

MOBILE CHILD PROTECTION IN URBAN SETTINGS

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*Plan International facilitator conducts activities with young children at mobile child-friendly space.
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**Photos used in this document feature children from communities and groups with Plan International works, but it should not be assumed that they are necessarily survivors of violence, or that they represent the children whose voices are heard in this project*.*

SUMMARY

This case study describes the mobile child protection programming implemented in Bogota, Colombia, responding to the needs of migrants and refugees¹ from Venezuela and other vulnerable people in 2019. The mobile services were part of multi-sectoral services provided in partnership with the local government, the Colombian Red Cross and IOM among other partners to provide a holistic frontline emergency response to 1,536 under 18-year olds and 2,175 adults. New arrivals and vulnerable populations were provided with information and knowledge about their rights and available services in Bogota.

After the establishment of emergency static services, it became clear that the most vulnerable and hardest to reach were not able to access critical services due to distance, no childcare, travel cost barriers and a general lack of awareness of services. Therefore, Plan International and partners designed and deployed mobile teams to provide easily accessible services in neighbourhoods with high numbers of Venezuelans and high needs, identified through a city mapping. The mobile teams deployed between June and September 2019 in different locations across Bogota to provide information and multi-sectoral services and help vulnerable persons to recover. Services focused on protection and health delivered by teams of staff and volunteers from multiple organisations. A total of 18 staff members, 41 Plan volunteers and 40 health personnel from the Colombian Red Cross and IOM were deployed to provide mobile protection and health services. These mobile teams reached a total of 3,711 beneficiaries (794 girls, 742 boys, 1,647 women, 528 men) between June to September 2019. Each mobile outreach was 1 day of active services and 3 days of community mobilisation in advance of the services.

Plan International coordinated the response partnering with over 11 organisations during the deployments to provide primary health care including child, infant and maternal health, children's dental care, referral for child protection and education, NFI distribution, child friendly spaces included structured activities and free play, psychosocial support for caregivers, awareness raising sessions on child protection, gender-based violence, sexual and reproductive rights, and legal assistance. Around 3 days of community mobilisation was conducted in advance of each deployment by Plan International and local government mobile teams to ensure services were well received and appropriate. Beneficiary registration to access services provided by mobile teams was set up to ensure confidentiality of essential information including protection risks and for monitoring and evaluation purposes.

Mobile services provided in identified temporary static premises targeted all migrant, refugee and vulnerable population (Venezuelan and Colombian) with a focus on women and children. Procedures at the entrance prioritised children under 12 and pregnant women. Once registered they went through health triage that provided medical appointments for general doctor, vaccination, paediatric or nutritionist for under 5. All health personnel received psychological first aid orientation from Plan International and briefing on child development needs, impact of crisis on children, reactions of children and the basics of PFA with practical examples for their work at the mobile response. After all services and activities of the day, children and families receive individual hygiene kits designed to respond to different needs of girls, boys, men and women. These kits are conditional to have participated in the child protection activities for children (child-friendly activities) and adults (workshops on GBV, SRHR and legal orientation). Staff providing kits will then check stamps provided in their bracelets.

1 Refugee and Migrant Response Plan (RMRP) 2020 / <https://data2.unhcr.org/en/documents/download/73277>

KEY FINDINGS & RECOMMENDATIONS

Key findings and recommendations identified by Plan International Colombia included the importance of community mobilisation through leaders and social networks to ensure mobile service are well known and received by the affected population, the importance of clear referral pathways to services and strong coordination and partnership for further integration of child protection with health and other sectors, specifically to:

- Develop and disseminate joint procedures and referral pathways for protection cases during mobile response to help systematic identification, follow up of cases and integration of Child Protection across Health and other sectors.
- Prioritise needs and targeted response services for adolescent mothers and adolescents at-risk of abuse, violence and exploitation.
- Increase the involvement of members and young people of the migrant, refugee and host communities in the mobile activities.
- Implement child-friendly feedback mechanisms to ensure accountability to affected children and families.
- Improve prior community mobilisation by better leveraging local networks, social media platforms, posters and leaflets to reach hardest to reach and increase the number of people in need aware of the mobile services to be provided.
- Build capacity of staff and volunteers in humanitarian response and mobile approach to improve operational support and programme quality.

