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12-month Update

Colombia: Population Movement



Emergency Appeal Operation: MDRCO014	Date of issue: 28 May 2019
Operation timeframe: 15 March 2018 to 31 June 2020 (<i>the operation has been extended by 11 months</i>).	Timeframe covered by this report: 15 March 2018 to 31 March 2019
Overall operation budget: 4,890,382 Swiss francs	DREF amount initially allocated: CHF 328,817
Funding gap as of 31 March 2019: CHF 1,242,658	Donor response as of 31 March 2019: 74%
Funding gap as of publication date: CHF 0	Donor response as of publication date: 102%
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), and 22,916 volunteers.	
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.	
Donors to this Emergency Appeal: Movement partners: American Red Cross, British Red Cross (from British Government*), China Red Cross, Hong Kong branch, Iraqi Red Crescent Society, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, The Canadian Red Cross Society (from Canadian Government*) and The Netherlands Red Cross (from Netherlands Government*). Donors: European Investment Bank Institute, Western Union Foundation and the United States Government.	
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), as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows.	
The Colombian Red Cross Society (CRCS) has implemented a multi-sector response throughout the country to respond to the population movement. This first year of the operation has seen an upswing in the numbers of people on the move, as well as a rapid transformation of their profile, needs and plans. Migrants on foot (<i>caminantes</i>) and pendular migration have increased. According to field reports, there has been a rise in women and children on the move, with a noticeable upswing in pregnant women, mothers with infants and small children, as well as unaccompanied minors. Pendular migration in the border areas continues, but under new conditions of restricted border crossings and frequent passage of children and adolescents for schooling.	

During the first 12 months of this Emergency Appeal, the CRCS, with the support of the IFRC, has implemented a comprehensive humanitarian operation with an emphasis on health care, including psychosocial (PSS) services, while providing support to the heterogeneous population on the move in the areas of focus (AOFs) of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; protection, gender and inclusion; and migration.

Four Health Care Units (HCU) were equipped in Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño) and Puerto Carreño (Vichada), providing in total 45,070 services. Apart from standard primary health care, these services include psychosocial support to 4,870 people (children, adolescents and adults), as well as friendly spaces for vulnerable migrants. In addition, through Restoring Family Links (RFL) actions, 2,238 people were able to restore and maintain contact with their loved ones. Thousands more received hygiene kits, bedding kits, and food kits. This figure of 45,070 services provided through the HCU is in addition to the estimated 42,823 people who benefited from the hydration points.

Given the continued demand for humanitarian support to people on the move and migrants who have settled in Colombia, combined with the forecasts that indicate that migration flows will not decrease in the medium term, this operation has received approval for an 11-month extension. The CRCS and IFRC are in the process of revising this Emergency Appeal, expected to be published in June 2019, to continue to provide existing services, expand specific humanitarian aid in additional locations, seek to address new emerging protection needs and increase stabilization and integration activities. Although there is currently 102 per cent coverage of the current budget, further funding is required to support activities until June 2020.

<Click [here](#) for the financial report. Click [here](#) for Contacts.>

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

October 2017: The volume of the migratory flow continues, prompting a six-month extension to the operation. Coverage and resources to the DREF 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.



The Colombian Red Cross Society provides health services to migrants in Arauca, March 2019. Source: 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 number of people migrating increases, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Emergency Appeal](#) for 4,890,382 Swiss francs to expand the scope of health activities.

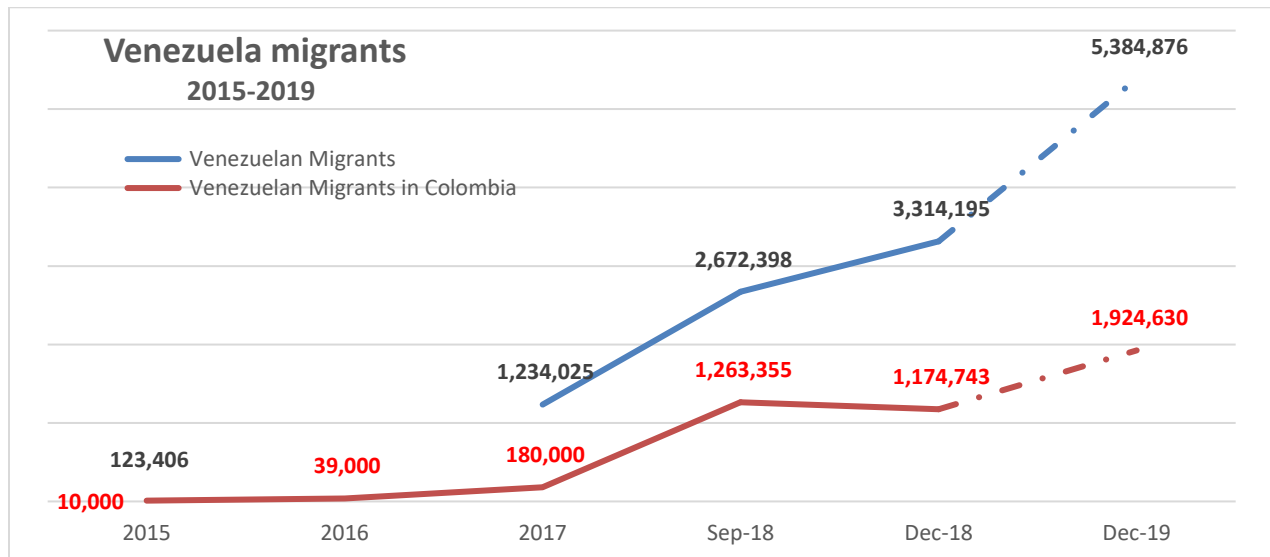
September 2018: [Operations update n°2](#) issued.

February 2019: [Six-month report](#) of the operation issued.

A. SITUATION ANALYSIS

Description of the disaster

In recent years, the number of people migrating from Venezuela to neighbouring countries and other locations around the globe has increased. The United Nations High Commissioner for Refugees (UNHCR) has estimated that over 3.7 million Venezuelans have migrated, with 2.7 million of these since 2015¹. As of March 2019, 1.2 million migrants were estimated to be in Colombia². This number is expected to escalate to somewhere between 1.7 and 2.3 million by the end of 2019³. Approximately 770,000 Venezuelan migrants have regular status in the country⁴. Colombia is [the number one receptor of Venezuelan migrants in the region](#).



Source: Regional Refugee and Migrant Response Plan, for Latin American information; iMMAP, for Colombian information.

In Colombia, the number of Venezuelan migrants has escalated exponentially from 10,000 migrants in 2015; 39,000 in 2016; 180,000 in 2017; and 1.2 million in 2018⁵. This represents an 11,900 per cent increase in three years and figures for 2019 are expected to be higher. The Colombian people and its government have shown extraordinary hospitality and solidarity, but the impact of this enormous inflow of people on the country's services, economy and host communities has been immense. The country's infrastructure and financial capacities are overstretched, and social tensions have been reported. In November 2018, the World Bank estimated that the cost of additional public services caused by migration lies between 0.23 per cent and 0.41 per cent of Colombia's GDP⁶.

The migration phenomenon should be considered in the context of the existing humanitarian situation in Colombia, including internal displacement. OCHA estimates that in 2019 there will be 7 million people in need in Colombia, including 1.9 million migrants and 5.1 million people affected by the humanitarian situation due to natural disasters or armed conflict. There are 96 municipalities (9 per cent of all municipalities in Colombia) where the population is affected simultaneously by armed conflict, natural disasters and migration⁷. In terms of global migration, the Global Compact for Safe, Orderly and Regular Migration was approved by 164 states and adopted by the UN General Assembly in December 2018; it provides non-binding yet internationally negotiated guidance to address challenges posed by migration and enhance coordination with regard to migration.

¹ UNHCR, Venezuela Situation

² Migración Colombia, March 2019

³ [Estimaciones by Departamento Nacional Planeación, Migración Colombia, iMMAP and UNHCR-OIM.](#)

⁴ Migración Colombia, March 2019

⁵ [iMMAP data on Venezuelan migrants](#)

⁶ [Despite Challenges, Venezuelan Migration into Colombia can Boost its Growth](#)

⁷ OCHA, Humanitarian Needs Overview 2019

At the start of 2019, donations from governments started being stocked in Cucuta. The Venezuelan opposition announced that these would enter the country from Colombia on 23 February 2019. The International Red Cross and Red Crescent Movement in Colombia issued a [statement](#) on 4 February 2019 clarifying that it would not be involved in the delivery of aid from Colombia to Venezuela, in compliance with its humanitarian principles of impartiality, neutrality and independence. A musical event, the Venezuela Aid Live concert, was organized in Cucuta on the Colombian border with Venezuela on 22 February 2019. The CRCS opened Emergency Operations Centres in Bogota and border cities, and the CRCS, IFRC and ICRC deployed staff to the field in order to monitor the situation and respond to emerging needs. On 23 February 2019, with the presence of the presidents of Colombia, Chile and Paraguay, the Secretary General of the Organization of American States and Venezuelan opposition leader Mr Guaidó, eight trucks said to contain aid attempted to cross the border into Venezuela from Colombia. These vehicles were unable to enter Venezuela territory, escalating the tensions between both countries, with Venezuela declaring the cessation of diplomatic relations with Colombia and the closure of the border. The Lima Group⁸ made a public statement in support of a peaceful and democratic regime transition.



CRCS Emergency Operations Centres in Cucuta and Bogota, 23 February 2019. Source: CRCS.

The political instability has generated immediate effects on pendular migrants, estimated at 3,000 a day. *Migracion Colombia* reports that between January and March 2019, 1,720,715 persons entered Colombia from Venezuela using the Border Mobility Card, and 1,573,689 exited Colombia to Venezuela using the same permit (see further below). These migrants enter Colombian territory to purchase consumer goods or obtain medical services. According to reports gathered by the [Interagency Group on Mixed Migration Flows](#) (GIFMM), border closures do not halt overall migration flows, but rather increase the risk and the costs for migrants, because armed groups controlling irregular crossings increase the costs of using these points. As the situation of scarcity and structural challenges in Venezuela persists, the numbers of people emigrating continues. In March 2019, several blackouts occurred across Venezuelan territory, with serious consequences for health, food and water consumption and public safety. Local elections in Colombia are planned for October 2019; most [political parties in Colombia](#) signed a pact to avoid language, speech or practice that leads to acts of xenophobia during the local electoral campaign process.

