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## DREF Operation Final Report Colombia: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation MDRCO011</b>	
<b>Date issued:</b> 22 April 2016	<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 was 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 responded to this emergency with 618 volunteers (directorates, youth, relief responders and the women's section known as "ladies in grey") 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 for its acronym in Spanish), Colombian Immigration Service, Ministry of Foreign Affairs, Civil Defence, National Search and Rescue Police (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, Ombudsman's Office, National Training Service (SENA), local municipal governments, departmental administrators, Pan-American Health Organization (PAHO), International Organization for Migration (IOM), fire department, private donors and the media.	

[<Click here to view the final financial report. Click here to view the contact information>](#)

## A. Situation Analysis

### Description of Disaster

On 19 August 2015, the Venezuelan government declared a state of constitutional emergency initially in five municipalities in Tachira state and later extended this to an additional 23 municipalities in the states of Zulia and Apure. These Venezuelan states border the Colombian departments of La Guajira, Norte de Santander, Arauca, and Vichada. As of the writing of this report, border crossings between Colombia and Venezuela remained 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 continue in effect.

According to UNOCHA Situation Report No. 13 (15 October 2015), a total of 1,950 Colombian citizens were deported and 22,342 additional Colombian citizens voluntarily left Venezuela beginning on 23 August 2015. Until 15 October, at least 24,292 people left Venezuela. The following table details the number of people who returned or were deported to Colombia based on the receiving Colombian departments:

	Norte de Santander	La Guajira	Arauca	Vichada	Total
Number of deportees	1,109	739	101	1	1,950
Number of returnees	18,770	1,938	1,441	193	22,342
Subtotal	19,879	2,677	1,542	194	24,292

Sources: UNGRD, OCHA, 15 October 2015

The affected population was assisted by the Colombian government and humanitarian organizations. There are no longer any collective centres in the area. Moreover, the families that received rent subsidies for three months returned to their cities of origin or were staying with relatives or friends in Cucuta or Villa del Rosario. Furthermore, some Colombian families were living legally near the Venezuelan border; many of these families had elderly members with conditions such as chronic kidney failure, diabetes, and hypertension, among others, who received medical attention from Colombian health care providers and required medications or support to relocate. Commercial and transit activities had been fully restored, but the political situation between the two countries over this issue remains sensitive. The possibility of border tensions escalating again in the future cannot be ruled out.

The Colombian Red Cross Society (CRCS) conducted actions at the border area to restore decent living conditions to the affected families. These actions were developed jointly with all humanitarian and human rights agencies present in the country and led by UNGRD.

### 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.



CRCS volunteers provided psychosocial support through recreational activities with children. Source: CRCS

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

The Colombian Red Cross Society issued daily situation reports to maintain participating National Societies (American Red Cross, German Red Cross, Norwegian Red Cross, and Spanish Red Cross), the Venezuelan Red Cross, ICRC and 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 provided support and funding to the Colombian Red Cross Society with health activities, complementing the DREF lines of action. Furthermore, the American Red Cross funded a livelihoods project for 200 families who were deported from Venezuela that sought to support these families with economic resources, which allowed them to identify an economic/productive activity that ensured their social and

economic sustainability or development while taking into account that their situation had changed since they were deported from Venezuela.

## Movement Coordination

Starting on 25 August 2015, an entry in the Disaster Management Information System (DMIS) was created in order to keep Movement components informed. From that day onwards, Movement meetings were 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 during this operation.

Additionally, the Colombian Red Cross Society was in contact with the Venezuelan Red Cross (VRC), and the IFRC facilitated the communication between the two National Societies; furthermore, several of the branches closest to the heavily transited border points were in direct communication to ensure that humanitarian support for the people returning to Colombia was 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 entailed coordination actions between state and non-state institutions, a unified command post was established in the field. The following section summarizes actions by national government and humanitarian actors that were active in the 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 for the affected population. It 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 also monitored humanitarian actions in the border area of Norte de Santander by the CRCS as well as of national, departmental or municipal agencies. .

