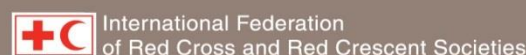


DREF Final Report

Colombia: Population Movement



DREF Operation N° MDRCO013	Operation start date: 24 July 2017
Date issued: 17 July 2018	Date of disaster: 24 July 2017
Overall operation budget: 297,157 Swiss francs	Expected timeframe: 6 months
Number of people affected: 1,002,576 people	Number of people to be assisted: 6,500 people
Host National Society presence (Number of volunteers, staff, local branches): The Colombian Red Cross Society (CRCS) responded to this emergency with 618 volunteers (Directorates, Youth, Relief Responders and “Ladies in Grey”) from seven CRCS branches: Guajira, Cesar, Arauca, Norte de Santander, Boyacá, Vichada and Guainía.	
Red Cross Red Crescent Movement partners actively involved in this operation): 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.	
Other partner organizations actively involved in this operation: National Disaster Risk Management Unit (UNGRD), National Unit for Comprehensive Care and Reparation for Victims (UARIV), Colombian Immigration Service, Colombian Ministry of Foreign Affairs, Office of the United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), the Spanish Agency for International Development Cooperation (AECID) and the Pan American Health Organization (PAHO).	
The IFRC wishes to express its gratitude for the contribution made by the Canadian Red Cross and AECID to reimburse the Disaster Relief Emergency Fund (DREF).	

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

A. Analysis of the Situation

Description of the disaster

According to official figures from the Colombian Ministry of Foreign Affairs, 796,000 migrants entered Colombia through official migration points in 2017, 53 per cent of whom 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 Bogota. The remaining 11 per cent entered via other immigration control posts in Guajira, Norte de Santander, Arauca and Vichada. According to the United Nations Office for Humanitarian Affairs (UNOCHA) 2017 figures, the immigration posts that received the highest volume of migrants (49 per cent female and 51 per cent male) were 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).



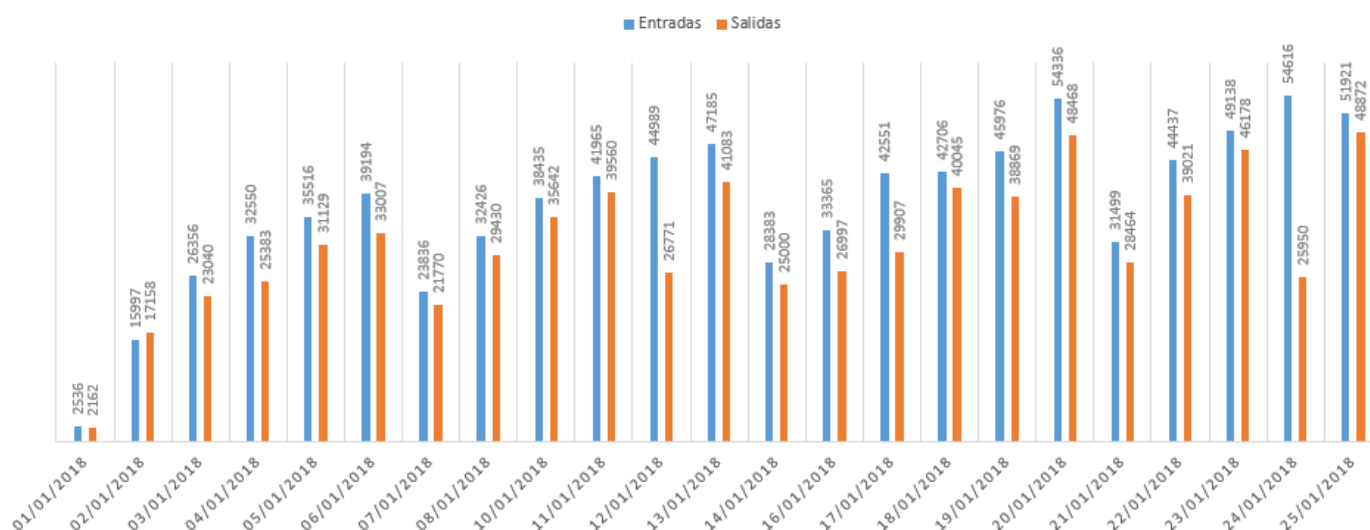
The Colombian Red Cross Society provided first aid at the Puente Simon Bolivar post. Source: CRCS.

According to National Disaster Risk Management Unit data, the Colombian state granted 1,000,000 Border Mobilization Cards (TMF) to Venezuelan nationals. These permits greatly facilitated migrants' access to basic supply markets in Colombian border areas, as well as their temporary housing under minimum conditions of access to certain services.

A total of 1,244,434 individuals entered Colombia through international bridges in Cúcuta, Villa del Rosario and Puerto Santander in December 2017, but fewer than 1,136,639 returned to Venezuela in that same period of time. In January 2018, numbers increased once again, with mostly Venezuelan nationals-- seconded by Colombian nationals-- entering

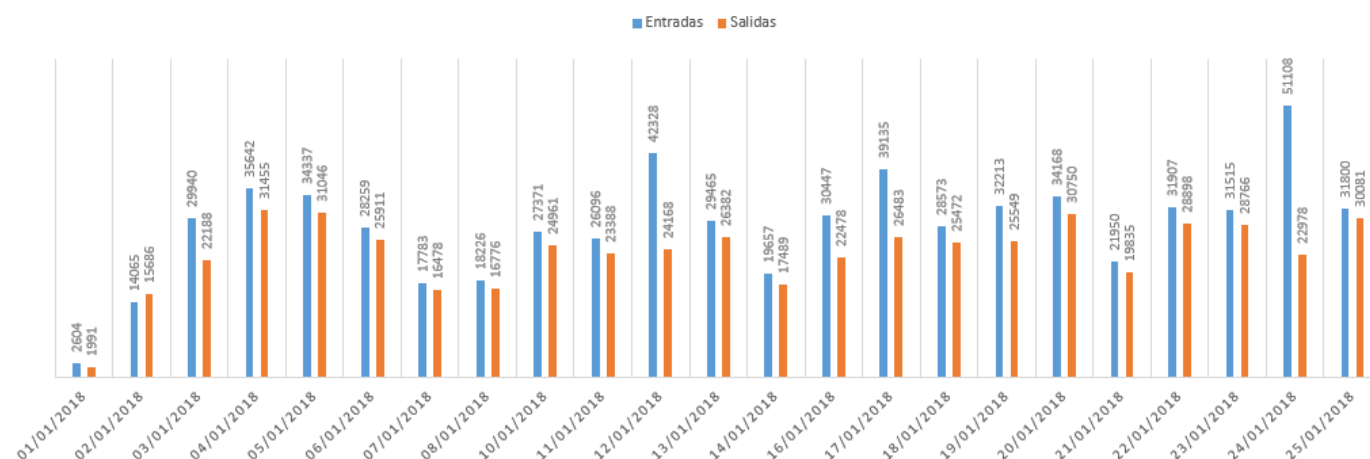
the country. This was consistent with the trend of people crossing the border intending to migrate to Colombia or on their way to countries to the south such as Ecuador, Peru and Chile.

POBLACION VENEZOLANA



Venezuelan Population (blue: entries and mustard: departures)
Table updated to 25 January 2018 provided by the Colombian Ministry of Foreign Affairs (Migration)

POBLACION COLOMBIANA



Colombian Population (blue: entries and mustard: departures)
Table updated to 25 January 2018 provided by the Colombian Ministry of Foreign Affairs (Migration)

Summary of the current response

The Colombian Red Cross Society provided basic assistance to Venezuelan citizens and logistical support along the border zone through its local branches in Norte de Santander, La Guajira and Arauca. It maintained existing areas of action and led migrant assistance activities in border zones through humanitarian aid actions in strategic zones.

