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# Revised Emergency Appeal Americas: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Revised Appeal n° MDR42004</b>	<b>At least 543,000 people<sup>1</sup> to be assisted</b>	<b>Appeal launched 6 September 2018</b>
	<b>741,590 Swiss francs DREF allocated (reimbursed to the Fund)</b>	<b>Revision no. 1 issued 03 November 2018</b>
	<b>14.7 million Swiss francs increased Appeal funding requirements</b>	<b>Revision no. 2 issued 29 May 2019</b>
	<b>5.3 million Swiss francs funding gap</b>	<b>Revision no. 3 issued 21 January 2020</b>
		<b>Appeal ends 30 June 2021 (extended by 6 months)</b>
		<b>Extended to 33 months</b>

This revised Regional Emergency Appeal seeks a total of **14.7 million** Swiss francs, (increased from 12.5 million Swiss francs) to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting ten National Societies' (NS) continued delivery of humanitarian support to the steadily increasing population movement in the Americas. This revised Appeal aims at supporting NSs in **Argentina, Bolivia, Brazil, Chile, Ecuador, Guyana, Peru, Panama, Trinidad and Tobago, and Uruguay** to deliver assistance and support to at least **543,000 people** for 33 months. It coordinates interventions with in-country partners from the International Red Cross and Red Crescent Movement, including the International Committee of the Red Cross (ICRC) and Partner National Societies active in the region (the Movement). This revised Appeal results in a funding gap of 5.3 million Swiss francs.

The planned response reflects the current situation, using available information about the evolving situation in each country and at the regional level. Details are available in the **Emergency Plan of Action (EPoA)** [<click here>](#).

## The disaster and the Red Cross Red Crescent response to date

**From January 2015 onwards:** The estimated number of migrants who crossed from Venezuela into Colombia increases from 700,000 to more than 1,600,000.

**March 2018:** The IFRC launches an Emergency Appeal ([MDR0014](#)) for 2.2 million Swiss francs to assist 120,000 people for 12 months in Colombia.

**June 2018:** 91,590 Swiss francs from the [DREF are allocated](#) for the facilitation of the regional deployment of global surge for a regional multi-disciplinary needs assessment.

**September 2018:** The IFRC launches a [Regional Emergency Appeal](#) for 7.5 million Swiss francs to deliver assistance to up to 200,000 people.

**November 2018:** The IFRC issues [revised Regional Emergency Appeal no. 1](#) for 8 million Swiss francs to deliver assistance for up to 283,000 people.



Volunteers from the Argentine Red Cross distributing food boxes. Source: ARC

<sup>1</sup> The revised target of vulnerable people to be reached is based on the updated plans of actions of National Societies. See Operational Strategy for more information. Targets from the different AoFs should not be added up because one individual can be counted twice when receiving services from different NSs. The highest AoF target has been taken as the overall target. These will be reached through an estimated 1,374,000 services.

- **December 2018:** 3.3 million Venezuelan migrants had left the country, continuing an upward trend, which estimates more than 5 million will have left by the end of 2019.
- **5 April 2019:** [Six-month update](#) issued.
- **29 May 2019:** IFRC issued a revised Regional Emergency Appeal for 8.8 million Swiss francs to reach at least 320,000 people and extended the timeframe until 28 February 2020.
- **15 November 2019:** [Twelve-month update](#) issued.
- **21 January 2020:** IFRC issues a revised Regional Emergency Appeal for 12.5 million Swiss francs to reach at least 455,900 people and extends the timeframe until 31 December 2020.
- **23 April 2020:** [Eighteen-month update](#) issued.
- **2 November 2020:** [Twenty-four-month update](#) issued.
- **December 2020:** IFRC issues a revised Regional Emergency Appeal for 14.7 million Swiss francs to reach at least 543,000 people and extends the timeframe until 30 June 2021.

New aspects of this revised Emergency Appeal include:

- New figures for the regional target from 455,900 to 543,000 people based on the updated and validated Plans of Actions and budgets at country level;
- Update on needs based on the impact of the COVID-19 pandemic and the evolving migration situation;
- Addition of the Bolivian Red Cross to the operation;
- Scale-up sectoral services, such as **Health; Water, Sanitation and Hygiene promotion (WASH); Shelter and Livelihoods;**
- Strengthening of cross-cutting approaches: **Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability (CEA);**
- Changes in the consolidated budget and extension of the timeframe to complete activities;
- Transition from an emergency response approach to an integrated mid- to long-term sustainable, programmatic approach.

## The operational strategy

### Needs assessment and target population selection

Since 2015, the Americas region has experienced a surge in migration, particularly from Venezuela. As of November 2020, there are 5.4 million Venezuelan migrants in the world, with 4.6 million in Latin America and the Caribbean alone. This is the largest migration from a single country in the region in recent history. In addition to the unprecedented number of migrants from Venezuela settling throughout the region, countries in the Americas receive significant numbers of extra-regional migrants from the Caribbean, Asia and Africa. Some of these migrants have settled permanently in the region, but many others choose to travel north, crossing from Colombia into Panama through the Darien Gap on their way to North America.<sup>2</sup>



A Brazilian Red Cross volunteer registers migrant family, using the Open Data Kit tool, for the distribution of food baskets in Rio Grande do Sul in June 2020.  
**Source:** Brazilian Red Cross

<sup>2</sup> The term “migrants” is deliberately broad and includes refugees, asylum seekers and/or stateless persons entitled to special protection under international law.



### Changing context<sup>3</sup>

The first COVID-19 cases appeared in Latin America in February 2020 and the virus subsequently spread to nearly every country in the Americas by late March. Though the long-lasting impacts of the pandemic on the migration context in the Americas remains to be seen, the spread of the virus is likely to exacerbate the migrant populations' already vulnerable situation in the region. Refugees and migrants in the Americas are especially vulnerable to COVID-19 and other diseases due to high geographic mobility, instability, informal or precarious income, overcrowding, lack of sanitation, language barriers and lack of access to decent health care or vaccination programmes, among others.<sup>4</sup>

Moreover, migrants have been especially affected by the border closure measures that many countries are taking to prevent the spread of the virus. Despite these tightened restrictions, the flow of migration in the Americas has not ceased, indicating that many are choosing to migrate irregularly and face the associated difficulties, risks and protection issues. Also, many express

the will to return to their countries of origin and some have already done so. Migrants in the region have experienced difficulties and vulnerabilities in host countries, where existing feelings of xenophobia and discrimination towards people under situations of human mobility have become exacerbated with the spread of the virus. Indeed, refugees and migrants are often the first to be stigmatized and eventually, unfairly blamed for the spread of diseases. In this changing context, it is important that, while heeding security and protection measures, people in vulnerable situations continue being supported, to ensure their rights and protect their dignity.

According to IFRC's report "[Least protected, most affected](#)," the pandemic has compounded risks already directly affecting migrant populations, including: 1) Formal barriers or exposure to smuggling, especially for migrants with irregular status; 2) The loss of social support due to quarantine and/or border closures inhibits movement and prevents connection with family members; 3) Specific protection concerns such as human trafficking with aims of labour and/or sexual exploitation are being exacerbated. In addition, gender-based violence is increasing and is evident through manifestations such as domestic violence, intimate partner violence, sexual violence and psychological violence.

Given the significant impact that the pandemic has had on migrants' livelihoods, groups of Venezuelan nationals have formally requested to return to their country, a situation that had not been registered before the COVID-19 outbreak. According to the last report of the Organization of the American States (OAS), until November 2020<sup>5</sup>, 130.000 people have returned to Venezuela. This recent influx of returnees has added further complexity to the already diverse range of migration flows in the region, necessitating an adjusted humanitarian response.

