

FINAL EVALUATION

**Project “Health Services
and Essential Supplies for
Venezuelans in
Bucaramanga and
Medellin, Colombia”
(SSSE-VEN)**



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GLOSSARY

ADRA	Adventist Development and Relief Agency
AECID	Spanish Agency for International Development Cooperation
COVID-19	CO, Corona; VI, Virus; D, Disease; 19, discovered in 2019
DAVIPLATA	Financial product that allows you to manage money from your cell phone without the need to have a bank account or debit card.
GBV	Gender Based Violence
HBM	ADRA Colombia's HBM project funded by USAID. "Supporting Health and Basic Needs for Venezuelans in Bucaramanga and Medellín, Colombia".
ICBF	Instituto Colombiano de Bienestar Familiar
IOM	International Organization for Migration
OFDA	Office of Foreign Disaster Assistance. Assigned to USAID
PEP	Special Permit of Permanence
R4V	Response for Venezuelans – Coordination Platform for Refugees and Migrants from Venezuela
RAMV	Administrative Registry of Venezuelan Migrants
RMRP	Regional Refugee and Migrant Response Plan
SSSE-VEN	Abbreviation of the project: Health Services and Essential Supplies for Venezuelans in Bucaramanga and Medellín, Colombia.
Trails	Unauthorized crossings or trails for the entry of Venezuelan migrants in Colombia.
UM	Mobile Medical Unit
UNHCR	United Nations High Commissioner for Refugees
USAID	U.S. Agency for International Development
WASH	Water Sanitation and Hygiene

EXECUTIVE SUMMARY

The project entitled: **SSSE-VEN “Health Services and Essential Supplies for Venezuelans in Bucaramanga and Medellín, Colombia”**, had an emphasis on “two sectors of implementation: (1) Health, and (2) Water, Sanitation and Hygiene (WASH)” (ADRA, 2019) and was funded by USAID/OFDA.

ADRA provided assistance to vulnerable Venezuelan families who were not registered in any of the country's health systems and who lacked stable employment, through medical care, delivery of hygiene kits and health promotion in hand washing and sexual and reproductive health. Additionally, it provided first medical response services through a Mobile Medical Unit to migrant “walkers” who were traveling on foot along the migratory corridor on the road that connects the cities of Cúcuta and Bucaramanga, and from Bucaramanga to Barrancabermeja and Bogotá.

Methodology:

The Final Evaluation of the SSSE-VEN project is a quantitative and qualitative study focused in the cities of Bucaramanga and Medellín and their respective metropolitan areas. Project beneficiaries were assessed, in health and WASH (water, sanitation and hygiene) practices to measure the progress of the project and determine the achievements and scope in the target population.

The quantitative research, of a descriptive and comparative type, sought to identify the perception the households composed of Venezuelan migrants settled in the metropolitan areas of reference have, regarding the benefits received. The sample of households to be surveyed was estimated using simple random sampling for finite populations.

The target population was 44,592 people, of which 26,634 (59.73%) correspond to Bucaramanga and its metropolitan area and 17,958 (40.27%) to Medellín and its metropolitan area. A sample of 729 persons was established, proportionally distributed according to the percentage weight of the target population in both cities. In the end, 742 surveys were conducted virtually with participants in the two metropolitan areas: 446 in Bucaramanga and 296 in Medellín.

The qualitative research was conducted based on the criteria established by the OECD (Relevance, Timeliness, Quality, Efficiency, Sustainability and Satisfaction). For this purpose, three focus groups with beneficiaries in each of the two cities were conducted in a face-to-face manner, and two virtual focus groups with representatives of ADRA's technical team. Likewise, eight (8) in-depth telephone interviews were conducted with participants who had been initially assisted in the Mobile Medical Unit but then settled in one of the two cities.

For the same purpose, an on-site visit was made to the Mobile Medical Unit to verify “*in situ*” the type of services provided to *caminantes* (migrants traveling by foot). There, two officials from the associated clinic (IPS) assigned to the Mobile Medical Unit were interviewed in person and 11 face-to-face surveys were conducted with Venezuelan *caminantes*.

Results:

The table below lists the project outcome indicators, their calculation formulas and the comparison with the goal established for the project.

No	Indicator Name	Indicator Formula	Indicator value BASELINE	Project Goal	Indicator value FINAL EVALUATION
1	Percentage (%) of community members who can recall the messages of the health education objective.	# of people who recall health <u>education messages</u> total # of people who say they have received SRH training in the ADRA project	38.6%	60%	98.67%
2	Percentage (%) of people benefiting from the hygiene promotion program who know at least three of the five critical moments to wash their hands.	# of people who knows at least three of the five critical moments of <u>handwashing</u> # total number of people interviewed	70.6%	80%	85.21%
3	Percentage (%) of households selected by the hygiene promotion program with soap and water at a designated handwashing place.	# of households with soap and water in a designated place for <u>handwashing</u> total # of households surveyed	67.2%	80%	83.63%

With respect to Indicator No. 1, the evaluation shows that, as a result of strategies employed by ADRA to train participants on sexual and reproductive health, the knowledge and recall of contraceptive methods, concepts associated with sexual violence, and the places to turn to in case of sexual violence increased significantly by 60.07% with respect to the Baseline, and therefore the final measurement is 98.67%. ADRA strengthen the dissemination to achieve greater remembrance; in addition to face-to-face trainings, it handed out flyers at the time of medical appointments, materials (pen, agenda, bag) with allusive messages, digital messages via WhatsApp and reinforcement phone calls to beneficiaries.

Regarding Indicator No. 2, its measurement shows that participants who remembered three or more than three moments of handwashing, from those who were part of the training on this subject, increased in relation to the Baseline by 14.6%, hence, the compliance of this indicator reached 85.21%, exceeding the 80% target.

Finally, as for indicator 3, which measured the availability of water and soap in a specific place in the home for hand washing, there was a significant increase of 16.43 percentage points, reaching 83.63% and meeting the stipulated goal set for this phase of the project of 80% of scope for this indicator.

Conclusions:

In general, the surveys and focus groups showed that Venezuelan migrants have been in Colombia between 28 and 33 months, which could mean that, on this occasion, people who had already received the benefits of the previous project participated in this project.

Health Care

The health care received by the migrants, from ADRA, is valued as excellent, agile, and timely in most cases. The difficulties they faced were related to obtaining appointments, which was very difficult due to the high demand for the service given the large number of registered participants, the telephone request system, the pandemic situation, and the fact that on many occasions calls and WhatsApp messages were not answered. They highlight the kindness of the doctors and other health professionals. They value the delivery of medicines and laboratory tests.

The success of health message recalling, and their daily practice was greatly influenced by the communication strategy promoted by the project, which included several media and strategies.

Training sessions

The training sessions on hand washing and sexual and reproductive health were considered by the participants to be very useful and easy to remember. More than 90% of the population recognizes planning methods, attention paths in case of sexual violence and the key moments for hand washing. The population assumes sexual violence mainly as violent carnal access in more than 70% and/or sexual abuse in about 50%.

Mobile Medical Unit

The Mobile Medical Unit was one of the great achievements of the project. All the migrant walkers interviewed were grateful for the attention and supplies they were given and rated the quality of the services they received as excellent. In the interviews, 100% of the walkers in the two cities said they were highly satisfied with the services they received from the project.

Hygiene and complementary kits

Participants rate the delivery of kits and perceive the items purchased as of good quality. The satisfaction expressed is very similar to that which appears in the reports to the donor; 95% of those who were in the focus groups were highly satisfied and only 5% of them said they were moderately satisfied.

From the perspective of ADRA officers

ADRA's articulation with the Board of the Inter-Agency Group on Mixed Migratory Flows of Santander and the Departmental Board of Sexual and Reproductive Health to establish alliances with other cooperating partners and avoid duplication of services has contributed to the success of the project.

The implementation involved adapting methods and relationship ways to overcome the difficulties reported by the COVID-19 pandemic.

Another highlighted aspect is the rigor of the monitoring and follow-up system implemented, which defined specific goals, instruments, action protocols, constant training, analysis and use of the information gathered for decision-making and socialization of results, promoted an organizational culture of collective responsibility for monitoring and implementation of continuous improvement measures.

Lessons learned:

- The project had to **adapt to the new circumstances** brought by the COVID-19 pandemic, with new virtual strategies to replace home visits, follow-up, health training, medical appointments, and vouchers delivery.

- **Reduction of personal contact and risk factors for COVID-19 contagion** while handling money for transportation reimbursement; this was possible through established mechanisms such as the use of new financial channels such as *Daviplata* or hiring door-to-door cab transportation to take patients to appointments.
- **Updating participants' information in real time and strengthening the complaint feedback mechanism** made it possible to resolve difficulties in time. However, the implementation of a call center is urgent.
- In the midst of the pandemic, it was possible to **maintain communication with participants by exploring new options and channels**. When returning to normal, many of these measures can be combined with familiar face-to-face strategies.
- Although the trainings on hand washing and sexual and reproductive health show important results, **the messages on sexual violence and knowledge of the pathways to care in cases of sexual violence demonstrate the need for reinforcement**.
- **The presence of the Mobile Medical Unit at strategic locations of the migratory corridors has been of great importance**. It would be worth considering extending it to other sectors and municipalities and strengthening the medical services provided, as well as including the delivery of hygiene kits and the supply of medicines.

Recommendations:

To prioritize attention to newcomers: It is suggested that a new phase of the intervention should focus humanitarian aid actions on those who have recently arrived in Colombia and that in the case of health services, priority should be given to those families who do not yet have PEP.

To debug and cross-check databases: To achieve greater resource utilization and improvement in services, database debugging and an information crossing with Migration Colombia are required to identify those who have been settled in the country for two years or more and those who have already been able to access the PEP, and therefore already have guaranteed access to the subsidized health care system.

To adjust the hygiene kits: include shampoo and razor blades which are highly requested by participants, contemplated in the Sphere Handbook, and exclude baby diapers from the basic kit, which are in the complementary kit for families with babies.

To strengthen the articulation of actions: It is recommended to strengthen alliances with other public and private organizations to guarantee access to specialized medical services, especially in gynecology, dentistry, mental health and other specialties, as well as with other organizations whose mission is to supply food.

To create a call center: Instead of assigning specific phone lines for each service or WhatsApp messages, it is suggested to implement a call center with a single number and several operators answering calls directly.

Regarding the Mobile Medical Unit: Study the possibility that the care provided goes beyond the initial assessment, with the possibility of supplying medicines to treat conditions brought by the walkers. Likewise, the possibility of providing, besides the snacks and biosecurity elements, a basic hygiene and complementary kit for families with children.

