

www.ifrc.org
Saving lives,
changing minds.

18-month Update

Colombia: Population Movement



Emergency Appeal Operation: MDRCO014	Date of issue: 20 January 2020
Operation timeframe: 15 March 2018 to 30 June 2020	Timeframe covered by this report: 15 March 2018 to 30 September 2019
Overall operation budget: 6,591,863 Swiss francs	DREF amount initially allocated: CHF 328,817
Funding gap as of 30 September 2019: CHF 1,595,726 (76% coverage)	Donor response as of publication date
N° of people to be assisted: 170,000 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: <i>Movement partners:</i> 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). <i>Donors:</i> European Investment Bank Institute, Italian Government Bilateral Emergency Fund ¹ , The United States Government – USAID/OFDA, and Western Union Foundation.	
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, the UN Refugee Agency (UNHCR), UN Office for the Coordination of Humanitarian Affairs (UN OCHA), International Organization for Migration (IOM), as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows (GIFMM for its acronym in Spanish)	

¹ Received in December 2019

The Colombian Red Cross Society continues to conduct a country-wide response to the population movement. In the past 18 months, there has been an upswing in the numbers of people on the move, as well as a rapid transformation of their profile, needs and plans. The situation affects six key population groups: migrant on foot (*caminantes*), host communities, settled migrants, pendular migrants, Colombian returnees from Venezuela and seasonal migrants. All groups encounter similar challenges, such as access to health services and livelihoods, but they also face different risks according to their condition. During the first 18 months of this Emergency Appeal, the CRCS, with the support of the IFRC, has provided this diverse population with health care, including psychosocial support (PSS) services, as well as conducting integrated actions in the areas of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; protection, gender and inclusion.




Colombian Red Cross Society volunteers entertain children at the Health Care Unit in Putumayo. September 2019. Source: CRCS.

Through this Emergency Appeal, five Health Care Units (HCU) are active in Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo) and six Health Providing Institutes (HPI) are operational in Riohacha and Maicao (La Guajira), Bucaramanga (Santander), Cartagena (Bolívar), Barranquilla (Atlántico) and Soacha (Cundinamarca), with a seventh due to start operating in Cucuta (Norte de Santander) in October 2019. In aggregate, all these medical units have provided 113,623 health care services. Apart from standard primary health care, these services include psychosocial support to 16,597 people (children, adolescents and adults). Friendly spaces have provided safety to 9,036 migrants in situations of extreme vulnerability such as children, nursing mothers and pregnant women, and members of the LGBTIQ community. In addition, through Restoring Family Links (RFL) actions, 7,956 people were able to re-establish and maintain contact with their loved ones. Thousands more received hygiene kits, bedding kits, and food kits. In total, 185,549 services were provided, in addition to an estimated 107,696 people who used the hydration points to access safe water.

The current Emergency Appeal operation will continue until 30 June 2020 with the projected goal of reaching 170,000 people. The IFRC kindly encourages increased donor support to ensure the completion of the planned activities, which include actions to ensure the sustainability of these after the operation's end.

<For the financial report, click [here](#) and for contacts, click [here](#).>

- 
- 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.
- 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 update](#) issued.
- May 2019:** [12-month update](#) issued.
- August 2019:** [Third revision of the Emergency Appeal](#) issued for 6,591,8634 Swiss francs with an extension until June 2020.

A. SITUATION ANALYSIS

Description of the disaster

As of October 2019, the UN Refugee Agency (UNHCR) estimates that [4.5 million](#) Venezuelans, around 15 per cent of the country's population, have emigrated from their country². The number is expected to rise to [5.4 million](#) by the end of 2019. Comparatively, the Venezuelan is [the second largest population movement](#) in the world, just below the Syrian crisis that began in 2011.

Colombia continues to be the number one receptor of Venezuelan migrants in the region. As of August 2019, it is estimated that just under [1.5 million](#) Venezuelan migrants are in Colombia; this number is expected to increase somewhere between [1.9 and 2.3 million](#), which would represent [3.5 per cent](#) in Colombia and [40 per cent of the total](#). Of the estimated 1.49 million Venezuelans in Colombia, *Migración Colombia*, the Colombian migratory agency, reports that 750,918 have regular status and 737,455 do not³.

The population movement, which includes migration, affects six key population groups: migrants on foot (*caminantes*), host communities, migrants who have settled, pendular migrants, Colombian returnees from Venezuela and seasonal migrants. All groups face similar challenges, such as access to health services and livelihoods, but they also face different risks according to their profile and condition. Overall, migrants on foot are among the most vulnerable, especially affected by food insecurity, lack of shelter and respiratory infections. Host communities experience a decrease in their already scarce access to public services (i.e. access to safe water). Settled migrants and Colombian returnees often cannot find regular employment, whilst seasonal migrants travel based on livelihoods opportunities. Pendular migrants have other needs; in the case of women, pre and postnatal care are the predominant services that this group seeks.

The Colombian Red Cross Society (CRCS), with the support of its partners, has been engaged for over two years in its humanitarian response to the migration situation. There is little perspective of socio-economic change in Venezuela, lowering the possibility of reversing, or even reducing, migration out-flows. Neighbouring countries like [Chile](#), [Ecuador](#) and [Peru](#) are implementing [even more stringent conditions](#) for Venezuelan migrants to enter their territories, in contrast to Colombia, that has a [relatively open border policy](#). Venezuelan migrants have been settling in big cities (>500,000 inhabitants). Despite their size, these cities have limited capacity to absorb migrants in the labour, educational and health infrastructures. As a result, migrants often engage in informal economic activities, thus hindering the conditions for families' recovery and socio-economic development. This situation is unfolding within a highly polarized Colombian society, in which the UN Office for the Coordination of Humanitarian Affairs (OCHA) has estimated that the current population in need reached [7 million people in 2019](#). There are 96 municipalities (9 per cent of all municipalities in Colombia) where the population is affected simultaneously by armed conflict, natural disasters and migration⁴. Although the Government of Colombia and reputed think tanks acknowledge that the notorious unemployment cannot be attributed to migration, sentiments of xenophobia clearly are on the rise.

Summary of current response

² <https://r4v.info/en/situations/platform>

³ [Migración Colombia, Evolución de la crisis migratoria. Septiembre 2019](#)

⁴ [OCHA, Humanitarian Needs Overview 2019](#)

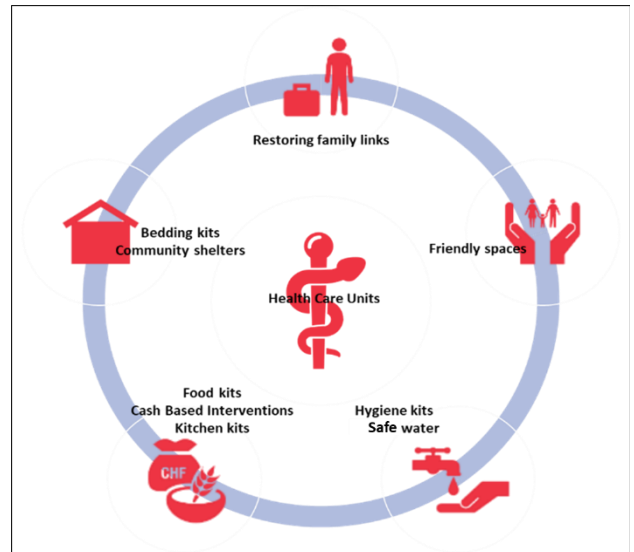


Overview of Host National Society⁵

During the first 18 months of this operation, the CRCS and IFRC worked together to provide primary health care attention, connectivity, humanitarian assistance and protection services through two key operational models: i) health care units (HCU) in border cities, where migrants on foot (*caminantes*), and pendular migrants are predominant; and ii) health providing institutes (HPI) of the Colombian Red Cross Society in big cities (more than 500,000 inhabitants), where host communities and settled migrants live. Additional services are provided based on the needs identified by the CRCS and the IFRC.

Health Care Units (HCU)

Each HCU has a team with a doctor, a nurse, a nursing assistant, a psychologist, a field coordinator, a driver/logistician, a pharmacist and an administrative assistant. Due to the high volume of people requiring these services in Arauca and Riohacha, health staff has been increased with an additional doctor, nurse and nursing assistant.

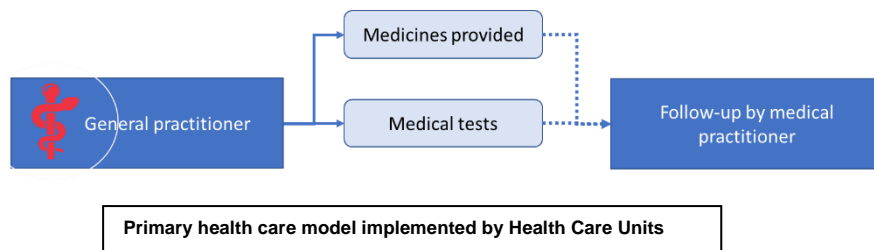


HCU operate in two types of border cities: those with a high flow of migrants from Venezuela (Riohacha, Arauca and Ipiales), and those with a low level of State capacity to address humanitarian needs (Puerto Carreño and La Hormiga). In both types of cities, HCU provide primary health care, as well as complementary services in shelter; livelihoods; water, sanitation and hygiene (WASH); and protection, gender and inclusion (PGI). On a monthly basis, each medical team conducts field missions in the surrounding communities that have proven need for primary health care. A sixth medical unit has been financed in Norte de Santander since May 2019. This is a mobile unit composed of a medical doctor, a nurse and a driver who provide nursing and medical assistance along the routes where migrants on foot (*caminantes*) travel.

Health Providing Institutes (HPI)

HPI are points of care affiliated with the country's general healthcare system. This model provides services in urban centres where migrants have settled and are able to receive continuous medical treatment. It provides a higher level of care than the HCU (services classified as low and medium complexity according to Colombian regulations) and includes laboratory tests. CRCS HPIs contributing to this operation are located in Barranquilla (Atlántico), Soacha (Cundinamarca), Bucaramanga (Santander), Cartagena (Bolívar), Maicao and Riohacha (Guajira).

The diagram below shows the services provided at HPIs. Patients access the services via a consultation with the general practitioner who may authorize medicines and medical tests. This cycle is the same in follow-up consultations.

