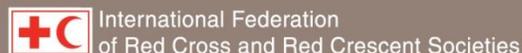


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24-month Update

Colombia: Population Movement



Emergency Appeal Operation: MDRCO014	Date of issue: 15 May 2020
Operation timeframe: 15 March 2018 to 30 June 2020 (Extended one year with this update with new end date of 30 June 2021)	Timeframe covered by this report: 15 March 2018 to 31 March 2020
Overall operation budget: 6,591,863 Swiss francs	DREF amount initially allocated: CHF 328,817
Funding gap as of 31 March 2020: CHF 715,223 (89% coverage)	Donor response as of publication date
N° of people to be assisted: 170,000 people	
Host National Society presence: The Colombian Red Cross Society (CRCS) has broad national presence in the country through 32 departmental branches, reaching more than 200 municipalities (through municipal units and local support groups), and 22,916 volunteers.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.	
Donors to this Emergency Appeal: Movement partners: American Red Cross, British Red Cross (from British Government), China Red Cross, Hong Kong branch, Iraqi Red Crescent Society, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, The Canadian Red Cross Society (from Canadian Government) and The Netherlands Red Cross (from Netherlands Government). Donors: European Investment Bank Institute, The United States Government – USAID/OFDA, Western Union Foundation and Italian Government Bilateral Emergency Fund.	
Other partner organizations actively involved in the operation: National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), Migration Colombia, Ministry of Foreign Affairs of Colombia, the UN Refugee Agency (UNHCR), UN Office for the Coordination of Humanitarian Affairs (UN OCHA), International Organization for Migration (IOM), as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows (GIFMM for its acronym in Spanish)	
The Colombian Red Cross Society continues to conduct a country-wide response to the population movement. In the past 24 months, there has been a continuous increase in the numbers of people on the move, with varying profiles, needs and plans. The situation affects six key population groups: migrants on foot (<i>caminantes</i>), host communities, settled migrants, pendular migrants, Colombian returnees from Venezuela and seasonal migrants. All groups encounter similar challenges, such as access to health services and livelihoods, but they also face different risks according to their condition. During the first 24 months of this Emergency Appeal, the CRCS, with the support of the IFRC, has provided this diverse population with health care, including psychosocial support (PSS) services, as well as conducting integrated	

actions in the areas of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; protection, gender and inclusion.

Through this Emergency Appeal, five Health Care Units (HCU) are active in Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo) and seven Health Providing Institutes (HPI) were operational in Riohacha and Maicao (La Guajira), Bucaramanga (Santander), Cartagena (Bolívar), Barranquilla (Atlántico) and Soacha (Cundinamarca) and Cucuta (Norte de Santander) up until December 2019. In aggregate, all these medical units have provided 252,449 health care services. Apart from standard primary health care, 57,146 community services were provided to children, adolescents and adults. Friendly spaces have provided safety to 19,554 migrants in situations of extreme vulnerability such as children, nursing mothers and pregnant women, and members of the LGBTIQ community. In addition, through Restoring Family Links (RFL) actions, 11,443 people were able to re-establish and maintain contact with their loved ones. Thousands more received hygiene kits, bedding kits, and food kits. In total, 401,480 services were provided, in addition to an estimated 152,261 people who used the hydration points to access safe water.

Given the continued demand for humanitarian support to people on the move within and across borders, and migrants who have settled in Colombia, combined with the forecasts that indicate that migration flows will not decrease in the medium term despite the COVID-19 pandemic, this operation has been extended for 12 months with a new end date of 30 June 2021. The CRCS and IFRC are in the process of revising this Emergency Appeal, which is expected to be published in June 2020. The operation will continue to provide existing services, attend to migrants' humanitarian needs in additional locations, address further protection needs and increase recovery, stabilization and integration activities. Although 89 per cent coverage of the current budget has been financed, further funding is required to support activities until June 2021. This 24-month Update supports the forthcoming revision, which will contain a timeframe extension, increased budget and new results framework for this Emergency Appeal. The IFRC kindly encourages increased donor support to ensure the completion of the planned activities, which include actions to ensure their sustainability after the operation ends.

<Click [here](#) for the financial report. Click [here](#) for Contacts.>

July 2017: The migratory flow across the Colombia – Venezuela border increases significantly. The DREF operation Colombia: Population Movement (MDRCO013) is launched for 236,295 Swiss francs.

October 2017: The volume of the migratory flow continues, prompting a six-month extension to the operation. Coverage and resources to the DREF are increased to 297,157 Swiss francs with 231,836 people reached in 2017. The [final report](#) is published in 2018.

February 2018: The Colombian government expresses its willingness to receive international support, with the State's National Unit for Disaster Risk Management (UNGRD) requesting complementary support from the CRCS.



The Colombian Red Cross Society (CRCS) provides disease prevention and health promotion to vulnerable migrants and host communities. Putumayo Health Care Unit. February 2020. Source: CRCS.

- **March 2018:** The IFRC launches an [Emergency Appeal](#) for 2.2 million Swiss francs to assist 120,000 people for 12 months.
- **April 2018:** The IFRC issues the [first revision of the Emergency Appeal](#) seeking 2.5 million Swiss francs to assist 120,000 people, including an increased budget to expand coverage of the protection and migration activities.
- **July 2018:** [Operations update n°1](#) issued.
- **August 2018:** The number of people migrating increases, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Emergency Appeal](#) for 4,890,382 Swiss francs to expand the scope of health activities.
- **September 2018:** [Operations update n°2](#) issued.
- **February 2019:** [Six-month update](#) issued.
- **May 2019:** [12-month update](#) issued.
- **August 2019:** [Third revision of the Emergency Appeal](#) issued for 6,591,8634 Swiss francs with an extension until June 2020.
- **January 2020:** [18-month update](#) issued.
- **March 2020:** Colombia confirms its first case of COVID-19. COVID-19 national emergency declared, and Colombia closes its terrestrial, aerial and maritime borders.

A. SITUATION ANALYSIS

Description of the disaster

As of March 2020, the Coordination Platform for Migrants and Refugees from Venezuela estimates that [5.1 million](#) Venezuelans, around 15 per cent of the country's population, have emigrated. Comparatively, this is [the second largest population movement](#) in the world, just below the Syrian crisis that began in 2011.

Map 1 shows the migration patterns of Venezuelan migrants in Latin America, signalling the magnitude of the challenge for Colombia in comparison with neighbouring countries.

Out of the 5.1 million Venezuelan migrants, [4.3 million](#) (83%) are estimated to be in Latin America, and Colombia continues to be the number one receptor with [1.8 million](#) (35%), which represents 3,7% of the country's total population and is slightly more than its indigenous population. Since October 2019, the estimated [number of irregular](#) Venezuelans in Colombia has surpassed the number of registered Venezuelans. The graph below shows the exponential trajectory of this migratory phenomena.

As described in the 18-month update, this Emergency Appeal has targeted six key population groups: migrants on foot (*caminantes*), host communities, migrants who have settled, pendular migrants, Colombian returnees from Venezuela and seasonal migrants. All groups face similar deprivations, especially in health services and livelihood opportunities, but they also face different risks according to their profile and condition. Overall, migrants on foot are among the most vulnerable, especially affected by food insecurity and respiratory infections. Host communities



Map 1: Venezuelan migration in Latin America. March 2020.

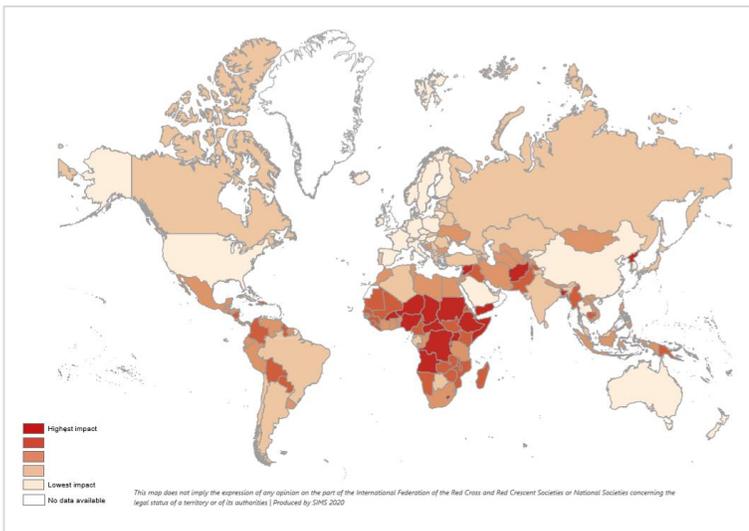
Source: <https://r4v.info/en/situations/platform>

experience a decrease in their already scarce access to public services (i.e. access to safe water). Settled migrants and Colombian returnees often cannot find regular employment, whilst seasonal migrants depend on livelihoods opportunities. Pendular migrants have other needs; in the case of women, pre and postnatal care are the predominant services sought by this group, and the follow up and treatments for some chronic conditions.

The Colombian Red Cross Society (CRCS), with the support of its partners, has been engaged for over three years in its humanitarian response to the migration situation. Recent diplomatic developments between the Venezuelan and US governments, the global spread of COVID-19, as well as border closures due to the sanitary emergency, may increase tensions in the subregion and lead to new humanitarian needs.

The COVID-19 pandemic has restructured the humanitarian landscape in Colombia, as in the rest of the world. A virus that was initially deemed as indiscriminate of social and economic status, now demonstrates greater potential affectation amongst people in the lower deciles of society who are more dependent on daily income-generation activities, increasing the risks for food insecurity, health conditions and protection situations. Since they cannot afford to retreat into their homes for long periods of time, their exposure to contagion sources also augments. In practice this means that humanitarian organizations are in the process to recalculate their needs analysis, estimate the impact of the virus on their original problematic situation, and redistribute resources accordingly.

The first case of COVID-19 in Colombia was reported on 6 March 2020. In the framework of its global response to the pandemic, the IFRC has designed a Country Impact Index for COVID-19 affectation. According to this comparative measure, Colombia scores 4 on a 1 to 5 scale, with 5 being the highest level of affectation. This comparative index indicates that Colombia is a country of especially high affectation in the Americas region.



COVID-19 has an enormous impact on migrants in Colombia. Since January 2020, the number of people reached by the Emergency Appeal has plummeted. Initially, the December 2019 decrease in number of people reached and services provided was explained by the return of migrants to Venezuela, mostly to spend the end of the year with their families after having been apart for lengthy periods of time. By end of February, the numbers were expected to normalize as migrants returned to or through Colombia (as determined through rapid surveys carried out in December 2019), however they never did. By 25 March 2020, when social isolation measures were enforced nationwide, it was clear that the number of migrants reached in 2020 had reduced between 60 to 80% in every Health Care Unit (HCU).

Map 2: Country Impact Index for COVID-19. 13 April 2020. Source: IFRC

This first consequence of the COVID-19 virus on this operation is expected to last well into the second semester of the current year. In addition, the complete halt of economic activity in the informal sector in Colombia, one sector that was increasingly occupied by Venezuelan migrants, has resulted in the return of increasing numbers of migrants to Venezuela, unable to attend to their basic needs, or pay rent. In Cucuta, the largest border city, [71% of the working population is informal](#). In addition, the [closure of all national borders](#) on 17 March 2020 has meant that increasing numbers of migrants use [informal passing corridors](#), augmenting the risks of being exposed to illegal tolls and abuse or violence by armed groups.

