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Six-month Report

Colombia: Population Movement



Emergency Appeal Operation: MDRCO014	Date of issue: 31 January 2019
Operation timeframe: 15 March 2018 to 30 July 2019	Timeframe covered by this report: 15 March to 31 October 2018
Overall operation budget: 4,890,382 Swiss francs	DREF amount initially allocated: CHF 328,817
Current funding gap: CHF 1,396,855	Current donor response
N° of people to be 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), American Red Cross, German Red Cross and Spanish 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), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), International Organization for Migration (IOM) and Norwegian Refugee Council, as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows.	
<p>Since the start of this operation, the number of people on the move has continued to increase. The Colombian Red Cross Society (CRCS) has faced challenges due to the rapidly changing nature of this population flow, which has led to modifying the fixed health attention units in the border areas to mobile units along the roads where population transit.</p> <p>This Emergency Appeal, led by the CRCS with the support of the IFRC, implements actions in the areas of focus (AOFs) of shelter; livelihoods and basic needs; health; water, sanitation and hygiene promotion; protection, gender and inclusion; and migration. Within these areas, the National Society currently provides healthcare, restoring family links (RFL) services, distribution of individual food kits, provision of water, bedding material kits and orientation to the population on the move.</p> <p>During the first six months of this Emergency Appeal, the National Society, has implemented a comprehensive humanitarian operation with an emphasis on health care, including psychosocial (PSS) services. Two fixed Health Care Units (HCU) were equipped in Arauca (Arauca) and Riohacha (La Guajira), reaching 6,644 people between 1 August and 31 October. Bedding material kits (900 units) and food rations (6,000 rations) were distributed. Similarly, as many as 1,788 people were able to restore and maintain contact with their family members. The CRCS and IFRC will continue to implement efficient and effective actions, seeking coordination with other operational actors, to respond to the evolving</p>	

humanitarian needs of the migrant population. The CRCS also receives additional assistance from the German Red Cross, Spanish Red Cross and ICRC for its migration strategy.

The CRCS and IFRC appreciate the donor response to date. However, the current coverage of this Emergency Appeal remains insufficient to provide all the basic medication in the Health area of focus, implement actions in other AOFs, contribute to National Society development and ensure the required support services. **IFRC kindly requests further contributions to this Emergency Appeal to permit the Colombian Red Cross Society to reach its objective of providing at least 120,000 people with comprehensive humanitarian aid.**

<Click [here](#) for Contacts. Click [here](#) for the Financial Report.>

A. SITUATION ANALYSIS

July 2017: The migratory flow increases significantly across the Colombia – Venezuela border. The DREF operation Colombia: Population Movement (MDRCO013) is launched with a 236,295 Swiss francs budget.

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 with 231,836 people reached in 2017. The [final report](#) is published in 2018.

February 2018: The Colombian government expresses its willingness to receive international support, with the State's National Unit for Disaster Risk Management (UNGRD) requesting complementary support from the CRCS.

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



Mobile Health Care Unit in Riohacha, La Guajira. October 2018. IFRC/CRCS. IFRC/CRCS.

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 coverage of the protection and migration activities.

July 2018: [Operations update n°1](#) issued.

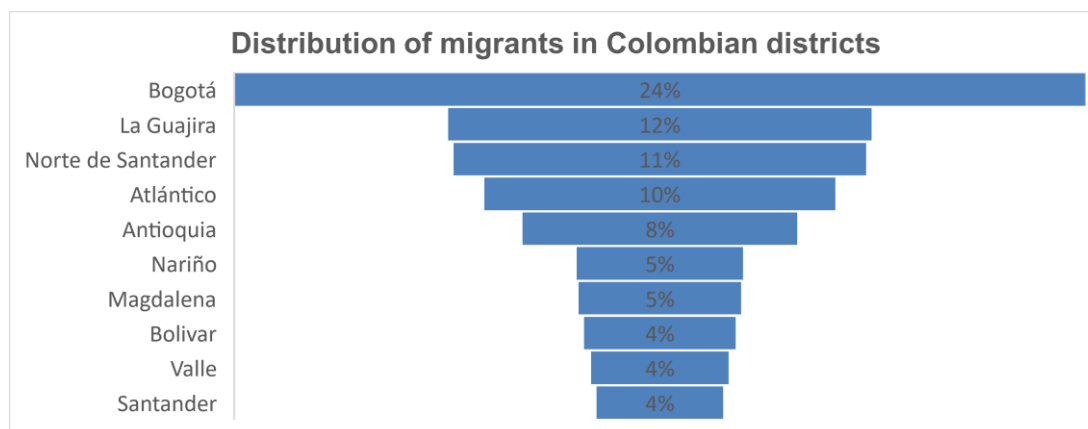
August 2018: The numbers of people migrating and in movement intensifies, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Appeal](#) for 4,890,382 Swiss francs to expand the scope of the health activities.

September 2018: [Operations update n°2](#) issued.

Description of the disaster

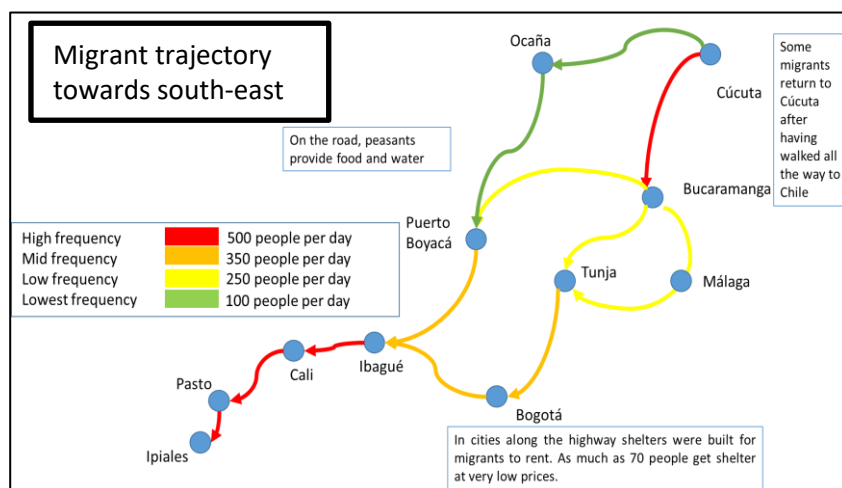
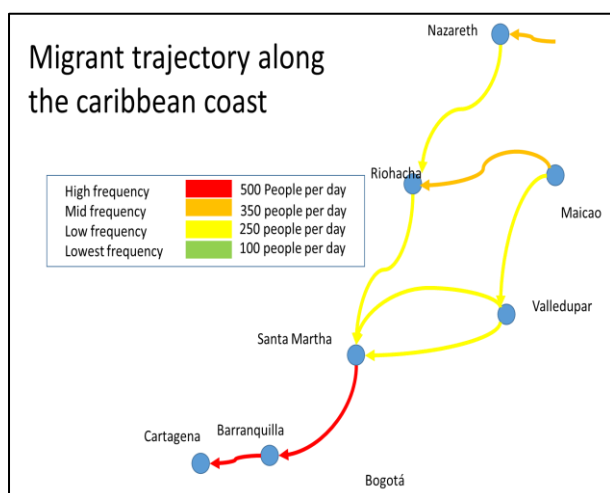
Since 2015, Colombia has registered an increased flow of Venezuelan nationals settling and passing through Colombia. According to the United Nations High Commissioner for Refugees (UNHCR), as of September 2018 over 2.64 million Venezuelans (approximately 7 per cent of the total population) left their country. Of these, 1.9 million emigrated after 2015.¹

Migración Colombia, the State agency responsible for public policy regarding migrant population, reports that as of 30 September 2018, 1,032,016 Venezuelan citizens had entered Colombia.² The graphic below indicates the top ten districts where the migrant population has settled in Colombia.



Source: *Migración Colombia*

The two illustrations below show the direction and frequency of population flows in Colombia and the convergence of migrants in state capital cities (i.e. Cartagena) and border cities (i.e. Ipiales). It is estimated that approximately 425,000 Venezuelans living in Colombia have entered the country without the required documentation, which decreases their prospects of obtaining access to formal employment, basic healthcare and education services.³ In addition, *Migración Colombia* reported that as of August 2018, around 593,000 Venezuelan nationals have crossed Colombia and passed into Ecuador, in direction of Peru and Chile.⁴



Source: *Migración Colombia*, September 2018. Elaborated by CRCS-IFRC.