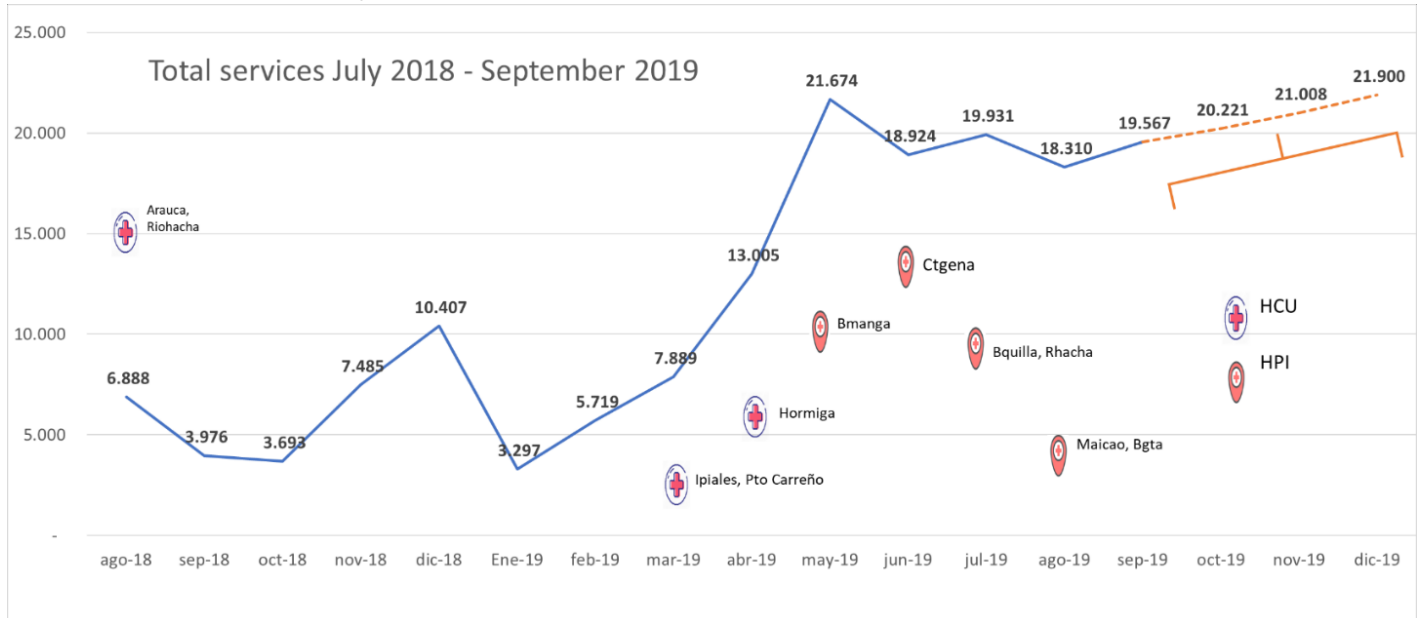


⁵ This operation's actions are aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#): *At all stages of their journeys, and irrespective of their legal status, migrants find the CRCS-IFRC team ready to respond to their needs, enhance their resilience, and advocate for their rights.*

Progress towards outcomes

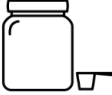




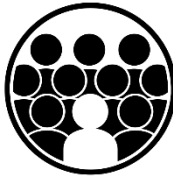
The graph below shows the number of people reached by HCU throughout the 18 months of this operation. The graph also shows the months in which each HCU and HPI became operational. In August 2018, the Arauca and Riohacha units began their operation. Between March and April 2019 all remaining HCUs began their operation, which explains the exponential increase in the number of people reached. Despite delays, as of September 2019, 67% of the total number of health services targeted have been delivered (113,623 health services provided). It is expected that the last months of the operation (October 2019 to June 2020) the total number of services provided will plateau at around 20,000 services per month.

Number of services provided by HCU and operational start-dates of HCU and HPI



The table below shows key achievements of the operation as at 30 September 2019.

185,549 total services provided	6,000 essential food assistance kits	900 bedding kits distributed	113,623 health care services provided	16,597 psychosocial support services
4 water distribution points	19,186 individual hygiene kits distributed	10,458 nutritional supplements to children and pregnant women	5 Health Care Units	6 Health Providing Institutes

				
5 Friendly spaces installed	5 Sites with Restoring Family Links services	323,087 litres of safe water distributed	2 orientation helpdesks	1 protection project for pendular migrant children in school
				

As mentioned in previous updates, at the start of the operation, 900 bedding kits were distributed in Maicao, Villa del Rosario, Arauca and Ipiales. Similarly, two water points were set up in the international border crossing points in Arauca and Ipiales. Both bedding kits and hydration points proved to be critical for the relief of migrants on foot. Therefore, as the influx of migrants has increased steadily, four water points have been installed. Based on ongoing information, the CRCS is determining if future bedding kits will be modified.



During the first 18 months of the operation, Health Care Units have consolidated their comprehensive relief model. The 5 HCUs are all operational and two additional first aid points have been established, one in the Maicao Integral Attention Centre for Migrants (CAI for its acronym in Spanish) and the other in Norte de Santander⁶. The consolidation comprises a solidification of the medical attention provided, with trainings in psychosocial support in April 2019, adding and reinforcing actions in friendly spaces, extending and maintaining hydration points, increasing emphasis on the nutritional and maternal supervision, and sustaining the restoring family links service.

After 18 months of the operation, five friendly spaces are operational in Maicao, Riohacha, Arauca, La Hormiga, Puerto Carreño. The first two friendly spaces, those in Arauca and Riohacha, began as under the guidance a psychologist on the medical team who provided individual and collective psychosocial support. But since September 2019, all friendly spaces

have an assigned psychologist, as well as being equipped with additional

The Putumayo Health Care Unit psychologist engaging in collecting psychosocial care. July 2019. Source: CRCS.

⁶ The mobile unit in Norte de Santander is permanently moving throughout the following municipalities: Cucuta, Villa del Rosario, Los Patios (Migration Attention Point where the Monarch Butterfly Project is located in the Montebello neighbourhood) and around what has been called the Migrant Highway, which crosses through the municipalities of Chinácota, Pamplonita, Pamplona and Silos.

psychosocial support kits. These spaces provide relief, relaxation and pedagogical activities to children and mothers and other vulnerable migrants. An additional protection programme has been implemented in a public school in Norte de Santander. In this school, teachers, parents and students are trained in coping strategies to address the multicultural integration between Colombians and Venezuelans, while protection and psychosocial services are provided to students and teachers in need, particularly aimed at children crossing the border each day to attend school. This school-level intervention aims for longer-term impacts related to the protection, gender and inclusion (PGI) strategies; this also has inspired the CRCS to seek new projects with a focus on rehabilitation and development.

The Colombian Red Cross Society's growing and flexible institutional capacities are essential to the operational achievements. With funding from this Emergency Appeal, the following 15 staff members were incorporated into the CRCS national headquarters in Bogotá, as of the end September 2019:

1	National Project Administrator	9	Protection Analyst
2	National Project Administrator - Health	10	Financial Assistant – Accounting (Health)
3	Financial Assistant - Accounting	11	Medical Auditor
4	National Migration Manager	12	Operations Coordinator for Migration
5	National Health Coordinator	13	Epidemiologist
6	Procurement Analyst	14	Information Management (IM) Specialist
7	Information Management (IM) Officer	15	Warehouse assistant
8	Planning, Monitoring, Evaluation and Reporting (PMER) Officer		

Overview of Red Cross Red Crescent Movement in country

The IFRC, 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.

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 and hygiene	LH	Livelihoods
FS	Food Security	CTP	Cash Transfer Programming

Movement partners supporting CRCS work on Migration

Dept	City	Mov 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			
	Arauca	GRC							X								
Atlántico	Barranquilla	ICRC											X				
	Barranquilla	GRC	X	X	X	X	X										
	Barranquilla	IFRC	X	X	X												
Boyacá	Tunja	SRC	X	X	X	X					X		X		X		X
Bolívar	Cartagena	IFRC	X	X	X												
Casanare	Yopal	ICRC										X	X				
Cundinamarca	Soacha	IFRC	X	X	X												X
Guainía	Puerto Inirida	GRC	X	X	X	X	X	X	X	X							
Guajira	Maicao	GRC-ICRC										X	X				
	Paraguachon	GRC	X									X	X				
	Riohacha	IFRC	X	X	X	X						X	X	X	X		
	Maicao	IFRC	X	X	X												
Quindío	Calarca	GRC	X		X							X	X				
Nariño	Rumichaca	GRC	X	X	X	X				X	X						
	Rumichaca	ICRC										X	X				

Dept	City	Mov Partner	Services													
			FA	MC	N	PSS	DH	WASH	FD	N-FK	Or	RFL	FS	NS	LH	CTP
	Ipiales	IFRC	X	X	X	X			X		X	X		X		
Norte de Santander	Villa del Rosario CENAF	GRC	X	X	X	X			X			X	X			
	Villa del Rosario Margarita	GRC	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									
	Cucuta	SRC	X	X	X	X			X	X	X	X			X	X
	Cucuta	IFRC	X	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	IFRC	X	X	X											
	Bucaramanga CASA	GRC	X	X	X	X						X	X			
	Bucaramanga (urban area)	GRC	X	X	X	X	X					X	X			
	Bucaramanga (highways)	GRC	X						X	X		X	X			
Vichada	Puerto Carreño	IFRC	X	X	X	X				X	X	X		X	X	

German Red Cross

The German Red Cross has been supporting CRCS migration actions since 2018 for humanitarian assistance in health, restoring family links, orientation on rights and institutions and provision of hygiene and food kits, WASH and shelter in the departments of Norte de Santander, Santander, Guainía, Quindío, Atlántico, Guajira, Nariño. During this period, 555,613 services were provided.

Spanish Red Cross

During 2019, the SRC supported CRCS to reach 57,625 people through three projects in Norte de Santander and two projects in Tunja (Boyacá), offering services in primary health care, livelihoods, RFL, and humanitarian assistance. In addition to this, in 9 regional branches of the CRCS (Guajira, Santander, Norte de Santander, Ipiales, Arauca, Boyacá, Cundinamarca, Antioquia, Vichada), the SRC contributed to deliver humanitarian assistance (long-lasting insecticide treated nets- LLINs, jerry cans, blankets and kitchen kits). In 2020, this will increase to reach at least 15,000 people in different departments of Colombia with the following areas of intervention: health, protection, WASH, humanitarian assistance and livelihoods and cash.

