations: 72,744

Funding Target (2 years): USD 5 million

Risks

The humanitarian disaster in Venezuela has created a regional health crisis. Venezuelans suffer from years under a neglected health system, with poor nutrition, lack of preventative care, medicine and supplies. Many migrate to neighbouring countries that already struggle with the capacity to provide healthcare for their own citizens. In Colombia, Venezuelan migrants encounter barriers to health care due to political and financial limitations of the overburdened Colombian health system.

Venezuelan migrants in Colombia are only legally entitled to emergency care (defined as life or limb threatening) and preventative vaccination services. Vulnerable Colombian returnees - particularly families internally displaced by conflict - face barriers of bureaucracy and struggle to regain legal status in Colombia in order to access the public health system.

The statistics reflect the generalized poor health status in the migrant and Colombian returnee population. In Maicao, the increase in reportable public health events in the migrant population has been dramatic in the last year. The total number of Venezuelans attended in emergency services of the public hospital in Maicao increased 185% from 2017 to 2018.

Public health events in the Venezuelan migrant and Colombian returnee population in Maicao

DIAGNOSIS	2017	2018	% Increase in 1 year
Acute malnutrition	12	39	225%
Congenital syphilis	1	6	600%
Gestational syphilis	7	33	370%

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HIV/AIDS	8	29	262%
TB	7	17	143%

Source: ESE San Rafael de Maicao hospital

According to the an April 2019 GoC National Public Health Surveillance System (SIVIGILA) epidemiological report from La Guajira, the top four most commonly reported public health events in the Venezuelan migrant population are⁴:

1. Acute malnutrition in children < 5 (33 reported cases in 2019)
2. Measles (23 reported cases in 2019)
3. Dengue fever (20 reported cases in 2019)
4. Sexual and Gender Based Violence (19 reported cases in 2019)

The above figures also shed light on the recognized spike in SGBV in communities with high concentrations of migrants. In 2017 there were 25,256 registered victims of sexual violence in Colombia, 87 percent of whom were children, and 73 percent were girls between the ages of 10 and 14. Since under-reporting is rampant, actual figures are assumed to be tripled, exposing the extreme vulnerability of women and children in both their home and social environments⁵.

Furthermore, In Venezuela, the few health indicators that are available show that maternal mortality increased by 65 percent and infant mortality increased by 30 percent between 2015 and 2016. Venezuelan women continue crossing the border to Colombia en masse, driven by fear that they or their babies could die. Pregnant Venezuelan mothers show up at emergency rooms, usually in their 3rd trimester and ready to deliver, having received zero prenatal care.

Women who are victims of violence, exploitation and sex work – and those who are pregnant or breastfeeding – do not have access to prenatal care or postnatal check-ups. Children and pregnant and lactating women are left particularly vulnerable without any access to essential health services.

Finally, appropriate services to support SGBV survivors (including children and adolescent girls) are scarce in humanitarian interventions, let alone support for the MHPSS needs of mothers and pregnant women. In Colombia, where health services are overburdened, MHPSS services are scarce and support for SGBV survivors is almost non-existent⁶; it is essential to include this intervention to ensure minimum access to the most vulnerable.

Regarding specific MHPSS services within La Guajira, there are no clinical psychologists and only two psychiatrists covering 15 municipalities. Few actors have MHPSS services due to lack of funding, and those that do have little capacity in working with migrants.

SCC is one of the few actors in Colombia having the capacity to provide comprehensive medical and MHPSS services for SGBV survivors, including clinical rape management, while also supporting mothers and pregnant women presenting with moderate and severe psychosocial complaints.

⁴ Fuente: Oficina de Vigilancia en Salud Publica Departamental, April 11, 2019

⁵ Final Report Venezuelan migration crisis trends, dynamics and one year forecast. March 2019 Save the Children.

⁶ During an assessment of SGBV services conducted by SC in la Guajira several actors manifested that once SGBV survivors (migrant or Colombian) leaves the first response there is no resources to support the legal and protective measures leading to them disappearing or never having access to those services.

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A SC staff member performs an ultrasound on a pregnant Venezuelan woman at the SRH unit in Maicao, La Guajira.
(Elia Martinez / Save the Children)

Gaps

1. Expansion of services scaled down to a mobile SRH unit in La Guajira (i.e. Paraguachón), using the Maicao SRHU as a fixed operating base. This would allow service provision and coverage of a second catchment population, while allowing shared resources and lower operational costs.
2. Decreased HR costs- second mobile medical team would be smaller, with some positions shared with Maicao SRH unit. Supportive staff (logs/MEAL/finance/FM) shared with Riohacha/Maicao office.
3. Decreased infrastructure and equipment costs, including no additional pharmacy or warehouse space needed.
4. Decreased medical equipment costs (i.e. autoclave, ultrasound, pharmacy refrigerator not needed). All instruments will be sterilized in Maicao.

Health Strategy

Considering that the humanitarian disaster in Venezuela has created a regional health crisis, these are the main components of the health strategy:

1. Sexual and Reproductive Health, delivering the full MISP.
2. MHPSS, including SGBV management.
3. Nutritional screening, counselling, and treatment of malnutrition in children & pregnant and lactating women, and IYCF in Emergencies.
4. Health Promotion and Outreach activities (integrating WASH, nutrition, MHPSS, and health).

