

www.ifrc.org  
Saving lives,  
changing minds.

## 36-month Operation Update

### Colombia: Population Movement



<b>Emergency appeal n° MDRCO014</b>	<b>Operation update n° 5</b>
<b>Date of issue:</b> 19 May 2021	<b>Timeframe covered by this update:</b> 15 March 2018 to 31 March 2021
<b>Operation start date:</b> 15 March 2018	<b>Operation timeframe:</b> 15 March 2018 to 30 June 2020
<b>Funding requirements: 10,000,000 Swiss francs (CHF)</b>	<b>DREF amount initially allocated:</b> 328,817 CHF
<b>N° of people assisted:</b> 274,303	<a href="#">Donor response</a> as of publication date.
<b>Host National Society presence:</b> 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.	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> 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.	
<b>Donors to this Emergency Appeal</b> <b>Movement partners:</b> 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, Canadian Red Cross Society (from Canadian Government) and Netherlands Red Cross (from Netherlands Government). <b>Donors:</b> European Investment Bank Institute, The United States Government – USAID/OFDA, Western Union Foundation, Italian Government Bilateral Emergency Fund and online donations.	
<b>Other partner organizations actively involved in the operation:</b> National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), <i>Migración Colombia</i> (Colombia Migration Authority), 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 operation is close to finalizing, and actions are underway to transfer to migration programming as part of the CRCS's actions and the IFRC Operational Plan 2021. Given the continued demand for humanitarian support to people on the move within and across borders, and migrants who have settled in Colombia, combined with the forecasts that indicate that migration flows will not decrease in the medium term despite the COVID-19 pandemic.

Medical units have provided 317,177 health care services. Apart from standard primary health care, 98,857 community services were provided to children, adolescents, and adults. Friendly spaces have provided safety to 70,890 migrants in situations of extreme vulnerability such as children, nursing mothers and pregnant women, and members of the LGBTIQ community. Through Restoring Family Links (RFL) actions, 23,118 people were able to re-establish and maintain contact with their loved ones. Thousands more received hygiene kits, bedding kits, and food kits. In total, 602,288 services were provided, in addition to an estimated 588,732 people who used the hydration points to access safe water.

The 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 nearly 81 per cent coverage of the current budget has been financed, and despite the finalization of the Appeal in June 2021, further funding to support new projects and programs that assist the migrants are required and planned. The IFRC kindly encourages increased donor support the transition of the activities and the actions initiated in the appeal to a programmatic response within the IFRC Colombia Operational Plan 2021, which include actions to ensure their sustainability after the operation ends and the provision of assistance to the projected increase needs of the migrants for 2021-2022.

<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 (MDRCCO13) is launched for 236,295 Swiss francs.
- **October 2017:** The volume of the migratory flow continues, prompting a six-month extension to the operation. Coverage and resources to the DREF are increased to 297,157 Swiss francs with 231,836 people reached in 2017. The [final report](#) is published in 2018.
- **February 2018:** The Colombian government expresses its willingness to receive international support, with the State's National Unit for Disaster Risk Management (UNGRD) requesting complementary support from the CRCS.
- **March 2018:** The IFRC launches an [Emergency Appeal](#) for 2.2 million Swiss francs to assist 120,000 people for 12 months.
- **April 2018:** The IFRC issues the [first revision of the Emergency Appeal](#) seeking 2.5 million Swiss francs to assist 120,000 people, including an increased budget to expand coverage of the protection and migration activities.
- **July 2018:** [Operations update n°1](#) issued.
- **August 2018:** The number of people migrating increases, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Emergency Appeal](#) for 4,890,382 Swiss francs to expand the scope of health activities.
- **September 2018:** [Operations update n°2](#) issued.
- **February 2019:** [Six-month update](#) issued.
- **May 2019:** [12-month update](#) issued.
- **August 2019:** [third revision of the Emergency Appeal](#) issued for 6,591,8634 Swiss francs with an extension until June 2020.



- **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.
- **September 2020:** [fourth revision of the Emergency Appeal](#) issued for 9,963,754 Swiss francs with an addition of outputs until June 2021.
- **October 2020:** [30-month update](#) issued.

## A. SITUATION ANALYSIS

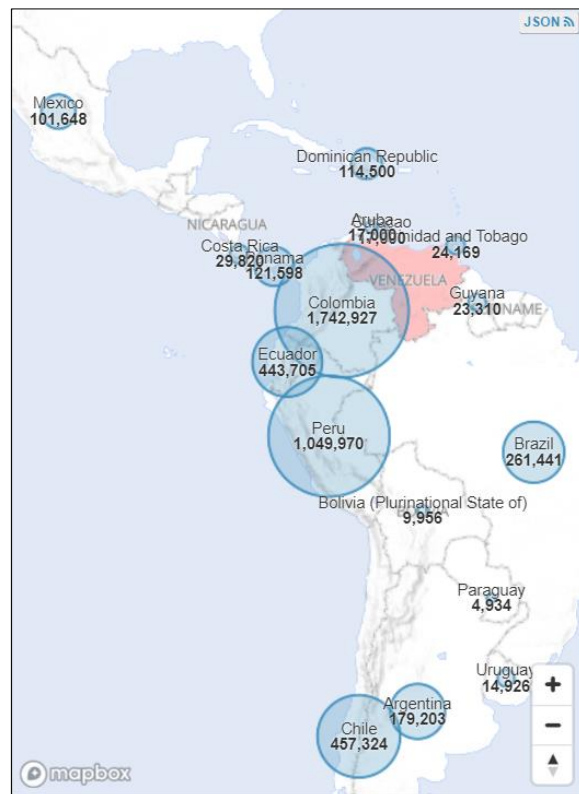
### Description of the disaster

Colombia continues to be the number one receptor of Venezuelan migrants, with [1.7 million](#) (35%), representing 3,7% of Colombia's total population and is slightly more than its indigenous population. Since July 2020, the estimated [number of irregular](#) Venezuelans in Colombia surpassed the number of regular. As of December 2020, 56% of the Venezuelan migrants in Colombia had an irregular status. This amounts to more than [983,000](#).

As of February 2021, there are [5.6 million](#) Venezuelan migrants globally the world, with [4.6 million](#) (85%) in Latin America and the Caribbean alone. 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. Still many others choose to travel north, crossing from Colombia into Panama through the Darien Gap on their way to North America.<sup>1</sup>

In 2019 the [Brookings Institute](#) forecast that the continuous trajectory of this migration would make the Venezuelan population movement the largest and most underfunded refugee crisis in modern history. COVID-19 has aggravated this prognosis. Although migrants first responded to Covid by returning to Venezuela, the recent trajectories clearly show their return to Colombia and other final destinations. However, this new wave has been made even more hazardous by the augmented health risks associated with the pandemic and the increasing mobility restrictions that this situation has generated.

According to IFRC's global report "[Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic](#)" 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



Map 1: Number of Venezuelan migrants in Latin America as of 5 March 2021. Source: [R4V](#) March 2021. See: [R4V](#)

<sup>1</sup> The term "migrants" is deliberately broad and includes refugees, asylum seekers and/or stateless persons entitled to special protection under international law.

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.

In 2015, when the population movement from Venezuela began, the Colombian Red Cross Society (CRCS) did not have an established program to reach migrants with humanitarian aid. As this program was formalized in 2019, the Emergency Appeal operation has been a fast-paced knowledge lab for the CRCS and all Movement partners supporting the National Society with technical assistance and other resources. In this context, this operation is providing the CRCS and IFRC in Colombia with critical insights to reflect upon and adjust their operational models, objectives, and outputs.

In [February 2021](#), the president of Colombia announced the Government of Colombia's plan for a temporary Protection Statute, a series of initiatives aiming at formalizing all irregular Venezuelan migrants in Colombia and granting them the opportunity to full access to health and education services, as well as the legal status to enter the job market. Migrants covered under this legislation will have ten years to obtain a resident visa. The international community has widely welcomed this initiative.