In September 2018, the IFRC issued a regional Emergency Appeal for the Americas: Population Movement (MDR42004) that is implementing actions with the National Societies of Argentina, Brazil, Chile, Ecuador, Guyana, Panama, Peru, Trinidad and Tobago and Uruguay. This appeal was [revised](#) in November 2018 to seek close to 8 million Swiss francs; the [Six-month report](#) for this operation was published in April 2019, and the operation is seeking to publish a revised Emergency Appeal in late May 2019. In April 2019, IFRC launched the Emergency Appeal [Venezuela: Health emergency](#) (MDRVE004) for 50 million Swiss francs.











Summary of current response

⁸ The Lima Group is a multilateral body that emerged from the Lima Declaration in 2017 through which 14 countries in the region expressed the need to seek a peaceful solution to the political crisis in Venezuela. The Lima Group currently is composed of Argentina, Brasil, Canada, Chile, Colombia, Costa Rica, Guatemala, Honduras, Mexico, Panama, Paraguay and Peru.

Overview of Host National Society

The CRCS, with support from the IFRC, is implementing this operation's actions aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#): *At all stages of their journeys, and irrespective of their legal status, migrants find the CRCS-IFRC team ready to respond to their needs, enhance their resilience, and advocate for their rights.* The CRCS continues to lead all operational actions and provide the dedicated volunteers who are the backbone of all of the actions implemented by the CRCS to respond to the humanitarian needs of people on the move. In the first 12 months of this operation, the CRCS has mobilized 108 volunteers, in addition to its personnel and leadership, for activities financed by this appeal. The addition of 11 new staff members, the adoption of data collection and monitoring practices, and the permanent drive to design and implement coordinated activities among Movement and other humanitarian partners, are key strengths of the National Society's actions in implementing this appeal.

The following graphic indicates some of the highlights of the achievements during the first 12 months of this operation:

45,070 total services provided	6,000 essential food assistance kits	900 bedding kits distributed	26,837 health care services provided	4,870 psychosocial support services
				
4 water distribution points	6,260 individual hygiene kits distributed	5,558 nutritional supplements provided to children and pregnant women	4 Health Care Units	2 Friendly Spaces
				

During the first year of this operation, the CRCS and IFRC worked together to establish strategically located attention points for people on the move. As detailed below, an effort is being made to combine health services to the target populations with actions in the areas of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; and protection, gender and inclusion. Four Health Care Units (HCU) were established in localities with high demand for health services, to provide basic medical, nursing and psychological care services. The first HCUs were established in La Guajira and Arauca in August 2018 with the HCU in Vichada and Nariño starting full operations in March 2019. The last HCU in Putumayo began operations in April 2019. The HCU infrastructure enable mobile missions to peripheral areas where migrants transit or are settled. As of March 2019, 10-day missions have reached migrants in Palomino and Fonseca, in Guajira, and Saravena and Tame in Arauca. Actions are underway for the three other HCUs to also conduct these extended outreach missions.

As at end March 2019, **45,070** services in all areas of focus were provided, which represents 38 per cent of the overall target. As part of the efforts to provide comprehensive attention to the target population, avoid double counting and ensure proper data protection, health care services in the HCUs are registered by service and not by person. The number of services provided in the first year were attained with only two of the planned five HCUs in operation for most of this reporting period. The HCU in Nariño and Vichada inaugurated their services on 15 March and 21 March 2019, respectively. With the

launch of the additional HCUs, more people will receive health services, and the established target will be reached. This figure of 45,070 services provided through HCU is in addition to the estimated 42,823 people who benefited from the hydration points.

Due to operational and procurement delays, a number of the HPI will start offering services to migrants in late May 2019. The HPI are located in fixed locations, oftentimes CRCS branch installations; these will provide initial medical consultations, laboratory tests and control medical consultation, as required. The health services also include the provision of basic medicines.

The map below indicates where these HCU and IPS are located.



At the start of the operation, 900 bedding kits were provided in the border crossing points having the highest population flow: the town of Paraguachón in Maicao municipality (La Guajira); Villa el Rosario municipality (Norte de Santander); José Antonio Páez International Bridge (Arauca) and Rumichaca International Bridge near Ipiales (Nariño). Kits provided migrants with suitable articles to reduce the hardships of their journeys. The early capacity to provide these kits was possible through the DREF operation, implemented between October 2017 and March 2018, which preceded the current Emergency Appeal. Hydration points were established near the Antonio Páez International Bridge (Arauca) and Rumichaca International Bridge (Nariño). These water points enabled migrants entering and departing from Colombia to have access to safe and clean water. These two water points have provided 128,470 litres of water during the first 12 months of this operation. In order to promote hygienic practices, over 6,260 hygiene kits were distributed to migrants.

In terms of protection activities, friendly spaces were established in Maicao (La Guajira) and Arauca, initially focusing on specialized attention and care for children, adolescents and their mothers. Psychologists from the HCUs have contributed to the services provided in these locations. Relief, relaxation and pedagogical activities have positive effects on children who are impacted by migration. In the first year of this operation, Restoring Family Links (RFL) services were used by 2,238 people. Based on the requests from the users of these services, RFL services were extended to enable people to call their loved ones in Venezuela, which was a shift from the original provision of phone services for friends and family who were already in Colombia.

In response to the closing of the borders between Colombia and Venezuela, the subsequent use of unofficial routes, and the presence of armed actors, the National Society has drawn up a National Security Plan for Attention to Migrants. The objective is to establish the necessary security measures and protocols for all CRCS personnel and volunteers, in order to ensure appropriate risk mitigation and preventive measure when the National Society is delivering humanitarian aid to the migrant population.

The Colombian Red Cross Society's growing and flexible institutional capacities were essential to the above operational achievements. With funding from this Appeal, the following 11 new staff members were incorporated at the CRCS headquarters in Bogotá:

Operations Coordinator	Migration Administrator
Health Coordinator	Epidemiologist
Health Administrator	Assistant Accountant, Health
PMER Officer	Assistant Accountant, Migration
Information Management (IM) Officer	RFL Coordinator
Logistics Officer	

Overview of Red Cross Red Crescent Movement in country

The Secretariat, through its technical office in Colombia, Americas Regional Office (ARO) in Panama and the Country Cluster Support Team (CCST) office for the Andean countries in Lima, has mobilized personnel to guide and reinforce diverse aspects of this operation. This information is detailed further below in section C under Strategy for Implementation indicator S2.1.

During the first twelve months, the operation has also received visits from the IFRC Under-Secretary General for Programmes and Operations and the IFRC Under-Secretary General for Partnerships.

In order to improve the monitoring and reporting of actions implemented at all the locations where the CRCS, with IFRC support, is active, the IFRC and the National Society worked together to design an improved data collection system. A series of data collection formats, which are regularly reviewed, was designed, as well as an information flowchart to identify the responsible roles in the process of data collection, processing, information analysis and accountability. In addition to the quantitative format, a qualitative format was designed, allowing team leaders to provide detailed information of significant elements that are less visible with raw data. The quantitative and qualitative information underpins programmatic decisions for this operation, particularly those taken by the National Society's project managers and the IFRC team. This system has become the best mechanism by which national headquarters of the CRCS receives information from its branches, which enhances the institutional culture of two-way dialogue and fosters improvement.

A technology-based monitoring system is being created with technical support of the Spanish Red Cross. This system relies on Open Data Kit (ODK) 2.0, a data collection software installed on digital devices that permits the registry of services/products delivered, as well as the medical history of patients. The purpose is to record all CRCS migrant-related activities through this system, centralizing data processing capabilities in the CRCS and in turn providing more robust information for better decision making. An implementation plan has been outlined and will be launched by late May 2019.

With support from IFRC, the CRCS Community Engagement and Accountability (CEA) strategy is being finalised, in accordance with the general [guiding principles](#) and the specific context and capabilities available in Colombia. One of this strategy's objectives is to foster two-way communication with the migrant population through the implementation of systems for compiling grievances, rumours and feedback, as well as better involvement of the target population in design of the interventions to improve the quality and delivery of aid.

The CRCS convenes Movement coordination meetings focused on migration on a biweekly basis. These meetings provide an opportunity to share information, jointly analyse the current situation and complement planned actions.

The following table, preceded by its key, provides information on the actions of the different Movement components in Colombia:

FA	First Aid	NF-K	Non-food kits
MC	Medical consultations	OR	Orientation
N	Nursing	RFL	Restoring Family Links
PSS	Psychosocial support	FS	Friendly Spaces
DH	Dental health	NS	Nutritional supplements
WASH	Water, sanitation	LH	Livelihoods
FS	Food Security	CTP	Cash Transfer Programming

Movement partners supporting CRCS work on Migration

Dept	City	Movt. Partner	Services														
			FA	MC	N	PSS	DH	WASH	FD	N-FK	OR	RFL	FS	NS	LH	CTP	
Arauca	Saravena	ICRC										X	X				
	Arauca	IFRC	X	X	X	X			X		X	X	X	X	X		
Atlántico	Barranquilla	ICRC											X				
Boyacá	Tunja	Spanish Red Cross (SRC)	X	X	X	X					X						X
Casanare	Yopal	ICRC										X	X				
Guainía	Puerto Inirida	German Red Cross (GRC)	X	X	X				X	X	X	X					
Guajira	Maicao	GRC- ICRC										X	X				
	Paraguachon	GRC	X						X			X	X				
	Riohacha	IFRC	X	X	X	X						X	X	X	X		
	Maicao	IFRC	X	X	X												
Nariño	Rumichaca	GRC	X	X	X	X			X		X						
	Rumichaca	ICRC										X	X				
	Ipiales	IFRC	X	X	X	X			X		X	X		X			

Dept	City	Movt. Partner	Services														
			FA	MC	N	PSS	DH	WASH	FD	N-FK	OR	RFL	FS	NS	LH	CTP	
Norte de Santander	Villa del Rosario	GRC	X	X	X	X			X			X	X				
	Pamplona	GRC	X		X							X	X				
	Silos	GRC	X		X							X	X				
	Catatumbo	GRC	X	X	X	X	X					X	X				
	Cucuta	SRC		X	X	X			X	X	X				X	X	
	Cucuta	IFRC	X	X	X	X			X			X	X				
Putumayo	La Hormiga	IFRC	X	X	X	X			X	X	X		X	X			
	Puerto Asis	ICRC										X					
	La Hormiga	ICRC										X					
Santander	Bucaramanga	GRC	X	X	X	X											
Vichada	Puerto Carreño	IFRC	X	X	X	X			X	X	X		X	X			

German Red Cross

GRC has been supporting CRCS migration actions since the end of 2017 for humanitarian assistance in health, restoring family links, orientation on rights and institutions and provision of hygiene and food kits in the departments of Guainía, Vichada, Santander, Norte de Santander and Nariño. During 2018, altogether, 135,858 services were provided.

