



INTRODUCTORY SUMMARY

Protection background

Refugees and migrants face a range of protection risks, which is exacerbated for people on the move, particularly for groups considered to be in a vulnerable situation like children, women, LGBTI, people with serious medical conditions or indigenous people, among others. Service providers and Venezuelans themselves reported that there are some border areas controlled by armed groups and gangs, risks of child recruitment, trafficking in persons, and narco-trafficking. People who do not possess documentation (i.e. passports, identity cards, travel authorization), including children, often resort to entering countries through informal crossings, resulting in increased risks. People traveling on foot (commonly known as the “*caminantes*”) and by bus also recounted being at risk or have experienced theft, extortion and sexual harassment and abuse along the way, mainly through their transit in Colombia.

Other protection issues include family separation (both voluntary and involuntary), child labour, survival sex amongst women and girls (including getting married with nationals of the country of asylum/residence to cover basic needs), increased begging, people living on the streets, and lack of documentation which leads to increased risks of exploitation, abuse, detention, among many others.

Unaccompanied children, mainly boys fifteen years and above, have been identified in main crossing points. However, follow up on these individual cases is made difficult by the lack of timely and adequate responses. Situations of labour exploitation of young men have also been reported. The refugee and

migrant population include a visible, but indeterminate, number of young pregnant women and mothers (including teenage girls). Women and girls involved in survival sex needs further attention, especially since stereotypes in host communities of Venezuelan women consider them easier and more attractive options for exploitation. Increased xenophobic and discrimination sentiments towards Venezuelans, including complaints from local restaurants and shops, local authorities, employers, land owners, increase tensions with the host communities, representing in challenged access to rights, services and increased protection risks.

Population trend

Population movement is primarily from Venezuela to Colombia, Ecuador, Peru and Brazil. Of those entering Colombia each month (main entry point Simon Bolivar International Bridge in Cucuta), around 50% will continue to Ecuador and neighboring countries. Those electing to move include people who may travel by public transport, provided that they have valid documentation, and a significant number who travel on foot or by informal transportation, increasing the risks of detention or physical insecurity due to crime and road accidents. In the case of those leaving Colombia, around 80,000 enter Ecuador on a monthly basis, mainly through Rumichaca International Bridge (85%), some stay in Ecuador (approx. 20%) and others continue their journey through the southern border of Huaquillas to Peru.

Profiles of the population were reported to have changed over time with increased vulnerabilities and persons at risk (i.e. serious medical conditions, women and girls, victims of trafficking, GBV survivors, LGBTI, unaccompanied children) and more families on the move, including children and women, compared to single men in previous months. Increasing reports of people returning to Ecuador from Peru were also shared during the mission, including Venezuelans who wish to stay in Ecuador or move back to Colombia. Some Venezuelans were reported going back to Venezuela for Christmas holidays with the intention to return in January with family members that were left behind, including children and older persons.



[Crossing at Simon Bolivar International Bridge, Cucuta – Colombia], December 2018.

Prioritized intervention

Based on the protection situation and with the aim to provide a space for front line support for Venezuelan women, men, girls and boys of diverse backgrounds in transit or residing in countries in the region, the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela has prioritized the Support Spaces initiative as one of its interventions (Support Spaces Concept Note 2018).

The Support Spaces provide standardized services in key locations, in communities and along the routes. It comprises two types of structures:

- 1) **The Support Spaces – *Espacios de Apoyo Integral (EAls)***: as a one stop-shop, ensures the provision of integrated and integral services, with a minimum package of services in place that include: 1) Orientation and information sharing; 2) Safe identification and referrals; 3) Psychological first aid and other immediate services; 4) Restoring family links (RFL); 5) Free phone calls and internet connectivity; 6) Child Friendly Space (CFS).
- 2) **Information and Orientation Points - *Puntos de Apoyo y Orientación (PAOs)***: points which will operate under the umbrella of the Support Spaces are established along the route providing general information and referrals to specialized services. These points do not provide all the services available in the Support Spaces but serve as key information points, static or mobile, linked to the Support Spaces.

