SYSTEMATIZATION OF THE INTERAGENCY MISSION PILOT OF R4V PLATFORM TOOLS FOR SEXUAL EXPLOITATION AND ABUSE (SEA) RISK IDENTIFICATION

2022

TOLERANCIA CERO
FRENTE A LA EXPLOTACIÓN, EL ABUSO Y EL ACOSO SEXUAL

GIFMM
GRUPO INTERAGENCIAL SOBRE FLUJOS MIGRATORIOS MIXTOS

R4V
Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

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ACRONYMS

GBV	Gender-Based Violence
GIFMM	Interagency Group for Mixed Migration Flows
IASC	Inter-Agency Standing Committee
ICBF	Colombian Institute of Family Welfare
IOM	International Organization for Migration
NNA	Children and adolescents
PSEA	Protection from Sexual Exploitation and Abuse
PSEA COP	Regional Community of Practice on Protection from Sexual Exploitation and Abuse
R4V	Interagency Coordination Platform for Refugees and Migrants from Venezuela
RCO	Resident Coordinator's Office
RMRP	Regional Refugee and Migrant Response Plan
SEA	Sexual Exploitation and Abuse
TPS	Temporary Protected Status
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Program
UNDSS	United Nations Department of Safety & Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WFP	United Nations Office on Drugs and Crime
WHO/PHO	World Health Organization / Pan American Health Organization

ACKNOWLEDGMENTS

INTRODUCTION

Sexual Exploitation and Abuse (SEA) are acts perpetrated by aid workers or people associated with humanitarian, development, mixed migratory flows and peacekeeping organizations against the people that they are supposed to protect or to whom they provide aid. SEA is a form of gender-based violence (GBV) and as such represents a violation of fundamental human rights. This is why Ensuring protection from SEA is an indispensable element for the aid community to address to secure participation by and accountability to affected people. Gender-responsive humanitarian action must incorporate effective measures for the Protection from SEA (PSEA), in order to safeguard el derecho de las the right of women and girls to receive humanitarian protection and assistance in equality and dignity, and their rights to full and equal participation in humanitarian, development, conflict, and post-conflict settings[1].

SEA perpetrated by humanitarian actors cause harm to those people and communities that they are obliged to assist and protect. This in turn affects the credibility of the organizations that implement the response in these contexts, so it must be ensured that the actors related to R4V, and any other crisis response, abide by the highest standards of personal and professional conduct at all times and particularly in caring for people in need of assistance[2].

In order to guarantee the system's commitment in response to SEA, the IASC has prioritized the acceleration of Protection from Sexual Exploitation and Abuse (PSEA), with a focus on strengthening safe and accessible complaints and feedback mechanisms for communities, in a response focused on victims and survivors and in strengthening accountability[3].

The IASC is the mandated global forum that facilitates coordination among humanitarian actors, articulating United Nations agencies, the Red Cross and Red Crescent, and non-governmental organizations. IASC supports scaling up predictability, accountability and Protection from Sexual Exploitation and Abuse (PSEA) by scaling up the prevention response at the community level.

The IASC upholds the Zero Tolerance policy against SEA. Similarly, the IASC recognizes that despite all the activities and investments made cannot guarantee that SEA cases will not occur. The goal is for all humanitarian actors to fully embrace the principles of PSEA. The IASC considers that SEA situations are the result of many underlying causes such as inequity in power relations, lack of gender equity and hierarchical organizational structures that somehow favor those power relations. The IASC guides and supports changes in the organizational culture that direct actions towards this issue, and it also promotes the improvement of referral systems to prevent perpetrators from remaining in the humanitarian sector.[4] The people responsible for the responses in each place, such as humanitarian coordinators (HCs), humanitarian country teams (HCTs) and –in the case of R4V– platform coordinators at the regional, national (GIFMM in Colombia) and subregional level have a commitment to ensure protection from sexual exploitation and abuse[5].

This is why coordinated actions to advance Protection from Sexual Exploitation and Abuse (PSEA) are a priority for the Regional Platform for Interagency Coordination for Refugees and Migrants (R4V), and it is why they are enshrined in its Regional Refugee and Migrant Response Plan (RMRP).

The R4V response has three key objectives around SEA: 1) that all actors take action to prevent cases of SEA committed by response personnel, 2) that all response actors have and enforce codes of conduct to prevent and respond to cases and suspicions of SEA, 3) that all actors in the response ensure quality and accessible assistance to victims/survivors of SEA[6]. Therefore, it is urgent to have strategies that allow the evaluation of SEA risks in the different response processes, the internal practices of partner organizations and their contexts and humanitarian response processes.

1   United Nations (2022). Preparing a Joint SEA Risk Assessment - Technical Note. https://bit.ly/3awxQe7
2   IASC (2022) IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (PSEAH) 2022–2026. https://psea.interagencystandingcommittee.org/iasc-strategy
3   Technical Note on Pilot SEA Risk Assessment for R4V Colombia. Interagency Mission for the Interagency Methodology Validation Process of SEA Risk Assessment.
4   IASC (2022) IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (PSEAH) 2022–2026. https://psea.interagencystandingcommittee.org/iasc-strategy
5   Ibid.
6   Pilot workshop of the Interagency Assessment Tool for Sexual Exploitation and Abuse (SEA) Risks. PSEA COLOMBIA Task Force - GIFMM Colombia-Regional Coordination Platform R4V. May 20, 2022 [Power Point Presentation]

For the PSEA Community of Practice (COP) of the R4V, it is important to promote prevention and response approaches regarding the issue of SEA at a collective, regional and national level in technical and strategic terms in order to reinforce the capacities of R4V members. For this reason, the COP promotes and supports national and subregional PSEA forums and tries to connect them with each other in order to foster the exchange of knowledge and information, facilitating the supervision of collective achievements and reinforcing the collaboration between organizations and actors to improve response capacity in terms of PSEA. The COP's key objective is to support partners in the development and implementation of coordinated activities to minimize the risk of SEA, as well as to ensure an effective response when SEA situations arise and to increase awareness of SEA[7]. Thus, the COP proposes the implementation of several priority prevention and response activities in PSEA matters for the year 2022.

Concerning prevention, the RMRP proposes:

 1) Conducting SEA risk assessments using the R4V methodology for PSEA for carrying out joint SEA risk assessments that allow for a complete picture of the SEA and response capacities of the various operational locations, so that the appropriate implementations and adjustments of response activities, programs and interventions focused on PSEA can be carried out. 2) Ensuring that all R4V partner organizations have documented policies, strategies and guidelines for the prevention of SEA.   3) Building capacity among the staff of all R4V partners on PSEA. 4) Providing information on PSEA to affected communities, disseminating collective messages of awareness of PSEA; 5) promoting the active participation of the affected communities in the response. In order to achieve this, the RMRP seeks to carry out perception studies on whether the affected communities consider the R4V response safe, relevant and timely[8].

Regarding the response to SEA, the RMRP proposes:

1) Strengthening and monitoring community feedback and complaint mechanisms at inter-institutional and national level, and 2) offering timely and quality assistance to SEA victims and survivors. This is to be achieved through a mapping of services and care routes for the

access and availability of multisectoral services focused on protection against GBV and protection of children, to which SEA victims and survivors can turn. In the event of gaps in the available services, collective advocacy is recommended for the implementation and/or expansion of such services[9].

Based on these priorities, a pilot exercise was developed for the SEA risk identification tools of the R4V platform, which is part of the proposal developed jointly and by consensus among the PSEA Task Force in Colombia[10], UNHCR and IOM co-leaders of the national platform of the Interagency Group on Mixed Migration Flows (GIFMM), GBV Area of Responsibility + GBV Subsector of the GIFMM in Colombia and the Regional PSEA COP of the R4V.

The objective of this document is to present the results obtained in the interagency Pilot Exercise for the SEA Risk Identification Tools carried out in two sequential stages. Firstly, a community pilot exercise was conducted with refugee, migrant and returnee population in the areas of Riohacha and Maicao, located in the department of La Guajira in Colombia. Secondly, a workshop was held with representatives of the GIFMM territorial groups. The intention of these two stages was to carry out an exercise of application and feedback for SEA Risk Identification Tools in order to verify if the proposed methodology offers a clear country panorama of the main SEA risks and the response capacity.

In addition, various recommendations are offered regarding the SEA Risk Identification Tools in connection to the humanitarian response, and to situations and potential SEA risks; as well as recommendations aimed at strengthening the interagency articulation within the GIFMM and the Task Force for the implementation of the Zero Tolerance Policy.

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7   RMRP (2022). Regional Refugee and Migrant Response Plan (RMRP). R4V: Interagency Coordination Platform for Refugees and Migrants from Venezuela

8   Ibid

9   Ibid.

10 Structure under the UNCT has one and is led by the PSEA Coordinator, is co-led by UNICEF and UN Women, and includes the participation of national PSEA focal points from UNHCR, IOM, WFP, UNFPA, UNDSS, UNODC, UNDP, WHO/PAHO in addition to the UN Verification Mission in Colombia, and focal points of the National GIFMM.

PROFESSIONAL TEAMS RESPONSIBLE FOR THE IMPLEMENTATION OF THE EXERCISE:

COP PSEA R4V	IOM UNICEF UNHCR This pilot was funded by IOM
PSEA Task Force	Coordinated and associated UNWOMEN UNICEF IOM UNHCR
UN Territorial Offices, La Guajira	IOM UNICEF UNWOMEN
National GIFMM	Delegated by UNHCR and IOM coordinators
The pilot exercise in La Guajira was articulated with the coordination of the local GIFMM	Local GIFMM (UNHCR Coordinator)

1.1. GENERAL OBJECTIVE

Carrying out a pilot exercise of the R4V tools for the collective identification of sexual exploitation and abuse (SEA) risks in the context of the flows of refugees and migrants from Venezuela in Colombia conducted by the professionals of the Interagency mission, the Regional R4V PSEA COP, the PSEA Task Force in Colombia, the Interagency Group on Mixed Migration Flows (GIFMM), the GBV Responsibility Area, the GBV Subsector of the GIFMM in Colombia.[11]

1.2. SPECIFIC OBJECTIVES

- Review R4V Toolkit[12] for the identification of community SEA risks in Riohacha y Maicao, La Guajira, Colombia, in a participatory manner with the R4V COP, the PSEA Task Force and IOM, UNICEF and ONUM of La Guajira, in order to define its applicability, achieve its incorporation into national platforms and promote its use in risk identification.

- Review the Tool for the identification of collective risks related to the operationalization of the interagency response in a participatory manner with the PSEA Task Force, the national GIFMM delegate, the R4V COP and the local GIFMM.

- Elaborate a technical report that facilitates the analysis of the revised tools and provides the national GIFMM and the PSEA Task Force with information on the risks and risk factors possibly related to SEA found in the pilot exercise conducted in the context of the response to mixed migratory flows in the municipalities of Riohacha and Maicao, located in the department of La Guajira. The report shall also offer perspectives on the SEA risk factors and capacities expressed by the local GIFMM.

- Document the lessons learned and make recommendations on the tools that were implemented during the pilot exercise by the interagency group and consolidate some recommendations related to the complementary information collected that might be associated with risks and risk factors.

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11 The table above lists all the professional teams of the agencies that participated in the implementation of the exercise.
12 Toolkit.

2. KEY CONCEPTS[13]

In this systematization document, some key concepts are taken into account to achieve a better comprehension of the objective of the exercises analyzed and consolidated here.

PSEA (Protection[14] from Sexual Exploitation and Abuse)

It refers to the measures taken by the United Nations (UN) and different governmental and non-governmental organizations to protect vulnerable people and communities from sexual exploitation and abuse by their own staff, including partners and volunteers[15].

Sexual abuse

It is understood as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions[16].

Sexual exploitation

It refers to any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another[17]. Sexual exploitation includes the exchange or attempted exchange of money, goods, services, employment or preferential treatment for sex, sexual favor exchanges, and other forms of degrading and exploitative behavior based on gender. This is because in these situations the person perceives that they have no other option but to accept, which means that there is no clear consent[18].

SEA (Sexual Exploitation and Abuse)

It is a term used to refer to sexual exploitation and abuse perpetrated by response or program staff, whether they be humanitarian, development or peacekeeping staff, against the people whom they are supposed to protect or provide aid. SEA is a form of gender-based violence and as such, it represents a violation of fundamental human rights[19]. Within the framework of R4V, personnel includes any person who works for or represents an R4V partner organization, regardless of whether or not they receive an economic remuneration, and regardless of the type and duration of their contract. These organizations can be United Nations agencies, international and national NGOs, and implementing partners.

Risk

A risk is an uncertain event in the future that, if it happens, would affect the achievement of response objectives[20].

Risk factors

They are considered to be those factors that generate a risk. A risk may have one or more risk factors involved[21].

Vulnerability

Vulnerability, within a migratory context, is defined

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13 Key concepts presented here are defined and detailed from the perspective of the United Nations and within the framework of the Zero Tolerance policy.

14 Although in some parts the meaning of the letter in PSEA is prevention and not protection, the term protection is used in this document following the Bulletin of the Secretary General of the United Nations of October 9, 2003, regarding special protection measures against sexual exploitation and abuse (ST/SGB/2003/13)..

15 Davey, C. & Heaven, L. (2017). PSEA Implementation Quick Reference Handbook. CHS Allianc. https://pseataskforce.org/uploads/tools/1499958998.pdf

16   United Nations (2017). Glossary on Sexual Exploitation and Abuse (2° edition).
    https://psea.interagencystandingcommittee.org/resources/sea-glossary-second-edition-2017

17   Ibid.

18 (ParlAmericas, 2021). ParlAmericas (2021). Preventing Sexual Harassment, Exploitation and Abuse (PSHEA) Policy and Code of Conduct
    https://www.parlamericas.org/uploads/documents/ParlAmericas_PSHEA_Policy_and_Code_of_Conduct_ESP.pdf

19   United Nations (2022). Preparing a Joint SEA Risk Assessment - Technical Note. https://bit.ly/3awxQe7

20 United Nations (2018). Sexual Exploitation and Abuse Risk Management Toolkit.
    https://conduct.unmissions.org/sites/default/files/dpko-dfs_sea_risk_toolkit_28_june_2018_modified.pdf

21   Ibid.

as a limited capacity to avoid, resist, face or recover from violence, exploitation and abuse. The concept of vulnerability can be understood the notion that some people are more susceptible to suffer harm than others, as a result of exposure to some type of risk[22].

Gender-based violence (GBV)

It is defined as any harmful act against a person's will and that is based on gender differences between men and women within a society. Gender-based violence encompasses both actions that cause physical, sexual or mental harm and suffering, as well as threats to commit such actions, coercion and other forms of freedom deprivation[23].