¹ Regional Inter-Agency Coord. Platform for Refugees and Migrants from Venezuela (September 2018). [Situational update no. 1.](#)

² *Migración Colombia*. (16 October, 2018). [Todo lo que quiere saber sobre la migración venezolana.](#)

³ *El Colombiano* (4 October 2018) [425 mil venezolanos en Colombia trabajan en la informalidad.](#)

⁴ *Migración Colombia* (September 2018).

The first recipient country for Venezuelan nationals is Colombia, while Peru has received the highest number of asylum requests. As of September 2018, Colombia had received more than the number of migrants received by the next five receptor countries combined.

In 2017, the Ministry of Foreign Relations and the International Organization for Migration conducted a survey to create a profile of the growing population of Venezuelan migrants. At that time, only 5 per cent of migrants surveyed acknowledged their intention to stay in Colombia.⁵ The initial response reaction of the Colombian government to the migration situation was to implement the Border Mobility Card (TMF for its acronym in Spanish: Tarjeta de Mobilisacion Fronteriza), enabling entry without a passport and a seven-day stay, and to create two new official border-crossing points. One year later, the Special Residence Permit (PEP for its acronym in Spanish: Permiso Especial de Permanencia) was issued for Venezuelans who had entered Colombia through legal channels and indicated willingness to stay. The government of Colombia 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. As a result, in April 2018, the Colombian government carried out a second survey, the Administrative Record of Venezuelan Citizens (RAMV for its acronym in Spanish: Registro Administrativo de Migrantes Venezolanos), to further understand the location of the migrant population. Out of the 442,462 Venezuelans registered in the RAMV, 47,000 received the special two-year PEP permit to live in Colombia.⁶

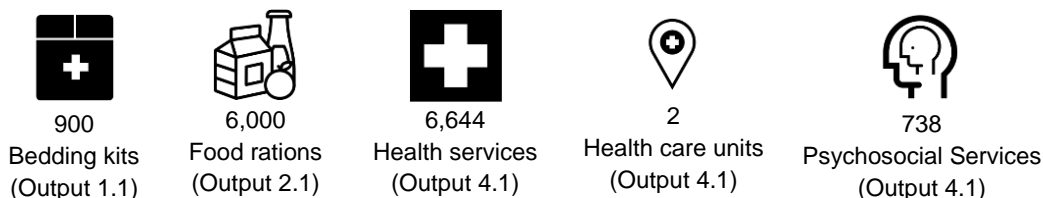
The increasing flow of Venezuelan migrants triggered the end of the TMF in February 2018, which had been granted to 1,620,494 people.⁷ The recently installed Colombian government, in office since August 2018, confirmed that the government's four-year development plan issued in November 2018 will include a chapter on actions to assist the migrant population. In his visit to border countries to Venezuela in October 2018, the UN High Commissioner for Refugees praised Colombia's humanitarian response and he estimated that by 2021, the number of Venezuelan migrants could rise to 4 million.

Summary of current response

Overview of Host National Society

Since the start of the population movement from neighbouring Venezuela in 2015, the Colombian Red Cross consistently has provided humanitarian support to those in need in Arauca (Arauca), Cucuta (Norte de Santander), Maicao (La Guajira) and Ipiales (Nariño). With the start of this operation in March 2018, the Colombian Red Cross Society, with IFRC support, has provided health care services; psychosocial support (PSS); relief distributions of bedding material, hygiene kits, food kits; water distribution, restoring family links; and providing child-friendly spaces to migrants, especially walking and pendular migrants.

The CRCS established a new organizational structure to implement the actions of this Emergency Appeal, as well as other humanitarian and development operations, in a more timely and efficient manner. The graphics below provides the highlights of the cumulative actions of the CRCS, with resource and funding from this Emergency Appeal, in response to the population movement through 31 October 2018.



⁵ El Espectador, (5 July 2017). [Radiografía situación venezolana en Colombia](#)

⁶ UNHCR (2018) [UNHCR Colombia y el Registro de Venezolanos](#).

⁷ Migración Colombia (September 2018) [Colombia & Venezuela: más que 2,200 kilómetros de frontera](#).



1,788
RFL services
(Output 7.2)



2
Child-friendly
spaces
(Output 6.1)



6,000
Hygiene kits
(Output 5.2)



2 water treatment
points
providing 300
litres of water per day
(Outcome 5.1)

Overview of Red Cross Red Crescent Movement in country

At the national level, the CRCS leads the Movement's internal coordination structure, which consist of the representatives from the IFRC, International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross, Norwegian Red Cross and Spanish Red Cross. This coordination is focused on supporting the humanitarian response and ensuring complementary action between the Movement's different partners. The CRCS convenes a bi-weekly Movement coordination meeting specifically on migration activities.

Through IFRC and ICRC staff in Colombia, the CRCS coordinates with the IFRC and the ICRC at the regional level and with the IFRC's and ICRC's offices in Venezuela, to avoid duplication of activities. In addition, the Participating National Societies in the country are providing support to the CRCS. The following table summarizes the activities of each Movement component as contributions to the CRCS's migration strategy:

Department	Component	Municipality	Sector	Activities
Arauca	ICRC	Arauca, Arauquita and Saravena	Health Psychosocial support Restoring Family Links (RFL) Weapon Contamination Awareness	<ul style="list-style-type: none"> Mobile Health Care Unit (HCU) in Saravena Provision of Wi-Fi and electricity
	IFRC/ CRCS	Arauca, Saravena and Tame	Health Psychosocial support Water, sanitation and hygiene	<ul style="list-style-type: none"> Mobile HCU in Arauca Sexual and reproductive health workshops Hygiene and water sanitation workshops Water provision point RFL Psychosocial support
La Guajira	ICRC	Maicao: Paraguachón - Corregimiento la Raya	Health Psychosocial support Restoring Family Links	<ul style="list-style-type: none"> Fixed HCU in Paraguachon Fixed HCU in Maicao First aid services in Maicao RFL
	IFRC/ CRCS	Riohacha and Paraguachon	Health Livelihoods & basic needs	<ul style="list-style-type: none"> Mobile HCU in Riohacha Psychosocial support Community psychosocial support Water provision point Personal hygiene kits Personal food rations RFL
Nariño	IFRC/ CRCS	Ipiales	Health Livelihoods & basic needs	<ul style="list-style-type: none"> Personal hygiene kits Personal food rations Water provision point
	German Red Cross/ CRCS	Ipiales – Puente de Rumichaca	Health Shelter Livelihoods & basic needs	<ul style="list-style-type: none"> Fixed HCU Bedding material kits Personal food rations

			Water, sanitation and hygiene	<ul style="list-style-type: none"> Sexual and reproductive health workshops Community psychosocial support Water provision points
Norte de Santander	German Red Cross/ CRCS	Villa de Rosario (La Parada) Puente Internacional Simón Bolívar, Santander Pamplona, Tibú, Ocaña, among others	Health Migration Water, sanitation and hygiene	<ul style="list-style-type: none"> Fixed HCU in Puente La Parada Fixed HCU in Las Margaritas First aid in Pamplona Water provision in La Parada, Pamplona RFL Personal food rations Bedding material kits
	Spanish Red Cross/ CRCS	Cúcuta: Communes 6, 7 y 8 Scalabrinnis, Crispin, Guadalupe, among others. Puente Internacional Francisco de Paula Santander	Health Water, sanitation and hygiene Livelihoods and basic needs	<ul style="list-style-type: none"> Mobile HCU by the Escobal Francisco bridge in Paula Santander and Communes 6, 7 and 8. Personal food rations Personal hygiene kits (5 litre containers, 2 per family) Nutritional supplements for children
	IFRC (Monarch Butterfly project)/ CRCS	Los Patios – walking migrants	Health Water, sanitation and hygiene Migration	<ul style="list-style-type: none"> RFL Psychosocial support Personal food rations Personal hygiene kits
Guainía	German Red Cross/ CRCS	Inírida: Maviso río Atabapo, Coayre río Guanía, Casablanca Casco Urbano Cominudades Jardín - Poblado - Paujil	Health	<ul style="list-style-type: none"> Mobile HCU Hygiene promotion
Santander	German Red Cross/ CRCS	Bucaramanga Piedecuesta Barrancabermeja	Health Livelihoods Water, sanitation and hygiene	<ul style="list-style-type: none"> Mobile HCU Personal food rations Personal hygiene kits
Vichada	German Red Cross/ CRCS	Casuarito La Hormiga	Health	<ul style="list-style-type: none"> Mobile HCU

The IFRC through its Country Cluster Support Team (CCST) in Lima and the Americas Regional Office (ARO) has supported this operation from its start:

- The Disaster Risk Management Coordinator for South America worked closely with the National Society for the prior DREF operation and to launch this Emergency Appeal. He has conducted 4 missions to Colombia related to this operation.
- The IFRC regional coordinator for planning, monitoring, evaluation and reporting (PMER) and the IM senior officer, deployed from the ARO, co-facilitated an Information Management and Monitoring Workshop from 26 to 28 September, for over 20 participants from CRCS branches.
- A Regional Intervention Team (RIT) member specialized in community engagement and accountability (CEA) and the IFRC regional communication manager were deployed in May 2018 to design a CEA strategy to: i) facilitate access to and promote the active search for information among migrants, ii) facilitate two-way communication with the migrant population in the host country and iii) disseminate a campaign aimed at the

host community to mitigate discrimination and promote tolerance of the migrant population. They also developed the strategy to adapt the Virtual Volunteer application to the Colombian context.