The CRCS implemented the following actions:

- Coordination meetings with the National Disaster Risk Management System (SNGRD).
- Participation in weekly UNGRD meetings for emergency prevention and management in Norte de Santander
- Inter-institutional coordination with Municipal Disaster Risk Management Committees (CMGRD) and Departmental Disaster Risk Management Committees (CDGRD).
- Installation of First Aid Posts in border zones.
- Medical assistance provided by Colombian Red Cross Society local branches.
- Ambulance service (transport of patients).
- Psychosocial support for families in the border zone (psychological first aid, individual assistance).
- Implementation of water distribution points in border zones for the affected population.

- Distribution of basic food kits at different points along the border for affected families.
- Distribution of personal hygiene kits at different points along the border for affected families.
- Provision of snacks at bus terminals for people traveling to other regions in Colombia.

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

The Colombian Red Cross Society was in constant coordination with the IFRC and the International Committee of the Red Cross (ICRC) at a regional level, and with ICRC offices in Colombia and Venezuela. Coordination mechanisms were established between different components of the Movement. Furthermore, the American Red Cross, German Red Cross (through its DIPECHO XI-funded project), Norwegian Red Cross, and Spanish Red Cross are present in the country and offered support to the CRCS. All operational actions were carried out in coordination with the National Disaster Risk Management System, and the Ministry of Foreign Affairs' GIT Coordination Colombia Brings Us Together.

The DIPECHO XI-funded project has strengthened the response capacity of the National Disaster Risk Management System (SNGRD) for emergencies in a context that had multiple threats along the Colombian-Venezuelan border, as well as cooperation between civil organisations in the SNGRD and the Armed Forces.

Furthermore, two joint coordination and training activities were implemented with staff from the Venezuelan Red Cross (VRC) in the border zone.

A workshop on Public Health and Migration, which was financed by the IFRC Country Cluster Support Team (CCST) in Lima, in the framework of providing technical support for project development using disaster relief emergency funds (DREF) in the border zone with Venezuela. This workshop was held in the city of Cucuta from 25 to 27 October 2017. A total of 25 people participated in this workshop: 9 from the Venezuelan Red Cross, 2 from the Venezuelan and Colombian Delegations of the ICRC, 3 from the CRCS National Office and 10 from the Norte de Santander local branches. The purpose of the workshop was to provide knowledge, techniques and tools in public health and migration to participants, facilitate professional development before, during and after an emergency and/or disaster that includes a specific component related to high migratory flows as well as regular activities that may require assistance from the Colombian and Venezuelan National Societies.

In addition, the workshop sought to strengthen coordination between local branches from both National Societies with local health authorities and the Adviser to the Office of Migrant Affairs from the Colombia Brings Us Together working group. Participants analysed different scenarios related to population movement in Norte de Santander as part of the strengthening process of the National Humanitarian Assistance to Returned Migrants System, which is being developed by the Colombian Red Cross Society.

Overview of non-Red Cross Red Crescent actors in the country

The National Disaster Risk Management is made up of national government entities includes the Ministry of Foreign Affairs, Migración Colombia, local and departmental governments, and government agencies that are part of the National Disaster Risk Management System. This unit held coordination meetings and created a permanent unified leadership in the border zone.

As of 12 December, 885 migrants had moved to other cities through coordination between the International Organization for Migration and the Ministry of Foreign Affairs. Furthermore, 261 people received temporary accommodation, 2,726 Venezuelan citizens received health assistance, and 3,399 food kits were distributed benefiting 5087 migrant families. The Civil Defence Brigade provided support through the work of 207 volunteers, 1,060 patient transfers were carried out and pre-hospital care was provided for 142 cases, along with 1,960 units of water. The Catholic Church in Colombia delivered humanitarian assistance kits in the cities of Arauca, Ipiales, Cucuta, Bogotá and Barranquilla where the largest concentrations of Venezuelan migrants were located.

The UNHCR announced that it would be strengthening its emergency preparation and asylum procedures to guarantee the rights of migrants. In July, the International Organization for Migration and the Ministry of Foreign Affairs of Colombia published the results of a study carried out at regular and irregular border crossings between Colombia and Venezuela in the municipalities of Cucuta, Villa del Rosario and Arauca. These results were presented in the "Description of the Disaster" section.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Five population groups were categorized as entering Colombia:

Population group	Characterization
Population in transit to other countries.	These migrants are primarily headed towards the south of the continent (Ecuador, Peru, Chile, and to a lesser degree, Argentina).
Returning Colombian population (families consisting of Colombian and Venezuelan citizens).	After an identification and registration process, these groups are guaranteed to receive Colombian nationality as a result of their direct family relationship with Colombian citizens.
Venezuelan population that has exceeded the time permitted according to their visas.	These migrants entered the country with temporary migratory permission with no plans of returning to return to Venezuela.
Venezuelan population	Entered Colombia through irregular border crossings. These migrants have the intention of staying in Colombia for a medium to long-term period.
Venezuelan transient population (a "Pendulum Migration" model was created to describe this group).	Enter and leave the country in a short period of time. Generally, this population carry a Border Mobility Card (TMF) and live very close to the Venezuelan border.

While certain migrants had the resources to facilitate their entry and transit through Colombia to other countries in the region such as Ecuador, Peru, Chile and Panama, other migrants did not have the means to do this. As a result, these migrants requested support from the Colombian state and organizations such as the Colombian Red Cross Society.

In the field, the Colombian Red Cross Society reported that the migrant population from Venezuela aimed to reconfigure their social environments in Colombia. Even though the effects were general, it was specifically women and young girls who were involved in and exposed to dangerous situations, such as: partial or complete separation from their family group, a change of conditions and gender roles, gaps in social care and exposure to sexual violence and prostitution. Due to their precarious living conditions, affecting basic sanitation and nutrition, as well as sexual and gender-based vulnerabilities, the migrant population was exposed to sexually transmitted diseases, HIV/AIDS and other effects health conditions. In addition, there were a significant number of cases of pregnant and breastfeeding women seeking medical assistance (prenatal check-ups and childbirth procedures).

Health care for the Venezuelan population was limited to emergency and post-emergency care without the provision of mental health care or psychosocial support. Very few organizations provided this support as they have limited staff and cannot continuously implement these actions. The support provided by the Colombian Red Cross Society was intended to reduce the impact on the migrant population who left Venezuela due to economic and social challenges. The CRCS provided water to migrants because of the hot weather and long waiting times at border crossing points caused by the closure of the vehicle crossing, in addition to the provision of basic food items, sleeping kits and personal hygiene products that could be carried during their travel to different cities in Colombia and nearby countries. In addition, the CRCS facilitated resources so that people who needed to contact their families could do so, which helped to reduce their level of anxiety caused by the migratory process.

Selection of beneficiaries

At each of the border crossings, the CRCS identified the most affected population entering the country that fulfilled the migratory requirements. An assessment was implemented based on the CRCS's work to adapt the humanitarian assistance system so that it could best support the returning migrant population.

The main beneficiaries of this DREF operation were the people arriving to Colombia, specifically through the following border crossings located in the country: Norte de Santander, La Guajira, Arauca, Vichada, Cesar, Boyacá and Guainía, locations where the Colombian Red Cross Society had staff in its local branches. Beneficiaries were identified according to the Fundamental Principles of the International Red Cross Movement. In the framework of this operation, the following population groups were prioritized to receive assistance:

- People that required urgent assistance and primary health care in Colombia.
- Older adults, disabled persons, pregnant women and children.
- People with basic survival needs (food, water and hygiene).
- People with psychosocial assistance needs.
- People that needed to restore contact with family members.
- Single-parent families.

The Colombian Red Cross Society used a gender equality approach and focus on the prioritized population groups for its emergency support to ensure the equality of the assistance provided and the visibility of the most vulnerable groups in these types of emergencies.

Risk assessment

Although there were no security incidents in the border area, the potential for violence led CRCS to take additional security precautions to those established in its security manual, as well as to use the Safe Access Guide adapted to the context of each of the border crossings. Further information is provided in the Security section below.