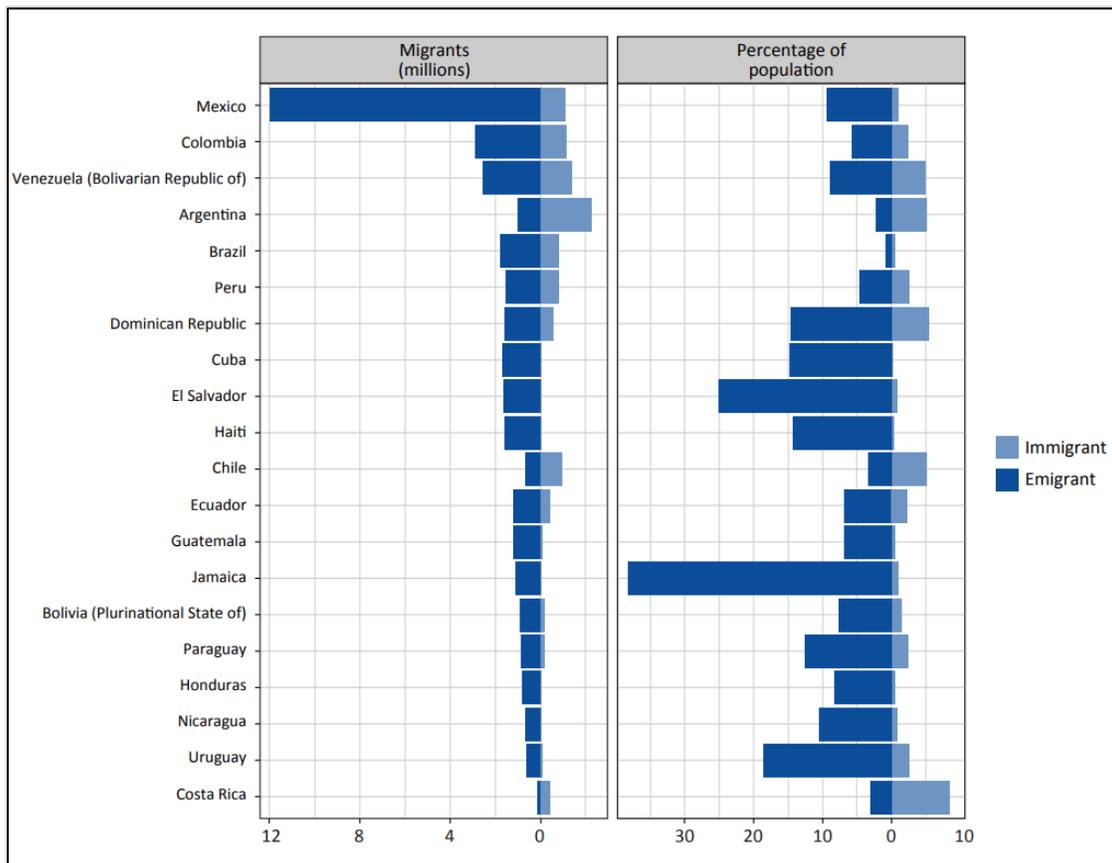
The effects and challenges from COVID-19 also will have an impact in the different sectors in the medium and long term. The more concerning effect of the pandemic will manifest over a longer period of time (6 to 12 months), when the contagion

spreads into peripheral areas. The humanitarian response to COVID-19 by the Colombian Red Cross Society, also supported through an IFRC global Emergency Appeal for the response to COVID-19, is focused on providing technical assistance, personal protection equipment and additional medical equipment to the field teams, as well as increasing distribution of hygiene elements and dissemination to communities.

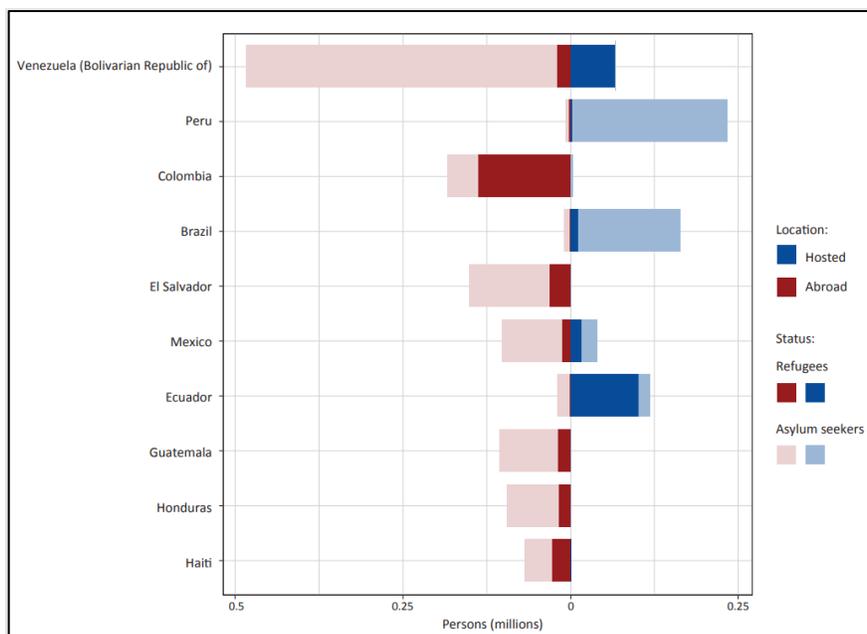
As a result, the migration response has needed to adapt to changing circumstances given the shift in immediate humanitarian needs, and continuous innovation may be required as the operation continues.

Regional context

The [IOM 2020 Annual Report](#) shows that despite the imminent humanitarian challenge that the Venezuelan population movement represents for the region, other Latin American countries such as Mexico and Colombia have higher gross or proportional number of nationals abroad (see Graph 1). It also shows that there are some countries that are clear producers of emigration for political reasons, while others are hosts for political exiles. Paradoxically, Venezuela produces simultaneously the highest number of asylum seekers in other countries and is the second highest host of refugees (see Graph 2).



Graph 1. Top 20 Latin American and Caribbean migrant countries in 2019
 Source: IOM [Annual Migration Report](#), 2020, p. 98.



Graph 2 Top 10 Latin American and Caribbean countries by total refugee and asylum seekers in 2018
 Source: IOM [Annual Migration Report, 2020](#).

Summary of current response

Overview of Host National Society¹

During the first 24 months of this operation, the CRCS and IFRC worked together to provide primary health care attention, through two key operational models: i) health care units in border cities, where migrants on foot (*caminantes*), and pendular migrants are predominant; and ii) health providing institutes (HPI) of the Colombian Red Cross Society in big cities (more than 500,000 inhabitants), where host communities and settled migrants live. Additional services in connectivity, humanitarian assistance and protection are provided based on the needs identified by the CRCS and the IFRC, seeking at all times complementarity in the response, along with the ability to respond promptly to urgent needs.

Health Care Units (HCU)

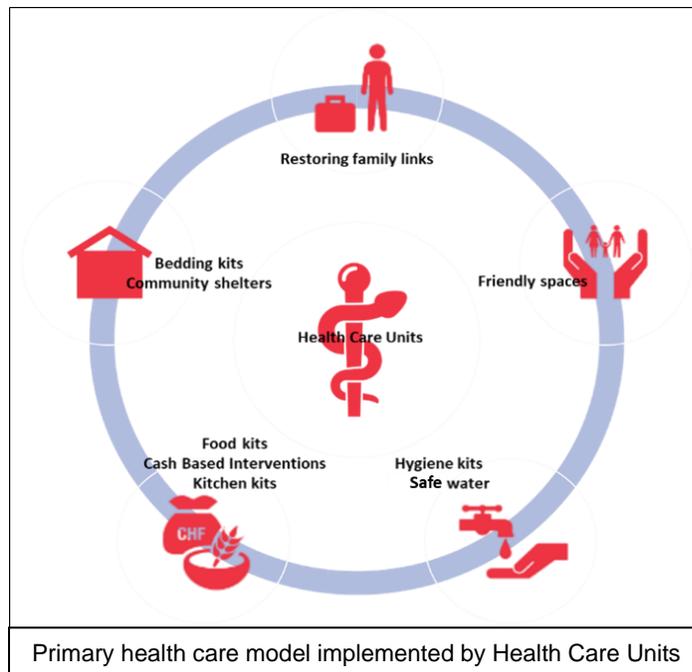
Five HCUs were established in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo). Each HCU has a team with a doctor, a nurse, a nursing assistant, a psychologist, a field local coordinator, a driver/logistician, a pharmacist and an administrative assistant or general services staff, the latter depending on the local needs. Due to the high volume of people requiring these services in Riohacha and Arauca, health staff was increased in February and March 2019, respectively, with a second doctor, nurse and nursing assistant. Each team has also the support from CRCS volunteers according the context and needs. For example, nurses almost always had volunteers to help with patient registration, triage and data collection, as well as health promotion and prevention talks. Similarly, volunteers engage in collective psychosocial support while psychologists attend other people.

¹ This operation's actions are aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#): *At all stages of their journeys, and irrespective of their legal status, migrants find the CRCS-IFRC team ready to respond to their needs, enhance their resilience, and advocate for their rights.*

HCU operate in two types of border cities: those with a high flow of migrants (Riohacha, Arauca and Ipiales), and those with a low level of capacity to address humanitarian needs (Puerto Carreño and La Hormiga). In both contexts, HCUs provide primary health care, as well as complementary services in shelter; basic needs; WASH; and protection, gender and inclusion (PGI).

On a monthly basis, each medical team conducts field missions in the surrounding communities that have proven need for primary health care. Five trailers were adapted and delivered to each HCU for medical teams to conduct missions away from their usual place of work, in peripheral areas and to support the actions in the field. The use of trailers allowed medical units to attend vulnerable populations with more dignity and privacy, and by facilitating a mobile modality, to reach communities that otherwise would not have been reached.

Apart from the services provided at the five HCUs, this Emergency Appeal also is financing medical teams in Maicao, Rumichaca and Cucuta. In Maicao, this operation has installed a team of nurses at the Migrant Integral Attention Centre, which was set up by UNHCR. In Rumichaca, a medical team has been placed at the border crossing, to reach out to migrants as they cross the border from or into Ecuador. Finally, in Cucuta, the operation has supported the establishment of a mobile primary health care unit to assist walking migrants in the main route between Cucuta and Bucaramanga, co-financed by the IFRC Monarch Butterfly Programme.

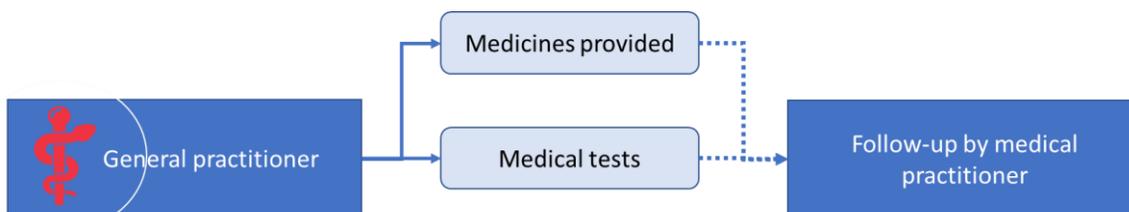


Health Providing Institutes (HPI)

HPI are points of care affiliated with the country's general healthcare system. This model provides services in urban centres where migrants have settled and are able to receive continuous medical treatment. It provides a higher level of care than the HCU (services classified as low and medium complexity according to Colombian regulations) and includes laboratory tests. CRCS HPIs which contributed to this operation are located in Barranquilla (Atlántico), Soacha (Cundinamarca), Cucuta (Norte de Santander), Bucaramanga (Santander), Cartagena (Bolívar), Maicao and Riohacha (Guajira). HPI operated throughout the second semester of 2019 up until 31 December 2019.

The diagram below shows the services provided at HPIs. Patients access the services via a consultation with the general practitioner who may authorize medicines and laboratory tests. This cycle is the same in follow-up consultations.

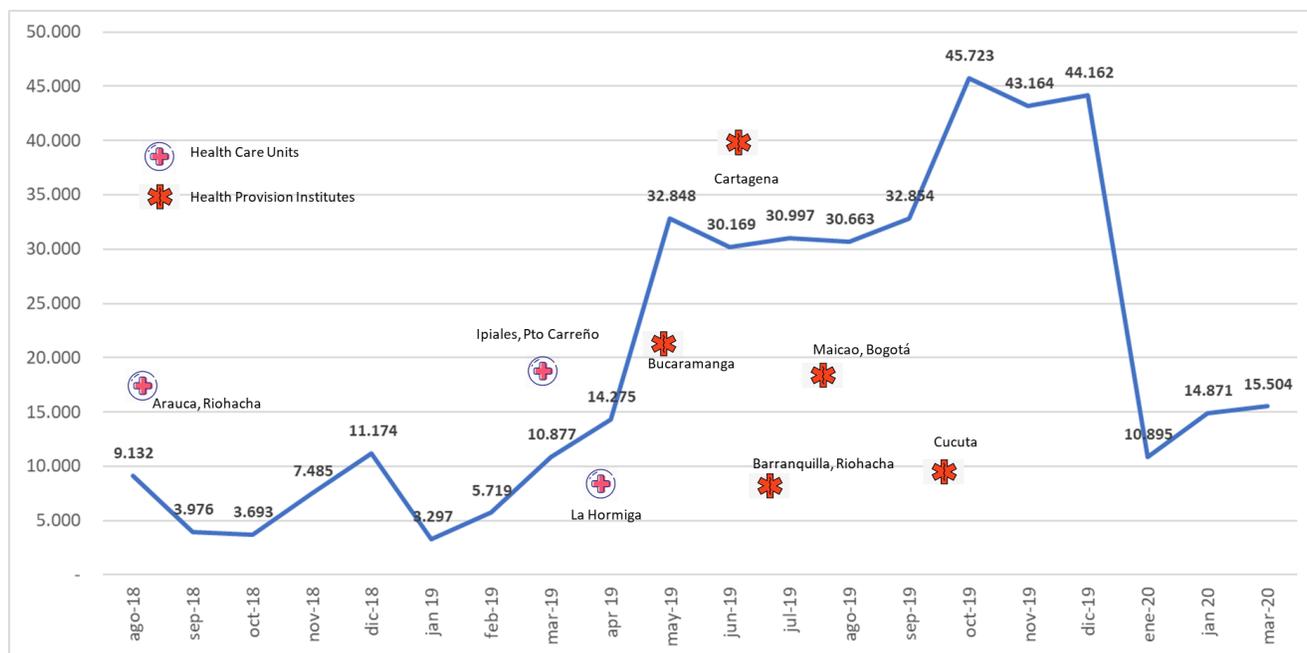
Primary health care model implemented by HPI



Progress towards outcomes

The graph below shows the number of health services provided during the 24 months of this operation. The graph also indicates the months in which each HCU and HPI were operational.