In the context of the COVID-19 pandemic, new methods and procedures have been implemented to deliver services. For example, given the loss of contact with the migrant population caused by the suspension of activities and the need of a new effective feedback tool during the pandemic, the IFRC —through the Americas Region Population Movement implemented a [COVID migration WhatsApp business line](#) that provides remote assistance to migrants affected by the COVID-19 crisis. In addition, to help humanitarian practitioners to get a better understanding of rental assistance programming in urban context, a [Step-by-step guide for rental assistance to populations affected by crises](#) was published. To contribute to the regional appeal the Department of International

<sup>3</sup> A detailed description of the changes in the migration context for each country included in this EA is available in the Emergency Plan of Action (EPoA)

<sup>4</sup> For more information about the impact of COVID-19 on the migration context in the region, see the COVID updates published by the Regional Appeal in GO. [Update 1](#) [Update 2](#) [Update 3](#)

<sup>5</sup> [OEA. Crisis de Migrantes y Refugiados Venezolanos. November 2020.](#)

Humanitarian and Civil Protection (ECHO) funded a [Protocol of attention and intervention in mental health and psychosocial support to migrants](#). Also, given the need for safe referral tailored to the heterogeneity of the region a [Guide for the creation of secure referral mechanisms for people in a situation of migration and refugees](#) was developed. For more information on the response see the [24-month update](#) of the operation.

## Update on needs

The continuous spreading of COVID-19 in the Region, added to the response measures implemented by several countries to contain the virus is producing differentiated changes and impacts that have worsened the situation faced by the migrant and refugee population and by host communities. The impact of the virus and the increased vulnerability of migrants and refugees have produced some profile and flow changes.

According to the International Organization for Migration (OIM): ‘There has been an increase of informal crossing at the borders which results in an increased vulnerability of migrant population. Women and girls are especially vulnerable to become victims of human trafficking’. In many countries there has also been a rise of xenophobic rejection, gender-based violence and domestic violence against migrants and refugees. In the specific case of migrant women, this discrimination can have consequences such as the lack of adequate care in a medical centre and other healthcare services that are directly related to women (such as pregnancy care, or legal and psychosocial support due to gender-based violence). Furthermore, quarantine and mobility restrictions force many women to isolate themselves with their abusers or potential abusers. Existing gender-based violence is exacerbated by labour and migration uncertainty, as well as by social distancing. For many migrant women who do not have sufficient support networks in transit and destination countries, isolation with their aggressor is a potential danger.”<sup>6</sup>

Regarding migration flows, there has been a significant increase of migrants returning to Venezuela. Many of the returnees are going back to their country because of a lack of opportunities in the host and transit countries. This is an alarming situation considering the high risks migrants may face particularly regarding their health and protection.

Thousands of Venezuelans have decided to set out long return journeys on foot, from Colombian inland regions to the border, and some have started to return from distant countries such as Ecuador or Peru. Many others are still stranded between closed borders or have lost their jobs in their host countries with no access to social protection mechanisms and unable to provide for the basic needs of themselves and their families. This situation is specially alarming in Chile and Bolivia. The IFRC and National Societies are monitoring returnees flows in coordination with the Colombia Operation, in order to adapt their response to people needs.

It should be noted that in Bolivia has recently be added to this IFRC Emergency Appeal. The last report of the Organization of the American States (OAS) indicates that Bolivia has received close to 10,000 Venezuelan migrants and refugees to date. Since 2018 the Bolivian Red Cross has identified some priority areas to be strengthened such as volunteering and its priority focus is on health care; humanitarian aid (delivery of hygiene kits and first aid kits) and RFL services.

In general, the Red Cross actions within the framework of the Regional Population Movement Emergency Appeal operational strategy has been adapted to respond to these new/changing dynamics, but – in line with the Movement’s Seven Fundamental Principles – it is essential to continue supporting the most vulnerable people to protect their rights and dignity. Despite the difficulty of restrained mobility, lack of resources and volunteers, we are still working to ensure protection and human dignity for the most vulnerable.

## Specific needs

**Shelter:** Migrants are forced to seek informal and inadequate shelter (especially in destination countries) due to high housing prices and demand, compared to the available supply of adequate accommodations. During the transit process, collective centres often lack the capacity to absorb the number of migrants arriving, forcing them to live in precarious conditions, which includes the street or informal settlements. Support is needed for short- and medium-term shelter assistance (through the provision of shelter kits, tool kits, tarpaulins, covering kits or rental support) and to cover basic related needs with HH items as kitchen kits.

The demand for rental support for asylum seekers and migrants outweighs the supply. Overcrowded conditions in accommodations is a high risk for people on the move and migrants. In most countries, the target population is located in cities with a high rate of urbanization and acute levels of vulnerability. Increased prices for rental properties,

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<sup>6</sup> <https://rosanjose.iom.int/site/es/blog/los-riesgos-adicionales-de-la-covid-19-para-las-mujeres-migrantes-y-como-abordarlos>

overcrowding in housing and lack of legal support for rent are common. In the host countries, a focus on Housing Landing and Property support is necessary.

In terms of protection concerns, overcrowding in accommodations can exacerbate family tensions, which in turn can contribute to intimate partner violence and other forms of domestic violence. Overcrowding can also increase the risk of sexual assault and other forms of gender-based violence by non-family members and/or family members, particularly in multifamily or multi-household settlements, or large communal spaces; other increased risks could be neglect to the special needs of people with disabilities, children and elderly people. Some families may arrange child marriages (or informal unions) or transactional sex dynamics in order to alleviate congestion or in an attempt to receive a land property. These last risks have been informally identified but not cohesively systematized.

**Livelihoods and basic needs (including food security):** Loss of income, depleted assets, absence of legal documents and inability to enter the labour market make accessing food and launching or restarting income-generating activities difficult (as in transit as the host communities mostly located in urban context). Livelihoods recovery is hampered by high levels of poverty and inequality, inefficient health and education systems and limited work opportunities in transit and host communities.<sup>7</sup>

Migrants' complicated legal status and vulnerable humanitarian situation makes them especially vulnerable to labour exploitation. Lack of trust and xenophobia limit opportunities for migrants to access employment opportunities and/or place their products in local markets. The majority of skilled migrants face challenges obtaining positions for which they are qualified and often engage in unskilled labour for which they are overqualified. Women, with their traditional support network disrupted, usually engage in caring for children, sick and elderly, and other domestic labours such as cleaning. Most women, therefore, do not have time for job seeking or cannot commit to time-intensive work opportunities. Women who are able to engage in paid work are exposed to protection threats, labour exploitation, xenophobia, restricted access to markets and unsecure working conditions. Finally, it is important to mention the high risk of child labour, as migrant children in some instances work alongside their parents, beg in the streets or sell items (this can include forced begging by their parents or as a result of trafficking) and are subject to forced labour in domestic work. There are also informal reports of commercial sexual exploitation, sometimes as a result of human trafficking; unfortunately, there are no updated figures available or research to show how many child migrants are facing this protection issue.

National Societies strive to address the immediate needs, including food security of migrants starting their route or in transit, but some National Societies also aim to address the needs of those migrants that have reached their destination, which are growing in numbers and adding pressure to already over-stretched social services. Migrants at the initial stage of the resettlement process are not able to cover their basic needs, but also need support to enter the labour market so they can generate an income on their own. In order to strengthen National Societies' capacities to address the mid and long-term livelihoods needs of the migrant population that have reached their final destination, staff and volunteers will need to familiarize themselves with the sustainable livelihoods' framework, as well as the most common livelihoods approaches, methodologies and tools.

