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30-months update

Colombia: Population Movement



Emergency Appeal Operation: MDRCO014	Date of issue: 23 November 2020
Operation timeframe: 15 March 2018 to 30 June 2021	Timeframe covered by this report: 15 March 2018 to 30 September 2020
Overall operation budget: 10,000,000 Swiss francs	DREF amount initially allocated: CHF 328,817
Funding gap as of 30 September 2020: CHF 2,232,896 (78% coverage)	Donor response as of publication date
N° of people to be assisted: 645,000 people	
Host National Society presence: The Colombian Red Cross Society (CRCS) has broad national presence in the country through 32 departmental branches, reaching more than 200 municipalities (through municipal units and local support groups), and 22,916 volunteers.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.	
Donors to this Emergency Appeal: Movement partners: American Red Cross, British Red Cross (from British Government), China Red Cross, Hong Kong branch, Iraqi Red Crescent Society, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, The Canadian Red Cross Society (from Canadian Government) and The Netherlands Red Cross (from Netherlands Government). Donors: European Investment Bank Institute, Italian Government Bilateral Emergency Fund, The United States Government – USAID/OFDA, Western Union Foundation and online donations.	
Other partner organizations actively involved in the operation: National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), <i>Migración Colombia</i> , 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)	
The Colombian Red Cross Society continues to conduct a country-wide response to the population movement. In the past 30 months, there has been a fluctuating number of people on the move, with varying profiles, needs and plans. The situation affects five key population groups: migrants on foot (<i>caminantes</i>), host communities, settled migrants, pendular migrants, and Colombian returnees from Venezuela. 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 30 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 (PGI).	
Through this Emergency Appeal, five Health Care Units (HCU) were active in Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo) and seven Health Providing Institutes (HPI)	

were operational in Riohacha and Maicao (La Guajira), Bucaramanga (Santander), Cartagena (Bolívar), Barranquilla (Atlántico), Soacha (Cundinamarca) and Cucuta (Norte de Santander) until December 2019. As of September 2021, this Appeal funds the HCU in Arauca, Riohacha, Ipiales, La Hormiga and Puerto Carreño. Additionally, this operation funds a mobile medical unit in Villa del Rosario (Norte de Santander) and Rumichaca (Pasto) and a medical team in the Maicao refugee centre managed by UNHCR.

In aggregate, these medical units have provided 296,179 health care services. This represents close to 83,856 individuals. Friendly spaces have provided safety to 44,659 migrants in extreme vulnerability situations such as children, nursing mothers and pregnant women, and members of the LGBTIQ community. Through Restoring Family Links (RFL) actions, 17,275 people were able to re-establish and maintain contact with their loved ones. A total of 75,021 kits has been distributed: 41,795 hygiene kits, 4,476 bedding kits, and 24,500 food kits. In total, 504,432 services were provided, in addition to an estimated 452,726 people who used the hydration points to access safe water.

Forecasts indicate that migration flows will not decrease in the medium term despite the COVID-19 pandemic. Given the continued demand for humanitarian support to people on the move within the country and across borders and migrants who have settled in Colombia, this operation will continue to provide existing services, attend to migrants' humanitarian needs in additional locations, address further protection needs and increase recovery, stabilization and integration activities. Although 77 per cent coverage of the current budget has been financed, further funding is required to support all proposed activities by the closure of this operation on 30 June 2021. The IFRC kindly encourages increased donor support to ensure the completion of the planned activities, including actions to ensure their sustainability after the operation ends.

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

- **July 2017:** The migratory flow across the Colombia – Venezuela border increases significantly. The DREF operation Colombia: Population Movement (MDRCO013) is launched for 236,295 Swiss francs.
- **October 2017:** The volume of the migratory flow continues, prompting a six-month extension to the operation. Coverage and resources to the DREF are increased to 297,157 Swiss francs with 231,836 people reached in 2017. The [final report](#) is published in 2018.
- **February 2018:** The Colombian government expresses its willingness to receive international support, with the State's National Unit for Disaster Risk Management (UNGRD) requesting complementary support from the CRCS.
- **March 2018:** The IFRC launches an [Emergency Appeal](#) for 2.2 million Swiss francs to assist 120,000 people for 12 months.



The Colombian Red Cross Society (CRCS) provides disease prevention and health promotion to vulnerable migrants and host communities. Putumayo Health Care Unit. February 2020. Source: CRCS.

- **April 2018:** The IFRC issues the [first revision of the Emergency Appeal](#) seeking 2.5 million Swiss francs to assist 120,000 people, including an increased budget to expand coverage of the protection and migration activities.
- **July 2018:** [Operations update n°1](#) issued.
- **August 2018:** The number of people migrating increases, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Emergency Appeal](#) for 4,890,382 Swiss francs to expand the scope of health activities.
- **September 2018:** [Operations update n°2](#) issued.

- **February 2019:** [Six-month 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.
- **January 2020:** [18-month update](#) issued.
- **March 2020:** Colombia confirms its first case of COVID-19. COVID-19 national emergency declared, and Colombia closes its land, air and maritime borders.
- **May 2020:** [24-month update](#) issued.
- **August 2020:** [fourth revision of the Emergency Appeal](#) issued for 9,963,754 Swiss francs with an addition of outputs until June 2021.

A. SITUATION ANALYSIS



Map 1: Venezuelan migration in Latin America. September 2020. Source: [R4V. Coordination Platform for Refugees and Migrants](#)

Description of the disaster

As of September 2020, the Coordination Platform for Migrants and Refugees from Venezuela estimates that [5.1 million](#) Venezuelans, around 15 per cent of the country's population, have emigrated. Comparatively, this is [the second largest population movement](#) globally, just below the Syrian crisis that began in 2011.

Map 1 shows the migration patterns of Venezuelan migrants in Latin America, signalling the magnitude of the challenge for Colombia compared to neighbouring countries.

Out of the 5.1 million Venezuelan migrants, [4.3 million](#) (83%) are estimated to be in Latin America, and Colombia continues to be the number one receptor with [1.76 million](#) (35%), which represents 3.7% of the country's total population and is slightly more than its indigenous population. Since July 2020, the estimated [number of irregular](#) Venezuelans in Colombia has been estimated at 950,000. Map 1 shows the exponential trajectory of this migratory phenomenon.

As described in the 24-month operations update, this Emergency Appeal has targeted five key population groups: migrants on foot (*caminantes*), host communities, migrants who have settled, pendular migrants, and Colombian returnees from Venezuela. All groups face

similar deprivations, especially in health services and livelihood opportunities, 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 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. Pendular migrants have other needs; in women, pre and postnatal care are the predominant services sought by this group and the follow-up and treatments for some chronic conditions.

The Colombian Red Cross Society (CRCS), with the support of its partners, has been engaged for over three years in its humanitarian response to the migration situation. Recent diplomatic developments between the Venezuelan and US governments, the global spread of COVID-19, and border closures due to the sanitary emergency may increase tensions in the subregion and lead to new humanitarian needs.

The COVID-19 pandemic has restructured the humanitarian landscape in Colombia, as in the rest of the world. A virus that was initially deemed indiscriminate of social and economic status now demonstrates greater potential affectation

amongst people in the lower deciles of society dependent on daily income-generation activities, increasing food insecurity, health conditions, and protection situations. Since they cannot afford to retreat into their homes for long periods of time, their exposure to contagion sources also augments. In practice, this means that humanitarian organizations are in the process of recalculating their needs analysis, estimate the impact of the virus on their original problematic situation, and redistribute resources accordingly.

COVID-19 has an enormous impact on migrants in Colombia. Since January 2020, the number of people reached by the Emergency Appeal has plummeted. Initially, the December 2019 decrease in the number of people reached and services provided was explained by the return of migrants to Venezuela, mostly to spend the end of the year with their families after having been apart for lengthy periods of time. By end of February, the numbers were expected to normalize as migrants returned to or through Colombia (as determined through rapid surveys carried out in December 2019); however, they never did. By 25 March 2020, when social isolation measures were enforced nationwide, it was clear that the number of migrants reached in 2020 had reduced between 60 to 80 per cent in every Health Care Unit (HCU).

This first consequence of the COVID-19 virus on this operation is expected to last until June 2021, when the operation ends. The complete halt of economic activity in the informal sector in Colombia, one sector that was increasingly occupied by Venezuelan migrants, has resulted in the return of increasing numbers of migrants to Venezuela, unable to attend to their basic needs, including shelter. In Cucuta, the largest border city, [71% of the working population is informal](#). The [closure of all national borders](#) on 17 March 2020 has meant that increasing numbers of migrants use [informal passing corridors](#), augmenting the risks of being exposed to illegal tolls and abuse or violence by armed groups, mostly for children and women. Accordint to [official figures](#), there have been approximately 105,000 returns from Colombia and 6,000 from Brazil.

The humanitarian response to COVID-19 by the Colombian Red Cross Society, also supported through an IFRC global Emergency Appeal for the response to COVID-19 ([MDRCOVID19](#)) and the Americas region component of this Emergency Appeal operation ([MDR42006](#)) is focused on providing technical assistance, personal protection equipment (PPE) and additional medical equipment to the field teams, as well as increasing distribution of hygiene elements and dissemination to communities. For this Appeal operation, the pandemic has forced the implementation team to explore the humanitarian potential of income generation activities. As the last eight months of the operation unfolds, continuous innovation may be required to address new challenges.

Regional context

Summary of current response

Overview of Host National Society¹

For the past 30 months of this operation, the CRCS and the IFRC worked together to provide primary health care attention through two key operational models: i) health care units 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 in connectivity, humanitarian assistance and protection are provided based on the needs identified by the CRCS, and the IFRC.

Health Care Units (HCU)

¹ 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.*

Five HCUs were established in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada), and La Hormiga (Putumayo). Each HCU has a team with a doctor, a nurse, a nursing assistant, a psychologist, a field local coordinator, a driver/logistician, a pharmacist, and an administrative assistant or general services staff, the latter depending on the local needs. Based on the high volume of people requiring these services, a second doctor, nurse, and nursing assistant are part of Riohacha and Arauca's health teams. Each team also has support from CRCS volunteers according to the context and needs. During April and May 2020, the number of services decreased because of the Covid-19 restrictions, including the Colombian government's quarantine. Still, the teams continue the activities adapted to the context by strengthening teleassistance activities, incorporating key messages for Covid-19, and implementing biosafety protocols.

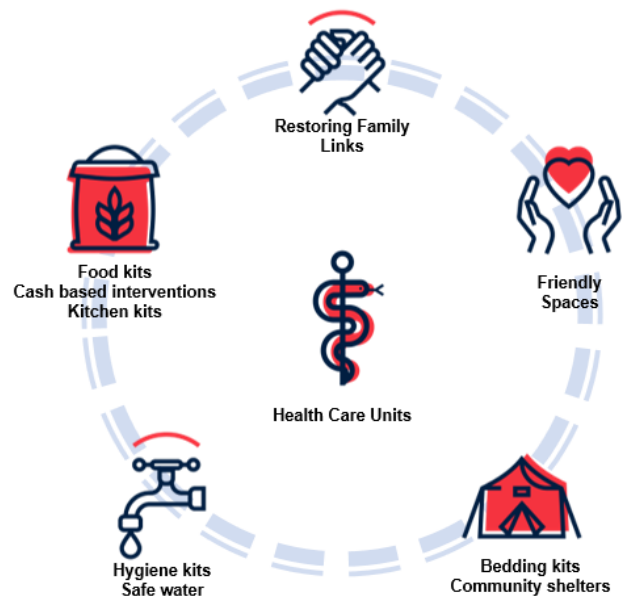
HCUs operate in two types of border cities: those with a high flow of migrants (Riohacha, Arauca and Ipiales), and those with a low level of capacity to address humanitarian needs (Puerto Carreño and La Hormiga). In both contexts, HCUs provide primary health care, and complementary services in shelter; basic needs; WASH; and protection, gender, and inclusion.

Every month, each medical team conducts field missions in the surrounding communities with a proven need for primary health care. Five trailers were adapted and delivered to each HCU for medical teams to conduct missions away from their usual place of work, in peripheral areas, and to support the field's actions. The use of trailers allowed medical units to attend vulnerable populations with more dignity and privacy. It facilitated a mobile modality to reach communities that otherwise would not have been reached.