Spanish Red Cross

During 2018, the SRC supported CRCS in reaching 18,561 people through three projects offering services in primary health care and livelihoods in the department of Norte de Santander, as well as humanitarian assistance to the Yukpa indigenous population. Two projects will begin in Tunja (Boyacá) in 2019.

American Red Cross

The American Red Cross has been proving support to the IFRC during monitoring and donor visits.

International Committee of the Red Cross (ICRC)

The ICRC is assisting the migrant population, in many cases working through the CRCS, especially in areas affected by conflict and armed violence. The ICRC works on preventing the disappearance of people in migratory routes and, when this happens, contribute to the search and to the reunification of families. The ICRC also supports migrants to access basic sanitation, water and medical care, among others. In 2018, the ICRC provided shelter to 102,000 migrants in Colombia, provided survival kits to 14,000 people, and gave schooling kits to 1,350 children.

Overview of non-RCRC actors in country

State response

The response from the Colombian Government has focused on i) the regularization of migrants and identification of returned nationals, and ii) the deployment and coordination of humanitarian actions. In terms of regularization, the Special Residence Permit (PEP) and the Border Mobility Card (TMF) allow Venezuelans to stay in Colombian territory for up to two years or permit their movement within border regions, respectively. In April 2018, the Colombian government conducted the Administrative Record of Venezuelan Citizens (RAMV), in which 442,462 people were surveyed for demographic and other characteristics that would be used to underpin further policy response. On 21 December 2018, the government introduced a new transit permit, known as the Temporary Transit Permit (Permiso de Transito Temporal, or PIP-TT) which allows migrants to have up to 15 days of transit through Colombia in order to reach a third nation. As at 30 April 2019, 132,743 such permits had been granted, with *Migración Colombia* estimating the daily entry of 1,112 migrants with the PIP-TT in 2019.

The government of Colombia, in office since August 2018, is actively addressing the population movement. Its white paper published in November 2018 outlines the basic public response in every sector ([CONPES 3950](#)). The significant increase of migrants in the country has led to an institutional burden with an impact on the national budget. In late March 2019, the National Fiscal Committee met to analyse if the migration phenomena demanded a revision of the Fiscal Rule, so that the National Government could increase its public debt to finance humanitarian actions⁹. Although public agencies are required to assist migrants, the 2019 national public budget has no specific allocation to respond to the population movement, making additional resources necessary. In mid-April 2019, [the government announced](#) the implementation of approximately 50 new economic measures that seek the economic reactivation of the border, including job creation, investment, competition, as well as health and accommodation.

Non-state actors

In September 2018, the UNHCR and the International Organization for Migration (IOM) appointed a Joint Special Representative for Venezuelan refugees and migrants in the region, to seek to build a coherent regional approach to the Venezuelan situation in coordination with national governments and other humanitarian actors¹⁰. In December 2018, the IOM and UNHCR presented its [Regional Refugee and Migrant Response Plan \(RMRP\) for 2019](#). This plan targets 2.7 million people in 16 countries. In Colombia, through the actions of humanitarian actors, the plan aims to reach 640,000 migrants and 586,000 people in host communities, with an estimated budget of USD 315 million. As at 15 May 2019, the coverage of the RMRP for Colombia was 20.9 per cent.

The IFRC and the Colombian Red Cross are part of the Humanitarian Country Team (HCT), led by the Humanitarian Coordinator. The CRCS is also an active member of the Inter-agency Group for Mixed Migratory Flows (GIFMM for its acronym in Spanish), and the IFRC attends meetings as an observer. This coordination enriches context analysis, helping to identify migratory trends and the needs of the population of interest. Likewise, it allows the articulation of the offer of the UN agencies and international NGOs seeking complementarity and avoiding the duplication of actions. The CRCS also shares information through the Information Management and Analysis Unit (UMAIC) in collaboration with iMMAP. IFRC and CRCS also participate in the Health Cluster, led by the Ministry of Health and the Pan American Health Organization. During the last meeting in December 2018, the following subclusters were created with the aim of increasing efficiency and effectiveness: Maternal, Sexual and Reproductive Health and Gender Violence; Child and Adolescent Health; Communicable Diseases, Non-Communicable Diseases and Mental Health; and Nutritional Health. The IFRC and CRCS participate in the Cluster for Food Security and Nutrition and are actively supporting the development of a nutrition strategy in order to attend to the population of “*caminantes*”. CRCS also attends the WASH and Protection clusters and with the World Food Programme (WFP) is the co-lead of the Cash Transfer Working Group.

⁹ [Comité ejecutivo deberá definir si flexibiliza la regla fiscal ante impacto migratorio](#)

¹⁰ [Appointment of Mr. Eduardo Stein as Joint Representative for Venezuelan migrants](#)

At the local level, the CRCS and the IFRC share information with other humanitarian actors, aiming for complementarity of actions when there are several actors in the same location. Additionally, the CRCS attends Local GIFMM Coordination meetings in Arauca, La Guajira, Norte de Santander and Nariño.

Needs analysis and scenario planning

Needs analysis

Shelter

Important needs in shelter were identified, in particular in border cities, as migrants lack the financial resources for lodging. This results in this population sleeping in parks, bus terminals and other public sites. Likewise, many vulnerable migrants do not have the necessary resources to face adverse weather; basic bedding and shelter materials are scarce among migrant population. Overcrowded informal settlements were emerging in high-risk areas where migrants live in substandard conditions in which basic public services are not always available. Colombia established its first Centre for Transitory Attention for Migrants in Cúcuta (CATM for its acronym in Spanish) in February 2018. With a 250-person capacity, with people staying 3 to 5 days, the demand immensely surpasses the shelter support available. The municipality of Bogota had opened a 600-person camp in November 2018 and closed it in January 2019. On 8 March 2019, in response to important shelter needs in Maicao (La Guajira), the government, in association with UNHCR, opened an Integral Centre of Attention for Migrants, with support from a number of humanitarian organisations including the Colombian Red Cross Society. In its first phase of operation, the centre has an initial capacity of 350 persons, which is expected to increase in phases to reach at least a 1,000-person capacity.

Livelihoods and basic needs

There is an increase in dangerous and detrimental coping strategies among the migrant population, such as involvement in illicit activities (illegal mining, illicit crops, drug trafficking, recruitment by illicit armed actors), scavenging in garbage dumps or selling their valuable assets (work tools or mobile phones). This situation diminishes their potential productive capacities. In addition, women and girls are more vulnerable to sex work or being trafficked to ensure their livelihoods. Actions to foster safe livelihoods are required to support individual and family self-sustenance and income generation.

Health

The supply of health services is precarious in Arauca, La Guajira, Vichada, Nariño and Putumayo as health system institutions are overloaded. The CRCS field teams report that the massive concentration of people in informal human settlements in the outskirts of the urban centres, which contain a population that has difficulty to obtain access to traditional health centres. There are important needs for follow-up and treatments of chronic diseases (hypertension, diabetes, cancer), prenatal and postnatal care, as well as evaluation and treatment for children under the age of five. Immune-preventable diseases have become a public health challenge as diseases such as measles have re-emerged. Sexual and reproductive health care, which entails information on breastfeeding, sexual transmitted infections (STIs) and family planning, among others, is limited; condoms and contraceptive methods habitually are unavailable to this population.

Pregnant women affected by the migratory emergency are exposed to a high risk of morbidity and mortality that is due to scarce or no access to maternal and child health services, as well as food insecurity, in their country of origin. Upon arrival in Colombia, pregnant women encounter obstacles to obtain access health services (prenatal care, delivery and new-born care) due to their immigration status and factors such as the lack of information and discrimination. According to the administrative registry of Venezuelan migrants, as of June 2018 there were 8,209 pregnant women in Colombia, of whom 77 per cent had not had prenatal check-ups and 51 per cent were not taking supplements.

In February 2019, *Profamilia*, the main national non-governmental organization that promotes sexual and reproductive rights in the country, presented [an assessment](#) of unmet sexual and reproductive health needs of the migrant population in four cities on the Colombian-Venezuelan border (Arauca, Cúcuta, Riohacha and Valledupar). The study classified the unmet needs in a top ten list, identifying the most urgent and central needs. These included access to family planning services, STIs prevention, prevention of pregnancy during adolescence, and youth friendly spaces. With regards to sexual violence, the list included the need for information, prevention, protection and care services; maternal and child health services; and

access and combined response in HIV care and treatment. The lack of information also was highlighted. With the recognition of the social and cultural differences among the migrant population, the study identified the need to assertively transform social mindsets that generate stigma.

