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Operations Update

Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal Operation MDRCO014	Operations Update n° 2
Date of issue: 6 September 2018	Timeframe covered by this update: From 8 August to 24 August 2018
Operation start date: 15 March 2018	Operation timeframe: 15 July 2019
Overall operation budget: 4,890,382 Swiss francs (CHF)	DREF amount initially allocated: CHF 328,817
Funding gap: 4,104,251 Swiss francs	Current coverage: 16%
N° of people being assisted: 120,000 people	
Host National Society presence: The Colombian Red Cross Society (CRCS) has broad national presence in the country through 32 departmental branches, reaching more than 200 municipalities (through municipal units and local support groups).	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), German Red Cross, Spanish Red Cross, Norwegian Red Cross and American Red Cross.	
Other partner organizations actively involved in the operation: National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), Migration Colombia, Ministry of Foreign Affairs of Colombia, United Nations High Commissioner for Refugees (UNHCR), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), International Organization for Migration (IOM) and Norwegian Refugee Council.	
<p>In the past month, the numbers of people on the move has dramatically increased with an upsurge of adults and children walking from destination to destination. The Colombian Red Cross Society (CRCS) has faced challenges due to the changing nature of this population flow, which has led to modifying fixed aid units in the border areas to the establishment of mobile aid points along the roads where this population transits.</p> <p>The CRCS is prioritizing healthcare, restoring family contacts (RCF), distribution of individual and family food kits, provision of water, bedding material kits and orientation to the population on the move. Based on the 8 August 2018 revision of this Emergency Appeal, increased funds have been allocated to the health care needs of this population. However, this coverage does not include the provision of basic medication or the ability to respond in other prioritized areas such as water, sanitation and hygiene promotion; livelihoods; protection, gender and inclusion; or National Society development; in addition to the support services required to implement an emergency response of this magnitude.</p> <p>On the part of the Colombian Red Cross Society, the IFRC reiterates its request for further support to this Emergency Appeal. An increase in coverage for this Emergency Appeal will permit the Colombian Red Cross to reach at least 120,000 people with a comprehensive humanitarian response that reflects the current needs of the population on the move.</p>	

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The disaster 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, prompting a six-month extension to the operation. Coverage and resources are increased to 297,157 Swiss francs, and 231,836 people are reached in 2017.

February 2018: The president of Colombia expresses his willingness to receive international support to respond to the migratory situation. The Colombian government's UNGRD requests complementary support from the CRCS in this regard.



Faced with a changing nature of the population in movement, the Colombian Red Cross Society is using mobile aid stations on road for migrant walkers in Norte de Santander. **Source:** CRCS

March 2018: The IFRC launches an [Emergency Appeal](#) for 2.2 million Swiss francs to assist 120,000 people for 12 months.

April 2018: The IFRC issues the [first revision of the Emergency Appeal](#) seeking 2.5 million Swiss Francs to assist 120,000 people, including an increased budget to expand the coverage of the protection and migration activities.

July 2018: [Operations update no. 1](#) issued.

August 2018: Migration mobilization intensifies and humanitarian needs increase, health care and demand become a priority; the IFRC issues a [second revision of the appeal](#) for CHF 4,890,382, which expands the scope of the health activities.

A. SITUATION ANALYSIS

Migration flow through and into Colombia has been steadily increasing over the past three years. Currently, there are **more than 1.1 million people in need in the country, including both migrants and Colombian citizens returning to the country.**¹ As expected, this situation keeps increasing the level of humanitarian needs in the transit zones, temporary settlements and host communities in Colombia, with a special emphasis on the **Colombia- Venezuela** and **Colombia- Ecuador border crossings**. With an estimated 6 million Venezuelan nationals who have migrated, in August 2018 ACNUR- OIM figures indicated that 90 per cent are in nearby South American countries.

The Colombian government implemented a system of Administrative Registration of Venezuelan Migrants in Colombia (RAMV) in 2018, which initially counted more than 442,000 Venezuelan citizens in country; however, as of July 2018, Migration Colombia Department estimated that around 870,000 Venezuelan nationals were in Colombia.

