CASE STUDY FROM COLOMBIA

MULTI-PURPOSE CASH TRANSFER 'PLUS': Maximizing impact on children through integrated cash-based programming

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ACF - Action Against Hunger
BMS - Breast Milk Substitute
CCD - Cash Collaborative Delivery
CP - Child Protection
EBF - Exclusive Breastfeeding
ESS - Eligibility Scoring System
FCS - Food Consumption Score
FGD - Focus Group Discussion
FFP - Food for Peace
IRC - International Rescue Committee
CRS - Catholic Relief Services
ACF - Action Against Hunger
NRC - Norwegian Refugee Council
IYCF - Infant and Young Child Feeding
HDDS - Household Dietary Diversity Score
HH - Household
KAP - Knowledge, Attitudes and Practices
MPCA - Multi-Purpose Cash Assistance
MPC - Multi Purpose Cash
MHPSS - Mental Health Psychosocial Support
MEB - Minimum Expenditure Basket
MoU - Memorandum of Understanding
NFI - Non-Food Items
OCHA - Office for Coordination of Humanitarian Assistance
OFDA - U.S. Office of Foreign Disaster Assistance
OIM - International Organization for Migration
PDM - Post Distribution Monitoring
PFA - Psychological First Aid
PLW - Pregnant and Lactating Women
RCSI - reduced Coping Strategy Index
SC - Save the Children
SBC - Social Behavior Change
SGBV - Sex and Gender Based Violence
SRHU - Sexual and Reproductive Health Unit
STI - Sexually Transmitted Infections
UN - United Nations
UNHCR - United Nations High Commissioner for Refugees
WASH - Water, Sanitation and Hygiene
WFP - World Food Program

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Executive Summary

In 2018, with the support of OFDA and FFP, Save the Children implemented a multi-purpose cash transfer 'Plus' program in response to the influx of Venezuelan into Colombia. The program aimed at covering vulnerable household's basic needs and prevent them from resorting to negative coping strategies, notably affecting the protection and nutritional status of children. In addition to the monthly transfer of multi-purpose cash grants, Save the Children provided its beneficiaries with Child Protection and Nutrition support, consisting of IYCF activities and provision of recreational and psychosocial support through CFS and case management. Results from this case study highlight the effectiveness of MPCA as a tool to tackle the financial causes of shelter, WASH and food insecurity, as well as its positive multiplier effects on other sectors such as Child Protection, Nutrition and (to a certain extent) Education and Health, particularly when combined with soft complementary activities. It also provides sector specific recommendations that can be applicable to the Venezuela response and other large-scale migration responses. Key challenges and recommendations identified in this case study are:

For Multi-Purpose Cash:

- The use of referral systems for targeting is an effective approach to reach the most vulnerable households that might be affected by other forms of vulnerability than socio-economic ones, but requires longer timeframe to set up. It is recommended to combine the referral approach with more direct identification methodologies (such as blanket screening or mobile identification) during the start up of the program in order to increase the speed of aid delivery.
- Maintaining a rolling targeting approach enabled the regular selection of new beneficiaries across time, adapted to the migration trends and patterns.
- The MPCA can have unplanned multiplier effects, which can be further leveraged through integrated programming if identified in a timely manner (for instance, through PDMs).
- Provision of MPCA might not be sufficient to meet all sectorial needs, and might require additional support provided through a different modality (ex: service or in-kind) in specific contexts (lack of running water in informal settlements). Sufficient assessment, monitoring analysis and program/budget flexibility is required in order to adapt the program on time to meet sectorial needs.
- Increasing the MEB value for the first month of assistance enables displaced households to purchase more expensive but highly needed and reusable goods (ex: cooking kits; sleeping kits) immediately, instead of waiting for each monthly transfer.
- Consider desegregating some expenditures factored into the MEB per capita, ensuring some specific household's members needs (ex: baby kits) can be met through top ups while maintaining cost-effectiveness.

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For Child Protection:

- The integration of MPCA and CP into a single program had a positive impact on child wellbeing and child protection outcomes. More specifically, the integration of cash and case management proved to be an efficient way to reduce risks associated to neglect, armed recruitment, child labor, physical violence, and sexual violence.
- The use of the prioritization of expenditures tool used by social workers was highly appreciated by the beneficiaries reportedly helped them better with planning and focusing their expenditures on goods and services that would benefit their children.
- Nevertheless, monitoring of CP outcomes needs to be better integrated in the MPCA monitoring plan, in order to further build evidence around the impact of this integrated approach and inform the design of future child sensitive social protection/safety net programs.

For Nutrition:

- Consider the specific kcal and micronutrient needs of PLWs and children from 6 – 23 months in the design of the food basket, tailoring the transfer value to household composition.
- Include individual indicators of food security and nutrition for PLWs in order to enable better measurement of MPCA impact on their food security and nutritional status.
- Refine the expenditure monitoring to ensure potential purchase of BMS is captured and can inform IYCF activities throughout the program if needed.
- Refine the monitoring of IYCF activities in order to better measure the impact of MPCA on IYCF practices, for instance by adapting the sample size to targeted age groups, disaggregated by nationality, children whose parents are cash beneficiaries, and children whose parents are not cash beneficiaries.
- Set up a bi-directional referral system model, where beneficiaries of both MPCA and IYCF can be mutually referred throughout the program.

Case Study

INTRODUCTION

Venezuela's rapidly deteriorating economic and political situation, which brought hyperinflation, unemployment, and food shortages, has caused substantial increases in migration flows out of Venezuela since 2015, most notably into Colombia. To date, 1.4 million Venezuelans live in Colombia, but only 750,000 are registered with the Colombian government and own official documents; most Venezuelan migrants cross the border through informal entry points due to fear of deportation and detention. Their subsequent irregular immigration status poses major barriers in terms of access to work, basic services, and legal protection. Many migrant children and adults have limited access to healthcare and education and lack the financial resources to buy food and meet other basic needs, obliging them to resort to negative coping strategies such as informal hazardous labor, exploitation and begging in order to survive and guarantee basic needs. To prevent further deterioration of vulnerable and at- risk populations livelihood and food security conditions, and to reduce the use of negative coping strategies, Save the Children (SC) responded to the crisis through an integrated multipurpose cash transfer intervention program, covering minimum costs related to food, shelter, WASH, and Non-Food Items (NFIs), with complementary Nutrition and Child Protection (CP) activities, funded by Food for Peace (FFP) and the U.S. Office of Foreign Disaster Assistance (OFDA). Further on during the program, health activities were set up and partially integrated into MPC programming. The program was implemented between September 2018 and September 2019, in collaboration with Cash Collaborative Delivery (CCD) platform members.

THE HUMANITARIAN CONTEXT

The crisis in Venezuela caused an unprecedented flow of migration in Latin America, with as many as 5,000 people estimated to be crossing the border in to Colombia daily as of early 2018. Reasons for this massive displacement are varied and include lack of food, medicine, or access to essential social services as well as loss of income due to the economic situation in Venezuela, where even households with consistent employment do not earn enough to survive. Threats from armed groups, fear of being targeted because of political opinion, insecurity, and violence are also major reasons pushing people to cross the borders into neighboring countries. Despite the effort of the Colombian Government to regulate the migration flow, as of March 2018, 68% of the affected populations were estimated to have irregular migratory status, lacking the right to work and access to basic legal and protection services. Venezuelan and Colombian children without legal documents have extremely limited access to healthcare and free education, which increases the number of children out of school rates and subsequently protection concerns, and creates an additional financial burden for families already struggling for survival. Migrants that come to Colombia with an irregular status find it difficult to generate income, as they do not have a work permit. Xenophobia and social conflict is on the rise and is exacerbated by competition for work and armed conflict. Among the displaced migrant population, factors that increase vulnerability include staying in the border areas where individuals are at risk of exploitation, crime, and trafficking, and lacking resources and documentation to move into the interior of the country, away from borders and risks of violence from ongoing insecurity. Pregnant women do not have access to prenatal care and adolescents, including unaccompanied and separated children, face an even higher risk of sexual exploitation, trafficking, and recruitment from armed groups.

Results from multi-sectorial assessments conducted by Save the Children (SC), other CCD members, and the UN emphasize the complexity of the situation and the need for an integrated response, which would cover the multiple needs of the affected population.

A child rides on its parent's shoulders at the Venezuela-Colombia border crossing in Cucuta where 35,000 cross a day. Credits: Sacha Meyer, Cucuta (Norte de Santander) Colombia, 2018.

- **Protection Needs:** Many migrant families were separated, which increased the numbers of female-headed households and unaccompanied children among the influx, who are often forced to employ

high-risk coping strategies to access basic resources. Main protection risks for children on both sides of the border included trafficking and smuggling, sexual exploitation and survival sex, child labor, and recruitment into armed groups, disappearances, and family separation. Sexual violence against women was particularly concerning in the departments of Arauca and La Guajira, where the cases ranged from domestic violence to violence perpetrated by members of armed groups, including crimes of torture and sexual slavery. Cases of sexual abuse against children as young as four were reported in border areas, including in migrant transit center. Resorting to survival and paid sex also emerged as a negative coping strategy for women and adolescents unable to purchase food and medicine for themselves, their children, or family members. Interviewed women also described the dangerous conditions of the journey and the costs associated with paying armed men to cross the border, leaving them with little to no resources upon arrival in Colombia.

- **Shelter Needs:** One of the main causes of protection risks affecting women and children was the lack of enough resources to access adequate and safe living conditions. Most families could not afford to rent basic living space in cities when they arrived, and were therefore forced to live in informal settlements, in overcrowded spaces, shelters, or on the street.

- **WASH and NFI needs:** In addition to basic shelter, families lacked enough resources to cover the costs of basic utilities (electricity, water), to prepare food (cooking materials or fees charged to use a kitchen), or to purchase basic hygiene items. Lack of access to hygiene and water further exposed vulnerable populations, such as children, pregnant and lactating women (PLW), or the elderly to risks of diseases, including measles, diphtheria, dengue, and malaria.

- **Food Security and Livelihoods Needs:** The food insecurity of affected populations reached alarming levels and was ranked as the top priority need by the Office for Coordination of Humanitarian Assistance (OCHA) in locations such as La Guajira. The WFP, IOM, and UNHCR joint assessment carried out at the end of 2017 indicated that 90% of interviewed Venezuelans were experiencing food insecurity or were at risk of becoming food insecure, and that two-thirds were relying on negative crisis coping strategies, and 19% on emergency strategies (such as child labor, transactional sex and begging) to obtain food and meet their basic needs. Many reported that it was common to spend entire days without eating, and that any money earned would be used for food and shelter in order of priority, further reducing disposable income necessary for other essential non-food needs. Almost half of the Venezuelans surveyed by the IRC did not have anyone in their household generating an income. Those who were generating income relied on the informal sector, which dramatically increased their risks of exploitation and connection to illicit trafficking. Those who earned an income sent some, if not most, of what they earned back to their remaining family in Venezuela. While skilled and professional profiles were quite varied, lack of legal work authorization prevented Venezuelan migrants from being self-reliant.

Duviaska (3) hugs her mother Norida
Credits: Jenn Gardella/Save the Children, Maicao, Colombia 2019

- **Nutrition Needs:** Limited access to food, both in quantity and quality, and limited opportunities for increased income generation also put at risk the nutritional status of vulnerable populations, in particular children and PLW. Before fleeing, most women and children had already spent months living in food insecurity in Venezuela, and displacement and lack of financial resources in Colombia put optimal IYCF

practices at risk and exposeed infants and young children to malnutrition and increased risk of mortality. Although wasting remains low (3%) and is considered as "acceptable," cases of malnutrition are under-reported, and malnourished children are usually detected in their most advance stages. 17.5% of children under 5 were suffering from iron deficiency anemia. Similarly, in Arauca, 27.8% of pregnant women had a low weight for their gestational age (15% in La Guajira) and 27% were suffering from iron deficiency anemia. While breastfeeding is a common practice among Venezuelans, and early initiation of breastfeeding is largely practiced, exclusive breastfeeding (EBF) seemed to be neither well understood nor perceived as relevant by Venezuelan women. Levels of exclusive breast were deficient, and the rates of premature introduction of mixed feeding practices along with water and other liquids were very high. Timing for the introduction of food was also not adequate, and caretakers were not following a clear pattern as to what kind of food to introduce at different ages.

In order to prevent further deterioration of vulnerable and at risk populations' living and food security conditions and to reduce the use of negative coping strategies, Save the Children SC implemented a multipurpose cash transfer program aiming at covering minimum costs related to food, shelter, WASH, and Non-Food Items (NFIs) while also providing Child Protection CP and, Nutrition, and Health activities to beneficiaries families.

Lilibeth (23) and Ivana (nine months) wait in line to receive the Save the Children's services. Credits: Sacha Meyers, Maicao (La Guajira), Colombia 2019.

PROGRAM DESIGN AND IMPLEMENTATION

Although in Colombia there are national protocols for the integrated management of acute malnutrition, Venezuelan's access to healthcare is limited, and children are unable to access nutrition services. There is a widespread use of bottle feeding and Breast Milk Substitutes, a situation aggravated by the bad water, sanitation, and hygiene (WASH) conditions in the settlements, especially in La Guajira were the water quality is very poor.

Box 1: Recap of MPG + Activities

MPG: 13,183 beneficiaries received 3 months of unconditional multipurpose cash assistance, followed by two months of unconditional cash transfers designed to cover the costs of a minimum food basket. The length of cash assistance was calculated to provide households sufficient time to complete the regularization of their legal status and to find income generating opportunities. Cash was accessed through bank cards and transferred monthly.

Nutrition: 1,344 caregivers with children under two participated in workshops promoting exclusive breastfeeding EBF and complementary feeding, providing health and hygiene education, and promoting maternal nutrition. Sensitization around IYCF best practices was also conducted during each MPG distribution. Dedicated spaces were organized for PLWs, where baby kits and comfortable sitting areas were at the disposal of mothers; as well as more comfortable sitting areas to ensure the comfort of PLW. PLW were given preferential

treatment because they were also the first to receive the cards, preventing them from having without having to queue. Overall, 63 workshops were conducted, reaching 1,344 beneficiaries. The nutrition team also completed mass market social behavior change (SBC) for world breastfeeding week in order to increase advocacy and support for establishing and enabling breastfeeding environment and spaces, as requested by beneficiary communities.

Child Protection: SC provided of CP case management and psychosocial support services along with community mobilization activities to children, families, and communities living in the areas targeted by the MPG program, as well as community strengthening initiatives within the same locations. SC case workers identified, assessed, and provided regular support through domestic visits and psychosocial support structured sessions to children and families who were survivors/at risk of abuse, and responded to cases of neglect, separated, and/or unaccompanied children. This included regular home visits by a case worker, psychosocial support structured sessions (focusing on positive discipline, stress management, life-skills, communication skills, and sexual and reproductive health) and psychological first aid for children with signs of distress. Based on the needs identified, evaluations, and individual intervention plans, children were also referred to relevant SC services such as MPCA, Health, Education, Nutrition, specialized Mental Health Psychosocial Support (MHPSS) and Governmental specialized agencies. Additionally, through another project, 7 static Child Friendly Spaces and 3 mobile Child Friendly Spaces (CFS) were set up established in key locations (such as migration centers, shelters, cash distributions sites, informal settlements) and provided an extensive curriculum of recreational and psychosocial support activities for children and adolescents. Children from cash beneficiary families were also referred to these safe spaces. Community sensitization events were also held in order to provide information sessions about child rights, risks of abuse, psychosocial well-being, and procedures on how to obtain regular documents and services available that ensured prompt and safe referrals of children and families in need to specialized services such as case management, health, and legal support.

Health: In La Guajira, SC's Sexual and Reproductive Health Unit (SRHU) provided antenatal, postnatal, family planning, STI treatment and prevention, MHPSS, Sex and Gender Based Violence (SGBV) services, and case management to the most vulnerable women, adolescents and children. Since its entry into operation in April, SRHU has been able to treat more than 5,000 patients (mainly pregnant women).

DESIGNING THE MEB CONTENT

The Minimum Expenditure Basket (MEB) was designed by the CCD partners responding to the crisis (IRC, CRS, ACF, NRC and Save the Children SC) based on specific needs, availability, and cost of specific goods. The amount of the multipurpose cash transfer was meant to cover the minimum costs to purchase food and access basic needs such as hygiene items, transportation, temporary housing, and personal non-food items.

Table 1: Minimum Expenditure Basket

Sector	Sub-category	Amount for HH of 4 (COP)
Food		384,000
NFIs		106,667
Hygiene	General	38,492
	Female	7,803
	Children under 2	76,000
Shelter	Rent	150,000
	Utilities	80,000
Transportation		40,000
Total MPCA		882,962
Health (excluded)		70,988
Education (excluded)		34,403
Total 100% MEB		988,353

The Food Basket was calculated to cover 100% of kcal needs per month, including culturally appropriate staple commodities and, as well as more nutritionally diverse items, and was harmonized with the WFP basket. The basket included: rice, beans, oil, flour, eggs, tomatoes, bananas, and

onions (covering between 50 and - 100% of most required micronutrient needs, as per Nutval calculations).

The Shelter and NFI Basket was calculated to cover the minimum costs to rent a room in target locations, to pay for associated utilities (water and electricity), and to purchase basic kitchen and sleeping kits. Most rental spaces came without basic furniture, and Venezuelans reported not having the financial means to invest in cooking and sleeping items, which, while being reusable, are remain expensive items, especially for newly arrived families arriving with limited or no income or savings. The NFI basket included the costs of cooking pans, cutlery, plates, a chopping board, a hammock/mattress, towels, blankets and mosquito nets. Finally, given that most Venezuelans were located in urban and peri-urban areas, transportation costs were also included to the MEB calculation, considering average monthly costs to travel to main markets and/or administrative offices and clinics. This was also considered as an important expenditure for newly arrived households seeking labor opportunities in urban centers.

The WASH Basket was calculated to cover the minimum monthly cost to purchase basic hygiene items, including toothbrush and paste, soap, and toilet paper. Given the high proportion of women travelling with children, sanitary napkins, baby cream, wipes, and diapers were also added to the WASH Basket.

The Health Basket was calculated based on the amount set by the governmental social protection program 'Más Familias en Acción' (70,988 COP per family per month).

The Education Basket was also calculated based on the average amount set by the governmental social protection program 'Más Familias en Acción', which varies varied depending on the grade and municipality. On average, the monthly costs were estimated at 34,402 COP.

CALCULATING THE TRANSFER VALUE

The transfer value was calculated considering two key factors: prices of each goods and services on local markets, and household size.

- Prices of Food and NFI items were collected in each target location in main markets, small shops and supermarkets where Venezuelans would typically shop. Given the variety of brands for certain items, the cheaper brands were selected with the assumption that beneficiaries would not prioritize more expensive brands given their financial situation.

  As there was little to no discrepancy of prices between target locations, the same basket value was kept for both Arauca and La Guajira. Regarding rent and utilities, the transfer value was estimated based on available information from the humanitarian actors in target locations, rapid price analysis and consultation with Venezuelan communities. No shelter assessment was available at the time of MEB design and the Shelter cluster was not activated.

- Household size was the determining factor of total cash a household would receive. While some sectorial baskets were calculated using the average household size of 4, others were developed on a per-capita basis. NFI baskets (hygiene, kitchen and sleeping items) and transportation costs were considered universal for all households regardless of their size. Shelter costs were the same for households of 2, 3 or 4, and with a top up representing ¼ of those costs was added for each additional household member. This was developed to ensure that smaller or larger families would not be penalized depending on size and still able to rent acceptable accommodation; a. In fact, a per capita amount would have forced smaller families to share a room with other families, and larger families to live in overcrowded spaces. However, the food transfer value was calculated on a per capita basis, in order to ensure all family members' nutritional and kilocalories needs were met.

  Due to prioritization of needs, available resources, and donor preferences, health and education baskets were removed from the transfer value calculations. The value of the transfer also took into account the national minimum wage and the national poverty line to mitigate possible tensions with host communities.

BENEFICIARY TARGETING

Beneficiary Identification

Beneficiaries of MPC assistance were selected based on their socio-economic profile on a rolling basis, using various identification sources including referrals from other humanitarian organizations, referrals from other SC activities (such as CP, Education, Health and Nutrition teams), and direct identification through community mobilization and screening activities.

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Direct identification through community mobilization and screening activities

During community outreach activities, SC teams identified various informal settlements where Venezuelans and Colombians were living in extremely precarious situations. SC teams therefore conducted a screening of each settlement, applying a socio-economic survey to facilitate vulnerability scoring, which led to the selection of 1,385 households out of the 1,699 screened.

Referral Systems from other Humanitarian Organizations

Memorandums of Understanding (MoUs) were signed with other CCD members (Caritas, Mercy Corps), specialized humanitarian agencies (Americares), and governmental institutions (ICBF) to facilitate the referral of vulnerable households identified by partners to SC's MPCA team. As SC did not have health activities at the time, this approach enabled the identification of people living with chronic diseases or disabilities, people at risk/survivors of SGBV, and newly arrived Venezuelans transiting through migration centers. Partners were provided with a form including all selection criteria (see box below) and asked to include basic beneficiary information, contact details, and selection criteria met by the household. SC staff then interviewed referred households, using the standard socio-economic survey. 1,062 households were selected through this identification method out of 3,014 households initially referred. Referrals from medical organizations were the highest, both in terms of number of referrals and selection.