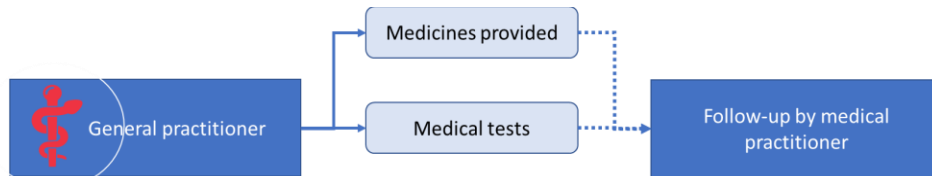
Apart from the services provided at the five HCUs, this Emergency Appeal also is financing medical teams in Maicao, Rumichaca, and Cucuta. In Maicao, this operation has installed a team of nurses at the Migrant Integral Attention Centres set up by UNHCR. In Rumichaca, a medical team has been placed at the border crossing to reach out to migrants as they cross the border from or into Ecuador. Finally, in Cucuta, the operation has supported establishing a mobile primary health care unit to assist walking migrants in the main route between Cucuta and Bucaramanga, co-financed by the IFRC Monarch Butterfly Programme.

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. According to Colombian regulations, it provides a higher level of care than the HCU (services classified as low and medium complexity) and includes laboratory tests. CRCS HPIs which contributed to this operation are located in Barranquilla (Atlántico), Soacha (Cundinamarca), Cucuta (Norte de Santander), Bucaramanga (Santander), Cartagena (Bolívar), Maicao, and Riohacha (Guajira). HPI operated throughout the second semester of 2019 up until 31 December 2019. 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 laboratory tests. This cycle is the same in follow-up consultations.

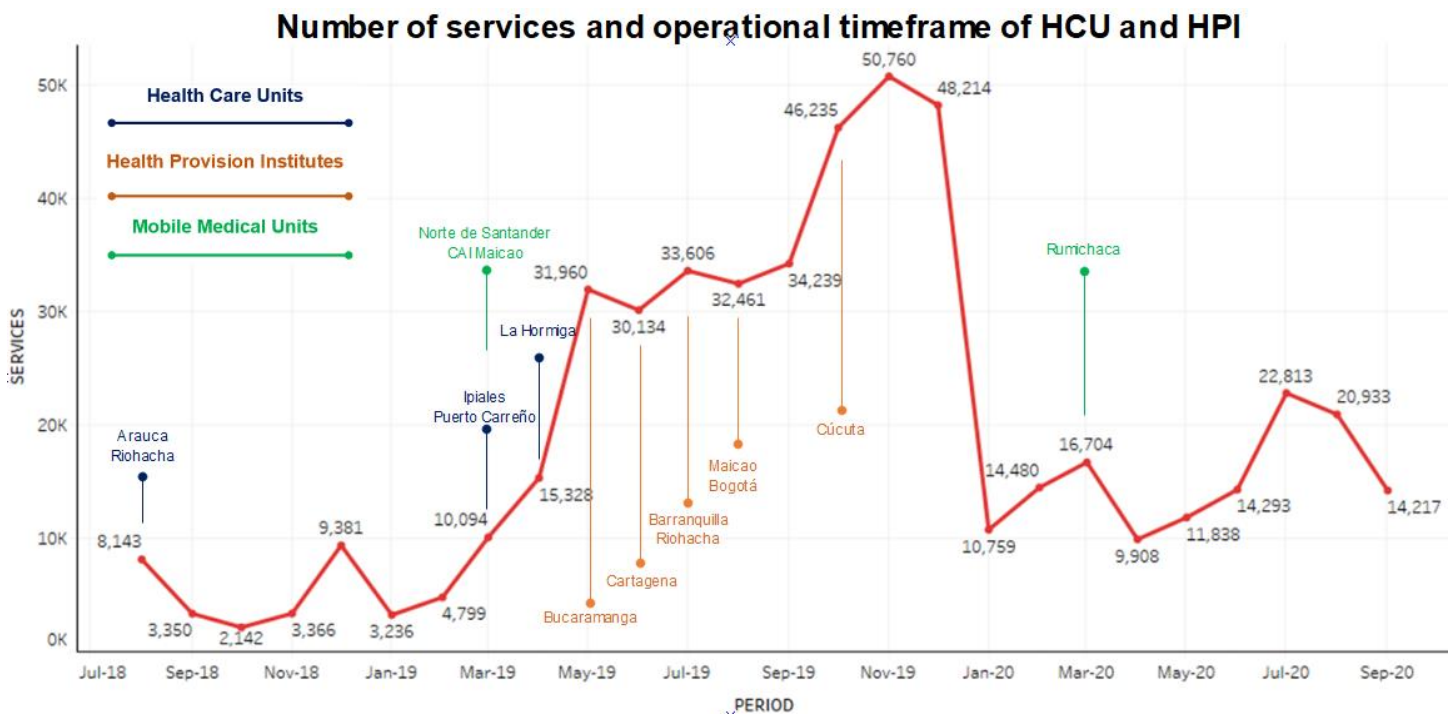


Primary health care model implemented by HPI


















Progress towards outcomes

The graph below shows the number of health services provided during the 30 months of this operation. The graph also indicates the months in which each HCU and HPI were operational.



Operational achievements (as of 30 September 2020)

504,432 total services provided	24,500 essential food assistance kits	4,476 bedding kits distributed	296,179 health care services provided	44,801 psychosocial support services
				
5 water distribution points	41,795 individual hygiene kits distributed	47,392 nutritional supplements to children and pregnant women	5 Health Care Units	7 Health Providing Institutes

				
6 Friendly spaces installed	5 Sites with Restoring Family Links services	1,358,178 litres of safe water distributed	2 orientation helpdesks	1 protection project for pendular migrant children in school
				

After 30 months of the operation, six friendly spaces are operational in Barranquilla, Bogota, Maicao, La Hormiga, Puerto Carreño, and Riohacha. A friendly space was financed in Arauca up until December 2020. Since September 2020, all friendly spaces have an assigned professional psychologist, apart from the space in Maicao, which continues to operate with volunteers. These spaces provide relief, relaxation, and pedagogical activities to children and mothers, and other vulnerable migrants who also have psychosocial support access. An additional protection project has been implemented in a public school in Villa de Rosario, Norte de Santander, which counts with a most migrants in its student body, aiming for longer-term impacts related to protection, gender, and inclusion. In this school, teachers, parents, and students are trained in coping strategies to address the multicultural integration between Colombians and Venezuelans. At the same time, protection and psychosocial services are provided to students and teachers in need, particularly aimed at the pendular children crossing the border each day to attend school.

Overview of Red Cross Red Crescent Movement in the country

The IFRC, through the Colombia Programmes Office (CPO), 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 monthly meetings focused on migration. These meetings provide an opportunity to share information, jointly analyse the current situation, and complement planned actions. The [24-month update](#) includes information on the activities of the different Movement components in Colombia.

American Red Cross

Since 2018, the American Red Cross supported the CRCS with migration issues such as accompaniment to health activities provided through this Emergency Appeal. Since the end of 2019, AmCross has supported a humanitarian project for migration in Colombia, focused on health and protection activities in Arauca, Guajira, Bogota, and Norte de Santander. The project also seeks to provide specialized health services to vulnerable migrants, integrating good practices gathered from the previous experience of the activities supported by the IFRC. AmCross is helping with the COVID 19 response to CRCS. Additionally, AmCross supports community engagement and accountability (CEA) in partnership with Kuja Kuja within the Humanitarian Project – CRCS.

German Red Cross

Since 2018, the German Red Cross has been supporting CRCS's migration actions to provide humanitarian assistance in the departments of Norte de Santander, Santander, Guainía, Quindío, Atlántico, Guajira, and Nariño. This has reached

198,726 people, providing 246,067 health services, restoring family links, and offering rights and institutions for 112,268 people. This support has enabled the distribution of more than 20,000 hygiene and food kits and the provision of WASH and shelter solutions, and more recently, taking institutional measures against COVID-19.

Spanish Red Cross

The most recent project supported by the SRC began in November 2019. During this reporting period, 984 people from 322 families benefited from the purchase of 771 bus tickets. The difference between the number of people reached and tickets purchased is due to some companies not charging children under 5 years of age.

International Committee of the Red Cross (ICRC)

The ICRC assists 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 people's disappearance 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 supported migrants, including refugees, to access basic services such as clean water, sanitation, and healthcare. Between 2019 and September 2020, the ICRC has reached 166,099 people with food security activities; 154,576 people with primary health services; 16,740 people with protection, gender, and prevention activities; and 663,237 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. The operation is currently being revised for the fourth time and will be extended through June 2021.

In April 2019, IFRC launched the Emergency Appeal Venezuela: Health emergency ([MDRVE004](#)) for 50 million Swiss francs. The 12-month update was published in May 2020.

Overview of non-RCRC actors in the 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 for 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 the most used mechanism for people living in border areas, reducing the risks associated with irregular border crossing like exposure to armed groups. At the end of July 2020, approximately 4.98 million Venezuelan migrants hold the TMF.

The Special Residence Permit (*Permiso Especial de Permanencia*- PEP) is a regularization tool that allows Venezuelans to be in Colombia for up to two consecutive years, providing access to the welfare system and the job market. According to the Inter-Agency Group for Mixed Migration Flows (GIFMM), there are 658,280 Venezuelans who have a PEP, and there were 57,796 permits renewed between 24 December 2019 and 31 March 2020. In June 2019, migrants who had been granted the first PEP in 2017 were able to renew their permits for another two years. Between October 2019 and February 2020, the National Government has issued a fourth round to grant PEPs to Venezuelan migrants.

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 52,793 Venezuelans with regular Colombia status while they are in transit (information until March 2020).

Non-state actors

The UNHCR and the International Organization for Migration (IOM) appointed in September 2018 the Joint Special Representative for Venezuelan migrants, an action that has provided 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 a local presence in 11 departments, gathering information from 97 per cent of the estimated Venezuelan population in Colombia.

In the past months of 2020, the CRCS and IFRC have actively participated constructing the Humanitarian Needs Overview and the [Regional Refugee and Migrant Response plans for 2021](#). These documents will contribute to aligning the Emergency Appeal with other multisectoral humanitarian responses.

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 its various specialized subgroups on protection, health, nutrition, and the multi-sector group, which the CRCS co-leads. IFRC similarly 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 articulating 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 and the Cluster for Food Security and Nutrition. CRCS also attends the WASH and Protection clusters and 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 the complementarity of actions when several actors are 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

Shelter

There is a recognized need for access to medium-term housing solutions, particularly rental support and the initiation of support activities to promote housing and access to basic household items. Besides, there is a deficit in the availability of safe and dignified temporary accommodation. Regarding shelter, the [Interagency Group of Mixed Migratory Flows in Colombia](#) July 2020 needs assessment indicates that 25 per cent of households stated that they do not have a guaranteed place to live for the following month. Nariño is the department with the highest percentage (63%) of households that are not stable or do not know if their place of residence is regular for the following month, followed by Antioquia (54%), Santander (54%), Atlántico (52%) and Guajira (50%). The departments with the largest proportions of households to return are Santander (25%) and Bogotá (22%). The migrant population's exposure to homelessness and its concentration in high-risk settlements has increased due to the current public health crisis's economic and social effects, which has led to mass evictions.

Livelihoods and basic needs

According to the June 2020 [Interagency Group of Mixed Migratory Flows in Colombia](#) for livelihoods, household surveys indicated that 16% have no income source. Before mandatory preventive isolation, 89% reported having paid employment as the primary income source. After two months, it was 54%; a total of 24% of households reported having no income in Nariño; and 43% of interviewees responded that their income could support their family for just one day, with Guajira (53%) and Arauca (50%) being the departments in which households expressed more difficulties in terms of the duration of the income. Transformation to self-reliance will be sought via cash and voucher assistance interventions coupled with

training on income generation strategies to those migrants who have shown previous experience with entrepreneurial endeavours. As migrants who have lost their livelihoods seek to continue their onwards journey, they continue to have basic food and access to safe water.

