SUPPORT SPACES VENEZUELA SITUATION

TOOLKIT









Coordination Platform for Refugees and Migrants from Venezuela



Content developed and coordinated as part of the interagency effort of the Support Spaces Working Group of the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, 2019.

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Table of Contents

1. CONCEPT NOTE	4
2. SHORT GUIDE FOR SETTING-UP AND MANAGING SUPPORT SPACES	15
3. STANDARD OPERATING PROCEDURE (SOP)	26
4. TRAINING PACKAGE FOR SUPPORT SPACES PERSONNEL	102

SUPPORT SPACES VENEZUELA SITUATION

Concept Note





BACKGROUND

More than 4 million refugees and migrants from Venezuela have left their country. The Venezuela Situation is characterised by people on the move, often *en route* from one country to another within the region. Although some of them have been able to seek asylum or access different forms of legal stay, a significant number remain in an irregular situation, resulting in people being exposed to risks of deportation, exploitation and abuse, as well as violence and discrimination, among others.

In the context of people in transit, Venezuelans are entering neighbouring countries in vulnerable conditions, which are exacerbated by the risks and needs that they are exposed to during their journeys. The lack of information on safe routes and where to access support in a safe manner, difficult climate and geographical characteristics, limited access to services and lack of economic resources, with people sleeping on the streets, bus terminals and parks, among others, remain big protection challenges.

Venezuelans on the move have reported exposure to protection risks along the routes such as the presence of trafficking and smuggling networks, risk of recruitment by irregular armed groups, street crime, extortion, theft, sexual and gender-based violence, child labour, labour exploitation, survival sex, among many others. All these are exacerbated by discrimination and xenophobia, including discrimination based on their sexual orientation and gender identity. The exposure to protection risks results in a deterioration of the physical health, emotional and psychological well-being of persons on the move.

In general, the lack of accessible and trustworthy sources of information is an obstacle to access rights, leaving individuals in vulnerable situations and generating onward movement. In the 2018 report presented by the National Interagency Coordination Platform in Colombia (GIFMM) ¹, 88% of the caminantes that received support from the Red Cross reported lacking information about the travel routes, support systems and assistance. Enormous efforts have been put in place by governments and humanitarian actors to respond urgently to the situation of Venezuelans in the region, by prioritizing assistance and resources, developing tools and response mechanisms. However, there is a need to harmonize approaches, improve the quality of services and increase the response for Venezuelans in transit through the region, especially for those with specific needs and that remain invisible.

The Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (Regional Platform) is a collective effort of organizations that are working on a comprehensive regional response to the protection, assistance and integration needs of refugees and migrants. This coordination space aims at accompanying, complementing and strengthening

¹ GIFMM, Response to the "Caminantes" situation, Colombia, October 2018.

national and regional responses of governments, international organisations and civil society consistent with the principles outlined in the New York Declaration for Refugees and Migrants ².



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RATIONALE

The Support Spaces – or Espacios de Apoyo (EA) in Spanish are based on the good practices of "The Child and Family Protection Support Hubs", also known as "Blue Dots" ³ established during the European emergency. These spaces provide a minimum package of services easily accessible to refugees and migrants on the move.

The Support Spaces are an important protection tool that provide a space for refugees and migrants from Venezuela, along with host communities, returnees and persons at risk of statelessness, among others, to access up-to-date information and immediate standardized package of services and assistance.

² UN General Assembly, New York Declaration for Refugees and Migrants, 3 October 2016, A/RES/71/1, http://www.refworld.org/docid/57ceb74a4.html.

³ See, for example, UNHCR, UNICEF launch Blue Dot hubs to boost protection for children and families on the move across Europe, 26 February 2016, http://www.unhcr.org/news/press/2016/2/56d011e79/unhcr-unicef-launch-blue-dot-hubs-boostprotection-children-families-move.html.

In response to the influx of Venezuelan refugees and migrants coming across the border, humanitarian actors and authorities have already set up a range of structures to provide them with information and orientation, first aid, vaccines, referrals to safe shelters, among others. The Support Spaces are built from the already existing structures and initiatives in border communities, urban and semi-urban areas in different countries receiving Venezuelans. Where no such structures are in place, efforts to establish these spaces in key location areas will be coordinated with National Platforms.

The establishment of this network of Support Spaces across the region helps to strengthen the coordination of UN agencies, NGOs, civil society, governments, regional networks and key actors, resulting in a harmonized and efficient response to the needs of refugees and migrants from Venezuela, avoiding duplication and overlapping of resources, information and assistance.

OBJECTIVE

The Support Spaces is an initiative supported by the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela. The aim of the Support Space is to provide a space for front line support for Venezuelan women, men, girls and boys of diverse backgrounds who are on the move or residing in different countries in the region through both direct and referral services.

A package of standardized services is provided in these Support Spaces in key locations, in communities and along the route. The Support Spaces work as hubs, to provide information and orientation on vital services and programs, as well as individual counselling, psychological first aid, safe play areas and basic services and assistance. It ensures the safe identification and referral of persons with specific needs and at heightened risk, including facilitating family reunification (see further below).

A common logo is used in all the Support Spaces, guaranteeing that the structures are recognizable by people on the move. The harmonisation of minimum operational standards required to run these spaces (harmonised methodologies, services and principles) are some of the key products to complement overall protection services and guarantee coherence of principles of assistance operating these spaces.

MAIN AREAS OF INTERVENTION

The Support Spaces work in a systematic and coordinated way, as part of a network of structures in countries receiving refugees and migrants from Venezuela.

The Support Spaces will have a common data base (i.e. Progresv4) to ensure internal referrals and a system of early warning to keep staff informed of specific situations that need attention and follow up. The programs provided in these Spaces are implemented by differ-

ent actors, local, international and governmental, aiming at providing timely and efficient services to have a greater impact in the lives of persons in need of support.

All the services are coordinated through a Standard Operating Procedure (SOP) for the Support Spaces which will be endorsed and signed by all concerned actors in each country/site where the Support Spaces are established. A list of actors, services and details per structure, and location-specific referral pathways would be annexed to, and will be integral parts of the

SOP.



1. COORDINATION

The Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela ensures that the Support Spaces are run by key actors that work in a coordinated way for the provision of efficient services that will benefit Venezuelans. It fosters the collaboration and complementarity between the actors, including between governments, NGOs, UN Agencies and civil society and promotes the equal participation of men and women in decision making processes. Coordination is also ensured with refugees and migrants and host communities for example working closely with networks of outreach volunteers, or community focal points who support in the outreach and information dissemination.

The involvement of State actors in these programs, as allies and implementers, is essential to improve the impact and ensure the sustainability of the response.

The Support Spaces will be coordinated within each country and along the different structures in the region. A regional Support Spaces Coordinator will be designated at Regional Platform level to coordinate the work with national platforms and actors. At national level, coordinators will be designated by the national platforms to coordinate the implementation

with focal points in each location. Terms of Reference for the Support Spaces Coordinators at local level will be attached to the SOP as reference.

2. ONE STOP SHOP

Functioning as One Stop Shops, the Support Spaces ensure that refugees and migrants from Venezuelan of all ages, gender and backgrounds and other population groups, have access to information and orientation on a variety of services, programmes and assistance which are available in strategic locations at various points during their journey: in transit, upon arrival at their destination, or as they make a life for themselves in a new country. This provides the possibility of accessing free services by receiving timely counselling and assistance and safe referrals to specialized organizations when needed. This is particularly convenient for those who are not familiar with the context, have limited resources, mobility difficulties or may find themselves in vulnerable situations requiring specific protection and assistance.

The Support Spaces have a **common logo** – designed and agreed upon by the Regional Platform – that clearly identifies these structures along the routes and key locations in hosting countries. Having **one logo** that is easily identifiable helps to avoid confusions, guarantees easy access and reference to the persons of concern and helps to keep a record of their situation and follow up on needs along their journey in the region.

This logo is agency-neutral, visible in the structures identified as **Support Space** along the route as well as linked to all communication materials. Information materials about these structures will be developed and disseminated across the region, in different languages (Spanish, Portuguese, English, Dutch, other), in a child-friendly, gender-sensitive and culturally-appropriate manner, using different channels, including social media.

3. TWO-WAY COMMUNICATION

Two-way communication is central to any participatory strategy. It involves disseminating information, but also actively working with Venezuelans and communities accessing the Spaces to receive their feedback and to improve and enhance the services to better address their needs. Listening to and understanding the needs of those accessing the Support Spaces, exchanging ideas, and making them part of the decision-making process, is essential for the accountability to refugees and migrants and the sustainability of these structures. Communication will be guided by best practices in Communicating with Communities (CwC) ⁴ and child-friendly/child-centred approach ⁵.

⁴ CwC concept note Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela.

⁵ Best Practices and guidance include: Listen and Learn: Participatory Assessment with Children and Adolescents, UNHCR 2012, available at: http://www.refworld.org/pdfid/4fffe4af2.pdf

Community protection mechanisms in communities where Support Spaces are being established will be strengthened. Advocacy with community officials and leaders to eradicate negative practices, discrimination and xenophobia will be enhanced; as well as implementation of socio-cultural and recreational integration activities at community level.

4. SAFE IDENTIFICATION AND REFERRAL

Safe identification of persons at heightened risk that need immediate protection interventions and support, basic counselling in situ, harmonized location-specific referral pathways and timely provision of services are ensured by different NGOs, Government, UN Agencies, depending on their expertise, who work together in the Support Spaces.

The Support Spaces will work in a coordinated manner, ensuring a regional network (in country and between countries) of structures able to identify, refer and provide inclusive specialised services. It is recommended that the recording of the data and referral mechanism is done through a joint regional database (i.e. ProGres), to facilitate the recording of assistance and case management processes.

Working as a network with a regional scope will facilitate processes such as family reunification and efforts against trafficking in persons and exposure to protection risks.

For children at risk, the Support Spaces will facilitate timely identification, referrals to prioritised best interests procedures (i.e. child protection case management), and appropriate services and solutions in their best interests ⁶.

FOCUS OF THE INTERVENTION

The Support Spaces will be focused in two types of structures:

- 1) The Support Spaces Espacios de Apoyo (EA): providing integrated services, with a minimum package of services that respond to urgent needs, offered in one location (detailed explanation below).
- **2) Information and Orientation Points:** which will operate under the umbrella of the Support Spaces, established along the route and providing general information and referrals to specialized services. These points do not provide all the services listed in the minimum package but serve as key information and orientation points, static or mobile, linked to the Support Spaces network, operating in a systematic and articulated way. These Information

⁶ Best interests procedures / case management will be guided by the UNHCR Guidelines on Assessing and Determining the Best Interests of the Child (BIP Guidelines), Provisional Release (2018), temporarily available at: https://drive.google.com/file/d/1NML8RY-S8RH-LIeMNrZC3C4f_8puaNg0_/view?usp=sharing; and the Alliance for Child Protection in Humanitarian Action, Interagency Guidelines for Case Management and Child Protection (2014), available at: http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

and Orientation Points are guided by the principles of coordination, safe identification and referrals, two-way communication listed above, among others.

The Support Spaces will be identified in countries receiving refugees and migrants from Venezuelan across the region. Where these structures are already in place, assessments and safe audits will be conducted in order to determine whether they comply with the minimum standards that are developed and contextualised for the EA under the platform. Minimum standards, Standard Operating Procedures, protocols for data protection and confidentiality will be harmonized to prevent and mitigate protection risks ⁷.

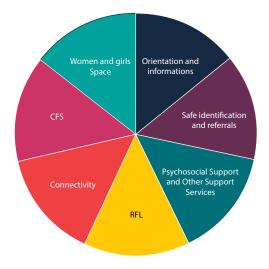
The operation of the Support Spaces will be governed by the "Key Principles Governing the Operation of Support Spaces" provided in ANNEX - 2 to the Support Spaces SOP.

The regional and national coordination system will support the Support Spaces in the following areas:

- Improving existing structures: scaling up to become full-fledge spaces providing the activities listed above, integrating services, coordinating with other EA in the region, using standard referral pathways and a common database, etc. Currently there are structures such as these at border areas, among others that provide some of these services and serve as a base.
- Establishing new structures: identifying key locations for EA where it is essential but not yet available, in border areas and urban/semi urban. Including identifying key locations along the routes to serve as information and orientation points and mobile Support Spaces.

ACTIVITIES AND SERVICES PROVIDED AT THE SUPPORT SPACES

The **Support Spaces – Espacios de Apoyo (EA)** as a one stop-shop, ensures the provision of free of charge, integrated and integral services. The following package of services needs to be in place in each one of the Support Spaces, as a minimum set of services:



⁷ This includes, for instance, prevention to Sexual and Gender Based Violence (SGBV) in line with the IASC Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action (2015), https://gbvguidelines.org/en/home/

Orientation and information sharing: access to reliable and updated information provided to refugees and migrants from Venezuelan and host communities on a variety of key topics such as asylum procedures and other legal pathways, documentation and registration, rights and responsibilities, legal, health, education, safety, protection, prevention and response to Gender-Based Violence (GBV), Sexual Reproductive Health (SRH), food, shelter, non-food items, employment opportunities, empowerment and skills training, family tracing, among many others. Orientation and information sharing includes access to services and assistance. Sensitization sessions with AGD ⁸ approach on different topics. Mobile activities and outreach will be an integral part of the Support Spaces, aiming at reaching out to persons at heightened risk and those not accessing these structures.

Safe identification and referrals: interagency safe identification and referral system in place for the timely provision of immediate life-saving interventions for persons at heightened risk. The life-saving support will not necessarily be provided at the Support Spaces themselves, but needs will instead be identified and referred to relevant and specialized actors. Linkage and referral to members of the Regional Safe Spaces Network, Child Friendly Spaces, Women's Leadership, Empowerment, Access and Protection in Crisis Response Programmes (LEAP) and Community Centres, among many others, will be coordinated and ensured to avoid duplication of resources and response in each area.

Mapping of services, referral mechanisms and interagency referral forms, among other tools will be in place prior to operationalising each Support Space to ensure their adequate functioning. Referrals to specialized service providers and delivery of assistance (i.e. accommodation, food, hygiene kits, NFIs, etc.) will be done according to standardized referral pathways. Transportation to be provided according to the need.

Coordination with community support networks will be promoted and ensured in order to rely on existing community capacities and support structures. These networks and organizations will include local and regional initiatives promoted by different groups such as women leadership, indigenous communities and LGBTI, among others.

Psychosocial Support and Other Support Services: provision of psychosocial counselling and psychological assistance ensured by social worker, psychologist or specialized trained staff assigned to the Spaces. Provision of psychological first aid and referrals to specialized service providers according to the individual need of each person. Counselling and linkages to case management services and service providers will ensure a promptly and efficient response.

Support with first aid, vaccines, sexual and reproductive health and other basic health services including immediate support to GBV survivors, pregnant women, and other persons in need, will be ensured according to the existing capacities, including referral of cases to health services in the area. Access to safe drinking water, ORS, area for urgent recuperation/

⁸ Age, gender and diversity.

resting and proper WASH facilities will be available. A dedicated space for breastfeeding will be available for mothers and children, as well as a clean space for changing babies/toddlers (Mother and Baby/toddler Areas (MBA)). A space for women and girls should also be prioritized.

Restoring Family Links (RFL): identifying families that are separated. Unaccompanied and separated children will be identified and referred to the child protection actor for case management services, including family tracing and reunification (FTR) based on the assessment of their best interests. Regional scope and coordinated efforts of the Support Spaces would enhance the effective communication, identification and referral across the countries.

Free phone calls and internet connectivity: Free international and national phone calls and free internet connection (i.e. WIFI) would be provided to every person accessing the Spaces. Equipment should be available and ready for persons requesting internet usage at the centres.

Child Friendly Space (CFS): safe areas for children to play while their parents/families are accessing the Spaces, as well as participation in basic recreational and educational programs. Child Friendly Spaces will be open to children of all ages, gender and children with specific protection needs (including children with disabilities). Specific areas will be set up to allow late adolescents (15 to 19 years old) to interact in safe, intellectually and emotionally rewarding activities.

Women and Girls Space: provides a safe and confidential space where women and girls receive support, aiming at strengthening women's empowerment and promoting self-care, wellbeing, solidarity and resilience, taking into account an age, gender and diversity approach, among others.

Feedback and complaint mechanism: Complaint mechanism system will be put in place in order to report any misconduct, abuse, exploitation, corruption among others, by a staff, agency, or contracted staff (security, cleaners, etc.) working or providing services in or for the Support Spaces. This also includes any volunteer program implemented in the Support Spaces or linked to it. A complaint box will be placed in each one of the supported Spaces, placed at the reception area and accessible for all persons 24/7. Monitoring and evaluation and reports will be in place in the EA.

SUMMARY OF KEY CONSIDERATIONS

• The Support Spaces – Espacios de Apoyo (EA) will provide a joint, comprehensive, integrated and sustainable response to women, girls, boys and men from different age, gender and backgrounds ensuring immediate action to address their most urgent needs and by strengthening the protection and support mechanisms.

- The Support Spaces are a regional initiative supported the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, joining efforts to support national governments and strengthen the coordination and response of all actors in countries receiving Venezuelans. Some of the EA are already in place in the region, however working under the platform ensures that minimum standards are met, the response is harmonized and the support coordinated.
- The Support Spaces are strategically located at border areas, along the main routes and in urban/rural areas with concentration of refugees and migrants from Venezuelan.
- The Support Spaces work in a network, coordinating efforts with other Support Spaces across the region, as well as service providers and specialized services in the communities where they are located. Interagency coordination helps to avoid duplication among different agencies/organi-zations and reinforces the efficient use of resources.
- Located in secure, safe and accessible areas where there are no protection risks for refugees and migrants from Venezuela (i.e. hazardous areas, etc.).
- Accessibility is ensured for all population groups, including persons with disabilities, as well as host communities.
- All programs implemented are age, gender and diversity inclusive and responsive. Minimum standards regulating these spaces ensure that the needs of persons on the move are respected and protected. Trained personnel, specialized professionals and agencies providing services and assistance need to ensure an up to standard response.



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SUPPORT SPACES VENEZUELA SITUATION

Short Guide for Setting-up and Managing Support Spaces





SUPPORT SPACE

The Support Space (Spanish: **Espacios de Apoyo**) is an initiative supported by the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (hereinafter "Regional Platform") with the aim of providing a space for front line support to Venezuelan women, men, girls and boys of diverse backgrounds who are on the move or residing in different countries in the region through both direct and referral to specialized services. This initiative includes attention as well to host communities in vulnerable situations.

The Support Spaces Concept Note developed by the Support Spaces Working Group of the Regional Platform includes an overview of its purpose and function, and the available services (attached).

TOOLS

The following tools are available for use when establishing and managing the Support Space.

