



Scottish Government
Riaghaltas na h-Alba
gov.scot

Scottish Government Humanitarian Emergency Fund

Colombia 2019 Integrated Report



Lady and her daughter in Baranquilla after receiving food vouchers and other support from HEF funded Tearfund project



Contents

1. Executive Summary
2. Context
3. Tearfund Project – Plan and Impact
4. SCIAF Project – Plan and Impact
5. Project Approaches
6. Monitoring, Evaluation, Accountability and Learning (MEAL)
7. Key Challenges
8. Finance
9. Conclusions

HEF Impact in Colombia/Venezuela



£110,000 awarded for project in Northern port of Baranquilla

£110,000 awarded for projects in Velez and Yopal



Meals and other food items to 13,000 people



Cooking utensils and other non food items (NFIs) to 10,000



Psychosocial support and legal guidance to 14,000



Temporary shelter and accommodation for 2,000



Medical assistance for 1,000 migrants



1. Executive Summary

This activation of the HEF released £220,000 which was equally divided by Tearfund and the Scottish Catholic International Aid Fund (SCIAF) to provide urgent humanitarian support for thousands of people in Venezuela who had fled political unrest and an acute economic crisis in neighbouring Colombia.

Tearfund met or exceeded its objectives in delivering nearly 4,000 non-food items to improve living conditions and hygiene for migrants. More than a 1,000 people were given medical assistance, 500 were given hygiene kits and 500 heads of household were given vouchers at local shops prioritize their purchases, increasing self-esteem and empowerment.

SCIAF exceeded all its objectives in providing food support to more than 13, 000 Venezuelan migrants. More than 6,000 received non-food items including hygiene kits and clothing with nearly 2,000 receiving temporary shelter. An additional 14,000 people were given psychosocial support and/or legal guidance on appropriate documentation.

Both project teams ensured there was strong co-ordination with national and local agencies as well as other NGOs to improve the effectiveness of their responses and to avoid duplication. They also had good MEAL systems in place to ensure responsiveness to the needs of beneficiaries and to maximise learning for future intervention of this kind.

2. Context

Following a highly contested presidential election in January 2019, a political crisis rapidly escalated between supporters of the President, Nicolas Maduro and the head of the National Assembly, Juan Guaido, who declared himself President. The crisis seriously exacerbated long term economic difficulties and hyperinflation which had left an estimated 3.7 million people in Venezuela malnourished, with major shortages of food and medicine.

An estimated 3 million Venezuelans fled into neighbouring countries in search of medical and social support and/or to escape threats of violence from political opponents. More than 1 million migrants were already estimated to be in Colombia by the end of 2018 with expectations this figure could double by the end of 2019.

Many families had to seek informal shelter in parks, streets and vulnerable neighbourhoods with up to 30% of households suffering moderate to severe food insecurity and expectant women or those with small children particularly at risk.

3. Tearfund's Project

3.1 Project Plan

The HEF funding allowed Tearfund to extend their emergency support for Venezuelan refugees in Columbia. Tearfund had already implemented 2 projects in 3 communities in the city of Barranquilla near the Caribbean coast of Colombia, supporting more than 800 families with basic items like food vouchers and meals for children under 10, NFI, school and hygiene kits as well as medical support and advice on how to generate an income in the country. This additional funding would support a further 500 families and to build on the learnings from the previous projects. Working through their local partner CORSOC¹, Tearfund planned to reach migrant communities that no aid organisations had reached with food vouchers, NFI kits and WaSH² support the only aid the migrant communities were receiving.