GIFMM

It is the Interagency Group on Mixed Migration Flows which constitutes a space for coordinating the response to the situation of migrants and refugees from Venezuela in Colombia. This group is made up of 77 organizations, which include United Nations agencies, national and international non-governmental organizations and the Red Cross Movement. We work alongside the Colombian government to provide complementary actions in response to the situation of the migrant, returnee, and refugee population, and the host communities[24].

PSEA Task Force

The Task Force for the Prevention of Sexual Exploitation and Abuse (PSEA) was established in 2018 by the UNCT in Colombia with the objective of promoting the Zero Tolerance Policy of the UN Secretary General (ST/SGB/2003/13). It is led by the Office of the Resident Coordinator (OCR), co-led by UNICEF and UN Women and is made up of WFP, UNHCR, IOM, UNDP, UNFPA, UNODC, UNDSS and WHO/PAHO and the Verification Mission. Its objective is to coordinate interagency initiatives that contribute to strengthening the capacities of the UN and its associated implementing humanitarian and development organizations to promote prevention and response actions against sexual exploitation and abuse.

Zero Tolerance Policy

The United Nations policy establishing that sexual exploitation and abuse by United Nations personnel is prohibited and that every transgression will be acted upon[25].

Focal point

It is a person (or in some cases, group of people) designated –within humanitarian, development or peacekeeping organizations– to receive and manage complaints and reports of sexual exploitation and abuse (SEA) cases[26].

Child protection

Child protection is the prevention and response to exploitation, abuse, neglect, harmful practices and violence against girls and boys. Child protection is universal, so it is guaranteed for all children everywhere, from low-income to high-income countries[27].

Humanitarian or aid workers

People who provide protection and assistance to affected and vulnerable communities. They are the people who make up the staff of humanitarian, intergovernmental, non-governmental organizations and partners, which participate in the development of humanitarian programs and projects[28].

Implementing partner (IP)

An implementing partner is an entity to which a UN office or entity has entrusted the implementation of a program and/or project specified in a signed document, along with the assumption of responsibility and accountability for the effective use of resources and the delivery of outputs. Implementing partners may include – but are not limited to - government institutions, inter-governmental organizations, and civil society organizations, including NGOs"[29].

22 Ibid

23 Inter-Agency Standing Committee (IASC) (2016). Best Practice Guide Inter-Agency Community-Based Complaint Mechanisms. . https://publications.iom.int/books/guia-de-mejores-practicas-mecanismos-interinstitucionales-de-denuncia-comunitaria

24 R4V – Interagency Coordination Platform for Refugees and Migrants from Venezuela (not dated). ¿Qué es el GIFMM? https://www.r4v.info/es/colombia

25 United Nations (2017). Glossary on Sexual Exploitation and Abuse (2° edition). https://psea.interagencystandingcommittee.org/resources/sea-glossary-second-edition-2017

26 Davey, C. & Heaven, L. (2017). PSEA Implementation Quick Reference Handbook. CHS Alliance. https://pseataskforce.org/uploads/tools/1499958998.pdf

27 United Nations Children's Fund (UNICEF) (2021). Child Protection Strategy 2021-2030. https://www.unicef.org/media/104416/file/Child-Protection-Strategy-2021.pdf

28 Inter-Agency Standing Committee (IASC) (2016). Best Practice Guide Inter-Agency Community-Based Complaint Mechanisms. https://publications.iom.int/books/guia-de-mejores-practicas-mecanismos-interinstitucionales-de-denuncia-comunitaria

29 United Nations (2018). Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners. https://bit.ly/3OhRjxO

3. METHODOLOGICAL ASPECTS

The PSEA Community of Practice (COP) of the R4V, which is co-led by the Office of the Special Envoy for the Regional Situation of Venezuela of the International Organization for Migration (IOM), and the Regional Offices of the United Nations High Commissioner Organization for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF), aims to guide and technically support the individual and collective efforts of R4V partners to prevent and respond to SEA. This is how an Inter-agency R4V methodology was established for the analysis of SEA risks. This methodology enabled the conduction of a pilot test in La Guajira, department of Colombia, a national review, the results of which have been systematized in the following report[30].

3.1. PILOT EXERCISE STRATEGY

The pilot exercise was divided into two main stages:

1. **Community evaluation of the prioritized location**. A field visit to the department of La Guajira, Colombia was conducted by an interagency team made up of regional, national and local personnel for the collection of information through the implementation of tools consisting of interviews with key actors, and community exercises through the methodology of focus groups with the refugee, migrant and returnee population, which are structured into various activities and observation exercises.

2. **National feedback process**. A guided workshop was conducted for the review of the operational matrix and the analysis of key indicators in all the work related to PSEA, taking into account a collective and national approach with representatives of the groups that make up some local GIFMMs. The workshop took place within the framework of the national training coordinated by the PSEA Task Force[31].

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30 Technical Note for the Risk Assessment of SEA Pilot R4V Colombia. Inter-agency mission for the validation process Inter-agency methodology for the assessment of sexual exploitation and abuse risks..

31 Ibid.

3.2. PILOT EXERCISE TOOLS

A qualitative methodology was used for the pilot exercise of the SEA risk identification tool in communities, conducting focus groups with the migrant, refugee and returnee population and semi-structured individual or group interviews with officials from humanitarian organizations. **A total of 112 people including men, adult women, and adolescents participated in the activities (see Tables 2 and 4).**

Table 1 shows the consolidated activities conducted in this exercise, specifying the context for the collection, the people responsible for it, the exercises carried out, the number of participants and the verifiability indicator to obtain the information. Focus groups included the following exercises:

1. **Identification of services**: The exercise consists of defining a list of situations, as a group, that can be risky for the protection of women [adolescent girls, men, and young people] when accessing some type of assistance. In order to keep the exercise from being long and complex, four services were chosen within which difficulties, risk factors and risks in accessing assistance were identified, namely: food or money vouchers or delivery of kits, health, shelter (which this document will address) and access to the Temporary Protection Statute for Venezuelan Migrants TPSVM (regularization).

2. **Analysis of "Sara's" Case**: The objective of this strategy is to describe the hypothetical story of a woman or an adolescent victim of SEA to the different groups of participants to determine the ways in which the different contexts in which assistance is provided, it might lead to situations of exploitation or abuse for women and girls. The story has a variation in the age of the protagonist according to the group working on the case, therefore, for groups of adolescent boys

and girls, the protagonist is 15 years old, and for groups of adult men and women, the protagonist will be 25 years old. However, for groups of adult men and women, one of the questions regarding the story is to think about what would happen if the protagonist were a teenager.

3. **Community Context Mapping and the narrative related to the mapping**: The objective of community mapping is to detect local knowledge and social perceptions of risk, as well as the perception of safety on a map of the area drawn by the participants themselves. The map should identify significant places for the community, highlight places that are important to people, and specify where people in the community feel safe or unsafe or identify context-related risks.

Additionally, semi-structured interviews were conducted with officials from humanitarian organizations. Although the plan at the beginning was to conduct individual interviews, due to time and logistics, group interviews were also carried out in addition to individual ones. The semi-structured interview had 30 questions, divided into the following sections: a) general information, b) access to basic services, c) safety and protection of women and girls, d) risk mitigation and e) channels and reports. For a more in-depth review of the instruments used for the pilot exercise of the SEA risk identification tool in communities, see the Annexes.

3.3. INFORMATION SISTEMATIZATION AND ANALYSIS

The analysis focused on the audios, the field notes and the photographic record of some of the exercises conducted. The audios were subjected to a categorization and coding process to determine the validity and saturation to carry out the analysis and later integrate that information with the other sources of information collected. The information was analyzed taking into account its quality, and the information that met the requirements was included. The report presents data in accordance to how it was collected and categorized, and its interpretation was

made based on the data provided by the interagency team.

In addition to the above, the ethical conditions inherent to processes such as this, which involve working with people, were taken into account. This is why an informed consent form was included for each of the populations participating in the exercise, which was adjusted prior to carrying it out the pilot exercise.

In addition to taking into account the ethical conditions for conducting the pilot exercise, the

tools[32], underwent some adjustments prior to their implementation. Firstly, in terms of language, some words and expressions were adapted to make them understandable by different groups of participants, and, in terms of context, some of the examples that were included in the pilot exercise were modified[33]. Secondly, avoiding possible risks of causing harm to the population participating in the implementation of the exercises was taken into consideration. This is why the exercises inquired in a general and indirect way about sexual exploitation and abuse by response actors, avoiding the gathering of information about individual experiences or particular cases, due to the sensitive nature of the issue and its approach. This indirect inquiry involves talking about hypothetical cases or simulated situations. It is worth pointing out that the exercises were developed observing the principles of respect, and free and voluntary participation of the participants, and their desire to share their opinions.

It is important to emphasize that the pilot exercise was carried out from an operational perspective, applying already defined tools, which had been applied in other contexts. The pilot exercise managed to collect relevant and useful information that allowed practical conclusions to be drawn. However, it is relevant to take into account some limitations that arose in this particular exercise. These limitations are summarized in the following points: 1) Regarding the characteristics of the context for the field work related to the collection of information, it should be considered that collection sites were not always as comfortable as possible for either the facilitators or the participants. In some cases, the noise interference, the lack of privacy and the high temperatures could somehow influence the collection process. 2) Regarding the identified sample, in some cases the assistance provided was not what was expected, which happens frequently when working the field, and in some groups, the participation was more focused on some actors than on others, which tends to limit the information. 3) In terms of the preparation of the teams prior to the use of the tools, it would have been important to have more time to acquire a greater familiarity with said tools and with the qualitative techniques in managing groups in pilot exercises. 4) Regarding the exercises and their adaptation to the context, it was considered that, although some adjustments were made, these were probably not enough and this gave way to difficulties, which were described by the interagency professional team.

As stated in the objectives, the purpose of this pilot exercise was to review the tools and their applicability in the identification of risks related to SEA in a context such as La Guajira, Colombia. Similarly, the review of the operational matrix and the analysis of key indicators in the PSEA work were carried out by the local GIFMM in a specific session held for that purpose. The review of these tools allowed us to analyze their applicability and feasibility. These analyzes are detailed below and made it possible to derive some recommendations that will be taken into account in the adjustment process. The following are some examples of the application of the activities carried out in the pilot exercise.

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32 The community exercise and the semi-structured interview for civil servants..

33 It must be taken into account that the instruments must have the possibility of having versions in different languages in contexts where populations of different ethnic groups are found.

Exercise #1 – Identification of services

Exercise #2 – Analysis of "Sara's" Case

Exercise #3 - Community Context Mapping

In the second stage, two exercises based on the operational matrix were conducted in the Workshop with the GIFMM teams: 1) identification of the risk categories defined by the tool, 2) categorization of risks based on the tool, and 3) discussion tables with guiding questions.

TABLE 1

Registration of teams, groups, activities and resources of the first day of the pilot exercise in Riohacha, Guajira.

Collection context	Organizations responsible	Group of participants	Exercises conducted	Number of participants
UNHCR Office	UNICEF	Humanitarian Staff	Semi-structured Focus Group	--
UNHCR Office	IOM TASK FORCE	Humanitarian Staff	Semi-structured Interview	1
Pastoral Social	UNHCR UNWOMEN	Adult women	Semi-structured Interview	7
Pastoral Social	IOM TASK FORCE	Adult women	1 and 2	7
Pastoral Social	UNICEF	Humanitarian Staff	Semi-structured Focus Group	--
Espacio Significarte	UNICEF	Adolescent girls	2 and 3	4
Pastoral Social	IOM Guajira	Adult men	2 and 3	3
Espacio Significarte	IOM Guajira	Adolescent boys	1	4
IOM Office	UNHCER UNICEF	Humanitarian Staff (Significarte)	Semi-structured Interview	1
IOM Office	UNHCR UNWOMEN	Humanitarian Staff (Renacer)	Semi-structured Interview	1
Teams Video Call	IOM TASK FORCE	Humanitarian Staff (ACTED)	Semi-structured Interview	1

TABLE 2

Number of participants in the focus groups on the first day of the pilot exercise in Riohacha.

Total participants	25
Adult women	14
Adult men	3
Adolescent girls	4
Adolescent boys	4

Table 2 shows the number of participants on the first day of the pilot exercise in Riohacha, Guajira, for the community exercise tool. This means that the total count of refugees, migrants and returnees who participated in the focus groups of the pilot exercise is presented; not the number of humanitarian officials who participated in individual and group interviews, since that information was unavailable at the time of elaboration of this report.

TABLA 3

Registro de equipos, grupos, actividades y recursos del segundo día del ejercicio piloto en Maicao, Guajira.

Collection context	Organizations responsible	Group of participants	Exercises conducted	Number of participants
La Pista	UNICEF	Adolescent boys	3 and 2	8
La Pista	UNHCR UNWOMEN	Adolescent girls	3 and 2	10
La Pista	UNHCR UNICEF	Adult women	3 and 2	7
La Pista	IOM Guajira	Adult men	3 and 2	9
La Pista	IOM TASK FORCE	Adult women	3 and 2	8
Pastoral Social	UNICEF	Adolescent women	3 and 2	4
Pastoral Social	IOM Guajira	Adult men	2	3
CAI	IOM TASK FORCE	Adult women	1 and 2	11
CAI	UNHCR UNWOMEN	Adult women	3 and 2	14
CAI	UNHCRUNICEF	Adult men	1 and 2	5
Pastoral Social	IOM Guajira	Adult women	1 and 2	8

Table 3 presents the context, the teams responsible, the characteristics of the groups, and the exercises conducted. It is evident that not all groups participated in all the exercises, which   the analysis of the pilot, the number of participants and the verifiability indicators of the exercise of the second day of the pilot exercise in Maicao.

TABLE 4

Number of focus group participants on the second day of the exploratory exercise in Maicao.

Total participants	87
Adult women	48
Adult men	17
Adolescent girls	14
Adolescent boys	8

Table 4 includes the number of participants on the second day in the pilot exercise in Maicao, Guajira. In total, adding the number of refugees, migrants and returnees participating on the first day (see Table 2) and on the second day (see Table 4), a total of 112 people participated.

TABLE 5

Humanitarian personnel from the organizations participating in the pilot exercise

Type of Encounter	Participating Organizations
Semi-structured interview	Pastoral Significarte Renacer 20A
	ACTED
	WFP
	Malteser UNICEF 20A
	Save Children DRC
Focal Group	UNHCR IOM
	FUPAD
	UNICEF
	20A
	Save Children
	DRC
	ACNUR
	OIM
	FUPAD
Total	**13**

4. MAIN FINDINGS

The pilot exercise of the tools for the identification of SEA risks yielded very relevant information regarding to the situation of the refugee, migrant and returnee population and of some possible situations that could constitute risks for SEA cases. More specifically, the first section of the findings describes the results related to the implementation of the community exercises tool and the interviews with officials that were carried out in the municipalities of Riohacha and Maicao in the department of La Guajira in Colombia.

