Needs Assessment Report
for
Child Protection and PSS Interventions in Colombia
Bethany Christian Services Global
January 2020
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**Acronyms**

AFBC: Alternative Family-Based Care

CFPC: Child and Family Protection Center

CFS: Child Friendly Space

CIAM: Colombian Center for Attention to Migrants, government entity

CP: Child Protection

EiE: Education in Emergencies

GBV: Gender Based Violence

GIFMM: Group on Mixed Migration Flows, coordination of services network in regions of Colombia

ICBF: Colombia Institute for Family Wellbeing

INEE: Inter-Agency Network for Education in Emergencies

NFI: Non-Food Items

NRC: NGO Norwegian Refugee Council

PEP: Special Stay Permit constituting permission to stay and work in Colombia

PSS: Psychosocial Support

SC: Separated Children

STC: Save the Children

SUMATE: Colombian church network including Bethany and its partner, Fraternidade

UC: Unaccompanied Children

UASC: Unaccompanied and Separated Children

UNHCR: United Nations High Commissioner for Refugees

VDC: Valle del Cauca Department, Colombia
Priority Recommendations
Key recommendations as a result of this assessment include:

**Psychosocial Support**
- Providing safe venues for Venezuelan adult, adolescent and child migrants and refugees to come together to share experiences, receive PSS training, or receive counseling services, and to act as a source of information to orient target populations to existing resources.
- Providing Child Friendly Spaces for children and adolescents may ease a psychological burden for parents who do not have access to childcare.
- Sports, music and other forms of artistic expression were often cited as the most desired outlet to improve emotional wellbeing in all age groups.
- Sensitization about available services and the benefit to seeking to resolve mental health issues.
- Providing capacity strengthening opportunities to stakeholders, including for GBV stigma reduction, prevention and response

**Child Protection**
- The provision of Child Friendly Spaces (CFS) to young children and older children, especially for those who are unable to access formal schooling. Offer activities to foster learning, self-expression, peaceful coexistence and socialization.
  - CFS provision will improve the level of safety for children whose parents have no alternative for childcare and would otherwise leave their children alone while they are working, exposing children to risk at home or wherever they choose to go.
  - CFS provision will provide an outlet and form of structure for children and adolescents living in the streets.
- Offer trainings to parents and caregivers to improve their capacities to foster a safe and loving environment for their children in the following areas:
  - Child development
  - Positive discipline
  - PSS for caregivers who might otherwise take out their frustrations on their children.
- Create a network of alternative family-based care (AFBC) for homeless adolescents, especially in Valle del Cauca, in order to avoid their institutionalization and ensure their well-being.
- Coordinate a network to ensure the provision of basic services like access to shelter, education, health care, documentation, etc.
  - Particularly for walkers: ensure the provision of shelter and non-food and food item distributions at multiple points along the route to ensure child and adolescent well-being. Consider the provision of transportation to pregnant women, mothers and to children.
Description of the Community to be Served

Demographics

Colombia

82% of the 49 million-person population in Colombia is under the age of 55, including 40% under the age of 25, and they earn a GDP per capita of $7,698 per year as of 2018. 49.1% of the population is male while 50.9% is female. Types of employment are based upon the country’s primary exported goods, including coal and oil, coffee and fresh-cut flowers. Over 93% of the population identifies with a Christian or Catholic faith and over 95% are literate, with the average education being 15 years.

By Department

Boyacá

With a population of 1.2 million people, the majority of Boyacá’s socially conservative population is white or mestizo and of a Christian or Catholic faith. Outside its principal cities of Tunja (population 172,548) and Duitama (population 112,692), the department of Boyacá is primarily an agricultural department. Within cities, the economy is run primarily on commerce. Overall per capita GDP is $6,943. Statistics gathered by Simon Bolivar Foundation, a group of Venezuelan volunteers in Tunja, indicate that 10,300 Venezuelans (including 1,900 children) have settled in Tunja, and that at least 126,300 walkers and 78,000 refugees had passed through Tunja in the past 16 months.

Federal Capital

2019 estimates place Bogota Metro Area’s population at 10.8 million people, an average annual increase of 2% since 2015. Most of the population is white or mestizo and of the Roman Catholic religion, although the number of non-practicing individuals has steadily increased in recent years. As of 2017, the GDP per capita for Bogota was $10,270, which is well above the national average.

Valle del Cauca

There are an estimated 4.6 million people living in the department of Valle del Cauca, of whom approximately 2.8 million live in the departmental capital of Cali. The population consists of 27.2% Afro Colombians and 72.2% white or mestizo with the remainder counted as indigenous persons. Despite its diverse economy including commerce, manufacturing, agriculture and animal husbandry, the per capita GDP is $6,758.