Box 2: List of Identification Criteria used for the Referral System

1. Households not benefiting from other MPCA, voucher or other forms of humanitarian financial assistance
2. Households with limited (1)/no (0) sources of income
3. Women or child- headed households or single fathers in charge of caring for under age children
4. Households living on the street, in informal settlements, or seeking temporary shelter
5. Households with children aged 6-59 months and/or numerous children (high dependency ratio)
6. Households with Pregnant and Lactating Women (PLW)
7. Elderly people who are unaccompanied by family member and also in charge of caring for children
8. Households adopting negative coping strategies to purchase food
9. Household with individuals/children with disability and chronic illness (including mental disability of diseases)
10. Households with survivors of or facing high risk of Gender-Based Violence (GBV), violence, abuse, trafficking, forced labor or separation
11. Households with malnourished children

Dayana and Leangelis' mother, Beatriz, is pregnant and attends Save the Children's clinic in Colombia. Credit: Sacha Meyers, Maicao (La Guajira) 2019.

INTERNAL REFERRAL FROM CHILD PROTECTION (CP) ACTIVITIES

Referral from Child Protection

MPCA teams were twofold: referral of priority highly vulnerable households identified through CP activities, and referral from social workers of cases going through the case management system. SC's CP team implemented a variety of activities in targeted locations and communities, including case management, running Child Friendly Spaces and community strengthening initiatives including sensitization and awareness raising events, formation of CP committees, and training community members in CP, including how to identify child protection concerns and be champions in prevention of concerns within the community, PFA, child rights and referral pathways. By doing so, CP teams had a unique access and understanding of community dynamics and challenges, as well as a high level of community acceptance on behalf of the community.

The MPCA team oriented CP field teams on the socio-economic vulnerability criteria, selection process, and use of the referral form. Upon identification of a family meeting two or more of the selection criteria, CP field teams recorded basic household details and referred the family to the MPCA team.

In parallel, social workers were also able to refer vulnerable households identified through the case management system to the MPCA team. However, in order to prevent any harmful effect on the child or negative multiplier effects at community level, the social workers previously assessed analyzed children's the child's living arrangements (using the Child Best Interest Comprehensive assessment tool) to determine whether household' access to more financial resources would improve the well-being of child, or if there would be risks associated to it. If no negative consequences were anticipated because of the cash, the social worker (with approval from her/his supervisor) would refer the household to the MPCA team in a discreet manner. Overall, referrals from CP teams enabled the referral of 347 households, out of which 307 were eligible and therefore selected for the MPCA program.

The MPCA team was also trained to identify potential cases of children at risk of abuse, and how to safely and confidentially refer these cases to CP teams. During credit cards distributions, CP awareness-raising sessions were also organized for beneficiaries on a range of different CP messages, including signs and risk of abuse for children, child rights, psychosocial well-being for children, and positive discipline.

Internal referrals from other SC Programs

A similar referral system was also made available to the Nutrition and Health teams. The nutrition field team (who were also previously trained by the MPCA team) organized a variety of community trainings on infant and young child (IYCF) feeding in emergencies, aimed to train participants on key issues of exclusive breastfeeding (EBF) and complementary feeding and encourage them to spread the this knowledge within their communities. The participants in the nutrition workshops were all PLW women or caretakers of the MPCA program beneficiaries. Similarly, in La Guajira, members of SC's health team working in SC's Sexual and Reproductive Health Clinic were able to refer cases of highly vulnerable individuals to the MPCA team using the same approach. Although some of those referral pathways were set up at a later stage of the program, this enabled the identification of 135 households, out of which 80 were selected.

Beneficiary selection

Each household referred to the MPCA team had to answer questions from the selection tool, which included all identification criteria as well as an additional food security criterion. The selection tool then assigned a vulnerability score to each identification criteria based on households' answers. Depending on their overall score, households were either selected or excluded from the program. It should be noted that out of the 11 identification criteria, questions related to malnutrition and GBV were automatically inserted in the selection tool using information provided by the referral agency (implying that the enumerators did not ask these questions during household's interview), since MPCA enumerators did not have the capacity to conduct the required diagnostics and verifications to assert whether any of those criteria were valid. In regard to chronic disease and disabilities, enumerators asked if any household members were suffering from any of the diseases recognized in-country as chronic (a list was provided), applying similar standards to explain what was being considered as a disability. Formal medical justification was initially requested, but this practice was discontinued as the vast majority of highly vulnerable individuals interviewed did not have any, and such measure would therefore have caused high exclusion errors.

Food Security Criteria

A single household food security score was generated using the reduced Coping Strategy Index (rCSI), an indicator designed to measure what households do to cope with limited access to food.

The rCSI asks a single the question: "What do you do when you don't have adequate food and don't have the money to buy any?" It is a sub-set of the context-specific Coping Strategy Index but is calculated using a specific set of behaviors with a universal set of severity weightings for each behavior. The five standard coping strategies and their severity weightings are provided in table 2.

Table 2: Reduced Coping Strategies

Negative Coping Strategy	Weight	Total Score Possible
Eating less-preferred foods	1	7
Borrowing food/money from friends and relatives	2	14
Limiting portions at mealtime	1	7
Limiting adult intake so that young children could eat	3	21
Reducing the number of meals per day	1	7

The maximum possible rCSI is 56 and the minimum is 0; the higher the index score, the greater the food insecurity. The MPCA used the Integrated Phase Classification (IPC) looking at the rCSI to categorize the level of food insecurity.

Table 3: Food Security Criteria Scoring

Food Security Criteria	Benchmark	Scoring
Reduced Coping Strategy Index (rCSI) Score		
0 to 4	None	0
5 to 20	Stressed	2
>=21	Crisis-Emergency-Catastrophe	6

Table 4: Social and Demographic Criteria Scoring

Social and Demorgaphic Criteria	Benchmark	Scoring
Benefiting from MPCA, Voucher, or other forms of financial assistance[1]	Benefiting	Excluded
	Not Benefiting	Considered
Source of Income	More than one source of income (secondary and tertiary)	0
	One Source of Income	1
	No Source of Income	2
Head of households or single fathers in charge of caring for underage children (age <5 years)	Head of household other than female or children or single father with U5	0
	Head of household single father in charge of U5	1
	Femle headed household	2
Households living on the street, in informal settlements, or seeking temporary shelter	Not living in street or informal settlements	0
	Living in shelter or informal settlements	1
	Living in the street	2
Households with children aged 6-59 months and/or numerous children	No Children	0
	1 child	1
	More than 1 child	2
Households with Pregnant and Lactating Women (PLW)	No PLW	0
	1 PLW	1
	More than 1 PLW	2
Elderly people who are not accompanied by family member and also in charge of caring for children	Not an unaccompanied elderly and not caring for children	0
	Unaccompanied elderly and not caring for children	1
	Unaccompanied elderly and caring for children	2
Disability and Chronic Illness	Do not have disability or chronic illness	0
	Have disability or chronic illness	1

[1] It should be noted that after the beginning of the program, SC decided to consider households who were receiving voucher assistance or were enrolled in *comedores*. This decision was made in coordination with WFP and the donor and based on the extremely high vulnerability of households benefiting from this assistance, as per results of the survey. Nevertheless, those households received a reduced transfer value, to cover exclusively non-food needs.

Social and demographic criteria

In order to take into account factors that compound food insecurity, create in additional demands on households' resources, or reducing households' ability to produce food or generate income, selection criteria were included. The score and benchmark for each criteria, which have been established using some assumptions of social and demographic criteria, are provided in table 4 (above).

The final score was calculated by adding the total points associated to food security with the social-demographic score. Taking into consideration the maximum points possible, three levels of vulnerability were established: Not vulnerable, vulnerable, and extremely vulnerable. 5 points on the 19 points scale represented a key threshold, suggesting a beneficiary falling below five points is not experiencing a food related crisis or any condition of vulnerability. Table 5 provides the Eligibility Scoring System (ESS).

Table 5: Eligibility Scoring

Total Score	Status	Beneficiary Eligibility
0 to 4	No vulnerability	Not eligible
5 to 9	Vulnerable	Eligible
10 to 19	Extremely Vulnerable	Eligible

OUTCOMES OF THE PROGRAM

In order to assess the impact of the program on sectorial outcomes, SC conducted a rolling baseline, PDMs, and an endline report, measuring key sectoral indicators. Additional information was also collected at the selection stage (through the selection survey applied to all referred households) as well as through Focus Group Discussions (FGD) and KAP surveys.

Beneficiaries' profiles

The program supported 2,836 households in Arauca and La Guajira with the following demographic profile:

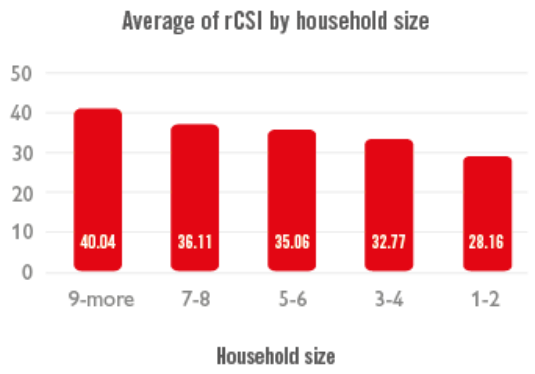
1. Head of Household: 2/3 of the households were women- headed households.
2. PLW: 21% of the households had one PLW and 1% had two PLWs.
3. Children: 59% of households had at least one child under five, 35% had at least one child under two, and 11% had at least one child under 6 months.
4. Dependents: 14% had at least one elderly person, and 42% had at least one household member living with chronic disease and/or disabilities.
5. Average HH size: The average household size was 4.64 members per household, which is slightly above the expected average size (4).

Beneficiaries' profiles reflected the targeting criteria for both MPCA and complementary activities, demonstrating the effectiveness of the referral system.

Primary sources of income of selected beneficiaries were petty trade ('ventas ambulantes' – 32%), daily labor (8%), and domestic work (7%). 24% reported not having any sources of primary income and 85% reported not having any sources of secondary income, highlighting the high dependency of beneficiaries on humanitarian assistance.

Case Study

The analysis of the rCSI score collected at selection stage also showed that, on average, the adoption of negative coping strategies increased with households' sizes: the higher the number of household's members, the worst the negative coping strategies adopted. This is because households with numerous increased numbers of dependents have higher financial needs but not necessarily additional sources of income or able-bodied members who can contribute to households needs, which can also further expose children to risks of neglect, child labor, and recruitment by armed groups.



Use of Cash

Overall, beneficiaries perceived that the MPCA positively impacted the food security (35%), shelter conditions (31%) and health (28%) of their household. Those top three priority sectors were also reflected in household's expenditure and use of cash.

At PDM stage, households were asked the types of expenditure they had made during the previous month, as well as the quantity of resources they had allocated to it (overall, not necessarily related to the MPCA transfer). Categories were pre-defined by SC to facilitate data collection, which de facto excluded some expenditures that fell into the 'other' category and were analyzed separately. In addition, the sampling methodology for PDMs did not take into consideration the average households' sizes (ex: all sampled households must have either 4 of 5 household members to represent the average HH size of 4.,64), as this would have led to statistically inaccurate findings. As a result, households surveyed for the PDMs did not all receive the same transfer amount (per capita calculations + shelter top up according to number of households members), which explains why the overall expenditures are lower than the ones estimated by the MEB (see table 6 below, average of 706,132 COP vs 882,962 COP).

Table 6: Use of Cash

Expenditure Type	Comments	Estimated value	Actual average expended	% against overall HH expended	% benef. Reporting expended
Overall		**882,962 COP**	**706,132 COP**	**100%**	**N/A**
Food	Primary and priority expenditure for almost all households. However, the amount of expenditures and HDDS measures suggest that households did not prioritize the daily consumption of most nutritious (and expensive) food items initially included in the food basket (such as vegetables and fruits).	384,000 COP	228,944 COP	32.42%	99%
Rent and utilities	Shift in program target location (urban/peri urban to informal settlements) where rental of living spaces is not available. Costs of shelter improvement and construction material were reported under the 'other' category.	230,000 COP	69,348 COP	9.82%	36.79%
NFIs	Included purchase of clothes, which was not initially included in the MEB. Additional household items (such as stoves, gas cylinders, furniture) were reported under the 'other' category.	106,667 COP	79,613 COP	11.27%	38.5%
Hygiene	Expenditures correspond to estimated costs of basic monthly hygiene kit and female monthly hygiene kit (46,295 COP). Some of the costs of baby items (both hygiene and non-hygiene) were included in the 'other' category.	122,295 COP	43,985 COP	6.23%	74.27%
Transportation	Initially estimated for urban/ peri-urban areas. Shared transportation from informal settlements to urban centers also reduced costs of transportation.	40,000 COP	14,587 COP	2.08%	41.95%
Health	Estimated at 70,988 COP in the MEB calculations. Not included in initial transfer calculation design. Provision of complementary services in La Guajira through SC health clinic. 42% of beneficiary households were living with chronic disease and/or disabilities.	Not included	48,033 COP	6.8%	61.4%
Education	Estimated at 34,403 COP in the MEB calculations. Not included in initial transfer calculation design.	Not included	32,723 COP	4.63%	33.31%
Debt repayment	Higher after the first transfers (44,200 COP), reduced towards the last transfer (end line average 8,194 COP). This is due to the fact that the two last payments were significantly lower (food transfers only) but also because beneficiaries had to reimburse the debt accumulated prior to the program when they received the first transfers.	Not included	22,323 COP	3.16%	21.69%
Savings	Slightly reduced towards the last transfers (29,150 COP) notably due to reduction in transfer size and investment in livelihoods.	Not included	34,485 COP	4.88%	26.35%
Gift, sharing & Remittances	Given that the program did a lot of sensitization around the use of the MPCA to improve the living conditions of household members, it is likely that the proportion of remittances were under-reported. In fact, although no quantitative data is available, most beneficiaries still had family members living in Venezuela, and one of their motivations to move to Colombia was being able to generate income to support those family members.	Not included	35,950 COP	5.09%	33.56%
Other	Livelihoods (purchase of petty trade material and stocks), construction/shelter improvement material and households NFIs were the major expenditures under this category.	NA	96,141 COP	13.62%	44.81%

Case Study

Note: The expenditure by type are average across beneficiaries surveyed. As a result, the total amount of expenditures cannot statistically be equal to the amount transferred.

The analysis of expenditure data highlights the variety of beneficiaries' expenditures, including some that were not necessarily included in the transfer value calculations (such as Health and Education, which were taken out from the final MEB, or debt repayment, remittances and savings that were further on invested into livelihoods). Food was the most important expenditure, both in terms of volume of cash spent and proportion of beneficiaries who chose to use their MPCA to purchase food. Shelter and purchase of household material were the secondary most important sources of expenditure, although not the most frequent (1/3rd of beneficiaries reported spending money to pay rent or NFIs). Nevertheless, it should be considered that many shelter costs (construction material, furniture) were reported under the 'other' category, where frequency wasn't measured, suggesting that a much higher proportion of beneficiaries actually used MPCA to improve their shelter conditions. Finally, hygiene items were purchased by 2/3 of beneficiaries and the monthly amount spent was almost equivalent to the costs estimated at program design for basic female hygiene items. Although FGDs with mothers in targeted communities emphasized the high need for baby hygiene kits, purchase of baby hygiene items was relatively low (and mostly reported under the 'other' category). However, this was mostly because the random sampling methodology didn't account for household's profiles: as a result, only 9% households surveyed in PDMs had a child under 2, which explains the reportedly low overall expenditure for baby hygiene kits.

Gael* and Olivia* bring their things and their children back to the home that offers them shelter. Every night, they try to find a different place to sleep. Credits: Glena Gordon, Colombia 2019.

Food Security

Table 7: Food Security Indicators

Food Security Indicators	Score at baseline	Score at endline	Indicator Target	Indicator at baseline	Indicator at endline
Percent of beneficiary households with "acceptable" food consumption as measured by the Food Consumption Score	**51.26**	**79.30**	**50%**	**77%**	**98%**
Percent of beneficiary households with improved Dietary Diversity Score	**6.02**	**8.81**	**45%**	**-**	**84%**
Percent of beneficiary households with improved Household Hunger Score	**2.37**	**0.32**	**80%**	**-**	**97%**
Percent of beneficiary households with reduced coping strategy index	**34.57**	**4.35**	**80%**	**-**	**97%**

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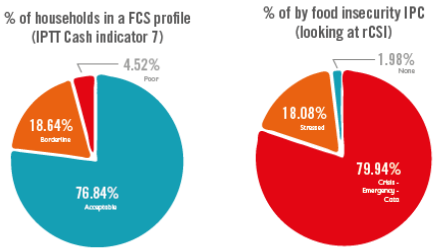
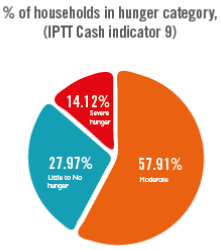
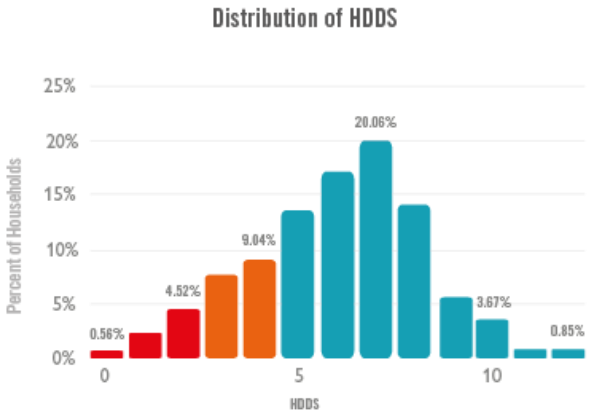
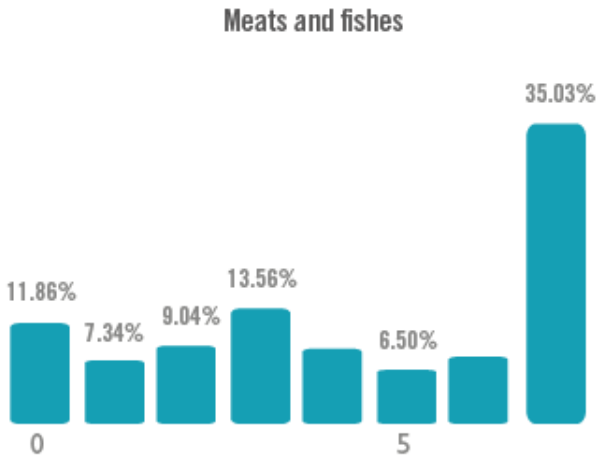


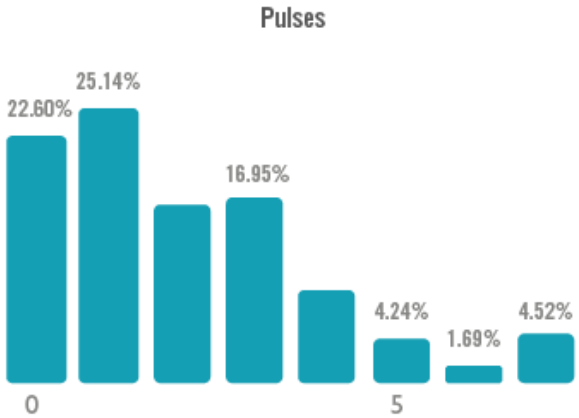




Information collected at baseline stage showed a concerning high level of food insecurity amongst selected beneficiaries; 80% of beneficiaries fell under crisis, emergency or catastrophe categories as per rCSI (rCSI >=21). rCSI was also captured at the selection stage and reflected similar patterns on a significantly higher sample (3,354 individuals surveyed vs 354 individuals surveyed at baseline), highlighting the regular use of negative coping strategies (such as skipping meals or not eating for entire days) of the target population.

Similarly, 14% of households were facing severe hunger, and 58% moderate hunger. Those scores are significantly higher than in most places where SC operates in the world, including Somalia, Mauritania, Mali, or Sierra Leone. On the other hand, results for FCS and HDDS were slightly more positive (77% had an 'acceptable' FCS and the average HDDS score was 6 points). Nevertheless, it should be noted that the relatively acceptable HDDS was mainly due to the fact that most beneficiaries had eaten fish or meat at least once during the week before the survey was taken, which significantly increased their score. In a context where people are on the move and consume mostly food purchased in the street (including fast food, which is often cheaper), consumption of meat or fish and subsequent dietary diversity score do not necessarily reflect a healthy and nutritious diet. In fact, a desegregation of HDDS showed that the main categories of food consumed by surveyed households remained staples, oil, and sugar.