The migrant population has different mental health needs due to the multiple stress factors and concerns related to their situation, conditions, major changes and individual and family needs. Since 2018, the Ministry of Health has considered that the strengthening of mental health services should be a priority. The promotion of understanding of the ongoing cultural adaptation process for migrants, based on coexistence, empathy and information, is needed at the level of the host communities in the country. Protection remains a transversal component to identify people that may have additional and/or differential needs. In the revision of this Emergency Appeal, the Community Based Health and First Aid (CBHFA) approach will be further promoted, especially for the populations with a desire to remain, in settlements that have been increasing. The objective is to have more participatory and empowering actions, prioritized according to the context and needs. Given that Colombian host communities have similar needs to access to health care in difficult-to-reach sites, health services from CRCS are open to all persons who need them. The activities are directed to the migrant population but also, Colombian returnees and Colombians without access to health services, who are also welcome for the activities related to the promotion of health and prevention of disease.

Water, Sanitation and Hygiene Promotion

Structural barriers impede the access to safe water. Adequate solid waste and excreta management systems are insufficient in settlements. In addition to hygiene issues, tensions between the local population and migrants were reported due to open defecation. The lack of adequate and safe places for personal hygiene contributes to the risk of sexual violence especially for women, girls and people with diverse gender orientation. In the absence of other water and hygiene options, migrants use the hydration point in Arauca for personal hygiene needs, which has required daily upkeep of the water point on a daily basis to guarantee the potability of water and the station's cleanliness.

Protection, Gender and Inclusion

Based on a needs assessment report from the International Rescue Committee, which entailed interviews with stakeholders, focal groups and a family survey, the main risks in this area are sexual violence, drugs, physical violence, abandonment and gang-related violence. Despite the high rate of child separation, this was not considered the largest risk by the population. Nonetheless, there are noted child protection risks, in particular with regard to non-accompanied minors, or young adult migrants who remain exposed to protection risks. In addition, since the closure of the borders in February 2019, children continue to cross the border informally in order to access educational opportunities; crossing in these conditions increases their exposure to risks, particularly in locations where armed groups control the informal border crossings. When asked to rank risks, the population prioritized risks to health, followed by sexual abuse/violence, drug abuse, lack of shelter and food, labour exploitation, and physical violence. Some mentioned the lack of information in terms of what to do or where to go, while others were concerned that police or government child protection services could take their children away from them. Sexual violence against women is occurring; with greater risk in the workplace or when searching for employment. Most migrants are unaware of where to go to get the necessary related services. Sex work, even for people with higher education (professionals), was noted as a common coping strategy. Other concerns revolved around popular misconceptions in Colombia that all Venezuelan women are sex workers and around the fear of their children being kidnapped. For men, specific risks were related to xenophobia that results in physical violence, and also labour exploitation due to a lack of knowledge in terms of rights and knowledge about where to seek assistance. In terms of inclusion, there is a noted need for community-based actions which involve migrants as well as host communities to strengthen social cohesion and increase resilience to face adverse conditions.

Migration

In the last 12 months, the Colombian government has adopted a number of important initiatives to address the migratory phenomenon, expanding the number of migration mechanisms related to those in and passing through Colombian territory and increasing the number of mitigation and recovery initiatives in border areas. Since end February 2019, Venezuela has closed its borders. This increases the potential for vulnerability since the number of migrants that enter through informal crossing points rises, in turn exposing them to other types of affectations such as armed conflict and human trafficking. The

migratory flows are not decreasing; all the above-mentioned humanitarian needs in terms of health, hygiene, shelter, livelihoods and protection, remain acute.

Targeting

This operation is focused on, but is not limited to, providing health care and complementary services without discrimination to Venezuelan migrants, Colombians that return from Venezuela and host communities. This Appeal has set the goal of providing 120,000 health and complementary services to vulnerable people in need. In order to reach this population, this Emergency Appeal has located its points of attention in i) border cities that report the largest migration flows: Riohacha (La Guajira), Arauca (Arauca) and Ipiales (Nariño), and ii) cities affected by migration flows but with little or no humanitarian assistance available: Puerto Carreño (Vichada) and La Hormiga (Putumayo). Additionally, services also are being provided in some of the largest cities in Colombia where migrants have settled and have an important need for health and other services (Barranquilla, Cartagena, Riohacha, Maicao, Bucaramanga, and cities in the department of Valle and Cundinamarca). As of 31 March 2019, *Migracion Colombia* estimated that there were 1,260,594 Venezuelan migrants in Colombia, the vast majority of which are in the departments of La Guajira, Cundinamarca, Norte de Santander and Atlántico, each estimated as hosting more than 100,000 migrants.

Scenario planning

The constant escalation of migratory flow into Colombia remains a significant challenge to public and humanitarian services. Pathologies once considered eradicated have re-emerged in border communities (e.g. measles), and high-cost chronic diseases (such as cancer) or mental health disorders are more prevalent. There are also continuous needs for sexual and reproductive health services, as well as attention to eradicate the morbidity and mortality due to malnutrition. Concurrently, the demand for essential goods and services (healthcare, housing, employment) continues, especially in transit cities in departments located in the border zone. The current wave of migrants is composed of people with fewer economic resources and social networks to buffer their transitional stage in Colombia¹¹.

As occurred in 2018, changing migratory laws and regulations in neighbouring countries (such as Ecuador and Peru) could increase the number of migrants that remain in Colombia, with related risks due to their undocumented status. In early 2019, Ecuador briefly introduced new entry requirements for Venezuelan migrants, which for some time impacted on the migratory flow through the Colombian southern border. In addition, events in Venezuela in early 2019 have led the IFRC and the CRCS to revise their contingency plans in light of different scenarios, to remain agile in their response to potential increases in migratory flows. However, large humanitarian gaps remain, and needs will increase with the number of people in a situation of vulnerability entering the country.

Operation Risk Assessment

Tensions are on the rise between host community members and recent migrants due to limited available resources, compounded by situations of overcrowding. To prevent a climate that gives rise to discrimination and a toughening of immigration policies, it is vital to invest in actions that facilitate dialogue, inclusion and integration and take advantage of the potential economic capacities of the newcomers, as well as support the National Society's engagement in humanitarian diplomacy at the national and local levels.

During their journey, many migrants have had to resort to unsafe practices, including exploitative labour and transactional sex, to obtain money. The physical and emotional toll on children, adolescents, adults and elderly adults is generalized, increasing their health risks.

At the internal level, the CRCS and IFRC staff and volunteers have consistently contributed to this operation. However, institutional care and self-care measures require reinforcement. This includes increased attention to psychosocial support, closer supervision of standard rest times and stress management, among others. These actions are fundamental to prevent burnout, potential security issues and to ensure the compliance of the principle of do no harm

¹¹ [Más pobreza entre los migrantes venezolanos](#)

The migratory movement takes place within the intensification of events associated with the armed conflict in Colombia.¹² These factors entail the actions or recent creation of illicit armed groups and subsequent reports of extrajudicial assassinations and forced displacement. After more than a decade of positive results, in 2018, the victims of landmines increased by 200 per cent. Migrants in Colombia, already in a situation of vulnerability, are exposed to the negative effects of armed conflict on their journey in the country or in their new settlements.

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, Bolívar, 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 revision of the Emergency Appeal](#).

Since April 2019, this Emergency Appeal has reached 100 per cent funding. In June 2019, a third revised Emergency Appeal will be issued to extend this operation 11 months (until June 2020) and additional funding will be required to reach the planned objectives.

C. DETAILED OPERATIONAL PLAN

In the 12 months of the operation, the CRCS has managed to provide 45,070 services, which represents 38 per cent of the total projected services. This figure of 45,070 services provided through the HCU is in addition to the estimated 42,823 people who benefited from the hydration points. With the inclusion of three new health care units and health services through at least five health provision institutions, the target number of services to be provided by the end of July 2019 is expected to be surpassed.

One of the major limitations in the first year is related to the manner in which data collection was conducted. Initially the data collection forms did not record disaggregated data by sex and age. The originally formulated indicators for health, in particular, were to measure number of people reached. However, the mobile nature of the target population and the comprehensive attention provided in operation locations (i.e. one person receiving more than one service) make the measurement of services provided more useful. The information system, of which the data collection system is part, continues to be adjusted and refined to better suit the CRCS's need to monitor all of its migration actions, independent of partner, and permit the IFRC and CRCS to generate more detailed and timely monitoring reports.

	Shelter People reached by the CRCS: 900 people People targeted: 10,000
Outcome 1: The migrant population strengthens their safety and well-being related to their shelter needs in the short and medium-term.	
Indicator:	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

¹² OCHA, [Humanitarian Needs Overview, Colombia](#) (2019).

# 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 determined¹³		
Indicators:	Target	Actual
# of sectorial evaluations carried out in the departments where the intervention takes place.	2	0
# of monthly monitoring reports produced.	15	6
Progress towards outcomes		
<p><i>As mentioned in the section “Overview of Red Cross Red Crescent Movement in country”, during the past six months of this operation, the CRCS, with IFRC support, had a strong focus on health, while maintaining the achievements of the first six months in the areas of focus of shelter and livelihoods.</i></p> <p><i>Individual bedding material kits distributed</i></p> <p>Bedding material kits were distributed in the first months of this operation in four departments. As mentioned in the 6-month report, 900 people were provided with two blankets, one pillow, one raincoat and one flashlight. The continuous flow of migrants that cross the eastern mountain range, walking through paramo ecosystems that start at 2,700 metres above sea level, has triggered a needs assessment to determine if further bedding kits should be purchased for additional locations as several CRCS branches are reporting the increase of migrants passing through strategic corridors that connect border urban areas with the Colombia’s largest cities. These locations are: Berlin (Santander), Pamplona (Norte Santander), Ipiales (Nariño) and Tunja (Boyacá).</p> <p><i>Volunteers trained in collective centre management</i></p> <p>The Transitory Attention Centre for Migrants in Cucuta (CATM for its acronym in Spanish) was opened by the Ministry of Foreign Relations at the beginning of the Appeal. It had been expected that the CRCS would be responsible for its operation and that further shelters would be opened. With this projection, the EPoA included the training of 20 volunteers in collective centre management. However, the Cucuta centre opened intermittently and the CRCS ceased operating the centre on 31 December 2018. The activity will be implemented when the National Society envisages the management of collective centres for migrants during this Appeal.</p> <p><i>Sectorial evaluations in the target departments</i></p> <p>Sectorial evaluations in shelter were not a priority during this reporting period.</p> <p><i>Monthly monitoring reports</i></p> <p>While these monthly reports were initially planned to only cover shelter support strategies, the operation team took advantage of this indicator to monitor and report on the cross-sectoral actions of this Appeal.</p> <p>The CRCS produces monthly monitoring reports that compile information from the branches engaged in the implementation of this operation. These reports are then shared with Movement partners. Between March 2018 and March 2019, the CRCS produced six reports accounting for all details of the operation, informing on limitations and challenges, highlighting best practices of each branch, and suggesting improvements to be done. There had been some delay in providing reports for the first few months of the operation due to the lack of a PMER officer within CRCS. These reports are extremely relevant for the IFRC understanding of the operation, and they are coupled with frequent monitoring missions to the field in order to tackle the different challenges and make the required adjustments.</p> <p>Throughout the 12 months of this operation, the IFRC has provided technical support to the CRCS to develop its monitoring and information system. This included the design of forms, creation of established mechanisms and timelines for data collection, analysis and transmission. The IFRC PMER officer conducted a series of missions to Arauca and Guajira to provide direct support to these CRCS branches, as well as update information available. The CRCS has hired a PMER officer and IM Specialist to support these tasks, which has enabled the implementation of a more efficient</p>		