On the one hand, the community pilot exercise made it possible to identify some risks that could be potentially related to SEA, although it is important to clarify that the results have a limited scope in this regard. On the other hand, the pilot exercise yielded additional information on risk factors that can increase the vulnerability of refugee, migrant and returnee populations, some related to services and to the response, but not associated with SEA, as well as context risk factors that are considered structural, which equally affect these populations. In addition to the above, an analysis was conducted focusing on the risk factors that may be related to gender-based violence (GBV) and therefore, to SEA. These results are also the product of community exercises and, largely, of interviews with officials.

The second section of the findings describes and analyzes the results of the review exercise of the operational matrix carried out by the R4V COP and the PSEA Task Force with the delegate of the national GIFMM and the local GIFMM.

4.1. SECTION 1

PILOT EXERCISE FOR THE SEA RISK IDENTIFICATION TOOL REVIEW

A   **Findings on the tool implementation in the pilot exercise for the Identification of SEA Risks in Riohacha and Maicao, Guajira Colombia**

The analyzes of the tool were based on the exercises implemented and on the three "debriefing" sessions with the professionals who carried out the SEA risk identification pilot exercise in the context of the humanitarian response in Riohacha and Maicao. As explained in the methodology, these exercises were conducted by professionals who were in charge of a position related to PSEA in their organization, and who received a training session to review the tools and each of the exercises prior to implementation.

A.1. Regarding the defined tools and exercises

According to the results and the information collected and shared in the joint meetings, there are several that should be taken into account for the development of community exercises to identify risk of an Inter-agency nature.

To improve the development of the exercise, the following should be reviewed: 1) the contents of the exercises, 2) the form and structure of the exercises and 3) the methodology of implementation of the exercises. In view of this, the following must be considered:

Content of the exercises

- Adjust the informed consent format to a simpler version, both in the version for adults and adolescents so refugees, migrants and returnees who will participate in the identification of SEA risks, can fill them out easily.

- Regarding the exercises, it is convenient to review the way in which they are designed so that their formulation is precise enough to facilitate the identification of SEA risks in each of the groups of participants and the information collected facilitates a more specific analysis of said risks and does not include information that is not part of the exercise.

- For the first exercise, which refers to the selection of services and the identification of possible cases of SEA, we propose to modify the instructions and the questions and later, start with a list of the services that participants have accessed and are aware of within their context to facilitate the dynamics of risk identification.

- In the case used (Sara's hypothetical story), we suggest the wording of the questions be reviewed to improve their comprehensibility and to analyze whether participants understand them and help them recognize SEA risk situations.

- The hypothetical story of Sara should be adapted so that the main character can also be a man or a person of diverse sexual orientation to facilitate more identification with the characters. However, the masculinity of the group should also be taken into account if the gender of the protagonist in the story is to be changed. It will not always be appropriate to use a man's story with a group of men. It is recommendable to propose the exercise with both a female protagonist and a male protagonist and compare the answers.

- In the community exercise, it is recommendable that once the general map exercise is carried out, the information can be specified, leading the participants to identify a particular service, such as health services located on the map that could present opportunities for SEA situations to arise.

- It is important to end the session with messages directly related to the Zero Tolerance Policy that enable participants to identify the situations that would be more associated with possible cases or suspicions of SEA the in humanitarian response. Similarly, it is crucial to emphasize the following three key points at the end of the session. 1) If these cases occur, they cannot be tolerated because it is not right for this to happen. Such behavior is prohibited, both for United Nations officials and for implementing partners or anyone who is part of humanitarian assistance and response. Furthermore, these situations simply should not occur. 2) If these situations come up and one of the participants is a victim of such incidents, the victim is not guilty or responsible for what happened. 3) If any of the participants is a victim or knows of a case in her community, it is important that they know that there are ways, that is, mechanisms to report these incidents. For example, there are people designated as PSEA Focal Points to whom victims can report the incident and, in other cases, there are community mailboxes for this purpose. It is important that people from the community ask the different organizations who their corresponding focal points are, as well as the reporting routes available to them.

- For the community exercise it is essential to include some general instructions for the development of the exercise, in order to organize the activities in such a way that they can be more easily understood and so they can reach the objectives of the exercise.

Exercise Form and Structure

Regarding the form and structure of the exercises, it is essential to:

- Strengthen the instructions for implementation to support the entire community exercise.

- Include an icebreaker activity at the beginning of the exercise to build rapport within the group, learn about the participants and achieve the required participation.

- Close each exercise to make better transitions between the activities. Paraphrase and summarize after each exercise to specify the information collected in each group, and emphasize the understanding of the instruction to help the participants to focus on the identification of SEA risks and not on general information.

- Draw key conclusions about why the exercise was conducted and what was achieved in the end.

- Provide the participants with support material on reporting mechanisms and routes at the end of the sessions, as well as with the commitments and principles of the Zero Tolerance Policy.

Exercise Implementation Methodology

- Keep small groups of a maximum of 10 people, but a minimum of 6 to make the group dynamic manageable as recommended before starting this exercise, since this is the methodological standard for the development of this type of exercises.

- Define whether the methodology corresponds to a focus group, since focus groups are methodologically developed based on guiding questionnaires and not on structured exercises. It is essential to review the methodology so that it corresponds to a specific methodological guide and facilitates compliance with the objectives of SEA identification.

- Define a strategy that facilitates childcare for girls and boys 10 years old or younger, in the event that women attend these activities with their sons and daughters.

- Reduce language barriers, since some participants (both men and women) belonging to indigenous communities did not speak Spanish fluently. If these activities are to be carried out in other contexts, the need for translators that facilitate the understanding of the exercise should be considered.

- Adjust the methodology to refugees and migrants in transit, making the exercises and questions more flexible for those refugees and migrants who have been in the country of destination for a short time and who are continuing their migratory trajectory.

- In addition to the above, establish inclusion criteria for the groups of participants in the exercise to achieve better results, taking into account the time they have been in collective accommodation so that the information is reliable. This implies making differentiated groups based on their length of stay in said accommodations since their experiences are different and their perception of such experiences varies with time.

A.2. Regarding the teams in charge of applying the risk identification tool

Regarding the profile of the SEA risk identification implementation teams, it is recommendable to take into account a series of conditions and requirements to achieve the expected results.

- The implementation teams must know about the principles of SEA in depth, as well as about the commitments that the United Nations has to eradicate SEA in humanitarian response contexts. They must also be familiar with the entire regulatory framework of reference and the instruments designed for risk identification.

- They must be trained on group management and preferably on the qualitative methodology for conducting focus groups, in order to achieve the objective of identifying SEA risks, so that groups can focus on the objectives of the exercise itself.

- Apply paraphrasing and summary techniques in each of the exercises to specify the results.

- Observe the completion of diaries and field notes diligently if these are required.

- Have conceptual clarity about risks, risk factors, and access barriers as risk situations, both at a program level and at a sectorial level, in particular.

- Teams should be familiar with the principles of protection and WHO recommendations on ethics and safety for the investigation, documentation and follow-up of sexual violence in crisis situations.[34]

Regarding prior training:

- Have a broader training prior to the implementation of the exercise in the management of tools designed for the SEA risk identification in the particular context. The aim is to make applications more homogeneous, to respond to unified criteria and thus to have comparable results.

- They must conduct an in-depth review of the ethical conditions and United Nations regulations surrounding the ethical issues of fieldwork in similar exercises involving people of different ages in the exercises.

- Have the necessary time availability for the implementation of the SEA risk identification exercise.

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34 https://www.who.int/publications/i/item/9789241595681

A.3. Interviews with officials

- Review the number of questions and the categories included in the interview with officials.

- You must have very precise questions to avoid dispersion of information.

- You must have a very precise introduction to provide a clear understanding of the objective of the exercise.

- Paraphrasing and summaries must be used as tools between categories to be able to analyze the information after the application.

Regarding the tools for the community exercise, the three activities that these exercises include and the interview with officials as detailed in this section, it is important then that they be adjusted taking into account the different aspects mentioned. On the one hand, it is essential for them to be a set of tools (toolkit) that allow for precise information. On the other hand, it must have enough flexibility to be adapted to the different contexts in which its implementation is required.

B	Identification of potential risks related to SEA, and risk factors from the community exercise and the interviews with officials.

B.1. Risks that may be related to SEA

The different possible risks identified in the community exercise can be classified into five categories associated with services: 1) risks related to health services, 2) risks related to food services or deliveries, 3) risks related to accommodation services, 4) risks related to regularization services, and 5) risk related to the child and adolescent protection sector.

B.1.1. Potential risks in sector-specific referrals to services

The identification of risks in communities is more probable through actions conducted at the operational and sectorial levels. In the case of the pilot exercise, an attempt was made focus the analysis on the responses of the participants to Exercise 1 (identification of services) and Exercise 2 (Sara's hypothetical story), as well as from the responses from interviews with officials. However, it is important to clarify that the analysis of the information was quite complex when dealing with the detection of possible SEA risks, according to the information shared by the participants who, in turn, demonstrated very little familiarity with the issue of SEA committed by humanitarian response actors.

B.1.1.1. Information and general access to services

The exercise of identification of services received enabled the identification of some situations that could be potential SEA risks. The first exercise of the tools was to identify services, a task that was not easy for men or women, since apparently according to the information provided by the participants, the lack of information about the services does not facilitate their access to them. Furthermore, in the exercise related to making a list of services, it should be noted that several participants reported not having any information on any service. In the case of the people living in settlements, this may be due to the fact that some of them had been there for a very short time and this might have been reflected in their answers. Nevertheless, the *lack of timely and reliable information about the services they can access, the lack of knowledge about service standards and the expectations regarding the behavior of response*

actors can constitute a significant risk. Even more so due to the expectations regarding the services (i.e. gratuity, standards of respect, and observance of rights, etc.). Being unaware of the services offered to the community and not being clear about how to access them can increase the risk and expose refugees and migrants to risk situations.

For this reason, it is important to highlight that the lack of knowledge and information is an identified barrier to access services, which is considered a crosscutting risk for any service. In all the men, women, and adolescent groups, participants reported not knowing how to access different services. They did not know where to inquire about the delivery of aid, where to receive it, or which international organizations they could turn to for services such as accommodation and food. Perhaps what is most relevant is their lack of information regarding the forms and routes for reporting SEA situations or other improper situations that have to do with humanitarian organizations. This represents a major obstacle for refugees and migrants, since not knowing what services they can access generates a risk that their situation might become even more precarious because of not being able to meet their basic needs.

B.1.1.2. Health

This section analyzed situations that arise in different health services that refugees, migrants and returnees can access. Some of these situations may potentially be related to SEA, but were not identified as such in that exercise. However, it is interesting to analyze the information collected that has allows us to visualize the situation of the refugee, migrant and returnee population that must be taken into account for the response in the region where the community exercise was carried out and potentially other places of operation for the Health sector. In this sector, health is approached comprehensively, divided in three large areas: physical health, mental health, and sexual and reproductive health.

Regarding *physical health*, it can be deduced from the information collected that none of the available health services are easily accessible to refugees and migrants since they are outside the informal settlements where the population is concentrated. This implies that these populations have to travel long distances to access hospitals, clinics or other care centers. This constitutes an access barrier due to the distance and the limitation in the service offer, which is even worst in communities where there is no public transportation. In addition to the above, these populations do not have the financial resources to pay for transportation. However, in some cases there are mobile brigades that provide health services on site, where these populations are located.

On this last point, in one municipality the humanitarian personnel stated that they have a mobile unit available for health care in coordination with different organizations, which travels to the communities. This is without a doubt an advantage since it can eliminate part of the barrier to access the health service. In this sense, some of the participants commented that community leaders sometimes interfere in the service provided by this unit and only allow help to reach those in their immediate circle. This is something that must be documented because these reports pose a risk to women's health, and a violation of the rights of these groups, as well as an indicator of power dynamics that promote SEA risk.

It is relevant to mention that in one of the groups they referred to the case of a woman who had been living in the community for 3 years and had not received health benefits. She was only able to access the service when one of the community leaders helped her and her mother (who was in a delicate health condition) to enter the list for health care. The referred case may imply a potential SEA risk, since people are in need for medical care, the lack of which may put their health, physical and mental integrity, and even their life or the life of a loved one at risk. This could constitute a condition of vulnerability, which an institutional actor may hypothetically take advantage of to request sexual favors in exchange for the service. This is merely an example, since the exercise did not directly identify SEA cases. It is worth clarifying that the objective of the interagency exercise was to conduct a pilot exercise of the tools and not to identify SEA cases.

Furthermore, it was reported that several organizations have supported the processes so that refugees, migrants and returnees are admitted to the health system and can receive adequate care; however, some refugees and migrants who participated in the community exercises mentioned that they were sometimes charged a certain amount of money to access health services. This raises an alert that must be taken into account, since having to pay for a service, such as health, that is supposed to be free for these populations can become a potential

risk for SEA. In the case of the men who participated in the exercise, they perceived that women and children have easier access to health services, as they receive more attention and priority, while they (men) have to wait for a long time for getting attention. Conversely, , some of the women, who expressed difficulties in accessing health services due to the fact of being Venezuelan, mentioned that if they sought assistance in the company of their children, they were more likely access health services. All of the above implies that it is probably necessary to work with health workers in the health system, so that the care offered is based on rights and is free of prejudice and discrimination based on nationality.

Regarding **mental health**, people who work in the humanitarian response stated that there is evidence of a need to address the mental and psychosocial health problems of refugees, migrants and returnees, since such services are very limited for adults, but particularly for girls and boys who need to be heard. It is important to point out that officials also raised this point during interviews, and stated they do not have the necessary resources to offer this type of care, even though it is essential since it is there that people could express different psychosocial and protection needs. The limitation in MHPSS services can be a risk to the well-being of refugees and migrants and is included in this report as one of the findings to consider, since it can constitute a SEA risk.