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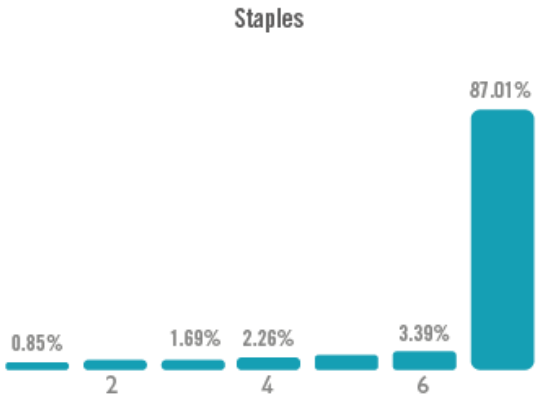
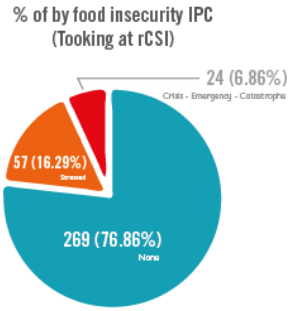
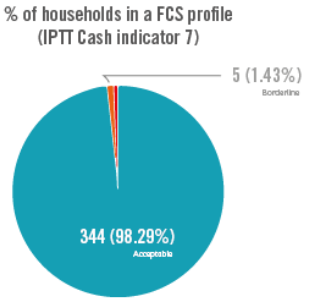
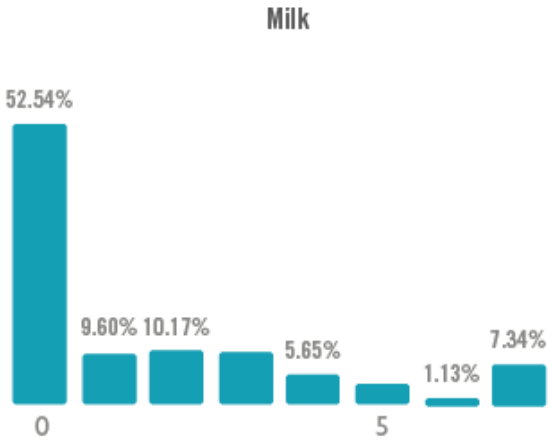
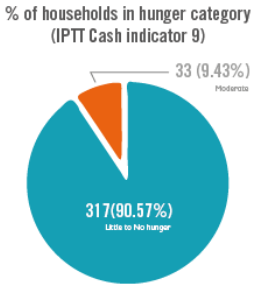


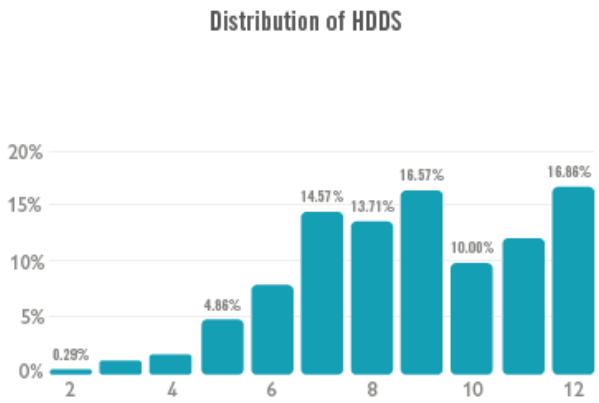








Information collected after the intervention (endline results) highlighted the significant impact that the MPCA had on food security. In fact, the average rCSI score was reduced to 4 (a reduction of 36 points), with over 77% of households no longer using negative coping strategies to purchase food ('none'). Average HHS also fell to 0.32 points, with 90.5% of beneficiaries showing little to no hunger, and 98% of beneficiaries had an 'acceptable' FCS. Finally, HDDS also improved, with an average score of 8.8 and a significant reduction in households not consuming any of the food groups. For instance, while 52% of households hadn't consumed dairy in the week preceding the baseline survey, only 13% hadn't at endline. Those trends are similar for other groups such as vegetables (38% never consumed at baseline – 6.5% at endline); fruits (36% never consumed at baseline – 10% at endline); pulses (23% baseline - 10% endline); and meat/fish (12% baseline - 1% endline). While it is not possible to assert the quality of the food consumed (ex: street food vs fresh food), this highlights an



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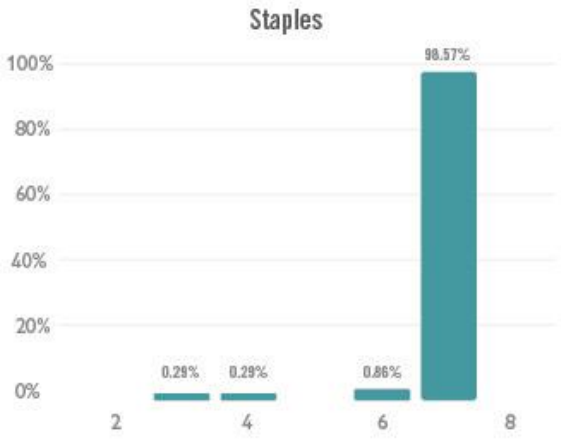
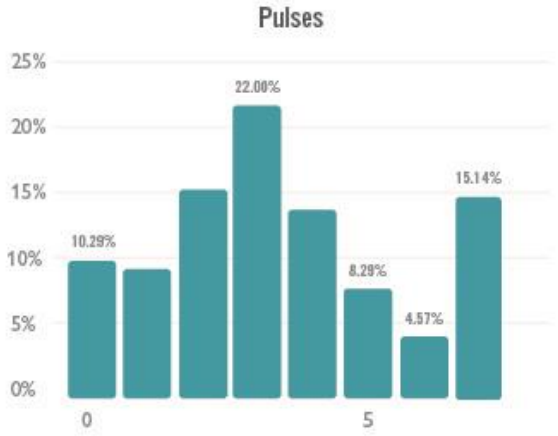
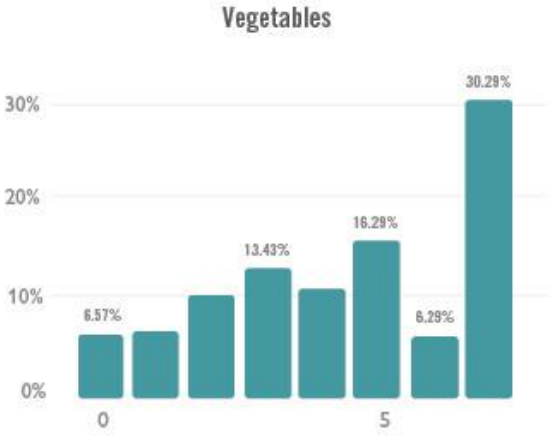
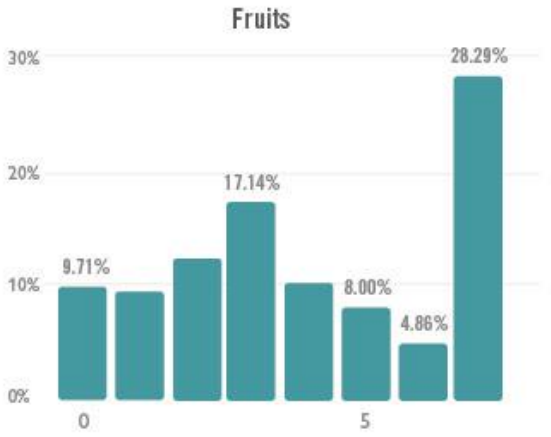
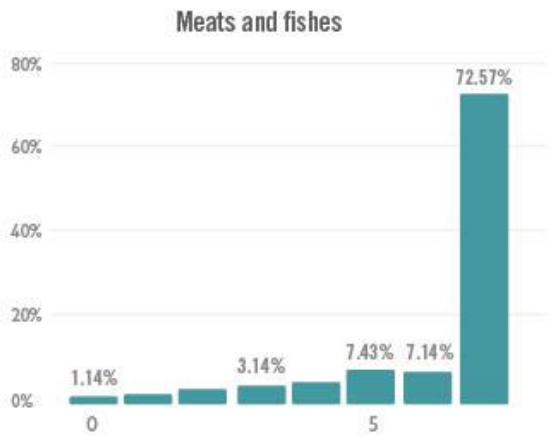
improvement in beneficiaries' intake of more nutritious and varied food types.

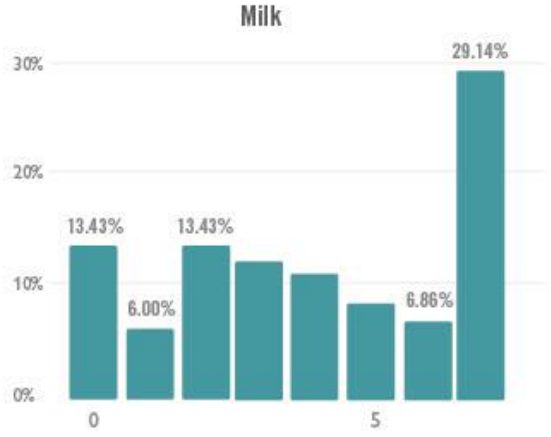












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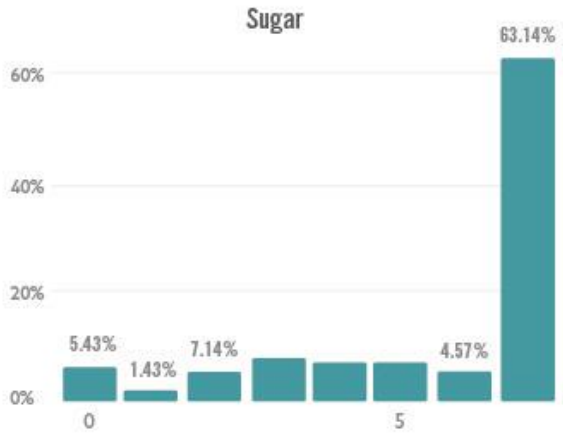
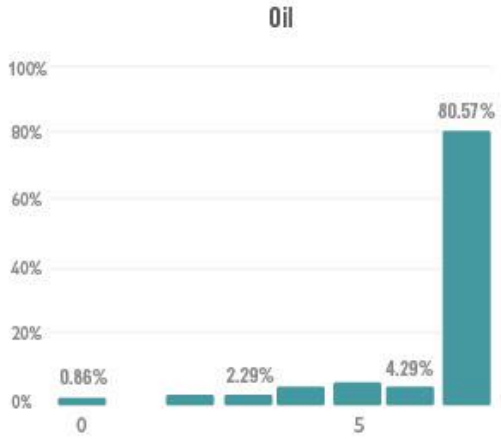


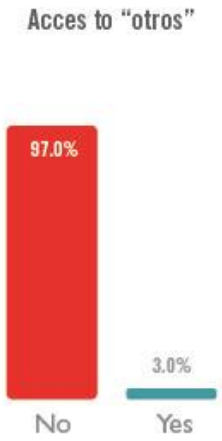


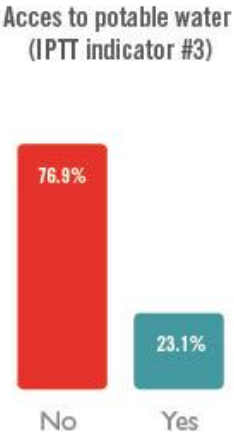
WASH

Table 8: WASH Indicators

WASH Indicators	Target	Baseline	Endline
Percent of beneficiary households reporting adequate access to water, as defined by Sphere or national standards	**80%**	**23.1%**	**39.14%**
Percent of beneficiary households reporting adequate access to essential WASH non-food items (NFIs), as defined by Sphere or national standards	**50%**	**9.57%**	**55.12%**

Before the program started, over 77% of targeted households did not have access to potable water, and over 90.5% did not have access to essential WASH NFIs. For instance, 65% did not have a water container, 36% did not have soap and almost 80% could not afford female hygiene kits. Over 40% of beneficiaries also reported not having toilets at home, within which 19% did not have access to any form of sanitary services and were using open spaces.





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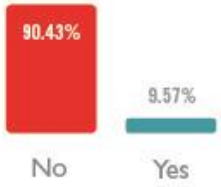
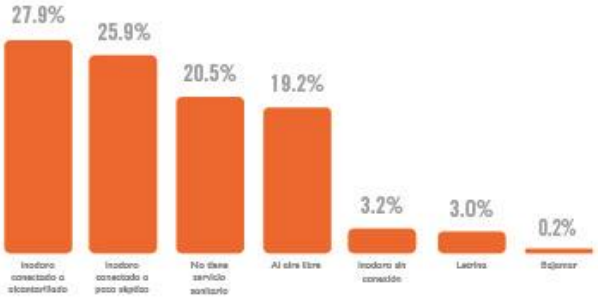
% with adequate access to essential wash NFIs (IPTT indicator #4)

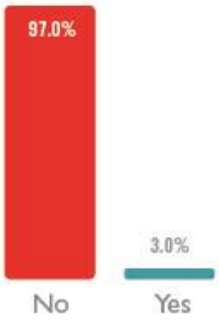


Sanitary service at home

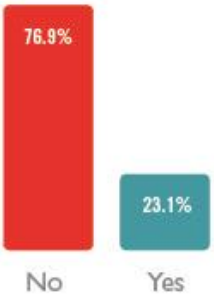


Type of places where living

Acces to "otros"



Acces to potable water (IPTT indicator #3)



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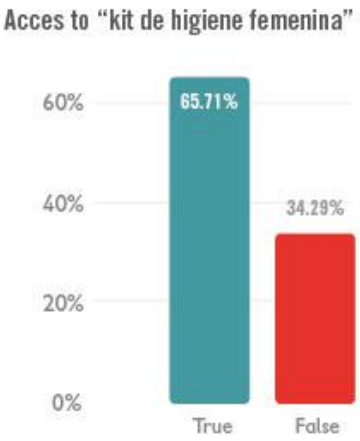
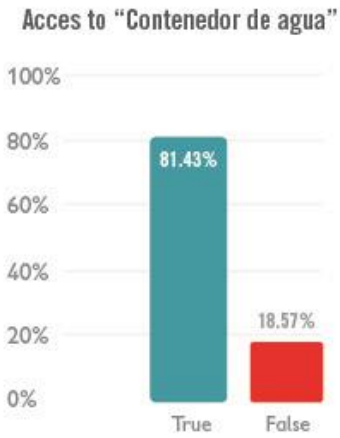
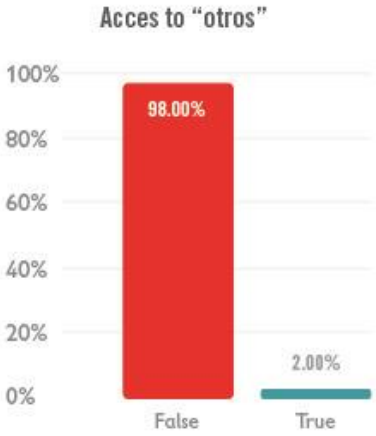
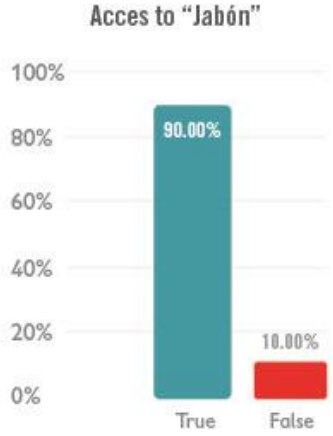
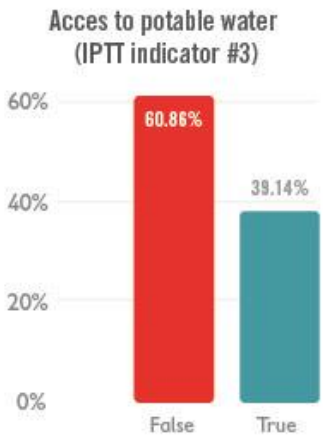
Thanks to the MPCA, access to WASH NFIs significantly improved, with over 55% of beneficiaries reporting adequate access to those them at endline; more specifically, 81.5% now had access to water containers, 90% to soap, and 66% to female hygiene kits. Regarding sanitary services at home, 68% of beneficiaries reported now having access to one sanitary services at home, although 2% of beneficiaries still had to use open spaces. However, access to potable water remained a challenge, with only 40% of beneficiaries reporting having sufficient access to it. The relatively modest improvement in access to potable water and, to a certain extent, sanitary services was mostly due to the fact that SC operated in informal settlements (a shift compared to the peri-urban and urban areas initially targeted at design stage due to lack of coverage, population movements, and needs at implementation stage), which were lacking most basic infrastructures and services. In locations like La Guajira, lack of access to potable water is not only financial, but also structural, as most water needs to be trucked to informal settlements, and its quality is was often very poor.











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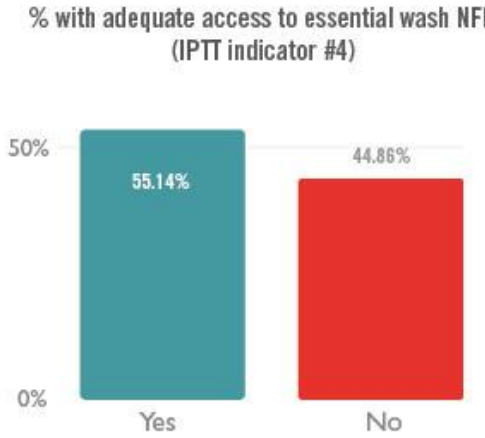
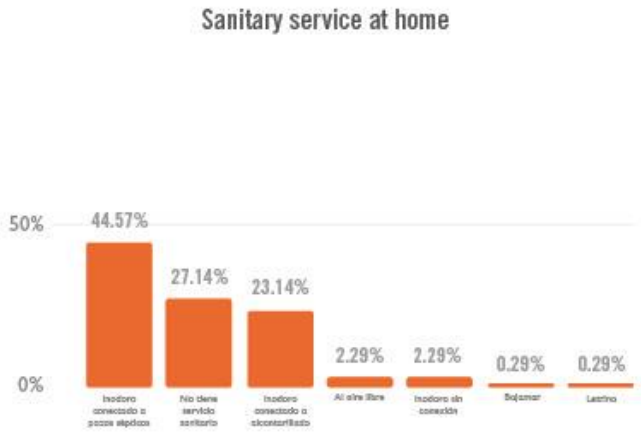
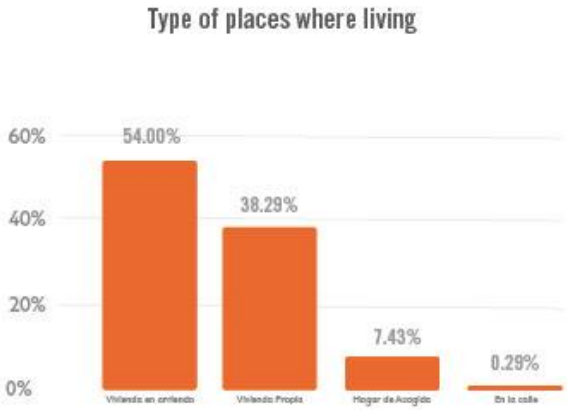

% with adequate access to essential wash NFIs
(IPTT indicator #4)
50%
0%
55.14%
44.86%
Yes
No

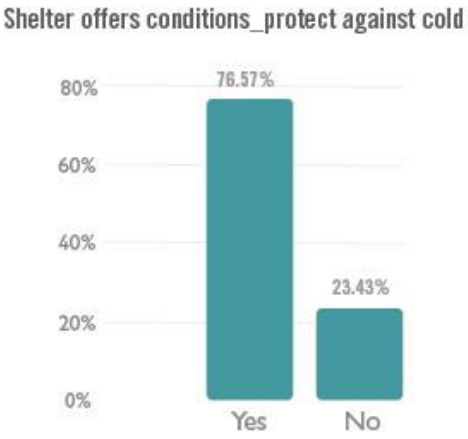

Sanitary service at home
50%
0%
44.57%
27.14%
23.14%
2.29%
2.29%
0.29%
0.29%

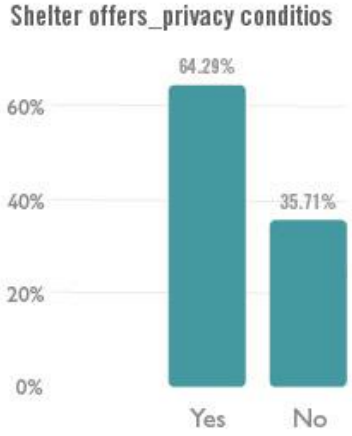

Type of places where living
60%
40%
20%
0%
54.00%
38.29%
7.43%
0.29%

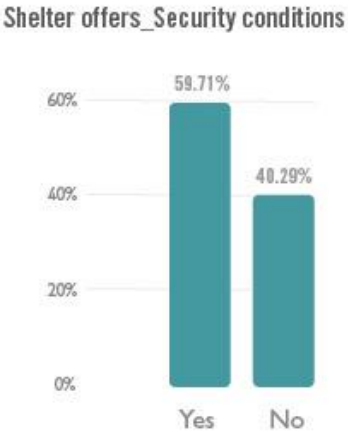
Shelter and NFIs

Table 9: Shelter and NFI Indicators

Shelter and NFIs indicators	Target	Baseline	Endline
Percent of beneficiary households whose shelter solutions meet agreed technical and performance standards	80%	22.74%	63.00%
Percent of beneficiary households reporting adequate access to non-food items	80%	34.46%	57.71%







At baseline stage, only 28% of households were able to rent a room or a small flat in a concrete or wooden building. The majority of selected households (55%) were living in makeshifts in informal settlements, built with recycled material, which offered little protection against rain, heat, or cold and did not meet any shelter solution standards. 4% of households reported living in the street, and 4% in formal or informal shelters (such as those temporarily offered in migration centers).

Following the MPCA, over 54% of beneficiaries were able to rent a space in concrete or wooden buildings; 38% continued living in (improved) makeshifts; and 7.5% were hosted by Colombians or Venezuelan families in formal houses. Almost no households (0.29% of all beneficiaries) continued to live in the street. Regarding shelter/rental space conditions, 76.5% reported that their shelter offered protection against the cold, 64.2% said it offered sufficient privacy, and 59.7% said it provided security. Although the program was initially designed to cover the costs of rent instead of construction material (as would have been appropriate in a context of informal settlement), results still show a significant improvement in housing conditions thanks to the MPCA.

Finally, access to households NFIs also improved after the intervention, which was designed to cover the costs of basic kitchen and sleeping kits. Overall, 57% of households reported adequate access to NFIs at endline (excluding WASH NFIs), an increase from the 34% prior to the program recorded at baseline. More specifically, 95% of households reported possessing an acceptable kitchen kit at endline, compared to 63.5% at baseline stage, and 86% had sufficient access to cooking fuel at endline compared to 49% at baseline. Regarding sleeping kits, 79.5% of households reported sleeping on beds (impacted by the sleeping kit) as compared to 67% did at baseline stage. Analysis of expenditures also highlighted an improvement in bedding

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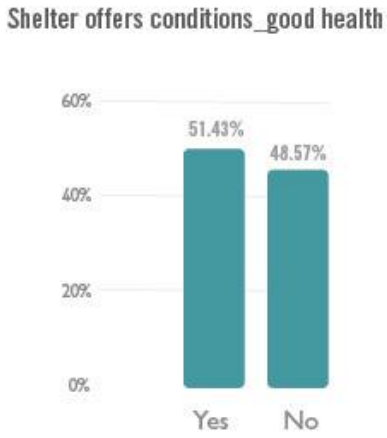
conditions through the purchase items such of mattresses, sheets, and mosquito nets.



