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Revised Emergency appeal Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n°
MDRCO014

120,000 people to be assisted
4.89 m Swiss francs current funding
requirements

Appeal launched March 2018

Revision N°1 issued April 2018

Appeal ends July 2019

Extended four months

This revised Emergency Appeal seeks a total of some **4.89 million** Swiss francs to enable the IFRC to support the **Colombian Red Cross Society (CRCS)** to deliver assistance and support to **120,000 people**. This 16-month operation focuses on supporting migrants in the areas of health, water and sanitation, shelter, protection, livelihood and migration. This revised Emergency Appeal includes a scale up of the health intervention to address the basic health needs of migrants in ten departments in Colombia. It also reflects a reduction in relief distributions and new provisions for cash transfer initiatives and a pilot projects for addressing migrants' and host communities' livelihoods needs. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted on further development and more detailed assessments. Details are available in the Revised Emergency Plan of Action (EPoA) [<click here>](#)

The disaster and the Red Cross Red Crescent response to date

July 2017: Migration flow in the Colombia-Venezuela border increases significantly. 236,295 Swiss francs from the DREF¹ fund is allocated for the CRCS response

October 2017: The operation is extended to six months due to increased migration flows. More than 231,000 people are reached

February 2018: The Government's Disaster Risk Management Unit (UNGRD) requests complementary support

March 2018: The IFRC launches an Emergency Appeal for 2.2 million Swiss francs to reach 120,000 people

April 2018: The IFRC revises the Emergency Appeal upward to 2.5 million Swiss francs, including protection activities

July 2018: The IFRC issues revised Emergency Appeal no. 2, including a scale up of health services and livelihoods activities and a reduction of relief activities



Colombian Red Cross Society volunteers provide humanitarian support at border crossings, such as the one in La Guajira, which has one of the heaviest migration flows in the country.
Source: CRCS

¹ The [DREF Emergency Plan of Action](#) for this operation is available for members of the Red Cross and Red Crescent Movement.

Migration flow through Colombia has been steadily increasing over the past few years. At the moment, there are more than 1.1 million people in need in the country, including both migrants and Colombian communities returning to the country. The Colombia-Venezuela border has been experiencing a constant mixed migratory flow of people since 2017, who use Colombia as a transit zone, temporary shelter or a supply point. According to UNHCR figures, most migrants are concentrated in the departments of Norte de Santander and La Guajira. Meanwhile, departments such as Arauca, Cesar, Boyacá, Vichada and Guanía also face challenges, albeit with fewer vulnerable people. Arauca faces additional constraints, such as the historical presence of armed groups and lack of access to essential services.



Volunteers from the Colombian Red Cross Society are present in roads used by migrants, providing water and food assistance (above) as well as access to health, if needed. Source: CRCS

The department of Nariño in the Colombia-Ecuador border has also been affected by the ongoing migration phenomenon, as it serves as transition point for many families who try to make their way to Ecuador on the road to other destinations. Meanwhile, departments in the area of Cundinamarca and Valle host an increasing number of families seeking a more permanent presence, which requires strategic support to provide improved livelihoods options that help strengthen local markets; consequently, the considerable number of people in transit has become a regional issue, affecting also crossing points with Brazil and expanding to southern countries such as Peru, Chile, Bolivia and Argentina.

All groups of people in need face different types and levels of vulnerability, which mainly includes access to essential services such as basic health care and sanitation infrastructure. Other groups see their livelihoods diminished or destroyed and require external support to restart them. Almost all migrants at some point require access to food and clean water and in some cases, special supplements for children at risk or suffering from malnutrition.

The effect of this crisis is broad, complex and not restricted to issues of nationality. Many groups face exceptional situations of vulnerability, such as the Wayuu, Yukpa and Barí indigenous groups, whose ancestral lands cross current national borders. This population is facing rapid changes in their ways of life, including new and complex border procedures added to historical stigma and discrimination.

All current projections from United Nations (UN) agencies and international non-governmental organizations (INGOs) present in the country estimate that population movements into and within Colombia will continue to rise in the coming months.