In reference to **sexual and reproductive health**, in different communities the organizations hold workshops with both women and adolescents girls to address issues such as sexuality, their bodies, and planning. One woman even mentioned there is a service point they can go to (La Pista) to request family planning appointments. However, this work cannot be conducted in every location. Some professionals in humanitarian organizations highlighted a cultural barrier since some communities, especially indigenous communities, prevent women and adolescent girls (but mostly adolescent girls) from accessing sexual and reproductive education services due to their cultural beliefs. This is a relevant issue and it is included in this report since possibly having access to sexual and reproductive health services could be a protection factor against different types of violence. Finally, it is important to mention that despite the fact that there is a care pathway for GBV survivors, which could be used for potential SEA victims; its implementation is not effective enough,

at neither the national nor the local level, particularly for refugee and migrant women and adolescent girls. This has two important effects: 1) it generates a risk related to Objective 3 of the response that refers to providing assistance to survivors; and 2) it could generate an even greater impact on the physical and mental health of the survivor due to the lack of appropriate institutional response.

B.1.1.2.1. Connectivity and access to health services

Another barrier found is the lack of access to connectivity, and to technological means such as mobile phones and the Internet. Some health services started offering telephone assistance (especially since the COVID-19 pandemic) so people could make appointments and receive health care through their cell phone. However, the economic and precarious situation of the vast majority of refugees, migrants and returnees prevented them from having access to a mobile device, limiting their access to these services, among other things.

B.1.1.3. Food Security

In addition to the above, both nutrition services and access to food assistance can become potential risks for the violation of the rights of the refugee, migrant, and returnee population. Several people from the response team who participated in the pilot exercise mentioned that there are some irregularities at POS where refugees, migrants and returnees receive food assistance. It was reported that at POS some people do not receive full rations, which increases their needs in this regard and puts this population at risk. This should be considered an important alert and can potentially be related to SEA, since shopkeepers/officials may trade with refugees and migrants in exchange for food rations.

There are several organizations focused on the delivery of food vouchers, staple food baskets, food services in collective accommodation and multipurpose cash assistance that include food as a basic need to cover. However, several people participating in the community pilot exercise expressed different concerns, difficulties and situations of abuse around access to food. On the one hand, some women stated that sometimes the **amount of food** required is not provided, especially to girls and boys, as not all of them got dinner.

On the other hand, several participants reported deficits in the food rations they thought were inappropriate for pregnant/lactating women or infants. Additionally, it was said that there is a gap in terms of food assistance for children aged 0-5 years, so they must go to the Colombian Institute of Family Welfare (ICBF) and even there assistance is limited. In general terms, this was one of the services found to be in need of attention and improvement.

Abusive practices and abuse of power by some actors was evident when delivering food assistance, especially involving community leaders. In this sense, it is important to emphasize that organizations working in this sector must have precise mechanisms to identify leaders who can be the liaison between organizations and the community, as well as to strengthen delivery supervision strategies. Several participants of the community exercises of the pilot for the tool mentioned that sometimes, community leaders demand money in exchange for putting them down on assistance lists for food vouchers or they demand half their food rations in exchange for putting refugees and migrants in the list. These situations even occurred at locations where assistance was delivered, and although some officials of an organization[35] had become aware of these incidents, they had never reported them. This must be taken into account to prevent situations of SEA risk, since it would be a sign of alarm in the management of community leaders who have links with international organizations.

Both women and men participating in the community exercises stated that the community leaders have considerable influence in the distribution of assistance and have direct contacts with organization officials in charge of the response. When asked if they have reported this situation, they state they have not done so due to their need for this aid and because they at least get **half the rations for their families**. Other reasons for not reporting these incidents are the fear of losing assistance, not being believed, or being stigmatized by people in the community and by organization officials because of identifying a potential SEA situation. Additionally, officials stated that, there are many situations that constitute risks of SEA perpetrated by humanitarian organization officials, implementing partners and/or community leaders in the food and food assistance delivery services.

B.1.1.4. Shelter

Participants in the groups involved in the community exercises of the tool pilot as a whole perceive **collective accommodations** as slightly safer places and as the location where they receive a considerable part of the humanitarian assistance (such as food, health services, information on other benefits, and delivery of kits, among others). In contrast, informal settlements are not perceived as safe places. This is further addressed in the section corresponding to the description of contextual/structural risk factors. Some participating women stated that they feel safe in collective accommodation because their daughters and sons are well and receive assistance. Therefore, they expressed that they could feel unprotected and vulnerable if they had to leave. Several participants commented that organization officials and staff in the different accommodations in which the pilot exercise was conducted, have treated them very well. It is a widely used service, but it also presents some challenges for the response.

Firstly, some women participating in the groups conducted in Maicao identified that the **lack of places available in collective accommodations** (space) they face on many occasions can be considered as a significant barrier to accessing the service, which can become a risk for this population, since they must probably seek informal solutions, even the street. Women who participated in this exercise also said they were concerned about the physical state of collective accommodations. In addition to the above, they mentioned that cohabitation in collective accommodation in Maicao is complex and attention should be paid to this situation. The women in these groups in Maicao recommended greater monitoring since sometimes conflicts arise among the people sheltered there or they put together strangers and this has caused problematic situations, generating fear in the women, especially for the safety of their daughters and sons.

In the case of the men who participated in the groups in Maicao, the conflicts and couple problems that occur within the collective accommodations are emphasized as situations that can deteriorate family relationships. In Riohacha, the main concern of several women participating in the exercise is related to the uncertainty of not knowing how their process is going in the collective accommodation, since

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35 The name of the organization has been omitted for confidentiality reasons.

they are told very little about it, and about what they will do when they have to leave. Another situation that was identified is the eviction from the places where the refugee and migrant population lives, which is accompanied by verbal violence (insults) from property from the community who are mostly Colombian. In the case of women, they are at risk of sexual abuse by people who rent rooms or other individual accommodation and who make proposals of a sexual nature in exchange for allowing them to continue living in their property, which is obviously a form of gender-based violence.

According to the humanitarian actors interviewed, in some centers there is only one caretaker at night who is responsible for a place of collective accommodation with a population of 80 to 150 people, which can generate obstacles for protection and for the surveillance of situations of insecurity and sexual violence that might come up, especially against women. In addition to being a form of GBV, this can constitute a potential SEA risk. In this same line and as a way of contrasting the types of accommodation sites where migrant population take shelter, the actors in the response mentioned that one of the greatest GBV risks are places that mix adults (men and women) with girls, boys and adolescents, such as some settlements where there is insufficient oversight and protection of children. Another risk mentioned has to do with accommodations, which do not include a gender perspective and can become a GBV risk. However, this was not addressed further and must be discussed in more detail in subsequent exercises.

The risk of SEA and GBV situations can occur both in collective accommodations facilitated by response actors, and in informal settlements. This was identified mainly by men, though it should be emphasized that the possible perpetrators of these acts are not necessarily members of organizations. GBV risks in collective accommodation are largely associated with a lack of information, which will be explained further ahead.

B.1.1.5. Protection of Children and Adolescents

Regarding the protection of refugee and migrant children and adolescents, the issue of **collective accommodation and the impossibility of accessing it** (access criteria) were issues that were discussed, and must be taken into account as a protection risk in general. Staff at collective accommodation places

commented that some possible risks have been detected in this regard. It was reported that one of the criteria that must be met for people to be accepted into collective housing is to have spent a maximum of one year in Colombia. However, although there are people who do not meet these criteria, some are still provided with the service, especially single mothers who come with their sons and daughters. Additionally, adolescents are accepted as long as they are accompanied by their family or by their partner of legal age. This can be a risk, since if refugees and migrants do not meet certain criteria, they cannot be provided with accommodation services and must remain and sleep on the street, even if they are families with children and/or adolescents, or unaccompanied children or adolescents.

Another situation that can be considered a protection risk is the case in which unaccompanied boys and girls cannot enter safe spaces for protection until they have authorization from a Family Advocate. In addition to being complex and time-consuming, this process becomes a barrier for the access of these children, and adolescent girls to spaces where they would be protected.

The population of unaccompanied children and adolescents is, according to the information collected, one of the most vulnerable populations, as it is exposed to many situations such as the one just described above. The access of this population to all the necessary services is determined by the case management process that depends on the Colombian Institute of Family Welfare (ICBF), which in some cases takes too long, thus exposing this population to a protection risk. Concerning this, there are two scenarios: 1) Some of these children and adolescents do not want to be under the protection of the ICBF because they are afraid of not being able to work and not having money to send back to their families in their country of origin. 2) Being unable to enter the protection spaces, the other option would be for them to be admitted to an accommodation space. However, this is not possible since accommodations have not been designed with this population in mind.

B.1.1.5.1. Protection of the adolescent population

The information collected from the community and officials indicates that the population of male and female adolescents may be at greater risk than other groups analyzed.

In the perception exercise referring to Sara's hypothetical case,[36] adolescent girls mentioned that one potential risk for a SEA situation to occur could be Sara's **lack of knowledge** regarding the fact that the situation is considered inappropriate behavior on the part of the official. In addition to the above, other risks may be related to limited knowledge about the risks that exist on the street and the lack of information on how to seek support or how and to whom to report the incident. There was a consensus among focus group participants that the aid worker in the hypothetical story was taking advantage of his position of power.

B.1.1.6. Water, sanitation and hygiene

Another point related to the issue of health has to do with hygiene and the delivery of personal hygiene kits to refugee and migrant populations by international organizations. Some women participating in the pilot exercise mentioned that they were only provided with one hygiene kit for the whole family, which meant having to share products such as a toothbrush among all family members. This was probably due to the lack of availability of said elements and was included in this report since it is important for organizations to hear about it, so that a better distribution of this support can be achieved in the response. It can be assumed that the insufficient quantity of these basic items, and more broadly the inability to meet the most basic daily needs, is a factor that exacerbates the risk of SEA.

B.1.1.7. Migration regularization processes

The last service analyzed was the regularization process. When asking the participants from the different groups what their immigration status was and if they were already in the regularization process, some stated that they were, others that they were in the process, waiting for the call to get their papers, and others sated they did not know how to go about the regularization process. Adolescents in particular stated that they did not have the necessary information to be able to regularize their migratory status. The "permit", as many refugees and migrants call it, allows them to access assistance – mainly job opportunities– and services, especially health services. However, several male participants mentioned that some people charge refugees and migrants a fee to register them on the Colombian Migration webpage, to start their process and obtain regular immigration status.

As already mentioned, many refugees and migrants are in a precarious situation, they do not have the money to pay for this type of services, in addition to the little information they have and the non-recognition of their rights means that they cannot access to this regularization process and, consequently, cannot access formal jobs and other benefits that the TPS allows them. Another protection risk has to do with the amount of cases and the slow progress of regularization processes, as well as the lack of economic resources for transportation to the places where regularization procedures are conducted, and the lack of food, since this usually implies long days of waiting to be assisted.

Regarding refugee and migrant women and the regularization process, humanitarian actors mentioned that sometimes women cannot access this process, because their partner does not let them leave or does not provide them with the documents needed for registration[37]. In this sense, the risk of not having access to the regularization process starts with the difficulties to register, since without registration you cannot access assistance. Another risk is connected to getting assistance in the institutions or entities in charge of the process, since situations of xenophobia and discrimination have been reported. In general, given the magnitude of the need to access regularization and the failures in the process to access it, the barriers must be analyzed and managed by the authorities and response actors to prevent cases of SEA.
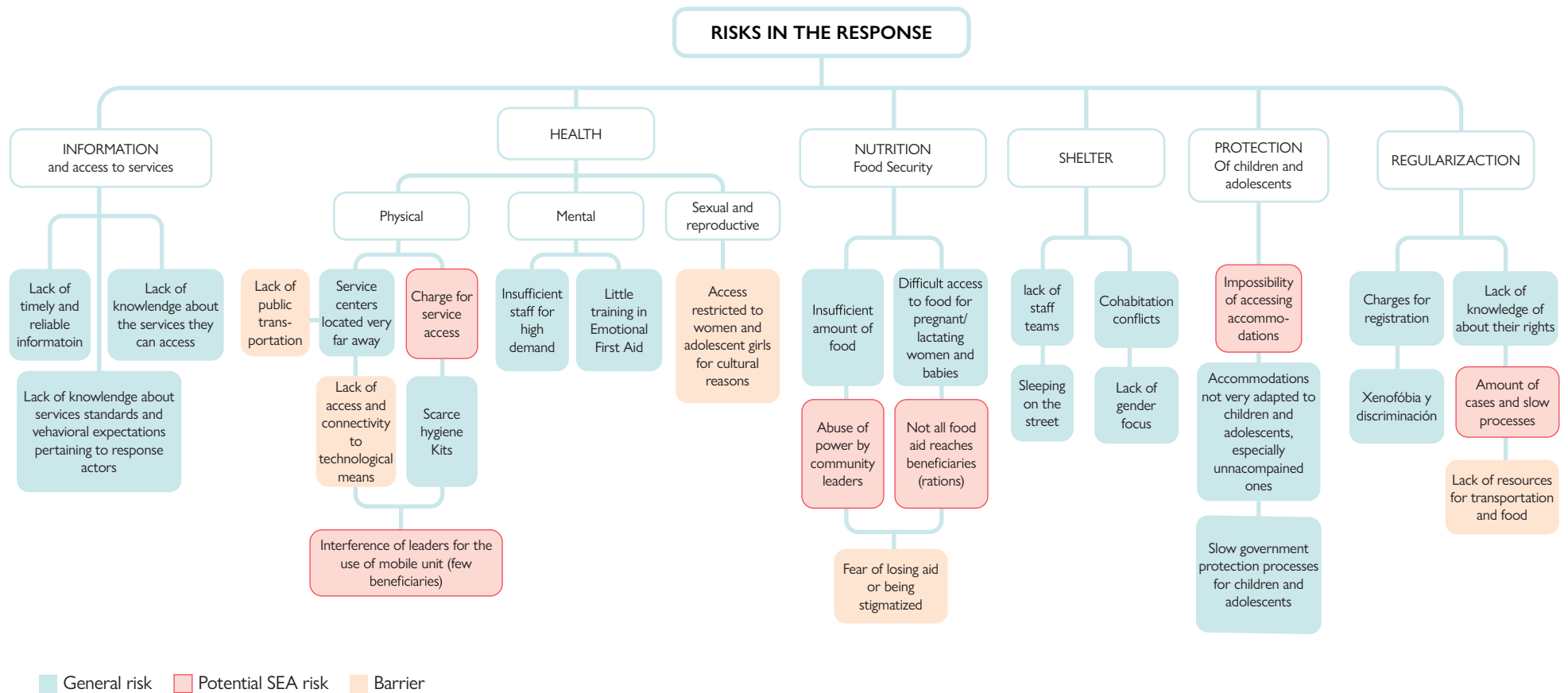
The diagrams in Figure 1 summarize the information on the general risks and some potential SEA risks by sector, in accordance to the sector and the services involved.

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36 Exercise 1, Question 6, in this case the adult question was posed to this group of adolescents, so there is no precision in the analysis.