Isobel* and her son Samuel* wait for her husband David* to finish sorting their papers at a border crossing in Maicao, Colombia. Credits: Glena Gordon, Colombia 2018.

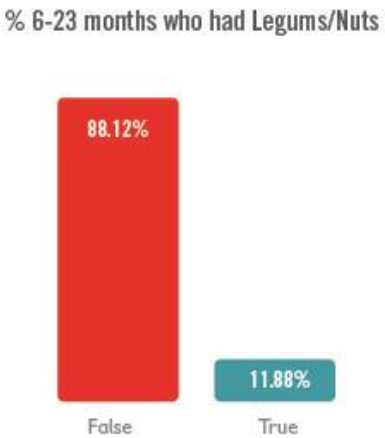
Nutrition

Table 10: Nutrition Indicators

Nutrition Indicators	Target	Baseline 95% CI	Endline 95% CI
Proportion of infants 0-5 months of age who are fed exclusively with breast milk	50%	23.33% (13.7-36.3)	45.95% (29.8-62.8)
Proportion of children 6-23 months of age who receive foods from 4 or more food group	45%	12.38% (7.0-20.6)	20.3% (14.1-28.5)

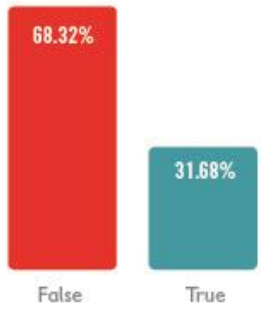
In addition to food security indicators, SC measured nutrition indicators with the aiming of assessing the impact of the cash distribution combined with IYCF activities on the being nutritional status of children under 2 years old.

Findings at baseline stage highlighted that only 23% of children between 0 and 5 months old were being exclusively breastfed, and 12.38% of children between 6 and 23 months were consuming of more food groups.

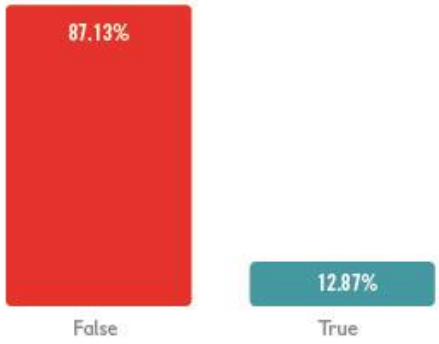


Case Study

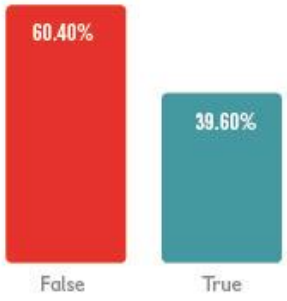
% 6-23 months who had dairy products



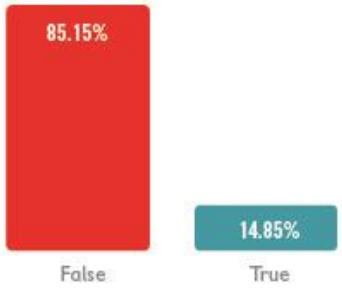
% 6-23 months who had Vit A rich fruits and vegetable



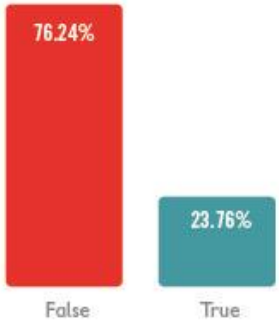
% 6-23 months who had flesh foods



% 6-23 months who had other fruits and vegetables

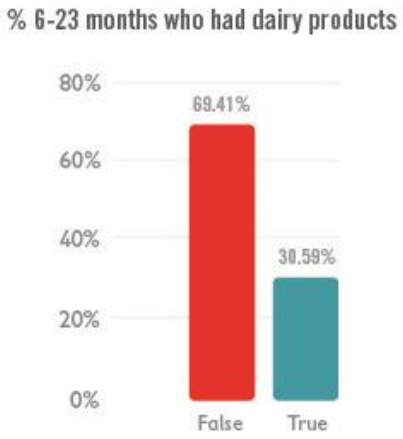


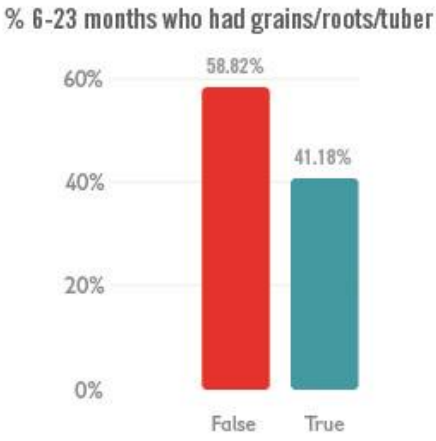
% 6-23 months who had eggs

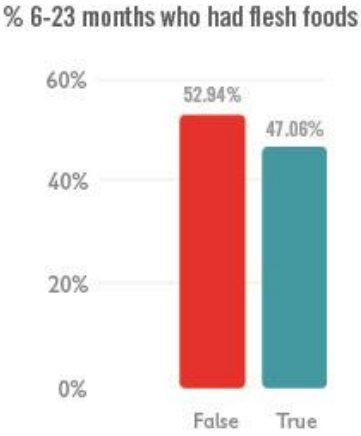


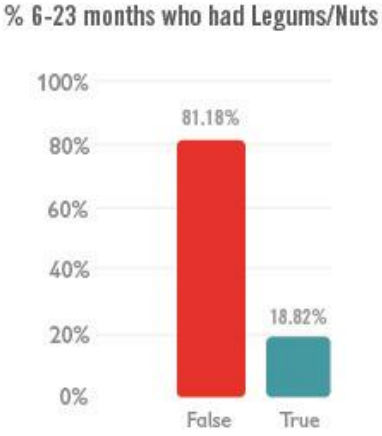
Case Study

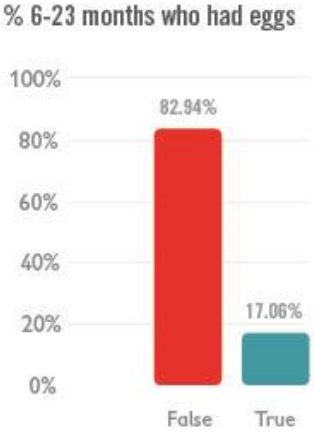
However, at endline stage, the proportion of children exclusively breastfed doubled (46%) while the proportion of children receiving more than 4 food groups increased to 20.3%. Considering the emergency context and the short length of this program (beneficiaries participated in IYCF activities for less than 4 months), this highlights a positive impact of the program on the nutritional status of children under 2. It also shows that risks associated with transferring cash to households with breastfeeding children (namely replacing EBF with purchase of BMS, which becomes available thanks to the cash) were mitigated through IYCF activities.











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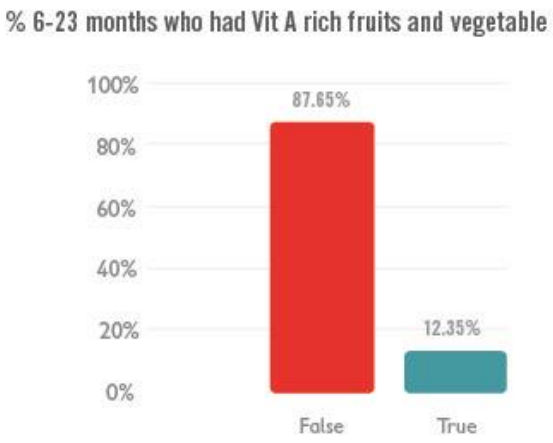

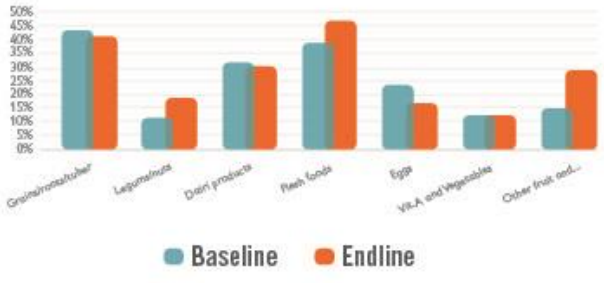

The IYCF activities also increased PLW's knowledge of optimum feeding practices for children under 2, which (combined with the increased purchasing power enabled by the cash intervention) led to an improvement in food group intake for children under 2. This increase in knowledge was notably measured through a KAP survey, which was applied pre and post sensitization sessions at distribution, and pre and post IYCF workshops. It included questions such as: "Until which age should a child be breastfed?"; "How to exclusively breastfeed if you are working?"; "Why is it important to introduce certain food items in the diet of a child older than 6 months old?" and "How to motivate a child to eat".

The overall scoring that was assigned to each question showed an increase in mothers' knowledge of optimum feeding practices following the IYCF trainings (which notably included demonstrations and more in-depth learning content); during distribution days participants score 14/100 before the sensitization sessions, and then 18/100 post-sensitization. However, the IYCF workshops showed a higher level of knowledge and learning, going from 56/100 average points pre-training to 82/100 points post-training.

Child Protection

Table 11: CP Indicators

Program Indicator	Target	Endoline
Number of individuals participating in CP services	**500**	**584**
Number of individuals trained on CP topics	**50**	**76**
Percentage of trainees that report an increased understanding of CP and applicability to their role	**75**	**87**
Number of children identified for case management with case plan (OFDA/FFP)	**100**	**100**
Number of community awareness raising events conducted on protection topics	**20**	**20**

Case Study

The indicators used to track the outputs of the CP activities (listed above) do not quantitatively measure the outcome of the integration between the MPCA and CP activities. Nevertheless, the extensive amount of qualitative data (notably generated through case management) and parallel quantitative data suggest that the use of MPCA significantly positively affected child protection CP outcomes.

MPCA field teams were trained in Child Protection CSG Safeguarding and on identification and referral of potential child protection CP cases, focusing on how to recognize potential signs of child abuse such as:

- sudden change in 'alarm signals' that could be detected in the child's behavior (such as aggressive behavior towards other children, fear of physical contact, constant silent and/or sad/ evasive behavior)
- child's body signs (bruises, hematomas)
- and direct observation of the child's environment (child is left alone for long hours, child sleeps on the street, child working with parents).

Upon identification, an internal referral was done to the CP team so that a social worker could be assigned to the family. Reversely Conversely, social workers caseworkers referred (in a discrete manner) cases of families identified through alternative sources where the protection concerns also had economic roots. The main categories of risks cases opened were for those listed in table 12:

Table 12: CP Risk Cases

Risk Category	Number of Cases per age group			
	0-5 years	5-9 years	10-14 years	15-18 years
Negligence	10	13	3	1
Child Labor	0	8	7	0
Sexual Violence	2	2	8	0
Physical Violence	0	4	3	0
Recruitment by armed groups	0	1	0	0
Family Separation (reunified as part of the project)	20			

For each case, the assigned social worker case workers did a close follow up of the impact that the MPCA was having on the family using a tool specifically developed for the intervention named "Prioritization of needs". During each meeting with caregivers, the social worker discussed and helped caregivers to identify the priorities to improve their children's wellbeing (in relation to each specific case) and how to prioritize household's resources to reach those aims. Through this, the case Social workers observed that most of the children and their families had better protection outcomes compared to the families that were only supported through case management but did not receive the cash assistance. They also reported that beneficiaries of both cash and CP had also high case management retention rate.

There were almost nil cases of families 'misusing' the cash (eg. using cash for purposes that were not directly benefiting the child in their current household). The exceptional cases where the MPCA was not used to directly benefit the household to the extent where children were still highly vulnerable (ex: continuing to live in public spaces in order to send more money back to Venezuela) were immediately addressed by Save the Children SC. The MPCA team blocked the card and a case management plan was put together, alongside other emergency measures, to ensuring the immediate protection of the child (ex: placement of the household in shelter). Once the social caseworker deemed it reasonable, the household's cards were reactivated and families continued to receive follow up support.

Although no impact indicator was collected for this program, the caseworkers were asked to evaluate the impact of the cash on the well-being of children and CP outcomes, and to provide anecdotal illustrations of how cash enabled households to reduce the above-mentioned risks within the cases they've supported.

Table 13: Programming CP Risks

Type of Risk	Contextual Illustration	Example of cases	What difference did MPCA bring?
Family Separation	Parents leave children back in Venezuela and cannot afford to bring them to Colombia.	Mother had to leave her child with a disability in Venezuela. She spent several months looking for sustainable income to get a small apartment. SC identified her while she was sleeping in the streets in Maicao.	The MPCA enabled her to pay for transportation of the daughters to Colombia, to rent a safe space for them while covering their basic needs. In addition, knowing that the family would be receiving support for various months provided them with sufficient financial stability to bring their daughters permanently. Without the MPCA, it would have taken much longer for the mother to gather sufficient income to be reunited with her daughters.
	Parents and children have to live in separate places.	The parents could not generate sufficient income to pay for rent. The mother and younger children had to sleep in shelters while the father and the older brother slept in the streets. SC identified them in the shelter and provided them with MPCA.	The parents were able to rent a small flat where they could all live together. Parents were able to start a small income generating activities and to pay for school, furniture and material for their children. Psychosocial support was also provided to children to overcome the stress of being separated from their family members.
Child Labor	Children spend most of their day in the street begging	Parents had no income as the father was recently hurt and unable to generate income, and mother was lactating and not able to generate sufficient income. Parents resorted to send their children (4, 11 and 12 years old) begging in the streets to generate income. The mother was going with baby to sell sweets at streetlights during the day. The community CP committees referred them to the case management team.	The family received MPCA and case management support. Parents were no longer forced to send children to beg in the streets as they now had an alternative source of income (MPCA) to respond to the basic needs of the family. The caseworker helped the family think about how best to invest the MPCA to benefit the well-being of children. The family chose to prioritize healthy food, education as well as health (to improve the father's conditions) and small IGA to avoid relapsing at the end of the program.
Sexual Violence	Child living in a crowded building with other families left alone.	The child was spending most of her day in the building, while her parents were out looking for work. She was left with relatives who were sharing the same room as her family. One of the relatives sexually assaulted her, but the girl was too scared to tell anybody. She was identified at a CFS, where her mother took her and her little brothers from time to time. A caseworker was assigned to her, and an emergency fund was provided to the family as soon as the sexual violence case was identified by the caseworker, so that the family could move to a different place temporarily while the girl was also referred to	The family was able to rent their own flat in a district far from the perpetrator and didn't have to go back to the same place nor a similar one after the emergency fund support was finished. The child continued to receive psychosocial support throughout the program and received required medical assistance.

		health and legal services. In a second stage of the assistance, the family was then referred to the MPCA team.	
Physical Violence	Child bitten by his father as a punishment for being too loud while playing with his brothers.	The child arrived at the CFS with small bruises on his face, saying that he fell in the street. After a few weeks, he came with new bruises. The CFS coordinator referred him to a social worker, who started speaking with his mother who, as part of the interview, explained also that they were severely in debt and the father had lost his job a few weeks earlier and hadn't been able to secure one since then. She was afraid they might lose the small room they were living in as they were not able to pay rent. As part of the case management plan, which included regular domestic visits, sessions with the father and the child and participation in the CFS, the family was also referred to the MPCA team to reach financial stability.	The MPCA enabled the family to pay rent and debt and provided them with more financial stability and ability to plan ahead. This helped reduce stress and emotional instability in the household. With the support of the social worker, parents were sensitized to positive discipline and the father better understood the impact that physical violence could have on his children. While it is not possible to assert that physical violence on the child will never happen again, the risks were highly reduced by the combined CP and MPCA intervention. The social worker continued to visit the families and provide psychosocial support to child and the family.
Recruitment by armed groups	Child is left alone in informal settlement where armed groups attempt to recruit him	The child was left alone all day in the informal settlement with his little brother and sister. His parents travelled long distances every day to find income and sometimes didn't come back at night. An armed group operating in the area of Arauca had recruiters in the informal settlement who approached the child and convinced him to join them, telling him that he'll be better able to support his family if he joined the group. The child informed his parents of his decision to join the armed groups, and the parents reached out to SC for support.	The child started attending the CFS on a regular basis so he wouldn't spend the entire day alone with his brothers and sisters in the informal settlement, where he was protected from the armed group's influence. He also benefited from the support of the social worker who helped him understand the risks that joining such group implied. In parallel, the household was referred and selected for MPCA. As a result, parents were able to spend more time with their children, as they no longer had to stay away from the settlement all day to seek income.
Negligence	Child is left alone, not properly cleaned, dressed nor fed.	A single father had six children to take care of, and had to leave the settlement to generate income, which wasn't sufficient to meet the basic needs of his six children. SC found the children playing on their own in the settlement. They were dirty, didn't have sufficient clothing, hungry, and two of them were sick.	The family immediately received MPCA assistance, which enabled the father to set up a small business that generated more income than the jobs he had previously found. This provided him with more time to take care of his children, but also more money to ensure they were adequately clothed, fed, and had access to the right health services.

Case Study

In addition, SC used part of the indicators recommended by the Alliance for Child Protection study on Cash and Child Protection CP to attempt to better capture the impact of the MPCA on Child Protection CP outcomes. The below results indicate the impact only for OFDA beneficiaries of both MPCA and case management activities (100 cases) and were extracted from case management reports (therefore and were not systematically asked to all beneficiary households).

Table 14: CP Minimum Standard Indicator

CP Minimum Standard Indicator	Target	Reached by SC's program
% of FSL programs in target location that include an integrated approach to CP	100%	100%
# and % of identified CP cases referred by FSL/Cash staff to CP Case Management staff.	TBC	31 referred and enrolled in case management
% of FSL/Cash staff who were trained and signed the Child Safeguarding Policy	100%	100%

Table 15: Other recommended CP indicators

Other recommended CP indicators	SC's results (MPCA & CP beneficiaries)
% of MPCA field teams trained in the identification of potential children at risk	**81%**
% of MEAL staff trained in the identification of potential children at risk and child safeguarding	**100%**
# of households reporting an improvement in households' relational dynamics thanks to the program	**53**
# of parents reporting being able to spend more time taking care of their children thanks to the MPCA transfer.	**Not tracked**
% of parents reporting an improvement in the wellbeing of their child thanks to the program.	**63**
# of children that were able to go back to school thanks to the program.	**7**
# of families where children were able to stop working thanks to the program.	**8**
# of cases closed at the end of the program	**51**

CHALLENGES, SOLUTIONS AND LESSONS LEARNT

MPG

The use of referral systems for targeting was effective in reaching the most vulnerable households but took a long time to set up. As data from baseline and registration shows, the referral system enabled the identification of extremely vulnerable households and showed low levels of inclusion errors.

The variety of sources of referral sources (health, protection, nutrition, internal and external) also enabled SC to prioritize households whose vulnerabilities (ex: facing protection risks, people living with HIV, SGBV survivors) might not have been accurately captured by other targeting methodologies (such as community targeting or Proxy Means Test) or the socio-economic survey due to the sensitivity of such vulnerabilities. For instance, it would be neither effective nor appropriate for SC to include questions around CP or SGBV in a selection survey, as this may might pose risk of further harm for children and beneficiaries. In addition, the rolling enrollment process over the life of the program enabled SC to support newly arrived vulnerable households and not restrict assistance due to temporality. Accepting referrals on a daily basis until the last months of the program ensured that newly arrived households were not excluded (ex: not considered for the program because the target had already been reached during the selection phase at the beginning of the program). In a context of constant migration and population movement, this was a crucial approach to adopt in order to target the most vulnerable households.

Case Study

The process of setting up this referral system took 2 to 3 months. The set-up of the external referral system required extensive mapping of existing humanitarian organizations, sensitization around the functioning of the referral system, and bilateral negotiations prior to the signing of the MoU. In addition, not all cases referred met the vulnerability criteria for the program, but resources and staff had to be mobilized to survey each referred household. In that regard, the screening of communities based on geographical targeting (informal settlements) had a higher efficiency rate (eg. number of people selected per number of people screened) than the referral system, although this is was relatively unique to the context of camps/settlements where geographical concentration of vulnerability is very high. Screenings of informal settlements was also a methodology that was appreciated by communities as it enabled SC staff to conduct home visits which, as reported in FGDs, was the best way to verify the vulnerability of a household and reduce risks of inclusion errors.

Similarly, the set-up of an internal referral system with CP was linked to the preliminary steps required to set up a quality case management system, including community sensitization, recruitment and training of social workers, and identification of cases and assessments, which varied from one case to another. In addition, unlike other targeting methodologies where large numbers of potential beneficiaries are identified at the same time within a predetermined timeline, referral systems are unpredictable, which makes financial pipeline planning very challenging, especially in short term rapid-onset emergency programs with limited funding.

Nevertheless, FGDs with beneficiaries and community members at the end of the project indicated that beneficiaries appreciated the mixed approach and selection methodology applied by SC, recognizing that while everybody in their settlement was vulnerable, it was normal that families with numerous children, PLW, and people chronically ill and people with disabilities people were prioritized .

Recommendations:

- In the context of migration and population movement, maintain a rolling targeting approach that enables the regular selection of new beneficiaries across time. Consider the provision of a small cash grant for all new arrivals and high-risk cases before they are surveyed to be enrolled in the program for program enrollment, in order to ensure their immediate needs are met while the selection process is being rolled out.
- The set-up of internal and external referral systems with services/agencies is an effective manner of targeting most vulnerable households who might be affected by other forms of vulnerability such as psychosocial or physical in addition to being economically vulnerable. This approach is particularly recommended in protracted crises but can be challenging to implement in new programs that span a wide range of geographic locations with relatively important target sizes (>2000).
- Combine the referral approach with other more direct identification methodologies, such as blanket screening (if appropriate – ex: small informal settlement) or mobile identification teams (piloted in Peru) in affected areas. This is notably recommended for new programs lasting for less than 1 year. Consider MUAC screening at identification stage to hasten the identification and provision of support to malnourished/at risk children.