References:

History & Timeline of Refugee and Migrant Populations

The current Venezuelan economic crisis, which is considered the primary driver of the Venezuelan refugee and migrant crisis, stems from decades of economic mismanagement and lack of investment into existing infrastructures, coupled with a drastic decline in the country’s greatest income generator: oil. Since the installation of the new regime, infrastructures have crumbled, the inflation rate reached 10 million percent in 2019, and food shortages have led to widespread malnourishment of the Venezuelan population. Citizens’ inability to access medical care and increasing reports of human rights violations against Venezuelans have spurred over 4.6 million Venezuelans to flee their homes, many in the direction of Colombia.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event描述</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2013</td>
<td>Under the Chavez regime, little investment was made to maintain infrastructures or to diversify the Venezuelan economy, increasing dependence on Venezuela’s oil industry.</td>
</tr>
<tr>
<td>2013-2015</td>
<td>Maduro regime begins; oil prices drop to historic lows. Oil production begins to decrease due to the lack of infrastructure maintenance. Government services are steadily diminished due to lack of investment. Migrant and refugee outflows begin.</td>
</tr>
<tr>
<td>2016-2019</td>
<td>The monthly minimum wage drops below $6, an amount representing less than 3% of a family’s food consumption needs. Over 4 million Venezuelans leave their country of origin.</td>
</tr>
<tr>
<td>2019</td>
<td>The generosity of the Colombian people is fatigued by consequences of 75%+ underfinancing of humanitarian needs to support Venezuelan migrants and refugees.</td>
</tr>
</tbody>
</table>

Demographics of the Refugee, Migrant and Returnee Population to be served

According to GIFMM’s December 2019 Response for Venezuelans (R4V) Situation Report, 1,630,903 Venezuelans are living in Colombia with under 500,000 receiving any type of humanitarian or government assistance. GIFMM’s January 2020 Response for Venezuelans presentation listed the total Venezuelan population in Boyacá at just under 15,000. Approximately 200 school-aged children are not studying. Official estimates show that 327,000 Venezuelans live in Bogota. A higher number of individual adults and adolescents, or those living in atypical family compositions while in Bogota (i.e. an uncle, his niece and nephew) work primarily in the informal sector in less affluent neighborhoods like Santa Fe, Suba and Las Cruces. Most reside in low-cost hotels for a daily rate.

With a similar climate to Venezuela’s, Valle del Cauca has been the host to Colombian returnees, migrants and permanent settler-Venezuelans; according to an IOM official in Cali, the

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9 https://www.wilsoncenter.org/article/understanding-the-venezuelan-refugee-crisis
10 https://www.wilsoncenter.org/article/understanding-the-venezuelan-refugee-crisis
12 GIFMM, January 2020.
Venezuelan population in Valle del Cauca increased by over 32% from June to October 2019, including an 83% population increase in La Palmira city. 84% of the VDC Venezuelan and Colombian returnee population had dependents (average of 3.7 dependents per person) and 74% of those dependents were still residing in Venezuela. Informal settlements have emerged within proximity to the Cali bus terminal.

With the evolution of the Venezuelan refugee and migrant crisis, various target communities have emerged, and they manifest differing, though homogenously urgent, needs. Venezuelan migrants including walkers and bus takers are non-sedentary individuals and families. Their primary needs are associated with protection and wellbeing along the trail, access to services at stopping points including health care, shelter, food and non-food items, and punctual orientation to services as they pass through and pause in various locations. Venezuelan individuals and families who have settled permanently and semi-permanently require safe and adequate housing, access to dignified employment and pay, access to basic services including children’s education and health care. Colombian returnees’ needs, those who were residing in Venezuela and returned to Colombia in response to the crisis, have needs that crosscut the two previous groups of need; some have returned to a specific location and settled, others continue to travel. Across the three groups of need, the aspects of fair and dignified employment, documentation such as a special stay permit (PEP) to authorize their presence in Colombia, and access to basic services including shelter, exist to a high degree.

13 GIFMM, January 2020.
Background & Description of Bethany Christian Services

Agency Description: Bethany Christian Services

Bethany Christian Services has a long history of intervening in areas of need to provide quality services for families and children, both domestically and globally. In the United States, Bethany Christian Services has provided refugee resettlement services since the 1970’s. In addition, Bethany Christian Services provides mental health services to unaccompanied refugee minors, refugee families impacted by separation and trauma, and survivors of political torture through its Center for Healing Torture Trauma.

Bethany Christian Services has provided torture treatment services since 2009, serving 600 primary and secondary survivors from 40 countries. Program outcomes consistently indicated clients report an 80% reduction in trauma symptoms. Bethany Christian Services is currently one of only 36 torture treatment centers within the United States. Additionally, Bethany Christian Services provides mental health counseling services in 15 locations and 11 states around the United States.