## Summary of current response

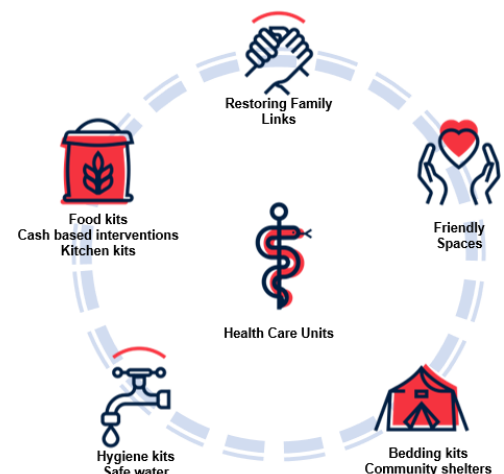
### Overview of Host National Society<sup>2</sup>

For the past 36 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. In parallel the IFRC country office has worked on three concurrent emergency operations: one DREF to curtail the humanitarian impact of hurricane IOTA in San Andrés, Providencia and Cartagena, one DREF that uses forecast based financing and an Emergency Appeal to channel international donor funds to provide critical medical infrastructure for the COVID-19 pandemic.

### Health Care Units (HCU)

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. Apart from the services provided at the five HCUs, this Emergency Appeal also is financing medical teams in Maicao, Rumichaca and Cucuta. As of April 2021, a new service point was set up in Casanare.

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



<sup>2</sup> 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.

address humanitarian needs (Puerto Carreño and La Hormiga). In both contexts, HCUs provide primary health care, as well as complementary services in shelter; basic needs; WASH; and protection, gender and inclusion (PGI). The complete operational strategy can be found in the [30-months Operations Update](#).

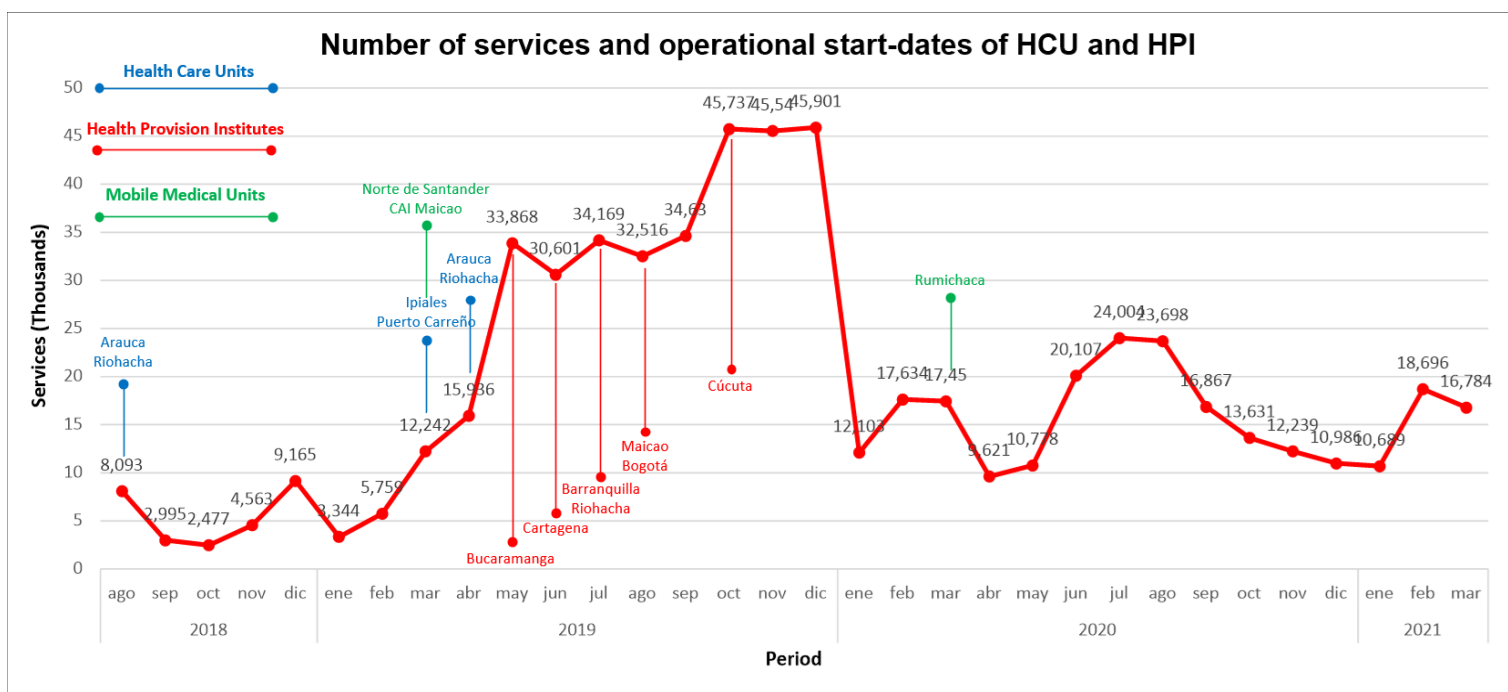
As of January 2021, the Arauca and Riohacha teams were reduced to a medical doctor, a nurse, and a nurse assistant. This decision was taken jointly with the CRCS and the American Red Cross to an additional medical team with five to seven professionals plus volunteers in these locations. In practice, the medical teams funded by this Appeal in Arauca and Riohacha have become mobile units that reach out to migrants and host communities in distant areas. This service has maintained the number of people reached even though the number of migrants in Colombia is decreasing.

### Health Providing Institutes (HPI)








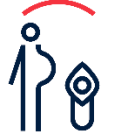







HPI were points of care affiliated with the country's general healthcare system. This model provided services in urban centres where migrants have settled and are able to receive continuous medical treatment. According to Colombian regulations, it offered a higher level of care than the HCU (services classified as low and medium complexity) and included laboratory tests. HPI operated throughout the second semester of 2019 up until 31 December 2019.

### Progress towards outcomes

The graph below shows the number of health services provided during the 36 months of this operation. The graph also indicates the months in which each HCU and HPI started its actions.



## Operational achievements (as of 31 March 2021)

 <b>602,288</b> Total services provided	 <b>71,885</b> People reached with basic needs and improved livelihoods	 <b>7,672</b> Bedding kits distributed	 <b>317,177</b> Health care services provided	 <b>98,857</b> Psychosocial support services
 <b>6</b> Water distribution points	 <b>50,243</b> Individual hygiene kits distributed	 <b>6,570</b> Dignity kits to children, adolescents and pregnant women	 <b>73</b> People reached in orientation helpdesks	 <b>7</b> Health Providing Institutes
 <b>70,890</b> People reached in friendly spaces	 <b>4</b> Sites with Restoring Family Links services	 <b>1,585,758</b> Litres of safe water distributed	 <b>66,047</b> People sensitized against xenophobia or discrimination	 <b>1</b> Protection project for pendular migrant children in school

### Overview of Red Cross Red Crescent Movement in country

The IFRC, through its technical office in Colombia, Americas Regional Office (ARO) in Panama and the Country Cluster Support Team (CCST) office for the Andean countries in Lima, has mobilized personnel to guide and reinforce diverse aspects of this operation. The following table, preceded by its key, provides information on the actions of the different Movement components in Colombia:

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

### Movement partners supporting CRCS work on Migration

Dept	City	Mov Partner	Services														
			FA	MC	N	PSS	DH	WASH	FSec	N-FK	Or	RFL	FS	NS	LH	CTP	
Arauca	Saravena	ICRC										X	X				
	Arauca	IFRC	X	X	X	X			X		X	X	X	X			
	Arauca	GRC							X								
	Arauca	AmCross	X	X	X	X						X	X				
Atlántico	Barranquilla	ICRC											X				
	Barranquilla	GRC	X	X	X	X	X										
	Barranquilla	IFRC	X	X	X												
Boyacá	Tunja	SRC	X	X	X	X					X		X		X		X
Bolivar	Cartagena	IFRC	X	X	X												
Casanare	Yopal	ICRC										X	X				
Cun/marca	Soacha	IFRC	X	X	X												X
	Soacha	Amcross	X	X	X	X						X	X				
Guainía	Puerto Inirida	GRC	X	X	X	X	X	X	X	X							
Guajira	Maicao	GRC-ICRC										X	X				
	Paraguachon	GRC	X									X	X				
	Riohacha	IFRC	X	X	X	X						X	X	X	X		
	Riohacha	Amcross	X	X	X	X						X	X				
	Maicao	IFRC	X	X	X												
Quindío	Calarca	GRC	X		X							X	X				
Nariño	Rumichaca	GRC	X	X	X	X				X	X						
	Rumichaca	ICRC										X	X				
	Ipiales/ Rumichaca	IFRC	X	X	X	X			X		X	X		X			
Norte de Santander	Villa Rosario CENAF	GRC	X	X	X	X			X			X	X				
	Villa Rosario Margarita	GRC	X	X	X	X	X							X			
	Pamplona	GRC	X		X							X	X				
	Silos	GRC	X		X							X	X				
	Catatumbo	GRC	X	X	X	X	X										
	Cucuta	SRC	X	X	X	X			X	X	X	X			X	X	
	Cucuta	IFRC	X	X	X	X			X			X	X		X		
	Cucuta	AmCross	X	X	X	X							X	X			
Putumayo	La Hormiga	IFRC	X	X	X	X				X	X	X		X	X		
	Puerto Asis	ICRC											X				
	La Hormiga	ICRC											X				
Santander	Bucaramanga	IFRC	X	X	X												
	Bucaramanga CASA	GRC	X	X	X	X						X	X				
	Bucaramanga Urb	GRC	X	X	X	X	X					X	X				
	Bucaramanga	GRC	X						X	X		X	X				
Vichada	Puerto Carreño	IFRC	X	X	X	X				X	X	X		X	X		

#### 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, the provision of WASH and shelter solutions, and, more recently, institutional measures against COVID-19..

### **Spanish Red Cross**

As of 31 March 2021, three projects by the Spanish Red Cross were active. The projects were implemented in Cucuta, reaching a total of 12,001 people: 19,582 people with health care, 2,736 adults with health education and promotion, 921 with RFL, 781 orientation services (PROT), 1,154 children reached with education campaigns, 2,800 people assisted with food/hygiene/water kits, 145 prenatal kits distributed, 423 cases of child malnutrition treated and 88 cases of malnutrition in pregnant women treated. Additionally, in Bucaramanga, 67 families of Venezuelan migrants with a vocation to stay were supported with multipurpose monetary transfers, and 20 of them with an additional transfer linked to the reestablishment of their livelihoods.

### **American Red Cross**

Since 2018, the American Red Cross has been supporting 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.

### **International Committee of the Red Cross (ICRC)**

Between 2019 and March 2021, the ICRC has reached 188,199 people with food security activities; 198,798 people with primary health services; 17,442 people with protection and prevention activities; and reached 732,148 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. In January 2020, its third revision was published and the [24-month report was](#) published in November 2020.

In April 2019, IFRC launched the Emergency Appeal [Venezuela: Health emergency](#) (MDRVE004) for 50 million Swiss francs. The [18-month update](#) was published in November 2020.

Both operations (regional and Venezuela) are ending in 2021. In parallel, the IFRC has issued a COVID-19 Emergency Appeal and two DREFs to address the effects of hurricane Iota on the Colombian Caribbean coast and the Niña seasonal effects.

## **Overview of non-RCRC actors in country**

### **State response**

The Colombian state has created three migration mechanisms to address the population movement. The Border Mobility Card (*Tarjeta de Movilidad Fronteriza*- TMF) allows Venezuelans to be in Colombia up to seven consecutive days within a limited geographical distance from the border. This mechanism is normally used to obtain basic goods and services; therefore, it is a most used mechanism for people living in border areas, reducing the risks associated with irregular border crossing like exposure to armed groups. The Special Residence Permit (*Permiso Especial de*

*Permanencia- PEP*) is a regularization tool which allows Venezuelans to be in Colombia for up to two consecutive years, providing access to the welfare system and the job market. 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.

On 1 March 2021, the National Government issued a [temporary protection statute](#) for Venezuelan migrants, which created a new mechanism that unifies the previous permits, the Temporary Protection Permit (PPT), providing a temporary regularization benefit. This initiative has been highly priced by the international community and was subject of the consultation phase with all relevant stakeholders, including the CRCS and IFRC Colombia Country Team.

### **Non-state actors**

The UNHCR and the International Organization for Migration (IOM) appointed in September 2018 the Joint Special Representative for Venezuelan migrants. This action has provided substantial 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 first months of 2021, the [Regional Refugee and Migrant Response plans for 2021](#) was published. This document 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, as well as 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, as well as the Cluster for Food Security and Nutrition. CRCS also attends the WASH and Protection clusters and, with the World Food Programme (WFP), is the co-lead of the Cash Transfer Working Group.

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

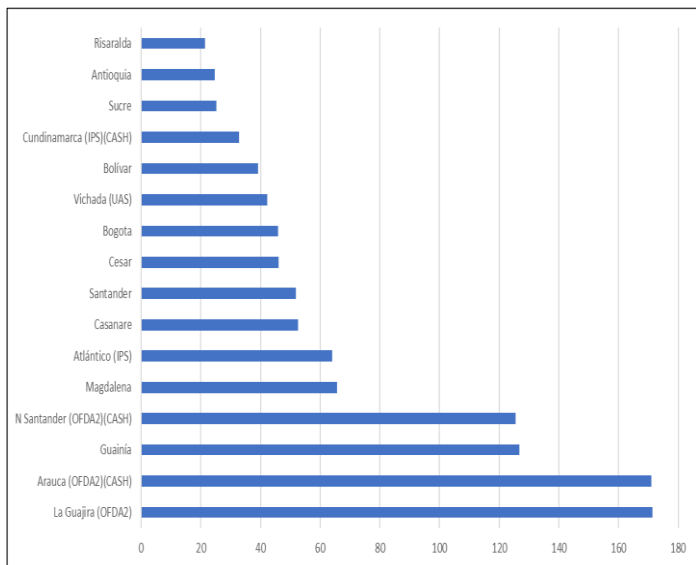
## **Needs analysis and scenario planning**

### **Needs analysis**

After 36 months of implementation of this Emergency Appeal operation, the situation generated by migration from Venezuela remains a source of great humanitarian challenges. Since 2015 the number of people crossing the border

has escalated continuously, with a slight drop between December 2019 and June 2020 because of the holiday season and the pandemic. As of March 2021, the number of people entering Colombia has resumed and continues to increase. An aggravating factor is the migrants' diminishing economic means for survival. The latest [ACAPS](#) survey on the socio-economic capabilities of migrants (December 2020) shows that Venezuelan migrants are spending a more significant number of days walking to reach the border with Colombia. This means that there is a decreasing capacity to access motorized transportation to reach the border, which in turn causes more burden on the journey. According to ACAPS, this is the result of a combination of elements: i) the severe gasoline shortage in Venezuela, ii) government measures to contain the spread of Covid-19 halted intermunicipal transport, and iii) hyperinflation and the informal dollarization have led to an unprecedented rise in the inter-urban transport prices.

The following graph and map show the rate of migrants per 100,000 people in every department of Colombia. This metric allows estimating the impact of the migrant population on local communities. The latest situation report from [GIFMM](#) (December 2020) shows a significant correlation between date of arrival to Colombia and access certain benefits: people who have been in Colombia for longer period of time tend to have identification document, regular status, and less needs to adopt dangerous survival strategies to obtain food.



