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Operation Update no. 7 Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCO014	Operation update n° 7
Date of issue: 24 June 2021	Timeframe covered by this update: 15 March 2018 to 31 May 2021
Operation start date: 15 March 2018	Operation timeframe: 15 March 2018 to 31 December 2021 (6-month extension with this Operation Update) – 45 months in total)
Funding requirements: 10,000,000 Swiss francs	DREF amount initially allocated: 328,817 Swiss francs
N° of people assisted: 278,884	Donor response as of date of publication.
Host National Society presence: The Colombian Red Cross Society (CRCS) has national presence in the country through 32 departmental branches, reaching more than 200 municipalities (through municipal units and local support groups), and 22,916 volunteers.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.	
Donors to this Emergency Appeal Movement partners: American Red Cross, British Red Cross (from British Government), China Red Cross (Hong Kong branch), Iraqi Red Crescent Society, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, Canadian Red Cross Society (from Canadian Government) and Netherlands Red Cross (from Netherlands Government). Donors: European Investment Bank Institute, Italian Government Bilateral Emergency Fund, The United States Government – USAID/OFDA, Western Union Foundation, and online donations.	
Other partner organizations actively involved in the operation: National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), <i>Migración Colombia</i> (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).	

This Operation Update includes the no-cost extension of this operation for six additional months to end on **31 December 2021**. This additional period will enable the Colombian Red Cross Society (CRCS) and the IFRC to work together for the smooth transition from an emergency response operation to a National Society-led programmatic strategy to address the medium and long-term humanitarian needs of migrants in Colombia. This transition responds to 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 humanitarian analysis that indicates an unceasing migratory flow amidst the COVID-19 pandemic.

After six years of unprecedented migration in the region, migration flows continue to increase despite mobility restrictions imposed in different countries by the COVID-19 pandemic. The Organization of American States ([OAS](#)) reports a projected population of more than 7 million Venezuelan migrants in the region by 2021, surpassing the Syrian crisis.

From the launch of this operation on 15 March 2018 through 31 May 2021, this Emergency Appeal operation has enabled the CRCS, with IFRC support, to provide 327,580 health care services. Apart from standard primary health care, 99,888 community services were provided to children, adolescents, and adults. Friendly spaces have provided safety to 75,461 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, 23,474 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, 620,602 services were provided, in addition to an estimated 615,867 people who used the hydration points to access safe water.

With this extension of the operational timeframe, the CRCS will continue to provide existing services, address the most pressing humanitarian needs of different migrant profiles, and new protection needs that arise during this fluctuating context and increasing recovery, stabilisation and integration activities for this population.

Thanks to generous donor support, 81 per cent coverage of the current budget has been funded. The IFRC encourages continued support to ensure the sustainability and continuity of the actions implemented through the Emergency Appeal until 31 of December 2021 and will contribute to CRCS-led projects and programmes, including the ongoing Monarch Butterfly Programme to assist the migrant population that responds to the projected increase in humanitarian needs of migrants in 2022 and beyond.

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

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 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.

April 2021: [36-month update](#) issued.



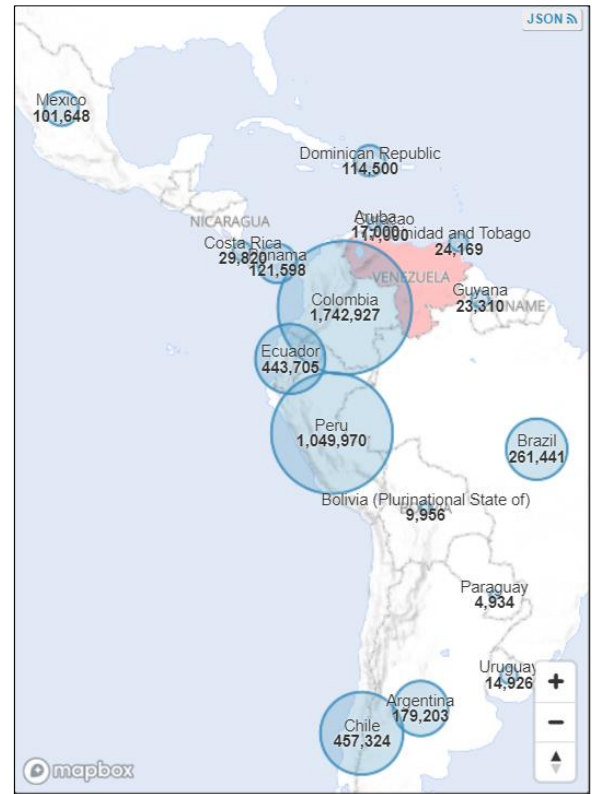
Friendly space in Guajira, February 2021.
Source: CRCS.