The recent third round of needs assessment (July 2020), from the GIFMM with the collaboration of 34 agencies and organizations, including the Colombian Red Cross Society, completed household surveys by phone (3,102 households surveyed) in 11 prioritized departments (Antioquia, Arauca, Atlántico, Bogotá, Bolívar, Guajira, Magdalena, Nariño, Norte de Santander, Santander, and Valle del Cauca). Based on the representative information for analysis, the responses indicated that the prioritized needs for the migrants and refugees were food (91%), shelter (67%), and employment or other livelihoods (54%), which were the same sectors compared to the previous survey, despite the quarantine impose due to the COVID19 situation in the country from March to September 2020.

Health

For the health sector, according to the third round of needs assessment (July 2020) from the GIFMM, 84% of respondents were not affiliated with the Health System in Colombia. In terms of access to medical treatment, 25% indicated that at least one household member had been diagnosed with a chronic disease such as hypertension, diabetes, kidney disease, cancer, or HIV. From that 25%, 52% had difficulty accessing medical treatment and its limitations including the lack of registration in the health system (57%) and the high cost of the services and medicines (47%). For sexual and reproductive health, the most reported services need were those for contraception (52%), followed by maternal health (37%), actions in prevention and treatment of sexually transmitted infections (18%), and other services (3%). For pregnant and lactating women, 11% manifest high unsatisfied needs in access to contraception, and 39% of those who required a contraceptive method did not have access to one. For mental health, 43% of the people interviewed mentioned that a member of their household had shown symptoms of anxiety, reduced sleep, or crying episodes; afro-descendant households report more frequently these three kinds of symptoms than other ethnic groups, and the affectation with at least one symptom is present in 34% of indigenous households.

The [Health Cluster's report on migrants and refugees from Venezuela](#), based on data from the National Institute of Health, highlights the increase in demand for services reporting events of interest in public health comparing the years 2018, 2019, and 2020 (until 31 July 2020, epidemiological week 32). In maternal and newborn health, there were increases in gestational syphilis (from 83 cases in 2018 to 421 in 2020), extreme maternal morbidity (from 88 to 379), congenital syphilis (from 25 to 161), and late perinatal and neonatal mortality (from 70 to 160). In mental health and violence, gender and domestic violence (263 cases in 2018 to 334 in 2020), and attempted suicide (from 11 cases in 2018, 25 in 2019, and 14 in 2020). Regarding nutritional status in early childhood, low birth weight (from 66 in 2018 to 222 in 2020), and malnutrition in children under 5 (from 126 in 2018, 298 in 2019, and 129 in 2020). The healthcare services reported through the Health Post Institutions in Colombia also showed a significant increase in the number of services and persons, with 356,186 services and 40,618 persons in 2017, 1,710,140 and 205,138 in 2018, 3,699,755 and 500,492 in 2019, and 1,517,599 and 219,800, respectively until 30 June in 2020.

Related to COVID-19 cases in migrants and refugees from Venezuela, the [health cluster report](#), until 30 June 2020, indicated 1,297 cases, 89.6% were mild cases recovering at home, 8.2% recovering at the hospitals, 0.5% in Intensive Care Units, and 1.6% deceased. As of 14 October 2020, the [National Health Institute](#) has reported 9,105 COVID-19 cases of foreigners in Colombia, which corresponds to 1.02% of national cases, and of which 8,583 are persons from Venezuela.

Profamilia recently studied [Inequalities in health care utilization among Venezuelan migrants and refugees in Colombia](#) in six cities at six different departments (Bogotá in Cundinamarca, Barranquilla in Atlantico, Cartagena in Bolivar, Cucuta in Norte de Santander, Riohacha in Guajira, and Santa Marta in Magdalena). Using a mixed methodology with a review of information sources, measurement of health inequalities, and focus group discussions, the research showed the increase in the use of health services between 2018 and 2019; by 249.5% in health care related to gestational syphilis, 134% in medical services for cardiovascular diseases, 114% in breast cancer care, 99% in health services for adolescents, 96% in contraceptive care, 80% in prenatal care, and 15.8% in health care for communicable diseases (HIV/AIDS and viral

hepatitis). The most used health care services include acute respiratory infection, antenatal care, pregnant women in need of sexually transmitted infections, adolescent and young people in need of contraception methods, adults with circulatory system diseases, and young people and adults suffering from anxiety.

Analysing the primary unmet needs, access to primary health care services, and diagnostic testing was identified in all locations. Significant challenges were found related to health coverage, health service delivery, and financial protection. For the first challenge, the difficulties and barriers were related to access and the lack of quality information; in health service delivery, difficulties were found in the appropriateness of national guidelines, limited access to collective health activities and primary health care except for immunization programmes, limited supply of preventive health activities, limited access to rehabilitation services, palliative care and continuous care of chronic diseases. In financial protection, challenges were found in the limited protection mechanisms. The expectations of migrants and refugees in health include receiving high-quality information on how to ensure the General System of Social Security in Health (SGSSS) and the right to health, receiving information free from discrimination and stigma, achieving quick and effective registration in the health system, and finding providers of health care.

Moreover, the [Rapid Assessment of Needs for persons in transit from REACH](#), completed during August 2020 in the cities of Bogotá, Cali, Bucaramanga, and Ipiales, reported that in 14% of the cases, the person surveyed or someone in their group felt sick during the journey, presenting muscle and joint pain, headache, vomit, fever, and diarrhoea, with 48% reported having received some healthcare for their condition (an increase of 7% about the previous assessment in July 2020). The main reasons for not receiving healthcare were discrimination from the staff (31%) and healthcare costs (23%). However, the primary need that people in transit reported was related to obtaining food's difficulty and expenses.

Water, Sanitation and Hygiene Promotion

In WASH, the needs evaluation from the [Interagency Group of Mixed Migratory Flows in Colombia](#) in June 2020 indicated that 18% of the households surveyed do not have access to water when it is needed, and 27% do not wash their hands because they do not have access to water or possess the items to do so. Additionally, 4% of households have access to drinking water but only intermittently, with 34% of households reporting access to untreated water. A total of 5% of the households prioritized access to water among their main needs, mostly in Guajira (15%) and Magdalena (17%). With the importance of handwashing to decrease the spread of COVID-19 and the health system's need for safe and clean water, combined with the risks of water-borne diseases, WASH is a central humanitarian need.

In the departments of Vichada, Guajira, Arauca, Magdalena, Putumayo, Nariño and Amazonas, the access to and supply of water suitable for human consumption and limited access to the use of sanitary units (composed of showers, toilets or latrines, washing facilities, and hand washing) are identified needs. This is due to the absence of adequate supply, distribution and storage systems for water, which impacts healthy and hygienic habits that are basic, and indispensable actions to guarantee adequate food handling, correct hand washing, personal hygiene and cleaning items daily that decrease preventable diseases. The lack of availability of shelters and community use areas where the population can access these services exacerbates the migrant population's vulnerable situation.

Protection, Gender and Inclusion

According to IFRC's [COVID-19 Outbreak Americas Regional Assessment](#) from July 2020, migration is a central element for understanding the impact of COVID-19 in the region. The increasing share of remittances in pre-pandemic times made up significant portions of some countries' GDP, and the unseen magnitude of population movements produces imminent risks. Migrant workers tend to be particularly vulnerable to loss of employment and wages during an economic crisis. Their shelter conditions (overcrowded and often unhygienic) will probably jeopardize public policies' effectiveness to contain the virus. Moreover, migrants' status often excludes them from relief programmes delivered by state agencies, augmenting their livelihood problems. All of the above can induce negative coping strategies, which can fuel increased xenophobia and social unrest.

In Colombia, the [GIFMM](#), in the third round of needs assessment from July 2020, reported that of the 2,447 women and transgender people surveyed (79% of all respondents), 7% of people know some woman who, during obligatory isolation, has experienced a violent situation by their partner, ex-partner or family member. The proportion is doubled (14%) in the case of indigenous people interviewed. The departments where most households reported knowing cases of domestic violence were Cesar (14%), Atlántico (12%), and La Guajira (11%). The situations most frequently reported by those women who knew about this violence correspond to physical aggression (70%), emotional abuse (59%), and sexual violence (7%).

For discrimination, in 2020, almost half (44%) of the respondents reported having suffered some episode, the situation of discrimination, or designation due to their nationality. These manifestations of discrimination were more common in Bogotá (58%), followed by Cesar (51%) and Atlántico (51%), La Guajira (40%), and Arauca (37%).

Regarding safety, 12% of people respondents reported knowing a possible presence of illegal armed groups in the area where they live. A total of 17% of households that reported the presence of illegal armed groups also indicated that they had been approached by or had had some situation with them. This was more frequently reported among afro-descendants and indigenous people (33% and 23%, respectively), than to respondents who did not indicate any specific ethnic origin (15%).

The [Rapid Gender Analysis](#), conducted by CARE International in June 2020 for Venezuela, Peru, Ecuador, and Colombia (Guajira, Norte de Santander, and Bogota), through community mapping, surveys, focus groups, and key informant interviews, identified the vulnerabilities and risks, particularly for girls, women and LGBTIQ people. The conclusions indicated the normalization of gender-based violence (GBV) with high sexual violence levels and xenophobic attacks. Rates of gender-based violence remain low due to limited information about the specific services, low levels of trust, and fear of deportation and retaliation. Transactional sex is common. Girls, women, and gender-diverse individuals are at risk of trafficking, domestic, and sex slavery and other forms of exploitation and abuse; these risks are exacerbated by the lack of documentation and limited knowledge about their rights. At the Colombia-Venezuela borders, additional risks exist due to illicit armed groups, violence, and natural disasters; people frequently are forced to pay fees at informal border crossings points or become indebted to those controlling them. With the public health measures around COVID-19, this has increased. The strengthening of differential approaches, based on the particular needs in the multiple sectors, is required; this includes a crosscutting gender-based violence focus and a participatory focus for activities and approaches.

According to the UNHCR report, [Protecting forcibly displaced children during the COVID-19 pandemic](#), there are four specific risks and affectations against children on the move: 1) Disruption of services and movement restrictions limit children's access to life-saving services; the movement restrictions can also provoke children separation from their caregivers making reunification very difficult and, with this, the exposition of children to serious protection concerns; 2) The disruptions on daily routines can have negative consequences for children's well-being resulting in high levels of stress, anxiety and harmful coping strategies; 3) Closure of schools deprives many girls and boys not only of education, but also of basic social and psychological support, child protection services, and, for many, access to school feeding programs; and 4) Worsening socio-economic situations also expose children to a variety of forms of exploitation and abuse, such as child labour, child trafficking, and child marriage.

According to the [report](#), effects of COVID-19 on Venezuelan Households: Rapid Needs Assessment Findings and data from Save the Children programmes in Colombia from June 2020, staff working near the Venezuelan border have seen a 33% uptick in demand for support related to gender-based violence from mid-March to mid-May. The majority of cases concern sexual violence against children, psychological violence, and physical violence against women by their partners. Almost a third of surveyed households in Venezuela reported that isolation measures have resulted in an increase of aggression and hostility against children in their home situation; the most prominent types of violence reported are emotional violence (100%) like shouting or negligence, physical violence (88%), and sexual violence (25%). According to UNICEF, other direct effects on children and adolescents are caused by the closure of educational institutions as one of the primary protective environments, which has limited the opportunity to access school feeding programmes and to face challenges in accessing the internet and electronic equipment putting children in high risk of child labour, early unions, exploitation, and other protection issues.

Migration

Related to telecommunications and Restoring Family Links, according to the [COVID-19 needs assessment of June 2020 developed by the GIFMM](#), 31% of the households interviewed reported not having access to the internet. Most of the families that reported having access to the Internet was by using cell phones, while only 2% was through computers. In terms of the type of access to the internet via cell phones, 45% of households accessed it via recharge/prepaid cards, and about 15% accessed it via postpaid/data plan.

However, the needs assessment evidenced that internet access is lower for female-headed households (34% of them do not have access) than for male-headed households without access (27%). Besides, the analysis results showed that a significant factor affecting internet access is the type of rental agreement. Households that pay monthly and have or do not have a contract have a higher probability of having access to the internet than those in the "no payment" category.