The operational strategy

As the migrant population has increased, there has been a corresponding rise in humanitarian needs. Health services (medicine), access to food, and protection are the highest concern for agencies involved in response actions. The demand for essential goods and services (healthcare, housing, employment), especially in transit cities in departments located in the border zone, continues to grow. This situation could escalate and require greater humanitarian assistance for transiting migrants, returnees and people seeking permanent residence. The Colombian government has been making efforts to address these needs, and some humanitarian organizations have responded in kind with support in recent months; however, humanitarian gaps remain.

Needs assessment and beneficiary selection

Humanitarian needs are related to the type of migratory flow and the proposed operational strategy, and they are in line with the needs of the different groups identified:

- **Commuter:** People who enter and leave Colombian territory on a temporary and/or occasional basis, driven by specific needs. They mainly cross to obtain food, medicines, some occasional employment and to visit relatives.

They usually return daily to their places of origin, use formal and informal crossing points and are exposed to the risks of an insecure environment.

- **In transit:** People who enter Colombian territory on their way elsewhere. These people mainly require basic assistance, shelter, supplies, advice/guidance and protection. They take a bus to travel to the Ecuadorian border to continue south or other regions within the continent.

- **Permanent:** People seeking to settle in Colombian territory (mainly in urban areas), relying on networks of family and friends in some cases. This phenomenon is mainly seen in cities such as Bogotá, Medellín, Bucaramanga, Cali, Cartagena and Barranquilla, among others. The needs of these people range from basic day-to-day to complex needs such as access to employment and continuous access to basic services, the regularization of their situation and a place to stay. They constitute an important volume of the flow, and their situation represents a challenge that overwhelms public services.

- **Returning population:** People re-entering Colombian territory after long periods abroad.

The main areas of focus of this revised Emergency Appeal are:

Health care: The health needs of migrant populations in Colombia are varied, especially in view of the presence of malnourished children, pregnant women, older adults; non-communicable diseases (high blood pressure, diabetes mellitus); prevalent childhood diseases (acute diarrhoeal diseases, acute respiratory infections); vaccine-preventable diseases (measles); communicable diseases (human immunodeficiency virus [HIV], tuberculosis, malaria, among others). There are also a significant number of pregnant women seeking medical assistance for prenatal controls and delivery procedures. In addition, violence suffered along the migration route has caused psychological and social effects such as depression, post-traumatic stress and sexual violence-related consequences. There is a humanitarian gap in addressing the migrant population's needs in basic health care, psychosocial support services (PSS) and medical referrals, as needed.



CRCS medical staff and volunteers in the Paraguchón HCU offer medical treatment, clean water and restoring family links (RFL) services to migrants in La Guajira department. Source: CRCS.

Water, sanitation and hygiene: Based on the population on the move in Colombia's current situation, needs related to water and sanitation were identified at migration points and/or temporary settlements for vulnerable populations such as children younger than five years of age, senior citizens and pregnant women. The majority of this population has limited access to water and often the water available is unsuitable for human consumption due to contamination from excrement and waste. This is compounded by their limited resources to engage in healthy hygiene practices, which increase the risk of waterborne disease transmission. Moreover, even though transit and/or host cities have public services for the population to access sanitation, there are limitations on these services due to financial reasons, while at the same time there is limited availability of the service because of increased demand.

Livelihoods: Many migrants are more exposed to exploitation, working up to 16 hours a day for the minimum wage with no legal hiring process. Women and children have had to adopt detrimental coping strategies, creating a humanitarian situation in which the most vulnerable people are not accessing basic services, a situation that is increasing throughout Colombia. Host families are overburdened with family members who have arrived and are in need of care, diminishing their possibilities of decent employment and increasing risk and insecurity.

Food security: Migrant's ability to acquire food is reduced, while a proportion of the migrant population does not have enough resources to acquire food. Cases of minors, pregnant women and adults with signs and symptoms associated with malnutrition have been identified. According to the IFRC Livelihoods study conducted in July in Colombia, close to 30 per cent of all migrant population is food insecure. Pregnant and lactating women, children and vulnerable indigenous groups are the most affected.

Shelter: The movement of the population along the border of people who do not have financial resources to pay for lodging, or alternatively, do not have family or friends that can offer them lodging, has resulted in the population having to use public sites, such as parks, bus terminals, among others, as places to sleep. Likewise, migrants do not have the necessary conditions and elements to face adverse weather. Similarly, irregular and overcrowded human settlements have been emerging in high-risk areas, where the migrant population live in minimal living conditions without basic public services.