Number of services and operational start-dates of HCU and HPI



Operational achievements (as of 31 March 2020)

401,480 total services provided	8,500 essential food assistance kits	2,688 bedding kits distributed	252,449 health care services provided	33,615 psychosocial support services
				
5 water distribution points	37,702 individual hygiene kits distributed	37,067 nutritional supplements to children and pregnant women	5 Health Care Units	7 Health Providing Institutes
				
6 Friendly spaces installed	5 Sites with Restoring Family Links services	456,784 litres of safe water distributed	2 orientation helpdesks	1 protection project for pendular migrant children in school
				

After 24 months of the operation, six friendly spaces are operational in Maicao, Riohacha, Arauca, La Hormiga, Puerto Carreño, and Bogota. Those in Arauca and Riohacha began under the guidance of specialized volunteers and since September 2019, all friendly spaces have an assigned professional psychologist, apart from the space in Maicao which continues to operate with volunteers. These spaces provide relief, relaxation and pedagogical activities to children and mothers and other vulnerable migrants, who can also have access to psychosocial support. An additional protection project has been implemented in a public school in Villa de Rosario, Norte de Santander, which counts with a majority of migrants in its student body, aiming for longer-term impacts related to the protection, gender and inclusion (PGI). In this school, teachers, parents and students are trained in coping strategies to address the multicultural integration between Colombians and Venezuelans, while protection and psychosocial services are provided to students and teachers in need, particularly aimed at the pendular children crossing the border each day to attend school.

Overview of Red Cross Red Crescent Movement in country

The IFRC, through its technical office in Colombia, Americas Regional Office (ARO) in Panama and the Country Cluster Support Team (CCST) office for the Andean countries in Lima, has mobilized personnel to guide and reinforce diverse aspects of this operation. This information is detailed further below in section C. under Strategy for Implementation indicator S2.1.

The CRCS convenes Movement coordination meetings focused on migration on a monthly basis. These meetings provide an opportunity to share information, jointly analyse the current situation and complement planned actions. The following table, preceded by its key, provides information on the actions of the different Movement components in Colombia:

FA	First Aid	NF-K	Non-food kits
MC	Medical consultations	OR	Orientation
N	Nursing	RFL	Restoring Family Links
PSS	Psychosocial support	FS	Friendly Spaces
DH	Dental health	NS	Nutritional supplements
WASH	Water, sanitation and hygiene	LH	Livelihoods
FS	Food Security	CTP	Cash Transfer Programming

Movement partners supporting CRCS work on Migration

Dept	City	Mov Partner	Services														
			FA	MC	N	PS S	DH	WA SH	FD	N- FK	Or	RF L	FS	NS	LH	CT P	
Arauca	Saravena	ICRC										X	X				
	Arauca	IFRC	X	X	X	X			X		X	X	X	X			
	Arauca	GRC							X								
	Arauca	AmCross	X	X	X	X						X	X				
Atlántico	Barranquilla	ICRC											X				

Dept	City	Mov Partner	Services														
			FA	MC	N	PS S	DH	WA SH	FD	N-FK	Or	RF L	FS	NS	LH	CT P	
	Barranquilla	GRC	X	X	X	X	X										
	Barranquilla	IFRC	X	X	X												
Boyacá	Tunja	SRC	X	X	X	X					X		X		X		X
Bolivar	Cartagena	IFRC	X	X	X												
Casanare	Yopal	ICRC										X	X				
Cundinamarca	Soacha	IFRC	X	X	X												X
	Soacha	Amcross	X	X	X	X						X	X				
Guainía	Puerto Inirida	GRC	X	X	X	X	X	X	X	X							
Guajira	Maicao	GRC-ICRC										X	X				
	Paraguachon	GRC	X									X	X				
	Riohacha	IFRC	X	X	X	X						X	X	X	X		
	Riohacha	Amcross	X	X	X	X						X	X				
	Maicao	IFRC	X	X	X												
Quindio	Calarca	GRC	X		X							X	X				
Nariño	Rumichaca	GRC	X	X	X	X				X	X						
	Rumichaca	ICRC										X	X				
	Ipiales/ Rumichaca	IFRC	X	X	X	X			X		X	X		X			
Norte de Santander	Villa del Rosario CENAF	GRC	X	X	X	X			X			X	X				
	Villa del Rosario Margarita	GRC	X	X	X	X	X							X			

Dept	City	Mov Partner	Services													
			FA	MC	N	PS S	DH	WA SH	FD	N- FK	Or	RF L	FS	NS	LH	CT P
	Pamplona	GRC	X		X							X	X			
	Silos	GRC	X		X							X	X			
	Catatumbo	GRC	X	X	X	X	X									
	Cucuta	SRC	X	X	X	X			X	X	X	X			X	X
	Cucuta	IFRC	X	X	X	X			X			X	X		X	
	Cucuta	AmCross	X	X	X	X							X	X		
	Putumayo	La Hormiga	IFRC	X	X	X	X				X	X	X		X	X
Puerto Asis		ICRC											X			
La Hormiga		ICRC											X			
Santander	Bucaramanga	IFRC	X	X	X											
	Bucaramanga CASA	GRC	X	X	X	X						X	X			
	Bucaramanga (urban area)	GRC	X	X	X	X	X					X	X			
	Bucaramanga (highways)	GRC	X						X	X		X	X			
Vichada	Puerto Carreño	IFRC	X	X	X	X				X	X	X		X	X	

German Red Cross

Since 2018, the German Red Cross has been supporting CRCS's migration actions to provide humanitarian assistance in the departments of Norte de Santander, Santander, Guainía, Quindío, Atlántico, Guajira and Nariño. This has reached 198,726 people, providing 246,067 health services, restoring family links and offering orientation on rights and institutions for 112,268 people. This support has enabled the distribution of more than 20,000 hygiene and food kits, as well as the provision of WASH and shelter solutions, and more recently taking institutional measures against COVID-19.

Spanish Red Cross

The most recent project supported by the SRC began in November 2019. During this reporting period, 984 people from 322 families benefited from the purchase of 771 bus tickets. The difference between number of people reached and tickets purchased is due to some companies not charging children under 5 years of age.

American Red Cross

Since 2018, the American Red Cross has been supporting the CRCS with migration issues such as accompaniment to health activities provided through this Emergency Appeal. Since the end of 2019, AmCross has supported a humanitarian project for migration in Colombia, focused on health and protection activities in Arauca, Guajira, Bogota and Norte de Santander. The project also seeks to provide specialized health services to vulnerable migrants, integrating good practices that have been gathered from the previous experience of the activities supported by the IFRC.

International Committee of the Red Cross (ICRC)

The ICRC is assisting the migrant population, including refugees, and host communities, especially in areas affected by conflict and armed violence. Its services are always coordinated with the CRCS and often provided through the National Society. The ICRC works on preventing the disappearance of people in migratory routes and, when this happens, contributes to the search and family reunification. The ICRC facilitates communication for those who had lost contact with their loved ones and supports migrants, including refugees, to access basic services such as clean water, sanitation and healthcare. Between 2019 and March 2020, the ICRC has reached 143,785 people with food security activities; 109,697 people with primary health services; 15,278 people with protection, gender and prevention activities; and reached 267,240 people with WASH activities.

Complementary IFRC Emergency Appeals

In September 2018, the IFRC issued a regional Emergency Appeal for the Americas: Population Movement (MDR42004) that supports the National Societies of Argentina, Brazil, Chile, Ecuador, Guyana, Panama, Peru, Trinidad and Tobago and Uruguay to implement response actions. In January 2020, its [third revision](#) was published and the [18-month report](#) was published in April 2020.

In April 2019, IFRC launched the Emergency Appeal [Venezuela: Health emergency](#) (MDRVE004) for 50 million Swiss francs. The [6-month update](#) was published in October 2019.

Overview of non-RCRC actors in country

State response

The Colombian state has created three migration mechanisms to address the population movement. The Border Mobility Card (*Tarjeta de Movilidad Fronteriza*- TMF) allows Venezuelans to be in Colombia up to seven consecutive days within a limited geographical distance from the border. This mechanism is normally used to obtain basic goods and services; therefore, it is a most used mechanism for people living in border areas, reducing the risks associated with irregular border crossing like exposure to armed groups. At the end of March 2020, approximately 4.98 million Venezuelan migrants hold the TMF.

The Special Residence Permit (*Permiso Especial de Permanencia*- PEP) is a regularization tool which allows Venezuelans to be in Colombia for up to two consecutive years, providing access to the welfare system and the job market. According to the Inter-Agency Group for Mixed Migration Flows (GIFMM), there are 658,280 Venezuelans who have a PEP and there were 57,796 permits renewed between 24 December 2019 and 31 March 2020. In June 2019, migrants who had been granted the first PEP in 2017 were able to renew their permits for another two years. Finally, the Special Transit Permit for Temporal Residence (PIP-TT) allows transit across or within Colombia for a 15-day period. This mechanism is designed for migrants seeking to travel to other countries in the region. Again, like the TMF, this mechanism provides 52, 793 Venezuelans with regular status in Colombia while they are in transit (information until March 2020).

In May 2019, the Government of Colombia announced the expedition of the PEP especially for former members of the Venezuelan armed forces, for which close to 800 Venezuelans registered. In July 2019, the Colombian Chancellor presented a bill to the Senate to design an immigration national policy. In August 2019, the Colombian President signed a decree that approved the nationalization of more than [24,000 children](#) born in Colombia of Venezuelan parents between

August 2015 and August 2017. This adds to the [white paper](#) of November 2018 in which the Colombian government explicitly addresses the migration situation and designed and budgeted policy measures for its resolution.

With the issuance of the Complementary Special Permit to Stay (PECP) on 3 July 2019, conditional access to formal employment was opened to all asylum seekers in Colombia whose applications were rejected until 31 December 2018. On 13 July 2019, the Ministry of Labour, in conjunction with the Colombian Ministry of Foreign Affairs, announced the creation of the Special Permanence Permit for the Promotion of the Formalization (PEPFF), a measure that allows the integration of the Venezuelan population in irregular migratory status into the labour market in a formal manner, which entered into force on 28 January 2020.

In January 2020, *Migración Colombia* issued two resolutions related to the PEP, where it establishes that Venezuelans who met the regulatory requirements before 29 November 2019, could request this special permit. In the same month, the Ministry of Health published the Decree 026 of 2020, which include regulation for especial populations, new-born affiliation, and mobility with the aim of promoting and facilitating the entry into the health care system.

Non-state actors

The UNHCR and the International Organization for Migration (IOM) appointed in September 2018 the Joint Special Representative for Venezuelan migrants, an action which has provided a strong leverage for the humanitarian sector in Colombia. The interagency coordination mechanisms, like GIFMM, have become relevant arenas to share information, and more recently to plan activities jointly, such as the evaluation baseline for cash-based interventions and shelter initiatives in Vichada. GIFMM has extended its membership to 55 institutional members and expanded its scope to local presence in 11 departments, gathering information from 97 per cent of the estimated Venezuelan population in Colombia.

During the last semester of 2019, the CRCS and IFRC actively participated in the construction of the Humanitarian Needs Overview and the [Regional Refugee and Migrant Response plans for 2020](#). These documents were made available at the beginning of 2020 and will contribute to align the Emergency Appeal with other multisectoral humanitarian responses.

The IFRC and the Colombian Red Cross Society are part of the Humanitarian Country Team (HCT), led by the Humanitarian Coordinator. The CRCS is also an active member of the Inter-agency Group for Mixed Migratory Flows, as well as its various specialized subgroups on protection, health, nutrition and the multi-sector group, which the CRCS co-leads. IFRC similarly attends meetings and coordinates as an observer. This coordination enriches context analysis, helping to identify migratory trends and the needs of the population of interest. Likewise, it allows the articulation of the offer of the UN agencies and international NGOs seeking complementarity and avoiding the duplication of actions. The CRCS also shares information through the Information Management and Analysis Unit (UMAIC) in collaboration with iMAP. IFRC and CRCS also participate in the Health Cluster, led by the Ministry of Health and the Pan American Health Organization, as well as the Cluster for Food Security and Nutrition. CRCS also attends the WASH and Protection clusters and with the World Food Programme (WFP) is the co-lead of the Cash Transfer Working Group.

At the local level, the CRCS and the IFRC share information with other humanitarian actors, aiming for complementarity of actions when there are several actors in the same location. Additionally, the CRCS attends local GIFMM coordination meetings in Arauca, La Guajira, Norte de Santander and Nariño.

Needs analysis and scenario planning

Shelter

Many Venezuelans in urban areas live in rented accommodation and many others live in informal settlements and congested shelters that do not meet minimum standards and additionally can lead to serious protection problems, such as gender-based violence. There are few temporary accommodation centres for migrants, let alone those that cater to people with special needs. In addition, irregular migrants face specific problems in accessing decent and safe rental housing, encountering barriers in terms of availability and access.