37 This behavior by the person's partner is considered a form of GBV in the refugee and migrant population and has been documented in the literature (R4V) (2020) Preserving the mental health and psychosocial well-being of migrant GBV survivors and refugees. R4V. Panamá.

FIGURE 1

Possible risks identified in terms of services provided to the migrant, refugee and returnee population

RISKS IN THE RESPONSE

INFORMATION and access to services
- Lack of timely and reliable informatoin
- Lack of knowlendge about the services they can access
- Lack of knowledge about services standards and vehavioral expectations pertaining to response actors

HEALTH

Physical
- Lack of public trans-portation
- Service centers located very far away
- Charge for service access
- Lack of access and connectivity to technological means
- Scarce hygiene Kits
- Interference of leaders for the use of mobile unit (few beneficiaries)

Mental
- Insufficient staff for high demand
- Little training in Emotional First Aid

Sexual and reproductive
- Access restricted to women and adolescent girls for cultural reasons

NUTRITION Food Security
- Insufficient amount of food
- Difficult access to food for pregnant/ lactating women and babies
- Abuse of power by community leaders
- Not all food aid reaches beneficiaries (rations)
- Fear of losing aid or being stigmatized

SHELTER
- lack of staff teams
- Cohabitation conflicts
- Sleeping on the street
- Lack of gender focus

PROTECTION Of children and adolescents
- Impossibility of accessing accommo-dations
- Accommodations not very adapted to children and adolescents, especially unnacompained ones
- Slow government protection processes for children and adolescents

REGULARIZACTION
- Charges for registration
- Lack of knowledge of about their rights
- Xenofóbia y discriminación
- Amount of cases and slow processes
- Lack of resources for transportation and food

Legend:
- General risk
- Potential SEA risk
- Barrier

Source: Elaborated by the author.

29

B.2. General Risk Factors

B.2.1. B.2.1. Structural risk factors[38]

Various context-related risks were identified through the mapping exercise, in focus groups, and in semi-structured interviews. Regarding structural risks, specifically those related to the **physical context**, adolescent girls reported that most of the houses they live in are made with **deficient materials** (poly-shade mesh), which may increase the insecurity of the housing. In addition to the above, another risk to the security and stability of the population are the floods caused by rains in the area. This is because family houses are not built with resistant materials, as it was mentioned before, generating the constant risk of being left homeless without a place to spend the night or to even physically displace to places where they might find assistance. This undoubtedly generates instability and insecurity.

Five risks that threaten people's safety, well-being, and cohabitation were detected for all groups both in Riohacha and in Maicao. These were: 1) overcrowding at informal settlements (mentioned in Maicao, particularly during the mapping exercise 2) constant theft 3) the lack of public lighting on the roads or roads in poor condition 4) lack of drinkable water, and 5) high incidence of psychoactive substance consumption on soccer fields, in schools and on the street in general. Regarding the deficit of the water service, it was reported accessing this basic need implies that people have to move to places far from their homes. This is highly risky situation, according to the men participating in the groups. It is even more dangerous for women when they must access this service.

Regarding risk factors of a social nature, **situations of violence** in areas where the refugee, migrant, returnee population live within the host community occur quite frequently. This can be heard in the comments from the participants regarding the situations of insecurity this population faces in the studied area.

Despite these situations of insecurity, both participating men and the actors in the response state that although this problem has been raised with the authorities, there is not enough police presence, particularly in settlement areas. In some groups, it was mentioned that people have been exposed to extreme situations of violence

in addition to the problems of cohabitation amongst refugees and migrants and the host community. Adolescents in particular stated that confrontations characterized by acts of physical violence occur, and there is psychological violence against women in printed media, which is a manifestation of **gender-based violence**. These conditions also evidence patterns of **discrimination, exclusion and xenophobia** on the part of the host communities in the country of destination.

Another risk identified by the adolescents in Maicao is the **presence of illegal armed groups**. Women reported that some relatives were victims of these groups. Similarly, male adolescents reported the occurrence of forced recruitment as a great risk for them.

Regarding risks to children and adolescents, the men say that many children **cannot attend school** because the school is too far away and there is no adult to accompany them, so families did not wish to expose them to the risk of becoming **victims of theft or kidnapping**. It has been possible to guarantee that many girls and adolescent girls have spaces for education through humanitarian organizations. However, despite the fact that some children and adolescents have been able to enter the educational system, they have been rejected after a while for not having the necessary uniform or books, disregarding their precarious situation. Apparently, in addition to the above, the learning process and rhythm of refugee and migrant children are factors, which have not been taken into account in comparison with Colombian children who have been in regular schooling. This is why there is a high rate of child desertion among refugee and migrant children. Thus, there is no complete guarantee of access to education for refugee, migrant and returnee children and adolescents. On the one hand, there is an important gap in terms of the pedagogical model, which must be flexible in order to engage children under 14 years of age who, due to their age, do not meet the requirement of the level at which they should be integrated with respect to the national educational system, and those who do not meet the requirement should be offered academic leveling. On the other hand, it has been reported that in some cases if the child or adolescent does not have complete documentation, they can be denied access to an educational institution, or they might be offered a service that does not comply with the necessary

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38 The risks listed here refer to certain structural risks more directly linked to the context related to the population with which we worked. This is the reason why the context is a more descriptive and broad category in this particular case.

safeguards, which does not correspond to national regulations or current immigration policy.

Another point of concern related to children and adolescents in the **education sector** has to do with the fact that access to education is limited due to xenophobia and discrimination on the part of school principals and coordinators. Another risk factor mentioned involves the reports of children being used in several locations (besides Riohacha and Maicao) for panhandling. One of the men groups reported the practice of 'renting out' children for 150 thousand pesos.

From the perspective of humanitarian actors who have access to informal settlements, it was mentioned that it is necessary to strengthen the **protection work** done by de ICBF, given the mention of cases use of children and adolescents used for panhandling, sexual exploitation and child labor. It seems that the protection measures in this regard are neither sufficient

nor do they have the necessary effect to guarantee protection. Thus, it is essential to sensitize the migrant and host community populations about the rights of children and adolescents to guarantee their protection in Colombian territory. Similarly, it is urgent to monitor unaccompanied children more rigorously to guarantee their protection. This is to say that State protection actions must constitute a factor of protection and prevention of violations of the rights of children and adolescents.

Several professionals from humanitarian organizations stated that refugees and migrants suffer xenophobia and discrimination from people in the destination country, but especially from public officials.

Figure 2 is a diagram that summarizes the structural risk factors that were mentioned in the exercise.

FIGURE 2
Structural Risk Factors identified from the general context
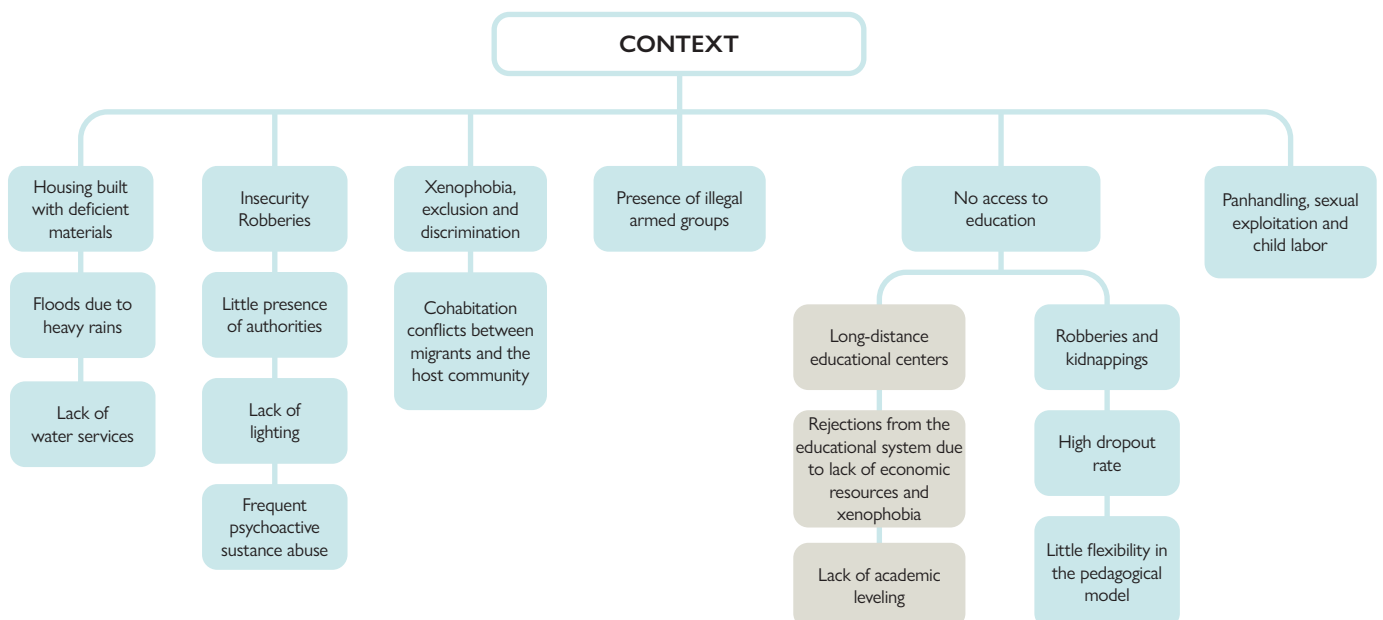
Source: Elaborated by the author.

B.2.2. General risk and vulnerability factors found in the pilot exercise for refugees and migrants

The results on risk factors refer mostly to the exercise of the hypothetical case of Sara, which allowed adult women, adult men, and adolescent girls and boys in all the focus groups to identify some risk factors, particularly for women and adolescent girls facing possible situations of exploitation and sexual abuse (SEA).

One of the main risk factors identified is Sara's **situation of economic need**. Her possibilities and opportunities are limited and she may be forced to accept the request of the humanitarian organization official in order to meet her basic needs and those of her children (especially food, since it is emphasized that in this exercise the participants only related it to food). This must be considered since the economic situation is a risk factor that can become a potential SEA risk. Likewise, both adult and adolescent women and adult men mentioned that the fact that Sara was alone, without her partner and **without a support network** in the country, could be considered as a factor that put her at even greater risk.

One of the groups of adult men commented that, from their perspective, the distribution of vouchers, kits and assistance are mainly aimed at women, children and adolescents. Therefore, **age** and **gender** can be considered risk factors as adult men may be less exposed. It should be noted that, although all the groups participating in the exercises stated that women are at greater risk of being exposed to an SEA situation perpetrated by humanitarian officials, none ruled out the possibility that men could also be victims.

Adult men and women participating in the community exercises perceived that adolescent girls might be at greater SEA risk than adult women might, when they referred to Sara's story in the exercise. For some women, adolescent girls do not have the clarity to understand the situation and defend themselves. They believe adolescent girls can be more easily deceived and can be convinced by offers of other types of goods such as food, money, clothes, expensive phones and makeovers. Likewise, the psychological impact of the situation would be much more serious, since it is assumed that adolescent girls do not have the same psychological tools adults have to deal with the situation. Adolescent girls themselves recognize that some of them may be at high risk because they saw this as "normal" due to the role that the official has. Thus, for some participants in community exercises, few adolescent girls have the information and tools to recognize and identify inappropriate behavior by humanitarian officials as a problem.

Another finding that is worth highlighting is that the group of adult men mentioned that women and children may be at greater risk since –according to the men– women and children are **less capable of facing a situation of risk, and less capable of physically defending themselves. They are also perceived as having weaker decision-making skills and may have less information**.[39] This previous point was also brought up by some groups of adult women, who corroborated that they in fact perceive they have less physical capacity to face such a situation, and this may be a risk factor. That is, they have less physical strength to face a mugging, or a situation of sexual violence.

As a different source of information, key GIFMM actors mentioned some other risk factors for women and adolescents such as **low educational level, lack of knowledge about body care, difficulty setting limits and identifying signs of danger**. These factors constitute high risks for women and adolescent girls since there is a lack of access to information about: 1) the places where they can receive help; 2) how to report possible SEA situations or who to contact in case they come up; 3) possible SEA situations in the context of humanitarian aid operations and actors, since several women and adolescent girls fail to recognize or identify the behaviors which might become sexual exploitation and abuse, and that they can happen to them; and 4) not being clear about their rights and how might be violated in an SEA situation.

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39   Men Focus Group from La Pista.

FIGURE 3.

General risk factors and vulnerabilities identified in the refugee and migrant population

Source: Elaborated by the author based on the information collected.

Figure 3 illustrates the different risk factors found in the analysis of the pilot exercise. While this was not the objective of the exercise in and of itself, these results allow us to see the link between each of these factors and the way they constitute risks and vulnerabilities amongst the participating refugee and migrant population.

B.2.3. Context Risk Factors related to Gender-Based Violence found in the pilot exercise in a complementary way

The information collected in the different groups and exercises accounts for the presence of gender-based violence and those situations that are considered risk factors in these populations. Women, adolescent girls and girls are more exposed to threats of different kinds and are at greater risk, unlike men and male adolescents.

Women and girls are more exposed to sexual violence in places that do not have sufficient lighting and are conducive to this type of crime, as mentioned by various groups. The women in the groups in Maicao reported that there have been cases of sexual violence and disappearances of women and adolescent girls, especially when the informal settlement did not have the capacity it currently has. It was reported that when there were open and empty spaces in the area, criminals took this as an opportunity to commit robberies and rapes. As the place has become more populated, these crimes have been reduced.

Women, men, and adolescents from Riohacha and Maicao expressed that women, adolescent girls, and girls are victims of street harassment on a recurring basis. In fact, adolescents in Maicao mentioned that women and adolescent girls try not to walk near a store that sells miscellaneous products[40] at night because they were usually harassed. Adolescent girls in Riohacha identified a barbershop in the area as an unsafe place for them because they consider it a very masculine space where they are at risk of being harassed if they walk by.

In groups of men, they were asked why women are at greater risk of violence, especially sexual violence. The response from one group was that women are alone, without the company of a partner (referring to a male partner) and that is why they are less protected. One of the participants recounted the experience of her sentimental partner who went to ask for financial support from the mayor's office in Riohacha and an official proposed and insisted that she had to have sexual relations with him in order to access help. However, men may also encounter this type of situation, since all the participants in the groups stated that men can be victims/survivors of SEA situations. In a discussion with a group of men, a participant in Maicao recounted

an event where a woman from the community offered him two bags of clothes in exchange for sexual favors. This confirms that the situation of vulnerability caused by the migratory condition is a risk factor for SEA and for GBV in different contexts and by different actors.