Protection: People in the border region have experienced an increase in the irregular migratory population, and as a consequence, an apparent lack of access to regular health services, in addition to a lack of knowledge and clarity regarding the implementation of comprehensive care and guidance mechanisms, hindering access to rights. Moreover, a lack of information has led to insecurity being associated with the arrival of migrants and generated xenophobia.

Gender: Field reports indicate an increasing number of women and children exposed to sexual violence. Members of lesbian, gay, bisexual and transgender (LGTB) community are subject to stigma and xenophobia. The CRCS is considering how to better plan their actions to address the needs of these people. It should be stressed that health centres have increasing reports of pregnant women requiring medical controls and improvements to their nutrition and food intake.

Restoring Family Links: People in movement have neither access to locations to charge their mobile phones nor credit or the technical or financial means to communicate with their relatives. In many cases, people often are forced to sell their mobile devices to obtain money, resulting in them being cut-off from their families. Restoring Family Link activities are aimed at protecting migrants and preventing future disappearances.

In addition, regional scenarios were developed in July 2018 during a workshop at the IFRC's regional office for the Americas (ARO); a team of experts from the IFRC's ARO office, its Field Assessment Coordination Team (FACT) and its Regional Intervention Team (RIT) contributed to the development of these scenarios through their participation in the workshop, bilateral meetings and direct contributions to the scenario document. During the workshop, the many variables that could impact the migrants' situation were mapped, and the following key factors were identified:

- The political and security situation generating the crisis
- Neighbouring state political will
- Irregular pathways for migrant movement
- Legal pathways for seeking asylum

By making assumptions as to how these variables might plausibly change, four scenarios were identified; these scenarios were then expanded, and the major impacts of each scenario and their humanitarian consequences identified. Due to time constraints, it was not possible to visit or consult individuals in all the affected countries. These scenarios focus primarily on the population movement originating from Venezuela and other nationalities.

Beneficiary Targeting

The intervention strategy and assistance actions are based on the dignified and safe treatment of the population in need during every stage of their migratory cycle, regardless of their legal status, and in compliance with the International Red Cross and Red Crescent Movement's Fundamental Principles; this also includes the impact of the influx of people on the move on host communities, including their access to services and goods. One of the key aspects of this revision is an increase in the target of people reached by basic health care through increased resources in some of the most affected departments, such as La Guajira.

Coordination and partnerships

The Humanitarian Country Team (HCT) has developed a Humanitarian Response Plan (HRP), which considers internal displacement and situation along the borders. The plan is framed through careful analysis of different types of migration flows, their impact on host communities and the situation at different borders.

The government of Colombia issued Decree 542 on 21 March 2018, which adopts measures for the creation of an administrative registry of migrants in Colombia to serve as an input for the design of a comprehensive humanitarian assistance policy. The public institutions that have been providing their services at the border, primarily in Norte de Santander include the Civil Defence Brigade, *Migración Colombia* and the National Disaster Risk Management Unit.

Additionally, as a coordination mechanism, periodic meetings are held at the Unified Command Post (PMU for its acronym in Spanish), with the participation of 21 organizations: National Unit for Disaster Risk Management (UNGRD), Norte de Santander Departmental Government, Departmental Council for Disasters Risk Management, the Municipal Councils of Cucuta and Villa del Rosario, CRCS, Colombian Civil Defence Brigade, Departmental Fire Department, National Army, National Police, Colombian Family Welfare Institute, Departmental Health Institute (CRUE), Cucuta Municipal Health Secretary, Departmental Secretariat of Education, Municipal Education Secretariat of Cucuta, National Registry of Civil Status, General Attorney's Office, Ombudsman's Office, Ministry of Foreign Affairs, Migration Colombia, Diocese of Cucuta, as well as the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and International Organization for Migration (IOM).

Proposed Areas for intervention

This operation's objective is to provide humanitarian assistance to protect the lives, health and dignity of 120,000 people affected by the migratory situation in the departments of Arauca, Atlántico, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca and Vichada.