A. SITUATION ANALYSIS

Description of the disaster

The Colombian state entity in charge of migration issues, *Migración Colombia*, estimated that as [31 January 2021](#), there were 1,742,927 Venezuelan migrants in the country. Of the total number of migrants, more than 983,000, about 56 per cent, are irregular. Most of this population resides in Bogotá, Norte de Santander, Atlántico, La Guajira, Antioquia, and Santander, each of which is estimated to host more than 100,000 migrants. Approximately 759,000 Venezuelan migrants hold a residence or transit permit.

According to the platform [R4V](#), more than 5 million Venezuelans have left their country in recent years. This means that more than 34% of the total number of Venezuelans who have left their country remain in Colombia, representing 3.7% of Colombia's total population and is slightly more than its indigenous population. Additionally, an upturn in the number of Venezuelans leaving the country has been detected in recent months and it is estimated that if this trend persists. According to [UNHCR](#), as of April 2021, there were 5.6 million Venezuelan migrants in the world. Of these, 4.6 million are in Latin America and the Caribbean. By the end of 2021, the number of Venezuelan nationals in the world is expected to increase to 8.13 million a figure greater than the Syrian crisis.



[In the last two months of 2020](#), and despite the current closure of the border, more than 18,000 Venezuelan migrants were registered as traveling on Colombian roads. It is estimated that more than 300 migrants try to enter the national territory irregularly every day through Norte de Santander alone. It is essential to highlight that with the declaration of emergency in Latin American countries because of the outbreak of COVID-19, the migration crisis has expanded, with return flows to Venezuela and re-entry to Colombia occurring constantly.

On the other hand, according to [IOM](#), Covid-19 has had a great impact on the living conditions of migrants and refugees in Colombia. For instance, the preventive isolation measures taken at different levels since March 2020 have reduced the access to goods and services by this population, and many have lost their income. In addition, border closures have resulted in the heightened use of unsafe land routes, posing increasing threats to their life and dignity. Therefore, while refugees and migrants with an irregular status faced challenges in accessing host communities' public services such as health, education and livelihood opportunities prior to the pandemic, such necessities have become inaccessible in many parts since the appearance of Covid 19 in Colombia, adding to refugees' and migrants' vulnerability.

In addition, on 28 of April of 2021, Colombia entered a deep [social mobilization](#) which spread throughout the country, with Bogotá and Cali as the epicentres of the demonstrations, and with 127 municipalities in 24 departments joining the civil unrest. As of 14 May, approximately 800 people have been reported injured and the National Ombudsman's Office has confirmed 42 deaths in the protests and 162 missing persons. The civil unrest is occurring amidst the third peak of the COVID-19 pandemic, affecting not also the local population by also migrants living or crossing through these regions. These roadblocks and protests have an impact in the transport of people, goods, and especially health supplies such as oxygen and medicines, as well as have affected on the route that some migrants on foot (*caminantes*) take all over the country to reach other countries in the region.

Additionally, according to the [Displacement Tracking Matrix \(DTM\)](#) of the International Organization for Migration (IOM), in April 2021, the profile of the Venezuelan population in human mobility has been changing from mainly single men to families

with several members, including children and adolescents, pregnant and lactating women, people with chronic diseases, people with physical and mental disabilities, and other vulnerable groups.

Specifically for Colombia, for 2021, the context of the Venezuelan migrants did not improve despite the start of the implementation of the Temporary Protection Statute for this population, decreed by the Government of Colombia on the 1st of March of 2021. This policy consists of a series of initiatives aiming to 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. By June 2021, almost 1 million people have registered on the official [platform](#) for obtaining this special permission, evidencing the foreseen needs that this population will have in the incoming future.