There is a dearth of safe spaces that can provide a comprehensive response to basic shelter and temporary lodging needs. This is particularly needed to address Venezuelans who live on the streets, especially in Cúcuta, Arauca and Maicao, as well as the possibility of a massive and spontaneous flow of migrants on their way to other locations who have limited economic capacities. A series of humanitarian shelters have been opening along migration routes. These shelters provide low-cost hotel and food services for migrants but lack basic health utilities such as first aid kits and first aid training.

Livelihoods and basic needs

Migrants have insufficient alternatives for income generation to enable them to obtain minimal standard of living. According to the latest Colombian [National Household Survey](#), 70.6 per cent of migrant families who migrated in the past two years have below minimum wage incomes. As a consequence, they are vulnerable to food insecurity and face difficulties in accessing decent housing, health and education.

The lack of an affordable childcare network impedes migrants from fully engaging in formal employment searches, which necessarily requires time and money to cover daily expenses. A total of 78 per cent of Venezuelans surveyed by the [MIGRAVENEZUELA project](#) claim to have no one to care for their children while they look for work. This forces them to seek informal survival income and, in this way, enter into a typical poverty trap, or for their children to have to accompany them and be exposed to risks, while they seek and engage in livelihood activities.

There are formal limitations for the recognition and certification of migrants' competencies and professional studies. This limits their possibilities to access formal employment, as well as restricts technical training that complies with the standards of the host territory, although, as mentioned above, the Colombian state has developed some innovative solutions. This situation leads the migrant population to assume negative survival strategies and to be exposed to high degrees of risk factors (child labour, prostitution, sale of assets, delinquency, begging, among others).

Health

A [2020 research by the WHO](#) inquired about the mental health of Venezuelan migrants in Colombia. They surveyed migrants in Villa del Rosario and Cúcuta (Norte de Santander), Maicao (La Guajira) and Puerto Carreño (Vichada), municipalities where the Emergency Appeal operates. This report shows an increase of 100 per cent in the suicide attempt of migrants between 2018 and 2019, indicating increased needs for mental health attentions.

In terms of sexual and reproductive health, Profamilia and the International Parent Parenthood Federation engaged in a [needs analysis](#) in the last semester of 2019. The first finding was that migrants could not access swiftly and sufficiently sexual and reproductive health services. Some of the services that are lacking include family planning, prevention of sexual transmitted diseases and safe abortion (when allowed by the Colombian law).

Water, Sanitation and Hygiene Promotion

Early in 2020, UNICEF and USAID conducted a [research to assess the WASH](#) situation in Arauca, La Guajira, Norte de Santander and Nariño. The first finding is that most municipalities in La Guajira, Norte de Santander and Nariño present a medium risk in the quality of water for human consumption and most municipalities from the four departments do not have reliable information regarding the continuity of the distribution of water for human consumption. Another finding is that settlements are distributed evenly around urban, periurban and rural areas, equally in Arauca, Norte de Santander and La Guajira, while in Nariño there almost no settlements. In 83% of all settlements, there are no mechanisms to administer waste and residues and in 99% of all settlements there is no water treatment for human consumption, indicating important needs to increase access to safe water and improved hygiene infrastructure.

Protection, Gender and Inclusion

Protection actions need to be reinforced and complemented given the complexity of protection threats (human trafficking, abandoned or unaccompanied children, lack of access to survival mechanisms). The Interagency Group for Mixed Migratory Flows highlights there is a greater demand for services and an increasingly complex and adverse environment, especially

in areas of border crossing and settlement of Venezuelans where there are additional risks of xenophobia, safety and coexistence.

In a recent survey on protection issues for Venezuelan migrants, 50.2 per cent of the families interviewed argued that they were, or are, at risk due to their demographic profile or that they have been forced to resort to serious negative survival mechanisms, such as sex for survival, begging or sending children under the age of 15 to work². A total of 28 per cent of those surveyed reported one or more protection incidents, suffered or witnessed by themselves or their relatives; the most frequent of these was assault (49%), followed by physical assault (19%) and intimidation and threat (17%). The settlement of migrants has opened a new challenge in public schools, where small children are beginning to face xenophobia and schoolteachers and parents do not always have the capacities to address this situation.

Migration

In the last semester of 2019, the Government of Colombia and the renowned economic thinktank [Fedesarrollo](#), both indicated that the Venezuelan migration does not account for the high and steady levels of unemployment. A recent survey by the [National Statistics Office](#) also shows that 69 per cent of migrants have secondary education, which is a higher percentage than that of the Colombian population. However, the migrant population suffers twice as much unemployment as Colombians.

Targeting

This operation is focused on, but is not limited to, providing healthcare and essential services without discrimination to Venezuelan migrants, Colombians that return from Venezuela and to host communities. This Emergency Appeal aims to provide 170,000 health and complementary services to people in need, whether in border cities focused on migrants on foot and pendular migrants, or in big cities (>500,000 inhabitants) focused on host communities and settled migrants.

Scenario planning

The constant changes in migratory flows into Colombia remains a significant challenge to public and humanitarian services. Pathologies once considered eradicated re-emerged in border communities (e.g. measles for which Colombia had 420 confirmed cases between Epidemiological Week- EW 10 2018 and EW 42 2019; 212 of these were in 2019). High-cost chronic diseases (such as cancer) or mental health disorders are more prevalent; there are also continuous needs for sexual and reproductive health services, and the morbidity and mortality from malnutrition. Concurrently, the demand for essential goods and services (healthcare, housing, employment) continues, especially in transit cities in departments located in the border zone. Entry requirements imposed by neighbouring countries may be modified at little notice, whilst the continued spread of COVID-19 means that states and local government will continue to monitor and restrict social mobility, have an impact on the movements and livelihoods of vulnerable people. As such, the operation will need to remain agile in order to respond swiftly to emerging needs with available funding.

Operation Risk Assessment

As the operation continues, the main risk has become the COVID-19 virus. Even though almost 900 out of 1,100 municipalities in Colombia had averted the virus during the first term of 2020, it is expected that in the second half of the year, the pandemic will reach peripheral areas. This virus augments the risk of contagion by the medical personal and migrants. It also has the potential to divert needed attention from the population movement situation. Another operational risk relates to activities being designed and implemented at a rapid pace. The risk is that a full planning and assessment stage is completed quickly. The CRCS and IFRC are relying on operational efficiency and rapid response capacities, with coordination with local actors and the affected communities, to ensure articulation and rapid targeting.

² ACNUR. (2019) Aspectos claves del monitoreo de protección - situación Venezuela

B. OPERATIONAL STRATEGY

Proposed strategy

Overall operational objective: Provide humanitarian assistance to protect the lives, health and dignity of 170,000 people affected by the migratory situation in the departments of Arauca, Atlántico, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca and Vichada, as well as other departments as needs arise based on changing migratory flows.

This Emergency Appeal is being extended until June 2021, and the revision of the appeal is expected to be published in June 2020. Additional funding will be required to carry out further activities in terms of community based health and hygiene, livelihoods, protection and response to the ongoing sanitary emergency.

C. DETAILED OPERATIONAL PLAN

In the 24 months of the operation, the CRCS has provided 252,449 health services, which represents 200 per cent of the total projected services. This total is in addition to the estimated 152,261 people who benefited from the hydration points. The following section details the cumulative progress made from 15 March 2018 to 31 March 2020.

	<h3 style="color: red;">Shelter</h3> <p>People reached: 2,688 People targeted: 10,000</p>	
Outcome 2: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicator:	Target	Actual
# of people reached with bedding kits	10,000	2,688
Output 2.1: Short term shelter assistance is provided to affected household		
Indicators:	Target	Actual
# of community shelters provided with shelter assistance	10	0
# of community shelter hosts/ managers trained in first aid	10	0
Progress towards outcomes		
<p>Bedding kits</p> <p>At the start of the operation, the CRCS distributed 900 bedding kits. After an analysis of the changing needs, as well as actions by other humanitarian actors, this activity had been put on hold.</p> <p>In late 2019, the CRCS procured 1,788 bedding kits to be distributed between October and December 2019 among vulnerable walking migrants in Norte de Santander, Santander, Nariño, Boyacá, Cundinamarca, Antioquia, Quindío and Putumayo, identified as departments with harsh climates. New territories have been included in the distribution plan (i.e. Boyacá, Antioquia and Quindío) in response to the movement of migrants into other areas of Colombia. Migrants, particularly those on foot, are present in almost all of Colombian territory. The composition of the bedding kits has evolved, given that blankets and pillows previously distributed were being discarded, as insufficiently travel-friendly. The new bedding kits substitute one blanket for a poncho and have a more suitable travel pillow, which together with the raincoat and the flashlight are provided inside a water-resistant bag.</p>		

In order to provide minimum safety measures, first aid kits have been procured for shelters along migrant transit routes. These will be delivered in May 2020 to the following shelters that have been found as critical to provide refuge to migrants in peripheral areas in Santander, Nariño and Cundinamarca. The delivery of first aid kits will come with a first aid training session for all shelter managers, provided by the CRCS teams.

Shelter	Department	Municipality	Shelter manager
San Salvador shelter	Arauca	Araucuita	International Committee for the Development of Peoples
Berlin shelter	Santander	Corregimiento Berlin	Samaritan's Purse
Corregimiento La Fortuna shelter	Santander	Corregimiento La Fortuna	Fundación Tierra Feliz
"Buen Samaritano" Scalabrini Home	Nariño	Ipiales	Scalabrini Community
Las Lajas, Los Chilcos, Altamira	Nariño	Ipiales	Pastoral Social
Aldeas Infantiles SOS	Nariño	Ipiales	Aldeas Infantiles SOS
Nubes Verdes	Nariño	Ipiales	Club Kiwanis
Paso a Paso	Nariño	Ipiales	Particular
Normandia	Cundinamarca	Bogotá	CRCS Cundinamarca branch
Women's Shelter	Cundinamarca	Sibaté	CRCS Cundinamarca branch
Women's Shelter	Cundinamarca	Fusagasuga	CRCS Cundinamarca branch

Impact

First aid support is being secured in 11 formal and informal shelters. Distribution will take place in May. Bedding kits bought in September 2019 were adapted to migrants needs. The operation is increasingly responding to direct needs as manifested by users.



Livelihoods and basic needs

People reached: 18,500

People targeted: 13,940

Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihood

Indicator:	Target	Actual
# of people reached with basic needs assistance and improved livelihood opportunities	13,940	18,500

Outcome 3.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicator:	Target	Actual
# of people reached with distribution of kitchen kits with complementary food kits	1,500	0

Output 3.5: Households are provided with multipurpose cash grants to address their basic needs

Indicator:	Target	Actual
# of people reached by cash and voucher assistance	1,840	1,068

Progress towards outcomes

Food kits

A total of 6,000 people were reached with basic needs assistance (food kits) in the first months of the operation in Arauca, La Guajira, Norte de Santander and Nariño.

In September 2019, the CRCS purchased 2,500 weekly food kits for a 5-person family, reaching 12,500 people. These kits were distributed to settled migrants, based on needs evaluations obtained from CRCS branches around the country. These were distributed between October and December 2019 in Arauca, Atlántico, Bolivar, Boyacá, Cesar, Cundinamarca, Guajira, Magdalena, Nariño, Norte de Santander, Putumayo, Quindío, Santander and Vichada. The following are the contents of a CRCS standard food kits:

Lentils, 500g, x2 bags	Coffee, 500g, x1 bag
Corn flour, 500g, x2 bags	Chocolate, 500g, x1 bag
Rice, 500 g, x8 bags	Vegetable oil, 1 litre, x1 bottle
Sugar, 500g, x2 bags	Guava paste (roll), 500g, x1 roll
Red beans, 500g, x2 bags	Pasta for soup, 500g, x2 bags
Salt, 500g, x1 bag	Pasta, 500g, x2 bags
Raw sugar cane block, 500g, x2 blocks	Canned tuna fish, 170g, x2 cans

In December, a second procurement process of 1,500 additional weekly food kits (for a family of five) was conducted, to be distributed together with 1,500 kitchen kits, targeting settled migrants, particularly in the Caribbean Coast. Kitchen kits contain 5- and 7-litre pots, 1 frying pan, cutlery for a family of five, a cooking knife and a wooden spoon.

At the end of 2019, the Colombian Red Cross Society initiated its cash-based intervention in Cundinamarca, with two key activities: humanitarian transport from Bogota, reaching 1,066 people, and cash transfer with a focus on recovery. As of March 2020, 2 cards with 370,000 Colombia pesos (approximately 95 US dollars) had been distributed to the same number of migrant families, benefiting 10 people, with over 350 families already identified for distribution in April and May 2020.

The cash transfer programme aims to support household economic stabilization. This starts from an initial identification, characterization and routing. The intervention is changing course to consider the health emergency derived from COVID-19. A single delivery will be made to reach a larger group of people. The strategy has begun in Soacha Comprehensive Care and Development Centre.

