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Revised Emergency Plan of Action (EPoA) Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRCO014

Date of launch: 15 March 2018

Date of revision: 23 August 2019

Expected timeframe: 27 months (expected end date: 30 June 2020)

Category allocated to the of the disaster or crisis: Orange

Appeal Budget: 6,591,863 Swiss francs (CHF)

Total number of people affected: 1,260,594 people¹

Number of people to be assisted: 170,000

Host National Society presence (n° of volunteers, staff, branches):

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 active volunteers.

Red Cross Red Crescent Movement partners 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.

Other partner organizations actively involved in the operation:

National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), *Migración Colombia*, Ministry of Foreign Affairs of Colombia, United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), International Organization for Migration (IOM), as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows.

This revised Emergency Appeal has an increased timeframe, number of people to be reached and budget. The number of services to be provided is increased from 120,000 to 170,000. The budget has been increased to 6,591,863 Swiss francs from 4.89 million Swiss francs. The budget is distributed in the same manner as in the original Emergency Appeal with additional funding to permit new activities that respond to the current analysis of humanitarian needs in the country, as well as support for the continuation of work by the operational team.

This revised plan of action supports continued activities in the areas of focus of shelter; livelihoods and basic needs; health; water, sanitation and hygiene promotion; protection, gender and inclusion; migration; and disaster risk reduction. Emphasis will continue in primary health care including first aid services especially in the points along the paths for the *caminantes* (migrants on foot). The increase in the timeframe also allows for additional cash transfer initiatives, further protection activities (training parents and teachers to build protective environments), as well as distribution of hygiene and first aid kits for community shelters, dignity kits for adolescents, training and community-level dissemination to promote integration and social cohesion, and improved distribution of nutritional supplements.

¹ This number is based on the most recent report (March 2019) from the Colombian State's border control institution, *Migración Colombia*. The 1.2 million figure is based on the registered and estimated number of Venezuelan nationals in Colombia according to that state institution. Due to the difficulty in registering the people engaged in pendular migration, this figure does not include this phenomenon.

These are intended to transition into longer-term planning that aligns with the CRCS's revised Migration Strategy 2018-2021, which the CRCS Governing Board plans to approve by July 2019. This revised plan of action maintains its interventions in nine departments: Arauca, Atlántico, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander and Vichada, while expanding to additional departments based on emerging needs and available funding.

[<Click here for the revised budget and here for the contact information >](#)

A. Situation analysis

Description of the disaster

In recent years, the number of people migrating from Venezuela to neighbouring countries and other locations around the globe has increased. UNHCR has estimated that over 4 million Venezuelans have migrated, with 2.7 million of these since 2015². As of 31 March 2019, Migración Colombia, the Colombian state entity in charge of migration, estimated that there were 1,260,594 Venezuelan migrants in Colombia, the vast majority of which are in the departments of La Guajira, Cundinamarca, Norte de Santander and Atlántico, each estimated to host more than 100,000 migrants. It is expected that the number of migrants in Colombia will be somewhere between 1.7 to 2.3 million by the end of 2019³. Approximately 770,000 Venezuelan migrants hold a residence permit or a transit permit⁴. This means that Colombia [receives the largest number of Venezuelan migrants in the region](#). Additional transcontinental migrant flows have been identified as transiting through Antioquia and the Gulf of Uraba, to reach Panama and North America, in some cases fleeing violence, persecution or breach of human rights, as well as for personal or economic reasons.

The Colombian people and its government have shown extraordinary hospitality and solidarity, but the impact of this enormous inflow of people on the country's services, economy and host communities has been immense. The country's infrastructure and financial capacities are overstretched, and social tensions are noted, especially in locations where migrants have settled (such as the departments of Bogota, Antioquia, Norte de Santander, Atlántico and La Guajira). In November 2018, the World Bank estimated that the cost of additional public services caused by migration lies between 0.23% and 0.41% of Colombia's GDP⁵. Pendular migration especially characterizes the departments of Arauca, Norte de Santander, Vichada and La Guajira.

The migration phenomenon has to be considered in the context of the existing humanitarian situation in Colombia, including internal displacement. OCHA estimates that in 2019, there will be 7 million people in need in Colombia, including 1.9 million migrants and 5.1 million people affected by the humanitarian situation due to natural disasters or armed conflict. There are 96 municipalities (9% of all municipalities in Colombia) where the population is affected simultaneously by armed conflict, natural disasters and migration⁶. Finally, external factors such as changes in third countries' immigration requirements have had a consequent effect on migration flows in Colombia.

Summary of the current response

Overview of Host National Society.

The Colombian Red Cross Society (CRCS) has carried out actions to assist migrants since 2015, with the start of the population movement from Venezuela. To structure its more comprehensive humanitarian action, the CRCS launched a 2018-2021 migration strategy that focuses on humanitarian, rapid response and stabilization actions. With the support of Movement partners and the CRCS branches, the National Society has extended the migration strategy to all strategic points where pendular, settling and migrants in transition are located. This strategy is aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#). This means that at all stages of their journeys,

² [UNHCR, Venezuela Situation](#)

³ [Refugiados y Migrantes Venezolanos, IMMAP](#)

⁴ Migración Colombia, March 2019

⁵ [Despite Challenges, Venezuelan Migration into Colombia can Boost its Growth](#)

⁶ OCHA, Humanitarian Needs Overview 2019

and irrespective of their legal status, migrants find the CRCS team ready to respond to their needs, enhance their resilience, and advocate for their rights. The CRCS continues to lead all operational actions and provide the dedicated volunteers who are the backbone of all of the actions implemented by the CRCS to respond to the humanitarian needs of people on the move.

During the first year of the operation supported by this Emergency Appeal, the CRCS and IFRC worked together to establish strategically located attention points for people on the move, seeking to combine health services to the target populations with actions in the areas of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; and protection, gender and inclusion. By the end of June 2019, 98,076 services in all areas of focus were provided through the financing of this appeal.

Overview of Red Cross Red Crescent Movement in country

In response to a sustained increase in the number of migrants throughout the Americas, the Red Cross has established humanitarian operations in all of the region's countries receiving migrants. Migrations flows from different locations or countries of origin occur simultaneously within countries. The Red Cross aims to provide humanitarian assistance to all migrants in situations of vulnerability, independent of their origin, in assistance points, as per the three-ringed of response strategy shown below. The Red Cross Red Crescent approach is a dynamic one, based on the evolution of the situation and framed in scenarios, but with common standards in its actions.



This Colombia operation complements other IFRC operations such as: Americas: Population Movement Emergency Appeal (MDR42004); Ecuador: Population Movement DREF operation (MDREC013); and the Monarch Butterfly programme that addresses migration on the Colombia-Venezuela border and on a regional level. In addition, the Red Cross launched the Venezuela: Health emergency (MDRVE004) Appeal in April 2019. The IFRC operations in Venezuela, Colombia and at the regional level maintain close coordination to ensure articulation of actions and information sharing.

In Colombia, together with IFRC, the American, German and Spanish Red Cross National Societies, as well as the International Committee of the Red Cross (ICRC), are supporting the CRCS with specific programmes that seek to reach migrants with health, livelihoods and other complementary services.

The American Red Cross has been supporting the CRCS and IFRC with technical support in particular with regard to cash transfer programming and health and is now finalizing a health programme for migrants with CRCS, building on some of the capacities developed through the IFRC's Emergency Appeal. The German Red Cross support to the CRCS has focused on support in Guainía, Vichada, Norte de Santander, Santander and Nariño, with a strong emphasis on primary health care assistance. The Spanish Red Cross supports the CRCS with its early recovery interventions, adding cash transfer programming and livelihoods to the standard health care assistance. The ICRC works with the National Society to provide guidance and Restoring Family Links to the population on the move, as well as providing shelter, psychosocial support, medical supplies, food and hygiene kits to migrants.

The CRCS convenes coordination bi-monthly meetings with all Movement components. These meetings are used to share critical information about results, challenges, plans, mitigation strategies and other subjects that affect the operation. The ultimate purpose is to coordinate between all Movement partners to enhance the efficiency and the results of the humanitarian response to the population movement. A detailed list of regional presence and operational focus of Movement partners can be found in the [12-month Operations Update](#).

Overview of non-RCRC actors in country

The response from the Colombian Government has focused on i) the regularization of migrants and identification of returned nationals, and ii) the deployment and coordination of humanitarian actions. In terms of regularization, the Special Residence Permit (PEP) and the Border Mobility Card (TMF) allow Venezuelans to stay in Colombian territory for up to two years or allow them to move within border regions, respectively. On December 2018, the government introduced a Temporary Transit Permit which allows migrants to have up to 15 days of transit through Colombia in order to reach a third nation. In early June 2019, the Colombian migration authorities [announced measures](#) to renew PEPs due to expire for over 68,000 migrants who had obtained those permits between 3 August 2017 and 31 October 2017.

The CRCS is an active member of the Inter-agency Group for Mixed Migratory Flows (GIFMM for its acronym in Spanish) led by International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), at the national level as well as at department level in certain regions, and the IFRC and ICRC attend meetings in Bogota as an observer. The GIFMM is composed of UN agencies (WFP, UNICEF, FAO, UNDP, among others) and international and national NGOs. This coordination enriches context analysis, helping to identify migratory trends and the needs of the population of interest. This group fosters complementarity and contributes to avoiding the duplication of actions.