The Colombia Red Cross Society (CRCS) is currently working with IFRC to provide 645,000 services for people impacted by the migration crisis, through the provision of assistance in shelter, livelihoods and basic needs, health services, water, sanitation, and hygiene promotion, Restoring Family Links, and cash transfer programming, with emphasis in gender, protection, and inclusion. This strategy has been developed under the framework of the IFRC Colombia Population Movement Emergency Appeal operating until June 30th, 2021. Currently, the main approach of this Emergency Appeal consists in the delivery of multiple health services through the Health Care Units (UAS) operated by primary health care teams in border cities, where pendular migrants and *caminantes* predominate. Besides, there is access to specialised health care services, diagnostic aids, and medicines to increase comprehensive coverage, especially for pregnant women, people with chronic diseases and children under 5 years of age, and community health actions with continuous participatory mechanisms through the SPAC approach, Community Health, and First Aid.

Summary of current response

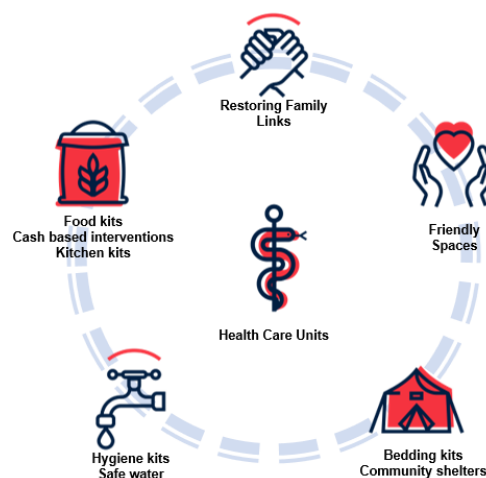
Overview of Host National Society¹

For the past 38 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 *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 address humanitarian needs (Puerto Carreño and La Hormiga). In both contexts, HCUs provide primary health care, as well as complementary services in shelter; basic



¹ This operation's actions are aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#): At all stages of their journeys, and irrespective of their legal status, migrants find the CRCS-IFRC team ready to respond to their needs, enhance their resilience, and advocate for their rights.

needs; WASH; and protection, gender and inclusion (PGI). The complete operational strategy can be found in the [30-months Update](#).

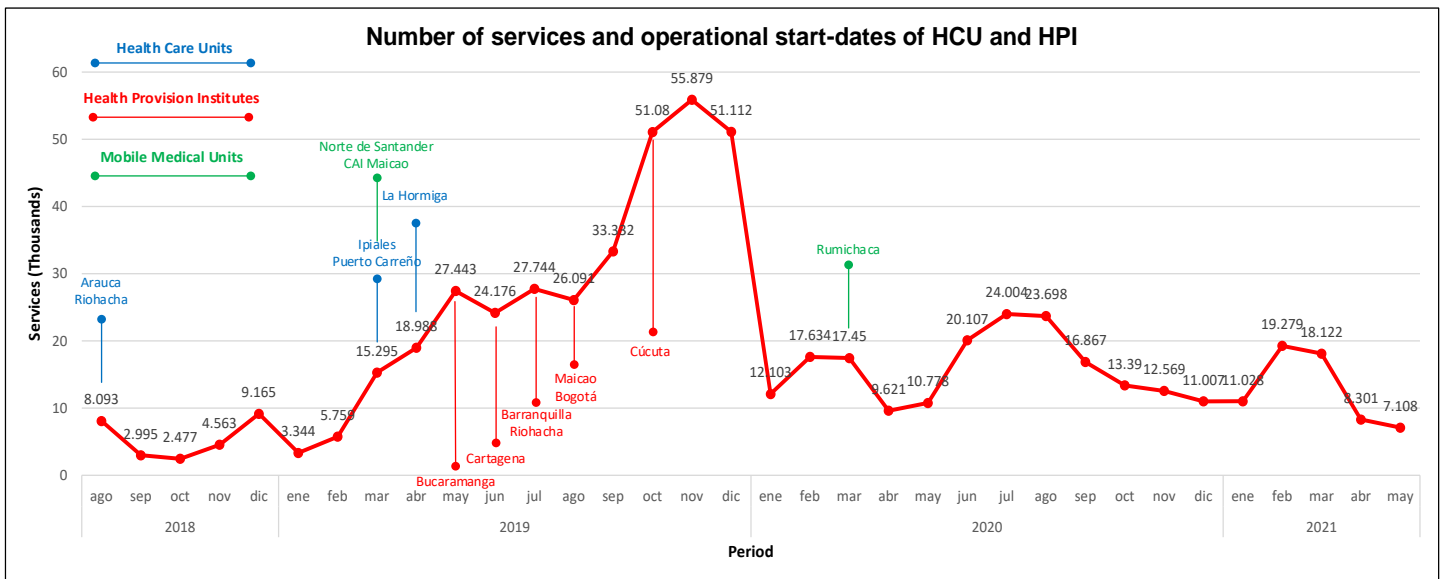
As of January 2021, the Arauca and Riohacha teams were reduced to a medical doctor, a nurse, and a nurse assistant. This decision was taken jointly with the CRCS and the American Red Cross to an additional medical team with five to seven professionals plus volunteers in these locations. In practice, 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 38 months of this operation. The graph also indicates the months in which each HCU and HPI started its actions.