**Health:** Health access for the migrant population is limited to specific care received in countries of transit (at isolated points); however, these services are of variable scope and coverage and do not represent comprehensive health care. Likewise, they are not part of an information management system that allows for the medical follow-up of users/patients beyond the point of care. In these conditions, clinical-pharmacological follow-up is lost, as well as the possibility of maintaining therapies and treatments for Non-Communicable Diseases (NCDs) or chronic diseases, generating an impact on the health condition of migrants.

In some countries, such as Brazil and Panama, migrants address to access health care services due to language barriers, increasing their vulnerability and generating complications in their health condition due to lack of care and timely treatment.

Supplementary immunization programs for the most vulnerable groups (children, older adults, immunocompromised persons) are needed, based on the lack of such programs in their countries of origin.

Finally, the integration of health actions with host communities will ease the integration and natural acceptance of the migrant population, and in turn, the prevention of gender-based violence (GBV).

With regards to Psychosocial Support (PSS), various needs have been identified in response to the migrant population and the challenge of each National Society (NS) in addressing psychosocial needs according to the characteristics of the context and the current situation. From the assessment of mental health and psychosocial support (MHPSS) needs of the migrant population -specifically in the MHPSS actions- the importance of strengthening technically the PSS component has been highlighted; together with the importance of having a reference and/or coordinator who can manage, coordinate and develop the PSS approach. In addition to strengthening the capacity of human resources it is

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<sup>7</sup> For more information on the impact of COVID-19 on migrant populations' livelihoods needs, see [the May 2020 IFRC assessment](#).

important to articulate volunteers and staff for the care, strengthen resources and develop capacity of staff and volunteers through the reinforcement of procedures, guidelines, and materials.

The development, implementation, and adaptation of regional documents such as the guide for differentiated health care and psychosocial support and the protocol for care and intervention in mental health and psychosocial support (MHPSS) for migrant populations have contributed to the strengthening of psychosocial orientation in individual and group interventions carried out by the NS. The application of psychological first aid (PFA) is an important tool for the care of the population; however, it is necessary to strengthen the processes of individual and group interventions that promote the integration of the host community and migrant population, thus strengthening support networks and community resilience. Health is a central element of people's well-being, especially mental health due to the high impact generated by the migratory process. Therefore, it reflects the need to identify the population cases that require specialized attention and thus provide comprehensive care to the population.

The inclusion of Mental Health and Psychosocial Support (MHPSS) is an essential element in the health actions for migrants developed by National Societies, both in places of transit, return and in host communities. Therefore, the Movement recognizes this element through the Movement's Policy and Resolution on the care of mental health and psychosocial support needs approved in December 2019 during the 33rd International Conference of the Red Cross and Red Crescent, and with the Road Map for its implementation during the period 2020-2023, which highlights the need to address psychosocial needs in the actions that guide the NS in promoting the well-being of the population. In addition to articulating actions with other components such as PGI and CEA -with the aim of generating strategies for the promotion of mental health and psychosocial support at community level through resources, guidelines, and documents that strengthened the capacity of volunteers and staff-; it is key to generate and develop trainings that promote knowledge and skills in the care of the population and their psychosocial well-being.

The current context has generated challenges for the care of the population in which National Societies have adapted their response not only in a face-to-face way with the protection measures but also in remote or distance care, in which they can provide information and psycho-educate the population in psychosocial issues such as mental health self-care. However, depending on the accessibility, the availability of the service can be a limitation for the population understanding that they do not have the resources to access these services in relation to their basic needs.

**Water, sanitation, and hygiene promotion (WASH):** The migrant community at certain points of their transit has limited access to safe water. It is essential to promote health in the environment by creating healthy environments where the community can follow the protection measures against COVID-19. To this end, it is extremely important to ensure that they have safe water and soap as a minimum, messages reinforcing the proper use of water, as well as resources for handwashing and hygiene education involving the entire community.

Without access to safe water, water distribution points, handwashing points, and soap in the community, basic handwashing hygiene actions are compromised.

Water education and health education are essential approaches to meeting these needs, fostering learning about water and health at the community level. In addition, improving institutional, professional, technical, health and education sector capacities, as well as water sector operators, are key to fostering understanding of cultural aspects of water, sanitation and hygiene to promote health equity.

**Protection, Gender and Inclusion (PGI):** Insecure living conditions, a lack of community ties in host countries, fear of repercussions for being irregular migrants and the lack of official government protection negatively affect migrant populations. Furthermore, children and adolescents (particularly girls, women and unaccompanied youth) are at risk of sexual and gender-based violence (SGBV), unsafe child labour, labour exploitation, loss of educational opportunities, not meeting their age-specific nutritional needs and psychological challenges due to the migrant experience.

All the countries included in this Appeal have significant gaps in providing institutional referral mechanisms for protection issues, especially for migrant survivors of SGBV or other form of violence. Human Trafficking with aims of sexual exploitation, for example, is one of the more prevalent protection risks. It is extremely difficult to identify, however, and there are very few existing referral mechanisms for victims. Referral systems do exist in some countries, but they do not ensure proper protection of the affected population. Instead, these mechanisms tend to be time costly and ineffective. UN agencies, governments and the Red Cross have identified severe challenges with identified cases and their subsequent management. Children and adolescents remain as one of the populations in high situations of vulnerability. The latest regional overview by UNICEF (2019) has shown 72 million of children in Latin America are living in poverty; currently 7 million migrants under 18 years old have been identified on the move. According to this overview, only 6 out of 10 children aged 3 to 4 years old attend Early Child Education and in total 14 million children and adolescents are outside the education system (including migrant children). In terms of protection risks, 4 out of 10 girls aged from 15 to 18 have experienced gender based violence, 1.1 million of adolescent girls from 15 to 19 years old have experienced forced sexual violence during their lives, 1 out of 4 girls are in forced marriages or early unions before their 18 years old.

Among other risks faced by children and adolescents in the region are neglect and abandonment, child labour, forced recruitment by armed groups and child trafficking with the purpose of sexual and/or labour exploitation.

The Report “*Venezuelan Children: between a rock and a hard place*” from World Vision, found during the pandemic the situations of separation between children and their caregivers increased; one in four children were separated from both of their parents during the pandemic and one in three children are living with only one of their parents (due to the other was migrating); the reasons found were: 1) the borders closed and their parent’s journal were stopped in other country; 2) children were in the process of reunification with their parents but had to remain in different countries due to the quarantine; 3) they were separated in the route and the children were accompanied by other relatives.

In terms of Child Protection actions, there is a shortage of safe spaces for unaccompanied children in the region. Even in countries where there are spaces for unaccompanied minors, there is often an adult-centric approach which leaves little room for children’s engagement and participation. Overall, state resources are insufficient to cover the needs of unaccompanied minors, and countries are unable to guarantee protection as a result. ICRC, together with National Societies, are working on addressing cross-border RFL needs of unaccompanied or separated children, as well as services to address other protection needs.

Regarding inclusion, very few organizations are addressing the specific needs of persons with disabilities and LGBTQ persons. Despite efforts from different agencies and organizations in several countries to promote inclusion, informants from the migrant population have noted situations of xenophobia in different social settings such as shelters, schools, workplaces and even on the streets.

There is a gap in providing information regarding protection systems in country, of where and how to report and the protection services available according to each disclosure of violence. In line with the needs presented, even considering the peculiar case of Panama, there is no guarantee of safety on the road; the migrant population reports cases of assault and sexual abuse (9 migrant women have been abused and raped in the last month) according to the last DTM Report of IOM. Moreover, there is a lack of referral mechanisms to monitor the protection needs of persons with specific needs (cases of gender-based violence, unaccompanied and separated minors especially).