Bethany Christian Services provides foster care services for vulnerable and separated/unaccompanied refugee children domestically and vulnerable children globally. The Unaccompanied Refugee Minor program is the largest in the United States with over 300 youth in care. It has also provided domestic foster care services since 1957, currently in 25 locations in 8 states around the US. In addition, Bethany Christian Services Global (Bethany), an arm of the larger non-profit, Bethany Christian Services, is currently working in 7 countries, including Colombia, to provide support for the Venezuelan refugee crisis, foster care and family preservation services. Bethany offers technical expertise and global consultation with an emphasis on child protection and welfare development.

Because of Bethany Christian Services’ vast domestic and international experience in providing child welfare, refugee and psychosocial support services, and considering its long term presence in Colombia, Bethany began providing intervention in the humanitarian sector of Colombia in 2018, by opening Welcome Desks in Bogota (Supercade Social Migrant Center at the bus terminal, Government Secretary’s Office) and Child and Adolescent Friendly Spaces in Cucuta including associated services and trainings. Recognizing the expanding service gaps, primarily within the country as opposed to along the borders, Bethany sought to conduct a needs assessment to determine the existing PSS and child protection gaps, and to identify the areas and locations in which Bethany’s expertise and services would be most effective.

Description of Bethany’s Current Services in Colombia

Bogota

- Two Welcome Desks (Supercade Social Migrant Center at the bus terminal and the Mayor’s office near Santa Fe neighborhood)
Free call and connectivity center to facilitate communication, family contact restoration services between migrants, returnees and refugees and their families in Venezuela or elsewhere

- Psychosocial support services
- Case management, with reference services
- International adoption with ICBF, from 1985 to March 2021
- Capacity strengthening, aimed at institutions such as ICBF National Headquarters, administrative, national and local judicial authorities and interreligious sector
- National Office team presence, to ensure coordination of country services

Cucuta

- Management of Child and Parent Friendly Spaces in Casa Lleras and Nuevo Escobal
- Provision of a free call center to allow communication between migrants, returnees and refugees and their family members in Venezuela or elsewhere
- Provision of regular cultural and sporting opportunities for children and adolescents
- Provision of psychosocial support services for children and adolescents
- Provision of life skills courses for both adults and adolescents

In 2019, Bethany’s Bogota Welcome Desk staff provided orientation services to 4,785 Venezuelans and Colombian returnees and 1,238 kits including for hygiene, school and infant needs were distributed to the same populations. 1,553 children accessed the Bethany Child Friendly Space in the Supercade Social Migrant Center and 42 lactating and pregnant mothers received dignity kits.

In Cucuta, 2,018 children and adolescents received some form of support at Bethany’s Child and Family Protection Center (CFPC), while 1,754 children and 298 adolescents participated in CFS/CFPC activities. They received 1385 school and hygiene kits and participated in 36 different recreational or artistic workshops.

388 adults benefited from one or more of five workshops demonstrating protection principles, legal tips, psychosocial self-care and sexual and reproductive rights with the refugee and migrant population.

Trainings were provided to the interreligious sector regarding international protection, child protection and wellbeing, alternative family-based care, prevention of xenophobia, and protection protocols for children and adolescents.14

Bethany consistently monitors its programming and gathers feedback from beneficiaries to continually inform and ameliorate services.

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Description of Needs Assessment

Purpose and Scope of Current Needs Assessment

As the Venezuelan refugee crisis evolves, efforts have been made on the part of the Colombian government, and by organizations in the field to meet the needs of the host and refugee communities. However, significant gaps remain. Having been present in Colombia for over 30 years, first facilitating international adoptions and, in recent years, expanding its services to include development-based assistance to Venezuelan refugees and their host communities in Cucuta, Bethany seeks to attain a comprehensive overview of the existing gaps in the Venezuelan refugee and migrant crisis response. The needs assessment was conducted in Tunja (Boyacá department), Bogota (District Capital) and Cali (Valle del Cauca department), and was specifically designed to identify child protection and psychosocial support needs. 105 people were interviewed including 42 Colombians, 60 Venezuelans and 3 persons from other countries (USA (1), Brazil (2)).

Methodology Used

Key stakeholders were identified, including operating and implementing partners and providers, host community members, refugees, migrants and their leaders while planning the assessment and evaluation. Secondary data and data sources were reviewed during planning, assessment and reporting of findings. 17 focus groups, 24 individual interviews and 12 key informant interviews were conducted over a total of 6 days. Children were not directly interviewed, rather their parents and caregivers were solicited for inputs, and the needs assessment team observed children’s conditions and behaviors to gain more complete insight into their needs and state of wellbeing. For additional detail on methodology, see Methodology Appendix A.

Psychosocial Support

Needs Identified

Testimonies during the needs assessment phase indicated a lack of mental health and psychosocial wellbeing in target populations and a need for trainings on self-care for humanitarian and government workers who are responding to the Venezuelan migrant and refugee crisis in Colombia. Overall, needs assessment participants demonstrated that they lack constructive mechanisms to cope with these emotional challenges, and are unaware of available services where they could access support. Having safe spaces to foster community engagement in multiple locations along the migrant route would allow for the provision of psychosocial support, social events, support groups, life skills trainings for all age groups, and the provision of cultural, musical and sporting activities to serve as a constructive release for the psychological burden migrants and refugees carry.

