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## DREF Operation Update Colombia: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation MDRCO011</b>	
<b>Date issued:</b> 18 December 2015	<b>Date of disaster:</b> 24 August 2015
<b>Operation manager (responsible for this EPOA):</b> Pabel Angeles, Regional Disaster Management Coordinator – South America – IFRC.	<b>Point of contact:</b> Cesar Augusto Uruña Pulido – General Director for National Relief – Colombian Red Cross Society (CRCS)
<b>Operation start date:</b> 22 August 2015	<b>Expected timeframe:</b> 4 months (The DREF is extended for one additional month)
<b>Overall operation budget:</b> 100,376 Swiss francs (CHF)	
<b>Number of people affected:</b> 24,292 personas.	<b>Number of people to be assisted:</b> 5,000 people (1,000 families)
<b>Host National Society presence:</b> The National Society has been responding to this emergency with 618 volunteers (directorates, youth, relief responders and “grey ladies”) from 7 CRCS branches (Guajira, Cesar, Arauca, Norte de Santander, Boyacá, Vichada and Guainía).	
<b>Red Cross Red Crescent Movement partners actively involved in this operation:</b> International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), American Red Cross, German Red Cross, Norwegian Red Cross, and Spanish Red Cross.	
<b>Other partner organizations actively involved in this operation:</b> National Disaster Risk Management Unit (UNGRD), National Unit for Comprehensive Care and Reparation for Victims (UARIV), Colombian Immigration Service, Ministry of Foreign Affairs, Civil Defence, Ponalsar, Army, Oxfam, Colombian Scouts, United Nations (United Nations Development Programme [UNDP], the Office of the United Nations High Commissioner for Refugees [UNHCR], the United Nations Children’s Fund [UNICEF], Office for the Coordination of Humanitarian Affairs [OCHA]), Colombian Institute for Family Welfare (ICBF), Departmental Health Institutes, Municipal Health Institutes, People’s Ombudsman, The National Training Service (SENA for its acronym in Spanish), Local municipal governments, Departmental administrators, Pan American Health Organization (PAHO), International Organization for Migration (IOM), Fire Department, private donors, and media	

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## A. Situation Analysis

### Description of Disaster

On 19 August 2015, the Venezuelan government declared a state of constitutional emergency; it was initially just for the municipality of the state of Tachira, but it was later extended to 23 additional municipalities in the states of Zulia and Apure, which border the Colombian departments of La Guajira, Norte de Santander, Arauca, and Vichada. Currently, border crossings between Colombia and Venezuela remain partially closed, limiting access to Venezuelans and Colombians with documentation supporting their residency. Furthermore, the Colombian government, via Decree 1770 of 7 September 2015, declared a state of economic, social, and ecological emergency in parts of Colombia, which still remains in effect.



ASSISTANCE AT THE INEM – SNCRC COLLECTIVE CENTRE



ASSISTANCE AT THE MORICHAL – SNCRC COLLECTIVE CENTRE

Source: CRCS

According to UNOCHA Situation Report No. 13 (15 October 2015), a total of 1,950 Colombian citizens have been deported and 22,342 additional Colombian citizens have voluntarily left Venezuela since 23 August. During this period, at least 24,292 people have left Venezuela.

#### Estimate of the people who have returned or been deported

	Norte de Santander	La Guajira	Arauca	Vichada	Total
<b>No. of deportees</b>	1,109	739	101	1	1,950
<b>No. of returnees</b>	18,770	1,938	1,441	193	22,342
<b>Total</b>	19,879	2,677	1,542	194	24,292

Sources: UNGRD, OCHA, 15/10/15

The affected population is currently being assisted by the Colombian government and humanitarian organizations. While there are no longer any collective centres in the area, there are still 4,408 families being temporarily housed in rented spaces funded temporarily by the government; other families have returned to their places of origin, and some Colombian families are living legally near the Venezuelan border. Many of these families have older and retired members suffering from chronic diseases, such as chronic kidney failure, diabetes, and hypertension, among others, who are currently receiving medical attention from Colombian health care providers and require medications or support to relocate. Commercial and transit activities are still not back to normal, and the political situation between the two countries over this issue is still sensitive. The possibility of border tensions escalating cannot be ruled out.

The Colombian Red Cross Society has been conducting actions at the border area to restore decent living conditions to affected families. These actions have been developed jointly with all humanitarian and human rights agencies present in the country and led by UNGRD.