¹³ 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.

monitoring and information system. During the past six months, data quality has improved and is assured via permanent feedback with field coordinators and their teams.



Livelihoods and basic needs

People reached by the CRCS: 6,000 people

People targeted: 20,150

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 ¹⁴	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

As previously mentioned, during the past six months of this operation, the CRCS, with IFRC support, had a strong focus on health, while maintaining the achievements of the first six months in the areas of focus of shelter and livelihoods.

Non-perishable food rations

During the first six months of the operation the Colombian Red Cross Society distributed 6,000 food rations in Arauca, La Guajira, Norte de Santander and Nariño, along the transit routes and bus stations taken by the population on the move, as detailed in the [six-month report](#). Talks were advanced with World Food Programme for availability of support of the National Society to contribute to the distribution of food rations, through WFP vouchers.

Livelihoods feasibility study

The IFRC Livelihoods Resource Centre conducted a feasibility study in July 2018, to identify the priorities of migrants. This study reviewed the situation of migrants in seven municipalities in three departments (Arauca, Norte de Santander and Cundinamarca) with the highest incidence of migrants who are willing to relocate on a long-term basis in Colombia. The Household Economic Security Analysis (HES) and the Rapid Market Assessment tools were used for the study. The results show that access to basic needs are a priority (survival threshold); access to economic security in a sustainable way and work in family resilience to deal with the impacts of migration, are mid-term needs. This study underpins the cash transfer programme (CTP) that is being designed and is described below.

Cash transfer assistance

¹⁴ 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).

While this indicator has not been reached in the first year due to lack of unrestricted funding, the IFRC and CRCS were coordinating with other humanitarian actors through the Interagency working group on Cash Transfers (co-led by the CRCS). During the first 12 months, CRCS and IFRC teams were strengthening their capacity to design and implement a cash transfer programme. In February 2019, a team of regional specialists from the American Red Cross provided training to representatives of CRCS branches working on migration. American Red Cross has donated to this appeal for the implementation of a CTP that will incorporate the feasibility study for socio-economic development and is planned for implementation in Cundinamarca starting in May 2019.



Health

People reached by the CRCS: 26,837

People targeted: 88,920

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	26,837

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	21,082

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	6,209

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	4,870

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	4,418
# of pregnant women receiving nutritional supplements	3,000	1,140

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

Indicators:	Target	Actual
# of epidemiological reports generated	10	5
# of financial and operating reports generated	15	3
# of monitoring missions carried out	20	30

Progress towards outcomes

People reached with health services

Health actions by the CRCS, with IFRC support, have dramatically increased by 71 per cent in the past six months. A total of 26,837 medical services were provided in the first year of this operation. A strong emphasis has been placed on responding to the health needs of migrant boys, girls, adolescents, adults and the elderly.

During the first 12 months of the operation, the four Health Care Units in Riohacha (La Guajira), Arauca (Arauca), Ipiales (Nariño) and Puerto Carreño (Vichada) contributed to providing healthcare to migrants with the highest level of vulnerability. The HCU at Arauca and Guajira were the first to become operational in August 2018. The other two units in Ipiales (Nariño) and Puerto Carreño (Vichada) became operational on 15 March 2019 and 21 March 2019 respectively. One additional HCU in La Hormiga (Putumayo) opened to the public on 1 April 2019.

Each HCU is staffed by an interdisciplinary team composed of a doctor, a nurse, a psychologist, a nurse assistant, a pharmaceutical technician and a logistical assistant. As of 31 March 2019, the CRCS, with IFRC support, provided 21,082 medical services through the HCUs, reaching 49 per cent of the target. As a notable change from traditional humanitarian intervention models, Health Care Units place

special emphasis on consultations of at least 20 minutes, when required by the patient, and in the provision of personal services in an unlimited manner. This means that in places like Ipiales and Riohacha migrants can have consultations on a regular basis, allowing the health professionals to follow-up on their conditions and monitor their improvements. Due to the high volume of people requiring these services, health staff is being increased with the addition of a second medical doctor and a second professional nurse to each of the HCUs in Arauca and Guajira.

In a standard health care appointment, the person receives a token to track their request for assistance and services provided. They receive an initial assessment by the nurse assistant; in accordance with the triage they are referred for further medical care, psychological attention and/or to the nurse for first aid services, family planning methods, and growth and development consultation for children under five years of age. The process has enabled people to maintain their medical history, based on which the HCUs not only provide to patients, but also to other medical units (i.e. municipal health care services) in accordance to the IFRC data protection policy and the [National Health Response Plan for Migration](#).

In February 2019, the CRCS branch in Guajira identified that growth and development control cards for children are required to access the Colombian Institute of Family Wellbeing (ICBF) Child Development Centres, as well as medical certificates so children can enter public educational institutions. All the HCUs now provide development control cards and medical certificates free of cost.

In the past three months of this reporting period, the medical teams have seen the increasing incidence of pregnant and lactating women with significant health needs with regard to their pregnancy, as well as women concerned about their sexual health. This has compelled the CRCS to increase dissemination of key messages on sexual and reproductive health, as well as the provision of pregnancy tests. Furthermore, the CRCS-IFRC team are in conversations to increase the services provided to pregnant women, so laboratories and follow-up appointments are included.

This Emergency Appeal is supporting the UNHCR's Centre for Comprehensive Migrant Attention in Maicao (La Guajira), which opened on 8 March 2019, through the provision of first aid, psychosocial support and RFL services. Three nurse assistants have reached 197 migrants at the Centre as at 31 March 2019.



The Health Care Unit in Arauca provides services to children and adults. Source: CRCS.

As explained in the section “Summary of current response”, the Health Units and the Healthcare Providers are the two mechanisms through which this Appeal offers basic health care services. They differ in the ability of the HCU to provide mobile missions to peripheral points, thus expanding the number of people reached at the community level. For their part, the IPS offer laboratory services and specific examinations, which in turn deepen the quality and impact of the health service provided. In accordance with the Movement’s Fundamental Principles, especially those of humanity and impartiality, HCU and HPI attend people regardless of their nationality, legal status, etc., thus, serving migrants and host communities indistinctly. In addition, teams are giving special attention to pregnant women, children under the age of five and adults with chronic disease, who were shown to be in the most vulnerable situation.

Location of Health Care units and Health Provision Institutions

	Arauca, Arauca	Pro Carreño, Vichada	Ipiales, Nariño	La Hormiga, Putumayo	Riohacha, La Guajira	Maicao, La Guajira	Barranquilla, Atlántico	Cartagena, Bolívar	Bucaramanga, Santander	Cúcuta, Norte de Santander	Cundinamarca	Valle del Cauca
Health Care Units (x5)	X	X	X	X	X							
Health Provision Institutions (x8)					X	X	X	X	X	X	X	X

People served through basic health programmes in HCU

Throughout the first 12-month of the operation, the health care units were able to provide 26,837 services with primary health care services in Arauca, Guajira and Ipiales. The distribution of health care units and their capacity to mobilize to peripheral areas are added values to this operation. The HCUs in Arauca and Guajira are located in two of the most locations most frequented by migrants. Arauca is a receptor point for pendular migrants, those that cross the border on a daily basis to acquire basic goods and services. Guajira receives migrants that are looking to settle in big cities or to cross Colombia looking to settle in countries like Peru, Ecuador and Chile. Migrants arriving to Ipiales have spent an average of 20 days on the road, so they arrive in precarious health conditions. The CRCS Grey Ladies provide clothing and participate in the “listening room”, where a psychologist and a group of volunteers provide psychological relief. The unit in Putumayo started operations on 1 April 2019. In addition, IFRC and the CRCS are working on a review and adaptation of the regional guideline for differentiated healthcare and psychosocial support with migrant populations, which once finalized will be implemented in this operation.

Medical consultations provided through CRCS HPIs

With support from this Appeal, the CRCS is finalising service contracts with five Health Provision Institutions of CRCS branches in Riohacha and Maicao (La Guajira), Barranquilla (Atlántico), Cartagena (Bolívar) and Bucaramanga (Santander). Three additional service contracts in Cucuta (Norte de Santander), Cundinamarca and Valle del Cauca are in process. As clinics, HPI provide a more comprehensive medical service that includes laboratories and follow up consultations. As part of the process to contract the HPI, a procurement process was carried out in compliance with procedures, and the process was extended to offer a more comprehensive health service through the inclusion of specialized laboratory exams. Health Provision Institutions are expected to commence their contracts in late May 2019.