- Two RIT members were deployed in the second semester of 2018 to assist the operations manager in the financial and logistical operation of the project. Their work was fundamental to update the financial procedures of the CRCS and standardize the financial procedures between CRCS and IFRC.
- Similarly, permanent project assistance was offered by Americas Regional Office, whose regional director conducted three missions to Colombia. The head of CCST also conducted three missions.

The actions of this operation have been coordinated with IFRC programmatic actions in Colombia, as well as neighbouring countries. The IFRC, with the respective National Societies of the region, is implementing the Monarch Butterfly strategy for migration, which includes the rolling out of diverse institution-strengthening projects in the Andean subregion. This coordination has been essential to complement actions and build upon strengths and capacities of the CRCS and other National Societies in the region.

Overview of non-RCRC actors in country

The Humanitarian Country Team (HCT) has developed a [Humanitarian Response Plan \(HRP\)](#), which considers internal displacement and the situation in the border areas. The plan is framed with a careful analysis of different types of migration flows, their impact on host communities and the situation at different borders. CRCS and IFRC are part of the humanitarian country team led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Information Management Unit (UMAIC for its acronym in Spanish). This team works to coordinate humanitarian actions in the field and provides updated data analysis of migration flows.

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, which together with PAHO as co-leader of the Health Cluster at the national level, ensures that these and other health interventions are aligned with the actions of the health organizations present in the intervention zones.

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.

The Interagency Group for Mixed Migration Flows (GIFMM, for its acronym in Spanish) is jointly coordinated by UNHCR and IOM in Colombia, and is the coordination platform for over 40 non-profit members working on migration activities in Colombia. They are collecting multiple data sources to determine a reliable estimation of the outflow and inflow of migrants in Colombia. In addition, they are guiding the GIFMM to become a coordination platform that i) aligns and frames the humanitarian response of all the donor community and ii) helps resource mobilization.

Need analysis and scenario planning

Needs analysis

As the population of Venezuelan nationals in Colombia increases, humanitarian needs and challenges concurrently escalate. Agencies involved in response actions are primarily concerned with health services (medicine), access to food and protection.

Health and care

The information attained in the RAMV is a representative characterization of the health situation of the migrant population, which also is the basis for the Ministry of Social Protection and Health's policy response.⁸ The health needs of this population varies and includes the particular needs of malnourished children, pregnant women, older adults and people with 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. Zika, dengue, chikungunya, and diphtheria are some of the pathologies that also affect the migrant population and pose challenges to the Colombian health system.

All these are associated with a shortage of medicines, biological products, reagents and diagnostic tests.⁹ A significant number of pregnant women seek medical assistance for prenatal controls and delivery procedures. A total of 8,200 pregnant women and 7,500 lactating women were registered in RAMV and this group does not have access to prenatal controls or nutritional supplements. In addition, multiple forms of violence along the migration route generate psychological and social effects such as depression, post-traumatic stress as well as the particular consequences of sexual violence. Additionally, there is a humanitarian gap in the migrant population that requires basic health care, psychosocial support services and medical referrals.

According to international declarations signed by the Colombian government,¹⁰ migrants are entitled to all rights except political rights. In line with this, in June 2018, the Constitutional Court established that Venezuelan citizens have the right to health services and called upon the Government of Colombia to progressively adapt its provision of this service.¹¹ However, the number of migrants has constrained the national health system so that only urgent life-threatening cases are treated in public hospitals.

Water, sanitation and hygiene

Based on the current situation of population on the move in Colombian territory, hydration and sanitation needs, particularly for children under the age of five, senior citizens and pregnant women, were identified at migration points and temporary settlements. Most of this population has limited access to water and often, 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. Although transit and host cities have public services for the population to access sanitation, inadequate funding for their maintenance and the demand exceeding availability contribute to access challenges.

Livelihoods

As part of the migration of families who are in search of better opportunities for their family members, many professionals engage in unskilled labour to earn an income. Since most of these migrants have not applied for legal permits to remain in the country, they lack the documents required under migration policies and are exposed to labour conditions below national standards (up to shifts of 16 hours a day for the minimum wage without a legal contract process). Women and children are also adopting detrimental coping strategies.

Host households 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 productive capacity of Colombian cities bordering with Venezuela, areas to which most migrants converge, registered levels of precarity prior to the start of the population movement. According to a 2014 study by National Development Agency (DNP, for its acronym in Spanish), border regions have basic development indicators below the national average: unemployment is 5 points below national standards, informality amounts to 80 per cent of economic activity, unsatisfied basic needs are above the national average and child mortality is twice as high.¹²

The IFRC's Livelihoods Centre study, conducted in July 2018, indicated that for the million people who arrived from Venezuela in the prior 16 months, access to employment and income generation activities were the main challenges.

⁸ Ministerio de Salud y Protección Social (2018), [Plan de Respuesta en Salud a Migrantes](#).

⁹ Infobae (21 April 2018), [Crisis sanitaria en Colombia por arribo de migrantes](#).

¹⁰ [New York Declaration](#) (2016) and [61st World Health Assembly Declaration and Resolutions](#) (2008).

¹¹ El Tiempo (13 June 2018), [¿Todo extranjero tiene derecho a la salud en Colombia?](#)

¹² DNP (2014). CONPES 3895. [Prosperidad para las fronteras de Colombia](#).

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.

This study recommended a cash transfer programme (CTP) to improve access to income, meet basic needs and contribute to sustainable economic security, protection and community and household resilience. According to the study, the intended use of a non-conditional CTP 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

Food support to the migrant population moving through border areas to reach Colombia's interior region is required since migrants travel for long periods of time to migratory points, thus, decreasing their capacity to obtain food. Additionally, a growing proportion of the migrant population has insufficient 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 dated July 2018, mentioned above, 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. According to a September 2018 estimate by the World Food Program (WFP), 80 per cent of the migrant population was estimated to be suffering from food insecurity.¹³

Shelter

Colombia established its first collective centre for migrants in Cúcuta (CATM, for its acronym in Spanish: Centro de Atención Transitoria para Migrantes), administered by the CRCS, in February 2018. With a 250-person capacity, with people staying 3 to 5 days, the demand vastly outweighs the shelter support available. The movement of people along the border without the financial resources for lodging or without family or friends that can offer them accommodation 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; basic bedding and shelter materials are scarce among migrant population. Similarly, irregular and overcrowded informal 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 emerged 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 migrants, which has led to a lack of access to regular health services, as well as knowledge and clarity regarding the implementation of comprehensive care and guidance mechanisms, which hinders migrants' access to basic rights. Moreover, this lack of information has fuelled beliefs that the arrival of migrants is linked to increased crime, which has led to the stigmatization of the migrant population and xenophobic acts against them. A February 2018 UNHCR study reported on the upsurge of xenophobic attitudes and hate speech in social media, identifying an upswing of negative attitudes towards Venezuelan nationals.¹⁴

Unaccompanied minors, who have been identified at collective centres and seen engaging in informal trade in border areas within Colombia, are a protection concern. Minors are specifically affected by long waiting periods in difficult weather conditions when first entering Colombia.

Furthermore, 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. The migrant population can be the object of forced recruitment, human trafficking or other types of illicit acts. There are hundreds of informal passing points versus the seven official passing points. As the informal points do not enable the registration of entry, destination and health situation of migrants, there is an increasing risk for migrants to be targeted by human and drug-trafficking mafias that take advantage of migrants' scarce opportunities.

¹³ UNnews (14 September 2018), [El 80% de los venezolanos no tiene suficiente comida](#).

¹⁴ Revista Semana (6 February 2018). [Xenofobia en Colombia contra los venezolanos](#).