**The National Society has requested a one-month extension to assist the population being temporarily housed, vulnerable groups, other affected families not receiving support and patients suffering from chronic illnesses requiring medication or support to relocate.**

#### Summary of the current response

From the moment in which the border was closed, the Colombian Red Cross Society activated its contingency plan for this situation. Lines of action were established to provide timely and coordinated interventions with the other components of the disaster management system in the country. During the first phase of the emergency, the National Society activated its local and national response teams in order to assist in and manage four collective centres in Norte de Santander. Seven other branches were activated to assist in areas near the border with Venezuela: Guajira, Cesar, Norte de Santander, Boyacá, Arauca, Vichada and Guainía.

Operation activities included setting up and management of collective centres, restoring family links, medical and psychological care, health and hygiene promotion, psychosocial support, patient transfers and inter-agency coordination.

## Overview of the Red Cross and Red Crescent Movement in the country

The Colombian Red Cross Society issues daily situation reports (SITREP – Situation Reports) as a strategy to keep participating National Societies (American Red Cross, German Red Cross, Norwegian Red Cross, and Spanish Red Cross), neighbouring countries' National Societies (Venezuela's National Society in this case), the ICRC and the IFRC informed.

The ICRC deployed two delegates to the field to conduct assessments and provide support on Restoring Family Links (RFL). The Norwegian Red Cross has provided support and funding to the Colombian Red Cross Society on health activities, complementing the DREF lines of action. Furthermore, the American Red Cross is funding a livelihoods project for 200 families who were deported from Venezuela that seeks to support these families with economic resources that allow them to identify an economic/productive activity that ensures their social and economic sustainability or development, taking into account that their current situation is not the same as before they were deported from Venezuela.

## Movement Coordination

Starting on 25 August, a page in the Disaster Management Information System (DMIS) was created in order to keep Movement components informed. Since then, Movement meetings have been held to present the National Society's plan of action and to coordinate cooperation activities with Movement actors. The ICRC, German Red Cross, American Red Cross, Spanish Red Cross and the IFRC attended these meetings. Movement components have demonstrated their support for the Colombian Red Cross Society on this operation.

Additionally, the Colombian Red Cross Society is in contact with the Venezuelan Red Cross (VRC). The IFRC has been facilitating communication; additionally, several of the branches closest to the heavily transited border points are in direct communication to ensure that humanitarian support for the people returning to Colombia is conducted in an efficient and effective manner based on the International Movement's fundamental principles and humanitarian values.

## Overview of non-RCRC actors in the country

As the response to this humanitarian crisis entails coordination actions between state and non-state institutions, a unified command post has been established in the field. The following section summarizes actions by national government and humanitarian actors that are active in response efforts:

- **National Disaster Risk Management Unit:** UNGRD supported the coordination of the humanitarian assistance through the establishment of collective centres and the provision of personal hygiene kits, blankets and bedding, tents and hot meals to the affected population. It has also provided housing rental assistance to 4,408 families for 3 months. UNGRD assisted in the relocation of 2,981 families, along with household items, to various parts of the country.

UNGRD actions are moving forward in the border area of Norte de Santander, and they are aimed at monitoring actions still being conducted by the CRCS's Norte de Santander branch and the election that will be held on 6 December.

- **Colombian Immigration Service:** This institution has provided assistance to 1,950 people who were deported and entered Colombia through the border area. This population, which came through the Colombian Immigration Service, was assisted in the various temporary collective centres set up for them.
- **National Police:** The institution continues to provide support and control measures at border crossings in order to provide assistance to citizens still using the humanitarian corridor at the border.
- **Ministry of Health:** A total of 4,853 people were vaccinated against chicken pox, influenza, and hepatitis A, and 10,541 were treated in pre-hospital and hospital care centres.

- **Ministry of Education:** Through the municipal governments in Cúcuta and Villa del Rosario, 1,429 children resumed their normal school schedules. The situation at the border is currently being monitored.
- **Civil Defence:** Using volunteer staff, this institution continues conducting its humanitarian tasks and actions at border bridges in order to serve the civilian population currently travelling through these sites. The Civil Defence branch has an active emergency and contingency plan to address any developments at the border involving Colombians.
- **International Organisation for Migration:** This organization provided technical support during the first phase when the collective centres were being set up.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

Based on a joint analysis of the CRCS and the humanitarian actors present in the area of the Venezuelan-Colombian border, the following humanitarian needs have been identified:



Delivery of Food and Cleaning Kits in the collective centres  
Source: CRCS



Health care in the collective centres

- Collective centres :** All the families who were being housed in collective centres have been relocated to their home cities or to housing leased for a three month-period, they have returned on their own to stay with relatives living in border cities, or they have returned on their own to Venezuela.
- Medical care and first aid:** The CRCS is still serving families and individuals requiring some form of medical assistance or requiring treatment of chronic illnesses. The Red Cross branch is still providing a Basic Life Support (TAB for its acronym in Spanish) ambulance and medical personnel at the border bridges in order to provide any type of immediate attention at the border crossing.