3.2 Project Impact

The Project was successful in meeting the agreed objectives within the timeframe:

1. 3878 people received a range of non-food items prepared and distributed from local stores Including water containers, pans, plates, spoons, cups, bowls, a jar and a cooking pot. This improved the living conditions of the beneficiaries and supported better hygiene in food preparation
2. 407 women and 93 men (head of households) received hygiene kits for their families. Each kit contained toilet paper, soap bars, toothpaste and brushes, deodorant, sanitary towels, shaving blades and talcum powder. The beneficiaries described these as a “luxury”, as their low budget meant they had little money to buy these kinds of items. The families expressed their satisfaction with the professionalism and respect in the delivery of this support in a timely manner.
3. 1175 people were given medical assistance at 4 different church locations in La Luz, Los Angeles, Granjas and Villa Caracas. This was 11.8% higher than target due to higher demand but was achieved without increased cost. 190 children were also cooked meals at Los Angeles and Villa Caracas and some were given dental check-ups. Those with more chronic diseases were referred to health centres or taken to the IOM (International Organization for Migration), who took on responsibility for ongoing problems.
4. 500 heads of households (129 men and 371 women) were also given “market gift cards” for a chain of supermarkets. The beneficiaries said these vouchers allowed them to manage their money and prioritize their purchases, increasing self-esteem and empowerment.

The Venezuelan refugee communities said the project met their highest priority needs. In addition, the project indirectly contributed to disease prevention as beneficiaries were taught

¹ La Corporación para el Desarrollo Social Comunitario (CORSOC) - Community Social Development Corporation

² Water, Sanitation and Hygiene

hygiene practices before food preparation. The refugees also received additional psychosocial and spiritual support (funded by local churches) as well some schooling for some children via other support groups. The churches provided a place of refuge and hope with some families sharing their support with others or sending help back to their families in Venezuela.

4. SCIAF Project – Plan and Impact

4.1 Project Plan

SCIAF already had well established humanitarian responses in the border regions with Venezuela but this funding allowed their Caritas local partner, SNPS to address unmet need along migrant routes into Colombia where there hadn't previously been any other humanitarian intervention.

The project worked in 2 local dioceses, Yopal and Velez, to the North East of the capital Bogota, where a limited range of services for migrants has started through local donations and volunteers, typically the supply of just bread and a hot drink. The project formalised better service delivery with distribution centres and structured services including food, WaSH and psychosocial support. 2 shelters were equipped with beds, mattresses, showers, and toilets, providing a space for migrants to rest, wash, and receive support and guidance. Shelters of this sort were not previously available in the project regions.

4.2 Project Impact

The project overachieved in every aspect, delivering services to more migrants than initially planned:

1. The project provided food support to 13,259 Venezuelan migrants. This outcome was 25% above project targets. Nearly 12 thousand migrants who were walking along roads into Colombia and beyond, received either a hot meal or 2 energy-rich snacks and hydration. 1,283 migrants who intended to stay in the area were given food support for 2 months. Large families and female headed households, along with pregnant or lactating women, the elderly, sick or those with disabilities were prioritized through existing parish networks.
2. 6,339 migrants again selected on vulnerability, received non-food items (NFIs) to support them on their journey through Colombia. This was 27% above target and included 5,483 customized hygiene kits and 242 clothing kits with a further 614 people receiving transport support.

3. 1,897 people received shelter for at least 1 night (and up to a total of 5 nights), allowing the most vulnerable migrants the chance to rest and recover and receive additional psychosocial support and guidance. This was 90% more than planned

4. 13,990 people were given psychosocial support and guidance through group therapy sessions or individually. Of these, 3,819 received help to get the appropriate legal documentation for their time in Colombia. This was 32% more than planned.

5. Project Approaches

5.1 Tearfund

Beneficiaries were selected impartially, based on the evaluation of their needs, capacities, risks and vulnerabilities (including age, special needs and gender). Every effort was made to treat each person with respect, dignity and with consideration of their capabilities. The supply of hygiene kits promoted feeling of dignity and worth with families saying they could not get such items at home in Venezuela. Families were accompanied when receiving help so that quantity and quality of products and services could be verified and support in their use could be offered.