Operational achievements (as of 31 May 2021)

 620,602 Total services provided	 73,246 People reached with basic needs and improved livelihoods	 7,714 Bedding kits distributed	 327,580 Health care services provided	 99,888 Psychosocial support services
 8 Water distribution points	 50,588 Individual hygiene kits distributed	 6,799 Dignity kits to children, adolescents and pregnant women	 1,136 People reached in orientation helpdesks	 7 Health Providing Institutes
 75,461 People reached in friendly spaces	 4 Sites with Restoring Family Links services	 1,666,428 Litres of safe water distributed	 66,047 People sensitized against xenophobia or discrimination	 1 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	FSe _c	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. By June 2021, almost 1 million people have created an user in the [platform](#) to obtain these special permission.

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

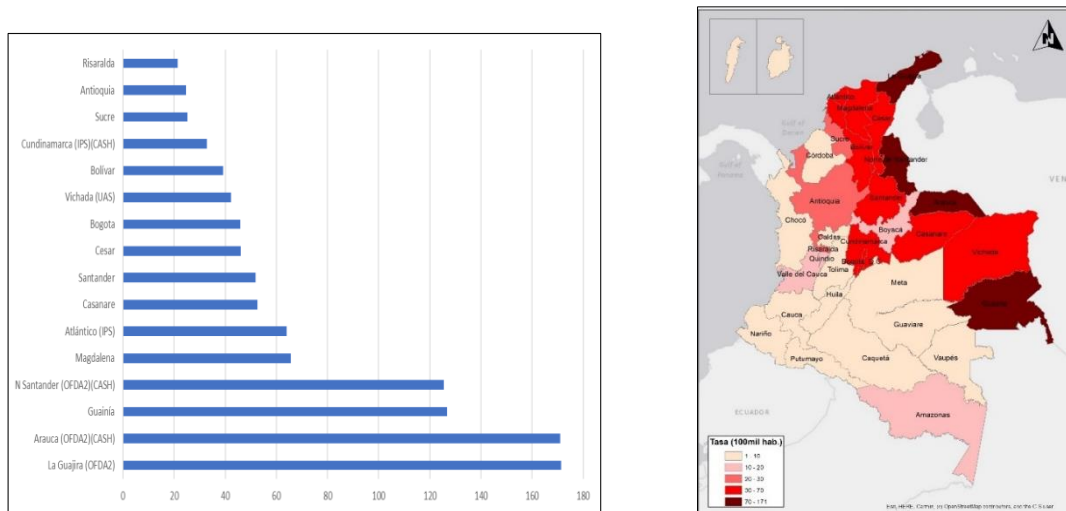
After 38 months of implementation of this Emergency Appeal operation, the situation generated by migration from Venezuela remains a source of great humanitarian challenges. Since 2015 the number of people crossing the border has escalated continuously, with a slight drop between December 2019 and June 2020 because of the holiday season and the pandemic. According to the [GIFMM](#) in Colombia, although the official number of Venezuelans in Colombia is more than 1.7 million, it is expected that , with the opening of the border on the past 2 of June, around 200,000 Venezuelans will enter Colombia in the first 3 to 5 months, according to the Colombian Migration Authorities. That said, the fact that Venezuela has yet to open its side of the border may mean that actual numbers of regular arrivals will be less.