The CRCS also shares information through the Information Management and Analysis Unit (UMAIC) in collaboration with iMMAP. IFRC and CRCS also participate in the Health Cluster, led by the Ministry of Health and the Pan American Health Organization.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Disaster Risk Reduction. As increasing numbers of migrants settle in a country exposed to a number of natural hazards, there is a need to ensure that they are better prepared for effective disaster risk response. This will also contribute to address recognised needs for greater integration of migrants with their host communities.

Shelter. Important needs in shelter have been identified, in particular in border cities, as migrants lack the financial resources for lodging which results in sleeping in parks, bus terminals and other public sites. Shelter demand vastly outweighs the shelter support available, and many informal shelters have been opened by concerned communities. In line with the government's strategy outlined in its White Paper on migration published in November 2018 ([CONPES 3950](#)), it opened an Integral Centre of Attention for Migrants in Maicao, La Guajira, with an initial capacity of 350 persons. Three other centres are planned to be opened by the government, although their location is still to be identified and funding confirmed. A spontaneous response from host communities has been to make available their own homes as improvised shelter solutions. This shows the high degree of empathy and solidarity from ordinary citizens, but these shelters, most commonly found in Santander and Norte de Santander, lack basic hygiene conditions and first aid facilities.

Livelihoods. Dangerous and negative coping strategies continue among the migrant population, such as involvement in illicit activities (illegal mining, illicit crops, drug trafficking, recruitment by illicit armed actors), "recycling" in garbage dumps or the sale of their valuable assets (such as cell phones). Women and girls remain vulnerable to sex work or being trafficked to ensure their livelihoods. Due to the risks associated with such negative coping strategies, clear data on affected persons is difficult to obtain. According to an evaluation carried out by the Norwegian Refugee Council between July and November 2018, it was identified that 86% of migrants surveyed are of working age, however the majority are working informally in difficult conditions. In response to the increasing settlement of Venezuelan migrants both in peripheral and big cities (cities of more than 500,000 inhabitants), international agencies and the Colombian Red Cross have confirmed the need to implement development programs that go beyond the humanitarian assistance and contribute to the stabilization of migrant families with a desire to remain. Therefore, the Interagency Group for Mixed Migration Flows has created a cluster to coordinate different programs that work to promote stabilization strategies and UNDP has been providing technical assistance to the Colombian government with an income-generating strategy for

the migrant population from Venezuela and host communities. The need for this type of programs has been highlighted particularly for the Caribbean coastal cities and Bogotá.

Health. The supply of health services is precarious in Arauca, La Guajira, Vichada, Nariño and Putumayo as health system institutions are overloaded. The Colombian Red Cross field teams report massive concentrations of people in informal human settlements in the outskirts of the urban centres, with difficulty to access traditional health centres. There are important needs for follow-up and treatments of chronic diseases (hypertension, diabetes, cancer), prenatal and postnatal care, as well as evaluation and treatment for children under the age of five. Sexual and reproductive health care, which entails information on breastfeeding, sexual transmitted infections (STIs) and family planning, among others, is limited; condoms and contraceptive methods habitually are unavailable to this population. In February 2019, *Profamilia*, the main national non-governmental organization that promotes sexual and reproductive rights in the country, presented [an assessment](#) of unmet sexual and reproductive health needs of the migrant population in four cities on the Colombian-Venezuelan border (Arauca, Cúcuta, Riohacha and Valledupar), including access to family planning services, STIs prevention, prevention of pregnancy during adolescence, and youth friendly spaces. With regards to sexual violence, the list included the need for information, prevention, protection and care services; maternal and child health services; access and combined response in HIV care and treatment. With the recognition of the social and cultural differences among the migrant population, the study identified the need to assertively transform social mindsets that generate stigma.

In another recent study (June 2019), in the Caribbean region of Colombia, the Universidad Industrial completed a [descriptive survey](#) about the health of irregular pregnant Venezuelan migrants. The main findings related to food insecurity, anaemia, depressive symptoms, domestic violence and lack of prenatal check-ups. In the latest Health Cluster meeting on 3 July 2019, led by the Pan-American Health Organization and the Ministry of Health, the [National Health Institute](#) in Colombia indicated that the main public health cases notified in Venezuelan migrants are the following: gestational and congenital syphilis, acute malnutrition in children under 5, low birth weight, extreme maternal morbidity, HIV/AIDS, dengue, AIDS mortality, maternal, perinatal and late neonatal mortality, tuberculosis, and suicide attempt. In addition, between March 2018 and March 2019, the Institute has reported 280 cases of measles, a preventable immune disease which has re-emerged as a consequence of the lack of vaccination in Venezuela and the incomplete vaccination schemes for children under 5 years of age. In terms of transcontinental migrants, important medical and first aid needs have been identified, especially for pregnant women.

Water, Sanitation and Hygiene Promotion. Structural barriers impede the access to safe water. Adequate solid waste and excreta management systems are insufficient in informal and peripheral settlements. In Vichada, despite the proximity to one of the biggest rivers in the world, clean water is scarce, and the health unit in Casuarito (Vichada) has reported that the incidence of malaria is increasing. Additional transition points have been identified and are being assessed on their potential to assist migrants through hydration. The lack of access to hygiene facilities and safe water has led to skin allergies and dehydration symptoms, according to Health Care Unit coordinators and epidemiological reports. Equally, migrants with a desire to remain are often settled in sites with little or no access to basic hygiene, or have little funds available to spend on basic hygiene items due to other more urgent needs.

Protection, Gender and Inclusion. In terms of inclusion, there is a need for community-based actions which involve migrants as well as host communities to strengthen social cohesion and increase resilience to face adverse conditions. As mentioned above in the health section, sexual violence against women continues, and it was noted that the greater risk was at the workplace or when searching for work. Profamilia's abovementioned [assessment](#) of unmet sexual and reproductive health needs identifies gaps in information-sharing, prevention, protection and care services; maternal and child health services; and access and combined response in HIV care and treatment. The lack of information also was highlighted, most of the migrants are unaware of where to go to get the necessary related services. Sex work was noted as a common coping strategy. In June 2019, the IFRC and the CRCS, with support from the International Committee of the Red Cross (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. Initial findings indicate that there are important mental health and protection needs, especially in departments where armed groups are present, such as Putumayo, need for additional friendly spaces, better information and education as to rights and existing services, especially in light of widely-believed rumours, and further child participation in feedback mechanisms.

Migration. Between 23 February and 8 June 2019, the border between Colombia and Venezuela was closed to pedestrian traffic from the Venezuelan side. This had increased the vulnerability of migrants, as greater numbers enter through informal crossing points, in turn exposing them to other risks such as armed groups and human trafficking. External factors such as changes in entry requirements into third countries (Peru, Chile and Ecuador), have been increasing the migratory flows in Colombia, therefore increasing the need for previously identified humanitarian assistance.

Targeting

This operation is focused on, but is not limited to, providing health care and complementary services without discrimination to Venezuelan migrants, Colombians returnees from Venezuela and host communities, as well as transcontinental migrants from South American countries or other continents. As at 31 March 2019, Migración Colombia estimated that there were 1,260,594 Venezuelan migrants in Colombia, the vast majority of which are in the departments of La Guajira, Cundinamarca, Norte de Santander and Atlántico, each estimated as hosting more than 100,000 migrants.

This Revised Emergency Appeal has set itself the goal of providing **170,000** health and complementary services to vulnerable people in need. Special attention will continue to be placed on pregnant women, children and breastfeeding women. In order to reach this population, this Emergency Appeal has focused on i) border cities that report the largest migration flows: Riohacha (La Guajira), Arauca (Arauca) and Ipiales (Nariño), and ii) cities affected by migration flows but with little or no humanitarian assistance available: Puerto Carreño (Vichada) and La Hormiga (Putumayo). On the other hand, services are also being provided in some of the biggest cities in Colombia where migrants have been settling and have an important need for health and other services (Barranquilla, Cartagena, Riohacha, Maicao, Bucaramanga, and Bogota). Interventions will be carried out in additional locations as needs emerge and as the situation evolves.

Scenario planning

The number of Venezuelan migrants in Colombia is expected to escalate to somewhere between 1.7 and 2.3 million by the end of 2019⁷. As the migration flows have not diminished, and assuming the political situation in Venezuela remains unchanged, it is expected that the demand for humanitarian assistance and recovery actions, especially for primary health care, will be sustained. The latest report of the Joint Special Representative for Venezuelan Migrants in the Region, published in May 2019, attests the need for greater coordination and financial commitment⁸, in particular as he [warned in April 2019](#) that Colombia needs to be institutionally prepared as the migration crisis is likely to last another two years.

On 8 June 2019, the Venezuelan government reopened the border with Colombia for pedestrian crossing, which had been closed since 23 February 2019, allowing once more for the movement of Colombians and Venezuelans across the border. It is possible that the borders be closed again, in light of external developments. According to reports gathered by the Interagency Group on Mixed Migration Flows, border closures do not halt overall migration flows but increase the risk and the costs for migrants, because armed groups controlling irregular crossings increase the costs of using those points. Moreover, after almost two years of the exponential increase in migration patterns, the current wave of migrants is composed of people with fewer economic resources and social networks to buffer their transitional stage in Colombia⁹. In light of this, the situation will evolve into an increasing need for primary health response, and the adoption of stabilization measures for those Venezuelan citizens that are settling in Colombia.