In Riohacha there is a "Safe House", a space dedicated to survivors of gender-based violence (GBV) and sexual violence, and even to survivors of human trafficking. It has been identified that the majority of survivors of gender-based violence are young women (between the ages of 18 and 30) and that they have already survived another type of violence (such as sexual violence) when they become migrants. The humanitarian organization professionals have identified three important barriers to providing care for women who have been victims of GBV. 1) The first is the lack of access to technological means, more specifically access to a mobile phone that allows for the management and follow-up of GBV cases. 2) The second barrier is related to social gender norms that are reflected in sexist attitudes on the part of public officials who are in charge of receiving GBV cases. The gender focus focal points at mayor's offices need to strengthen their technical capacity to carry out an adequate job and this, added to sexist attitudes, interferes in the provision of care to victims of GBV, generating even more distrust among the women regarding institutionality. 3) The third barrier has to do with the cultural conceptions of indigenous communities. Some professionals from humanitarian organizations stated that the indigenous jurisdiction has created challenges and barriers in the provision of psychosocial support for GBV victims and for child protection due to the fact that decision-making, including the decision to allow the involvement of humanitarian organizations in the community, falls primarily to men.

Regarding the LGBTIQ+ population, there has not been a significant adaptation of services in terms of sexual diversity, which is why many trans women cannot access services or their process is more complex, which evidences an enormous gap in the adequate response. Professionals even stated that there have been cases of discrimination against the LGBTIQ+ refugee and migrant population, especially by law enforcement personnel and public officials. Similarly, care routes for the LGBTIQ+ population are not well known and those that do exist are not as effective.

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40   The name of the establishment has been omitted for confidentiality purposes.

Finally, it is important to highlight that during group exercises, no SEA risks were identified by officials of humanitarian organizations directly in the pilot exercise. During the exercise, the participants referred in general to their current living conditions and the risk factors that increase their vulnerability, and all the risk factors that can expose them to SEA. The vast majority of the participants agreed that SEA in the humanitarian context could occur for various reasons such as the lack of information about SEA, assistance dependency and many other factors.

It is relevant to emphasize that SEA is a form of GBV committed by a particular actor, and to the extent that GBV committed by different actors is present in these contexts, it increases the risk of SEA. Gender-based violence is naturalized given the influence of social gender norms in these cultural contexts, where it is hard to identify the exercises of power that characterize the different forms of GBV, for this reason it is necessary to develop actions to sensitize women and girls facing these situations so that they can be alert and can report them and ask for the necessary help. It is also important to pay special attention to the most vulnerable groups such as the refugee and migrant population. Additionally, it is important to take into account that the lack of accurate information people have regarding access to GBV routes is a barrier to an effective response to SEA cases. These routes must be strengthened and specified for cases of SEA. It should be considered that these results and analyzes respond to a pilot exercise of the tool for SEA identification and all this information is complementary to the general results.

However, as it was already mentioned, this was a pilot exercise for SEA risk identification tools. Figure 4 below shows some of the risk factors associated with GBV resulting from the analysis of context risk factors.

FIGURE 4

Risk factors identified in the context related to gender-based violence (GBV).
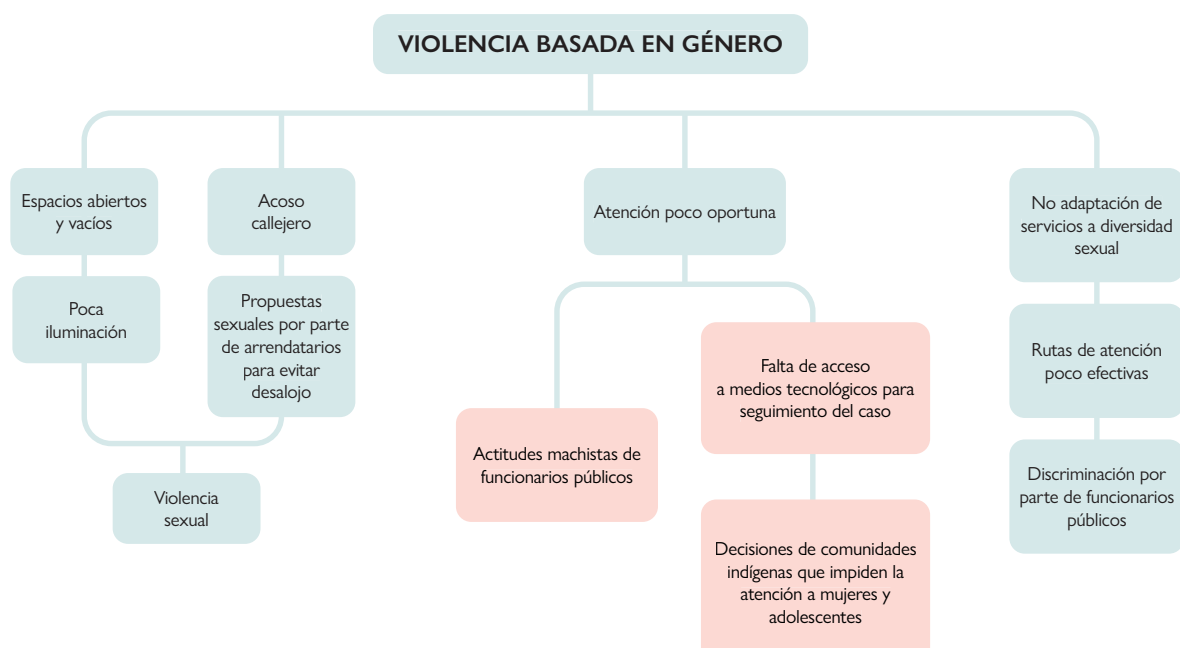
Source: Elaborated by author.

4.2. SECTION 2

INTERAGENCY WORKSHOP – LOCAL GIFMMS

This section describes some of the consolidated results of the Interagency Workshop with the participation of local GIFMMS professionals held on May 20, 2022. The workshop is part of the proposal developed jointly and agreed upon between the Regional PSEA COP of the R4V, the PSEA Task Force in Colombia,[41] the UNHCR and IOM co-leaders of the national platform of the Interagency Group on Mixed Migratory Flows (GIFMM), the GBV Area of Responsibility + GBV Subsector of the GIFMM in Colombia.

The purpose of this workshop was to have national feedback on the processes and the current status of PSEA in the Colombian context, to collectively identify risk factors, capacities and gaps, lessons learned and good practices that can be shared and replicated in other countries, while taking into account the advances that the country has had in this matter. The workshop was based on a structured management methodology and was focused on the analysis of key indicators in PSEA work from a national perspective with people who are part of the local GIFMM. This workshop was developed within the framework of a national training coordinated by the PSEA Task Force.

General Objective of the Workshop

Carry out a pilot test of the SEA risk assessment tool of the R4V platform with professionals who are members of the Local GIFMM, which allows generating recommendations regarding the instrument and its application.

Specific Objectives of the Workshop

- Carry out a characterization by the local GIFMM of the operational context in which the response and operations aimed at refugees and migrants are implemented.

- Categorize the risks shown by the R4V operational risk identification tool in a participatory manner with the professionals of the local GIFMMs.

- Review the methodological tool used, which will be adjusted according to the observations and recommendations stemming from this activity.

- Consolidate general recommendations regarding the pilot exercise for the SEA risk identification tools.

- Gather the perspectives of territorial GIFMMs actors on key aspects related to PSEA risks and capacities included in the tool.

Workshop Methodology

The workshop was developed from several methodological exercises such as: 1) Identification of risks related to contexts and operations, 2) Categorization of risk factors related to context and operations 3) Plenary Collective identification of risks related to operational context, and 4) round tables with guiding questions.

Participants

Table 6 shows the different territorial GIFMMs participating in the interagency workshop with whom it was possible to do the exercise. In addition to the above, the representatives of the interagency group participated, along with the representatives of the organizations that make up this body and facilitated the PSEA Task Force for Colombia and the Regional PSEA COP of the R4V.

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41 Structure under the UNCT, has one and is led by the PSEA Coordinator, is co-led by UNICEF and UN Women, and has the participation of national PSEA Focal Points from UNHCR, IOM, WFP, UNFPA, UNDSS, UNODC, UNDP , WHO/PAHO in addition to the UN Verification Mission in Colombia, and Focal Points of the National GIFMM.

TABLE 6
GIFMM participants attending the Workshop

Local GIFMM	City
GIFMM Nariño	Pasto
GIFMM Caribe	Cartagena
GIFMM Arauca	Arauca
GIFMM Norte de Santander	Cucuta
GIFMM Santander	Bucaramanga
GIFMM Bogotá	Bogota
GIFMM Valle del Cauca	Cali
GIFMM Cesar	Valledupar

A   Results of the exercises carried out

The main results of each of the exercises are presented below.

Exercise #1

The objective of the first exercise was for each of the participants to identify the characteristics of the operational context in which they work, through a walk in which each department/local GIFMM defines which risk categories previously defined in the tool apply to their territorial reality. The tables below show the data systematized by category and the departments that recognized the characteristics of their operating context.

TABLE 7
Operational level environment types and GIFMMS placed in the environment

Operational environment type	GIFMMs located in the environment	Total GIFMMs	Percentage
Emergency	8	8	100%
New conflict / generalized violence	7	8	87.5%
New influx of refugees and migrants	8	8	100%
Post-conflict	6	8	75%
Prolonged conflict	7	8	87.5%

Table 7 shows that most of the departments recognize the emergency context as their operational environment, with 8 out of 8 participating departments recognizing it as their environment. It is interesting to see how some territories share the five categories, such as Nariño, Valle del Cauca and Norte de Santander, while other territories such as Bogota share two types of environment. These results are interesting since it is essential to take this into account for the SEA risks identification according to the environments in which the operation is carried out.

TABLE 8
Response location type and GIFMMS placed in the environment

Response location type	GIFMMs that have a response in the location	Total GIFMMs	Percentage
Urban	8	8	100%
Rural	6	8	75%
Collective accommodation / settlements / camps	8	8	100%

In the case of the location of the operation, 8 departments carry out operations at the urban level, while 6 do so at the rural level. All territories have actions in Collective Accommodations / Settlements / Camps. This is interesting considering the results of the exercise in La Guajira, which showed that SEA risks increase significantly in these spaces.

TABLE 9
Response modalities and GIFMMS placed in the environment

Response modalities	GIFMMs in which the modality is executed	Total GIFMMs	Percentage
Joint work - combination of directly implementing UN agencies, INGOs and national/local organizations	8	8	100%
Cash / Vouchers	8	8	100%
In-kind assistance	8	8	100%
Remote delivery	1	8	12.5%
Only through implementing partners	5	8	62.5%

Regarding response modalities, the results show interesting data for the participating territories. The exercise identified 6 out of 8 participating territories where operations are run jointly – a combination of directly implementing UN agencies, NGOs and national/local organizations. The modality of cash/vouchers is present in the 8 territories, and is a modality, which must be highly supervised since it could be an opportunity for SEA cases to occur, and this must be included in some of the SEA risk identification exercises in order to prevent these situations or take mitigation measures. Regarding the delivery of in-kind assistance, again 8 territories recognized the contexts and identified the categories as such in the exercise.

Regarding the remote delivery category, only one territory identified it. It is not clear if it is because it does not occur in other territories or because the category was not understood in relation to the exercise. The modality of operation only through implementing partners is very important in this analysis. It was identified in 5 out of the 8 territories participating. It is important to ensure the level of awareness these implementing partners have regarding SEA and if they are clear about reporting routes and mechanisms since, as seen in the results with communities, this is completely unknown despite the efforts organizations have made in this regard.

TABLE 10

Type of active programming and GIFMMS placed in the environment

Active programming type	GIFMMs in which the programming is executed	Total GIFMMs	Percentage
Health	8	8	100%
Education	6	8	75%
GBV	7	8	87.5%
Child Protection	7	8	87.5%
Integration	7	8	87.5%
Governance	4	8	50%
Nutrition	6	8	75%
Shelter	7	8	87.5%
Non-food items / Cash Transfers	7	8	87.5%
Humanitarian Transport	8	8	100%
Protection	8	8	100%

Regarding active programming, the data from the exercise show that Health, Protection and Humanitarian Transport are conducted in 8 territories. Programmatic actions related to GBV, Child Protection, Integration, Shelters, Non-food items (NFI's) and Monetary Transfers are offered in 7 territories, while Education and Nutrition actions are present in 6 territories, and Governance actions only in 4. These data show that there are apparently categories that are not exclusive and can be confused at the time of categorization, and this should be reviewed.

Exercise # 2

The objective of this exercise is for the participants to identify and categorize each of the risks that are presented in the tool according to what they experience in their territory by identifying and categorizing with colored flags and identifying and categorizing other risks related to each category that are not contemplated within the tool. The risk rating is classified as shown in the following box:

Green flag: **low risk level**	Yellow flag: **moderate risk level**	Red flag: **high risk level**

TABLE 11

Type of operating environment and level of risk

Operating environment type	Risk categorization			Total number of GIFMMs located in the environment	High risk percentage
	Low	**Moderate**	**High**		
Emergency	--	--	7	8	87.5%
New conflict / widespread violence	--	--	7	7	100%
New influx of refugees and migrants	1	1	6	8	75%
Post-conflict	2	--	4	6	66.6%
Prolonged conflict	1	--	5	7	71.4%

Regarding the operating environments, emergency contexts, and the new conflict/generalized violence, all departments are considered of high risk for SEA. For settings with a new influx of refugees and migrants, prolonged conflict, and post-conflict, the high risk percentage is between 65-75%, which shows a significant risk. Thus, for the majority of GIFMMS participating in the exercise, all operating environments represent a high risk for SEA situations.

TABLE 12

Response location type and risk level

Response location type	Risk categorization			Total number of GIFMMs located in the environment	High risk percentage
	Low	**Moderate**	**High**		
Urban	4	--	3	8	37.5%
Rural	1	--	4	6	66.6%
Collective accommodation / settlements / camps	--	--	7	8	87.5%

Regarding the risk rating for urban and rural environments, urban locations show fewer high risk ratings and more low risk ratings, compared to the other categories. However, some territories did not qualify. Rural and collective accommodation/settlements/camps show the highest qualifications for high risk.

TABLE 13

Response modality and risk level

Response modalities	Risk categorization			Total number of GIFMMs located in the environment	High risk percentage
	Low	**Moderate**	**High**		
Joint work - combination of directly implementing UN agencies, INGOs and national/local organizations	4	1	3	8	37.5%
Cash / Vouchers	2	--	6	8	75%
In-kind assistance	4	--	4	8	50%
Remote delivery	1	--	--	1	0%
Only through implementing partners	1	--	4	5	80%

Regarding response modalities, results show that the modality only through implementing partners is the one with the highest risk percentage, with 80%. However, only 5 out of 8 GIFMMs present in the exercise are running this modality. On the other hand, in the cash/voucher modality, 6 out of 8 GIFMMs identified it as a high risk modality. The modalities of Joint work and Remote Delivery are shown as low risk. In the case of the Joint work modality, 4 out of 8 territories identified it as low risk. In the case of remote delivery, this modality is only implemented in one territory and is identified as being of low risk.