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.

In the same way, [IOM](#) reported on the 29 of January of 2021, that the migration flow of people coming from Venezuela to Colombia, has had a significant impact on the country given the fragile humanitarian context within the country, with that these populations territories presenting economic needs and where local institutions have limited response capacity. In addition to the efforts of the Government of Colombia on regularisation of Venezuela migrants, more than 50% continue to be in an irregular situation, which increases their exposure to risks like sexual exploitation, trafficking and smuggling, recruitment and use of children by armed actors, GBV, family separation, and incidents with irregular armed groups.

In the framework of the implementation of the Special Temporary Protection Status for Venezuela migrants implemented by the Government of Colombia, by [June 2021](#), most of the 741,000 migrants have already have completed the virtual pre-registration in the Single Registry for Venezuelan Migrants (RUMV in Spanish), which indicates that the number of people in irregular status exceed the previous projections.

The following graph and map show the rate of migrants per 100,000 people in every department of Colombia. This system enables an estimate of the impact of the migrant population on local communities. The December 2020 situation report from [GIFMM](#) 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. Now, the rate of irregular-regular migrants has incremented, and as of March 2021, [Migración Colombia](#) has estimated that 83 per cent of Venezuelans in Colombia have irregular status.



Graph and Map: Ration 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. The latest GIFMM multi-donor situational analysis (March 2021) has estimated that 7 out of 10 migrants are now having Colombia as their final destination point, making Colombia the most common migratory destiny in the region (72%).

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 Information Bulletin](#), April 2021). The situation in the border has not receded in terms of criminality. On 15 June 2021 two bomb cars exploded in the National Army battalion in Cucuta, leaving 38 people injured.

In addition, in March 2021, different armed actions took place in the border between the state of Apure, Venezuela and the department of Arauca (Colombia), with the cross-border displacement of more than 5,800 Venezuelans to the municipality of Arauquita, Arauca, Colombia. According to the [reports](#) from Colombian Red Cross Society, as of 25 March, 54% of the total displaced population said they intended to stay in Colombia, 39% said they had not decided and the remaining 7% said they would return in a phase of normalisation, 82% of the total population said they had no handicap/disability. Furthermore, needs were maintained according to priority 1) Food, 2) Accommodation/ bedding, 3) hygiene, 4) Footwear/clothing, 5) Sanitation services. Emphasis is placed on the need to strengthen the component of access to drinking water, in terms of facilitating potabilization processes.

The number of people projected to be reached will be based on the index of needs created by the IFRC in 2019. This index determines first the rate of migrants per department, then uses standard household survey socio-economic information to rank departments, it then integrates a proxy of National Society branch local capacity, and it finally incorporates the qualitative internal and external reports provided by the humanitarian community in Colombia. These all

provides a ranking that determine the departments most affected and those with the highest local response capacity. Upon this information the IFRC and the CRCS determine where to design the intervention.

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.

The latest [GIFMM report on nutrition](#) (June 2021) establishes that the primordial actions for migrants should focus on prevention in malnutrition for vulnerable groups, particularly children 0-23 months old, children under five years old and pregnant women. At the regional level, GIFMM recommends addressing this by providing technical guidance to national and sub-regional platforms. Although Venezuela continues to have its border-crossing points closed, in La Guajira there are still an estimate of 1,000 migrants/week crossing the border through the 216 illegal passing routes identified by [GIFMM](#). Now, returnees to Venezuela have manifested that their three main needs are food, transport and clean water ([March 2021](#)).

[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, measles, Covid-19 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.

Latest surveys indicate that health has resounded from being the main concern amongst migrants. The [GIFMM sectoral study](#) (December 2020) of integration needs shows that the main needs manifested by a sample of 10,465 migrants looking to stay in Colombia are: food (85%), shelter (68%) and access to income (44%). This situation however sheds light on the recurring importance of sustaining a health response that focuses strongly on pathologies derived from lack of food, particularly malnutrition. In fact, the sectoral protection assessment by [DRC between January and March 2021](#) arrives at the same priorities from a survey of 6,315 people in Barranquilla, Bogotá, Riohacha and Medellín, but registers the fourth priority to be health.