PURPOSE OF THE MISSION

From 26th of November to 14th of December 2018, three countries were visited as part of the piloting of the Support Spaces initiative under the Regional Interagency Coordination Platform for Refugees and

Migrants from Venezuela: **Colombia, Ecuador and Peru**. A total of twelve locations were visited in these countries, each one with detailed information regarding the: 1) Existing services and suggested changes; 2) Opportunities; 3) Potential locations for Support Spaces and; 4) Way forward. All in the Annexes attached to this report:

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| Annex 1: Cúcuta, Colombia | Annex 7: Quito, Ecuador |
| Annex 2: La Guajira, Colombia | Annex 8: Guayaquil, Ecuador |
| Annex 3: Arauca, Colombia | Annex 9: Huaquillas, Ecuador |
| Annex 4: Ipiales, Colombia | Annex 10: Lima, Peru |
| Annex 5: Bogota, Colombia | Annex 11: Tacna, Peru |
| Annex 6: Tulcán, Ecuador | Annex 12: Tumbes, Peru |

The mission had the following main objectives:

- Analyse the situation of existing structures in piloting countries that can be identified as “Support Spaces” (*Espacios de Apoyo Integral – EAI*s).
- Identify key locations where these structures may be established.
- Visit some of the services provided by key actors in these locations and see how to work together to articulate the response at the regional level, harmonizing identification and reference tools, among others.
- Explain to national and local platforms the concept of Support Spaces and the work that is to be promoted from the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela with the aim of enhancing coordination and understanding the structure at the national level.
- Understand the specific risks for persons with specific needs, including children at risk, GBV survivors, women and girls at risk, elderly, LGBTI, among others, and the current response, providing recommendations and inputs.

Participants

The mission was coordinated by the Regional Support Spaces members and organized with the National Platforms of Colombia, Ecuador and Peru. The participants included United Nations Organizations at regional, national and local levels, International and National NGOs, local and State authorities, and other key stakeholders. Among some of the participants were Encuentros, HIAS, IOM, Local Governments and institutions, NRC, Plan International, Red Clamor, Red Cross, RET, Save the Children, TECHO, UNFPA, UNHCR, UNICEF, UN WOMEN, and WFP. Focus groups discussions and individual interviews with Venezuelan men, women and children were also conducted in the locations visited.



[Binational Interagency Coordination meeting in Huaquillas-Tumbes] December 2018.

Structures visited

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| ➤ Border entry points (CENAFS/CEBAFS) | ➤ Communal Kitchens |
| ➤ Information and Orientation Points (<i>Puntos de Apoyo y Orientación</i>) | ➤ Health Centres |
| ➤ Interagency Coordination Platforms at national and local level | ➤ Child Friendly Spaces |
| ➤ National institutions | ➤ Ombudsman and legal services |
| ➤ Specialized services | ➤ Red Cross points |
| | ➤ Temporary Shelters/Accommodations |

MAIN FINDINGS

- Interagency coordination structures in place at national and local levels and, structures with potential to align with the Support Spaces methodology and initiative, aiming at improved regional response. Need to strengthen coordination and communication between regional and national platforms.
- Despite the Governments attempt to respond to the situation in the region, their capacities remain limited in some locations. Current resources are not always sufficient to respond to the existing and increasing needs of different population groups at border areas and along the routes. The international community with different expertise is supporting in the emergency, although narrow resources also represent a significant limitation.
- Support from civil society and local networks in place in some locations (i.e. Ecuador) with experience in human mobility.
- Local governments in some areas are implementing innovative and inclusive community-based projects with potential to expansion.
- Need to include cooperation on Support Spaces in the regional and binational coordination. For example, in the latter between humanitarian actors in Peru-Ecuador, Ecuador-Colombia, Peru-Chile, at Centro Binacional/Nacional de Atención Fronteriza –CEBAFs/CENAFs, including public institutions at the borders. Develop guidance for cross border coordination.
- Limited information material, clear referral pathways and response mechanisms. Need to review how information is delivered and updated more systematically across the region, explore innovative means of sharing information, including at transit, destination and at first entry point in order to help refugees and migrants make informed decisions.

RESPONSE SERVICES

In line with the Support Spaces initiative, when not all services are provided within an identified Support Space, referrals have to be made to external actors for their follow up. For that instance and in order to have an overview on the situation of service delivery, below a summary of some points observed during the mission:

Information Services

Information Points are located in Colombia, Ecuador and Peru in different locations: border, town centres, along the road. They are run by the government, local authorities, UN organizations or NGOs and in some locations in partnerships with national actors. For instance, in Colombia, UNHCR runs through partners static and mobile Information and Orientation Points known as PAOs; other information points are run by IOM, Plan International, UNICEF, among others. The Colombian Red Cross has established service points along the walking routes of people on the move. These service points provide information about the route (i.e. distance, elevation, temperature, and risks), as well as individual kits (food, sanitary items, warm clothing, among others).