B. Operational Plan and Strategy

Proposed strategy

The operations of the Colombian Red Cross Society focused on providing emergency humanitarian assistance including basic health assistance, psychosocial support, personal hygiene items, hydration, food, sleeping items, restoring family links (RFL) and workshops for volunteers on managing shelters and food. Assistance was prioritized in the departments of Norte de Santander, Guajira, Arauca and Vichada and permanent monitoring was carried out in the departments of Cesar, Boyacá and Guainía where significant flows of migrants had not been reported due to the adverse topographic conditions of the border zones in these areas. These services were provided for five months and complemented the actions of the Colombian government.

Health and Care: Basic health assistance was provided through promotion and prevention activities, primary health care and psychosocial support in the Colombian Red Cross Society humanitarian assistance posts. For emergency cases that required ambulance transport to arrive to health centres, CRCS ambulances provided service in the three border zones (Norte de Santander, La Guajira and Arauca) to mobilize people in the case of an emergency.

Promotion of hygiene and water care: Through its posts near the immigration checkpoints, the CRCS provided water distribution (hydration) services. Additionally, the risk of contracting diseases was reduced through hygiene promotion messages along with the provision of antibacterial gel and an informative fan with information on correct handwashing and “dry” wash using antibacterial gel. Personal hygiene kits were distributed to be used during the transit of migrants along with activities to promote hygiene.

Shelter: The basic non-food sleeping kits were distributed to migrants that arrived to the bus terminals to travel to other departments in order to protect them from different climate conditions. Volunteers were trained in managing the distribution of the kits to ensure quality support for families.

Restoring Family Links (RFL): In order to address the cases requiring the RFL service, users received support to communicate with family members in Colombia and in other countries so that they could inform them of their situation and receive assistance from relatives. The production and distribution of materials with information about RFL was also carried out to optimize the use of this service. Requests to locate family members were also received and processed.

Food Security: Non-perishable food rations were distributed to the population that required assistance.

Communications: as part of the assessment of the current border situation, a communications strategy was implemented to prevent and reduce discrimination and stigmatization of the affected population.

General Objective

Provide humanitarian assistance to protect the lives, health and dignity of 6,500 people affected by the migratory situation in the departments of Norte de Santander, Guajira, Cesar, Boyacá, Arauca, Vichada and Guainía.

Operational Support Services

Human resources

The operation used the following basic structure for implementing activities:

1. Operation Coordinator: assigned during the first months of the operation. The exit phase for the operation was managed by the National Response Coordinator and the National Project Coordinator.
2. Field Coordinator: hired and deployed in the border zone in the city of Cucuta - Norte de Santander.
3. Health Coordinator: worked with the health focal points in local branches.
4. Financial Assistant: hired in the Norte de Santander branch.
5. Doctor, nurse technician, auxiliary nurse and psychologist to provide medical assistance in the health posts in the Norte de Santander and La Guajira branches. In the Arauca and Vichada branches, support was provided by volunteers trained in nursing and pre-hospital assistance.
6. Colombian Red Cross Society volunteers (300 volunteers).
7. National Intervention Team (NIT): Four General and sectorial NIT for evaluation and monitoring. Other NIT members were also mobilized: 1 general, 1 health and 1 RFL.
8. A member of the Regional Intervention Team (RIT) from the National Society of Nicaragua was deployed to carry out monitoring activities in the border zones.

Logistics and supply chain

The Colombian Red Cross' logistics activities were undertaken to effectively manage the supply chain. The mobilization, acquisition, dispatch, storage and transportation of products to the distribution sites were carried out in accordance with the requirements of the operation and IFRC's logistical standards, processes and procedures.

The Colombian Red Cross Society provided space in the branch and national warehouses to ensure the safe storage of the purchased items. The Acquisitions Department was also made available to the operation to guarantee that the necessary procedures and regulations were followed when making purchases. The administrative processes stipulated by the National Society were adjusted. All of the purchases related to this operation followed the administrative procedures of IFRC's procurement rules and the Sphere Project standards for purchasing non-food items (NFI). Additionally, the acquisition of articles and services has complied with the needs of the affected population (external clients) and/or operational areas (internal clients) in order to guarantee the necessary level of supplies. All of the purchases were made in the country with the support of an acquisition official from IFRC's Regional Logistics Unit in Panama.

Information Technology (IT)

The CRCS has installed a telecommunications system at national and branch levels. This was used for coordination actions in the field. Additionally, the IT team has supported actions in RFL. A modem for internet service to provide Wi-Fi for a limited time to users of this service were installed RFL service point.

Communication and Information

The Colombian Red Cross Society designed a communication strategy with two clear objectives. The first was related to the visibility of the actions implemented by the CRCS's Norte de Santander branch in the region and at the national level; the second supported the campaign that aimed to reduce the impact of stigmatization and discrimination against Venezuelan migrants.

This strategy was disseminated at the national level with support from the 21 local branches of the Colombian Red Cross Society that have a communications focal point. The strategy was implemented in all internal, external and digital media produced by the CRCS. The different components of the International Red Cross Movement in Colombia and the region (IFRC Americas Regional Office- ARO) had access to information and materials that supported the implementation of the operation and promoted accountability for the proper use of the resources.

In order to raise awareness among Colombians regarding the importance of ensuring and protecting rights within their family and social settings, Colombian Red Cross Society launched the "*Vaccinate against Stigma and Discrimination*" campaign, which sought to reinforce the idea of equality and same rights for all people. The CRCS understands discrimination as any form of differentiation, restriction or exclusion that may affect an individual due to some personal characteristic. The Vaccinate against Stigma campaign urged individuals to avoid and prevent prejudice based on place of birth, sexual orientation, ideas, age, race, religion and family, as these can lead to discriminatory attitudes that violate the rights of the people affected.

Security Issues

In accordance with the analysis of local contexts and the risks that exist in each of the departments and municipalities along the border with Venezuela, and supported by the registration and monitoring of the events recorded during the past year, particularly related to public order situations, the National Society of the Colombian Red Cross Society had implemented specific self-protection and security measures for its branches in the border zone. This has occurred in the framework of the Safe Access Guide and in compliance with the SNCRC Security Manual. These actions were carried out with the coordination and support of the ICRC through its respective sub-delegations and offices.

To date, security alerts were registered in the municipalities of Arauquita in the Department of Arauca; in Maicao in the Department of La Guajira; and in Tibú, Puerto Santander, San José de Cucuta and Villa del Rosario in the Department of Norte de Santander. Norte de Santander is the most critical of the three departments where the operation was implemented due to incursions by members of the Venezuelan military and constant armed clashes between illegal armed groups that dispute the control of arms trafficking, drug-trafficking and contraband routes.

The National Society of the Colombian Red Cross, with support from the ICRC at the National Directorate level and in coordination and support with its respective territorial branches, monitored the border situation and ensured the necessary security conditions for this humanitarian intervention. The CRCS took timely and effective joint protection and security measures in the event of situations that put the organisation's humanitarian actions at risk. As part of the security measures, all volunteers used visibility equipment and materials. This operation purchased institutional uniforms and t-shirts for volunteers working in the field.

Considering that the local risk context for each municipality and department located along the border is different, each branch designed and implemented a Security Plan that helped staff and volunteers act safely in compliance with the essential elements of the Safe Access Guide and in accordance with local operational capacities. Support was requested at the national directorate level of the CRCS.

Actions in the border zone conducted by the Colombian Red Cross Society involved coordination with state authorities on both sides of the border, as well as with the Venezuelan Red Cross at its national directorate and branch levels.

Planning, monitoring, evaluation and reporting (PMER)

The General Directorate of National Assistance was responsible for implementing the operational plan in coordination with the other directorates of the National Society. The IFRC held regular meetings with the Colombian Red Cross Society in order to receive information about the progress of the actions that support the prioritized population. Additionally, monitoring visits were made by specialist staff from the IFRC.