**Graph and Map: Rate of migrants per 100,000 inhabitants.**

Source: Migración Colombia. IFRC calculations

The Organization of American States (OAS) estimates that by the end of 2021, the Venezuelan diaspora will have reached 7 million people. According to the last [situation report from OAS](#) the Covid-19 pandemic has worsened the Venezuelan refugee crisis precisely because it has impeded emigration and the economy is in a near-standstill situation.

Criminality in the border states in Colombia and Venezuela has been exacerbated by the increase of people in this region and non-state armed actors (known as *Comunes*) involved in the illicit economy. Violent conflict in the Colombian and Venezuela border region has included actions by the Venezuelan armed forces, which has led to mass displacement of people from Venezuela into the Colombian town of Arauquita (Arauca) (See [IFRC Informational Bulletin April 2021](#)).

Presented in December 2020, the [Joint Multi-Sector Needs Assessment](#) shows the results of the fourth round of needs assessment by the Interagency Group on Mixed Migration Flows (GIFMM) in the context of the COVID-19 crisis. The four main needs reported by households are: food (85%), housing (68%), employment (44%), and medical assistance (68%).

## Shelter

According to the latest needs assessment conducted by [GIFMM](#), shelter remains a central need for migrants. With 88 per cent of respondents indicating there is no one within their household that has the intention to return to Venezuela in the month following the data collection, the assessment has shown that the outflow of migrants into Venezuela that was registered between December 2019 and March 2020 has ceased.

This same assessment shows that 80 per cent of the surveyed households are in a situation of renting or subletting. Of these, 50 per cent reported feeling uncertain about their housing situation in the short term, mainly for not knowing if they will have the financial resources to pay for rent. This assessment also established that 38 per cent of the households live in overcrowded locations, defined as more than three people in a room.

## Livelihoods and basic needs

This Emergency Appeal operation has registered an increasing need to supply food and nutritional supplements. This is in response to different evaluations provided by the CRCs and other agencies working in Colombia. The last survey conducted jointly by [UNHCR](#) shows that 65 per cent of households have two or fewer meals a day, and 33% of households have reported begging on the street for being unable to purchase food. This situation is aggravated because at least 25% of key informants from a [REACH](#) rapid evaluation declared to have a physical impairment.

The [GIFMM](#) evaluation (December 2020) shows that remunerated work is the most frequent source of income for migrants (83%), while 18% of households claim to be relying on assistance from national or international aid providers and 5% of households report having no source of income. The composition of the 83% of households that receive their income from remunerated work is not fully disaggregated. Much of this remuneration probably comes from informal activities and even activities related to human exploitation. This is confirmed by the fact that 86% of working-age Venezuelans living in Colombia report earning less than a minimum wage and 96% of the remunerated work does not contribute to a pension fund (GIFMM). In the COVID-19 context it is expected that recovery of livelihoods will be slower for certain population groups.

[Research](#) continues showing that the Permiso Temporal de Permanencia program, the largest migratory amnesty program offered to undocumented migrants in a developing country in modern history, granted work permits to half a million Venezuelans in Colombia as of August 2019, has negligible effects on Colombian workers. In fact, in line with the evidence presented by [Banerjee and Duflo \(2020\)](#), the small effects on the labour market are concentrated on highly educated Colombians.

## Health

The health status of migrants is a strong concern for national and international agents alike. In a [survey](#) advanced in January 2021, 43% of households report that at least one member of the family has requested specialized medical treatment in the 30 days before data collection. Of this set of people, 49% report difficulty accessing medical treatment. This, results of more than 60% of Venezuelan migrants not being affiliated to the health care system, plus the high costs of medicines and specialized medical treatment.

A preoccupying condition is the lack of vaccination of migrant children between 0 and 5 years of age: 80% of this population has not been targeted by the National Vaccination Policy. This is of special concern now that migration flows have shown the re-emergence of previously controlled infectious diseases such as HIV and almost extinct

neglected tropical diseases such as tuberculosis. This is of special importance because the World Health Organization in February 2021 released its [2021-2030 roadmap to attain sustainable development goals](#) in relation to neglected tropical diseases.

Mental health symptoms are the highest concern for the prospects of healthy integration of migrants in Colombia. According to the cited GIFMM survey, 41% of households interviewed report symptoms of anxiety, reduced sleep, and depression. This represents a 12% increase with respect to the first survey in June 2020. The most critical departments with psychological symptoms or issues are Nariño, Atlántico, Valle del Cauca, Cesar, Arauca, and Bogotá. However, there is no clear geographical pattern.

## **Water, Sanitation and Hygiene (WASH)**

The National Society's WASH specialists have established that less than 50% of the population reached has access to drinking water. The GIFMM study previously cited indicates that 68% of the people surveyed has access to water and sanitation facilities. It has been estimated that 5% of the households reached by this operation do not have menstrual hygiene products, which is most likely an underestimation.

Moreover, the three border departments of La Guajira, Arauca and Norte de Santander have the lowest coverage of basic sanitation of households. As much as 30% of households in La Guajira report no access to WASH solutions. This lack of WASH infrastructure can be attested by the condition of migrants that walk across the country with Ecuador, Chile and Argentina as destinations.

## **Protection, Gender and Inclusion**

According to the Joint Needs Assessment conducted by the GIFMM in November 2020, 20% of people interviewed do not feel safe in the neighbourhood where they live. Almost half (44%) of the people surveyed reported having experienced some episode or situation of discrimination in 2020. The Regional Refugee and Migrant Response Plan 2021 shows that the ability to pay rent and other housing costs has diminished, resulting in evictions. Almost one in every four households is left homeless after these events.

The [ACAPS situation report 2021](#) shows that an increasing number of checkpoints inside Venezuela, due to the pandemic and government restrictions, augment the number of police and military officials. Extortion and other practices of corruption have been reported. The alternative for migrants is to take even more distant passing routes, which are even more remote and therefore more exposed to extortion, forced recruitment and human trafficking. The [GIFMM study](#) recalls that households with no member with regular status are more prone to adopt emergency survival strategies through these passing routes.

Finally, several studies have shown that most spill-over effects from Venezuelan migration are positive. [Knight and Tribin \(2020\)](#) have shown that crime trajectories are not related to Venezuelan migration. [Ibanez et al \(2020\)](#) have shown that the regularization of migrants may have positive effects on reporting of sexual violence and improvements in mental health. This evidence is not matched by the trajectories of xenophobia, for which only anecdotal evidence exists regarding an increase in xenophobia. It seems that the massive regularization of migrants promoted by the Colombian government in 2021, which only follows the massive regularization of migrants in 2018 (500,000), shows that there is an increasing institutional effort to dissipate this imagined line between migrants and Colombians.


## **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, Bolivar, 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

 <p><b>Shelter</b>  <b>People reached: 7,672</b>            Target: 7,000</p>		
<b>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</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
Number of community shelters provided with shelter assistance <sup>3</sup>	20	20
Number of people directly reached with shelter assistance	6,676	7,672
<b>Output 2.1: Short term shelter assistance is provided to affected household</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of community shelters provided with shelter assistance	10	20
# of community shelter hosts/ managers trained in first aid	10	19
Number of people reached with shelter support kits	6,676	7,672
Number of families reached with cash for housing	90	90
<b>Progress towards outcomes</b>		
<p>The total number of people reached in through shelter services is the sum of the total number of people reached with shelter kits and the total number of people reached with cash for housing (assuming 5 people per family)</p> <p><b>Bedding kits</b></p> <p>At the start of the operation, the CRCS distributed 900 bedding kits. After an analysis of the changing needs, as well as actions by other humanitarian actors, this activity did not continue.</p> <p>In late 2019, the CRCS procured 1,788 bedding kits that were 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 the movement of migrants into other areas of Colombia. Migrants, particularly those on foot, are present in almost all of Colombian territory. The composition of the bedding kits has evolved, given that blankets and pillows previously distributed were being discarded, as insufficiently travel-friendly. The new bedding kits substitute one blanket for a poncho and have a more suitable travel pillow, which together with the raincoat and the flashlight are provided inside a water-resistant bag.</p>		

<sup>3</sup> All baselines and current achievements are calculated according to the current number of services provided as of 30 September 2020.