Beneficiaries

Our target beneficiary population consists of Venezuelan migrants, Colombian returnees, and impoverished Colombian host population (focusing on indigenous communities), all of whom lack access to the Colombian subsidized public health insurance system. In line with the overall strategy, Health and Nutrition activities will aim to target 70 percent of newborns up to 2 months alongside their mothers and caregivers, and SRH services will aim to reach 70 percent of pregnant or lactating women, including many other women and vulnerable populations seeking family planning, SGBV management services, and prevention/treatment of sexually transmitted infections. Future target beneficiaries include primary healthcare services for children < 5, pending funding.

Revised Targets: March 2019- December 31, 2019^[i]

INDICATOR	TARGET	NOTES
Total # Medical Consultations	14,400 ^[ii]	80 consults daily between 2 clinics=1600/month
Total # Patients	4,800	Assume average of 3 consults per pt.
Mosquito Net & Hygiene Kit Recipients	8,000	2000 nets (1 net per family of 4)
Total Beneficiaries	12,800	=total # patients + mosquito net recipients

^[i] Current funding only allows the SRH unit to continue activities until the end of 2019. ^[ii] Second mobile clinic to begin operations in July 2019.

Total Target Beneficiaries: 12,800

Total Target Consultations: 14,400

Human Resources

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The aim is to transition operations from the EHU to SCC by late July 2019. For that purpose, the EHU is working in a systematic way to handover all tasks to SCC staff members and ensure business continuity and smooth transition through different methods: providing on-the-job training, including capacity building, coaching, and mentoring; recruitment of additional staff; and ensuring coordination with support departments in Bogota. Positions required to maintain staffing of the health response post-EHU include:

- Logistics Coordinator, preferably with medical logistics or pharmacy experience.
- Health Coordinator
- MEAL Officer
- Mobile SRH Unit staff:
 - 1 Community Mobilizer
 - 1 General Doctor
 - 1 Nurse
 - 1 Auxiliary Nurse

Budget

- The total budget for a 24-month project would be 5,000,000 USD

E. Food Security and Livelihoods

Food Security and Livelihoods Outcome: Support vulnerable and at-risk populations to cover their basic needs to prevent further development of negative coping strategies.

Total Target Beneficiaries: 37,500 households (approximately 150,000 people)

Funding Target (2 years): USD 10 million



Rachael and her 4-month-old son, Said, during a Save the Children cash distribution in Arauca.
(Luis Caroprese / Save the Children)

Risks

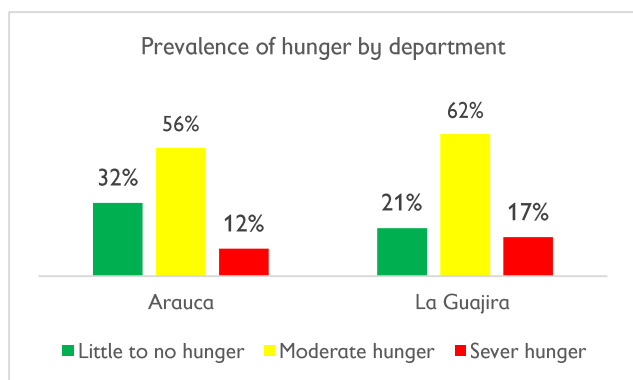
The food insecurity of affected populations has reached alarming levels, and was ranked as the top priority need in La Guajira by OCHA for displaced populations. A December 2017 WFP, IOM, and UNHCR joint assessment indicated that 90 percent of

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interviewed households were experiencing food insecurity, or were at risk of becoming food insecure; that two-thirds were relying on negative crisis coping strategies; and 19 percent were relying on emergency strategies such as child labor, transactional sex, and begging to obtain food and meet their basic needs. About 93,400 people also reported experiencing total lack of food in their households in the previous 3 months during the 2018 Administrative Registry of Venezuelan Migrants (RAMV) in Colombia, out of which 35,976 were children under 5, and 4,787 were pregnant or lactating women.

Results from the IRC rapid assessment conducted in November 2018 also highlighted an alarming situation. About 12 percent of the surveyed population reported that a member of their family had taken on work that is seen as dangerous or unhealthy (including prostitution) since coming to Colombia to meet their family's basic needs. Additional negative coping strategies developed by the target population to purchase food included going entire days without eating, taking on debt, mothers begging with their children on the street, or sending children to work. In La Guajira, 91 percent of households identified by SCC to benefit from cash transfer assistance were in IPC Phase 3 or above (Crisis, Emergency, Catastrophe). Over 60 percent of the Venezuelans selected for this program were facing moderate or severe hunger before receiving assistance.



Prevalence of hunger within the selected households was also measured through the Household Hunger Scale index, which is a perception-based food deprivation scale. The scale consists of three components measuring inadequate household food access, with each component split into an occurrence question (whether an episode of food deprivation occurred at all in the past four weeks) and a frequency of occurrence question (how many times the episode had occurred in the past four weeks). The data showed that close to 70 percent of the households were suffering either moderate or severe hunger. The data showed that the prevalence of hunger is 10 percent higher in La Guajira in comparison to Arauca.

Limited access to food, both in quantity and quality, and limited perspectives for increased income generation is also putting at risk the nutritional status of vulnerable populations, in particular children and pregnant and lactating women. In fact, it should be noted that before reaching Colombia and facing the above-mentioned challenges, most women and children have already spent months living in food insecurity in Venezuela. One of the greatest impacts of the crisis has indeed been a reduction in access to nutritious food or a varied diet, due to both the erosion in purchasing power and the availability of products. As a result, malnutrition has increased, especially in areas with the highest poverty rates. According to a 2018 FAO report, some 3.7 million people suffer from undernourishment in the country. The same study indicates that the prevalence of undernourishment has almost tripled, from 3.6 per cent in the 2010–2012 period to 11.7 percent during 2015–2017.