As the scenario constantly evolved, the situation was constantly monitored during the operation. This analysis assessed the need to expand the intervention based on the evaluated needs.

On 24 and 25 January 2018, a workshop was held to learn about the operation. This was held in the city of Cucuta in the Norte de Santander, where CRCS officials and volunteers participated, as well as other Movement components in the country. The workshop was facilitated by the cooperation department of the CRCS and the IFRC.

Administration and Finances

The administrative and financial processes were framed in the Colombian Red Cross' quality processes and support all of the actions of this humanitarian mission by guaranteeing appropriate transparency and accountability.

An induction workshop was carried out for the accounting and budgeting (Ledger) of this operation with accompaniment from IFRC senior financial officer from the CCST in Buenos Aires. This guaranteed the ability of the operation to effectively carry out accountability actions with the IFRC and the community.

C. DETAILED OPERATIONAL PLAN

Quality programming/ Areas common to all sectors

	Outputs	% achieved
Outcome 1: The plan of action's design and execution is informed by continuous assessment and analysis.	Output 1.1 Assessments and monitoring of initial needs are conducted in consultation with beneficiaries and authorities.	100%

	Output 1.2 Comprehensive monitoring and evaluation is conducted for the plan of action.	100%	
Outcome 2: The Colombian Red Cross Society's role and mission is recognized by the population, institutions, the media, and actors linked to the operation, thus facilitating and respecting their humanitarian actions.	Output 2.1: An emergency communications strategy is strengthened in coordination with the IFRC.	100%	
Activities	Implementation on time?		% of progress
	Yes	No	
Emergency rapid assessment – National Disaster Response Team (NDRT)	x		100%
Monitoring of the emergency's evolution	x		100%
Registration of beneficiaries	x		100%
Follow-up and monitoring visits by the IFRC	x		100%
Deployment of one General RIT	x		100%
Monitoring and follow-up visits by operational staff	x		100%
Monitoring visits by the CRCS' national headquarters	x		100%
Inter-agency coordination	x		100%
Hiring of coordinators and staff by CRCS	x		100%
Creation and implementation of a discrimination and stigmatization prevention strategy	x		100%
Dissemination of CRCS actions	x		100%

Progress of actions

- **Rapid emergency assessment – National Disaster Response Team (NDRT)**

Due to the increased mobilization of the population on the border, the General Directorate of National Assistance and General Directorate of Health were mobilized to carry out initial field assessments. Additionally, a NIT in health was deployed to the Norte de Santander branch to provide support during the first few weeks of the emergency.

- **Monitoring the evolution of the emergency**

The Norte de Santander branch attended a weekly meeting in the Single Command Post organized by the UNGRD. Additionally, local branches were monitored through the radio centre of the National Assistance and National Response Coordination (CITEL) and by the DREF Project Coordinator. Permanent contact was maintained with the assistance focal points in branches.

- **Record of beneficiaries**

As part of the processes to distribute assistance, through its field teams the National Society recorded beneficiaries on forms to identify the benefits that they have received along with a photographic record of the individual.

- **Monitoring actions and visits by the IFRC**

The IFRC provided support and accompaniment to the operation. There were three support missions made by the Disaster Management Coordinator, a Country Representative and the IFRC Liaison Coordinator working in the country. Additionally, IFRC's Regional Office participated in drafting the National Society's new Risk Management Policy.

- **Deployment of a general RIT**

A General RIT from the Nicaraguan Red Cross was mobilized for a month to support and accompany the operation at the National Office in Bogota and in the field in Norte de Santander.

- **Monitoring actions and monitoring visits by operating staff.**

For the monitoring of the National Society at the operational level, actions were coordinated through the National Directorate of Assistance. Joint actions were carried out with the other National Directorates (Health, Protection, Communications, amongst others), the Colombian Red Cross Society (CITEL) Telecommunications Centre in Bogotá and the Colombian Red Cross Society National Crisis Room.

- **Visits by staff from the Colombian Red Cross Society National Office**

A series of monitoring visits were made by the General Director of National Assistance, the General Director of Health and the CRCS president. They held meetings with the presidents of local branches and sectional focus points in order to verify progress and possible unexpected events in the border zones.

- **Interinstitutional coordination**

At local and national levels, The Colombian Red Cross Society coordinated with the Departmental and Municipal Disaster Risk Management Committees and the Single Command Post installed by the National Unit for Disaster Risk Management.

The local Migrant Assistance Offices, Migración Colombia, GIT Coordination Colombia Brings Us Together, Coordination of the Directorate of Migratory Affairs, Consular Offices and the citizen service provided by the Ministry of Foreign Relations were immediately made aware of any migratory change thanks to the activation of the early alert system developed by the National System for Humanitarian Assistance to Returned Migrants (SINAHR).

The Colombia Information Analysis and Management Unit (UMAIC) had the inter-agency capacity to analyse and manage information on behalf of the United Nations System. Information was provided by the Norte de Santander Regional Ombudsman, Scalabrinian Corporation, NRC, SJR, OCHA, UNHCR, IOM, WFP and Pastoral Social. These organisations provided information about the border dynamic through the issuing of bulletins shared with the Colombian Red Cross Society.

- **Hiring coordinators and staff by CRCS**

The hiring of new staff supported the coordination and implementation of the operation at a sectorial level.

- **Creation and implementation of a discrimination and stigmatization prevention strategy.**

During January, a communication strategy was implemented that aimed to raise awareness among Colombians about stigmatization and discrimination through community-based communication actions, public communication events, digital communication and other scenarios that supported the publicising of this key message.

- **Disseminating CRCS actions:** different actions were implemented to raise awareness about the humanitarian plan designed by the Colombian Red Cross Society, including:
 - Visibility in local media.
 - Design of instructional banners for the La Parada location so that people could identify each of the services the institution provides and where to find them. It was necessary to clarify that these signage elements had not yet been printed as they required the authorization of the Assistance Branch Director.
 - Video of the different actions implemented in the border zone.
 - Three statements drafted to raise awareness about the different actions on the border.

Challenge

- Over the last few months, the difficult humanitarian situation faced by the migrant population coming from Venezuela and arriving to Norte de Santander (Colombia) became more serious due to their limited access to rights and livelihoods. The Ombudsman's Office and humanitarian organizations permanently monitored the border dynamic and identified that the migrant population (returned Colombians/Venezuelans) lived in nearly 68 human settlements in the department. There were 36 of these informal settlements in Cucuta alone. Colombian, mixed and Venezuelan families continued to arrive daily through a drop-by-drop dynamic that is being replicated in other parts of the country.

- The documentation to legalize mixed families and Venezuelans when entering the country was challenging.

Lessons Learned

In front of intervention zones with limited connectivity along the border, it is recommended to include VHF radios for use by personnel in the field. This is particular, yet not limited in departments such as Vichada and La Guajira that have difficulties for cell phone communication.

Standardize and centralize beneficiary information capture and processing schemes. For this, it is necessary to build the concept of beneficiaries as a unit of analysis for the management of projects and response to emergency situations.

During the intervention, the management of different database formats and characterization instruments was evidenced, which delayed the processes of reporting and debugging duplicated information. Currently, CRCS requires more support to improve its information management and results-based management.

Greater synergy between the operative and administrative personnel is required to know the difficulties that have in the field and to adjust the times for the report.

Due to the physical and emotional burden of responding to a prolonged emergency, it is necessary to guarantee increased frequency in permanent rotation and emotional deactivation days.

Health

Needs analysis: According to the field analysis conducted by the CRCS team, the flow of people that enter the country increased from October 2017 due to the escalation of the situation in Venezuela and the proximity to school holidays. With the increase in the flow of people crossing the border, requests for emergency services and medical check-ups increased. The State only provided access to the health system for foreigners in emergencies and post-emergencies. Consequently, humanitarian organizations such as CRCS provided medication, nursing and psychosocial support, facilitating minimum access to health services for migrants in their transit through border crossings.