The migratory flow in Colombia continues through regular border routes and irregular crossings; the uncertainty and concern about the migratory flow in Colombia increased in August 2018 since the governments of Ecuador and Peru took measures to control migration such as requiring a passport for entry into the countries, which further complicates the situation in Colombia and increases humanitarian needs. In response, the CRCS, Colombian authorities and other actors have ramped up their provision of services to respond to the growing needs.

The migration situation is affecting other regional countries; in just the first half of 2018, 315,000 people entered Ecuador via the Rumichaca Bridge, which connects the country to Colombia, representing a 36 per cent increase in the number of people leaving Colombia compared to the previous year.

¹ Colombian Ministry of Foreign Affairs, "[Migración Venezolana es un Asunto Regional](#)" 15 June 2018.

There are no official figures on the number of people entering Colombian territory through informal border crossings, and there is great concern, as these crossings pose risks to migrants' safety due to the presence of non-state armed groups and drug trafficking cartels.

In March 2018, authorities began providing permits to facilitate access to basic supplies in the markets in border areas in Colombia; the government has also provided temporary accommodation for people and limited access to certain services such as emergency health and education. In addition, the Colombian government granted 1,600,000 Border Mobilization Cards (TMF) to people entering and departing the country and 170,000 Special Permanent Permits (PEP) to migrants, out of which over 100,000 were issued in 2018 alone.

In cooperation with IOM and UNHCR, the migration authorities carried out a voluntary survey called the Administrative registry of Venezuelan Migrants (RAMV for its acronym in Spanish), from 6 April to 8 June 2018; the survey identified 442,462 people belonging to 253,575 families mainly in the departments of Norte de Santander (18.6 per cent), Guajira (16.92 per cent) and the Bogota Capital District (9.83 per cent). Although the survey does not cover the full range of people on the move, it has been useful for the Colombian authorities' design of future aid policies.

Summary of current response

Overview of Host National Society

During this reporting period, the CRCS, the IFRC and other International Movement components have made noteworthy strides to provide humanitarian services such as basic health care, psychosocial support (PSS), relief distributions, water and restoring family links (RFL), among others. **The continuation of this progress and the achievement of this emergency appeal's objectives are directly dependent upon donor response.** Given the still pressing humanitarian needs in Colombia, particularly at border crossings and on the roads where this population transits, **the IFRC reiterates its request for further support to this emergency appeal, prioritizing the provision of medical care (medicine) and humanitarian assistance.**

The following infographic on humanitarian aid indicates the cumulative actions of the Colombian Red Cross Society in response to the population movement. The services and items distributed reflect actions undertaken with resources from the National Society, this Appeal and other donors.



Overview of Red Cross Red Crescent Movement in country

At the national level, the CRCS leads the Movement's internal coordination structure, which consists of country representatives from the IFRC, International Committee of the Red Cross (ICRC), the Spanish Red Cross, the German Red Cross, the American Red Cross and the Norwegian Red Cross. This coordination is focused on supporting the humanitarian response and ensuring complementary action with the Movement's different partners.

The CRCS continuously coordinates with the IFRC and the ICRC at the regional level and with the ICRC's offices in Colombia and Venezuela, to ensure there is no duplication of activities. In addition, the participating National Societies in the country are providing support to the CRCS, and the National Society has coordinated operational actions with the Colombian government's National Disaster Risk Management System (SNGRD for its acronym in Spanish).

Based on the most recent Movement coordination information, the table below indicates the general activities conducted by different Movement components:

Department	Partner	Municipality	Activities
Arauca	ICRC	Arauca and Arauquita, Saravena	Health, psychosocial support (PSS), RFL, Weapon Contamination Awareness
	IFRC	Arauca	Health, PSS
La Guajira	ICRC	Maicao, Paraguachon	Health, PSS, RFL, Water Distribution
	IFRC	Riohacha and Paraguachon	Health, PSS, Water Distribution, RFL
Nariño	German Red Cross	Ipiales – Rumichaca Bridge	Health
	IFRC	Ipiales – Rumichaca Bridge	Health, Water Distribution, Dissemination of Information
	ICRC	Ipiales – Rumichaca Bridge	RFL
Norte de Santander	German Red Cross	Cúcuta –Simon Bolívar Bridge, Santander	Health, Water Distribution, RFL
	Spanish Red Cross	Cucuta- Communities 6, 7 and 8; Francisco de Paula Bridge	Health, Water, Food, Dissemination of Information
	ICRC	Cucuta	Water, Weapon Contamination Awareness
	IFRC	Cucuta – roads	Health, PSS, Dissemination of Information, Shelter support, Water Distribution
Vichada	ICRC	Puerto Carreño	RFL
Guainía	ICRC	Puerto Inirida	RFL