IMPACT ON CHILDREN & ADOLESCENTS

Humanitarian crisis in Colombia

Venezuela is facing the worst crisis that Latin America has ever experienced. Almost five million Venezuelans have left their country. If current trends continue, 8 million Venezuelans could be outside the country by the end of 2020. Colombia has taken in the largest number of refugees fleeing the country; more than 1.6 million in need of education, healthcare and work opportunities. Yet, the figure is likely to be higher as most data sources do not account for Venezuelans lacking a regular migration status or having entered other countries illegally.

Colombia faces the challenge to respond to the needs generated by the massive outflow of people from Venezuela, who are compelled to leave their country due to the political instability, socio-economic crisis, growing insecurity and violence and declining human rights situation.

Children's needs – a child protection crisis

Venezuelan migrant and refugee children represent 40% of the population that have left Venezuela. This crisis has a severe psychosocial impact on children and adolescents and their wellbeing. Displaced and unaccompanied children face specific challenges in transit, at destination and in complex urban settings like Bogota. There is an increasing number of reported cases of unaccompanied children and families with missing children that is expected to continue. They are highly vulnerable to violence, abuse, neglect and sexual and economic exploitation. Girls are particularly vulnerable to harassment, intimidation and sexual and gender-based violence including trafficking and sexual slavery often resulting in early pregnancy, STIs, and child and early marriage or unions. They are often denied the choices, opportunities and life-saving information and services to protect themselves, access menstrual health, psychosocial support and mental health care.

According to the emergency alerts in Bogota, Venezuelan populations are reporting high levels of violence and intimidation in neighbourhoods such as Martires, Bosa, Ciudad Bolivar and Kennedy. These are localities where mobile teams were deployed. Human Rights advocates in Colombia have denounced the existence of “sex trafficking committees” forcing Venezuelan adolescents to practice survival sex². Some sources report that criminal groups are also recruiting young Venezuelan adolescents and youth to conduct illegal activities. At least 4 homicides of young Venezuelans were reported in 2019 in Bogota alone although these numbers are likely under reported.

Violence against children in Colombia is already prevalent and children on the move are at higher risk because of their lesser legal status and limited knowledge of their rights to access services. The most common forms of violence against refugees and migrants have been related to discrimination and verbal aggressions. Reports³ show that refugees and migrants face higher risks based on their age, gender or health, or those involved in negative coping mechanisms such as survival sex, begging, and child labour.

2 Chicago Tribune: <https://www.chicagotribune.com/hoy/ct-fds-venezuela-colombia-20190607-story.html>

3 UNHCR: <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Protection%20Monitoring%20Report%20for%20VenSit%20-%20EN%20-%20July%202019.pdf>

Access to basic services

Refugees and migrants without a regular status in Colombia are generally denied access to basic services such as healthcare and employment and are particularly exposed to rights violations, such as violence, discrimination, trafficking and other forms of exploitation and abuse. It is considered that 88% of this population in Colombia do not have any type of identification⁴.

The majority of the over 4 million refugees and migrants who left Venezuela have settled in or passed through Bogota creating a pressure on available services. The number of arrivals and new births in Colombia has increased due to Peru and Ecuador closing their borders. 99% of children born to Venezuelan mothers attended by emergency services in Bogota have no affiliation to the social security system. Both the humanitarian response capacity of NGOs and the government in Bogota have been overwhelmed by the scale of the migrant influx and the lack of funding available to respond.

4 IOM: <https://www.eleestado.net/wp-content/uploads/2018/12/DTM-Ronda-2.pdf>

PLAN INTERNATIONAL'S ACTION



*Plan International facilitator conducts sessions with adolescents during mobile activities.
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Using an integrated mobile approach to protect children and families in urban settings

The integrated mobile child protection programme was an innovative model developed and coordinated by Plan International Colombia and in partnership with the Colombian Red Cross and involving many other stakeholders to address the challenge of reaching migrant children and families spread across large areas in the city of Bogota.

Mobile services included Child Protection interventions but were also integrated with other sectors through multi-use spaces; holistic support; applying safeguarding principles; joint outreach, registration and delivery and; child-friendly procedures. These were designed to complement and scale up static multi-sector services.

To achieve this, mobile teams were deployed to provide health, nutrition and protection services across Bogota. This complemented an existing static response at the Migrant Centre and the transport terminal in the capital.

Plan International co-led the design, organisation and implementation of the mobile multi-sectoral response with the Colombian Red Cross. The local government joined efforts to respond to the humanitarian needs of migrant children and families arriving in the city daily. Among others, the local government participated in the mobile services with information desks, supported the organisation and official permissions and acted on received referrals.

When mobile teams were deployed, mobile services were set up in static premises in identified neighbourhoods most in need in Bogota in particular of specialised services for women and children. These locations had the highest populations of migrants and refugees but also Colombians in need, both groups able to receive services provided. The composition of mobile teams included different health and protection organizations and professionals, with a constant presence of the Colombian Red Cross, local government and Plan International staff to run the service from early morning to afternoon.

Mobile child protection services included:

- Identification of the most vulnerable children and referrals including for specialised services (health, nutrition, education)
- Psychological first aid for all and psychosocial support activities for children up to 12 years
- Information on civil and international human rights in Colombia and legal orientation
- Group mixed sessions on gender-based violence risk mitigation, and sexual and reproductive rights and service availability
- Direct distribution of age appropriate hygiene kits for all participating
- Specialised health services for pregnant women, infants and young children including vaccinations, dentistry services for children and essential medication delivery for all

Community mobilisation and engagement

Community mobilisation ensures that local communities and those in need of services know about upcoming mobile programming days in different neighbourhoods through word-of-mouth, flyer distribution, notification at local information points (schools, clinics, community centres etc). Plan International was in charge of planning and conducting the mobilisation with communities prior to each mobile outreach day. The Mayor's office of Bogota has a focal point and network in each of the neighbourhoods to support designing the mobilisation plan. They have knowledge and understanding on local issues and the territory. This was complemented with announcements in social media and online channels, in particular WhatsApp groups with large participation of target beneficiaries.

Approximately 3 days prior to services delivery, highly visible community mobilisation teams with leaflets walk and drive through the most affected areas disseminating information and listening to communities using megaphones in transit walks, putting up posters in places like churches, shops and community centres. The teams held up group sessions in the identified hotspots and one to one sessions with key local stakeholders and leaders so they can spread the information and ensure high participation.

Mobile services were delivered to affected communities once in each locality. Therefore, the information about the services, time, location and others was key to ensure turnout was high and that most vulnerable people were reached. In addition, at the entrance of the site on the day mobile teams provided information about all services available including who's who and what services they provide. A bracelet was given to each person upon arrival with a code which was then stamped after attending a service and checked at the end for the distribution of hygiene kit based on age and sex.

Strong coordination and partnership

A strong coordination and partnership between Plan International and partners, in particular with the Colombian Red Cross, IOM and the local government was crucial in the delivery of most needed services in the highly populated areas in a timely manner. The partnership ensured services like medical check-ups, legal information, hygiene kits, protection information were provided on site and when needed referrals to other static services. A coordination mechanism for planning and implementation was set up based on regular meetings, shared decision making and SOPs to guide the mobile work. The coordinating committee is composed of two appointed representatives from Plan International, the Colombian Red Cross and IOM who meet monthly and ad hoc as needed to discuss coordination, operational and technical decisions. This group was chaired by Plan International Colombia and guided by International Humanitarian Principles and Guidelines on Health and Protection of affected populations specifically Do No Harm. SOPs for the participation of other partners were created to provide additional services as identified during mobile days.



Vehicles and supplies of Red Cross at the entrance of the premise where one of the mobile activities take place. © Plan International

In order to identify emergency health and protection cases including child protection, a focal point system and referral pathway was created and shared and agreed to by all participating organisations in the mobile services. This system feeds into the local and national referral system in Bogota and Colombia. This operational system has provided clarity on who needs to act using the existing services available and linkages with the formal health or protection systems when needed. Cases included sexual violence survivors, children out of school, people with disabilities, separated children, chronic disease etc. On the day, a flowchart defines and clearly explains the support provided by different services step by step. For example, Plan International was the focal point for child protection cases and IOM or NRC for legal assistance. After the mobile service day, the coordination committee meets to evaluate and start planning the subsequent mobile service day using lessons learned.

The co-leads Plan International and the Colombian Red Cross chaired weekly meetings and facilitated the development of tools (forms, attendance list, referral pathway etc.) as well as the planning and review of actions to respond to the most urgent needs and identify additional areas of improvement. In order to analyse information captured from individuals, a Colombian Red Cross-managed database used a form jointly developed and reviewed by Plan International. An innovative component of the project was the use of tablets, some donated by Samsung and others procured by Plan International, to collect and process the individual data in a confidential manner that reduces human error compared to paper forms.

Link to static services and formal systems

The mobile services started as a response to the need identified by the services provided in the static centre in Bogota. This centre provides daily services to migrant and refugees (legal, psychosocial support, information etc.) and is managed by the local government in partnership with various organisations including IOM, Red Cross, NRC, Plan International and others. These services include legal orientation, psychosocial support activities, Child-Friendly Space for under 12-year olds, distribution of hygiene kits, linking to SRHR clinical services and information among others. The static responses provided enough data and evidence to scale up the response with a mobile component.

In order to identify the hotspots where Venezuelan migrants were living partners collected data at the static services as well as through the Red Cross and iMAPP mapping system⁵.



Registration teams collect information at the registration desk. © Plan International

During the delivery of mobile services for girls, boys and families when additional support is needed they are linked and provided with information of services available at the static centre and contacts. For instance, during one of the mobile response days, a 15-year-old out of school girl from Venezuela was identified, provided with the right information and connected with services to ensure access to the education system. The partnership with the Mayor's office helps this response to strengthen the way humanitarian assistance is provided to Venezuelans and link up to the existing formal systems.

5 <https://immap.org/colombia/>

Government staff are part of the joint planning and implementation of the mobile services and are provided with technical orientations when following up cases of violence, abuse and exploitation. In situations of emergency that require involvement of a hospital or others, our advocacy and their connections helped provide the support needed in a timely manner. During mobile outreach services some of the services provided by the Mayor's office are the provision of information about the static centre, vaccination, a focal point to access formal education and identification of people in need that can benefit from existing public programmes.

Mobile services are attended by hundreds of people and when high priority child protection or health cases are identified, a focal point of either Red Cross or Plan International takes the lead for the appropriate referral according to existing formal systems in Bogota. Coordination and advocacy have helped to ensure appropriate response that would not otherwise be addressed. Follow-ups of these cases are provided by personnel working at mobile programme. Sexual violence cases are referred to the Colombian Red Cross health professionals that will coordinate with public hospital while child protection cases such as unaccompanied or separated children are referred to Plan International CP practitioners that will coordinate with the relevant authority, the Colombian Institute of Family Welfare.

Child Safeguarding at the forefront

Recognising that violence against children is prevalent and children on the move are at higher risk, our duty as Plan International is to promote gender responsive safeguarding of children and young people and particularly those with whom we are in contact. This was operationalised through different interventions from trainings and orientations on the Global Child Safeguarding Policy, Gender Equality and Inclusion Policy, the Code of Conduct to risk assessments and mitigation measures to keep children safe when attending mobile activities and receiving multi-sectoral services.

All staff, contractors, volunteers and partners of the mobile teams were trained on the Child Safeguarding Policy and signed the Code of Conduct to protect both aid workers and beneficiaries rights, reporting obligations and behaviour. One very useful safety measure established from the first day of the mobile services was the use of bracelets and coding for each individual that linked children and caregivers. This helped the entrance to PSS activities and facilitated safe pick up of children by parents or caregivers. Before entering the child-friendly space caregivers and children are provided with information and signed consent form for the use of photos (if agreed). There is a Communications focal point dedicated for the documentation who takes audio-visual content in line with policies, procedures and with dignity.

The selection of sites to provide services within the identified neighbourhoods were proposed by the local government and representatives from Plan were part of the committee to assess and mitigate risks. A checklist was used to consider access, safety, space for children's activities, for confidential purposes etc. In order to keep children safe, an external logistics team was in charge of setting up spaces for children (i.e. balloons, tables, chairs, ball pit playground etc.) and allocating support staff in specific points to guarantee the continuous flow of the participants to services.

During the day, the entrance to the multiple locations used by mobile teams to access health and protection services was controlled by guards who have been oriented in child safeguarding and communication with communities and ensured that they granted access only in adequate numbers not to overpass the capacity limit that could harm children. Finally, during the mobile days a Child Safeguarding focal point connected to the national Child Safeguarding Adviser was appointed and responsible to receive any CSG report and take appropriate actions in line with the established global and national procedures and the legal framework.

Gender equality as an integral objective



A mother and her daughter from Venezuela attend mobile services in Bogota. © Plan International

Research and practice show that adolescents and youth girls and women (10 to 28 years old) are especially vulnerable to gender-based violence (GBV) during day-to-day context and the risk is exacerbated during emergency contexts. Plan believes that gender equality is central to achieving our vision for change and is therefore a core objective of Plan's work as an organization dedicated to child rights.

Gender- Based Violence and Sexual and Reproductive Health and Rights awareness workshops were delivered by staff with proven competence in their areas of work. Extra support and face-to-face training on gender equality, standards and gender-based violence was provided to frontline staff including an online platform with courses. Plan Colombia provided a training in gender and SRHR to the Joint Response Partners and other peer organizations in Bogota during this response.

Reaching remote areas in urban Bogota

During evaluation and monitoring, and through our strong presence in the community, we found that some groups were not being reached by the 1-day mobile services. The community requested services in more remote areas of the city, or for others who were not able or aware to return to the same previous location. Within the project period mobile teams provided multi-sectoral services in Soacha, Martires, Usme, Santa Fe, Suba and Kennedy where the largest and in need migrant population were located.

In order to identify the most in need and hardest to reach population far from services and information we triangulated data from the Migrant Centre providing static life-saving services to 7,737 migrants (3,555 women, 2,441 men, 923 girls, 818 boys) together with the Red Cross online system called iMMAP that uses live Facebook connections to map populations from Venezuela. In order to provide services for the most vulnerable we have partnered with the Pan American Development Foundation (PADF/FUPAD) who provides rapid tests for HIV and provide direct assistance or referrals for positive cases of migrants with regular and irregular status.

To work in these remote locations affected in some cases by armed conflict, we established security protocols and specialised SOPs for the delivery of mobile services mandatory for all partners taking part in the activities. Besides trained security staff at the entrance, each organisation appointed a security focal point for the day and used radios to communicate fast and effectively. These protocols were needed to ensure safety of populations accessing services and to mitigate identified risks in these areas.



Registration teams use tablets and online application to register children and families attending mobile services. © Plan International

Child Protection and integration with other sectors

Through services at the Migrant Centre in Bogota where Plan International was present daily, we gathered further insight on the impact of the crisis on children:

- 91,43% of boys and girls had irregular migratory status and only 8,57% had regular status⁶.
- The main locations where children were identified were Martires, Santa Fe, Kennedy, la Candelaria, Usme, Suba and Ciudad Bolivar (55%) 70,02% of girls and boys are out of school or pre-school. 66% are under 5 years old and 34% between 6 and 13 years old.
- Of the girls and boys who were out of school, 42.12% have been in the country for less than 30 days; 34.94% had been between 1 and 6 months; 16.59% between 6 months and 1 year; and 6.35% more than one year.
- 7.5% of under 18-year olds identified were living in the street and exposed to high risks of sexual exploitation and abuse, as well as the use and forced recruitment for criminal purposes.
- 7 cases of sexual violence against children (6 girls, 1 boy), and 1 unaccompanied boy, and 3 separated children (2 girls, 1 boy) were identified and supported.

⁶ Irregular status means that persons do not hold legal documentation e.g. birth certificates or passports to prove their identify. This is comment for Venezuelans since the cost of official birth, marriage or renewal of passports and ID cards is extremely expensive and often at time impossible for the majority of the population.

- 47 cases of child trafficking and 1 case of sexual slavery against young women were responded to. In each mobile deployment we had a safe registration and provision of information in partnership with the Colombian Red Cross. At this first contact we captured essential information including protection needs:
- Of 2,174 adults registered, 241 either self-reported or reported that their children were victims of physical violence or other harmful practices. Among women disclosing, 92% experienced sexual violence and 7% physical domestic abuse. These latest figures should be taken with caution and likely underreported due to the nature of the mobile services.
- Women reported forcing their children to beg, and abandoning them at check points due to lack of livelihoods.
- The biggest difficulties reported for children were access to health, food, education and recreational services. They also said that they did not always know where to go and ask for help.