Information programmes include group discussions on nutritional wellbeing, breastfeeding and child care. Pregnant and lactating women are also provided with supplementary nutritional inputs in some locations. Services are usually delivered at the same site as the Child Friendly Spaces by international organizations and NGOs and coordinated with public Institutions specialized in child protection in each country. Information is disseminated through leaflets, banners, TV screens (limited locations), online systems, WhatsApp and Facebook.

It has been noted that information provided verbally in existing structures sometimes appears to be too general, usually limited to their area of operation, and it could be integrated with further content and complemented by information with a regional scope on the access to rights, services and procedures that are key to assisting people on the move, and those at risk of moving, to make an informed decision.

Shelter and Accommodation

Despite the response of local authorities on shelter for refugees and migrants, in most of the locations the needs are higher than the existing resources. For example, temporary shelter is available in the three countries visited, albeit with limited number of beds/spaces, for short durations and at border areas. In addition to shelters, hotels are also being used as a temporary protective accommodation for

individuals/families in a vulnerable situation (often those at risk of or survivors of GBV and unaccompanied children).

In general, accommodation is provided on the basis of priority, yet on a first-come, first-served basis. Single-parent families, families with children, elderly, and pregnant and lactating women are prioritised. Despite the efforts, in some locations not all persons at risk, including single men at risk, are provided with protective accommodation. Some temporary shelters have strict reception protocols and do not reach their maximum capacity every day. While some high-risk persons may be allowed to remain at the shelter beyond the standard short term stay, there are few mechanisms to support and monitor the situation of those who do leave the shelter. There are also limited services offered for the families that decide to reside in the host countries (long-term solutions).

Food and Nutrition

Communal kitchens have been set-up in several locations, and refugees and migrants are served breakfast and/or lunch. For example in Colombia, the number of individuals served under the World Food Program (WFP) communal kitchen ranges from 200 to 3,000 per day. Similar to temporary shelters/accommodation, single-parents, families with children, elderly, and pregnant and lactating women are prioritised. In some locations, single men may be served if sufficient food is left over. In Cucuta and Maicao, the majority of people receiving food at the communal kitchen are those traveling between the two countries in search of work and access to essential services (Spanish: *pendulares*)¹. In Ecuador, food (i.e. cook meals) is provided by WFP and the Jesuit Service for Refugees (JRS), at entry points, and also as long-term food assistance.

Pregnant and lactating women, and children up to the age of 14 years are provided with nutritional supplements at the Child Friendly Spaces, which double as centres for pregnant and lactating women.

Health Services

Chronic illness, skin problems, diarrhea, respiratory diseases, malnutrition, lack of access to pre/post-natal care, lack of access to contraceptive methods and attention to SGBV survivors, among others, are commonly reported by new arrivals.

Health services are provided by the national health system, some NGOs and the Red Cross are supporting in the delivery of this service and are available at the border and in areas where refugees and migrants are staying. Those coming into Colombia, Ecuador and Peru are also **vaccinated**.

Health services, including pre/post-natal care and HIV treatments in Ecuador are provided in cities and guaranteed for all, without distinction of their nationality or migratory status.

Emergency health care at the national hospitals is accessible to refugees and migrants. However, in Colombia, treatment, medication, other health services, including pre/post-natal care and HIV treatment, are not available to people in an irregular situation through the national health services.

Education

While all children can access education in the three countries, only those with documentation can eventually graduate, and a considerable percentage of children are still out of school due to administrative barriers, lack of space, limited resources to cover transportation, school uniforms or materials, requests for multiple documents and some others due to child labour to help their families.

Protection Services, Including Case Management

While some components of case management services are in place, case management process is limited to identification and referral to the national system. In the case of **child protection**, the national authorities such as the Colombian Family Welfare Institute (*Instituto Colombiano de Bienestar Familiar*, ICBF), the Ecuador's Ministry of Economic and Social Inclusion (*Ministerio de Inclusión Económica y*

¹ According to available data, the ratio between those returning to Venezuela each day those electing not to return is 9:1.