There is an evident need to provide medical care to pregnant women who have had no pre-natal care during their advanced pregnancies, which increases the risk of maternal and perinatal morbidity and mortality. The Municipal Health Secretariat's contingency plan was provided for three months, and no care is currently being provided to deported women with Venezuelan identity cards.

People who are unable to pass through immigration checkpoints opt for hazardous bypaths, putting their lives and the lives of their families at risk, thus increasing the number of people requiring first aid care.

The transport of supplies and medication for dialysis patients continues with support from human rights authorities in Venezuela, in addition to the relocation of terminal and chronically ill patients using Norte de Santander CRCS branch vehicles.

- c. **Psychosocial support (PSS):** The closing of the border, the mass deportations and the separation of family groups have caused psychological damage to the affected people, leading to increased stress levels that leave families feeling discouraged and with a sense of loss; it is therefore important to maintain individual, family or group PSS efforts. It is also important to continue working comprehensively with other agencies and institutions that know and have the expertise and capacity to guide this work.
- d. **Restoring Family Links:** Throughout this emergency, the Norte de Santander branch's RFL team has worked - and continues to work in coordination with the ICRC and other organizations in the country to provide timely support to each and every case involving Colombians deported from Venezuela. Although the actions conducted are minimal, branch staff members have all the resources required to address any situation, and they continue to make themselves available to help the affected people.
- e. **Livelihoods:** Training and education processes are being conducted with deportees through government agencies such as SENA and the Department for Social Prosperity (DPS for its acronym in Spanish). An example of this is the entrepreneurship training being provided by SENA to provide people with solid foundations on which to build production undertakings that will generate short and medium-term means of support for their families that will enable them to live with dignity. Some jobs for deportees have been generated through DPS.
- f. **Food security:** The National Disaster Risk Management System (SNGRD) has delivered the necessary humanitarian aid to the affected families to meet their basic needs during their stay in the collective centres and to some families who requested to be returned to their home cities; it also delivered food and non-food kits to families benefitting from the subsidized rentals.

## Risk assessment

The political situation between the two countries due to the migratory situation and the border closing remains sensitive, and an escalation in tensions cannot be ruled out.

## B. Operational Plan and Strategy

### Proposed Strategy

The CRCS operation has focused on providing emergency humanitarian assistance, including food and non-food items, health care and promotion in the collective centres, and restoring of family links for 1,000 families (approximately 5,000 people) in Norte Santander over a period of 3 months, as a complement to government actions and National Society support.

The CRCS has considered the role of women and minority groups in emergency assistance in order to achieve equity in the aid and visibility of the most vulnerable groups in this type of emergencies.

The psychosocial support of the health component has been essential during the first weeks of assistance, and it has been tied to the restoring of family links and the direct attention in the collective centres.

Furthermore, in direct coordination with International Movement components in the country and with their support, the CRCS has provided health, RFL, and livelihoods support outside this DREF operation, conducting needs assessments in livelihoods in emergencies; it has also developed business plans for families able to re-establish their main economic activity and who are settled in the border area, provided economic support, and institutional arrangements and influence to guide the business plans of at least 10 per cent of families in the targeted area.

### Overall Objective

Contribute to the reduction of the vulnerability of 5,000 people (1,000 families) in Santander, who have been affected by the situation caused by the closing of the border and the deportation of Colombian citizens, through emergency humanitarian actions aiming to protect people's lives, health, lodging, sustenance and dignity.



Colombian Red Cross Society volunteers provide support to the affected population in Cúcuta, Norte de Santander. Source: Colombian Red Cross Society

Constant monitoring of the situation has been maintained during the operation. The scenario has undergone constant changes, and following an analysis, CRCS determined there is a need to expand the area of intervention based on the assessed needs.

## **Operational Support Services**

### **Human resources**

All volunteers, employed staff and directors implementing humanitarian actions have their documents in order (national identification card, military identification for men, current CRCS institutional identification, health insurance and a driver's license).

CRCS volunteers are covered against accidents, death for any cause, total and permanent disability, dismemberment, and fees (funeral, medical, AIDS treatment, organ transplant) through an insurance policy assigned through the National Emergency Fund to relief institutions that belong to the National Disaster Risk Management System. This insurance will be in effect following the CRCS branch volunteer director's approval for deployment; the deployment of these volunteers is registered in CRCS branch reports indicating their deployment for this operation.

The CRCS has had the following human resources for this operation:

- ✓ 1 operations coordinator
- ✓ 1 coordinator in the field
- ✓ 1 shelter technician (a National Intervention Team [NIT] member)
- ✓ 1 health technician (a National Intervention Team member)
- ✓ 1 administrative and financial assistant
- ✓ Support staff for the daily permanence of 64 volunteers.