Rachel and her son in a Cash Distribution Sesion in Arauca. Credists: Luis Caroprese, Colombia 2019

The MPCA had unplanned multiplier effects: originally aimed at improving the food security, shelter, wash and mobility of beneficiaries, the MPCA ended up impacting four additional sectors, namely protection, education, health, and livelihoods. This was highlighted in beneficiaries' expenditures, but also during FGDs where beneficiaries described at length how the cash enabled them to save the

life of a household member by purchasing the required medicines that were no longer available in Venezuela, how they were able to re-enroll children in schools, and how they could start small businesses to sustain themselves. Similarly, the MPCA indirectly impacted the families of beneficiaries inside Venezuela, as both remittances expenditures and FGD highlighted. For instance, an elderly woman traveling alone and living in the informal settlement of Madre Laura reported having used a big portion of her MPCA to pay for her daughter to finish her studies in Venezuela, as she considered it the main priority for her. However, these multiplier effects could not be adequately measured, as they were not built into the MEAL plan.

Recommendations

- Include at least one of each sectorial indicator (in this case CP, Health, Education, and Livelihoods in addition to existing ones) to the MEAL framework, even if the sectors are not included in the MEB nor funded by a specific donor. This will enable a more accurate measurement of multiplier effects of MPCA on multiple sectorial outcomes.
- Consider further exploring the possibility of including an indicator measuring the impact of an MPCA on the local economic development, when appropriate.
- Pilot remote cross border monitoring targeting families benefiting from the MPCA through remittances. This would provide information on potential multiplier effect of MPCA in Venezuela and inform future cross-border program design.

Further refine the MEB design: the analysis of expenditures shows that the overall MEB was relatively consistent with households' expenditures but did not account for some specific sector's needs (Education, Health, and to a certain extent livelihoods). Although the average household' size revealed to be was similar close to the one used for the MEB design, it is recommended that future programs further refine per-capita and non per capita expenditures other than food in order to ensure larger households are not being penalized (as they appear to be the most vulnerable in this context, as the analysis of the rCSI vs HH sizes showed). Some expenditures are linked to certain temporality (ex: school fees) or need to be purchased all at once (ex: sleeping kit, construction material) in order to have an impact on the household (ex: a mattress needs to be purchased all at once, not half one month and half another month), especially in displacement contexts where households arrive without any possessions or resources. This could be factored in the MEB by having higher transfers, depending on the moment of the year and the program.

Recommendations:

- Increase the MEB value for the first month of assistance to cover goods such as sleeping kits and cooking kits that need to be all purchased at once and which represent an important financial investment for the household., Instead of dividing the value of those goods across the months of assistance, r. Remove the value of those items from the following months of assistance. Similarly, if operating in a context where shelter improvements needs to be made, increase the first month of transfer accordingly, especially if prior to rainy season. This will enable households to improve their living conditions since at the beginning of the program instead of progressively. See example below from Peru.

Table 16: Peru MEB

Items	Month 1	Month 2	Month 3
Food	431.52	431.52	431.52
Kitchen Kit	100.20	-	-
Sleeping Kit	314.00	-	-
Rent + utilities	622.5	622.5	622.5
Local Transport	64	64	64
Hygiene Kit	67.00	67.00	67.00
Baby Kit (top up)	161.80	161.80	161.80
Communications	30	30	30
Total 100% MEB	PEN 1,791.02	PEN 1,376.82	PEN 1,376.82

- Similarly, consider temporality for specific types of expenditures (ex: the back to school period, when expenditures for school material and clothes are prioritized compared to other months when costs might only be associated to punctual purchases to renew some school material).
- As much as possible, disaggregate costs per capita, tailoring them to households' members profiles. This will increase cost

efficiency while ensuring specific needs of each family member is taken into account. For instance:

  - Hygiene items: use SPHERE standards to calculate individual costs and adapt them it to household size. Add baby kits top ups for households with children under two.
  - Cooking kits: distinguish per capita costs (ex: one plate per person) from household costs (ex: purchase of cooking pans) that do not vary significantly based on households sizes.
  - Food baskets: see below recommendation (nutrition section) to have adapted baskets for PLW and children under 2.

- Conduct a small expenditure survey prior to the finalization of the PDM form, to ensure the categories of proposed expenditures match actual expenditures as much as possible, facilitating the analysis of use of cash.
- Consider including both remittances and average income in the calculations of the MEB, in order to accurately reflect household economy.

CHILD PROTECTION

Qualitative evidence shows that the integration with MPCA and CP had a positive impact on child wellbeing, and that the cash-supported families reached better CP outcomes. In fact, the MPCA helped tackle some of the economic root causes of CP risks:

- providing children at risk with a safer environment (ex: parents able to rent a flat instead of sleeping in streets or in overcrowded spaces where children were at risk of sexual assault)
- emotional stability (ex: provision of sufficient financial stability to reunite families separated due to lack of financial means to pay for rent or take adequate care of their children; reduction of tensions in the household);
- better child care (ex: parents being able to spend more time with their children as they no longer had to seek income all day); and
- ability to invest in their future (ex: reintegration in school as parents now can afford school material, and children no longer have to work to support their families).

More specifically, the integration of cash and case management proved to be an efficient manner way to reduce risks associated to neglect, armed recruitment, child labor, physical violence, and sexual violence. Nevertheless, monitoring of CP outcomes needs to be better integrated in the MPCA monitoring plan, in order to further build evidence around the impact of this integrated approach and inform the design of future child sensitive social protection/safety nets programs.

Brayan and Carlos, very happy to find a new place to live. Sacha Meyers ,Maicao (La Guajira) Colombia, 2018

Recommendations:

- % of MPCA field teams trained in the identification of potential children at risk.
- % of MEAL staff trained in the identification of potential children at risk and child safeguarding.
- # of household reporting an improvement in households' relational dynamics thanks to the program.
- # of parents reporting being able to spend more time taking care of their children thanks to the MPCA transfer.
- % of parents reporting an improvement in the wellbeing of their child thanks to the program.
- # of children that were able to go back to school thanks to the program.
- # of families where children were able to stop working thanks to the program.
- # of cases closed by the end of the program.
- Insert the below indicators recommended by the Child Protection Alliance in the MEAL plan for both

MPCA and Child Protection CP activities, in order to better track impact of integrated approach and build evidence. As these indicators were still 'drafts' at the time this report was written, and new indicators and tool are being developed under the Grand Bargain Cash stream, it is recommended to contact the Child Protection Alliance for most updated indicators.

- % of FSL programs in target location that include an integrated approach to child protection.
- # and % of identified CP cases referred by FSL/Cash staff to CP Case Management staff.
- % of FSL/Cash staff who were trained and signed the Child Safeguarding Policy.
- Given the current monitoring plan, the program was not able to determine whether the integrated MPCA and CP intervention had a higher effect on children's nutritional and food security status, compared to stand- alone intervention. Using the recommended Food Security and Nutrition indicators, monitor the individual food security and nutritional status of all children (or a sample) benefiting from integrated and non-integrated programming, in order to enable comparative analysis.
- The prioritization of the expenditures tool used by case workers was highly appreciated by the beneficiaries and reportedly helped them with planning and focusing their expenditures on goods and services that would benefit their children.

Case workers observed that beneficiary households that had already received MPCA before being referred had used part of the money in ways that did not necessarily directly and exclusively benefit or address the vulnerability of the family further on identified by the social worker (such as sending resources to Venezuela).

While sending remittances is not necessarily a misuse of resources (ex: some families might have the majority of their children still in Venezuela relying on them for survival), the use of the prioritization tool helped families rethink their overall expenditure patterns to ensure the most basic needs of their children in Colombia were still met.

Children playing to be photographers in the TLS (Temporary Learning Spaces). Torres de la Majayura and Villa Madre Laura. Credits: Marcela Campos, Maicao (La Guajira), Colombia 2019.

Recommendations:

- While it is not possible to provide personal guidance to all beneficiary households on how to prioritize expenditures in order to increase the well-being of their children, the CP team recommended reinforcing information sharing and sensitization around this topic during distribution days and throughout the project. Before the first money distribution, a joint information sharing/ sensitization on the importance of using the distribution to support the wellbeing of children and the family, and consequences of failure to do so, should be held.
- Further reinforce the 'prioritization of expenditures' tool through a review with MPCA and other sectorial specialists, in order to provide case managers social workers with better knowledge and understanding of costs of specific goods or services on children (example: costs of education, cost of nutritious diet, risks associated to purchase of BMS).
- Increase integration between cash and CP components, such as additional trainings for social workers and CP staff on food security and

livelihoods, financial planning, and household budgeting.

- Challenge: Limited availability of case management staff compared to the scale of need and demand for services prevented case management from being provided to all beneficiaries in need.

All caseworkers reported being solicited on a regular basis by the MPCA team with referral of potential cases, but not being able to open a case for each due to limited staff. In such cases, social workers chose to prioritize based on the level of risk of the case, opening the high and medium risk cases (unaccompanied children, survivors of sexual and physical abuse, children with strong sign of distress, families with more than 4 children) and referred low priority cases to other actors or specific services (nutrition, education, health). In addition, the quality of referrals received from the MPCA team was sometimes limited, with some cases of children referred who were eventually found out not to be at risk. Errors in referrals implied time loss for caseworkers who had to investigate each referred case before determining whether to open it or not. Those errors were mostly due to limited understanding and capacity of some MPCA enumerators to identify CP risks, although they received training provided by the CP team.

Recommendations:

- Increase the capacity of the case management team within the cash program, in order to further expand the positive impact of this integrated approach and enable the CP team to answer to the demand of MPCA beneficiaries for case management.
- Increase the capacity of the CP team to ensure more in-depth and standardized training of all enumerators, MEAL, and field teams in identification of risks, in order to increase the quality of referrals from the MPCA team to the CP team.

Limited sustainability of the approach: The use of MPCA as a tool to mitigate and reduce the protection risks in this intervention highlighted the direct linkage between poverty and protection risks. Considering the short length of the program and cash assistance, there is a likelihood of seeing some cases relapsing after the program if not successfully graduated out of poverty. A livelihoods intervention following the MPCA would be crucial to crystalize the progress made by beneficiary families and prevent any further relapse into activities or behaviors exposing children to protection risks.

Recommendations:

- Link integrated emergency MPCA and case management intervention to livelihoods schemes, ensuring beneficiaries sustainability graduate out of poverty.

NUTRITION

Tailored MEB and monitoring for PLW and children 6-23 months: While the MPCA demonstrated to have had a very positive high impact on beneficiary households' food security and on the dietary diversity of children 6-23 months, the monitoring system didn't allow for measurement specifics for PLW food security and nutrition status. In addition, the specific cost of the diet of PLW and children from 6-23 months was not accounted for in the design of the food basket. Although there were no signs that the transferred amount for food was insufficient to meet the kcal and micronutrient needs of PLW and children 6-23 months, it is also not possible to assert that the amount was sufficient to positively affect the food security and nutritional status of these vulnerable groups.

Recommendations:

- It is recommended in future MPCA 'Plus' Nutrition programs to consider the specific kcal and micronutrient needs of PLW and children from 6-23 months in the design of the food basket (instead of average HH sizes). This could be done through a per capita approach, with food baskets tailored to the composition of the household. Combined with IYCF, this could further maximize the impact on PLWs and children 6-23 months food security and nutritional status.
- Include individual indicators of food security and nutrition for PLWs, in order to enable better measurement of MPCA impact on their food security and nutritional status. The Women Dietary Diversity Score could be a good indicator for this purpose; however, it is a relatively long survey and is usually used in development contexts. Further analysis is needed to identify appropriate indicators to insert in emergency MPCA Plus Nutrition programs (or develop a new one). In addition, to know how the MPCA affects the nutritional status of PLW, anthropometric measurements through the

using of a MUAC tape could be taken.

- Include some additional indicators for children 6-23 months:
  - Minimum Feeding Frequency
  - Minimum Acceptable Diet
  - Consumption of Iron-rich or iron- fortified foods
- It is recommended to also assess wasting within this age group to mesaure the MPCA's impact on nutritional status.

Jesereth, 19, and baby Mathias attend Save the Children's clinic in Colombia. Credits: Sacha Meyers, Maicao (La Guajira), Colombia 2019.

More granular expenditure monitoring to capture potential negative effects of cash on children 0-6 months: Although the results of nutrition and expenditure monitoring did not suggest the purchase of BMS, the PDM section that focused on expenditure was not designed to capture any potential purchase of BMS (which, if mentioned by beneficiaries, would have either been accounted for in the 'Food' category or 'Other' categories). In fact, in certain contexts, the increase in purchasing power generated by the MPCA can lead to BMS purchases which would have unaffordable beforehand. In contexts of high poverty and limited knowledge around EBF, purchase of BMS can be perceived by mothers as a way to free more time up to seek or generate income.

Recommendations:

- In a MPCA targeting PLWs (exclusively or not), include an IYCF component targeting all PLW beneficiaries, in order to mitigate the risks of BMS purchase and subsequent negative impact of cash on children 0-6 months of age. In the context of Colombia, further reduce the risks of BMS purchases by increasing the IYCF activities to include counseling in breastfeeding and complementary feeding, breastfeeding support groups, individual counseling specialized for breastfeeding, behavior change training to improve IYCF practices, and communication campaigns at community level and in areas with high concentration of Venezuelans.
- Include a question explicitly referring to BMS purchase in PDMs and ensure appropriate referral and follow up by the Nutrition team is done.
- Refine the monitoring of IYCF activities to IYCF targets in order to better measure the impact of the MPCA on IYCF practices.

The limitation of the monitoring system used in this project to measure the impact of MPCA on IYCF outcomes was related to the fact that baseline indicators on IYCF were not measured on a representative sample size for the targeted groups of age (< 6 months for the EBF indicator and 6-23 months for children who receive foods from 4 or more food groups). Instead, the sample size was calculated for all beneficiaries of the MPCA (but not for capturing prevalence in a small group, which is children <6 months), resulting in a very small sample size for the IYCF groups of age. This limits the possibility of drawing conclusions on the impact of the integration of both components of the program, and makes it challenging to capture changes at multiple periods (base and end line).

Recommendations:

- Adapt the sample size to the targeted group of age groups, disaggregated by nationality, children's whose parents are cash beneficiaries, and children whose parents are not cash beneficiaries (if larger IYCF component is included in the MPCA, encompassing the MPCA target). Another alternative could be monitoring effectiveness through a longitudinal study, monitoring over time the difference in their knowledge, attitude and practices. However, this approach might not be appropriate in contexts and/or areas with high population movement, as the same beneficiaries might have left the location before the end of the study.

Expand the bi-directional referral system model: one of the successes of this program has been the set-up of an internal referral mechanism between CP and cash. However, the referral between nutrition and MPCA

was more limited, since nutrition activities were designed to start after the MPCA as the entry point for the identification of IYCF beneficiaries was the pool of MPCA beneficiaries. This presented operational challenges (the start-up of nutrition activities depended on MPCA operational timelines, which in the case of this program were delayed) but also programmatic limitations. In fact, targeting exclusively MPCA beneficiaries for IYCF activities didn't allow for identification of potential beneficiary households, which further reduced the opportunities of identifying vulnerable mothers and/or children at risk (which are both groups who were targets of this program).

Recommendations:

- Start the IYCF activities at the beginning of the program, as part of the community mobilization activities, by creating, for instance, nutrition committees and identifying leader mothers during committee development. This will enable the program to broaden the scope and impact of IYCF activities at the community level, in communities where MPCA beneficiaries are being selected. The entry point would be PLWs and mothers with children under two, within which mothers with more specific needs (such as breastfeeding problems) could be targeted for specialized services (breastfeeding counseling, mother support groups).
- Inserting IYCF in the community mobilization activities will enable the set-up of a more integrated bi-directional referral system between nutrition, MPCA and protection. For instance, if a malnourished child is identified during the IYCF activities (and if deemed appropriate by the nutritionist), her/his family can be referred to the MPCA and the protection (case management) team.
- Reinforce the technical training of MPCA teams (community mobilizer and enumerators) in the identification of children who are victims/at risk of malnutrition, in order to increase the accuracy of referral from MPCA team to the nutrition team. This can be complemented by the use of MUAC at selection stage [1].
- If a strong bi-directional referral system is in place, ensure that the eligibility criteria and scoring for selection of MPCA beneficiaries takes into consideration households with children at risk of malnutrition or who are already malnourished.

Strengthen the integration of 'Plus' activities to maximize impact: Although the referral pathway between the Nutrition and CP teams has been effective, the integration of the psychosocial approach component within the IYCF programming should be strengthened by targeting breastfeeding mothers that required individualized support for assessing their psychosocial and emotional needs and offer encouragement and reassurance to ensure a successful breastfeeding experience. Furthermore, in places such as La Guajira where the quality of water is very poor and the hygienic and sanitation conditions in the settlements are very deficient, IYCF activities should be aligned with the WASH sector interventions, as a strategy to prevent malnutrition associated with water-borne diseases, especially for children being fed with infant formula and bottle feeding.

Recommendations:

- Ensure that IYCF and WASH activities are fully integrated in high-risk areas such as La Guajira.
- Set up breastfeeding corners for mothers who need support and help at key programmatic locations. Some of the sites could be attached to a child-friendly space (at or outside of distribution), so that older children can play while the breastfeeding mothers go to the corner. This also facilitates integration with CP and psychosocial support components.
- Train CP and health teams in IYCF-E to sensitize them on the importance of the IYCF component, improve their capacity to identify mothers and children at risk, refer them as needed to the IYCF and MPCA teams, and provide adequate counselling.

Case Study

Note: that this will be done in the follow-on phase of this project

Annex 1: Case Studies of Beneficiaries of Save the Children's MPCA program in Colombia

- 1A: Edymer
- 1B: Noraima
- 1C: Gladys
- 1D: Deyanira
- 1E: Dayana
- 1F: Linda

Annex 2: Prioritization Tool for Case Management

Save the Children

Annex 1A

EDYMAR, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Maicao municipality, La Guajira Department, in June 2019. Approved for use on 17 July 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Edymar, 32

Themes: Hunger, migration, political crisis, poverty, multipurpose cash assistance

Story summary:

While the socioeconomic and political crisis has affected almost every aspect of life – access to basic supplies, health care services and medicines, water, electricity, and education – it was ultimately the lack of food that drove Edymar (32) and her family to leave everything behind and move to Colombia's Maicao city, in La Guajira Department. "In Venezuela, it is basically impossible to buy food," explains Edymar. "The people are basically surviving on rice, if that. No vegetables, no fruits, no protein. Rice, and rice alone."

When the family first arrived in Maicao about two years ago, they were living in very poor conditions, sharing a tiny apartment with about 10 other people. "The four of us were sleeping on the floor of one of the rooms, sharing a single tiny mattress," she explains. "While we were sleeping, the rats would walk over us – it was honestly horrible." Despite the challenging situation the family faced upon their arrival in Colombia, Edymar says that she preferred to be here with her family instead of struggling to survive back home in Venezuela. "Even though the conditions were really difficult…at least we could feed [our children]," she says.

In February, Edymar began receiving the support of Save the Children as a beneficiary of our multipurpose cash program, which aims to provide the most vulnerable families with assistance to afford the essentials they need to survive. Edymar's first priority was to find a new place to live, so Edymar put down a deposit for the apartment in which she and her family are currently living – as well as purchased a few basic household items, like a stove – with the first payment she received from Save the Children.

With the second payment, she invested most of the money to start up a small beauty salon in her living room. "This was my business back in Maracaibo," says Edymar. "I do nails, hair, eyelashes, eyebrows – I do it all. So with the help of Save the Children, I could start this again." So far, Edymar says that her business is going really well – she is very popular amongst her clients – and she is very content. "The idea was always to invest some of the money that Save the Children gave me into something that could continue to make more money once the payments ended," she explains. With the money she is earning, she hopes to eventually purchase an oven so that she can bake pastries, and begin to sell those, too.

"Save the Children has been an absolute blessing, and it has completely changed our lives for the better," she says. "I hope that Save the Children can continue working, and help change the lives of other families like you have for mine."

Save the Children

CASE STUDY

Edymar's Story, in her own words:

My name is Edymar. I am from Maracaibo, Venezuela.

Life in Venezuela

Before the crisis, we lived a life that you could call very nice. The quality of life was very high. We had our own house, our own car. In the house, my two children even had their own rooms. It was a very comfortable, normal life. But then, when everything started to…to, I don't know, when everything went wrong, we couldn't manage to survive the economic situation there anymore. And this forced us to migrate here to Colombia.

Life in Colombia

First, my husband came, about two years ago. And then I followed, not too long after – maybe a few months later. My children stayed with my parents at first. In fact, my parents are still in Maracaibo taking care of our house.

For my husband, the situation for him was really difficult when he arrived. He couldn't find work. And then I arrived, and I was able to work a little bit. But it was really hard, because we were renting a room here in Maicao – we had brought the children, so now we were four people – and we were living in a room that was way, way too small. It was very small. We were, if I am being honest, in really bad conditions. There were more than 15 people living in this place. And my family, the four of us were sleeping on the floor of one of the rooms, sharing a single tiny mattress. While we were sleeping, the rats would walk over us – it was honestly horrible. The bathroom was a total chaos, sharing it between that many people.

To be honest, bringing the children here to live with us in these conditions was bittersweet; we wanted to be together, but we did not want them in this horrible place. But the food situation – the lack of food – in Venezuela forced our hands. We preferred that they come here to Colombia with us, even though the conditions were really difficult, because at least we could feed them. In Venezuela, it is basically impossible to buy food. The people are basically surviving on rice, if that. No vegetables, no fruits, no protein. Rice, and rice alone.