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, as well as access to emergency accommodation, settlement, telecommunications services and safe transportation for migrants.

Since April 2020, 13 shelters were strengthened in the departments of Arauca, Santander, Cundinamarca and Nariño, through the provision of 13 community first aid kits and stretchers. This donation was accompanied by a 4-hour training in basic first aid (stretcher procedures, management of fractures, wounds and burns, recognition of vital signs and airway obstruction, among others) for shelter managers and staff in Cundinamarca, Nariño, La Guajira, Norte de Santander, Santander, Arauca, Putumayo, Atlántico and Casanare, and proper handling of Personal Protection Elements (PPEs). In addition, over 1,700 bedding kits were delivered in April and May 2020 to *caminantes* at the main transit areas in Norte de Santander, Santander, Nariño, Putumayo, Cundinamarca, Meta, Quindío and Casanare. Similarly, 1,100 raincoats and blankets were distributed in Nariño and Casanare between May and August 2020, in the context of flows of returning migrants in the COVID-19 pandemic.

In December 2020, 2,000 additional raincoats and blankets were distributed in Norte de Santander (Cucuta), Nariño (Ipiales and Pasto), Santander and Cauca. Additionally, in 2021, another 350 units of both items were distributed in Arauca and La Guajira (especially addressing the needs presented by the displacements in Araucuita in March 2021). Finally, 218 night kits (including mattresses, pillows, bed sheets and mosquito nets) were distributed in Arauca, Bolivar, La Guajira, Vichada and Nariño.

During April 2021, it is expected to complete the implementation of the cash for shelter program, in which prepaid cards with values between 80 Swiss francs (CHF) and CHF 150 are provided to 90 families for the payment of leases or the execution of home improvements. This intervention takes place in a context of high vulnerability to evictions in Arauca (20), La Guajira (20), Nariño (10) and Vichada (40)

### Impact

Strengthening of shelters along the migratory route will allow migrants to have dignified shelter along the route. The operation responds to the diverse needs of migrants, especial shelter kits have been designed for *caminantes*, as well as distributions of raincoats and blankets to facilitate the transport of the items. Night kits are prioritized for people located in shelters.



### Livelihoods and basic needs

**People reached: 71,885**

Target: 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	71,885

# of ventures from migrants that generate income above USD 200 after 10 months of the program start	75 (15 groups 60 individual)	75
<b>Output 3.1: Vocational skills training and/or productive assets to improve income sources are provided to target population</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached with the skills training program	300	152
Number of ventures that receive seed capital after completing skills training	75	75
<b>Outcome 3.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
Number of people reached with kitchen kits with complementary food kits	6,000	5,976
Number of people reached with individual and family food kits	45,500	60,518
<b>Output 3.5: Households are provided with multipurpose cash grants to address their basic needs</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
Number of families reached by cash and vouchers assistance	2,400	3,951
Number of people benefited by humanitarian transport	1,600	1,288
<b>Progress towards outcomes</b>		
<p>During the first 36 months of the operation, the CRCS, with IFRC support, reached <b>71,885</b> people. This is the sum total of Number of people reached with the skills training program (Outcome 3.1) plus Number of people reached with individual and family food kits (Outcome 3.2) plus Number of people reached with kitchen kits with complementary food kits (Outcome 3.2) plus Number of families reached by cash and vouchers assistance (Outcome 3.5) plus Number of people benefited by humanitarian transport (Outcome 3.5).</p> <p><b>Food kits</b></p> <p>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. This activity did not continue.</p> <p>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. The following are the contents of a CRCS standard food kits:</p>		
Lentils, 500g, x2 bags	Coffee, 500g, x1 bag	
Corn flour, 500g, x2 bags	Chocolate, 500g, x1 bag	
Rice, 500 g, x8 bags	Vegetable oil, 1 litre, x1 bottle	
Sugar, 500g, x2 bags	Guava paste (roll), 500g, x1 roll	
Red beans, 500g, x2 bags	Pasta for soup, 500g, x2 bags	
Salt, 500g, x1 bag	Pasta, 500g, x2 bags	

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, 3,000 family food kits were distributed. The 30-months Operations Update details its distribution.

Family kitchen kits were imported from Panama and sent to the departments of Atlántico (300), Guajira (250), Bolívar (400), Magdalena (300), and Cesar (250). Kitchen kits contain 5- and 7-litre pots, 1 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 were distributed to 123 families (492 people) in Bogotá and Soacha (Cundinamarca) between April and June 2020, covering people 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).

Additionally, 960 food vouchers (CHF 80 each) 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. A total of 330 of these vouchers were distributed with the support of Aids Healthcare Foundation (AHF Colombia) to migrants living with HIV.

In 2020, 1,280 prepaid cards were purchased for humanitarian assistance, 280 of which contain CHF 35 to support CRCS volunteers. The remaining 1,000 cards contained CHF 100 and were used to support migrants and host communities, 385 of these were delivered in Villa del Rosario (Norte de Santander) on October 2 in a comprehensive care event in coordination with the municipal authorities. During this event, health and protection assistance were provided by the Monarch Butterfly Program and dignity kits were delivered, in addition to the cash already mentioned. The other places where these cards were distributed are Magdalena (100), Maicao (200), Norte de Santander (180), Guajira (100), Arauca (64) and Bolivar (250).

In December 2020, 3,400 food kits for *caminantes* were distributed in Norte de Santander (Cucuta), Nariño (Ipiales and Pasto), Santander and Cauca. Currently (March 2021), 1250 family food kits are being distributed in Arauca, Bolivar, La Guajira, Magdalena and Norte de Santander, and are expected to be completed during April.

Finally, 800 prepaid cards with CHF 80 for food security and nutrition are currently being distributed in Riohacha, Arauca, Vichada, Nariño and Putumayo. During April and May, another 10 cards will be distributed in Norte de Santander. Also 250 cards will be delivered to a Colombian NGO (AHF Colombia) to reach migrants living with HIV.

### **CASH FOR THE STRENGTHENING OF PRODUCTIVE INITIATIVES**

In 2021, a program to strengthen 75 productive initiatives owned by Venezuelan migrants and host communities was implemented. This program first includes a selection process based on criteria of need and a market study implemented by specialized professionals. A series of trainings are provided, including business entrepreneurship, finance and accounting basics, marketing, among others. During the training period, the families receive a

stabilization fund that allows them to have a minimum income and focus on the learning process. Once the training cycle is completed, a seed capital is delivered to each initiative, which is used according to the identified needs and priorities according to market opportunities, all this with the permanent accompaniment of the professional team. The program is expected to be completed during the months of April and May 2021, after which its results will be verified and the generation of self-sustaining income for the families will be evaluated.

## Impact

In 2020, the first cash transfer intervention implemented directly by CRCS within this Emergency Appeal operation took place in the context where local government emergency actions had not reached informal migrants. This intervention allows people to reach new assistance models, such as cash for rent, that avoid some of the most significant risks in the OVID-19 pandemic, such as eviction. The implementation during 2021 has prioritized using the cash transfer modality, considering the level of satisfaction reported by people reached, who highlight that this modality gives them decision-making power over key aspects of their lives.



## Health

People reached<sup>4</sup>: 317,177

Target: 436,000

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

Indicator:	Target	Actual
# of people reached with health care	436,000	317,177
# of community health committees formed and trained	5	5
<b>Output 4.1a: At least 200,000 migrants receive timely medical care and first aid</b>		
Indicator:	Target	Actual
# of people reached with primary health care services through health program (HCUs)	199,000	184,801
# of people referred to specialized medical services	1,700	0
<b>Output 4.1b: 51,000 migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)</b>		
Indicator:	Target	Actual
# of medical consultations provided through CRCS HPIs	50,782	76,800
<b>Output 4.1c: Needs-based first aid, disease prevention, and health promotion measures are provided to the migrant population.</b>		
Indicator:	Target	Actual
# of people reached through community health sessions	1,500	1,294
# of people reached by health promotion and disease prevention messages	86,000	92,556
# of volunteers and staff trained in CBHFA	500	84
# of Community Health Workers (CHW) supported	25	25

<sup>4</sup> Due to the nature of the response, services, not people, were measured.