The latest UNODC (2020) report<sup>8</sup> “*Impact of the COVID-19 pandemic on trafficking in persons: preliminary findings and messaging based on rapid stocktaking*”, states undocumented migrants and seasonal workers are faced with more precarious working and living conditions, resulting in greater vulnerability to falling prey to criminal networks. In addition, referral mechanisms, which are essential for identification of victims of trafficking and their access to rights, are impacted due to the pandemic and as a result, the identification of victims and subsequent referral to protection schemes becomes more challenging. In-person counselling, representation and assistance, including legal aid, are reduced to a minimum or subjected to lengthy waiting times and backlogs. Consultations, when possible, are offered online, which may introduce further barriers to accessing support. The COVID-19 context has shown a high risk of SEA (sexual exploitation and abuse) which needs to be prevented.

**Migration:** Since the beginning of the operation, the IFRC and the different NSs involved, have constantly monitored the different needs of migrants in the region -in close coordination with the operation in Colombia-. The different flows and the composition of these, as well as the profiles of migrants have changed constantly since 2018.

In general, at all stages of their journey, many migrants face coercion, exploitation and abuse, challenges that are compounded by inadequate support and limited access to essential services. The immediate needs of all persons exposed to physical or psychological danger during their journey—whether by land or by sea, and irrespective of their legal status—must be met, and persons with specific needs should be identified and supported. Without the opportunity to safely access essential services throughout their journeys, the humanitarian needs of migrants cannot be met, contributing to increased suffering and harm, as well as a loss of dignity.

According to the Regional Coordination Platform for the Response for Venezuelans (R4V), co-led by the International Organization for Migration (IOM) and UN High Commissioner for Refugees (UNHCR), until 2015, the region had largely been characterized by high levels of emigration, and neighbouring countries had never experienced migrant inflows at this scale. Since then, receiving countries have largely maintained an “open-door” approach toward Venezuelans, with significant policy innovations allowing many to enter, remain on an interim basis, and receive legal status via existing visa categories and special regularization programs, as well as the reception of requests for asylum.

However, the COVID-19 pandemic that hit the region in early 2020 has added a new layer of complexity. Receiving countries now face the challenge of managing a public-health crisis while also addressing the needs of displaced Venezuelans and the communities in which they live.

<sup>8</sup> [https://www.unodc.org/documents/Advocacy-Section/HTMSS\\_Thematic\\_Brief\\_on\\_COVID-19.pdf](https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf)

Refugees and migrants in the Region are especially vulnerable to coronavirus and other diseases due to high geographic mobility, instability, informal or precarious income, overcrowding, lack of sanitation, and lack of access to decent health care or vaccination programmes, among others.

Furthermore, considering the border closure measures that many countries are taking to prevent the outbreak of the virus, people in vulnerable situations have been especially affected, often even the first to be stigmatized and, eventually, unfairly blamed for the spread of diseases. This includes migrants, who often travel by informal roads, facing associated difficulties, risks and protection issues.

Overall, the coronavirus, as mentioned above, has exacerbated the displacement of Venezuelan also with return flows. Projections of the migration flows had forecasted that, during the 2021 could raise to 8.1 million Venezuelans will have fled the country<sup>9</sup>. The decrease in cross-border flight and a simultaneous increase in returns of those who had previously fled abroad could mean an increase in internal displacement.<sup>10</sup>

**Community Engagement and Accountability:** Lack of trusted and accessible information, spreading of misinformation and rumours and difficulty accessing humanitarian organizations – particularly given the added element of the COVID-19 pandemic – continue to negatively affect migrant populations, especially vulnerable groups. The pandemic greatly impacts migrants at the individual and family level, provoking an increase in different types of violence that affect migrant adults, children and adolescents as well as an increase in stress, anxiety and other mental health concerns.

Given the current needs in ensuring migrant populations get the necessary life-saving information, engagement and empowerment, it is vital that National Societies continue to build trust among migrants and host communities, keep strengthen existing feedback mechanisms to understand and respond to the populations they serve. The challenge will be to find new mechanisms adapted to the current socially distanced context, which are inclusive, culturally relevant, and above all incorporated into all programs. Peru, Ecuador and Trinidad and Tobago have been able to implement digital feedback mechanisms and two-way communication through the implementation of WhatsApp for Business.

While in several cases information is available, it does not reach the target population as there is a need to maximise the use of the right communication channels to talk to migrants. As people are uninformed, they can easily miss out on services and available assistance or be exposed to misinformation that might put them at risk. Given the high ownership of connectivity (79% of people access internet), and phone access (70% of people have access to a mobile phone). Lack of participation is also a concern, as people might not have the opportunity to shape the assistance they receive and thus the aid delivered might not be satisfying actual needs. Increased participation is needed to ensure assistance is provided considering specific needs and preferences of vulnerable groups. Opening channels to listen to the community is also needed as it helps build a relationship of trust with migrants, and ensures channels are available to identify complaints, including serious instances such as sexual exploitation or abuse, fraud and corruption cases.

A rise of discrimination and negative sentiment towards migrants has been observed across the region. As mentioned in previous sections, xenophobic attitudes towards migrants by host communities raises protection concerns, can hinder access to basic services and could impede migrants' abilities to engage in local labour markets. As a result, it is important to consider the need to engage with host communities and ensure activities are put in place to build a positive conversation around migration and facilitate the creation of a more inclusive and peaceful community, especially in countries of destination.

**Communications:** Media coverage remains key to make more and more visible the needs detailed above. COVID-19 has limited media trips to field, and the production of stories that amplify the voices of migrants themselves. Media may help positioning the needs of specific groups (women, girls, boys, people with disabilities), showing migration as the complex and intersectional phenomenon it is. In alliance with CEA and PGI, and by using social media, more transmedia formats and stories co-produced together with the communities, public comms can position Red Cross' actions and boost engagement, confidence, and accountability. Evidence-based stories and journalism can be further developed, as well as multi-country media coverages and alliance with media outlets to guarantee a long-term action to address migration in the region and at international level.

**Disaster Risk Reduction (DRR):** The aim of “Reducing Vulnerability, Enhancing Resilience” reflects that this operation is not just about meeting humanitarian needs and mitigating risk, but also supporting the resilience of migrants by integrating assistance, protection and advocacy in vulnerable areas (especially in disaster prone areas) as a protection measure. The Migrants in Countries in Crisis (MICIC) Guideline 4 refers to the importance of urging states and other stakeholders to have laws, policies, and programs on prevention, preparedness, and emergency response to reduce the impact of crises. Considering the presence of migrants, their vulnerabilities, and their potential needs in prevention, preparedness, and emergency response frameworks (including DRR) can promote resilience in the event of a conflict or natural disaster. Clear laws and policies on migrants' eligibility for different types of assistance in the event of a crisis