Overview of non-Red Cross Red Crescent actors in country

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

The government of Colombia has issued [Decree 542 of 21 March 2018](#), which adopts measures for the creation of an administrative registry of migrants in Colombia to develop a comprehensive humanitarian assistance policy.

The CRCS has arranged for the mobilization of the Health Care Units, in coordination with the municipal and departmental risk management councils and the corresponding health secretariats. These entities define the actions and strategies to address the situation at the border in accordance with the National Disaster Risk Management Unit's and the Colombian Ministry of Foreign Affairs' national guidelines. At the national level, the CRCS coordinates these interventions with the Ministry of Health and Social Protection, and as co-leader of the Health Cluster, it ensures that these and other health interventions are aligned with the health organizations present in the intervention zones' work.

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

Needs analysis and scenario planning

Needs analysis

As the population has increased, there has been a corresponding escalation in humanitarian needs. Health services (medicine), access to food, and protection are the main concerns for the agencies involved in response actions.

Health and care

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

Water, sanitation and hygiene

Based on the population on the move in Colombian territory's current situation, needs related to hydration and sanitation were identified at migration points and temporary settlements for vulnerable populations such as children younger than five years of age, senior citizens and pregnant women. Most of this population has limited access to water and often the available water is unsuitable for human consumption due to contamination from excrement and waste; this issue is compounded by the migrants' limited resources to engage in healthy hygiene practices, which increase the risk of waterborne disease transmission.

Moreover, even though transit and host cities have public services for the population to access sanitation, there are limitations on these services due to inadequate funding to maintain them and demand for the services exceeding availability.

Livelihoods

As part of the migration of families who are in search of better opportunities for their family members, many professionals must perform unskilled work to earn an income. Most of these migrants have not applied for permits to legally remain in the host country, they do not have the documents required under migration policies and they are at risk of having to work up to 16 hours a day for the minimum wage with no legal hiring process. Women and children have had to adopt detrimental coping strategies, creating a humanitarian situation in which the most vulnerable people are not accessing basic services; this situation is increasing throughout Colombia. Host families are overburdened by having to take care of family members that have recently arrived, diminishing their possibilities of acquiring adequate employment and increasing risk and insecurity.

The IFRC's Livelihoods Centre study indicated that for the million people who have arrived from Venezuela in the past 16 months, the main challenge is accessing employment and income generation activities. This situation is compounded by the food insecurity faced by 30 per cent of this population. Of the people interviewed, 83 per cent stated that they had a job or engaged in entrepreneurial activity prior to emigrating from Venezuela; in Colombia, the interviews revealed that 68 per cent of this same group was unemployed.

Based on the initial findings, it was found that a cash transfer programme (CTP) would contribute to the current needs of improving access to income, covering basic needs and contributing to sustainable economic security, protection and community and household resilience. According to the study, the intended use of the cash would be for safe and dignified shelter, food, medicine, transportation, clothing, and once the migrants' needs are covered, remittances to family members who did not emigrate.

Food security

The need to provide food support to the migrant population moving through border areas to reach Colombia's interior region has been identified since migrants must travel for long periods of time to migratory points, reducing their ability to acquire food; additionally, a proportion of the migrant population does not have enough resources to acquire food. Cases of minors, pregnant women and adults with signs and symptoms associated with malnutrition have been identified. People living in informal lodging or collective centres have poor or insufficient access to food. According to the IFRC's Livelihoods study conducted in July 2018 in Colombia, close to 30 per cent of the migrant population is food insecure, and pregnant and lactating women, children and vulnerable indigenous groups are the most affected.