Two members of the National Intervention team have been deployed to support this operation based on the emergency situation and the local capacities of the CRCS branches. Although both of these specialized NIT members come from branches far from the border region, they have the required skills in shelter and health to effectively contribute to this operation. In order to extend the operation for one month, the contracts for the operations coordinator and the administrative assistant will be extended for that same period as well.

### **Logistics and supply chain.**

The procurement of items and services fulfil the required conditions based on the needs of the affected population (external client) and/or the operational areas (internal client) to guarantee the appropriate level of supplies and optimal performance. All purchases are made in-country, and the purchase process applies all CRCS procedures, regulations and guidelines, and it is in compliance with the IFRC's DREF procedures

### **Information Technology (IT)**

The National Society has an installed telecommunications system at the national and branch level through which communication is maintained with the team for coordination in the field. IT supports the restoration of family links for the affected population.

### **Communications and Information**

The Colombian Red Cross Society establishes a platform that makes information available regarding the evolution of the situation, the operation's unmet needs, changes achieved through the actions implemented and the recovery process. International Red Cross Movement components present in Colombia and the IFRC's Americas regional office in Panama have access to information and materials that help the operation to move forward and show accountability in terms of proper resource use. The CRCS issues communiqués and press releases disseminated through the various mechanisms the National Society uses to provide information on the progress of the operation and the beneficiaries' stories.

Below are links providing information on actions developed during the emergency:

<http://www.cruzrojands.org/>  
[www.cruzrojacolombiana.org/](http://www.cruzrojacolombiana.org/)  
<https://www.facebook.com/cruzrojasantander/>

## Security

Based on the analysis of the context, of the dynamics of armed conflict and of other situations of violence and public order in the country and in the border area, the CRCS currently believes it is necessary to consider the International Movement's Safer Access framework, as well as compliance with the provisions of the CRCS Safety Manual. These are applied by all Movement components present in Colombia and in the region, as well as directorates, staff, and volunteers from all of the CRCS branches, prioritising branches in departments bordering Venezuela.

## Planning, monitoring, evaluation and reporting (PMER)

The CRCS National Relief General Directorate, in coordination with other directorates, is responsible for the implementation of this plan and has provided the appropriate monitoring. Throughout the plan's implementation, reports have been issued on the actions developed during the operation, the results from which will be compiled in a narrative report at the end of the operation, ensuring compliance with established monitoring and evaluation protocols and procedures.

The actions under this plan have been according to the CRCS's internal and external emergency response plan and decentralized branch and municipal unit plans.

The IFRC disaster management coordinator will continue providing technical support, guidance and monitoring to this operation.

## Administration and Finance

Administrative and finance procedures are framed within the CRCS quality process and support all the actions of the National Society's humanitarian mission, guaranteeing the appropriate transparency and accountability.



Medicine delivery at the border



Meeting between IFRC - CRCSNS – CMGRD

Source: CRCS

## C. DETAILED OPERATIONAL PLAN

### Quality programming/ Areas common to all sectors

Outcome 1.	Outputs		% achieved
	Output 1.1: Assessments of initial needs are conducted in consultation with beneficiaries and authorities.		100 %
	Output 1.2: A comprehensive monitoring and evaluation is conducted on the plan of action.		100 %
Activities	Implementation on time?		% of progress
	Yes	No	
<b>1.1 Activities:</b>			100 %
Emergency rapid assessment	X		100 %
Sectoral assessment	X		100 %
Beneficiary registration	X		100 %
<b>1.2 Activities:</b>			100 %
IFRC tracking and monitoring	X		100 %
Monitoring visits by CRCS national headquarters.	X		100 %
Inter-agency coordination	X		100 %
Staff hiring	X		100 %

### Progress toward results

- **Emergency rapid assessment**

The Branch Relief Directorate initially conducted the emergency assessment to establish the gravity of the situation involving the people deported from Venezuela over both the border crossings and bypaths. This assessment analyzed the immediate actions required to address the emergency.

- **Sectoral assessment**

A detailed assessment was conducted for each area of action that required humanitarian interventions to assist the large number of Colombians arriving at the collective centres set up and managed by the CRCS branch in Santander.

- **Beneficiary registration**

A process was established to register all of the Colombians arriving at the collective centres. This process was conducted throughout the entire operation, and it indicated that a total of 6,129 people had been served.

- **IFRC tracking and monitoring**

The IFRC disaster management delegate for South America, who reviewed all of the actions conducted and contained within the DREF plan of action, monitored the operation. The monitoring was operational, financial, and administrative.