Restoring Family Links (RFL)

The population that arrives in Colombia often needs to inform their family members in and outside the country that they have arrived and/or 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 can lose contact with their support networks. RFL activities support these contacts and contribute to the protection of migrants' safety and the prevention of disappearances along the migratory route. For this operation, RFL points provide access to telephone calls, Wi-Fi hotspots and electricity to charge mobile phones.

Gender

According to official figures, over half of the registered migrant population is adult male, 49.6 per cent of the registered migrant people are women, and 333 people identified themselves as transsexual. The CRCS is including diverse gender identity 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 (LGTB+) community are subject to stigma and xenophobia; consequently, the CRCS seeks 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 nutritional support¹⁵.

Migration

Despite the Colombian government's support scheme for migrants and the Constitutional Court's ruling that migrants are entitled to all but political rights in Colombia, in practice the implementation and fulfilment of these rights is challenging. Constant changes in legislation creates high level of uncertainty and misunderstanding by the migrant population as well as local authorities. The migrant population is generally unaware of their legal status or rights in Colombia, which puts them at risk of mistreatment, fraud and provoke uninformed decisions. This lack of knowledge also results in the migrant population seeking assistance from the incorrect public agencies, which hinders their access to suitable guidance.

Targeting

The operation aims to provide humanitarian assistance to 120,000 people in situations of vulnerability in the departments of Arauca, Atlántico, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca 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. Given the nature of the migratory flow, and the variety of services that are being offered by CRCS, the IFRC and ICRC are measuring above all the number of services provided, rather than the number of persons reached, since each migrant may receive a variety of services. Target departments may vary as migration routes evolve, and as other humanitarian actors implement complementary actions to address migrant needs.

Future actions aim to prioritise pregnant and lactating women, as well as minors. Demographics of the migrant population show that most people (71 per cent) are of working age (18 to 59 years old) and the next largest population are children and adolescents (27 per cent). The intervention strategy and assistance are based on the dignified and safe treatment of 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.

Scenario Planning

The constant escalation of migratory flow into Colombia is leading to a significant public health challenge. As pathologies once considered eradicated resurface in border communities (i.e. measles), and high-cost chronic disease (such as cancer) or mental health disorders are more prevalent, the humanitarian community continues to place greater attention on health-related activities. The migrant population creates a greater demand for essential goods and services (healthcare, housing, employment), especially in transit cities in departments located in the border zone. This

¹⁵ [ONU presented the campaign "Valientes" to prevent Venezuelans from gender violence.](#)

situation could escalate and require greater humanitarian assistance for transiting migrants, returnees and people seeking permanent residence, as well as community awareness-raising to reduce xenophobia and stigmatization.

For its part, the government has been attempting to address these needs and more and more humanitarian organizations are providing in-kind support. However, large humanitarian gaps remain. Humanitarian needs will increase with the numbers of people in a situation of vulnerability entering the country.

Operation Risk Assessment

During the first six months of this operation, migratory inflows increased despite the State’s measures to regularise the population mobility on the border. In this context, people on the move are using irregular and more dangerous routes to enter through Colombia’s seven border departments in locations not monitored by State authorities. Furthermore, at some points along the border and particularly in the departments of La Guajira, Cesar, Norte de Santander, Boyacá, Arauca and Vichada, armed groups and smuggling rings pose additional risks to migrants and host communities. Migration routes cross regions like Catatumbo and Macarena where illegal armed groups control territory, thus, augmenting migrants’ risks and making humanitarian responses in these areas more complicated.

On 26 September 2018, a security incident affected the CRCS’s personnel and infrastructure in Paraguachon (Maicao, La Guajira) due to an incident in the National Tax Bureau, located in front of the CRCS’s post. The tax authority had intercepted foreign currencies that were being exchanged illegally and fighting ensued. In consequence, the windshield of a CRCS vehicle was broken and volunteers experienced stress, for which they received psychosocial support. Even though this is an isolated episode that has no direct relation to the CRCS’s work, it should be noted that CRCS operations are increasingly exposed to disturbances related to armed groups. CRCS and IFRC teams in Colombia are applying the CRCS Security Manual for Operational Risk Management, as well as the Security Regulations.

Hate speech and xenophobia could escalate in upcoming months, especially as local elections are due in 2019. To reduce the risk of this occurrence, a multi-donor communications campaign is being coordinated. With available funds, the CRCS plans on launching an anti-stigmatization campaign.


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, Bolivar, 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 second revised version of the [Emergency Appeal](#).

The existing funding gap for this Emergency Appeal could adversely affect the CRCS’ ability to attend to the population on the move in a comprehensive manner, especially in the areas of health, livelihoods and protection.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached by the CRCS: 900 people People targeted: 10,000 Males: 4,000 Females: 6,000</p>			
<p>Outcome 1: The migrant population strengthens their safety and well-being related to their shelter needs in the short and medium-term.</p>				
Indicator:	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Target</td> <td style="width: 15%; text-align: center;">Actual</td> </tr> </table>		Target	Actual
	Target	Actual		

Number of people that benefit from bedding material kits.	10,000	900
Output 1.1: 10,000 migrants receive assistance to cover their basic and short-term shelter needs.		
Indicators:	Target	Actual
# of individual bedding material kits that are distributed.	10,000	900
# of volunteers trained in collective centre management with an emphasis on providing assistance to migrants.	20	Not planned for this period
Output 1.2: Potential medium and long-term shelter support strategies are determined¹⁶		
Indicators:	Target	Actual
# of sectorial evaluations carried out in the departments where the intervention takes place.	2	0
# of monthly monitoring reports produced.	15	1
Progress towards outcomes		

During the first six months of this operation, 900 people were provided with individual bedding material kits in Arauca, La Guajira, Norte de Santander and Nariño. These kits contain two blankets, one pillow, one rain coat and one flashlight. The following table details the locations of distributions¹⁷.

Location	N° of people reached
La Guajira	180
Arauca	180
Nariño	270
Norte de Santander	270
TOTAL	900

Migrants continue to cross the eastern mountain range to travel from Arauca to Bogota and Ipiales (looking to cross into Ecuador). Along this route there are various paramo ecosystems that start at 2,700 meters above sea level. These ecosystems have very low temperatures and extreme humidity, creating conditions for which migrants are unprepared. This situation makes bedding kits a key input for migrants. To reach the 10,000 targeted kits, IFRC is seeking additional funding. A second wave of kits distribution could provide thicker blankets, so migrants can protect themselves from the weather conditions in paramo ecosystems.

The Transitory Centre for Migrant Assistance (CATM for its acronym in Spanish) opened in Cucuta in February 2018, providing shelter and other humanitarian services for migrants for three to five days. The centre closed briefly between April and July, and it was reopened in late August 2018. This is the first shelter for short term stays of migrants in the border. It was built by the Colombian Ministry of Foreign relations with OIM resources and the operational assistance of CRCS.

With resources from this Emergency Appeal the CRCS and the IFRC have plans to train 20 volunteers in shelter coordination management. The training for CRCS volunteers is not yet financed and with further funding, this training could be prioritized as the government looks to the administration of other CATMs as it announced in the public policy for Venezuelan migrants (CONPES 3950).

Finally, only one monthly monitoring report has been produced because the National Society was going through a restructuring phase. First, it added a new migration coordination to their humanitarian response structure. Second, at end October 2018, the CRCS had initiated the recruitment for PMER and IM officers that will work in tandem. These recruitment processes were slower than expected because the new positions needed to have well defined responsibilities that would not overlap with current roles. The first monitoring report was delivered, and an action plan is being developed to catch-up with the reports that are out of schedule.

¹⁶ Indicator 1.2b (# of volunteers that receive training in management and coordination of temporary collective centres) was eliminated because it overlapped with that measured in indicator 1.1b.

¹⁷ In Operations Update 2 the number reported included the total number of people reached by the CRCS, including with funding outside of this Emergency Appeal. This Operations Update reports the people reached within the Emergency Appeal funding.



Livelihoods and basic needs

People reached by the CRCS: 6,000 people

People targeted: 20,150

Males: 10,075

Females: 10,075

Outcome 2: Migrant population have access to essential food assistance and restore and strengthen their livelihoods

Indicator:	Target	Actual
# of people reached with essential food assistance and improved livelihoods opportunities	20,150 ¹⁸	6,000

Output 2.1: Distribution of 20,000 non-perishable food rations to migrants in transit.