Shelter

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

Protection

The Colombian government has made legislative progress and significant changes to address the difficulties that have arisen due to the migratory flow. The cities of Maicao, Cucuta and metropolitan areas such as Arauca, Ipiales, Puerto Carreño and others in the border region have experienced an increase in the irregular migratory population, resulting in a lack of access to regular health services and lack of knowledge and clarity regarding the implementation of comprehensive care and guidance mechanisms, which hinders migrants' access to basic rights; moreover, lack of information has led to insecurity being associated with the arrival of migrants, which has led to the stigmatization of the migrant population and xenophobic acts committed against them.

Another important point is the presence of unaccompanied minors, who have been identified at collective centres and seen engaging in informal trade in border areas, in Colombian territory. A situation that has significantly affected minors is when they are forced to wait for long periods of time in difficult weather conditions when first entering Colombia. Furthermore, it must be considered that different armed actors have been active in certain border regions in Colombia, which produces difficulties in terms of security and protection for CRCS staff and the migrant population because they create a situation in which the migrant population can be the object of forced recruitment, human trafficking or other types of criminal acts.

Restoring Family Links

The population that arrives in Colombia often needs to inform their family members in and outside the country that they have arrived and to request assistance. By the time they arrive in Colombia, migrants' mobile telephones are usually not charged, and they do not have a local line or required credit to use roaming services; other times, they do not have the technical or financial means to communicate with their loved ones. Given their need for cash, migrants often sell their mobile telephones and thus lose contact with their support networks. RFL activities are needed to support these contacts and contribute to the protection of migrants' safety and the prevention of disappearances along the migratory route. For this operation, RFL includes access to telephone calls, Wi-Fi hotspots and electricity to charge mobile phones.

Gender

According to official figures, over half of the registered population is adult male, 49.6 per cent of the registered migrant people are women, and 333 people identified themselves as transsexual. While a percentage of the latter is currently available, the CRCS is including this category in its actions to ensure that it correctly reports on the profile of the population on the move. Members of lesbian, gay, bisexual, transgender/transsexual (LGBTB+)² community are subject to stigma, and xenophobia; consequently, the CRCS planning on ensuring its actions to address the needs of this population.

Nearly one quarter of the registered migrant population are children under the age of 18. Field reports indicate an increasing number of women and children exposed to sexual violence. Health centres have increasingly reported the presence of pregnant women that require medical controls and improvements in their nutrition.

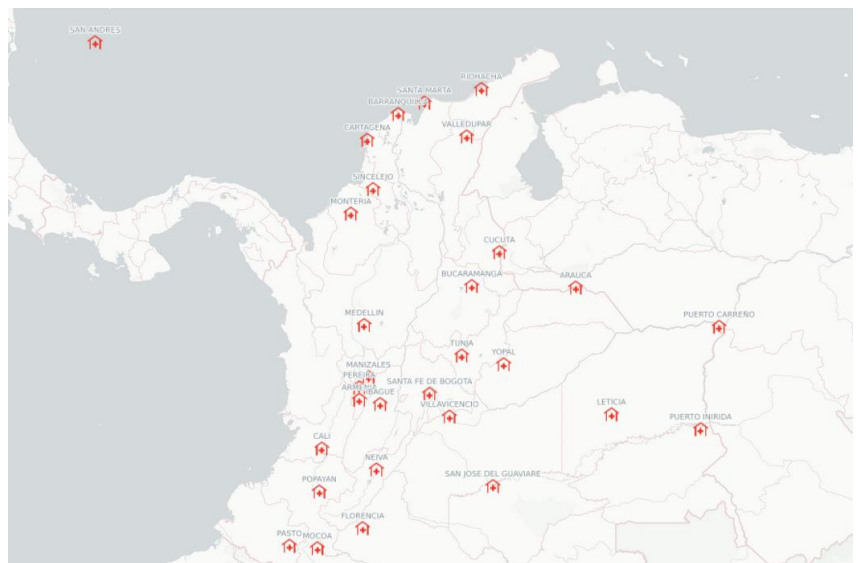
Migration

The migrant population that arrives to the Colombian territory is generally not aware of their legal status or their rights in Colombia. The lack of knowledge of basic information in terms of rights or their context makes the migratory population vulnerable to mistreatment or fraud, as the lack of clear and truthful information can lead migrants to make rash decisions. Furthermore, this lack of knowledge results in the migrant population seeking assistance from the wrong public agencies, which means that they do not receive proper guidance.