Save the Children Multipurpose Cash Program

And then, thank God, Save the Children arrived in our lives – and automatically, the very first thing we did after becoming part of the cash program was move out of that place. It is really hard to find places to rent here, because there is never enough money to make the deposit. But thanks to Save the Children, we moved immediately. Here, this house is our humble space, but at least we have space at all! The children have some space to play. They have a room they share, and my husband and I have our own. They feel more comfortable here, you can see it in them.

We have a place to cook, too – I bought a stove. I also bought a little blender so I can make the kids juice. They missed that a lot; I used to make them juices all the time back home, when things were better. I was also able to buy a second-hand washing machine, so now I don't have to wash everyone's clothes by hand.

We could not keep trying to work in the street because where would we leave the kids? They'd be alone. So, with the second payment that I received from Save the Children, I also started my little business! It is a mini-beauty salon here in my living room. I do nails, hair, eyelashes, eyebrows – I do it all. This was my business back in Maracaibo. So with the help of Save the Children, I could start this again. It's going really well so far – my clients love me! They always come looking for me. So, the idea was to invest some of the money that Save the Children gave me into something that could continue to make more money once the payments ended.

I wanted to buy an oven, because I really love to bake. I can bake you anything. So the idea is that, once I can save enough money from my little beauty business, I would like to buy an oven so I can start baking – and I could start selling those, too.

My two children, both of them have vision problems. Glaucoma, the both of them. And so with the help of Save the Children, I was able to buy their medicines, which I couldn't do in Venezuela. They either were not available, or they were way too expensive and we could not afford to buy them. Here, they do not have to go without their medicines because of the support we received from Save the Children.

My daughter needs a cornea transplant, because of her vision problems. She's already had three procedures done, and the only one that is left is this transplant. But that is very hard. We've tried to find options here, but as we don't have any identity documents at all – not a permit to stay in Colombia, not even a passport – the doors keep closing on us. My son also needs an operation – he's already had nine surgeries – for his eyes, to remove the cataracts. This is probably the most outstanding thing that we still need.

Save the Children has been an absolute blessing, and it has completely changed our lives for the better.

Hopes for the future

The only future that I hope for, really, is that my country can get better and that I can return home with my family. This is my priority, my biggest dream. But basically, I really just want to provide a good life for my children.

For us, the support of Save the Children has been truly something marvelous. I am really content now. I hope that Save the Children can continue working, and help change the lives of other families like you have for mine.

Edymar with her husband and children in their Maicao home
Photo credit: Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
Date of interview: 11 June 2019
Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

Save the Children

Annex 1B

NORAIMA, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Maicao municipality, La Guajira Department, in June 2019. Approved for use on 15 August 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Noraima, 37

Themes: Hunger, migration, political crisis, poverty, case management, child protection, disability, multipurpose cash assistance, water

Story summary: Noraima, her husband Rafael (53), and her youngest child Yohana (3) – along with her cousin and one of her children – arrived from Venezuela in Colombia's dusty border town of Maicao, in La Guajira Department, in December 2018. Before the crisis, they had a comfortable life in Venezuela's Mérida State, nestled in the mountains in the north-western part of the country. However, as the economic situation began to deteriorate, it became harder and harder for Noraima and her family to survive. "Things got so bad that we could not even afford to buy a single kilogram of rice to feed the children," she says.

"The situation [in Venezuela] is affecting everyone – but more than anyone, the children…it is the children who are suffering the most," Noraima says of the situation back home. "They are the ones who are paying for this crisis that is not of their own making. There are children who go to sleep at night feeling hunger, having not eaten," she explains. Ultimately, it was this lack of food that drove her to make the long journey to Colombia in search of a better life for her and her family.

However, when Noraima, Rafael, and Yohana first arrived in late 2018, their situation remained quite dire. The family, lacking any resources or a place to stay, was sleeping under a tree, on the outskirts of one of Maicao's informal settlements where many Venezuelans have taken up shelter. Being separated from her other children made an already challenging situation all the more difficult. "The pain of my children being so far away from me was the worst," Noraima shares. "I saw no possibilities…I saw no hope."

Upon learning of the particularly vulnerable situation of Noraima and her family, Save the Children began providing her with child protection case management services, which aim to support the most vulnerable children and families by protecting them from abuse and exploitation through psychosocial support, regular domestic visits, information about migrant rights and protection risks, and links and referrals to available services. "The idea [behind case management] is to make [Venezuelan migrant families] aware that, yes, there are services that they can receive, and to help them understand how," explains Katy Barros, the Save the Children social worker assigned to Noraima's family. "And to make them feel welcome here in Colombia," she continues. "We do not want them to feel alienated or excluded. We want them to feel included in society."

Among the first steps was to immediately refer Noraima for enrollment in Save the Children's multipurpose cash assistance program, which aims to provide the most vulnerable families with assistance to afford the essentials they need to survive. With the first payment she received, Noraima achieved her two main priorities: purchasing

to supplies to build a home, and bringing the rest of her children to Colombia. "Thanks to Save the Children, I have my family with me, and we are all together again," says Noraima. "The cash assistance is really helping us to survive… Everything that I have here – everything from the hammock I am sitting on to the food on my plate – I owe it to the support of Save the Children," she continues.

Save the Children also provided Noraima and her family with a hygiene kit, mosquito nets, and a one-time food kit. She and her children no longer get sick from consuming unsafe drinking water thanks to the water filters that Save the Children provided. Her children also enjoy attending the Child Friendly Space that we set up in the informal settlement where she and her family live; Noraima says it's been helpful for the children and gives them somewhere safe to be and something positive to do.

For Noraima, the case management support – including psychosocial support and referrals to other interventions and services – she and her family have received from Save the Children has been crucial. The special bond she and her family have with Katy has also had a big impact. "When we need her, Katy is there," says Noraima, referring to Katy's frequent home visits and check-ins to support her and her family. "She is always ready to help us." Katy is also working to help find solutions to get Carlos David the specialized medical care he requires. "They really are an amazing family; they are a testimony of perseverance and resilience," says Katy.

Perhaps most importantly, Noraima says that Save the Children has provided her with the tools they need to carry on and overcome the challenges they face every day as a result of this crisis. "I now see hope where there wasn't any," says an emotional Noraima. "Save the Children gave us a friendly hand, and now we have dreams of a better future that we couldn't see before."

Noraima's Story, in her own words:

My name is Noraima. We, my family and I, come from Venezuela. We migrated from Venezuela to here, to Maicao, looking for a new life. I was born in Maracaibo, but about 14 years ago I moved to the state of Merida, which is far south of Maracaibo – it is maybe about 12 hours south. It is a colder part of Venezuela, actually.

Noraima´s Family

Let me tell you about my family, because it is quite big. My husband and I have five children. My oldest daughter, she is 18 years old. The other one, she is 14. And then my son, he is 10 years old. He is a really special boy; he suffered a hypoxia when he was born because of a medical negligence. They didn't attend to me well in the hospital; he was a baby of almost 5 kilograms, and I couldn't give birth to him naturally. It should have been a c-section. But the doctors told me no, they told me that they were the doctors and that they knew better, and that they were the ones who would decide. And so we arrived at the moment where I gave birth to him, and he suffered a lack of oxygen – a hypoxia – and it took too long, and now he has special needs because of the oxygen deprivation. So today, he is 10 years old. And then the next one, my next son is 6 years old – he'll be 7 soon, actually. And then finally, the baby. She is only 3.

All of my children were born in Venezuela, but their father is Colombian.

I also live here with my cousins. One of my cousins, her little boy Uvaldo is also 10 years old, and he was also born with a disability. He cannot see, but he can hear. He is immobile. All in all, we are 14 people living here in this house.

Life in Venezuela

Before the crisis really hit, life was fine there. At least we were able to work and earn an income to buy food and other things we needed. In Merida, my husband always worked in the field – in cattle farming. But we also had some land where we farmed yucca, plantains, squash, vegetables like this. And also in the farm where my husband worked, they processed milk and cheese and dairy products from the cows. So, we were working, and with what

we earned, we could eat. We could live. But then ultimately, things got so bad that we could not even afford to buy a single kilogram of rice to feed the children, because the inflation was so bad.

Life in Colombia

I have been in Colombia for about seven months now. When I came here, I arrived first with my husband and with our youngest daughter, the 3-year-old. My cousin and one of her children came, too. The rest of the family stayed behind. I left a lot of my family behind. My brothers and sisters, my mother; they always tell me, "Noraima, you're the one that's there [in Colombia], please help us…we want to come, we want to be there, too. Because we want to eat, we want to survive." I hope they will come here someday soon, but for now they remain in Venezuela.

When I first arrived in Maicao, I was living over there under a tree. This was before I found Save the Children. I saw no possibilities. I saw no future, because I was without work. I was without anything at all, really. I had nothing. I saw no hope.

And then I met Save the Children, and I met [my social worker] Katy, and I told my story. I asked for help, and Save the Children gave me their hand. We had patience, and we had faith, and we fought. And then Save the Children appeared to help us, and has helped us ever since.

Save the Children's Multipurpose Cash Assistance Program

I saw that [Save the Children] was here in this community, and a few times I went over to speak to some of the people wearing the vests, and I told them my story – the story I am telling you now. And then they began to help me right away. First, they helped me to enroll in the cash assistance program. With the first bonus that Save the Children provided me, I went to Venezuela and I got the rest of my children. The pain of my children being so far away from me was the worst. Thanks to Save the Children, I have my family with me, and we are all together again.

With the first payment, we also built this house. We bought everything that you see here. The materials, the furniture, everything. Little by little, we are moving forward, thanks to Save the Children.

My cousin and I, at the moment, we are trying to work by selling water, making cakes and pastries to sell. We can't try to find a more stable job that requires me to leave in the morning and come back in the evening, because there are so many children to take care of and we cannot leave them. Especially the two who have special needs, we have to be available to take care of them. My husband is without stable work, too, right now. But thanks to the cash assistance from Save the Children, I was able to buy water and snacks to sell here in this area to make a little money. And on the weekends, I try to take empanadas that I make and sell them in the town. We wouldn't be able to do things like this if not for the help of Save the Children. Because we don't have stable work, so the cash assistance is really helping us to survive. So the only way we are able to feed ourselves, to support ourselves, is through the help that Save the Children is providing us. We can feed ourselves, shelter ourselves, dress ourselves.

I have a home. I have a place to sleep, a place to spend the night. I know that if it rains, we will not get wet, because now we have a roof over our heads. Everything that I have here – everything from the hammock I am sitting on to the food on my plate – I owe it to the support of Save the Children. I came here with nothing. Not with even a blanket to wrap around myself at night. I know that for the rest of my life, I will never be able to express my gratitude enough.

Other Support from Save the Children

Apart from the cash assistance, the other big thing for us has also been the water filter that Save the Children gave us. There is very little water here, and the water that we can access is salty. It isn't safe for drinking. And so Save the Children taught us about filtering water to make it safe, and they delivered the filters to families in this

community. It has been a blessing, a big help. I have noticed that the children are healthier now; the babies do not have colic, and the children do not have stomach problems, so it has had health benefits. That has been a great change since we got the filters and learned how to use them.

The children are also participating in the Child Friendly Space. They spend their time there and have fun. They really like it and are always ready and waiting for the tutors to arrive. The Child Friendly Space here is something really beautiful, and it has been yet another blessing, because I have realized that the children can spend their time there being children and not getting involved in other potentially bad things. It gives them something positive to do.

Thanks to the support of Save the Children, my child is also hopefully going to receive medical attention. [My social worker] Katy is helping me so that my son – the one with special needs – can see a specialist, and this would really be such a blessing. I have received so many blessings from [Save the Children].

On her relationship with Katy, her Save the Children social worker

My [social worker] Katy is really doing a tremendous, beautiful labor here in this community, and for my family. I told her, "You've been like a little angel sent from God to this community." She really is doing beautiful work. Every day in my prayers I ask God to bless her and give her a long, healthy life so that she can continue to bring kindness to the world by helping people who really need it, like she does every day.

When we need her, Katy is there. She is always ready to help us. And not just me and my family – she works with many families here in this community. Katy and Save the Children, since the moment we encountered the organization, has given us so much help. And they have never denied us help by saying, "Oh no, those are Venezuelans." Save the Children sees no borders, it has no divisions. Save the Children never says, "Oh, but you aren't from my country." I am witness to how Save the Children has helped Venezuelans, Colombians – just people.

Hopes for the Future

Our hopes for the future, well…we have a lot! I miss my mom and sister a lot, and we have to fight for them. We have to fight so we can see them again, so we can bring them here to be with us, so that we can fight this fight and overcome this situation together. And I know that I am going to achieve it. I know that we will survive because, at the very least, Save the Children has already given us the tools to move forward. And this is been a really big blessing for me and my family. What I used to see as totally impossible, I now see as possible. I now see hope where there wasn't any. Because Save the Children gave us a friendly hand, and now we have dreams of a better future that we couldn't see before.

Anyway, we are here in this fight. It is a fight, but the help that Save the Children has provided us has alleviated the suffering. It has been a tremendous blessing, sincerely. And I just hope that [Save the Children] and any other organization who is helping, I hope that they continue doing it because people like me – well, we have enough. But other people in our country, and here in Colombia, right now are suffering. The situation is affecting everyone – but more than anyone, the children. Really, it is the children who are suffering the most. They are the ones who are paying for this crisis that is not of their own making. There are children who go to sleep at night feeling hunger, having not eaten. The question of the health system, the education system – they've been hit really strongly by the economic situation. My hope for the future is that people like you all who work for Save the Children, that you multiply, and continue to help my Venezuelan brothers and sisters who these days are living through a really, really terrible situation.

To all of the people who are supporting Save the Children, I ask them to please continue supporting them so they can continue to do this beautiful work to help children and people who really need it. And the children are really the most important, because they are our future. So, I am eternally grateful. Without Save the Children, I do not know where we would be right now. A million thank yous for everything.

Comments from Katy Barros, Noraima's social worker:

My name is Katy, and I am part of the Save the Children Child Protection Case Management team in La Guajira. I've been with Save the Children for eight months. Before I joined the team, I worked for the Colombian state in a social program to help indigenous communities. Mostly related to access to food and water.

What is Child Protection Case Management?

Basically, our responsibility is to try to articulate all of the options and alternatives that they aren't aware of. So, we try to help them understand the different services or means of attention and assistance that are available to them, and how they can access them. So that they do not just arrive and say, "Oh no, I am Venezuelan, I do not the right to receive any attention at a health care center, there won't be a spot for me in any educational institution, I can't receive anything that a Colombian can receive." So the idea is to make them aware that, yes, there are services that they can receive, and to help them understand how. And to make them feel welcome here in Colombia. We do not want them to feel alienated or excluded. We want them to feel included in society.

Meeting Noraima

She is a woman who really demonstrates a deep level of human sensitivity. She has a form of expressing herself, and what she is feeling, and the needs she has been experiencing since she arrived to Colombia. So, we began talking and getting to know each other, and we got to know her story – both how it was before, when she was in Venezuela, and now in Colombia.

Initially, when she arrived to La Guajira, she was living under a tree. And she hung up a hammock there, and that was basically all she had. There she spent every windy night, every rainy day. Her living conditions now are so much better than they were before. Even when she first moved into this little house where she is living now, it was only one room, and not everything was covered. So part of the family slept inside, and the rest slept outside. There are 14 people in this extended family living here – four adults and the rest are children – so the space was really limited. That is why one of her first priorities was to make the shelter bigger and safer, to make more space for her family.

Carlos, her 10-year-old son, is a little boy with disabilities – he has microcephaly and delayed motor skills – because of the problems they experienced during birth. So he lost a lot of cognitive skills and needs a lot of support. The other little boy with special needs who you met is her nephew; he also has microcephaly and some visual disabilities. So, in this extended family there are two boys – both 10 years old – with special needs. So from the moment we learned this, we opened a case for the family and we immediately referred them to the cash team to begin receiving multipurpose cash assistance. And from the first delivery, they have been improving their living conditions. They bought food provisions – rice, sugar, things like this – to sell to make some money. They bought a bed. We gave them a hygiene kit, a water filter, mosquito nets. We gave them a one-time food kit.

They really are an amazing family; they are a testimony of perseverance and resilience. And Noramia, she is a woman for whom limits do not exist. Although yes we have definitely noticed a change in her, in her attitude and in her feelings. Because initially she felt excluded, like she was not going to be accepted in Colombia for being Venezuelan. But now she has hope. And she and her family, they have realized that each of them has an ability – something to contribute. Everyone brings a value-add to the world, and now they feel like they can contribute here to society. And they feel like they can convert these skills into a form of taking care of themselves in the face of all of the challenges that they've faced and continue to face here in Maicao.

About her Job

I feel a really deep personal and professional satisfaction with what I do, because every day I learn more about every family I am working with. Every day I wake up with new challenges to face, new things to do. And every time I see a positive result for a family, I feel this satisfaction knowing that what we are doing is working – it's

good. We are really making change for these families. Everyone on the case management team faces challenges – some are more difficult than others – but it is good to know that we are helping these families, these children, to overcome these circumstances and continue moving forward despite everything.

Noriama with her two children
Photo credit: Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
Date of interview: 12 June 2019
Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

Save the Children

Annex 1C

GLADYS, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Maicao municipality, La Guajira Department, in June 2019. Approved for use on 17 July 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Gladys, 51

Themes: Hunger, migration, political crisis, poverty, multipurpose cash assistance, water

Story summary:

Before the crisis began, Gladys (51) and her family lived well in Maracaibo, Venezuela. She and her husband had jobs, and her children were studying; life was good. But as the economic situation began to deteriorate, the family had to sell their belongings to try to survive. First, she sold their car. Then, she sold the small shop she owned. "I ended up selling everything…I had nothing left to sell," she says.

Ultimately, it was her children's hunger that drove Gladys and her family to leave everything behind and come to Colombia. "They'd tell me, 'Mommy, I'm so hungry.' And it killed me," she says, welling up with tears. "And so I said to my husband, 'We have to go, because we can't let our children starve here.'"

Gladys and her family have been living in Colombia for almost two years and, while they still face many challenges, life here is better than it was in Venezuela. In February, Gladys began receiving the support of Save the Children as a beneficiary of our multipurpose cash program, which aims to provide the most vulnerable families with assistance to afford the essentials they need to survive. The very first thing that Gladys bought? "The most divine little chicken to prepare for dinner for me and my family," she chuckles. "It had been so long, and we really just wanted to eat a proper meal – the kind of thing we used to be able to eat. It was the most delicious thing."

With the payments she's received, she has also put a roof on the small shelter they've built – it was made of nothing more than plastic trash bags before – and purchased household items, like a water storage barrel and a small grill to cook with, for her family. She also purchased uniforms and school supplies for her two children, who are enrolled in a nearby school.

In addition, Gladys invested some of the money to purchase some tools so that her husband, who previously worked as a welder in Venezuela, to find income opportunities, given that they have been unable to find formal employment. "We bought some of these supplies so he could try to find work informally. Sometimes he does [find it], sometimes he doesn't – but without the help of Save the Children, it would never be possible to even try."

In addition to the multipurpose cash assistance, Gladys and her family also received a water filter to help keep them healthy and safe from the sicknesses that arise from drinking untreated water. She is also an enthusiastic participant in the community-based Child Protection committee that Save the Children began in the settlement to help foster a safe, protective environment for the children who live there. "This has been great, because it is a way for me to learn so many things and to feel like I am doing something to help," she explains. "They teach us a lot, about child protection…about how to treat children and to make sure that they stay safe and happy. I love being a part of the committee."

Gladys says that her situation has changed so much thanks to the support she and her family have been receiving from Save the Children. "My children don't go to bed hungry," she says. "I don't have the words to thank Save the Children for the help that they've provided me and my family."

Gladys's Story, in her own words:

My name Gladys. I come from Venezuela, originally from the state of Falcón. It is about four hours away from Maracaibo. I was not living in Falcón most recently. I was living in Maracaibo.

Life in Venezuela

Before the crisis really started, I did not have a bad life. I lived well. I wasn't rich, I wasn't a millionaire, but yes – life was good. We never experienced hunger. We never experienced unemployment. Everything was normal and good. I had a little bodega, a little store in Maracaibo. I had a car. My children were studying. We were okay, thanks to God, before all of this began.

When the crisis started, my store started to fail. Because everything got more and more expensive, due to the inflation. So, the store started to fail and I had to get rid of it, because I didn't have any money to maintain it – either the stocks, or to pay the utilities. At first, I sold the car to make some money to try to keep it, but in the end I had to sell the store too. This was about 2.5 years ago.

And then I had to keep selling other things just to survive. I ended up selling everything. Everything. I had nothing left to sell. So I had to come here.

But really the thing that made me come here was that my children were hungry. They'd tell me, "Mommy, I'm so hungry." And it killed me. I had nothing to give them. And so I said to my husband, "We have to go, because we can't let our children starve here."

Life in Colombia

Now, I have been here in Maicao for almost two years. When we first got here, initially we stayed with someone my husband knows in the house where they live here. But actually, we slept outside on the patio. They have seven kids, plus the two adults, and with us we brought four, so there wasn't any more space. So truthfully, we had to leave. And now we are here in this community.

I am here with my husband, and with two of my children. We have other family who live just over there, here in the same community. Cousins, nieces, and nephews. But right here it is me, my husband, and the two little ones. I have two older children, too – one is 25, and the other is 32. But they are not here. One is in Bogotá, and the other is in Medellín. They are there with their families. They are selling candies in the street because they cannot find work. They do not have papers.

It hasn't been easy. I don't have the words to thank Save the Children for the help that they've provided me and my family.