Indicator:	Target	Actual
# of non-perishable food rations provided in a timely and opportune manner.	20,000	6,000

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

Indicator:	Target	Actual
The CRCS shares the feasibility study with migration working groups in country to increase awareness and advocacy efforts	2	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

Indicator:	Target	Actual
# of people who receive cash transfer assistance	150	Not planned for this period

Progress towards outcomes

The Colombian Red Cross Society volunteers have distributed 6,000 food rations along the transit routes and bus stations taken by the population on the move. These food rations are composed of:

- 1 can of tuna (140 Gr)
- 1 can of sausages (150 Gr)
- 1 packet of savoury biscuits X taco (100 Gr)
- 1 bottle of water (1 litre)
- 1 cereal bar (23 Gr)
- 2 bars of chocolate (50 Gr)
- 3 bags of dried fruit (250 Gr)
- 1 resealable plastic bag

This food kit was created in line with the standardization of food assistance in Colombia: "food items provided during an emergency should correspond to high nutritional value items that are easy to eat, have a strong acceptance among the population, are non-perishable, are easy to store, transport and distribute and respond to the Sphere Project standards for daily nutrition support"¹⁹.

The following table provides details on the locations in which food rations have been distributed since August 2018:

Locations	N° of people reached
Arauca	1,200
La Guajira	1,200
Norte de Santander	1,800

¹⁸ The Monitoring Strategy, established by the CRCS with IFRC technical support, established the final target is 20,150 and not 20,750, as set out in the Revised Emergency Plan of Action. This represents the sum total of the number of food rations provided (output 2.2) and the number of people that receives cash transfer assistance (output 2.3).

¹⁹ [Revised Emergency Plan of Action](#)

Nariño	1,800
TOTAL	6,000

The IFRC is coordinating with the CRCS to determine the most suitable manner to implement a Cash Transfer Programme. Options considered include the use of a prepaid debit card that can be used in local businesses. The IFRC Livelihoods Centre conducted a feasibility study for cash transfer in Arauca and Norte de Santander which was completed in July 2018. This report indicated that migrants prefer cash transfers to other forms of currency (vouchers, food kits) because it allows them to address their specific necessities. To account for this activity, the monitoring strategy has set as target the calling of two meetings to present the study and its implications for migrant population. These meetings will be held with the donor community and government institutions.

In the upcoming six months, a small cash transfer pilot will be launched. With further funding, the IFRC and CRCS could implement further cash transfer programmes to support more migrants seeking livelihoods as they settle into host communities.



Health

People reached by the CRCS: 7,382²⁰

People targeted: 88,920

Male: 45,349

Female: 43,571

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

Indicator:	Target	Actual
# of people reached with health services	88,920	7,382

Output 4.1: At least 42.840 migrants receive timely medical care and first aid

Indicator:	Target	Actual
# of people served through basic health programmes	42,840	6,644

Output 4.2: 46.080 migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)

Indicator:	Target	Actual
# of medical consultations provided through CRCS HPis	46,080	Not planned for this period

Output 4.3: Needs-based first aid, disease prevention and health promotion measures are provided to the migrant population.

Indicator:	Target	Actual
# of people reached by activities at the community level	30,000	455

Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population

Indicator:	Target	Actual
# of people who receive psychosocial services to promote mental health	30,000	738

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.	6,000	Not planned for this period
# of pregnant women receiving nutritional supplements	3,000	Not planned for this period

Output 4.6: Management of basic health care and services for the migrant population

²⁰ To be noted that this is a reduction from the number reported in Operations Update 2, which includes results from activities funded from outside the appeal. Since the publication of Operations Update 2, the Colombian Red Cross Society has shifted from a paper-based system to an online information management system, facilitating more accurate data.

Indicators:	Target	Actual
# of epidemiological reports generated	10	1
# of financial and operating reports generated	15	0
# of monitoring missions carried out	20	4

Progress towards outcomes

Response actions began in March 2018 with administrative, technical and operational activities. Procurement processes for supplies, equipment and medicines were carried out for the development of primary health care actions since the beginning of July. The following table shows the biomedical supplies purchased in the local market for the health care units. Similar standard lists were agreed for the purchasing process of medicines and biomedical equipment.

Adult facemask	Paediatric facemask
Oxygen tank	Adult scale
Baby weighing scale clock type pendant	Rigid stretcher with spider
Portable divan-type stretcher with stirrup	Adult cervical immobilizer neck
Paediatric cervical immobilizer neck	Doppler
Ophthalmoscope	Phonendoscope
Glucometer	Infantometer
Kit of tweezers x 10 (2 scissors, 4 heart tweezers, 4 kelly tweezers)	Gooseneck lamp (spare bulbs)
Pencil flashlights	Reflex hammer
Portable nebulizer	Otoscope
Pozzi clamp	Pulse oximetry
Oxygen regulator	Wall carver
Adult tensiometer	paediatric tensiometer
Flexible tip digital thermometer	All-purpose scissors

During the first six months of the operation two health care units were established in Riohacha (La Guajira) and Arauca (Arauca). CRCS, with support from IFRC, will be establishing at least three more Health Care Units in Putumayo, Vichada and Nariño. A Field Assessment Coordination Team (FACT) health specialist was deployed in July 2018 order to determine where to install the Health Care Units based on i) the magnitude of the population movement, ii) the infrastructural capabilities to assist migrants and iii) the socio-political disposition of local governments to work together with international donors.

All HCU are able to be mobile units, in the sense that they schedule monthly or weekly visits to nearby municipalities to assist migrants. These units are staffed by an interdisciplinary team composed of a doctor, a nurse, a psychologist, a nurse assistant and a logistical assistant. With resources from the CRC's Lottery Fund, pharmacy regents will be recruited to join the medical staff and be in charge of managing everything related to inventory, storage and delivery of pharmaceuticals.

The CRCS, with IFRC support, provided 6,644 medical attentions. In a standard health care procedure, a person asks for a token to be assisted with medical attention, then they receive an initial assessment by the nurse assistant; in accordance with the triage they are referred for further medical care, psychological care and/or to the nurse (for first aid services). The procedure has allowed for people to have a robust medical history form, which is filed in the health care units and shared with patients or other medical units (i.e. municipal health care services) in accordance to the data protection policy of the IFRC and the [national health legislation](#).

With the recruitment of the health coordinator by the IFRC and the epidemiologist by the CRCS, expected for November 2018 and December 2018 respectively, more robust monitoring and health related action plans are expected. The first epidemiological report, with end date of 31 October 2018, has been produced with information taken from the Arauca and Riohacha health care points. In terms of gender, the largest population served are males between 26 and 59 years of age (39%), the least are women over 60 years of age (4%). Pathologies by age groups are in accordance with the main reported causes of morbidity in each department. For the age group between 26

and 59 years the main pathology is acute respiratory infection, and among those over 60 years of age it is arterial hypertension. On the other hand, acute respiratory infection is present in all age groups, being the highest proportion in the groups from 0 to 5 years (40.9%) and the second cause in those over 60 (11.55%). A monthly meeting has been established between CRCS, IFRC and Movement partners in order to have a closer monitoring and concrete response actions to these patterns.

The information system to monitor and track the health situation of migrants at the Health Care Units needs some improvements to be complete. A team for monitoring and information management was set up to reinforce the existing system. In parallel, Movement partners are coordinating efforts to unify all data collection, data transformation and delivery system through shared information management systems to support the CRCS. Multi-donor coordination is being advanced through the IFRC and CRCS's active participation in the Interagency Group for Mixed Migratory Flows in Colombia. Cooperation with the Spanish Red Cross was sought to determine the possibility of introducing a new generation of Open Data Kit (ODK), based on a system previously used in the IFRC's response to the migration in Greece in 2015-2017, to register the provision of different services. A concrete implementation plan for this or other data collection system should be available in February 2019.

In October 2018, CRCS opened the public tender for the Health Provision Institutions (HPI) that will provide the same health care attention to migrants as that received by Colombian nationals. It is expected that the process will be finalized in January and activities will start in February 2019. Like in the health care units, in HPI certified medical professionals will be able to dispense basic laboratory tests and transfer the patient to specialized medical attention. Although the Revised Emergency Plan of Action mentions that the CRCS will be providing vaccines, as this is a Ministry of Health activity, the CRCS will provide vaccination monitoring and support, and may carry out vaccinations at the request of the Ministry of Health; however, the CRCS will not be vaccinating as a matter of course.

The nutritional supplements for children and pregnant women were procured and by CRCS at the end of October, to be distributed from November 2018. The nutritional supplements are provided by medical and nursing staff in accordance to the level of malnutrition and taking into consideration that population is on the move. Although a 90-day treatment is generally suggested, migrants do not stay for 90 consecutive days in the same place and 90-doses packages are not delivered at once to avoid reselling. The health coordinator from IFRC is working with CRCS to maximize the impact of nutritional supplements and suggest a distribution strategy to reach that goal.