Areas of Focus



Shelter

People targeted: 15,000

Males: 7,600

Females: 7,400

Requirements (CHF) 257,577

Proposed intervention

According to inter-agency assessments and official figures, most migrant families do not have access to formal shelter or basic services, which leads to informal settlements in both urban and rural environments. This is especially prevalent in the departments of Norte de Santander and Arauca. Many of the centres for migrants do not have basic items for the needs of all families passing through.

At least 15,000 people will receive bedding material kits in the departments of La Guajira, Norte de Santander, Cesar, Arauca, Vichada, Boyacá, Guainía and Nariño. The individual bedding material kits are based on the CRCS's response regulations and in accordance with the Integrated Disaster and Risk Management System (SIGERMED); they consist of light thermal blankets and pillow sets that complement assistance provided by other agencies.

Progress: With support from the Ministry of Foreign Affairs, the CRCS's shelter programme works in the temporary collective centres for people in transit, waiting for bus tickets or that have come to visit a patient in the hospital. In addition to lodging, personal hygiene kits and meals are provided. The operation will support those special cases that do not fulfil identification and/or ticket requirements. At the moment, light thermal bedding items to complement this distribution are under procurement and soon to be available. According to the evolving needs, the kits may not be only for use in collective centres, but also for people in transit without basic items. A shelter coordination management workshop is also planned for September 2018.



Livelihoods and basic needs

People targeted: 20,750

Males: 10,513

Females: 10,237

Requirements (CHF): 400,178

Proposed intervention

A. Emergency food assistance: There is a need to provide food support to the migrant population moving through border regions because they travel for long periods of time to migratory points, diminishing their ability to acquire food; furthermore, a proportion of the migrant population does not have resources to acquire food.

The CRCS will provide ready-to-eat food items to 20,000 people who are in transit in the border zones (Guajira, Cesar, Norte de Santander, Boyacá, Arauca, Vichada, Guainía and Nariño). Considering the outstanding needs of people living in Colombia, the operation aims to improve the living conditions of migrants and host communities in urban and peri-urban areas. The personal food rations that will be distributed have 2,329 calories including carbohydrates, proteins and lipids, along with a litre of water. The items form part of food security assistance in accordance with the standardization of humanitarian assistance in Colombia.

B. Livelihoods support: With the support of the IFRC Livelihoods Resource Centre, the CRCS conducted a livelihoods study to identify the livelihoods needs, including assessing the viability of a cash transfer programme. Initial findings point out that a Cash Base Intervention (CBI) would contribute to the current needs of improving access to income, covering basic needs, contributing to sustainable economic security, protection and community and household resilience. According to the study, the intended use of cash would be for the provision of safe and dignified shelter, food, medicine, transportation, clothing and once the migrants' needs are covered, remittances to family members who did not migrate.

In addition to this, the operation aims to reach some 120 families of migrants or members of host communities, and some 150 people on the road through cash transfer programming (CTP). A small sample of up to 100 people will receive transport support through cash transfer or transportation services. The pilot projects proposed would improve clarity for longer term and more sustainable interventions. The IFRC and the CRCS are evaluating the use of bank-issued debit cards, mobile phone cash transfer, direct cash distributions and/ or pre-positioned IFRC debit cards.

Progress: The CRCS distributed 1,200 non-perishable food items for travel at the time of the publication of this revised Appeal. The National Society also provided assistance to returning people and mixed family units in rural and urban contexts within the framework of the agreement and the Ministry of Foreign Affairs' support. In May and June 2018, the CRCS distributed 600 food packs to people on the move in Norte de Santander department. The cumulative figures are not yet available for all of the target departments.

As mentioned previously the CRCS conducted a livelihoods study with the support of the IFRC's Livelihoods Centre to identify the 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, evaluate the viability of a cash transfer programme and provide technical guidance to the National Society. The researcher visited three departments: Arauca (Arauca, Arauqita, Tame and Saravena); Norte de Santander (Cúcuta and Puerto de Santander); and Cundinamarca (Soacha and Casuca neighbourhoods) to conduct interviews and group discussions. The results and findings of this study are already reflected in this revised EPoA, as detailed in the operational plan overview and the details for this sector above.