Impact

This is the first cash transfer intervention directly implemented by CRCS within this Emergency Appeal operation. The programme conditions have been reflected thoroughly in order to be responsive to people's immediate needs. This is an especially relevant action because informal migrants have been not been reached by emergency actions from the local government.



Health

People reached: 252,449³

People targeted: 170,000

Outcome 4: The negative impact on the health of affected migrant populations is reduced.

Indicator:	Target	Actual
# of people reached with health services	170,000	252,449
Output 4.1a: At least 124,000 migrants receive timely medical care and first aid		

³ Due to the nature of the response, services, not people, were measured. The revised EPoA will adjust this indicator.

Indicator:	Target	Actual
# of people served through basic health programmes (HCUs)	124,000	133,670
Output 4.1b: 46,080 migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)		
Indicator:	Target	Actual
# of medical consultations provided through CRCS HPIs	46,080	38,282
Output 4.1c: Needs-based first aid, disease prevention and health promotion measures are provided to the migrant population.		
Indicator:	Target	Actual
# of people reached by activities at the community level	30,000	57,146
Output 4.1d: Children and pregnant mothers have access to nutritional supplements		
Indicator:	Target	Actual
# of children receiving nutritional supplements	6,000	30,321
# of pregnant women receiving nutritional supplement	3,000	6,746
Output 4.1e: Management of basic health care and services for the migrant population		
Indicators:	Target	Actual
# of epidemiological reports generated	15	15
# of financial and operating reports generated	15	15
# of monitoring missions carried out	40	35
Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population		
Indicators:	Target	Actual
# of people who receive psychosocial services to promote mental health	30,000	33,615
Progress towards outcomes		
Health Care Units		
<p>HCUs were able to deliver 133,670 services, equivalent to 108% of the targeted services. The services with the highest demand are general medicine appointments with the doctor and/or nurse in each location. Among nursing services, child growth and development monitoring is the most commonly requested service. Epidemiological reports show that the two main population groups reached are women between 25 to 29 years and children between 0 and 5 years. Within these groups, the top five morbidity conditions are: acute respiratory infection, dermatitis and cellulitis, pregnancy, intestinal parasitosis and hypertension. Furthermore, the increase of mental health issues is one of the most important concerns of health care teams. As the settlement of migrants escalate, common infectious diseases like acute respiratory infection, skin infections, and gastrointestinal infections may remain, also antenatal care and follow ups, with the addition or increase of more chronic conditions, major high cost diseases and mental health needs and illnesses.</p> <p>The establishment of HCUs and mobile units in distant locations has provided great relief to migrants who otherwise have no health service. This makes the CRCS a critical player for addressing humanitarian needs in locations in the country that have scarce institutional presence. Additionally, all HCUs were provided with sexual education kits. These kits have a series of teaching tools for nurse assistants and volunteers to reach out to people looking for family planning information. Finally, all HCUs received a psychosocial attention kit, which contained all necessary elements that compose a Friendly space: small tables and chairs, together with decorative elements for children. In parallel, the National Society distributed 1,000 personal psychosocial assistance kits among HCUs. These kits contained puppets, paint and mandala colouring books for a family of four.</p> <p>Apart from the services provided at the 5 HCUs, this Emergency Appeal is funding medical teams in Maicao and Cucuta. In Maicao, this operation has installed a team of nurses at the Migrant Integral Attention Centre, which was established</p>		

and managed by UNHCR. In Cucuta, the operation has supported the establishment of a mobile primary health care unit to assist walking migrants, co-financed by the IFRC Monarch Butterfly Programme.

Transfers by ambulance were another value-added service at the HCU and HPI, completing a total of 60 transfers, in the HCU in Putumayo (9 transfers), and the HPIs in Atlántico (41 transfers) and Bolivar (10 transfers). In 63% of the cases, the referrals were related to obstetrics diagnostics, followed by internal medicine (mostly hypertensive crisis), paediatrics and general surgery referrals.

Health Care Units – Field missions to peripheral areas with migrant concentrations

Numerous mobile health care missions were conducted during the 24-months of this operation to reach populations with no access to health care due to their lack of mobility or residence in peripheral areas. Between August 2018 and September 2019, 25 field missions were carried away by the HCUs medical teams, as detailed in the 18-month Operations Update. The table below provides data on the 22 missions between October 2019 and March 2020, which results in a cumulative total of 47 mobile missions.

HCU	Location of field mission	Date	Actions implemented	Observations
Vichada	Casuarito	20 - 25 October 2019	Health	
La Guajira	Brigada Corregimiento de Villa Martin.	4 October 2019	Health	The most recurrent pathologies in this population were intestinal parasitosis, acute rhinopharyngitis and vascular headache. General medicine, psychosocial support, drug delivery and RFL. The population served was mostly minors, specifically children between the ages of 0 and 5 and women between the ages of 18 and 49.
	Brigada Comunidad indígena Aritamana	7 October 2019	Health	The most recurrent pathologies in this population were intestinal parasitosis, acute rhinopharyngitis and infectious dermatitis. General medicine, psychosocial support, drug delivery and RFL. The population that received the most attention was the elderly, specifically men between 18 and 49 years of age and children between 0 and 5 years of age.
	Brigada Corregimiento de Cotoprix.	18 October 2019	Health	The most recurrent pathologies in this population were intestinal parasitosis, acute rhinopharyngitis and acute respiratory tract infection. General medicine, psychosocial support, drug delivery and RFL. The population served was mostly minors, specifically children between the ages of 0 and 5 and women between the ages of 18 and 49.
	Brigada Corregimiento de Galán	29 October 2019	Health	
	Brigada Corregimiento de Tomarrazon	30 October 2019	Health	The most recurrent pathologies in this population were, intestinal parasitosis, acute rhinopharyngitis, and the most requested nursing service was growth and development control. General medicine, nursing, psychosocial support, drug delivery and CRF. The

				population served was mostly women between 18 and 49 years of age and children from 0 to 5 years of age.
Putumayo	Libertad Neighbourhood	9 October 2019	Health promotion and disease prevention	
	Neighbourhood DMG, San Francisco, Kennedy	19, 21, 28 October 2019	Health promotion and disease prevention	
	Casas de lenocinio	23 October 2019	Health promotion and disease prevention	
Arauca	San Vicente informal settlement	14 November 2019	Health promotion and disease prevention lth	
	Jerusalén informal settlement	28 November 2019	Health promotion and disease prevention	
	Villa Esperanza informal settlement	19 November 2019	Health promotion and disease prevention	
	Universidad Cooperativa de Colombia	28 November 2019	Health promotion and disease prevention	
	Meridiano 70 Health Centre	18 - 20 November 2019	Health promotion and disease prevention	
Guajira	CRCS Guajira Branch cafeteria	2 November	Health	Health brigade between HCU and HPI.
Putumayo	Barrio Modelo	14 November 2019	Psychosocial	
Guajira	Comunidad Suman Wayuu	10 -13 December	Health	Medical brigade
	Corregimiento de Monguí	19 - 20 December	Health	Health brigade
	Corregimiento de Camarones	26 - 27 December	Health	Health brigade
Putumayo	Terminal de Transporte	2, 10, 11, 12, 21, 24 and 26 December	Psychosocial	
	CRCS in Orito, Putumayo	14 December	Psychosocial	
Cundinamarca	Peripheral neighbourhoods around Bogotá	20-21 and 27-28 December 2019	Primary health care	1,408 people were reached through primary health care.



Health brigade in Community Suman Wayyo. December 2019. Riohacha HCU.
Source: CRCS.

Health Providing Institutes

Between May 2019 and December 2019, the Health Provision Institutions, based on capital cities where migrants tend to settle, reached 30,621 people and provided 76,797 services that included control consultations and laboratory exams.

Department	# of first consultations	# of control or follow-up consultations	# of laboratories	# of services	# of patients attended
Santander	3691	1083	5989	10,763	3403
Bolívar	5961	1458	7962	15,381	5779
Atlántico	4101	1575	9585	15,261	4468
Maicao	4164	888	4991	10,043	3844
Riohacha	8146	1168	1021	10,335	9160
Cundinamarca	1997	1207	6787	9,991	1936
Norte Santander	2259	584	2180	5,023	2031
TOTAL	30,319	7,963	38,515	76,797	30,621

Department	Target	Medical consultations provided	Implementation rate
Santander	5,760	4,774	83%
Bolívar	5,760	7,419	129%

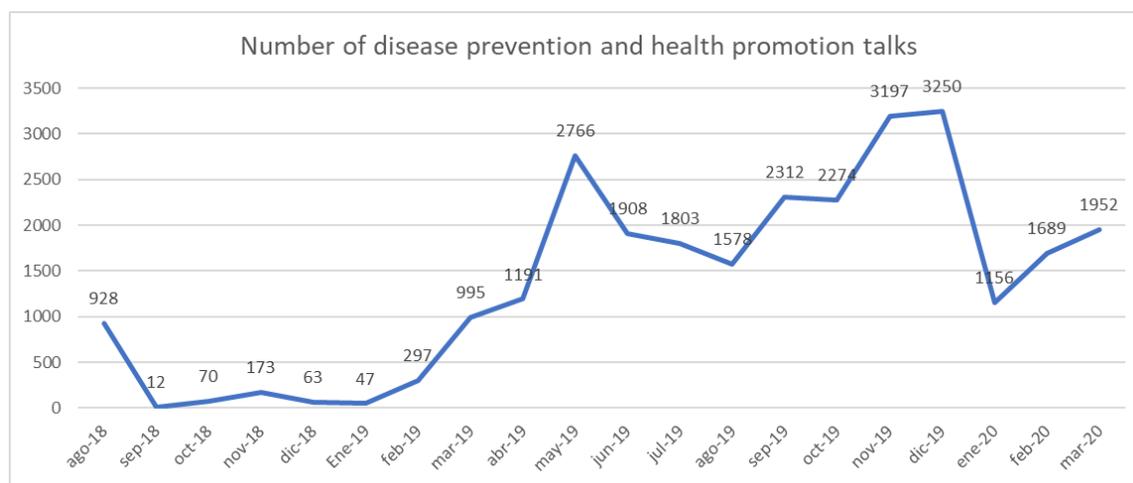
Atlántico	5,760	5,676	99%
Maicao	5,760	5,052	88%
Riohacha	5,760	9,314	162%
Cundinamarca	5,760	3,204	56%
Norte Santander	5,760	2,843	49%
Valle	5,760	0	0%
TOTAL	46,080	38,282	83%

In the HPIs, the vast majority of patients attended were settled migrants (67%), followed by pendular and *caminantes* migrants. The epidemiological profile from the medical consultations in the seven locations indicated the most prevalent diagnoses: acute respiratory infections, skin infections and antenatal care. Hypertension ranked tenth in the list of reasons for consultation.

Through the HPI services, some successful experiences were achieved, such as articulation and coordination with other organizations and local institutions to activate the suitable reference routes and complementarity, resulting in more integrated approaches. For example, in Atlántico, the HPI in Barranquilla was the reference point for first level healthcare for migrant pregnant women (1,240 consultations in the implementation timeframe), as for HIV patients (40 consultations in the implementation timeframe) due to their strength of its program and its value-added integral approach, including consultation with an infectologist and support group from the branch, as well as coordination for the treatments with the organization Aid for Aids.

Also, as part of adapting to the needs of the target population, the HPIs from Cundinamarca, Norte de Santander and Bolivar delivered additional services at the community level with the aim of making it easier for people to access the health care services. A medical auditor conducted monthly monitoring visits to each HPI. The objective was to guarantee the delivery of the healthcare services according to Colombian Ministry of Health standards and guidelines, as well as ensure appropriateness of monthly billing, revision of supporting documentation and aspects of quality of care.

Disease prevention and health promotion



Disease prevention and health promotion talks raise awareness about healthy habits, sexually transmitted diseases, chronic illnesses, and mental health and wellbeing. These talks provide lifestyle recommendations and promote wellbeing. These are complemented with the delivery of related non-food items. For example, hygiene kits are delivered during the

hygiene promotion talks, and condoms are delivered in talks on sexual and reproductive health. A total of 27,661 services on disease prevention and health promotion were delivered between March 2018 and March 2020.