American Red Cross

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

International Committee of the Red Cross (ICRC)

The ICRC is assisting the migrant population, including refugees, and host communities especially in areas affected by conflict and armed violence. Its services are always coordinated with the CRCS and often provided through the National Society. The ICRC works on preventing the disappearance of people in migratory routes and, when this happens, contributes to the search and family reunification. The ICRC facilitates communication for those who had lost contact with their loved ones and supports migrants, including refugees, to access basic services such as clean water, sanitation and healthcare. As of September 2019, the ICRC has reached 104,558 people with food security activities; 8,142 people with primary health services; 9,762 people with protection, gender and prevention activities; and reached 76,510 people with WASH activities.

Complementary IFRC Emergency Appeals

In September 2018, the IFRC issued a regional Emergency Appeal for the Americas: Population Movement (MDR42004) that supports the National Societies of Argentina, Brazil, Chile, Ecuador, Guyana, Panama, Peru, Trinidad and Tobago and Uruguay to implement response actions. 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 was revised in late May 2019](#). In April 2019, IFRC launched the Emergency Appeal [Venezuela: Health emergency](#) (MDRVE004) for 50 million Swiss francs, for which the [six-month update](#) provides information on the progress of this humanitarian .

Overview of non-RCRC actors in country

State response

The Colombian state has created three migration mechanisms to address the population movement. The Border Mobility Card (*Tarjeta de Movilidad Fronteriza*- TMF) allows Venezuelans to be in Colombia up to seven consecutive days within a limited geographical distance from the border. This mechanism is normally used to obtain basic goods and services; therefore, it is a most used mechanism for people living in border areas, reducing the risks associated with irregular border crossing like exposure to armed groups. As at end September 2019, there are an approximately 4.3 million Venezuelan migrants holding the TMF.

The Special Residence Permit (*Permiso Especial de Permanencia*- PEP) is a regularization tool which allows Venezuelans to be in Colombia for up to two consecutive years, providing complete access to the welfare system and the job market. According to Migración Colombia, the State's immigration authority, there are approximately 600,000 Venezuelans who have a PEP. In June 2019, migrants who had been granted the first PEP in 2017 were able to renew their permits for another two years. Finally, the Special Transit Permit for Temporal Residence (PIP-TT) allows transit across or within Colombia for a 15-day period. This mechanism is designed for migrants seeking to travel to other countries in the region. Again, like the TMF, this mechanism provides Venezuelans with regular status in Colombia while they are in transit.

In May 2019, the Government of Colombia announced the expedition of the PEP especially for former members of the Venezuelan armed forces, for which close to 800 Venezuelans registered. In July 2019, the Colombian Chancellor presented a bill to the Senate to design an immigration national policy. In August 2019, the Colombian President signed a decree that approved the nationalization of more than [24,000 children](#) born in Colombia of Venezuelan parents between August 2015 and August 2017. This adds to the [white paper](#) of November 2018 in which the Colombian government explicitly addresses the migration situation and designed and budgeted policy measures for its resolution.

With the issuance of the Complementary Special Permit to Stay (PECP) on 3 July, conditional access to formal employment was opened to all asylum seekers in Colombia whose applications were rejected until 31 December 2018. On 13 July, the Ministry of Labour, in conjunction with the Colombian Ministry of Foreign Affairs, announced the creation of the Special Temporary Work Permit (PETT), a measure that allows the integration of the Venezuelan population in irregular migratory status into the labour market in a formal manner, which will enter into force once *Migración Colombia* issues the decree.

Non-state actors

The UNHCR and the International Organization for Migration (IOM) appointed in September 2018 the Joint Special Representative for Venezuelan migrants, which has provided a strong leverage for the humanitarian sector in Colombia. The interagency coordination mechanisms, like GIFMM, have become relevant arenas to share information, and more recently to plan activities jointly, such as the evaluation baseline for cash-based interventions and shelter initiatives in Vichada. GIFMM has extended its membership to 55 institutional members and expanded its scope to 11 departments, gathering information from 97 per cent of the estimated Venezuelan population in Colombia.

During the last semester of 2019, the CRCS-IFRC team actively participated in the construction of the Humanitarian Needs Overview and the [Regional Refugee and Migrant Response plans for 2020](#). These documents will be available by the end of 2019 and will contribute to align the Emergency Appeal with other multisectoral humanitarian responses. The 2019 budget for the Regional Refugee And Migrant Response Plan For Refugees And Migrants From Venezuela is [738 million US dollars \(USD\), with USD 315.5 million for Colombia](#).

The IFRC and the Colombian Red Cross Society 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, and the IFRC attends meetings and coordinates 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. 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.

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

Many Venezuelans in urban areas live in rented accommodation and many others live in informal settlements and congested shelters that do not meet minimum standards and can lead to serious protection problems, such as gender-based violence. There are few temporary accommodation centres for migrants, let alone those that cater to people with special needs. Housing solutions for those who settle in the country are extremely limited. In addition, people with lack of documentation face specific problems in accessing decent and safe rental housing, encountering barriers in terms of availability and access.

There is a dearth of safe spaces that can provide a comprehensive response to basic shelter and temporary lodging needs. This is particularly needed to address Venezuelans who live on the streets, especially in Cúcuta, Arauca and Maicao, as well as the possibility of a massive and spontaneous flow of migrants on their way to other locations who have limited economic capacities. In the area of protection, it is a priority to promote the safe and regular stay of the most vulnerable Venezuelans in Colombian territory, through mechanisms aimed at protection and prevention of risks associated with armed conflict, gender-based violence and xenophobia.

Livelihoods and basic needs

Migrants have insufficient alternatives for income generation to enable them to obtain minimal standard of living. According to the latest Colombian [National Household Survey](#), 70.6 per cent of migrant families who migrated in the past two years have below minimum wage incomes. As a consequence, they are vulnerable to food insecurity and face difficulties to obtain access to decent housing, health and education.

The lack of an affordable childcare network impedes migrants from fully engaging in formal employment searches, which necessarily requires time and money to cover daily expenses. A total of 78 per cent of Venezuelans surveyed by the [MIGRAVENEZUELA project](#) claim to have no one to care for their children while they look for work. This forces them to seek informal survival income and, in this way, enter into a typical poverty trap, or for their children to have to accompany them while they seek and engage in livelihood activities.

There are formal limitations for the recognition and certification of migrants' competencies and professional studies. This limits their possibilities to access formal employment, as well as restricts technical training that complies with the standards of the host territory. This situation leads the migrant population to assume negative survival strategies and to be exposed to high degrees of risk factors (child labour, prostitution, sale of assets, delinquency, begging, among others).

Health

Venezuelan citizens and a large portion of Colombian returnees are unable to obtain access to specialized or even primary healthcare. Fewer than 8 per cent of non-Colombians affiliated to the Colombian social security system are from Venezuela, a percentage that does not match their proportional presence in the country⁷. Access to health services is particularly scarce where demand is higher, especially in border cities where pendular migrants are more predominant and in big cities, where migrants are beginning to settle.



Putumayo Health Care Unit during an extramural activity, July 2019. Photo: CRCS

The predominance of migrant women between 25 to 29 years of age and the lack of timely and sufficient health care assistance has translated in an increased maternal morbidity and perinatal and

⁷ [Solo 7,6% de los extranjeros afiliados al sistema de salud es venezolano](#)

neonatal death. The first official survey of Venezuelan Migrants (RAMV) registered 8,200 pregnant women, 6,300 of whom had not had prenatal control and 8,000 were not affiliated to the social security system. In the first semester of 2019, the Colombian Red Cross Society attended 2,369 pregnant women through their health care units nationwide. Prenatal care is not included in the health care package to which Venezuelan nationals could solicit in Colombia.

In addition, mental health is becoming an increasing concern. Migrants' mental health issues often are related to episodes of crisis and anxiety about migratory processes, and the breakdown of family and community ties.

The progressive settlement of migrants reveals health conditions that require longer-term treatments or interventions beyond those of primary healthcare. For example, migrants are increasingly requesting dental health treatment, as well as assistance for pregnant women and new-born infants. These demands highlight the need to move into programme interventions that transcend the emergency response approach. Moreover, there is a need to increase community interventions for health prevention and surveillance to have a wider preventative scope and ensure a more sustainable approach.

Water, Sanitation and Hygiene Promotion

Migrants continue to have scarce access to safe water and hygiene. For example, in Casuarito, Vichada, the main source of water supply corresponds to water collected directly from the Orinoco River, which is not safe water. There are no alternative sources of surface water supply; the supply system must be supplemented with rainwater. There is a need to ensure appropriate dissemination on hygiene practices through community outreach.

Protection, Gender and Inclusion

Protection actions need to be reinforced and complemented given the complexity of protection threats (human trafficking, abandoned or unaccompanied children, lack of access to survival mechanisms). The Interagency Group for Mixed Migratory Flows acknowledges there is a greater demand for services and an increasingly complex and adverse environment, especially in areas of border crossing and settlement of Venezuelans (where there are additional risks of xenophobia, safety and coexistence).

In a recent survey on protection issues for Venezuelan migrants, 50.2 per cent of the families interviewed argued that they were, or are, at risk due to their demographic profile or that they have been forced to resort to serious negative survival mechanisms, such as sex for survival, begging or sending children under the age of 15 to work⁸. A total of 28 per cent of those surveyed reported one or more protection incidents, suffered or witnessed by themselves or their relatives; the most frequent of these was assault (49%), followed by physical assault (19%) and intimidation and threat (17%). The settlement of migrants has opened a new challenge in public schools, where small children are beginning to face xenophobia and schoolteachers and parents do not always have the capacities to address this situation.

Migration

In the last semester of 2019, the Government of Colombia and the renowned [economic think tank, Fedesarrollo](#), both [indicated](#) that the Venezuelan migration does not account for the high and steady levels of unemployment. A recent survey by the [National Statistics Office](#) also shows that 69 per cent of migrants have secondary education, which is a higher percentage than that of the Colombian population. However, the migrant population suffers twice as much unemployment as Colombians.