Activities at the community level

Five mobile health care missions were carried out between August 2018 and February 2019, to reach populations with no access to health care, due to their lack of mobility or residence in peripheral areas. Two were conducted by the Guajira branch and three by the Arauca branch. The table below provides information on the locations, all of which are characterized by scarce infrastructure, and a complex situation in each municipality:

Mission	Date	People reached	Observation
Tame (Arauca)	20-22 August 2018	160	In the municipality of Tame, there are informal settlements in which a high number of families and population from Venezuela are not receiving medical attention. Tame is a transit location for those

			traveling to the country's centre. Some stay for days in search of food and humanitarian aid, as well as temporary work to continue their travels.
Saravena (Arauca)	4-12 September 2018	479	In the municipality of Saravena, there are more than five informal settlements in which a high number of families and population from Venezuela are not receiving medical care. IFRC and Doctors Without Borders are planning on implementing joint health care activities.
El Refugio (Arauca)	24-28 September 2018	246	El Refugio is one of the largest informal settlements in Arauca. The population, which is not receiving medical care, have approached the CRCS branch to receive health care services. Contact is established with community leaders to take the HCU for a week to this settlement.
Fonseca (Guajira)	16 – 18 de November 2018	93	Migrants had not received any type of health care before this mission.
Palomino (Guajira)	29 November – 01 December 2018	305	
Casuarito (Vichada)	01-13 April 2019		According to needs assessments, cases of acute malnutrition and pregnant women are expected to be treated. Potential diagnoses are infectious diseases: acute diarrheal disease, acute respiratory infection and infectious skin diseases. There are approximately 80 daily requests for health care from people crossing the border.
Other locations in Arauca	Planned for May June 2019		Based on a needs assessment, missions in the municipalities of Tame, Saravena, Fortul and Arauquita are being planned to respond to the high number of people in informal settlements who lack medical care.
Other locations in Nariño	Planned for May 2019		In San Pedro, the HCU has identified the need for health services in particular to attend to children. The HCU has also identified the need to provide general health services in Guachucal and San José.



Health Prevention and Promotion Talks in Puerto Carreño (Vichada). March 2019. Source: CRCS

Psychosocial services to promote mental health
 Psychosocial support was provided to 4,870 people during this reporting period. This represents a 558 per cent increase with respect to the six-month report. The increase is explained by the dynamism that has been acquired by psychologists at the Arauca and Guajira branches. Especially in Guajira, the number of collective psychosocial talks and services are provided almost to every one of the persons that daily receive services in the HCU. The IFRC and CRCS are planning to facilitate a workshop on mental health and psychosocial support in humanitarian emergencies in late April and early May, for the psychologists and CRCS volunteers working on migration. The objectives of the workshop include debriefing, sharing and learning from experiences from the field, reviewing the strategy for migration, and

standardizing the approaches and tools. This workshop will also enable an opportunity for collective debriefing between team members.

Children receiving nutritional supplements

In total, 4,418 nutritional supplements were provided to children in Arauca and Guajira. The CRCS, based on indications from the HCU doctor, provide Nutributter and Plumpydoz, which are nutritional supplements specially for the prevention of malnutrition in children under 5 years old, while recognizing and encouraging the exclusive breastfeeding for children under six months of age. Plumpydoz also is used for cases of moderate acute malnutrition. As part of the integral approach, the HCU provides further orientation on the promotion of breastfeeding, promotion of vaccination and key nutritional practices in the home and at the community level.

Pregnant women receiving nutritional supplements

The HCU also provided 1,050 pregnant and lactating women with nutritional supplements (Plumpymum) in these same locations.

A new purchase of nutritional supplements is expected to take place in the coming months and will be distributed through the five HCU locations according the needs. The IFRC and the CRCS are also working through the Food Security and Nutrition Cluster, to develop clear guidelines on approaches to nutrition for walking migrants (*caminantes*).

Epidemiological reports

The CRCS and IFRC produced five epidemiological reports within the reporting period. With regards to health issues within the migrant population, the fifth epidemiological report (February 2019) from the CRCS branches in Arauca and Guajira provide a representative panorama of health issues. This report is based on information taken from all medical services provided to 1,507 persons (67 per cent female and 33 per cent male; 35 per cent of the patients between 20 and 59 years old, children under 5 years of age in the following largest group (30 per cent) and children between 5 and 9 years old (12 per cent). The diagnoses with the highest frequency of care were acute respiratory infection (41 per cent), of which 63 per cent were in children from 0 to 4 years of age; acute diarrheal disease (16 per cent), of which 40 per cent were from 5 to 9 years of age. Dermatitis and mycosis were diagnosed in 16 per cent of cases. Care was provided in La Guajira to 25 pregnant women and 3 children between the ages of 5 and 8 years with severe acute malnutrition.

Financial and operating reports

The operational reports that come with the financial reports are reported in this Operation Update on the output 1.2b of the Shelter area of focus (# of monthly monitoring reports produced). In the past 12 months, there have been challenges in delivering financial reports on a monthly basis. However, the IFRC has undertaken focused actions to increase finance

capacity and carry out targeted training to five staff members from the CRCS finance team in IFRC accounting norms and financial practices. As of March 2018, three financial reports had been delivered.



Monitoring visit in Riohacha HCU, February 2019.
Source: CRCS.

Monitoring missions

This activity reports the monitoring missions of the CRCS. During the past 12 months the CRCS operational team was deployed in 30 field missions in Arauca, La Guajira, Nariño, Atlántico, Bolivar and Norte de Santander. These missions have focused mainly on the adaptation of the implementation plan to the different contexts. The CRCS project coordinator and health expert have led most missions, but officers from the Construction of Peace division and the WASH unit have engaged in field missions to evaluate and monitor specific activities.



Water, sanitation and hygiene

People reached by the CRCS: 49,083 people

People targeted: 20,000

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	49,083

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	128,470

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

Indicators:	Target	Actual
# of personal hygiene kits provided.	20,000	6,260
# of people that are aware of best practices related to the topic of safe drinking water and/or and hygiene.	26,760	11,713

Progress towards outcomes

During the first 12 months of the operation, the CRCS, with IFRC support, provided 49,083 services of access to safe water and minimum conditions for basic sanitation and hygiene. This number includes the number of hygiene kits distributed and access to safe water, estimated based on the [Sphere standards](#)¹⁵ that recommend that each person consume an average of three litres of water per day.

Hydration points established

The provision of water is one of the central public health actions for the reduction of the incidence of preventable diseases. 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. The provision of water is critical at the Rumichaca bridge, where migrants arrive in precarious hygienic conditions. The provision of water in the Arauca HCU is critical for another reason: this is the departure point of thousands of migrants across Colombia. The other two hydration points are accounted from the 6,000 bottles of water distributed in La Guajira and Norte de Santander, as stated in the [six month report](#). These two additional points were deactivated due to changing needs, specially to the increased efficiency and reduced ecological impact shown by the hydration points in comparison to the plastic bottles of water. Similar systems are projected to be set up in Putumayo and Vichada.

¹⁵ The standards of Water provision of the Sphere Project convey that for survival purposes, the amount of litres per person per day should be between 2,5 and 3. The Appeal PMER team has estimated that, on average, each person that accesses the hygiene points is able to consume about 3 litres of water, stored in plastic bottles of 1,5 litres.



Hydration point in Rumichaca, Ipiales (Nariño). Source: CRCS, October 2018.

Litres of water distributed

The hydration points have delivered a total of 128,407 litres of water between August 2018 and March 2019, surpassing the target by more than 300 per cent. This also demonstrates, to a certain extent, the serious upswing in number of people on the move. On average, the hydration points daily distribute 1,100 litres of water.

Personal hygiene kits

In December 2018, 31,702 personal differentiated hygiene kits were purchased for men, women, children and babies. Together with the 6,000 kits distributed in Arauca and Guajira during the first six months of the operation, a total of 37,702 kits will be distributed, through the five HCU's, by the end of July 2019.

People that are aware of best practices related to the topic of safe drinking water and/or and hygiene.

The promotion of best practices in WASH was conducted in four manners in the first 12 months of this operation. First, talks on hygiene promotion were delivered since the start of the operation. These have reached 919 people in Arauca and Guajira between August 2018 and March 2019. Second, the provision of 6,260 hygiene kits. Third, the provision of 767 antibacterial gel and 767 fans to migrants that entered the country in Cucuta between November 2018 and January 2019. And fourth, the distribution of health promotion materials in Arauca and Guajira, specifically 3,000 brochures on hygiene promotion. In total, 11,713 people were reached with the promotion of best practices on water and hygiene. These additional non-food items contribute to migrants' wellbeing on their route.



Protection, gender and inclusion

People reached by the CRCS: 41,165
People targeted 120,000

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	41,165

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
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# of children attended to in child-friendly spaces at the migrant assistance posts	10,950	2,068
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	Not counted*

Progress towards outcomes

The outcome indicator of this area of focus refers to the number of differentiated services delivered. This Appeal provides a differential service through the age- and gender-based hygiene kits, nutritional supplements, friendly spaces, food rations and medical services. The number of these type of kits and supplements delivered is 43,728. The original target (i.e. 120,000) needs to be revised to reflect adequately the dimension of the differentiated intervention that is expected for this operation.

Friendly spaces

Friendly Spaces have proven to be a privileged space to address recreational and relief needs that are not normally satisfied by migrants on their journey. The [six-month Operations Update](#) provides a detailed description of the manner in which friendly spaces operate. After 12 months of the operation, there is an increasing understanding of the importance of this space for pregnant and lactating women, as well as for children under the age of five and any other person with a need for a protected space. Consequently, friendly spaces have focused on increasing the repertoire of recreational activities that contribute to emotional deactivation and containment. With this purpose in mind, 2,068 women and children were reached in Arauca and La Guajira. This represents 19 per cent of the targeted population. The extension of these spaces was contingent upon the opening of the Health Care Units. Therefore, in the next months, it is hoped to add Friendly Spaces to the other HCU in Putumayo, Ipiales and Vichada.