- **Colombian Immigration Service:** This institution 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.
- **National Police:** The police provided support and control measures at border crossings in order to provide assistance to citizens 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 was continuously monitored.
- **Civil Defence:** Using volunteer staff, this institution conducted its humanitarian tasks and actions at border bridges in order to serve the civilian population travelling through these sites. The Civil Defence branch had an active emergency and contingency plan to address any developments at the border involving Colombians.
- **International Organisation for Migration:** This organization provided technical support for the establishment of the collective centres during the first phase of the operation.

## 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 were identified:

**Collective centres:** All the families who were being housed in collective centres were relocated to their home cities or to housing leased for a three-month period, and they later returned on their own to stay with relatives living in border cities or they independently returned to Venezuela.

**Medical care and first aid:** The CRCS served families and individuals requiring some form of medical assistance or requiring treatment of chronic illnesses. The Colombian Red Cross Society provided 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; the care was provided with UNGRD's resources and the vehicle costs and first aid materials were purchased with DREF.

Medical care was provided to pregnant women who had no pre-natal care during their advanced pregnancies, which increased the risk of maternal and perinatal morbidity and mortality. The municipal Health Secretariat's contingency plan was implemented for three months and provided care to deported women with Venezuelan identity cards.

The transport of supplies and medication for dialysis patients was provided with support from human rights authorities in Venezuela. The National Society supported the relocation of terminal and chronically ill patients using Norte de Santander CRCS branch vehicles.



The CRCS provided an ambulance and medical personnel at border bridges.  
Source: CRCS

**Psychosocial support (PSS):** The closing of the border, the mass deportations and the separation of family groups had a psychological impact on the population, leading to increased stress levels that left families feeling discouraged and with a sense of loss; it was therefore important to maintain individual, family or group PSS efforts. It was also important to continue working comprehensively with other agencies and institutions that had the expertise and capacity to guide this work.

**Restoring Family Links:** Throughout this emergency, the Norte de Santander branch's RFL team worked - 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 were minimal, branch staff members had all of the resources required to address any situation, and they made themselves available to help the affected people.

**Livelihoods:** Training and education processes were conducted with deportees through government agencies such as SENA and the Department for Social Prosperity (DPS). An example of this was the entrepreneurship training provided by SENA to provide people with solid foundations on which to build production undertakings that would generate short and medium-term means of support for their families that would enable them to live in a dignified manner. Moreover, some jobs for deportees were generated through DPS.

**Food security:** The National Disaster Risk Management System 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 was sensitive, and an escalation in tensions could not be ruled out.

## B. Operational Plan and Strategy

### Proposed Strategy

The CRCS operation focused on providing emergency humanitarian assistance, including food and non-food items, health care and promotion in the collective centres, and the restoration of family links for 1,000 families (5,000 people) in Norte de Santander over a period of 3 months; the CRCS's actions complemented those of the government. .

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

The psychosocial support of the health component was essential during the first weeks of the humanitarian assistance, and it was tied to the restoration 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 provided health, RFL, and livelihoods support outside of this DREF operation, conducting needs assessments in livelihoods in emergencies. The National Society also developed business plans for families that were able to re-establish their main economic activity and who had settled in the border area through the provision of support, institutional arrangements and influence to guide the business plans of at least 10 per cent of the families in the targeted area.

## **Overall Objective**

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

Constant monitoring of the situation was maintained throughout the operation. The scenario underwent constant changes, and following an analysis, the CRCS determined there was 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 had the appropriate documentation (national identification card, military identification for men, current CRCS institutional identification, health insurance and a driver's license). CRCS volunteers were covered against accidents and death through an insurance policy assigned through the National Emergency Fund to relief institutions that belong to the National Disaster Risk Management System. This insurance was in effect following the CRCS branch volunteer director's approval for deployment and related registry.

The CRCS had the following human resources for this operation:

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

Two members of the National Intervention team were deployed to support this operation based on the emergency situation and CRCS branches' local capacities. Although both of these specialized NIT members came from branches far from the border region, they had 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 were extended for that same period as well.

Active volunteers received visibility clothing to ensure their proper identification when in the field.

### **Logistics and supply chain**

The procurement of items and services fulfilled 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 were made in-country, and the purchase process applied to all of CRCS's procedures, regulations and guidelines, and it was compliance with the IFRC's DREF procedures

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

The National Society maintained communication and coordinated with the team in the field through its installed telecommunications system at the national and branch level through. IT supported the restoration of family links for the affected population.