Targeting

This operation is focused on, but is not limited to, providing healthcare and complementary services without discrimination to Venezuelan migrants, Colombians that return from Venezuela and to host communities. This Emergency Appeal aims to provide 170,000 health and complementary services to people in need. In order to reach this population, this Emergency

⁸ ACNUR. (2019) Aspectos claves del monitoreo de protección - situación Venezuela

Appeal has designed two primary health care models: in border cities focused on migrants on foot and pendular migrants, and in big cities (>500,000 inhabitants) focused on host communities and settled migrants.

Scenario planning

The constant escalation of migratory flows into Colombia remains a significant challenge to public and humanitarian services. Pathologies once considered eradicated have re-emerged in border communities (e.g. measles for which Colombia has 420 confirmed cases between Epidemiological Week- EW 10 2018 and EW 42 2019; 212 of these were in 2019). 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, and the morbidity and mortality from malnutrition. Concurrently, the demand for essential goods and services (healthcare, housing, employment) continues, especially in transit cities in departments located in the border zone.

As mentioned above, in July and August 2019, Ecuador and Peru introduced changes to the entry requirements for Venezuelan nationals (see [Information Bulletin no. 1 - Colombia and Ecuador: Population Movement](#)), which has had an important impact on migratory flows out of Colombia's southern border. As a result, it is expected that migrants are using more irregular crossing points, returning to Venezuela or seeking to settle in Colombia. At the end of 2019, the IFRC and the CRCS will look to develop migration scenarios to support 2020 planning based on potential scenarios. However, it is expected that migratory flows will continue at similar or higher levels than have been seen to date, leading to ongoing humanitarian gaps for people in need.

Operation Risk Assessment

As the operation continues, some risks are intensifying. First, as CRCS and IFRC staff and volunteers maintain their involvement in the operation, the needs for psychosocial support, closer supervision of standard rest times and stress management remain. Secondly, tensions are rising in particular in border areas such as the departments of Norte de Santander and Arauca, where armed groups are increasingly active. This requires additional monitoring and security risk evaluation by the operational teams, as well as follow-up at the headquarters level. IFRC is looking to support the CRCS in financing a field security analyst to be focused on border areas. Thirdly, as the migrant population is exposed to increasing risks, such as exposure to armed groups, risks of exploitation or trafficking, and tensions with host communities, it is important to ensure that field staff are trained in recognizing signs of abuse and are able to identify protection needs so that appropriate attention can be provided. Finally, as a growing number of migrants seek to settle, the operational approach needs to focus more on stabilization, development and integration actions, as it remains vital to invest in actions that facilitate dialogue and inclusion, 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.

B. OPERATIONAL STRATEGY


Proposed strategy


Overall operational objective: Provide humanitarian assistance to protect the lives, health and dignity of 170,000 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, as well as other departments as needs arise based on changing migratory flows.

In August 2019, a [third revised Emergency Appeal](#) was issued that extended this operation until June 2020. Additional funding will be required to reach the planned objectives. Further details on the operational strategy is available in the third revision.

C. DETAILED OPERATIONAL PLAN

In the 18 months of the operation, the CRCS has provided 185,549 services, which represents 109 per cent of the total projected services. This figure of 185,549 services provided through the HCUs is in addition to the estimated 107,696 people who benefited from the hydration points. The following section details the cumulative progress made from 15 March 2018 to 30 September 2019.

 Disaster Risk Reduction People reached: 0 People targeted: 10,000		
Outcome 1: Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.		
Indicator:	Target	Actual
# of people reached by key disaster risk reduction messages	10,000	Not planned for this period
Output 1.1: Communities (migrant or host) take active steps to strengthen their preparedness for timely and effective disaster response		
Indicators:	Target	Actual
# of people reached by key disaster risk reduction messages	10,000	Not planned for this period
# of community early warning systems in place	4	Not planned for this period
Progress towards outcomes		
No activities were planned for this period.		
In order to support the CRCS with the implementation of this area of focus, the IFRC is supporting the CRCS in recruiting a staff member who will concentrate on disaster risk reduction activities in the context of migration.		

 Shelter People reached: 900 People targeted: 10,000		
Outcome 2: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicator:	Target	Actual
# of people reached with bedding kits	10,000	900
Output 2.1: Short term shelter assistance is provided to affected household		
Indicators:	Target	Actual
# of community shelters provided with shelter assistance	10	Not planned for this period
# of community shelter hosts/ managers trained in first aid	10	Not planned for this period
Progress towards outcomes		

Bedding kits

At the start of the operation, the CRCS distributed 900 bedding kits. After an analysis of the changing needs, as well as actions by other humanitarian actors, this activity had been put on hold.

In September 2019, the CRCS procured **1,778 bedding kits** to be distributed between October and December 2019 among vulnerable walking migrants in Norte de Santander, Santander, Nariño, Boyacá, Cundinamarca, Antioquia, Quindío and Putumayo. New territories have been included in the distribution plan (i.e. Boyacá, Antioquia and Quindío) in response to the diffusion of migrants into new areas of Colombia. Migrants, particularly those on foot, are present in almost all of Colombian territory. The composition of the bedding kits has evolved, given that blankets and pillows previously distributed were being discarded, as insufficiently travel-friendly. The new bedding kits substitute one blanket for a poncho and have a more suitable travel pillow, which together with the raincoat and the flashlight are provided inside a water-resistant bag.

The CRCS and IFRC are in the process of procuring the community first aid kits which will be used to train community shelters in first aid. Identification processes are underway in order to prioritise shelters that would benefit from this training, primarily on the road between Cucuta and Bucaramanga, with the support of the mobile medical unit co-financed with the IFRC Monarch Butterfly Programme.



Livelihoods and basic needs

People reached: **6,000**
People targeted: 13,940

Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihood

Indicator:	Target	Actual
# of people reached with basic needs assistance and improved livelihood opportunities	13,940	6,000

Outcome 3.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicator:	Target	Actual
# of people reached with distribution of kitchen kits with complementary food kits	6,000	Not planned for this period

Output 3.5: Households are provided with multipurpose cash grants to address their basic needs

Indicator:	Target	Actual
# of people reached by cash and voucher assistance	1,840	Not planned for this period

Progress towards outcomes

Food kits

As described in the [6-months update](#), the 6,000 people reached with basic needs assistance refers to food kits distributed during the first months of the operation in Arauca, La Guajira, Norte de Santander and Nariño. In September 2019, the CRCS carried out a procurement process to purchase **2,500 weekly food kits**. These kits are targeting settled migrants, based on needs evaluations obtained from various CRCS branches around the country. These will be distributed between October and December 2019. The contents of the food kits are set out below, based on the CRCS' standard package.

Lentils, 500g, x2 bags	Coffee, 500g, x1 bag
Corn flour, 500g, x2 bags	Chocolate, 500g, x1 bag
Rice, 500 g, x8 bags	Vegetable oil, 1 litre, x1 bottle
Sugar, 500g, x2 bags	Guava paste (roll), 500g, x1 roll
Red beans, 500g, x2 bags	Pasta for soup, 500g, x2 bags
Salt, 500g, x1 bag	Pasta, 500g, x2 bags
Raw sugar cane block, 500g, x2 blocks	Canned tuna fish, 170g, x2 cans

A second procurement process is underway for the purchase of additional weekly food kits (for a family of five), which will be distributed with kitchen kits. These also will be provided to target migrant families who are settling, sometimes in territories that until recently were considered passing points. According to the GIFMM, Ipiales municipality (Nariño) is a good example of how migrants, who originally arrived there to cross into Ecuador, now are settling to restart their life project.

Preparations are underway for a cash-based intervention in the department of Cundinamarca, as well as the recruitment of the dedicated staff member who will be leading the intervention from the branch. Preparations are also being carried out to start providing humanitarian transport to vulnerable migrants in need, from Bogota to destinations of their choice within the territory.



Health

People reached: 113,623

People targeted: 170,000

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

Indicator:	Target	Actual
# of people reached with health services	170,000	113,623

Output 4.1a: At least 124,000 migrants receive timely medical care and first aid

Indicator:	Target	Actual
# of people served through basic health programmes (HCUs)	124,000	81,316

Output 4.1b: 46,080 migrants provided primary level health care in CRCS Health Providing Institutes (HPI)

Indicator:	Target	Actual
# of medical consultations provided through CRCS HPIs	46,080	19,927

Output 4.1c: 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	28,848

Output 4.1d: Children and pregnant mothers have access to nutritional supplements

Indicator:	Target	Actual
# of children receiving nutritional supplements	6,000	7,705
# of pregnant women receiving nutritional supplement	3,000	2,783

Output 4.1e: Management of basic health care and services for the migrant population

Indicators:	Target	Actual
# of epidemiological reports generated	15	9

# of financial and operating reports generated	15	3
# of monitoring missions carried out	40	21
Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population		
Indicators:	Target	Actual
# of people who receive psychosocial services to promote mental health	30,000	16,597

Progress towards outcomes

Health Care Units

HCU were able to deliver 81,316 services, equivalent to 66% of the targeted services. The services with the highest demand are general medicine appointments with the doctor and with the nurse in each location. Among nursing services, growth monitoring is the most commonly requested service. Epidemiological reports show that the two main population groups reached are women between 25 to 29 years, and children between 0 and 5 years. Within these groups, the top five morbidity factors are: acute respiratory infection, dermatitis and cellulitis, pregnancy, intestinal parasitosis and hypertension. Furthermore, the increase of mental health issues is the single most important concern of the teams in the HCUs. As the settlement of migrants escalates, a hypothesis is that the burden of this pathologies will reduce, and other pathologies will have a higher incidence.

The establishment of HCUs in distant locations has provided great relief to migrants who otherwise have no health service. This makes the CRCS a critical player for addressing humanitarian needs in locations in the country that have scarce institutional presence. This success is recognized by the GIFMM, which is now following the steps of the CRCS by increasing its consideration of these locations. Another successful factor is the implementation of a second medical team in the territories with the highest demand for primary health care (Arauca and Guajira).

Apart from the services provided at the 5 HCUs, this Emergency Appeal is financing medical teams in Maicao and Cucuta. In Maicao, this operation has installed a team of nurses at the Migrant Integral Attention Centre, which was set up and managed by UNHCR. In Cucuta, the operation has supported the establishment of a mobile primary health care unit to assist walking migrants, co-financed by the IFRC Monarch Butterfly Programme.