On the other hand, it has been demonstrated by other studies that social networks, such as WhatsApp and Facebook, are among the main sources of information for Venezuelan refugee and migrant households in Latin America and the Caribbean. The [Regional Information and Communication Needs Assessment](#), conducted by the Regional Response Platform for Refugees and Migrants - R4V, indicates that 70% of refugees and migrants surveyed access information about their situation in their place of origin through these two social networks. The study highlights that a lack of access to the internet limits refugees' and migrants' ability to stay informed about issues related, for example, to COVID-19.

With regards to the return movement to Venezuela, according to [Migración Colombia](#), since the beginning of obligatory preventive isolation from 24 March until 30 June 2020, more than 81,000 Venezuelans have returned through the Land Migration Control Posts of Norte de Santander, Guajira, Arauca, and Guainía. However, the [GIFMM June 2020 needs assessment](#) showed that 92% of the households surveyed did not report people who have returned to Venezuela, and 8% of the households reported that at least one household member has returned to Venezuela since the beginning of the measures. Due to the methodology (calls to Colombian cell phone lines), this evaluation did not include households that have already returned to Venezuela. not include households that have already returned to Venezuela.

Furthermore, 78% of the households reported that there is no one from their household with the intention of returning in the next month. In comparison, 16% of the households interviewed reported that someone from the household intends to return in the next month, and the remaining 6% do not know whether or not they intend to return. The results do not show a strong relationship between the date of arrival and the intention to return. However, there is a tendency for greater intention to return among the larger households. Among households with between 1 and 5 people, about 14% report intention to return; although in households with more than five people, 20% report this intention.

Targeting

This operation is focused on but is not limited to providing healthcare and essential services without discrimination to Venezuelan migrants, Colombians that return from Venezuela, and to host communities. This Emergency Appeal operation aims to provide **645,000** health and complementary services to people in need, whether in border cities focused on migrants on foot and pendular migrants or in big cities (>500,000 inhabitants) focused on host communities and settled migrants.

This operation is implementing actions in Putumayo, Nariño, Santander, Guajira, and Vichada and other departments based on emerging needs. Other municipalities, such as Medellín, Barranquilla, Santa Marta, and Bucaramanga, have a high number of migrants but have a better institutional and market infrastructure to supply somehow the humanitarian demand. Special attention will be given to pregnant women and children, population groups experiencing symptoms of malnutrition, and signs of domestic violence among selected municipalities.

Population prioritization addresses humanitarian and integration needs, focusing on responding to vulnerabilities according to the types of mobility (vocation to transit/remain of the migrant or willingness to move and their contact with

support networks), the local response capacity of the settlement cities, as well as the population and geographic conditions, which determine the differential and territorial approaches to be employed. It will also include an analysis of people's differential needs according to sex, age, and disability to ensure appropriate targeting for activities and distributions.

Three primary sources of information were used to select the targeted population. First, an index was created to compare the incidence of migration and related health conditions among the 32 provinces of Colombia. This index computes the Venezuelan migrants' rate per department and shows the incidence of COVID-19, neglected tropical diseases, the incidence of chronic disease, malnutrition, gender-based violence, and multidimensional poverty. Then, to measure institutional response capacity, the index includes data on subnational State capacity, CRCS branch capacity, number of ICU beds, and health care centres per province, and quantity of international aid projects. Second, the field teams employed a short, open question survey to identify the most pressing needs of migrants and host communities in key target departments. Finally, a series of reports from international aid organizations, research centres, and GIFMM were reviewed, the latter of which the CRCS contributed. These three sources were reviewed and discussed for deciding on where and whom to target, as further set out in the Detailed Operational Plan.

Scenario planning

Concurrently, the demand for essential goods and services (healthcare, housing, employment) continues, especially in transit cities in departments located in the border zone. Entry requirements imposed by neighbouring countries may be modified at little notice, whilst the continued spread of COVID-19 means that states and local governments will continue to monitor and restrict social mobility and impact vulnerable people's movements and livelihoods. As such, the operation will need to remain agile to respond swiftly to emerging needs with available funding.

Given the COVID-19 pandemic, there are challenges related to the continuity of services at the country level, which has affected the access to sexual and reproductive health services like family planning and antenatal care, children, and chronic diseases follow ups, including mental health. Also, the lack of limited access to livelihoods has impacted food daily intakes and malnutrition is another challenge with all the related consequences.

Operation Risk Assessment

As the operation continues, the main risk has become the COVID-19 virus. Even though almost 900 out of 1,100 municipalities in Colombia had averted the virus during the first term of 2020, this second wave in contagion peaks is expected in the last trimester of the year. This virus augments the risk of contagion by medical personal and migrants. It also has the potential to divert needed attention from the population movement situation.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall operational objective: Provide 645,000 health and complementary services to people in need 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.

C. DETAILED OPERATIONAL PLAN

In the 30 months of the operation, the CRCS has provided 296,179 health services. This total is in addition to the estimated 452,726 people who benefited from the hydration points. The following section details the cumulative progress made from 15 March 2018 to 30 September 2020.



Shelter

People reached: 3,633
People targeted: 7,000

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 community shelters provided with shelter assistance ²	20	13
# of people directly reached with shelter assistance	7,000	3,633
Output 2.1: Short term shelter assistance is provided to affected household		
Indicators:	Target	Actual
# of community shelters provided with shelter assistance	10	0
# of community shelter hosts/ managers trained in first aid	10	0
# of people reached with shelter support kits	6,676	3,633
# of families reached with cash for housing	90	0

Progress towards outcomes

Bedding kits

At the start of the operation, the CRCS distributed 900 bedding kits. In late 2019, the CRCS procured 1,788 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, identified as departments with harsh climates. New territories have been included in the distribution plan (i.e. Boyacá, Antioquia, and Quindío) in response to migrants' movement into other areas of Colombia. Migrants, particularly those on foot, are present in almost all of the Colombian territory. The bedding kits' composition has evolved, given that previously distributed blankets and pillows were discarded as insufficiently travel-friendly. The new bedding kits substitute one blanket for a poncho. They have a more suitable travel pillow, which, together with the raincoat and the flashlight, are provided inside a water-resistant bag.

Since March 2020, the CRCS has been co-leading the GIFMM Multi-Sector sub-group alongside UNHCR and IOM. This group focuses on the joint review of housing and related services in short, medium, and long-term housing solutions, such as comprehensive rental support and access to emergency accommodation, settlement, telecommunications services, and safe transportation for migrants.

Since April 2020, 13 shelters in the departments of Arauca, Santander, Cundinamarca, and Nariño were provided with 13 community first aid kits and stretchers. This donation was accompanied by a 4-hour training in basic first aid that included stretcher procedures, management of fractures, wounds and burns, recognition of vital signs and airway obstruction, proper handling of PPE, among others for 65 shelter managers and staff in Cundinamarca and Nariño. Trainings are planned in Santander and Arauca.

Over 1,788 bedding kits were delivered in April and September 2020 to *caminantes* at the main transit areas: Norte de Santander, Santander, Nariño, Putumayo, Cundinamarca, Meta, Quindío, and Casanare, as well as 1,100 raincoats and blankets which were distributed in Nariño and Casanare, between May and August 2020, in the context of flows of

² All baselines and current achievements are calculated according to the current number of services provided as of 30 September 2020.

returning migrants in the COVID-19 pandemic.

	Bedding kits		Bedding kits
Norte de Santander	350	Cundinamarca	250
Santander	250	Meta	300
Nariño	150	Quindio	200
Putumayo	138	Casanare	150

Impact

Strengthening of shelters along the migratory route. Bedding kits bought in September 2019 were adapted to migrants' needs. In 2020 the appeal has distributed items that are easier to carry for *caminantes* and can also be used as blankets at night. The operation is increasingly responding to direct needs, as manifested by users.



Livelihoods and basic needs

People reached: 58,689

People targeted: 57,000

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	57,000	58,689
# of ventures from migrants that generate income above USD 200 after 10 months of the programme start	75 (15 groups 60 individuals)	0

Output 3.1: Vocational skills training and/or productive assets to improve income sources are provided to target population

Indicator:	Target	Actual
Number of people reached with the skills training programme	300	0
Number of ventures that receive seed capital after completing skills training	65	0

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	1,500	0
# of people reached with kitchen kits with complementary food kits	6,000	0
# of people reached with individual and family food kits	45,500	57,500

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

Indicator:	Target	Actual
# of families reached by cash and vouchers assistance	2,400	123
# of people benefited by humanitarian transport	1,600	1,066

Progress towards outcomes

Food kits

A total of 6,000 people were reached with basic needs assistance (food kits) in the first months of the operation in Arauca, La Guajira, Norte de Santander and Nariño. In September 2019, the CRCS purchased 2,500 weekly food kits for a 5-person family, reaching 12,500 people. These kits were distributed to settled migrants, based on needs evaluations obtained from CRCS branches around the country. These were distributed between October and December 2019 in Arauca, Atlántico, Bolivar, Boyacá, Cesar, Cundinamarca, Guajira, Magdalena, Nariño, Norte de Santander, Putumayo, Quindío, Santander and Vichada.

Caminantes Total=10,250	Family kits* Total= 1,500	Family kits* Total= 1,500	Caminantes Total= 6,000	Family kits* Total= 2,500	Family kits* Total= 2,750
2000 Norte 3,250 Nariño 2500 Santander 1200 Casanare 1300 Arauca	250 Norte 300 Nariño 200 Santander 150 Casanare 150 Guajira 300 Arauca 150 Cauca	150 Santander 200 Vichada 150 Putumayo 200 Arauca 200 Boyaca 250 Casanare 150 Cauca 200 Tolima	1200 Arauca 1200 Guajira 1800 Santander 1800 Nariño	150, Arauca 150, Atlantico 100, Bolivar 150, Boyaca 150, Cesar 200, Cundinamarca 200, La Guajira 200, Magdalena 300, Nariño 300 Norte Santander 200 Putumayo 150 Quindio 150 Santander 100 Vichada	Arauca Atlantico La Guajira Ipiales

* For family kits, an estimate of 5 members per family is made

At the end of 2019, the Colombian Red Cross Society initiated its cash-based intervention in Cundinamarca, with two key activities: humanitarian transport from Bogota, reaching 1,066 people, and cash transfer with a focus on recovery.

During May, June and July 2020, emergency humanitarian assistance was provided by delivering family food kits and easily transported individual food kits in border departments and cities with the most massive influx of migrants returning to Venezuela due to the COVID-19 sanitary emergency. The 3,000 family food kits were distributed as follows: 200 in Boyacá, 350 in Santander, 250 in Norte de Santander, 300 in Nariño, 200 in Tolima, 150 in Putumayo, 500 in Arauca, 200 in Vichada, 150 in Guajira, 400 in Casanare and 300 in Cauca. Also, 10,250 travel-type food kits for *caminantes* are also being distributed since May 2020 in the mainly transit areas, such as Nariño, Santander, Norte de Santander, containing crackers, water, guava paste (bocadillo), cereal bars, tuna, sardines and fruit compote.

Family kitchen kits were imported from Panama and sent to the departments of Atlántico (300), Guajira (250), Bolívar (400), Magdalena (300), and Cesar (250). The kitchen kits are currently warehoused in the indicated branches, to be distributed to settled migrant families, which is being organized for the end of October 2020, along with 1,500 family hygiene kits and 1,500 family food kits. Kitchen kits contain 5- and 7-litre pots, one frying pan, cutlery for a family of five, a cooking knife and a wooden spoon.

In terms of the unconditional cash transfer assistance, pre-loaded cash cards with a view to stabilization were distributed to 123 families (492 persons) in Bogotá and Soacha (Cundinamarca) between April and June 2020, reaching persons and families in highly vulnerable conditions (pregnant women, nursing mothers, single heads of household, persons with cognitive/motor disabilities, vulnerable age groups, among other specific categories identified) who are part of the migrant population, returned Colombians and the host population.

Additionally, 960 food vouchers (300,000 Colombian pesos- COP each, approximately 70 US dollars) were distributed in Ipiales, Magdalena, Arauca and Santander to assist vulnerable migrants who lack the economic solvency to ensure adequate nutrition, especially family nuclei of women and transgender women who practice sex for survival. Of these, 330 vouchers were distributed with the support of Aids Healthcare Foundation (AHF Colombia) to migrants living with

HIV.