- Participants agreed that the opportunity to voice their experiences and struggles during the Focus Groups served as a release; many expressed interests in continued opportunities for sharing experiences with their compatriots.
Participants articulated that the absence of a community space to share and socialize with other Venezuelans has contributed to the deterioration of their family and social structures, which adds to feelings of guilt regarding the loss of these structures.

None of the participants interviewed in any of the three districts covered in this needs assessment was aware of psychosocial or mental health support services available to them. While small-scale programs do exist (IOM psychologists visit the Supercade Social Migrant Center at the Bogota bus terminal a few times per month, Bethany’s Refugee Services Coordinator in Bogota offers a women’s support group) there is a significant gap relative to expressed need in PSS. Migrants’ and refugees’ expressed desire for an emotional outlet reinforces the call for increased psychosocial support services to Venezuelan migrants in Colombia.

For the target population (refugees, migrants, returnees), a number of these PSS concerns are related to the traumatic experiences over the course of their journeys; the additional stressors related to xenophobia were recorded to varying degrees (Tunja being the most severe). Adults experience negative sentiments related to their inability to adequately protect and provide for their children, painful experiences related to employment experiences or lack thereof, and the pain associated with the dissolution of family structures, as the crisis affects every facet of families’ wellbeing. It may be necessary for many of these crisis-affected adults to undergo psychosocial support and, only subsequently, literacy and job training, before they would be prepared to manage a full-time job if they do become available.

Children often struggle to comprehend the reason for their parents ripping them from their homes, schools, friends, and why they are unable to provide them with basic needs like food and shelter on a regular basis. Those who do attend school consistently reported having experienced bullying and a lack of intervention by teachers and educators during these incidences. These myriad sources of uncertainty combined with typical issues a child experiences as he/she develops produce psychosocial and mental distress that can also be psychosomatically manifested.

- Caregivers and parents agreed that offering their children and adolescents the opportunities to engage in sports, music and other forms of artistic expression could assist in their ability to cope with the significant life changes they are experiencing.

Venezuelan culture is typically community-oriented, but interviewees reported a lack of community spirit in their host communities; they conceded that in struggling to manage the aforementioned stressors, the lack of community spirit to which they are accustomed led to feelings of loneliness and despair.

For service providers, the insufficiency of financial, personnel and capacity resources, results in an insurmountable workload, management of severe cases without appropriate resources or support to do so, etc.
Community Understanding of Wellbeing and Psychosocial Support
Both the refugee and service provider communities do recognize their lack of emotional wellbeing and expressed a desire to access psychosocial support services if they were available.

Child Protection

Needs Identified
The most frequent concerns related to child protection that were evoked by key informants and the target communities differed for various child and adolescent groups, as listed below:

Accompanied children
- Lack of access to basic needs like nutritional foods, water, shelter, medical and mental health care, education, socialization.
  - This is partially due to lack of access to appropriate documentation as many entered the country irregularly (without visa or permit, often they come without a passport).
- Lack of childcare, leading to children’s vulnerability to physical and emotional abuse, assault, exposure to drugs, etc.
- Bullying in school

Unaccompanied and Separated Children (UASC)
- Lack of access to basic needs like nutritional foods, water, shelter, medical and mental health care, education, socialization leading to children’s vulnerability to physical and emotional abuse, assault, exposure to drugs, etc.
- Lack of formative environments like school, adolescent-centered spaces leading to children’s vulnerability to physical and emotional abuse, assault, exposure to drugs, etc.

Given the particular difficulties Venezuelans in Colombia face to access education, working parents often have no alternatives to childcare other than leaving older children to care for the younger ones. The resulting lack of structured, formative environments results in the granting of augmented independence to children. Increased dangers both in and near the home and within the greater community may constitute elevated child protection concerns. Children who are unaccompanied and/or living in the streets may be exposed to these risks to a magnified degree. In current conditions, 577,156 Venezuelan women and girls are at risk for GBV\(^\text{15}\) in Colombia.

Offering integrated Child Friendly Spaces may contribute to a fortified response to child protection concerns in Colombia, by providing a venue for structured and formative instruction for children and adolescents, an opportunity to play and fostering positive interactions between Colombian and Venezuelan children. It would also decrease the length of independent, high-risk

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\(^\text{15}\) [https://reliefweb.int/sites/reliefweb.int/files/resources/CARERapidGenderAnalysis_Colombia_May2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/CARERapidGenderAnalysis_Colombia_May2019.pdf)
time youth need to occupy. Creating a network of alternative family-based care (AFBC) for homeless adolescents, especially in Valle del Cauca, may ease child protection risks.