## Communications and Information

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

These were reported on the institutional webpage and social media accounts (Facebook, YouTube), as well as on the IFRC webpage.

## 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 implemented the International Movement's Safer Access framework, as well as compliance with the CRCS Safety Manual's provisions. These were applied by all Movement components present in Colombia, as well as directorates, staff, and volunteers from all of the CRCS branches.

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

The CRCS National Relief General Directorate, in coordination with other directorates, was responsible for the implementation of this plan, and it provided the appropriate monitoring. Throughout the plan's implementation, reports were issued on the actions developed during the operation, and the results were compiled so that they could be shared in this final narrative report, thereby ensuring compliance with established monitoring and evaluation protocols and procedures.

The actions under this plan were in accordance with the CRCS's internal and external emergency response plan and decentralized branch and municipal unit plans.

The IFRC disaster management coordinator provided technical support, monitoring and guidance to this operation. He conducted one mission to the field to support the CRCS during this operation.

## Administration and Finance

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

## 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.		
Output 1.2: A comprehensive monitoring and evaluation is conducted on the plan of action.			100%
Activities	Implementation on time?		% of progress
	Yes	No	
1.1 Activities:			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 side paths. This assessment analyzed the immediate actions required to address the emergency.

- **Sectorial 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. The CRCS registered a total of 6,129 people.

- **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 monitored the actions in the field to implement the DREF plan of action, verifying first-hand that all processes were implemented in an adequate, streamlined, and timely manner to benefit the people deported from Venezuela in a dignified manner.

- **Inter-agency coordination**

During the emergency, all national and international humanitarian and social institutions and agencies worked together in a complementary manner to optimize synergies that effectively promoted the gradual reestablishment of a dignified way of life for the affected families. This process was led by the national government through UNGRD, and the CRCS 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.

- **Lessons Learned: Inter-institutional workshop with the local authorities, institutions and organizations involved in the Border Operation.**

A lessons learned workshop was held for all of the administrative and operative institutions that conducted actions in different phases of the operation for the care families displaced from Venezuela. The workshop aimed to unify the criteria for the care of the displaced persons, evaluate the actions developed in each collective centre and the actions to improve them. A total of 53 people and 8 institutions and the community participated in the 2 phases of the workshop: the Inter-institutional Activity and the Institutional Activity, respectively.

Department	Municipality	Institutions	Number of representatives
Norte de Santander.	Cúcuta.	CRCS	36
		Norwegian Red Cross	2
		Affected community	4
		Colombian Civil Defence	3
		UNDP	1
		Ministry of Foreign Relations	1
		PONALSAR	2
		Cúcuta Fire Department	1
		Citizen Security	2
		Cúcuta Risk Management System	1
<b>Total</b>			<b>53</b>

## 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 had 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		100%
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 and 505 people received medication funded by the operation; the Norwegian Red Cross funded the care for the remaining people and the hiring of medical staff.

Department	Municipality	Number of people reached
Norte de Santander	Cúcuta	1,477
Subtotal NRC Fund		1,477
Norte de Santander	Cúcuta and Villa del Rosario	400
Vichada	Puerto Carreño	105
Subtotal DREF funds		505
Total		1,982

### • 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. This DREF contributed to replenish to first aid materials that the CRCS used in this humanitarian activity.

### • Health promotion and disease prevention workshops in the collective centres, including chikungunya

The National Society provided health promotion to 1,225 families at the Interferias collective centre in Cúcuta in Santander and in Puerto Carreño in Vichada. To this end, informational sessions were provided on the 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. The CRCS conducted HIV testing, respecting national norms, as part of this health promotion. Dental prophylaxis campaigns were also conducted.

Department	Municipality	Collective Centres	Number of families reached
Norte de Santander	Cúcuta	Interferias	1,203
Vichada	Puerto Carreño		22
Total			1,225

### • 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 Chikungunya prevention posters
- 100 HIV/AIDS brochures
- 100 HIV/AIDS stickers

- 2 HIV/AIDS banners
- 22 HIV/AIDS prevention t-shirts

### • Support on 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 were undergoing medical treatments that needed to continue. This also entailed ambulance service.