Health

People targeted: 88,920

Male: 45,349

Female: 43,571

Requirements (CHF): 2,360,554

Proposed intervention

According to the CRCS team's field analysis, most migrants arrive in the country with minimal resources and unmet health needs due to healthcare gaps and lack of essential medicines and vaccines in their country of origin, which increases the demand for health services. The precarious conditions in which migration takes place increase the risk of outbreaks of communicable diseases, the appearance or worsening of non-communicable diseases, sexual and gender-based violence, depression and post-traumatic stress disorders, increasing the complexity of the provision of healthcare services to the migrant population.

The response in this regard establishes the setting up of integrated comprehensive primary health and psychological care systems that adequately respond to the migrants' health needs. These systems will focus primarily on migrants who are unable to access the health services provided by the Colombian social security system. The population targeted by the action is in the departments of Nariño, Norte de Santander, La Guajira, Arauca, Cesar, Vichada, Guainía and Boyacá. Assistance will be provided through:

- Health Care Units (HCU), whether fixed or mobile, will be deployed to border areas with greater migration flow and urban settlements in informal or temporary locations; they will provide basic medical, nursing and psychological care services. Other information modules, water distribution, WI-FI points, electricity and restoration of family links services will be provided based on needs identified by the appeal.
- CRCS's Health Provision Institutes (HPI) provide primary health care services. The HPis coordinate the integrated comprehensive health services provided by CRCS and are the liaison between HCU deployed in the field and secondary health care services.
- The health assistance units consist of doctors, a nurse, an auxiliary nurse, a psychologist and volunteers trained in community health. The mobile unit will provide assistance in the zones that have the highest levels of vulnerability and the most pressing health needs.
- Community-based activities conducted by CRCS volunteers to complement HCU and HPI service activities carrying out community-level first aid, health promotion and disease prevention activities in migrant temporary or informal settlement areas.
- Psychosocial support (PSS) teams will provide Psychological First Aid services, which will be conducted by h professionals and members of CRCS's Psychosocial Support Groups.
- The provision of nutritional supplements by medical and nursing staff from the fixed and mobile posts who, in accordance with the levels of malnutrition, will set the treatment, frequency, quantity and doses this activity will be accompanied with educational actions.

Progress: The CRCS has mobilized its volunteers and staff specialized in health to the four prioritized geographic areas. The CRCS strategy has aimed to boost existing local health capacities through the provision of medicine, equipment, personnel and the establishment of mobile facilities for first aid and pre-hospital care. The Spanish Red Cross with funds from the Spanish Agency for International Development (AECID for its acronym in Spanish); the German Red Cross through the European Civil Protection and Humanitarian Aid Operations (ECHO) funds and the IFRC through this Appeal are supporting these actions. Mobile and static health units have been established with professionals in medicine, nursing and psychology. These actions have focused on health promotion and prevention, as well as complementing actions in the areas of food security and water, sanitation and hygiene promotion, including the transfer of patients to other health centres as required. At the moment, the CRCS reports that close to 5,800 have received treatment in three different departments. Information management systems to properly record the whole scope of the action are in the process of being set up.



Water, sanitation and hygiene

People targeted: 20,000

Males: 10,133

Females: 9,867

Requirements (CHF) 469,326

Proposed intervention

In-transit and permanent migrant populations do not have access to safe water or adequate water storage, which increases the problem of waterborne diseases and the contamination of water sources. The CRCS will ensure at least 20,000 people (including those on the road) obtain access to safe water and hygiene in the departments of Nariño, Norte de Santander, La Guajira, Arauca, Cesar, Vichada, Guainía and Boyacá.

The CRCS via its border assistance posts will provide hydration services for people who are waiting a long time in migration queues. The CRCS will also provide hygiene promotion messages, anti-bacterial gel for handwashing and the distribution of personal hygiene kits to reduce the risks caused by the increase in infectious diseases, diarrhoea, respiratory and viral diseases and skin problems in the border zone.

Personal hygiene kits, differentiated by gender and age, will be distributed to migrants to reduce the risk of the emergence of communicable diseases; the CRCS will distribute these kits during the healthcare activities mentioned above, and the CRCS will provide them at the HCUs. In addition, the National Society will carry out hygiene promotion activities in areas where migrant populations are residing.

The CRCS will develop greater awareness regarding public health activities and take measures to prevent diseases related to lack of hygiene, and improves water, sanitation and hygiene practices. The methodology is based on the community-based health and first aid (CBHFA) community work approach, which develops a community empowerment process based on positive hygiene messages; these messages are the result of a consultation process with the community based on the community engagement and accountability (CEA) strategy, which identifies messages that respond to the target population's information needs and the most appropriate language and means for reaching the migrant population.

Progress: The CRCS activities have focused on the distribution of water (usually 0.5-litre bottles or bags) to people at border points, roads or meeting points. The National Society reports more than 89,000 bottles distributed in three different departments (the Arauca figures are not yet available). The procurement of the hygiene kits is in progress, through the IFRC's Regional Logistics Unit (RLU), and set to be distributed shortly. These new distributions will be reported on in the next operations update.



Protection, Gender and Inclusion

People targeted: 120,000

Male: 61,200

Female: 58,800

Requirements (CHF): 86,058

Proposed intervention

The increase in migration flows has also resulted in a paucity of regular health services, in addition to a lack of knowledge and clarity regarding the implementation of comprehensive care and guidance mechanisms. Moreover, a lack of information has led local populations in Colombia to associate insecurity with the arrival of migrants.

Another important point is the presence of unaccompanied minors that enter Colombian territory who have been identified at collective centres and engage in informal trade in the border area. The presence of armed actors in border regions also creates a situation in which the migrant population can be the object of forced recruitment, human trafficking or other types of criminal acts.

Awareness raising activities on the topics of stigmatization and non-discrimination will be carried out with 120,000 people in border cities and host cities. These activities will be supported through the joint sectorial strategy developed by the CRCS:

- Child protection is promoted at CRCS points in border areas in accordance with IFRC policy standards and adapted to national regulations through the creation of friendly spaces in migrant care points; this will ensure migrants' safety and decrease stress within the population of migrant children.
- Implementation of a CEA strategy in migrant transit and destination communities, using an approach to prevent discrimination, stigma and xenophobia that integrates the other Areas of Focus.
- 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 and the written press and flyers, banners and other materials.

Progress: The area of protection, gender and inclusion (PGI) is integral to the CRCS's approach with the population on the move. The IFRC is working with the National Society to establish actions that specifically address the differentiated needs of male and female migrants, as well as age-differentiated needs.

The CRCS has supported child-friendly spaces at some migrant assistant locations; nevertheless, the information regarding numbers of children reached, as well as the content of the support was not available at the time of reporting. The IFRC is working together with the CRCS to relate new outcomes that reflect the commitment to providing protection support, particularly around issues of violence experienced or to which people are vulnerable along the migratory route.

The CRCS's mobile and static health clinics provide information on the attention routes in cases of gender-based violence and address sexual and reproductive health issues. The IFRC's Livelihoods Centre's livelihoods study has a protection focus that identifies high risk survival strategies of the population on the move: sex work, child exploitation, small-scale drug dealing, sale of their productive goods, consumption of psychoactive drugs and dropping out of school, and it provides ideas on how to combat these high-risk strategies.

The initial prioritization of groups to be reached through livelihoods support suggests that the PGI will be an integral component of livelihoods actions. According to this study, these groups are people in irregular migratory situations; women (breast-feeding, pregnant, engaged in sex work and/or vulnerable to human trafficking); boys, girls and adolescents; lesbians, gays, trans and intersex (LGBTI) people; the returning Colombian population; and indigenous peoples from the Wayuu, Yukpa and Barí peoples.



Migration

People targeted: 120,000

Male: 61,200

Female: 58,800

Requirements (CHF): 262,558

Proposed intervention

Many members of the migrant population are not aware of the organizations and agencies that can assist them in different stages of their journey. At the same time, when a migrant mobilizes from one country to another, they lose contact with their family and in most of cases, they do not have the economic resources to re-establish communication with their family members. When they cannot contact their family members, it affects their emotional state, causing anxiety and unease because they cannot talk about their situation with loved ones.

Guidance and counselling will be provided along with RFL services to at least 120,000 people on the move in border and receiving cities in the departments of Nariño, Norte de Santander, La Guajira, Arauca, Cesar, Guainía and Boyacá. This action helps the migrant population make decisions based on information about their rights and how to access them using the Virtual Volunteer tool, the Red Cross and Red Crescent web application that helps migrants find reliable information and support. [For further details please click on this link.](#)

The measures to restore contact with family members aim to prevent possible disappearances. For this reason, the CRCS will have RFL points with the necessary technological equipment to provide a service in which beneficiaries can contact their families and tell them about their situation.