Health Care Units – Field missions to peripheral areas with migrant concentrations

Twenty-five mobile health care missions were conducted during the 18-months of this operation to reach populations with no access to health care due to their lack of mobility or residence in peripheral areas. The [12-month Operations](#) Update lists the eight missions carried out between August 2018 and May 2019. The table below provides information on the seventeen missions carried out between June 2019 and September 2019.

HCU	Location of mission	Date	Actions implemented	Observations
La Guajira	Dividivi	01 June	Growth monitoring	An exclusive brigade was set up to provide nursing services with emphasis on growth and development monitoring, aimed at children between 0 and 5 years of age.
	Corregimiento de Pelechua	10 - 11 June	Health	Care was provided in medicine, nursing, psychological support and RFL, focusing on women between the ages of 18 and 59, boys and girls between the ages of 0 and 11. The main diagnoses found were: acute rhinopharyngitis, diarrhoea, intestinal parasitosis and headache.

	Corregimiento de Camarones- Luis A. Robles school (rural area)	13 July	Health	A total of 96 people were cared for in the general medical and psychological services; 63 children and adolescents had access to the growth and development monitoring service.
	Brigada Corregimiento de Pelechua- school	31 August	Health	Attention was provided to 70 people in general medicine and psychology services.
	El Mayal indigenous community brigade	26 September	Health	Primary health care assistance to children between 0 to 5 years and women between 18 and 59 years. Growth and development monitoring were made. Orientation and RFL activities were implemented.
Nariño	Casa de Justicia	29 June	Health	The HCU participated in the first institutional services fair organized by the Ministry of Foreign Affairs. Attention was given to 18 people in medicine and psychology services.
	Rumichaca International Bridge	11 - 14 June	Health	Due to the increase of migratory flow in the international bridge of Rumichaca, the UAS of Ipiales offered support to the health team based at the border.
	Nubes verdes shelter	27 August	Health	As part of the contingency arising from the closing of the crossing into Ecuador, a half-day external health day was held at the shelter. Providing 60 primary health care services
Vichada	Villa Gladys and la Esperanza neighbourhoods - Puerto Carreño	4 - 15 June	Disease prevention and health promotion	Talks, led by the psychologist and the head nurse, focused on the topics of generating support networks, such as dealing with a crisis, sexual and reproductive rights, sexually transmitted infections, condom use (dispelling myths about condoms) and finally community health issues (handwashing, breastfeeding and mental hygiene).
Arauca	Saravena	14 June	Psychosocial first aid	118 persons were reached with psychosocial first aid talks in a distant neighbourhood in Saravena.
Putumayo	San Miguel - Corregimiento de Puerto Colon	14 June	Health	Medical attention and medication delivery were provided; growth and development monitoring activities were carried out, as well as talks on the promotion and prevention of illnesses and psychosocial support.
	San Miguel International bridge	09 July	Health	Medical care, medicines, first aid and hygiene kits were delivered to migrants in transit. Educational activities were also carried out in the areas of promotion and prevention (family planning, hygiene practices) and psychosocial support (personal self-care, personal well-being and expression of positive emotions for children).

	La Hormiga municipal bus terminal, Valle del Guamuez	12 July	Health	<p>Medical care, delivery of medicines, first aid and delivery of hygiene kits to the permanent migrant population were provided.</p> <p>Educational activities were also carried out in the areas of promotion and prevention (family planning, hygiene practices) and psychosocial support (personal self-care, personal well-being and expression of positive emotions for children).</p> <p>This health day was held in coordination with the National Army and the National Police.</p>
	Putumayo branch, Mocoa municipality	27 July	Health	<p>Medical care, delivery of medicines, first aid and delivery of hygiene kits to the permanent migrant population were provided.</p> <p>Educational activities were also carried out in the areas of promotion and prevention (family planning, hygiene practices) and psychosocial support (personal self-care, personal well-being and expression of positive emotions for children).</p> <p>This health day was held in coordination with the National Army and the National Police.</p>
	La Hormiga municipal bus terminal, Valle del Guamuez	23-25 August	Health	<p>As part of the contingency presented by the closure of the crossing into Ecuador, a day of medical care and delivery of medicines to migrant population in transit who were located in the transport terminal, managed to provide 87 primary health care services. Educational activities were carried out to promote and prevent diseases such as intestinal parasitosis, acute diarrhoeal disease and psychosocial support (stress and personal self-care).</p>
	San Miguel International Bridge	5 September	Health	<p>Medical attention and provision of medicines to migrants on foot. Disease prevention and health promotion activities. Delivery of hygiene kits.</p>
	Cultural Centre, San Miguel municipality	25 September	Health	<p>Medical attention and provision of medicines to migrants on foot. Disease prevention and health promotion activities. Delivery of hygiene kits.</p>

Health Providing Institutes

The HPIs are located in cities with high flows of migrants. This modality is complementary to the HCUs, as it allows reaching to settled migrants, who slowly become the majority. HPIs began their operation between May 2019 and September 2019, with one more HPI due to start operating in October 2019. The CRCS national headquarters has established contracts with the branch-level clinics to provide these services.

Assessed against implementation numbers (see table below) it is clear that the demand for primary health care in capital cities is very high, allowing HPIs to comply, in total, with 43% of the planned target. With this implementation rates it is safe to expect all HPI to reach the targets by the end of 2019.

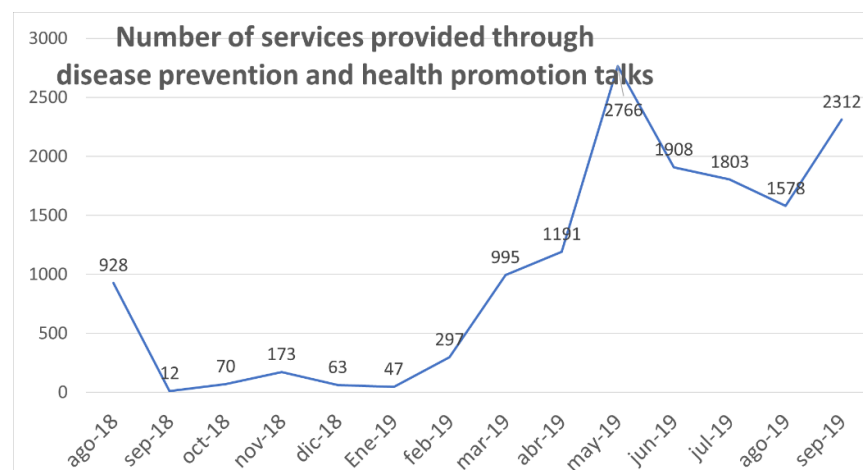
The HPI in Barranquilla, Bucaramanga and Cartagena have reached and surpassed their target in terms of people reached. The other HPI will extend their operation time in order to reach the targets. A seventh HPI in Norte de Santander will begin its operation in October. The following table shows the distribution of services provided per HPI.

City	Target	Services provided	Implementation rate
Barranquilla	5,760	6,149	107%
Cundinamarca	5,760	640	11%
Bucaramanga	5,760	6,225	108%
Cartagena	5,760	2,457	43%
Maicao	5,760	1,220	21%
Riohacha	5,760	3,098	54%
Norte de Santander	5,760	0	0%
Valle de Cauca	5,760	0	0%
	46,080	19,789	43%

In addition, the HPI have provided over 12,700 laboratory exams to vulnerable migrants and persons in need, as prescribed during the medical consultations and the results of which are reviewed with the patient in the follow-up consultations. The provision of services to migrants through the Health Providing Institutes was delayed for several reasons. First, certain CRCS branches did not have the necessary certifications required under Colombian law (Ministry of Health) to offer intramural primary health care; in such cases, the HPI looked to provide extramural services. Second, the procurement process required prior to contracting was lengthy, and needed to be extended when additional laboratory exams were added, to ensure a fuller service, especially for pregnant women. As a result, depending on each HPI's projected capacity to provide the service pack, different contractual agreements were reached in terms of the unit costs at which each HPI could operate. The no-cost extension means that the HPI will extend their services until December 2019, which will provide sufficient time to reach the collective target.

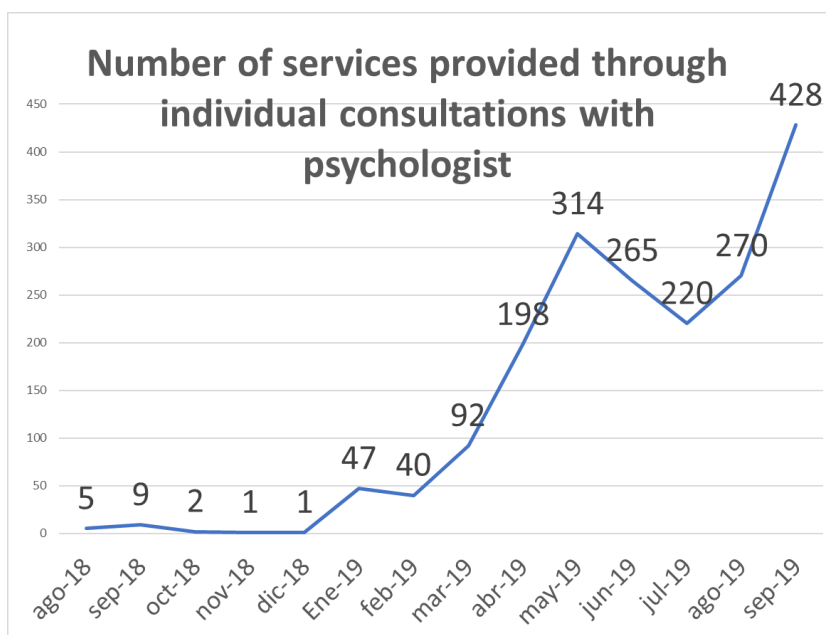
Field missions of the administrative and technical team in Bogotá to HCU and HPI allowed for the identification of areas of improvement which included: financial training for HCU administrative assistants, promotion of programme articulation with other humanitarian and public health programmes in the same territory, improvements in monitoring software for HPI, reducing waiting times for patients.

Disease prevention and health promotion



Disease prevention and health promotion talks raise awareness about sexually transmitted and chronic diseases. These talks provide lifestyle recommendations and promote wellbeing. These are complemented with the delivery of related non-food items. For example, hygiene kits are delivered during the hygiene promotion talks, and condoms are delivered in talks on sexual and reproductive health. A total of 14,143 services on disease prevention and health promotion were delivered between March 2018 and September 2019.