Department	Municipality	Origin/ Destination	Number of people reached
Norte de Santander	Cúcuta Villa del Rosario	Villa del Rosario / Cúcuta	131
Guajira	Maicao	Maicao / Barranquilla	1
<b>Total</b>			<b>132</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. The CRCS purchased chicken box vaccinations.

### • Psychosocial support workshops

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

Department	Municipality	Collective Centres	Workshop	Number of families reached
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 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	Number of people reached
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

The CRCS produced and distributed the following materials 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  
1,000 brochures on PSS crisis care for adults and children

### • Psychosocial support for the first response team

In total, 66 people participated in PSS debriefings, including first response team volunteers and PONALSAR and army personnel, who conducted care activities under the project.

Similarly, psychosocial support was provided to 20 PONALSAR and army personnel, as detailed in the following table:

Department	Municipality	Institution	Number of people reached
Norte de Santander	Cúcuta	Red Cross	46
		PONALSAR	20
		Army	
<b>Total</b>			<b>66</b>

### • Psychosocial support for branch volunteers and staff members

A debriefing was conducted at the end of the DREF Project for both volunteers and staff from the CRCS's Norte de Santander branch, in which activities to diminish their stress levels over the course of the operation were developed. .

Aside from providing staff members and volunteers with a forum for emotional catharsis, emotional containment was required since it was observed that the majority of staff members and volunteers worked long hours during the operation, which generated signs of fatigue and irritability. The following table details the people reached by this training:

Department	Municipality	Institution	No. of people
Norte de Santander.	Pamplonita / Guayabales.	Red Cross branch.	40
<b>Total</b>			<b>40</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 taken

- Multiple meetings were held with the 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-- mainly pamphlets, booklets, date books-- 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
	Output 3.1: Attention in cases of restoring family links.		100%
Activities.	Implementation on time?		% of progress
	Yes	No	
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	100%
Workshops to strengthen advocacy and inter-agency coordination on RFL issues, working in network with authorities, institutions, and local organizations in the region.		X	100%

## Progress toward results

- **Attention in RFL cases for the affected population, especially children and the elderly with a particular focus on those at risk of being unaccompanied, as well as the reception and sending of messages.**

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

Department	Municipality	Collective Centre	Detail of actions	Number of actions
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
Total				<b>1,238</b>

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

RFL dissemination material was prepared in order to promote various RFL tools and mechanisms that were easily accessible to communities (see table 3 in Annex)

- **Workshop for strengthening advocacy and inter-institutional coordination in RCF, working with the network of local authorities, institutions and organizations present in the zone**

A lessons learned workshop was held for all of the administrative and operative institutions that conducted RCF actions in the different temporary collective centres in order to unify the criteria used for the RCF activities and, evaluate the actions developed in each collective centre with the purpose of improving future interventions with representatives from 13 different organizations.

Department	Municipality	Institutions	No. of people
Norte de Santander.	Cúcuta.	CRCS	23
		VRC	3
		ICRC	2
		Colombian Civil Defence	2
		Ministry of Foreign Relations	2
		IOM	1
		SENA	1
		UNOCHA	2
		Human Rights organization from Venezuela	3
		PONALSAR.	3
		Depart. of Risk Council	1
		UNHCR	1
		Cúcuta Fire Department	1
<b>Total</b>			<b>45</b>

- **Institutional strengthening workshop focused on RCF activities**

The CRCS, through its branch coordination in the area of Doctrine and Protection, implemented a Restoring Family Links programme. This included a workshop for volunteers and staff from the CRCS's Norte de Santander branch with the purpose of echoing the experiences, knowledge and achievements obtained during the RCF workshop at the Inter-institutional level. The workshop's activities focused on the loss of contact with family member on both sides of the border as well as other any other problems related to the closure of the border. This workshop improved the care of the affected people who required an effective RCF response from CRCS's staff and volunteers. The following table details the number of people reached with RCF activities:

Department	Municipality	Institutions	Number of people reached
Norte de Santander.	Cúcuta.	CRCS volunteers	85
		CRCS staff	10
		CRCS leadership	5
<b>Total</b>			<b>100</b>

## Challenges

- Comprehensive training for National Society volunteers and staff on RFL issues was required. This knowledge is useful at any time or place to work with affected people who lose contact with their families. This training required time and resources. Furthermore, various public and private institutions in RFL also lacked knowledge and experience in this area.