- **Monitoring visits by CRCS national headquarters**

CRCS directors have made the necessary visits to review all actions undertaken and contained within the DREF plan of action, verifying first-hand that all processes are implemented in an adequate, streamlined, and timely manner to benefit the families deported from Venezuela in a dignified manner.

- **Inter-agency coordination**

During the emergency, all national and international humanitarian and social institutions and agencies have worked with each other in a complementary way to optimize synergies that effectively promote the gradual reestablishment of a dignified way of life for the affected families. This process has been led by the national government through UNGRD. The CRCS has effectively participated in these processes, with collaboration from other Movement Societies.

- **Staff hiring**

The necessary personnel were hired within each line of action to develop the processes required to serve returning Colombians. The operation requires extending the contract of the operation coordinator and of the administrative assistant for one month

## Health and Care

**Needs analysis:** The main illnesses treated include high fevers, tonsillitis, parasites, dermatitis, and acute diarrheal illness. At the mental health and PSS level, there are high levels of stress, anxiety and depression, especially in adults.

**Population to be assisted:** Health care, first aid, health promotion, and psychosocial support for at least 5,000 people, including children, young people, adults, older adults, and pregnant women who have been deported and others exiting Venezuela voluntarily.

Outcome 2	Outputs		% achieved
	<b>Output 2.1:</b> Basic health care, first aid and health promotion to affected individuals and families. Number of people receiving health care.		100%
<b>Output 2.2:</b> Individual and group psychosocial support appropriate to the needs of the affected people. Number of people receiving first aid.		100%	
Activities.	Implementation on time?		% of progress
	Yes	No	
Basic health consultations and care.	X		100%
Care at first aid posts.	X		100%
Health promotion and disease prevention workshops in collective centres, including chikungunya.	X		122%

Design, production and distribution of health promotion materials.	X		100%
Support in the transfer of patients with chronic illnesses to medical hospital care.	X		100%
Identification and reporting of cases of illnesses concerning public health.	X		100%
Psychosocial support workshops.	X		24%
Psychological care consultations	X		100%
Design, production and distribution of informative materials on psychosocial support	X		100%
Psychosocial support for the first response team.	X		100%

## Progress toward results

- Basic health consultations and care:**

With DREF support, the Colombian Red Cross provided care and delivered medications to 1,982 people in Norte de Santander and Vichada; 505 people received medication funded by the operation; and the remaining people and the hiring of medical staff was funded by the Norwegian Red Cross

Department	Municipality	No. of People
Norte de Santander	Cúcuta	1,477
<b>Subtotal NRC Fund</b>		<b>1,477</b>
Norte de Santander	Cúcuta and Villa del Rosario	400
Vichada	Puerto Carreño	105
<b>Subtotal DREF funds</b>		<b>505</b>
<b>Total</b>		<b>1,982</b>

- Care at first aid posts.**

A total of 662 people received first aid care in first aid posts located in the collective centres and international bridges in the municipalities of Cúcuta and Villa del Rosario in Santander.

- Health promotion and disease prevention workshops in the collective centres, including chikungunya.**

The National Society provided health promotion to 1,223 families at the Interferias collective centre in Cúcuta in Santander and in Puerto Carreño in Vichada. To this end, informational sessions were provided on prevention of intestinal and respiratory diseases, hand washing, oral hygiene, sex education and HIV/AIDS, and endemic diseases such as chikungunya and the Zika virus. Dental prophylaxis campaigns were also conducted.

Department	Municipality	Collective Centres	No. of Families / People
Norte de Santander	Cúcuta	Interferias	1,203
Vichada	Puerto Carreño		22
<b>Total</b>			<b>1,223</b>

- Design, production and distribution of health promotion materials.**

Below is a list of the key materials to support the health promotion strategy for communities (see Annex, Table 1):

- 100 Zika virus prevention brochures.
- 1,000 Chinkungunya prevention posters
- 100 VIH/SIDA brochures
- 100 HIV/AIDS stickers
- 2 HIV/AIDS banners
- 22 HIV/AIDS prevention t-shirts

- **Support in the transfer of patients with chronic illnesses to medical hospital care.**

The CRCS transferred 103 patients, with support from medication and supplies, in view of the fact that some Colombian nationals living in Venezuela are undergoing medical treatments in Colombia that needed to continue.

Department	Municipality	Origin/ Destination	No. of people
Norte de Santander	Cúcuta	Villa del Rosario / Cúcuta	102
	Villa del Rosario		
Guajira	Maicao	Maicao / Barranquilla	1
<b>Total</b>			<b>103</b>

- **Identification and reporting of cases of illnesses concerning public health.**

Through the medical care provided to 1,982 patients, 6 suspected cases of the mumps, chicken pox, and typhoid fever were detected in Cúcuta and Villa del Rosario. These cases were reported and referred to the Departmental Health Institute and the Ministry of Health.