Mobile Health Care Missions. Two mobile missions were carried out in August 2018 by the Arauca HCU. Between 9 and 15 August they travelled to Saravena to assist 358 people (120 males and 238 females), of which 130 were children. The HCU visited Tame between 20 and 22 August, reaching 160 people (42 males and 118 females), of which 43 were children. The HCU in Arauca also visited El Refugio, an irregular settlement of Colombian and Venezuelan nationals. With the arrival of 18m² and 45m² tents to Bogota and their availability for CRCS branches, mobile health care, missions are expected to increase throughout the remaining implementation period. In Arauca missions are planning to assist migrants that head for the centre of the country (i.e. Bogota) and into other countries, mainly Ecuador.

Psychosocial support. Psychosocial support has been provided to 738 people. Psychosocial attention has been continuously identifying problems in particular related to the behaviours of boys and girls. The migration journey and conditions in the host country have provoked high levels of stress, which often is compounded by conditions of economic precarity and severe challenges to safety and human dignity. These have generated a state of tension and stress for migrants. Migrants are also coping with the negative impacts of xenophobic attitudes. In Arauca and La Guajira, prevention and protection activities are being advanced through workshops on sexually transmitted diseases, gender-based violence, hand washing, breast self-examination, human trafficking, maternal breastfeeding, family planning, prevention and sexual abuse, psychological crisis and first aid.

Inter-sector coordination. In Arauca and La Guajira, the CRCS branches are part of the inter-agency migration working groups, where they share information and coordinate interventions. In Arauca, UNHCR is the lead institution of this group and meetings are held on a biweekly basis. As part of this coordination effort, humanitarian assistance is well mapped in Arauca and migrants are redirected to different agencies in a timely manner and in accordance to each agency's focus. Save the Children, for example, has specialized in child-friendly spaces; UNICEF in health

care and assistance to pregnant women and children affected by domestic violence; UNHCR has a robust data base of migrants in transit to the centre of the country. The CRCS in Arauca focuses on health care attention that includes the distribution of medicines, psychosocial support and the provision of drinking water.



Water, sanitation and hygiene

People reached by the CRCS: 18,000 people

People targeted: 20,000

Males: 10,133

Females: 9,867

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

Indicator:	Target	Actual
# of people that have access to safe water and minimum conditions for basic sanitation and hygiene	20,000	18,000

Output 5.1: Oral rehydration posts for at least 20,000 migrants are established

Indicators:	Target	Actual
# of hydration points established.	8	4
# of litres of water distributed.	30,000	15,476

Output 5.2: Promote hygiene among the population in informal settlement areas

Indicators:	Target	Actual
# of personal hygiene kits provided.	20,000	6,000
# of people that are aware of best practices related to the topic of safe drinking water and/or and hygiene.	26,760	18,000

Progress towards outcomes

Two water treatment points (also referred to as hydration points) have been established in Arauca and Nariño. The first one is in the branch office in Arauca and the second is located near the Rumichaca bridge, the passing point of migrants that move from Colombia to Ecuador. The installed equipment has a membrane micro-filtration system, in addition to a dosage of solid chlorine, ensuring that the water supply is suitable for human consumption and is within the parameters required by the Colombian government.



CRCS established hydration points, such as this one in Arauca.
Source: IFRC/CRCS.

A total of 18,000 people have received access to safe water and minimum conditions for sanitation and hygiene. This includes the people reached with 6,000 bottles of water in La Guajira and Norte de Santander and those reached via hydration points in Arauca and Nariño. Hydration points have proven to be especially effective, as close to 300 litres of water are distributed on a daily basis.

A total of 60,000 bottles of water were purchased and distributed in attention centres in Norte de Santander. 23,208 litres of water were purchased for distribution in La Guajira. These come in 500 ml bottles. When distributed, by the end of January, the target set will be surpassed by 11,208 litres. This was possible because i) the high volume of bottles purchased allowed the CRCS to obtain a reduced price per bottle and ii) because the hydration points have proven very popular as a means for water distribution.

With further funding, IFRC and CRCS could establish further water treatment points for migrants.

There will be a new purchase of hygiene kits. At the start of the operation 6,000 hygiene kits were purchased and distributed in Arauca and Guajira. A second procurement of 31,702 personal hygiene kits (for men, women, children and babies) was launched in October 2018. These kits will come inside a water-resistant bag that can be reused to store personal belongings. They will be distributed in the five health care units in accordance to a needs assessment that each branch has to convey.



Protection, gender and inclusion

People reached by the CRCS: 7,382

People targeted 120,000

Males: 61,200

Females: 58,800

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.

Indicator:	Target	Actual
# of people that receive assistance through a differential approach focused on protecting their lives.	120,000	7,382

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.

Indicator:	Target	Actual
# of children attended to in child-friendly spaces at the migrant assistance posts	10,950	133

Output 6.2 Awareness raising action to prevent violence, stigma and discrimination against migrants are promoted in migrant transit and destination communities.

Indicator:	Target	Actual
# of people reached through messages on violence, stigma and discrimination during the emergency appeal's timeframe	120,000	X

Progress towards outcomes

Two child-friendly safe spaces were set up in Maicao (La Guajira) and Arauca (Arauca) in October 2018, the latter in coordination with the health care unit in the same location. Each of the Friendly Spaces has a staff of three people every day: a psychologist and at least two volunteers in charge of recreational activities for a maximum of 25 children and adolescents at the same time. Each one of the points is equipped with a standard set of items that includes tents, chairs, board games and art materials (coloured pencils, etc.). Children and adolescents can enjoy leisure activities and/or receive psychological assistance for up to five hours, after which their legal guardians have to pick them up. These spaces have become more than places to play with children. They are a protection space where migrants in a situation of vulnerability are attended and provided with health care, advice and resources that mitigate their vulnerability. These spaces enable pregnant and lactating women to receive health care attention and reproductive and sexual health workshops while ensuring the care and safety of their children. At the same time, children receive health care attention, participate in playful activities that reduce their psychological stress and in others that foster self-protection practices.

At the beginning of the operation, the Protection, Gender and Inclusion actions (PGI) were not registered in accordance to the Sex and Age Disaggregated Data (SADD) framework. The Information Management workshop delivered by PMER and IM units from the ARO in September 2018 instilled the use of SADD in all data collection activities. This has been particularly useful for the peace building and inclusion area at the CRCS, which has redesigned their data collection tools and are beginning to implement data collection techniques using ODK for all RFL and child-friendly space activities.



Friendly space as part of the Health Care Unit in Riohacha, La Guajira. October 2018. IFRC/CRCS.

A Regional Intervention Team (RIT) member specialized in Community Engagement and Accountability (CEA) and the IFRC Regional Communications Manager were deployed in May 2018 to design a CEA strategy to: i) facilitate access to and promote the active search for information among migrants, ii) facilitate two-way communication with the migrant population in the host country and iii) disseminate a campaign aimed at the host community to mitigate discrimination and promote tolerance of the migrant population. They also developed the strategy to adapt the Virtual Volunteer application to the Colombian context. CRCS and IFRC communications teams have been finalising a community engagement and accountability strategy for transit communities, in line with the CEA recommendations, as well as an anti-stigmatization campaign. They are also developing key messages to raise awareness on gender-based violence and sexual violence, in order to reach the target groups.

The IFRC Livelihoods Centre's study had 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 study underpins the CRCS Protection Unit's work on RFL and friendly spaces.

The initial prioritization of groups to be reached with livelihoods support suggest that 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 crucial gender, protection and inclusion actions planned within this operation will not be possible.**



Migration

People reached by the CRCS: 34,203 people
 People targeted 120,000
 Males: 61,200
 Females: 58,800

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

Indicator:	Target	Actual
# of migrants attended by the mobile assistance units and the network of CRCS local branches.	120,000	34,203

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.

Indicator:	Target	Actual
# of integrated assistance points for the migrant population staffed by volunteers during the action.	13	2

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.

Indicator:	Target	Actual
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# of people that access RFL services to re-establish and maintain contact with their family members.	120,000	1,788
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 points²¹.		
Indicators:	Target	Actual
# of people that receive information about their rights at the assistance posts.	120,000	34,203
# of universal serial buses (USBs) and/or folders provided to people.	100	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.	1,200	Beta version
Progress towards outcomes		

Since the launch of this operation 34,203 services have been provided to migrant population by the network of CRCS local branches, at which point each person received information about their rights. These branches include the two operational health care units financed by the Emergency Appeal and 1 assistance points located in Ipiales, Nariño.