Tearfund also worked with the suppliers to make sure that there was adequate supervision and documentation of the processes as well as improvement in the bidding, purchase, packaging and delivery of the products.

Tearfund worked through its local implementing partner, CORSOC and alongside other agencies to ensure there was no duplication of activities within the communities, liaising with the communities themselves and the churches involved. The feeding component of project was done with Danish NGO, Action against Hunger and UNICEF.

Tearfund was also part of an interagency group for migrants, GIFMM³ which helped highlight dangerous areas of the city for migrants and push for safer alternative locations. The group also identified that migrants needed help to establish their legal status so working with the IOM and UNHCR they secured support from the local governor's office to provide advice. IOM also supported better medical treatment for those with chronic diseases whilst local churches were able to provide complementary psychosocial and spiritual support.

5.2 SCIAF

SCIAF's sister agency, Caritas Colombiana (SNPS) worked with local dioceses to create implementation teams with a project lead (social worker), logistical support, and admin support. Both teams relied heavily on volunteers as the project required more human resources

³ Interagency Group of Mixed Migratory Flows of Colombia

than initially expected. Existing service providers were mapped and there was co-ordination with local authorities and other agencies to ensure official approval for the work and to avoid any duplication.

SNPS provided technical support to both dioceses, particularly in the digital M+E system which was established to monitor the project. They also coordinated with the national humanitarian cluster and provided connections with a programme run in the capital, Bogota. SCIAF provided constant oversight and support to SNPS as required, carrying out a project visit during the first month of implementation to ensure the project was meeting the needs of the Venezuelan migrants.

Both local project teams identified health support as a significant gap in the project with migrants in need of medication, vaccines, sexual and reproductive health support. Those people were directed to other service provider identified during pre-project mapping. For example, the Colombian Institute of Family Wellbeing (ICBF), was able to provide nutritional support for babies and young children.

6. Monitoring, Evaluation, Accountability and Learning (MEAL)

6.1 Tearfund

Monthly monitoring and evaluation reports were established with the partner to monitor indicators and the delivery of the items, as well as monitoring the payroll of the implementing staff. Tearfund maintained regular contact with CORSOC to respond to possible modifications of the project. Home visits were made to the beneficiaries to verify the delivered items, and these visits were also used to collect stories and feedback for future emergency care.

Tearfund local staff and Tearfund's regional Leader visited the project and monitored implementation e.g. the medical assistance and the distribution of items to the beneficiaries. Beneficiaries gave their feedback through separate focus groups, where children, women and vulnerable people had space and time to talk about the physical and emotional impact of the project as well as their future needs.

At meetings with the beneficiaries, the project sought feedback on activities such as quantities received, description of articles and services, place and date of deliveries etc. and confirmed that the assistance provided corresponded to what was planned. It was also reported that deliveries were punctual.

People were free to buy what they needed with the vouchers. There were special cases; for example, a beneficiary said that her biggest need was to pay rent and she was able to exchange the voucher with another client in the supermarket.

One of the ways the beneficiaries influenced the Project was on medical consultations. Due to the need and on the request of beneficiaries, some people were attended at home due to physical impediments that prevented them from leaving the house.

Posters were distributed in the community with telephone numbers to report complaints and feedback mechanisms.

An independent project evaluation was carried out and an assessment was also made based on Tearfund Quality Standards.

An evaluation was carried out by an independent consultant so that beneficiaries could express themselves freely. Findings included:

- 91% of the participants valued the way CORSOC carried out the activities and were respectful and friendly towards the migrant population.
- Although the Emergency Program only provided for very basic needs for 3 months, it also generated a sense of recovery for the migrants in treating them with dignity as people, both for the type of elements such as the personal hygiene kits, and for the treatment received by the work team.
- The beneficiaries were able to identify their development priorities at the end of the project i.e. the regularization of their situation in Colombia and having a job or productive assets to generate income that allows them to meet the basic needs of their families in Colombia and those that remain in Venezuela.