To move from emergency projects to development projects. The recent creation of the Temporary Protection Statute for Venezuelan Migrants, which is valid for ten years, creates the conditions for the international cooperation to move forward with development programs and not just emergency ones.

INTRODUCTION

The socioeconomic, political, educational, and social situation in Venezuela continues to be critical. The migration of Venezuelans to other countries of the continent continues to be one of the greatest concerns of Latin American governments because the precarious conditions in which they live are getting worse, which becomes a serious problem for neighboring countries, since they are not prepared to meet the basic needs and protect the fundamental rights of the migrant population. According to UNHCR, in October 2020, around 5,490,002 Venezuelans had left the country. This number could be below the real figure, considering that it only includes data provided by the migration authorities of South American countries, many of which do not take into account those with irregular migration status. Of this volume of people, approximately 31.5% stay in Colombia, while the remaining 68.5% continue their journey to other countries such as Ecuador, Peru, Brazil, and Chile.

Between March 14th and September 10th, more than 105,300 Venezuelans (5.8% of the 1.82 million Venezuelan refugees and migrants who were in Colombia in February 2020), have returned. However, the trend of returns between May and September is decreasing (Migración, 2020). Even so, 1,729,537 Venezuelan migrants have settled in Colombia and only 44% of them are regular. The figure is very high and represents great challenges in economic matters and in health services, basic sanitation, employment, security and protection of fundamental rights that, despite the multiple efforts of public and private institutions and international cooperation, they are still not enough to solve these problems.

Since the beginning of November 2018 and until the end of 2019, the Adventist Development and Relief Agency - ADRA - began assisting Venezuelan migrants in Bucaramanga and Medellín through a project funded by the U.S. Office of Foreign Disaster Assistance (OFDA), which is part of USAID.

The success of the intervention allowed USAID to fund ADRA again, for a new project in Colombia that began in November 2019 and concluded in February 2021. The project named: **SSSE-VEN “Health Services and Essential Supplies for Venezuelans in Bucaramanga and Medellín, Colombia”** started with the establishment of a baseline and had an emphasis on “two sectors of implementation: (1) Health, and (2) Water, Sanitation and Hygiene (WASH)” (ADRA, 2019). From these, ADRA provided assistance to vulnerable Venezuelan families who were not registered in any of the country's health systems and who lacked a stable job, through medical care, delivery of hygiene kits, and health promotion on hand washing and sexual and reproductive health. In addition, it provided first medical response services through a Mobile Medical Unit to migrant “walkers” who moved on foot through the migratory corridor on the road that connects the cities of Cúcuta and Bucaramanga, and from Bucaramanga to Barrancabermeja and Bogotá.

This document presents the results of the final external evaluation of this project, its main findings, conclusions, and recommendations, which are intended to contribute to the continuous improvement of ADRA's interventions and those of its co-financiers.

1. BACKGROUND

Migration is a phenomenon that has always existed. For various reasons, it intensifies and diversifies from time to time, generating the most diverse reactions, some of them contrary to human rights, but with a strong impact on the problems it implies for the receiving country or for the country that, due to its strategic location, serves as a corridor for migrants transiting to other destinations.

In the past, Colombia was characterized by its nationals migrating to other countries as a result of the serious situation of violence or in search of better economic opportunities, but only quite recently has it become a receiving country, especially for Venezuelan citizens who, through the transnational bridges or the “trails” located along the 2,200 km border, cross, either to continue their journey to Ecuador, Peru, Chile or Brazil, or to settle, even in the midst of all kinds of difficulties, preferably in the largest cities of each country, as can be illustrated in the following map showing the consolidated figures as of February 2021.



Source <https://data2.unhcr.org/es/documents/details/84799> R4V Latin America and the Caribbean, Venezuelan refugees and migrants in the region - February 2021 [ES].

In this regard, in a study conducted by Caritas in 2018, it can be read that:

The migration flow from Venezuela is very diverse and there are multiple profiles in it, however, we can identify three major typologies: 1. Pendular migration. 2. In transit and, 3. With a vocation to remain in the Colombian territory, with multiple objectives, some in search of a decent standard of living and others, to safeguard their lives.” (Pastoral Social - Caritas, 2018).

The Regional Refugee and Migrant Response Plan (RMRP) is an international, interstate, and inter-business effort that, although it only began in 2018, strives to establish guidelines and pathways to support migrants.

“A total of 95 organizations in 16 countries have come together to establish (...) a roadmap (...) of action, in order to respond to the urgent (...) needs of Venezuela's migrants, but also a plan to ensure their social and economic inclusion in the communities that receive them” (R4V, 2018).

Other initiatives such as the Coalition for Venezuela, formed by 31 organizations of Venezuelan migrants located mainly in Colombia, but also present in other South American countries, seeks to be part of the solution with four basic proposals: comprehensive assistance, advice and guidance, creation of spaces for integration and cultural development, support for productive insertion (Coalición por Venezuela, 2019). Given their importance, some of these proposals were presented to the 49th OAS General Assembly held in Medellín in June 2019.

At the national level, organizations such as UNHCR, IOM, Red Cross, Social Pastoral - Caritas Colombia, among others, together with the Colombian Ministry of Health and Social Protection, the Health and Social Development Secretariats of several cities and some NGOs, have been developing protection programs for migrants and refugees, but the volume of Venezuelans arriving to the country has overloaded the national capacities and the host communities, and attend to the needs of migrants without achieving the purposes that have been outlined or the levels of efficiency that are required. Thus, for example:

With the spread of COVID-19 in the region, refugees and migrants (...), are at high risk of being left out of health and social welfare programs, so they become even more vulnerable (...) and are exposed to increasing levels of discrimination, violence, exploitation and abuse. (R4V, 2020)

Recently, efforts such as the delivery of the PEP (Special Permit of Permanence) that has been issued on the initiative of the Colombian Government since 2018, or the largest and fastest registration process in the history of the country, called the Administrative Registry of Venezuelan Migrants (RAMV) and, in January 2021, on the occasion of the visit of the United Nations High Commissioner for Refugees, the publication by the National Government of the Statute for the Protection of Migrants, have contributed to give people who cross the border with the intention of settling in Colombia the opportunity to regularize their situation and, to a certain extent, have access to basic rights, including health, education and employment. However, there is still a lot of work to be done and many aspects to be covered to provide welfare to this population.

For this reason, projects such as those carried out by ADRA in Colombia are very effective and it is relevant to advance its assessment in view of the objectives, indicators, expected results and changing circumstances of the environment.

The first Project developed by ADRA Colombia with Venezuelan migrants with international resources was called “Supporting Health and Basic Needs for Venezuelans in Bucaramanga and Medellín, Colombia” or HBM project. This project, which began its implementation in September 2018, was funded by the U.S. Office of Foreign Disaster Assistance (OFDA), which is part of USAID.

Since November 2019 and considering the results and recommendations of HBM's final evaluation, the new project called SSSE-VEN “Health Services and Essential Supplies for Venezuelans in Bucaramanga and Medellin, Colombia” was initiated. This project works on two implementation sectors, (1) Health and (2) Water, Sanitation and Hygiene (WASH). In these two sectors ADRA provides assistance to vulnerable Venezuelan families who are not registered in any of the country's health systems and who lack stable income. “From the beginning, the WASH sector has been implemented only in Bucaramanga; however, as part of the program’s strategies to mitigate the impact of COVID-19, activities have also been carried out in the city of Medellin since August 2020. Several of the HBM-assisted families are also likely to benefit in SSSE-Ven, due to their vulnerability status.” (ADRA Colombia, 2020)

One of the innovations was the implementation of a Mobile Medical Unit, a service that relies on a specially adapted vehicle with two consulting rooms and instruments to perform an evaluation of the migrant walkers who transit the road; there are three people from the IPS permanently assigned and a driver. It operates alternatively at *La Corcova*, on the road from Cúcuta to Bucaramanga; at the *Los Curos toll*, in the village of *Pescadero*, on the road from Bucaramanga to the capital of the Republic, and at *La Fortuna*, on the road to Medellín, between 9:00 a.m. and 3:00 p.m. Depending on the place and date, an average of fifty to sixty people attended per day, but on occasions up to one hundred have been attended. In primary care, the migrant's identification data and previous illnesses or diseases are recorded, the assisted process of correct hand washing is performed, emergency care is carried out, vital signs are taken, hydration and a small caloric snack are offered, and recommendations for the journey are provided.

In this scenario, the evaluation of the achievements and scope of this project is of the utmost importance, since it allows not only to measure but also to improve the efficiency of the actions undertaken, while contributing to the qualification of the knowledge that underlies the intervention, contributing to the team’s learning about the problem they are dealing with.

The final evaluation of the SSSE-VEN project “Health Services and Essential Supplies for Venezuelans in Bucaramanga and Medellin, Colombia” seeks to establish the efficiency, quality, sustainability, relevance, timeliness and satisfaction of the participants and to compare the results of the measurement of the indicators between what was revealed in the baseline and what was found at the end of the implementation.

2. GENERAL OBJECTIVE

The objective of the study was to carry out a Final Assessment process for the Venezuelan migrant population in the cities of Bucaramanga and Medellin and their respective metropolitan areas in order to collect the necessary information to determine the achievements and scopes of the project in the target population, measured through values of project outcome indicators (Health and Water, Sanitation and Hygiene), which will be compared to the baseline results.

The main purposes of the evaluation were:

- To know to what extent the objectives and goals of the project have been achieved.
- To assess the extent to which the different results/benefits derived from the project will continue after the activities have ended.

- To access the impact of the project on the target groups and beneficiaries who participated in the project.

3. METHODOLOGY

The Final Evaluation of the SSSE-VEN Project, based on a mixed methods study, was able to assess the results obtained in the cities of Bucaramanga and Medellin and their respective metropolitan areas, in relation to the health and WASH indicators (water, sanitation and hygiene) determined by ADRA, with the main objective of gathering the necessary information to measure the progress of the project and determine the achievements and scope in the target population. The evaluation was carried out over 60 days and concluded in February 2021.

3.1. QUANTITATIVE STUDY

3.1.1. Type of Research

This descriptive and comparative research sought to identify the perception of households composed of Venezuelan migrants settled in the main vulnerable areas of the cities of Bucaramanga and Medellin and their metropolitan areas and neighboring municipalities, on the benefits received from the Adventist Development and Relief Agency (ADRA).