- Standard Operating Procedure (SOP) for the Support Space
- Annex 1 to the SOP: List of Support Spaces (EA)
- Annex 2 to the SOP: Key Principles Governing the Operation of Support Spaces
- Annex 3 to the SOP: Interagency Referral Form
- Annex 4 to the SOP: Prioritization and Risk Rating of Specific Needs
- Annex 5 to the SOP: TOR Support Space Coordinator
- Annex 6 to the SOP: Mapping of Services and Contact Information
- Annex 7 to the SOP: Feedback and Complaints Mechanisms
- Annex 8 to the SOPs: Checklist for Rapid and Initial Assessment of Support Spaces
- Annex 9 to the SOPs: Information Management
- Annex 10 to the SOPs: Essential Actions in Nutrition
- Annex 11 to the SOPs: Minimum Water, Sanitation and Hygiene (WASH) Actions
- Annex 12 to the SOPs: Adhesion to the Support Spaces Network

RESPONSIBILITIES FOR OVERSEEING THE ESTABLISHMENT OF SUPPORT SPACES

Support Spaces are established as part of the work of the Regional Platform, and are implemented by national and local governmental institutions, national and international NGOs,

United Nations organizations, among others, aimed at responding to the protection and support needs of refugees and migrants from Venezuela. The work at the country level is coordinated by the National Platform ¹, and delegated to the field level through the Local Platform ². It is important to engage local authorities (national and local levels) since the beginning of the initiative, throughout the service provision, and during the follow up and monitoring, among others. This will ensure sustainability.

NATIONAL SUPPORT SPACES COORDINATOR AND LOCAL SUPPORT SPACE COORDINATOR

For the purpose of managing the establishment of Support Spaces, and coordinating the work across each country implementing this initiative, a National Support Spaces Coordinator will be assigned under the protection coordination mechanism (Protection Working Group) of the National Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela. Where possible, the national Support Spaces Coordinator will be a stand-alone position based at the national capital of each country.

In coordination with the Local Inter-agency Coordination Platform for Refugees and Migrants from Venezuela ("Local Platform"), the National Support Spaces Coordinator is responsible of guiding the functions of the Local Support Spaces Coordinator assigned to each site.

The National and Local Coordinators will ensure that the Support Spaces initiative is implemented in coordination with national and local authorities, as well as integrating governmental institutions and services.

INTER-AGENCY COORDINATION AT THE LOCAL LEVEL

The Support Spaces Group within the local platform or the Protection Group (the latter within the local platform where established), will be responsible for contextualisation of the initiative and tools at the operational level. The local Support Spaces Group will be guided and advised by the National Support Spaces Coordinator both through on-site presence when possible and through remote support.

In order to facilitate the work, the local platform will appoint a site-level Support Space Coordinator (see, $\frac{ANNEX}{5}$ of the Support Spaces SOP for a sample of Terms of Reference (TOR)).

¹ For the purpose of this and other related documents, the terms 'national platform' and 'local platform' refer to the inter-agency coordination structures present at the national and/or local level, such as, for instance, the Grupo Interagencial sobre Flujos Migratorios Mixtos (GIFMM) in Colombia or the Grupo de Trabajo sobre Personas Refugiadas y Migrantes (GTRM) in Ecuador.

² See footnote above.

KEY STEPS IN SETTING-UP A SUPPORT SPACE

STEP ³	ACTIVITY	RESPONSIBILITY
Step 1.1	Introduce the Support Space Concept to national counterparts, and Representatives/Senior Managers of agencies or NGOs responding to the emergency. Coordinate and establish strategic alliances to strengthen the impact in the service delivery, shared responsibility for referrals and sustainability in the interventions.	Regional Support Spaces group to share Support Spaces Concept Note and explain the intervention. National Platforms to take the lead on implementation at national level in coordination and with support of the regional platform.
Step 1.2	Identify and assign a National Support Spaces Coordinator.	National Protection Coordination Group of the National Platform, with support from the Regional Support Space Group.
Step 2.1	Establish local Support Space Group with members of the local platform working on the implementation of this initiative.	Local Platform with the support of the National Platform and the guidance of the Regional Platform.
Step 2.2	Identify locations ⁴ for Support Spaces.	Local Platforms, national and local authorities, Heads of agencies/Heads of Protection and Response services ⁵ . Coordinate with National Platform.
Step 3.1	Identify and assign local Support Space Coordinators.	Local Support Space Group, with inputs from the Heads of Organizations or Heads of Pro- tection and Response services.
Step 4.1	Review Support Spaces Tools (see section '2. Tools' above) and adapt and contextualise to suite the operational setting.	Local Support Space Group, with support and guidance from the National Support Space Coordinator. It is important to designate focal points within the Support Space Group that have experience and knowledge in different topics, including GBV prevention and response, Child Protection, among others.
Step 4.2	Identify suitable sites at agreed key locations for establishing Support Spaces.	Local Support Space Group, with support from national and local authorities, Heads of Organizations and National Support Space Coordinator.
Step 4.3	Expand existing sites where more than one service is already in operation so as to accommodate other services envisaged in the Support Spaces Concept Note.	Local Support Space Group, with support from national and local authorities, Heads of Organizations and National Support Space Coordinator.
Step 5.1	Organise consultations with refugees and migrants in each location in order to guarantee that the provision of services responds to their needs.	Local Support Space Group, in coordination with national and local authorities and key actors.

³ Same Step number in subsequent rows denote activities that may be carried-out simultaneously.

⁴ This is the district, town or village where the Support Space will be established.

⁵ This includes coordinators and officers responsible for different services sections of UN agencies and NGOs engaged in the emergency response.

STEP ³	ACTIVITY	RESPONSIBILITY
Step 5.2	Organise planning workshop with potential service providers to agree on participation in the initiative, time-frame for establishing services, and roles and responsibilities.	National Support Spaces Coordinator and Local Support Space Coordinator, with support from local platform.
	Service providers to fill in the form of Adherence to the Support Spaces Network (ANNEX $-$ 12) expressing their confirmation to be part of this network and to abide to the principles guiding the Support Spaces initiative.	Service provider's focal points with guidance from the Local Support Space Coordinator and the national Support Spaces Coordinator.
Step 6.1	Design an Operations Plan of the Support Space, taking into account the services that will be provided for persons on the move and/or residing in key hosting areas.	Local Support Space Group, with support from National and Regional Support Spaces groups.
Step 7.1	Funds allocation, staff recruitment, training, and setting up the physical structures.	Individual organizations participating in the process, with guidance from the Local Support Space Coordinator.
Step 8.1	Progress review and additional support.	Regional Support Space Group focal points.
Step 8.2	Develop and use a regional Support Space monitoring framework.	Regional Support Space Group focal points.

SITE FOR SUPPORT SPACES

Support Spaces should be established at locations most frequented by and accessible to refugees and migrants. This includes locations that are along the movement paths and in major cities where refugees and migrants stop to rest and coordinate their journeys or where they are residing, including efforts to strengthen local integration and social cohesion.

The site selected should also be safe and provide easy access to other services. Details for some considerations on the physical set-up for the Support Spaces are detailed in the Support Spaces SOP.

In several locations, particularly at formal entry points, multiple services are already established and functioning. In some locations, services are under the same roof or are in the immediate vicinity of each other.

The ideal set-up of a Support Space is to establish all the envisaged services at the same site, preferably within the same compound. When establishing Support Spaces, the following approach should be adopted:

1) SITES WHERE SEVERAL SERVICES ARE OPERATING WITHIN THE SAME COMPOUND:

- Assess the site's capacity to host additional services.
- Based on the identified needs, discuss with other service providers and invite them to establish their services within the space.

2) SITES WHERE SERVICES ARE ESTABLISHED NEAR TO EACH OTHER:

- Explore the possibility of establishing a boundary around the sites in order to present the Support Space as a single point of service; alternatively, explore the possibility of moving all key services to a new, yet safe and accessible site.
- Should establishing a boundary or moving to a new site not be an option, install a single banner informing of the Support Space and clear direction marking to indicate location of services under the Support Space initiative.

3) SITES WHERE NO SERVICES ARE IN PLACE:

- Organise focus group discussions with refugees and migrants to identify locations where they would prefer to have access to services.
- Organise a joint assessment mission to the suggested locations to determine additional needs and feasibility of establishing the Support Spaces.
- Identify a suitable site which can accommodate all or most of the services envisaged in the Support Spaces Concept Note.
- Agree with service providers to set up and implement services envisaged in the Support Spaces Concept Note.



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SERVICES AT THE SUPPORT SPACES

As described in the Support Spaces Concept Note, the following essential services will be part of each Support Space. In order to ensure timely, effective and efficient delivery of protection and assistance services to refugees and migrants, it is preferable to establish these services within a single site. However, it is also possible to link services that are already operational at the location to the Support Space established.

All services provided at the Support Spaces should be free of charge.

The number of staff working in the delivery of each service will depend on the number of beneficiaries accessing the Space.

Some of the staff recommended to be in place according to the services provided are:

- Coordination: Local Support Space Coordinator
- Case management: case worker (including specialist GBV/Child Protection), psychologist
- Medical services: doctor, nurse
- Child Friendly Space (CFS): space coordinator, animators, psychologist
- Women and Girls Space: space coordinator, animators, psychologist
- Restoring Family Links: coordinator, social worker
- Information and orientation point: social worker, legal advisor
- Connectivity: IT
- Cleaning: cleaning staff
- Security: security guard/police officer

The Support Spaces SOP includes descriptions of the services and template for maintaining an updated list of available internal and external services and contact information per site (ANNEX – 6 to the SOPs). The digital version needs to be regularly updated and shared with the National Platform. The list must be shared with the Regional Platform after each update at the specific email address.

CASE MANAGEMENT SERVICES

Safe, confidential and timely management of individual cases is essential to ensure persons at risk, including GBV survivors, victims of trafficking in persons, and children at risk, receive appropriate protection services and follow-up. While national protection systems, including those to protect children, survivors of GBV, and victims of trafficking in persons, are strong

in terms of legal and policy framework, support is often needed to ensure effective response to the wide range of protection cases, including specific risks that persons on the move are exposed to, and ensuring transparency and feedback to the referring organization.

The Support Space initiative works closely with governments, other networks and forums to strengthen case management across the region, and to ensure that case management services are linked to the services delivered at the Support Spaces. ⁶

Specific considerations regarding persons with specific needs need to be taken into account, including the designing of Standard Operating Procedure (SOP) and tools. Linkages and implementation of national protection systems need to be prioritized when organizing the response.

Prevention and response services for persons with specific needs will be developed in coordination with national and local governments and the Protection Working Group of the National and Local Platforms. This will include defining roles and responsibilities, SOPs, and updated safe and confidential referral pathways (i.e. GBV). The development and roll-out of these tools and processes will actively involve the Regional Support Spaces Group, National Support Spaces Coordinators and the Local Support Space Group.

The Protection, GBV or other specialized groups will, in collaboration with national focal points, organise trainings for staff working within the framework of the Support Spaces initiative. The National Support Spaces Coordinator and the national groups will work together to develop and implement a national training plan.

COMMUNICATION MATERIAL AND MESSAGES

Various communication and information methods are currently in use across the region. While participating organizations may release specific communication messages in accordance with their mandate and operational responsibility, such messages should preferably carry the Support Space and/or Regional Platform logos as well. Messages, banners, leaflets and direction signs linked to the Support Spaces should include the Support Spaces logo.

Developing communication material, placement, and distribution should be done in collaboration with the Communicating with Communities (CwC) Group of the Regional Platform. While common messaging for the region may be developed, each country will need to make

⁶ A current example is the Regional Safe Spaces Network (RSSN) in the Americas, an initiative established in 2017 with the support of UNHCR, with the aim to establish a coordinated response to the needs of people on the move, particularly survivors of SGBV, children at risk, and LGBTI people. Important steps have been made in several locations within the countries responding to the influx and movement of refugees and migrants from Venezuela. The RSSN's Lessons Learned & Toolkit (2018) includes useful guidance and tools, available at: https://www.unhcr.org/5c05b97d4.pdf.

changes and additions to correspond to their operational context.

The focal points of the Regional Support Space Group will work closely with the CwC Group to develop communication strategies and material. National Support Spaces Coordinators and respective CwC focal points at the national level will adapt the material and processes to the operational context. Similarly, National Support Spaces Coordinators and respective CwC focal points should suggest and provide inputs to the Regional Support Space and CwC Groups for developing additional material as required.

INFORMATION MANAGEMENT

A single information management system and database for the Support Space is the preferred option. This will not only ensure efficient and confidential management of individual data, and facilitate improved analysis and reporting, it will also help minimise refugees and migrants having to provide personal information and narrate their experiences to multiple staff, which can be distressing for beneficiaries. A regional database (with data protection considerations and protocol) will need to be developed and agreed with governments and humanitarian actors. This tool will help to record the services provided and individual assistance distributed in each of the Support Spaces and service providers in the locations.

While the Regional Support Spaces Group will, in consultation with the Regional Platform, continue to explore the feasibility of setting up a common information management system, all service providers operating within the framework of the Support Spaces initiative should collect a standard set of information from those accessing services.

- Name
- Date of birth
- Gender
- Ethnicity
- Country of origin
- Identification number (if available)
- Disability (if any)
- Marital status
- Level of education

- Profession/occupation
- Family members
- Date of arrival
- Duration of stay in present country (on the move or intention to stay)
- Phone number, WhatsApp, email address
- Current address or contact person
- Reasons for visiting service

At the time of establishing the Support Space, the local Support Space Coordinator with support from the National Support Spaces Coordination and the Local Support Space Group will develop a standard data recording template that includes the above information, in addition to information specifically collected by the specialized actor (i.e. governmental institution,

NGO) or service provider. The processing of this minimum information, including the gathering and recording, will be carried out following the basic principles for the protection of personal data 7 and with a high level of security to ensure that no harm is caused to persons of concern as a result of the activities of recording and sharing of information (see ANNEX – 9 of the Support Spaces SOP).



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MONITORING, EVALUATION AND REPORTING

Organizations implementing the services within the Support Spaces will themselves be responsible for ongoing monitoring and evaluation of their own activities. However, the Regional Support Spaces Group will develop a monitoring and evaluation framework to assess, monitor, and to evaluate the impact of the overall operation of the Support Space. The methods and timeframes will be determined in the monitoring and evaluation plan.

⁷ Policy on the Protection of Personal Data of Persons of Concern to UNHCR. available at: https://www.refworld.org/pdfid/55643c1d4.pdf

The local Support Spaces Coordinator will submit a fortnightly summary report including key statistics, analysis of trends, and key developments (ideally not longer than a page) to the national Support Spaces Coordinator and the local platform. The national Support Spaces Coordinator will compile reports from the various Support Spaces in the country, and share it with the national Platform and the Regional Support Spaces Group.

An evaluation and monitoring mechanism will be provided by the Regional Support Spaces Group.

DYNAMIC PROCESS

The implementation and management of the Support Spaces will evolve according to the changing dynamics of the refugee and migration situation, and will respond to the needs of both people on the move and those staying in the locations where Support Spaces are established. At the same time, the Regional Support Spaces Group and the national counterparts will continually evaluate the impact as well as the need for a Support Space at each location in relation to the trends on the ground.

SUPPORT SPACES VENEZUELA SITUATION

Standard Operating Procedure (SOP)





Table of Contents

1. OVERVIEW AND SERVICES	5
1.1 Review and Revision of the SOP	
2. GUIDING PRINCIPLES, VISIBILITY AND STRUCTURE	7
2.1 Key principles and Approaches	
2.2 Logo of the Support Space	
2.3 Physical set-up of the Support Space	
2.4 Information and Orientation Point (static and mobile)	
2.5 National legal/policy framework and links to other Support Frameworks and Processes	
3. SERVICES AT THE SUPPORT SPACES	11
3.1 Orientation and information sharing	11
3.2 Safe identification and referrals	12
3.2.1 Identification	14
3.2.2 Referral	19
3.3 Psychosocial Support and Other Support Services	21
3.3.1 Psychosocial Support	21
3.3.2 Psychological First Aid	21
3.3.3 Medical Check-ups and First Aid	21
3.3.4 Vaccination	22
3.3.5 Nutrition	22
3.3.6 Toilets, Shower Rooms and Other WASH Facilities	22
3.3.7 Mother and Baby/toddler Areas (MBA)	23
3.4 Restoring Family Links (RFL)	24
3.5 Connectivity	25
3.6 Child Friendly Spaces	26
3.7 Women and Girls Space	28
4. Administration of the Support Space	29
4.1 Staffing	29
4.2 Coordination of the Support Space and Reporting	30
4.2.1. Support Space Coordinator	30
4.2.2 Coordination meetings	31
4.2.3 Coordination within the Platform and with Other Groups and Forums	31
4.2.4 Reporting	
4.3 Service Mapping	32
4.4 Information management	32
4.5 Feedback and Complaints Mechanisms	33
4.6 Codes of Conduct	34

Annex – 1 List of support Spaces	35
Annex – 2 Key Principles and Approaches Governing the Operation of Support Spaces	36
Annex – 3 Interagency Referral Form	40
Annex – 4 Prioritization and Risk Rating of Specific Needs	44
Annex – 5 Terms of Reference – Support Space Coordinator	46
Annex – 6 Service Mapping	49
Annex – 7 Feedback and Complaints Mechanisms	51
Annex – 8 Checklist for Rapid and Initial Assessment of Support Spaces	61
Annex – 9 Information Management	66
Annex – 10 Essential Actions in Nutrition	73
Annex – 11 Minimum WASH Actions	74
Annex – 12 Adhesion to the Support Spaces Network	77

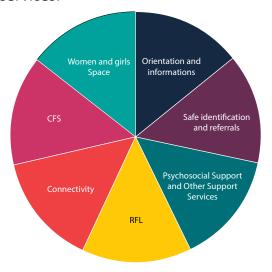
1. OVERVIEW AND SERVICES

This document aims to establish standard procedures to support the provision of a package of services at the Support Spaces (Spanish: **Espacios de Apoyo** – EA) as defined by the Support Spaces Group of the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela. The provision of services within the Support Spaces and referral services are intrinsically linked to the responsibilities and services provided by the respective agencies, NGOs and structures of each State, as well as the work carried out by the other Groups of the Regional Platform, and its national and local chapters. Consultations with refugees and migrants are organized in each location in order to facilitate individualized, comprehensive services that respond to their needs.

The aim of a Support Space is to provide a space of immediate support for Venezuelan women, men, girls and boys of diverse backgrounds who are on the move or residing in different countries in the region, through both direct and referral services. It also includes support to Colombian returnees (Colombian refugees returning to Colombia), statelessness and host communities in all the receiving countries. This type of assistance must be done through strong coordination in the provision of services among actors in each location where Support Spaces exist or need to be established.¹

As explained in the Support Spaces Concept Note, Support Spaces are defined by four main areas of intervention: Coordination, One Stop Shop, Two-way Communication, Safe Identification and Referrals. These four strategic intervention areas are interrelated and complement each other, reinforcing working as network and strengthening the services provided, ensuring a better quality of the response in the Support Spaces.