Friendly Space in Maicao (Guajira). Source: CRCS, October 2018

Messages against violence, stigma and discrimination

A set of posters, brochures and other informational material on peaceful coexistence were printed and distributed to the CRCS branches in Cucuta, Arauca, Barranquilla, Santa Marta, Riohacha, Maicao, Ipiales, Rumichaca, Cartagena, Puerto Carreño, La Hormiga, Puerto Asis, Yopal and Sarevena. However, the number of people reached has not been counted; the people using the HCUs were provided with these messages. The target of this activity (i.e. 120,000) will be recalculated to reflect a more realistic measurement derived from the implementation of the operation.

Brochures and posters with non-discrimination messages produced for Health Care Units



At the beginning of the operation, the Protection, Gender and Inclusion actions were not registered in using Sex and Age Disaggregated Data (SADD). The Information Management workshop delivered by the IFRC 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 Friendly Space activities.



Migration

People reached by the CRCS: 45,070 people
People targeted 120,000

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	45,070
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	4
Output 7.2. Restoring family links 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
# of people that access RFL services to re-establish and maintain contact with their family members.	120,000	2,238

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 points¹⁶.

Indicators:	Target	Actual
# of people that receive information about their rights at the assistance posts.	120,000	45,070
# of universal serial buses (USBs) and/or folders provided to people.	100	Indicator has been modified

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, 45,070 services have been provided to migrants through different points of attention. This represents the total number of bedding kits, food kits, primary health care services, hygiene kits and people that benefits from RFL and Friendly Spaces. This figure of 45,070 services provided is in addition to the estimated 42,823 people who benefited from the hydration points.

Integrated assistance points

As of March 2019, the CRCS has established four integrated assistance points, which are the Health Care Units in Arauca, Riohacha, Puerto Carreño and Ipiales. It is expected that five other assistance points for migrants will be operating by end of May 2019 through HPI in Maicao and Riohacha (La Guajira), Barranquilla (Atlántico), Cartagena (Bolívar) and Bucaramanga (Santander).

Restoring Family Links services

The Restoring Family Links activities provided 2,238 services where health care units are operating. While this figure appears as a small increase since the six-months report, it is important to note that the monitoring and reporting system has been reorganized to better ensure data collection in real time. Furthermore, as explained below, the nature of RFL services was extended from national phone calls to the capacity to provide international phone service to people on the move.

Each service point has two mobile phone lines with the national call service and the international service to Venezuela. The initial provision of RFL services was planned for the target population to contact family members in Colombia. However, in January 2019, this focus shifted due to the constant request to make calls to Venezuela. The Skype programme is currently used to facilitate this contact, which has enabled resources to be optimized, since this service is more economical. The number of requests for RFL services have increased exponentially. With the international call service, the migrant population has been able to contact their loved ones and seek family reunification and meetings in Colombia. The RFL services provided are not limited to phone calls, but also offer text messages and internet services.

Virtual Volunteer

The [Virtual Volunteer tool](#) has been adapted for the Colombian context, based on detailed reviews by the IFRC and CRCS teams, and final adjustments are being made. The CRCS and the IFRC are engaging in end-user interviews with migrants in the field to assess the tool and determine the extent to which the interphase is user-friendly, in Cucuta and in Bogota. The feedback will be integrated into the tool before it is launched officially.

The tool has been promoted to the Colombia GIFMM so that partner organizations working on migration can share details on their services for inclusion in the tool. In addition, at the regional level, the Regional Coordination Platform for Refugees and Migrants from Venezuela is looking to use the Virtual Volunteer tool across the region, based on the experience in Colombia.

¹⁶ 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.

Many of the targets for the following Strategies for Implementation (SFI) were not fully detailed in the Emergency Plan of Action. Consequently, they are based on the CRCS-IFRC Monitoring Plan (November 2018). The upcoming revision of this Emergency Appeal will establish indicators that better reflect the goals of this operation and the manner in which the Secretariat is working with the CRCS to achieve these.

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	108

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	108
1.1.4.2 Number of volunteers that participate in activities	124	108
1.1.4.3 Number of new volunteers	124	0

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 (CRCS+IFRC)	43	38
1.1.6.2 Number of monitoring and evaluation missions (IFRC)	20	12
1.1.6.3 Number of procedures and protocols applied to the strategy	5	8

Progress towards outcomes

This operation has mobilized 108 volunteers from 4 branches, as well as staff from the CRCS national headquarters.

Support for volunteers

As part of this operation, CRCS volunteers were provided with safety and visibility equipment for their work. This includes daily compensation, meals and refreshments, and basic uniforms (t-shirts and caps). The IFRC and CRCS are also exploring the extension of IFRC's global volunteer accident insurance to all of CRCS volunteers. Additionally, a total of 75 volunteers were provided psychosocial support through 3 workshops on stress management held in Arauca, La Guajira and Norte de Santander. The CRCS Leader for Volunteering and the CRCS Coordinator for Psychosocial Support are finalising a schedule of rotations of psychosocial support sessions for the different branches of CRCS engaged in migration activities, to ensure that all will have access to this essential support.

Participating volunteers

Based on the need assessment made at the planning stage of this Emergency Appeal, the number of days estimated as required from volunteers in the different operational units are as follows, with 108 CRCS volunteers being mobilised:

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

Hired staff

The IFRC appeal is supporting (in totality or partly) the following 38 professionals contracted by IFRC and CRCS to roll out this operation's planned actions:

1	Operations Coordinator, CRCS	20	Assistant Nurse, Guajira HCU, CRCS
2	Health Administrator, CRCS	21	Driver, Guajira HCU, CRCS
3	Arauca HCU Coordinator, CRCS	22	Logistics Officer, CRCS
4	Medical doctor, Arauca HCU, CRCS	23	Migration Administrator, CRCS
5	Psychologist, Arauca HCU, CRCS	24	Epidemiologist, CRCS
6	Chief Nurse, Arauca HCU, CRCS	25	Assistant Accountant, Health, CRCS
7	Assistant Nurse, Arauca HCU, CRCS	26	Assistant Accountant, Migration, CRCS
8	Driver, Arauca HCU, CRCS	27	Ipiales HCU Coordinator, CRCS
9	PMER Officer, IFRC	28	Medical doctor, Ipiales HCU, CRCS
10	Operations Manager, IFRC	29	Psychologist, Ipiales HCU, CRCS
11	Health Coordinator, CRCS	30	Chief Nurse, Ipiales HCU, CRCS
12	PMER Officer, CRCS	31	Assistant Nurse, Ipiales HCU, CRCS
13	IM Officer, CRCS	32	Driver, Ipiales HCU, CRCS
14	Health Coordinator, IFRC	33	Vichada HCU Coordinator, CRCS
15	RFL National Coordinator, CRCS	34	Medical doctor, Vichada HCU, CRCS
16	Guajira HCU Coordinator, CRCS	35	Psychologist, Vichada HCU, CRCS
17	Medical doctor, Guajira HCU, CRCS	36	Chief Nurse, Vichada HCU, CRCS
18	Psychologist, Guajira HCU, CRCS	37	Assistant Nurse, Vichada HCU, CRCS
19	Chief Nurse, Guajira HCU, CRCS	38	Driver, Vichada HCU, CRCS

Monitoring and evaluation missions

The IFRC team has conducted 12 monitoring and evaluation field missions to Riohacha, Maicao, Arauca, Cesar and Cucuta. The PMER Officer and Health Coordinator have carried joint missions to Arauca and La Guajira to assess the implementation of the HCU and support the field teams with technical advice and guidance. These field missions provided critical insights like the need to add a pharmacy technician to the team and the need to design a process flow for data collection practices in a more rigorous manner. Similarly, these missions helped to unveil particular challenges that are context specific, such as the maintenance of the hydration point in Arauca and the lengthy working hours of the team in La Guajira. The Operations Manager has conducted missions to Cesar, Guajira and Cucuta. These missions have enabled the continued development of operational coordination with other humanitarian actors, solutions or actions for identified needs and the raising of awareness of the actions of the CRCS with high-level visits.

Procedures and protocols applied

The CRCS and IFRC apply standard procedures and protocols as part of its implementation strategy: IFRC Procurement Manual; IFRC financial procedures with regard to transfer of funds to National Societies and with regard to working advance to personnel; IFRC human resources procedures; IFRC Contracting Procedures; IFRC Security Procedures; and travel procedures.

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	20

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

Information Management Delegate	Spanish Red Cross	1
TOTAL		20

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 technical guidance documents, the development of strategies and operational plans and improved financial monitoring of this operation.



IFRC Donor Advisory Group Field Visit to Cucuta. Source: CRCS, January 2019

The operation has also welcomed visits from the IFRC Under-Secretary General for Programmes and Operations on 21 and 22 November 2018, and the IFRC Under-Secretary General for Partnerships from 21 to 24 January 2019, in the context of the IFRC Donor Advisory Group (DAG) Field Visit to the operation.

In the course of the latter visit, DAG members (who included National Societies and government donors) were able to obtain a first-hand experience of the humanitarian needs of migrants crossing the border into Colombia, through a field visit to Cucuta, and received an overview of the activities and challenges of the response from the Colombian Red Cross Society to meet migrants' needs in the immediate, and in the medium to long term. Meetings were held with national and departmental government, as well as humanitarian coordination mechanisms such as the GIFMM.

Missions abroad

This makes reference to the number of RITS and IFRC staff mobilized, as shown in Outcome indicator S2.1.

Acquisition management

Although this was not implemented during the first year of this operation, in May 2019, the IFRC and CRCS will be facilitating a four-day workshop on humanitarian logistics, to strengthen practices and knowledge around logistics management and all aspects of supply chain, including a session on medical logistics to be facilitated by the ICRC.

Movement coordination meeting

As mentioned in the section "Overview of Red Cross Red Crescent Movement", the CRCS convenes coordination biweekly meetings with all Movement components. These meetings are used to share critical information about results, challenges, plans, mitigation strategies and other matters 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 CRCS humanitarian response to the population movement.

CRCS and IFRC are active participants in the Interagency Group for Mixed 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.