- **Psychosocial support workshops.**

A total of 247 PSS workshops for individuals, groups or families have been provided based on the needs of the community in which the collective centres are located.

Department	Municipality	Collective Centres	Workshop	No. of Families
Norte de Santander	Cúcuta. Villa del Rosario	INEM Morichal Municipal Interferias	-Stress self-check -Conflict resolution -Self-care. -Emotional management -Recreational moments for adults	247
<b>Total</b>				<b>247</b>

- **Psychological care consultations.**

The National Society has provided psychological care through psychology professionals to 817 people staying in collective centres in Cúcuta and Villa del Rosario. This activity was also supported by the Norwegian Red Cross and the Disaster Management Unit.

Department	Municipality	Collective Centres	No. of People
Norte de Santander	Cúcuta	INEM School Municipal School Interferias	682
	Villa del Rosario.	Morichal	135
<b>Total</b>			<b>817</b>

- **Design, production and distribution of informative materials on psychosocial support.**

Below are the materials produced and distributed to communities to facilitate PSS actions (see Annex, Tables 2 and 3):

- 1,000 PSS support network booklets
- 1,000 guides for PSS response
- 1,000 PSS support network cards

- **Psychosocial support for the first response team.**

In total, 66 people participated in PSS debriefings, including first response team volunteers and Red Cross staff, National Search and Rescue Police (PONALSAR) and army personnel, who conducted care activities under the project.

Department	Municipality	Institution	No. of people
Norte de Santander	Cúcuta	Red Cross	46
		Ponalsar	20
		Army	
<b>Total</b>			<b>66</b>

Challenges:

- The large number of organizations involved in providing health care during the emergency made it difficult to organize the development of health actions in a way that avoided duplicating efforts and services.
- This was a sudden emergency and something that had never happened before since it was not associated with any type of commonly occurring disaster, but it affected a significant number of families and individuals. Moreover, since this emergency had an impact on the national level, it required a large-scale mobilization of National Society resources and personnel.

Measures

- Multiple meetings were held with agencies providing health support. Each had the opportunity to present the specific actions they would be undertaking in the health sector, and they were organized so as to avoid duplicating services for the beneficiaries.
- A strategic plan was drawn up to coordinate this emergency, in which all functional areas of the National Society could outline their actions or intervention activities to address the emergency with support from the branches.

## Restoring Family Links

**Needs analysis:** With support from CRCS volunteers and staff, the deported population was able to re-establish contact with their families through mechanisms provided by the Colombian Red Cross Society's programme (search and restoration of family links, "I'm alive" messages, etc.).

**Population to be assisted:** People deported or returning voluntarily to their home country received assistance and support on the restoration of family links.

In order to assist RFL cases, affected people were given the opportunity to make national and international calls to their families to report on their situation and to have a channel through which to receive aid from them. Reference and information material was produced on the RFL service and distributed at strategic points to optimize care. Assistance was also provided in cases involving missing persons.

Outcome 3	Outputs	% achieved
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	<b>Output 3.1:</b> Attention in cases of restoring family links.			47%
<b>Activities.</b>		<b>Implementation on time?</b>		<b>% of progress</b>
		<b>Yes</b>	<b>No</b>	
	Attention in RFL cases for the affected population, particularly children and the elderly, and especially those at risk of being unaccompanied	X		100%
	Production of dissemination materials on RFL for beneficiaries	X		20%
	Workshops to strengthen advocacy and inter-agency coordination on RFL issues, working in network with authorities, institutions, and local organizations in the region.	X		20%

## Progress toward results

- **Attention in RFL cases for the affected population, particularly children and the elderly, and especially those at risk of being unaccompanied; reception and sending of messages.**

The National Society conducted 1,238 actions related to restoring family links, serving 1,124 people requiring this service. This activity was supported by the ICRC in coordination with the doctrine directorate and the protection of the CRCS.

<b>Department</b>	<b>Municipality</b>	<b>Collective Centre</b>	<b>Detail of actions</b>	<b>No. of actions</b>
Norte de Santander	Cúcuta Villa del Rosario	INEM School Municipal School Morichal Interferias	Total of cases received – RFL and Protection actions.	1,027
			Voluntary return	39
			Support for voluntary return.	51
			Unaccompanied minors and older adults	7
			Good health messages	32
			Guidance over the phone, path for RFL service.	56
			Movement component meetings – CRC – CICR – VRC – Civilian and military authorities – Ministry of Foreign Affairs	26
<b>Total</b>			<b>1,238</b>	

- **Production of dissemination materials on RFL for beneficiaries**

RFL dissemination material has been prepared in order to promote various RFL tools and mechanisms that are easily accessible to communities (see table in Annex, Table 3)

- **Workshops to strengthen advocacy and inter-agency coordination on RFL issues, working in network with authorities, institutions and local organizations in the region.**

This activity is planned for the last month of the operation, using International Red Cross Movement tools and guides.