Casanare	251	IPS – Bolívar	15,381
La Guajira	42,895	IPS – Cundinamarca	9,991
Nariño	40,193	IPS – La Guajira (Maicao)	10,043
Norte de Santander	2,663	IPS – La Guajira (Riohacha)	10,335
Putumayo	28,608	IPS – Norte de Santander	5,023
Vichada	19,271	IPS – Santander	10,766
<b>TOTAL</b>	<b>184,801</b>	<b>TOTAL</b>	<b>76,800</b>

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 supported a mobile primary health care unit's establishment to assist walking migrants, co-financed by the IFRC Monarch Butterfly Program.

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), paediatrics, 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 Personal Protection Equipment (PPE) and developing new initiatives and strengthening 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 liters 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.

The first specialized medical services (consultations and tests) financed by conditioned cash transfers have begun the delivery.

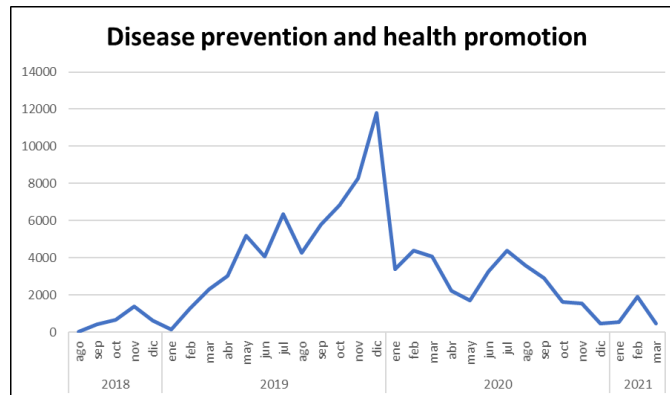
### **Health Providing Institutes**

Health Provision Institutions reached 30,624 people and provided 76,800 services (including control consultations and laboratory tests) between May 2019 and September 2020.

The HPIs, a modality part of the Colombian Health System, were 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. The Graph shows the total of 98,857 services on disease prevention and health promotion delivered between March 2018 and March 2021.



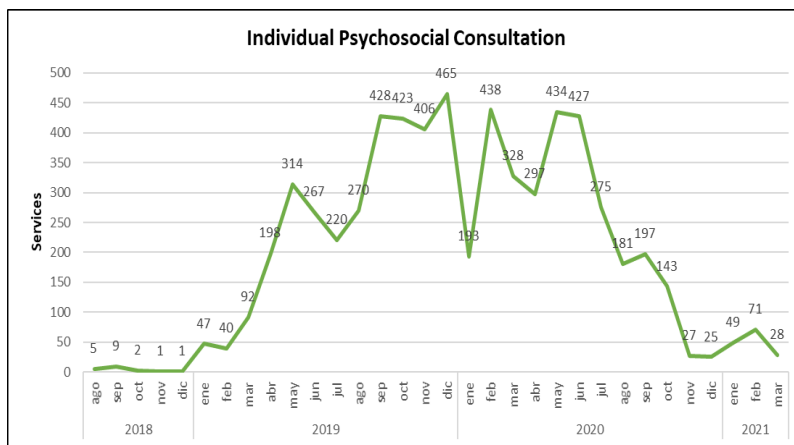
The health care units continue to hold talks and disseminate key messages on health promotion and disease prevention and measures to identify alarm signs of possible Acute Respiratory Infections (ARI), healthy habits, and respiratory hygiene. Talks on hand washing and disinfection of spaces continue. 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**

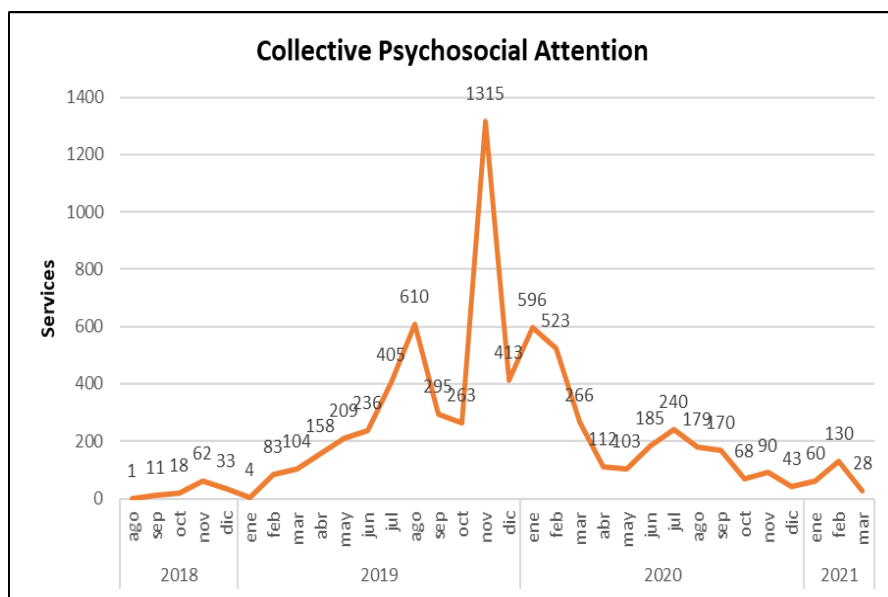
Psychosocial support has been at the core of the medical service provided at HCUs. The psychologist and the volunteers assist migrants collectively and individually. The operation of HCUs has been designed so that all patients have access to individual psychological consultations or collective talks 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 mental health and psychosocial support care 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 related generally with an uncommon use of the mental health professionals' services or with 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, 6,301 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 ICRC Listening Centre; 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 are linked with the friendly space with "Learn with Papu" (approaching the communities with ludic 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 within de COVID-19 situation and the key messages and orientation teleassistance. The psychologist delivered these talks by the nurse, 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 cope 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 implementing Community-Based Health and First Aid (CBHFA), a participatory approach that has been prioritized in four departments (Vichada, Putumayo, Nariño, and Santander), from which health committees are being created and trained, and plan of actions are being built to define priorities.

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 supplements<sup>5</sup>**

Throughout the 36-months of this operation, 49,275 nutritional supplements have been distributed: 38,585 to children and 9,690 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 Nutributter and Plumpydoz were distributed, and Enov mom for pregnant and lactating women.

The reporting indicating the data for anthropometric measurements, diagnosis and classification of the cases, and delivery of nutritional supplements have improved the monitoring for the second time. 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. An evaluation study has been programmed to assess the impact of the nutritional component of the Emergency Appeal.

### **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. The epidemiological reports from November 2020 to March 2021 show a different epidemiological profile of migrants in Nariño and Putumayo. In Nariño there is more prevalence of chronic diseases as well as respiratory problems. In contrast, in Putumayo parasitosis and infectious diseases, in general, are prevalent to levels above 30%, which is already above the WHO's thresholds to call this issue a public health problem.

### **Cash for specialized health services**

Within the framework of health actions, during 2021, the implementation of a cash program for specialized health services has begun. It consists of 230 grants between 120 CHF and 140 CHF that will be provided to people selected by the local health teams, who will verify the special need of patients requiring specialized health care (people who could not access these services in other ways due to economic difficulties and lack of affiliation to the social security health system) so that they can use this cash to pay for their specialized medical appointments and continue with the follow-up by the local health team. In many cases, this accompaniment has included the scheduling and payment of medical appointments, as well as transportation to other municipalities where medical attention is provided. This program is being implemented in Guajira (Maicao), Casanare, Nariño (Ipiales) and Putumayo.

---

<sup>5</sup> 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.