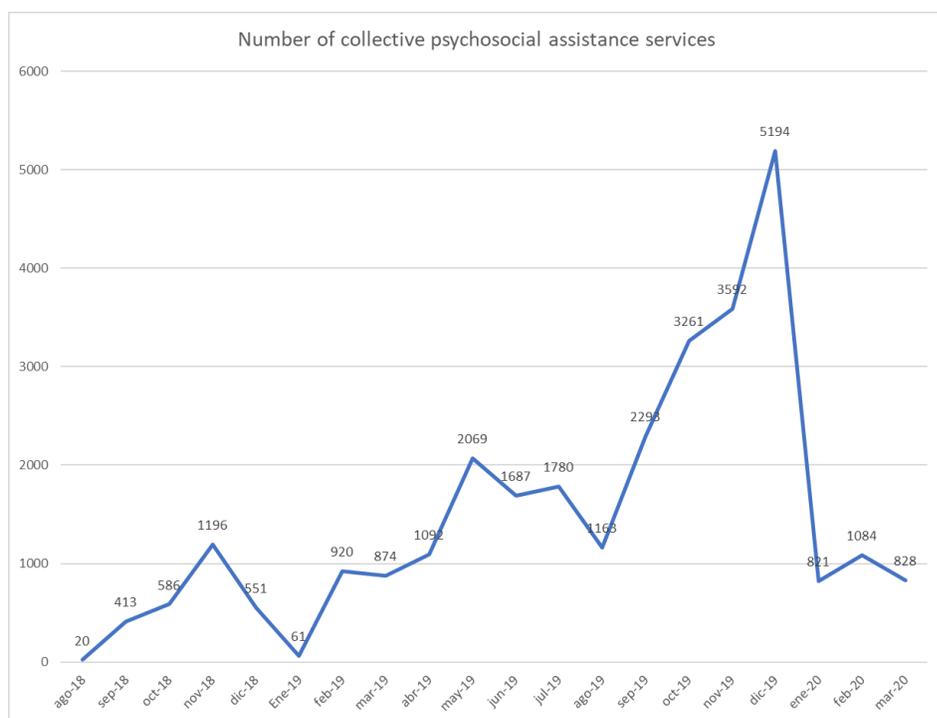
Psychosocial services to promote mental health

Psychosocial support has been at the core of the medical service provided at HCUs. The psychologist and the volunteers assist migrants in a collective and individual manner. The operation of HCUs has been designed in such a way that all patients have access to individual psychological consultations or to collective talks that provide coping mechanisms to address different psychosocial challenges. The most common conditions detected are anxiety, fear of the future, stress from different causes, including for example, the lack of time alone (in case of parents with small children) and depression. The HCUs that provide the highest number of consultations are Arauca and Riohacha, with between 30 to 70 appointments per month.



At the beginning of the operation migrants were reluctant to request individual consultations with a psychologist since the use of mental health professionals was generally uncommon for them and myths and misinformation related to mental health. This has changed over time thanks to the awareness-raising work of HCU coordinators and psychologists. In total, 4,130 people have been reached through individual consultations. Consultations are available as many times as required.

Collective psychosocial attention, as with the disease prevention and health promotion talks, is available to migrants in the waiting rooms in the HCUs. These talks are delivered by the psychologist, by the nurse, by the nursing assistant and extraordinarily by volunteers. In total, 29,485 people have been reached with collective psychosocial attention. Some of the talks delivered are related to problem solving in extreme situations, strategies to reduce stress, preventing risk behaviours, good parenting and gender-based violence.



Training of Trainers (TOT) in Community based health and first aid

The nation-wide Training of Trainers (ToT), conducted in the CRCS Training Centre in Tacurrumbi, Quindio, was held over one week in December 2019. This ToT event focused on community-

based health and first aid (CBHFA), mental health and psychosocial support, and WASH, incorporating a revised IFRC

methodology, updated with a focus into action and implementation, based on the previous experiences and lessons learnt were sometimes was remaining at the theoretical and information level through workshops and capacity building activities

Volunteers and staff from most of the branches around the country participated in theoretical and practical training, which included an activity in a vulnerable community for the application of the planning and assessment tools, and with groups of participants from the different specialities promoting integrated approaches. The training was focused on the application of the knowledge in their local settings, promoting community participation in needs assessment, prioritization and action plans from an integrated approach.

Nutritional supplements⁴

Throughout the 24-months of this operation, 37,067 nutritional supplements have been distributed: 30,321 to children and 6,746 to pregnant women. The nutritional supplements were first planned to be delivered by the medical and nursing staff in accordance to the level of malnutrition of children between 6 and 24 months (Nutributter), underweight pregnant and nursing mothers (Enov Mum), and children over 6 months of age (Plumpy Doz).

Early in the implementation of this activity, the medical teams noticed that it was inconvenient to deliver large numbers of doses to migrants, due to the risk of them being sold or monetized. Therefore, early in the operation, the Arauca and Riohacha HCUs began distributing nutritional supplements in small groups of doses that range from 7 to 30 sachets in each appointment. Consequently, the HCUs implemented controlled distributions through regular meetings with those in need of the nutritional supplements and they designed a monitoring mechanism to follow their improvements. These mechanisms are basically growth-control tables that contain the contact and biodata of all patients with malnutrition and the teams have been working to improve the monitoring and follow-up of patients. In order for an integrated approach, the psychologists are also part of the attention with the aim of promoting awareness and sensitization about the aspects related to malnutrition, identify associated factors and promote breastfeeding, immunization and hygiene recommendations.

In Putumayo, the medical team has excelled in monitoring malnutrition, pregnant women and in establishing service protocols to refer patients to the municipal hospital for more specialized procedures. According to their monthly reports, the Putumayo team was able to reduce malnutrition in 80% of the children reached with nutritional supplements (Nutributter and Plumpy 'Doz), deworming 80% of patients affected by intestinal parasites, and improved the information system to encourage higher rates of follow-up medical consultations with settled migrants. Even though the Putumayo team reached the lowest number of migrants and vulnerable host community members of the 5 HCUs, their experience reaching out to peripheral communities and their rigorous monitoring of patients is an example for the Colombian Red Cross Society and provides lessons learned for the near future.

Epidemiological reports

The CRCS produced 15 epidemiological reports that are shared with the CRCS and the IFRC operational team. These are produced based on the medical records filled by doctors, nurses and psychologists from Health Care Units. The epidemiologist has also presented epidemiological reports to the teams in Putumayo, Vichada and Guajira. This helps local medical teams to understand the plethora of medical and operational data they produce on a daily basis, and most of the time confirms and sharpens their intuitions about the main morbidity factors affecting migrants, which in turns enhances service capabilities on the health team. Epidemiological reports also served to establish the demographic profile of the population assisted. Moreover, they permit the identification of different pathologies by age, sex and geographic groups. And allows to identify additional needs or changes in the epidemiological profile that requires adapting the intervention jointly with the teams in the field in order to be specific and contextualized.

⁴ Note: although the indicator refers to number of people receiving nutritional supplements, there have been challenges with regard to the follow-up of people benefiting from these nutritional supplements given the mobile profile of migrants (*caminantes*, transit migrants, pendular migrants). As such, these results refer to numbers of nutritional supplements provided, rather than number of migrants reached.

The epidemiological report for the period January-December 2019 indicates that people attended were 67% women/ girls and 33% were men/ boys. The average patient was between 25 and 59 years of age, while those above 60 years were in the smallest age group. Out of the 137, 572 people reached through HCU, 43% were children below 14 years old, 60% of which were children under the age of 5. This report also shows that the 5 most prevalent health conditions were:

1. Upper Acute respiratory infection (Rhinopharyngitis - Pharyngitis and Otitis: With a prevalence of 17.8% (7,867) over the total number of patients assessed in 2019; in the previous semester (July-December 2018), the prevalence was 21.8%, showing a 4.0% decrease in 2019.

2. Intestinal parasitosis: with a prevalence of 7.3% (3,233) of all patients assessed during 2019.

3. Malnutrition: In this diagnosis the different types of malnutrition are classified according the z-score criteria for anthropometric measurements in 3 main categories: risk of malnutrition (between -1 and -2 standard deviations); moderate acute malnutrition (between -2 and -3 standard deviations; and severe malnutrition (over -3 standard deviations). The prevalence reached 5.6% (2,474) of the total number of patients assessed during 2019; this was a 5.3% increase from the previous semester (July-December 2018).

4. Prenatal care: This diagnosis was obtained through medical consultation in which the patient was classified as having a high-risk pregnancy. The prevalence of this event reached 5.3% (2,350) of the total number of women assessed in 2019, this is an increase if compared to the previous semester (July-December 2018) when it had a prevalence of 4.5%. In such cases, the follow-up of pregnant women has been carried out by doctors. In some HCUs, coordination with other organizations enabled vulnerable women to have laboratory tests and ultrasounds for a more integral approach; the results reflect the need to continue strengthening these activities.

5. Diarrheal and gastroenteritis of infectious origin: With a prevalence of 4.5% (1,968) of the total number of people evaluated in 2019, the prevalence decreased 1.1% from the previous semester (July-December 2018). This result may be related to the HCU educational activities on self-care and handwashing.



Water, sanitation and hygiene

People reached: 152,261⁵

People targeted: 210,400

Outcomes 5: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicator:	Target	Actual
# of people that access safe water	210,400	152,261
Output 5.1: Communities are provided by NS with improved access to safe water		
Indicators:	Target	Actual
# of fixed hydration points established	5	5
Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.		
Indicators:	Target	Actual
# of personal hygiene kits distributed	37,702	37,702
# of family hygiene kits distributed.	1,500	Not planned for this period

⁵ The standards for water provision of the Sphere Project indicate each person should receive at least 2.5 to 3 litres of water a day. The Emergency Appeal PMER team estimated that, on average, each person that accesses the hygiene points consumes about 3 litres of water (stored in 1.5-litre plastic bottles).

Progress towards outcomes



CRCS established a hydration point in Putumayo (March 2020). Source: CRCS

During the first 24 months of the operation, the CRCS, with IFRC support, provided 152,261 services of access to safe water, estimated based on the [Sphere standards](#). Additionally, the operation distributed 37,702 hygiene kits.

People that access safe water through hydration points

The hydration points have delivered a total of 456,784 litres of water between August 2018 and March 2020. Safe water is distributed through five hydration points. These are in Arauca, Ipiales, Rumichaca, La Hormiga (Putumayo) and Vichada (Casuarito). At the beginning of the

operation water bottles were distributed in Riohacha and Cúcuta. The hydration point in Casuarito is of special importance because it benefits a particularly vulnerable population that is located in a remote area with scarce service.

Hygiene kits

In December 2018, 31,702 personal hygiene kits, differentiated based on the target groups (men, women, children and babies), were purchased. Together with the 6,000 kits distributed in Arauca and Guajira during the first six months of the operation, a total of 37,702 kits have been distributed as of end December 2019.

Family hygiene kits

In early 2020, a procurement process was launched to purchase 1,500 family hygiene kits in order to attend to vulnerable settled migrants and host communities. Due to the impact of the COVID-19 social mobility restrictions, the provider was unable to deliver the products prior to end March 2020, and they were expected for delivery in late April 2020.

In the context of COVID-19, critical shelters and CRC branches supported by this Emergency Appeal will be provided with antibacterial gel and soap, to ensure strengthened hygiene practices. By end March 2020, 2500 2 litre bottles of soap and 540 2 litre bottles of gels had been delivered by providers, with the remaining 1960 bottles of gel expected to arrive in April. Although the items were to be received by end March, providers struggled with scarce supplies of alcohol at the national level, given the high surge for antibacterial and disinfectant products. Targeted CRCS branches and shelters are identified below.

Location	Antibacterial Soap	Antibacterial Gel
CRCS branch Cauca - Popayan	200	200
CRCS branch Putumayo- La Hormiga	350	350
CRCS branch Arauca-Arauca	100	100
CRCS branch Guajira - Riohacha	100	100
CRCS branch Vichada- Puerto Carreño,	300	300
CRCS branch Vichada- Casuarito	200	200
CRCS branch Nariño- Ipiales	350	350
CRCS branch Nariño- Ipiales-Rumichaca	300	300
CAI Maicao	350	350
Shelter San Salvador - Arauquita	25	25
Shelter Berlin - Santander, Corregimiento Berlin	25	25

Shelter Corregimiento La Fortuna - Santander, Corregimiento La Fortuna	25	25
Shelter Scalabrino Hogar el Buen Samaritano - Nariño, Ipiales	25	25
Shelter Las Lajas, Los Chilcos, Altamira - Nariño, Ipiales	25	25
Shelter Aldeas Infantiles SOS - Nariño, Ipiales	25	25
Shelter Nubes Verdes - Nariño, Ipiales	25	25
Shelter Paso a Paso - Nariño, Ipiales	25	25
Women's Shelter- Sibaté	25	25
Women's Shelter- Fusagasugá	25	25
Total	2500	2500



Protection, gender and inclusion

People reached: 328,368

People targeted 110,000

Outcome 6: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable

Indicator:	Target	Actual
# of services provided by friendly spaces	17,000	19,554

Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Indicator:	Target	Actual
# of operational friendly spaces	5	6
# of dignity kits distributed	4,000	Not planned for this period

Output 6.2: Educational and community dialogue programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicator:	Target	Actual
# of teachers and parents trained on protection principles	30	90

Progress towards outcomes

The outcome indicator of this area of focus refers to the number of differentiated services provided. This operation provides differentiated services through the age- and gender-based hygiene kits, nutritional supplements, friendly spaces, food rations, medical services and integration program in Cucuta. The number of differentiated kits and services provided is 328,368.

In June 2019, the IFRC and the CRCS, with support from the ICRC, carried out a cross-border evaluation into the protection needs of children transiting from Venezuela through Colombia, crossing through Bogota and Putumayo, then into Ecuador, providing important findings on additional necessary protection and mental health services.