Finally, 1,280 prepaid cards were purchased for humanitarian assistance, of which 280 contain 100,000 COP (approximately 25 US dollars) to support CRCS volunteers. The remaining 1,000 cards with a balance of 300,000 COP and will be used to support migrants and host communities. Of these, 357 will be delivered in Villa del Rosario (Norte de Santander) in a Comprehensive Care Event in coordination with the municipal authorities. During this event, health and protection assistance will be provided by the IFRC Monarch Butterfly programme and dignity kits will be delivered, in addition to the cash already mentioned.

The CRCS will distribute other cards in Magdalena (50), Maicao (263) including support for 40 families who will use this cash to pay for their accommodation (cash for rent) and Vichada (330) including 40 indigenous families who will jointly use this cash to improve and adapt their indigenous reservation in terms of housing.

Impact

This is the first cash transfer intervention directly implemented by CRCS within this Emergency Appeal operation. This is an especially relevant action because migrants with irregular status have not been reached by emergency actions from the local government. In addition, it allows people to receive cash for rent, a new model for humanitarian assistance, to avoid the risk of eviction due to COVID-19 measures that have affected livelihoods.



Health

People reached: 296,179³
People targeted: 436,000

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

Indicator:	Target	Actual
# of people reached with health services	436,000	296,179

Output 4.1a: At least 200,000 migrants receive timely medical care and first aid

Indicator:	Target	Actual
# of people served through basic health programmes (HCUs)	199,000	166,029

Indicator:	Target	Actual
# of community health committees formed and trained	5	0

Indicator:	Target	Actual
# of people referred to specialized medical services	1,700	0

Output 4.1b: 51,000 migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)

Indicator:	Target	Actual
# of medical consultations provided through CRCS HPIs	50,782	38,282

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 health promotion and disease	86,000	73,722

³ Due to the nature of the response, services, not people, are measured.

prevention messages		
Indicator:	Target	Actual
# of people reached through community health sessions	1,500	0
Indicator:	Target	Actual
# of volunteers and staff trained in CBHFA	500	84
Indicator:	Target	Actual
# of Community Health Workers supported	25	0
Output 4.1d: Children and pregnant mothers have access to nutritional supplements		
Indicator:	Target	Actual
# of children receiving nutritional supplements	6,000	38,032
# of pregnant women receiving nutritional supplement	3,000	9,360
Output 4.1e: Management of basic health care and services for the migrant population		
Indicators:	Target	Actual
# of epidemiological reports generated	15	15
# of financial and operating reports generated	15	15
# of monitoring missions carried out	40	35
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	44,801
# of people reached with individual psychosocial support	6,600	5,958
Progress towards outcomes		
<p>Health Care Units</p> <p>HCU were able to deliver 166,029 services, equivalent to 108% of the targeted services. The epidemiological data indicate that the two main groups reached by age correspond to under 5 years old and between 20 and 29 years old; in terms of morbidity, acute respiratory infection and parasitosis remain the main causes of 12% prevalence 9%, respectively. Hypertension and antenatal care are in the top 10 diagnosis, with aspects to highlight like the increase and visibility of the mental health-related symptoms and diseases like anxiety, depression, stress and problems related to economic and family problems, which may be intensified by the COVID-19 situation that limits or blocks the possibility of informal jobs for an extended period due to government restriction measures and recommendations during the quarantine. Also, malnutrition may rise due to the decreased income and lack of access to cover basic needs on a sustained basis. For antenatal care, improvements are noted in follow up appointments, reaching 2 antenatal care appointments for 30 to 50% of these patients in places like Nariño and Putumayo. This is a continuous need that requires continual strengthening for healthier mother-baby binomial, considering the risks or preventable and treatable diseases, plus the access and counselling in family planning to facilitate the access to information and methods. Other similar symptoms and diagnoses that remain high are dermatitis and skin infections, arthralgias and arthritis, and urinary tract infections.</p> <p>Health implementation activities were also supported and integral with the delivery of kits, like food kits, travel hygiene kits (adapted for COVID-19 including antibacterial gel, soap, water, and masks), family hygiene kits and masks to the border departments and cities with the highest concentration of migrant population in transit (Santander, Norte de Santander, Nariño, Putumayo, Casanare, Arauca, Vichada, Nariño). Additionally, the operation supported antibacterial gel and soap distribution to seven CRCS branches (Santander, Nariño, Putumayo, Arauca, Guajira, Vichada, and Cauca). As mentioned in the Livelihoods and basic needs section, persons living with HIV were also supported with cash transfers</p>		

conditioned for food and hygiene items to support migrants' persons on treatment in coordination and articulation with AHF.

	HCU		HPI
Putumayo	30,253	IPS - Atlántico	15,261
Guajira	56,012	IPS - Bolívar	15,381
Arauca	65,718	IPS - Cundinamarca	9,991
Nariño	37,604	IPS - Guajira (Maicao)	10,043
Vichada	27,112	IPS - Guajira (Riohacha)	10,335
Norte Santander	2,680	IPS - Norte de Santander	5,023
		IPS - Santander	10,766

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

Transfers by ambulance were another value-added service at the HCU and HPI, completing a total of 60 transfers, in the HCU in Putumayo (9 transfers), and the HPIs in Atlántico (41 transfers) and Bolivar (10 transfers). In 63% of the cases, the referrals were related to obstetrics diagnostics, followed by internal medicine (mostly hypertensive crisis), pediatrics and general surgery referrals. In the past 6 months, transfers in Nariño and Putumayo continued, additionally 10 in Nariño and 1 in Putumayo, with most of the diagnosis and referrals to Obstetrics (7), and the others corresponding to trauma by stab wound, chlorine intoxication, unstable angina, and dog bite.

Adaptation of activities provided during the COVID-19 pandemic includes the preparation and adherence to the biosafety measures by supporting the purchase and distribution of PPE, and developing of new initiatives and strengthening of teleassistance activities. Service delivery to the communities has been adjusted to the current context; for example, key messages of handwashing promotion and prevention were disseminated to indigenous communities in Vichada and shelters in Nariño and 1,000 to 1,500 litres of clean water from the hydration point in Vichada.

Communities have provided positive feedback on the professionals from Venezuela working in the operation in Guajira and Vichada. They feel identified with them due to shared culture and language.

Looking forward, taking into account the needs assessments, the epidemiological profile and the feedback mechanisms from the persons receiving the services, the next steps will increase the level of healthcare assistance by incorporating specialized services (consultations and tests) by conditioned cash transfers or outsourced services with the aim of timely and quality services for cases like high risk pregnancy, chronic diseases and complicated cases. Also, long-term contraception methods expand coverage in time and overcome the limitations that persons may have for continuation and adherence to the application and follow ups with short term methods.

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

The table below includes the mobile missions between April 2020 and September 2020.

HCU	Location	Date	Activities
Nariño	Pastoral Social (3 shelters)	1 - 30 April 2020	Articulation with the municipal health secretary for medical, nursing, psychosocial care, delivery of medicines and kits to migrants, and key messages for promotion and prevention
	Scalabriniano Hogar el Buen Samaritano		
	Aldeas Infantiles SOS		
	Nubes Verdes		
	Paso a paso		
	"Caminantes" Ipiales streets		

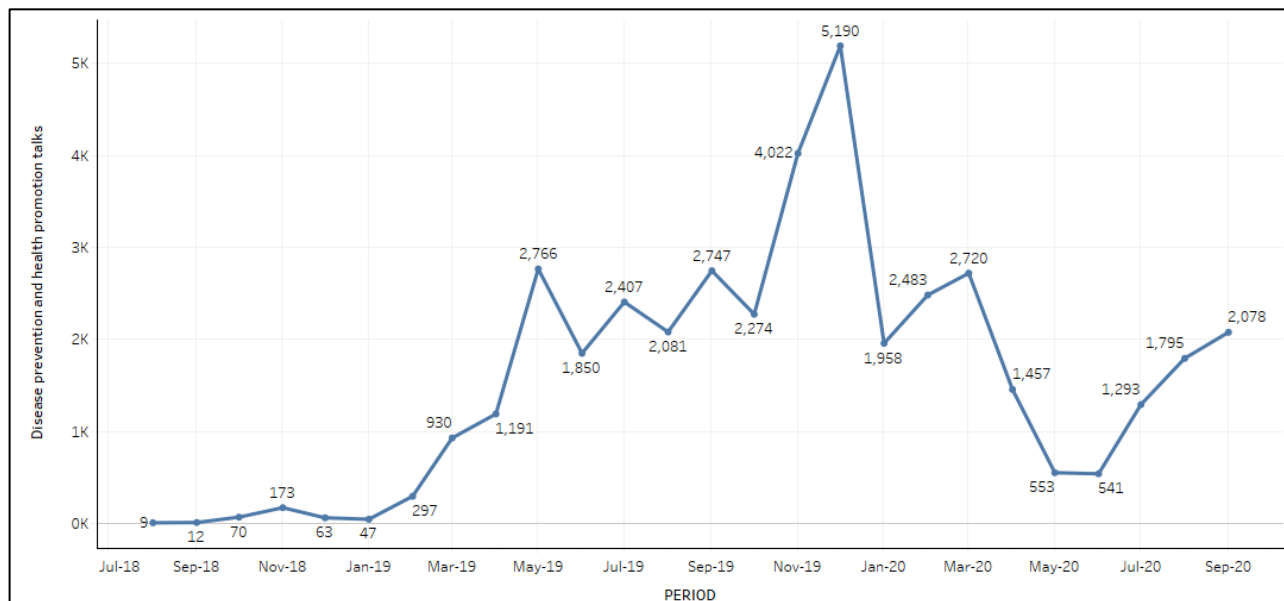
	Border crossings		
Putumayo	CDI Bosque encantado, Valle del Guamuez, Putumayo	20 April 2020	Community participatory plan to promote health: Educational activities on prevention of infectious diseases (covid-19), monitoring and distribution of nutritional supplements
	La Dorada, San Miguel, Putumayo	21 April 2020	
Nariño	Pastoral Social (shelters)	1 - 30 May 2020	Medical care, first aid, psychological care, delivery of medicines and kits, and key messages in promotion and prevention
	Hogar el Buen Samaritano		
	Aldeas Infantiles SOS		
	Nubes Verdes		
	Paso a paso		
	Panamerican highway		
Putumayo	Red Cross branch, Valle del Guamuez	1 – 30 May 2020	Community participatory plan to promote health, educational activities on prevention of infectious diseases (COVID-19), consumption of drinking water, healthy food, hand washing, hygiene at home, cleaning and disinfection, monitoring and distribution of nutritional supplements
Nariño	Pastoral Social (shelters)	1 – 30 June 2020	Medical care, first aid, psychological care, delivery of medicines and kits, and key messages in promotion and prevention
	Hogar el Buen Samaritano		
	Aldeas Infantiles SOS		
	Nubes Verdes		
	Paso a paso		
	Panamerican highway		
Putumayo	Red Cross branch, Valle del Guamuez	1 – 30 June 2020	Community participatory plan to promote health, educational activities on prevention of infectious diseases (COVID-19), consumption of drinking water, healthy food, hand washing, hygiene at home, cleaning and disinfection, monitoring and distribution of nutritional supplements
Vichada	Puerto Carreño	12 – 30 June 2020	Delivery of humanitarian assistance, accompanied by key messages and promotion and prevention activities
Nariño	Pastoral Social (shelters)	1 - 31 July 2020	Articulation with the municipal health secretary for medical, nursing, psychosocial care, delivery of medicines and kits to migrants, and key messages for promotion and prevention
	Hogar el Buen Samaritano		
	Aldeas Infantiles SOS		
	Nubes Verdes		
	Paso a paso		
	Panamerican highway		
Putumayo	Red Cross branch, Valle del Guamuez	1 - 31 July 2020	Community participatory plan to promote health, educational activities on prevention of infectious diseases (COVID-19), consumption of drinking water, healthy food, hand washing, hygiene at home, cleaning and disinfection, monitoring and distribution of nutritional supplements
Putumayo	Red Cross branch, Valle del Guamuez	1 - 30 August 2020	Community participatory plan to promote health, educational activities on prevention of infectious diseases (COVID-19), consumption of drinking water, healthy food, hand washing, hygiene at home, cleaning and disinfection, monitoring and distribution of nutritional supplements
Nariño	Pastoral Social (3 shelters)	1 - 30 August 2020	Articulation with the municipal health secretary for medical, nursing, psychosocial care, delivery of medicines and kits to migrants, and key messages for promotion and prevention
	Scalabriniano Hogar el Buen Samaritano		
	Aldeas Infantiles SOS		
	Nubes Verdes		
	Paso a paso		
	Caminantes on the streets of Ipiales		

Health Providing Institutes

Health Provision Institutions reached 30,624 people and provided 76,797 services (including control consultations and laboratory tests) between May 2019 and September 2020.