A possible prospective scenario would be the stabilization and reverse flow of migrants due to the stabilization and recovery of the Venezuelan economic and political situation. Under this context, Venezuelans who have settled in Colombia will be targeted by this appeal to receive support for stabilization and livelihoods initiatives. The humanitarian community in Colombia will work closely to articulate new policy responses and multiply the effects of government initiatives on the field. The worst-case scenario will be an unexpected increase of Venezuelan migration due to the

⁷ [Estimations by Departamento Nacional Planeación, Migración Colombia, iMMAP and UNHCR-OIM.](#)

⁸ [Update on activities of the UNHCR-OIM special representative](#)

⁹ [Más pobreza entre los migrantes venezolanos](#)

escalation of political and economic instability, which combined with the Colombian government’s restrained budget, will lead to an insufficient response towards migrants in Colombia.

Operation Risk Assessment








Tensions are on the rise in host community members and recent migrants due to the limited available resources, compounded by situations of overcrowding. To prevent a climate that gives rise to discrimination and a hardening of immigration policies, it is vital to invest in actions that facilitate dialogue, inclusion and integration and take advantage of the potential economic capacities of the newcomers, as well as support the National Society’s engagement in humanitarian diplomacy at the national and local levels. As of June 2019, the Peruvian and Chilean governments had tightened their immigration policies, limiting entry to Venezuelan migrants who hold a passport (amongst other requirements). Such changes have had impacts on the migration flows in Colombia, resulting at times in large numbers of migrants gathering at border crossing points, and requiring a flexible approach to the response. In mid-June 2019, in response to a surge in demand for health services, the teams at the Rumichaca International Bridge had to double their staff to address needs, working late into the night and thereby increasing the security risk to volunteers and staff. Staff and volunteers have benefited from training on the evaluation of security risks, and each CRCS branch is encouraged to maintain updated security and contingency plans.

The migratory movement takes place within the intensification of events associated with the internal armed conflict in Colombia.¹⁰ After more than a decade of positive results, in 2018, the victims of landmines increased by 200 per cent. Migrants in Colombia, already in a situation of vulnerability, more and more are exposed to the negative effects of armed conflict on their journey in the country or in their new settlements. In order to reduce this risk, further attention will be placed on providing contextual information and deriving migrants to proper authorities, reducing their risk of exposure to situations related to the armed conflict.

B. Operational 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, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander and Vichada, through a number of complementary health, water and sanitation, shelter, protection and migration services. Interventions will be carried out in additional departments based on emerging needs and available funding.

							
Municipalities	Disaster Risk Reduction	Shelter	Livelihoods and basic needs	Health	WASH	Protection, gender and inclusion	Migration
Arauca, Arauca							
Puerto Carreño, Vichada							
Ipiales, Nariño							
La Hormiga, Putumayo							
Riohacha, La Guajira							
Maicao, La Guajira							

¹⁰ OCHA, [Humanitarian Needs Overview, Colombia](#) (2019).

Barranquilla, Atlántico							
Cartagena, Bolívar							
Bucaramanga, Santander							
Cúcuta, Norte de Santander							
Cundinamarca							

Operational Support

Human Resources

This Emergency Appeal is supporting the CRCS migration operation in financing part or all of a number of essential staff positions for the implementation of activities at national level, the main of which include:

- At headquarters level, an operation coordinator, an integration strategy coordinator, a health coordinator and a protection coordinator. An officer for Community Engagement and Accountability is being recruited. Necessary support staff, such as finance officers, administrators, a procurement officer and a warehousing staff have also been recruited with support from this Emergency Appeal, as well as communications support.
- In addition, one Planning, Monitoring, Evaluation and Reporting (PMER) officer, one IM officer and an epidemiologist have been recruited to engage in knowledge management activities.
- Field teams running the Health Care Units are composed of one branch coordinator, one logistics officer, a medical doctor, a nurse, a nurse assistant and a psychologist. When demands for primary health care are consistently higher than the expected capacity, a second medical doctor, nurse and nurse assistant will be sought for the corresponding team. Additional staff will be recruited for adequate running of local-level projects, such as a cash transfer coordinator, psychologists or nursing assistants who carry out the activities.
- 300 CRCS volunteers (rotating service volunteers and national intervention teams)
- The IFRC team includes an operations manager, a health coordinator, a senior finance officer and a PMER officer.
- In the first year of this operation, 20 regional intervention team (RIT) members and IFRC staff were mobilized to Colombia. During the extension period, it is expected that IFRC regional staff with specific expertise will be available to assist the operation as needed for operational support.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The CRCS has storage capacity through its warehouse in headquarters, as well as in some of its key branches and its logistics team includes a procurement unit. All procurement related to this operation will follow the IFRC's standard procurement procedures. The Regional Logistics Unit (RLU) in Panama has been closely supporting the operation with procurement, technical advice and technical authorization in line with procedures. In addition, a Procurement Officer from RLU carried out two field visits to the operation to work with the National Society. Finally, the operation enabled a humanitarian logistics workshop in May 2019, facilitated by the RLU in Panama, to strengthen the logistical knowledge and capacities of CRCS headquarters and branch staff.

Information Technology (IT)

The CRCS has a telecommunications system installed at national and departmental levels, including a 24-hour radio room that keeps in contact with the team in the field to coordinate actions. The IT team also supports the development and implementation of the improved information management system.

Information Management - Epidemiological Surveillance

The operation is supporting the finalization and implementation of an automatized data collection system through Open Data Kit (ODK), which will be rolled out to all of the CRCS branches working on migration activities, allowing real-time monitoring of services provided to migrants. With regard to health information, the CRCS is in the process of extending

to its branches its use of eSalud, a software adapted according the requirements from the Colombian Ministry of Health, and which contributes to its epidemiological surveillance system. This system will capture the details of the health services provided as well as the medical histories of patients. The CRCS epidemiologist is consolidating the data received from the field and developing periodic monthly reports, followed by simultaneous and joint review and analysis for feedback to the teams in the field and for decision making as necessary, allowing for continuous adaptation of health services to the migrants' needs.

Planning, monitoring, evaluation and reporting

The ongoing Monitoring and Evaluation plan will be revisited and reinforce to adapt to the automatized data collection system that is being developed in ODK by IFRC and its partners. Remote data collection will be verified with regular field visits to all Health Care Units and Health Provision Institutions. As the situation is constantly evolving, regular monitoring is required to ensure that the context, risks and activities are followed. Through bi-weekly meetings with Movement partners, the operation ensures that program strategies are coordinated, synergies are identified, and challenges resolved, in line with the CRCS Migration Strategy. The PMER teams meet with the technical teams every two weeks in order to track activities, and technical teams regularly travel to the field on monitoring visits, to support the field teams with guidance, and identify gaps or additional support needed, also taking into account the outcomes of user satisfaction surveys.

Administration and Finance

Administrative and financial processes are implemented according to the IFRC's regulations, as regard use of IFRC funding, although the CRCS follows its own administrative processes. These processes support all the actions of the humanitarian mission, guaranteeing the necessary transparency and accountability. For the adequate operation of administrative and financial issues, the IFRC's senior finance officer has trained five CRCS staff members at headquarters in IFRC finance procedures and financial management, and carried out further training during his field visits to the CRCS branches to ensure smoother financial justification of local expenditures. Further training will be carried out as needed to ensure full application of IFRC financial policies and procedures.

Communication

A fundamental aspect of this appeal is to give visibility to the humanitarian needs and work developed by the Colombian Red Cross Society. In this regard, the CRCS, through its communications team and with the support of the IFRC Regional Communications Unit, has developed a communications strategy for its migration activities that will continue to be implemented. For the next few years, it will produce many more life stories and support resource mobilization and advocacy efforts, working through its network of Communications focal points present in every department where migration activities take place. The IFRC Communications staff in Peru and Panama provide direct technical support to this operation, both to IFRC staff and to CRCS Communications staff.

Community Engagement and Accountability (CEA)

The CEA approach is fundamental to ensuring the effectiveness of the CRCS' actions and to ensuring that the needs of affected populations are being met. In this regard, this revised Appeal has proposed to include a CEA approach in all areas of intervention for both migrants and transit and host communities. The Colombian Red Cross is making important efforts to strengthen its capacities in this approach, including recruiting a CEA officer, and the IFRC is offering its technical support for this.

C. Detailed Operational Plan



Disaster Risk Reduction

People targeted: 10,000

Requirements (CHF): 58,631

Needs analysis: As increasing numbers of migrants settle in a country exposed to a number of natural hazards, there is a need to ensure that they are better prepared for effective disaster risk response. This will also contribute to address recognised needs for greater integration of migrants with their host communities, whilst enhancing resilience of affected communities and mitigation risk.

Population to be assisted: Migrant populations with a desire to remain, in cities with a high percentage of settled migrants, will be provided with key messages on disaster risk reduction and will benefit from awareness-raising on different hazards. Cities with the highest number of migrants will be identified to implement the community early warning system, such as Riohacha and Maicao, Barranquilla, Bucaramanga, Cucuta.

Programme standards/benchmarks: The IFRC Roadmap to Resilience and other tools to support community-based resilience will be used to support the actions in DRR.