Targeting

As the operation is based on the proposed operational strategy, the plan is to provide humanitarian assistance to 120,000 vulnerable migrants in the border departments of Arauca, Boyacá, Cesar, La Guajira, Guainía, Norte de Santander, Nariño and Vichada. Due to the characteristics of the migratory flow and its movements, attention is being provided at Red Cross assistance centres in accordance with the target population's needs and requirements.

The intervention strategy and assistance actions are based on the dignified and safe



The Colombian Red Cross Society has 32 branches throughout the country, as detailed in the above map. Source: CRCS.

² The + sign is meant to be inclusive of other groups such as intersex, asexual and questioning, among others.

treatment of this population during every stage of their migratory cycle regardless of their legal status and in compliance with the International Red Cross and Red Crescent Movement’s Fundamental Principles. One of the key aspects of the most recent revision was an increase in the target of people reached through basic healthcare in some of the most affected departments such as La Guajira. Specific targets, as per this emergency appeal’s Areas of Focus in, are described in each corresponding section of the operational strategy.

Scenario planning

Since the migratory flow into Colombia has been steadily increasing, there is a greater demand for essential goods and services (healthcare, housing, employment) from the migrant population, especially in transit cities in departments located in the border zone. This situation could escalate and require greater humanitarian assistance for transiting migrants, returnees and people seeking permanent residence. For its part, the government has been attempting to address these needs, and in recent months, some humanitarian organizations have provided in-kind support; however, these efforts notwithstanding, there are still humanitarian gaps to address.

Operation Risk Assessment

In the border region, a complex migration situation persists, where despite the government’s passage of restrictive measures to decrease the migratory flow, it has conversely increased because the migrants use irregular routes through the to traverse Colombia’s seven border departments. border zone, which are not monitored by authorities in Colombia’s seven border departments. In addition to this difficult situation, at some points along the border and particularly in the departments of La Guajira, Cesar, Norte de Santander, Boyacá, Arauca and Vichada, there is a strong presence of armed groups and smuggling rings that pose a risk to migrants and host communities.

To date, no security incidents involving the Red Cross operation have been reported; however, the CRCS operations may be exposed at any given time to public order disturbances in border regions resulting from armed groups and other situations of violence. Therefore, it is necessary to apply Safer Access essential elements (contextual analysis, risks, institutional policies and legal framework, acceptance of the CRCS’s work, institutional identification and visibility, internal and external communication and coordination) and CRCS Security Manual for Operational Risk Management procedures to all humanitarian actions undertaken in border regions.

The operation’s limited funding could adversely affect the CRCS’s ability to attend to migrants, especially the implementation of health activities.

B. OPERATIONAL STRATEGY


Proposed strategy

Overall Operational 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, Atlántico, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca and Vichada.

A more detailed version of the IFRC’s operational strategy is available in the latest revision of the [Emergency Appeal](#).

C. DETAILED OPERATIONAL PLAN

 Shelter People reached by the CRCS: 3,974 people		
Outcome 1: The migrant population strengthens their safety and well-being related to their shelter needs in the short and medium-term.		
Indicators:	Target	Actual
Number of people that benefit from bedding material kits.	15,000	247
Output 1.1: 15,000 migrants receive assistance to cover their basic and short-term shelter needs.		
Indicators:	Target	Actual

Number of bedding material kits that are distributed.	15,000	247
Number of volunteers trained in collective centre management with an emphasis on providing assistance to migrants.	To Be Defined (TBD)	No Data Available (NDA)
Output 1.2: Potential medium and long-term shelter support strategies are determined		
Indicators:	Target	Actual
# of sectorial evaluations carried out in the departments where the intervention takes place	TBD	NDA
# of volunteers that receive training in management and coordination of temporary collective centres.	TBD	NDA
# of monthly monitoring reports produced	16	1
Progress towards outcomes		
<p>With the support of the IFRC's Regional Logistics Unit (RLU), the CRCS purchased 9,000 bedding material kits, which are being transported to the departments where affected CRCS branches and care posts for migrants are located. During the reporting period, the CRCS distributed bedding material kits to 247 people in Arauca.</p> <p>With support from the Ministry of Foreign Affairs, the CRCS's shelter programme works in the temporary collective centres for people in transit, waiting for bus tickets or who have come to visit a patient in the hospital. In addition to lodging, personal hygiene kits and meals are provided to migrants. While this programme continues, the operation will support those special cases that do not fulfil identification or ticket requirements.</p> <p>Personal hygiene kits, further detailed in the Water, Sanitation and Hygiene Promotion section below, and meals were provided in collective centres in three of the four target departments.</p>		