Save the Children's Multi-Purpose Cash Program

I began to receive support from Save the Children about five months ago. That is when they gave me the debit card with the first delivery of cash to help me. And being a recipient of the help of this program has been a huge blessing. The very first thing that I bought was the most divine little chicken to prepare for dinner for me and my family. It had been so long, and we really just wanted to eat a proper meal – the kind of thing we used to be able to eat. It was the most delicious thing.

With the first payment, I also put a roof on this little house. Before, it was made of plastic bags – like the kind you use for garbage. But thanks to Save the Children, I was able to put on a proper roof over our heads.

I also bought this barrel to store water for bathing. I bought uniforms for my two youngest children – shirts, socks, shoes – and notebooks, socks, shoes. They're enrolled in school here.

I bought this grill so that we can cook with charcoal. Before we were just making small fires and cooking on the ground.

I also bought a few things to help my husband find work: a small welding machine, and a compressor – a tool to help you do industrial painting, like for cars. He worked in this type of industry in Venezuela. Welding, painting. He wasn't able to find any stable work, so we bought some of these supplies so he could have these tools and try to find work informally. Sometimes he does, sometimes he doesn't – but without the help of Save the Children, it would never be possible to even try.

Our situation has changed so much. We aren't hungry anymore. My children don't go to bed hungry, they don't cry to me anymore about empty stomachs. I feel a really strong sense of gratitude for Save the Children, I do not have the words to fully express it. I am so grateful for all of the help that Save the Children provides us in this community. Not just for the children, but for their families, for everyone. Everyone.

Access to Water

The water situation in this community is pretty difficult. There is no running water, of course, so we have to find it. Buy it or find it. Normally we buy water from people who bring it into the community by donkey. But it is not safe to drink.

Save the Children gave us a water filter, and they taught us how to use it. This has been a blessing for us because now the children do not get sick. Before, they used to get diarrhea, they used to vomit, because the water they were drinking was bad. Thanks to Save the Children, we can have water that is safe to drink because of this filter.

Community-based Child Protection Committee

I'm also part of the Child Protection Committee here. This has been great, because it is a way for me to de-stress but also to learn so many things and to feel like I am doing something to help. They teach us a lot, about child protection. They hold a lot of trainings for us, about how to treat children and to make sure that they stay safe and happy. I love being a part of the committee. Every time the facilitators come, I am always one of the first – if not the first! – people to arrive because I am so excited about it.

Hopes for the Future

To return to Venezuela one day, I think this is the hope of all Venezuelans. We all want to be able go home. But if the situation does not get better, then we will have to just keep living here. For now, I will have to keep fighting. And for my children, I will do it.

Gladys and her husband with one of her children outside their home in Maicao
Photo credit: Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
Date of interview: 11 June 2019
Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

Save the Children

Annex 1D

DEYANIRA, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Arauca city, Arauca Department, in September 2019. Approved for use on 20 October 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Deyanira, 26

Themes: Hunger, migration, political crisis, poverty, health, multipurpose cash assistance

Story summary:

Life for Deyanira has never been easy. Born into poverty in Arauca Department´s city of Sarabena, she spent most of her childhood working alongside her mother as a recycler – anything to help the family try to make ends meet. About two years ago, following some family problems between her and her husband at the time, Deyanira left Sarabena with her two young boys, Daniel (now 8) and Gabriel (now 5), and moved to an informal settlement in the capital city of Arauca.

The situation in Arauca – a department with a long history of armed conflict, poverty, marginalization, and a weak presence by the state – has only become more difficult and complex in recent years, due to significant migration from neighboring Venezuela. Tens of thousands of people from Venezuela have crossed the river border, formally by bridge or informally by boat, into Arauca; the Colombian government estimates that at least 43,000 Venezuelans are currently sheltering in the department. Many of them find themselves living in the same informal settlements long occupied by Colombians, placing increased strain on the communities and leading to inevitable competition over already scarce resources between the vulnerable migrant population and the impoverished and marginalized host community. To mitigate these tensions, Save the Children seeks to incorporate vulnerable host community families, like like Deyanira's, who are also affected by the migration crisis into our interventions.

"Before meeting Save the Children, life was really very difficult," Deyanira says, explaining how, before, she often had to rely on the kindness of strangers to get by. That all changed around March 2019, when she was registered as a beneficiary of Save the Children's multipurpose cash assistance program. "The great thing about this [program] is that you can take advantage of the opportunity to invest in something that will continue, because the cash assistance does not last forever," she explains. "So, you have to think carefully about what you do with it."

In Deyanira´s case, her idea was to set up a general store in the front of her home. "I sell a little bit of everything. Oats, coffee, pasta, beans, lentils, salt, peas, pasta," Deyanira says, beaming with pride. She continues, with excitement: "I also sell shampoo, soap, cleaning products, paper towels…I sell water and sodas, snacks. Even chicken! You can buy chicken at my store. But probably the ice cream is the favorite of the children, for sure."

While she also used the assistance to buy important things like supplies to fortify their home and make it safer, and school uniforms for her oldest son Daniel, Deyanira also explains that, to her, it was very important to invest some of the assistance received into something that would have long-lasting impacts on her and her family. "I said to myself, '…What can I do with [the money] to make sure that we have food to eat, not only for the months that

they give me this great help, but long after that?' … The help from Save the Children is a way, an opportunity, to help yourself," she says. "To help your children, to help your family…It is a tool, a little push forward."

According to Deyanira, participating in the multipurpose cash assistance program has been life-altering. "I never thought I could arrive to this place where I am now," she says. Now, the family doesn´t have to go hungry – the most important thing to Deyanira. "We can eat in a dignified way…we do not have to beg," she says, through tears. "Now my boys can focus on being children, on studying, on their homework and chores. They do not have to worry about being hungry or not having shoes…what happened to me does not have to happen to them, now." And for that, she says, she is grateful.

Deyanira's Story, in her own words:

My name is Deyanira, and I am 26 years old. I am Colombian. I am from Sarabena. It is in the department of Arauca, not very far from here. I have been living in this community for about two years. I was living in another community. I had some problems with my husband, so I left and I came here with my two children. They are Daniel, who is 8, and Gabriel, who is 5. Actually, he is almost 6. He is very excited.

Before meeting Save the Children, life was really very difficult. Life for me has always been a little bit hard. We relied mostly on the kindness of our neighbors. They would lend us things, like supplies to help fortify the house. Cement, coverings for the floor so it was not just dirt, you know? In this moment, I was alone. I did not have a husband. So, I relied a lot on help from neighbors. Later on, I married my current husband but when I first got here, I was alone. I did not have money. Nothing. It was very difficult. But little by little, here we are.

<u>Support from Save the Children</u>

About six months ago, maybe in March, I began receiving help from Save the Children. That is when I received the first month of the cash assistance. The changes have been amazing, really great. When Save the Children first gave me some help, I began to set up this store. Well at first, before the help, I only had two shelves, with sodas and small things to sell. Two shelves were all I had. But with the help from Save the Children, I started to set up more. I bought more things to sell, and I bought a freezer to sell ice creams; the children here always come by to buy some. Of course, I also bought things like clothing, uniforms, and shoes for my children, and other things for us in the house. And well, we just keep moving forward as a family now. Now we have food to eat, we do not go hungry anymore - that is one of the most important things.

So let me show you everything. Here in front is the store, but in the back is the space where we live. There is a kitchen where I cook meals for my family. The children have a small room to sleep, and here is where my husband and I sleep. It is plenty of space for us. It is comfortable. Before the support from Save the Children, this was not finished. Parts did not have a roof; parts did not have flooring. So I bought more supplies to make it safer.

As for the store, as I mentioned, at first I only had the two shelves. Then, when I started receiving help from Save the Children, I had the idea to make the store even bigger. So when we got the first payment, I said to my husband, "Let's set it up." And from there, we built this.

I sell a little bit of everything. Oats, coffee, pasta, beans, lentils, salt, peas, pasta…mayonnaise, even! I also sell shampoo, soap, cleaning products, paper towels. I sell water and sodas, snacks. Even chicken! You can buy chicken at my store. But probably the ice cream is the favorite of the children, for sure. Most of my customers are my neighbors, people who live nearby in the community.

The great thing about this is that you can take advantage of the opportunity to invest in something that will continue, because the cash assistance does not last forever. So, you have to think carefully about what you do with it. In my case, my idea was this store. I said to myself, "Okay, they gave me this money. What can I do with

it to make sure that we have food to eat, not only for the months that they give me this great help, but long after that?" You know? Months, a year down the line, not just for right now in this moment. The help from Save the Children is a way, an opportunity, to help yourself. To help your children, to help your family. Now my boys can focus on being children, on studying, on their homework and chores. They do not have to worry about being hungry or not having shoes. I always viewed the assistance from Save the Children as a tool to help me move forward. Because it is not going to last for your whole life, you know? And it shouldn't. It is a tool, a little push forward. This is the truth.

With the support of Save the Children, I could also by clothes for my boys. Oh and also, the water - how could I forget the water? The water situation here in this community is difficult. There is no water here, so you have to go collect it. You have to get it from somewhere else and bring it here. But it is a private well, so it is tricky. Sometimes we are allowed to take some water, other times no. Now, I can buy water that is safe to drink and I don't have to rely on others. I can trust that my family will have water to drink, to cook, for everything.

My oldest child is enrolled in school, he is studying. I bought him uniforms and supplies with the cash assistance from Save the Children. He studies every day.

How Life Has Changed

Life in this community, well, I see it as quite good, now. I never thought I could arrive to this place where I am now, with the store. Imagine, it was impossible to go out and try to find some work with the two boys, I could not leave them alone. Having to move, having to uproot yourself…it is very hard. So I am very grateful to Save the Children for the support, because it is because of them that I have what I have today. Truly.

From the store, I am able to earn enough to make sure that we have food. We still have struggles, but one has to have food. It is so important. Now, we can all eat and we are not hungry. We can eat in a dignified way, you know? We do not have to beg. We can eat eggs, chicken, meats…we can eat well. Before, it was so hard. Thanks to God…I am just so grateful.

Hopes for the Future

My dream is that my children study, educate themselves…that they have an easier life than I did growing up. That is the wish of every parent, right? When I was a child, I had to work. I worked with my mom, recycling things. Looking for trash and collecting it to recycle, and earning some money that way. So, I do not want my kids to do that. I want them to go to school.

That is why I am so grateful for the support from Save the Children. The cash assistance was so helpful, because I did not have to worry about how to support our family, and my children…what happened to me does not have to happen to them, now. They can be children. I can barely talk about it without crying, it is so emotional. I just want them to move forward and overcome and that they never stop following their dreams, no matter how difficult the situation can be now.

Deyanira in front of her store
Photo credit: Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
Date of interview: September 2019
Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

Save the Children

Annex 1E

DAYANA, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Arauca city, Arauca Department, in September 2019. Approved for use on 20 October 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Dayana, 31

Themes: Hunger, migration, political crisis, poverty, health, multipurpose cash assistance

Story summary:

Before the crisis in Venezuela began, Dayana and her family lived well in Carabobo State's capital city of Valencia. "We did not live in luxury…but we had what we needed," she says wistfully, brushing the hair out of her 2-year-old daughter Darlyns' cherub face in the one-room shack where they live now, in Colombia's border city of Arauca. She and her husband at the time owned their own home. Both of them had jobs. "Most years, we even took one family vacation to the beach…we had a totally normal, good life. We were probably not so different from you."

That is, until about six years ago, when the family started to notice the first signs that life becoming a bit more difficult. Dayana said that it was the birth of her second child that ushered in some of the first clues that things were changing. "It was difficult for me to afford diapers, for example, which was not true when I had my first baby," she explains. "There were fewer things in stores, and they were starting to get more expensive. Sometimes we could not buy gas to cook on our stove…the cash was losing its value. Sometimes we were paying four times the value of whatever we were buying."

Ultimately, it was a health scare that prompted the family to seek help in Colombia a little over one year ago. "My little girl was totally, totally, totally malnourished," Dayana says, holding back tears. "But in Valencia, the doctors…they told us, 'We cannot do anything.' They did nothing for us." So, the family packed up what they could carry and made their way to Arauca in search of anyone who could help their baby daughter.

"We arrived here with nothing," Dayana continues, "because by then in Venezuela, we had basically nothing. We barely had clothes. If we bought clothes for ourselves, we would have had no food. We would have starved to death within six months."

When the family arrived in Arauca, however, the hardships continued. Her youngest daughter - who by then was running a high fever and was so weak that she could barely move - was hospitalized for 12 days. "I had to pay for 10 of them. They only covered two [days]," Dayana says. "My family cannot believe this little girl is the same child. She looks so different, so small. Even now she has no meat on her bones. Sometimes she seems to have trouble sitting and standing up, like she still does not have strength."

Dayana says that things started to improve in April of this year, when she was registered as a beneficiary of Save the Children's multipurpose cash assistance program. With the very first payment, she started up a small fast-food business, riding around the city on a tricycle to sell homemade things like empanadas and other snacks. "The first

thing I thought was, I have to figure out a way to invest this money into something that will continue to make more money," she explains. She's also purchased other basic items, like the bed the family sleeps on and uniforms for her 6-year-old daughter, Derlis, who is enrolled in school in Arauca. "I can send her to school in clean clothes, with proper shoes, with notebooks," Dayana says. "I have money now to feed my children…I feel empowered. This satisfaction is amazing," she says with gratitude.

As a beneficiary of the cash program, Dayana also attended trainings about infant and young child feeding. "They taught us things that I had never heard before, even though I already have four children," she recounts. "My life has changed a lot because of the assistance. Now, I feel fulfilled as a woman, as a mother…I cannot say that my story is the saddest one - in fact, I am sure it isn't - but the help I received from Save the Children…it replaced profound sadness with hope."

Dayana's Story, in her own words:

My name is Dayana. I live here in Arauca, in Colombia, but we are from Venezuela, from the city of Valencia in Carabobo State. It is pretty far from here, from Arauca. About 14 hours away by car, more or less.

I have four children. The oldest one is 12, but he still lives in Venezuela with other family. The three here with me are Derlis – she is 6 but right now she is at school. And Dervin, he is 4. Finally, the smallest one, this is Darlyns. She is only 2.

My husband and I are separated. We are not together anymore. He is in Bogotá, as far as I know.

Life in Venezuela Before

Before the situation at home in Venezuela started to become bad, we were a strong, unified family. We did not live in luxury - we were not wealthy - but we had what we needed. We had jobs. We took our children to play in the parks near our home. Most years, we even took one family vacation to the beach. My husband had a good job. I worked a bit, too. I made it through five semesters of university, studying education, and I had a paid internship, so this helped us even more. We owned our own house. Everything we needed, we had. We had enough to buy things, we had enough to save. We had a totally normal, good life. We were probably not so different from you.

All this lasted until about six years ago, which is when I would say things began to get difficult. I noticed it when my second child - my daughter [name], who right now is in school - was born. It was difficult for me to afford diapers, for example, which was not true when I had my first baby. There were fewer things in stores, and they were starting to get more expensive. Sometimes we could not buy gas to cook on our stove. Buying things with cash…the cash was losing its value. Sometimes we were paying four times the value of whatever we were buying, even six years ago.

My daughter, she has a heart murmur, and to take her for a consultation at the doctor's office started to become really hard.

The change to me, well, it felt fast. And honestly, I think it all got worse when we, Venezuelans ourselves, realized that we could make money and exploit the needs of our neighbors. Because for me, this is not fully the fault of the government - I mean of course, it is - but so long as we Venezuelans do not change our mindset, nothing is going to get better. We have to leave this attitude behind. Because imagine, for example, nurses would be charging patients directly to do their jobs…they would ask for us to pay them during the consults or else they would not do it. This is their job! A doctor, in order to check your child, you have to pay him or her extra money. Extra money that, frankly, neither of you have. To get an identity document, you have to pay extra. When you want to open a bank account, you need to pass the person attending you some extra money. Venezuela is not going to

get better until this stops. The Government burned it all down, it is corrupt, it robs us…but what little is left, we fight over it amongst ourselves and treat each other badly.

I went back to Venezuela in February of this year, a few months ago. While I was there, a little girl died because she did not receive the antibiotics she needed to treat a strong, but normal and treatable, infection. They were asking the mother to pay a lot for this normal drug, but she could not. I tried to help them, but by the time we gathered enough money to buy it there was nothing more to be done for her. So, until we change… We need to throw this way of thinking out of our heads. I get it, we all have needs. Everyone in Venezuela is suffering, everyone needs money, everyone needs things. But this is extreme. We have lost our humanity.

Life in Colombia

We arrived in Colombia a little over one year ago. My little girl was totally, totally, totally malnourished. But in Valencia, the doctors…there was nothing. They told us, "Look, we aren't God. We cannot do anything." They did nothing for us. And their father, my now ex, told me, "Alright, get everything together, pack everything and let's go." So we did.

That was a Monday. We arrived here on a Wednesday. The next day, Thursday, we went to the mayor's office to go ask for the documents to register us here so we could stay. When we were there, the girl who was helping us asked me, "Why isn't your little one moving?" I told her she was hungry, malnourished. She told me, "No no, you need to take her to the doctor right now, because your daughter can die." So I took her to the hospital, but there they treated us horribly. One woman screamed at us, saying that Venezuelans come only to cause trouble, and to take away what little they have here in Colombia. Another, a doctor, told us that they had no way to admit my daughter, that we would have to pay. So they basically kicked me out of the hospital; it was late, maybe 10:00pm. My daughter had a fever by then, it was really bad.

So the next day, I went back to the mayor's office - the girl had told us to come back if we needed something - and so I told her what happened. She made a few phone calls, and then someone - I don't know who exactly - told the hospital to let us in and give us all the help we need to get our daughter well. She told me to go back there, and to call her immediately if they did not attend to her.

When I went back, the head nurse told me, "My goodness, your daughter needs to be admitted because she is so sick!" And she yelled at me for not bringing her sooner. I told her I tried, but that I was turned away. She asked for proof, so I showed her what I had. Anyway, more phone calls, and then my daughter was treated. She was in the hospital for 12 days. I had to pay for 10 of them. They only covered two days. But anyway, the health situation of my daughter was the main reason why I came here to Colombia.

We arrived here with nothing. Because by then in Venezuela, we had basically nothing. We barely had clothes. If we bought clothes for ourselves, we would have had no food. We would have starved to death within six months. The only thing we had to eat was yuca. It was all we could afford most of the time. When we could, we would try to buy grains. But it was mostly yuca.

My family cannot believe this little girl is the same child. She looks so different, so small. Even now she has no meat on her bones. Sometimes she seems to have trouble sitting and standing up, like she still does not have strength.

Support from Save the Children

Look, I cannot say that my story is the saddest one - in fact, I am sure it isn't - but the help I received from Save the Children…it replaced profound sadness with hope. A friend of mine told me that an organization was here providing assistance. A girl came by and asked me about myself and my family; I told her about my children and our situation. I guess it was like a census of sorts. A few weeks later, they called me and we did an interview, a survey. And then two weeks after that, they told me I would be a beneficiary.

I got the first payment in mid-April. And the first thing I thought was, I have to figure out a way to invest this money into something that will continue to make more money. I am not working stably right now. I have not been able to find a proper job. Plus, with the children, it is not possible to leave them. So I set up a little market at first, selling little simple things. Fast food like empanadas, snacks. I started this with the very first payment. With the second payment, I bought a tricycle to make selling things a bit easier. Riding around with the cart instead of walking and pushing it. For example, on Sunday, we made mixed rice. Every Sunday and Thursday, we cook. The other days, I take charge of pushing the cart - or now, actually, I have the tricycle! - and selling and delivering the food.

I also bought uniforms for my 6-year-old, the one who is in school right now. I also bought this bed second-hand, because we were sleeping on a "bed" made of sticks. So, with the support, I was able to buy things that my children needed. I have not yet figured out electricity here, because I do not own the lot. I am renting it. So, we are without electricity for the moment because I do not want to invest the money, and then lose it whenever I have to move. We are having some problems with the owner. But if it were mine, it would be more comfortable. But I really cannot complain.

The third payment, well, a close family member in Venezuela died, and they did not have any money for the funeral. Even to receive the body of your loved one from the morgue, you have to pay, imagine that. So I helped my family with that, with some of the third payment. Honestly, I think that you're worth more dead than alive in Venezuela.

Save the Children, as part of this program, also invited me to a training about breastfeeding. They taught us things that I had never heard before, even though I already have four children. There, they also told me that I would receive two extra payments to help with food and things.

How Life Has Changed

My life has changed a lot because of the assistance. Now, I feel fulfilled as a woman, as a mother. I feel a certain satisfaction that I am now able to earn some money and provide. I feel now that I do not have to stay with someone who is bad for me, or hold onto something or someone to survive. I feel empowered. This satisfaction is amazing. Thanks to God, thanks to Save the Children I feel this way.

I have enough to buy food, to buy little things for my kids to make them happy and feel normal. I have money now to feed my children. I can feed them what they like to eat, too. Sometimes they say, "Mommy! We want soup!" And I can actually go get the ingredients and I can make them soup. Before, I could not do that.

Now, also, my daughter…before at school, they treated her poorly, they made fun of her. Because she did not have things the other children had. The problem is not the professors; it is more the other children. It is as if no one has ever taught them to respect other people and to be friendly to others no matter what. My daughter used to come home crying every day, asking me why she did not have this or that like the other children. She said they told her that she was smelly and they made fun of her for it. But I could not buy soap. Imagine. Now it has improved a bit, because I can send her to school in clean clothes, with proper shoes, with notebooks. She is getting a good education, learning things. She is behind, because in Venezuela she did not go to school often because she was too hungry.

Hopes for the Future

My hope is that I can set up my children for success, for a secure life here. Because in Venezuela…if things get better, well, I do not think it will for another 20 years, at least. I honestly sometimes think the old generation needs to die off and the new generation will be left to re-build.