Support Spaces should provide, to the extent possible, the following minimum package of services:



- Orientation and information sharing, including legal counselling
- Safe identification and referrals
- Psychosocial Support and Other Support Services, including resting and recuperating areas and Mother er and Baby/toddler Areas (MBA)
- Restoring Family Links (RFL)
- Connectivity
- Child Friendly Space (CFS)
- Women and girls Space

¹ For more details on the Support Spaces, see the Support Spaces Concept Note 2019.

All the information and orientation services, such as Orientation and Support Points (Spanish: *Punto de Apoyo y Orientación* – PAO), Information and Orientation Centres, Information Points, among others, will function as a type of Support Space, or an extension of it, even though they only provide some of the services (not the whole minimum package described above). All the structures linked to the Support Spaces must appear in ANNEX - 1.

1.1 REVIEW AND REVISION OF THE SOP

This SOP are considered a live document to be revised and adjusted according to the lessons learned throughout 2019. However, the specific changes related to each context, will remain within the overall framework of the Support Spaces concept and will be made in liaison with the National Support Spaces Coordinator, who in turn will liaise with the Regional Support Spaces Focal Point.

After the initial testing period, this SOP will be reviewed every six months, as necessary. An early review of the SOP may be proposed by any actor if either the operational context has changed since the last revision or it is found that this SOP are not adequately facilitating the coordinated services of the Support Spaces. The review process will include all actors who provide services at the Support Space. The review and revision process will be carried out in liaison with the national Support Spaces Coordinator (ANNEX - 5).



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2. GUIDING PRINCIPLES, VISIBILITY AND STRUCTURE

2.1 KEY PRINCIPLES AND APPROACHES

The functioning of, and the service provided at, the Support Space are governed by the following key principles and approaches, further defined in $\underline{\mathsf{ANNEX}} - \underline{\mathsf{2}}$.

- Accountability
- Age, Gender and Diversity (AGD)
- Best Interests of the Child
- Community-based Approach and Participation
- Confidentiality
- Cooperation and Coordination
- Do No Harm
- Evolving Capacities of Children

- Family Unity
- Free and Timely Services
- Informed Consent
- Non-discrimination
- Respect
- Rights-based Approach
- Safety and Security
- State Responsibility
- Survivor-centered Approach

2.2 LOGO OF THE SUPPORT SPACE

In order to facilitate an easy identification and access by refugees and migrants, the Support Spaces will use standardised markings and a common logo. The logo should be visible at the entrance of each structure considered as a Support Space. All visibility material concerning the Support Spaces, such as information material, videos and maps should have the common logo on it.



In addition to the logo, directions to the Support Space and additional service points will be clearly marked.

2.3 PHYSICAL SET-UP OF THE SUPPORT SPACES

Support Spaces are established at key locations, including close to the point of entry or exit, main locations of stay, and along the routes used by refugees and migrants. Depending on the topography of the site and the movement patterns of refugees and migrants, the primary services (minimum package) will be provided within a single site. Where sufficient space is not

available or key services have already been established in nearby sites, such points will be operated under the overall framework of the Support Spaces. All such services will adhere to the Guiding Principles, and participation within the coordination framework of the Support Spaces.

Some of the considerations to be in place in the Support Spaces are:

- Adequate lighting.
- Ventilated and illuminated spaces, with adequate environment considerations for different climates.
- Considerate distance away from security forces structures.
- Comply with hazard-specific safety and health standards
- Separate and private female/male WASH facilities (including toilets, showers and laundry spots) in place and maintained. As far as possible, separated for girls and boys.
- Accessibility for persons with disabilities and older persons.
- Separate female and male rooms/resting areas.
- Private rooms for interviews and consultations that ensure confidentiality and safety measures.
- Measures to prevent and mitigate Gender-Based Violence (GBV).

2.4 INFORMATION AND ORIENTATION POINT (STATIC AND MOBILE)

The Support Space should host an Information and Orientation Point ² which is part of the services described in the minimum package listed in section 3.1 of this SOP. However, additional information and orientation points may also be set-up at key locations where refugees and migrants pass by and at locations where additional services may be available, including along the main transit routes. For instance, in strategic and specific locations with concentration of refugees and migrants, information and orientation points (static and mobile) may be established at the communal kitchen, hospitals, health centres, bus terminals, and government registration offices, among others.

The Information and Orientation Points occupy strategic places and, even if they are established outside a main structure and the minimum package of services is not provided, they act at all times in an articulated manner as part of a network of structures linked to one of the Support Spaces operating in the area. The Information and Orientation Points apply the tools described in this toolkit. In any case, they must have trained and qualified staff to provide relevant information and advice in a way that respects the basic standards of security and confidentiality. Likewise, the information provided must be objective and reliable, cov-

² It includes assistance and orientation points (Spanish PAO), information and orientation centres, information points and similar structures.

ering those aspects that are fundamental for the enjoyment of the basic rights of refugees and migrants. This includes, among others, updated information on rights and obligations in the country, access to services available in the area, procedures and safe routes, including protection risks and weather conditions, among many others.

The Information and Orientation Points will be assigned a focal point who will maintain regular communication with the Coordinator of the Support Spaces to which it is linked. The link between the two structures facilitates that the available information is updated and is relevant, the mapping of services is used as a reference tool, reports from these points about trends and statistics are generated, and information needs of the services are shared with the communities that have been identified. The Coordinator of the Support Spaces under which the information point operates, will follow up to include these points in the training plan in those topics that are relevant to the staff that provides information and guidance, including training in PSEA (Prevention Against Sexual Exploitation and Abuse), confidentiality of information and Codes of Conduct, among others.

To the effects of reporting and coordination, the Support Spaces Coordinator will organize periodic meetings (trimestral) with all information and orientation focal points responsible in the area in order to share information and identify ways of joint collaboration.

In addition to stand-alone Information and Orientation Points, mobile services may also be set-up. Such mobile structures may visit any of the locations where additional services are provided (see above examples of potential service points) and along the routes used by people on the move. The duration and frequency of presence at any given site will be determined by and cater to when refugees and migrants visit/access such sites. This means, mobile information and orientation points will remain highly flexible units able to quickly respond to population flows and size. In addition, contingencies should be made to allow for the establishment of static information and orientation points at a given site should the need arise and it is determined that such needs cannot be adequately addressed through a mobile service.

Since mobile Information and Orientation Points lack a permanent presence, contact information for service providers in the area and referral pathways should be frequently reviewed and updated as necessary.

Similar to the Support Spaces, Information and Orientation Points will display the common logo and signs associated with the Support Spaces.

The current locations of the Information and Orientation Points, as Support Spaces structures, are available in the Service Mapping (link) and in $\underline{ANNEX-1}$. Both tools will be regularly updated.

2.5 NATIONAL LEGAL/POLICY FRAMEWORK AND LINKS TO OTHER SUP-PORT FRAMEWORKS AND PROCESSES

The State has the primary responsibility for the protection and assistance to all people living in its territory, including refugees and migrants. This includes all children irrespective of their legal status within the territory. The response and responsibility of State entities will be an integral part of the services at the Support Space. All actors and individuals providing services as part of the Support Spaces initiative will comply with the national legal and policy framework.

Services provided by international organizations, NGOs and civil society groups are in support of the State's role in fulfilling its protection and assistance function. As such, the services and coordination processes will actively engage with and involve national, regional, municipal and other local state agencies.

The Support Space initiative works with the national protection systems operating in each country. The objective is to strengthen the State's capacity and response, including in case management, avoiding parallel systems or duplicating efforts. Therefore, having up-to-date information on the State services and establishing channels of communication, information and coordination with the State entities in each country at the national and local levels is key to the functioning of the Support Spaces.

The Support Spaces also coordinates with other networks and forums (i.e. mesas de proteccion) in each location to ensure that all services delivered at the Support Spaces are linked to existing services and structures.

For instance, the Regional Safe Spaces Network (RSSN) in the Americas is an initiative established in 2017 with the support of UNHCR, with the aim to establish a coordinated response to the needs of survivors of Sexual and Gender-Based Violence (GBV) and children at risk ³. SGBV and Child Protection specialized service providers who are part of the RSSN will continue to use the tools and guidance from the RSSN Toolkit to provide timely and appropriate case management and response services.

The coordination of the work and reporting on activities will be channelled through the national Support Spaces Coordinator for the purpose of overall follow up of the work under the framework of the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela.

³ The RSSN's Lessons Learned & Dolkit (2018) includes useful guidance and tools, available at: https://www.unhcr.org/5c05b97d4.pdf



Venezuelans queue up to get an entry stamp in their passports at the Ecuador-Peru border.

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3. SERVICES AT THE SUPPORT SPACE

3.1 ORIENTATION AND INFORMATION SHARING

PURPOSE: To provide information, advice, counselling and support to refugees and migrants in a safe and confidential manner.

The information and orientation point at the Support Space is established and managed by a designated organization and will be staffed with trained personnel, who will be responsible for providing the following services:

- Information about services available within the Support Spaces and other services provided in the area;
- Information and advice on the right to asylum, asylum procedures, as well other alternative legal pathways in the country;
- Information about national policies, including but not limited to access to health care, education, registration, regularisation, and birth registration, among others;
- Legal aid and counselling;
- Assistance with registering or obtaining legal documentation;
- Identification of protection risks and referral to appropriate services, either within or out-

side the premises of the Support Spaces, in a confidential and private space by trained and qualified staff where present;

• Information on rights and specialized services for women, girls and other at-risk groups to ensure appropriate multi-sector GBV prevention and response services in a timely and safe manner.

Information and Orientation Points also provide the space for wider interaction with refugees and migrants, receiving comments, feedback and suggestions from those visiting the site. This face-to-face consultative mechanism does not negate the need to include a safe suggestions and complaints mechanism (see below).

Information will be communicated using appropriate channels (based on an assessment of the recipient's preferred and trusted mode of communication) and in languages, formats and media that are culturally appropriate, and accessible to all groups of the community, including indigenous groups. For instance, information will be child-friendly and accessible to persons with disabilities. When interacting with persons seeking information, adequate time will be allocated to listening to the refugees and migrants concerns and questions, and to respond with clarity and detail. Information provided will be accurate and verifiable. The services will have professional women on their teams, given that sometimes women prefer to be assisted by other women.

3.2 SAFE IDENTIFICATION AND REFERRALS

PURPOSE: To ensure that persons with specific protection and support needs, including Gender Based Violence (GBV) survivors, victims of Trafficking in Persons and children at risk, are identified in a safe and timely manner, provided with immediate assistance and protection, and referred to specialized actors.

All staff working to provide services within the framework of the Support Spaces are responsible for referring identified persons at risk and in need of protection and support. All personnel will be trained on safe identification and referrals of persons at risk, including GBV survivors, victims of trafficking in persons and children at risk, making timely referrals with a survivor centered approach, respecting the consent of the individual, and the best interests of the child in the case of persons below the age of 18 years.

Identification may take place at the points of service delivery or consultations. Protection services in general and identification in particular must be carried out in a pro-active manner. This means not only ensuring that persons at risk and with specific needs can themselves bring their concerns to the attention to any staff at the site, but also that staff are attentive in their interactions with people who may be at risk or may have experienced a protection incident that requires support (i.e. extreme distress, open wound, haemorrhage, etc.).

The agencies providing services at the Support Space will collectively assign one staff mem-

ber as focal point for protection cases. This focal point needs to be trained and have the professional competences to respond safely to such cases. Support Spaces which are accessed by large number of refugees and migrants may assign focal points for specific areas of protection, such as Child Protection, GBV, Prevention of Sexual Exploitation and Abuse (PSEA), ethnic minorities, etc.

When people are children with protection needs and/or risks, survivors of GBV, victims of trafficking and sexual exploitation, it is essential to avoid revictimizing them. Among the aspects to consider, actors should never conduct more than one interview and if this is necessary it must always be carried out by the specialized actor, previously agreed by all parties (EA specialized services providers...) duly trained to assist them.



Daniela, 29, with her 10-month-old baby at the Ecuador-Peru border. © UNHCR/Helene Caux

3.2.1 IDENTIFICATION

PERSONS/WITH SPECIFIC NEEDS/AT RISK	KEY ACTION - BY ALL STAFF	KEY ACTION - BY SPECIALISED STAFF
Unaccompanied Child (UAC) ⁵	 Inform the child about the presence of a Child Protection Focal Point. Counsel the child, and with his/her consent/assent refer to the Child Protec- tion Focal Point. 	 Interview and assess in accordance with the Child Protection Case Management SOPs. ⁶ Identify and place in appropriate care. Initiate RFL/Family Tracing if in the child's best interests. Refer to support service. Monitor as per child's case plan.
Separated Child (SC) ⁷	 Inform the child and caregiver about the presence of a Child Protection Focal Point. Counsel the child and caregivers, and with their consent/assent refer to the Child Protection Focal Point. Make note of any display of distress and disconnect between the child and caregiver; inform the Child Protection Focal Point. 	 Interview and assess in accordance with the Child Protection Case Management SOPs. Assess and confirm the relationship and safety of the child. Initiate RFL/Family Tracing if in the child's best interests. Refer to support service. Monitor as per child's case plan.
Child at Risk ⁸ or Victim of Violence, Abuse, Neglect and/or Exploitation	 Inform the child of the availability of specialized services and of a child protection actor, and seek his/her consent/assent for referral. In the case the child is accompanied by caregiver, seek the caregiver's consent. If the caregiver is the alleged perpetrator, inform the child protection organization immediately. 	 Assess the child's protection needs, risks, capacities and strengths. Arrange for the child's safe care if the present caregiver is the alleged perpetrator. Refer child to other support services, including legal assistance. Monitor and support according to the child's care plan.

⁴ UNHCR uses a standardised set of specific needs categories and codes to help identify and manage information on persons with specific needs. These standardised categorisation and codes can help staff detect persons at risk, provide appropriate protection and assistance, and for information management. UNHCR, *Guidance on the Use of Standardised Specific Needs Codes*, Annex IOM 030-FOM 030-2009 is available at: https://cms.emergency.unhcr.org/documents/11982/43248/UNHCR%2C+Guidance+on+the+Use+of+Standardized+Specific+Needs+Codes+Annex+2+IOM+030-FOM+030-2009/cf93c655-c996-4573-8681-23b3824d058d.

⁵ Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. Please note that some States still refer to these children as "unaccompanied minors" in their legislation and policies; UNHCR uses the term unaccompanied children.

⁶ Where these do not exist, SOPs need to be established. Even in contexts where national protocols are in place, inter-agency SOPs provide the necessary framework for clarity of roles and responsibilities and standardisation of response amongst collaborating actors. See UNHCR, *Guidelines on Assessing and Determining the Best Interests of the Child*, November 2018, available at: https://www.refworld.org/docid/5c18d7254.html.

⁷ Separated children are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

⁸ Children at risk are those children who are at heightened risk of violence, exploitation, abuse or neglect as a result of exposure to risks in the wider protection environment and/or risks resulting from individual circumstances. Children at risk can include, but are not limited to: unaccompanied and separated children, particularly those in child-headed households as well as those accompanied by abusive or exploitative adults; stateless children; child parents; child victims of trafficking and sexual abuse, among others.

PERSONS/WITH SPECIFIC NEEDS/AT RISK

KEY ACTION - BY ALL STAFF

KEY ACTION - BY SPECIALISED STAFF

GBV Survivor (child) 9

- Be nurturing, comforting and supportive. Your initial reaction will impact their sense of safety and willingness to talk, as well as their psychological well-being. A positive, supportive response will help abused children feel better, while a negative response could cause them further harm.
- Reassured the child that it is not at fault for what has happened and that you believe him/her.
- Communicate appropriately with children; information must be presented to them in ways and language that they understand, based on their age and developmental stage.
- Coordinate with assigned focal point in the Support Space to follow up on the case.
- Inform the survivor of the availability of a focal point or specialised organization for GBV response, PSEA and the services available. Get the consent before making the referral to the focal point.

- In the case of children, decisions should be based on the child's best interest. Take into consideration the needs and risks for children on the move. Close follow up of the referral should take place.
- Liaise closely with police/social services to ensure they carry out their work in a child friendly manner.
- In the case of a child who is living with parents/caregivers that are NOT perpetrators, ensure that they are given appropriate counselling and that they are allowed to escort the child to be interviewed and to any medical/forensic examination.
- All services should be based on the inter-agency SOPs for Child Protection and the Prevention and Response to GBV.
- At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

GBV Survivor (adult) 10

- Do not proactively identify or seek out GBV survivors. Be available in case someone asks for support. It is important to create a safe environment in which people may feel comfortable to disclose any incident.
- If a person discloses an incident, reassure the survivor, tell her/him that what happened is not her/his fault and that you believe him/her.
- Quickly assess immediate harm/risk/ safety concerns to the survivor.

- Ensure that any conversation with the survivor takes place in a safe and confidential place, listening with a non-judgemental attitude.
- Protect the identity and safety of a survivor. Do not write down, take pictures or verbally share any personal/identifying information about a survivor or their experience, including with your supervisor. Put phones and computers away to avoid concern that a survivor's voice is being recorded. ¹¹

⁹ See; International Rescue Committee, UNICEF, Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, in particular Chapter 2, 'Core Child-friendly Attitude Competencies' that service providers must have in order to work with children and families, Chapter 3, 'Core Skill: Engaging and Communicating with Child Survivors', and Chapter 4, 'Guiding Principles nad Key Issues', available at: https://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf.

¹⁰ For the key messages, see the Inter-Agency Standing Committee (IASC) Pocket Guide, How to support survivors of gender-based violence when a GBV actor is not available in your area, available at https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf.

¹¹ Several of these recommendations also apply to other categories of specific needs, please ensure confidentiality and data protection at all times.

PERSONS/WITH SPECIFIC NEEDS/AT RISK	KEY ACTION - BY ALL STAFF	KEY ACTION - BY SPECIALISED STAFF
GBV Survivor (adult) (Continuation)	 Ask the survivor if s/he feels comfortable talking to the focal point assigned in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor in front of that person. It is key to inform the survivor of the importance of attending a health centre as soon as possible to minimize the risk of contracting a sexually transmitted disease (72 hours for the post-exposure prophylaxis for prevention of HIV). Inform the survivor of the availability of a focal point or specialised organization for GBV response, PSEA and the services available. Get the consent before making the referral to the focal point. Refer case to the assigned focal point in accordance to his/her wishes. 	 All services should be based on the interagency SOPs for the Prevention and Response to GBV. DO NOT exaggerate your skills, make false promises or provide false information to the survivor. DO NOT offer your own advice or opinion on the best course of action or what to do next. All response actors need to understand the laws and obligations on mandatory reporting as they relate to GBV cases. Confirm that the referred actor provided the assistance/needed services.
Victim of Trafficking in Persons	 Ensure that any conversation with the victim takes place in a safe and confidential place, ask the victim not to disclose confidential information and details with you. Quickly assess immediate harm/risk/safety concerns to the victim. Inform the victim of the services available and the responsible actor. With his/her consent, refer the victim to the Focal Point. Inform the victim of the availability of a specialised organization/s for trafficking in persons available. 	 Ensure that any conversation with the victim takes place in a safe and confidential place, listening with a non-judgemental attitude. Support the victim in accordance with the SOPs for the identification and protection of victims of trafficking. Confirm that the referred actor provided the assistance/needed services.
Woman at Risk	Identify the protection risk and/or protection need (i.e. lactating woman, single woman head of household, ethnic minority, among others).	 Interview, evaluate and support according to the existing Case Management SOPs. Provide adequate assistance according to the protection risk.

PERSONS/WITH SPECIFIC NEEDS/AT RISK	KEY ACTION - BY ALL STAFF	KEY ACTION - BY SPECIALISED STAFF
Woman at Risk (Continuation)	 Counsel about specific rights and services according to her protection risk or need, and with her consent/assent, refer her to the organization providing specialized services. Inform her about the presence of GBV, PSEA, Child Protection focal points. Additionally, inform her about the safe space for women and girls. Timely referral to available support services. 	 Ensure that all conversations take place in a safe and confidential space, listen without judging. Confirm with the referring actor that the required services were provided. In the case of women that do not speak the local language, identify an interpreter that can facilitate the communication.
Person living with HIV	 Inform the person about the availability of HIV services. Refer the person to the assigned focal point, health centre or organisation who is providing counselling and HIV/AIDS treatment (accompany them if they are alone and in need of support). 	Confirm to the referring actor if they received the referral and provided the counseling/service needed.
Person with Disability	 With the person's consent, refer him/her to the agency providing support services to people with disabilities. Accompany the person if she/he is not with a caregiver who can help her/him. 	 Assess and support according to inter-agency SOPs on persons with specific needs. Confirm with the referring actor if the service/assistance was provided.
Older Person at Risk	 With the person's consent, refer him/her to the agency providing support services to elderly people. Accompany the person if she/he is not with a caregiver who can help her/him. 	 Assess and support according to inter-agency SOPs on persons with specific needs. Confirm that the referral was received and the necessary services provided.
Persons with Specific Legal and Physical Protection Needs	 Refer the person to the Information and Orientation Point for counselling (i.e. no legal documentation, no access to services, detained, etc.) For urgent protection cases, including adults at risk of physical and/or psychological violence, abuse, neglect or exploitation or any high risk case, refer the case to the assigned specialized focal point. 	 Allocate sufficient time to listen to the request. Provide information with adequate detail, and clarify the information. In the case of a child, ensure information is provided in a manner that is understandable and relatable to the child. Refer child to the Child Protection focal point or agency for specialised support services should this be needed.

PERSONS/WITH SPECIFIC NEEDS/AT RISK

KEY ACTION - BY ALL STAFF

KEY ACTION - BY SPECIALISED STAFF

Person with a Serious Medical Condition

- Inform the person about the availability of health services.
- Refer the person to the health centre (accompany them if they are alone and in need of support).
- In case of a child, inform their caregiver before taking any action.
- Women with difficult pregnancies will be advised on the importance of approaching health services, especially maternal, reproductive health and nutrition, and be informed about specific rights and services.
- With her consent/assent, refer her to a medical centre and inform the focal point for follow up.

- Confirm to the referring actor if they received the referral and provided the counselling/service needed.
- In the case of women and adolescent girls with high risk pregnancies, identify if there are other risks/protection needs (early/forced marriage, single woman, malnutrition, VIH, among others).
- Accompany women and her children if she does not have any other person that can support her. In case she has children at risk, refer the case to the Child Protection focal point or organization providing child protection services.
- Confirm that the referred actor provided the assistance/needed services.



Father and son accessing services at the Support Space in Cucuta, Colombia.

© GIFMM Colombia/Johanna Reina

3.2.2 REFERRAL

A referral is the process of formally requesting services and follow up for a person with specific needs (individual or family) from another actor (i.e. case management, cash assistance, health care, etc.) through an established procedure and/or form ¹². All referrals should conform to the principle of safety, security, dignity and confidentiality of survivor and should be based on the informed consent of the person being referred. However, breach of confidentiality may be warranted in situations where the person to be referred is: a) At significant risk of self-harm or harm from others, b) In the case of children where it is found to be in the child's best interest to be referred, and c) In case of sexual exploitation and abuse committed by a humanitarian worker.

Referrals should be made in accordance with the respective national SOPs. For instance, referral of child protection cases should be in accordance with the national child protection system in each country or on the basis of Inter-agency Child Protection Case Management SOPs when national and/or local SOPs are not in place. All referral pathways should be up-to-date and agreed upon through an inter-agency collaboration process. This process includes State institutions, NGOs, civil society, UN organizations, among other actors.

Referrals (internal and external to the Support Spaces) will be made using the Inter-agency Referral Form. The Inter-agency Referral Form should be used for and by different actors, including governmental institutions, UN agencies, NGOs, civil society, church-based organizations, among others (see sample at $\frac{\text{ANNEX} - 3}{\text{ANNEX}}$). If an interagency referral form already exists and is superior in the amount of information included, the one in use should be preferred instead.

Internal referrals, meaning within a Support Space, will be made by any of the staff working in the Support Space following the indications listed in the section above "Identification".

Internal referrals: will be conducted by any staff in the Support Space that identifies a case to the designated focal points within each Support Space, using the form in ANNEX - 3. **External referrals:** will be conducted by the designated focal points to the needed actor or service provider, using the same form (ANNEX - 3).

Referrals should be made according to the specific need and urgency of the intervention in the case identified. Not all individuals with specific needs, require a referral and follow up. A list of specific needs and prioritization form is found in $\underline{\mathsf{ANNEX}} - \underline{\mathsf{4}}$ to this SOP. The referring

¹² See <u>ANNEX – 3</u> for an example. Other forms are available for child protection and GBV cases within the Regional Safe Spaces Network (RSSN) tools at https://acnur.org/5c05b97d4#ga=2.19806008.1834196660.1545065037-812882126.1545065037. See also the Inter-Agency Guidelines for Case Management and Child Protection, available at http://www.cpcnetwork.org/wp-content/up-loads/2014/08/CM_guidelines_ENG_.pdf.

actor should indicate the risk level and the recommended action using the Interagency Referral Form ($\frac{\text{ANNEX}}{3}$).

In addition to the basic bio data collected, it is important to include the protection situation or concerns identified (specific needs), the reasons for the referral (including existing support networks and services, views of the individual), the services requested and assistance received, in the interagency referral form in $\frac{\text{ANNEX} - 3}{\text{ANNEX} - 3}$. It is important to note that, if the biodata is already collected (database), it should be only verified and updated.

It is the responsibility of the referring actor to follow up on the referrals made. This means verifying if actions were taken in a timely manner. The referring actor should request feedback regarding the referral made, in terms of the actions taken, without requesting disclosure of case details or confidential information. The referred actor/agency has the responsibility of acknowledging if the referral was received or not and to confirm if support/actions were taken.

The Key Principles and Approaches described in $\frac{\text{ANNEX} - 2}{\text{apply}}$ apply to referrals and overall case management.



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3.3 PSYCHOSOCIAL SUPPORT AND OTHER SUPPORT SERVICES

PURPOSE: To respond to the psychological, emotional, and physical needs of persons with specific needs, including GBV survivors and children at risk.

Services at the Support Spaces should include psychosocial support and psychological first aid. As well as medical check-ups and first aid, appropriate and necessary vaccination, rest and recuperating areas, mother and baby/toddler areas and WASH facilities. The services will have professional women on their teams, given that sometimes women prefer to be assisted by other women.

3.3.1 PSYCHOSOCIAL SUPPORT

A specialized organization is responsible for implementing psychosocial support activities at the Support Space. In the case of children, psychosocial support may usually be provided through the activities of the Child Friendly Spaces, and for women in the women and girl's spaces, but is not limited to only these spaces. Psychosocial support services will be guided by the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings ¹³ and Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action ¹⁴.

Persons in distress or seeking protection and support at any of the services within the Support Space will be, with their consent, referred to specialized psychosocial support provider for assessment and follow-up.

3.3.2 PSYCHOLOGICAL FIRST AID

Staff operating in the Support Spaces need to be trained on psychological first aid. Trained staff should respond to persons, including but not exclusively to GBV survivors, victims of Trafficking in Persons and Children at Risk, in need of Psychological First Aid. Staff should be available on site during peak-hours, and at an easily reachable location during other times. The provision of psychological first aid will be guided by *WHO*, *War Trauma Foundation and World Vision publication*, *Psychological First Aid: Guide for Field Workers* ¹⁵.

Persons requiring further specialised support will be referred to the specialized actor in the area.

3.3.3 MEDICAL CHECK-UPS AND FIRST AID

Health services are provided by the authorized and designated health actor in coordination

¹³ Inter-Agency Standing Committee (IASC), Guidelines on Mental Health and Psychosocial Support in Emergency Settings, available at https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf.

¹⁴ Inter-Agency Standing Committee (IASC), IASC Guidelines for Integrating GBV Interventions in Humanitarian Action, available at https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf.

¹⁵ World Health Organization, War Trauma Foundation and World Vision International, Psychological First Aid: Guide for Field Workers, available at http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205 eng.pdf.

with the Ministry of Health. Medical check-ups and consultations services will be made in such manner that promotes and facilitates privacy. This is done in order to ensure that the person seeking treatment can provide the physician a detailed account of their ailment without fear of being overheard. In addition, ensuring a safe and confidential medical consultation will facilitate the identification of risks and protection concerns that require further support.

Persons in need of additional medical treatment or assistance will be referred to the designated health provider in the area.

3.3.4 VACCINATION

Vaccination services are provided by the authorized and designated health actor in coordination with the Ministry of Health. Prior to administering the vaccination, the physician/nurse will check whether the person has previously received the vaccination to be administered. All persons receiving vaccinations will be issued a certificate indicating the date, vaccine received and the signature of the administering health staff. International health care standards must be followed.

It is important to explain to beneficiaries that each country has a different vaccination scheme, therefore the importance of providing detail information to all families, including to those that decide to stay in that location.

3.3.5 NUTRITION

Nutritional evaluations will be carried out in the Support Spaces, focusing on identifying feeding difficulties in children under two years old, and cases of malnourished children and adults, providing immediate follow-up and assistance. Both assistance and monitoring will be carried out in coordination with the health authorities.

In addition to the identification and referral of cases of malnutrition, advice/guidance on feeding infants and young children (centered on children under two years of age) and maternal nutrition (pregnant and lactating women) will be provided as a measure to prevent the malnutrition.

Other measures to prevent malnutrition include nutritional supplements for children under 5 years and daily micronutrient tablets for pregnant and lactating women. See $\frac{\text{ANNEX} - 10}{\text{For more information}}$

3.3.6 TOILETS. SHOWER ROOMS AND OTHER WASH FACILITIES

Gender toilets and showers which are accessible to persons with disabilities and older persons will be available in safe places at the Support Space, if possible toilets for girls and boys will also be available. The Support Space will also include facilities for handwashing, water

collection points, garbage disposal and recycling points. The responsible WASH actor, in coordination with the State entities, especially in relation to waste collection, will ensure that all facilities are functioning and properly maintained, are cleaned and well illuminated. These and all areas in the Support Spaces need to be illuminated. Likewise, a good drainage of the WASH facilities and the Support Spaces in general must be ensured and activities for vector control (mosquitoes, insects, etc.) should be established. Hygiene promotion and awareness raising activities need to be conducted, including menstrual hygiene and self-care, through display of banners and video messages at the site. Sanitary facilities should include a comfortable and safe space with a baby changing table accessible for parents.

Water and sanitation facilities will have essential products for hygiene and menstrual hygiene management. To the extent possible, water and sanitation facilities will be established near health and nutrition services. See ANNEX – 11 for more information.



A mother holds her baby on Simon Bolivar Bridge.

© UNHCR /Vincent Tremeau

3.3.7 MOTHER AND BABY/TODDLER AREAS (MBA)

Spaces for mother and baby/toddler will be available where women can breastfeed and care for their babies/toddlers in privacy, receive information and guidance on hygiene practices, including menstrual hygiene, sexual reproductive health, childbirth and caring for younger children, and for women to gather and exchange ideas and information in a private and calm setting. These spaces will be separate from the Child Friendly Spaces in order to avoid

overcrowding and to provide children the opportunity to learn about independence and strengthen their resilience. Such separation also gives the mothers the opportunity to spend time for themselves and interact with other women, enhance their network and to speak openly about their experiences and challenges. These spaces provide the following services:

- Space for resting and caring for their babies/toddlers.
- Privacy and comfort during breastfeeding.
- Information on child birth/delivery and maternal care, including available services in the country for people that decide to stay.
- Advice on nutrition, pregnancy and breastfeeding.
- Nutritional supplements and liquids will be provided during their visit.
- Hygiene kits with gender sensitive and adapted to the needs.
- Information on GBV forms, causes, consequences and prevention and mitigation strategies, and available response mechanism and services.
- Provide accurate, up-to-date information on available health and sexual reproductive health related services, as well as self-care to women and adolescents.
- In case of GBV disclosure, make referrals (if given the consent of the survivor). Follow the inter-agency GBV referral pathway.

3.4 RESTORING FAMILY LINKS (RFL)

PURPOSE: To prevent separation, restore and maintain contact between family members and clarify the fate of persons reported missing ¹⁶.

Restoring Family Link services will be provided and will include the following services ¹⁷:

- Looking for individuals on behalf of their family.
- Restoring and maintaining family contact.
- Registering and keeping track of individuals so as to prevent their disappearance and to inform their families of their whereabouts.
- Reuniting and repatriating family members.
- Helping the authorities clarify what has happened to persons unaccounted for.

¹⁶ International Committee of the Red Cross, Restoring Family Links in Disasters – Field Manual, available at http://icrcndresource-centre.org/wp-content/uploads/2016/12/RFL Disasters and After Disasters LR 1-1.pdf.

¹⁷ This list is of the standard package of services that are part of RFL. Not all services are available at all locations. Please contact the ICRC and the National Red Cross Society in the respective countries to contextualise the list. In Support Spaces where RFL is provided by actors other than the ICRC/Red Cross Society, please consult such actor to update/contextualise the list.

Collecting, managing and forwarding information on the dead.

All persons claiming to have lost a family member or seeking to establish connections with a family member should be referred to for RFL services.



Venezuelan girl in Cucuta, Colombia, video chats with her father who is in Ecuador.

© UNICEF

3.5 CONNECTIVITY

PURPOSE: To provide easy internet connectivity and access to phone calls to women, men, girls and boys visiting the Support Space.

Connectivity services (including free internet/Wi-Fi, computers with internet connections, and charging of mobile phones/tables batteries...), and access to phone lines to make international calls are part of the Restoring Family Links services provided by actors like the Red Cross, among others. The Support Space should include these services and provide free Wi-Fi connections, phone lines, mobile phone/tablet, charging stations and computers with internet connection within the premises. A specific actor will be responsible for installing and maintaining this service. The Support Spaces seek to ensure a coordinated approach in the provision of connectivity services, to refugees, migrants and host communities. For example, under the UNHCR Refugee Connectivity initiative, the provision of connectivity services is piloted through Wi-Fi hotspots in Support Spaces in Colombia and Peru in an inclusive and sustainable manner, aiming to expand such intervention to other countries of the region in 2020. ¹⁸

¹⁸ To know more about the UNHCR Connectivity Initiative for Refugees see: https://www.unhcr.org/innovation/connectivity-for-refugees/

The Wi-Fi Service Set Identifier (SSID, also referred to as the Wi-Fi Network Name) will be prominently displayed within the Support Space. In order to ensure women also have unimpeded access to the charging stations and the internet-connected computers, additional charging stations and computers are provided in the Women's Spaces.

Where feasible, the establishment of dedicated computer labs should be prioritized, including a separate room for adolescents where connectivity could be linked to awareness sessions (i.e. Sexual and Reproductive Health, trafficking in persons, GBV, among others) or activities focusing on engaging them in prevention with their peers and communities.



A girl with the Venezuelan flag painted in her face smiles during an art therapy activity in one of the protection centres supported by UNICEF.

3.6 CHILD FRIENDLY SPACES

PURPOSE: To provide children of all ages a safe environment for socialising, learning and recovery.

The Child Friendly Space (CFS) is established and managed by a specialized Child Protection

actor, and provides children of all ages with a safe space in which they participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives. ¹⁹ This space provides the place for first response to children's needs and functions as an entry point for working with affected communities. The CFS at the Support Space supports the resilience and well-being of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment. ²⁰

In the case of younger children at border entry/exit points where stay is for the shortest of duration, the CFS provides a safe and secure environment for children's care while their parents/caregivers complete legal formalities and make arrangements for onward travel. During several times each day, CFS staff will reach out to families and children and invite children to participate in CFS activities. The entry and exist of children into/out of the CFS will be organised by the CFS staff/agency at the respective location, taking into account their security/ safety measures.

The CFS does not replace formal education facilities, however it can help to complement with extracurricular activities, homework support groups and recreational activities for children and adolescents. CFS is a space for refugees, migrants and host communities, on the move or residing in specific locations, helping to enhance interaction among communities and improve the social cohesion.

The space is open to children of all ages without discrimination. Targeted and appropriate activities for adolescent girls and boys will be implemented at times most suited to this group who often prefer not to be part of activities for younger children. The list of activities should be attached to this document based on consultations with adolescents.

Child Friendly Spaces also facilitate the identification of children at risk. Upon identification, children at risk are referred to the specialized case management actor in accordance with the Child Protection Case Management SOPs. Children at risk who have been identified and are receiving case management services, may be referred to the Child Friendly Space for support in their recovery.

The Child Friendly Spaces will have water and sanitation facilities adapted to children and adults working in them, including drinking water, hand washing points and clean and safe toilets.

¹⁹ Save the Children, Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff, available at https://www.savethechildren.org/content/dam/global/reports/education-and-child-protection/cfs-handbook-08.pdf.

²⁰ Inter-Agency Standing Committee (IASC), Guidelines for Child Friendly Spaces in Emergencies (Field Testing Version), available at https://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf.

3.7 WOMEN AND GIRLS SPACE

Women and girls space provides a safe and confidential space where women and girls receive support, promoting self-care, wellbeing, solidarity and resilience, taking into account age, gender and diversity, among others. This space creates the opportunity to enhance their support network and to speak openly about their experiences, situation of women and girls in their communities, promoting participation and leadership to work jointly in solutions. These spaces provide the following services:

- Safe and confidential space.
- Psychosocial support.
- Information on rights and services, including possibilities of socioeconomic inclusion, self-care and sexual and reproductive health.
- Distribute hygiene kits with gender sensitive and adapted to the needs.
- Provide accurate, up-to-date information on available GBV response mechanism and services, GBV forms, causes, consequences, prevention and mitigation strategies, and available.
- In case of GBV disclosure, make referrals (if given the consent of the survivor). Follow the inter-agency GBV referral pathway and PSEA Protocols when perpetrated by humanitarian workers.
- Promote the access and participation of women in all services at the Support Spaces.



A Venezuelan family rests at the Ecuador-Peru border while others queue to clear immigration for their entry to Peru.
© UNHCR/Helene Caux

4. ADMINISTRATION OF THE SUPPORT SPACE

4.1 STAFFING

Assigning adequate staff to the Support Space is essential for delivering quality protection and assistance to persons with specific needs. While each service point within the framework of the Support Space should have the necessary expertise and skills in their respective field of service, all staff and volunteers, including security guards, working to provide services within the framework of the Support Spaces will be trained on identifying persons at risk, including children at risk, making timely and safe referrals. All staff and volunteers irrespective of their function and contractual arrangement should also be familiar with the contents of this SOP and other protocols for specialised services, on humanitarian standards and principles, and codes of conduct.

In close coordination with focal points of each service provider, the Support Space Coordinator will develop a capacity building plan for the staff working in this structure. This will entail a series of basic topics including key principles and approaches described in $\frac{\text{ANNEX}-2}{2}$ to this SOP. Additionally, it will also include other crosscutting themes needed to ensure the proper functioning of the services (i.e. best interest of the child, psychological first aid, ...) The staff will be trained in this Support Spaces SOP and its annexes, ensuring knowledge and application of protection principles and tools.

All staff should be trained in: a) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action ²¹; b) How to support survivors of gender-based violence when a GBV actor is not available in your area ²²; c) Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies ²³; and d) Gender Manual for Humanitarian Action ²⁴.

Training and capacity development of staff is the responsibility of each service provider. When organising training in their respective area of work, agencies will invite focal points from other service providers to also participate in such training. Familiarity with the work of each actor is essential for timely identification of persons with specific needs, including GBV survivors and children at risk, and referrals to the appropriate service providers.

²¹ Inter-Agency Standing Committee (IASC), IASC Guidelines for Integrating GBV Interventions in Humanitarian Action, available at https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf.

²² Inter-Agency Standing Committee (IASC) Pocket Guide, How to support survivors of gender-based violence when a GBV actor is not available in your area, available at https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf.

²³ UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, available at https://www.unfpa.org/featured-publication/gbvie-standards.

²⁴ Comité Permanente Interagencial (IASC), Manual de Género para la Acción Humanitaria, disponible en: https://www.refworld.org.es/pdfid/5afc99504.pdf.

Likewise, all the people working in the Support Spaces must complete a training in the Prevention of the Exploitation and Sexual Abuse (PSEA). Periodic information sessions on PSEA will be conducted for refuges and migrants accessing the spaces, but also training for the Coordinators, staff and volunteers. Training on PSEA is a mandatory requirement as is to sign and respect the Code of Conduct. An online training will be promoted by the Coordinator. Focal points of each service provider and the Coordinator will ensure that all staff completes the training and adheres to the standards and principles to combat sexual exploitation and abuse.

4.2 COORDINATION OF THE SUPPORT SPACE AND REPORTING

All service providers will fill in the form of Adherence to the Support Spaces Network, expressing their agreement to be part of this network and to abide to the fundamental and operational principles guiding the Support Spaces initiative.

The standardized format of adhesion to the Support Spaces network (available in <u>ANNEX – 12</u> to this SOP) will be signed by each service provider's representative.

4.2.1. SUPPORT SPACE COORDINATOR

In order to ensure the smooth function of the Support Space and the systematic coordination of the services provided within its framework, the organizations delivering services at the Support Space have assigned a Support Space Coordinator. His/her role and functions are defined in the Terms of Reference attached to this SOP (ANNEX - 5).

The role of a Support Space Coordinator is assigned to a senior staff working within the Support Space, however in exceptional cases this role could be assigned as a standalone position. For the purpose of ensuring burden-sharing, the role will be temporary and will rotate between organizations for periods of six months renewable for one year. Every staff who is considered for the function will be vetted by the focal points or Heads of each agency providing services at the Support Space. Staff assuming the responsibility of the Coordinator will perform the duties described in the Terms of References (TOR) of the Support Space Coordinator (ANNEX -5). The duties described in the TOR are in addition to any other functional responsibility the staff member may have as part of their regular work.

The Support Space Coordinator will report to the local Support Space Group where available, and to the national Support Space Group which functions under the national inter-agency coordination structure.

A staff member assigned to the role of Support Space Coordinator may choose to end their responsibility at any time by notifying his/her contractual supervisor, the national Support Spaces Coordinator and the local Support Spaces Group.

4.2.2 COORDINATION MEETINGS

Actors providing services at the Support Spaces will meet every week Choose day of the week at to share updates and address common issues. The Support Space Coordinator is responsible for chairing the meetings, and preparing the minutes. Minutes will be brief, ideally not longer than one page, which will be shared with the focal point for each organization at the Support Space and the national Support Space Coordinator.

The meetings will be held within the premises of the Support Spaces.

4.2.3 COORDINATION WITHIN THE PLATFORM AND WITH OTHER GROUPS AND FORUMS

The Support Space's focal points, will collaborate and coordinate with the other Groups of the local platform in adapting the tools, guidance and material developed by the Support Space Group of the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, and to develop additional context-specific material for use in the areas of operation.

The Support Space Coordinator will represent the Support Space at meetings with the other Groups of the Local Platform, and report to it on activities, trends and progress.

4.2.4 REPORTING

Based on the inputs from service providers at the Support Spaces, the local Support Spaces Coordinator will submit a Biweekly Report including key statistics, analysis of trends, and key developments (ideally not longer than a page) to the national Support Spaces Coordinator and the Local Platform. The data in this report should include all people accessing services at the Support Spaces, including persons on the move or residing in each location. (see <u>ANNEX – 9</u>, section 3.3)

Moreover, Support Space will use a set of standardized indicators with the objective of internal reporting, as well as to facilitate the monitoring and evaluation of their activities at national and regional level. The information required to complete the indicators is obtained based on the inputs reported by the Coordinators of the Support Spaces at the local level. (see ANNEX – 9, section 3.4)

The reports on GBV should be respectful of GBV survivor consent and in accordance with the minimum standard and confidentiality, if the survivor does not give his/her consent the information cannot be used for statistic (even if anonymized).

4.3 SERVICE MAPPING

Separate Service Mapping for the services within and outside the Support Spaces will be regularly reviewed and updated. The regional service mapping tool (insert link) will be used at each of the service delivery points in the Support Space. Regular updates in service delivery information will be shared with the Support Space Coordinator in order to keep the tool up-to-date.

The Support Space Coordinator is responsible for reviewing the accuracy of information each month, and circulating an updated copy to the Local Platform coordinator to be shared at National Platform level for updates. The tool will be also disseminated among other actors and service providers in each location.

A template for Service Mapping, with information on the Support Spaces, Information and Orientation Points and other services, is included as $\frac{ANNEX - 6}{C}$ to this SOP.

4.4 INFORMATION MANAGEMENT

All service providers operating within the framework of the Support Space will collect a standard set of information from those accessing services. While it is preferred that a single online registration system is used, until such time, all service providers will register the following mandatory information listed below and recorded using $\frac{\text{ANNEX} - 9}{\text{ANNEX}}$. In addition to other information collected for their own programming and reporting purpose.

- Name
- Date of birth
- Gender
- Ethnicity
- Country of origin
- Identification number (if available)
- Disability (if any)
- Marital status
- Level of education

- Profession/occupation
- Family members
- Date of arrival
- Duration of stay in present country (on the move or intention to stay)
- Phone number, WhatsApp, email address
- Current address or contact person
- Reasons for visiting service

All information collected by service providers will be stored in a secure manner, and information sharing will solely be for the purpose of providing additional and necessary protection and assistance. The information related to protection cases should be stored separately and only the assigned focal point should have access. Data containing information about GBV

survivors should be collected and stored in adherence to international standards ²⁵ that prioritize survivors' confidentiality, safety and security.

An Information Sharing Protocol (ISP) will be developed and agreed on within 30 days of this SOP being agreed. The ISP will then become an integral part of the SOP.

Each organization will produce a weekly gender and sex disaggregated Statistics and Trends Report, which will be shared at the weekly Support Space coordination meeting (see 4.2.2. Coordination Meetings).

4.5 FEEDBACK AND COMPLAINTS MECHANISMS²⁶

Feedback and Complaints Mechanisms give the opportunity to refugees and migrants, returnees and host community who access the Support Spaces, to provide feedback to the organizations providing the services about the quality, functioning and efficiency of the services in place. Moreover, it gives the opportunity to report any act of misconduct contrary to the principles, minimum standards, Code of Conduct and national legislation, committed by personnel working in any of the services that are part of these spaces, including sexual exploitation and abuse, fraud and corruption, among others. This mechanism is fundamental when ensuring accountability to affected populations and are detailed in <u>ANNEX – 7</u> of this SOP. Some of the methods for submitting a complaint and/or suggestion include: directly in person (face-to-face), via existing community complaint structures, community mobilizers and collaborators, complaints and suggestion boxes, hotlines, SMS system, social media, among others. ²⁷

The Support Space has a **Suggestions and Complaints box** (Spanish: Buzón de Sugerencias y Quejas) which is accessible to people visiting the space. This box is opened for suggestions, complaints and recommendations. The Support Space Coordinator is responsible for the key to this box, and for opening and reviewing its contents. ²⁸ The Box will be opened every Tuesday and Friday at the end of the working day. Each complaint and feedback will be handled with confidentiality and sensitivity.

Safe contact information (i.e. dedicated phone lines and email addresses) for reporting Sexual Abuse and Exploitation, other forms of abuse and exploitation and negligence will be prominently displayed at the Support Space and other points of service delivery.

²⁵ See at page 33 Case Documentation, Storage and Sharing. http://www.gbvims.com/wp/wp-content/uploads/Interagen-cy-GBV-Case-Management-Guidelines_Final_2017.pdf.

²⁶ Inter-Agency Standing Committee (2016), Inter-Agency PSEA-CBCM Best Practice Guide, available at: https://interagencystandingcommittee.org/system/files/best_practice_guide_- with_inside_cover_online.pdf (English); https://interagencystandingcommittee.org/system/files/guia_de_mejores_practicas_0.pdf (Spanish)

²⁷ Regional Toolkit for Protection from Sexual Exploitation and Abuse, Sexual Harassment (PSEA/SH and Inter-agency community-based complaint mechanisms. Regional Safe Spaces Network. UNHCR, 2019.

²⁸ Surveillance Committees comprised of two or more delegates present in the Support Space may also be established.

The local interagency platform appoints a PSEA Focal Point for the Prevention of Sexual Exploitation and Abuse. Such Focal Point is responsible for periodic assessment of compliance, and will do so through confidential contacts with refugees and migrants, discussions with staff and other forms of review as described in the operations SOPs for PSEA.

4.6 CODES OF CONDUCT

All staff, volunteers, support personnel and security guards will be trained on the respective agencies and NGOs' Codes of Conduct, and will have signed such Code of Conduct prior to deployment to the service points of the Support Space.

It is the responsibility of the Heads of the Organizations working in the Support Space to ensure that staff have signed the Code of Conduct, that they are trained on them and PSEA and that they adhere to them. Monitoring adherence is the responsibility of the lead staff member of each service point at the Support Spaces.

The Support Space Coordinator will follow up with service provider focal points to ensure that all staff working in the Support Space receives the Code of Conduct training and adheres to its principles.

Copies of the Code of Conduct will be available at the service deliver points, and summary of values and responsibilities will be prominently displayed at the site.



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ANNEX – 1 LIST OF SUPPORT SPACES

Support Spaces (Spanish: **Espacio de Apoyo** – EA) sites:

Country: Province/Department: Last Updated:

TYPE OF STRUCTURE (EA)	LOCATION	OPENING HOURS	NUMBER OF DEPLOYED STAFF	MANAGING ACTOR	SERVICES PROVIDED



ANNEX - 2

KEY PRINCIPLES AND APPROACHES GOVERNING THE OPERATION OF SUPPORT SPACES

ACCOUNTABILITY: can be understood as an active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist. It refers to the responsible use of power in humanitarian action, combined with effective and quality programming that recognizes the dignity, capacity, and abilities of affected populations.

AGE, GENDER AND DIVERSITY (AGD): Through the systematic application of an Age, Gender and Diversity (AGD) approach, all refugee and migrants enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.

AGE refers to the different stages in one's life cycle. It is important to be aware of where people are in their life cycle as their capacities and needs change over time. Age influences, and can enhance or diminish, a person's capacity to exercise his or her rights.

GENDER refers to the socially constructed roles for women and men, which are often central to the way in which people define themselves and are defined by others. Gender roles are learned, changeable over time, and variable within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women and men in any context. Gender equality refers to the equal enjoyment of rights, responsibilities and opportunities of women, men, girls and boys. Gender equality implies that the interests, needs and priorities of each gender are respected.

DIVERSITY refers to different values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, social status, skill and other specific personal characteristics. While the age and gender dimensions are present in everyone, other characteristics vary from person to person. These differences must be recognized, understood and valued by humanitarian actors in each emergency in order to ensure protection for all affected people.

BEST INTEREST OF THE CHILD: The best interests of the child must be a primary consideration in all actions relating to or effecting children as a group, specific groups of children, and individual children. The best interest principle establishes that all girls and boys have the right to participate meaningfully in decisions that affect their lives, including in the identification of their best interests.



COMMUNITY-BASED APPROACH AND PARTICIPATION: A 'community-based approach' implies that communities engage meaningfully and substantially in all aspects of programmes that affect them, strengthening the community's leading role as a driving force for change. It requires recognition that they are active participants in decision-making.

Community participation (including both men and women) should be promoted in all sectors, by building on the community's own resources as much as possible and encouraging individual, family and group self-reliance.

In the case of children, their views and opinions given due weight in relation to the child's age and maturity. Children must be kept informed about plans being made for them. This includes decisions about available services and options, referrals to specialised service providers, placement and care, tracing and reunification. Programmes should actively engage children in the prevention of and responses to child protection risks, including separation.

CONFIDENTIALITY: Confidentiality of personal data and information must be respected and applied at all stages of data collection and data processing. All humanitarian actors and individuals representing third parties, who are authorized to access and process personal data, are bound by confidentiality. Confidential information should not be requested or required from affected populations unless it is essential to the provision of protection and assistance. Disclosure of confidential information without consent should only be done to prevent serious, foreseeable, and imminent harm. When this is necessary, the least amount of confidential information should be disclosed and only to the relevant persons, organizations, and authorities. The person has to be informed prior to information being shared. ¹

COOPERATION AND COORDINATION: The Support Spaces will function in coordination with States, humanitarian actors, communities and children. This will involve active collaboration and coordination, referral services, joint assessments and programmes and advocacy. The work at the Support Spaces will draw upon the complementarity of resources, knowledge and skills to enhance the protection of refugees and migrants including specifically children, recognizing the contribution of all actors in building a comprehensive response.

DO NO HARM: The principle implies all the necessary measures to avoid exposing people to further harm as a result of the actions taken by humanitarian actors.

¹ In the case of case management, confidentiality is limited when caseworkers identify safety concerns and need to reach out to other service providers for assistance (e.g. health care workers), or where they are required by law to report crimes. These limits must be explained to children and parents during the informed consent or assent processes. Supervisors and caseworkers should work together closely to take decisions in such cases where confidentiality needs to be broken, *Interagency Guidelines for Case Management and Child Protection* (2014), available at: http://cpwg.net/wp-content/uploads/sites/2/2014/09/Interagency-Guidelines-for-Case-Management-and-Child-Protection.pdf.



EVOLVING CAPACITIES OF CHILDREN: This concept not only recognises that adults should listen to children, and their views reflected in decisions and actions taken on behalf of children, but also that actors promote, respect and protect children's own strengths and capacities to take responsibility for those decisions and action they are competent to take for themselves.

FAMILY UNITY: Family unity is a fundamental principle of international law. The integrity of the family is a legal principle and a humanitarian goal; it is also an essential framework of protection and a key to the success of solutions that can restore refugees and migrants to something approximating a normal life.

FREE AND TIMELY SERVICES: All services at the Support Spaces are free of charge for refugees and migrants. Refugees and migrants will be informed through appropriate and accessible formats, including child friendly formats, that they shall not be charged for services, and about means of complaint in case of being asked for payment by any of the service providers.

INFORMED CONSENT: "Consent" is any freely given and informed indication of an agreement by a person, which may be given either by a written or oral statement or by a clear affirmative action. Before receiving assistance or accessing services, refugees and migrants should freely give their permission with the knowledge of possible risks and benefits. Inherent in the right to give consent is also the right to refuse assistance. Consent is a process that includes the provision of information to refugees and migrants, providing them the opportunity to ask questions, ascertaining comprehensiveness and comprehension of the information provided to them, clarifying and restating information, and documenting consent.

In the case of children, consent should generally be obtained from the child's parent or guardian, as well as consent or assent from the child according to the child's age and maturity. "Assent" is the expressed willingness or agreement of the child. Consent from parents/guardians is not necessary where it is not in the best interests of the child to share information with the child's parents/guardian or where parents/guardians are not reachable. The information provided and the way in which consent/assent is expressed must be appropriate to the age and capacity of the child and to the particular circumstances in which it is given.

NON-DISCRIMINATION: Non-discrimination entails that the procedures and services provided at the Support Spaces are not discriminatory and that refugee, migrants, returnees and stateless individuals and families have access to timely and relevant assistance regardless of their age, gender/gender identity, ethnicity, religion, nationality or lack thereof, disability, health condition or sexual orientation.



RESPECT: The principle acknowledges that the differences between people, whether actual or perceived, can be defining characteristics that play a central role in determining an individual's opportunities, capacities, needs and vulnerability. The systematic promotion of this principle in measurable results is essential to ensuring appropriate protection for women, men, boys and girls of all ages and backgrounds served. All individuals should be accepted without judgment of their background, situation, culture, race, and political beliefs.

RIGHTS-BASED APPROACH: The rights-based approach emphasizes that people are not passive aid recipients, but rather are rights holders with legal rights to protection and assistance. The rights-based approach is founded on the principles of participation and empowerment of individuals and communities to enable them to exercise their rights and comply with their duties.

SAFETY AND SECURITY: Safety and security of all staff working in the Support Spaces, as well as refugees, migrants and host community should be ensured. All interventions should be planned and conducted in order to guarantee that people will not be put at risk.

SURVIVOR-CENTRED APPROACH: The survivor-centred approach complements the human rights-based approach by placing the rights, needs and desires of GBV survivors at the center of the support system. This requires consideration of survivors' multiple needs and vulnerabilities, and the impact of decisions and actions taken to support them. This approach ensures services are tailored to the unique requirements and priorities of survivors, recognizing the leading role they play in their recovery.

STATE RESPONSIBILITY: I In accordance with their international obligations, States are responsible to extend services for those in need of protection and humanitarian assistance. This responsibility is especially defined in the case of those seeking asylum, refugees and stateless persons. In the case of children, States are primarily responsible for their protection through the establishment and implementation of child protection systems, and ensuring access to all children under their jurisdiction.



ANNEX - 3

INTERAGENCY REFERRAL FORM

- Make sure that the location is appropriate, respect the privacy of the person and maintain the confidentiality of the information received.
- Introduce yourself, your role and the organization that you represent.
- Listen and observe actively, be patient, remain non-judgmental.
- Treat persons with dignity and respect, respect his/her decisions.
- Female staff should be available for individuals that prefer to be assisted by women.
- Provide accurate and comprehensive information about services and support.
- Believe in people's capacities, ask them for their inputs on how to make their situation better.
- For GBV survivors, victims of trafficking and children at risk refer to existing interagency SOPs and tools.
- Obtain consent and refer individuals in safety and dignity.
- Before taking any action, obtain informed assent from children and, whenever possible, consent from their parents/caregivers, taking into consideration the best interest of the child.
- Use $\underline{\mathsf{ANNEX}} \underline{\mathsf{4}}$ to this SOP as a guide to prioritize the specific needs of each person and assess the level of risk for each identified need.
- Make sure the referred case receives proper follow up.

1. Information	about per	on being referred		I	
Full name				Sex	
Date of birth				Age	
Identification N	umber		Identific	ation type	
Nationality			Phone r	number	



Number of family members (only nuclear family) / indicate relationship with person being referred	
Date of entry	
Current address	
Place of destination (person on the move)	
Name of caregiver (in case of child)	
Relationship to head of household:	
2. Protection concerns identified	
☐ Person with disability	☐ Unaccompanied child
☐ Serious medical condition	☐ Separated child
☐ Emotional distress	☐ Child at risk
☐ SGBV survivor	☐ Single parent or caregiver
☐ Woman at risk	☐ Pregnant and lactating woman
☐ Victim of trafficking	☐ Older person at risk
☐ Lack of documentation	☐ Family Unity
☐ Legal and physical protection needs	☐ Other
3. Reasons for referral and recommendations (please give	e details)
4. Services Requested	
☐ Child Support/Care Arrangement	☐ Health
☐ Alternative care	☐ Sexual and Reproductive Health
☐ Case Management (SGBV, Child Protection, Person with Specific Needs)	☐ Food Security/Nutrition
☐ Psychosocial Support and Mental Health	☐ Shelter
☐ Family Tracing/Reunification	☐ Core Relief (Non-Food) Items



☐ Family Tracing/Reunification		☐ Core Relief (Non-Food) Items			
☐ Legal Assistance		☐ Cash Assistance			
☐ Physical Safety and Securi	ty (i.e. Safe	accommodation)	☐ Livelihoods		
☐ Education			☐ Other		
Please indicate any services of	or assistance	e already provided	and by who, if appl	licable:	
Prioritization of cases (priority	isted in section	on one above):		
		OW-UP NEEDED 18 hours)	FOLLOW-UP NEEDED (up to 15 days)		
Emergency		Hig	h risk	Medium to low risk	
5. Referral made by: 6. Referred to:					
Name	Nar		Name (if available)		
Organisation			Organisation/Acto	r	
Priority (see table below)			Location		
Date			Primary reason for referral		
Delivered via: ☐ Phone (emergency only) and/or ☐ E-mail (encrypted) ☐ In Person					
Has an assessment been conducted? \square YES / \square NO					
If yes, by who? Click here to enter text.					
7. Consent to Release Information					
I, (concerned individual initials), understand that the purpose of the referral and of disclosing this information to (referred organization) is to ensure the safety and continuity of care among service providers. The service provider, (referring organization), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.					



Signature (of caregiver in case of child):	
The child has given his /her assent: ☐Yes ☐No	
Signature (person making the referral):	
8. Follow up of referral by referring organization	
 □ Acknowledgement of referral within 24 hours □ Acknowledgement of referral within 48 hours □ No answer by referred actor □ No action taken □ Other 	
Comments:	



ANNEX – 4 PRIORITIZATION AND RISK RATING OF SPECIFIC NEEDS

Child at Risk "Child victim of violence, abuse, exploitation and neglect "Child ut risk/survivor of sexual violence "Child at risk/survivor of sexual violence "Child at risk/survivor of sexual violence "Child in conflict with the law Teenage pregnancy Child spouse Unaccompanied or separated child "Unaccompanied child Child-headed household "Child cheaded household Child in institutional care Child in foster care Grandparent or older person unable to care for self and no caregiver available "Older person with critical medical condition Single parent or caregiver Single parent or caregiver with no family /community support Single parent with no family /community support Single parent with no family /community support Single parent with disability at risk "Person with disability at risk "Person with disability at periencing physical and/ or psychological violence Head of household with new impairment (less than 1 year old) who is unable to work Person with disability alone (no family/support) in institutional care Single-headed household with person with disability Familly with more than one person with disability 2 The worst Forms of Child Labour. International Labour Organization. (ILC) https://www.lo. org/piec/Campaignandadvocacy/Youthin-action/Cla2-Youth-orientated/worstforms/lang-en/index. htm	(*Most urgent: Immediate Follow-up Required)	Follow-up needed
"Child victim of violence, abuse, exploitation and neglect "Child victim of violence, abuse, exploitation and neglect "Child at risk/survivor of sexual violence "Child in trisk/survivor of sexual violence "Child in conflict with the law Child in south of the law Child in conflict with the law Child in south of the law Child in south of the law Child in south of the law Child in Institutional care Child institutional care Ch	Child at Risk	
Separated child Child-headed household Child in institutional care Child in foster care	 □ *Child engaged in worst form of child labor ² □ *Child victim of violence, abuse, exploitation and neglect □ *Child at risk/survivor of sexual violence □ *Child associated with armed forces or groups □ *Child in conflict with the law □ Teenage pregnancy 	 □ Child engaged in other forms of labor □ Child without documentation □ Child not attending school or at risk of not attending school
Separated child Child-headed household Child in institutional care Child in foster care	Unaccompanied or separated child	
Grandparent or older person-headed household Older person confined to shelter Unaccompanied older person with children and no support Older person with critical medical condition Unaccompanied older person with community support Single parent or caregiver Single parent or caregiver Single caregiver with no family /community support Single caregiver with no family /community support Person with disability at risk *Person with severe disability unable to care for self and no caregiver available Person with disability experiencing physical and/ or psychological violence Head of household with new impairment (less than 1 year old) who is unable to work Single parent/caregiver available Head of household with disability who is unable to work Single parent/caregiver with disability or with children with disabilities Child with disability not at school/at risk of not attending school 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthin-action/C182-Youth-orientated/worstforms/lang—en/index.	□*Unaccompanied child	☐ Child in institutional care
Grandparent or older person-headed household Older person confined to shelter Unaccompanied older person with children and no support Older person with critical medical condition Unaccompanied older person with community support Single parent or caregiver Single parent or caregiver Single caregiver with no family /community support Single caregiver with no family /community support Person with disability at risk *Person with severe disability unable to care for self and no caregiver available Person with disability experiencing physical and/ or psychological violence Head of household with new impairment (less than 1 year old) who is unable to work Single parent/caregiver available Head of household with disability who is unable to work Single parent/caregiver with disability or with children with disabilities Child with disability not at school/at risk of not attending school 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthin-action/C182-Youth-orientated/worstforms/lang—en/index.	Older person at risk	
□ Single parent with no family /community support □ Single caregiver with no family /community support □ Single caregiver with no family /community support □ Person with disability at risk □ *Person with severe disability unable to care for self and no caregiver available □ *Person with disability experiencing physical and/ or psychological violence □ Head of household with new impairment (less than 1 year old) who is unable to work □ Person with disability alone (no family/support) in institutional care □ Single-headed household with person with disability □ Family with more than one person with disability 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthin-action/C182-Youth-orientated/worstforms/lang-en/index.	 □*Older person unable to care for self and no care-giver available □*Older person neglected by caregivers □ Single older person with children and no support 	☐ Older person confined to shelter☐ Unaccompanied older person with community
□ Single caregiver with no family /community support Person with disability at risk □ *Person with severe disability unable to care for self and no caregiver available □ *Person with disability experiencing physical and/ or psychological violence □ Head of household with new impairment (less than 1 year old) who is unable to work □ Person with disability alone (no family/support) in institutional care □ Single-headed household with person with disability □ Family with more than one person with disability 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthin-action/C182-Youth-orientated/worstforms/langen/index.	Single parent or caregiver	
□ *Person with severe disability unable to care for self and no caregiver available □ *Person with disability experiencing physical and/or psychological violence □ Head of household with new impairment (less than 1 year old) who is unable to work □ Person with disability alone (no family/support) in institutional care □ Single-headed household with person with disability □ Family with more than one person with disability 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthinaction/C182-Youth-orientated/worstforms/lang-en/index.	☐ Single parent with no family /community support☐ Single caregiver with no family /community sup-	
□ *Person with severe disability unable to care for self and no caregiver available □ *Person with disability experiencing physical and/or psychological violence □ Head of household with new impairment (less than 1 year old) who is unable to work □ Person with disability alone (no family/support) in institutional care □ Single-headed household with person with disability □ Family with more than one person with disability 2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthinaction/C182-Youth-orientated/worstforms/lang-en/index.	Person with disability at risk	
2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthin-action/C182-Youth-orientated/worstforms/langen/index.	 □ *Person with severe disability unable to care for self and no caregiver available □ *Person with disability experiencing physical and/or psychological violence □ Head of household with new impairment (less than 1 year old) who is unable to work □ Person with disability alone (no family/support) in institutional care □ Single-headed household with person with disabil- 	 □ Person with new impairment (less than 1 year old) unable to care for self, but caregiver available □ Head of household with disability who is unable to work □ Single parent/caregiver with disability or with children with disabilities □ Child with disability not at school/at risk of not
	2 The worst Forms of Child Labour. International Labour Organization. (ILO) https://www.ilo.org/ipec/Campaignandadvocacy/Youthinaction/C182-Youth-orientated/worstforms/langen/index.	



Health/Medical condition				
□ *Life threatening medical condition immediate intervention and treatmen □ Bodily injury caused by torture and □ Addiction □ High risk pregnancy □ Mental illness □ Malnutrition	nt	 □ Chronic illness □ Medical condition requiring primary-care intervention □ Other medical condition 		
Woman at risk				
□ *Woman at risk		□ Female-headed household□ Lactating woman		
GBV survivor				
 □ *Survivor of GBV in country of orig □ *Survivor of GBV in country of asyle country □ *Survivor of GBV during flight □ *Forced/early marriage □ *Survival sex □ *Threat of honor killing/violence 		□ At risk of GBV		
Family Unity	21.	□ F::::::::::::::::::::::::::::::::::	and an an arrival	
☐ Urgent tracing required due to prof	iie	☐ Family reunific	cation required	
Survivor of Torture ☐ Psychological and/or physical impair torture ☐ Witnessed others killed and/or phyothers				
Specific legal and physical protection	needs			
 At risk of removal/refoulement Detained/at risk of detention Evicted/at risk of eviction Violent death/murder of family or close friends At risk and/or victim of beating, physical violence, and abuse (non-sexual) Lack of access to food, water, or other basic needs Homeless In hiding for fear of being identified and found 		 ☐ Member of religious, social, and ethnic minority ☐ No legal documentation or expired legal documentation ☐ Multiple displacements due to armed conflict in country of asylum ☐ Rejected and victimized by community ☐ Marginalized from society or community 		
IMMEDIATE FOLLOW-UP REQUIRED (Take action within 24 hours) Emergency cases Boxes checked in red (with*) 24 hours	(Up to 4 [High Boxes checked in	OW-UP NEEDED 8 hours) orisk red (without *) 8 hours	FOLLOW-UP NEEDED (Up to 15 days) Medium to low risk 1-2 boxes checked in yellow	



ANNEX - 5

TERMS OF REFERENCE - SUPPORT SPACE COORDINATOR

BACKGROUND

The Support Space (Spanish: **Espacios de Apoyo**) is an initiative supported by the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (hereinafter "Regional Platform") with the aim of providing a space for front line support to Venezuelan women, men, girls and boys of diverse backgrounds who are on the move or residing in different countries in the region through both direct and referral services.

The present Terms of Reference apply to the Support Space Coordinator, who will perform the duties as described herein in addition to his/her regular duties as defined by the contracting organization.

MAIN RESPONSIBILITIES

The Support Space Coordinator is assigned to facilitate the smooth functioning of the Support Space and to ensure the systematic coordination of the services provided within the Support Spaces framework. The Support Space Coordinator is not a separate post, but instead a function assigned to a senior staff of one of the service providers working within the Support Space.

In close consultation with the local platform and the National Support Spaces Coordinator, the Support Space Coordinator will perform the following tasks, including but not limited to:

- Oversee the management of the Support Space and ensure efficient operation of services in accordance with the Support Spaces Standard Operating Procedure (SOP).
- Facilitate on-going communication and effective response of services through dialog and support to service delivery points within the Support Space.
- Represent the Support Space in official functions, conferences and meetings at the local level, and in communication with the local platform.
- Coordinate the monitoring of referrals within the Support Spaces and support the referrals to services outside the Support Space.
- Promote cooperation and continuous sharing of information amongst the organizations of the Support Space.
- Serve as a repository for the review and update the Services Mapping and Contact Information tool ($\underline{\mathsf{ANNEX}} \underline{\mathsf{6}}$ to the Support Spaces SOP), and circulate amongst services providers.



- Organise and chair the weekly Support Space coordination meeting, draft and circulate minutes of the meeting, and maintain records.
- Facilitate the implementation of harmonized tools for sharing basic and standardized information in order to elaborate statistical reports, analysis of trends and key developments.
- Prepare and distribute periodic reports to the national Support Spaces Coordinator, the national platform, and the organizations of the Support Space, including periodic statistical reports.
- Liaise and coordinate with the local platforms, and with other technical coordination bodies (e.g. SGBV, Children and Youth Protection Working Groups) to enhance the response and impact of protection services at the Support Space. This could include the organization and facilitation of training for staff working within the Support Space, including, for instance, on Codes of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA).
- Develop a training plan with service providers at the Support Space, identifying key specific protection issues and training needs to implement a capacity building program.
- Review the suggestions and complaints received through the Suggestions and Complaints Mechanism and, in consultation with the local platform and Technical Experts/Staff, deliver appropriate response.
- Liaise with relevant authorities with regard to availability of necessary utilities at the Support Spaces.
- Facilitate the access to the online course on Prevention of Exploitation and Sexual Abuse (PSEA) for all workers in the Support Space and follow up on the compliance of these standards jointly with the service providers.
- Support the compliance with the "Key Principles Governing the Operation of Support Spaces" described in $\frac{\text{ANNEX}-2}{\text{Dota}}$ to the SOP, as well as the promotion of ethical values and principles described in the Code of Conduct, ensuring adherence to them by all staff and volunteers.
- Carry out any tasks required to support the functioning of the Support Space.

This TOR is not intended to be a complete list of duties and responsibilities but indicates some of the main areas attached to the function of Support Space Coordinator.

SUPERVISION AND REPORTING

The duties described in the TOR are in addition to any other functional responsibility the staff member may have as part of their regular work. The Support Space Coordinator will report to his/her supervisor as described in the appointment (i.e. in accordance with their contractual arrangement with the recruiting organization).

While implementing the functions described in this TOR as the Support Space Coordinator,



he/she will report to the National Support Spaces Coordinator, and to the local platform.

ELECTION. DURATION OF POSITION AND ABSENCE OF REMUNERATION

- The Support Spaces Coordinator is elected at the local platform level. Any member of the local platform can become Coordinator on a rotation basis, for the purpose of burden sharing. Organizations interested in promoting a Support Space Coordinator should express their interest during a meeting of the local platform, which will decide by consensus. Should the local platform not be present, the decision is made by the national platform.
- The staff member is assigned the role of Support Space Coordinator for a period of six months. Upon agreement by the majority of the members of the local platform, the position of the Support space Coordinator can be extended for other six months, or less. At the end of the position, the responsibility will be given to a staff member of another organization present at the Support Space. It is important that there is a transitional period between the newly appointed coordinator and the previous one in order to ensure a smooth transition.
- The staff member performing the role of Support Space Coordinator will not receive an additional remuneration.



ANNEX - 6

SERVICE MAPPING

	WHERE				wно				WHAT	
Country	Province	Discrict/Canton	Location	Implementing Organization	Type of Imple- menting Organi- zation	Organization in charge	Type of Organization	Structure Name	Sector	
Select a country from the list (please do not write it)	Select a prov- ince from the list (please do not write it)	Select a distric from the list (please do not write it)	Please write the location where the activity is im- plemented	Name of the implementing organization	Select the organization type from the list	Name of the organization responsible for the structure	Select the organization type from the list	Indicate the name of the structure	Select the sector of the drop- down menu	



ANNEX – 6 (Continuation)

SERVICE MAPPING

	WHAT		WHEN			CONTACT			NOTES
Subsector	Type of ser- vices	Activities detail	Attention hours	Long	Lat	Address	Phone	Email/Web page	Notes
Select the sector of the drop-down menu	Select the service provided in the structure of the drop-down menu, if it does not appear write it	Brief description of the activities	Indicate the days and hours of attention	Please insert the GPS of the lo- cality where the activity is imple- mented (ONLY if the information can be shared and does not represent risk)	Please insert the GPS of the locality where the activity is implemented (ONLY if the information can be shared and does not repre- sent risk)	Please write the exact address where the activity is implemented	Official phone number of the structure / attention office	E-mail of the structure / at- tention office. Web page of the structure	Comments and observations



ANNEX – 7

FEEDBACK AND COMPLAINTS MECHANISMS

The **Suggestion/Feedback mechanism** offers the opportunity to refugees and migrants, returnees and host community who access the Support Spaces, to provide feedback to the organizations providing services and assistance regarding the functioning and efficiency of the available services, the attention provided by the staff, among other considerations.

The **Complaint mechanism** is a procedure through which a person accessing the Support Spaces reports any act of misconduct contrary to the principles, minimum standards, Code of Conduct and national legislation, committed by personnel working in any of the services that are part of these spaces. Misconduct may take the form of sexual exploitation and abuse, fraud, corruption, theft, harassment, abuse of authority, assault or threat of assault, misuse of assets, breach of confidentiality, non-compliance with national laws, conflict of interest, and negligence, among others.

The Feedback and Complaints Mechanisms play a fundamental role when ensuring accountability to affected populations, and are accessible for women, girls, boys and men to communicate with personnel working at the Support Spaces and receive response. Feedback and complaints mechanisms should encourage to safe and confidentially report incidents, including those of Sexual Exploitation and Abuse (SEA). A community-based approach adds efficiency to the reporting mechanism by incorporating local solutions into the overall system. An interagency community-based complaint mechanism (CBCM) should be integrated with any existing feedback and complaint system and based on contextual assessments. ¹ Service providers should facilitate individuals to submit a complaint or make a report in whichever manner they feel most comfortable and safe to do so. Some of the methods for submitting a complaint include: directly in person, via existing community complaint structures, community mobilizers and collaborators, complaints and suggestion boxes, hotlines, SMS system, social media, among others. ² Methods should take into consideration specific needs of the people accessing the Support Spaces and approaches based in age, gender and diversity, including disability.

1. PURPOSE

The organizations that operate in the Support Spaces regularly evaluate their communica-

¹ IASC Strategy on Protection from and Response to Sexual Exploitation and Abuse and Sexual Harassment, 2018.

² Regional Toolkit for Protection from Sexual Exploitation and Abuse, Sexual Harassment (PSEA/SH and Inter-agency community-based complaint mechanisms. Regional Safe Spaces Network. UNHCR, 2019.



tion and feedback mechanisms, including comments, suggestions and complaints to improve the quality of the services and assistance, accessibility and the response to all types of feedback. Feedback and Complaints Mechanisms guarantee:

- Organizations' accountability is established and beneficiaries of the Support Spaces are aware of their rights.
- Beneficiaries of these spaces are able to safely lodge a suggestion or a complaint.
- Suggestions and complaints are regularly collected, assessed, addressed, and follow-up and feedback is provided to the persons as appropriate.
- All people are protected against misconduct, exploitation, abuse and discrimination, among others, and have recourse in the event these offences occur.
- All people are protected against any act of sexual exploitation and abuse and have recourse in the event this offence occurs.

2. GUIDING PRINCIPLES FOR AN EFFECTIVE FEEDBACK AND COMPLAINTS MECHANISMS³

Regardless of the method prioritized, the following principles should be considered when building and implementing CBCM:

- Integration with existing structures, including with age, gender and diversity approach
- Effective community awareness raising campaigns
- Participation, not just consultation
- Trained staff/resources
- Commit to confidentiality
- Safety of complainant and staff working at the Support Space
- Accessibility/Multiple channels
- Response in place to immediate protection needs
- Feedback

3. SUGGESTIONS AND COMPLAINTS BOXES4

Although there are many methods when submitting a complaint, the following section will

³ ECHA/ECPS Task Force on PSEA, Guidelines on setting up a community based complaints mechanism regarding sexual exploitation and abuse by UN and non-UN Personnel (2009).

⁴ Contextualized from UNHCR Lebanon's good practice in Community Development Centres.



provide guidance on how to establish and what to consider when putting in place Suggestions and Complaints Boxes.

3.1 MINIMUM STANDARDS

The following minimum standards shall apply in the Support Spaces:

- Standard Suggestions and Complaints Boxes ("Buzón de Sugerencias y Quejas" in Spanish) are placed at the Support Space reception area, in a visible and accessible place to all people that access the structure.
- The Support Space logo is displayed on the Boxes.
- Proper visibility (i.e. posters, leaflets) and information regarding the Suggestion and Complaint mechanism, including the Prevention and Response to Sexual Exploitation and Abuse (PSEA) definition, process and hotline number are placed next to the Suggestions and Complaints Box.
- The location of the Suggestions and Complaints Box is accessible to all, including people with disabilities.
- The Suggestions Form and Complaints Form are standardized and available in Spanish (see both forms at the end of this guide).
- Beneficiary privacy and confidentiality of information is of paramount importance and should be considered when placing the boxes.
- The person filing a complaint can include his or her name and contact address/phone, but it should not be mandatory. If sufficient information is provided, complaints involving PSEA allegations are to be assessed even if submitted anonymously.
- Suggestions can remain anonymous.
- Upon request, assistance can be provided to fill out the form.

3.2 SUGGESTIONS AND COMPLAINTS COMMITTEE

A **Suggestions and Complaints Committee** is to be formed at each Support Space per location (per department/province, for instance) at the local level, according to the following guide:

- Partner committee members (minimum of two and a maximum of four) should be chosen from the organizations working in the Support Space. The Support Space Coordinator should be present and involved in the partner committee meetings.
- Two committee members are assigned to collect complaints from complaint the Suggestions and Complaints Box once every two weeks (at a minimum). Once collected, all sugges-



tions and complaints are to be jointly scanned and saved. Each complaint is then assessed to ensure it meets the requirements stipulated above (i.e. the complaint involves an allegation of improper conduct and contact details of the complainant are included).

- Committee members are to take relevant actions according to the severity and nature of the complaint made. Actions may include discussions with the head of office of the relevant organization, referral to the relevant organization, contacting a beneficiary in the event of unclear or incomplete information, etc.
- When relevant and following the completion of any relevant action, the beneficiary should be contacted by committee members to provide feedback and convey the response.

3.3 SUGGESTIONS AND COMPLAINTS PROCEDURES

STEP 1: Suggestion or Complaint is lodged

- Person fills out the Suggestions or Complaints form. For the latter, name, contact address, and nature of the complaint must be included.
- Complaint is deposited into a standard Suggestions and Complaints box located in the reception area of the Support Space.

STEP 2: Suggestions and Complaints are collected and catalogued

- Assigned focal points per site (two people, where possible) collect the complaints once every two weeks, at a minimum. Complaints can be collected more regularly if needed due to volume or urgency.
- All complaints are scanned and saved by the focal points to a private drive (not on a common drive) under the **Suggestions and Complaints Folder**. Each batch of complaints should be saved in a file titled with the date of collection.
- Suggestions and complaints are assessed to determine whether they meet requirements i.e. contain contact information of the complainant and raise a complaint or concern regarding the behaviour of a staff working in the space.
- Suggestions and complaints that meet the above requirements are to be catalogued by a focal point onto the standard **Suggestions and Complaints Tracking Sheet** (see further at the end of this guide).

STEP 3: Review of suggestions and complaints

- Following the collection of information, focal points are to share the complaint tracking sheet with the Suggestion and Complaints Committee every two weeks.
- Complaints in the Complaint Tracking Sheet are to be assessed by the Committee to deter-



mine whether further information is necessary or whether the complaint should be immediately referred to senior management of the organization concerned.

- Each organization should have a system in place for the referral and follow up of complaints involving their own staff.
- Complaints involving an allegation of PSEA are to be immediately forwarded to the PSEA focal point for follow up. Within the bounds of confidentiality, the PSEA focal point may seek advice from the Head of Office of the organization concerned. PSEA Standard Operating Procedures should be implemented.

STEP 4: Feedback to beneficiary

• For complaints assessed to be legitimate, an acknowledgement of the complaint and feed-back on any action taken should be provided to the complainant as soon as the review process is complete.

3.4 LIST OF RELEVANT MATERIAL FOR SUGGESTIONS AND COMPLAINTS BOXES

- Suggestions Form
- Complaints Form
- Suggestions Tracking Sheet
- Complaints Tracking Sheet
- Suggestions and Complaints Box Leaflet





A. SUGGESTIONS FORM

Instructions

Suggestions Procedure

The complaints procedure allows people to provide their feedback on the functioning and efficiency of the services available in the Support Space.

How does the suggestion procedure work?

An assigned Committee will collect, review and take action in accordance with the suggestion with confidentiality. Suggestions are anonymous. If you would like to request any clarification you are welcome to take an appointment with the organization providing the service.

How do I submit a suggestion?

Please fill in the Suggestion Form at the front page of this paper with all the requested information. If you need support filling the form please request assistance.

After completing the form, please place it in the closed Suggestions and Complaints Box.

How would you measure your general satisfaction with the following services?

Information and Orientation	☐ Highly satisfied☐ Satisfied☐ Could improve	☐ Not satisfied☐ Service not available	Comments:
Safe identification and referral	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Medical assistance	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Psychosocial support	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Restoring family links	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Connectivity	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Child Friendly Space	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Space for women and girls	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
Other, Specify:	☐ Highly satisfied☐ Satisfied☐ Could improve	□ Not satisfied□ Service not available	Comments:
I would like to provi	de the following	feedback on:	

56



B. COMPLAINTS FORM

Instructions

Complaints Procedure

The complaints procedure allows you to denounce any act contrary to the principles and standards that govern the Support Spaces, as well as any kind of misconduct or criminal act committed by staff of the Support Spaces.

How does the complaint procedure work?

The complaint procedure was put in place to take action towards any misconduct done by people working in the Support Space. An assigned Committee will collect, review and take action in accordance with the complaint with high confidentiality.

Any complaint form filled to request assistance or support will not be considered. If you would like to request any clarification you are welcome to take an appointment with the organization providing the service.

Complaints can be anonymous.

How do I submit a complaint?

Please fill in the Complaint Form at the front page of this paper with all the requested information. If you need support filling the form, please request assistance.

After completing the form, please place it in the closed Suggestions and Complaints Box.

Complaint made by (optional):	
Name:	
Address:	
Phone number:	

The name of the person filing the complaint against (Please indicate the nickname, position, agency or describe the person if you do not know the name):

Name:	
Position held:	
Organization for which the accused works:	
Physical description of the accused (in case you do not know the name:	
	_



Complaint Details

When did the incident occur?
Where did the incident occur?
What happened during the incident? (Please use more papers if more space is needed)

I acknowledge that all the above mentioned information are true and correct with respect to what I know and what I am convinced with. I realize that the complaint will be treated with full confidentiality, and that I will be informed of the results within a certain time period once issued. I also realize that falsely accusing anyone is considered a dangerous crime leading to prosecution by the authorities in accordance with the law.

Signature of the person filing the complaint

Date and place





C. SUGGESTIONS TRACKING SHEET

	SUGGESTIONS TRACKING SHEET							
LOCATION:	LOCATION:							
Suggestion #	Date of suggestion	Suggestion about	Suggestion details	Action to take	Action followed up (Yes / No)			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

D. COMPLAINTS TRACKING SHEET

	COMPLAINTS TRACKING SHEET								
LOCATION	LOCATION:								
Complaint #	Name of Com- plainant (optional)	Phone (optional)	Nation- ality	Specific needs	Date of complaint	Complaint about (person / org)	Complaint details	Action to take	Action followed up (Yes / No)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



E. SUGGESTIONS AND COMPLAINTS BOX

SUGGESTIONS AND COMPLAINTS BOX

This box should be used only for:

- Denouncing any act contrary to the principles and standards that govern the Support Spaces.
- Reporting any kind of misconduct or innappropriate behavior committed by staff of the Support Spaces.

Please share your suggestions so we can improve the services provided in the Support Spaces.





ANNEX - 8

CHECKLIST FOR RAPID AND INITIAL ASSESSMENT OF SUPPORT SPACES

The following checklist helps when conducting a rapid and initial assessment of the Support Space. It should be filled out by the Support Spaces Coordinator or by then national and local platforms where established. The checklist will be available in a KoBo form for easier analysis of the data. The checklist could also be used for a quick evaluation of the existing Support Spaces to corroborate their functioning.

Name of person filling out	Organisation
this checklist	
Name of the facility	Location of the structure
Country	Date

ON-SITE SERVICES	AVAILA	ABILITY
	YES	NO
ORMATION AND ORIENTATION		
Information and orientation point		
If yes,		
Information and orientation point is clearly visible and accessible		
Mapping of both on-site and external services available		
Information on asylum procedures and other legal pathways		
Information on documentation		
Information on rights and responsibilities		
Information on education, shelter, food and non-food items, employ-		
ment opportunities, empowerment and skills training, family tracing,		
among others		
Visible information boards, banners, leaflets are in place, displaying		
information on services available on site		
Visible information boards, banners, leaflets are in place, displaying		
information on external services		
Awareness sessions with Age, Gender and Diversity approach on differ-		
ent topics		
Mobile information and orientation and outreach activities organized at		
and around the Support Space, depending on the needs		
Observations		



SA	FE IDENTIFICATION AND REFERRAL		
	Safe identification and referral mechanism in place and implemented		
	If yes,		
	Data stored safely and in a standardized manner		
	Case tracking tool is available and in use (i.e. ProGres v4)		
	Confidentiality/Information sharing protocols implemented		
	Inter-agency referral form in use		
	Focal point for protection cases assigned		
	Focal point for protection cases assigned		
	24/7 Hotline available for emergency cases		
	LGBTI persons have access to counselling		
	Safe Space for women and girls		
	Prevention and awareness raising sessions/activities on GBV risks available for all, including children		
	Prevention and awareness raising sessions/activities on risks related to		
	trafficking in persons available for all, including children Coordinated training activities on specific needs and protection risks for	П	П
	humanitarian actors working on-site		
	Observations		
СН	ILD FRIENDLY SPACE (CFS)		
	Safe, and age/gender appropriate space available for child friendly activities		
	Activities for adolescent girls and boys available and implemented		
	Referral system for child protection cases in place		
	Staff and volunteers with child protection skills and training are present to facilitate activities		
	Planned recreational activities for children and adolescents every day		
	Registration mechanism in place (check in/out)		
	CFS is accessible and inclusive to children with disabilities		
	Observations		
МІ	DICAL AND PSYCHOSOCIAL SUPPORT		
	Vaccination services		
	People in need of urgent medical interventions are referred to medical facilities		
	Appropriate and timely basic medical attention available and accessible for all system for child protection cases in place		



	Facilities providing clinical management of rape mapped, coordination in place for referrals	
	HIV awareness raising and prevention activities	
	Access to sanitary napkins for women and girls	
	Access to condoms/contraceptives	
	Psychosocial counseling	
	Observations	
RE:	STORING FAMILY LINKS AND FAMILY REUNIFICATION SERVICES	
	Free phone calls	
	Free access to internet	
	Family tracing available	
	Family reunification process in place	
	Observations	
со	NNECTIVITY	
	Free phone calls	
	Free WIFI	
	Devices available free of charge	
	Charging station	
	Observations	
со	ORDINATION ACTIVITIES	
	Support Space Coordinator present	
	Weekly coordination meetings held	
	Weekly reports shared with local and national platforms	
	Observations	
SU	GGESTIONS AND COMPLAINTS MECHANISM	
	Suggestions and Complaints Mechanisms available and accessible	
	Confidentiality observed	
	Focal points assigned	
	Suggestions and Complaints Committee formed and active	
	Information adequately stored	
	Follow-up actions are taken for every reported suggestion and/or complaints	
	Observations	



ОТ	OTHER SERVICES					
TEI	VIPORARY RESTING AREA					
	Safe resting area for recuperating after the journey available and accessible					
	Observations					
WA	ush					
	WASH facilities, including toilets, sinks (with soap and water), hygiene materials, available and accessible. If yes,					
	Toilets are gender separated and have safety locks					
	Showers gender separated and have safety locks	П	П			
	Potable drinkable water available	П	П			
	Observations					
SEC	CURITY					
	Security guard/police available 24/7					
	Observations					
CA	SH-BASED ASSISTANCE					
	Identification and pre-screening of cash-based assistance beneficiaries in place					
	Observations					
NO	N-FOOD ITEMS DISTRIBUTION					
	Hygiene kits for women					
	Hygiene kits for men					
	Winter kits and other items provided					
	Dignity kits for differentiated gender needs distributed					
	Prioritization criteria clearly defined, and provision of non-food item					
	targeted according to them					
	Observations					
EX	EXTERNAL SERVICES					
	The following external services are available and to which referrals are made from the Support Space:					
	Medical services					
	Psychosocial support					
	Legal assistance					
	Specialized case management services					
	Communal kitchen					



	Temporary shelter				
	Other (specify)				
	Prioritization criteria clearly defined and referral made according to them				
	Data of referrals stored safely and in a standardized manner				
CA	PACITY BUILDING				
	All workers (contractual or volunteer) have signed the Code of Conduct				
	A summary of values and responsibilities on the Code of Conduct and				
	PSEA is well-visible in each Support Space				
	All workers receive training on the content and use of Support Spaces				
	tools (including handling of confidential information, prioritization and				
	reference of people at risk				
	Trainings and workshops on PSEA, VBG and Child Protection are carried				
	out regularly for all staff, in addition to other key trainings identified to				
	ensure principles and standards are applied in each Support Space				
	Observations				
GENERAL COMMENTS					
If you have general comments you would like to raise, feel free to include them in here.					



ANNEX - 9

INFORMATION MANAGEMENT

1. GENERAL CONSIDERATIONS

In order to ensure an efficient programming that responds to the needs of Venezuelan refugees and migrants with protection and assistance needs, it is necessary that the information is compiled, properly analysed, securely stored and responsible shared, respecting at every moment the principles of confidentiality, consent, and the best interests of the child.

- Access to services and gathering of personal data is a voluntary process open to all Venezuelan refugees and migrants, regardless of age, race, religion, gender or sexual orientation.
- The confidentiality of personal data must be respected at all times by each service provider that handles information.
- The person from whom information is collected should be informed, either verbally or in writing, clearly and in a language that can be understood.
- The information is always requested directly to the concerned person, including to children and adolescents when possible.
- The necessary measures for data collection will be put in place in order to respond the needs of women, children, and persons with specific needs.
- Confidential data on individual cases are never disclosed in coordination meetings.
- Recording, storage and sharing of data and information on assisted persons must be carried out in accordance with the confidentiality guidelines and data protection policy of each service provider, respecting international standards.
- Data recording should facilitate at all times access to available services and develop referral pathways, supporting people at greatest risk, including women, survivors of gender-based violence (GBV), children and adolescents, among others.
- The information collected must be properly analyzed and used to design an appropriate programmatic response.
- Evaluate security risks before starting the data collection particularly on children and adolescents and cases of GBV survivors.
- Identify and train Support Spaces' staff to guarantee confidentiality and a safe referral according to the standards and guidelines established in the SOP for Support Spaces and its annexes.
- Case management strategies and protocols must be agreed upon by the actors involved.

¹ UN High Commissioner for Refugees (UNHCR), Policy on the Protection of Personal Data of Persons of Concern to UNHCR, May 2015, available at: http://www.refworld.org/docid/55643c1d4.html



2. REGISTERING PERSONAL INFORMATION

Although it is preferable to use a unique registration system (ie ProGres v4), as long as a common and interagency registration system for the Support Spaces has not been established, all service providers will record a series of basic and / or personal data on the people who access their services. The Regional Support Spaces Group will continue to explore, in consultation with the Regional Platform, the feasibility of establishing a common information management system. Access to services and gathering of personal data is a voluntary process open to all Venezuelan refugees and migrants, regardless of age, race, religion, gender or sexual orientation.

All personal information is classified as confidential. In line with the principle of confidentiality, consent must be obtained, orally or in writing, from each adult who is registered. Confidentiality applies to information shared by the beneficiaries. The content of individual information refers to data that has been provided by the beneficiary, as well as to the data that any of the service providers has obtained or has been generated by other actors / services (i.e. existing files or related cases).

Whenever possible and relevant to the service provider's mandate, the information recorded should include the specific needs of each individual in order to be able to respond to those protection risks and facilitate the identification of the people at greatest risk, and ensure follow up on the situation of each person.

Children and adolescents should be consulted, and they will be given all the necessary information so that they can make an informed decision using appropriate techniques that allow them to express themselves freely according to their age and maturity. Together with the child's assent, the consent of parents or caregivers, the best interest of the child or adolescent will guide the actors to on the referral.

Data on GBV cases must respect the consent of the survivors and be managed following the minimum standards and principles of confidentiality. Data containing information on GBV survivors must be collected and stored in accordance with international standards that prioritize the confidentiality and security of survivors. All service providers will protect personal information of GBV cases to ensure that no harm is caused to survivors or to any member of the community as a result of the activities of registering and sharing information.

2.1 KEY OBJECTIVES

The recording of personal data by Support Spaces service providers aims to prioritize and systematize:

- The identification of persons in need of protection and assistance
- Preliminary assessment of specific needs and imminent protection risksProtection intervention (i.e. non-refoulement at the border, relocation, etc.)



- Facilitate access to basic services and referrals to specialized services
- Improve the programming of prevention and response activities

2.1 MINIMUM INFORMATION REGISTRY

Refugees and migrants from Venezuela who access services within the framework of the Support Spaces will be registered by each service provider to receive (as long as it is available and appropriate) assistance, referral to specialized services and case management. All providers that operate in the Support Space will collect minimum information from people who access their services.

This set of mandatory registry data will be additional to other information that service providers collect through their own programs and in accordance with their reporting objectives. The following list of mandatory information will be collected by each service provider respecting the principles and standards contained in this guide.

- Name
- Date of birth
- Gender
- Ethnicity
- · Country of origin
- Identification number (if available)
- Disability (if any)
- Marital status
- Level of education

- Profession/occupation
- · Family members
- Date of arrival
- Duration of stay in present country (on the move or intention to stay)
- Phone number, WhatsApp, email address
- Current address or contact person
- Reasons for visiting service

2.1 DATA COLLECTION WITH AN APPROACH OF AGE, GENDER AND DIVERSITY

When pertinent, and in any case for protection services that involve case management, data collection will be done using tools that have an age, gender and diversity approach, which in addition to allowing a response to different needs and risks faced by different people, it serves to document and analyze the characteristics and trends of the population served more globally.

Likewise, disaggregated information helps to minimize the risk of overlooking specific needs related to age and gender and to the diverse profiles of the refugee and migrant population in Venezuela.



2.1 SECURITY OF PERSONAL INFORMATION

Each organization working at the Support Space will be responsible for ensuring that the registered data of its beneficiaries are safe and protected, and will implement appropriate procedures to maintain the confidentiality of the data. Each service provider will be responsible for establishing their own standardized operating procedures (SOPs) for data security, training personnel in data protection and security, maintaining physical security of both facilities and physical files, as well as of the equipment, laptops and individual case documents, among other measures. The measures for the security of personal information aim to protect the personal data of the beneficiaries from the risks of accidental or illegitimate destruction, loss, alteration, unauthorized disclosure, as well as unauthorized access to them.

All information registered by service providers will be stored securely, and the exchange of information will be possible only if the purpose is to provide additional and necessary assistance and protection.

The registration process covers the collection of basic biographical data, the identification of specific needs, as well as the referral to relevant services or institutions for additional assistance. To guarantee and respect confidentiality, the data must be archived and stored in a way that is accessible only to personnel and shared only through protected communication channels. All staff of service providers operating in the Support Space are obliged to respect the minimum standards of confidentiality.

Data containing information on survivors of GBV should be stored following international standards that prioritize the confidentiality and security of survivors. Information related to protection cases must be stored separately and only the assigned focal point may have access to it.

3 INFORMATION SHARING

3.1 KEY CONSIDERATIONS

Some key points of the process to exchange and share information and consolidation of data on the people served by each service provider within the Support Space. Share only "strictly necessary" information once it has been discussed and agreed with the person accessing the services.

- Protect electronic data with passwords and send them through the web as encrypted files.
- The information sent to working groups should be consolidated, analyzed and shared back with the relevant actors, including the people affected in the most appropriate way. In the



case of information related to VBG survivors, it must be anonymized.

- Train all staff in handling basic information.
- Be guided by the principles established in the interagency information exchange protocols if the agency does not have its own.
- The Support Space local Coordinator will be the focal point to coordinate the monitoring of referrals of cases to other services, and will also promote cooperation and information exchange among the organizations that are part of the Support Space.
- Service providers must follow the interagency protocols for referrals and case management on GBV, trafficking and smuggling and child protection.
- In no case will there be data that identify or put at risk the people assisted by service providers at the Support Spaces, including the information shared with the Coordinator for the biweekly report or with other partners for the purpose of generating statistics and trends (i.e. weekly meetings).
- GBV information will not be used for statistics (even being anonymized) if the survivor does not give her/his consent.

Information on reported protection cases will be shared anonymously and consolidated in order to help identify and address gaps, prioritize actions and improve interagency coordination and programming for prevention and response and advocacy efforts.

An Information Sharing Protocol (ISP) will be developed and agreed upon, and will become an integral part of this SOP.

3.2 REPORTE SEMANAL DE ESTADÍSTICAS Y TENDENCIAS

During the weekly meeting, service providers will share statistics and figures disaggregated by age, gender and protection risks based on the minimum information collected, this in order to identify protection gaps, trends and improve the programming of activities for prevention and response, among others.

Each agency will prepare a Weekly Statistics and Trends Report broken down by age and gender, which will be shared during the weekly Support Space Coordination meeting. The meetings will be held within the facilities of the Support Space, respecting the privacy of personal data of the beneficiaries and guaranteeing the confidentiality of the information.

Both, focal points for data management, as well as all personnel (contracted or volunteers) working in the Support Space will be responsible for respecting the basic principles for the protection of personal data and will be responsible for ensuring that no harm is caused to



any person of concern as a result of the activities of registering and sharing information.

3.3 BIWEEKLY REPORT OF THE SUPPORT SPACE COORDINATOR

The National Coordinator will receive basic information of the beneficiaries, on a weekly basis, in order to prepare a Biweekly Report. To that effect, the national Coordinator will facilitate the use of standardized tools (i.e. KOBO questionnaire) to service providers for the purpose of sharing basic and anonymized information with the Local Coordinator of the Support Space, information sharing at this level with the objective of preparing key statistics, analysis of trends and relevant development for the report.

The basic information shared for the purpose of the Biweekly Report must be gathered based on the registration records of each service provider. The Coordinator must include the following information on this Report:

NATIONALITY	GENDER	AGE	ETHNICITY	DATE OF ARRIVAL	SERVICES	IN TRANSIT OR
				TO THE COUNTRY	RECEIVED	RESIDING

The contributions shared must cover all the people who access services in the Support Spaces, including people in transit or residing in each place.

Both the focal points for data management, as well as all personnel (contracted or volunteers) working, will be responsible for respecting the basic principles for the protection of personal data.

3.4 MONITORING AND EVALUATION INDICATORS FOR SUPPORT SPACES

3.4.1. Activity indicators for Support Spaces through Activity Info

Based on the data reported by the local Support Spaces Coordinators, the focal point of the National Platform will report the following mandatory information through the website Activity Info. The online reporting on the indicator below facilitates monitoring and evaluation of activities carried out at Support Spaces at national and regional level.

• Number of refugees and migrants assisted through Support Spaces.

This indicator includes information and orientation services on safe routes, rights and available services, and assistance among others. The reported data on persons assisted must be disaggregated by gender (male, female, other), age (+/- 18) and nationality.



3.4.2. Indicators for Support Spaces – for narrative reports prepared by each Support Space

In addition to the indicators in reported online through Activity Info, the Support Spaces will use the following indicators for the purpose of preparing internal reports and reporting to local and national platforms on a monthly basis. The information required to complete the following indicators must be reported to the National Platform by the Coordinator of each Support Space.

- Number of Support Spaces stablished and functioning.
- Numbers of persons referred by the Support Spaces to external services. (i.e. food canteens, health centres, specialized services, etc.)
- Number of Support Spaces Coordinators designated and coordinating activities with present actors in the Support Spaces.
- Number of meetings carried out among actors operating in the Support Space.
- Number of monthly reports elaborated and shared with the National Platform.

4 ACCOUNTABILITY

In case of breach of the rules that guarantee the confidentiality and security of any person's data, the exchange of information will be interrupted until it is resolved. The actors responsible for the breach will report to the Support Spaces Coordinator and to the people affected, additionally the protocol for information sharing will be reviewed.



ANNEX - 10

ESSENTIAL ACTIONS IN NUTRITION

It is recommended that the nutrition prevention and response plan include the following minimum actions:

CONDUCT A RAPID NEEDS ASSESSMENT

Conduct a quick assessment of nutritional needs to get an idea of the number of vulnerable groups that need nutritional support to prevent malnutrition:

- Identify the population in need: babies under 6 months, babies and children from 6 to 24 months, children under 5 years and pregnant and lactating women.
- Evaluate childhood feeding practices from 0-24 months: breastfeeding practices and difficulties, dietary diversity in boys and girls, requests for food support, baby nutrition and health status.
- Assess whether pregnant and lactating women receive micronutrient tablets (iron/folic acid).

SUPPORT MEASURES TO PREVENT MALNUTRITION

- Avoid substitutes for breast milk, dairy products, and bottles. Infant formula feeding always carries risks, and these increase in circumstances where there may not be clean water to prepare the infant formula or to clean bottles and pacifiers. Breast milk substitutes should only be used as a last resort with the support of trained technical personnel.
- Ensure access to drinking water for drinking and washing hands (soap needed), and access to sanitation facilities separated by sex, accessible to all with cleaning inspections ad properly equiped.
- Provide feeding advice for infants and young children (focused on children aged 0-24 months), by a qualified health professional.
- Provide a nutritional supplement for children aged 6 to 59 months if feeding practices are not adequate (Supplement based on medium quantity lipids (MQ-LNS), 50g)
 - 1 bag (50 g) per day per child
- Provide daily micronutrient tablets to pregnant and lactating women (including iron/folic acid).

SUPPORT MEASURES TO ADDRESS MALNUTRITION

- Carry out a nutritional assessment of children under 5 years with MUAC tape measure to identify children with acute malnutrition. Look for visible signs of malnutrition and reports on cases of diarrhea.
- Refer cases of acute malnutrition to health services to receive specialized treatment.



ANNEX – 11

MINIMUM WASH ACTIONS

OUTPUT	OUTPUTS
All Support Spaces maintain minimum WASH Standards to contribute to the health of refugees and	
migrants and to services provided in the Support Space.	Support Spaces include the WASH services needed to enable other priority services (as vaccination, nutritional evaluation, child-friendly space, etc.)

BUILDING		ACTIONS
Access and water (quantity and quality)	Refuges and migrants have free access to a sufficient quantity of safe water to meet their drinking and needs.	 Provide a reliable water supply of sufficient quantity and quality, appropriate to the Support Spaces. Identify the most appropriate water source. Determine how much water is required and the systems needed to deliver it. Ensure appropriate waterpoint drainage at communal washing, bathing and handwashing facilities. Determine the most appropriate method for ensuring safe drinking water at point of consumption or use.
Access and water (quantity and quality).	Refuges and migrants have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times. Excreta management facilities, infrastructure and systems at the Support Space are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.	 Provide sufficient excreta disposal facilities to limit disease transmission. Determine the most appropriate technical options for toilets. If available, evaluate the existing facilities and improvements needed. Quantify the population's toilets requirements. Provide appropriate facilities inside toilets for washing and drying or disposal of menstrual hygiene and incontinence materials. Ensure that the water supply needs of the technical options can be feasibly met. Establish facilities in newly constructed Support Spaces or those with substantially damaged infrastructure to immediately contain excreta. Design and construct all excreta management facilities based on a risk assessment of potential contamination of any nearby surface water or groundwater source. Contain and dispose of children's and babies' feces safely and ensure a baby changing space. Design and construct all excreta management facilities to minimize access to the excreta by problem vectors. Establish collection, transport, treatment and disposal systems that align with local systems, by working with local authorities responsible for excreta management.





		 Dislodge the containment facility safely, considering both those doing the collection and those around them. Ensure that Support Space workers have the information, means, tools and materials to construct, clean, repair and maintain their toilets. Confirm that any water needed for excreta transport can be met from available water sources, without placing undue stress on those sources.
Access to hygiene and Hygiene promotion	Refugees and migrants are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them. Appropriate items to support hygiene, health, dignity and well-being are available and used by Refugees and migrants and Support Space workers.	 Provide information and essential hygiene products to ensure and promote hygiene in the Space and beyond. Identify the main public health risks and the current hygiene practices that contribute to these risks. Work with the Migrant and Refugees to design and manage hygiene promotion and the wider WASH response. Use community feedback and health surveillance data to adapt and improve hygiene promotion, according to Hygiene Promotion Strategy (beyond Support Space). Identify the essential hygiene items that individuals, households and communities need. Provide timely access to essential items. Work with local authorities and other actors to plan how people will collect or access hygiene items in the Support Space or other points around. Seek feedback from affected people on the appropriateness of the hygiene items chosen and their satisfaction with the mechanism for accessing them.
Menstrual hygiene management and incontinence	Women and girls of men- struating age, and males and females with incontinence, have access to hygiene prod- ucts and WASH facilities that support their dignity and well-being	 Ensure possibilities of Menstrual Hygiene Management (MHM) in the Support Spaces. Understand the practices, social norms and myths concerning menstrual hygiene management and incontinence management and adapt hygiene supplies and facilities. Consult women, girls and people with incontinence on the design, siting and management of facilities (toilets, bathing, laundry, disposal and water supply). Provide access to appropriate menstrual hygiene management and incontinence materials, soap (for bathing, laundry and handwashing) and other hygiene items. Ensure that WASH facilities are adapted to enable MHM. Ensure that Support Space workers support Menstrual Hygiene Management actions and needs.





Environment free from solid waste

Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments

- Provide enough cleaning materials and equipment for Support Spaces workers, refugees and migrants to maintain hygiene.
- · Maintain a clean and hygienic environment.
- . Handle, treat and dispose of waste correctly
 - Design the solid waste disposal system in the Support Space based on public health risks, assessment of waste generated.
 - Work with local or municipal authorities and service providers to make sure that they will accompany the solid waste system.
 - Provide protective clothing for and immunize people who collect and dispose of solid waste and those involved in reuse or re-purposing
 - Ensure that solid waste management will be integrated in the treatment sites that are appropriately, adequately and safely Managed.
 - Minimize packing material and reduce the solid waste.
 - Ensure that services in the Support Spaces and administrative offices have clearly marked, appropriate and adequate covered on-site storage for waste generated at that location.



ANNEX - 12

ADHESION TO THE SUPPORT SPACES NETWORK

Me	legal representative of the organization	I freely agree,
that th	he organization that I represent, takes part of the regional Support Տլ	paces initiative
promo	oted by the Regional Interagency Coordination Platform for Refugees	and Migrants
from V	/enezuela.	
Being	part of the Regional Support Spaces Network I commit to:	

- Apply the proposed methodology and work in coordination with civil society organizations, United Nations and other key actors members of this network;
- Place logos and harmonized visibility in a visible place that indicates the existence of a Support Space;
- Assign a focal point to facilitate communication;
- Adhere to and respect the Code of Conduct and standards for the Prevention of Sexual Exploitation and Abuse (PSEA)

Finally, by signing this note, I authorize that the name of my organization, its logo and contact information appear in the information resources (brochures, social networks, web pages) available to respond to the situation of refugees and migrants from Venezuela.

SUPPORT SPACES INFORMATION

Name of the Support Space	
Organization in charge	
Country	
Province/City	
Municipality	
GPS coordinates (longitude and latitude)	

AGREEMENT AND SIGNATURES

Organization	Focal Point name	Signature	Date

SUPPORT SPACES VENEZUELA SITUATION

Training Package Support Spaces Personnel





OBJECTIVE

The Support Spaces initiative aims to strengthen the response to refugees and migrants from Venezuela, returnees and host populations in vulnerable situations, both in the communities and along the routes. This is achieved by working as a network and using harmonized tools, approaches and principles for managing, administering, coordinating and providing comprehensive services at the Support Spaces.

The Support Spaces toolkit is accessible in the following page R4V.info.

CONTENT OF THE TRAINING PACKAGE

To access the complete training package click <u>here</u> or download each module following the categories below:

MODULE 1: INTERNATIONAL FRAMEWORK FOR THE HUMANITARIAN RESPONSE. GUIDING PRINCIPLES

- 1.1. The humanitarian principles and the normative framework of humanitarian action
- 1.2 The humanitarian response in mixed movement contexts
- 1.3 (optional): The Evolution of humanitarian aid. Humanitarian Charter and the Minimum Standards
- 1.4 (optional): Protection mainstreaming and integration
- 1.5 (optional): Introduction to International Protection and UNHCR's mandate

MODULE 2: RESPONSE MECHANISMS TO THE VENEZUELA SITUATION. THE REGIONAL INTERAGEN-CY COORDINATION PLATFORM FOR REFUGEES AND MIGRANTS FROM VENEZUELA

2.1 Coordination and response mechanisms for the Venezuela Situation

MODULE 3: SUPPORT SPACES: STRUCTURE, ACTORS, ROLES AND RESPONSIBILITIES

3.1 Key components, areas of intervention, coordination and reporting in the Support Spaces

MODULE 4: PRINCIPLES, APPROACHES AND MECHANISMS FOR THE PROVISION OF SERVICES IN THE SUPPORT SPACES

4.1 Principles and approaches for the delivery of services in the Support Spaces

MODULE 5: SAFE IDENTIFICATION AND REFERRALS OF CASES WITH SPECIFIC PROTECTION NEEDS IN THE SUPPORT SPACES

5.1 Key principles and considerations for the safe identification and referrals

5.2 Tools for the referral and prioritization of individual cases in the Support Spaces

MODULE 6: CHILD FRIENDLY SPACES

6.1 Implementation of Child Friendly Spaces

MODULE 7: PROTECTION AND ASSISTANCE WITH GENDER FOCUS. PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE

- 7.1 Spaces for women and girls
- 7.2 Services for survivors of Gender-Based Violence. Code of Conduct Guidelines and Protection against Sexual Exploitation and Abuse (PSEA)

MODULE 8: KEY INFORMATION MANAGEMENT CONSIDERATIONS IN THE SUPPORT SPACES

8.1 Management of personal data in the Support Spaces

MODULE 9: FEEDBACK AND COMPLAINTS MECHANISMS

9.1 Feedback and complaint mechanisms in the Support Spaces

MODULE 10: PLANNING, MONITORING AND EVALUATION IN THE SUPPORT SPACES

10.1 Monitoring and evaluation tools. Service Mapping in the Support Spaces and other services

COMPLEMENTARY/ OPTIONAL MODULES

Module: Human trafficking and smuggling Module: Prevention and Response to HIV/AIDS

Module: Psychological first aid and psychological support

Module: Essential Actions in WASH and Nutrition



Coordination Platform for Refugees and Migrants from Venezuela