9 RMRP 2021 <https://r4v.info/es/documents/details/82927>

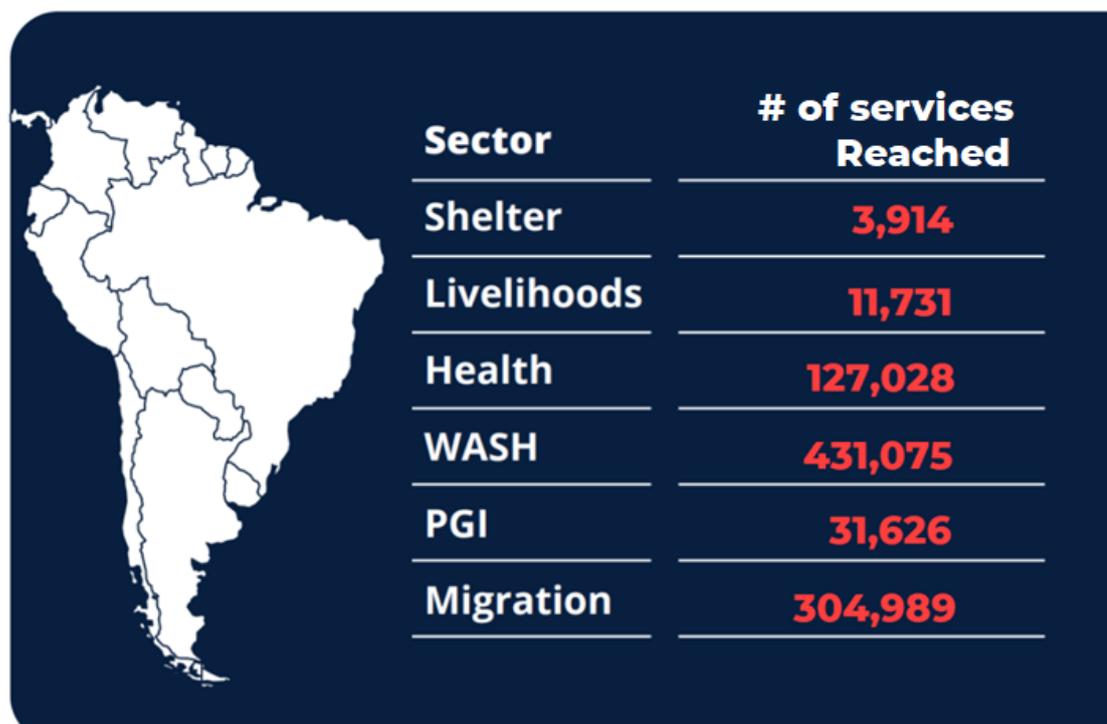
10 <https://reliefweb.int/report/venezuela-bolivarian-republic/impact-covid-19-venezuelan-displacement-crisis>

help promote certainty. The application of vulnerability and capacity assessments and the adaptation of an early warning system and community preparedness actions would be relevant for all the countries impacted by population movement in the region. A capacity building exercise is needed to understand and promote the use of the MICIC guidelines for National Societies and Stakeholders.

### Summary of Red Cross Red Crescent response to date

Nine National Red Cross Societies have been involved in the response since September 2018. See the figure below for a summary of the operation's key achievements through 6 September 2020:<sup>11</sup>

A total of approximately 910,344 services provided through the operation.



Moving forward, the planned **longer-term strategy** for this operation is to evolve the emergency response actions at the country level into regular migration programmes in the National Societies. This would ensure sustainability, as it is likely that the current migration flows and the vulnerability of migrants will continue beyond the timeframe of this operation.<sup>12</sup> The transition process from the Emergency appeal modality to Country Plans is expected to be implemented in different phases that will help transfer the main activities currently led by the Regional Office to a decentralised model to each CCST and/or Country Office. These phases are based on scenarios assessments, integrated programming, based on capacities of each National Society and integration or absorption of sectorial competencies by CCST and NS; in alignment with the IFRC's Plan and Budget.

### Main challenges:

- **Lack of funding** experienced by the IFRC and National Societies as well as partners under the Regional Platform (R4V)
- **Different scales and capacities** per country

<sup>11</sup> It is important to keep in mind that, due to the mobile nature of migrant populations, an individual or family may receive multiple types of attention from a NS along his or her route. As a result, conservative estimates have been used to mitigate potential double counting. See the [24-month update](#) for the operation for a more detailed breakdown of achievements.

<sup>12</sup> The Americas Regional Office, to implement the Migration Regional Plan/Program, has proposed a programmatic model that responds to the different migration scenarios in the region, as well as the specific needs of migrants according to each context. This model has been called the Monarch Butterfly Program (or Americas Migration Program - IFRC).

- Need to **continue integrating migration, protection, gender and inclusion, and community engagement approaches** across National Societies' interventions.

See further details of the operational analysis in the revised **Emergency Plan of Action** including scenarios and risk analysis.

### Coordination and partnerships

Considering the current migration context, the IFRC Regional Office for the Americas formed a **Migration Coordination Cell** composed of experts from the IFRC whose mission is to assess the situation and support the implementation of active emergency operations in the region. From this perspective, the **Migration Coordination Cell** is expected not only to address matters related to Venezuela, but also to contribute to advancing more regional planning related to migration.

To achieve its objective, the **Migration Coordination Cell** operates on interrelated fronts:

- Help the National Societies to respond operationally to the crisis in migration corridors.
- Provide technical advice, including on new Red Cross Movement intervention areas.
- Provide expanded support to ensure that policies, advocacy actions and communication campaigns align with regional advocacy strategies related to the Toluca Declaration.<sup>13</sup>
- Establish an integrated information system.
- Cross-border monitoring of population movement trends.

In addition, monthly coordination spaces have been set up with the National Societies working under this regional appeal. The regional operation also coordinates spaces for collaboration and learning sharing with the Emergency Appeal operations in [Colombia](#) and [Venezuela](#).

The IFRC is committed to coordinating all partnership meetings, as per the National Societies' mandate, and organizes regular online conferences to ensure continuous exchange of information within the Movement. The IFRC also coordinates with the German Red Cross, Italian Red Cross and Spanish Red Cross, who are implementing bilateral migration response actions in Colombia, Ecuador and Peru. The Netherlands Red Cross maintains coordination through the IFRC's Americas Regional Office.

The IFRC also coordinates closely with the ICRC delegations and regional delegations in the Americas and at its headquarters in Geneva, which collectively cover migrants' entire migratory journey. The ICRC, due to its well-established expertise and long-standing experience in Protection and Restoring Family Links, is increasing its support to the affected National Societies along the migratory routes.

A steering Committee and Project Team were established beginning of 2020 as an initiative that brings together the different actors of the Movement in the region (IFRC, ICRC, PNSs in the region and NSs) for the collective construction of a regional plan for the response to Venezuelan migration that seeks to harmonize the efforts of each component for 36 months, thus establishing a coordination model to provide a programmatic offer to the humanitarian challenges of the Venezuelan migration.

The Movement coordinates with the IOM, UNHCR, and other UN system agencies and NGOs that participate in the Regional Platform of Interagency Coordination. This platform has currently 43 participants, including the Red Cross Red Crescent Movement, 17 UN agencies, 17 NGOs, five donors, and two international financial institutions.<sup>14</sup> The platform, established by UNHCR and IOM in April 2018, organizes and synchronizes the response to migrant persons and refugees from Venezuela at the regional level. Dedicated national coordination platforms are already in place in Brazil, Colombia, Ecuador, Peru, Costa Rica and Panama; inter-agency coordination also is ongoing in the Caribbean, Central America and Mexico and Southern Cone. In addition, the IFRC through existing global agreements has maintained bilateral coordination with UN agencies in the target countries.

### COVID-19 Response

<sup>13</sup> Toluca Declaration establishes the Movement's regional priorities for the response to the humanitarian needs of migrants in the region. It was adopted by the International Red Cross and Red Crescent Movement components in the Americas in November 2016.