Social, MIES) and the Special Protection Unit (*Unidad de Protección Especial*, UPE) of the Ministry of Women and Vulnerable Populations in Peru are responsible by law to provide case management services for children at risk, including unaccompanied and separated children. All actors identifying children at risk are obliged to refer all cases to these structures.

Unaccompanied children are usually taken into the care of the national authorities, who may place them in a care-home (institutional care) or place them in foster care (when available). In some cases the lack of timely responses to the situation of unaccompanied children, including the lack of best interest assessment and determination, results in losing track of the children, who continue their journey mainly to Peru where they have family or friends.

Restoring Family Links (RFL), communication services are provided by the Red Cross in Ecuador and Colombia and the UPE of the Ministry of Women and Vulnerable Populations in Peru. Service points are located at the borders and in the case of the Red Cross at key locations, including bus terminals and roads used by people on the move.

Child Friendly Spaces have been set up at the borders, bus terminals and in proximity to other service points (temporary shelters, communal kitchens, health centres). These places target children especially between the ages of 5 and 14 years. Most children participating in activities appear to be below the age of 10 years.



[Mural Hogar de Cristo, Guayaquil - Ecuador] December 2018

Areas Requiring Strengthening

- ⇒ **Case Management:** While case management processes are implemented by State institutions to address specific protection situations, the number of people in need of support, surpasses the capacity of response of the national systems. It was observed that case management systems are at different levels in the three countries visited. In some locations, lacking standardized procedures and tools, public policies with no integrated human mobility approach, few resources and technical capacities amongst front-line staff, among others.

Government and non-governmental actors have flagged in numerous occasions the need to develop case management procedures that respond to the needs of people on the move. This includes a systematic identification of specific needs, harmonization of risk level categorizations and targeted support among others.

Despite the efforts, concerns raised by relevant actors include: resources and capacity do not adequately meet the scale of the emergency; weak or delayed follow-up on referred cases; response mechanisms not consistent with the complexity of the risks and needs associated with the emergency; and the lack of feedback on response mechanisms in place. Additionally, contact information and referral pathways for other services are not documented, standardized and agreed through inter-agency processes. SOPs for the management and delivery of services, and definition of roles and responsibilities are not available at most locations.

- ⇒ **Prioritization System:** Although many have developed a prioritization system (i.e. single mothers, families with children, elderly, among others), in some locations it still needs to be documented, standardized and agreed through inter-agency spaces. Some profiles at risk not considered in some emergency assistance should be further reviewed and included.
- ⇒ **Coordination:** Despite coordination structures being set up at most locations, coordination on specific thematic areas such as Child Protection, GBV and Trafficking in Persons is often limited to *ad hoc* collaboration at the point of service delivery. Its enhancement could positively affect the strategic response, common understanding of gaps and needs, joint prioritisation, standardisation of response, and guidance to other sectors/areas of work.

- **Information Management:** Information on persons accessing services is being recorded by all actors at most sites, although the type of information collected varies between organizations. Data collection tools used by service providers should include standardized fields and questions to analyze and compare on continuous basis risks and caseload demographics. Compilation or report generated per site would also contribute to harmonized data collection and comparison across actors.
- **Communication and Information Dissemination:** Useful information is disseminated through short video clips, leaflets, posters, and banners (i.e. information on hygienic practices at some of the Communal Kitchens, and RFL and route information at Red Cross Service Points). Information needs to be adapted to respond to the needs of different population groups, including children, persons with disabilities, indigenous and people with different educational levels.

While **services at the information points** varies between locations according to the different needs of the people visiting these locations, there is an urgent need to standardize some of the services, to map the services in each area and to promote awareness about the service providers in order to ensure refugees and migrants receive the updated and necessary information and counselling they require. **Mobile information services** should be organised in such way to maximize access to people that do not access the existing structures. To this aim, for instance, presence of information point staff at the communal kitchen should be at scheduled times, and situated at a designated space.
- **Available Resources:** Staff and volunteers are very committed and active, despite the reduced number of staff present in some locations and the lack of resources to respond to the increasing needs of refugees and migrants. Increased resources in the number of permanent staff supporting in each location, assistance and capacity development would improve the response provided.