The main reasons for requests for psychosocial support were episodes of crisis and anxiety generated by the migratory phenomenon and a breakdown and/or separation of families and loss of traditional ways of life in small communities. To address this issue, psychological first aid services and second order interventions were provided.

In terms of health and basic care, the CRCS identified gastrointestinal diseases, headaches due to the high temperatures and lack of hydration, interruption of chronic treatments such as high blood pressure medication, diabetes, kidney failure and HIV/AIDS, pregnant women without access to prenatal check-ups and children without scheduled vaccinations. The last issue was the most concerning to authorities as there has already been an epidemiological outbreak of chickenpox in the neighbouring country.

Population to be assisted: The operation planned to provide first aid and psychosocial support services to an estimated 2,500 people in border zones.

	Outputs	% achieved
Outcome 3: The impact on people's health is reduced through an integrated physical, emotional and social perspective.	Output 3.1: First aid and health promotion are provided to affected individuals and families.	100%
	Output 3.2: Individual and group psychosocial support is provided in accordance with the needs of the affected population.	100%
Outcome 4: Humanitarian assistance is provided in the Colombian department of Norte de Santander to meet the affected population's emergency health needs.	Output 4.1: First aid will be provided to affected people in Colombia to meet emergency needs.	100%

Activities	Implementation on time?		% of progress
	Yes	No	
Provide first aid care (no medication)	X		100%
Set up three First Aid Posts	X		100%
Mobile Health Units provide medical attention (new activity)	X		100%
Ambulance service	X		100%
Printing and distribution of health promotion materials	X		100%
Provide psychological first aid care	X		100%
Printing of materials with PSS information	X		100%
Psychosocial support for first response teams	X		100%
Provide 24 first aid kits to communities and 12 first aid kits to branches in Norte de Santander (new activity)	X		100%

Achievements

- **Provide first aid assistance (without medication)**

Through the First Aid Points established by local branches, 5,057 people received medical assistance at border crossings in Norte de Santander, La Guajira an Arauca for headaches, abrasions and constant crying and rage, which were the main symptoms attended to by CRCS volunteers. In Cucuta, the CRCS continued to provide support on the Simón Bolívar International Bridge and continued with coordinating its actions with the Departmental Institute of Health and the Centre for Emergencies (CRUE).

Department	Province	Location	Number of People
Norte de Santander	Cucuta	Divina Providencia Community Dining Hall, Cucuta Migration Centre, the neighbourhoods of La Hermita and El Morichal, La Parada Health Centre, Francisco de Paula Santander International Bridge, Simón Bolívar International Bridge	3,987
La Guajira	Paraguachon - Riohacha		1,058
Arauca	Arauca		12
Total			5,057

- **Establish three First Aid Points**

The CRCS national headquarters provided additional support the First Aid Posts, including medication, condoms and health promotion and prevention materials. These First Aid Posts were established in the departments of Arauca (Arauca City), La Guajira (Paraguachón and Riohacha) and Norte de Santander on the Simón Bolívar International Bridge.

- **Mobile Health Units (MHUs) to provide medical assistance**

Free medical assistance was provided through the provision of medication and nursing services. In Norte de Santander, the Mobile Health Units were established in the Divina Providencia Community Dining Hall, Cucuta Migration Centre, the neighbourhoods of La Hermita and El Morichal, La Parada Health Centre and the Francisco de Paula Santander International Bridge, attending to the migrant and receptor populations as well as members of the

Yupkpa indigenous community. In La Guajira, the Mobile Health Units were deployed in Paraguachon and Riohacha and in Vichada. MHUs were located in the Escudillas and Simón Bolívar neighbourhoods in the Municipality of Puerto Carreño.

Medical Assistance

Department	Province	Location	Number of People
Norte de Santander	Cucuta	Divina Providencia Community Dining Hall, Cucuta Migration Centre, the neighbourhoods of La Hermita and El Morichal, La Parada Health Centre, Francisco de Paula Santander International Bridge, Simón Bolívar International Bridge	654
La Guajira	Paraguachon - Riohacha	Paraguachon - Riohacha	627
Vichada	Puerto Carreño	Escudillas and Simón Bolívar neighbourhoods	129
Arauca	Arauca	Arauca	42
Total			1,452

The most recurrent medical conditions were diarrhoea and gastroenteritis, presumably infectious ICD-10 (A09X), acute rhinopharyngitis ICD-10 (J00X), monitoring of high-risk pregnancies ICD-10 (Z359), acute bronchiolitis ICD-10 (J219), acute tonsillitis ICD-10 (J039), high blood pressure ICD-10 (I10X), acute bronchitis ICD-10 (J209), headaches ICD-10 (R51X), intestinal parasitosis ICD-10 (B829) and pyoderma ICD-10 (L080). Nursing services performed growth and development monitoring ICD-10 (Z001), young adult controls ICD-10 (Z003), provided family planning counselling ICD-10 (Z300), as well as deworming and body mass index controls to identify cardiovascular risk factors

Health Promotion

The CRCS reached 5,479 people with health promotion and prevention materials that cover topics such as handwashing, preventing sexually transmitted infections, correct condom use, mental health care, acute diarrhoea diseases and Zika.

Department	Province	Number of People
Norte de Santander	Divina Providencia Dining Hall, Immigration Centre in Cúcuta (pescadero), La Ermita, El Morichal, and Nidia neighbourhoods, and Francisco de Paula Santander and Simón Bolívar international bridges.	4,621
Vichada	Puerto Carreño	599
Arauca	Arauca	259
Total		5,479

- **Ambulance Service**

The CRCS provided 48 transfers through the ambulance service to the population, with the most common patients being those suffering renal diseases and women giving birth. This service was provided by local branches of the Colombian Red Cross Society and requested by migration staff working at border crossings who were responsible for sanitation and health and determine when the ambulance service was required.

Department	Province	Location	Number of people
Norte de Santander	Cucuta	Divina Providencia Community Dining Hall, Cucuta Migration Centre, the neighbourhoods of La Hermita and El Morichal, La Parada Health Centre, Francisco de Paula Santander International Bridge, Simón Bolívar International Bridge	110
La Guajira	Maicao	Paraguachon	2
Arauca	Arauca	Jose Antonio Paez International Bridge	6
Vichada	Puerto Carreño	Escudillas and Simón Bolívar neighbourhoods	2
Total			120

- **Printing and distribution of health promotion materials**

The Colombian Red Cross Society printed health promotion materials, including diaries with key messages, which supported the health promotion activities of different local branches.

- **Provision of psychological first aid**

Psychosocial support and assistance was provided to 6,029 people by specialist volunteers and psychologists hired by the operation in the departments of Norte de Santander and La Guajira. This service attended to specific population groups such as the Yupkpa and Wayuu indigenous communities. The population that received the service was between the ages of 7 and 50 years of age, and this support addressed topics such as mental health care, crisis management and the prevention of gender-based violence.

Department	Province	Location	Number of people
Norte de Santander	Cucuta	Divina Providencia Community Dining Hall, Cucuta Migration Centre, the neighbourhoods of La Hermita and El Morichal, La Parada Health Centre, Francisco de Paula Santander International Bridge, Simón Bolívar International Bridge	4,181
Arauca	Arauca	Jose Antonio Paez International Bridge	313
La Guajira	Paraguachon - Riohacha	Paraguachon - Riohacha	1,535
Total			6,029

- **Printing of materials with psychosocial support information**

Key materials developed by Colombian Red Cross Society were printed to support the work of teams in the field. Some purchases were made locally and others at the national level. These elements include:

- Book of mandalas for adults (calms emotions)
- Book of mandalas for children (calms emotions)
- PAPS cards
- Information about mental health triggers
- Bookmarks with coping strategies
- Coloured pencils



- **Psychosocial support for First Response Teams**

A total of 734 assistance sessions were provided to 165 volunteers who participated in the operation led by the Norte de Santander local branch. This support continued with other local branches that were implementing actions.