<sup>14</sup> Regional Response Plan for Refugees and Migrants. January – December 2019 URL: <https://r4v.info/es/documents/download/68669>

As of 11 December 2020, according to the World Health Organization the Americas Region has reported 29,467,378 confirmed cases of COVID-19, including 766,717 deaths. Refugees and IDPs have faced a significant burden of COVID-19, including due to the collapse in informal sector work following movement restrictions. The National Societies of the Region have taken an active role in COVID-19 prevention and response, having reached more than 6,804,852 people with risk communication and community engagement (RCCE) and health and hygiene promotion activities related to COVID-19, etc.

On 31 January 2020, IFRC launched a global [Emergency Appeal](#) (further revised in February, March and May 2020) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 outbreak with three IFRC wide operational priorities:

- Preventing transmission and reducing the health impacts through health and WASH interventions.
- Reducing the socio-economic impact; and
- Strengthening National Societies.

The Emergency Appeal focusses on ensuring the implementation of effective and relevant activities to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies are playing a strong role in supporting national COVID-19 response focused on preventing and suppression transmission of the virus. Focus is also given to supporting National Societies to maintain critical service provision to people affected by humanitarian crises through new and ongoing Emergency Appeals while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision.

As such, the National Societies actions' dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and build upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO) launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response.

The strategies envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside of this emergency appeal is available on the COVID-19 operation [GO Platform page](#).

## Proposed Areas for intervention

**Overall goal:** Provide urgent and immediate assistance and protection in a coordinated manner to people traveling along migratory routes, at migration points and at their destination.

Moving forward, National Societies need to adapt their response to a more durable and sustainable approach. In doing so, decision makers in each NS will require technical advice to transition from an emergency response approach to an integrated mid- to long-term sustainable programmatic approach.

The operation integrates the three core cross-cutting approaches of **Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability (CEA)** in the provision of humanitarian aid. The main sectors of intervention are:

- Shelter
- Livelihoods and basic needs
- Health
- WASH

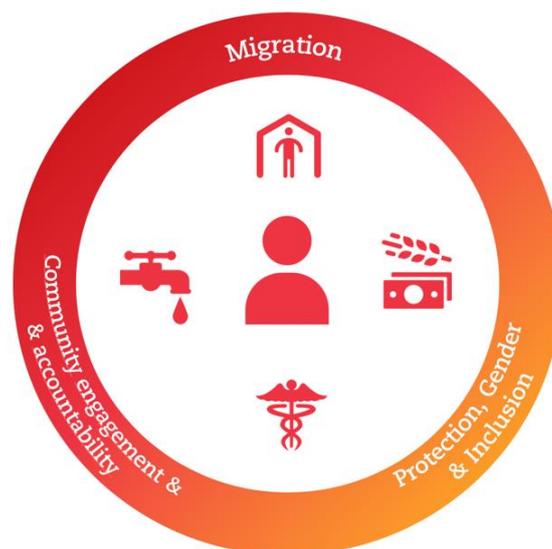
The regional emergency appeal combines operational support, coordination and preparedness to respond to the massive and continuous movement of people from Venezuela and several other countries in the Americas.

The appeal has a strong component in the capacity strengthening of National Societies, particularly as many of them are only recently engaging in work with people on the move. Due to the demand at the branch level, especially in border areas, a high need has been identified in response capacity, institutional strengthening and organizational development.

The implementation strategy supports volunteers' capacities to respond, but concurrently contributes to existing migration strategies to ensure longer term engagement of National Societies.

The operation will continue to target migrants according to their profile (in transit, commuters, long-term) and host communities, and their specific needs in the operation's lines of intervention. Particular focus will be given to those who are experiencing severe difficulties in terms of accessing public services. Assistance will continue to be provided to the people in the situations of highest vulnerability during the migratory route; passage and forced stay in border areas; immediately upon arrival in host countries; and in settlements in host countries.

**Revision in the target population figures:** Based on the updated information from National Societies' plans of actions more conservative figures of vulnerable people to be reached are integrated in this revision. This is a result of the constant changes in the migration flows and the fact that the main target population is mobile. The regular estimates of average number of family members per household are not applicable or available for the current vulnerable groups. However, people passing through migration assistance points often use more than one service or receive multiple services from the Red Cross in different transit countries.



## Areas of Focus



### Shelter

People targeted: 25,925 people<sup>15</sup>  
Requirements (CHF): 865,000

#### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Bolivia	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
400 people	500 people	N/A <sup>16</sup>	1,876 people	6,549 people	200 people	13,900 people	2,000 people	N/A	400 people

**Outcome 1: The migrant population restores and strengthens its safety, well-being and short, medium and longer-term recovery through shelter and settlement solutions.**

**Output 1.1:** Migrants have received assistance to cover their basic and short-term shelter needs

- Conduct needs assessments in border areas and assistance points to identify priority shelter needs
- Procurement and distribution of shelter assistance and related household items (HH items) for migrants
- Provide assisted people with the awareness raising and technical knowledge, appropriate to the shelter support they receive (information, education and communications [IEC] materials, campaigns, etc.)
- Participation in relevant shelter and settlements coordination platforms
- Monitoring and evaluation activities

**Output 1.2:** Migrants have received assistance to cover their mid-term shelter needs.

- Develop guidelines for cash for rent program
- Camp Coordination and Camp Management capacity building
- Complete feasibility study (linked with feasibility study of livelihoods and basic needs component) for rent-support
- Identification and selection of target populations
- Coordination with authorities and other stakeholders
- Implementation of cash-based intervention for rent-support using CEA approach
- Monitoring use of cash-based interventions for rental assistance
- Improve security of tenure through the identification (mapping) and promotion of the legal instruments that allow migrants without a defined legal status to access secured tenure
- Assessment of security tenure status for shelter response

**Output 1.3:** Migrants have received assistance to cover their long-term shelter needs

- Development of long-term support strategies for migrant shelter assistance
- Shelter Regional Training for long-term recovery with the NS

<sup>15</sup> Some interventions have a target number of families planned per country, while the overall target per country is based on limited information regarding the average number of family members per migrant household. In this planning stage, only the head of household has been calculated.

<sup>16</sup> If a NS is not conducting actions in a sector, no population target is reflected for that country.



## Livelihoods and basic needs

People targeted: 92,678 people<sup>17</sup>  
Requirements (CHF): 2,265,000

### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Bolivia	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
2,350 people	2,800 people	50,612 people	4,076 people	17,712 people	N/A	8,000 people	6,384 people	75 people	669 people

### Outcome 2: The target population, especially in disaster and crisis affected areas, restores and strengthens its livelihoods

**Output 2.1:** Households are provided with unconditional/multi-purpose, or conditional cash grants to address their basic needs

- Identify the migrant population's most acute needs
- Develop a cash and voucher assistance (CVA) feasibility study (essential needs including shelter needs).
- Implementation of cash programme to cover essential needs (distributions of cash and debit cards,).
- Post-distribution monitoring of CVA

**Output 2.2:** Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods). *Assess the impact of the crisis on the migrant population's livelihoods during transit and at their destination (change in productive assets, access to food, level of income and expenditure, coping strategies)*

- Identify and prioritize livelihoods interventions to address the migrant population's needs, considering its existing capacities and priorities and other planned interventions (governments or other actors)
- Disseminate livelihoods regional strategy
- Training of Trainers (ToT) for National Society volunteers and staff and subsequent Livelihoods Programming Course (level 1\_LPC); for that purpose, a specific migration case study to guide both training courses will be developed
- People in need identification and selection with the National Societies
- Asset replacement or provisioning to support the recovery of livelihoods (in-kind or through CVA)
- Vocational training for insertion into the local labour market
- Monitoring and evaluation
- Technical assistance to National Societies for the strategic transition of emergency and recovery actions (basic needs and replacement of assets) to social inclusion livelihoods programmes
- Distribution of nutritional kits

<sup>17</sup> In this case, as well as other Areas of Focus below, the figure of people targeted is an estimate of the lowest number of people to be reached in the sector. In order to avoid double counting of the number of people reached, the sector-specific figure for people targeted is not a total amount of all indicators.