## Measures taken

- Training for volunteers and staff on the National Society's RFL programme that enabled them to provide more effective assistance to those requiring it.
- Training and raising awareness regarding the importance of the RFL programme with public and private institutions.

## Shelter

**Needs analysis:** Cúcuta's only shelter centre for lodging those deported or returning voluntarily, managed by the Centre for Migration, only had the capacity to accommodate 50 people. Since Cúcuta had no specific locations for collective centres, several public and private spaces were adapted to cover this need: the Coliseum at INEM College, the Municipal School Coliseum, and the Coliseum at Francisco de Paula Santander University.

**Population to be assisted:** Four facilities 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 CRCS's Santander branch in Cúcuta and Villa del Rosario (INEM School Coliseum, the Municipal School Coliseum, Morichal, and Interferías) 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 REACHED (people)
Norte de Santander	Cúcuta	INEM School Coliseum	374	1,060
		Municipal School Coliseum	289	821
		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. The improvements that were 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 tents that were used in the collective centres.

- **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 the 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. The CRCS distributed cleaning supplies, such as brooms, mops, bags, chlorine, soap, etc., to improve hygiene conditions in each collective centre.

- **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	Number of people reached
Norte de Santander	Chinacota	PONALSAR	2
		Army	2
		Venezuelan Red Cross	2
		Colombian Civil Defence	2
		Colombian Red Cross	28
		IOM	2
		National Relief	2
<b>Total</b>			<b>40</b>

#### Challenges:

- No CRCS branches had the logistical resources needed to address emergencies of this magnitude.
- Branch volunteers and staff in this area lacked experience 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 persons in this type of anthropic phenomenon.

#### Measures:

- Having a stock of the items required to respond to possible future emergencies or disasters.
- Training and strengthening branch volunteers and staff members 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 were 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.		100%
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%
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## 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	Number of people reached
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. These snacks were delivered to each and every family member who attended medical appointments or follow-ups.

1,052 food kits with basic food items were distributed to the affected families that were being housed in Norte de Santander and whose livelihoods had been affected.

### Challenge

- The increased quantity of affected people generated challenges

### 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).
- **In IFRC Americas Regional Office:** Carlos Inigo Barrena, disaster response and crisis and early recovery coordinator; phone: +507 317 3050; email: [ci.barrena@ifrc.org](mailto:ci.barrena@ifrc.org).
- **In IFRC Americas Regional Office:** Diana Medina, Communications Unit manager for the Americas, phone: +507 317 3050; email: [diana.medina@ifrc.org](mailto:diana.medina@ifrc.org).
- **Regional Logistics Unit (RLU):** Stephany Murrilo, Zone Senior Logistics & Mobilization Officer, Phone: +507 317 3050; email: [Stephany.murillo@ifrc.org](mailto:Stephany.murillo@ifrc.org)
- **In Geneva:** Cristina Estrada, quality assurance senior officer, phone: +41.22.730.4529, email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org).

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

- **In IFRC Americas Regional Office:** Priscila Gonzalez, planning, monitoring & reporting coordinator; phone: +507 317 3050; email: [priscila.gonzalez@ifrc.org](mailto:priscila.gonzalez@ifrc.org).

### For Resource Mobilization and Pledges:

- **In IFRC Americas Regional Office:** Alejandra Van Hensbergen, relationship management senior officer; email: [alejandra.vanhensbergen@ifrc.org](mailto:alejandra.vanhensbergen@ifrc.org).