TABLE 14

Tipo de programación activa y el nivel de riesgo

Active programming type	Risk categorization			Total GIFMMs in which the programming is implemented	High risk percentage
	Low	Moderate	High		
Health	3	2	3	8	37.5%
Education	2	1	1	6	16.6%
GBV	2	1	4	7	57.1%
Child protection	3	--	4	7	57.1%
Integration	4	--	3	7	42.8%
Governance	3	--	1	4	25%
Nutrition	5	1	--	6	0%
Shelter	--	--	6	7	85.7%
Non-food items / Cash transfers	1	--	5	7	71.4%
Humanitarian transport	2	1	5	8	62.5%
Protection	4	2	2	8	25%

Regarding active programming, the data from the exercise show that the categories of shelter and non-food items/monetary transfers have a high risk of SEA. The categories that represent a high risk, but to a lesser extent than the previous ones, are humanitarian transport (with 62.5%), GBV and child protection (both with 57.1%). In the area of health, the risks are classified proportionally between high, moderate and low. On the other hand, the categories in which low risk has a higher percentage over moderate and high risk are education, integration, governance, nutrition and protection. In the case of nutrition, 5 out of 6 of the territories in which this programming is carried out, identified it as very low risk.

Matching analysis

A matching analysis was carried out, comparing the results obtained in the interagency workshop with the different local GIFMMs, and the matrix of the R4V tool for the identification of operational risks, in which the risk levels of the categories that make up the operational risk factors can be evidenced (i.e. type of operating environment, type of operating locations, response modalities, and type of active programming).

Thus, the risk categorization column of Tables 11 to 14 was taken into account to classify the high, moderate and low levels of risk for the coincidence analysis. For example, if the Emergency category according to operating environment type was identified as high risk by 7 of the 8 participating GIFMMs identified it as high risk, then this is assumed as high risk for the matching analysis. On the other hand, if the category of Joint work according to response modality was identified by 4 out of 8 local GIFMMs as low risk, by 1 as moderate risk and by 3 as high risk, this is described in the matching analysis as low risk. Finally, if the child protection category according to active programming type is classified as low risk by 3 GIFMMs and as high risk by another 4, a moderate risk is established for the matching analysis since there is no clear response to demonstrate that either level of risk is more significant than another.

TABLE 15

Comparison of risk levels between the matrix of the tool for the identification of R4V operational risks and the results obtained in the interagency workshop with local GIFMMs according to the type of operating environment

Operating Environment Type		
Results of the risk identification tool of the R4V Matrix		**Results of the risk identification tool of the Interagency Workshop**
🟥 Emergency		🟥 Emergency
🟥 Influx of refugees and migrants		🟥 Influx of refugees and migrants
🟥 New conflict / generalized violence		🟥 New conflict
🟨 Prolonged conflict		🟥 Prolonged conflict
🟥 Post-conflict		🟨 Post-conflict

The results obtained in the Inter-agency Workshop (see Table 15) are similar to those evidenced in the R4V matrix on the tool for the identification of SEA operational risks, since 4 of the 5 categories in the R4V Matrix were identified as high risk, and only that of prolonged conflict was classified as high risk. Similarly, the groups of local GIFMMs identified 4 of the 5 categories as high risk, but it was post-conflict that was categorized as high risk while the R4V matrix qualifies prolonged conflict as moderate.

TABLE 16

Comparison of risk levels between the matrix of the R4V tool for the identification of operational risks and the results obtained in the interagency workshop with local GIFMMs according to the type of location of the response

Response Location Type		
Results of the risk identification tool of the R4V Matrix		**Results of the risk identification tool of the Interagency Workshop**
🟨 Urban		🟨 Urban
🟥 Rural		🟥 Rural
🟥 Collective accommodation / Settlements / camps		🟥 Collective accommodation / Settlements / camps

What the Interagency workshop found is in line with the R4V matrix where living in rural areas and collective accommodation/settlements/camps represents a high risk factor for SEA situations; while living in an urban location was identified as being a medium risk.

TABLE 17

Comparison of risk levels between the matrix of the R4V tool for the identification of operational risks and the results obtained in the interagency workshop with local GIFMMs according to response modalities

Response Modalities	
Results of the risk identification tool of the R4V Matrix	**Results of the risk identification tool of the Interagency Workshop**
🟥 Joint work - combination of directly implementing UN agencies, INGOs and national/local organizations	🟦 Joint work - combination of directly implementing UN agencies, INGOs and national/local organizations
🟥 Cash / Vouchers	🟥 Cash / Vouchers
🟥 In-kind assistance	🟨 In-kind assistance
🟨 Remote delivery	🟦 Remote delivery
🟨 Only through implementing partners	🟥 Only through implementing partners

Comparing these results with the R4V matrix shows some differences. Firstly, the factors listed as high risk are Joint work, Cash / Vouchers and In-kind assistance; while in the exercise with local GIFMMs, out of these 3 categories, only the Cash modality stands out as high risk. Similarly, in the R4V matrix modalities of assistance Only through implementing partners and Remote delivery are seen as being a moderate risk, unlike the exercise with local GIFMMs in the country where, for some groups, the Only through implementing partners modality represents a high risk, and Remote delivery is only identified by one territory as being low risk.

TABLE 18

Comparison of risk levels between the R4V matrix of the tool for the identification of operational risks and the results obtained in the interagency workshop with local GIFMMs according to active programming type

Active Programming Type		
Results of the risk identification tool of the R4V Matrix		**Results of the risk identification tool of the Interagency Workshop**

Results of the risk identification tool of the R4V Matrix	Results of the risk identification tool of the Interagency Workshop
Health	Health
Education	Education
GBV	GBV
Child Protection	Child Protection
Integration	Integration
Governance	Governance
Nutrition	Nutrition
Shelter	Shelter
Non-food items/ Cash transfers	Non-food items/ Cash transfers
Humanitarian transport	Humanitarian transport
Protection	Protection

The results in Table 18 differ in part from what is stated in the R4V matrix, since the majority of the categories were classified as high risk factors (8 out of 11), except for Child Protection, Shelter and Protection, which were considered to present moderate risk. Thus, no type of programming is viewed as low risk within the R4V matrix; while, in the exercise with local GIFMMs, 5 low risk categories were identified, mainly highlighting nutrition.

Once the previous exercise was completed, an attempt was made to reach a consensus regarding the probabilities using a Yes or a No in response to the qualifications derived from the local GIFMM groups. It is important to clarify that, although some GIFMMs agreed on the identification of some risk factors as high, moderate or low during the exercise, the representatives of the GIFMMs stated that it was not possible to reach an agreement or consensus on the qualification at the national level regarding the identification of risk in all the categories presented. Some people even expressed that it was difficult to reach a total consensus within the same local GIFMMs, especially in the Yes or No categorization exercise, since there are a diversity of factors in each region, and part of the tool's methodology is based on an agreement to mark categories as False or True, thus making it difficult to integrate and unify the responses of the local GIFMMs. Therefore, this exercise raises the need to provide clear instructions to achieve said consensus.

B Feedback on the instrument

The results for Exercise 1 were visualized in a plenary session through Power BI.

The purpose of this exercise was to review the tool to carry out the classification and categorization of operating conditions and the SEA risk factors these might represent. In this regard, the following are some findings worth taking into account:

- It is necessary to have the definitions for each of the categories previously specified and operationalized handy for the participants. It is necessary to adapt these definitions to the context in which the tool will be applied.

- It is essential to review the categories referring to the Active Programming Type, because apparently some are included within others or some programs include several actions, which makes the classification difficult, since they are not mutually exclusive categories. This is the case of Child Protection, Protection and GBV –and, in some cases, monetary transfers– but the information was not discussed further during the group discussion.

- It is essential to have an instruction manual and a prior training exercise in order to implement the tool for those in charge of applying it and filling out this risk matrix.

- Additionally, it is necessary to define the profile of the people who will fill out this tool to obtain the most accurate results. For example, many of the people who attended did not consider that they had all the necessary information to be able to classify or categorize activities in terms of risk level. Therefore, it is suggested that all members of a local GIFMM complete the tool.

- Additionally, as initially contemplated in the matrix, it is mentioned that part of this information can be obtained from other existing information platforms, so it would be pertinent to cross-reference this tool with others to validate the resulting information and have an integrated identification (this would probably not apply to all RMRP countries, especially at the territorial level).

C Results of the roundtable discussions

The objective of this exercise was to analyze a series of situations associated with the structures and collective capacities for PSEA in the territories, as well as how they worked at this level within the GIFMM and what was the approach taken at the local level.

Three roundtable discussions were held on the subject of PSEA and its approach within the GIFMM. The departments of Norte de Santander, Bogotá, Cesar, Valle del Cauca, Santander, Costa Caribe, Nariño and Arauca participated in the discussions.

Results by table and questions

ROUNTABLES #1 AND #2

The first question for roundtables one and two was focused on training, awareness and/or training efforts that PSEA staff have received under the GIFMM response.

- At table one, Norte de Santander recognized that the organizations that are part of the gender subgroup promote the PSEA policy through activities that were established in the annual planning of the subgroup, as mentioned in this round of table 1.

- In Bogota, the PSEA issue for professionals is in fact so new, that they have not received any exercise or training focused on PSEA.

- In Valle del Cauca, the intention was to hold interagency workshops. However, the COVID-19 pandemic caused changes in the priorities of the GIFMM. An initiative of creating a network of PSEA focal points in the department came up, but difficulties arose that prevented this initiative from being consolidated.

- In Valle del Cauca there have been SEA training spaces for officials and security personnel from the mayor's office; however, it was noted that there was no knowledge about the actions of other agencies regarding PSEA in the area.

The second question was focused on carrying out training, awareness and training exercises by the GIFMM.

- Norte de Santander, Costa Caribe, Bogota, Cesar and Santander states that no training focused on PSEA has been conducted. Everyone agrees that there is a need for more clarity and coordination of the initiatives that seek to address PSEA, as well as more mobilization and commitment on the part of all the actors involved.

The third question intended to guide a reflection regarding the activities that the GIFMM has carried out to guarantee that all personnel at different levels know, understand and take ownership of the obligations related to PSEA.

- For Norte de Santander and the Caribbean Coast there was no coordination between the different international humanitarian organizations and government institutions in charge of the response and attention to the migrant, returnee and refugee population; and coordination was required in the inter-agency response, as well as in the service and reporting routes. Norte de Santander expressed concern about some actions by government institution officials that may pose a SEA risk for migrants and refugees who are cared for in accommodation centers.

- Bogota stated that various implementing partners had complaint and reporting mechanisms enabled for an effective response to cases that arise.

- In the territories of Cesar and Arauca, there are spaces for the socialization of the PSEA issue.

- Both in Cesar and Santander there is still no person designated as a PSEA and protection focal point.

- In Valle del Cauca there have been SEA training spaces for officials and security personnel from the

mayor's office; however, it was noted that there was no knowledge about the actions of other agencies regarding PSEA in the area.

The fourth question was about the materials available for a general orientation as GIFMM and for the dissemination of PSEA.

- In Norte de Santander and Valle del Cauca this material was not collectively available.

- In Cesar and Bogotá, workshops have been held to disseminate information related to the activities of the GIFMM and PSEA.

The last question for Tables 1 and 2 was how response personnel were identified.

- There were elements for the identification of personnel such as t-shirts, vests and caps in all territories. However, an ID card is an element that is rarely used or visible to the population, which for all territories is a risk in terms of the identification of professionals in SEA cases.

- It was mentioned that professionals did not always make a clear and complete presentation to the population about who they were, what organization they worked for and what their objective or function was.

With table two, additional questions were asked about the complaint mechanisms for communities in cases of SEA.

- No differentiation was made between departments, since the answers were similar. It was mentioned that there were complaint mechanisms within the organizations, but that there were neither mechanisms nor dissemination at an Inter-agency level.

- Apparently, there was no articulation between the organizations, nor any joint work that allows for progress on the issue.

Another question asked was whether communities could access complaint mechanisms and if these were adapted to this sort of complaints.

- The usual answer was that the adult population could access these mechanisms, but when they were illiterate, there were difficulties reading, understanding and communicating complaints.

- There were several places where the mechanisms were not adapted to children and adolescents.

- There were barriers for refugees and migrants, since some technological means required access to mobile phones and the internet, which is a form of access this population did not have.

The fifth question dealt with the communication pieces and monitoring the understanding of the message to the community.

- It was stated that the elaboration process of the communication pieces was unknown and that there was no standardized design within the GIFMM for the development of such pieces.

- The lack of inter-agency articulation was mentioned regarding the dissemination of communication pieces for the community. There was a series of materials, but many of these were not easy to understand and did not reach the population with the appropriate message. It was evident that each organization had its own material, which confuses the population, because most of them are messages that were not very understandable, were not focused on the target population and were not culturally sensitive.

FIGURE 5

Examples of communication pieces found during field activities

ROUNTABLE #3

The first question was related to the articulation of services and the response of the GIFMM with institutional level routes in cases of GBV.

- It was stated that Nariño had the task of presenting a GBV service and GIFMM GBV response mapping so that institutional articulation and more concrete actions could be achieved.

- In Valle del Cauca, more specifically in Cali, there was a supply of services in all sectors and the response was aimed at people accessing the institutional route. In case of barriers, organizations supported people to overcome them, especially in matters of protection

and justice. In other places like Buenaventura where the offer was very limited, the GIFMM intervened more extensively in the provision of services and care.

- In Bogotá, there were internal routes with each of the implementing partners, but there were no articulated routes at the institutional level due to the lack of a sense of appropriation and the scarcely effective response of the institutions, who always derived work to the organizations.

- In Norte de Santander, it was stated that the local GIFMM was assuming the entire burden for GBV response to GBV cases, since the State reported having no budget and there was no evidence of genuine interest on the part of institutions in providing adequate care.

- On the Caribbean Coast, there were doubts about how care was carried out on health routes and, although efforts had been made to articulate with local sectors, both the institutional and GIFMM response was limited and insufficient.

- In Cesar, there was no referring of SEA cases and it was generally difficult for municipalities to activate the response routes. The issue was not expanded at the table, so it is unknown if the fact that there have been no SEA cases addressed has to do with the fact that no SEA cases have been reported.