A Colombian Red Cross volunteer supporting a migrant with a service to restore family links in Paraguachon, La Guajira. October 2018. IFRC/CRCS.

The service for Restoring Family Links is provided in Arauca and Guajira where health care units are available. Out of the 1,788 services provided, 1,050 are related to phone calls made and 598 to SIM cards delivered. This phone calls are only national phone calls (i.e. to Colombia), as the international mobile plans have not been purchased by the National Society. These services should be working by the beginning of February 2019.

CRCS has increased its number of assistance posts in Colombia. These centres offer internet and phone connectivity to help migrants communicate with their support networks, in particular enabling them to restore contact with loved ones in Colombia and abroad. Currently, with the funding from the Emergency Appeal, the CRCS has been able to set up two fully equipped connectivity centres in Riohacha (La Guajira) and Arauca (Arauca). The infrastructure for the other three fully

equipped centres, in Putumayo, Vichada and Nariño, was acquired and will be sent to these territories in February 2019.

Between August and September 2018, IFRC Information Management experts in Bogota and Panama assisted in the implementation of the Information Management Plan for the Emergency Appeal. This mission was critical to set the basis for the monitoring and information system that is currently in place and to plan the September workshop. The existing system uses an online form to upload information of the products/services delivered, which is then verified and/or corrected by a focal point in Cucuta. This is then uploaded to a public [dashboard](#) that is mainly consulted by the project managers to i) assess project performance and inform their future operational decisions and ii) for accountability to donors. This system is currently under revision so that information is registered in a more timely and reliable manner.

The IFRC regional coordinator for planning, monitoring, evaluation and reporting (PMER) and the IM senior officer, deployed from the ARO, co-facilitated an Information Management and Monitoring Workshop from 26 to 28 September. The workshop trained 23 people (15 men and 8 women) involved in monitoring and reporting for the

²¹ Indicator 7.3b (Number of People accessing a service at the assistance post) was increased in March 2018. However, given its similarity to indicator 7, without adding other information, it has been eliminated from the monitoring plan.

CRCS sectionals. Of these 23 participants, 7 were from national headquarters, 4 from Norte de Santander; 2 each from Arauca, Cundinamarca, La Guajira and Vichada and 1 each from Santander, Putumayo, Cesar and Venezuela. The workshop aimed to provide information tools to generate reports and to identify focal points at the departmental level to create a network that supports the collection, management and analysis of information. There were sessions on data visualization, reporting to donors, information management, data protection, baseline studies, designing indicators and mobile data collection tools (specifically on Open Data Kit - ODK).

This operation has also been finalising the development of the Virtual Volunteer tool, in its beta version as at end October 2018. This is a digital tool available for smart phones that allow users to see the attention points available throughout the route they are planning to take. The tool was first implemented in the 2015-2017 population movement in Greece; as part of the lessons learnt from that operation, and in light of its positive impacts for conveying key messages and useful information, it is being deployed for population movement in Colombia. The platform is in a developing stage and all CRCS and IFRC staff have commented the latest version in order to make some improvements and launch a definitive and operational version by the end of March 2019.

Strategies for implementation

Many of the targets for the following Strategies for Implementation (SFI) were not established in the Emergency Plan of Action, the targets listed below are based on the CRCS- IFRC Monitoring Plan, created in November 2018. The details of this plan are described in “Effective and coordinated international disaster response” section (SFI 2) below.

Strengthen National Society		
Outcome 1: S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.		
Indicators:	Target	Actual
1.1 Number of efficient and motivated volunteers	124	102
Output S1.1.4: The National Society has effective and motivated volunteers who are protected		
Indicators:	Target	Actual
1.1.4.1 Number of volunteers that receive support	124	102
1.1.4.2 Number of volunteers that participate in activities	124	102
1.1.4.3 Number of new volunteers	124	To be confirmed
Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
1.1.6.1 Number of staff hired	43	20
1.1.6.2 Number of monitoring and evaluation missions	20	4
1.1.6.3 Number of procedures and protocols applied to the strategy	5	5
Progress towards outcomes		
CRCS volunteers have been crucial to this operation and their well-being is of the utmost priority. This operation has mobilized 102 volunteers, we are currently checking records to confirm which are new volunteers.		
As mentioned in the health section above, volunteers have access to psychosocial support. A total of 75 volunteers have been provided psychosocial support through 3 workshops (Arauca, La Guajira and Norte de Santander) on stress management. Based on the need assessment made at the planning stage of this Emergency Appeal, the number of days required from volunteers in the different operational units are:		

Operational Units	N° of days	No of planned Volunteers	No of effective volunteers
Shelter and livelihoods	90	20	18
First Aid	48	40	4
Health care	245	15	64
Psychosocial	180	40	16

The number of volunteers had been sufficient for the implementation of operational actions during the first six months. However, future action will be necessary to promote their permanence in the institution and increase the volunteer training activities, especially on health capacities. With regards to personnel for this operation, 10 staff members (2 drivers, 2 doctors, 2 nurses, 2 nurse technicians and 2 psychologists) were hired to implement the health care units in Arauca and Riohacha. As mentioned, the staff for the other three health care units is being recruited and should be available by the beginning of February 2018.

The National Society has hired professionals to roll out this operation's planned actions. This includes a finance coordinator and a logistics coordinator, who started early in the operation. At the end of October, the recruitment process for the PMER and Information Management officers were underway.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
2.1 Number of RIT and IFRC staff mobilized to provide support	9	7

Output S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained

Indicators:	Target	Actual
2.1.1.1 Number of missions	9	7
2.1.1.2 Number of support actions for acquisition management	2	0

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
2.2 Number of coordination meetings with the Movement	11	3

Output S2.2.1: In the context of large-scale emergencies, the IFRC and the CRCS, jointly with the Movement, enhance their operational reach and effectiveness through new means of coordination

Indicators:	Target	Actual
2.2.1.1 Number of reports in accordance with the requirements of the Movement.	3	1
2.2.1.2 Number of reports on the participation of the humanitarian network and key partners.	9	2

Output S2.2.5: Shared services in areas such as information technology (IT), logistics and information management are provided

Indicators:	Target	Actual
2.2.5.1 Number of local branches and assistance posts that have access to ICT tools.	4	1
2.2.5.2 Number of virtual platforms and tools that have been implemented.	2	0

Progress towards outcomes

In the framework of the coordination with other international actors, the 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 closely with the National Unit for Disaster Risk Management, Colombian Ministry of Foreign Affairs, Ministry of Health and other State institutions.

Regional Intervention Team members were deployed Colombia to assist in the implementation of the Emergency Appeal. This included one in CEA, one in communications, two for financial-administrative issues, the PMER and IM specialist and the Regional Migration Specialist.

CRCS and IFRC staff in Colombia received technical support in finance, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies and livelihoods. All this support has resulted in specific technical documents, operational plans and an accurate financial monitoring of the project.

During the first six months of this operation, the CRCS has participated in field missions and coordination meeting in Arauca, La Guajira, Norte de Santander, Nariño, Putumayo and Vichada. As mentioned in the section *Overview of Red Cross Movement*, the CRCS convenes coordination monthly meetings with all Movement components. These meetings are used to share critical information about challenges, plans, mitigation strategies and other subjects that affect the operation. The ultimate purpose is to attune the coordination of all Movement partners to enhance the efficiency and the results of the humanitarian response to the population movement. CRCS and IFRC are actively participants in the Interagency Group Regarding Mix Migration Flows, where humanitarian agencies meet to articulate their response, share information and coordinate future actions. This participation will continue, and operational information will be shared on a monthly basis.

During the first six months of this operation, the IFRC Disaster Risk Management Coordinator for South America supported the CRCS with the launch of this operation. An Operations Manager was hired from June to August. The current Operations Manager started their position in October 2018. As of October, the team was completed by a finance and administration officer and a PMER officer; the position of the health coordinator was in the recruitment stage. The finance and administration officer position was re-opened for recruitment at the end of October 2018.

Influence others as leading strategic partner

Outcome S3.1: The IFRC Secretariat, together with National Society, uses their unique position to influence decisions at local, national and international levels that affect the migrant population

Indicators:	Target	Actual
3.1 Number of newsletters, press releases and reports	15	4

Output S3.1.1: The IFRC and the CRCS are visible, trusted and effective advocates on humanitarian issues.