Progress: The CRCS operation has supported 36,769 people to contact their families via phone calls, internet services or the supply of electricity to charge portable electronic devices. The IFRC and the CRCS are working on standardized information brochures about staying safe during the migratory journey and other pertinent migration-related information.

The Virtual Volunteer mobile tool is currently in the process of being adapted for Colombia. The CRCS is drawing up a consultancy contract for this initiative. A total of 387 people (Norte de Santander: 358 and Arauca: 29 people) received support from the CRCS on their travel arrangements in the form of tickets or items for traveling. Furthermore, the IFRC Livelihoods Centre study recommends the incorporation of actions to raise awareness and fostering the social incorporation of people on the move. The proposed livelihoods actions have the potential to generate further actions against xenophobia and the marginalization of migrants.

Strategies for Implementation

Requirements (CHF): 755,657

Human Resources: The operation will have the following basic structure for the development of the activities at the national level:

- **National headquarters:** Operations, Financial, Logistics and Migration Coordinator. Additional staff will be recruited for adequate monitoring of the programme implementation.
- **Local:** 1 Branch Coordinator and 1 Logistics Coordinator for each of the 4 local branches.
- **Health staff:** 5 fixed teams and 3 mobile teams that provide medical and psychological attention; each of the teams will consist of a doctor, nurse, auxiliary nurse and psychologists; in addition, 1 operational coordinator, 3 local coordinators, 1 reporting technician, 1 finance and logistics technician, 1 health delegate and 1 planning, monitoring, evaluation and reporting (PMER) officer.
- **Water and sanitation / RFL:** 1 Technical Coordinator for the accompaniment of activities on the ground.
- **300 CRCS volunteers** (rotating service volunteers and National Intervention Team (NIT) members)

For regional support from the IFRC, the CRCS expects to receive support from the disaster management coordinator, the migration officer, and the Administration, Communications, CEA, Finance and PMER Units. Global Surge and RIT members will be mobilized, and a staff member will be hired who is a specialist in CEA. The Lima delegation and ARO will also provide 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 the IFRC's logistics standards, processes and procedures. The National Society has storage capacity through their warehouses in the branches, and the CRCS has a procurement department. All procurement related to this operation will follow the IFRC's standards procurement procedures and Sphere standards for non-food item (NFI) purchases. In addition, the IFRC's RLU sent a procurement to the National Society for one week to support and review ongoing procurement procedures.

Information Technology (IT): The CRCS has a telecommunications system installed at the national and departmental levels, which will remain in contact with the team in the field to coordinate actions. The IT team will support RFL actions for the affected population. The CRCS requires satellite phones, antennas and radio to improve communications and security.

Information Management - Epidemiological Surveillance: The proposed system will have a strong information management (IM) component, which will manage the information generated by the health activities carried out by HCU and HPI to monitor the technical and financial progress of health service provision. Data collected by information management (IM) will produce timely and relevant epidemiological data that will contribute to the

Ministry of Health's epidemiological surveillance system and allow for the (based on the evidence) continuous adaptation of health services to the migrants' needs.

Communication: The components of the International Red Cross Movement that are present in Colombia and in the region (IFRC- ARO) will develop materials to advance the operation and provide accountability regarding the optimal use of resources. ARO's Communications Department will support the operation via quality control, the provision of advice and support the dissemination of the CRCS's actions via mass media. A fundamental aspect in which both the CRCS's Communication Department and the IFRC's Regional Communications Unit will work is showing the human face of this crisis through video stories, video testimonials, interviews, campaigns of social networks, among others; other aspects of the communications will focus on preventing and reducing stigma and discrimination against the migrant population.

Planning, monitoring, evaluation and reporting: The CRCS's General Directorate for National Assistance is responsible for the implementation of the EPoA in coordination with the other National Society departments, with support from the Cooperation Directorate. The IFRC will maintain regular meetings with the CRCS to monitor the operation's progress or challenges, as well as conduct monitoring visits in Colombia. A monitoring and evaluation plan will be developed, and regular operation updates will be shared. In addition to regular monitoring activities, the CRCS will carry out a beneficiary satisfaction survey to evaluate the assistance provided and will conduct a final evaluation.