P&B Output Code	Disaster Risk Reduction Outcome 1: Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.	Number of persons reached by key disaster risk reduction messages Target: 10,000											
	Disaster Risk Reduction Output 1.1: Communities (migrant or host) take active steps to strengthen their preparedness for timely and effective disaster response	Number of persons reached by key disaster risk reduction messages Target: 10,000 Number of community early warning systems in place Target: 4											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP001	Key messages on disaster risk reduction for migrants												
AP001	Awareness and public education campaign on hazards applied to different contexts												

AP001	Implement community early warning systems in migrant or host communities												
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Shelter

People targeted: 10,000

Male: 4,250

Female: 5,750

Requirements (CHF): 199,443

Needs analysis: A UNHCR evaluation from February 2019 in Maicao shows that 65% of the surveyed population expressed their desire to settle in Maicao, and 81% of this population also expressed a need for a short-term shelter solution. More than half of the population surveyed (3,526 people) are homeless and 71% of the settled migrants reported being in a permanent risk of being evicted.¹¹ On the other hand, migrants crossing paramo regions are still underprepared for the weather conditions, a situation that has been confirmed by the higher incidence of respiratory pathologies treated by the Health Care Units in Arauca and Ipiales. The CRCS migration team has reported a surge of informal shelters in La Guajira, Santander and Norte de Santander. They are places where families in host communities make their own houses or garages available for migrants, yet based on an initial assessment carried out by the CRCS team, there is a need to support these informal shelters with basic hygiene and first aid capacities, which can be carried out through the CRC's recently acquired mobile health unit, carrying out health attentions in the *caminante* route between Cucuta and Bucaramanga.

Population to be assisted: The distribution of the individual bedding kits will target 9,100 additional people in the Berlin Paramo in Tona (Santander), Pamplona (Norte Santander), Ipiales (Nariño) and Tunja (Boyacá), Putumayo, Antioquia, Cundinamarca. These locations have been identified as important sites in the migrant routes where more protection to cold or hot weather conditions are needed. The kits distributed will provide materials that protect migrants from the *paramo* settings, where wind, water and altitude become serious hazards for health, or from the rain in more humid departments. The informal shelters to be supported are mainly located in, but not limited to, Guajira, Santander and Norte de Santander departments.

Programme standards/benchmarks: In accordance to Sphere Standards, protection from weather is a key function for appropriate emergency shelter. With this in mind, the CRCS and the IFRC have worked closely with their branches and other stakeholders to identify the most effective and appropriate assistance options. The individual bedding material kits are based on the response regulations of CRCS.

¹¹ UNHCR (February, 2019) [Multisectoral Evaluation of migrant population](#).

P&B Output Code	Shelter 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	Number of people reached with bedding kits Current achievement ¹² : 900, Target: 10,000											
	Shelter Output 2.1: Short term shelter assistance is provided to affected households	Number of community shelters provided with shelter assistance Target: 10 Number of community shelter hosts/ managers trained in first aid Target: 10											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP005	Purchase and distribution of bedding material kits												
AP005	Refresher workshop on collective centre management to Red Cross staff and volunteers, emphasizing migrant care												
AP005	IFRC provides shelter-related advice and guidance to the CRCS.												
AP005	Purchase and distribution of basic hygiene equipment for 10 community shelters												
AP005	Purchase and distribution of community first aid kits for 10 community shelters												
AP005	First aid training for hosts/ managers of 10 community shelters												
AP005	Participate in shelter approach coordination spaces												

Progress: Bedding material kits were distributed in the first months of this operation in four departments. As mentioned in the 6-month report, 900 people were provided with two blankets, one pillow, one raincoat and one flashlight. The continuous flow of migrants that cross the eastern mountain range, walking through paramo ecosystems that starts at 2,700 metres above sea level, or in humid tropical sites with high likelihood of rain, has triggered a needs assessment to determine if further bedding kits should be purchased for additional locations as several CRCS branches are reporting the increase of migrants passing through strategic corridors that connect border areas with Colombia's largest cities. A prospective exercise has been done between CRCS and IFRC, concluding that i) the components of the original bedding kits will be revised according to lessons learned from the previous distribution (accounting for the different climates through which migrants are travelling) and ii) the informal shelters will be identified through a needs assessment process to select those that report the higher number of migrants attended. Due to limited establishment of shelters on border zones, the activities of shelter sectoral assessment and shelter coordination workshop for volunteers have been removed, as these are no longer required. The procurement process for purchase of additional bedding kits is ongoing, and the distribution of the kits is being planned with the CRCS branches identified above.

¹² All baselines are calculated according to the current and projected number of services provided as of 30 June 2019.



Livelihoods and basic needs

Services targeted: 13,940

Male: 5,000

Female: 8,940

Requirements (CHF): 367,186

Needs analysis: Migrants face challenges with regard to meeting their basic needs in terms of access to food, kitchen utensils and livelihoods. There is an increase in dangerous and detrimental coping strategies among the migrant population, such as involvement in illicit activities (illegal mining, illicit crops, drug trafficking, recruitment by illicit armed actors), scavenging in garbage dumps or selling their valuable assets (work tools or mobile phones). This situation diminishes their potential productive capacities. In addition, women and girls are more vulnerable to sex work or being trafficked to ensure their livelihoods. Actions to foster safe livelihoods are required to support individual and family self-sustenance and income generation. According to an evaluation carried out by the Norwegian Refugee Council between July and November 2018, it was identified that 86% of migrants surveyed are of working age, however the majority are working informally in difficult conditions. As families begin to settle in big cities (with population above 500,000 inhabitants), the need for stabilization activities has become clear to international donors and Movement partners. People in transit also have other identified needs, such as transportation to support them on their lengthy journeys, or towards locations where they have a supporting social network (family and friends).

Population to be assisted: The implementation and delivery of unconditional cash based assistance to increase the purchasing power of 335 households (1,340 people¹³) in Bogota, so they can cover their basic, essential food and non-food needs; targeting those households most vulnerable (pregnant women, breastfeeding mothers, single-parent household, families with members that have chronic diseases, people with cognitive/motor disabilities, vulnerable age groups, among other specific categories identified). A similar programme is planned for vulnerable families in Cucuta, Norte de Santander, if further funding is obtained. For livelihoods activities in Santander, the target population will need to comply with some conditions in terms of experience and will of setting up an income generation activity. Transportation assistance will be provided to migrants that reach the critical transit points in border cities. Throughout the operation, it has been noted that more females reach HCU looking for assistance. Epidemiological reports show that on average 42% of all migrants assisted are male and 58% female. This ratio coincides with demographic distribution shown in other humanitarian programs, like the [Norwegian Refugee Council Humanitarian Assistance project](#). This is what explains the additional number of women targeted for livelihoods and in general for all areas of focus. The overall target of this area of focus includes the 6,000 people reached with food rations, 1,500 families to be reached by kitchen kits and complementary food kits, 100 people provided with transport support through cash transfer or transportation services (particularly in the route between Cucuta and Bogota), and the 1,840 people expected to be part of a cash and vouchers assistance (CVA) in Bogotá, Norte de Santander and Santander.

Programme standards/benchmarks: In accordance with the [IFRC Guidelines for Livelihoods programming and the IFRC Guidelines for Cash Transfer Programming](#), "cash transfer programming is one form of humanitarian response to address basic needs and/or to protect, establish or re-establish livelihoods or economic productive activities". For the execution of the cash and vouchers assistance, the [IFRC Cash in Emergencies Toolkit](#) will be taken as the operational standard for the preparedness,

¹³ According to the latest national census in 2018 the average Colombian family has 3,1 members, but in the lower socio-economic deciles this number is closer to 3,9.

assessment, response analysis, set-up/implementation and M&E stages. Previous experiences will be taken into account from [humanitarian actors in different contexts](#) and from [migration emergencies](#)¹⁴. Other benchmarks that will underpin program implementation are: [Minimum Standards set out in the Sphere Manual](#); the [IFRC's Strategic Framework on Disability Inclusion](#); the [IFRC's Minimum Standard Commitments to Gender and Diversity in Emergencies](#).

P&B Output Code	Livelihoods and basic needs Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods	Number of people reached with basic needs assistance and improved livelihood opportunities Current achievement: 6,000, Target: 13,940											
	Livelihoods and basic needs Output 3.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	Number of people reached with distribution of kitchen kits with complementary food kits Target: 6,000 (1,500 families)											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP008	Purchase and distribution of kitchen kits with complementary food kits to affected communities												
P&B Output Code	Livelihoods and basic needs Output 3.5: Households are provided with multipurpose cash grants to address their basic needs	Number of people reached by cash and vouchers assistance Target: 1,840 (460 families)											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	AP081	Refresher workshop on introduction to cash-based assistance to volunteers											
AP081	Feasibility analysis and market assessment, including assessment of needs and productive capacity in regions hosting migrant populations.												
AP081	Distribution of unconditional cash-based assistance to most vulnerable household in three cities												
AP081	Carry out pilot project for transportation of migrants to shorten their route												
AP081	Advocacy actions with local and national authorities on the impact of cash and vouchers assistance												

¹⁴ See: [A systematic review of Cash interventions in humanitarian contexts](#)

AP081	Adapt the CRCS CEA strategy to develop and implement CEA actions for cash and vouchers assistance and a grievance /compliance mechanism system												
AP081	Monitoring of post-distribution and user satisfaction												

Progress: During the first twelve months of the operation the Colombian Red Cross Society distributed 6,000 food rations in Arauca, La Guajira, Norte de Santander and Nariño, along the transit routes and bus stations taken by the population on the move, as detailed in the [twelve-month operations update](#). 1,500 family kitchen kits have been purchased and a distribution is planned to migrants with a desire to remain and vulnerable host communities, along with the distribution of complementary food kits. Through the IFRC Livelihoods Resource Centre, a livelihoods study was carried out in Arauca, Norte de Santander and Cundinamarca, to identify livelihoods needs; assess the impact of the current situation on livelihoods; prioritize the immediate and medium-term needs; identify intervention priorities; gather information on the livelihoods interventions by local authorities and other actors; assess the appropriateness of cash-based assistance; and provide technical guidance to the CRCS to learn by doing.

Since 2012, the CRCS has been carrying out trainings for its teams on early recovery actions and economic integration, and in February 2019, CRCS volunteers and staff benefited from Cash Transfer Programme training provided by the American Red Cross. As such, the CRCS now has field staff with significant capacity for the design and implementation of cash and vouchers assistance (whether individual or collective) in main cities throughout the country. In particular, in order to maximise the potential impact of such interventions, the CRCS seeks to integrate such interventions with other sectors, to complement restitution of rights, improvement of living conditions and sustainable living. The CRCS is the co-leader of the inter-agency Cash Transfer Working Group in Colombia, alongside the World Food Programme.

In the first half of 2019, the Colombian government released guidelines for those agencies providing cash-based assistance in the migration context. Through the CRC, the components of the International Red Cross and Red Crescent Movement have been advocating to the national authorities on some of the key aspects involved in cash and vouchers assistance to ensure the empowering of the target population and a delivery of a relevant and adequate assistance in accordance to their needs and conditions of vulnerability.



Health
People targeted: 170,000
 Female: 100,000
 Male: 70,000
Requirements (CHF): 3,164,187

Needs analysis: According to information gathered by Health Care Unit coordinators, there is a massive concentration of people in informal human settlements located on the outskirts of the urban centres, and thereby of difficult access to health centres. Field missions by CRCS and IFRC teams evidenced the concentration of migrants in peripheral zones in Puerto Carreño (Vichada), Arauca (Arauca) and Riohacha (Guajira). There are important needs for the follow up and treatments of chronic diseases (hypertension,

diabetes, cancer), prenatal controls, as well as evaluation and treatment for children under the age of five. Sexual and reproductive health care, which encompasses information on breastfeeding, sexually transmitted infections (STIs) and family planning, among others, is limited; condoms and contraceptive methods are not regularly available, nor well-known. Once they arrive in Colombia, pregnant women encounter obstacles to access health services (prenatal care, delivery and new-born care) due to their immigration status and factors such as lack of information and discrimination; through our five Health Care Units, pregnant and lactating women can access health services, for example 134 pregnant and lactating women accessed services financed through this appeal in March 2019, 139 in April 2019 and 150 in May 2019. Requests for dental services are being made regularly by migrants at all the Health Care Units supported by this appeal, especially in Vichada and Nariño.

The migrant population has different mental health needs due to the multiple stress factors and concerns related to their situation, conditions, major changes and individual and family needs. Since 2018, the Ministry of Health has considered that the strengthening of mental health services should be a priority. On 10 October 2019, the government of Colombia presented the [National Mental Health Policy](#) lead by the Ministry of Health and highlighting mental health as a public health priority with the aim of promoting mental health as an individual, family and collective right. The policy includes five components related to promotion, prevention, comprehensive care, community-based rehabilitation, and management, coordination and articulation. The promotion of understanding of the ongoing acculturation process for migrants, based on coexistence, empathy and information, is needed at the level of the host communities in the country. Protection remains a transversal component to identify people that may have additional and/or differential needs. A CRC-IFRC joint evaluation in April 2019 identified important psychosocial and protection needs for hundreds of Venezuelan children crossing the border in Norte de Santander daily to attend school, with educational institutions expressing the need for support and training. Important nutritional needs continue to be reported, whilst medium-term treatment through nutritional supplements is limited in its effects due to the mobility of migrants at the border cities and through the country, and the difficulties in ensuring continuity of treatment.

Population to be assisted: The operation will focus on providing 170,000 primary health care and complementary services without discrimination to Venezuelan migrants, Colombians returnees, host communities and migrants crossing the continent towards the north. Epidemiological reports show that women between 15 to 25 years approach HCU more frequently than men. For example, in March 2019, the services delivered in the HCU in Arauca corresponded to 67% women, 30.1% men and 0.7% other, and in Guajira and Nariño the ratio of patients was 62.2% women and 37.8% men. From 0-5 years old, 53.5% were boys and 46.5% were girls; similar to children 6-9 years old and 10-14 years old were 51.6% were boys and 48.4% were girls.

In order to reach the population in need, this Emergency Appeal has located its points of attention in i) border cities that report high migration flows: Riohacha (La Guajira), Arauca (Arauca) and Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo). Additionally, services also are being provided in some of the largest cities in Colombia where migrants have settled and have an important need for health and other services (Barranquilla, Cartagena, Riohacha, Maicao, Bucaramanga, Cucuta and Soacha, Cundinamarca). Through this Emergency Appeal, CRCS will seek to refer and support patients in need of specialised services, such as obstetrics for pregnant women. As of 31 March 2019 (latest official figures available), *Migracion Colombia* estimated that there were 1,260,594 Venezuelan migrants in Colombia, the vast majority of which are in the departments of La Guajira, Cundinamarca, Norte de Santander and Atlántico, each estimated as hosting more than 100,000 migrants.

As mentioned above, there are needs related to food safety and nutrition, especially for pregnant and lactating women and children under five years of age, The National Institute for Health has indicated in their 21st Report (10 July 2019) the increase of acute malnutrition in children under 5, comparing the same period for 2017, 2018 and 2019 with 13, 99 and 267 cases respectively. In order to respond and in a better way, given the different challenges in seeking to attend to migrants on the move, such as ensuring the full treatment duration and necessary follow ups, and given the data reported from the National Health Institute indicating the highest rate of mortality from malnutrition in

Vichada, the CRCS and IFRC are planning a pilot project for the distribution of nutritional supplements in Vichada, and other sites, focusing on the necessary actions and an integral approach which allows the monitoring of patients and evaluation of the pilot to review its impact and the possibility of replicating it.

Programme standards/benchmarks: The health action area will follow the standards developed by CRCS through its ISO 9001-2008 quality management system, which consists of protocols, forms and procedures. Similarly, the standards issued by the Ministry of Health and Social Protection will be followed.

P&B Output Code	Outcome 4: The negative impact on the health of affected migrant population is reduced					Number of people reached with health services Current achievement: 107,420 ¹⁵ , Target: 170,000							
	Output 4.1a: 124,000 migrants provided with basic health care in CRCS HCUs					Number of people served through basic health programmes, (disaggregated by sex and age.) Current achievement: 64,000, Target: 124,000							
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP022	Basic HCUs medical care provided through mobile / fixed posts												
AP022	Referral and counter-referral of migrants to medical centres via the ambulance service												
AP022	Comprehensive assistance to pregnant women and new-born												
AP022	Distribute prenatal and postnatal kits to pregnant/lactating women												
P&B Output Code	Output 4.1b: 46,080 migrants provided primary level health care in CRCS HPIs					Number of medical consults provided through CRCS HPIs (disaggregated by sex and age.) Target: 46,080							
		Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
AP022	Provide primary health care through eight CRCS HPIs, including basic lab services												
AP022	Provide health promotion and disease prevention activities												

¹⁵ All baselines are projections of the operation up to 31 July 2019.

AP022	Establish a case reporting system that generates relevant epidemiological information												
AP022	Referral and counter-referral of migrants to medical centres via the ambulance service												
P&B Output Code	Output 4.1c: Needs-based first aid, disease prevention and health promotion measures are provided to the migrant population	Number of people reached by activities at the community level Current achievement: 13,457, Target: 30,000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP022	Design a CEA strategy approach for Health												
AP022	Participatory actions to promote Health												
AP022	Community participatory plan to promote Health												
AP022	Print and distribute health promotion materials (Sexual and reproductive education kits)												
AP022	Health promotion campaign and workshops												
AP022	Provide first aid care												
AP022	Emergency health workshop for volunteers focusing on migration												
AP022	Referral and counter-referral of migrants to medical centres via the ambulance service												
P&B Output Code	Output 4.1d: Children and pregnant mothers have access to nutritional supplements	Number of children receiving nutritional supplements Target: 6,000 Number of pregnant women receiving nutritional supplements Target: 3,000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP014	Provide nutritional supplements for at least 6,000 children												

AP014	Provide nutritional supplements for at least 3,000 pregnant mothers												
AP014	Design and implement a nutritional supplement distribution pilot for children and pregnant women												
AP014	Evaluate the pilot for nutritional supplement distribution and share lessons learned												
P&B Output Code	Output 4.1e: Management of basic health care and services for the migrant population	Number of epidemiological reports generated Current achievement: 5 Target: 15 Number of financial and operating reports generated Current achievement: 3 Target: 15 Number of monitoring missions carried out Current achievement: 31 Target: 40											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP022	Operation coordination at the national level												
AP022	Operational support at the local level												
AP022	Drafting of local and national reports												
AP022	Financial monitoring and logistics support												
AP022	Gathering and processing of information												
AP022	Surveillance and generation of epidemiological reports												
AP022	Medical audit of health care provided by HCU and HPI												
AP022	Activity implementation support from Health RIT (Regional Intervention Team)												
AP022	Inter-sector coordination meetings												
AP022	Monitoring by National Society - support missions to departments where Appeal health activities are implemented												

AP022	Monitoring by IFRC – support missions from the country cluster office in Peru and the regional office for the Americas (ARO)												
AP022	Visibility actions (e.g. banners, posters, brochures)												
AP022	FACT Mission to support harmonization of health intervention standards												
P&B Output Code	Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population	Number of people who receive psychosocial services to promote mental health Current achievement: 8,543, Target: 30,000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP023	Provide psychological support (care, psychological guidance)												
AP023	Print materials with PSS and self-care information.												
AP023	Distribution of psychosocial support kits for children												
AP023	Psychosocial support for first response teams												
AP023	Psychosocial support for children in primary education												

Progress: The five Health Care Units in Riohacha (La Guajira), Arauca (Arauca), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo) contributed providing healthcare to migrants with the highest level of vulnerability. The HCU at Arauca and Guajira were the first to become operational in August 2018. The other two units in Ipiales (Nariño) and Puerto Carreño (Vichada) became operational on 15 March 2019 and 21 March 2019 respectively. One additional HCU in La Hormiga (Putumayo) opened to the public on 1 April 2019. A total of 45,391 medical services were provided by HCU between August 2018 and June 2019, reaching 106% of the target number of services to be provided through the HCU. A strong emphasis has been placed on responding to the health needs of migrant boys, girls, adolescents, adults and the elderly.

As a notable change from traditional humanitarian intervention models, Health Care Units place special emphasis on consultations of at least 20 minutes, when required by the patient, and in the provision of personal services in an unlimited manner. This means that in places like Ipiales and Riohacha migrants can have consultations on a regular basis, allowing the health professionals to follow-up on their conditions and monitor their improvements. Due to the high volume of people requiring these services, health staff has been increased with the addition of a second medical doctor and a second professional nurse to each of the HCUs in Arauca and Guajira. Through brief surveys looking

to identify desired health services, unsatisfied needs and the quality of the services provided, staff were informed of the need for more specialised services, more attention in peripheral zones was requested, and high degrees of satisfaction were registered.

For the nutrition component, the CRCS and IFRC have identified challenges related to the duration of treatments, follow ups and evaluation of impact, especially given the different profiles of migrants, such as the “caminantes” or walking migrants. Upon the initiative of the IFRC and under the coordination of the Food Security and Nutrition Cluster led by the Food and Agricultural Organization, a specific strategy is under discussion with other agencies and organizations working on food security and nutrition, in order to respond better and in a more articulated manner throughout the migration route. Also, through the CBHFA approach, it is estimated to address the needs and priorities of the communities in some specific settlements.



Water, sanitation and hygiene

People targeted: 210,400

Female: 130,400

Male: 80,000

Requirements (CHF): 530,656

Needs analysis: Access to hydration and sanitation in critical transit areas is insufficient for transit migrants. In Arauca, although pendular migration predominates, access to water is required for those heading towards the centre of the country. In Ipiales, hydration points are a necessity for those migrants that are looking to cross the border into Ecuador, after several weeks walking across Colombia. Migrants in Ipiales and Putumayo are the highly vulnerable, having spent lengthy days walking or travelling from the Venezuelan border, in many cases being exposed to the elements, losing their clothing and shoes throughout their journey, which can sometimes take between 15 to 30 days without access to hygiene facilities. In Vichada, the absence of drinking water has impeded the realization of longer medical missions in Casuarito, a critical border point where pendular migrants travel to purchase basic goods. Additional transition points have been identified and are being assessed on their potential to assist migrants through hydration. The lack of access to hygiene facilities and safe water has led to skin allergies and dehydration symptoms, according to HCU coordinators and epidemiological reports. Equally, migrants with a desire to remain are often settled in sites with little or no access to basic hygiene or have little funds available to spend on basic hygiene items due to other more urgent needs.

Population to be assisted: Water provision will be offered indiscriminately to all persons that require the service. Hydration points are located within the Health Care Units, and no requirement is made in order to access water. Three additional hydration points will be established in Nariño (Ipiales), Vichada (Causarito) and Putumayo (La Hormiga). Individual differentiated hygiene kits will be distributed to men, women and children on the move. In order to address these needs of settled migrants, CRCS will be distributing family hygiene kits (lasting up to one month for a family of five) to settled families in key sites, along the Caribbean Coast and in border departments with high numbers of settled migrants, ensuring that host communities in need are also able to benefit from this support. The CRCS will also provide hygiene promotion messages, as well as anti-bacterial gel for hand cleaning in sites where there is no access to safe water.

Programme standards/benchmarks: With regard to the distribution of water that is fit for human consumption, the Sphere Project standards will be used to provide access to 3 litres of water per person. The individual hygiene kits will be prepared under the parameters of the CRCS Integrated Disaster Risk Management System (SIGERMED) while considering the UNGRD standards for humanitarian assistance.

P&B Output Code	WASH Outcome 5: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services					Number of people that access safe water Current achievement: 63,000, Target: 210,400							
	WASH Output 5.1: Communities are provided by NS with improved access to safe water.					Number of fixed hydration points established. Current achievement: 2, Target: 5							
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP026	Set up five hydration points												
AP026	Apply the CRCS CEA strategy for WASH interventions												
	WASH Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.					Number of personal hygiene kits distributed Current achievement: 9,953, Target: 37,702 Number of family hygiene kits distributed Target: 1,500							
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	AP029	Water, sanitation and hygiene workshop for CRCS volunteers											
AP030	Hygiene and sanitation promotion and disease prevention												
AP030	Distribute individual hygiene kits targeted to men, women and children												
AP030	Distribute family hygiene kits to settled migrants and communities												

Progress: As of June 2019, the CRCS, with IFRC support, provided 58,956 services of access to safe water and minimum conditions for basic sanitation and hygiene. This number includes the number of hygiene kits distributed and access to safe water, estimated based on the [Sphere standards](#)¹⁶ that recommend that each person consume an

¹⁶ The Sphere standards state that each person should have at least 2.5 to 3 litres per daily. The PMER team has estimated that each person has access to an average of 3 litres of water, stored in plastic bottles of 1.5 litres, which are filled in the hygiene points.

average of three litres of water per day. The provision of water is one of the central public health actions for the reduction of the incidence of preventable diseases. The provision of water is critical at the Rumichaca bridge, where migrants arrive in precarious hygienic conditions. The provision of water in the Arauca HCU is critical for another reason: this is the departure point of thousands of migrants across Colombia. The other two hydration points are accounted from the 6,000 bottles of water distributed in La Guajira and Norte de Santander, as stated in the [12-month Operations Update](#). These two additional points were deactivated due to changing needs, specially to the increased efficiency and reduced ecological impact shown by the hydration points in comparison to the plastic bottles of water. Further water filtration systems are planned to be set up in Putumayo and Vichada, based on requests from the CRCS branch and community requests. The experience in Ipiales has proven that hygiene kits provide extreme welfare and dignity to migrants, in addition to hygiene. Thanks to the showers available in the HCU, migrants are able to use the hygiene kit as soon as they receive it, expressing their relief as they continue their journey into Ecuador.



Protection, Gender and Inclusion

Services targeted: 110,000

Female: 71,000

Male: 40,000

Requirements (CHF): 210,672

Needs analysis: Based on a [needs assessment report from the International Rescue Committee](#), when asked to rank risks, the population prioritized risks to health, followed by sexual abuse/violence, drug abuse, lack of shelter and food, labour exploitation, and physical violence. Some mentioned the lack of information in terms of what to do or where to go, while others were concerned that police or government child protection services could take their children away from them. Sexual violence against women is occurring; with greater risk in the workplace or when searching for employment. Most migrants are unaware of where to go to get the necessary related services. Sex work, even for people with higher education (professionals), was noted as a common coping strategy, and according to a rapid gender analysis carried out by Care International in May 2019 in La Guajira, Norte de Santander and Bogota, a normalization of gender-based violence, including rape, was noted, whilst official reporting remains low due to fear of reprisals. Other concerns revolved around popular misconceptions in Colombia that the majority of Venezuelan women are sex workers and around the fear of their children being kidnapped. For men, specific risks were related to xenophobia that results in physical violence, and also labour exploitation due to a lack of knowledge in terms of rights and knowledge about where to seek assistance.

The high influx of Venezuelan migrants into Cucuta has produced high pressure on the primary and secondary education system, to the extent that educational institutions have ceased to be protection environments, and discrimination, xenophobia and petty crime have become regular challenges for pendular children and adolescents. This is worsened by the limited capacity of education professionals to assist the increasing groups of migrants. In schools, the impact has been highly detrimental to the quality of education due to overcrowding where the average is one teacher for every 50 students and one counsellor for 3,000 students in a specific educational institution which had been evaluated. 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. Initial findings indicate that there are important mental health and protection needs, especially in departments in which armed groups are present, such as Putumayo, with a need for further friendly spaces, better orientation as to rights and existing services, especially in light of widely-believed rumours, and further child participation in feedback mechanisms.

Population to be assisted: Protection, gender and inclusion principles are being applied throughout the activities offered throughout this operation, in particular through differentiated age- and gender-based hygiene kits, distribution of nutritional supplements, friendly spaces, food rations and medical services. Friendly spaces have been located in Arauca and Guajira where there is an important and regular flow of migrants with protection needs. Generally, the CRCS is seeking to ensure that the HCU also offer a friendly space for patients, however they will be established as a priority where there are the greatest needs for protection, such as in Putumayo, to attend not only to children, but also to adolescents, pregnant women and any vulnerable person with protection needs. Adolescents will also be targeted with gender- and age-differentiated dignity kits. The CRCS has also identified an educational institution in Cucuta with important protection and psychosocial needs for its pendular students, in which the CRCS will be carrying out a pilot project to provide protection support to educators and their students, as well as parents. Dependent upon receipt of further funding, the pilot could be extended to further educational institutions in Cucuta and Arauca.

Programme standards/benchmarks: Programme standards/benchmarks: [Minimum standards for protection, gender and inclusion in emergencies](#), IASC guides on gender-based violence (GBV), current laws and regulations of the Colombian state as well as the Federation's Global Strategy for Migration.

P&B Output Code	Protection, Gender and Inclusion Outcome 6: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable	Number of services provided by Friendly Spaces Current achievement: 5,657, Target: 17,000											
	Protection, Gender and Inclusion Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors	Number of operational friendly spaces Current achievement: 2, Target: 4 Number of dignity kits distributed Target: 4000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP034	Set up four Friendly Spaces in migrant attention points to ensure safety and decrease stress for the migrant population												
AP031	Purchase and distribute gender and age-differentiated dignity kits for adolescents												
AP031	Train volunteers and staff in the IFRC Minimum standards for protection, gender and inclusion in emergencies and on Prevention and Response to Sexual Exploitation and Abuse												

AP031	Establish a focal point in key migrant attention points to provide orientation to the migrant population to all available internal and external (aid partners, Government) services, as well as to carry out key CEA actions.												
P&B Output Code	Inclusion and Protection Output 6.5: Educational and community dialogue programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills	Number of teachers and parents trained on protection principles Target: 30											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP035	Implement the CRCS CEA strategy to include specific actions for PGI, focused on prevention of discrimination, stigma and xenophobia												
AP035	Train teachers and parents to promote the creation of a protective environment in educational contexts highly affected by migration												

Progress: Friendly Spaces have proven to be a privileged space to address recreational and relief needs that are not normally satisfied by migrants on their journey. The [twelve-month Operations Update](#) provides a detailed description of the manner in which friendly spaces operate. There is an increasing understanding of the importance of this space for pregnant and lactating women, as well as for children under the age of five and any other person with a need for a protective space. Consequently, friendly spaces have focused on increasing the repertoire of recreational activities that contribute to emotional deactivation and containment. With this purpose in mind, 5,657 women and children were reached in Arauca and La Guajira as of June 2019. The CRCS has been finalizing its protocol on the establishment and management of friendly spaces. As mentioned above, a cross-border evaluation on child protection needs was carried out in June between Colombia and Ecuador, identifying important protection needs in particular for children and adolescents on the move.



Migration

People targeted: 170,000

Female: 99,000

Male: 71,000

Requirements (CHF): 377,196

Needs analysis: The Colombian government has adopted a number of important initiatives to address the migratory phenomenon, expanding the number of migration mechanisms related to those migrants in and passing through Colombian territory and increasing the number of mitigation and recovery initiatives in border areas. However, important needs remain, most of all relating to access to information about rights and processes, in consideration of the varied messages that often differ between cities. Although messaging and dissemination about services by humanitarian agencies has improved, many members of the migrant population are not aware of the variety of services

that they can access in the different stages of their journeys. Migrants on the move at this stage are often less financially resilient than in the past years, and do not have the economic resources to contact their family members.

Between February and June 2019, Venezuela had closed its borders to pedestrian crossings. This had increased the vulnerability of migrants, as greater numbers enter through informal crossing points, in turn exposing them to other risks such as armed groups and human trafficking. External factors such as changes in entry requirements into third countries, such as Perú and Chile, have been impacting the migratory flows which are not showing signs of decreasing; all the above-mentioned humanitarian needs in terms of health, hygiene, shelter, livelihoods and protection, remain acute. With a medium-term perspective, and as mentioned above in the livelihoods sections, the migrant population with a desire to remain faces significant difficulties to understand the social, cultural and market dynamics of the host cities, with a consequent barrier to access labour and productive markets, in turn limiting integration and social dialogue with host communities facing similar difficulties of access to market.

Population to be assisted: Guidance and counselling will be provided to all migrants accessing services at the CRCS points of attention for migrants. RFL services will be provided to at least 18,000 people in border and receptor cities in the departments of Putumayo, La Guajira, Arauca, among other sites identified by the CRCS, with the necessary technological equipment to be able to provide a service in which the target population can contact their families and tell them about their situation. This orientation will support the migrant population to make decisions based on basic information about their rights and how to access them; in addition, the Virtual Volunteer tool, the Red Cross and Red Crescent web application (app) that helps migrants to find reliable information and support, will be made available to all migrants with needs to access the information. Awareness-raising with host communities, including the initiation of joint training activities, will be carried out in key cities with a large proportion of migrants with a desire to remain, in order to strengthen social inclusion.

Programme standards/benchmarks: This Area of Focus will implement actions aligned with [Restoring Family Links in Disasters. Field Manual](#), Principles for data protection, [IFRC Global Strategy on Migration 2018 - 2022](#), A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA), among other documents.

P&B Output Code	Migration Outcome 7: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)	Number of migrants attended by the health care units and the network of CRCS local branches. Current achievement: 64,000, Target: 170,000											
	Migration 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.	Number of people using the mobile Virtual Volunteering tool. Target: 5,000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP036	Acquire and operate comprehensive assistance mobile units at border points or in locations with high concentrations of migrants												

AP036	Provide comprehensive care services in CRCS branches with a high incidence of vulnerable migrants in transit and destination communities												
AP036	Referral system for legal guidance or assistance, access to protection system with authorities and other humanitarian actors												
AP036	Roll out the Virtual Volunteer tool and UReport, a bi-directional information tool, with supporting dissemination actions												
P&B Output Code	Migration Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented.	Number of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants. Baseline:17,000, Target: 40,000											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP036	Implement the CRCS CEA strategy for Migration												
AP036	Develop professional training opportunities for migrants and host communities in order to strengthen social cohesion and access to the market, seeking engagement through the private sector												
AP037	Carry out a campaign through a strategy linked to messages to raise awareness and prevent gender-based and sexual violence, stigma and discrimination through media outlets, such as radio, TV, written press, flyers, banners and the arts												
AP037	Establish a two-way communication mechanism												
AP037	Establish a rumour tracking mechanism												
P&B Output Code	Migration Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster	Number of services provided by RFL assistance points Current achievement: 4,015, Target: 18,000 Number of RFL points established Current achievement: 2, Target: 5											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP083	Provide RFL services in five CRCS points of attention to migrants												

AP083	Provide electric power to charge mobile phones and data systems (Wi-Fi)																			
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Progress: As of April 2019, with the support of this Emergency Appeal, the CRCS has established five integrated assistance points, which are the Health Care Units in Arauca, Riohacha, Puerto Carreño, La Hormiga and Ipiales. Through this Emergency Appeal, the CRCS has also been able to provide additional services or support to other points of attention to migrants, such as to the government-established Integrated Centre of Attention in Maicao, to the mobile unit providing services on the lengthy route between Cucuta and Bucaramanga, used by thousands of “caminantes” or walking migrants to transit across Colombia.

As of June 2019, the Restoring Family Links activities supported by this Emergency Appeal provided 5,073 services. It is important to note that the monitoring and reporting system has been reorganized to better ensure data collection in real time. Furthermore, as explained below, the nature of RFL services was extended from national phone calls to the capacity to provide international phone service to people on the move.

In June 2019, the CRCS and IFRC organised a training for CRCS staff and volunteers on Community Engagement and Accountability, to be in turn rolled out in the different branches carrying out activities in response to the migration situation. The [Virtual Volunteer tool](#) has been adapted for the Colombian context, based on detailed reviews by the IFRC and CRCS teams, and final adjustments are being made. The CRCS and the IFRC have engaged in end-user interviews with migrants in the field to assess the tool and determine the extent to which the interphase is user-friendly, in Cucuta and in Bogota. The feedback is being integrated into the tool before it is launched officially in mid-July 2019. The tool will be complemented by UReport On the Move, an initiative co-led by IFRC, UNICEF and UNHCR, as part of a key interagency project at the level of the Regional Coordination Platform for Refugees and Migrants from Venezuela (R4V). This bi-directional communication tool will allow the opening of a broad feedback (and complaint) channel to better understand community needs and priorities.

Strategies for Implementation

Requirements (CHF): 1,281,573

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	<i>Number of CRCS volunteers insured</i>											
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<i>Number of CRCS volunteers that receive psychosocial support Number of CRCS volunteers that participate in training activities</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

AP040	Contract annual insurance policy for CRCS volunteers												
AP040	Provide psychosocial support to volunteers												
AP040	Ensure volunteers' safety and wellbeing, in line with the CRCS National Policy for Volunteer Wellbeing												
AP040	Ensure volunteers are properly trained												
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement												
AP040	Facilitate peer-to-peer exchanges between volunteers of different branches of the CRCS or between the CRCS and other National Societies												
P&B Output Code	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place	<i>Number of workshops on organizational capacity development</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP042	Workshops or other activities in order to strengthen organisational capacities of the national society												
AP042	Update migration contingency plan as needed												
AP042	Revise migration response protocols and procedures as needed												
AP042	Organise coordination meetings and participate in regional meetings												
AP042	Strengthen and equip operating branches, including training												
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<i>Number of RIT, IFRC staff or Movement Partner delegates to support the operation</i>											
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	<i>Number of missions Number of support actions for acquisition management</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

AP049	Provision of technical logistics support by the Regional Logistics Unit (RLU) to ensure that all procurement related to the appeal follows the IFRCs standards and procurement procedures												
AP049	Operational support and accompaniment from the IFRC's regional office for the Americas (ARO)												
P&B Output Code	Outcome S2.2: The complementarity and strengths of the Movement are enhanced	<i>Number of coordination meetings with the Movement.</i>											
	Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.	<i>Number of reports on the participation of the humanitarian network and key partners.</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP051	Strengthen Movement coordination and cooperation												
P&B Output Code	Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided	<i>Number of branches using the information system Number of local branches and assistance posts that have access to ICT tools. Number of virtual platforms and tools that have been implemented.</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP052	Implement the CRCS-owned information system across all CRCS points of attention to migrants												
AP052	Establish CRCS computer systems at operational sites												
P&B Output Code	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.	<i>Number of newsletter, press releases and reports.</i>											
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues	<i>Number of updates of the strategy. Number of video productions.</i>											