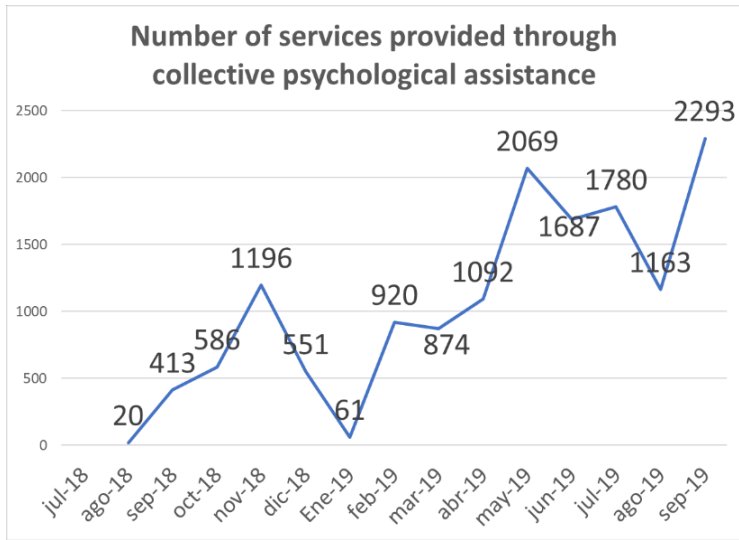
Psychosocial services to promote mental health



Psychosocial support has been at the core of the medical service provided at HCUs. The psychologist and the volunteers assist migrants in a collective and individual manner. The operation of HCUs has been designed in such a way that all patients have access to individual psychological consultations or to collective talks that provide coping mechanisms to address different psychosocial challenges. The most common conditions detected are anxiety, fear of the future, stress caused from the lack of alone time (in case of parents with small children) and depression. The HCUs that provide the highest number of consultations are Arauca and Riohacha, with between 30 to 70 appointments per month.

At the beginning of the operation migrants were reluctant to request individual consultations with a psychologist since the use of mental health professionals was generally uncommon for them. This has changed over time thanks to the awareness-raising work of HCU coordinators and psychologists. In total, 1,892 people have been reached through individual consultations. Consultations are available as many times as required.

In their qualitative reports, local coordinators coincide in highlighting the increase of mental health issues and a lack of local infrastructure (mainly medical professionals in mental care) to attend the corresponding pathologies.



Collective psychosocial attention, as with the disease prevention and health promotion talks, is available to migrants in the waiting rooms in the HCUs. These talks are delivered by the psychologist, by the nurse, by the nursing assistant and extraordinarily by volunteers. In total, 14,705 people have been reached with collective psychosocial attention. Some of the talks delivered are related to problem solving in extreme situations, strategies to reduce stress, preventing risk behaviours, good parenting and gender-based violence.

Nutritional supplements⁹

Throughout the 18-months of this operation 10,458 nutritional supplements have been distributed: 7,705 to children and 2,783 to pregnant women. The nutritional supplements were first planned to be delivered by the medical and nursing staff in accordance to the level of malnutrition of children between 6 and 24 months (Nutributter), underweight pregnant and nursing mothers (Enov Mun), and children over 2 years of age (Plumpy Doz). This operation enabled the purchase of 9,000 doses for children and 6,000 doses for women. The medical treatment in each case demands a single dose for a 90-day period.

Early in the implementation of this activity, the medical teams noticed that it was inconvenient to deliver large numbers of doses to migrants, due to the risk of them being sold or monetized. Therefore, early in the operation, the Arauca and Riohacha HCUs began distributing nutritional supplements in small groups of doses that range from 7 to 30 sachets in each appointment. Consequently, the HCUs implemented controlled distributions through regular meetings with those in need of the nutritional supplements and they designed a monitoring mechanism to follow their improvements. These mechanisms are basically growth-control tables that contain the contact and biodata of all patients with malnutrition and the teams have been working to improve the monitoring and follow-up of patients.

Moreover, the medical team in Putumayo established a simple and effective control mechanism that allows the follow-up of nutritional treatments for malnourished children and pregnant women, and it has established agreements with the local hospital for the provision of complementary tests and services (laboratory and ultrasound) for pregnant women that arrive at the HCU. This is not possible in every location because not all public hospitals have the capacity (financial and otherwise) to assist migrants in need.

The improved monitoring mechanism will provide information about 1) the impact of nutritional supplements on health in a population movement context and 2) determine the profile of migrants (caminantes, pendular, settling, welcoming communities) that best fit for a long-term treatment, and those that require short-term interventions.

⁹ Note: although the indicator refers to number of people receiving nutritional supplements, there have been challenges with regard to the follow-up of people benefiting from these nutritional supplements given the mobile profile of migrants (“caminantes”, transit migrants, pendular migrants). As such, these results refer to numbers of nutritional supplements provided, rather than number of migrants reached.



Caminantes in Norte de Santander attended by the CRCS mobile unit, September 2019. Source: IFRC

Epidemiological reports

The CRCS produced 9 epidemiological reports that are shared with the CRCS and the IFRC operational team. These are produced based on the medical records filled by doctors, nurses and psychologists from Health Care Units. The epidemiologist has also presented epidemiological reports to the teams in Putumayo, Vichada and Guajira. This helps local medical teams to understand the plethora of medical and operational data they produce on a daily basis, and most of the time confirms and sharpens their intuitions about the main morbidity factors affecting migrants, which in turns enhances service capabilities on the health team. Epidemiological reports also served to establish the demographic profile of the population assisted. Moreover, they permit the identification of different pathologies by age, sex and geographic groups.

The latest epidemiological report (September 2019) shows very similar patterns to the reports issued between December 2018 and August 2019. The two main population groups reached are women between 25 to 29 years and children between 0 and 5 years. Among the whole population, the top

5 reasons for medical consultation are: i) Acute respiratory infection, ii) Dermatitis and cellulitis, iii) Pregnancy, iv) Intestinal parasitosis and v) Hypertension. An increase in mental health issues has been registered in the HCUs.



Water, sanitation and hygiene

People reached: 107,696
People targeted: 210,400

Outcomes 5: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicator:	Target	Actual
# of people that access safe water	210,400	107,696
Output 5.1: Communities are provided by NS with improved access to safe water		
Indicators:	Target	Actual
# of fixed hydration points established	5	4
Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.		
Indicators:	Target	Actual
# of personal hygiene kits distributed	37,702	19,186
# of family hygiene kits distributed.	1,500	Not planned for this period
Progress towards outcomes		

During the first 18 months of the operation, the CRCS, with IFRC support, provided 107,696 services of access to safe water, estimated based on the [Sphere standards](#)¹⁰. Additionally, the operation distributed 19,186 hygiene kits.

People that access safe water

The hydration points have delivered a total of 323,087 litres of water between August 2018 and September 2019, surpassing the target by more than 500 per cent. According to the Sphere standards, this means that safe water was provided to at least 107,696 people. Safe water is distributed in four hydration points in Arauca, Ipiales, Rumichaca and Vichada (Casuarito).

Hydration points installed

This operation has installed one hydration point in Arauca, two in Ipiales (one in the CRCS branch and one in Rumichaca, just before the international border) and one in Casuarito with safe water for human consumption. A fifth hydration point will be installed in La Hormiga, Putumayo, at the beginning of November. The hydration point in Casuarito is of special importance because it benefits a particularly vulnerable population that is located in an area with scarce services. The hydration point in Ipiales is set up to help those migrants that are on their way to Ecuador. For the installation of the hydration points, CRCS requested the support of a member of its National Intervention Team (NIT).



CRCS established a hydration point in Casuarito, Vichada (September 2019). Source: CRCS

Personal hygiene kits

As of September 2019, 19,186 personal hygiene kits were distributed. According to the local coordinator of Nariño, hygiene kits provide an especially important sense of relief to migrants in Ipiales, because this CRCS branch has facilities where migrants were able to take a hot shower, use the hygiene kit products, and continue their journey to Ecuador.

In December 2018, 31,702 hygiene kits differentiated based on the target groups (men, women, children and babies) were purchased. 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 are in the process of distribution.

¹⁰ The standards for water provision of the Sphere Project indicate each person should receive at least 2.5 to 3 litres of water a day. The Emergency Appeal PMER team estimated that, on average, each person that accesses the hygiene points consumes about 3 litres of water (stored in 1.5-litre plastic bottles).



Protection, gender and inclusion

People reached: 120,126
People targeted 110,000

Outcome 6: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable

Indicator:	Target	Actual
# of services provided by friendly spaces	17,000	9,036

Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Indicator:	Target	Actual
# of operational friendly spaces	5	5
# of dignity kits distributed	4,000	Not planned for this period

Output 6.2: Educational and community dialogue programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicator:	Target	Actual
# of teachers and parents trained on protection principles	30	Not reported for this period

Progress towards outcomes

The outcome indicator of this area of focus refers to the number of differentiated services provided. This operation provides differentiated services 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 120,126.

In June 2019, the IFRC and the CRCS, with support from the ICRC, carried out a cross-border evaluation into the protection needs of children transiting from Venezuela through Colombia, crossing through Bogota and Putumayo, then into Ecuador. Findings indicate that there are important mental health and protection needs, especially in departments where armed groups are present, such as Putumayo, need for additional friendly spaces, better information and education as to rights and existing services, especially in light of widely-believed rumours, and further child participation in feedback mechanisms.

Friendly spaces

After 18 months of the operation, friendly spaces have become a critical element of the complementary assistance provided in HCUs and HPIs. As of September 2019, there are 5 friendly spaces located in Riohacha, Maicao, Arauca, La Hormiga and Puerto Carreño. Originally there were supervised by the HCU psychologist, but the demand for this protective space and its impact on the immediate relief of migrants, as well as the conclusions of the June 2019 evaluation, have shown the importance to have professional staff fully dedicated to this task. Therefore, since September 2019, all friendly spaces have one full-time psychologist, as well as dedicated volunteers.

These spaces were created as protective environments to prevent and mitigate the humanitarian consequences of the migration process for both the migrant and host population, strengthening their capacities, promoting the restoration of rights, equality, non-violence in its different forms, participatory processes and inclusion, framed in the principles of Humanity, Impartiality and Neutrality.

Following up on the June 2019 evaluation, in August 2019, the IFRC and the CRCS, with contributions from the ICRC, carried out a capacity-strengthening training on child protection for CRCS headquarters and field staff, with a commitment for replication in each participating branch.