Parents and caregivers, concerned with lack of income and inability to provide for their families, may inadvertently channel their frustrations to their children. Offering trainings to parents and caregivers may not only to improve their capacities to foster a safe and loving environment for their children but will also serve as a platform for parents to discuss and process the negative sentiments and difficulties they are experiencing in an appropriate manner. Qualified staff would be present to guide caregivers in redirecting these sentiments and in understanding their children’s needs. Training topics could include:

- Child development
- Positive discipline
- PSS

Education: as per INEE’s international minimum standards for education and the Convention of the Rights of the Child, improving the system for providing education services to Venezuelan nationals will inherently increase their level of security and wellbeing. Rather than offering admission to schools that are located at a considerable distance to Venezuelan settlements, consider increasing capacity in the schools immediately surrounding Venezuelan-occupied neighborhoods to allow for an adequate provision of education to both Colombian and Venezuelan students in a protective environment. Participants stated that educators were largely welcoming and tolerant; given the reports of bullying, educators may benefit from Education in Emergencies (EiE) training to better manage cases of bullying, and how to best support emergency-affected children.

- Currently participating schools offer a certain number of ‘cupos’ or places for Venezuelan children. If a Venezuelan child is offered a place in a school far from home, caregivers’ inability to cover transportation costs was often reported as the barrier that prevented access to school.
- Most parents and adolescents interviewed reported that they or their children were not able to access school. Some reported that only one of their children was able to access school.
- For those who were attending school, reports of bullying were consistent.
- Bethany partner Fraternidade has initiated a series of workshops to offer EiE trainings to stakeholders in certain areas of Colombia but would require financial and logistical support to extend the reach of this service.

<table>
<thead>
<tr>
<th>Location</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Suba neighborhood, Bogota</td>
<td>NRC</td>
</tr>
<tr>
<td>La Palmira, Cali</td>
<td>Pope Francis Center</td>
</tr>
<tr>
<td>La Palmira, Cali</td>
<td>STC (minimal intervention)</td>
</tr>
</tbody>
</table>
Considerations that affect both PSS and Child Protection

<table>
<thead>
<tr>
<th>Expressed Need</th>
<th>Barriers</th>
<th>Additional Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Status/Documentation</td>
<td>Venezuelans are hesitant to apply for PEP, as the process requires one to admit to irregular presence in Colombia. Children born to Colombian returnees are not able to attain identification and therefore cannot access basic services like healthcare.</td>
<td>Fear of being deported and leaving children behind alone may constitute a primary factor for lack of initiation of the PEP process on the part of caregivers.</td>
</tr>
<tr>
<td>Access to fair, dignified employment</td>
<td>Venezuelans are hesitant to apply for PEP, as the process requires one to admit to irregular presence in Colombia.</td>
<td>The new permit PEP-FF can only be effective if the employer requests it and pays a fee to give a job to a Venezuelan.</td>
</tr>
<tr>
<td>Access to safe, affordable and quality housing</td>
<td>Lack of documentation, lack of enforcement of rules and regulations regarding rent, adjusting to a culture of renting rather than home ownership and understanding these realities may constitute a barrier.</td>
<td>Venezuelans largely own their own homes; the absence of a personal dwelling may affect psychological wellbeing.</td>
</tr>
<tr>
<td>Access to bank accounts</td>
<td>Lack of appropriate documentation.</td>
<td>Access to bank accounts may increase the level of security/protection of the family unit and it is a requirement to have a</td>
</tr>
<tr>
<td>Advocacy for and facilitation of access to basic services including health and education</td>
<td>Lack of appropriate documentation (PEP required for inscription and treatment). Currently Venezuelans can only access emergency health care services, rather than preventative services.</td>
<td>Consistent reports of xenophobia in the health care setting may require intervention, sensitization/awareness raising. The PEP-E allows children to graduate but children older than 7 years old depend on the parents for access to right of education and health care. They cannot access if their parents are in irregular status, nor do they benefit if their parents acquire PEP.</td>
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</tr>
<tr>
<td>Access to up-to-date information (especially for walkers)</td>
<td>Many do not own cell phones, receive outdated information from acquaintances.</td>
<td>Welcome desks at major points along the walking route may partially mitigate the issue.</td>
</tr>
<tr>
<td>Need for training and orientation of service providers and officials about humanitarian management and planning, integration of development principles in humanitarian efforts. Field level workers are often unaware of official partnerships and collaborations that have been negotiated.</td>
<td>Lack of acknowledgement of a refugee crisis limits agencies that typically hold a mandate to guide the installation of humanitarian practices in a systematic way.</td>
<td>The Venezuelan migrant and refugee crisis having a less than 25% overall funding level has severely limited the presence of NGOs along the migrant route, especially in locations other than border towns.</td>
</tr>
<tr>
<td>Department</td>
<td>Special Considerations 1</td>
<td>Special Considerations 2</td>
</tr>
<tr>
<td>------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Boyacá</td>
<td>The migrant services coordination group, GIFMM, does not have a branch for Boyacá. As a result, the Bogota GIFMM technically oversees Boyacá department, but little work or coordination is done to this effect.</td>
<td></td>
</tr>
<tr>
<td>Valle del Cauca</td>
<td>There is a GIFMM dedicated to Valle del Cauca. There is also an unofficial religious ‘table’ comparable to SUMATE.</td>
<td>High incidence of natural disasters including fire, drought, floods, as well as poor water quality.</td>
</tr>
</tbody>
</table>
Appendix A