Administration and Finance: The administrative and financial processes are implemented within the CRCS's quality framework and the IFRC's regulations. These processes support all the actions of the Red Cross Red Crescent Movement's humanitarian mission, guaranteeing the necessary transparency and accountability of the operation.

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- [Previous Appeals and updates](#)

For further information, specifically related to this operation please contact:**In the Colombian National Society**

- Fabian Arellano, General Director of Integral Management of Disaster Risk; phone: 571 437 5300 ext. 6659; email: dir.gestion.riesgo@cruzrojacolombiana.org

In the IFRC

- **IFRC Regional Office for Americas Head of Disaster & Crisis:** Inigo Barrena, phone: +507 317 3050; email: ci.barrena@ifrc.org
- **IFRC ARO Ops Coordinator:** Felipe Del Cid, phone: +507 317 3050; email: felipe.delcid@ifrc.org
- **IFRC Country Cluster Support Team for the Andean countries:** Michele Detomaso, Head of Country Cluster Support Team, email: michele.detomaso@ifrc.org

In IFRC Geneva

- **Programme and Operations focal point:** Antoine Belair, Operations Coordinator (Americas and Africa regions); phone: +41 22 730 4281; email: antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Marion Andrivet, Emergency Appeals and Marketing Officer, phone: +507 317 3050; email: marion.andrivet@ifrc.org

For In-Kind donations and Mobilization table support:

- Stephany Murillo, Regional Senior Logistics & Mobilization Officer, phone: +507 317 3050; email: Stephany.murillo@ifrc.org

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

- Priscila Gonzalez, Planning, Monitoring and Reporting Coordinator; phone: +507 317 3050; email: priscila.gonzalez@ifrc.org

For media contact:

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

How we work

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

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



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



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



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



The maps used do not imply the expression of any opinion on the International Federation of the Red Cross and Red Cross Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

EMERGENCY APPEAL
Colombia Population Movement
MDRCO014

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	29,812			29,812
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	208,685			208,685
Food	278,246			278,246
Seeds & Plants	0			0
Water, Sanitation & Hygiene	430,785			430,785
Medical & First Aid	845,003			845,003
Teaching Materials	330,650			330,650
Ustensils & Tools	0			0
Other Supplies & Services	9,190			9,190
Emergency Response Units	0			0
Cash Disbursements	58,134			58,134
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	2,190,505	0	0	2,190,505
Land & Buildings	0			0
Vehicles	119,248			119,248
Computer & Telecom Equipment	19,875			19,875
Office/Household Furniture & Equipment	20,868			20,868
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	159,992	0	0	159,992
Storage, Warehousing	2,484			2,484
Distribution & Monitoring	43,724			43,724
Transport & Vehicle Costs	30,011			30,011
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	76,220	0	0	76,220
International Staff	243,068			243,068
National Staff	199,542			199,542
National Society Staff	919,174			919,174
Volunteers	188,666			188,666
Other Staff Benefits	9,937			9,937
Total PERSONNEL	1,560,388	0	0	1,560,388
Consultants	128,689			128,689
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	128,689	0	0	128,689
Workshops & Training	93,113			93,113
Total WORKSHOP & TRAINING	93,113	0	0	93,113
Travel	78,505			78,505
Information & Public Relations	67,375			67,375
Office Costs	40,644			40,644
Communications	6,360			6,360
Financial Charges	2,981			2,981
Other General Expenses	23,850			23,850
Shared Office and Services Costs	17,475			17,475
Total GENERAL EXPENDITURES	237,190	0	0	237,190
Partner National Societies	145,811			145,811
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	145,811	0	0	145,811
Programme and Services Support Recovery	298,474	0	0	298,474
Total INDIRECT COSTS	298,474	0	0	298,474
TOTAL BUDGET	4,890,382	0	0	4,890,382
Available Resources				
Multilateral Contributions	785,936			785,936
Bilateral Contributions	0			0
TOTAL AVAILABLE RESOURCES	785,936	0	0	785,936
NET EMERGENCY APPEAL NEEDS	4,104,446	0	0	4,104,446