Department	Province	Local Branch	Assistance sessions	Number of people
Norte de Santander	Cucuta	Norte de Santander	323	108
Arauca	Universidad Cooperativa Puente Internacional José Antonio Chávez	Arauca	229	17
Guajira	Riohacha, Maicao,	Guajira	182	40
Total			734	165

- **Provision of 24 First Aid Kits to communities and 12 First Aid Kits to local branches in Norte de Santander**

Prior to assessing the situation and the health needs at the border as well as the response to specific events due to the instability around the border area, 24 community health kits, 24 stretchers and 12 first aid kits were pre-positioned for use in the border area.

Challenges

- One of the major challenges in the area of mental health and psychosocial support was that emotional support had to be provided in a single session as a therapeutic process or counselling could not occur in several sessions. This required effective and efficient response teams at the time of the intervention. However, the

greatest challenge was that because migrants are in a transitory moment, they were seeking more tangible support. As a result, it was decided that this service would be provided in more peaceful environments, such as community dining halls.

- Health care services required more medication to provide more complete assistance. This medicine included specialized medication for chronic illnesses, as well as basic medicine for headaches and intestinal problems.
- Addressing issues such as HIV/AIDS among the migrant population was difficult since special efforts were required to avoid stigmatization and cause people living with HIV to avoid participation. However, work was carried out through different methodologies and a prevention focus.

Lessons Learned

- For future interventions in migration, it is necessary to increase the scope of the health strategy to respond comprehensively to the needs of the migrant population, including access to medicines, basic health services and nursing.
- During the intervention, it was identified that the needs of the migrant population meant transcending the provision of first aid services. Therefore, it is recommended to establish a primary health care approach that allows reducing the congestion of health services at the national level. local, protect the life and dignity of migrant population that has access barriers to the Social Security Health System.

Water, Sanitation and Hygiene Promotion

Needs analysis: The population that crossed the border waited outside in long lines for extended periods (minimum of at least two to three hours). They were also affected by the climate in the zone as temperatures are higher than 27°C, which causes people to suffer from dehydration and/or heat stroke. As a result, hydration points were needed in border crossing areas. In terms of hygiene, the proliferation of illness generated by a lack of handwashing, such as influenza, acute diarrhoea diseases and respiratory diseases needed to be prevented. Consequently, good hand washing habits needed to be promoted and personal hygiene kits needed to be distributed, as the migrant population did not have access to these products.

Population to be assisted: Up to 6,500 people received hydration and personal hygiene items at assistance points established by CRCS.

Outcome 5: Contribute to reducing the risk of dehydration among the population at border posts	Outputs		% achieved
		Output 5.1: Hydration posts for the population are established.	
Outcome 6: Contribute to promoting hygiene among the population in informal settlement areas	Output 6.1 Hygiene promotion sessions with the target population.		100%
	Output 6.2 Provide personal hygiene items to the target population.		100%
Activities	Implementation on time?		% of progress
	Yes	No	
Set up hydration points	X		761%
Printing and distribution of key hygiene messages	X		100%
Distribution of 6,500 personal hygiene kits (individual)	X		100%

Achievements

- Establish hydration points

Three hydration points were established in the border zones in La Guajira, Arauca, Vichada and Norte de Santander, where staff distributed at least 94,124 litres of water to 94,124 people at the border crossing points. The Colombian Red Cross Society provided water in bags and/or portable bottles in sizes of 360 ml, 250 ml, 500 ml and 1 litre. One or two bottles were provided to each person.

Department	Municipality	Location	Number of litres	People assisted
Norte de Santander	Cucuta	Bus terminal and Simón Bolívar International Bridge	54,794	54,794
Arauca	Arauca	José Antonio Páez International Bridge and the Colombian Red Cross Society Office	25,500	25,500
Vichada	Puerto Carreño	River-based Migration Check Point	1,198	1,198
Guajira	Riohacha and Maicao	Paraguachón and the Colombian Red Cross Society Office	12,632	12,632
Total			94,124	94,124

- Printing and distribution of communication products with key hygiene messages

Hygiene promotion products were purchased, which include an antibacterial gel and the printing of an informative handheld fan. A total of 5000 of these products were distributed so that people could give themselves a “dry” wash using the gel in the absence of running water to wash their hands with water and soap. One side of the informative handheld fan outlines the steps correct handwashing. The other side of the fan provides information on how to do a “dry” wash using the antibacterial gel. These items were provided to migrants after they attend an informative talk on the topic of personal hygiene.

- Distribution of 6,500 personal hygiene kits (individual)

The CRCS distributed 6,500 personal hygiene kits (individual) in bus terminals to people continuing their travel in Colombia. These kits were differentiated based on sex and adult or child. Based on the needs identified by CRCS, the hygiene kits for children and babies were expanded.

Department	Municipality	Location	Number of kits	People assisted
Norte de Santander	Cucuta	Bus terminal and Simón Bolívar International Bridge	6,100	6,100
La Guajira	Riohacha y Maicao	Paraguachon y Sede de Cruz Roja Colombiana	205	205
Arauca	Arauca	Sede de Cruz Roja Colombiana	195	195
Total			6,500	6,500

Challenges

- The supply of drinking water to the population crossing the border was difficult since the initial solution implemented was using water treatment equipment in the zone and distributing water in disposable cups. However, as the zone lacked a water supply point with the necessary pressure required for the use of the

treatment equipment, the modality of distributing water in bags or bottles was selected. The initial distribution method led to people spilling the water.

- Since there was not an access to a running water source, actions in disease prevention and hygiene promotion, with an emphasis on hand-washing, were a challenge.

Lessons Learned

- To guarantee a response adapted to the needs of the population, it is necessary to define in a participatory way the composition of the hygiene kits, according to the different needs of the vulnerable population groups (older adults, pregnant women, children and girls). As part of the knowledge gained, it is recommended to carry out this identification process from an early stage of the intervention.
- During the intervention, the process of identification and purchase of the constituent elements of the kits required long periods of time, which generated a delay in availability for delivery.
- Finally, according to the needs identified during the emergency, it is recommended to adapt the constituent elements of the kits according to culturally accepted criteria by the population. This is particularly true for indigenous communities in situations of extreme vulnerability living in the border municipalities.

Shelter

Needs analysis: Many migrants lack the economic resources to stay in hotels or have contacts in the border zones for lodging. This forced the population to use public spaces such as parks, bus terminals and others as places to sleep. Consequently, there was a need to deliver sleeping kits to the population in transit through the border zone and travelling to the rest of the country.

Population to be assisted: The CRCS reached 2,000 people who did not have access to dignified accommodation with sleeping kits in the departments of Norte de Santander, Guajira, Cesar, Boyacá, Arauca, Vichada and Guainía.

Outcome 7: People with shelter needs have items to protect themselves against different climate conditions.	Outputs		% achieved
	Output 7.1: Basic shelter related non-food items are distributed to people.		249%
Activities	Implementation on time?		% of progress
	Yes	No	
Purchase and distribution of sleeping kits	X		100%
Collective centre management refresher workshop for volunteers	X		249%

Achievements

- Purchase and distribution of sleeping kits

Purchases made for the preparation of sleeping kits, that were distributed in the following manner:

Department	Municipality	Location	Number of clothing kits	People assisted
Norte de Santander	Cucuta	Bus Terminal and Simón Bolívar International Bridge	4,987	4,987
Total			4,987	4,987

Due to requests from national and local authorities, and considering the “Do No Harm” approach, CRCS decided to only provide the following items in the bedding material kit and distribute these kits exclusively in Norte de Santander: 2 blankets and 1 pillow. The kit was modified for transport purposes, with the sleeping mat being replaced by an additional blanket.

Costs were reduced due to the adjustment in the number of items in the sleeping kit, which allowed for the purchase of 2,000 new sleeping kits to be distributed to the most vulnerable migrants.