Venezuelans, because of the society there, have become accustomed to receiving. Accustomed to handouts. It pains me to say this, because I am Venezuelan, of course. It brings me shame to say it, but Venezuelans are accustomed to people giving them everything. They have this in their heads. I do not understand it. To get, to

get, to get, without giving anything. Give me, give me, give me, but they do nothing for it. It is embarrassing to say this as a Venezuelan, but this is how I see it. I have never understood it.

If I were to tell you that we thought about going back to Venezuela, it would be a lie. Because from here, at least I can help my mother, who is still there. In Venezuela, I was helpless. She needs medicine to survive, she has an illness, and there she cannot buy it. I could not buy it there, either. But from here, I can support her.

I hope to keep a roof over my children´s heads. This little one, he went almost two weeks without sleeping. He barely slept. He would cry to me, "Mommy, I do not want to go live on the street, I do not want to sleep under the bridge." It has been very difficult for them. He sees and absorbs everything. Every mean thing someone says. Every hardship. He understands the problem more or less, even though he is only 4.

I feel really fulfilled now. I do not understand those people who were not smart about how they spent or invested this precious help. For me it was the most important thing. I appreciated this help the best that I could, to the maximum. It was a huge blessing. I had zero before. Nothing. Not even a pair of shoes. Little by little, week by week, we've moved forward.

I try to help others when I can. I have been in a place where I have had nothing. I have lived with the fear that my little one was so sick that she might die. This, maybe, taught me things. I do not say this to make myself seem better than others, I am grateful for all of my blessings. People need to put themselves in others' shoes. I've literally been without shoes, so I understand how it is. I know what it is like to go without food. I know what it is like to be turned away when your child is sick, when you feel like a failure of a mother because you cannot get your child the help she needs. I have been in a place where I have had nothing. So to see my Venezuelan brothers and sisters, to see another human being, with nothing? Who am I not to try to help? As long as I can, I will try. The situation is really heavy.

But now, especially after this help from Save the Children, I have hope and I feel empowered. I know I have my two legs, my two arms, and I can overcome. I can survive. Being away from your home, in another country where you have nothing, is difficult.

We have a saying; it is "querer es poder." Wanting is power. You have to appreciate every support you receive…you cannot be too proud. I was scared to come here. And although I found hardships, I also found blessings. And honestly, the cash assistance was more than I could have ever imagined. Apart from being literal cash, it is so much more than money. It is not just economic help. For me the biggest help has been the mental piece, you know? It is emotional help, too. It transformed my mindset, and that does not have a price.

Dayana and two of her children at home
Photo credit: Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
Date of interview: September 2019
Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

Save the Children

Annex 1F

LINDA, COLOMBIA

Interview conducted by Jenn Gardella in Colombia's Maicao municipality, La Guajira Department, in June 2019. Approved for use on 6 August 2019 by the Emergency Response Team Leader. When using this case study, please do not change any of the details.

Children/Adults Interviewed: Linda, 40

Themes: Hunger, migration, political crisis, poverty, disability, case management, protection, multipurpose cash assistance, water

Story summary:

"Before things got bad in Venezuela, we had a little house for all six of us," explains Linda (40), as she explains what life was like in Zulia State's coastal capital city of Maracaibo for her, her husband Jamar (38), and her four daughters. "We had a pretty stable situation. Our life was good," she says. Little by little, however, the family began to feel the effects of increasing inflation and deteriorating socioeconomic conditions that was gripping the country; there were frequent blackouts, limited access to food and water, and no medicines – a major point of concern for Linda and Jamar, as three of their four daughters have special needs. "It was getting harder to survive."

Linda had been coming back and forth to Colombia from Venezuela for some time, selling small items in the street to earn some money and bring it back to her family, who remained in Maracaibo. Ultimately, the family realized that this arrangement was unsustainable, and that the family had to abandon their lives in Maracaibo and move to Colombia. Linda came first, intending to continue selling items in the street and figure out a solution for her family before her husband and daughters joined her. "We could not have my daughters – especially the three who have special needs – living in the streets," she says. "They are way too vulnerable."

Shortly after her arrival, Linda was robbed of everything she had and found herself living in the streets of Colombia's dusty border town of Maicao with nowhere to turn. "In these moments of vulnerability, I had no idea what was going to happen to me," Linda says of the week she spent living in the streets. After seven difficult days, Linda encountered a Save the Children community mobilizer in a nearby park, who immediately referred her to our case management team for support.

"We support vulnerable families in managing the particular needs that each individual child and family has, and to form the bridge or the link between them and our various interventions, or other entities that provide services," says Livia Lara – Linda's Save the Children social worker – of the case management program. Given Linda's situation and the particular vulnerability of her children, who were still in Venezuela at the time, Save the Children jumped into action to provide Linda and her family with the support they needed.

"We immediately opened a case [for Linda's family] and called Pastoral Social to arrange a space for her in the Migrant Attention Center in Maicao to get her the shelter she needed right away," explains Livia. Linda's husband

and daughters came from Maracaibo to join her, knowing that they would all have a safe space to stay temporarily. Linda and her family also received a hygiene kit and a one-time food kit, and were referred to the multipurpose cash team to begin receiving assistance.

With the first two payments as a beneficiary of the cash program, Linda found a place to stay in Maicao, as well as basic household items and supplies for her and her family. "We are looking to turn the third payment into something productive, like a mini business to sell food," Linda shares. "Something like this, to invest it in something that will help us make money when the payments end."

Livia is also working local authorities to discuss getting her family affiliated with the Colombia health care system. "We are working on this right now with a lawyer, getting all the documents needed to make the case, so that her girls can receive the longer-term care that they need," she explains. Linda is especially grateful for this support, as finding a solution for her children to receive health care remains among her main priorities – and biggest worries. "Given their conditions, which are chronic, the thing that they need the most is access to health care to address whatever health problem that will inevitably arise because of their conditions," says Linda. "Really, stability and a good life for our children is the only thing that we as parents are looking for.

Despite all the challenges that she and her family face every day, Linda still has many hopes for the future. "The support of Save the Children has been a fundamental pillar for us," she says. "The difference now is that we see possibility in tomorrow, where we didn't before…We are moving forward. I have faith that everything is going to turn out alright."

Linda's Story, in her own words:

My name is Linda. My family and I, we are from Maracaibo, in Venezuela. It is in Zulia State.

My husband and I, we have four daughters, of which three are functionally diverse – that is to say, they have moderate to severe disabilities. Eliana (18), Eliz (13), and Elen (10) are all differently abled. The littlest one, Eliany (9), does not have any disability.

Life in Venezuela

Before things got bad in Venezuela, we had a little house for all six of us. We had a car. We had a pretty stable situation. Our life was good. Then we had to sell the house, so we moved into a smaller apartment, but it was still nice. But then little by little, we noticed our lives were changing. It was getting harder to survive. But it was a slow change, it felt slow. And then all of a sudden, here we are.

What ultimately made me come to Colombia is, primarily, the situation of the electricity. There is pretty much never electricity, which means we could never get the water pump to work. So we didn't have water. Also, there aren't any medicines. There's just no quality of life at all. So, that's ultimately why we came here. We arrived about 3.5 months ago.

Arriving in Colombia

I used to come here by myself, back and forth, to sell things and earn some money because the situation in Venezuela started to get really difficult. It was easier to feel comfortable because I was kind of an informal merchant, and that is why I came first. I could come and go. I would come here alone and stay for a few days, trying to earn some money in the street, and then take that back home to my family.

But then in the end, it just got more and more difficult, and we couldn't manage anymore. So, I came here to work in the street and stay long enough to earn money to get my family here.

One day, I got in a verbal altercation with some men who were selling black market gasoline, it was a crazy thing. Anyway, they robbed me of everything I had. They took it all. And then I found myself with absolutely nothing. I ended up living in the streets in Maicao for a full week. I was staying in the center of the city, on a pretty busy street, because it felt safer that way.

After a week, I found myself in a park, where I met someone who works for Save the Children. And then after speaking with her about my situation, she put me directly in contact with Livia Lara, our social worker.

Meeting Livia Lara

When I met Livia Lara, it was a very strong, impactful moment in my life. In fact, sometimes when I think about it, it makes me want to cry. It makes me feel emotional. I never, ever thought that in this moment God would bless me like this. I never thought that I would meet someone like this, receive this support but also build a relationship – a friendship. In these moments of living in the street, these moments of vulnerability, I had no idea what was going to happen to me. And, well, after those seven days, Save the Children turned into the most fundamental base for me and for my family.

And it was really like a gift from God that I encountered Save the Children and met Livia Lara. She is honestly like a little angel from heaven. I am so, so grateful for the day that I met her, because it changed everything. It's been a blessing for us. I was on the streets, and then all of a sudden she made the link to Pastoral Social so that I could stay in the refuge, the Migrant Attention Center, in Maicao. And then my husband and my girls came to join me there, because we finally had a safe place to be. We could not have my daughters – especially the three who have special needs – living in the streets. They are way too vulnerable.

Then, once I was in the refuge, she helped me register in the cash program. We also received a personal hygiene kit, and a food kit. They also help us find legal services and support, which is extremely important for us. All the time, she is there for us. She's always ready to help.

Save the Children's Multipurpose Cash Program

With the support of the cash program, with the very first payment we bought the plot of land back here, where we are building our house. For now, a woman is providing me and my family support by letting us stay here on this land temporarily while we – with the help that Save the Children has offered us – get our own house ready. We bought a little plot of land just back there, we bought materials – like cement to make blocks, things like this – thanks to God and thanks to Save the Children.

And then, with the second payment, we bought everything else that you see here. And all of those materials we are using to build. And we also bought some things for the girls, as well. It has been a blessing. It helped us increase a little bit the well-being of our daughters. You know, we aren't looking to buy expensive shoes or an expensive cell phone, no. We are just looking for a little bit of stability for our girls, that is our priority. That is how it should be. Really, stability and a good life for our children is the only thing that we as parents are looking for.

We haven't received the third payment yet, but for the moment our idea is to buy some things to set up a little food cart to sell arepas de queso (corn patties with cheese). And maybe some other little snacks. And then also finish up the house, of course. But we are looking to turn the third payment into something productive, like a mini business to sell food. Something like this, to invest it in something that will help us make money when the payments end.

How have their Lives Changed?

The only reason we even made it here to where we are now is because of the support of Save the Children. I don't know where we would be otherwise. The support of Save the Children has been a fundamental pillar for us. It's the only thing that has permitted us to obtain any of this. We had no idea where we were going to go. We

had no idea what was in store for us, or what was going to be our destiny. But then with all the support of Save the Children – especially this angel, Livia Lara – we've received so much help, honestly. We bought this little land, we bought the supplies we need to build a home. I thank God every day.

My husband and the girls definitely felt a little bit strange in the beginning. But Livia Lara always was there to follow up with us and check on how we were doing, how we were feeling, and that was really helpful for us to adjust. Now we are all adapting, we are feeling better. We always thank God for this collaboration, this support.

Hopes for the Future

Our hopes for the future? We hope to have our little house, and eventually our little business. The difference now is that we see possibility in tomorrow, where we didn't before. We feel a lot more stable and hopeful now, especially with the girls.

Our biggest hope more than anything is probably to get them affiliated with health insurance. Especially, you know, the three who have specific health needs because of their disabilities, it is something long-term. My biggest worry is that, in any health-related circumstance that presents itself, is that I won't have any way to get them what they need because we don't have documents, and we don't have any access to social services of Colombia. For other mothers, I imagine their biggest priority would probably be food. And sure, of course, obviously food is really important. And general medicines, fine. But given their conditions, which are chronic, the thing that they need the most is access to health care to address whatever health problem that will inevitably arise because of their conditions. And, as we do not have access to the Colombian health care system, this is my biggest worry.

But well, we are moving forward. I have faith that everything is going to turn out alright. We know this difficult situation isn't going to last forever for us, in the grand scheme of things this is all just temporary. It is seasonal. But let me tell you something. We know that – I mean, knowing the way the economic system is, the nature of the problem at the economic level – we know that the damage to the system is so deep and so great that 10 years will go by and Venezuela still will not get out of the hole that it is in now.

About Fundación Eliana Karina, Una Mano Amiga

We had the idea to start it about 4.5 years ago in Venezuela, in Maracaibo…because, well, you know I have three children who are differently abled, who have special needs. And so some day we would like to bring the foundation here to Colombia, because there are many fathers and mothers who have children with disabilities – and a lot of them are migrant families like us, who don't have access to the health care system and who don't have any resources to pay.

So, we as the foundation want to give them some support. They could have, for example, their consultations – pediatric, or neurologic consultations – and they can access things like speech therapy, hydrotherapy, or whatever they need for their child. That is how it was in Venezuela. And here we are barely just starting to have the idea to start it in Colombia, it is like a newborn baby for us – we have nothing concrete, just the faith in God, but we believe that we can achieve it here.

Comments from Livia Lara, Linda´s social worker:

My name is Livia Lara, and I've been part of the Save the Children case management team in La Guajira for eight months. Before, I worked with the Colombian Family Welfare Institute (ICBF) on a program dedicated to supporting and strengthening families. I also worked with children with special needs, providing support to them and their families to navigate the particular needs that they had.

Now, with Save the Children, as I mentioned I am part of the case management team here in Maicao. The work is tough, but it's really very beautiful, too, in the sense that it is also very personally and professionally gratifying and fulfilling.

What is Case Management?

Case management basically means that we support vulnerable families in managing – as indicated in the name case management – the particular needs that each individual child and family has, and to form the bridge or the link between them and other entities that provide services. So for example, we help children and their families who are living in the streets find shelter. We help them access legal support, and coordinate with lawyers and local authorities. We also help them find ways of accessing health care, like to our sexual and reproductive health unit, or through clinics run by other NGOs like Samaritan's Purse or Americares, or the main hospital here in Maicao. We are really integrated with the other interventions Save the Children is carrying out here, like for example the WASH team to provide them with this kind of support. And obviously seeing all of these very basic economic needs that the families have, we also make a lot of referrals to our multipurpose cash program.

Meeting Linda

I met Linda – well, actually, I first spoke to her over the phone. I was in the office in Riohacha when a colleague in Maicao called me. She had met Linda, who had recently arrived in Maicao. She was alone, but she was really worried because she had left her husband and her girls in Venezuela. She has four girls, and three of them have special needs. So obviously, she was really worried. She was living in the street, and she had nowhere to live, so she didn't want to bring her family to join her living in these street conditions.

We immediately opened a case and called Pastoral Social to arrange a space for her in the Migrant Attention Center in Maicao to get her the shelter she needed right away. Initially there they could only provide shelter for people for about one week, because there are so many people with urgent needs so they couldn't allow people to stay for very long. But the rules changed, and now people who are especially vulnerable can stay for up to 30 days. So Linda stayed in the center for about one month, given the level of vulnerability of her situation. So basically, after my colleague called me, we immediately opened the case for her and her family, even though the rest weren't here yet, and made the referral to the shelter. We also referred her to the multipurpose cash program.

The process has been really beautiful – and actually, it's been reciprocal. Linda is a really resilient and really empowered woman. She is a person who feels a sense of responsibility for her managing her circumstances . She is really empowered and involved in all of the processes related to her daughters – this is something that I really want to highlight about her.

When Linda's daughters first arrived, they were much more timid, much more shy. And then later, little by little, I started to observe them show more confidence. They are a little more open now. I have noticed that they seem much more calm, I think because they are slowly starting to feel more comfortable now that they have what feels like their own space. In the Migrant Attention Center, of course you're surrounded by a lot of people but your personal space is much more limited. There is not much privacy. And you can observe that they feel more comfortable now that they have their own space.

We are also in conversations with local authorities at the moment to discuss getting her family affiliated with the Colombia health care system. We are working on this right now with a lawyer, getting all the documents needed to make the case, so that her girls can receive the longer-term care that they need. This is also part of the case management support we are providing.

About her Work

I really do love my job. When I started, I feel like it was a huge challenge, because this emergency…I was seeing it before all the time on the television, in the news. And seeing something in the news, you feel like it doesn't touch or impact you. It just feels like something general, something sad for other people. But to live this experience, it has made me face a reality that is happening.

Joining this team, the emergency has touched me, it has impacted me and my sensitivity – as a person, as a human being, as a mother myself. I have a little boy who is eight years old. So, it is inevitable that you feel so many feelings when you're seeing so many stories, all of these things that are happening to these families as a result of this migration crisis. And knowing that your purpose is to help them through it – that's everything.

Linda at home
Photo credit Jenn Gardella/Save the Children

Interview conducted by: Jenn Gardella
Interview translated by: Jenn Gardella
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Story Approved by: Valerie Dourdin
Country/Region of interview: Colombia
Interview language: Spanish

CONSTRUYENDO LOS SUEÑOS DE MI FAMILIA

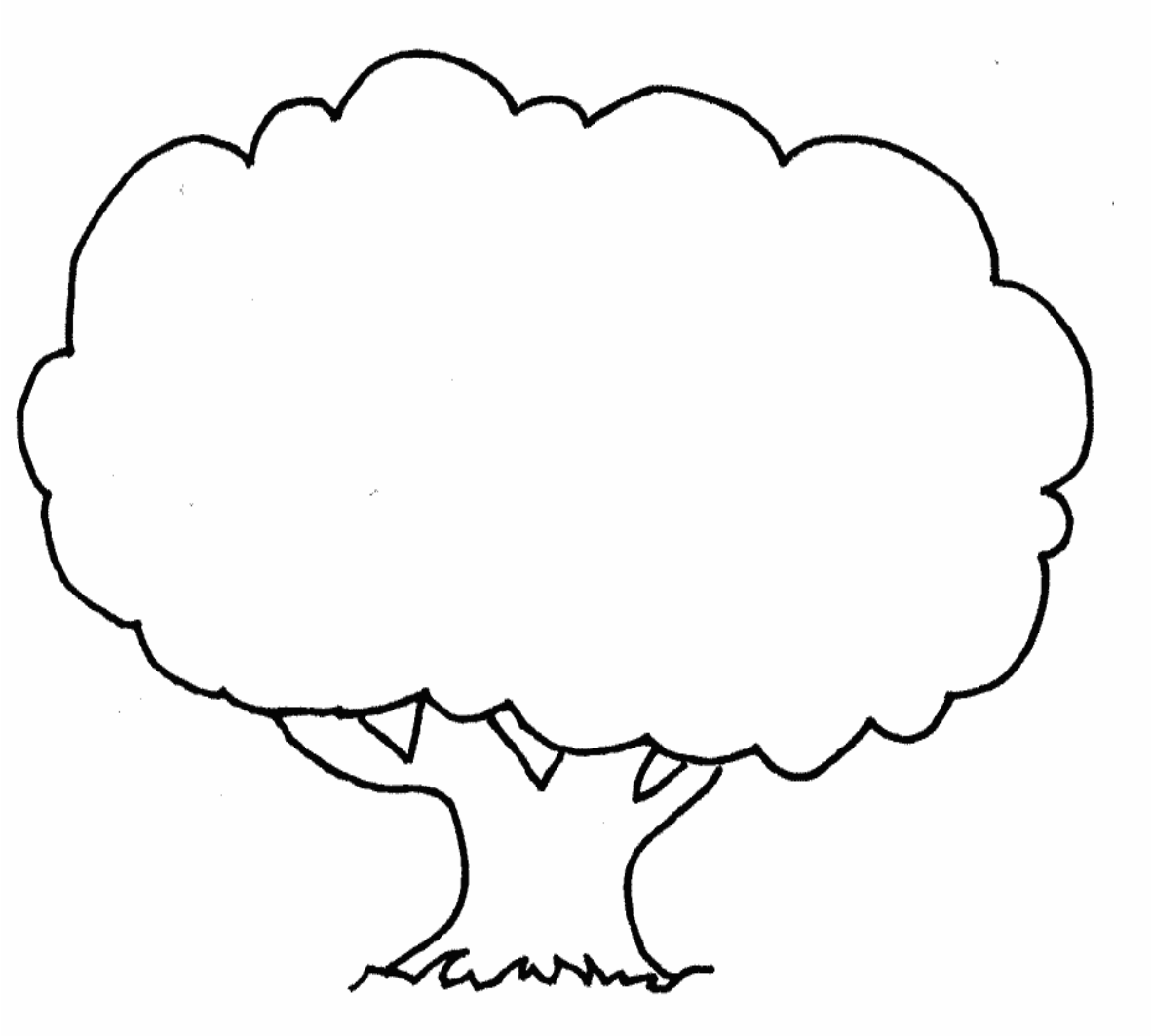
PLAN DE PRIORIZACION PARA LA

FAMILIA:

INTEGRANTES DE LA FAMILIA:

¡¡ ***TODOS LOS NIÑOS Y NIÑAS MERECEN VIVIR DIGNAMENTE, GARANTIZANDOLE SUS DERECHOS Y TRABAJAR PARA SU RECONOCIMIENTO UNIVERSAL*!!**

EL ARBOL DE MI VIDA



MIS FORTALEZAS

ASPECTOS PARA MEJORAR

RECURSOS PARA LOGRAR MIS SUEÑOS

ASPECTOS QUE DIFICULTAN ALCANZAR MIS SUEÑOS

PRIORIZACION DE NECESIDADES

Plan para cubrir las necesidades primordiales de la familia dentro del acompañamiento psicosocial por parte del profesional _____

FECHA	NESESIDADES A PRIORIZAR	VALOR

FECHA	NESESIDADES A PRIORIZAR	VALOR

FECHA	NESESIDADES A PRIORIZAR	VALOR

Compromisos

De esta manera habiendo priorizado las necesidades a cubrir yo_____ me comprometo con mi familia, por el bienestar de todos a seguir los compromisos adquiridos el día de hoy _____.

_____

Firma del jefe de hogar o cuidador

Nombre:

Cedula:

Teléfono: