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# Emergency Appeal

## Colombia: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDRCO014

120,000<sup>1</sup> people to be assisted

Appeal launched 15 March 2018

2,203,961 Swiss francs current  
Appeal budget

Appeal ends 15 March 2019

328,817 Swiss francs DREF allocated  
for this Appeal

This Emergency Appeal seeks a total of **2,203,961 Swiss francs** on a preliminary basis to enable the IFRC to support the **Colombian Red Cross Society (CRCS)** to deliver assistance and support to **120,000 people for 12 months**, with a focus on the following areas of focus and strategies of implementation: **shelter; livelihoods and basic needs; health; water, sanitation and hygiene; restoring family links (RFL); protection, gender and inclusion, and migration actions**. The planned response reflects the current situation and information available at this time of the evolving operation, and will be adjusted based on further developments and more detailed assessments. Details will be available in the Emergency Plan of Action (EPoA) to be shared in the upcoming weeks.

## The situation and the Red Cross Red Crescent response to date

**July 2017:** The migratory flow increases significantly across the Colombia – Venezuela border. 236,295 Swiss francs from the DREF fund are allocated for the CRCS response.

**October 2017:** The volume of the migratory flow continues and the operation is extended to six months. Coverage and resources allocated from the DREF increased to 297,157 Swiss francs<sup>2</sup>. Through these sources and other resources, the CRCS reached 231,836 people in 2017.

**February 2018:** The President of Colombia expresses his willingness to receive international support to respond to the migratory situation. The Government's Disaster Risk Management Unit (UNGRD) requests complementary support from the CRCS in this regard.

**2018:** The International Committee of the Red Cross (ICRC) approved 120,000 Swiss francs in support of the CRCS to develop an integrated intervention in the Arauca department focusing on water and sanitation, health, RFL and information/prevention support.

**March 2018:** The IFRC launches an Emergency Appeal for 2,203,961 Swiss francs to serve 120,000 people for 12 months.



A CRCS humanitarian assistance post provides support to vulnerable people at the Simón Bolívar International Bridge in Villa del Rosario, Norte de Santander department. Source: Colombian Red Cross Society.

<sup>1</sup> This estimated target figure is based on the number of people to be assisted for each sector; however as migrant populations fluctuate the total number of people to be reached by the appeal could vary while taking into account recipients that could be reached by two or more sectors.

<sup>2</sup> The DREF Emergency Plan of Action for this operation is available for members of the Red Cross and Red Crescent Movement through this link <https://fednet.ifrc.org/en/ourifrc/management/plans-and-reports/operational-plans-database/?ac=&at=0&c=&co=SP245CO&dt=2&f=&re=&t=&ti=&zo=>

## The operational strategy

### Context

The Colombia-Venezuela border has been experiencing a constant mixed migratory flow of people since mid-2017, who use Colombia as a transit zone, temporary shelter or a supply point. The considerable number of people in transit has become a regional issue<sup>3</sup>, as it is now affecting Colombia's border crossings with Ecuador and Brazil and expanding to countries to the south such as Peru, Chile, Bolivia and Argentina.

According to official figures, 796,000 migrants entered Colombia through official migration points in 2017, of whom 53 per cent entered via the Simón Bolívar International Bridge in Cúcuta (Norte de Santander department), 19 per cent via Paraguachón (La Guajira department) and 17 per cent via El Dorado International Airport in Bogotá; the remaining 11 per cent entered via other immigration control posts in Guajira, Norte de Santander, Arauca and Vichada (Ministry of Foreign Affairs, 2018). According to the United Nations Office for Humanitarian Affairs (UNOCHA) figures (2017), the immigration posts that receive the highest volume of migrants (49 percent female and 51 percent male), are Cúcuta (48 per cent), Villa del Rosario (24.6 per cent), Paraguachón (24 per cent), Puerto Santander (1.6 per cent) and Arauca (1.2 per cent).

According to Colombian immigration figures from December 2017, an average of 37,000 people from Venezuela entered and 35,000 people left. It is estimated that between 2,000 and 10,000 people circulate daily in Colombia either in transit and/or with the intention to stay. As of December 2017, the migrant departure' report for the border post at Nariño (Rumichaca International Bridge) indicated that were 231,000 departures, a 600 per cent increase in relation to 2016.

There are no official figures on the number of people entering Colombian territory through informal border crossings, which represents a growing concern for the United Nations High Commissioner for Refugees (UNHCR) and other protection agencies. In addition, the intensification of immigration controls and measures could lead to an increase in informal crossings. These crossings pose risks to migrants due to the presence and circulation of non-state armed groups, such as the National Liberation Army (ELN for its acronym in Spanish), the Popular Liberation Army (EPL for its acronym in Spanish) and others, who are fighting for control over drug trafficking and smuggling routes. UNOCHA has identified 130 roads in La Guajira, 74 in Norte de Santander and 44 in Arauca as critical informal border crossings (Colombian Information management and Analysis Unit [UMAIC for its acronym in Spanish]-UNOCHA, 2017).

### Needs assessment and beneficiary selection

As the population has increased, there has been a corresponding escalation in humanitarian needs, such as access to health services (medicines), access to food and protection.

The humanitarian and assistance needs are related to the distinct types of migration flow.

**Commuters:** People who enter and leave Colombian territory on a temporary and/or occasional basis, driven by specific needs. They mainly cross to obtain food, medicines, temporary employment and to visit relatives. They usually return daily to Venezuela, use formal and informal measures and are exposed to the risks of an insecure environment.

**In transit:** People who enter Colombian territory on their way elsewhere; these migrants mainly require basic assistance, shelter, supplies, advice/guidance and protection. They normally take a bus to the Ecuadorian border, where they continue their journey south.

**Permanent:** People seeking to settle in Colombian territory (mainly in urban areas), who rely on networks of family and friends in some cases; this phenomenon is mainly seen in cities such as Bogotá, Medellín, Bucaramanga, Cali, Barranquilla and others. The needs of these people range from basic to more complex such as access to employment and continuous access to basic services, regularization of their situation and finding a place to stay. They constitute an important volume of the migration flow, and this situation threatens to overwhelm public services.

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

<sup>3</sup> *Migratory Trends in South America* - International Organization for Migration (IOM February 2018).

Most of the people entering Colombia, in any of the aforementioned conditions, present a situation of high vulnerability, as their arrival in Colombia is accompanied by structural shortages in their domestic economies and deprive them of income-generating activities. According to testimonials collected and unofficial data provided by civil society organizations, the shortages, the lack of opportunities and hunger are the main migration drivers; widespread insecurity, high violence rates, fear and the internal human rights situation are also factors that compel them to leave.

These migrant population flows sometimes travel long distances; when they arrive, they face serious mental and physical exhaustion and long lines to process their documents at border crossings. This population, both the familiar groups and individuals, arrive in conditions of great need, as they are unable to access basic services such as health, shelter and food. Furthermore, the massive arrival of the population has exacerbated informal economies that provide goods and services controlled by organized mafias, non-state armed groups and common criminals, who take advantage of this weakness to kidnap vulnerable people, exposing the migrant population to high-risk situations.

According to different national and international sources, problems surrounding gender-based violence in border areas have been increasing, as well health and epidemiological issues, resulting in an epidemiological situation in border regions that poses a real risk to Colombia's health system.

Given this scenario, isolated outbreaks of discrimination towards migrants have appeared, and the massive arrival of the population to border cities such as Cúcuta has generated significant social tension. In addition, the capacity of Colombian public entities has at times been overwhelmed by the volume of people requesting access to services such as security, health, food, shelter, education and employment, among others. Beyond entry and exit data, there is still no characterization and records of this flow that allows for the development of a short, medium and long-term strategy.

Given the humanitarian challenges and the operational complexity of the environment in the border areas, this emergency appeal aims to strengthen the Colombian Red Cross Society's humanitarian response, thus increasing the coverage and scope of assistance, particularly in health care, psychosocial support, water and hygiene, shelter, food, protection and the development of livelihood strategies.

This Appeal's intervention strategies are based around the dignified and safe treatment of this population in all the stages of its migratory cycle, independent of its legal status and under the Humanitarian Principles of the International Red Cross and Red Crescent Movement and the IFRC's International Strategy on Migration 2018-2022, including actions aimed at advocating policies that favour social inclusion and non-discrimination.

## **Coordination and partnerships**

The CRCS is leading the internal Red Cross and Red Crescent Movement coordination structure in Colombia through a Migration Task Force composed of the International Federation of Red Cross and Red Crescent Societies (IFRC), American Red Cross, German Red Cross, Norwegian Red Cross, and Spanish Red Cross, in addition to the International Committee of the Red Cross (ICRC) which focuses on supporting the humanitarian response and ensuring complementarity and coordination among Movement partners. This structure determines the Movement's strategic and operational direction in Colombia, and it maintains coordination with United Nations agencies, regional and national donors, and national, departmental and local entities.

In addition, the ICRC is supporting the CRCS in the areas of health, water and sanitation, RFL, information and psychosocial first aid in Saravena and Paraguachón.

The IFRC has had a regional contingency plan for population movements in place since 2017 for managing this type of situation, which it uses to support the CRCS and coordinate with the ICRC.

## **Proposed Areas for intervention**

### **Overall objective**

Provide humanitarian assistance to protect the lives, health and dignity of 120,000 people affected by the migratory situation in the departments of Arauca, Cesar, Guajira, Guainía, Norte de Santander, Nariño and Vichada.

## Areas of Focus



### Shelter

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 399,061**

#### Proposed intervention

The CRCS will provide the following types of migrants with shelter assistance during this response phase:

- migrants in transit that have basic luggage to cross the border and lack shelter during their travels;
- and permanent migrants in conditions of vulnerability, i.e. those who settle in cities in informal or temporary locations.

The medium and long-term shelter strategy includes a sectorial assessment and IFRC support to the National Society, considering that the authorities still do not have an approach strategy.

**Outcome 1: The migrant population strengthens their safety and well-being related to their shelter needs in the short and medium-term.**

**Output 1.1: 30,000 migrants have received assistance to cover their basic and short-term shelter needs.**

#### Activities planned:

- Purchase and distribution of bedding material kits<sup>4</sup>
- Refresher workshop on collective centre management to Red Cross staff and volunteers, emphasizing migrant care

**Output 1.2: Potential medium and long-term shelter support strategies are determined.**

#### Activities planned:

- Conduct a shelter sectorial assessment and develop the strategy for the potential medium and long-term approach.
- IFRC provides shelter-related advice and guidance to the CRCS
- Shelter coordination management workshop for volunteers
- Participate in shelter approach coordination spaces



### Livelihoods and basic needs

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 209,889**

#### Proposed intervention

The CRCS is considering two response strategies in this Area of Focus: The first one is a response that focuses on immediate food needs through in-kind distributions, since the migrant population transiting from the border to

<sup>4</sup> Two blankets and one pillow.

the country's interior must travel for long periods of time and often have neither the time nor the resources to procure food; to meet this basic need, the CRCS will provide food rations so that the migrants can continue their journey toward their destinations.

The second strategy involves ensuring an enabling environment for resettled migrants to be able participate in local labour markets or develop their productive capacity to recover their livelihoods. Priority will be given to the most vulnerable families able to engage in productive activities. Many families arrive in search of better opportunities; however, they first need to cover their families' needs. In the meantime, many professionals have no other option than to perform unskilled labour to make a living. Most of those who have not been issued permanent work permits must work up to 16 hours per day for very little money in non-permanent jobs. Moreover, women and girls must commonly engage in detrimental survival strategies, posing serious risks to this population. This second strategy will be developed based on an assessment, and it will be included in the budget and EPoA in a future revision of this EA.

### **Outcome 2: Basic food needs assistance is provided to the migrant population.**

**Output 2.1:** Distribution of 30,000 non-perishable food rations to migrants in transit.

#### **Activities planned:**

- Conduct Food security needs assessments (baseline)
- Identify, target and register target group
- Distribute non-perishable food items to 30,000 migrants

### **Outcome 3: Migrant families who have settled in Colombian territory have access to an enabling environment allowing them to restore and strengthen their livelihoods.**

**Output 3.1:** At least 100 families are supported on the recovery of their economic security through their integration into the local economy.

#### **Activities planned:**

- Assess needs and productive capacities of the migrants
- Conduct a labour-market study in regions hosting migrant populations
- Conduct advocacy actions with local authorities



## **Health**

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 388,541**

### **Proposed intervention**

The response in this Area of Focus involves two intervention strategies: Through **health care posts** and through **health intervention teams**, which would provide service in places with greater migratory flow outside the border and settlements in cities in informal or temporary locations. According to the field analysis by the CRCS team, the flow of people entering the country continues due to the migrants' deteriorating living conditions, increases in their cost of living and the need for medical services; these factors are exacerbated by the state only being able to provide access to emergency and post-emergency services and undocumented migrants only being given care in the event of an emergency while obligating them to cover their the costs of their surgeries, treatments and medicine. The main reasons for seeking psychosocial support are distress and suffering caused by the migration

itself and the rupture of family and community structures, which is why Psychological First Aid services and secondary interventions will be provided.

Most migrants arrive in the country with minimal resources and unmet health needs due to the lack of essential medicines and vaccines in their country of origin, increasing the demand for health care services. The risk of disease outbreaks, sexually transmitted infections and sexual and gender-based violence add to the complexity of providing health care in population movement scenarios.

<b>Outcome 4: The immediate risks to the health of affected migrant populations are reduced</b>
<b>Output 4.1:</b> At least 30,000 migrants receive timely medical care and first aid.
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Medical care through one mobile and two fixed health posts<sup>5</sup>; the CRCS will also provide essential medicines</li> <li>• Provide first aid.</li> <li>• Provide nutritional supplements to at least 4,000 children</li> <li>• Referral and counter-referral of migrants to official medical centres via the ambulance service</li> </ul>
<b>Output 4.2:</b> Needs-based disease prevention and health promotion measures are provided to the migrant population.
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Print and distribute health promotion materials</li> <li>• Sexual and reproductive health and HIV prevention</li> <li>• Emergency health workshop for volunteers focusing on migrations</li> </ul>
<b>Output 4.3:</b> Individual and group psychosocial support is provided according to the needs of the affected migrant population.
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Provide psychological first aid</li> <li>• Print and distribute materials with psychosocial support and self-care information.</li> <li>• Psychosocial support for first response teams.</li> </ul>



## Water, Sanitation and Hygiene

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 251,684**

### Proposed intervention

Migrants crossing the border wait in outdoor queues for up to two or three hours due to the vast number of people waiting to be processed through the immigration points; during this time, they are also exposed to the sun for long periods, and many suffer from dehydration and/or heat stroke because of the high temperatures (above 27° C). making it necessary to implement humanitarian actions aimed at distributing and setting up oral rehydration points in these transit areas so migrants can drink while they are there. Hygiene promotion will be needed to prevent the spread of diseases caused by unwashed hands, such as influenza, diarrhoea and respiratory diseases. It is,

<sup>5</sup> Each health post includes one general physician, one nurse and one assistant nurse, and a volunteer.

therefore, necessary to promote good hand washing practices and to distribute personal hygiene kits because the population has not had access to these products. Migrants have access to sanitary services through health posts and public facilities.

<b>Outcome 5: Reduction in risk of waterborne and water-related diseases in the migrant population.</b>
<b>Output 5.1:</b> Oral rehydration posts for at least 30,000 migrants are established.
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Set up points to treat water for consumption</li> <li>• Procure and deliver one-litre bottles of drinking water</li> </ul>
<b>Output 5.2:</b> Promote hygiene among the population in informal settlement areas.
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Deliver personal hygiene kits targeted to women, boys and girls and nursing mothers (30,000 people)</li> <li>• Hygiene and sanitation promotion and disease prevention materials and activities</li> <li>• Water, sanitation and hygiene workshop for volunteers</li> </ul>



## Protection, Gender and Inclusion

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 68,167**

### Proposed Intervention

The intervention will focus on protecting the prioritized groups by strengthening child protection in Red Cross intervention points through "friendly or safe" spaces, as per the criteria provided in IFRC's child protection policy; the intervention also seeks to ensure the protection of diverse groups by applying the IFRC's Minimum Standards for Gender, Diversity and Disability to contribute to the prevention and mitigation of gender-based and sexual violence and to meet the targeted population's groups wide range of needs. To strengthen the protection, gender and inclusion sector, the CRCS will develop a community engagement and accountability (CEA) strategy for transit and destination communities to contribute to the reduction of tension and discriminatory, stigmatizing and xenophobic behaviours.

The intervention strategy responds to the migrant population's (commuters in transit and at their destination) protection risks. The prioritized groups are women, children, the elderly, persons with disabilities, the indigenous population<sup>6</sup> and people living with HIV. Migrant women are currently at greater risk of violence in the intervention zone, in addition to basic vulnerabilities associated with health such as malnutrition, sexually transmitted infections, stress and family separation; additionally, children are subjected to long travel periods by land and stressful situations during border crossings in spaces that are unsuitable for children and for their health and safety. The increased presence of migrant populations in transit and destination communities has increased negative perceptions of the migrants among residents of the impacted communities, resulting in increased cases of discrimination and xenophobia.

**Outcome 6. The National Society adopts specific measures that contribute to humanitarian assistance with a differentiated approach according to the beneficiaries' vulnerabilities, gender and/or a particular situation, promoting protection and inclusion.**

<sup>6</sup> One of the largest indigenous populations (Wayú ethnic group) in both countries lives in La Guajira department (Colombia) and in Zulia State (Venezuela) and travels between both countries.

**Output 6.1** Child protection is promoted in CRCS care provision points in border areas in accordance with IFRC policy standards adapted to Colombian state regulations.

**Activities planned:**

- Set up three friendly spaces in migrant care points in border areas to ensure the safety and decrease stress within the population of migrant children.
- Train volunteers on IFRC child protection tools under Minimum Standards of Gender and Diversity.

**Output 6.2** Actions to prevent violence, stigma and discrimination against migrants are promoted in migrant transit and destination communities.

**Activities planned:**

- Develop a CEA strategy in migrant transit and destination communities, using an approach to prevent discrimination, stigma and xenophobia that integrates the other areas of focus (PSS, Health and water, sanitation and hygiene promotion)
- Promote key messages to raise awareness of and prevent gender-based and sexual violence.
- Establish a two-way communication mechanism
- Establish a rumour tracking mechanism



## Migration

**People targeted: 30,000**

Male: 15,200

Female: 14,800

**Requirements (CHF): 368,253**

### Proposed intervention

The CRCS prioritizes the provision of assistance and protection to the migrant population under a comprehensive approach that focuses on health care, psychosocial support, stress management, restoring contact with family members and counselling them on their legal situation and the risks and vulnerabilities faced along the different migration routes to destination communities; the CRCS will accomplish this through mobile immediate care units by strengthening the services provided by the branch network and using new technologies to improve migrant protection during their journey.

The lessons learned from the Disaster Relief Emergency Fund (DREF) and the field assessment have allowed a preliminary characterization of the profile of the migrant population entering Colombia (commuters, returning, in transit, and permanent), reflecting recurrent needs associated with the deterioration of physical and emotional health related to limited access to medicine and vaccinations in their country of origin. In addition, other needs have been identified associated with their lack of awareness of their legal situations, the risks faced along the migration route, the need to maintain contact with or search for relatives in the case of returnees.

**Outcome 7. The migrant population receives comprehensive assistance and protection, according to the stage of their migration journey, through mobile assistance units and the CRCS branch network.**

**Output 7.1** Colombian Red Cross Society sets up comprehensive care points in receiving areas and through the network of branches in migrant transit and destination communities.

**Activities planned:**

- Acquire and operate comprehensive assistance mobile units at border points or in locations with high concentrations of migrants.

- Provide comprehensive care services in CRCS branches with a high incidence of migrants in transit and destination communities.

**Output 7.2.** Restoring family links (RFL) services are provided at assistance points and mobile units, allowing people to access the means to restore and maintain contact with their families.

**Activities planned:**

- RFL services (messages, calls, access to the platform)
- Provide electric power to charge mobile phones and data systems (Wi-Fi)
- Deliver topped-up subscriber identification module (SIM) cards to migrants in transit
- Hiring of a local staff member to coordinate RFL actions for 12 months

**Output 7.3** The beneficiary population receives key information about their situation, as well as about the risks along migration routes, self-care messages and care points.

**Activities planned:**

- Individual counselling service at Red Cross care points (mobile and branch offices)
- Referral system for legal guidance or assistance, access to protection system with authorities and other humanitarian actors.
- Deliver universal serial bus (USB) wristbands containing digitized relevant personal information (legal documents, health status, family members, curriculum vitae [CVs], diplomas, family photos)
- Deliver folders or boxes to keep documents
- Information management workshop

**Output 7.4** Migrants have access to mobile tools (Virtual Volunteer) on key information for their protection, as well as access to Red Cross services according to their location along the migration path.

**Activities planned:**

- Adaptation of the Virtual Volunteer software according to the area of intervention and the risks and vulnerabilities of the target population.
- Establish a Virtual Volunteers tool
- Conduct CEA national workshop for the approach in the migration context
- Implement a pilot plan for the application of Virtual Volunteer software
- Recruitment of a local immigration technician and an IFRC CEA senior officer

## Strategies for Implementation

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.** More details will be made available in the Emergency Plan of Action. For the trainings planned under this appeal, the participation of at least one National Society of the Andean region will be included that could potentially have to respond to population movement needs.

**Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.**

**Output S1.1.1:** The National Society has effective and motivated volunteers who are protected.

<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Ensure that volunteers are insured</li> <li>• Provide complete briefings on volunteers' roles and the risks they face</li> <li>• Provide psychosocial support to volunteers</li> <li>• Ensure volunteers are aware of their rights and responsibilities</li> <li>• Ensure volunteers' safety and wellbeing</li> <li>• Ensure volunteers are properly trained</li> <li>• Ensure volunteers' engagement in decision-making processes of respective projects they implement</li> <li>• Volunteer recruitment campaign in participating branches.</li> </ul>
<p><b>Output S1.1.2:</b> The National Society has the necessary corporate infrastructure and systems in place.</p>
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Training in logistics and integrated disaster risk management, leadership and technological tool use.</li> <li>• Hire operational and administrative management team.</li> <li>• Update migration contingency plan</li> <li>• Establish migration response protocols and procedures</li> <li>• Strengthen and equip operating branches</li> </ul>
<p><b>Outcome S2.1: Effective and coordinated international disaster response is ensured.</b></p>
<p><b>Output S2.1.1:</b> Effective response preparedness and National Society surge capacity mechanism is maintained.</p>
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Deployment of two Regional Intervention Team (RIT) members (general and health) to support the operation for a maximum of three months.</li> <li>• Provision of technical logistics support by the Regional Logistics Unit (RLU) to ensure that all procurement related to the appeal follows the IFRC's standards and procurement procedures Operational support and accompaniment from the IFRC's regional office for the Americas (ARO)</li> </ul>
<p><b>Outcome S2.2: The complementarity and strengths of the Movement are enhanced.</b></p>
<p><b>Output S2.2.1:</b> In the context of large-scale emergencies, the IFRC and the CRCS, jointly with the Movement, enhance their operational reach and effectiveness through new means of coordination.</p>
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Strengthen Movement coordination and cooperation</li> <li>• Participate in platforms led by the government and other coordination platforms (Humanitarian Country Team [HCT] and country clusters offices).</li> </ul>
<p><b>Output S2.2.2:</b> Shared services in areas such as information technology (IT), logistics and information management are provided.</p>
<p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Establish National Society computer systems at operational sites.</li> </ul>
<p><b>Outcome S3.1: The IFRC Secretariat, together with National Society, uses their unique position to influence decisions at local, national and international levels that affect the migrant population.</b></p>

<b>Output S3.1.1:</b> The IFRC and the CRCS are visible, trusted and effective advocates on humanitarian issues.
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Develop and implement a public communications strategy</li> <li>• Produce 1 video about the operation</li> </ul>
<b>Output S3.1.2:</b> The IFRC produces high-quality research and evaluation that inform advocacy, resource mobilization and programming.
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Conduct multi-sectorial and specialized assessments</li> <li>• Support/organize joint missions and monitoring initiatives with Movement partners and other organizations</li> <li>• Conduct a post-distribution monitoring survey</li> <li>• Carry out a final evaluation of the operation</li> </ul>
<b>Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability.</b>
<b>Output S4.1.1:</b> Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Make cash disbursements and report</li> <li>• Conduct regular monitoring visits to operational sites</li> <li>• Provide timely intermediate and final financial reports</li> <li>• Perform internal audit</li> <li>• Conduct financial management training</li> </ul>
<b>Output S4.1.2:</b> Staff security is prioritized in all IFRC activities
<b>Activities planned:</b> <ul style="list-style-type: none"> <li>• Carry out security assessments (Risk and Threat)</li> <li>• Carry out Stay Safe for the CRCS staff and volunteers</li> <li>• Carry out a safety assessment for the necessary safety measures</li> <li>• Prepare a specific security plan for the operation</li> <li>• Prepare and carry out Civil-Military Relations Plan and Liaison</li> <li>• Perform Security Analysis and Advisement</li> <li>• Monitor and track security</li> <li>• Ensure Minimum Security (5) and Actual Security Requirements (throughout the operational time)</li> </ul>

## Budget

See the IFRC Secretariat's attached budget (Annex 1) for more details.

**Elhadj As Sy**  
Secretary General

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Reference documents



Click here for:

- [Appeal budget](#)

## Contact information

**For further information, specifically related to this operation please contact:**

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### For IFRC Resource Mobilization and Pledges support:

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### For In-Kind donations and Mobilization table support:

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

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## How we work

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

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



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



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



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

## EMERGENCY APPEAL

Colombia Population Movement

MDRCO014

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	5,141			5,141
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	371,300			371,300
Food	199,931			199,931
Seeds & Plants	0			0
Water, Sanitation & Hygiene	188,982			188,982
Medical & First Aid	36,368			36,368
Teaching Materials	269,192			269,192
Ustensils & Tools	0			0
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>1,070,914</b>	<b>0</b>	<b>0</b>	<b>1,070,914</b>
Land & Buildings	0			0
Vehicles	47,603			47,603
Computer & Telecom Equipment	13,329			13,329
Office/Household Furniture & Equipment	6,664			6,664
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>67,596</b>	<b>0</b>	<b>0</b>	<b>67,596</b>
Storage, Warehousing	0			0
Distribution & Monitoring	9,140			9,140
Transport & Vehicle Costs	1,142			1,142
Logistics Services	0			0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>10,282</b>	<b>0</b>	<b>0</b>	<b>10,282</b>
International Staff	45,698			45,698
National Staff	101,907			101,907
National Society Staff	423,186			423,186
Volunteers	88,484			88,484
Other Staff Benefits	1,428			1,428
<b>Total PERSONNEL</b>	<b>660,704</b>	<b>0</b>	<b>0</b>	<b>660,704</b>
Consultants	49,507			49,507
Professional Fees	0			0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>49,507</b>	<b>0</b>	<b>0</b>	<b>49,507</b>
Workshops & Training	101,584			101,584
<b>Total WORKSHOP &amp; TRAINING</b>	<b>101,584</b>	<b>0</b>	<b>0</b>	<b>101,584</b>
Travel	56,742			56,742
Information & Public Relations	4,570			4,570
Office Costs	4,189			4,189
Communications	18,946			18,946
Financial Charges	2,856			2,856
Other General Expenses	0			0
Shared Office and Services Costs	21,558			21,558
<b>Total GENERAL EXPENDITURES</b>	<b>108,861</b>	<b>0</b>	<b>0</b>	<b>108,861</b>
	0			0
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Services Support Recovery	134,514	0	0	134,514
<b>Total INDIRECT COSTS</b>	<b>134,514</b>	<b>0</b>	<b>0</b>	<b>134,514</b>
<b>TOTAL BUDGET</b>	<b>2,203,961</b>	<b>0</b>	<b>0</b>	<b>2,203,961</b>
<b>Available Resources</b>				
Multilateral Contributions				0
Bilateral Contributions				0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>2,203,961</b>	<b>0</b>	<b>0</b>	<b>2,203,961</b>