## Challenges

- Part of the challenge is comprehensive training for National Society volunteers and staff on RFL issues, since this knowledge may be required at any time or place by affected people who have lost contact with their families.

Furthermore, another significant challenge involves the various public and private institutions in RFL, which were lacking knowledge and experience in this sector.

### Measures

- Training for volunteers and staff on the National Society's RFL programme, which would enable them to provide more effective assistance to those requiring it.
- Training and raising awareness in public and private institutions regarding the importance of the RFL programme and their significant contributions to it.

## Shelter

**Needs analysis:** The city's only location, the Centre for Migration, is specifically for lodging those deported or returning voluntarily, and it only has the capacity to accommodate 50 people. Cúcuta has no specific locations for collective centres. In view of the humanitarian needs, several public and private spaces that had previously proven to be useful as collective centres were adapted to this end: the Coliseum at INEM College, the Municipal School Coliseum, and the Coliseum at Francisco de Paula Santander University.

**Population to be assisted:** Four spaces were adapted as collective centres to assist affected families. A total of 6,129 people were housed at these sites

NIT shelter specialists were deployed to all four collective centres managed by the Santander branch of the CRCS in Cúcuta and Villa del Rosario (INEM School Coliseum, the Municipal School Coliseum, Morichal, and Interferias) to facilitate their management and organization.

Outcome 4	Outputs Indicators		% achieved
	Output 4.1: At least 3 collective centres are adequately managed and adapted to fulfil CRCS shelter standards.		100%
Activities:	Implementation on time?		% of progress
	Yes	No	
Collective centres adequately adapted to fulfil CRCS shelter standards.	X		100%
Support, through cleaning supplies, for collective cleaning of the collective centres	X		100%
Training for beneficiaries on the use of collective centres	X		100%
Collective centre management workshop for response organizations	X		100%

## Progress toward results

The National Society assisted 6,129 people who stayed in collective centres for a short while or for the duration. Management was supported by the Risk Management Unit and government agencies provided help and assistance.

DEPARTMENT	MUNICIPALITY	COLLECTIVE CENTRE	COLLECTIVE CENTRE CAPACITY (people)	POPULATION SERVED (people)
Norte de Santander.	Cúcuta.	INEM School Coliseum	374	1,060
		Municipal School	289	821

		Coliseum		
		Interferías	1,098	3,125
	Villa del Rosario.	Morichal	395	1,123
<b>TOTAL</b>			<b>2,156</b>	<b>6,129</b>

- **Collective centres adequately adapted to fulfil CRCS shelter standards.**

The collective centres assigned to the CRCS for their management were duly adapted. Improvements made included setting up of showers, laundry facilities, drinking water access points, food consumption areas, areas for solid waste disposal and areas for portable toilets, along with their proper use and location at the collective centres (tents).

- **INEM School Coliseum:** Setting up of latrines and their preventive maintenance, adaptation of piping systems to accommodate laundry facilities and hydration points (water bladders).
- **Municipal School Coliseum:** Setting up of latrines and their preventive maintenance, adaptation of piping systems to accommodate hand washing and hydration stations (water bladders).
- **-Morichal:** adaptation of piping systems to accommodate showers and hydration stations (water bladders).
- **-Interferías:** Setting up of latrines and their preventive maintenance, hydration stations (water bladders), installation of side-by-side refrigerators for cooling water, shower maintenance, and maintenance and adaptation of rain gutters to prevent flooding.

- **Support, through cleaning supplies, for collective cleaning of collective centres**

Committees were formed to manage the collective centres, including one responsible for cleaning the common areas - e.g. restrooms, showers, washbasins, sinks, and water supply points - for which each collective centre received cleaning supplies, such as brooms, mops, bags, chlorine, soap, etc., to improve hygiene conditions.

- **Training for beneficiaries on using the collective centres.**

The community housed in the collective centres strengthened their knowledge on using the facilities and good hygiene practices. In addition, staff members from other institutions and response agencies were trained in adapting, administrating, and managing the collective centres, as well as the logistics involved and proper use of the facilities.

- **Collective centre management workshop for response organizations**

A workshop was held for all operational institutions conducting actions in collective centres in order to unify collective centre administration criteria and to evaluate the actions developed in each collective centre and the actions that needed improving. A total of 44 people from 7 organizations received this training.