Since September 2019, migration and orientation help desks have been established in Arauca and Riohacha. The help desk is the space where the local protection personnel guide and provide referral to the migrant population and returnees. This referral path is used to inform about services that the CRCS does not provide but can be found elsewhere in the territory, enabling the target population to know where to go and the services provided by other institutions so they can receive appropriate attention and guidance for the exercise of their rights.

In September 2019, the CRCS began the implementation of a binational protection integration project, targeting a primary school in Cucuta with a high presence of Venezuelan students who travel to Colombia every day to attend school. In this school, expert psychologists are providing psychosocial attention to student and teachers in need, as well as supporting teachers, parents, students and the school counsellor in providing effective strategies to identify protection needs, as well as address xenophobia and exclusion.

At the beginning of the operation, the Protection, Gender and Inclusion actions were not registered under the Sex and Age Disaggregated Data (SADD) framework. The Information Management workshop delivered by the IFRC in September 2018 launched 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 Open Data Kit (ODK) for all Restoring Family Links services and for Friendly Space activities.



Migration

People reached: 185,549 people

People targeted 170,000

Outcome 7: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicator:	Target	Actual
# of migrants attended by the health care units and the network of CRCS local branches	170,000	185,549
Output 7.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations		
Indicator:	Target	Actual
# of people using the mobile Virtual Volunteering tool	5,000	0
Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented		
Indicator:	Target	Actual
# of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants.	40,000	0
Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster		
Indicators:	Target	Actual
# of services provided by RFL assistance points	18,000	7,956
# of RFL points established	5	5
Progress towards outcomes		



RFL service provided in La Guajira, August 2019.
Source: CRCS.

Since the launch of this operation 185,549 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 (HCU and HPI), hygiene kits and people that benefits from RFL and Friendly Spaces. This figure of 185,549 services provided is in addition to the estimated 107,692 people who benefited from the hydration points.

Integrated assistance points

As of September 2019, the CRCS has established five Health Care Units in Arauca, Riohacha, Puerto Carreño, Ipiales and La Hormiga, and six Health Providing Institutes in Maicao and Riohacha (La Guajira), Barranquilla (Atlántico), Cartagena (Bolívar) and Bucaramanga (Santander). A seventh HPI will be operating in October in Cucuta, Norte de Santander.

Restoring Family Links services

The Restoring Family Links activities provided 7,956 services where health care units are operating. As described in the six-month and twelve-month reports, this service offers calls both nationally, within Colombia, and internationally, to Venezuela, as well as free internet and phone charging services. The Open Data Kit system was successfully implemented for data collection of RFL services. As mentioned above, ODK is being adapted for data collection of other

products delivered (i.e. food kits, hygiene kits, etc.).

Community Engagement and Accountability (CEA)

With support from IFRC, the CRCS Community Engagement and Accountability strategy has been finalised, in accordance with the general [guiding principles](#) and the specific context and capabilities available in Colombia. To implement a clear communication mechanism with migrant population, the CRCS is in the process of recruiting a CEA officer; she will launch the strategy prior to the end of 2019. With feedback from the actual users, this Emergency Appeal will have new information to improve the quality of the services provided. The information collected will be of primary importance to design the CRCS's future recovery and development interventions.

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 CRCS volunteers insured	22,605	22,605

Output S1.1.4: The National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
1.1.4.1 Number of CRCS volunteers that receive psychosocial support	125	21
1.1.4.2 Number of CRCS volunteers that participate in training activities	125	16

Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place

Indicators:			
1.1.6.1	Number of workshops on organizational capacity development	3	1
Progress towards outcomes			
Number of CRCS volunteers insured			
<p>This operation has mobilized 126 volunteers from 5 branches. Moreover, the whole body of CRCS volunteers have been covered by the IFRC Insurance for Volunteers Accident Programs 2019. This amounts to 22,605 volunteers covered with this complementary insurance in case of accident, death or disability.</p>			
Volunteers with psychosocial support			
<p>Between August and September 2019, the CRCS psychosocial support officer organized 5 psychosocial support workshops with 4 HCUs and its volunteers in Putumayo, Riohacha, Arauca (twice) and Vichada. A sixth workshop will be delivered to the Ipiales HCU in October. These two- to three-day workshops are carried out as a retreat in which the health team and volunteers are fully immersed in the activity. The workshop focuses on stress release, coping mechanism, team building, conflict resolution and other practices to manage the complex emotional context in which they operate on a daily basis. These workshops have reached 45 professionals and 21 volunteers.</p>			
<p>Medical teams and volunteers have manifested their satisfaction with these sessions. An emotional deactivation session is also being planned for the CRCS national-level technical and administrative team.</p>			
Volunteers participating in training activities			
<p>Ten volunteers participated in the IM workshop for the implementation of Open Data Kit and RC2 Relief in Bogotá, between 11 and 13 September 2019. Similarly, 4 volunteers participated in the CEA training in June 2019 and 2 volunteers participated in the child protection training in August 2019.</p>			
Hired staff			
<p>The IFRC appeal is supporting (in totality or partly) the following 71 professionals contracted by IFRC and CRCS to roll out this operation's planned actions, as at end September:</p>			
Staff recruited at the field level			
1	Guajira HCU Coordinator, CRCS	29	Assistant Nurse, Vichada HCU, CRCS
2	Medical doctor, Guajira HCU, CRCS	30	Driver, Vichada HCU, CRCS
3	Medical doctor, Guajira HCU, CRCS	31	Administrative assistant, Vichada HCU, CRCS
4	Psychologist, Guajira HCU, CRCS	32	Psychologist, friendly space Vichada, CRCS
5	Chief Nurse, Guajira HCU, CRCS	33	Ipiales HCU Coordinator, CRCS
6	Nurse, Guajira HCU, CRCS	34	Medical doctor, Ipiales HCU, CRCS
7	Assistant Nurse, Guajira HCU, CRCS	35	Psychologist, Ipiales HCU, CRCS
8	Assistant Nurse, Guajira HCU, CRCS	36	Chief Nurse, Ipiales HCU, CRCS
9	Administrative assistant, Guajira HCU, CRCS	37	Assistant Nurse, Ipiales HCU, CRCS
10	Driver, Guajira HCU, CRCS	38	Driver, Ipiales HCU, CRCS
11	Psychologist, friendly space Guajira, CRCS	39	Administrative assistant, Ipiales HCU, CRCS
12	Psychologist, help desk Guajira, CRCS	40	Putumayo HCU Coordinator, CRCS
13	Arauca HCU Coordinator, CRCS	41	Medical doctor, Putumayo HCU, CRCS
14	Medical doctor, Arauca HCU, CRCS	42	Psychologist, Putumayo HCU, CRCS
15	Medical doctor, Arauca HCU, CRCS	43	Chief Nurse, Putumayo HCU, CRCS
16	Psychologist, Arauca HCU, CRCS	44	Assistant Nurse, Putumayo HCU, CRCS
17	Chief Nurse, Arauca HCU, CRCS	45	Administrative assistant, Putumayo HCU, CRCS
18	Nurse, Arauca HCU, CRCS	46	Driver, Putumayo HCU, CRCS
19	Nursing Assistant, Arauca HCU, CRCS	47	Psychologist, friendly space Putumayo, CRCS
20	Nursing Assistant, Arauca HCU, CRCS	48	Psychologist, friendly space Maicao, CRCS

21	Administrative assistant, Arauca HCU, CRCS	49	Psychologist, school, Norte de Santander, CRCS
22	Driver, Arauca HCU, CRCS	50	Psychologist, school, Norte de Santander, CRCS
23	Psychologist, friendly space Arauca, CRCS	51	Assistant Nurse n1 Maicao CAI, La Guajira, CRCS
24	Psychologist, help desk, Arauca, CRCS	52	Assistant Nurse n2 Maicao CAI, La Guajira, CRCS
25	Vichada HCU Coordinator, CRCS	53	Assistant Nurse n3 Maicao CAI, La Guajira, CRCS
26	Medical doctor, Vichada HCU, CRCS	54	Doctor, Cucuta mobile unit, Norte de Santander, CRCS
27	Psychologist, Vichada HCU, CRCS	55	Driver, Cucuta mobile unit, Norte de Santander, CRCS
28	Chief Nurse, Vichada HCU, CRCS	56	Nurse, Cucuta mobile unit, Norte de Santander, CRCS

Staff recruited at the national level

57	National Project Administrator	65	Protection Analyst
58	National Project Administrator - Health	66	Financial Assistant – Accounting (Health)
59	Financial Assistant - Accounting	67	Medical Auditor
60	National Migration Manager	68	Operations Coordinator for Migration
61	National Health Coordinator	69	Epidemiologist
62	Procurement Analyst	70	Information Management (IM) Specialist
63	Information Management (IM) Officer	71	Warehouse assistant
64	Planning, Monitoring, Evaluation and Reporting (PMER) Officer		

International Disaster Response

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

Indicators:	Target	Actual
2.1 Number of RIT, IFRC staff or Movement partner delegates to support the operation	9	22

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

Indicators:	Target	Actual
2.1.1.1 Number of missions (International Missions-IFRC)	9	20
2.1.1.2 Number of support actions for acquisition management	2	1

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

Indicators:	Target	Actual
2.2 Number of coordination meetings with the Movement	11	28

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

Indicators:	Target	Actual
2.2.1.1 Number of reports on the participation of the humanitarian network and key partners.	9	16

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

Indicators:	Target	Actual
2.2.5.1 Number of branches using the information system	4	5
2.2.5.2 Number of local branches and assistance posts that have access to ICT tools	2	5
2.2.5.3 Number of virtual platforms and tools that have been implemented.	1	0

Progress towards outcomes

RIT and IFRC staff mobilized

In the first eighteen months of this operation, 22 regional intervention team members and IFRC staff were mobilized to Colombia.