Friendly spaces

These spaces were created as protective environments to prevent and mitigate the humanitarian consequences of the migration process for both the migrant and host population, strengthening their capacities, promoting the restoration of rights, equality, non-violence in its different forms, participatory processes and inclusion, framed in the principles of humanity, impartiality and neutrality.

After 24 months of the operation, friendly spaces have become a critical element of the complementary assistance provided in HCU. As of December 2019, six friendly spaces, located in Riohacha, Maicao, Arauca, La Hormiga, Puerto Carreño and Bogotá, were financed by this Emergency Appeal. Since January 2020, the financing support for the HCU in Arauca and Riohacha moved to the American Red Cross project, including the financial support for the friendly spaces established with IFRC support. In order to maintain its support, IFRC worked with CRCS to identify appropriate locations for additional friendly spaces in the outskirts of Riohacha, complementing a community kitchen run by CRCS, and in Barranquilla, Atlántico.

Originally the friendly spaces were supervised by volunteers, however, the demand for this protective space and its impact on the immediate wellbeing of migrants, as well as the conclusions of the June 2019 evaluation, have shown the importance to have professional staff fully dedicated to this task. In light of available funding, recruitment processes were launched and since September 2019, all friendly spaces have one full-time psychologist, as well as dedicated volunteers.

Following up on the June 2019 evaluation, in August 2019, the IFRC and the CRCS, with contributions from the ICRC, carried out a capacity-strengthening training on child protection for CRCS headquarters and field staff, with a commitment for replication in each participating branch.

Since September 2019, migration and orientation helpdesks have been established in Arauca and Riohacha. The helpdesk is the space where the local protection personnel guide and provide referral to the migrant population and returnees. This referral path is used to inform about services that the CRCS does not provide but can be found elsewhere in the territory, enabling the target population to know where to go and the services provided by other institutions so they can receive appropriate attention and guidance for the exercise of their rights. Between September and December 2019, 42 people in Guajira and 31 in Arauca received orientation.

Teachers and parents trained on protection principles

In September 2019, the CRCS began the implementation of a binational protection and integration project, targeting a primary school in Cucuta with a high presence of Venezuelan students who cross the border to Colombia every day to attend school. In this school, an expert team made up of a psychologist and a social worker are providing psychosocial attention to parents and teachers in need, as well as supporting teachers, parents, students and the school counsellor in providing effective strategies to identify protection needs, promote integration, as well as address xenophobia and exclusion. The school had been identified following a needs evaluation in earlier months.

As its entry strategy, the team engaged with the school's management, teaching, students and parent community. Surveys were applied to develop an initial baseline through a characterization of 117 male and 131 female children and

adolescents, which revealed gaps in the capacities and skills for the integration of migrant children and child protection routes. Based on these results, the intervention strategy for phase 2 was developed, emphasizing the development of skills in the teaching group to contribute to the strengthening of protective environments within the school through experiential strategies, strengthening families as the main protective environments through reconciliation and developing skills in young people that promote social inclusion of the migrant population by generating awareness and responsibility for my life and my environment. For example, on 12 March 2020, the CRCS team carried out an awareness-raising workshop, focused on presence, conscience and responsibility for social integration, with 65 children and adolescents between 10 and 14 years of age.

Installed capacity has been generated in terms of psychological first aid skills for situations that may arise in the classroom, inclusive relationships and respect for differences, integration and identity building. As of March 2020, 30 schoolteachers and 60 parents have been reached with this intervention.

Dignity kits

As of March 2020, 4,118 dignity kits, differentiated by age and gender, have been purchased and delivered to the CRCS National headquarters in Bogotá. A delivery of an additional 2,682 kits are to be delivered in April, to be distributed in May and June, as a complimentary protection service for vulnerable migrants, particularly those affected by the COVID-19 circumstances. These kits are adapted to expected needs of children, adolescents, adults and pregnant or lactating women. They contain items such as flashlights, whistles and a protection guide (protection), kitchenware (feeding), books, games, notebooks, crayons (especially for children and young people) and basic items babies need.



The content of the Dignity kits responds to the differential needs (March 2020). Source: IFRC



Migration

People reached: 401,480
People targeted 170,000

Outcome 7: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicator:	Target	Actual
# of migrants attended by the health care units and the network of CRCS local branches	170,000	401,480
Output 7.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations		
Indicator:	Target	Actual
# of people using the mobile Virtual Volunteering tool	5,000	0
Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented		
Indicator:	Target	Actual
# of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants.	40,000	0

Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster

Indicators:	Target	Actual
# of services provided by RFL assistance points	18,000	11,443
# of RFL points established	5	5

Progress towards outcomes

Since the launch of this operation 401,480 services have been provided to migrants through different points of attention. This represents the total number of all services provided: bedding kits, food kits, primary health care services (HCU and HPI), hygiene kits and people that benefits from protection services. This figure of 401,480 services provided is in addition to the estimated 152,261 people who benefited from the hydration points.

Restoring Family Links services

The Restoring Family Links activities provided 11,443 services in Putumayo, Guajira, Arauca, and two points in Bogotá. As described in previous operations updates, this service offers calls both nationally, within Colombia, and internationally, to Venezuela, as well as free internet and phone charging services. The Open Data Kit system was successfully implemented for data collection of RFL services. As mentioned above, ODK is being adapted for data collection of other products delivered (i.e. food kits, hygiene kits, etc.).

Community Engagement and Accountability (CEA)

As mentioned in the 18-month report a CEA workshop was delivered in June 2019 to 16 people. The CRCS Community Engagement and Accountability strategy was designed in accordance with the general [guiding principles](#) and the specific context and capabilities available in Colombia. A CEA officer was recruited in October 2019 to integrate CEA perspectives and activities in the context of the CRC’s migration strategy.

Since October 2019, all CRC branches with activities under this appeal were provided with suggestions boxes and feedback forms that allowed people to express their contentment or disagreement with any feature of the operation, as well as to advance any recommendation. At the end of 2019, a survey and a focus group methodology were designed in order to collect information on field teams’ satisfaction. The tools could only be used in Putumayo, early in 2020, since the emergence of the COVID-19 virus impeded its replication in other points of attention. The Putumayo activity was two-fold. There were individual interviews to assess specific welfare elements about the job environment. And a focus groups to discuss feedback mechanisms between the team and the managerial team in Bogotá. Results show there is an impressive level of emotional commitment with the Red Cross Movement and a considerable degree of satisfaction with the team. The focus groups showed that debriefing activities should be done more often.

As a result of the feedback mechanisms, people have manifested strong satisfaction with health care provided and vouch for the continuation of water distribution and the provision of different kits. Feedback information on the services provided at HCUs in Arauca, Riohacha, La Hormiga, Ipiales and Puerto Carreño indicate that 65% of people who filled out the suggestion form were between 18 and 28 years. Only 15% of the forms were completed by men. The evaluation of the hours provided at the migrant service point shows that 90% of the people reached are content with the hours in which the services are provided, while 10% were not. More consultation and participatory actions need to be done in order to understand and implement small adjustments that may enhance the impact of the operation.



Disaster Risk Reduction

People reached: 0
People targeted: 10,000

Outcome 1: Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.		
Indicator:	Target	Actual
# of people reached by key disaster risk reduction messages	10,000	Not planned for this period
Output 1.1: Communities (migrant or host) take active steps to strengthen their preparedness for timely and effective disaster response		
Indicators:	Target	Actual
# of people reached by key disaster risk reduction messages	10,000	Not planned for this period
# of community early warning systems in place	4	Not planned for this period
Progress towards outcomes		
No activities were planned for this period.		

Strengthen National Society		
Outcome 1: S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.		
Indicators:	Target	Actual
1.1 Number of CRCS volunteers insured	22,605	22,267
Output S1.1.4: The National Society has effective and motivated volunteers who are protected		
Indicators:	Target	Actual
1.1.4.1 Number of CRCS volunteers that receive psychosocial support	125	34
1.1.4.2 Number of CRCS volunteers that participate in training activities	125	100
Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
1.1.6.1 Number of workshops on organizational capacity development	3	1
Progress towards outcomes		
Number of CRCS volunteers insured		
<p>In total, 379 volunteers contributed to the actions supported by this emergency appeal and were supported with per diem, food and transport subsidies. Moreover, the whole body of CRCS volunteers have been covered by the IFRC Insurance for Volunteers Accident Programs in 2020. This amounts to 22,267 volunteers covered with this complementary insurance in case of accident, death or disability, whilst 22,605 volunteers had been covered under the same insurance in 2019.</p>		
The Mental Health and Psychosocial Support Workshop		
<p>With the participation of the Psychologists and Psychosocial Support Groups from the different branches of the Colombian Red Cross. It included the socialization of the CRC migration strategy with emphasis on the component of Metal Health and Psychosocial Support – SMAPS (for the acronym in Spanish) - as the different line of actions; the mapping of activities and experiences from the field and the tools applied for standardization. Debriefing activities were also developed.</p>		

Psychosocial Support Groups (GAPS for the acronym in Spanish) Workshops

The Psychosocial Support Groups Workshops were completed at Arauca, Putumayo and Vichada, with the aim to increase and strength the capacity of the members of the Psychosocial Support Groups, for the responses during the implementation and interventions. It included subjects like crises, stress, psychological first aid, support networks, among others.

Debriefing for the teams in the field

As up to end of March 2020, 7 debriefing activities have been carried out with the field teams in Arauca, Ipiales, Vichada, Putumayo and Riohacha, with the participation of the staff and volunteers from each of the teams. These two- to three-day workshops are carried out as a retreat in which the field team and volunteers are fully immersed in the activity. The workshop focuses on stress release, coping mechanism, team building, conflict resolution and other practices to manage the complex emotional context in which they operate on a daily basis. These workshops have benefited 34 CRCS volunteers.

Volunteers participating in training activities

84 volunteers, from 27 branches, participated in the Community Based Health and First Aid Trainer of Trainers in December 2019. This is in addition to 16 volunteers who had participated in prior training opportunities on security, logistics and CEA.

Hired staff

The IFRC appeal has supported (in total or partly) the following 83 professionals contracted by IFRC and CRCS to advance this operation's planned actions, as at end March 2020:

Staff recruited at the field level

1	Guajira HCU Coordinator, CRCS	32	Nursing Assistant, Ipiales, Rumichaca, HCU, CRCS
2	Medical doctor, Guajira HCU, CRCS	33	Driver, Vichada HCU, CRCS
3	Medical doctor, Guajira HCU, CRCS	34	Administrative assistant, Vichada HCU, CRCS
4	Psychologist, Guajira HCU, CRCS	35	Psychologist, friendly space Vichada, CRCS
5	Chief Nurse, Guajira HCU, CRCS	36	Ipiales HCU Coordinator, CRCS
6	Nurse, Guajira HCU, CRCS	37	Medical doctor, Ipiales HCU, CRCS
7	Assistant Nurse, Guajira HCU, CRCS	38	Psychologist, Ipiales HCU, CRCS
8	Assistant Nurse, Guajira HCU, CRCS	39	Chief Nurse, Ipiales HCU, CRCS
9	Administrative assistant, Guajira HCU, CRCS	40	Assistant Nurse, Ipiales HCU, CRCS
10	Driver, Guajira HCU, CRCS	41	Driver, Ipiales HCU, CRCS
11	Psychologist, friendly space Guajira, CRCS	42	Administrative assistant, Ipiales HCU, CRCS
12	Psychologist, help desk Guajira, CRCS	43	Putumayo HCU Coordinator, CRCS
13	Arauca HCU Coordinator, CRCS	44	Medical doctor, Putumayo HCU, CRCS
14	Medical doctor, Arauca HCU, CRCS	45	Psychologist, Putumayo HCU, CRCS
15	Medical doctor, Arauca HCU, CRCS	46	Chief Nurse, Putumayo HCU, CRCS
16	Psychologist, Arauca HCU, CRCS	47	Assistant Nurse, Putumayo HCU, CRCS
17	Chief Nurse, Arauca HCU, CRCS	48	Administrative assistant, Putumayo HCU, CRCS
18	Nurse, Arauca HCU, CRCS	49	Driver, Putumayo HCU, CRCS
19	Nursing Assistant, Arauca HCU, CRCS	50	Psychologist, friendly space Putumayo, CRCS
20	Nursing Assistant, Arauca HCU, CRCS	51	Psychologist, friendly space Maicao, CRCS
21	Administrative assistant, Arauca HCU, CRCS	52	Psychologist, school, Norte de Santander, CRCS
22	Driver, Arauca HCU, CRCS	53	Social worker, school, Norte de Santander, CRCS
23	Psychologist, friendly space Arauca, CRCS	54	Assistant Nurse n1 Maicao CAI, La Guajira, CRCS
24	Psychologist, help desk, Arauca, CRCS	55	Assistant Nurse n2 Maicao CAI, La Guajira, CRCS
25	Vichada HCU Coordinator, CRCS	56	Assistant Nurse n3 Maicao CAI, La Guajira, CRCS