Livelihoods and basic needs

People reached by the CRCS: 1,539 people

Outcome 2: Migrant population have access to essential food assistance and restore and strengthen their livelihoods		
Indicators:	Target	Actual
# of people reached with essential food assistance and improved livelihoods opportunities	20,150	1,539
Output 2.1: Distribution of 20,000 non-perishable food rations to migrants in transit.		
Indicators:	Target	Actual
# of non-perishable food rations provided in a timely and opportune manner.	20,000	1,539
Output 2.2: Increased knowledge on the situation of migrant families that settle in Colombian territory and the enabling environment that allows them to restore and strengthen their livelihoods		
Indicators:	Target	Actual
The CRCS shares the feasibility study with migration working groups in country to increase awareness and advocacy efforts	TBD	Not planned for this period
Output 2.3: Livelihoods and Basic Needs of migrant people and vulnerable host communities are addressed through pilot projects using cash transfer		
Indicators:	Target	Actual
# Number of people who receive cash transfer assistance	150	NDA
Progress towards outcomes		
<p>As mentioned in the "Needs Assessment" section above, the IFRC Livelihoods Centre's study on current needs is being used by the CRCS to plan for future actions in livelihoods. The plan to issue a debit card to prioritized groups of the population on the move has not progressed due to insufficient funding. For this reason, the IFRC is requesting new donations to this Emergency Appeal operation to support livelihoods actions with the population on the move.</p>		

With the IFRC's RLU, the CRCS purchased 6,000 individual food kits, non-perishable food rations, which are being transported to the departments where affected CRCS branches and care for migrants are located. With CRCS resources, **1,539 people have been reached, which includes the distribution of snacks for travel and the delivery of food items to families.** Cumulative figures are not yet available for all the target departments.

The CRCS has provided food aid at different border crossings and in transit locations. From May to June 2018, the CRCS distributed 600 family food kits to people on the move in Norte de Santander department.



Health

People reached by the CRCS: 14,317 people

Outcome 4: The negative impact on the health of affected migrant populations is reduced.

Indicators:	Target	Actual
# of people reached with health services	88,920	14,317
Output 4.1: At least 46,080 migrants receive timely medical care and first aid		
Indicators:	Target	Actual
# of people served through basic health programmes, (disaggregated by sex and age.)	42,840	14,317
Output 4.2: 46,080 migrants provided primary level health care in CRCS HPIs		
Indicators:	Target	Actual
# of medical consults provided through CRC HPIs (disaggregated by sex and age.)	46,080	NDA
Output 4.3: Needs-based first aid, disease prevention and health promotion measures are provided to the migrant population.		
Indicators:	Target	Actual
# of people reached by activities at the community level (disaggregated by sex and age.)	TBD	NDA
Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population		
Indicators:	Target	Actual
# of people who receive psychosocial services to promote mental health	TBD	NDA
Output 4.5: Children and pregnant mothers have access to nutritional supplements for the care of HCUs		
Indicators:	Target	Actual
# of children receiving nutritional supplements.	TBD	NDA
# of pregnant women receiving nutritional supplements	TBD	NDA
Output 4.6: Management of basic health care and services for the migrant population		
Indicators:	Target	Actual
# of epidemiological reports generated	TBD	NDA
# of financial and operating reports generated	TBD	NDA
# of monitoring missions carried out	TBD	NDA
Progress towards outcomes		

The CRCS has mobilized its volunteers and staff specialized in health to the four prioritized geographic areas. The CRCS's sectorial strategy has aimed to boost existing local health capacities through the provision of medicine, equipment, personnel and the establishment of mobile facilities for first aid and pre-hospital care. The Spanish Red Cross with funding from the Spanish Agency for International Development (AECID for its acronym in Spanish) and the German Red Cross European Civil Protection and Humanitarian Aid Operations (ECHO) funding and the through this emergency appeal have supported the CRCS's implementation of the health activities.

The CRCS established mobile and static health units staffed by professionals in medicine, nursing and psychology to conduct health promotion and prevention, activities and complementing actions in the areas of food security and water, sanitation and hygiene promotion. The CRCS has hired doctors, nurses, nursing technicians, first-aid kits, and psychologists to provide permanent care, and it has purchased medicines, equipment, and medical supplies for the care of the health posts and first aid of the Red Cross. The CRCS has also transferred patients to other health centres as required. However, **this Emergency Appeal operation continues to have a deficit in the required funds needed for the distribution of basic medication in the CRCS mobile and static health units.**

By the end of this reporting period, **14,317 people have been reached with first aid and pre-hospital care actions**, as detailed in the following table:

Department	March	April	May	June	July	August	Totals (department)
Arauca					59	59	118
Guajira		617	1,167		1,206	544	3,534
Nariño			160	224	0	15	399
Norte de Santander	992	882	913	826	5,357	1,296	10,266
Totals (monthly)	992	1,499	2,240	1,050	6,622	1,914	14,317

As part of the comprehensive health care it is providing, the CRCS offers psychosocial support to adults and children on the move. This PSS is done from the mobile and static health units. All of the people who require attention are given individual support for one-time sessions as the population aims to continue their journey. Despite the inability to provide follow-up, the CRCS is providing a contention space and strengthening individual resilience of the people on the move who solicit psychosocial support.

Additionally, the CRCS is using the general and non-identifiable information gathered in these mobile and static health units to further identify the changing nature of humanitarian needs of the population on the move.



Water, sanitation and hygiene

People reached by the CRCS with mixed funding: 101,055 people

Male and Female: Not yet sex disaggregated

Outcomes 5: Reduction in risk of waterborne and water-related diseases in the migrant population.

Indicators:	Target	Actual
# of people that have access to safe water and minimum conditions for basic sanitation and hygiene	20,000	101,055
Output 5.1: Oral rehydration posts for at least 20,000 migrants are established		
Indicators:	Target	Actual
# of hydration points established.	ND	NDA
# of litres of water distributed.	ND	NDA
Output 5.2: Promote hygiene among the population in informal settlement areas		
Indicators:	Target	Actual
# of personal hygiene kits provided.	20,000	247
# of people that are aware of best practices related to the topic of safe drinking water and/or and hygiene.	TBD	NDA

Progress towards outcomes

The CRCS's activities have focused on the distribution of water to people at border points, mobile and static health units and meeting points. **The National Society reports 101,055 people reached through the distribution of water:**

Department	March	April	May	June	July	August	Total by department
Guajira		9,280	9,600		3,339	2,611	24,830
Nariño			1,000		0		1,000
Norte de Santander	16,736	13,676	3,904	21,144	15,975	3,790	75,225
Totals by month	16,736	22,956	14,504	21,144	19,314	6,401	101,055

With the support of the IFRC's RLU, the CRCS purchased 6,000 hygiene kits. Currently, the CRCS has distributed hygiene kits to 247 people in Arauca. The distribution of kits will continue.



Protection, Gender and Inclusion

People reached by the CRCS: Not reported as such

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.

Indicators:	Target	Actual
# of people that receive assistance through a differential approach focused on protecting their lives.	120,000	NDA
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.		
Indicators:	Target	Actual
# of children attended to in child-friendly spaces at the migrant assistance posts	TBD	NDA
Output 6.2 Awareness and raising and actions to prevent violence, stigma and discrimination against migrants are promoted in migrant transit and destination communities.		
Indicators:	Target	Actual
# of people reached through messages on violence, stigma and discrimination during the emergency appeal's timeframe	120,000	NDA

Progress towards outcomes

The area of protection, gender and inclusion (PGI) is integral to the CRCS's approach with the population on the move. During this reporting period, the CRCS has supported child-friendly spaces at some of its migrant assistant points; however, the information regarding numbers of children reached, as well as the content of the support was not available at the time of reporting. The CRCS is installing safe spaces to provide greater attention to the migrant population in situations of vulnerability. These safe spaces will enable the National Society to better attend to the differential needs of this population while ensuring their safety.