Finally, it should be noted that the migration crisis and recent climatic hazards also affected the food security and livelihoods of host communities, especially in the region of La Guajira. A joint assessment conducted by OCHA, FAO, and Caritas in March 2018 highlighted a sharp increase in food expenditures (from 350,000 COP per household per month before the crisis began to 730,000 COP) and a noticeable decrease in monthly income (400,000 COP to 350,000 COP).

FSL strategy

SCC will focus its intervention on addressing the most immediate basic needs of vulnerable migrants and Colombians while gradually supporting them to become self-reliant by accessing safe livelihoods. This graduation approach will be divided into two main phases. SCC will also aim to provide emergency assistance to vulnerable Venezuelans living in Venezuela through cross-border cash transfer intervention.

Phase 1: Immediate emergency assistance, with the objective of supporting vulnerable populations to access their basic needs without resorting to negative coping strategies.

- **Cash for Settlement:** Provision of cash assistance to vulnerable Venezuelans and Colombians. The cash transfer amount should be aligned with the GoC recommended amount of 252,000 COP per households of four per month,

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for a maximum duration of six months. A minimum 80:20 ratio of Venezuelans to Colombians should be kept in targeting strategies to avoid increased xenophobia.

- **Cash-for-Transit:** Provision of punctual cash assistance to migrant families transiting through Colombia (if re-authorised by the GoC).
- **Cross-border Cash:** Provision of cash assistance to pendular migrants, in order to ensure they are able to purchase goods inside Colombia and bring them back to their families inside Venezuela. This population does not remain in Colombia for long periods but are in tremendous need of basic goods. Conducting a protection assessment is recommended before starting this type of operation in a new area.

Phase 2: Livelihoods support, with the objective of supporting vulnerable populations to become self-reliant and access safe and sustainable livelihoods.

- **Formal Employment:** SCC will provide administrative support to beneficiaries willing to enroll in employment schemes, and who possess the right documentation. This will include:
 - Develop partnerships with employment institutes in the private sector.
 - Offer orientation consultation to all interested beneficiaries to identify training and employment opportunities on the market based on their profile.
 - Support registration of beneficiaries on employment websites, develop partnership with the private sector and the government for securing jobs.
 - Facilitate formation of capacity building groups by thematic of training, and facilitate organization of trainings with relevant capacity building institutions
 - Provide financial support to pay for material to attend trainings, as well as transportation and lunch during training days.
- **Entrepreneurship:** For beneficiaries possessing the right documentation, SCC will provide capacity building, counselling, and financial support to formalise and further expand an existing business or set up a new one. This will include:
 - Partnership with organizations working on entrepreneurship schemes (such as universities).
 - Provision of entrepreneurship training.
 - Support for developing business plans and counselling.
 - Selection of viable business plans and provision of conditional cash grants to support their set up/expansion.
 - Provision of dedicated business counselling sessions during the incubation/expansion phase.
- **Youth Livelihoods:** SCC will provide dedicated and tailored assistance to youth willing to develop their skills and seek employment. Youth beneficiaries will be organized into cohorts and have access to the services proposed above. However, SCC will be providing additional support to youth to meet their specific needs, including:
 - Provision of Life-skills training and adapted orientation and career counselling
 - Provision of dedicated mentoring throughout the program, in order to increase impact of the program on youth and reduce risks of drop out.

To do so, SCC will be settling up centers within target communities in order to facilitate access of beneficiaries to livelihoods services provided by SCC. In each center, one Career Orientation Officer will be available on a daily basis to provide career counselling and facilitate linkages between beneficiaries, capacity building/ employment opportunities.

Beneficiaries

- Cash: 26,000 households per year (approximately 104,000 people)
- Livelihoods: 11,500 households per year (approximately 46,000 people)
- Target beneficiaries - Total for 2 years: 37,500 households (approximately 75,000 people)

Food Security and Livelihoods Outcome: Support vulnerable and at-risk populations to cover their basic needs to prevent further development of negative coping strategies.

Total Target Beneficiaries: 37,500 households (approximately 150,000 people)

Funding Target (2 years): USD 10 million

Human Resources

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Mostly, the numbers of staff are contingent on the number of locations covered by the programme:

- Cash Transfer Advisor
- Cash Operations Manager (HST) for the setup of the response (3 months)
- FSL Advisor, with specific expertise in livelihoods in Emergencies

Budget

- The total budget for a 24-month project would be 10,000,000 USD.

F. Calculation of TOTAL REACH

The targeted total reach for the response was estimated excluding double counting, eliminating the estimated beneficiaries in the integrated sectors. In addition, we assume that we will have 15 percent of integration across all sectors, in addition to already adjusted beneficiaries.

7. Monitoring, Evaluation, Accountability and Learning

MEAL will be a central pillar for the emergency response to ensure programme quality and monitoring against the overall goal and strategic objectives. MEAL will remain integrated throughout all phases of the response.

The response will strengthen regular monitoring and basic M&E system track progress for total reach, monitor for double counting, output and outcome levels. Sector MEAL plans for CP, education, livelihoods, health, and WASH will be developed clarifying how indicators will be measured, detailing data sources and collection processes responsible people for collecting, analysing, reporting and using the data. Indicator Performance Trackers and Activity Targets Trackers will be aligned to sector plans and strategy plans. Project specific monitoring and data collection tools will be developed to guide field data collection processes. The in-country MEAL team will lead continuous capacity building of staff in Core Humanitarian Standards, accountability and setting up basic M&E systems to strengthen skills and knowledge on MEAL in Emergencies. Special efforts will be made to ensure the voices of marginalized groups are heard and inform programming.