[Click here](#)

1. Final financial report [below](#)
2. Click [here](#) to return to the title page

## 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 Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

## MDRCO011 - Colombia - Population Movement

Timeframe: 10 Sep 15 to 10 Jan 16

Appeal Launch Date: 10 Sep 15

Final Report

## Selected Parameters

Reporting Timeframe	2015/9-2016/03	Programme	MDRCO011
Budget Timeframe	2015/9-2016/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		100,376				100,376	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		100,376				100,376	
<b>C4. Other Income</b>		100,376				100,376	
<b>C. Total Income = SUM(C1..C4)</b>		100,376				100,376	
<b>D. Total Funding = B +C</b>		100,376				100,376	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		100,376				100,376	
<b>E. Expenditure</b>		-96,742				-96,742	
<b>F. Closing Balance = (B + C + E)</b>		3,634				3,634	

## Disaster Response Financial Report

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Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>100,376</b>			<b>100,376</b>		
<b>Relief items, Construction, Supplies</b>								
Food	7,787		10,428			10,428	-2,641	
Water, Sanitation & Hygiene	7,300		6,099			6,099	1,201	
Medical & First Aid	9,636		12,004			12,004	-2,368	
Teaching Materials	31,147		33,799			33,799	-2,652	
Other Supplies & Services	4,380						4,380	
<b>Total Relief items, Construction, Sup</b>	<b>60,249</b>		<b>62,330</b>			<b>62,330</b>	<b>-2,080</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	5,840		3,431			3,431	2,409	
<b>Total Logistics, Transport &amp; Storage</b>	<b>5,840</b>		<b>3,431</b>			<b>3,431</b>	<b>2,409</b>	
<b>Personnel</b>								
National Society Staff	4,935		5,820			5,820	-885	
Volunteers	16,510		17,946			17,946	-1,436	
<b>Total Personnel</b>	<b>21,445</b>		<b>23,765</b>			<b>23,765</b>	<b>-2,321</b>	
<b>General Expenditure</b>								
Travel	1,947		2,568			2,568	-621	
Information & Public Relations	2,725		1,924			1,924	801	
Office Costs	1,752		594			594	1,158	
Communications	292		901			901	-609	
Financial Charges			-4,681			-4,681	4,681	
Other General Expenses			6			6	-6	
<b>Total General Expenditure</b>	<b>6,715</b>		<b>1,311</b>			<b>1,311</b>	<b>5,404</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	6,126		5,904			5,904	222	
<b>Total Indirect Costs</b>	<b>6,126</b>		<b>5,904</b>			<b>5,904</b>	<b>222</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>100,376</b>		<b>96,742</b>			<b>96,742</b>	<b>3,634</b>	
<b>VARIANCE (C - D)</b>			<b>3,634</b>			<b>3,634</b>		

**Disaster Response Financial Report****MDRCO011 - Colombia - Population Movement**

Timeframe: 10 Sep 15 to 10 Jan 16

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Final Report

**Selected Parameters**

Reporting Timeframe	2015/9-2016/03	Programme	MDRCO011
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Split by funding source	Y	Project	*
Subsector:	*		


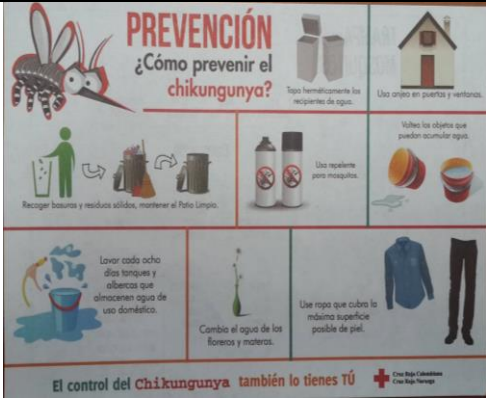
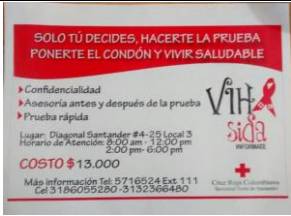

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	100,376		100,376	100,376	96,742	3,634	
Subtotal BL2	100,376		100,376	100,376	96,742	3,634	
<b>GRAND TOTAL</b>	<b>100,376</b>		<b>100,376</b>	<b>100,376</b>	<b>96,742</b>	<b>3,634</b>	

## 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

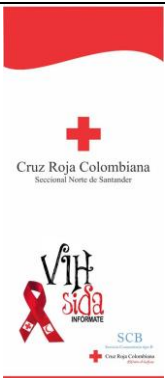

2		Display banner
22		Awareness-raising t-shirts

Table 2 – Psychosocial support material

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

<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>