As the number of people affected by COVID-19 is reaching a new peak by-the day, it is expected that in a few months the population groups affected will begin to show Venezuelan migrants as an especially affected group. This is a critical risk because the majority of migrants are still on the move, which means they can become an even more efficient vector for its transmission.

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

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.

Related to the [transboundary displacement](#) of Venezuelans to the department of Arauca in Colombia, since 21 March 2021, near of 5,800 Venezuelans in need of international protection and Colombians have arrived in the city of Arauquita (Arauca) from the state of Apure (Venezuela) during the height of the emergency, following clashes between the Venezuelan armed forces and organized armed groups.

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, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca and Vichada, as well as other departments as needs arise based on changing migratory flows.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 8,074 Target: 7,000</p>		
Outcome 2: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicator:	Target	Actual
Number of community shelters provided with shelter assistance ²	20	20
Number of people directly reached with shelter assistance	6,676	8,074
Output 2.1: Short term shelter assistance is provided to affected household		
Indicators:	Target	Actual
# of community shelters provided with shelter assistance	10	20
# of community shelter hosts/ managers trained in first aid	10	15
Number of people reached with shelter support kits	6,676	7,714
Number of families reached with cash for housing	90	90
Progress towards outcomes		
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)		
During the months of May and April 2021, the implementation of a cash for shelter program was completed, in which prepaid cards with values between 80 Swiss francs (CHF) and CHF 150 were provided to 90 families for lease payments or the execution of housing improvements; the CRCS purchased the prepaid cards for 50 families and the IFRC for the remaining 40 due to access to the banking services available in each location. This intervention took place in a context of high vulnerability to evictions in Arauca (20), La Guajira (20), Nariño (10) and Vichada (40). Furthermore, in May and June, a second cash for shelter program started to be implemented to provide support to 100 families in Cundinamarca for their lease payments of approximately CHF 110 per month for a two-month period (2 cards each family).		

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

If information on the implementation prior to April 2021 is required, please consult the operations updates available at: <https://go.ifrc.org/emergencies/68#reports>



Livelihoods and basic needs

People reached: 73,246

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	73,246
# of ventures from migrants that generate income above USD 200 after 10 months of the program start	75 (15 groups 60 individual)	0

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

Indicator:	Target	Actual
Number of people reached with the skills training program	300	152
Number of ventures that receive seed capital after completing skills training	75	75

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

Indicator:	Target	Actual
Number of people reached with kitchen kits with complementary food kits	6,000	5,988
Number of people reached with individual and family food kits	45,500	61,646

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

Indicator:	Target	Actual
Number of families reached by cash and vouchers assistance	2,400	4,172
Number of people benefited by humanitarian transport	1,600	1,288

Progress towards outcomes

During the first 38 months of the operation, the CRCS, with IFRC support, reached **73,246** people. This is the sum 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).

Between February and May 2021, 800 prepaid cards with CHF 80 for food security and nutrition were distributed in Riohacha, Arauca, Vichada, Nariño and Putumayo; another 100 cards with CHF 60 were distributed in Norte de Santander for food support for school-age children and 500 cards were provided to a AHF Colombia, a Colombian NGO, to reach 250 migrants living with HIV.

Moreover, in 2021, a program to strengthen 75 productive initiatives owned by Venezuelan migrants and host communities was implemented; the CRCS directly purchased 35 pre-paid cards and the IFRC acquired the 40 pre-paid cards to ensure access, based on different companies, in distinct regions in the country. 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 was completed during the months of April and May 2021.

Finally, during June, the distribution of 1,250 family food kits will be completed in Arauca, Bolivar, La Guajira, Magdalena and Norte de Santander. In addition, the distribution of 1,000 family food kits will be completed in June, which will complement the distribution of 1000 kitchen kits donated by the Irish Government to the NS.