Sector/programme level QBs will be developed to guide implementation of activities guided by international thematic sector standards and Core Humanitarian Standards. Regular data collection exercises will be done on a monthly and quarterly basis. The MEAL team will lead quality benchmark monitoring on monthly basis, develop and share quality benchmark monitoring performance reports. The response Output Tracker and total reach beneficiary figures from each emergency response location will be reported on monthly basis.

Likewise, another of the approaches that the team will work on will be the strengthening and automating data collection and analysis tools, such as Kobo, Power BI, and other technological tools that allow the quality standards of the information and its availability in real time.

The emergency response will strengthen learning and knowledge management through collection of learnings from regular monitoring, evaluation and accountability to improve programme quality. Learning and reflection meetings will be held on a quarterly basis with project staff and stakeholders to review project outputs performance, generate lessons and identify working approaches for humanitarian response. The response will capture lessons learned and share them at both a regional level and with humanitarian technical working groups. The MEAL team will support on incorporating learning agenda into regular monitoring tools so that decisions can be made by the management accordingly. In addition, sectors will design learning agendas that can link to global thematic learning and common approaches where relevant. The MEAL team will hold debrief meetings with project teams to review QB monitoring performance reports, quality issues on monthly basis.

The response aims to ensure child-focused interventions through regular age and gender appropriate children's consultations to inform the design and monitoring of the activities. This response is committed to strengthen engagement with children and adolescents and use consultations to help identify their needs and priorities to inform programming and advocacy. The emergency response will establish child-friendly complaints and feedback mechanisms in all response locations. Mapping of the existing complaints and feedback mechanisms that the beneficiaries use to request for information or complain will be done in

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all locations to inform accountability improvement plans; the key approaches to be adopted will include dialogue forums and feedback and complaints boxes. Accountability focal points will be identified for each field emergency location to act as the community liaison focal points. The complaints and feedback mechanisms will be integrated with the CSG mechanisms to ensure that MEAL can adequately cope and report CSG concerns. The platform will be employed to capture, track response and utilisation of feedback and complaints raised, and timelines in implementation of actions to improve programmes. Information sharing materials will be developed including project briefs, brochures, posters and banners, and different platforms applied to share information about the project objectives and beneficiary entitlements; this will include CSG informed materials that explain what behaviour children and communities can expect from our staff and partners, that aid is free and where concerns can be reported.

A free dial-in Hotline and mail address are currently available in SCC but is necessary to carry out training sessions both with staff to sure the correct use and response time of these mechanisms. The MEAL department will ensure beneficiaries understand the objectives and how to use this number and will be dealing with all the calls received. Finally, those involved will be trained on how to identify potential SEA and CSG cases and how to conduct safe and rapid referrals.

8. SCC Operational Approach

SCC, a prospect member of SC, has a longstanding presence in the country. Its main programmes and projects are in Education, CP, Child Poverty and Child Rights Governance, and income generation. The country office is located in the capital city of Bogotá, with five offices spread across the territory in the departments of Nariño (Tumaco), Norte de Santander (Ocaña), Valle del Cauca (Cali), La Guajira (Riohacha), and Arauca (Arauca). For the emergency response, SCC currently has a strong operational presence in Arauca and La Guajira; SCC has opened a field office in La Guajira's border city of Maicao.

Each offices is managed by a field manager and staffed with logistics, MEAL, and finance support; HR and media/communications support is provided from Bogotá. As funding becomes available, each individual field team has the capacity to expand to meet increasing needs. The current master budget includes additional staffing positions to support the operational platform for the response in both the field and in Bogotá.

A. Partnership Approach

SCC will continue to work with and through partners in addition to direct implementation while simultaneously developing its own staff capacity, nationalizing staff functions as feasible. In Arauca, La Guajira, and Norte de Santander, SCC will look to expand its relationships with local partners, ramp up capacity building activities, and ensure a phased transition of activities to national/local actors in close coordination with SCC to ensure safe programming over the next 24 months and depending on the level of response needed.

With our increased focus on partnerships and capacity building during the strategic period, SCC will look to empower local partners like Pastoral Social in La Guajira and position them to gradually take over implementation of relevant activities and support functions. The goal is to have capable and highly functioning partners, able to fundraise and implement projects going forward, particularly with early recovery efforts. SCC will simultaneously develop its own staff capacity, nationalizing staff functions as feasible.

Key forums to coordinate with development and peace building actors include the local coordination teams, with mandates to coordinate humanitarian, peace, and development issues, and the GIFMM, which is charged with addressing the Venezuelan migration crisis. The Protection and Education in Emergencies clusters will also serve as platforms for coordination with the UN and government institutions at the national level. Through these spaces, SCC will also coordinate with the UN Verification Mission. Through this project, SCC will strengthen existing relations and look to create new synergies and enhance coordination with new and existing development actors working at the targeted zones, building linkages especially on livelihoods development, psychosocial support, and access to legal assistance and rights, and schooling.

We will continue to coordinate response activities with local development authorities – such as the secretary of the municipal government and specific secretaries such as education, agriculture, and health – to achieve a broader impact in the regions, connecting humanitarian activities – especially protection – to peace building and development activities. Capacity building for

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local institutions will be key for guaranteeing sustainability for enhanced state capacity to conflict-related emergency response.