3.1.2. Methodological Strategies

3.1.2.1. Population and Sample

The target population was households made up of Venezuelan migrants who received assistance from the project through services and the delivery of products. The concept of household for this project was assumed as the group of people living in the same house, with common survival goals and whose condition is one of vulnerability. The sample of households to be surveyed was estimated using simple random sampling for finite populations, applying surveys designed specifically for this study by ADRA and the consultant, aimed at extracting the greatest possible quantity and quality of information from the answers given by the respondents. (Bernal Torres, 2010). Subsequently, a Probability Proportional to Size (PPS) method was applied to the sample for each of the study populations.

Target Group: People who receive one or more services (medical appointment, sexual and reproductive health training, hand hygiene training, hygiene voucher and complementary voucher).

Total Target Population: (heads of household or family members served by the project until November 30th, 2020): 44,592 people, of which 26,634 (59.73%) correspond to Bucaramanga and its metropolitan area and 17,958 (40.27%) to Medellin and its metropolitan area. The sample was proportionally distributed according to the percentage weight of the target population in the two cities.

Sample size calculation: The following formula was used to calculate the sample size:

$$n = \frac{N * Z_{\alpha}^2 * P * Q}{D^2 * (N - 1) + Z_{\alpha}^2 * P * Q}$$

where:

n: Sample size

N: Size of the population under study

Z α : Value corresponding to the significance level, 1,96

D: Maximum accepted estimation error, 0,036

α : Significance level, 0,05

P: Percentage of population that has the desired attribute, 0,5

Q: Percentage of the population that does not have the desired attribute, as follows, Q=1-P, 0,5

Note: When there is no indication of the population that owns or does not own the attribute, 50% for P and 50% for Q are assumed.

With the following result:

$$n = \frac{44592 * 1.96^2 * 0.5 * 0.5}{0.036^2 * (44592 - 1) + 1.96^2 * 0.5 * 0.5} = 729$$

Geographic Location	Targeted population	Simple random sample	+ 10% to supplement non-localization
Bucaramanga and its metropolitan area	26.634	435	479
Medellin and its metropolitan area	17.958	294	323
Total	44.592	729	802

3.1.2.2. Quantitative Instrument

The questionnaire was jointly designed by ADRA and the consulting firm. It should be noted that the formulation of the questions considered both the language used by ADRA staff during their interventions and the expressions used by the migrant beneficiary to minimize interpretation errors. See Appendix No. 1.

The survey was placed on a Google form available on each interviewer's cell phone and its completion followed the guidelines in the *ADRA Final Assessment Survey Handbook*. Due to the pandemic, the surveys were administered virtually (phone call or WhatsApp call) by properly trained staff, with the support and guidance of a field coordinator and technical support.

The information collected was uploaded in real time to the web by each of the interviewers to feed the consolidated data, using an online form, which was processed and analyzed with the support of SPSS software.

The analysis of results followed the same syntax of indicators used in the baseline, so that relationships of change could be established with those results. Likewise, the resulting quantitative analysis was cross-checked with the information gathered and processed in the qualitative stage of focus groups and in-depth interviews.

3.1.2.3. The Indicators to evaluate

The following outcome indicators are measured in the endline and served as the basis for the analysis of the quantitative and qualitative information of the study.

Sector 1:	HEALTH
Sub-Sector:	Community Health
Indicator 1	Number and percentage of community members who can recall the target health education messages.
Disaggregation	Sex, Male and Female
Sector 2:	WATER, SANITATION AND HYGIENE (WASH)
Sub-Sector:	Hygiene promotion
Indicator 2	Percentage of people benefiting from the hygiene promotion program who know at least three of the five critical moments for hand washing.
Disaggregation	Sex, Male and Female
Indicator 3	Percentage of households selected by the hygiene promotion program with soap and water at a designated handwashing place.
Disaggregation	No

3.2. QUALITATIVE STUDY

Regarding the qualitative evaluation, three focus groups of beneficiaries were held in person in each of the two cities, with guiding questions in accordance with the established indicators and two virtual focus groups with representatives of the ADRA technical team in charge of assisting the process in each of the cities (See Appendix No. 2).

Focus Groups	City	Number of participants	Characteristics
Focus Groups 1, 2 y 3	Bucaramanga	30	Migrants participating in the project
Focus Groups 4, 5 y 6	Medellin	36	Migrants participating in the project
ADRA Staff Focus Group	Bucaramanga	5	Representatives of the project management, health sector, social work, administrative area, logistics area
ADRA Staff Focus Group	Medellin	5	

In order to complement the qualitative information, eight (8) in-depth telephone interviews were conducted, to participants who were initially assisted in the Mobile Medical Unit but then settled in one of the two cities and accessed the other services of the project (six permanently based in Bucaramanga and two in Medellin).

A face-to-face visit was also made to the Mobile Medical Unit which at the time was located at the *Curos toll* road, in the *Pescadero* (Piedecuesta) village, on the road leading from Bucaramanga to Bogota, to verify “on-site” the type of services provided to *caminantes*. Two officials from the associated clinic (IPS) attached to the Mobile Medical Unit were interviewed in

person and 11 face-to-face surveys were conducted on walking Venezuelan migrants, to measure their perception and satisfaction with the services received.

3.2.1. Dimensions of qualitative analysis in focus groups and in-depth interviews

Questions were formulated based on the criteria established by the OECD: relevance, timeliness, quality, efficiency, and sustainability of the project. (See Appendix: Questions for focus groups and interviews)

Definition of evaluation criteria

Criterion	Conceptualization
Relevance	Refers to the appropriate alignment between services, beneficiaries, and objectives. It examines whether the project was adequate in relation to the needs and situation of the beneficiaries. It also identifies whether the project's tools, resources and processes were used according to the context.
Timeliness	Focuses on observing whether the execution times of the activities and the provision of services responded in a timely manner to the defined problems and whether the prioritized beneficiaries were reached in a timely manner.
Quality	The analysis of the achievement of results with respect to what was expected. It evaluates the process, how the results were achieved in qualitative terms, in a detailed manner whether the activities were fulfilled, whether the products and services received were of high quality and delivered the expected results.
Efficiency	Measures whether inputs or resources (such as funds, experience and time) have been converted into results in an economical manner. An initiative is efficient when it uses resources appropriately and economically to generate the desired outputs.
Sustainability	Refers to reviewing the possibilities for the results achieved, products generated, processes installed, to be maintained and be sustainable over time, even without the continuity of the project, and to determine under what conditions or recommendations it can be done.
Satisfaction	Although ADRA has conducted a quantitative measurement of participant satisfaction with the services and benefits over the course of the project and these sources were reviewed as secondary data, the degree of participant compliance with the project was explored in the focus groups.

3.2.2. Data collection limitations or challenges

Biosecurity measures generated by the global appearance of the pandemic caused by COVID-19 made it necessary to change the data collection strategy to a virtual/telephone method. In addition, different mechanisms were necessary for the interviewer to obtain answers to the question about visualization or direct observation of the handwashing place in each household. On this occasion, it was necessary for the participant to describe in detail and send a picture or screenshot of the video-call so that the interviewer could verify the place where clean water and hand-washing soap were available. Even so, the quality of the descriptions and/or images sent did not allow the interviewer to give an accurate opinion, and in about 130 cases it was necessary to contact the participant by telephone to ask for more descriptive details.

4. ANALYSIS OF QUANTITATIVE RESULTS

4.1. MEASUREMENT OF INDICATORS

Indicator name	Calculation formula	BASE LINE Values	Project goal	FINAL EVALUATION Indicator value		
				Total	Bucaramanga	Medellín
Percentage (%) of community members who can recall the messages of the health education objective.	<i># of people who recall health education messages</i> <i># of people who say they have received sexual and reproductive health training in the ADRA project</i>	Total Number: 196 Men 40% (42/105) Women 38.3% (154/402) Total 38.6% (196/507)	60%	Total Number: 667 Men 100% (105/105) Women 98.42% (562/571) Total 98.67% (667/676)	Total Number: 391 Men 100% (48/48) Women 98.56% (343/348) Total 98.74% (391/396)	Total Number: 276 Men 100% (57/57) Women 98.21% (219/223) Total 98.57% (276/280)
		Bucaramanga		Total	Bucaramanga	Medellín
Percentage (%) of people benefiting from the hygiene promotion program who know at least three of the five critical moments to wash their hands.	<i># of people who know at least three of the five critical moments of handwashing</i> <i>Total # of people interviewed</i>	Total Number: 209 Men 62% (36/58) Women 72.7% (173/238) Total 70.61% (209/296)	80%	Total Number: 616 Men 72.90% (78/107) Women 88.20% (538/610) Total 85.91% (616/717)	Total Number: 363 Men 70% (35/50) Women 87.23% (328/376) Total 85.21% (363/426)	Total Number: 253 Men 75.44% (43/57) Women 89.74% (210/234) Total 86.94% (253/291)
		Bucaramanga		Total	Bucaramanga	Medellín
Percentage (%) of households selected by the soap and water hygiene promotion program in a place designated for handwashing	<i># of households with soap and water in a designated place for handwashing</i> <i>Total # of households surveyed</i>	67.2% (199/296)	80%	85.04% (631/742)	Total number: 373 83.63% (373/446)	Total number: 258 87.16% (258/296)

Indicator 1: Percentage (%) of community members who can recall the messages of the health education objective.

It is possible to observe the high level of appropriation of the messages that the SSSE-VEN project disseminated in Bucaramanga, Medellin, and their respective metropolitan areas in relation to sexual and reproductive health, which include the following: knowledge of contraceptive methods, knowledge of the concepts associated with sexual violence and knowledge of places to turn to in case of sexual violence.

Important results were achieved and are shown below: Since the baseline measurement at the beginning of 2020, with a result of 38.6%, and because of the reinforcement of health education messages in both departments and through different media, there was a significant increase of 60.07 percentage points, reaching 98.67%, in the proportion of participants who remember at least two of the central health messages of the project.

It is evident that the project was able to far exceed the 60% goal set during the formulation of the intervention. Comparatively between the two metropolitan areas, the results are very similar: 98.74% for Bucaramanga and 98.57% for Medellin.

To achieve this result, the communication strategy that included flyers and brochures handed out at the time of medical appointments, WhatsApp messages and materials with allusive messages (pen, agenda, bag) had a great influence, as well as the reinforcement of the messages that ADRA technicians made during the follow-up telephone communications with the participants.

Indicator 2: Percentage (%) of people benefiting from the hygiene promotion program who know at least three of the five critical moments to wash their hands.

The results show that in the baseline, the indicator had a coverage of 70.61% in the study population, and for the endline of the project, the proportion increased by 14.6 percentage points in Bucaramanga, reaching over 80%, which means that 85.21% of the study population, after receiving training in hygiene and handwashing, remembers at least 3 key or critical moments of handwashing. The large difference in results between men (70%) and women (87.23%) is noteworthy.

It is important to note that factors such as: having access to drinking water and providing training to promote personal hygiene by the ADRA project have had a positive impact on the variation of the indicator.

Although the indicator was initially established for the Bucaramanga metropolitan area, it should be noted that the 80% target was also exceeded in Medellín and its surrounding municipalities, with the indicator reaching 86.94%.

Indicator 3: Percentage (%) of households selected by the soap and water hygiene promotion program in a place designated for handwashing.

When comparing the endline with the results of the baseline, it can be inferred that in the case of Bucaramanga and other municipalities of Santander that participated in the study, a significant increase of 16.43 percentage points is evidenced, reaching 83.63% and complying with the goal stipulated for this phase of the project of 80% scope for this indicator.

Moreover, it is important to highlight that a large part of the community under study in the end line project has access to drinking water, which facilitates the fulfillment of the indicator under analysis, due to the fact that there is training in a playful and pedagogical manner on hand washing and important reminders of the times when this activity should be done to maintain proper personal hygiene, creating the conditions for most of the people surveyed to have a place in their settlement site to wash their hands with soap and water.

Within this indicator, it is important to note that when analyzing the data, it was necessary to make equivalences with the options given in the previously designed survey, since there were responses found in the “other” option, with semantics equivalent to those presented in the options of the question. In other words, terms such as *pila*, *batea*, *poceta* (sink) refer to containers that are generally used for washing. The answers given indicate, according to the context of the question, that these items are used for hand washing, and equivalents were also found for words like tanks, buckets, and glasses.

Likewise, for the “faucet only” option, equivalents were found such as: I wash my hands with the sink faucet, with the faucet, with the sink faucet, with the dishwasher faucet, drinking water comes from the hose faucet.

4.2. DEMOGRAPHIC RESULTS

The tabulation of quantitative data was done with SPSS. The analysis included data disaggregated by geographic area, head of household and vulnerability level. For each outcome indicator, the data analysis team estimated the final indicator values and produced a matrix that was compared to the Baseline. The validity and reliability of the results of the quantitative assessment were validated with conclusions based on evidence from the qualitative testimonies, which were taken from the tabulated documents and the transcription and analysis of the information from the focus groups and in-depth interviews with the support of the *Nvivo 12* software.

Although the calculated sample was 729 surveys, 742 surveys were carried out in the study. A total of 446 corresponded to Venezuelan heads of household participating in the project located in the metropolitan area of Bucaramanga in the department of Santander and the remaining 296 respondents were settled in the metropolitan area of Medellin in the department of Antioquia. Results of the analysis of the quantitative information are detailed below.

Overall, the analysis shows the following results:

99.2% of those who responded to the survey are of Venezuelan nationality; 83.8% of them were women and 16.2% were men. Only 1.8% of them, on average, hold both nationalities.

About 36.65% of the participants, on average, stated that they are engaged in income-generating activities, although the payment they receive, in most cases, is lower than what Colombians are paid for equivalent tasks.

Contrary to official figures, only 4.25% of Venezuelan migrants in Bucaramanga and Medellin claimed to be enrolled in the Colombian health system, with a lower percentage (3.1%) in Bucaramanga and a higher percentage (5.4%) in Medellin. However, since arriving to the country, 99.45% have required healthcare services from ADRA. In Medellin, an average of 6.83 consultations were for prenatal counseling, while in Bucaramanga the average was 3.69 consultations for the same purpose.

4.2.1. Distribution of participants by municipality

Bucaramanga and its metropolitan area: 446 survey respondents

<i>Municipality</i>	Bucaramanga	Floridablanca	Girón	Piedecuesta	Tona
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<i>Population surveyed</i>	336	46	52	11	1
<i>Percentage of participation</i>	75.3 %	10.3 %	11.7 %	2.5 %	0.2 %

Medellín and its metropolitan area: 296 survey respondents

<i>Municipality</i>	Medellín	Bello	Itagüí	La Estrella	Marinilla	Sabaneta
<i>Population surveyed</i>	263	20	9	2	1	1
<i>Percentage of participation</i>	88.9 %	6.8 %	3.0 %	0.7 %	0.3 %	0.3 %

4.2.2. General characteristics of the population by municipality

Characteristic	Population Bucaramanga	Population Medellin
Average age of the population that responded the survey	34 years	34 years
Female survey respondents	87.2%	80.4%
Country of Origin: Venezuela	98.7%	99.7%
Holds both nationalities: Colombian and Venezuelan	0.7%	0.7%
Average time of having arrived in Colombia	28 months	33 months
Average time of being living in the city	26 months	23 months
Performs some income-generating activity	38.3%	35.5%
Not affiliated to the Colombian health system	96.9%	94.6%
Affiliated to the Colombian health care system	3.1%, of which: 28.6% Affiliated to the contributory system. 71.4% Affiliated to the subsidized system	5.4%, of which: 8.3% Affiliated to the contributory system. 91.7% Affiliated to the subsidized system
Have required any health services since their arrival in Colombia	74.2%	79.1%
Women who are or have been pregnant during the last year	24.7%	23%
Women who are currently pregnant and have an average gestational age of 19.76 weeks	5.6%	4.7%
Children under 1 year of age	4.37%	3.82%
Participants with access to drinking water	87.6%	89.9%

4.2.3. Age

In Bucaramanga it is evident that a good part of the participants in the study are young people; that is, 50% of the population is under 31 years of age and in Medellín 33 years of age. The average was 34 years old in both cities.

4.2.4. Gender

In terms of gender, women made up 87.2% of the population that responded to the survey in Bucaramanga and 80.4% in Medellín; the remaining percentage corresponds to men who

participated in the study. This high percentage is due to the fact that women were the ones who, in most cases, took on the role of head of household in the project, attended the talks and received the benefits.

4.2.5. Country of birth

98.7% of the population surveyed in Bucaramanga and 99.7% in Medellin were born in Venezuela. It is outstanding that in both cities 0.7% have the two nationalities (Colombian and Venezuelan), which evidences the historical relationship of mobility and commercial relations that the nationals of the two countries have had.

4.2.6. Family composition

The total number of members in the family units of those interviewed in Bucaramanga and the other municipalities of Santander is 1,624 people, with an average of 3.64 persons per household. 47.5% of the household members are men and 52.5% are women. 71 children are under 1 year of age.

In the city of Medellin and the other municipalities of Antioquia, the total number is 1,020 people, with an average of 3.45 people per household. The composition is 56.17% male and 43.82% female. 39 children are under 1 year of age.

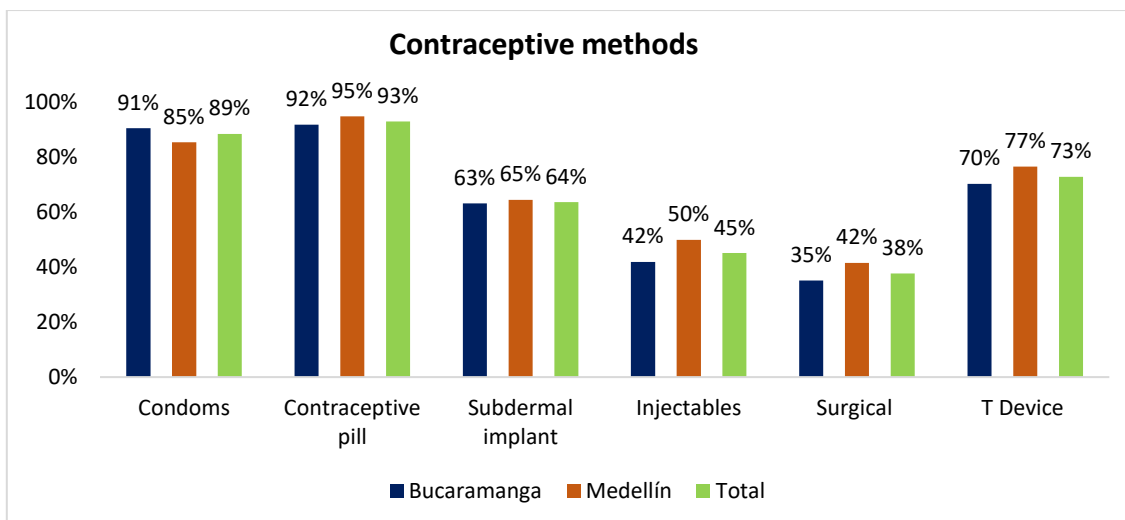
4.3. HEALTH SECTOR RESULTS

4.3.1. Health care and training

Characteristic	Population Bucaramanga	Population Medellín
Participants who have received general medical consultation services from the ADRA project	98.9%	100%
Participants who have attended prenatal medical consultations in ADRA	58.97%	34.2%
Average number of prenatal medical consultations received	3.7 consultations	6.8 consultations
Participants who have received training in sexual and reproductive health	88.8%	94.6%
Participants who have received training in hygiene promotion	95.5%	98.3%
Participants who were completely satisfied with the health services provided by the project	92.8%	94.9%

A high percentage of the surveyed population reported having received general medical consultation services from the ADRA project and training in sexual and reproductive health.

4.3.2. Known contraceptive methods



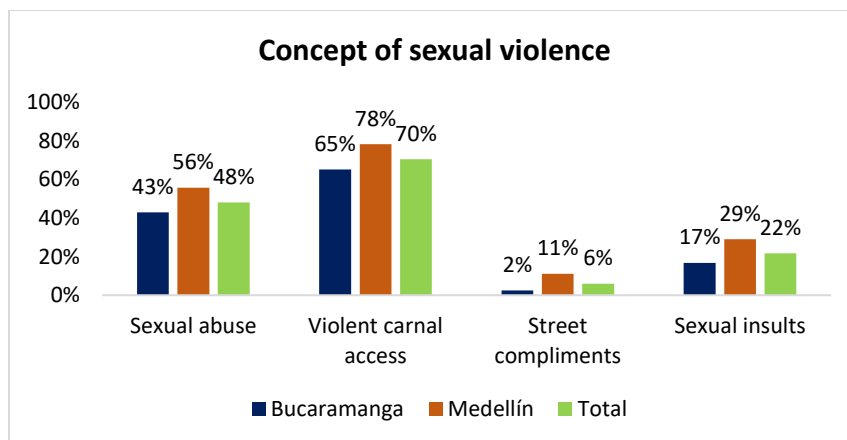
Considering the category of contraceptive methods, and each variable as an independent universe, certain knowledge of each of them is reflected. The results show a similar average behavior in the 2 cities.

The contraceptive pill stands out with 91.93% in Bucaramanga and 94.93% in Medellín; and the condom with 90.58% in Bucaramanga and 85.47% in Medellín. The least recognized methods were injectables and surgical methods in both cities. 0.67% in Bucaramanga and 1.01% in Medellín “Did not answer or Did not know”.

Other recognized methods

It was found that some of the respondents also claim to know other methods that for them are contraceptive, among which are: the rhythm method, vaginal condom, patches and family planning as a general category. And in Medellín, they additionally mentioned “barrier” methods.

4.3.3. Concepts regarding Sexual Violence

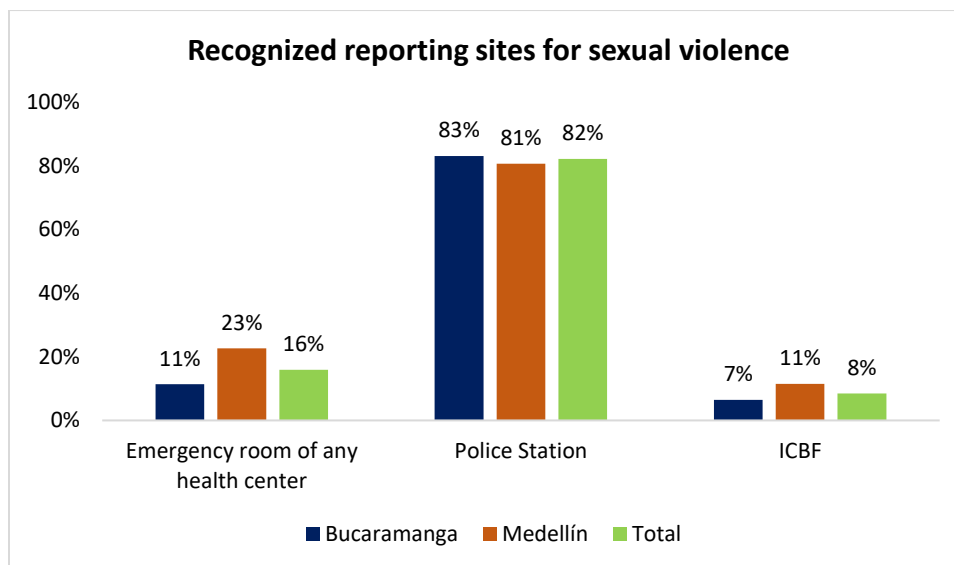


The results of the survey, considering each variable in a range from 0 to 100%, allow inferring that in the 2 cities the population assumes sexual violence mainly as violent carnal access in 65.25% in Bucaramanga and 78.38% in Medellín, or as sexual abuse with 43.05% in Bucaramanga and 55.74% in Medellín. Few people associate it with other everyday acts, such as sexual insults or verbal compliments (catcalling) on the street. 1.35% in Bucaramanga and 0.34% in Medellín “Did not answer or Did not know”.

Other concepts of sexual violence

Some of the respondents also associate the concept of sexual violence with behaviors such as aggression for not wanting to have sexual intercourse, physical mistreatment of the partner during sex, aggression when the partner forces the woman to do something she does not want or force her to get pregnant, and psychological abuse.

4.3.4. Knowledge of places to turn to in case of sexual violence.



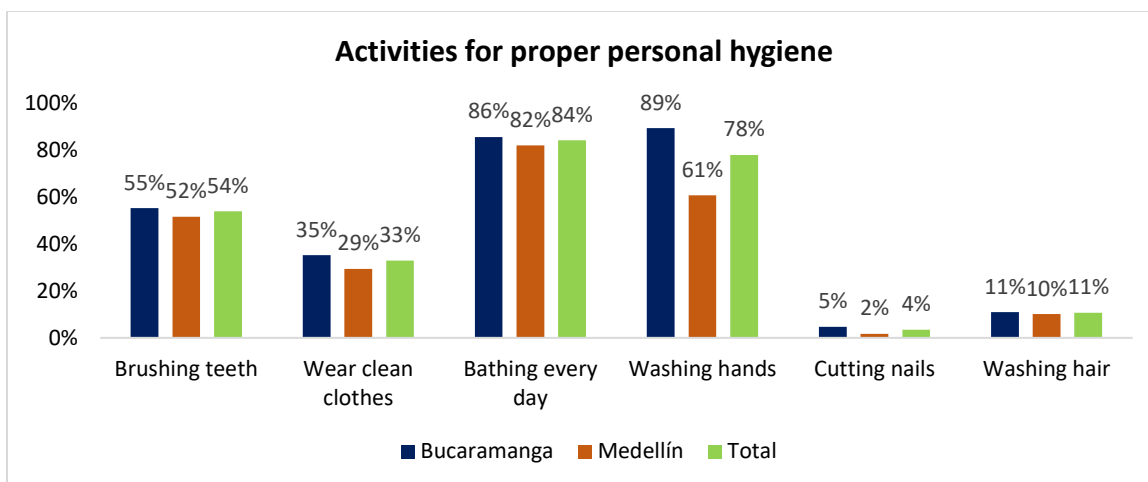
The main place recognized by the respondents to turn to in case of experiencing or witnessing sexual violence is the police station; 83.18% in Bucaramanga and 80.74% in Medellín. It is noteworthy that other places provided by the Colombian state to provide guidance and assistance in cases of sexual violence have a low level of recognition among the population, such as the emergency room of any health center and the Colombian Institute of Family Welfare (ICBF). It is also important to highlight that an equal proportion of 9% in both cities do not currently recognize where to turn to when witnessing, living or going through a case of sexual violence.

Other recognized locations

Some participants mentioned places to turn to in case of sexual violence such as the Public Prosecutor's Office, the emergency helpline, family or friends, the church, the psychologist, the women's office, government agencies, forensic medicine, and checkpoints.

4.4. WASH SECTOR RESULTS

4.4.1. Activities for proper personal hygiene

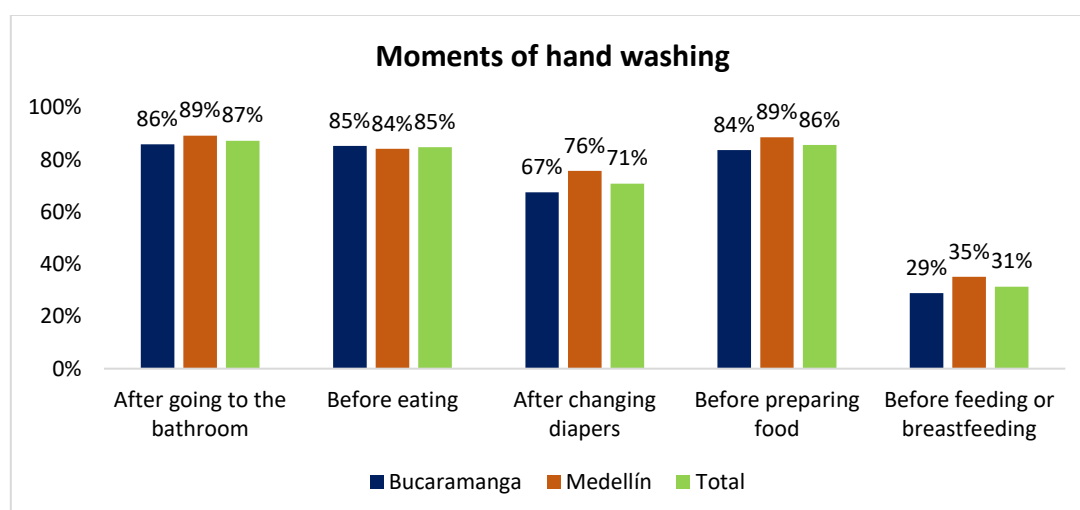


Within the set of activities to maintain adequate personal hygiene, most of the respondents related hand washing and bathing every day, and to a lesser extent, hygiene was associated with brushing teeth and using clean clothes. Washing hair and cutting nails were the least mentioned activities.

Other responses were: keeping the house where they live clean, taking off their clothes after arriving home, washing their private parts, using deodorant, disinfecting the floor, using elements such as alcohol, antibacterial gel (hand sanitizer), all the latter surely associated with the COVID-19 pandemic.

4.4.2. Key moments of hand washing

Although these variables are used to measure the indicator “*percentage of people benefiting from the hygiene promotion program who know at least three of the five critical moments to wash their hands,*” this section details each of the moments.



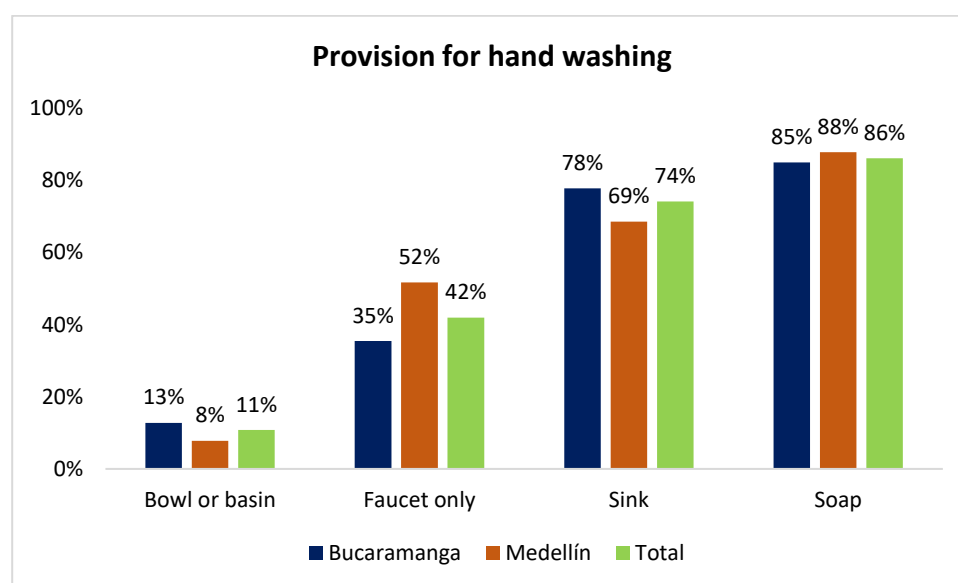
Participants have knowledge of good hand washing norms, associated with the training they have received. There is a special remembrance in the 2 cities of the following moments: after going to the bathroom, before eating, and before preparing food. To a lesser extent, they know: after changing diapers and before feeding or breastfeeding the baby.

4.4.3. What do you wash your hands with?

In general, the respondents reported that they wash their hands with soap and water; this was reported by 88.3% in Bucaramanga and 94.60% in Medellín. The other 11.7% and 5.40%, respectively, mentioned other products such as antibacterial hand sanitizer, alcohol, chamomile hand shampoo, powder soap or vinegar. No respondent reported washing their hands only with water.

4.4.4. Place and elements for hand washing

Although these variables are used to measure the indicator *“Percentage (%) of households selected by the soap and water hygiene promotion program in a place designated for handwashing,”* this section details the place in the home where handwashing is performed and what items are present.



Because most of the population has access to drinking water in their places of settlement, the most frequent places observed for hand washing were the sink and the faucet. Some households also use a cup or bowl to a lesser extent. It is observed that 84.98% keep the soap in the place where they wash their hands. In only 2.96% of the cases (22 participants) it was not possible to observe the place, although the participant gave a narrative description of the place. In Medellín, some additional responses were found, such as dishwasher, dishpan, and sink.

5. ANALYSIS OF QUALITATIVE RESULTS: FOCUS GROUPS AND IN-DEPTH INTERVIEWS

After the analysis and cross-checking of qualitative information with the results of the quantitative evaluation, the following results can be inferred, according to the categories previously defined:

5.1. Relevance

In the focus groups and interviews, questions were asked to establish whether the services and benefits offered by ADRA as part of the project responded to the needs and life situation of the migrants. The focus groups showed that Venezuelan migrants have been in Colombia for around 21 to 28 months, which could mean that, on this occasion, people who had already received the benefits of the previous project have participated in the current project.

The participants mention the importance of the kits they were able to exchange for the vouchers they were given, the medical care, the laboratory tests, and the training on hand washing and sexual and reproductive health.

Health Sector:

In relation to health care, participants in both Bucaramanga and Medellín highly valued the medical attention and the treatment provided by health professionals. However, many expressed that the greatest difficulty they had was related to requesting appointments because, even though there are a lot of telephone numbers on the information flyer, they ring busy or are not answered. In some cases, participants reported that at the end they heard a message asking them to leave their contact information to call them back, but only one of them reported having received a response afterward.

Several participants stated that the WhatsApp communication modality is not effective due to long response times. Therefore, several voices agreed in stating that *“in order to improve the service they should have lines only for appointments because many times we call and we do not get an answer”*. Because of this same difficulty, some even stated that they never managed to “catch” a medical appointment: *“I spent a week sending messages and they answered up to 3 days later saying there are no appointments available. They take a long time to give appointments,”* said a participant from Bucaramanga.

However, those who had the opportunity to receive care said that it was pertinent and timely, that the doctors and other health professionals who attended them were very kind and even followed up with them by phone afterwards. One of the participants from Medellín stated that:

“When I called, I happened to have a gynecological emergency and that same week they gave me the appointment, the doctor sent me some tests and in addition to this, they gave me some more tests. The doctor is very attentive to my concerns, they are very meticulous when examining the body, they do it very well”.

Another participant from the same city added: *“The doctors always say hello and are always looking after our children, they ask how they are, they are very kind. They give us love, they are living up to the ADRA's logo, they help others selflessly”.*

They recognize and appreciate the fact that laboratory tests are ordered and carried out which, on the one hand, if not taken within the framework of the services provided by ADRA, could be very expensive for their limited budgets and, on the other hand, it facilitates them to receive the treatment they need through the same health service: *“At ADRA I had a blood work and they told me my triglycerides were a little high and that was a big help for us,”* said someone in one of the focus groups in Bucaramanga.

They also evaluate very positively the fact that they are provided with the medicines prescribed by the doctor and that they are given money for transportation. *“...I felt supported. My mother suffers from blood pressure and she received excellent care, they gave her the medicines, and I felt it was like the hug we needed at the time,”* said someone in a focus group in Medellín.

When asked if ADRA's intervention made them change the way they do things, the participants in the focus groups mostly talked about the handwashing and sexual and reproductive health trainings. They claim that the talks on contraceptive methods and places to go to access planning methods were very useful. They also recognized that the handwashing training was timely, especially at a time when the pandemic also recommended handwashing.

WASH sector:

Regarding the personal hygiene kits and the complementary (or baby) kit as the participants called it, in general, they expressed very positive opinions:

“Since I arrived I have not been able to work because my son is very young and only my husband works. I am very grateful to ADRA for what I have received, it is very useful for me and my children” - participant in Bucaramanga.

In two of the six focus groups, some participants regretted that food had not been included in the kits because, according to them, in most cases the families arrive with children and elderly people with malnutrition problems.

ADRA officials:

Meeting basic unmet needs of the migrant population, such as primary health care, training on handwashing and sexual and reproductive health, and the delivery of hygiene vouchers, was an achievement in the relevance of the project. New virtual methodologies were adapted to comply with the restrictions imposed by the national government due to the pandemic, information was sent via WhatsApp and the teams of collaborators were expanded to implement these strategies.

5.2. Timeliness

This criterion seeks to determine whether the time elapsed between the time the services were scheduled, and the delivery of these services contributed to the timely solution of the migrants' problems. It also seeks to establish whether the kits delivered by ADRA responded in a timely manner to the needs of this population and whether the handwashing and sexual and reproductive health training was considered timely.

Health Sector:

In regard to the timeliness of medical consultations, once the difficulty in communication for requesting appointments was solved, in some cases, which the participants in the Bucaramanga focus groups attributed to the situations generated by the pandemic and the large number of participants, the appointment was given many days later: *“I always go to the consultation, but because of the pandemic everything changed; now it takes 8 days to get an appointment. The frequency of appointments has changed, before the pandemic the appointment was given for the next day”*.

On the contrary, in Medellín, most of the people who attended the focus groups stated that only two to three days elapsed between the time they made the appointment and the corresponding medical consultation and, in some cases, that the time elapsed was barely 24

hours. *"I have never had my appointments delayed, they always assign them in the same week, from a Monday to a Wednesday,"* said one of them.

In addition, the participants also stated that the medical care provided by ADRA was timely; several of them have attended more than three consultations and received treatment for their illnesses, they have had the laboratory tests they required and subsequently they have been given the medicines and money for transportation.

Regarding the timeliness of the hygiene and sexual and reproductive health trainings, the perception of the participants was generally positive: someone in Medellín said: *"Yes, on behalf of all of us I think we received these trainings at the moment we needed them the most: in quarantine, during the pandemic, and we want to thank you for that"*. The migrants interviewed said: *"Yes, they occurred at the time we needed them"*.

The surveys applied to the migrant walkers showed that, in most cases, the professionals of the Mobile Medical Unit had contact with them on the road and invited them to approach the Unit, informing them that participation in the services offered was voluntary. Others were informed by the Highway Police, and a few came because they had ailments they hoped would be cured. Very few knew what ADRA was or what services it provided. Some associated it with the Red Cross and others found out about the Mobile Medical Unit because they were informed by their fellow travelers on the road.

When asked about the services they received at the UM, all of them indicated *"the medical assistance more than anything else; help for example, with medicines for headaches, water supply and also the hospitality that you have given us, thank you very much for everything,"* as one of the walkers said.

All of them, without exception, were grateful for the attention and supplies they were given *"because they invited us and that's how we got here, and they are helping us; I had nothing to eat, from one place to another without drinking water or anything, thanks to you we are here drinking water, a cookie, a juice, a snack,"* said one of them.

Regarding the timeliness of the services offered by the UM, all the interviewees expressed that given their situation and the conditions in which they travel along the road, they found a place where they were given attention and refreshments that alleviated some of the difficulties they were experiencing.

WASH Sector:

When asked about the timeliness of the kits delivered to them in the two cities, most of the participants in the focus groups considered that they arrived at the time they needed them. The same perception is held by the migrants who responded to the in-depth interviews: *"Yes, because the baby was just born and we didn't have money for diapers, towels or anything like that,"* said one of them, and another added: *"Yes sir, that was something incredible, because everything you have given us has been very helpful at this time of pandemic"*. The content of the kits, which they considered to be generous and sufficient for a long period of time, was also highly appreciated: *"The money that is going to be spent on toiletries is used on other things and the truth is we would never buy the amount that ADRA gave. I received the last kit in November, and I still have some things. It's a great help."* said a participant in Medellín. Although in the case of the complementary kit, some participants said that there were people who, even though they did not need them, asked for them and subsequently sold them.

ADRA officials:

According to the officials, the challenges presented by the pandemic were overcome and turned into great achievements for the project, thanks to the role played by the monitoring and

follow-up system because it facilitated the rapid identification of areas for improvement and to that extent, *“Coordinate with teammates the activities without stopping, we were flexible, without forgetting the objective and fulfillment of the goals. We were at the same level in administrative matters, hiring of personnel, purchase of supplies and delivery of humanitarian aid. We enriched the logistics and supported the administrative processes,”* according to an official.

They also stated that the greatest difficulty was to be able to deliver transportation assistance to the participants, especially in Bucaramanga, where it was provided in cash, because in Medellín they had hired a cab service, but sometimes the high demand for the service meant that the response was not timely enough.

5.3. Quality

To measure the quality of the project, we observe whether the results correspond to what was expected, whether the activities were carried out and how they were perceived by the beneficiaries, and whether the products and services received were of the expected quality.

Health Sector:

Health care is perceived by the participants as being of very high quality, with a very accentuated humanitarian profile that is evidenced in the kind, close and trusting treatment given by the doctors to their patients. And they highlighted it in the follow-up and monitoring they did after the consultation, during the treatment and in the recovery, through phone calls and WhatsApp messages. *“They serve with great kindness; we are very grateful, it has been a great help for us,”* said a participant in Bucaramanga.

They also appreciated the quality of the handwashing and sexual and reproductive health training. Given that the handwashing talks coincided with the COVID-19 pandemic prevention recommendations, the participants found them to be timely, very complete, and replicable to other family members with the support of the materials ADRA provided. In this regard, one of the participants said, *“When we have young children, they read, learn and are motivated, they are also educated”*.

With respect to the training on sexual and reproductive health, the assessment made by the participants in both the focus groups and the in-depth interviews is highly positive. They are grateful that the project has provided them with training on this topic because it is useful and replicable, especially in cases where there are teenagers in the household, and it is important to inform their children so that they can be prepared and make their own decisions. Also, a settled walker interviewed for this evaluation said: *“one piece of information that seems quite important to me is the use of monthly injections for family planning”*.

This high-quality perception has been contributed by the articulation with other organizations that meet the needs which were not covered by SSSE-VEN, to which those who requested it were directed by the Agency's personnel.

All the migrant walkers interviewed at the Mobile Medical Unit rated the quality of the services they received as excellent. They stated that the attention they received was very respectful and humane.

WASH Sector:

Similarly, regarding the quality of the products they exchanged the vouchers for, most of the participants considered them to be very good, they believe that the brands selected are well

renowned and they highly value the fact that ADRA has given them the opportunity to acquire them. However, in Bucaramanga, several expressed a great deal of caution with respect to the selected supplier, especially because of the prices, which they said were higher than those of other market establishments, and because they reported cases of poor guidance and even lack of courtesy from supermarket personnel.

5.4. Efficiency

Efficiency in both the provision of services and the investment of resources (funds, expertise, and time) was explored in focus groups, including those with ADRA officials, and in in-depth interviews with walkers who settled in Bucaramanga and Medellín.

Health Sector:

Regarding whether the medical consultations contributed to improving the health of the families, they agreed that they were efficient to the extent that the health of the beneficiaries improved. *“The boy I have, who is two years old, is very skinny and the vitamins they gave him helped him a lot to eat and have an appetite,”* said one of them, and the other said: *“It was incredible because my mother was very ill and a week later she was fine”*.

The participants in the focus groups also referred positively to the efficiency of the service; they recognized that the fact of having access to medical consultation improved their mood, helped them recover their self-esteem because they felt that they were not carrying alone the responsibility of preserving the health of their families and it also improved their quality of life.

The health promotion training was rated as efficient by most of the focus group participants and interviewees. On handwashing, they noted that they remembered the key moments and stated that they have replicated it in their families and that even the youngest children repeat the practices they have learned. In relation to the sexual and reproductive health messages, the participants indicated that they were effective in the sense that they taught them about contraceptive methods and led them to put them into practice; they also learned where to go to have access to such methods.

The effectiveness of these trainings increased because people confirm their usefulness as a prevention factor for COVID 19. This is also the perception of the ADRA professionals who attended the focus groups; although they do not have statistics to corroborate this, they do state that the importance that ADRA gives to self-care is mentioned.

Other aspects valued for their efficiency in the project were: the transportation assistance provided to participants to attend medical consultations and the use of the Mobile Medical Unit, which not only contributed to meet the immediate needs of the migrant walkers, but also allowed the distribution of informative material.

For the participants, the investment of resources was efficient. The medical services were in line with the needs of the migrants, as were the vouchers and the hygiene and complementary kits. *“The most important thing is health and I think it is excellent how the resources for health were invested. We came from a difficult situation, sometimes we ate and sometimes we didn't, but health is the most important thing,”* stated one participant and another one said: *“The resources were very well distributed”*.

Certainly, the restrictions due to the COVID-19 pandemic to which the country's population was exposed during 2020 became the greatest challenge to maintain the efficiency of the project in all its areas. The use of virtual tools became a challenge for ADRA, from the perspective of its officials, but they managed to maintain close contact with the participants while meeting the proposed goals.

To maintain the efficiency of the project, committees in charge of the logistics of the process were formed and strengthened, and solutions were quickly found to issues such as the supply of transportation assistance through the “Daviplata” system to avoid direct contact, the increase in the supply of kits—prior agreement with the donor, and the continuation of the monitoring system through virtual surveys, among others.

One of the greatest challenges was to respond efficiently to an overflowing demand with a limited supply of services, which is why it was important for ADRA to be part of the Board of the Inter-Agency Group on Mixed Migratory Flows of Santander and the Departmental Board of Sexual and Reproductive Health in order to identify the actions of other cooperating partners and avoid duplication of services. For example, the agreements to refer participants to other complementary services to improve their quality of life, such as IOM for specialized medical services, AAHF for HIV testing, Profamilia and CARE International for cytology tests and contraceptive methods. Agreements with other organizations such as Action Against Hunger and the World Food Program (WFP) have also provided many project members with access to basic food.

ADRA officials:

They were asked about the efficiency of the technological resources used and highlighted the importance of having implemented a system to update information in real time and the strengthening of the complaints and feedback mechanism. In this regard, the group in Bucaramanga stated that difficulties arose due to the constant change of address and contact information of the participants and the change in the way of collecting information from face-to-face to virtual, because some of them do not have internet access. The appropriate response to whether they know the channel for complaints increased: *“We went from 35% to 84%, which we closed in December 2020. It is a positive thing, but the challenge is to be able to respond to requests”* stated a collaborator.

In the same sense, reference was made to the telephone system for information and medical appointments where, although there are many more telephone lines and appropriate computers, the number of calls exceeded the attention capacity.

The human resource is very efficient to the extent that the professionals are highly trained and passionate about their jobs, in addition to the fact that they are constantly available for the qualification of their work through training, especially in Occupational Health and Safety at Work. The same perception is held with respect to the economic resources whose use they consider that *“it was adequate to what we needed; they were optimal and necessary at the time,”* as they stated several times in the two cities.

5.5. Sustainability

The aim is to establish whether the results achieved in the development of the project will remain over time even in the case that ADRA does not continue with the mission it has set itself and to determine what conditions will be conducive to such sustainability.

Health Sector:

When inquiring about the permanence of the lessons learned in the handwashing training, the response was almost unanimous: the participants in the focus groups and those interviewed stated that it is something they have incorporated into their habits and have extended to their families, especially now that biosafety conditions demand it more.

In addition, they say that the stickers provided by ADRA have been a great help as they have placed them in visible places in their homes so that they do not forget the messages.

Regarding the training on sexual and reproductive health, the participants highlight the lessons learned about contraceptive methods, their safety levels, and collateral risks. In this regard, one of the participants in Bucaramanga emphasizes in her sustainability: *“You have to continue on your own, everything we learned will remain, in my case I will continue taking care of myself, and I will give the information to other women”*.

On the other hand, and in relation to medical care, it is observed that the participants would not want ADRA's support to end; on the contrary, they suggest expanding it to include specialized medicine, dentistry, and high-cost diagnostic tests because, although some of them already have PEP and, therefore, access to the subsidized regime, they prefer the agility, timeliness and human sense of the health care that the Agency offers.

They state that because of their relationship with ADRA they have received complementary support from other institutions and entities such as Action Against Hunger (cash assistance), *Entre dos Tierras* Foundation (food vouchers and psychological support), UNHCR, USAID, IOM's *Un Solo Corazón* (supports entrepreneurship) and others such as CORPRODINCO (supports productive projects) and FAMICOVE (health assistance) with which ADRA does not have a direct relationship.

Most of the participants in the focus groups and in-depth interviews believe that this support should last until the political and economic situation in their country returns to normal and should be extended to other people arriving in the country in the same vulnerable conditions. *“I think that until they [ADRA] are able to help, one cannot impose that; if you have to shut things down, there is no other choice, but the truth is that we need the help that you are giving us, we have had a hard time,”* said a walker settled in Bucaramanga.

In this regard, one of ADRA's professionals stated that they have been negotiating with the departmental health authorities for the continuity of health care for pregnant mothers, children under five years of age and patients with catastrophic illnesses, but there are still some difficulties generated by incomplete information, unexpected costs charged to the patients referred to the IPS and innumerable obstacles in the departmental operational process.

5.6. Satisfaction

ADRA, in the monitoring and follow-up of the actions developed in this project, has been carrying out a quantitative measurement of the satisfaction of the participants with respect to the services and benefits during the project. As well as reviewing the behavior of the criteria in these secondary sources of the project, focus groups and in-depth interviews were inquired about the degree of conformity of the participants with the project.

When verifying the level of conformity of the participants in the focus groups in relation to the services and kits provided by ADRA, the satisfaction expressed is very similar to that which appears in the reports to the donor; 95% of those who were in the focus groups were highly satisfied and only 5% of them were moderately satisfied.

On the other hand, 100% of the walkers settled in the two cities, who responded to the in-depth interviews, said they were highly satisfied. *“Highly satisfied, for the support they have given us, the medicine, the medication they have given us for the children and for us, the hygiene supplies... we have really needed what they have given us,”* said one of them.

6. CONCLUSIONS

Indicators

With respect to Indicator # 1, the evaluation shows that, as a result of strategies employed by ADRA to train participants on sexual and reproductive health, the knowledge and recall of contraceptive methods, concepts associated with sexual violence and the places to turn to in case of sexual violence had a significant increase of 60.07% with respect to the Baseline and therefore the final measurement is 98.67%.

Regarding Indicator# 2, its measurement shows that participants who remembered three or more than three moments of handwashing, from those who were part of the training on this subject, increased in relation to the Baseline by 14.6%, hence, the compliance of this indicator reached 85.21%, exceeding the 80% target.

As for indicator #3, which measured the availability of water and soap in a specific place in the home for hand washing, there was a significant increase of 16.43 percentage points, reaching 83.63% and meeting the stipulated goal of 80%.

Health Care

The health care received by the migrants from ADRA is valued as excellent, agile, and timely in most cases. The difficulties they faced were related to obtaining appointments, which was very difficult due to the high demand for the service given the large number of registered participants, the telephone request system, the pandemic situation, and the fact that on many occasions calls and WhatsApp messages were not answered.

The participants emphasize that the doctors and other health professionals who attended them were very kind and even followed up with them by telephone afterwards. They also recognize and value the fact that they ordered and performed laboratory tests, as well as the delivery of medicines. All this contributed to the improvement of their mood and self-esteem, and they recognize that it has been a key factor in the improvement of the family's living conditions.

The success of remembering health messages and their daily practice was greatly influenced by the communication strategy promoted by the project, which included billboards, stickers, banners at different events, messages designed to circulate via WhatsApp, notebooks and pens with messages, brochures, explanatory videos, and telephone reinforcement from project staff, among others.

Training

Participants rated the handwashing and sexual and reproductive health training as very useful and easy to remember. The survey indicates that in Bucaramanga, 95.5% of the beneficiaries reported having received the handwashing training and 88.8% reported having participated in the sexual and reproductive health training, while in Medellin 98.3% of the survey respondents reported having received handwashing and hygiene training and 94.6% reported having participated in the sexual and reproductive health training.

With respect to sexual and reproductive health, the majority of the population appropriated the training and this is reflected in the fact that about 90% of the participants recognize contraceptive methods such as condoms and the contraceptive pill and the importance of family planning, the methods to achieve it and the need to put it into practice.

From the results, it can also be inferred that the total study population assumes sexual violence to be mainly violent carnal access in more than 70% and/or sexual abuse in nearly 50%. A smaller proportion of migrants associate it with other types of behavior such as sexual insults, aggression for not wanting to have sex, sexual harassment, street compliments or mistreatment.

Regarding the appropriate and necessary times for handwashing that were promoted in the training, they mainly remember: after going to the bathroom, before eating, and before preparing food. The moments after changing the baby's diaper and before breastfeeding are less

remembered, but this is due to the fact that the number of breastfeeding women in the population analyzed is lower than other segments such as young people, adults and the elderly.

A total of 94.6% of the respondents wash their hands with soap and water and the other 5.40% use other products such as antibacterial hand sanitizers and alcohol. No respondent reported washing their hands only with water.