Methodology used

1. **Scope defined:** The scope of the needs assessment was defined as covering the departments of Boyacá and Valle del Cauca, and Bogota with a primary focus on child protection and psychosocial support needs. Key skills and personalities were identified within and outside of the Bethany Colombia team, and a needs assessment team was formed. A time frame for the needs assessment was established.

2. **Plan for Data Collection established:** Tools were adapted from existing Bethany sources, and others were created, to fit the context and scope of the current needs assessment. A training module was created and disseminated to members of the needs assessment team. Bethany staff contacted key known stakeholders in each of the three locations, and initially relied on these contacts to provide a ‘snowball effect’ of additional stakeholder and target populations to interview. Through this methodology, key stakeholders were identified, including government, operating partners, migrant, refugee, returnee and host community members.

3. **Collection and initial analysis of interview data:** A combination of formal and informal interview processes was undertaken. Some additional contacts were made while interviewing initial contacts, so the schedule was fluid and full. Continuous data sharing and analytic conversations occurred each day amongst needs assessment team members. Much of the analysis involved identified needs, existing gaps in services and the overlap between gaps and Bethany Colombia’s existing, adaptable model and capacities. These were readily apparent in the team’s conversations. Notes of these data and analytical conversations were recorded daily and later inputted into a digital format.

4. **Identify Next Steps:** Compilation and analysis of team members’ notes and of the analytical conversations revealed a clear path for recommendations, elaborated in the current needs assessment report. Members of the needs assessment and leadership teams reviewed the document for alignment to Bethany capacities and strategies and revised as necessary.

5. **Dissemination and sharing:** Needs assessment report will be shared via multiple channels within and outside of Colombia, including in government, humanitarian, religious and target communities.
Appendix B
Documents reviewed

- Refugee and Migrant Response Plan 2020 (RMRP 2020) for Refugees and Migrants from Venezuela
- UNHCR Needs Assessment for Refugee Emergencies (NARE) Checklist
- UNHCR Operational Portal, Refugee Situations, Venezuela Crisis- Dec 2019
- International Rescue Committee Needs Assessment Report, Venezuelan Migrants in Colombia: Expansion- November 2018
- Mercy Corps Rapid Needs Assessment for Vulnerable Venezuelans in Colombia: La Guajira and Cesar- March 2018
- UNHCR Protection Monitoring Venezuela Situation Update #1- January to June 2019
- CARE Rapid Gender Analysis, Venezuelan Migrants and Refugees in Colombia- May 2019
- Bethany Global Concept for Child and Family Protection Centers
- Refugees International, Supporting Solidarity: Why the World Must Bolster Colombia’s Response to the Venezuelan Displacement Crisis- September 2019
- OCHA Venezuela Humanitarian Response Update #5- October 2019
Appendix C
Secondary data sources- referenced within report


### Appendix D
Types of Informants

<table>
<thead>
<tr>
<th>Type of Group</th>
<th>Group</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Colombian Institute for the Wellbeing of Children (ICBF), Regional Direction</td>
<td>Tunja, Boyacá Department</td>
</tr>
<tr>
<td></td>
<td>Incoming Secretary of Education</td>
<td>Tunja, Boyacá Department</td>
</tr>
<tr>
<td></td>
<td>Colombian Institute for the Wellbeing of Children (ICBF), Santa Fe Field Officer</td>
<td>Santa Fe, Bogota</td>
</tr>
<tr>
<td></td>
<td>Center for Integral Attention to the Migrant (CIAM)</td>
<td>Bogota, National Office</td>
</tr>
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<td></td>
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<td>Cali, Valle del Cauca</td>
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<td>Supercade Migrant Center, Bogota bus terminal</td>
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<td>Cali, Valle del Cauca Department</td>
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<td>Simon Bolivar Foundation, Director</td>
<td>Tunja, Boyacá Department</td>
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<td>Based in Bogota, mobile</td>
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<td>Walkers (‘caminantes’)</td>
<td>Tunja, Boyacá Department</td>
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<td>Venezuelan settlers/ families</td>
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<td>Unofficial refugee and migrant leaders</td>
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<td>Unofficial refugee and migrant leaders</td>
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<td>Residents and manager of a Venezuelan-owned and frequented hotel</td>
<td>Santa Fe, Bogota</td>
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<td>People attending weekly food distribution event (Colombians, returnees, Venezuelans including beneficiaries and donors)</td>
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<td>Focus Group</td>
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<td>Focus Group</td>
<td>Permanent Venezuelan residents-families</td>
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<td>Focus Group</td>
<td>Venezuelan residents of hotel in Santa Fe neighborhood</td>
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<td>Venezuelan workers at religious shelter in Santa Fe neighborhood</td>
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<td>Centro Integral de Atención al Migrante (CIAM)</td>
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<td>Individual Interviews (12)</td>
<td>Residence in Las Cruces neighborhood</td>
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<td>NRC CFS psychologists at the Corpa Comunitaria Medical Center</td>
<td>Bogota, Suba</td>
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<tr>
<td>Date</td>
<td>Key Informant Interview</td>
<td>Location</td>
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<td>January 24, 2020</td>
<td>Key Informant Interview</td>
<td>Church meeting location</td>
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<td>Key Informant Interview</td>
<td>IOM @ CoAmir Headquarters, NGO hub</td>
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<td>January 25, 2020</td>
<td>Key Informant Interview</td>
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<td>Individual Interviews (7)</td>
<td>Fundación Jesús Pescador de Hombres event, Venezuelan and Colombian adolescent and adults</td>
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<td>Key Informant Interviews</td>
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Appendix F
Focus Group and Key Informant Interview Tools

Key Informant Interview Tool

UNHCR/Orgs involved in Child/Family Protection

1. What are the primary safety concerns for Venezuelan migrant children and families?
2. What are the primary safety concerns for Venezuelan unaccompanied or separated migrant children?
3. How have the attitudes of the host communities shifted over time?
4. Are there primary laws or policies in place for the crisis and if so, level of adherence?
5. Which organizations are providing child and family protection services to migrants in their area? (including shelters-if any, who is running them?)
   a. What services are each providing?
   b. What are the challenges of providing services in this context?
6. What gaps in child and family protection services exist?
   a. How could those gaps be filled?
   b. Are there any organizations that are looking into filling these gaps? Who? How?
7. What percentage of migrants are receiving needed services in:
   a. Legal
   b. Health
   c. Education including Preschool, Child Friendly Spaces, adequacy of infrastructures
   d. Protection
   e. GBV
8. In your opinion, what would be helpful to combat xenophobia against Venezuelans in your area? In Colombia?
9. How are armed groups affecting the journeys of the caminantes? What work is being done to this effect?
10. According to observation and reports, refugees have begun to settle. Do you think this will remain the case or no? What would most likely motivate those who have settled to move again?
11. What other insights can you give?
   a. 70/30 vs. 90/10 rule?
12. Who else do you recommend for us to speak with for the needs assessment?
13. Could I have your contact information, and is it okay with you if we stay in touch?

UNHCR/Orgs involved in Mental Health and Psychosocial Support

1. Are there Venezuelan migrants with mild to moderate mental health problems in the area?
   a. What percentage of the migrant population in your area have mild to moderate mental health (or psychosocial) problems?
   b. Are these persons receiving services?
2. Is any part of the migration process making mental health symptoms worse or causing mental health problems?
   a. If so, which parts?
3. What are the primary concerns of migrants with mental health problems?
4. Which organizations are providing mental health services to migrants in their area?
   a. What services are each providing?
   b. If there are organizations providing PSS services, what are the conditions that affect, support or hinder the organization from providing services that reduce a client’s PSS symptoms?
5. What gaps in PSS services exist?
   a. How could those gaps be filled?
   b. Are there any organizations that are looking into filling these gaps? Who? How?
6. How have the attitudes of the host communities shifted over time?
7. Who else do you recommend for us to speak with for the needs assessment?
8. Could I have your contact information, and is it okay with you if we stay in touch?

SUMATE and/or Pastors – Add these questions in addition to the above

1. What services are they currently providing?
   a. Shelters and child friendly spaces
2. What services are they currently providing to Venezuelan migrants (is it different than other services they are providing)? Identified gaps they could fill?
3. How many migrants are they serving? (Per day, per week, or per month?)
4. Have they received training on child protection or PSS topics? What trainings would they want if we had the funding to provide them?
5. According to observation and reports, refugees have begun to settle. Do you think this will remain the case or no? What would most likely motivate those who have settled to move again?
6. What other insights can you give?
7. Who else do you recommend for us to speak with for the needs assessment?
8. Could I have your contact information, and is it okay with you if we stay in touch?

**Adult and Parent Focus Group Questions**

Date _______________  Location _______________

Total Number of People in Focus Group _______________

# of Males _______________
# of Females _______________

List ages of participants

**Migration Experience**

- Tell us a little about your experience leaving Venezuela.
- Place of habitual residence in the country of origin

- How did you travel to Venezuela?
- Whom did you travel with?
- How long did it take you?
- What memories do you have from the journey?
- Are you separated from family members (parents and/or caregiver and siblings)?
- If yes, when do you hope to be with them again?
- How many adults reside in your household?
  - # Reside in male-headed households* _______________
  - *reside in a household/family where male makes majority of income and majority of decisions
  - # Reside in female-headed households* _______________
  - *reside in a household/family where female makes majority of decisions

- Who are the other adults in your household?
- How many children reside in your household?
- Are there children in your household that are not biologically related other members?
- Are there children in your household who are traveling without their biological parents?

**Migration**

- When did you arrive in Colombia, and when did you arrive in this city of __________?
- How did you enter the country?
- Were you able to enter the country on a regular basis?
  - Why didn’t you come on a regular basis?
- What identification document do you have now?
- Do you want to apply for asylum?

**Experience in Colombia**

- What are the good parts about being in Colombia?
- What are the hardest parts about being in Colombia?
- Where do you live?
• Have you faced any obstacles finding a home?
  ○ What obstacles
• Have you had to resort to any activities that involve a risk to you or your family in order to cover your basic needs?
• How have the interactions with Colombians been?
• Presently, where do you feel most safe?
• Is there any place where you do not feel safe?
• What are some situations which make you feel stressed or worried?
• What do you do feel calmer?

• Do you have plans for where you will go in the next week? Month? Year?
• Where do you plan to settle?

• If you plan to settle here, what do you need in order to do that?
  ○ What services do you need?
  ○ What services do you believe your children need?

• Have you been to a health center?
  ○ Type of Health Center
  ○ If you didn’t get attention, what is the reason?

• Are you currently employed?
  ○ What is your current employment?

• During your time here, have you felt discriminated against?
  ○ In what way?

• What is your priority need in this country?
• What are your primary safety concerns for the children in your household, if any?

Mental Health/Psychosocial Services (PSS)

• Do you or a member of your household struggle with mental health issues?
• Have you or a household member received mental health services?
• From whom did you receive services? What type of services were provided?
• To what extent were you satisfied with the services?
• Why were you or your family member satisfied with services?
• Why were you or your family member NOT satisfied with services?
• Would you or the household member be open to receiving a service that may help relieve symptoms?
Adolescent Focus Group Discussions

Date _______________  
Location _______________

Total Number of People in Focus Group _______________

Demographic Information

# of Males _______________
# of Females _______________

List ages of participants

Migration Experience

1. Tell us a little about your experience leaving Venezuela.
   a. How did you travel to Venezuela?
   b. Whom did you travel with?
   c. How long did it take you?
   d. What memories do you have from the journey?

2. Are you separated from family members (parents and/or caregiver and siblings)?
   a. If yes, when do you hope to be with them again?

3. How many adults reside in your household?
   a. Are you traveling with your biological parent?
   b. Who are the other adults in your household?
   c. # Reside in male-headed households* _______________
   
   # Reside in female-headed households* _______________

   **one of the members of the household recognized as the head of the unit by the
   other members of the household unit, or by himself (or herself) if living alone.

4. How many children reside in your household?
   a. Are there children in your household that are not biologically related other
      members?
   b. Are there children in your household who are traveling without their biological
      parents?

Migration

5. When did you arrive in __________?

6. How did you enter the country?
Experience in Colombia

7. How has your experience been in Colombia?
   a. What are the good parts about being in Colombia?
   b. What are the hardest parts about being in Colombia?
8. How have the interactions with Colombians been?
9. Presently, where do you feel most safe?
10. Is there any place where you do not feel safe?
11. What are some situations which make you feel stressed or worried?
12. What do you do feel calmer?

Current Situation

13. Do you go to school? Do the children in your household go to school?
   a. If not, when do you hope to go to school?
   b. What are the barriers to going to school?
14. Do you currently play any sports, or participate in any hobbies? What do you do for fun?
   a. If no, what activities would you like to do?
15. Are the adults in your household currently working?
   a. If yes, where?
   b. If yes, where do you and/or other children in your household stay while they are working?
16. Are you currently working?
   a. If yes, what are you doing for work?
   b. If yes, where?
   c. If yes, how often do you work (about how many hours per day, about how many hours per week)?
17. How often do you eat a meal? What do you eat most often?
   a. Do you have access to clean drinking water?

Hopes

18. If you could change one thing about your situation right now what would it be?
19. What do you hope will happen in your life in the next 6 months?
20. If you could receive any service, what would it be?

Community

21. What do you think led to the current crisis situation in your home country?
22. Are there Venezuelan children and adolescents in the area that are not cared for by an adult?
23. If yes, do you know specific cases of children and adolescents who are not being cared for by an adult?
   a. How many?
   b. Ages?
   c. Where are these children residing?
24. Do you feel families are being separated due to the crisis? How is this impacting families?

25. Have you or members of your household experienced discrimination since arriving in current city?
   a. If yes, in what way?