B. Transition/Exit Strategy

With our increased focus on partnerships and capacity building during the strategic period, SCC will look to empower local partners and position them to gradually take over implementation of relevant activities. The goal is to have capable and highly functioning partners, able to fundraise and implement projects going forward, particularly with early recovery efforts. SCC will simultaneously be developing its own emergency staff capacity; nationalizing staff functions as feasible. At the initial stages of the response, an emergency surge team will be brought in to allow for sufficient capacity building and scale-up. It is anticipated that within 6-12 months, all international positions will be nationalised and integrated into the SCC country office structure.

9. Child Safeguarding

During humanitarian situations, children face tremendous risks to their safety and well-being, and, as with regular programming, the way in which SCC carries out its work can mitigate or exacerbate these risks. Contextual factors – such as rapid recruitment by armed groups, violence, trafficking, and sexual exploitation – and CSG risks including lack of staff experience, remote supervision, insecurity, situational context, supply chain problems, and a rapidly evolving context can and often do lead to various challenges and risks. To mitigate these risks and ensure that minimum CSG standards are met throughout this response, SCC has defined various measures, among them including:

- Ensure that CSG is considered as part of strategic discussions around program design and streamlined across program implementation across all interventions, including logistics, program, and administrative support.
- Ensure that all SCC staff, partner staff, contracted companies, and any other relevant parties receive the necessary comprehensive child safeguarding training and guidance – as well as refreshers on a yearly basis as appropriate – to ensure that all understand and adhere to CSG principles.
- Establish and socialize reporting and accountability mechanisms among both SCC staff and beneficiary communities, especially children.
- Ensure that all CSG should work with all sector leads on a risk assessment and mitigation plan
- Ensure that each response office has a defined CSG focal point.

Human Resources

Due to the number of activities and programming:

- CSG coordinator (national)

10. Cross-Cutting Themes

A. Advocacy

In collaboration with allies UNHRC, ICBF, and the Ombudsman (Defensoría del Pueblo), SCC will create a mechanism of follow up of children rights and the design and plan of the national humanitarian public policy, to make sure children and adolescents' proposals are taken into consideration. This mechanism will ensure that all Venezuelan and host communities' children survive, are protected, and learn long-term solutions for their futures. Advocacy at the international, national, and local level on the need of border/entry protection mechanisms for girls, boys and adolescents' vulnerability with a gender and non-discrimination approach is urgent at will be a key part of the response.

SCC will work in reducing the lack of information, ensuring through our work the information collection and management regarding the situation of children and adolescent. SCC will also draw on existing advocacy and policy work on Children on

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the Move, ensuring that SCC has access to support from MDI and Children on the Move/Advocacy at global level to support the targeting of advocacy messages and policy engagement.

Key Advocacy Points

- Address barriers to accessing education including lack of documentation, understanding of rights and discrimination.
- Advocate and fund an inter-agency child protection rapid assessment to gather representative qualitative and quantitative information (including the number of UASC).
- Advocate for effective cross-border FTR and case management through an effective and safe information management system that promotes the best interest of the child.
- Advocate for access to services regardless of documentation or insurance.
- Through coordination with government authorities (i.e. ICBF and the GoC Ministry of Education), advocate for sector specific legislation and policies.
- The need to invest in the development of a longer-term migrant response, considering the high likelihood this will become the largest protracted migrant crises in the world. Critical to this type of response will be ensuring all migrants have access to key services, such as livelihoods and education, while longer-term solutions to their displacement are found.
- We are calling to the international community to show solidarity, commitment and support.
- Campaign against xenophobia and accomplishment of children's rights
- Campaign with the Scalabrini community working with migrant population in Norte de Santander against the xenophobia with local population.
- Campaigning with the active participation of children and youth raising with their messages and voices take into account by the decision makers about the accomplishment of their rights.
- Our main advocacy demands in the face of the migration crisis are focused on raising the voice about the need of increase the measures for humanitarian support for migrant children from Venezuela (Returning Colombians, Colombo-Venezuelans and Venezuelans), and special care for children, women head of family, pregnant women and families with children and not accompanied children. Advocacy at the national and local level on the need of border/entry protection mechanisms for girls, boys and adolescents' vulnerability with a gender and non-discrimination approach is urgent and will be a key part of the response.

Human Resources

- Advocacy Officer dedicated to the emergency response team to support advocacy initiatives at the international, regional, and national levels.

B. Communications and Media

Strong efforts in communications and media are critical to meet the core objectives of the emergency response strategy by increasing the profile of the response at the national and international levels through consistent key messages and high-quality information products and communications materials. Our messaging – both through our spokespeople, content, media products – will be guided by signed off talking points, red lines and Q&A documents. We will aim to focus our media work on the most pressing child-focused aspects of the crisis, including health and nutrition, child protection, and education.