Regarding the practice of what they learned during the training, most of the respondents confirmed that they will continue doing what they learned because they have already incorporated it into their life habits.

Hygiene and complementary kits

One of the actions carried out within the framework of the project that is highly valued is the delivery of vouchers exchangeable for personal hygiene and baby items (complementary voucher). They consider it timely because many arrived in the country in their words, *“with what they were wearing”*; they perceive the items obtained to be of good quality and say that having access to these items improved their living conditions.

When analyzing the level of satisfaction of the participants in the focus groups regarding the kits supplied by ADRA, the satisfaction expressed is very similar to that shown in the reports to the donor; 95% of those who participated in the focus groups were highly satisfied and only 5% of them were moderately satisfied.

Most of the participants believe that this support should last until the political and economic situation in Venezuela is restored, and that it should be extended to other people.

Mobile Medical Unit

The Mobile Medical Unit that served the migrant walkers along the migratory corridor that leads from the border to other cities in the country was one of the great achievements of the project.

All the walkers interviewed, without exception, were grateful for the care and supplies they were given and rated the quality of the services they received as excellent. They stated that the care they received was very respectful and humanitarian, and that the services were very valuable and helpful. In the interviews, 100% of the walkers settled in the two cities stated that they were highly satisfied with the services they received from the project.

Perspective of ADRA officials

One of the biggest challenges was to respond efficiently to the overflowing demand with a limited supply of services, which made it necessary for ADRA to become part of the board of the Inter-Agency Group of Mixed Flows of Santander and to continue its presence in the Departmental Board of Sexual and Reproductive Health in order to establish alliances with other cooperating partners and avoid duplication of services.

Among the achievements that increased the relevance of the project is the fact that it has met the unmet basic needs of the migrant population, such as primary health care and training on handwashing and sexual and reproductive health, adapting new methodologies for monitoring and follow-up that involved virtual means to comply with the restrictions imposed by the national government due to the pandemic.

Another noteworthy aspect is the rigor of the monitoring and follow-up system implemented, which defined specific goals, instruments, action protocols, ongoing training, analysis and use of the information gathered for decision making, sharing of results, promotion of an organizational culture of collective responsibility for monitoring and implementation of continuous improvement actions.

According to the criteria of ADRA officials, one of the difficulties that arose was due to the change from face-to-face to virtual operations because many people changed their address and did not report their data to ADRA and many of them do not have access to the Internet.

7. LESSONS LEARNED

- The project had to **adapt to the new circumstances** brought by the COVID-19 pandemic, with new virtual strategies to replace home visits, follow-up and health training. Likewise, the in-person request of medical appointments was implemented by telephone and WhatsApp communications, as well as new mechanisms for the delivery of vouchers exchangeable for hygiene kits.
- Use of new channels for transportation assistance payment, such as *Daviplata* in the case of Bucaramanga, or the hiring of door-to-door cab transportation from the migrant's residence to the assigned medical unit in Medellín, which made it possible to **reduce personal contact and the risk factors for COVID-19 infection**.
- Implementation of a monitoring system that allows **the updating of participant information in real time and the strengthening of the feedback mechanism for claims and complaints** to solve difficulties arising from the congestion of telephone lines available to request medical appointments or low internet access, which reflects the need to implement a comprehensive call center.
- It was demonstrated that even during a pandemic it is possible to **maintain communication with participants by exploring new options and channels**. These lessons learned and good practices should be maintained when restrictions are removed. For sure, a combination of home visits, training with playful strategies and language close to the participants, reinforced with sticker messages, media pieces and WhatsApp messages, among others, will support the effect of recall and daily application of the main messages of the project.
- Although training on handwashing and sexual and reproductive health have shown important results, **the messages on sexual violence and knowledge of the pathways to care in cases of sexual violence demonstrate the need for reinforcement**. The same occurs with hand washing moments, which involve families with nursing mothers: after changing the diaper and before breastfeeding the baby.
- **The presence of the Mobile Medical Unit in strategic sites along the migrant corridors has been fundamental**. It would be worthwhile to study the possibility of extending it to other sectors and municipalities and to reinforce the medical services provided, the delivery of basic or complementary kits to walkers and the supply of medicines other than Acetaminophen.

8. RECOMMENDATIONS

To debug the participant database

ADRA's current database of participants in the SSSE-VEN project is excessively large because it includes many participants from the previous project, as well as new households that had been registered; it is made up of more than 60,000 entries. This circumstance creates difficulties for a project as successful as this one, because the number of beneficiaries exceeds the project's capacity.

In this regard, it is recommended to cross-check databases with Migration Colombia and with local authorities in Bucaramanga, Medellín and neighboring municipalities to identify migrants who already have access to the PEP and therefore have regularized their status in Colombia and, consequently, have access to the subsidized health care system. This would lead to a decrease in the number of migrants in ADRA's database, allowing it to distribute resources more efficiently and attend to those who really need it.

To focus attention on newly arrived migrants

Throughout this evaluation, it was found that the participants have been settled in the reference areas for more than 2 years on average and that many of them have already obtained the PEP or have been gradually incorporated into Colombia's productive process, as shown by the official figures and the responses of the respondents, 36.9% claim to be engaged in income-generating activities. Some even report that, although they have access to health services through the subsidized regime, they use ADRA services because they are more agile and provide better care.

Consequently, it is suggested that a new phase of the intervention should focus humanitarian aid actions on those who have recently arrived in Colombia and, in the case of health services, give priority to those families who do not have the PEP yet and therefore do not have access to Colombia's subsidized health system.

To strengthen training sessions

In this regard, it is especially recommended to reinforce in the hand hygiene training sessions, the importance of handwashing when changing diapers and before feeding or breastfeeding the baby due to its importance for the health of infants.

Although the measurement of the indicators showed very satisfactory results for the project, it is important to analyze in more detail the answers to some of the questions, especially those referring to the concepts of sexual violence and the corresponding pathways to care. Training sessions should be intensified to ensure that sexual violence is associated not only with violent carnal access and sexual abuse, but also with street compliments (catcalling), insults and others mentioned by the participants, such as the obligation to have sexual intercourse or to become pregnant.

To complement the hygiene kit

Regarding the formalization of agreements/contracts for the supply of hygiene kits, it would be convenient to review whether it is possible to do so with supermarkets with a greater presence in areas close to the participants' places of residence and with more favorable prices in several products, in relation to those offered by the current supermarkets and stores.

There are two main recommendations regarding the composition of hygiene kits. On the one hand, although it is acknowledged that these packages contain elements that are indispensable (bath soap, toothpaste, among others), they do not include others such as shampoo for adults or razors, which are requested by most of the respondents to the surveys and interviews. When reviewing the Sphere Handbook, it is found that such items can be included in the emergency kits, which leads to the suggestion that they should be added to the kits in the next

version of the project. The other recommendation is to remove from the basic kit, items such as baby diapers that are already included in the complementary kit and are not required by families who do not have small children and, since they do not need them and given their price, in some cases may end up being requested and then sold to other migrants.

To strengthen inter-institutional articulation to achieve greater comprehensiveness in the intervention

Although the project evaluation reports that progress has been made in coordinating actions with other public and private organizations, it is recommended that these alliances should be strengthened so that the Venezuelan population can have access to specialized medical services, especially in gynecology, dentistry, mental health and other specialties, and have access to high-cost diagnostic tests, since these are services to which, given the economic limitations of migrants, it is impossible for them to have access.

At the express request of the participants in the focus groups and interviews, it is recommended to strengthen coordination with other organizations such as Action Against Hunger, the World Food Program and the IOM, among others, which have among their purposes or among the objectives of the projects they execute in these territories, the supply of food.

To begin operating a call center to attend participants

Both the participants in the focus groups and some ADRA officials suggest that, instead of assigning specific telephone lines for each service (which creates great confusion among applicants and makes the service system inoperative), a call center with a single number and several operators answering calls directly should be implemented.

In order to achieve greater efficiency of this resource, it is also recommended that call center operators receive training so that they can direct the call to the area where an effective and timely solution is given to each request and provide the clearest and most complete information on all the services offered by ADRA and even on those not offered by the project but which, through coordination with other entities and institutions can be provided, generating a welcoming climate, trust and a high degree of satisfaction in the conversation.

To enhance the Mobile Medical Unit

With regard to the Mobile Medical Unit, some recommendations emerged among ADRA officials and migrant walkers interviewed that are worth considering.

In the first place, to study the possibility that the care provided goes beyond the initial examination so that medications can be administered to treat the conditions brought by the migrant walkers. Also, the possibility of providing, in addition to snacks and biosecurity elements, a basic hygiene kit and, if they bring small children with them, a complementary kit of similar characteristics to those distributed to those already settled in the cities.

It would also be worth considering the possibility of acquiring new Mobile Medical Units, so that at all times there is attention in the three points that have been determined as critical in attention to migrant walkers, to expand coverage and ensure that all those who want and need these services can receive them on the day of the week that they cross these routes, without depending on the schedule of the only existing unit.

Reinforcement of ADRA's actions

It is recommended that the Agency continue its participation in the Board of the Inter-Agency Group on Mixed Migratory Flows of Santander and maintain its presence in the

Departmental Board of Sexual and Reproductive Health to identify what other cooperants are doing and avoid the duplication of services.

Likewise, ADRA is encouraged to emphasize to participants the importance of reporting changes of address or contact information to continue to serve them as timely and efficiently as they have done so far.

To move towards development projects

With the creation by the National Government, on February 8, 2021, of a Temporary Protection Statute for Venezuelan Migrants that would be valid for ten years and would allow those who come from the neighboring country to remain in Colombia for a decade, which, once completed, would require them to acquire a resident visa if they wish to remain in the country, a new picture emerges and is the creation of a scenario where the stay in Colombia is regularized and facilitates the creation of greater elements of attachment to the territory, which, as this evaluation shows, is already happening.

Based on this new scene of public policy for migrant assistance, the recommendation to design other new projects arises, no longer emergency projects, but development projects that focus on creating the conditions for migrants, now settled and in regular conditions, to develop their capacities and adapt to the Colombian productive panorama, increase their income, and raise the quality of life of their families.

These new actions may include different modalities of training for employment and entrepreneurship, the delivery of equipment, machinery and start-up capital, training programs through government institutions and other government programs such as SENA and entrepreneurship and innovation initiatives, proposals for labor insertion with the Colombian business community and society in general, actions for community coexistence and prevention of xenophobia, housing improvement or acquisition projects, opening of spaces for higher education training, among many others.

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10. APPENDICES (attached separately)

1. Survey
2. Focus group questions
3. In-depth interview questions
4. Manual for interviewers