CRCS mobile and static health clinics are providing information on gender-based violence to migrants and information that focuses on their sexual and reproductive health.

The IFRC Livelihoods Centre's livelihoods study has a protection focus that identifies typical high-risk survival strategies for the populations on the move: sex work, child exploitation, small-scale drug dealing, sale of their productive goods, of psychoactive drugs and dropping out of school. This study also provided ideas regarding potential actions to be done to transform these high-risk strategies into constructive strategies.

The initial prioritization of groups to be reached with livelihoods support suggest that the PGI will be an integral component of livelihoods actions. According to this study, these groups are people in irregular migratory situations; women (breast-feeding, pregnant, engaged in sex work and/or vulnerable to human trafficking); boys, girls and adolescents; LGBTI+ people, returning Colombian citizens ;and indigenous Wayuu, Yukpa and Barí persons. As mentioned, **without a substantial increase in coverage to this Emergency Appeal, the extremely needed gender, protection and inclusion actions planned within this operation will not be possible.**



Migration

People reached by the CRCS: 7,732 people

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

Indicators:	Target	Actual
# of migrants attended to by the mobile assistance units and the network of CRCS local branches.	120,000	387

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

Indicators:	Target	Actual
# of integrated assistance points for the migrant population staffed by volunteers during the action.	TBD	NDA

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.

Indicators:	Target	Actual
# of people that access RFL services to re-establish and maintain contact with their family members.	TBD	7,732

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.

Indicators:	Target	Actual
# of people that receive information about their rights at the assistance posts.	TBD	387
# of people that access a service at the assistance posts.	TBD	NDA
# of universal serial buses (USBs) and/or folders provided to people.	TBD	Not planned for this period

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.

Indicators:	Target	Actual
# of people that use the Virtual Volunteer mobile tool.	TBD	In process

Progress towards outcomes

The CRCS has reached the following number of people through actions in restoring family links, such as phone calls to friends and family, the provision of internet services or the supply of electricity to charge portable electronic devices:

Department	People reached
Guajira	245
Norte de Santander	7,487
Total	7,732

The CRCS's RFL services facilitated contact with migrants' family members. **The total of 7,732 people has been adjusted to reflect the current figures starting in March 2018.** In the previous report, the scope and actions of RLF included figures from 2017. The IFRC and the CRCS are working on standardized information brochures about staying safe during the migratory journey and other pertinent migration-related information.

The CRCs is adapting the Virtual Volunteer mobile application to the context of Colombia. The IFRC communication team in Geneva and Panama has been providing support and accompaniment to this process. Data feeding and pilot testing will take place in the coming months, for which the IFRC's and the CRCS will mobilize equipment and their support staff .

A total of 387 people (Norte de Santander: 358 and Arauca: 29 people) received support from the CRCS on their travel arrangements in the form of tickets or the provision of travel items.

The Colombian Red Cross is engaged in the implementation of its humanitarian response in an increasingly complex scenario. While the indicators directly reporting against the Strategies for Implementation (SFI): Strengthen National Society; International Disaster Response; Influence others as leading strategic partner; and Effective, credible and accountable IFRC are not reported on this operations update, the National Society has been working to achieving some of these outcomes.

The IFRC has been providing support to the National Society teams in its areas of Disasters, Communication, Health, Finance, Resource Mobilization, Information Management and Logistics, among others, from the IFRC offices in Bogota, Lima and Panama.

In the framework of the coordination with other international actors, the Disaster Management Coordinator for South America—now serving as Operations Manager—and the IFRC country office in Bogota have met and coordinated with UN system agencies, the Country's Humanitarian Network, non-governmental organizations, among others. The CRCS coordinates with the National Unit for Disaster Risk Management, Colombian Ministry of Foreign Affairs, Ministry of Health and other State institutions.

Contact information

Reference documents

Click here for:

- [Revised Appeal, which includes the Appeal Budget](#)

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

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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**.