- In Arauca and Santander, both service mapping and route identification for their activation were carried out.

The second question had to do with access to care routes for SEA victims and how to guarantee their access.

- Nariño mentioned a particular case where a victim went to the prosecutor's office to file a complaint regarding a SEA situation by an official of an organization. However, the institution's response was that this situation was not considered a crime. In view of this experience, the question arose as to how far the intervention and accompaniment of the PSEA professionals from the agencies to which victims resort to can go in overcoming the institutional barrier.

- For Valle del Cauca, the question was focused on each territory having a mapping of the different services and responses available for SEA cases. In addition, the need to have an exclusive budget for SEA that allows covering things such as accommodation, transportation and health care for victims must be taken into account.

- According to Bogota, Norte de Santander and the Caribbean Coast, in order to guarantee access to care routes for SEA victims, it is important to strengthen the institution in terms of awareness, training and personnel providing comprehensive care for victims, in addition to strengthening the visibility of the routes and their activation.

- For Santander and Cesar, it should be noted that the actions of the GIFMM must be complementary to the institutional response.

The third and final question inquired about the effectiveness of the GIFMM response in mitigating the SEA risks that arise.

- The consensus between Valle del Cauca, Nariño, Cesar and Bogota is that the institutional offer did not have the capacity to respond to SEA cases and there was a lack of knowledge and awareness in each GIFMM.

- Bogotá, Arauca and Santander stated that the actions of the routes were reactive, but they were not focused on the discussion and prevention of risks and on the follow-up of the cases.

Table 19 summarizes the main findings of this exercise that allow for the analysis of the needs in the response and the actions that the GIFMM should consider in order to obtain better results.

TABLE 19
Main conclusions of the roundtables

Roundtable	Topic	• Main Conclusions
Mesa 1 y 2	Capacity building, awareness and/ or training received within the framework of the GIFMM	• It was acknowledged that the gender subgroups of Norte de Santander have carried out PSEA promotion activities. • It is necessary to have more clarity and coordination of the initiatives that seek to address PSEA. • There is an urgent need for more mobilization and commitment on the part of all the actors involved.
	Guarantee that all personnel know, understand and take ownership of the obligations related to PSEA	• It is important to strengthen effective coordination between • humanitarian organizations and government institutions to improve the response, including in terms of PSEA. • There are socialization spaces on PSEA in some departments. • In two out of the eight participating departments there is no person assigned as PSEA focal point.
	Materials for the dissemination of PSEA information	• There is no material constructed and disseminated collectively, neither at the national nor at the local GIFMM levels. • In some departments, dissemination workshops have been held for GIFMM activities on PSEA.
	Staff identification	• All departments have identification elements; however, an identification card is not frequently used, which represents a risk for SEA.
Mesa 2	Complaint mechanisms	• It is necessary to have complaint mechanisms at the inter-agency level. • Among organizations, complaint mechanisms are not known and this constitutes a risk for SEA.
	Community access to complaint mechanisms	• Adult population can access the mechanisms more easily. • There are barriers to understanding complaint mechanisms for illiterate people and for girls, boys and adolescents. • There are barriers for the migrant and refugee population due to lack of access to technological means (lack of mobile telephony).
	Development of communicative pieces and understanding of the message	• Lack of a standardized design and articulation mechanism for dissemination within the GIFMM.

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Roundtable	Topic	• • Main Conclusions
Mesa 3	Articulation of GIFMM services and response in cases of GBV	• Little articulation at the institutional level. • Humanitarian organizations are key in offering services, strengthening mechanisms for activating routes and care for GBV survivors.
	Access to action routes for SEA victims	• Important institutional strengthening regarding awareness, training and human personnel for the comprehensive care of victims/survivors.
	Effectiveness of the GIFMM response in mitigating SEA risks	• The institutional offer does not have the capacity to respond to SEA cases. • Ignorance and lack of awareness within the GIFMM groups. • It is important to strengthen risk prevention and follow-up of cases.

As mentioned before, the above is the result of an approximation to SEA risk identification and no general conclusions can be drawn in this regard, mainly because some people who attended stated that they were not GBV or PSEA focal points. However, some key elements can be identified and taken into account to improve the response and to enhance this identification process in other contexts.

It is necessary to have more information and delve into the issue of assistance to victims/survivors where there are very large gaps in terms of response capacity, but also in articulation mechanisms to achieve timely and effective assistance. Additionally, prevention is quite weak on this regard and in all aspects related to GBV throughout the country.

The lack of awareness and training on the subject of PSEA not only crosses humanitarian response organizations but also all organizations and institutions that have co-responsibility in assisting the refugee and migrant population. It is necessary to continue with similar exercises in order to draw more crosscutting and far-reaching conclusions.

5. RECOMMENDATIONS

A. GENERAL RECOMMENDATIONS REGARDING THE TOOLS OF THE PILOT IN TWO DIFFERENT MOMENTS

These recommendations have been mentioned throughout the document, but for the purposes of conciseness, the following is recommended:

Recommendation # 1 Review community exercises for SEA risk identification

- Regarding the tool for community exercises for SEA risk identification, it is recommended to adjust the instruments in terms of the content, the form and structure of each of the exercises, as well as the way to implement them.

- A prior contextualization and careful review of the context and the participants is recommended depending on where the exercise is going to be implemented. Minimum inclusion criteria can be defined for these participants to achieve a more thorough and realistic risk identification in the defined context.

- Extensive training and a careful selection of the team that will be in charge of risk identification based on defined criteria is suggested, in order to achieve accurate and reliable data. This implies that teams should not only be experts in protection, GBV and PSEA, but they should also have skills in group management and interviewing.

- It is important to clarify concepts such as "risk factors" and "risk" with the participating communities, so that all people in the space understand the meaning given to these terms within that context and so that the discussion is clearer regarding SEA and GBV risk factors and risks.

Recommendation # 2 Review and adjustment of the SEA risk identification matrix

- It is important to have an additional manual with the definitions of the categories, and the risk qualification criteria for the country review after the adjustment of the risk identification matrix.

- It is important to clarify the purpose and scope. In other words, the goal is to have an overview of the risks, risk factors, and capabilities of the interagency response as such. It is a collective (non-organizational) exercise and it does not replace or duplicate organizational, sectoral or programmatic assessments.

- Some items and categories included in this risk identification matrix should also be reviewed so that there is greater clarity about them and so that the risks can be identified and numerically qualified later for a review, not at the national level but at the GIFMMs local level.

When carrying out the group exercise with local GIFMMs, it is recommended to adjust the instructions of said exercise, and to have an implementation guide with the definition of the pertinent terms so that better results are achieved.

B. GENERAL RECOMMENDATIONS REGARDING THE RESPONSE FOR REFUGEES AND MIGRANTS FROM VENEZUELA

Recommendation #1 Review the safety of response assistance and benefits delivery

- The participants recommend that there be much more supervision on the part of the organizations and foundations that deliver vouchers and assistance to prevent officials from taking advantage of the need of migrants and their position of power.

- The women also recommend that the same organizations that want to provide food assistance be the ones to make direct deliveries to the community, without other intermediary people or organizations. They stated that the organizations could rely on the community leaders to inform the population and agree on a place to be used as a point of assistance delivery.

- It is recommended that organizations verify that the assistance is reaching people who are in a situation of vulnerability and need. In the case of health services, such as the mobile unit, it is suggested that the population be informed in advance in order to prioritize the people who most require it.

Recommendation # 2 Review of collective accommodation and the way the service is provided

- Regarding collective accommodation, one recommendation relates to the limited staffing resources they have, not only due to technical needs but also to supervision needs. It is recommended that the staff include more teams with a psychosocial approach to provide an adequate and timely service.

- It is recommended that the systematization of information and registration of refugees and migrants in collective accommodation be reduced, since professionals spend a lot of their time logging information and do not have enough time to provide adequate and comprehensive care in response to the needs of people. This can affect the way in which the migrant population is protected and cared for.

C. RECOMMENDATIONS RELATED TO SITUATIONS AND POTENTIAL SEA RISKS

Recommendation # 1 – Information and awareness regarding possible SEA situations and risks

- It is urgent that migrants and refugees be able to have more information about the responsibilities of response actors in situations that may represent a SEA risk. It is necessary to explain to the beneficiaries of humanitarian assistance that these actions are prohibited for officials, and tell them what they can do in case this occurs, how to report it or where to ask for help.

- Permanent evaluation and raising of awareness regarding SEA risks amongst the staff that supports these services is proposed, as well as periodic sessions to evaluate the progress made in terms of PSEA.

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- Some adolescent girls and boys mentioned delivery of assistance by foundations or organizations should always be conducted during the day and in public places. They emphasize that organizations are the ones who should reach the community, and people should not go to the homes of officials in order to avoid SEA situations.

- More didactic and participatory spaces were recommended where people can really be heard and their needs can be taken into account, and where awareness is raised regarding the risks of SEA.

- Thematic spaces to generate rapport with the community, build and strengthen security are suggested, as well as open spaces in which the community can learn and recognize their rights and the reporting mechanisms so that SEA cases they know about or experience can be reported.

Recommendation # 2 – Regarding SEA incident reporting

- The group of women participating in the community exercises mentioned the official identification document as something positive because if a situation of SEA arises, it is easier to go to the police and the process of identifying the perpetrator

would be easier. This is true as long as the form and route for reporting is clear, however this does not happen in all cases.

- It is recommended to designate SEA Focal Points in the different organizations among people who can remain in said capacity for a time in order to be recognized within the communities, thus making case reporting more effective. If another person must replace them, it is suggested to inform all humanitarian actors and other officials about this change so that reporting processes continue to be effective.

- It is essential to strengthen and give sustainability to the role of Focal Point. It was mentioned that sometimes the person designated as PSEA focal point is changed within the territory or within the organization and this is not communicated or notified to the community or other humanitarian officials, so the process of SEA reporting is hindered or delayed.

Recommendation # 3 – Adequacy of collective accommodation spaces to mitigate SEA and GBV situations

- Collective accommodations need physical adaptations to prevent situations of sexual abuse, and other forms of GBV perpetrated by officials of organizations and people outside the response (both from the local population and from the refugee and migrant population) against girls and adolescent girls, particularly with regard to the adequacy of bathrooms.

- It is necessary to adapt collective accommodation to accept unaccompanied adolescent girls in a way in which they are not exposed to all kinds of risks, including SEA.

Recommendation # 4 – Having compliance criteria with more precise standards for the hiring of organization and implementing partner staff.

- It is recommended that GIFMM organizations have rigorous personnel selection processes to identify signs of possible and potential aggressors, in addition to strengthening the code of ethics and conduct that all officials and staff of centers and organizations must sign.

- TORs for national/local GIFMMs should include a section on the responsibility of each partner organization to establish/commit to implement minimum PSEA organizational standards. Although

progress has been made in Colombia at the national level, it is necessary to strengthen and monitor its management.

- Strengthen the articulation between organizations and government institutions. It is suggested that entities and organizations carry out permanent evaluations and monitoring and have tools and models for risk detection and identification of risk factors both at the programmatic, sectoral and collective levels (such as this exercise).

- Promote awareness and regulatory processes for humanitarian personnel, as well as strengthen the mechanisms and equipment in the field. It would be pertinent to have a professional dedicated to SEA issues at the level of every national GIFMM, in addition to the focal points.

- Have greater coordination between the GIFMM at the national and local levels to put the issue of PSEA at the center of comprehensive work discussions so that it is not exclusively the issue of a single subgroup.

- It is necessary to have standardized processes at the coordination level so that all the teams are clear about the routes that must be activated in SEA situations.

- Carry out training on the subject of PSEA for teams from the GIFMM organizations and implementing partners in the field, not only by the organizations but by the GIFMM, the Network and the Task Force in order to make them timely and effective, maximize available resources, and meet SEA case identification goals.

Recommendation # 5 – Review and adjust PSEA materials disseminated at the national and territorial level.

- It is necessary to review the messages that are disseminated particularly at the territorial level. The content, graphics and language of these messages must be reviewed. These messages must be elaborated jointly with the affected population, with a differential approach. They should be easy to remember, with precise and concise words, avoiding definitions that the target population does not understand. Use messages that truly connect with the refugee, migrant and returnee population, among other suggestions.

- It is recommended to be clear about the dissemination routes and the strategic places where these messages will be exhibited basing their location on a technical decision.

- Allocate the necessary resources so that the Task Force can implement a communication strategy

that reaches all the necessary contexts to achieve the objective of raising awareness about SEA. It is essential to have a strategy that includes various media and not exclusively print media which may not have the necessary coverage with a gender, multicultural and multiethnic approach.

D. RECOMMENDATIONS FOR STRENGTHENING INTERAGENCY COORDINATION BOTH WITHIN THE GIFMM AND THE TASK FORCE FOR THE IMPLEMENTATION OF THE ZERO TOLERANCE POLICY

- Strengthen inter-agency articulation at the local level –where the greatest difficulties have been observed– not only in terms of actions, but also concerning the dissemination of information.

- It is essential that the planning, documents and actions of the GIFMM integrate and strengthen PSEA actions as a crosscutting aspect of the response.

- Since many of the advances in terms of PSEA have come from the Task Force, it is recommended that this mechanism be strengthened, in terms of equipment and resources in order for it to face the magnitude of the challenges in the matter; to comply with all its mission commitments and so it may have the expected reach with the organizations

- It is advisable to have mechanisms and tools that facilitate the recognition of SEA risks at the operational, sectoral, organizational and institutional levels to avoid the confusion that currently occurs between operators and officials of the organizations. The difference between what is a risk and what is a risk factor should also be clear, so that the exercises with the tools, especially the community exercise, are understandable for all the participants, facilitators and when systematizing the information.

- It is important to have periodic training for the PSEA focal points so that they are clear about the concepts and mechanisms in force so that said international

standards can be implemented in specific contexts of each country.

- It is recommended that the national GIFMM have a segment on PSEA on their website

- Strengthen the institutional and interagency articulation between the GIFMM organizations to achieve a structured and clear route for the management of both SEA and GBV cases.

- Achieve awareness on the issue of SEA at other levels of the country's institutional framework where SEA cases occur, as identified in the field exercise. SEA cases need to be detected in all possible contexts in order to provide an effective response.

- Strengthen the complaint mechanisms for communities in each of the organizations, making them clear for the populations served by the different projects. Facilitate the means for reporting and appoint specialized personnel at the local level to guarantee these actions. Continue to invest in interagency coordination among institutional mechanisms so that a case involving any given organization can be reported to another organization and can be managed in an ethical, safe, and timely manner.

- Identify good practices and lessons learned by the different organizations of the Task Force and the GIFMM to achieve an exchange and potentiate the results at the country level.

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