## Health

People targeted: 171,655 people<sup>18</sup>  
Requirements (CHF): 2,330,000

### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Bolivia	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
33,500 people	5,400 people	9,356 people	2,197 people	84,478 people	853 people	18,546 people	14,243 people	2,049 people	1,033 people

### Outcome 3: The immediate risks to the health of affected populations are reduced.

**Output 3.1:** The target population is provided with rapid medical management of injuries and diseases.

- Provision of first aid and basic health care to migrant populations along their migratory route through mobile or fixed health posts
- Implementation of community health and information days
- Coordination of activities with national Ministries of Health
- Support for the National Societies providing basic health care
- Implementation of Community-Based Health and First Aid (CBHFA) approach, including CBHFA Training of Trainers
- Health promotion services
- Provision of basic sexual and reproductive health services
- Hiring of medical personal to ensure service delivery (doctors, nurses and technicians)
- Feasibility study to identify CVA for medical assistance
- Identification and implementation of referral and counter-referral systems.
- Procurement of first aid kits, automated external defibrillators (AED) and inputs for trainings
- First aid training for vulnerable migrants
- Distribution of personal First Aid kits for vulnerable population
- Provision of information and prevention measures on HIV/AIDS and tuberculosis (TB)
- Promotion and support of vaccination campaigns for migrants
- CVA for medical assistance and purchase of medicines
- Adaptation and distribution of informational materials on health promotion and disease prevention adapted to the differentiated needs of migrant groups

**Output 3.2:** Psychosocial support (PSS) provided to the target population

- Adaptation and printing of informational materials per country
- Hiring of psychologist to support PSS actions where additional capacity is needed
- PSS training for volunteers
- Provision of PSS to affected people
- PSS through recreational activities in child-friendly spaces (linked with activities in PGI)

<sup>18</sup> See footnote 15.



## Water, sanitation and hygiene

People targeted: 542,996 people  
Requirements (CHF): 1,070,000

### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Boliva	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
N/A	26,400 people	69,161 people	4,848 people	51,415 people	1,000 people	47,075 people	341,821 people	575 people	701 people

**Outcome 4: Vulnerable populations have increased access to appropriate and sustainable water, sanitation and hygiene services.**

**Output 4.1:** The National Societies provide migrants in border areas with increased access to safe water, sanitation and promote positive behavioural changes for improved hygiene practices in target population.

- Initial assessments and monitoring
- Procurement of inputs for and maintenance of hydration points, showers and bathrooms in migrant assistance points
- Provision of safe water to migrants at border points
- Construction of toilets
- Procurement and distribution of hygiene kits
- Adaptation per country and printing of hygiene promotion brochures
- Dissemination of key hygiene promotion messages
- Delivery of differentiated personal hygiene kits



## Protection, Gender and Inclusion

People targeted: 52,601 people  
Requirements (CHF): 310,000

### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Bolivia	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
1,231 people	N/A	24,253 people	1,115 people	3,039 people	500 people	21,163 people	200 people	600 people	500 people

**Outcome 5: National Societies, in coordination with communities, identify and address the distinct needs of the most vulnerable and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other infringement of their human rights.**

**Output 5.1:** National Society interventions improve equitable access to basic services, considering different needs based on gender and other diversity factors.

- Assessment of differentiated needs of the target population based on the IFRC Minimum Standards for PGI in emergencies and the IFRC Migration Policy

- Technical support to sectorial field teams on the inclusion of measures to address vulnerabilities specific to gender and diversity factors (implementation of the PGI Toolbox and PGI emergency procedures).
- PGI Workshops (Basic Seven Moves Training which also includes MSC of PGI, PSEA, SGBV/ New Masculinities, Child protection, Trafficking and other protection risks in migration) including RC staff and volunteers, and migrants.
- Distribution of dignity kits.
- Development of IEC PGI Materials (nonviolence, safe referrals, self-care, protection risks)
- Development of internal safeguarding mechanisms related to PGI and Migration (PGI Strategy)
- Campaign on integration, inclusion and anti-xenophobia
- National Study (PGI Rapid Assessment and Research) on migratory trends related to Domestic Violence and GBV

**Output 5.2:** Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence, especially against children.

- Support sectorial teams on the inclusion of measures to address vulnerabilities specific to child protection (Child Protection guidelines and on issues of SGBV)
- Support provided to National Societies for the incorporation of a programmatic approaches on prevention and response of trafficking of persons on the move.
- Support provided to National Society Societies for the use and implementation of the Guidance Note and Toolbox for Child Friendly Spaces for Children on the Move and the implementation of the children on the move position paper.
- Provision of safe-spaces for children in assistance points for migrants
- Materials for safe-spaces for children
- Development of microprojects for social inclusion (including training for volunteers to lead these projects with the migrants and host communities)
- Support to victims/survivors of SGBV (through provision of information, PSS, safe referrals, etc.) supported by PSS staff.
- Community micro-projects in prioritized areas (assessment, surveys, training)

**Output 5.3:** Sensitization activities are conducted with host communities to reduce discrimination and xenophobia

- Activities to assess perceptions towards the migrant population.
- Communications / community campaigns and activities in host communities, informed by CEA approaches, developed to help mitigate gender-based violence and xenophobia



## Migration

People targeted: 488,325 people<sup>19</sup>  
Requirements (CHF): 2,450,000

### Proposed intervention

#### Targets per country for this Area of Focus:

Argentina	Bolivia	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad & Tobago	Uruguay
9,635 people	2,400 people	114,912 people	8,000 people	305,158 people	500 people	23,697 people	18,504 people	1,519 people	4,000 people

**Outcome 6: The migrant population receives comprehensive assistance and protection according to the stage of their migratory journey through the National Societies' branch network**

<sup>19</sup> See footnote 15.

**Output 6.1:** Assistance and protection services are provided and promoted to migrants and their families through collaboration with local and national authorities, as well as in collaboration with other relevant organizations.

- Referral systems, including materials, for appropriate mechanisms (asylum system, SGBV and child protection networks and human trafficking support centres)
- Referral system, including materials, for legal guidance council, access to protection system with authorities and other humanitarian actors
- Development of a technical model and establishment of Humanitarian Service Points in countries of origin and destination countries (in National Societies' offices) to promote informed decisions before departure
- Focus Groups / surveys with target population to identify emerging needs and cross border trends.
- Systematize NSs' good practices on attention to migrants' specific vulnerabilities

**Output 6.2:** Comprehensive care points in receiving areas and host communities are established through the branch network.

- Provision of individual counselling service at Red Cross care points (mobile and branch offices), including information and advice on services, legal advice, etc.
- Provide migrants with passage (transportation) through countries of transit
- Procurement and set up of RFL kits in branches located along the migratory route and location with high concentrations of new migrants
- Activation of volunteers trained in RFL
- Provide electrical power to charge mobile phones and data systems (Wi-Fi), especially in border areas
- Provision of RFL services (messages, calls, access to the platform) are supported in each National Society
- Deliver topped-up subscriber identification module (SIM) cards to migrants in transit (Data Protection Risk Assessment before providing SIM Cards)

**Output 6.3:** The target population receives services for the digitalization and protection of their documents and information.