6.2 SCIAF

The project worked with a new digital MEAL system being piloted by SNPS called CommCare, supported by CRS (Caritas USA). This system was adapted for our project, and was implemented in the field using 5 tablets

Despite some early technical issues, the use of 5 tablets helped speed up registration and streamline the whole MEAL process. Data on the number of people attended to each day, their sex and age, could be accessed immediately, helping to tailor the project to the needs of each individual migrant (hygiene kits etc.). Satisfaction survey data was also quickly available allowing local and national teams as well as partners to capture feedback and learning on a regular basis.

Feedback from migrants was generally very positive, however requests were regularly made for support in health, medicines, shoes, backpacks, and recreational activities for children. Whilst the project was not able to provide these services, it was able to make links with other service providers, particularly in the Yopal region.

7. Key Challenges

7.1 Tearfund

A few minor changes were made to the project to adapt to the situation as follows:

1. In the WASH Kit, the type of water container provided was changed. It was initially planned to give a water container that had a faucet but that would have needed to sit on a table to work. Considering that the greatest need was for water storage and most families do not have a suitable table to place the container on and their rooms are very small, they were instead given a larger container that could be placed on the floor. In addition, the project did not need to provide chlorine tablets because the water they have access to is clean; they collect it from a service tap provided by the city.
2. The medical assistance was planned to be given within the clinic established premises, but in view of the need and request of some people, home health care was given to sick people in their homes.
3. With the voucher component, there was a delay in the supplier signing the voucher purchase contract because the contractor's legal representative is based in Medellín, so the operation took longer than expected, however, it did not affect the achievement of the objectives. The director of CORSOC went to Medellín to sign the contract.

The changes made were small but had positive results for the beneficiaries and the implementing team and did not affect the result or the expected end time of the project.

7.2 SCIAF

The project was implemented as planned, with only minor adjustments to ensure it met the needs of Venezuelan migrants.

- In Yopal, the distribution points had to be moved to the outskirts of the city, away from the shelter, which complicated the logistics, but the team and volunteers were able to adjust to cope.
- Clothing kits were adjusted to meet the actual climatic conditions the migrants were likely to face during their journeys.
- Transport costs proved lower than expected, so more migrants than planned were able to benefit from this service.

The new CommCare MEAL system took longer than expected to set-up, and for the first 2 months manual records were kept of all project activities. This required manually filing in several forms for each project participant, which was extremely time-consuming. It also meant that manual records had to be compiled at the end of each day to calculate how many people had received support, and participant satisfaction surveys had to be reviewed and tabulated daily.

8. Finance

8.1 Tearfund

The only budget line that was overspent by more than 10% was the 'other' line. This was due to additional costs to conduct the focus groups and covered costs such as a van driver to carry the Consultant and facilitators to the different communities and snacks for the participants as the assessment took a relatively long time.

8.2 SCIAF

The actual exchange rate received on funds transferred to Colombia was slightly higher than budgeted, giving rise to an exchange rate gain of £2,534. Approval was given to use this to fund additional service provision in the refugee shelters.

Budget line A5 Camp Management and Coordination is therefore showing spend of 143% and this is offset by slight underspends in other budget lines.

Approval was also given to transfer a project underspend of £1493 in transport costs (Budget line A15 Other) to WASH, NFI and food items. However, the demand for transport subsequently increased due to the announcement of the closure of the Ecuador border on 25 August 2019. Transport is therefore slightly overspent.

9. Conclusions

This HEF funded project delivered through local partners by Tearfund and SCIAF provided a variety of vital humanitarian assistance to thousands of people who had fled neighbouring Colombia, supplying basic needs and helping them find their feet in strange surroundings in a foreign country. The projects over delivered on their targets on time and to budget in line with key humanitarian standards and provided further learnings for the agencies and their partners in their ongoing work to support this migrant population.