Child Protection services included psychosocial support through group activities, identification and referrals of children at risk including out of school children, workshops with information, knowledge and skills to recognize and mitigate gender-based violence (including intra-family violence, sexual exploitation, child marriage), risks, protective factors and services available to respond.

For parents and caregivers the biggest difficulties were access to work due to their irregular status. They also highlighted the Child Friendly Space service and the SRHR workshops as useful services. They said they know better about children development, needs and risks, and also about contraceptive methods and sexual and reproductive rights.

In this project, through awareness, we identified the main GBV and SRHR risks that girls, adolescents and youth women face in Bogota (urban context) such as sexual exploitation. We then identified the gaps in the current service provisions and trained our team in the gender approach, and risks and referral to public services. We finally adjusted our services to support the needs that were not covered or working in the public services. Main gaps identified were in SRHR information and services including access to contraceptives.

Besides standalone Child Protection activities, Plan International has integrated with other sectors at the mobile response to ensure the needs of girls and boys are considered at all times. The Colombian Red Cross and IOM trained protection colleagues to conduct confidential individual surveys asking specific questions to understand family composition, unaccompanied and separated children and other child protection concerns. All information collected is age and sex disaggregated and anonymised and collected through a specialised software.



Medical room set up for mobile health services for children and families. © Plan International

Psychosocial support activities for children and adults

During mobile services, dedicated psychosocial support facilitators provided structured activities for children 0-5 and 6-12 that include a wide range of activities adapted to spaces allocated in each of the mobile responses. Recreational activities included fun games such as ball pits, theatre, drawing, music as well as sessions on self-protection, communication, hygiene and others to build resilience. Although there has not been pre and post measurement to evaluate the impact on children's wellbeing, the feedback from adults, parents, caregivers and children has been largely positive. Parents and caregivers are encouraged to join the activities, especially for children 0-5. The PSS team identifies children manifesting signs of distress that can be referred to and followed up on. They work in pairs in each space and have additional volunteers to support entrance, registration and free play.

Specific activities were designed to support the wellbeing of girls and boys of different ages in the child friendly space. Parents and caregivers participated in some of the activities especially for children (0-5 years old) to reinforce positive parenting practices.

Facilitators were able to adapt and be flexible depending on the number of children and needs. Structured sessions start with hygiene promotion, and follow a programme that includes art, self-protection and free play, with refreshments provided to all children attending. These group sessions last from 45 minutes to 1 hour but depend on availability of space and needs children can remain longer at the spaces. In collaboration with health teams a nurse helps out when needed to provide information at the entrance and screen for common diseases such as measles or chickenpox.



Children at one of the supervised arts sessions © Plan International

For adults and young people, our PSS specialist provided workshops on psychosocial support that provides a reflection on key topics such as violence, emotions, feelings, behaviours and provide some practical resources and ways to identify need for specialised services.

Sexual and Reproductive Health Rights

Access to sexual and reproductive health services and the promotion of these rights was included in all mobile child protection responses implemented - with a focus on rights and access for women, pregnant women, adolescents and young people.



Plan International facilitator conduct short session on sexual and reproductive health rights.

© Plan International

Workshops focused on different themes and were adapted depending on age, number and questions raised: (i) Sexual and reproductive rights framework; (ii) Menstrual hygiene management; (iii) contraceptive methods; (iv) sexually transmitted diseases (STDs). Condoms were distributed to all as part of sessions and health partners provided sexual reproductive health services for pregnant women (HIV screening, tests etc.), information and referrals when needed. In some of the mobile days specialised services by a Gynaecologist were provided for better support of pregnant women including adolescent girls and young women.

Individual and group legal support

As a protection crisis, migrants and refugees from Venezuela have a large need to know their rights and legal procedures in Colombia or other countries they might want to go due to their networks or other reasons. One of the services provided during the mobile services most appreciated are the orientations in legal matters.