- Workshop on Temporary Collective Centre Management for volunteers:

A workshop was held on Temporary Collective Centre Management to provide support to and strengthen the skills of volunteers in the Colombia-Venezuela border zone. The workshop was implemented from the 17 to 19 November 2017 in the city of Cucuta, Norte de Santander. This workshop involved the participation of volunteers from the La Guajira, Norte de Santander, Arauca and Vichada branches, as well as volunteers from the Venezuelan Red Cross who were supported with their travel and accommodation costs by the IFRC CCST in Lima. In addition, staff from the agencies that form part of the National Risk Management System, working in a coordinated manner at local and departmental levels to address a range of threats in the local context, also participated. This workshop involved participation from 23 people: six members of the Venezuelan Red Cross, seven members of the Colombian Red Cross, two members of the Colombian Civil Defence Brigade, one staff member from the Ministry for Foreign Affairs, three members of the Police and four members of the National Disaster Risk Management System.

This action was supported by the DIPECHO XI-funded project that was being implemented on the Colombia-Venezuela border. The International Organization for Migration provided printed materials on temporary housing/shelters for distributed to participants in the workshop.

Challenges

- The CRCS national headquarters' administrative processes for purchases during emergency situations require modifications.
- It was necessary to make the distribution processes for sleeping kits more flexible in the bus terminals, taking into account the Humanitarian Assistance and Migrant Population approaches while providing clear guidelines and principles for the volunteers who are responsible for providing this humanitarian assistance. The crosscutting nature of these approaches has the goal of making the process of migrating to the country safer and more humane and recognizes human dignity as a fundamental element of migration. These approaches should be an inherent part of all institutional actions to provide assistance to the migrant population that is located in Colombian territory.

Lessons Learned

- Establish the bedding material kits as standard for migrant care
- Identify strategic providers
- Preposition shelter items in case of emergency.

Nutritional Security

Needs analysis: The people that cross the border zone and travel to the rest of the country spend long periods of time traveling and passing through migration points. Due to this situation, migrants have less time and frequently reduced resources to purchase food items. The CRCS helped them meet this basic need by supplying food rations so that they could continue travelling to their destinations.

Population to be assisted: A total of 6,500 people received food rations at the border to facilitate their transit and ensure basic food needs were met in the departments of de Norte de Santander, Guajira, Cesar, Boyacá, Arauca, Vichada and Guainía.

Outcome 8: The immediate nutritional needs of the population in border areas are met	Outputs		% achieved
		Output 8.1: Distribution of prepared food rations for 6,500 people	
Activities	Implementation on time?		% of progress
	Yes	No	
Beneficiary targeting	X		100%
Deployment of staff and volunteers to prepare hot meals	X		100%

Food and drinks are distributed to beneficiaries	X		153%
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Achievements

- **Registration of beneficiaries**

The Colombian Red Cross Society assisted migrants and returned Colombians in border zones through a registration and migrant characterization system managed by volunteers from different local branches.

- **Deployment of staff and volunteers to distribute food**

The Colombian Red Cross Society deployed more than 50 volunteers for the distribution of food rations to migrants in the border zone.

- **Food and drinks distributed to beneficiaries**

During this operation, the Colombian Red Cross Society distributed 9,938 rations of individual food packages for the migrant population who were traveling to the rest of Colombia, as well as transitory migrants traveling to other countries. In addition, the National Society distributed 7,800 food kits to 5,713 families that had temporarily settled in the city of Cucuta.

Department	Municipality	Location	Number of food rations	People assisted
Norte de Santander	Cucuta	La Parada and the Bus Terminal	7,938	7,938
Arauca	Arauca	Arauca	500	500
La Guajira	Riohacha y Maicao	Paraguachon	1,500	1,500
Total			9,938	9,938

A food kit was prepared that only included non-perishable food items, which minimize the risk of intoxication. The kit consisted of the following items:

Food kit (Snack)	
Personal juice box	1
Packet of cookies	1
Can of sausages	1
Can of tuna	1
Packet of a slice of cake	1
Guava sweet	1

The reason for this decision to only provide non-perishable items was because it could support migrants with their nutritional needs as they travel in the rest of the country.

Challenges

- The main challenge was the decision on types of rations to distribute. It was initially decided to only distribute hot meals. After reviewing this strategy, a food kit of non-perishable items was distributed, which avoided any possibility of intoxication due to unsafe food handling or eating decomposed food caused by the severe climate conditions in the border zone.

Lessons Learned

- Adapt the composition of the feeding kits according to nutritional needs and culturally appropriate elements to the affected population.
- During the intervention, the need to adapt the food kits to the specific diets of the migrant population was identified, as well as identifying the need to include a work strategy at a nutritional level, particularly for children traveling along the border with risks of malnutrition.

Restoring Family Links

Needs analysis: The returning population, as well as the migrant population that had travelled to the border zone, needed to make contact and restore links with family members in Colombia or in other countries. In the majority of cases these people lacked the means or resources to restore these links via telephone calls or internet-based communication (social networks, email, etc.). Similarly, CRCS identified cases in which people needed to seek information about the location of their family members, while other migrants needed to charge and activate their mobile phones to be able to contact their relatives.

Population to be assisted: People that required RFL and family search services in accordance with the established protocols.

Outcome 9: Family links are restored with relatives that beneficiaries have lost contact with.	Outputs		% achieved
	Output 9.1: People receive support to make and maintain contact with relatives.		100%
Activities	Implementation on time?		% of progress
	Yes	No	
Establish a committee for the provision of RFL services	x		100%
RFL refresher workshop to volunteers in coordination with ICRC	x		100%
Production of RFL dissemination materials	x		100%
Reception and forwarding of family messages, and support to engage in telephone communications when possible between families.	x		100%
Support and advice from IFRC Senior Officer migration	x		100%

Achievements

- **Establish a committee for the provision of RFL services**

Contact was made with different organizations for the purpose of exchanging information and restoring contact between migrants requesting the service and their family members. These organizations include: Ministry of Foreign Affairs, Migración Colombia, UNHCR, Interpol, Colombian Family Welfare Institute and other institutions.

Coordination meetings were held with the representatives of these organizations. In addition, Colombian Red Cross Society signed a letter of understanding in October with UNHCR to carry out joint actions in support of the migrant population.

- **Workshop to update RFL knowledge for volunteers in coordination with ICRC**

A workshop to update volunteers about the RFL service was held in the last week of November. This involved the participation of 25 people, including both volunteers and staff members, and was held in Pamplona, Norte de Santander. The workshop was facilitated by staff from the National Office of the Colombian Red Cross Society and helped strengthen protocols for providing the Restoring Family Links service in the border zone. These actions were implemented through close coordination and communication with the ICRC.

- **Production of communication materials to promote the RFL service**

Brochures were designed and printed to provide information about the program and specifically about the Restoring Family Links service. In addition, participants in the workshop received reference materials and the RFL manual as a guide for volunteers working in the field.

- **Receiving and sending messages to family members and providing support for participating in telephone conversations between family members when possible**

Through the Restoring Family Links services, the Colombian Red Cross Society provided migrants and returned Colombians with internet access. This service was used by 9,207 people to check their social networks and contact their loved ones, giving them news about their current situation. Beneficiaries of this service were also supported with the option of making telephone calls to family members in the country. Connected power points were provided so that people could charge their cellular phones, as well as access to traditional services that helped people make contact with family members.

Department	Province	Location	People
Norte de Santander	Cucuta	La Parada and the Bus Terminal	9,078
Guajira	Riohacha and Maicao	Riohacha and Maicao	100
Arauca	Arauca	Arauca	29
Total			9,207

- **Migration support and guidance provided by a staff member from the IFRC**

The IFRC provided support to the operation and engaged in joint monitoring of the situation on the border. The IFRC's Social Inclusion and Migrations Officer made a visit to Norte de Santander to address this topic and make recommendations at an operational level. The staff member also provided support through the facilitation of a Health and Migration workshop that was implemented in Cucuta in Norte de Santander with the participation of 23 people.