The HPIs, a modality part of the Colombian Health System, was complementary to the actions at the HCUs and with a higher level of attention, facilitating the follow ups consultations and including laboratory tests. The medical consultations' epidemiological profile in the seven locations indicated the most prevalent diagnoses: acute respiratory infections, skin infections, and antenatal care. Hypertension ranked tenth in the list of reasons for consultation.

Disease prevention and health promotion



Disease prevention and health promotion talks raise awareness about healthy habits, sexually transmitted diseases, chronic illnesses, and mental health and wellbeing. 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 41,007 services on disease prevention and health promotion were delivered between March 2018 and September 2020.

The health care units continue to hold talks and disseminate key messages on health promotion and disease prevention and measures to identify alarm signs of possible Acute Respiratory Infections (ARI), healthy habits, and respiratory hygiene. Talks on hand washing and disinfection of spaces continue. Actions aimed at generating awareness and promoting mental health and well-being were completed during June 2020, the month for mental health, promoting breastfeeding and its benefits during July 2020, the breastfeeding month.

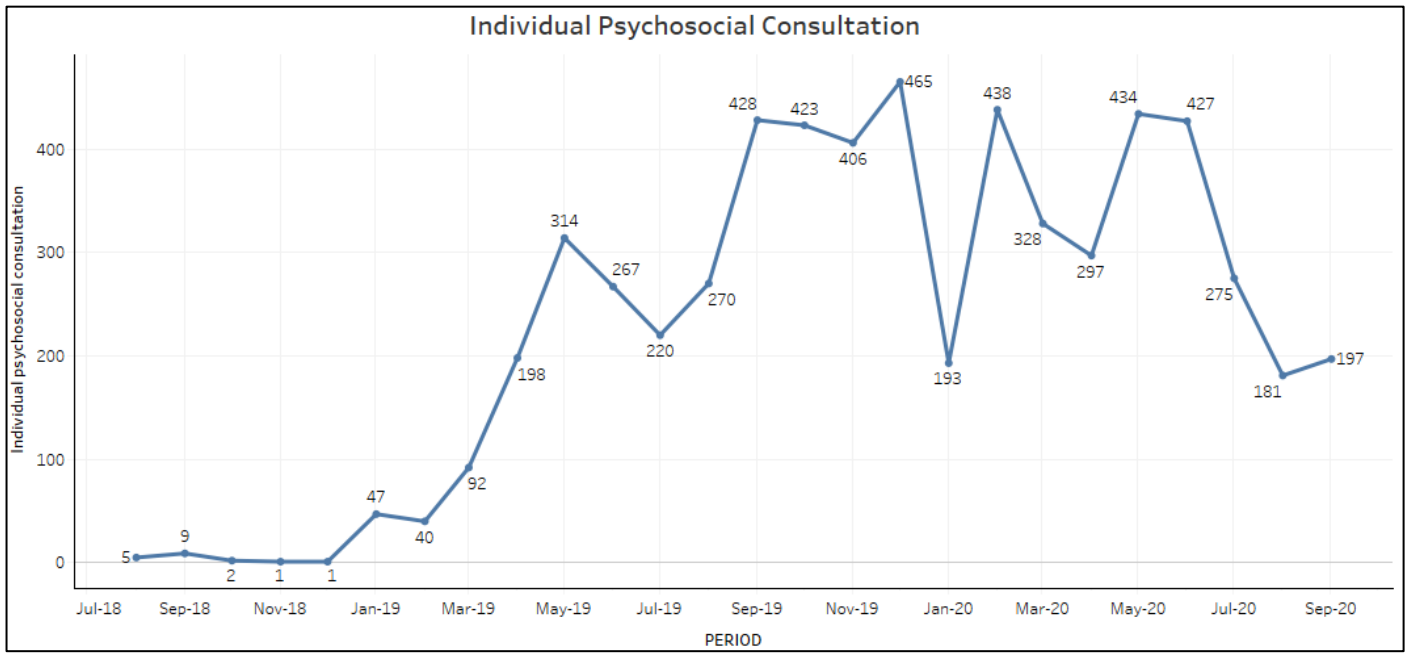
The provision of drinking water in vulnerable communities and talks on healthy hygiene habits and handwashing continues.

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 collectively and individually. The operation of HCUs has been designed so that all patients have access to individual psychological consultations or collective talks that provide coping mechanisms to address different psychosocial challenges.

In COVID-19, psychosocial tele-assistance was implemented to stabilize and promote resilience during the quarantine. Primary care in mental health was provided through exercises to alleviate stress and anxiety, sharing it on social networks

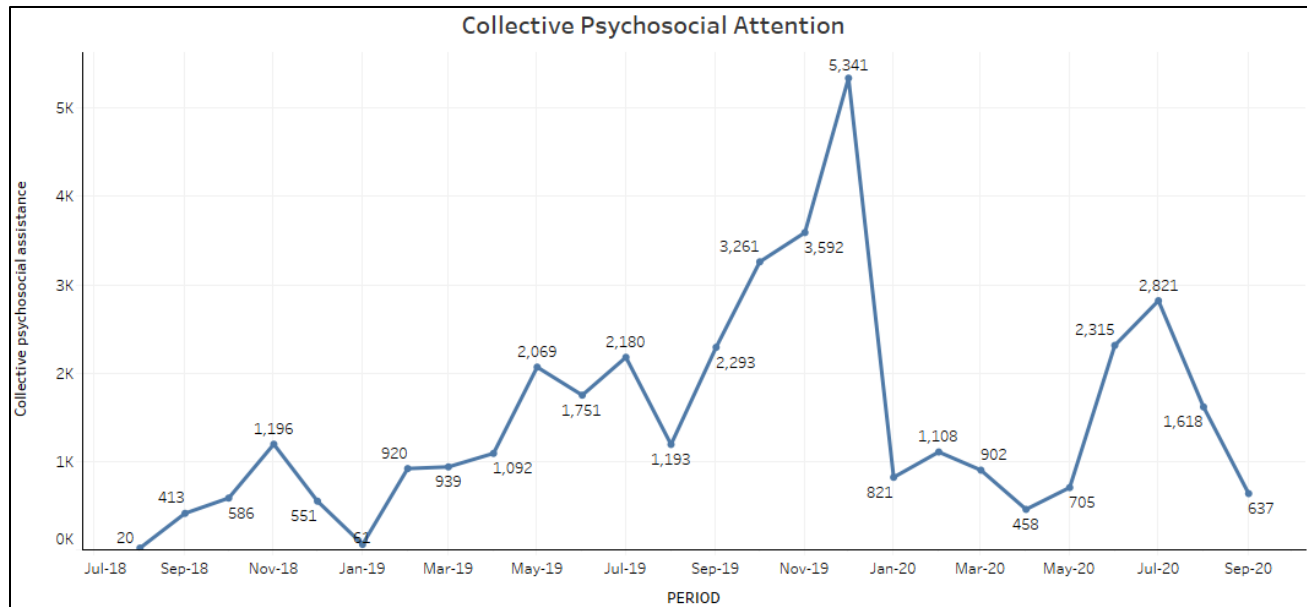
for the population, working with parents on topics that allow them to improve their relationship with their children, and promoting and preventing practices and recommendations for COVID-19 were reinforced. Tele-assistance for staff, volunteers, and relatives. The staff and volunteers offered technical support in terms of recommendations and clarifications for the possible concerns related to the COVID-19 and guaranteeing the protection measures and conditions for working. The most common conditions reported (including symptoms and illnesses) are anxiety, depression, stress, and other psychosocial circumstances.



At the beginning of the operation, migrants were reluctant to request individual consultations with a psychologist since mental health professionals' use was generally uncommon for them and myths and misinformation related to mental health. This has changed over time thanks to the awareness-raising work of HCU coordinators, psychologists, and all the staff and volunteers. Aspect strengthened during June 2020 as the Mental Health month. In total, 5,958 people have been reached through individual consultations. Consultations are available as many times as required.

In Nariño, for example, the activities are integral linking physical and mental health, the follow up of the cases, and articulated with the Listening Center from ICRC; all the persons are addressed by psychosocial group activities and then invited for individual consultations.

In Putumayo, individual, family, and community activities are adapted and linked with children's and adolescents' friendly spaces and pregnant and lactating women. In Vichada, psychoeducation, and activities linked with the friendly space with "Learn with Papu" (approaching the communities with recreational activities).



As with the disease prevention and health promotion talks, collective psychosocial attention is available to migrants in the waiting rooms in the HCUs, during the mobile missions, and withing de COVID-19 situation and the key messages and orientation teleassistance. The psychologist delivered these talks by the nurse by the nursing assistant and extraordinarily by volunteers. In total, 38,843 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, gender-based violence, self-care, resilience, emotion management, personal development.

Community-Based Health and First Aid (CBHFA)

The operation's team is advancing in strengthening the component of community health through the Community-Based Health and First Aid, a participatory approach which will be implemented initially in four departments (Vichada, Putumayo, Nariño and Santander), from which health committees will be trained and provided, and plan of actions according to needs and priorities defined from, with and for the community will also be supported, including health promotion and disease prevention activities through fairs and campaigns within the communities. The recruitment of health and social science professionals is underway for a more comprehensive approach and differential approach based on ethnicity and other diversity, as applicable. The areas of sexual and reproductive health, mental health and epidemiological surveillance are key areas that are expected to be also incorporated from the community participatory approach to add capacity building, empowerment and contribute to more sustainable solutions.

This is linked with the capacity building workshop from December 2019, the Training of Trainers, which included CBHFA, WASH, and Mental Health and Psychosocial Support for integrated and participatory approaches, with participants from 27 branches and departments in the country.

Nutritional supplements⁴

Throughout the 30-months of this operation, 47,392 nutritional supplements have been distributed: 38,032 to children and 9,360 to pregnant women. The nutritional supplements are delivered by the medical and nursing staff according to the nutritional screening for children and pregnant and lactating women. For children over 6 months of age we have

⁴ Note: although the indicator refers to the number of people receiving nutritional supplements, there have been challenges about the follow-up of people benefiting from these nutritional supplements given the mobile profile of migrants (*caminantes*, transit migrants, pendular migrants). These results refer to the number of nutritional supplements provided rather than the number of migrants reached.

Nutributter and Plumpydoz, and for pregnant and lactating women Enov mom.

The reporting indicating the data for anthropometric measurements, diagnosis and classification of the cases, and delivery of nutritional supplements have improved the monitoring; the psychologists continue to support the attention of the cases by promoting awareness, psychoeducation and adherence to the treatments. There have been advances from the teams in the adherence to the guidelines, and classification of cases, and in the follow up with second and third consultations in some cases. Now, aiming to review the response to the intake of the nutritional formulas taking into account the other factors that may affect the results related to social determinants of health.

Epidemiological reports

The epidemiological reports generated by the CRCS based on the data from the professionals in the field (doctors, nurses and psychologists) allowed the follow up and the identification of additional needs or changes in the epidemiological profile that required adapting the intervention jointly with the teams in the field to be specific and contextualized. Also, the reinforcement of key messages on promotion and prevention and the strategies to better approach the populations. And finally, the opportunity for developing new initiatives and proposals.

Within the COVID-19 pandemic, adjustments to monitoring were incorporated by remote monitoring, which allowed the review and validation of data and processes and the exchange of analysis with the professionals, volunteers, and technical staff. This was conducted to replicate and strengthen good practices and incorporating improvement and response actions opportunely.



Water, sanitation and hygiene

People reached: 452,726⁵

People targeted: 382,500

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

Indicator:	Target	Actual
# of water and sanitary systems implemented	15	6

Output 5.1: Communities are provided by NS with improved access to safe water

Indicators:	Target	Actual
# of people reached by the water and sanitary systems implemented	300,000	190,000

Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.