If information on the implementation prior to April 2021 is required, please consult the operations updates available at: <https://go.ifrc.org/emergencies/68#reports>



Health

People reached³: 327,580

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	327,580
# of community health committees formed and trained	5	5
Output 4.1a: At least 200,000 migrants receive timely medical care and first aid		
Indicator:	Target	Actual
# of people reached with primary health care services through health program (HCUs)	199,000	191,660
# of people referred to specialized medical services	1,700	0
Output 4.1b: 51,000 migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)		
Indicator:	Target	Actual
# of medical consultations provided through CRCS HPIs	50,782	76,800
Output 4.1c: Needs-based first aid, disease prevention, and health promotion measures are provided to the migrant population.		
Indicator:	Target	Actual
# of people reached through community health sessions	1,500	3,150
# 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
Output 4.1d: Children and pregnant mothers have access to nutritional supplements		
Indicator:	Target	Actual
# of pregnant women receiving the nutritional supplement	3,000	362

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

# of children receiving nutritional supplements	6,000	1,394
Output 4.1e: Management of basic health care and services for the migrant population		
Indicators:	Target	Actual
# of epidemiological reports generated	15	17
# of financial and operating reports generated	15	15
# of monitoring missions carried out	40	36
Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population		
Indicators:	Target	Actual
# of people receive individual psychosocial support	6,600	6,429
Progress towards outcomes		
<p>This Emergency Appeal operation has designed an epidemiological report that draws its information from the remote and automatized medical history forms also created as a part of this operation. With these reports, which have become available since November 2020, the CRCS and the IFRC have become the only humanitarian actor with the capacity to provide evidence-based alerts to the Colombian health care system on the emergence of public health problems. This tool has allowed the implementation team at IFRC to establish epidemiological profiles per community reached and then to planned and implement differentiated strategies to address specific needs. This tool has also been used to identify new intervention opportunities at the field level.</p> <p>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 were created and trained, and plan of actions was built to define priorities.</p> <p>Cash for specialized health services Within the framework of health actions, the implementation of a cash program for specialized health services began in April 2021. It consists of 230 grants in the form of pre-paid cards with amounts between 120 and 140 CHF, which by early June will be provided to people selected by the local health teams. The teams 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.</p> <p>If information on the implementation prior to April 2021 is required, please consult the operations updates available at: https://go.ifrc.org/emergencies/68#reports</p>		



Water, sanitation and hygiene


People reached: 615,967

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	8

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	615,967
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	60,491
Progress towards outcomes		
<p>During the first 38 months of the operation, the CRCS, with IFRC support, reached 615,967 people who had access to safe water, estimated based on the Sphere standards. Additionally, the operation distributed 60,491 hygiene kits.</p> <p>During the second quarter of 2021, 880 jerry cans, 70 water filters for households without access to drinking water and 1088 water flasks were distributed in Arauca, Casanare, Guajira, Nariño, Putumayo and Vichada. In addition, 385 family hygiene kits and 150 dengue kits were delivered (dengue kits prioritized only in Casanare and Putumayo). Some remaining of these distributions will be completed during June.</p> <p>If information on the implementation prior to April 2021 is required, please consult the operations updates available at: https://go.ifrc.org/emergencies/68#reports</p>		

 Protection, Gender and Inclusion People reached: 75,461 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	75,461
# of people reached with help desk services	1,200	1,136
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	6,800
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 38 months of the operation, the CRCS, with IFRC support, reached 75,461 people.

From March 2018 to May 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 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 38 months of implementation of this emergency appeal, it has provided 75,461 services.

With the aim of restoring the rights of children and women, 6,800 dignity kits were distributed in the departments of Atlántico, Arauca, Casanare, Guajira, Nariño, Norte de Santander, Putumayo and Vichada by May 2021. These kits are adapted to the expected needs of children, adolescents, adults and pregnant or lactating women.

If information on the implementation prior to April 2021 is required, please consult the operations updates available at: <https://go.ifrc.org/emergencies/68#reports>



Migration

Services provided: 620,602

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	620,602

Output 7.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations

Indicator:	Target	Actual
# of people using the mobile Virtual Volunteering tool	5,000	0
# of culturally-differential kits for indigenous communities	400	0
# of staff and volunteers trained in access to rights and safe behaviours of migrants	150	0

Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented

Indicator:	Target	Actual
# of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants.	40,000	66,047

Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster

Indicators:	Target	Actual
# of services provided by RFL assistance points	16,000	23,474
# of RFL points established	5	4

Progress towards outcomes

Since the launch of this operation 620,602 services have been provided to migrants through different points of attention, reaching 278,884 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 May 2021, 1,666,428 liters of safe water were distributed in 8 water distribution points.