26	Medical doctor, Vichada HCU, CRCS	57	Assistant Nurse n4 Maicao CAI, La Guajira, CRCS
27	Psychologist, Vichada HCU, CRCS	58	Doctor, Cucuta mobile unit, Norte de Santander, CRCS
28	Chief Nurse, Vichada HCU, CRCS	59	Driver, Cucuta mobile unit, Norte de Santander, CRCS
29	Assistant Nurse, Vichada HCU, CRCS	60	Nurse, Cucuta mobile unit, Norte de Santander, CRCS
30	Medical doctor, Ipiales, Rumichaca HCU, CRCS	61	Psychologist, friendly space Bogotá, CRCS
31	Nurse, Ipiales, Rumichaca HCU, CRCS		

Staff recruited at the national level

62	National Migration Manager	73	Protection Analyst
63	Operations Coordinator for Migration	74	Protection Coordinator for Migration
64	Accounting Assistant	75	Administrative Assistant for Migration
65	National Health Coordinator	76	Administrative Assistant (Health in Migration)
66	Procurement Analyst	77	Medical Auditor
67	Information Management (IM) Officer	78	Epidemiologist
68	Planning, Monitoring, Evaluation and Reporting (PMER) Officer	79	Information Management (IM) Specialist
69	Administrative and Financial Coordinator	80	Community Engagement and Accountability Officer
70	National Project Administrator for Migration	81	Durable Solutions Officer
71	National Project Administrator (Health in Migration)	82	Migration logistics and response Officer
72	Administrative and Logistics Coordinator	83	Warehouse Assistant

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
2.1 Number of RIT, IFRC staff or Movement partner delegates to support the operation	9	29

Output S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained

Indicators:	Target	Actual
2.1.1.1 Number of missions (International Missions-IFRC)	9	29
2.1.1.2 Number of support actions for acquisition management	2	2

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
2.2 Number of coordination meetings with the Movement	11	38

Output S2.2.1: In the context of large-scale emergencies, the IFRC and the CRCS, jointly with the Movement, enhance their operational reach and effectiveness through new means of coordination

Indicators:	Target	Actual
2.2.1.1 Number of reports in accordance with the requirements of the Movement.	3	6
2.2.1.2 Number of reports on the participation of the humanitarian network and key partners.	9	24

Output S2.2.5: Shared services in areas such as information technology (IT), logistics and information management are provided

Indicators:	Target	Actual
2.2.5.1 Number of branches using the information system	4	17
2.2.5.2 Number of local branches and assistance posts that have access to ICT tools	2	5

2.2.5.3 Number of virtual platforms and tools that have been implemented.

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Progress towards outcomes

RIT and IFRC staff mobilized

In the first 24 months of this operation, 29 regional intervention team members, staff on loan and IFRC staff were mobilized to Colombia.

Position/Role	Home office/ National Society	#
Head of Disaster and Crisis Department	ARO	1
Regional Coordinator, Migration, Social Inclusion and Non-Violence	ARO	1
RIT in Communication	ARO	2
General RIT	ARO	1
Finance RIT	ARO	3
Senior Officer, Community Engagement and Accountability (CEA)	ARO	1
Regional Communications Manager	ARO	1
Coordinator, Community and Emergency Health	ARO	1
PMER Manager	ARO	1
Information Management Senior Officer	ARO	2
Senior Procurement Officer	ARO	1
Emergency Appeals & Marketing Senior Officer	ARO	1
Organizational Development Specialist	ARO	1
Finance Officer	CCST Lima	2
Disaster Risk Management Coordinator for South America	CCST Lima	1
PMER Senior Officer	CCST Lima	1
Communications Officer	CCST Lima	1
Global Surge - Communications	Norwegian Red Cross	1
Global Surge - Operations and Field Coordinator	Danish Red Cross	1
Information Management Delegate	Spanish Red Cross	1
Logistics RIT	Salvador Red Cross	1
Logistics Staff on Loan	Salvador Red Cross	1
Finance staff on loan	Nicaraguan Red Cross	1
Finance staff on loan	Honduran Red Cross	1
Human Resources and Administration Senior Officer	CCST Lima	1
TOTAL		29

CRCS and IFRC staff in Colombia received technical support in finance, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies, livelihoods and human resources. All this support has resulted in technical guidance documents, the development of strategies and operational plans and improved financial monitoring of this operation.

Support actions for acquisition management

In May 2019, the IFRC and CRCS facilitated a four-day workshop on humanitarian logistics, with support from the Americas Regional Logistics Unit. The IFRC Emergency Appeal team also benefitted from support from a Procurement RIT, and later Procurement staff on loan, a total of six weeks in the last quarter of 2019 to facilitate purchasing processes.

Number of reports on the participation of the humanitarian network and key partners

In addition to the GIFMM, the IFRC and CRCS regularly participate in the meetings of the sectorial subgroups of the GIFMM, the *caminantes* subgroup, the Health Cluster, the Food Security and Nutrition Cluster and the Humanitarian Country Team. The participation of the IFRC and CRCS in these coordination and deliberation spaces is critical to inform operational decision that are consistent with the overall approach of the humanitarian sector in Colombia. In September 2019, the IFRC and CRCS team participated in the formulation of the Humanitarian Needs Overview 2020.

Number of branches using the information system

In the first 24-months of the operation, the IM and PMER teams from the CRCS designed, rolled out and implemented an information system which was being used by 17 branches by end March 2020.

The automatized information system is being developed jointly with support from the Spanish Red Cross, the University of Washington and the IFRC, using Open Data Kit (ODK) and RC2 Relief for data collection of all migration-related interventions. The former is used to register services provided to migrants (i.e. friendly spaces, satisfaction surveys, first aid, individual and collective psychological assistance, among others). The latter is used to register the products delivered (i.e. hygiene kits, bedding kits, condoms, nutritional supplements, etc.). Between 11 and 13 September, the CRCS Information Management team organized a workshop for 55 staff members with IM and monitoring roles. The purpose was to train them and distribute smart phones with the installed software (ODK and RC2 Relief) to be used at their branches and all information could be available, processed, analysed and used in CRCS national headquarters. Trainings and follow-up continue to ensure that branches effectively use the system regularly and data remains coherent. Likewise, in a number of branches, meetings were organised with the presidents and executive directors, to highlight the importance of the IM System and obtain high-level commitments to use the tools developed. The CRCS and IFRC team have also developed a [dashboard](#) to visualise the information coming from the field, whilst additional ODK forms are being produced to improve data collection.

While the automatized system is being developed, the information system designed at the beginning of 2019 is still the backbone for data collection, monitoring and analysis. To make sure this system is reliable, field missions continue to monitor and supervise activities, as well as audit and verify information through random sampling of data. Every branch delivers monthly reports to headquarters ten days after the end of each month. In this way, the Emergency Appeal data collection system has a minimal lag in the operational (quantitative) and analytical (qualitative) information received.

Number of branches with ICT tools

Other than the 17 branches which regularly use and report on ODK, five branches benefit from ICT support from the IFRC.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
3.1 Number of newsletters, press releases and reports	15	35

Output S3.1.1: The IFRC and the CRCS are visible, trusted and effective advocates on humanitarian issues.

Indicators:	Target	Actual
3.1.1.1 Number of updates of the strategy	2	3
3.1.1.2 Number of video productions	2	3

Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
3.1.3.1 Number of evaluations or needs assessments	1	0

Progress towards outcomes

Newsletters, press releases and reports

In order to develop communication actions that make visible the humanitarian needs of the migrant population, promote non-discrimination and social inclusion, and position the Red Cross as a key actor in the care and provision

of humanitarian services, the CRCS's Communication and Image area has conducted several external communication actions during the past 24 months, including designing and producing a monthly info-sheet, quantifying and qualifying information in media and social network about CRCS migration actions, and develop communication content to promote donations, which can be seen [here](#), [here](#) and [here](#).

Strategic steps were taken to ensure high level visibility on field activities, through digital communication, social media and seeking journalist visits to key activity sites such as Ipiales, Arauca, Guajira and Putumayo. These promoted a focus on stories capturing the experiences of migrants, their present state, the humanitarian assistance and the relevance of these interventions, press notes were released by national and local media and on all platforms (Traditional, new media, digital). Thus, millions of people are estimated to have been reached through the country's largest media groups (*El Tiempo, El Espectador, CM&, El País, Radio Nacional*). Finally, in order to encourage and promote health care sessions for the migrant population in Bogota, a campaign was broadcast in the local media (Olímpica Estéreo, RCN Radio and City Tv). With this campaign, it was possible to reach more than 2 million people, spreading information about humanitarian health care provided in Bogota.

Strategy updates

The Emergency Appeal has been revised three times: one in April 2018, to add additional funding requirements to expand coverage of Protection and Migration activities; another in July 2018, adding more funding requirements and augmenting activities in health and livelihoods; and a final one in August 2019, which extended the Appeal up until June 2020 and introducing new activities such as disaster risk reduction, additional protection activities, and specialised medical services in the realm of primary health care services already provided. **A fourth revision will be published in June 2020 to adapt emergency plan of action until June 2021.**

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
4.1.1 Number of published financial reports.	3	4
Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.		
Indicators:	Target	Actual
4.1.3.1 Number of monitoring reports	3	3
4.1.3.2 Number of donor reports	3	5
4.1.3.3 Number of people trained in financial management	4	10
Output S4.1.4: Staff security is prioritized in all IFRC activities		
4.1.4.1 Security Plan updated	20	30
4.1.4.2 Number of volunteers trained in Stay Safe	124	246

Progress towards outcomes

Reports

As part of the IFRC commitment to accountability, emergency reports and those to donors are regularly created and presented.

Security Plan updated

A total of 30 security plans were updated.

Number of volunteers trained in Stay Safe

During the first 24 months of this operation, 248 people were trained in Stay Safe.

Contact information

Reference documents

Click here to access:

[Emergency Plan of Action](#)
[Revised Emergency Appeal](#)
[Operations update n°1](#)
[Operation update n°2](#)
[Six-months Update](#)
[Twelve-months Update](#)
[Revised Emergency Appeal](#)
[Eighteen-months Update](#)

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

(Acting) Manager Planning, Monitoring, Evaluation and Reporting: Marie Manrique; email: marie.manrique@ifrc.org

For Media Requests:

Regional Communication Manager: Diana Medina; phone: +507 6780-5395; email: diana.medina@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

D. BUDGET

The 24-month financial report is [here](#).

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2020/03	Operation	MDRCO014
Budget Timeframe	2018-2020	Budget	APPROVED

Prepared on 13 May 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 30 Jun 2020; appeal launch date: 15 Mar 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	60,000
AOF2 - Shelter	220,000
AOF3 - Livelihoods and basic needs	400,000
AOF4 - Health	3,340,000
AOF5 - Water, sanitation and hygiene	560,000
AOF6 - Protection, Gender & Inclusion	240,000
AOF7 - Migration	400,000
SFI1 - Strengthen National Societies	480,000
SFI2 - Effective international disaster management	750,000
SFI3 - Influence others as leading strategic partners	100,000
SFI4 - Ensure a strong IFRC	50,000
Total Funding Requirements	6,600,000
Donor Response* as per 13 May 2020	5,999,402
Appeal Coverage	90.90%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	129,958	98,660	31,298
AOF3 - Livelihoods and basic needs	464,513	180,434	284,079
AOF4 - Health	1,721,820	2,609,489	-887,669
AOF5 - Water, sanitation and hygiene	481,922	457,107	24,814
AOF6 - Protection, Gender & Inclusion	168,365	241,958	-73,592
AOF7 - Migration	768,944	114,402	654,542
SFI1 - Strengthen National Societies	296,097	214,237	81,860
SFI2 - Effective international disaster management	843,145	787,414	55,731
SFI3 - Influence others as leading strategic partners	72,826	2,331	70,494
SFI4 - Ensure a strong IFRC	50,566	13,075	37,491
Grand Total	4,998,157	4,719,108	279,049

III. Operating Movement & Closing Balance per 2020/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	5,876,640
Expenditure	-4,719,108
Closing Balance	1,157,532
Deferred Income	0
Funds Available	1,157,532

IV. DREF Loan

* not included in Donor Response	Loan :	328,817	Reimbursed :	328,817	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2020/03	Operation	MDRCO014
Budget Timeframe	2018-2020	Budget	APPROVED

Prepared on 13 May 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 30 Jun 2020; appeal launch date: 15 Mar 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	149,019				149,019		
British Red Cross (from British Government*)	1,649,630				1,649,630		
China Red Cross, Hong Kong branch	25,009				25,009		
European Investment Bank Institute	70,578				70,578		
Iraqi Red Crescent Society	997				997		
Italian Government Bilateral Emergency Fund	550,203				550,203		
Japanese Red Cross Society	82,500				82,500		
On Line donations	75				75		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	228,526				228,526		
Swiss Red Cross	120,000				120,000		
The Canadian Red Cross Society (from Canadian Gov	223,647				223,647		
The Netherlands Red Cross (from Netherlands Govern	238,347				238,347		
United States Government - USAID	2,477,094				2,477,094		
Western Union Foundation	43,614				43,614		
Total Contributions and Other Income	5,876,640	0	0	0	5,876,640	0	
Total Income and Deferred Income					5,876,640	0	