Indicators:	Target	Actual
# of people reached with individual and family hygiene kits	53,552	41,795

Progress towards outcomes



During the first 30 months of the operation, the CRCS, with IFRC support, provided 452,726 services of access to safe water, estimated based on the [Sphere standards](#). Additionally, the operation distributed 41,795 hygiene kits.

People that access safe water through hydration points

The hydration points have delivered a total of 1,358,178 litres of water between August 2018 and September 2020. Safe water is distributed through five hydration points. These are in Arauca, Ipiales, Rumichaca, La Hormiga (Putumayo) and Vichada (Casuarito). At the beginning of the operation, water bottles were distributed in Riohacha and Cúcuta. The hydration point in Casuarito is of special importance because it benefits a particularly vulnerable population located in a remote area with scarce service.

CRCS established a hydration point in Putumayo (March 2020). Source: CRCS

Water points	People	Water points	People
Arauca	122,431	La Hormiga	46,334
Ipiales	242,960	Vichada	26,667
Rumichaca	14,334		

⁵ The Sphere Project's standards for water provision 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).

Hygiene kits

In December 2018, 31,702 personal 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 have been distributed as of the end December 2019.

Family hygiene kits

In early 2020, a procurement process was launched to purchase 1,500 family hygiene kits to attend to vulnerable settled migrants and host communities. Due to the impact of the COVID-19 social mobility restrictions, the provider could not to deliver the products before the end of March 2020, and they were expected for delivery in late April 2020.

Critical shelters and CRCS branches supported by this Emergency Appeal were provided with antibacterial gel and soap, to ensure strengthened hygiene practices. By the end of March 2020, 2500 2-litre bottles of soap and 2500 2-litre bottles of antibacterial gel were delivered to the targeted CRCS branches and shelters are identified below.

Location	Antibacterial Soap	Antibacterial Gel
CRCS branch Cauca - Popayan	200	200
CRCS branch Putumayo- La Hormiga	350	350
CRCS branch Arauca-Arauca	100	100
CRCS branch Guajira - Riohacha	100	100
CRCS branch Vichada- Puerto Carreño,	300	300
CRCS branch Vichada- Casuarito	200	200
CRCS branch Nariño- Ipiales	350	350
CRCS branch Nariño- Ipiales-Rumichaca	300	300
CAI Maicao	350	350
Shelter San Salvador - Arauquita	25	25
Shelter Berlin - Santander, Corregimiento Berlin	25	25
Shelter Corregimiento La Fortuna - Santander, Corregimiento La Fortuna	25	25
Shelter Scalabrino Hogar el Buen Samaritano - Nariño, Ipiales	25	25
Shelter Las Lajas, Los Chilcos, Altamira - Nariño, Ipiales	25	25
Shelter Aldeas Infantiles SOS - Nariño, Ipiales	25	25
Shelter Nubes Verdes - Nariño, Ipiales	25	25
Shelter Paso a Paso - Nariño, Ipiales	25	25
Women's Shelter- Sibaté	25	25
Women's Shelter- Fusagasugá	25	25
Total	2500	2500

Within the framework of the COVID-19 context, a supply of 18,850 cloth face masks was sent to border departments and cities with the highest concentration of migrant population returning to Venezuela. As of May 2020, 3,500 face masks were distributed in Santander, 3,000 in Norte de Santander, 50 in Putumayo, 2,400 in Casanare, 2,600 in Arauca, 50 in Vichada and 7,250 in Nariño.

The operation is providing safe water in vulnerable communities and talks about healthy hygiene habits and handwashing habits.



Protection, Gender and Inclusion

People reached: 44,659

People targeted 52,700

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	43,000	44,659
# of people reached with help desk services	1,200	73

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	6	6
# of dignity kits distributed	6,800	3,886

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 parents, teachers and students reached in the “schools as a protective environment” component	700	500

Progress towards outcomes

This operation has provided differentiated kits and services through age- and gender-based hygiene kits, nutritional supplements, friendly spaces, food rations, medical services, and integration programmes in Cucuta.

Friendly spaces

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. Friendly spaces have become a critical element of the complementary assistance provided in HCUs, and up to 30 months of implementation of this emergency appeal, it has provided 44,659 services.

By September 2020, six friendly spaces, located in La Hormiga – Putumayo, in Puerto Carreño – Vichada, Maicao and Riohacha – La Guajira, Barranquilla – Atlántico and in Bogotá capital city, are active. Since the beginning of 2020, the friendly spaces are delivered through one full-time psychologist and dedicated volunteers. However, and due to the needs evidenced during these months of implementation, the inclusion of a professional in teaching (pedagogue) to support the protection actions and learning processes with teachers and parents on protection principles is being implemented.

Friendly spaces	People reached	Friendly spaces	People reached
La Hormiga	4,315	Riohacha	8,636
Puerto Carreño	5,040	Barranquilla	1,564
Maicao	13,280	Bogotá	3,037
Arauca	2,649	Norte de Santander	6,138

On the other hand, the migration and orientation helpdesks established in Arauca and Riohacha continue to support the migrants, where the local protection personnel guide and provide referral services 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 to receive appropriate attention and guidance for the exercise of their rights. Between October 2019 and August 2020, 3,069 people received orientation in these help desks.

Teachers and parents trained on protection principles

Due to the good practice implemented last year by an implementation of a binational and integration project, this appeal is looking to replicate this strategy by including a psycho-pedagogue in all the active, friendly spaces, to support teachers, parents, students, and the school counsellor in providing effective strategies to identify protection needs, promote integration, as well as address xenophobia and exclusion.

In this sense, the purpose of having professional attention from a psychologist and a pedagogue, development of skills in the teaching group to contribute to the strengthening of protective environments within the school through experiential strategies, strengthening families as the main protective environments through reconciliation and developing skills in young people that promote social inclusion of the migrant population by generating awareness and responsibility for my life and my environment. Since the beginning of COVID-19, the Cucuta team implemented a 100 percent virtual environment to sustain regular gatherings with children, teachers, and parents.

With the first pilot in a school in Cucuta – Norte de Santander, installed capacity has been generated in terms of psychological first aid skills for situations that may arise in the classroom, inclusive relationships, and respect for differences, integration and identity building. As of September 2020, 500 schoolteachers, and parents have been reached with this intervention.

Dignity kits

As of September 2020, 3,886 dignity kits were distributed in the departments of Atlántico, Arauca, Casanare, Guajira, Nariño, Norte de Santander, Putumayo and Vichada. These kits are adapted to the expected needs of children, adolescents, adults and pregnant or lactating women. They contain items such as flashlights, whistles, and a protection guide (protection), kitchenware (feeding), books, games, notebooks, crayons (especially for children and young people), and basic items for babies.



Additionally, due to the intervention's day-to-day monitoring, the need to distribute a mini play kit for children has emerged. In this sense, the purchase and delivery of these mini play kits have started. By September 2020, 1650 mini play kits were distributed to children and adolescents in Saravena and Cucuta – Norte de Santander, Santa Marta – Magdalena, Barranquilla – Atlántico, and Bogotá capital city. These kits contain a booklet and a memory game with key protection messages, one coloured box and one box of crayons, elements extracted from the dignity kit's contents, which was validated by the IFRC and CRCS technical teams. These mini kits arose as a necessity to complement the recreational activities

of a kit of dignity was not initially contemplated, space (friendly space) was not in place,

The CRCS provided min play kits for child migrants. Source: CRCS.

where the delivery or a protective managing to

assist children and adolescents migrants in the condition of vulnerability without access to education. The mini play kits distribution has been articulated with other stakeholders such as UNICEF and the IFRC Monarch Butterfly Program to ensure that other protection awareness activities accompany it.



Migration

People reached: 504,432

People targeted: 645.000

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 services provided by the Emergency Appeal	645,000	504,432

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
# of culturally-differential kits for indigenous communities	400	0
# of staff and volunteers trained in access to rights and safe behaviours of migrants	150	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	16,000	17,275
# of RFL points established	5	4

Progress towards outcomes

Since the launch of this operation 504,432 services have been provided to migrants through different points of attention. This represents the total number of all services provided: bedding kits, food kits, primary health care services (HCU and HPI), hygiene kits, and people reached with protection services. This figure of 504,432 services provided is in addition to the estimated 452,726 people reached with safe and clean water in the hydration points.

Restoring Family Links services

The Restoring Family Links activities provided 17,275 services in Putumayo, Guajira, Arauca, and two points in Bogotá. As described in previous operations updates, this service offers calls both nationally, within Colombia, and internationally, to Venezuela and 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)

By September 2020, the CRCS Community Engagement and Accountability strategy initially implemented by the National Society supported by the IFRC, was redesigned per the general [guiding principles](#) and the specific context and capabilities available in Colombia and was replicated by other stakeholders through supporting other points of the assistance of the CRCS.

In this sense, to June 2020, 15 active participation mechanisms in La Guajira, Atlántico, Norte de Santander, Santander, Arauca, Vichada, Cundinamarca, Guainía, Valle del Cauca, Nariño and Putumayo were active. A total of 3,822 satisfaction surveys were completed in attention to the migrant, mobile health units, community activities, and knowledge transfer activities. In the last interview conducted in June 2020, 91% of people reported being highly satisfied with the assistance points' attention.

Among other activities, the CRCS CEA officer, with support of the IFRC CEA team, implemented community accountability meetings, promotion and prevention talks, creation and updating of care routes for the migrant population and peace and coexistence spaces. In the same way, the suggestion box for feedback mechanisms was established in all the points implemented with the support of IFRC and in other points supported by other partners.



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.

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	22,267	22,267
1.2 Number of CRCS volunteers reached with wellbeing or psychosocial support activities	400	134

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 participate in training activities	200	100

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
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Progress towards outcomes

Number of CRCS volunteers insured

In total, 379 volunteers contributed to the actions supported by this emergency appeal, and were supported with per diem, food and transport subsidies. Moreover, the whole body of CRCS volunteers has been covered by the IFRC Insurance for Volunteers Accident Programs in 2020. This amounts to 22,267 volunteers covered with this complementary insurance in case of accident, death, or disability, whilst 22,605 volunteers had been covered under the same insurance in 2019.

The Mental Health and Psychosocial Support Workshop

With psychologists and Psychosocial Support Groups from the different branches of the Colombian Red Cross Society, the workshop was held in April 2019 with the participation of 20 psychologists and psychosocial support group members (GAPS for the acronym in Spanish) from different branches around the country. It included the socialization of the CRCS migration strategy, emphasising on the component of Mental Health and Psychosocial Support (SMAPS for the acronym in Spanish) - as the different line of actions; the mapping of activities and experiences from the field and the tools applied for standardization. Debriefing activities were also developed.

Psychosocial Support Groups (GAPS for the acronym in Spanish) Workshops

The Psychosocial Support Groups workshops were held at Arauca, Putumayo and Vichada, to increase and strengthen the capacity of the members of the Psychosocial Support Groups, for the responses during the implementation and interventions. It included subjects like crises, stress, psychological first aid, support networks, among others.

Debriefing for the teams in the field

Up to the end of March 2020, seven debriefing activities were carried out with the field teams in Arauca, Ipiales, Vichada, Putumayo and Riohacha, with staff and volunteers' participation from each of the teams. These two- to three-day workshops are carried out as a retreat in which the field team and volunteers are fully immersed in the activity. The workshop focuses on stress release, coping mechanisms, team building, conflict resolution, and other practices to manage the complex emotional context in which they operate daily. A total of 34 CRCS volunteers participated in these workshops.

Volunteers participating in training activities

A total of 84 volunteers from 27 branches participated in the Community -Based Health and First Aid Trainer of Trainers in December 2019. This is in addition to 16 volunteers who had participated in prior training opportunities on security, logistics, and CEA.