Department	Municipality	Institutions	No. of people
Norte de Santander.	Chinacota.	Ponalsar	2
		Army	2
		Venezuelan Red Cross	2
		Colombian Civil Defence	2
		Colombian Red Cross	28
		OIM.	2
		National Relief	2
<b>Total</b>			<b>40</b>

### Challenges:

- There are no CRCS branches with the logistical resources needed to address emergencies of this magnitude.
- Lack of training for branch volunteers and staff in the management and handling of emergencies and disasters.
- The branch lacked the experience and resources to tackle an operation of this size involving displaced people in this type of anthropic phenomena.

**Measures:**

- Having a stock of the items required to respond to possible future emergencies or disasters.
- Training and strengthening branch volunteer and staff groups on disaster risk management issues.

**Food Security**

**Needs analysis:** The food provided to each family arriving at the collective centres from various border crossings and over bypaths was supplied by the UNGRD. This food was secured for all those housed for the duration of their stays. Only a portion of the resources for this line are committed to the delivery of snacks for families seeking health assistance.

**Population to be assisted:** A total of 1,000 families receive food rations and hydration at the border to facilitate their relocation to the collective centres.

Outcome 5	Outputs		% achieved
		Output 5.1: Distribution of prepared food products and hydration beverages for 1,000 families.	
Activities:	Implementation on time?		% of progress
	Yes	No	
Distribution of prepared food products and hydration beverages for individuals and families that are awaiting the definition of their migratory status.		X	100%

**Progress toward results**

- **Distribution of prepared food products and hydration beverages for individuals and families that are awaiting the definition of their migratory status.**

Department	Municipality	Collective Centre	No. of people
Norte de Santander	Cúcuta	INEM School Municipal School Morichal Interferias	1,200
<b>Total</b>			<b>1,200</b>

Snacks were delivered to 1,200 people (family groups), which were handed out while they received health care. This snack was delivered to each and every family member who attended medical appointments or follow-ups.

**Challenge**

- The increased number and mobilization of affected people

**Measures**

- Coordination with authorities and assistance for the population

## Contact information

### For further information specifically related to this operation please contact:

- **In Colombian Red Cross Society:** Fernando José Cárdenas Guerrero, president; phone + 571 437 6300; email: [presidencia@cruzrojacolombiana.org](mailto:presidencia@cruzrojacolombiana.org).
- **In Colombian Red Cross Society:** César Augusto Ureño Pulido, general director for relief; phone: 571 437 5300 ext. 6659; email: [cesar.urena@cruzrojacolombiana.org](mailto:cesar.urena@cruzrojacolombiana.org).
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### For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries):

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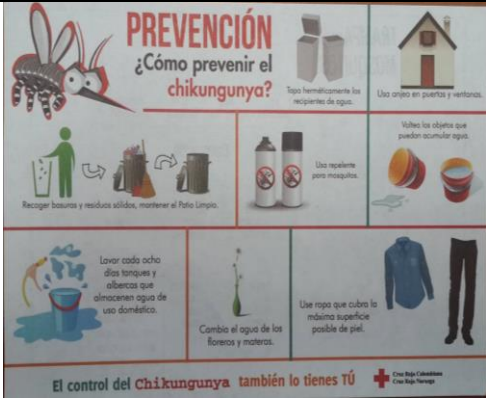
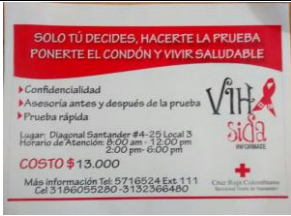

### For Resource Mobilization and Pledges:

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Click [here](#) to return to the title page

## Annex

Table 1 - Health promotion materials published

AMOUNT PUBLISHED	DESIGN	IMPACT
100		Recognizing Zika symptoms
1,000		How to prevent chikungunya.
100		Publicity for getting tested
100		Stickers

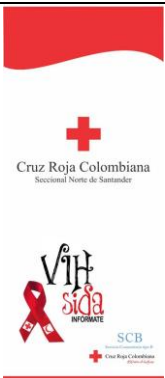

2		Display banner
22		Awareness-raising t-shirts

Table 2 – Psychosocial support material

AMOUNT PUBLISHED	DESIGN	IMPACT
1,000	<p>Network booklets</p> 	
1,000	<p>Rapid Intervention Guide Booklet</p> 	Providing strategies that help minimize the impact of the adverse situation being experienced and promoting resilience in communities.

<p>1,000</p>	<h3 style="text-align: center;">Support network cards</h3>	
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Table 3 - Psychosocial support material

AMOUNT PUBLISHED	DESIGN	IMPACT
<p>25,000</p>	<h3 style="text-align: center;">RFL dissemination material</h3>	<p>Raised awareness of the mechanisms for the restoration of family links, and disseminating various RFL tools in the community for easy access.</p>