Position/Role	Home office/ National Society	Quantity
Head of Disaster and Crisis Department	ARO	1
Regional Coordinator, Migration, Social Inclusion and Non-Violence	ARO	1
RIT in Communication	ARO	2
General RIT	ARO	1
Finance RIT	ARO	1
Senior Officer, Community Engagement and Accountability (CEA)	ARO	1
Regional Communications Manager	ARO	1
Coordinator, Community and Emergency Health	ARO	1
PMER Manager	ARO	1
Information Management Senior Officer	ARO	2
Senior Procurement Officer	ARO	1
Emergency Appeals & Marketing Senior Officer	ARO	1
Organizational Development Specialist	ARO	1
Finance Officer	CCST Lima	1
Disaster Risk Management Coordinator for South America	CCST Lima	1
PMER Senior Officer	CCST Lima	1
Communications Officer	CCST Lima	1
Global Surge - Communications	Norwegian Red Cross	1
Global Surge - Operations and Field Coordinator	Danish Red Cross	1
Information Management Delegate	Spanish Red Cross	1
TOTAL		22

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.

Support actions for acquisition management

In May 2019 the IFRC and CRCS facilitated 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. Furthermore, a Regional Intervention Team member from the Salvadorian Red Cross will join the IFRC Emergency Appeal team for one month during October 2019 to facilitate purchasing processes.

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. In September 2019, the IFRC and CRCS team participated in the formulation of the Humanitarian Needs Overview 2020.

Number of branches using the information system

In the first 18-months of the operation, the IM and PMER teams from the CRCS designed, rolled out and implemented an information system for all 5 HCUs and 6 HPs.

The automatized information system mentioned in the 12-month update, is being developed jointly by the Spanish Red Cross, the University of Washington and the IFRC Policy, Strategy and Knowledge regional unit in the Americas. The system uses Open Data Kit (ODK) and RC2 Relief for data collection of all migration-related interventions. The former is used to register services provided to migrants (i.e. friendly spaces, satisfaction surveys, first aid, individual and collective psychological assistance, among others). The latter is used to register the products delivered (i.e. hygiene

kits, bedding kits, condoms, nutritional supplements, etc.). Between 11 and 13 September, the CRCS Information Management team organized a workshop for 55 staff members with IM and monitoring roles. The purpose was to train them and distribute smart phones with the installed software (ODK and RC2 Relief) to be used at their branches and all information could be available, processes, analysed and used in CRCS national headquarters.

While the automatized system is being developed, the information system designed at the beginning of 2019 is still the backbone for data collection, monitoring and analysis. To make sure this system is reliable, a series of field missions were organized to all branches between February and July 2019. On these missions, the CRCS-IFRC PMER team was responsible for explaining the forms and the logic behind the data collection system. Every branch delivers monthly reports ten days after the end of each month. In this way, the Emergency Appeal data collection system has a minimal lag in the operational (quantitative) and analytical (qualitative) information received. The second series of missions were started in August 2019 and will continue through December 2019. Their purpose is to audit and verify the information reported through by random sampling of data (i.e. specific days, activities) and corroborating these with medical history forms.

The CRCS has appropriated monitoring forms, timelines and role profiles designed with the IFRC for the Emergency Appeal to monitor, process and analyse its other migration projects. Now the qualitative reports delivered at the branch level have improved the quality of the information available, highlighting elements of the operation that are imperceptible with quantitative monitoring. For example, the settlement of migrants in Ipiales could only be understood thanks to the latest qualitative reports. This reports explain that, even though the Peruvian and Ecuadorian governments have implemented more stringent norms to enter their countries, the number of people reached with primary health care assistance has remained stable and even sometimes on the rise because migrants are beginning to settle in peripheral areas of Ipiales and they have indicated willingness to restart their life projects in this part of Colombia.

Number of branches with ICT tools

Similarly, the IM workshop in September 2019 allowed the CRCS IM team to expand the use of ODK and RC2 Relief (UCT tools) to all CRCS branches that have operations relevant to the population movement response. In the workshop, 79 smart phones were delivered to representatives from 19 branches, allowing these branches to have the capabilities to use the remote data collection system for their complementary actions. In the month following the workshop, 10 webinars were held to resolve doubts on the use the ICT tools and to consolidate an Information Management Network composed by all participant from the workshop.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
3.1 Number of newsletters, press releases and reports	15	35
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	3
3.1.1.2 Number of video productions	2	3
Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
3.1.3.1 Number of evaluations or needs assessments	1	0

Progress towards outcomes

Newsletters, press releases and reports

In order to develop communication actions that make visible the humanitarian needs of the migrant population, promote non-discrimination and social inclusion, and position the Red Cross as a key actor in the care and provision of humanitarian services, the CRCS's Communication and Image area has conducted the following external communication actions during the past 18 months:

- Design and production of materials to update the operation.
- Facilitate the exchange of communicative material with the members of the Movement and other partners.
- Quantify and qualify the information that circulates in media and social networks about actions of the CRCS and the International Movement.
- Promote dialogue between transit and host communities and the migrant population through a public campaign that promotes respect and the collective construction of peaceful scenarios.
- Organize workshops for journalists on migration to sensitize and train them on the issue.
- Create communication products (executive reports) for donors and potential donors to contribute to accountability for the humanitarian actions conducted. Some examples can be seen [here](#).
- Develop communication content, through CRCS institutional accounts on social networks and the CRCS website, to promote donations. Some of the contents developed can be seen [here](#), [here](#) and [here](#).

For the social media and communications strategy, the CRCS communications team will be enhancing their staff with one communications officer. The Communications team is implementing the Migration Communications Strategy, which has a strong emphasis on social network platforms (see [here](#) and [here](#)). The team has also helped in the implementation of the CEA strategy, for which another specialist officer is being recruited.

Strategy updates

The Emergency Appeal has been revised three times: one in April 2018, to add additional funding requirements to expand coverage of Protection and Migration activities; another in July 2018, adding more funding requirements and augmenting activities in health and livelihoods; and a final one in August 2019, which extended the Appeal up until June 2020 and introducing new activities such as disaster risk reduction, additional protection activities, and specialised medical services in the realm of primary health care services already provided.

Video Productions

As stated in the 12-month report, the CRCS Communications area has produced two videos about the humanitarian response in [Nariño](#) and [Norte de Santander](#), and one video about migration patterns of migrants on foot.

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 monitoring reports	3	3
4.1.3.2 Number of donor reports	3	5
4.1.3.3 Number of people trained in financial management	4	9
Output S4.1.4: Staff security is prioritized in all IFRC activities		
4.1.4.1 Security Plan updated	20	30

4.1.4.2 Number of volunteers trained in Stay Safe	124	108
Progress towards outcomes		
<p>Donor reports As part of the IFRC commitment to accountability to communities, other humanitarian actors and donors, during this period two donor reports were produced, and three Operations Updates were published.</p>		

Contact information

Reference documents

Click here to access:

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

In the Colombian Red Cross Society

National Migration Manager: Diego Piñeros; phone: +571 437 5300; email: diego.pineros@cruzrojacolombiana.org

In IFRC Americas Regional Office

IFRC Regional Office for Americas Head of Disaster & Crisis: Jono Anzalone; phone: +507 317 3050, email: jono.anzalone@ifrc.org

IFRC Operations Coordinator for the Americas: Felipe Del Cid; phone: +507 317 3050; email: felipe.delcid@ifrc.org

IFRC Country Cluster Support Team for the Andean countries

IFRC Operations Manager, Colombia: Nadia Khoury; phone: +57 305 809 4505; email: nadia.khoury@ifrc.org

IFRC Interim Focal Point for Colombia: Jorge Zequeira phone: +507 6949 5546; email: jorge.zequeira@ifrc.org

In IFRC Geneva

Programme and Operations focal point: Antoine Belair, Senior Officer, Operations Coordination - Response and Recovery (Americas and Europe), phone: +41 22 730 4281, email: antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

Emergency Appeals and Marketing Senior Officer: Marion Andrivet; phone: +507 317 3050; email: marion.andrivet@ifrc.org

For In-Kind donations and Mobilization table support:

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

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

Planning, Monitoring, Evaluation and Reporting Coordinator: Paula Martes; phone: +507 317 3050; email: paula.martes@ifrc.org

For media requests:

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

How we work

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

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



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



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



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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2019/09	Operation	MDRCO014
Budget Timeframe	2018-2020	Budget	APPROVED

Prepared on 17 Ene 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 mar 2018 to 30 jun 2020; appeal launch date: 15 mar 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	60,000
AOF2 - Shelter	220,000
AOF3 - Livelihoods and basic needs	400,000
AOF4 - Health	3,340,000
AOF5 - Water, sanitation and hygiene	560,000
AOF6 - Protection, Gender & Inclusion	240,000
AOF7 - Migration	400,000
SFI1 - Strengthen National Societies	480,000
SFI2 - Effective international disaster management	750,000
SFI3 - Influence others as leading strategic partners	100,000
SFI4 - Ensure a strong IFRC	50,000
Total Funding Requirements	6,600,000
Donor Response* as per 17 ene 2020	5,911,907
Appeal Coverage	89.57%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	129,958	18,023	111,935
AOF3 - Livelihoods and basic needs	464,513	101,331	363,181
AOF4 - Health	1,721,820	1,013,165	708,655
AOF5 - Water, sanitation and hygiene	481,922	421,000	60,922
AOF6 - Protection, Gender & Inclusion	168,365	32,077	136,288
AOF7 - Migration	768,944	94,804	674,140
SFI1 - Strengthen National Societies	296,097	123,785	172,312
SFI2 - Effective international disaster management	843,145	479,803	363,342
SFI3 - Influence others as leading strategic partners	72,826	1,989	70,836
SFI4 - Ensure a strong IFRC	50,566	11,690	38,876
Grand Total	4,998,157	2,297,669	2,700,487

III. Operating Movement & Closing Balance per 2019/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,580,850
Expenditure	-2,297,669
Closing Balance	1,283,180
Deferred Income	1,411,358
Funds Available	2,694,538

IV. DREF Loan

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

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2019/09	Operation	MDRCO014
Budget Timeframe	2018-2020	Budget	APPROVED

Prepared on 17 Ene 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 mar 2018 to 30 jun 2020; 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		
British Red Cross (from British Government*)	1,232,695				1,232,695		
China Red Cross, Hong Kong branch	25,009				25,009		
European Investment Bank Institute	70,578				70,578		
Iraqi Red Crescent Society	991				991		
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	224,494				224,494		
The Netherlands Red Cross (from Netherlands Govern	238,347				238,347		
United States Government - USAID	1,147,676				1,147,676	1,411,358	
Western Union Foundation	43,614				43,614		
Total Contributions and Other Income	3,580,850	0	0	0	3,580,850	1,411,358	
Total Income and Deferred Income					3,580,850	1,411,358	