Challenges

- People went the Restoring Family Links service points to access Wi-Fi through their phones. However, their cell phones had often run out of charge due to the long journeys and had no other way of charging them, which made it difficult for them to make contact with family members.
- The climate was also a significant challenge. The high temperatures along the border rapidly affected the volunteers that worked in zone and also notably affected the migrants walking across the bridge into Colombia.

Lessons Learned

- Establish strategies for the diffusion of the actions of the institution internally and externally. This strategy can be accompanied by protection actions in rights and routing in order to guarantee a comprehensive approach in responding to the information and protection needs of the population.
- It was identified that the strategy generates marked impacts in the face of reduced costs at the financial level. Finally, it was identified that the actions of Restoring Family Contacts should be strengthened in the departments of La Guajira, Vichada and Arauca following the experience in its implementation in the department of Norte de Santander.

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ANNEX

Informative reports on the operation:

- <http://www.cruzrojacolombiana.org/noticias-y-prensa/presidenta-nacional-dra-judith-carvajal-%C3%A1lvarez-visita-la-seccional-norte-de>
- <http://www.cruzrojacolombiana.org/noticias-y-prensa/cruz-roja-colombiana-brinda-atenci%C3%B3n-poblaci%C3%B3n-migrante-en-la-frontera-colombo-%E2%80%93>
- <https://www.noticiasbarquisimeto.com/2017/11/02/cruz-roja-presta-ayuda-esencial-a-venezolanos-que-emigran-a-colombia/>
- <http://www.litrosqueayudan.com/archivos/1910>
- <http://globovision.com/article/cruz-roja-presta-ayuda-esencial-a-venezolanos-que-emigran-a-colombia>
- <http://www.cruzrojacolombiana.org/noticias-y-prensa/cruz-roja-colombiana-y-ficr-realizan-taller-lecciones-aprendidas-dref-frontera>
- <http://www.cruzrojacolombiana.org/noticias-y-prensa/la-cruz-roja-colombiana-con-apoyo-de-la-ficr-realiza-taller-salud-p%C3%BAblica-y>
- <http://www.cruzrojacolombiana.org/noticias-y-prensa/brindamos-asistencia-humanitaria-y-atenci%C3%B3n-en-salud-comunidad-yukpa-en-su-retorno>

Content of Personal Hygiene Kits

Personal hygiene kit - male		
Item	Quantity	
Hand towel	1	
Toothbrush	1	
Toothpaste 50ml	1	
Bar of soap	1	
Roll of toilet paper	1	
Razor	1	
Backpack	1	

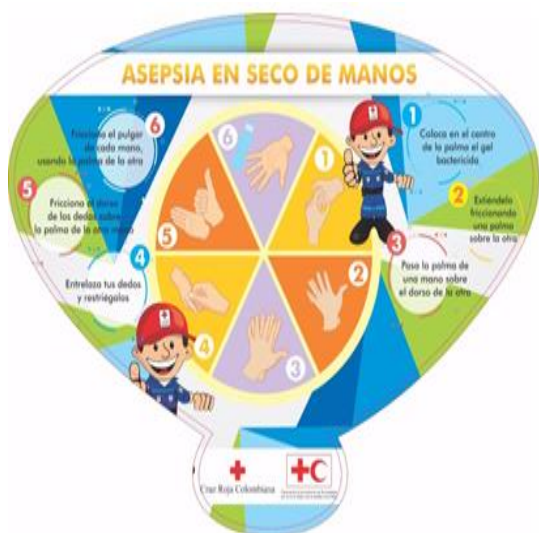
Personal hygiene kit - female		
Item	Quantity	
Hand towel	1	
Toothbrush	1	
Toothpaste 50ml	1	
Bar of soap	1	
Roll of toilet paper	1	
Packet of sanitary napkins	1	
Backpack	1	

Personal hygiene kit - babies		
Item	Quantity	
Nappy rash cream	1	
Hand towel	1	
Wet wipes x 10	1	
Bar of soap	1	
Disposable diapers	2	
Backpack	1	

Personal hygiene kit - children		
Item	Quantity	

Hand towel	1
Toothbrush	1
Toothpaste 50ml	1
Bar of soap	1
Plastic cup 10 oz.	1
Backpack	1

Paper fans with handwashing promotion content



Disaster Response Financial Report

MDRCO013 - Colombia - Population Movement

Timeframe: 31 Jul 17 to 31 Jan 18

Appeal Launch Date: 31 Jul 17

Final Report

Selected Parameters

Reporting Timeframe	2017/7-2018/6	Programme	MDRCO013
Budget Timeframe	2017/7-2018/1	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
A. Budget		297,157				297,157	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		297,157				297,157	
C4. Other Income		297,157				297,157	
C. Total Income = SUM(C1..C4)		297,157				297,157	
D. Total Funding = B + C		297,157				297,157	

* 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. Opening Balance							
C. Income		297,157				297,157	
E. Expenditure		-284,175				-284,175	
F. Closing Balance = (B + C + E)		12,982				12,982	

Disaster Response Financial Report

MDRCO013 - Colombia - Population Movement

Timeframe: 31 Jul 17 to 31 Jan 18

Appeal Launch Date: 31 Jul 17

Final Report

Selected Parameters

Reporting Timeframe	2017/7-2018/6	Programme	MDRCO013
Budget Timeframe	2017/7-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
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	
BUDGET (C)			297,157			297,157		
Relief items, Construction, Supplies								
Clothing & Textiles	49,217		44,192			44,192	5,026	
Food	31,991		31,386			31,386	606	
Seeds & Plants			483			483	-483	
Water, Sanitation & Hygiene	51,186		35,044			35,044	16,142	
Medical & First Aid	22,542		19,891			19,891	2,651	
Teaching Materials	25,691		27,209			27,209	-1,518	
Total Relief items, Construction, Sup	180,627		158,204			158,204	22,423	
Logistics, Transport & Storage								
Distribution & Monitoring	2,953		1,912			1,912	1,041	
Transport & Vehicles Costs	10,828		6,675			6,675	4,153	
Total Logistics, Transport & Storage	13,781		8,587			8,587	5,194	
Personnel								
International Staff	6,890		4,864			4,864	2,026	
National Society Staff	32,012		33,754			33,754	-1,742	
Volunteers	17,262		23,719			23,719	-6,456	
Total Personnel	56,165		62,337			62,337	-6,172	
Workshops & Training								
Workshops & Training	4,430		6,440			6,440	-2,011	
Total Workshops & Training	4,430		6,440			6,440	-2,011	
General Expenditure								
Travel	9,843		10,643			10,643	-800	
Information & Public Relations	9,548		15,135			15,135	-5,587	
Office Costs	2,953		2,867			2,867	87	
Communications	1,280		1,220			1,220	59	
Financial Charges	394		1,397			1,397	-1,004	
Total General Expenditure	24,018		31,262			31,262	-7,244	
Indirect Costs								
Programme & Services Support Recove	18,136		17,344			17,344	792	
Total Indirect Costs	18,136		17,344			17,344	792	
TOTAL EXPENDITURE (D)	297,157		284,175			284,175	12,982	
VARIANCE (C - D)			12,982			12,982		

Disaster Response Financial Report**MDRCO013 - Colombia - Population Movement**

Timeframe: 31 Jul 17 to 31 Jan 18

Appeal Launch Date: 31 Jul 17

Final Report

Selected Parameters

Reporting Timeframe	2017/7-2018/6	Programme	MDRCO013
Budget Timeframe	2017/7-2018/1	Budget	APPROVED
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
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	297,157		297,157	297,157	284,175	12,982	
Subtotal BL2	297,157		297,157	297,157	284,175	12,982	
GRAND TOTAL	297,157		297,157	297,157	284,175	12,982	