## Water, sanitation and hygiene

People reached: 588,732

Target: 300,000

### 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	588,732

### 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	60,146

### Progress towards outcomes



During the first 36 months of the operation, the CRCS, with IFRC support, reached 588,732 people who had access to safe water, estimated based on the Sphere standards. Additionally, the operation distributed 60,146 hygiene kits.

#### People that access safe water through hydration points

The hydration points have delivered a total of 1,585,758 liters of water between August 2018 and March 2021. 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).

Water points	Liters	Water points	Liters
Arauca	449,080	Putumayo	207,000
Nariño	810,878	Vichada	118,800

#### Hygiene kits

A total of 60,146 hygiene kits have been distributed as of the end March 2021.

#### 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.

Critical shelters and CRCS branches supported through this Emergency Appeal operation 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 throughout the country.

During 2020, and 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. In 2021, 13,200 face masks were distributed to migrant populations in highly vulnerable sites. Throughout the entire implementation, priority has been given to the availability of PPE for the professional teams that directly serve the communities, protect their lives, and reduce the possibility of spreading the virus.

Finally, in 2021 alone, 3,450 hygiene kits for *caminantes* were distributed in Norte de Santander, Nariño, Santander and Cauca. In addition, 1250 family hygiene kits have been distributed in Arauca, Bolivar, La Guajira, Magdalena and Norte de Santander, focusing on elements necessary to prevent the spread of Covid-19. The operation is providing safe water in vulnerable communities and talks about healthy hygiene habits and handwashing habits.



## Protection, Gender and Inclusion

People reached: 70,890

Target: 43,000

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

Indicator:	Target	Actual
# of services provided through friendly spaces	43,000	70,890
# 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	6,570

### Output 6.2: Educational and community dialogue programs 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	6,241

### Progress towards outcomes

During the first 36 months of the operation, the CRCS, with IFRC support, reached 70,890 people.

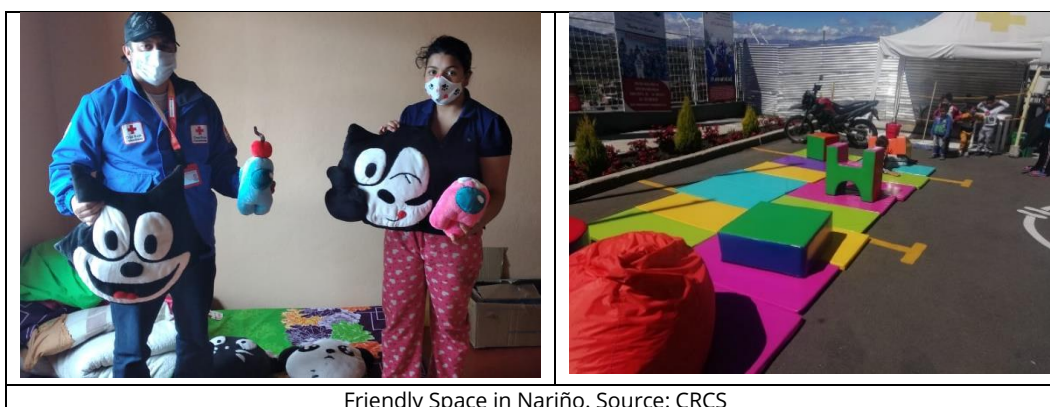
### Friendly spaces

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 36 months of implementation of this emergency appeal, it has provided 70,890 services.

From March 2018 to March 2021, six friendly spaces, located in La Hormiga – Putumayo, in Puerto Carreño – Vichada, Maicao and Riohacha – La Guajira, Barranquilla – Atlántico and in Bogotá capital city, have been installed. As of 31 March 2018, 48,873 people have been reached. Materials for Friendly spaces were purchased, which included: colour books, crayons, paper, painting and similar didactic material for children.

These friendly spaces operate through a team of professionals composed by one full-time psychologist, a professional in teaching (pedagogue), and dedicated volunteers, which guarantee that people received psychosocial support and counselling, and also participate from protection actions and learning processes on protection principles.

Friendly spaces	People reached	Friendly spaces	People reached
La Hormiga	6,900	Riohacha	17,768
Puerto Carreño	7,256	Barranquilla	3,785
Maicao	17,453	Bogotá	3,954
Montebello – Colegio Villa del Rosario	8,290	Arauca	2,649
		Ipiales	2,835
<b>TOTAL</b>	<b>39,899</b>	<b>TOTAL</b>	<b>30,991</b>



Friendly Space in Nariño. Source: CRCS

During this reporting period and due to the new arrival of migrants to the different points of attention, especially in Putumayo, additional workshops on measures and safe self-care practices with children, adolescents, women, adults and the elderly have been delivered.

Although the help desks for migrants have been transferred to other Movement partners under the operative implementation by the Colombian Red Cross Society, in the waiting room of the health care units in Nariño and Putumayo, the population in transit is given a space to rest and information and orientation is provided on all the services they can access. Where a person requires any specific services that are not provided by the unit, a referral path is used to inform about services available 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.

### Teachers and parents trained on protection principles

Thanks to the good practice implemented through the implementation of the appeal, an integration pilot has been developed in the border of Venezuela and Colombia in Norte de Santander, through the implementation of a friendly space in a school setting. By March 2021, this space has 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, reaching 500 schoolteachers, and parents. In the following months and before the closure of the appeal, a systematization of the experience is planned, which will serve to demonstrate good practices and describe the methodologies for possible replication in other school environments with migrant population.

### Dignity kits



Children dignity kits delivered in the Ipiales HCU. Source: CRCS

With the aim of restoring the rights of children and women, 6,570 dignity kits were distributed in the departments of Atlántico, Arauca, Casanare, Guajira, Nariño, Norte de Santander, Putumayo and Vichada by March 2021. 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.



## Migration

Services provided: 602,288

Target: 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	602,288
<b>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</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
# 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
<b>Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented</b>		
<b>Indicator:</b>	<b>Target</b>	<b>Actual</b>
# of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants.	40,000	66,047
<b>Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of services provided by RFL assistance points	16,000	23,118
# of RFL points established	5	4
<b>Progress towards outcomes</b>		
<p>Since the launch of this operation 602,288 services have been provided to migrants through different points of attention, reaching 275,244 people. Each person receives around 3.4 services every time it reaches a service point. The services provided includes people reached with basic needs and improved livelihoods, bedding kits distributed, health care services provided through the health providing institutes, individual hygiene kits distributed, dignity kits to children, adolescents and pregnant women delivered, people reached with friendly spaces, people benefited from the restoring family link services, and children, teachers and parents assisted through the protection migrant children in school approach. Additionally, up to March 2021, 1,585,758 liters of safe water were distributed in 6 water distribution points.</p> <p><b>Restoring Family Links services</b></p> <p>The Restoring Family Links activities provided 23,118 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.</p> <p><b>Community Engagement and Accountability (CEA)</b></p> <p>During this period, community engagement and accountability processes with the communities were reinforced, establishing 15 active satisfaction surveys in the departments of La Guajira, Atlántico, Norte de Santander, Santander, Arauca, Vichada, Cundinamarca, Guainía, Valle del Cauca, Nariño, and Putumayo. These points promote dialogue and two-way community communication, conducting 3,822 satisfaction surveys, with a significant result of 91% overall satisfaction of people with the services provided within this operation. It is noteworthy that these</p>		

services were impacted by the health situation, demanding adjustments in the provision and access mechanisms, guaranteeing the biosecurity measures implemented within the framework of COVID-19.



## Disaster Risk Reduction

People reached<sup>6</sup>:

Target: 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:	Target	Actual
1.1.6.1 Number of workshops on organizational capacity development	3	3

<sup>6</sup> Reference to the counting people reached guidance

## 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. Since 2021 volunteers are covered using a national-level insurance that the IFRC requested from CRCS.

### 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) 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 (MHPSS) - 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. A eight debriefing activity is planned to be develop during May 2021.