In addition, the CRCS convenes high level Movement Coordination meetings every quarter, at which the heads of delegations and managers of the Movements partners, to update on more strategic issues and progress of the CRCS's actions.

Reports issued in accordance with the requirements of the Movement

Three Operations Updates were produced in the 12 months of this operation. Information collected at the beginning of the operation included migration activities by other Movement partners. However, the information system has been refined to collect, analyse and share results of CRCS activities supported by the IFRC. This 12-month Operations Update supports the forthcoming revision, which contains a timeframe extension and increased budget, of this Emergency Appeal. The revision will seek for an extension in time of the services provided by HCU, as well as additional complementary services in other areas of focus such as livelihoods, WASH and protection in order to improve the quality of humanitarian assistance.

Number of reports on the participation of the humanitarian network and key partners.

In addition to the GIFMM, the IFRC and CRCS regularly participate in the meetings of the Inter-Agency Group for Mixed Migration Flows and the Health Cluster, the Food Security and Nutrition Cluster and the Humanitarian Country Team. The participation of the IFRC and CRCS in these coordination and deliberation spaces is critical to inform operational decision that are consistent with the overall approach of the humanitarian sector in Colombia.

Humanitarian network coordination

In the framework of the coordination with other international actors, the IFRC continues to meet and coordinate with UN system agencies, Colombia's Humanitarian Country Team, 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.

Local branches with ICT tools

Each of the four Health Care Units installed during the first 12 month of this operation has ICT tools. The Arauca and Guajira branch have one tablet, two mobile phones, and two computers each. The Ipiales and Vichada branches have one computer each. Once the RFL activities are implemented in Ipiales and Vichada, these HCU will also have a tablet and two mobile phones. The access to ICT tools allows the HCU coordinators to collect, analyse and transmit information in a more reliable manner.

Virtual platforms and tools implemented

The Emergency Appeal has two virtual platforms for the implementation stage and the planning stage, both based on the IFRC's response to the migration crisis in Greece 2015 to 2017, and it also planned to be rolled out for the IFRC Regional Appeal for Population Movement. As was described in the Migration area of focus, the Virtual Volunteer tool currently is live; interviews are being conducted to determine if additional adjustments are needed for the platform. The second platform is the automated data collection system. For this system, the Spanish Red Cross has deployed an Information Management delegate to design and technically support the implementation of a new generation of Open Data Kit for all CRCS's migration actions. During the first 12 months of the operation, the SRC IM Delegate carried out two missions to Colombia, one to evaluate the situation and another one to validate the implementation plan.

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	27
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	2
3.1.1.2 Number of video productions	2	3
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 (biweekly)	21	12
Progress towards outcomes		
<p><i>Newsletters, press releases and reports</i></p> <p>During the first twelve months of the operation the CRCS has produced 8 newsletters on the migration situation in Colombia and the CRCS intervention: 6 reports appeared in local news media (television and radio networks), two every month between January and March 2019. Three reports appeared on international and development-related news media¹⁷ and two reports, with support from the Surge Communications Officer, were published: “Stories of migrants in Colombia” and “Stories of the CRCS”. The Red Cross and Red Crescent Magazine also produced a series of features on the migration situation in Colombia: “The journey from Cucuta”, “A bridge of hope”, an interview with the CRCS Leader of Disaster Risk Management “Shared history, common humanity”, and a photo gallery entitled: “A father and son roadtrip”. With regard to the Donor Advisory Group field visit to Colombia in January 2019, 12 articles were published in national and international press. In total, 27 newsletters, press releases and reports were released.</p> <p><i>Strategy updates</i></p> <p>For the social media and communications strategy, the CRCS communications team is enhancing their staff and worked with the IFRC Regional Communication Manager to finalise the Migration Communications Strategy. The CEA strategy is in the process of finalisation (final stages of consultation).</p> <p><i>Video productions</i></p> <p>The CRCS communications team produced three videos. One video explains the migrants transition patterns across Colombia (Bitácora del caminante Cúcuta frontera con Venezuela Migración). The other two videos show the CRCS humanitarian response in Nariño (Nuestro accionar humanitario en frontera, Nariño Migración) and Norte de Santander (Accionar humanitario en frontera, Cúcuta Migración). These videos are targeted to population interested in the migration phenomena. They seek to contextualize the magnitude of the population movement and highlight the humanitarian interventions of the CRCS.</p> <p><i>Evaluation and monitoring reports</i></p> <p>As informed by the indicator S1.1.6.2, the IFRC team carried out 12 field missions to Arauca, Guajira, Cucuta and Cesar during the first year of this operation.</p> <p>The challenges raised by the Health Care Units and the HPIs motivated the project to integrate the objectives of the sectoral evaluations with those of the final evaluation. This integration implies focusing on identifying regions where a differentiated assistance took place in an adaptative manner, and understanding why and how it took place, and its impacts on quantity and quality of services provided. Detailed sectorial evaluations will also be sought with the final evaluation, looking to understand effects of specific activities in different areas of focus.</p>		

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
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.		
Indicators:	Target	Actual
4.1.3.1 Number of financial reports that are presented in time and in the correct format	3	0

¹⁷ See Teresa Welsh in Devex, [here](#), [here](#) and [here](#).

4.1.3.2 Number of donor reports	3	4
4.1.3.3 Number of people trained in financial management	4	9
4.1.3.4 Number of monitoring missions	20	30
Output S4.1.4: Staff security is prioritized in all IFRC activities		
4.1.4.1 Number of monitoring and evaluation missions and reports	20	30
4.1.4.2 Number of volunteers that participate in the operational safety process	124	108

Progress towards outcomes

Financial reports

The operation has delivered three financial reports with the publication of the three operational updates, as well as four donor-specific financial reports. There has been a challenge to present these reports on time.

Donor reports

A final report to the Swedish Red Cross was delivered, accounting for activities financed by this donor between March and September 2018. This conditional pledge focused on health, protection, migration and operational support. The operation also produced three Operations Updates (excluding this one), which are considered donor reports.

Training in financial management

The IFRC Finance Officer has trained nine CRCS finance and administration officers in the procedures needed to provide a sound financial tracking of the project, as well as the project coordinators who have responsibility for approving costs. The newly trained officials have responded positively to this training in Bogota, through a series of sessions that between November 2018 and March 2019.

Monitoring missions

The IFRC has carried out 30 monitoring missions, as mentioned in indicator 4.6c, each of which contribute to ensuring



Workshop on evaluation of security risks, Cucuta. Source: IFRC, January 2019

that activities are being properly implemented and correspond to the programmatic and financial reports received by IFRC, and that that assets are being effectively used. Specific monitoring and evaluation missions on security are not planned. Nevertheless, all field missions are dependent upon security checks from the CRCS security unit and follow the CRCS security rules.

Operational safety for volunteers

All CRCS volunteers involved in the operation are fully trained in operational security, in line with the National Society's security rules and any additional specific security regulations that may be adopted based on need. In addition, on 31 January and 1 February 2019, the IFRC and CRCS facilitated a workshop in Cucuta on the evaluation of security risks for staff and volunteers. This workshop was used to disseminate best practices on identifying vulnerabilities, analyzing and mitigating risks and establishing risk registers and appropriate security plans.

Contact information

Reference documents



Click here for the:

- [Emergency Plan of Action](#)
- [Revised Emergency Appeal](#)
- [Operations update n°1](#)
- [Operation update n°2](#)
- [Six-months Report](#)

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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.**

D. BUDGET

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

Emergency Appeal

DRAFT FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2019/03	Operation	MDRCO014
Budget Timeframe	2018-2019	Budget	APPROVED

Prepared on 13 Jun 2019

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 31 Jul 2019; appeal launch date: 15 Mar 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	260,000
AOF3 - Livelihoods and basic needs	400,000
AOF4 - Health	2,600,000
AOF5 - Water, sanitation and hygiene	470,000
AOF6 - Protection, Gender & Inclusion	100,000
AOF7 - Migration	270,000
SFI1 - Strengthen National Societies	290,000
SFI2 - Effective international disaster management	400,000
SFI3 - Influence others as leading strategic partners	100,000
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	4,890,000
Donor Response* as per 13 Jun 2019	4,926,507
Appeal Coverage	100.75%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	70,975	717	70,258
AOF3 - Livelihoods and basic needs	98,333	13,941	84,392
AOF4 - Health	2,344,040	270,041	2,074,000
AOF5 - Water, sanitation and hygiene	434,902	21,377	413,525
AOF6 - Protection, Gender & Inclusion	28,369	26,530	1,838
AOF7 - Migration	98,064	88,220	9,843
SFI1 - Strengthen National Societies	116,978	39,837	77,141
SFI2 - Effective international disaster management	216,912	936,474	-719,563
SFI3 - Influence others as leading strategic partners	13,229	23	13,206
SFI4 - Ensure a strong IFRC	9,094	5,761	3,333
Grand Total	3,430,894	1,402,921	2,027,973

III. Operating Movement & Closing Balance per 2019/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,562,457
Expenditure	-1,402,921
Closing Balance	159,536
Deferred Income	2,085,267
Funds Available	2,244,803

IV. DREF Loan

* not included in Donor Response	Loan :	328,817	Reimbursed :	328,817	Outstanding :	0
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Emergency Appeal

DRAFT FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2019/03	Operation	MDRCO014
Budget Timeframe	2018-2019	Budget	APPROVED

Prepared on 13 Jun 2019

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 31 Jul 2019; appeal launch date: 15 Mar 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	149,019				149,019		
China Red Cross, Hong Kong branch	25,009				25,009		
European Investment Bank Institute	69,864				69,864		
Japanese Red Cross Society	82,500				82,500		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	228,526				228,526		
Swiss Red Cross	120,000				120,000		
The Canadian Red Cross Society (from Canadian Gov	149,597				149,597		
The Netherlands Red Cross (from Netherlands Govern	238,347				238,347		
United States Government - USAID	482,194				482,194	2,085,267	
Total Contributions and Other Income	1,562,457	0	0	0	1,562,457	2,085,267	
Total Income and Deferred Income					1,562,457	2,085,267	