To this end, the emergency response hired a Humanitarian Communications and Media Manager to report to the Response Team Leader as of January 2019; the role is charged with gathering and elaborating high-quality content to produce all key deliverables prioritized for a Category 2 emergency as outlined below:

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Key deliverables	Prioritised responses	Cat 1	Cat 2	Cat 3	Cat 4
Situation report (sitrep)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Press releases	Mandatory	Mandatory	Mandatory	Default	Optional
Comms pack: key messages, Q&A, & redlines	Mandatory	Mandatory	Mandatory	Default	Optional
Prioritised Response mail snapshot update	Mandatory	Mandatory	No	No	No
External Factsheet	Mandatory	Mandatory	Optional	Optional	Optional
Cost examples	Mandatory	Mandatory	Mandatory	Optional	Optional
Case studies	Mandatory	Mandatory	Mandatory	Optional	Optional
Photos/videos/audio	Mandatory	Mandatory	Mandatory	Optional	Optional
Blogs/vlogs	Mandatory	Mandatory	Mandatory	Optional	Optional
Social media posts	Mandatory	Mandatory	Mandatory	Default	Optional
OneNet response folder created and response information uploaded	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
OneNet response information hub	Mandatory	Mandatory	Default	Optional	Optional
Workplace response group	Mandatory	Mandatory	Default	Optional	Optional
Content shared on Content Hub	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Content shared on Workplace groups	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory

The Humanitarian Communications and Media Manager ensures that all internal and external stakeholders remain informed of contextual developments via regular situation reports and other information products, and have the humanitarian content – like case studies and photos – necessary to drive and sustain strong fundraising initiatives and campaigns; all content gathered by communications staff, as well as any other staff member, will adhere to CSG in Communications guidelines to ensure the protection of children. While these deliverables are developed in English and focused on international markets (including SCI and member humanitarian, communications and media, and fundraising teams), SCC will translate and adapt them for national audiences as appropriate, ensuring that communication and fundraising efforts at national, regional, and international levels are synchronized and effective.

Within the national context, in addition to fundraising initiatives, SCC will also work at the community level, raising awareness and producing communication materials focused on our interventions to sensitize and inform families and communities, as well as cultural inclusion and anti-xenophobia campaigns.

Human Resources

- Humanitarian Communications and Media Manager – hired as of January 2019; SCC should ensure sustained staffing of this position to cover international information, communications, and media needs throughout the duration of the response.
- Additional support in the form of one or more Information and/or Communications Officers etc. may be required as the response scales up.

C. Gender

Colombia remains one of the 10 most violent countries in the world, and violence against women has been a significant and devastating part of the conflict, which continues with the current Venezuela crisis. Traditionally, the family model in the Colombian context has been patriarchal, acquiring conservative characteristics in the rural areas. Forced displacement and humanitarian crises, such as the Venezuelan crisis, operate as sudden events that cause a breakdown of the family group and modification of roles in households, with women assuming a new role of family provider.

Sexual violence against women in Arauca is one of the most exacerbated in the country, and the cases range from abuse in situations of domestic violence to violations perpetrated by members of all armed groups, including crimes of torture and sexual slavery. Understanding this is a cultural issue; SCC will ensure the designing trainings, where boys and girls acquire knowledge and skills around protection, gender equality, rights, respectful relationships, among other topics. Additionally, service providers likely to come into contact with survivors will be strengthened.

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SCC will prioritize women headed households for beneficiaries' selection. Older children, especially girls, take on the mother's household duties, and often must leave school to help with housework and care of younger siblings, or perform work informing them to help with household expenses. For girls, leaving the safe space of school and not having a strong and protective family structure exposes them to dangers of harassment, sexual violence and physical and psychological mistreatment inside and outside their home.

A first action is to carry out a gender analysis/assessment that would identify the different needs of boys, girls, men and women, as well as the barriers each face to access aid. The results of this assessment would allow us to inform how each sector and activity can be gender-sensitive at a minimum, and gender-transformative when possible. At the same time Gender Equality capacity building of all response staff and partners will be included. Finally, SCC will consider recruiting a representative number of men and women to reflect the population. Specific measures will be taken to promote the safety and security of women, as well as LGBTI populations (and men, where needed), to ensure a gender-sensitive lens and decrease barriers to accessing employment with SCC.

11. Coordination

Overall humanitarian coordination in Colombia has had a shared leadership between OCHA, UNHCR, and IOM in the last years for the regular response, mainly focused on internal displacement. However, OCHA is scaling down its presence in Colombia and is likely to leave the country in the coming years. Sector clusters, called in Colombia "tables", have been working for the past years and are active at national level. There are also departmental representations of specific tables, but here the activity is lower and, usually, all sectors are discussed in the general coordination meetings.

With the increase in migration from Venezuela, the GIFMM – led by UNHCR and IOM – was established to coordinate the humanitarian response, with representation at both the national and departmental levels. At the departmental level, the GIFMM has substituted the previous Interagency Border Group, which acted as subgroup of the local coordination teams, which had been managing regular activities prior to the mass influx of migrants from Venezuela. The GIFMM in Colombia is part of the UN-led regional coordination platform to coordinate the migrant crisis in the region.

Local authorities are actively participating in the coordination with the humanitarian community and remain open to collaboration. SCC has continued contacts with the ICBF and the GoC ministries of health and education, both at national and departmental level.

Humanitarian actors in the area include UN agencies, international NGOs, national NGOs, and church organizations. Coordination amongst these humanitarian actors is positive and participation in the GIFMM is regular. Context analysis, multi-sectorial planning and joint advocacy plans are worked in coordination meetings, focusing both migrants and host communities. SCC is an active member of these groups in all three border departments and, in the event of activation, SCC would be expected to take a greater coordination role specifically in regard to CP and education.

Finally, the Puesto Unificado de Mando – or Unified Command Post – comprises local authorities and humanitarian agencies, meeting every eight days to coordinate response activities. This group has presence at the national and departmental levels, and humanitarian agencies are represented by UNHCR and IOM as the GIFMM leads.