OPPORTUNITIES

- Multiple actors, many with experience in humanitarian emergency response, are operating at the various sites. Services are inter-linked and collaborative (i.e. CEBAFs in Huaquillas and Tumbes have good and similar space to establish a protection circuit).
- The response services at formal border points have the foundational elements for a Support Space. Services at other locations are close to each other and provide the scope for establishing Support Spaces.
- Information points have been established in strategic locations.
- Staff with specialised skills (i.e. health personnel, legal experts, and psychologists), and volunteers drawn from universities are deployed.
- Strong national legal frameworks (particularly on child protection) and specialised national agencies operating at the field level.
- National coordination mechanisms have been established at all locations. Most places have also local coordination structures.
- Good understanding amongst actors of the refugee and migration routes.
- Initiatives ongoing of adapted blue dots strategy in some countries to align to the regional Support Spaces intervention (i.e. UNICEF proposal in Tulcan and Pichincha, Ecuador; UNHCR PAOs in Colombia).



NEXT STEPS – WORKING TOGETHER

- National/local coordination platforms to **define existing or needed structures** (see Annexes attached per location) **to be part of the Support Spaces regional initiative**. Agreed piloting structures to adopt and apply the Support Spaces methodology, including SOPs and tools shared in the Support Spaces toolkit. Prioritize mobile activities through Information and Orientation Points available at key service points (i.e. communal kitchens, temporary shelters).

- ➔ National coordination platforms to **share by March 1st the updated mapping of services and structures per country and at location level** with the Support Spaces Regional Coordination group in order to finalize the regional mapping.
- ➔ **Include the Support Spaces initiative as part of the Protection Working Group at national and local levels.** This includes following up on the interagency coordination and implementation of Support Spaces and PAOs in each of the prioritized locations.
- ➔ Advocate at interagency level, with Governments and key local actors, ensuring confidentiality and data protection, **on the use of a regional database for recording assistance and services to people accessing the Support Spaces.** Recording of data fields (i.e.: age, gender, family-size, specific needs, etc.) and delivery of services will improve the generation of data and statistical reports, analysis, individual follow up, avoid duplication of services and assistance, among others.
- ➔ Ensure **referral mechanisms between Support Spaces and other service providers** and other services (i.e. kitchens and shelters) is in place.
- ➔ Coordinate with the Communications and the Communicating with Communities (CwC) Group to jointly work on the **design of regional information material for the Support Spaces**, including key messages, visibility and tools. Additionally, coordinate with the CwC groups and national platforms to enhance the **outreach and communicating with communities' interventions, targeting people at heightened risk, not accessing Support Spaces or other community structures.**
- ➔ Coordinate with the regional Socioeconomic and Cultural Integration group in order to **enhance the identification and referral of beneficiaries to empowerment and livelihood opportunities and provide information and services regarding socio-economic integration** (i.e. recognition of titles, job opportunities and training courses). All of these initiatives incorporating a gender perspective.
- ➔ **Establish and strengthen coordination between Regional and National Platform Groups on technical areas of response** (i.e. Child Protection, GBV, Trafficking in Persons, etc.) to ensure on-going joint needs assessments and analysis, prioritisation of response, monitoring, and formulating and providing advice to other areas of response (i.e. child protection check-list for communal kitchens, gender audit for safe shelters, etc.).
- ➔ **Promote the identification of resources to enhance the number of specialized staff** at border points and key locations. **Promote the identification of training needs and coordinate capacity development activities** to build and reinforce their skills, especially on integral protection, through on-going training and on-the-job coaching. For instance, coordinate support from regional platform groups (i.e. GBV) in targeted trainings activities (in person and/or sharing tools, etc.).
- ➔ **Strengthen work with community leaders, associations and groups of Venezuelans, volunteers and host communities through outreach and community-based activities** linked to the Support Spaces. Work strongly in the prevention of xenophobia and the interaction between the Support Spaces and the community.
- ➔ **Establish a participation, feedback and complaints mechanism in each Support Space** with the support and in coordination with the CwC platform group. A suggestion box, for instance, should be made available outside each location where services are provided, with the establishment of standard operating procedures for the collection and assessment of feedback.
- ➔ Ensure all persons coming into contact with refugees and migrants in the Support Spaces and other service providers collaborating in this initiative (including guards, kitchen staff) have been trained on, and have read and **signed Codes of Conduct and the Prevention of Sexual Exploitation and Abuse (PSEA).**

Support Spaces Interagency Platform Group, December 2018