### 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

<b>International Disaster Response</b>		
<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.1 Number of RIT, IFRC staff or Movement partner delegates to support the operation	30	29
<b>Output S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.1.1.1 Number of missions (International Missions-IFRC)	30	29
2.1.1.2 Number of support actions for acquisition management	3	3
<b>Outcome S2.2: The complementarity and strengths of the Movement are enhanced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.2 Number of coordination meetings with the Movement	58	41
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.2.1.1 Number of reports in accordance with the requirements of the Movement.	10	9
2.2.1.2 Number of reports on the participation of the humanitarian network and key partners.	35	24
<b>Output S2.2.5: Shared services in areas such as information technology (IT), logistics and information management are provided</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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
<b>Progress towards outcomes</b>		
<p><b>RIT and IFRC staff mobilized</b></p> <p>For the 36 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><b>Support actions for acquisition management</b></p> <p>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>		

Additionally, in November 2020, a Logistics Coordinator join the IFRC Colombia office team, to provide support and strength the capacities of the NS on logistics and supplies chain. In this sense, this logistic coordinator has support the Appeal in the medicines and nutritional supplements acquisition process, as well as with as well as the acquisition of the computer license for the appeal information system, among the regular purchases and logistics requirements of the appeal.

**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 *caminantes* 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.

**Number of branches using the information system**

During the 36 months of operation, the IM and PMER teams designed, deployed and implemented an information system integrated by different tools used by different sites around the country, which has allowed a considerable improvement in the time required to present results. In addition, a prototype of a clinical history was designed and implemented in Survey123 at two points where medical care is currently provided (Nariño and Putumayo), which can be implemented instantly by the National Society during an emergency.

During the COVID-19, three IM assistants were 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. The CRCS and IFRC team developed a [dashboard](#) to visualize 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 Webinars 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. During the closing of the appeal, different virtual and technical meetings will be held to strengthen basic concepts of Information Management throughout the country, generating the corresponding capacity building.

**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.

<b>Influence others as leading strategic partner</b>		
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>

3.1 Number of newsletters, press releases and reports	45	44
<b>Output S3.1.1: The IFRC and the CRCs are visible, trusted and effective advocates on humanitarian issues.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
3.1.1.1 Number of updates of the strategy	4	4
3.1.1.2 Number of video productions	5	12
<b>Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
3.1.3.1 Number of evaluations or needs assessments	5	4

### Progress towards outcomes

#### Newsletters, press releases and reports

The whole communications strategy can be reviewed in the 20-month Operations Update. The main products of this strategy 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.

During this period, the Red Cross public communication has been focused on migration and COVID-19, highlighting the work done in La Guajira and the stories of migrants in times of the pandemic. The launching of the report "Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery" is an example of this external communication. A case study from Colombia was included in this report, which has outreached 8 people through media and social media.

#### 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 published in August 2020 to add new activities seeking stabilization and income generation for the migrant population.

**Effective, credible and accountable IFRC**

<b>Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
4.1.1 Number of published financial reports	8	11
<b>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.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
4.1.3.1 Number of monitoring reports	8	6
4.1.3.2 Number of donor reports	10	6
4.1.3.3 Number of people trained in financial management	12	12
<b>Output S4.1.4: Staff security is prioritized in all IFRC activities</b>		
4.1.4.1 Security Plan updated	30	30
4.1.4.2 Number of volunteers trained in Stay Safe	300	246
<b>Progress towards outcomes</b>		
<p><b>Reports</b> As part of the IFRC commitment to accountability, emergency and donor reports are regularly created and presented.</p> <p><b>Security Plan updated</b> A total of 30 security plans were updated at the branch level with the help and supervision of the Security and Safety unit of the CRCS.</p> <p><b>Number of volunteers trained in Stay Safe</b> Up to the 36 months of this operation, 248 people were trained in Stay Safe via the Learning Platform and as a requisite to be take any position related to this Emergency Appeal at the CNCS or the IFRC.</p>		

## Contact information

Reference documents

**Click here to access:**

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

### **In the Colombian Red Cross Society**

**National Migration Manager:** Diego Piñeros; phone: +571 437 5300; email: [diego.pineros@cruzrojacolombiana.org](mailto:diego.pineros@cruzrojacolombiana.org)

### **IFRC Country Cluster Support Team for the Andean countries**

**IFRC acting head of programmes office- Colombia:** Jorge Zequeira; phone: +507 6949 5546; email: [jorge.zequeira@ifrc.org](mailto:jorge.zequeira@ifrc.org)

**IFRC Operations and Programs Manager- Colombia:** Luis Augusto Guzmán Brenes; phone: +506 8884 7497; email: [luis.guzman@ifrc.org](mailto:luis.guzman@ifrc.org)

**IFRC Migration Operations Coordinator- Colombia:** Juana Giraldo; phone: +57 312 502 8620; email: [juana.giraldo@ifrc.org](mailto:juana.giraldo@ifrc.org)

### **In the IFRC regional office for the Americas:**

**IFRC Head of the Disaster and Crisis Department;** Roger Alonso Morgui, email: [roger.morgui@ifrc.org](mailto:roger.morgui@ifrc.org)

**IFRC Continental Operations Coordinator for Disaster and Crisis Department;** Felipe Del Cid, email: [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org)

### **In IFRC Geneva**

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

### **For IFRC Resource Mobilization and Pledges support:**

**Emergency Appeals and Marketing Senior Officer:** Marion Andrivet; phone: +507 317 3050; email: [marion.andrivet@ifrc.org](mailto:marion.andrivet@ifrc.org)

### **For In-Kind donations and Mobilization table support:**

**Manager, Logistics Unit:** Stephany Murillo; phone: +507 317 3050; email: [stephany.murillo@ifrc.org](mailto:stephany.murillo@ifrc.org)

### **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](mailto:maria.larios@ifrc.org)

### **For Media Requests:**

**Regional Communication Manager:** Susana Arroyo; email: [susana.arroyo@ifrc.org](mailto: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.

## D. BUDGET

The 36-month financial report is [here](#).

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2021/3	Operation	MDRCO014
Budget Timeframe	2018/3-2021/3	Budget	APPROVED

Prepared on 19 May 2021

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
<b>Total Funding Requirements</b>	<b>10,000,000</b>
<b>Donor Response* as per 19 May 2021</b>	<b>8,180,061</b>
<b>Appeal Coverage</b>	<b>81.80%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	164,769	159,109	5,659
AOF3 - Livelihoods and basic needs	1,174,374	693,026	481,348
AOF4 - Health	3,057,979	3,206,834	-148,855
AOF5 - Water, sanitation and hygiene	577,588	594,824	-17,236
AOF6 - Protection, Gender & Inclusion	411,785	398,850	12,936
AOF7 - Migration	192,654	168,988	23,666
SFI1 - Strengthen National Societies	535,969	492,716	43,252
SFI2 - Effective international disaster management	1,043,841	1,494,401	-450,559
SFI3 - Influence others as leading strategic partners	45,390	9,625	35,765
SFI4 - Ensure a strong IFRC	67,214	27,488	39,726
<b>Grand Total</b>	<b>7,271,564</b>	<b>7,245,861</b>	<b>25,703</b>

## III. Operating Movement & Closing Balance per 2021/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,180,061
Expenditure	-7,245,861
<b>Closing Balance</b>	<b>934,199</b>
Deferred Income	0
Funds Available	934,199

## IV. DREF Loan

* not included in Donor Response	Loan :	328,817	Reimbursed :	328,817	<b>Outstanding :</b>	<b>0</b>
----------------------------------	--------	---------	--------------	---------	----------------------	----------

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2021/3	Operation	MDRCO014
Budget Timeframe	2018/3-2021/3	Budget	APPROVED

Prepared on 19 May 2021

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*)	3,401,739				3,401,739		
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	984,659				984,659		
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		
<b>Total Contributions and Other Income</b>	<b>8,180,061</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,180,061</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>8,180,061</b>	<b>0</b>	