Hired staff

The IFRC appeal has supported (in total or partly) the following **85** professionals contracted by IFRC and CRCS to advance this operation's planned actions, as of the end of September 2020:

Staff recruited at the field level

1	Guajira HCU Coordinator, CRCS	32	Nursing Assistant, Ipiales, Rumichaca, HCU, CRCS
2	Medical doctor, Guajira HCU, CRCS	33	Driver, Vichada HCU, CRCS
3	Medical doctor, Guajira HCU, CRCS	34	Administrative assistant, Vichada HCU, CRCS
4	Psychologist, Guajira HCU, CRCS	35	Psychologist, friendly space Vichada, CRCS

5	Chief Nurse, Guajira HCU, CRCS	36	Ipiales HCU Coordinator, CRCS
6	Nurse, Guajira HCU, CRCS	37	Medical doctor, Ipiales HCU, CRCS
7	Assistant Nurse, Guajira HCU, CRCS	38	Psychologist, Ipiales HCU, CRCS
8	Assistant Nurse, Guajira HCU, CRCS	39	Chief Nurse, Ipiales HCU, CRCS
9	Administrative assistant, Guajira HCU, CRCS	40	Assistant Nurse, Ipiales HCU, CRCS
10	Driver, Guajira HCU, CRCS	41	Driver, Ipiales HCU, CRCS
11	Psychologist, friendly space Guajira, CRCS	42	Administrative assistant, Ipiales HCU, CRCS
12	Psychologist, help desk Guajira, CRCS	43	Putumayo HCU Coordinator, CRCS
13	Arauca HCU Coordinator, CRCS	44	Medical doctor, Putumayo HCU, CRCS
14	Medical doctor, Arauca HCU, CRCS	45	Psychologist, Putumayo HCU, CRCS
15	Medical doctor, Arauca HCU, CRCS	46	Chief Nurse, Putumayo HCU, CRCS
16	Psychologist, Arauca HCU, CRCS	47	Assistant Nurse, Putumayo HCU, CRCS
17	Chief Nurse, Arauca HCU, CRCS	48	Administrative assistant, Putumayo HCU, CRCS
18	Nurse, Arauca HCU, CRCS	49	Driver, Putumayo HCU, CRCS
19	Nursing Assistant, Arauca HCU, CRCS	50	Psychologist, friendly space Putumayo, CRCS
20	Nursing Assistant, Arauca HCU, CRCS	51	Psychologist, friendly space Maicao, CRCS
21	Administrative assistant, Arauca HCU, CRCS	52	Psychologist, school, Norte de Santander, CRCS
22	Driver, Arauca HCU, CRCS	53	Social worker, school, Norte de Santander, CRCS
23	Psychologist, friendly space Arauca, CRCS	54	Assistant Nurse n1 Maicao CAI, La Guajira, CRCS
24	Psychologist, help desk, Arauca, CRCS	55	Assistant Nurse n2 Maicao CAI, La Guajira, CRCS
25	Vichada HCU Coordinator, CRCS	56	Assistant Nurse n3 Maicao CAI, La Guajira, CRCS
26	Medical doctor, Vichada HCU, CRCS	57	Assistant Nurse n4 Maicao CAI, La Guajira, CRCS
27	Psychologist, Vichada HCU, CRCS	58	Doctor, Cucuta mobile unit, Norte de Santander, CRCS
28	Chief Nurse, Vichada HCU, CRCS	59	Driver, Cucuta mobile unit, Norte de Santander, CRCS
29	Assistant Nurse, Vichada HCU, CRCS	60	Nurse, Cucuta mobile unit, Norte de Santander, CRCS
30	Medical doctor, Ipiales, Rumichaca HCU, CRCS	61	Psychologist, friendly space Bogotá, CRCS
31	Nurse, Ipiales, Rumichaca HCU, CRCS		

Staff recruited at the national level

62	National Migration Manager	74	Protection Coordinator for Migration
63	Operations Coordinator for Migration	75	Administrative Assistant for Migration
64	Accounting Assistant	76	Administrative Assistant (Health in Migration)
65	National Health Coordinator	77	Medical Auditor
66	Procurement Analyst	78	Epidemiologist
67	Information Management (IM) Officer	79	Information Management (IM) Specialist
68	Planning, Monitoring, Evaluation and Reporting Officer	80	Community Engagement and Accountability Officer
69	Administrative and Financial Coordinator	81	Durable Solutions Officer
70	National Project Administrator for Migration	82	Migration logistics and response Officer
71	National Project Administrator (Health in Migration)	83	Warehouse Assistant
72	Administrative and Logistics Coordinator	84	Logistics
73	Protection Analyst	85	Financial Assistant

International Disaster Response

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

Indicators:	Target	Actual
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2.1 Number of RIT, IFRC staff or Movement partner delegates to support the operation	30	29
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)	30	29
2.1.1.2 Number of support actions for acquisition management	3	2
Outcome S2.2: The complementarity and strengths of the Movement are enhanced		
Indicators:	Target	Actual
2.2 Number of coordination meetings with the Movement	58	39
Output S2.2.1: In the context of large-scale emergencies, the IFRC and the CRCS, jointly with the Movement, enhance their operational reach and effectiveness through new means of coordination		
Indicators:	Target	Actual
2.2.1.1 Number of reports in accordance with the requirements of the Movement.	10	7
2.2.1.2 Number of reports on the participation of the humanitarian network and key partners.	35	24
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	17	17
2.2.5.2 Number of local branches and assistance posts that have access to ICT tools	5	5
2.2.5.3 Number of virtual platforms and tools that have been implemented.	2	2
Progress towards outcomes		
<p>RIT and IFRC staff mobilized In the first 30 months of this operation, 29 regional intervention team members, staff on loan, and IFRC staff were mobilized to Colombia.</p> <p>CRCS and IFRC staff in Colombia received technical support in finance, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies, livelihoods, and human resources. All this support has resulted in technical guidance documents, the development of strategies, and operational plans and improved financial monitoring of this operation.</p>		
<p>Support actions for acquisition management In May 2019, the IFRC and CRCS facilitated a four-day workshop on humanitarian logistics, supporting the Americas Regional Logistics Unit. The IFRC Emergency Appeal team received the support from a Procurement RIT, and later Procurement staff on loan, a total of six weeks in the last quarter of 2019 to facilitate purchasing processes.</p>		
<p>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 sectorial subgroups of the GIFMM, the <i>caminantes</i> subgroup, the Health Cluster, the Food Security and Nutrition Cluster and the Humanitarian Country Team. The IFRC and CRCS in these coordination and deliberation spaces are critical to inform operational decisions 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, and recently in September 2020 in the National Workshop for the Regional Refugee and Migrant Response Plan, RMRP, for 2021.</p>		
<p>Number of branches using the information system In the first 30 months of the operation, the IM and PMER teams from the CRCS designed, rolled out and implemented an information system integrated by different tools used by 17 branches from the end of March 2020. Also, in September 2020 a prototype of Medical History was developed in Survey123 and is in the final step before being</p>		

release to the field in a pilot project.

During the COVID-19, three IM assistants have been trained in Arauca, Norte de Santander, and La Guajira through virtual meetings to ensure that all sites use the system properly and regularly and that the data collected remains consistent. Also, all sites that are using the IM system were divided into six regions and assigned to a member of the IM team to speed up response times and strengthen the entire IM team's technical capacities. The CRCS and IFRC team have also developed a [dashboard](#) to visualise the information coming from the field, whilst additional ODK forms are being produced to improve data collection.

To make sure this system is reliable, virtual meetings and 2ebinars have been developed with different actors into the IM System to monitor activities, supervise processes, and verify the information. In this way, the Emergency Appeal data collection system continues to have a minimal lag in the operational (quantitative) and analytical (qualitative) information received.

Number of branches with ICT tools

Other than the 17 branches which regularly use and report on ODK, five branches receive ICT support from the IFRC.

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	45	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	4	4
3.1.1.2 Number of video productions	5	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	5	3

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 several external communication actions during the past 30 months, including designing and producing a monthly info-sheet, quantifying and qualifying information in media and social network about CRCS migration actions, and develop communication content to promote donations, which can be seen [here](#), [here](#) and [here](#).

Strategic steps were taken to ensure high level visibility on field activities, through digital communication, social media and seeking journalist visits to key activity sites such as Ipiales, Arauca, Guajira and Putumayo. These promoted a focus on stories capturing migrants' experiences, their present state, the humanitarian assistance, and the relevance of these interventions, press notes were released by national and local media and on all platforms (Traditional, new media, digital). Thus, millions of people are estimated to have been reached through the country's largest media groups (*El Tiempo, El Espectador, CM&, El País, Radio Nacional*). Finally, to encourage and promote health care sessions for the migrant population in Bogota, a campaign was broadcast in the local media (Olímpica

Estéreo, RCN Radio and City Tv). With this campaign, it was possible to reach more than 2 million people, disseminating information about Bogota's humanitarian health care.

Strategy updates

This Emergency Appeal operation has been revised four 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; 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. A fourth revision was conducted in August 2020 to add new activities seeking stabilization and income generation for the migrant population.

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.	8	5

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	8	5
4.1.3.2 Number of donor reports	10	6
4.1.3.3 Number of people trained in financial management	12	10

Output S4.1.4: Staff security is prioritized in all IFRC activities

4.1.4.1 Security Plan updated	30	30
4.1.4.2 Number of volunteers trained in Stay Safe	300	246

Progress towards outcomes

Reports

As part of the IFRC commitment to accountability, emergency and donor reports are regularly created and presented.

Security Plan updated

A total of 30 security plans were updated.

Number of volunteers trained in Stay Safe

During the first 30 months of this operation, 248 people were trained in Stay Safe.

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 Update](#)
[Twelve-months Update](#)
[Revised Emergency Appeal](#)
[Eighteen-months Update](#)

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For In-Kind donations and Mobilization table support:

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

Planning, Monitoring, Evaluation and Reporting regional manager: Maria Larios; email: maria.larios@ifrc.org

For Media Requests:

Regional Communication Manager: Susana Arroyo; email: susana.arroyo@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**.

D. BUDGET

The 30-month financial report is [here](#).

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2020/09	Operation	MDRCO014
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 24 Nov 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 30 Jun 2021; appeal launch date: 15 Mar 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	70,000
AOF2 - Shelter	270,000
AOF3 - Livelihoods and basic needs	780,000
AOF4 - Health	4,560,000
AOF5 - Water, sanitation and hygiene	920,000
AOF6 - Protection, Gender & Inclusion	600,000
AOF7 - Migration	380,000
SFI1 - Strengthen National Societies	730,000
SFI2 - Effective international disaster management	1,520,000
SFI3 - Influence others as leading strategic partners	95,000
SFI4 - Ensure a strong IFRC	75,000
Total Funding Requirements	10,000,000
Donor Response* as per 24 Nov 2020	7,767,104
Appeal Coverage	77.67%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	176,538	118,323	58,215
AOF3 - Livelihoods and basic needs	871,289	494,140	377,149
AOF4 - Health	3,289,528	2,895,052	394,476
AOF5 - Water, sanitation and hygiene	602,346	570,129	32,217
AOF6 - Protection, Gender & Inclusion	461,351	335,461	125,890
AOF7 - Migration	229,544	138,869	90,675
SFI1 - Strengthen National Societies	590,858	403,261	187,596
SFI2 - Effective international disaster management	1,396,821	1,446,887	-50,066
SFI3 - Influence others as leading strategic partners	63,854	3,405	60,449
SFI4 - Ensure a strong IFRC	69,989	27,420	42,569
Grand Total	7,752,116	6,432,946	1,319,170

III. Operating Movement & Closing Balance per 2020/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	7,753,575
Expenditure	-6,432,946
Closing Balance	1,320,629
Deferred Income	0
Funds Available	1,320,629

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/03-2020/09	Operation	MDRCO014
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 24 Nov 2020

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 30 Jun 2021; 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*)	3,409,709				3,409,709		
China Red Cross, Hong Kong branch	25,009				25,009		
European Investment Bank Institute	70,578				70,578		
Iraqi Red Crescent Society	997				997		
Italian Government Bilateral Emergency Fund	550,203				550,203		
Japanese Red Cross Society	82,500				82,500		
On Line donations	125				125		
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	326,727				326,727		
The Netherlands Red Cross (from Netherlands Govern	238,347				238,347		
United States Government - USAID	2,490,820				2,490,820		
Western Union Foundation	43,614				43,614		
Total Contributions and Other Income	7,753,575	0	0	0	7,753,575	0	
Total Income and Deferred Income					7,753,575	0	