12. Safety and Security

Colombia has been in a situation of constant insecurity for the last 50 years. Currently, the most significant armed group in Colombia is the ELN, which has increased its activities since the demobilisation of the FARC, taking control of its abandoned drug trafficking routes. ELN presence along the Colombia-Venezuela border – including in Arauca – is notable, as is the group's incursion into Venezuelan territory. The ELN is exercising social control in some border communities through the delivery of food provided by the Venezuelan government, which corroborates its tolerance for these guerrilla groups.

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Another relevant armed group present at the border is a remnant of the EPL; while the group officially demobilized in 1991, some EPL forces are still exercising territorial control on the border with Norte de Santander, declaring war on the ELN in the department's Catatumbo region in mid-March 2018. At present, fighting continues between these armed groups for control of this region, with approximately 20,000 hectares of coca fields and a large number of cocaine processing laboratories. Other FARC dissident groups – especially along the border between Arauca and Venezuela's Apure State – also present security concerns.

In addition to the pervasive presence of various armed actors, the risk landscape in areas of operation include car accidents; general crime and insecurity (especially robberies and assaults); extortion, kidnapping, terrorism, narcotrafficking, roadblocks and checkpoints; protests and manifestations; and natural disasters. The threat level in Colombia is classified as a Level 3 in Bogotá and a Level 4 in areas outside the capital, including areas of operation.

Security monitoring of all areas and response to potential threats will continue throughout the implementation of the response. For this purpose, SCC has a national Security Officer and has acquired a security service via a partner to monitor the situation in real time to ensure the security of our staff; additionally, SCC is in the process of recruiting a full-time security officer for La Guajira and a half-time security officer in Arauca, as well as an assistant to support the national security officer in Bogotá. SCC is implementing the national Safety and Security plan – which includes guidance on information sharing, training protocols, and guidance on site selection and management, transport and vehicle movements, and incident reporting and follow-up, among other key themes – and plans specific to the emergency response for use by the field offices in Arauca and La Guajira.

Finally, SCC will continue to build on our established relationships within the communities in which we respond to gain continual recognition and acceptance from said communities, as this represents a crucial who are the best allies for the protection of staff, informing of any risk areas.

13. Finance and Funding

A. Funding Target

The overall funding target is 33.4M USD for 2018 / 2020. Total active funding secured stands at 10.7 M USD. It is expected that in the forthcoming months, SCC will receive approximately 13.9 M USD; assuming this funding is received, this leaves a funding gap of over 7 M USD.

A breakdown by thematic area is provided below:

Sector	Secured	Likely	Secured + Likely	Target	Gap
FSL	3.714.779	7.000.000	10.714.779	10.000.000	- 714.779
WASH	933.326	-	933.326	1.500.000	566.674
Health/ Nutrition	1.319.264	-	1.319.264	5.000.000	3.680.736
Education	947.043	-	947.043	5.000.000	4.052.957
Child Protection	1.273.058	2.532.889	3.805.947	4.000.000	194.053
XTC	853.778	-	853.778	1.650.000	796.222

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NTC	1.518.831	1.734.651	3.253.482	6.250.000	2.996.518
Unallocated	209.998	2.642.900	2.852.898		- 2.852.898
Total	10.770.077	13.910.440	24.680.517	33.400.000	8.719.483

Current donors include SC UK, SC Norway, SC US, SC Sweden, SC Denmark, SC Spain, Department of State Bureau of Population, Refugees, and Migration (B/PRM) and USAID's Office of U.S. Foreign Disaster Assistance (OFDA), Ministry Foreign Affairs Netherland, Latter-Day Saints Charities (LDS), among other private donors.

Opportunities are currently being pursued with U.S. Government donor agencies, like the BPRM, OFDA, LDS and ECHO. Target donors for each thematic area are listed below:

	Current Institutional Donors	Target Institutional Donors
Child Protection	BPRM, OFDA, DRA	BPRM, OFDA, UNICEF, ECHO, UNHCR, SIDA, Swiss Funds
Education	BPRM	BPRM, UNICEF, GAC, Swiss Funds, ECHO
FSL	OFDA, MFA Netherland	OFDA, UNHCR, WFP
WASH	MFA Netherland	OFDA, UNHCR
Health and Nutrition		WHO, UNFPA, GAC,

B. Member and Seed Funding Request

SCC is looking to its members and supporters for USD 1.6 million to provide immediate life-saving activities and to scale up this response. This will be utilised to fund a needs assessment, opening operations in Cali and Bogotá to increase our operational footprint. Currently we have a funding gap of 600K in flexible funds.

These critical funds are for the scale-up or to kick start programmatic responses, needs assessments, cover operational costs, leverage further funding and sustain the work that is already underway in all three response sectors, particularly in the critical period before donor funding is secured.

14. Human Resources

Human Resource management is key to the success of the response. This includes having safer recruitment principles, a clear staffing structure with defined roles, recruit the right people on time, provide induction on core policies and procedures and have a transparent communication system. The response structure will be based on SCI's operations led principles and will include a Safety and Security Manager.

The team will initially scale up activities in the three border departments via direct implementation, as there are not many local partners/organisations who are able to respond to the migrant emergency. The response will prioritise bringing in international experts to scale-up the response and continue to build the capacity of the national team. The aim is to have international staff for no more than one year. This is due to the fact that the current national team has not responded to an emergency of this scale. However, they have both the capacity and transferrable skills to gain the required knowledge to lead the response. Furthermore, this is in line with the Grand Bargain and Save the Children's way of working in large scale emergencies. Therefore, the response team will have a larger HR structure at the start of the response to allow for sufficient capacity building and establishing a strong national team.