During the mobile services, Plan International had a lawyer with expertise in protection and migration who, during each of the mobile response days, organised group orientations with questions and answers and also one to one for individual cases. When IOM participated, the lawyer worked in partnership with IOM team for the provision of orientation and support in two stages (1) while in the waiting space and (2) through in-depth targeted group sessions and one to one support in a dedicated space (tent or room). The information and support provided was complemented with leaflets and numbers or services they can access or contact for further information and support. It is vital to ensure information is updated as it changes rapidly with new developments of humanitarian visas in other countries or new policies in Colombia having an impact on refugees and migrants. Cases and themes covered varied from special permit for permanence access to the health and education system; access to justice (labor, commercial, criminal cases); guidance in cases of trafficking, exploitation, GBV and sexual abuse; obtaining Colombian citizenship and; the new regulations on stateless children born in Colombia.



Plan International lawyer conduct a session on legal rights and information. © Plan International

RECOMMENDATIONS

Child Protection and Gender-based Violence

- Develop and disseminate standard **joint procedures and referral pathways for protection** cases during mobile response including guiding documents (i.e. SOPs, vulnerability criteria, prioritisation matrix etc.) as part of the coordination mechanisms for the refugee and migrant response in Bogota. This will help with systematic identification, follow up of cases and integration of Child Protection across Health and other sectors.
- Prioritise needs and targeted response services (i.e. case management, psychosocial support, recreational activities) for **adolescent mothers and adolescents at-risk** of abuse, violence and exploitation through a mobile friendly strategy for them.

Psychosocial Support

- Use **adapted methodology for mobile interventions** and different physical space to implement PSS and resilience activities for younger and older children with a focus on activities for adolescents.
- Include peer to peer activities and a strong resilience component to promote **respect to other cultures and beliefs** during mobile services and prior to that when engaging the community.
- Provide parents and caregivers with more targeted support through **parenting sessions during mobile services**, with a focus on child development and SRHR information. Explore how to link them to additional information or sessions on parenting after mobile services.
- Ensure inter-agency and Plan International minimum standards of **ratio of facilitators per child** are kept in estimating and implementing mobile PSS activities. Explore engagement with local volunteers for the delivery of mobile services, outreach and follow-ups.

Accountability to affected populations

- Increase the **involvement of members and young people of the migrant, refugee and host communities** as volunteers during service delivery to ensure better acceptance, sustainability and participation in the mobile activities.
- Implement **child-friendly feedback mechanisms** to ensure accountability to affected children and families. These should include four steps: (1) listening to children, adolescents and families (2) Categorizing feedback (3) Responding to feedback (4) Closing the feedback loop. This might include some adaptations given the nature of the mobile response and linkages with existing feedback mechanisms in place for static services.
- Improve prior **community mobilisation by better leveraging local networks**, social media platforms, posters and leaflets to reach hardest to reach populations and increase the number of people in need who are aware of the mobile services to be provided. Having this information in advance can help them make plans and arrange how/when to attend even if clashing with working hours. For community mobilisation, reinforce that services are for all children and people in need, not only Venezuelans, as this can lead to **discrimination and xenophobia**.
- Conduct **deeper needs assessments/situational analysis** per community prior to intervention. This will better support the delivery of mobile services, community mobilisation and identification of

support networks and key influencers (community-based leaders and organizations, Church representatives, women's organizations, among others). In addition, it will ensure targeted and appropriate services prioritised in the mobile teams that address the most urgent needs of girls and boys and better articulate with the key sector actors.

- Consider **Post Distribution Monitoring (PDM)** remotely through telephone calls for the purpose of completing a structured survey to assist the Mobile programme.

Communication

- Adapt the **language of communication products** to ensure culturally appropriate references and terminology to reach the most vulnerable migrants and refugees. Consider using alternative communication channels that reach remote populations, target of mobile services.
- Continue and expand the use of a **humorous and provocative way** to convey key messages during SRHR and GBV workshops without taboos so that different groups and cultures feel included and able to express themselves or ask questions without fear.

Moving forward and next steps

- Analyse and use information gathered during mobile interventions on needs and services provided for **advocacy purposes**, including for example, to advocate for long-term services.
- Conduct an **evaluation** to analyse strengthening the mobile child protection services in Bogota addressing the most urgent needs of girls and boys and considering sustainability and capacity.
- **Build capacity of staff and volunteers in humanitarian response and mobile approach** to improve operational support and programme quality in line with Plan International's Operational Manual and the new revised CPMS.

About Plan International

Plan International strives to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. It's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children.

We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 75 years we have been building powerful partnerships for children, and we are active in over 70 countries.