- Delivery of universal serial bus (USB) wristbands containing digitized relevant information such as diplomas or other legal documents
- Delivery of folders or boxes to keep documents if required

**Output 6.4:** Migrants, transit and host communities access key information and are engaged in decision making processes that contributes to reducing their vulnerability and foster social inclusion.

- Adaptation and printing of materials with self-care messaging and services along the migratory route
- WhatsApp or other information tool project is adapted to this response context and rolled out and promoted through digital and offline activities in selected countries
- Mechanisms are put in place and channels activated so that feedback is collected and can be used to inform operational decisions and CEA approaches
- Feedback systems are established with host and transit communities so that they can inform programming
- Development of preparedness materials based on host community feedback
- Establish rumour-tracking, feedback mechanisms and mapping of referral mechanisms for protection issues
- CEA training for volunteers
- Development of anti-stigma and anti-discrimination campaign



## Disaster Risk Reduction

People targeted: N/A<sup>20</sup>  
Requirements (CHF): 20,000

### Proposed intervention

**Outcome 7: Migrant and host Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.**

<sup>20</sup> The Disaster Risk Reduction area of focus will target a percentage of migrants and host communities.

**Output 7.1:** Assistance and protection services are provided and promoted to migrants and their families to take active steps to strengthen their preparedness for timely and effective disaster response and increase their resilience to disaster.

- Distribution of family disaster preparedness guides in host communities
- Elaboration of local preparedness and contingency plans assisting migrants” in current DRR / Contingency Planning and Surge / Response training
- Development of key messages on DRR for migrants in transit and destination countries

**Output 7.2:** Capacity Building of National Societies on Community Resilience & Disaster Risk Reduction Tools to develop a comprehensive approach to disaster risk management in the migration context.

- Elaboration of printing materials on DRR and preparedness measure

## Strategies for Implementation

**Requirements (CHF): 5,390,000**

Additional investments will focus on National Societies capacity strengthening in areas central to this Emergency Appeal operation, as well as ensuring that the IFRC can effectively support the National Societies to ensure their implementation of the planned activities.

**Community Engagement and Accountability:** Systematic engagement with communities is key to responding to the needs of the affected population and host communities. The objective of the strategy is to ensure migrants and host communities have access to crucial information and their feedback is used to take operational decisions and shape activities to counter xenophobia and discrimination. In this context, information and the establishment of inclusive feedback mechanisms for people on the move, as well as host and transit communities, will be key. To implement these activities training will be provided to strengthen National Society’s capacities in the area, and increasingly institutionalize CEA at countries and regional level.

**National Society capacity building and organizational development:** Technical support and capacity building will be provided to nine National Societies’ volunteers and staff so they can be better prepared to address sectorial needs and be prepared to respond in the context of migration. Operational and management trainings will be implemented at all levels of each National Society. By the end of the operation, it is expected that National Societies have retained and increased the number of volunteers and professional staff in target area and have enhanced their institutional sustainability. Technical support will be provided in the development of long-term migration strategies in the National Societies where this is a new focus.

Training for volunteers in National Societies have been conducted, and others are planned in different areas of focus: livelihoods, health, WASH, as well as in NFI distribution (for different sectors). However, an essential focus of these trainings is **migration; protection gender and inclusion;** and **community engagement and accountability.** Moreover, support will be provided to National Societies regarding preparedness and response systems (or adaptation of systems) for human mobility crisis management.

- Elaboration of local preparedness and contingency plans assisting migrants” in current DRR / Contingency Planning and Surge / Response training
- Elaboration of a mapping of participating National Societies to identify in which stage of PER they are at the moment
- Based on the PER mapping developed, initiate/continue PER process with interested NSs
- Support the development of NS PER Plans of Action

This revised Emergency Appeal integrates costs related to insurance, protection, and visibility materials for Red Cross volunteers. As volunteers witness the challenging conditions and are receptive to the experiences of migrants throughout their route, psychosocial support that includes emotional discharge after activities is needed. The topics of

population and protection will be incorporated into regional intervention team (RIT) and national intervention team (NIT) curricula.

Actions are planned to support National Society's community-based actions to enhance resilience in host communities and enable the integration of migrants, as well as the creation and updating of contingency plans for migration and population issues.

The IFRC office in the Americas coordinates with regional United Nations agencies and other relevant stakeholders, as well as disseminates key findings of evaluations, operational research, case studies and experiences to promote learning and the positioning of National Societies. National Societies and the IFRC will participate in internal and external media and public forums to raise awareness of population movement issues and contribute to building partnerships and maintaining information exchange with external actors.

**Human resources:** In addition to volunteers, the National Societies also require available personnel to implement activities. At the local level in the field, this includes medical personal (doctors and nurses), administrative and finance teams, drivers, project and field coordinators, as well as specialized staff in migration, PGI, and CEA. Contingent on funds, the operation will partially or fully cover these positions. As part of the structure of the Migration Coordination Cell, this Emergency Appeal funds the coordinator and specialists in migration, CEA, Planning, Monitoring, Evaluation and Reporting, Finance and Information Management. Depending on the availability of funds, there will be PGI, communications and liaison officers in the various IFRC offices for monitoring.

**Communications:** The IFRC's Communications unit conducts digital monitoring on migration in social media across the region. National Societies and the IFRC engage in constant use of social media to extend the scope of their messages. Between January and March 2019, National Societies and the IFRC have published 11 notes, 98 Twitter tweets, 45 Instagram posts and 51 Facebook posts to raise awareness and advocate on the humanitarian needs migrants face, as well as to bring visibility to RCRC Movement actions. The IFRC's Communications unit will continue providing technical support to National Societies and contribute to increasing visibility of their humanitarian efforts.

**Information Management (IM):** Surge support in IM has been deployed from the Spanish Red Cross. Based on the needs of the operation, this support has established information management and data collection mechanisms for National Societies. The IM work is aligned with and builds upon an IM system being developed as part of the Colombia Population Movement Emergency Appeal (MDRCO014). The IM surge focal point supported the Peruvian Red Cross to develop their current dashboard, and a regional dashboard that will report on National Societies activities in this operation is currently under development.

**Planning, Monitoring, Reporting and Evaluation:** The regional migration appeal has a Monitoring and Evaluation plan, which is available upon request in Spanish and English. Each National Society has updated their plans of action and targets in alignment with regional indicators. An interim evaluation and a final evaluation are planned, in addition to lessons learned exercises.

**Logistics and Supply Chain:** Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites, in accordance with the operation needs and aligned to IFRC's logistics standards, processes and procedures.

The operation supply chain will be planned according to the upcoming requirements and through field experts. Initially, the stock will be held at the IFRC's new facilities in the Regional logistics Hub for Humanitarian Assistance in Panama or in the sub-regional warehouses, for posterior export coordination to the target countries. The IFRC will support the technical areas in the creation of new kits for migration purposes.

## Funding requirements

International Federation of Red Cross and Red Crescent Societies

### EMERGENCY APPEAL

#### *MDR42004 - Regional - Population Movement*

#### *Funding requirements - summary*

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	20,000
SHELTER	865,000
LIVELIHOODS AND BASIC NEEDS	2,265,000
HEALTH	2,330,000
WATER, SANITATION AND HYGIENE	1,070,000
PROTECTION, GENDER AND INCLUSION	310,000
MIGRATION	2,450,000
STRENGTHEN NATIONAL SOCIETIES	2,240,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	2,910,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	235,000
ENSURE A STRONG IFRC	5,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>14,700,000</b>

**Jagan Chapagain**  
Secretary General

## Reference documents

Click here for:

- [Previous Appeals and updates](#)
- Emergency Plan of Action (EPoA), upon request

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

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## How we work

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

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



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



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



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