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In line with organizational principles, a staffing structure will be in place with core, thematic, and non-thematic positions along with specific technical support. Staffing comprises both national and international experts from the SCI Humanitarian Global Register, Save the Children members and other sources, though nationalization of positions will be prioritised. Thematic leads will be involved in setting the strategic direction for the response and proposals design.

A recruitment strategy has been developed and capacity building, mentoring, and knowledge transfer of experienced emergency staff to some key national staff will be important to ensure strong external representation of SCC, as well as high quality technical implementation. This also includes the possibility to coordinate with the Country Office for the deployment of nationals from other projects in the country who could support especially the initial stage of the response and would be learning about emergency activities.

The Country Office has historically had agreements with local universities to include internships for non-essential positions, as strategy that will also be followed by the Emergency Response team.

A thorough induction process will be in place for all new staff hired, which will include SCC background, Code of Conduct, CSG, Core Humanitarian Standards, Sphere Standards, Do No Harm principles, and other key organizational policies. Very robust recruitment process is followed at the Bogotá level to ensure compliance with organizational standards.

15. Logistics

A. Accessing and Programming in Remote Locations

There are 4 main response areas that Save the Children is focusing on: La Guajira, Arauca, Cali, and Bogotá. In each area, there are sizeable towns that can meet most of the logistical needs of the response. However, Maicao is thought to be the main office for the Emergency Response. All areas are easily accessible by roads that are mostly of good quality. Some areas may experience isolated flooding, but this should not affect programming.

All locations are accessible by flight from Bogotá, where most of the strategic supplies are acquired.

SCC currently has already-established offices in Arauca and La Guajira, so new office spaces will need to be rented for the Emergency Response. We will also look to find offices that can provide storage spaces for day-to-day response supplies and rooms that can be used as accommodation for visiting staff.

Communications in rural areas can be poor and the team will monitor the need to procure satellite phones to facilitate communications in the area if we need to work in remote locations.

B. Fleet

SCC will place one owned car in Maicao and one in Arauca. Due to high need for vehicles in the response, it would be most appropriate to set up a rental contract with drivers for each area, either through a national provider or local providers in each area. We will look at contracts with providers that will be able to provide additional cars and drivers should we need to scale up.

Logistics will set up agreements with one or more taxi companies in each location for use within the towns for short journeys.

Companies will have to provide the appropriate paperwork for their drivers and their vehicles and we will do checks to ensure the quality of the vehicles, that there is adequate insurance and all drivers are briefed by the Safety and Security Manager as well as the Logistics Manager and understand and agree to comply with our policies regarding security and CSG.

C. Supply Chain

Supply chain is strong in Colombia – with all response items available on the local market, we will aim to conduct all our procurement within Colombia. SCC adheres to the new Save the Children global procurement procedures.

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To ensure appropriate and timely procurement, proposal leads should involve the Supply Chain team at the design stage to develop procurement plans together and define supply chain requirements. This will help ensure that the supply chain has the required team structure, resources and budget to support and meet program goals and objectives.

The Supply Chain team will put together procurement plans and will work with response teams to devise emergency preparedness planning scenarios and future requirements predictions. The procurement team will continue to conduct market assessments with programmes teams for identified goods. With the information gathered, the team will define the best possible sourcing strategy and will set up framework agreements where possible or enlist preferred suppliers in the suppliers' database in order to cope with the demand. The aim is for procurement activities to achieve maximum efficiency and outputs, purchase correct items, at reasonable cost, in a timely manner. The SCI procurement tracker will be maintained to provide accurate information on Award expenses including purchase orders expense forecast planned for the following month(s).

Procurement will take into consideration projected distribution plans to ensure adequate numbers of items are procured to support the response and ensure that excess stock is not procured, nor do we experience 'stock outs' due to poor planning or forecasting. To ensure cost savings we will look at national suppliers who can supply similar items to all three response areas.

We are exploring gift-in-kind opportunities with various donors that supply school and hygiene kits, although the donations will be dependent on the cost of importation. If received, these kits can complement our Education and Child Protection projects as part of integrated programming.

There are plans to construct latrines and WASH facilities as part of the emergency response, as well as other infrastructure work, mainly related to Education. SCC will work to identify quality contractors, ensuring that they are aware of our rules around child safeguarding, ensuring that children are not employed and safe construction practices are in place, so that construction staff and any children in the area are not put in any danger. If construction takes place, a programme team-member will be required to feed into the contracting and recruitment process as well as in the planning and implementation phases.

D. Warehousing

Bogotá will be the main supplier, from there, we can send stock to smaller day-to-day-activity warehouses in La Guajira and Arauca – or find offices that have storage spaces that we can utilise, or work with other agencies to share storage space.

All supplies that come into and go out of our stores will be recorded on our Total Inventory Management system.

E. Human Resources

- **Logistics Manager** – at national level (100% dedicated to the response), strategic overview of supply chain and oversight of processes
- **Supply chain officers** – manage local procurement and warehouses
- **Warehouse officer** – based in Bogotá, this person will manage the main warehouse and will provide remote support to the other two locations as per need.
- **Others:** daily wage staff may be brought in at key moments to assist with kitting or loading/unloading trucks as required. Depending on the location and the security of the warehouse, a security guard may be required for the warehouse to ensure against theft.

F. Pre-positioned Stock

There is a small amount of pre-positioned stock held in Bogotá that may be drawn down on should there be an unexpected spike in migrants to a project area. Initially, no further prepositioning of stock is foreseen for the Emergency Response.