Indicators:	Target	Actual
3.1.1.1 Number of updates of the strategy	2	1
3.1.1.2 Number of video productions	2	0

Output S3.1.2: The IFRC produces high-quality research and evaluation that inform advocacy, resource mobilization and programming

Indicators:	Target	Actual
3.1.2.1 Number of evaluation and monitoring reports	21	6

Progress towards outcomes

The communications and CEA plans have been outlined with the help of the IFRC Communications unit in Panama. The IFRC provides technical accompaniment to CRCS to finalise protocols and processes.

Through the IFRC, the CRCS received the visit of journalists contracted by the Swedish Red Cross, to run an article for the Swedish Red Cross' magazine. In addition, the CRCS, with the coordination of IFRC, supported in the production of a number of articles for the Red Cross Red Crescent Magazine. The article was due to publication at the end of Q4 2018 and follows the individual stories of migrant families on their way to a new future, from Cucuta to the south.

With regard to the social media and communications strategy, the CRCS communications team is enhancing their team of experts and working with the regional communication manager to finalise the Communications Plan, the CEA communications strategy and an anti-discrimination campaign.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
4.1.1 Number of published financial reports.	3	1
<i>Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.</i>		
Indicators:	Target	Actual
4.1.3.1 Number of financial reports that are presented in time and in the correct format	3	1
4.1.3.2 Number of donor reports	3	1
4.1.3.3 Number of people trained in financial management	4	4
4.1.3.4 Number of monitoring missions	20	4
<i>Output S4.1.4: Staff security is prioritized in all IFRC activities</i>		
4.1.4.1 Number of monitoring and evaluation missions and reports	20	8
4.1.4.2 Number of volunteers that participate in the operational safety process	124	102

Progress towards outcomes

The National Society has identified the need to create national and departmental action plans to frame the humanitarian response around the population on the move. Aligned with this, the IFRC team has offered to coordinate a task force made of representatives of all relevant units at the CRCS in order to create, in a 45-day period, an adjusted detailed plan of action that defines activities, donors, resources, target populations, timeframes and responsible staff, among others.

The IFRC is assisting the strengthening of CRCS's monitoring structures, which involved the development of a robust monitoring and evaluation (M&E) plan. This includes the creation of information flows, monitoring missions to the field and interviews with Red Cross branches to solicit information on their data management practices. The recruitment of a PMER and an IM officer for the CRCS is essential for strengthening the monitoring structure and the coordination capacity of the National Society.

The IFRC financial officers have trained the CRCS financial team in the procedures needed to provide a sound financial tracking of the project. The newly trained officials have responded positively to this training.

Finally, the monitoring missions deployed jointly by CRCS and IFRC are of key importance to understand the operational challenges that face the managerial team. Missions have taken place in La Guajira, Arauca, and Cucuta, amongst others. A schedule will be designed for monitoring missions in 2019.

Contact information

Reference documents

Click here to access:

- [Emergency Plan of Action](#)
- [Revised Emergency Appeal](#)
- [Operations Update n°1](#)
- [Operation Update n°2](#)

In the Colombian Red Cross Society

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For In-Kind donations and Mobilization table support:

- **Manager, Logistics Unit:** Stephany Murillo; phone: +507 317 3050; email: stephany.murillo@ifrc.org

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

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For media requests:

- **Regional Communication Manager:** Diana Medina; phone: +507 6780-5395; email: diana.medina@ifrc.org

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.

Disaster Response Financial Report

MDRCO014 - Colombia - Population Movement

Timeframe: 15 Mar 18 to 31 Jul 19

Appeal Launch Date: 15 Mar 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRCO014
Budget Timeframe	2018/3-2019/7	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		3,430,894				3,430,894	
B. Opening Balance							
Income							
Cash contributions							
<i>China Red Cross, Hong Kong branch</i>		25,009				25,009	
<i>Japanese Red Cross Society</i>		82,500				82,500	
<i>Red Cross of Monaco</i>		17,401				17,401	
<i>Swedish Red Cross</i>		228,526				228,526	
<i>Swiss Red Cross</i>		120,000				120,000	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		149,597				149,597	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		238,347				238,347	
<i>United States Government - USAID</i>		9,731				9,731	2,568,331
C1. Cash contributions		871,111				871,111	2,568,331
C. Total Income = SUM(C1..C4)		871,111				871,111	2,568,331
D. Total Funding = B + C		871,111				871,111	2,568,331

* 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		871,111				871,111	2,568,331
E. Expenditure		-569,019				-569,019	
F. Closing Balance = (B + C + E)		302,092				302,092	2,568,331

Disaster Response Financial Report

MDRCO014 - Colombia - Population Movement

Timeframe: 15 Mar 18 to 31 Jul 19

Appeal Launch Date: 15 Mar 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRCO014
Budget Timeframe	2018/3-2019/7	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)			3,430,894			3,430,894		
Relief items, Construction, Supplies								
Shelter - Relief	30,164						30,164	
Clothing & Textiles	61,281		11,846			11,846	49,435	
Food	81,928		75,253			75,253	6,675	
Water, Sanitation & Hygiene	330,820		64,344			64,344	266,476	
Medical & First Aid	630,887						630,887	
Teaching Materials	209,222		12			12	209,210	
Other Supplies & Services	13,413						13,413	
Total Relief items, Construction, Sup	1,357,716		151,455			151,455	1,206,261	
Land, vehicles & equipment								
Vehicles	90,489						90,489	
Computers & Telecom	18,166						18,166	
Office & Household Equipment	10,434						10,434	
Total Land, vehicles & equipment	119,088						119,088	
Logistics, Transport & Storage								
Storage	2,484						2,484	
Distribution & Monitoring	16,556		8,305			8,305	8,252	
Transport & Vehicles Costs	48,264		162			162	48,101	
Logistics Services	11,175		11,175			11,175	0	
Total Logistics, Transport & Storage	78,479		19,642			19,642	58,837	
Personnel								
International Staff	225,452		39,183			39,183	186,269	
National Staff	121,945		17,851			17,851	104,093	
National Society Staff	816,485		10,169			10,169	806,316	
Volunteers	143,061		767			767	142,293	
Other Staff Benefits	4,472						4,472	
Total Personnel	1,311,414		67,971			67,971	1,243,443	
Consultants & Professional Fees								
Consultants	5,172						5,172	
Professional Fees	1,436		1,436			1,436	0	
Total Consultants & Professional Fees	6,608		1,436			1,436	5,173	
Workshops & Training								
Workshops & Training	47,595		3,407			3,407	44,188	
Total Workshops & Training	47,595		3,407			3,407	44,188	
General Expenditure								
Travel	50,035		48,197			48,197	1,838	
Information & Public Relations	46,885		1,053			1,053	45,833	
Office Costs	31,110		1,520			1,520	29,589	
Communications	14,757		843			843	13,914	
Financial Charges	2,097		2,097			2,097	0	
Other General Expenses	2,027						2,027	
Shared Office and Services Costs	6,120		5,061			5,061	1,059	
Total General Expenditure	153,031		58,771			58,771	94,260	
Contributions & Transfers								
Cash Transfers National Societies	147,565						147,565	
Total Contributions & Transfers	147,565						147,565	
Operational Provisions								

Disaster Response Financial Report

MDRCO014 - Colombia - Population Movement

Timeframe: 15 Mar 18 to 31 Jul 19

Appeal Launch Date: 15 Mar 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRCO014
Budget Timeframe	2018/3-2019/7	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)			3,430,894			3,430,894		
Operational Provisions			230,435			230,435	-230,435	
Total Operational Provisions			230,435			230,435	-230,435	
Indirect Costs								
Programme & Services Support Recov	209,397		34,653			34,653	174,745	
Total Indirect Costs	209,397		34,653			34,653	174,745	
Pledge Specific Costs								
Pledge Earmarking Fee			349			349	-349	
Pledge Reporting Fees			900			900	-900	
Total Pledge Specific Costs			1,249			1,249	-1,249	
TOTAL EXPENDITURE (D)	3,430,894		569,019			569,019	2,861,875	
VARIANCE (C - D)			2,861,875			2,861,875		

Disaster Response Financial Report**MDRCO014 - Colombia - Population Movement**

Timeframe: 15 Mar 18 to 31 Jul 19

Appeal Launch Date: 15 Mar 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRCO014
Budget Timeframe	2018/3-2019/7	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	3,430,894		871,111	871,111	569,019	302,092	2,568,331
Subtotal BL2	3,430,894		871,111	871,111	569,019	302,092	2,568,331
GRAND TOTAL	3,430,894		871,111	871,111	569,019	302,092	2,568,331