	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP053	Implement the CRCS Communications Strategy on Migration												
AP053	Production of videos on the activities in the operation												
AP053	Participate in platforms led by the government and other coordination platforms (Humanitarian Country Team [HCT] and country clusters offices).												
AP053	Engage in advocacy actions to improve the lives of migrants and host communities												
P&B Output Code	Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	<i>Number of evaluations or needs assessments</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP055	Conduct multi-sectorial and specialized assessments (including CEA approach)												
AP055	Support/ organize joint missions and monitoring initiatives with Movement partners and other organizations.												
AP055	Conduct satisfaction surveys												
AP055	Carry out a final evaluation of the operation												
AP055	Conduct an evaluation of the application of the CRCS CEA strategy for migration												
P&B Output Code	Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability	<i>Number of financial reports published</i>											
	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	<i>Number of monitoring reports Number of donor reports Number of people trained in financial management</i>											
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP064	Conduct regular monitoring visits to operational sites												

AP064	Conduct cash disbursements												
AP064	Provide timely intermediate and final financial and narrative reports												
AP064	Perform internal audit												
AP064	Conduct financial management training												
P&B Output Code	Output S4.1.4: Staff security is prioritized in all IFRC activities							<i>Security Plan updated Number of volunteers trained in Stay Safe</i>					
	Activities planned / Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AP066	Ensure implementation of necessary security measures												
AP066	Ensure ongoing security assessment, analysis and advice throughout the operation, revising the security plan as necessary												
AP066	Ensure that CRCS staff and volunteers have carried out Stay Safe training												

Progress: The operation has mobilized 108 volunteers, which together with the whole body of CRCS volunteers have been covered by the IFRC Insurance for Volunteers Accident Programs 2019. This amounts to 22,605 volunteers covered with this complementary insurance in case of accident, death or disability. This revised appeal is seeking further funding in order to be able to insure the CRCS volunteers throughout 2020. As a new activity requested by the Volunteering department of the CRCS, this revised appeal includes peer to peer exchange between volunteers from different branches of the CRCS, and potentially internationally with other National Societies carrying out migration activities.

In response to the difficult context in which teams at Health Care Units operate, five group emotional debriefing sessions have been carried out in Arauca, Guajira, Norte de Santander and Putumayo, to provide psychosocial assistance for stress release and to handle particular emotional situations within team members. These will be repeated as needed by the teams, as well as extended to other locations, in order to ensure that staff and volunteers are properly cared for.

The IFRC Emergency Appeal has supported the recruitment of more than 50 professionals as part of the operational team. These include all health care unit staff and coordination, technical and administrative staff at the national level. It is expected that this staff contributes in the capacity building of the CRCS, especially the national staff

that cover both Emergency Appeal roles and other roles within the migration strategy of the CRCS. Similarly, 20 RIT members and IFRC staff were mobilized to Colombia to assist in different technical, logistics and administrative challenges that arose during the operation. In February 2019, in light of rising border tensions in Norte de Santander, a surge Field Coordinator and a surge Field Communications were deployed to Colombia for one month each, with a focused presence in Cucuta, in order to ensure swift field coordination and monitoring from an operational and communications/ visibility perspective, as well as to revise contingency plans and produce additional communications materials. IFRC regional staff have supported the CRCS and the Colombia operation in leading training workshops on Logistics in May 2019, and Community Engagement and Accountability in June 2019, targeted to CRCS staff and volunteers at the national and subnational sub-level. IFRC and CRCS staff members have also engaged in assessments on Child protection, Livelihoods and more recently, in a plan of action to strengthen the capacity of the National Society.

In terms of monitoring and evaluation, the PMER officers at the CRCS and the IFRC created an initial data collection mechanism based on excel spreadsheets and monthly reports from the CRCS branches. A new automatized system is being designed with the assistance of the Spanish Red Cross, based on experiences in other migration contexts. This automated system relies on a new generation of the Open Data Kit, developed by the Washington University, which will allow all staff members to simultaneously collect and consult operational information. Two pilot testing sessions are being planned before the implementation of the system as the general data collection mechanism. The operation has been monitored with at least two field missions to every Health Care Unit. Regular rounds of field missions are being planned to monitor the adequate implementation of the activities, as well as of the information system and its correspondence with medical histories.

The number of information pieces delivered to media outlets and to the general public has been incremental. Between August 2018 and June 2019, dozens of reports have appeared in national and local news media, and at least three video productions have been made to contextualize the magnitude of the population movement, to raise awareness and advocate on the humanitarian needs migrants face. The communications office at the CRCS has strongly benefitted from the workshop Community Engagement and Accountability, as well as technical support from the IFRC Regional Communications team, leading to more technical and results-based communication pieces to highlight the role of the International Red Cross and Red Crescent Movement in the migration phenomenon.

As set out in the 12-month Operations Update, training on the evaluation of security risks was carried out in Colombia in January 2019, to provide field teams with the methodology to evaluate and mitigate security risks. In light of the complex and evolving situation in Colombia, security assessments are regularly carried out in the light of changing external circumstances, and teams follow the CRCS security protocols.

Budget

See the IFRC Secretariat's [attached budget](#) for more details.

Contact information

Reference documents

Click here to access:

- [For previous updates.](#)

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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.**

EMERGENCY APPEAL OPERATION

22/8/2019

MDRCO014

Colombia Population Movement

Output code in financial	Name in financial system (TBC)	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
					0
AP005	Shelter assistance to households	199,443			199,443 x
AP006	Shelter tech. support and awareness	-			0 x
	Total Shelter	199,443	0	0	199,443
					0
AP007	Improvement of income sources	-			0
AP008	Livelihoods assistance	127,695			127,695
AP009	Food production & income generation	-			0
AP081	Multipurpose cash grants	225,578			225,578
AP010	Livelihoods awareness	13,912			13,912
	Total Livelihoods & basic needs	367,186	0	0	367,186
					0
AP011	Health services to communities	-			0
AP012	Voluntary blood donation	-			0
AP013	Maternal newborn and child health	-			0
AP014	Nutrition	97,386			97,386 x
AP015	Road safety	-			0
AP016	NS capacity for health care	-			0
AP017	HIV and AIDS	-			0
AP018	Avian and human influenza pandemic	-			0
AP019	Malaria	-			0
AP020	Tuberculosis	-			0
AP021	Other infectious diseases	-			0
AP022	Health in emergency	2,685,205			2,685,205
AP023	Psychosocial support	381,595			381,595
AP024	Immunization activities	-			0
AP025	Health needs in complex settings	-			0
AP075	HIV/AIDS care and treatment	-			0
AP076	Malaria care and treatment	-			0
AP077	Tuberculosis care and treatment	-			0
AP078	RMNCH care and treatment	-			0
AP079	NCD care and treatment	-			0
AP080	Psychosocial support	-			0
AP082	Search and rescue	-			0
	Total Health	3,164,187	0	0	3,164,187
					0
AP026	Access to safe water	86,455			86,455
AP027	Treatment/reuse of wastewater	-			0
AP028	Reduction of open defecation	-			0
AP029	WASH knowledge and best practice	11,925			11,925
AP030	Hygiene promotion	432,276			432,276
	Total WASH	530,656	0	0	530,656
					0
AP031	Equitable access to services	115,274			115,274
AP032	Social inclusion-equitable status	-			0
AP033	Interpersonal violence prev/response	-			0
AP034	Response to SGBV in emergencies	80,493			80,493
AP035	NVP-education and advocacy programs	14,906			14,906
	Total Protection, Gender and Inclusion	210,672	0	0	210,672
					0
AP036	Migration assistance and protection	335,459			335,459
AP037	Migration awareness and advocacy	41,737			41,737
	Total Migration	377,196	0	0	377,196
					0
AP001	Preparedness at community level	58,631			58,631
AP002	Response and risk red. at NS level	-			0
AP003	Green solutions	-			0
AP004	Climate change awareness	-			0
	Total Disaster Risk Reduction	58,631	0	0	58,631
					0
AP039	NS organisational capacity assessm.	-			0
AP040	NS volunteering development	121,236			121,236
AP042	NS corporate /organisational systems	332,171			332,171
	Total Strengthening National Societies	453,407	0	0	453,407
					0
AP046	IFRC surge capacity	15,900			15,900
AP047	Humanitarian principles and Rules	-			0
AP048	Integrated services for NS	-			0
AP049	IFRC coord. in humanitarian system	611,531			611,531
AP050	Supply chain and fleet services	-			0
AP051	Movement coordination	994			994
AP052	Movement shared services	77,512			77,512
	Total International disaster management	705,936	0	0	705,936
					0
AP053	Advocacy on humanitarian issues	40,246			40,246
AP054	IFRC policies and positions	-			0
AP055	Research and evaluation	40,743			40,743
AP056	Advocacy on humanitarian issues	-			0
AP057	Support to NS in policy & advocacy	-			0
AP058	Planning and reporting	-			0
AP059	Resource generation	-			0
AP060	Emergency fundraising excellence	-			0
AP061	NS resource and partnership dev.supp	-			0
AP064	Financial management	19,875			19,875
AP065	Administration	-			0
AP066	Staff security	21,365			21,365
	Total Influence others as leading strategic partn	122,230	0	0	122,230
					0
	Programme and Supplementary Services Recover	402,320			402,320
	Total INDIRECT COSTS	402,320	0	0	402,320
					0
	TOTAL BUDGET	6,591,863	0	0	6,591,863