Community Engagement and Accountability (CEA)

During these two months (April and May 2021), 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 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.

If information on the implementation prior to April 2021 is required, please consult the operations updates available at: <https://go.ifrc.org/emergencies/68#reports>



Disaster Risk Reduction

People reached⁴:
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.

⁴ Reference to the counting people reached guidance

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
Progress towards outcomes		
<p>A total of 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. Since 2021 volunteers are covered using a national-level insurance that the IFRC requested from CRCS.</p> <p>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.</p> <p>Up to the end of May 2021, six 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. A seven-phase workshop is planned to be implemented in June 2021. 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.</p>		

International Disaster Response

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

Indicators:	Target	Actual
2.1 Number of RIT, IFRC staff or Movement partner delegates to support the operation	30	29

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

Indicators:	Target	Actual
2.1.1.1 Number of missions (International Missions-IFRC)	30	29
2.1.1.2 Number of support actions for acquisition management	3	3

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

Indicators:	Target	Actual
2.2 Number of coordination meetings with the Movement	58	41

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

Indicators:	Target	Actual
2.2.1.1 Number of reports in accordance with the requirements of the Movement.	10	9

2.2.1.2 Number of reports on the participation of the humanitarian network and key partners.	35	24
Output S2.2.5: Shared services in areas such as information technology (IT), logistics and information management are provided		
Indicators:	Target	Actual
2.2.5.1 Number of branches using the information system	17	17
2.2.5.2 Number of local branches and assistance posts that have access to ICT tools	5	5
2.2.5.3 Number of virtual platforms and tools that have been implemented.	2	2
Progress towards outcomes		
<p>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>In addition to the GIFMM, the IFRC and CRCS regularly participate in the meetings of the sectorial subgroups of the GIFMM, the <i>caminantes</i> subgroup, the Health Cluster, the Food Security and Nutrition Cluster and the Humanitarian Country Team. The IFRC and CRCS in these coordination and deliberation spaces are critical to inform operational decisions consistent with the overall approach of the humanitarian sector in Colombia.</p> <p>During the 38 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 clinical history form 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.</p> <p>During COVID-19 pandemic, 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.</p> <p>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. Other than the 17 branches which regularly use and report on ODK, five branches receive ICT support from the IFRC.</p>		

Influence others as leading strategic partner		
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable		
Indicators:	Target	Actual
3.1 Number of newsletters, press releases and reports	45	41
Output S3.1.1: The IFRC and the CRCS are visible, trusted and effective advocates on humanitarian issues.		
Indicators:	Target	Actual
3.1.1.1 Number of updates of the strategy	4	4
3.1.1.2 Number of video productions	5	8
Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
3.1.3.1 Number of evaluations or needs assessments	5	4

<p>Progress towards outcomes</p> <p>Newsletters, press releases and reports The main products of this strategy can be seen here, here and here.</p> <p>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.</p> <p>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.</p>

<p>Effective, credible and accountable IFRC</p>		
<p>Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>4.1.1 Number of published financial reports</p>	<p>8</p>	<p>11</p>
<p>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.</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>4.1.3.1 Number of monitoring reports</p>	<p>8</p>	<p>7</p>
<p>4.1.3.2 Number of donor reports</p>	<p>10</p>	<p>6</p>
<p>4.1.3.3 Number of people trained in financial management</p>	<p>12</p>	<p>12</p>
<p>Output S4.1.4: Staff security is prioritized in all IFRC activities</p>		
<p>4.1.4.1 Security Plan updated</p>	<p>30</p>	<p>30</p>
<p>4.1.4.2 Number of volunteers trained in Stay Safe</p>	<p>300</p>	<p>246</p>
<p>Progress towards outcomes</p>		
<p>Reports As part of the IFRC commitment to accountability, emergency and donor reports are regularly created and presented.</p>		
<p>Security Plan updated 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>Number of volunteers trained in Stay Safe Up to the 38 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](#)
- [36-month Update](#)

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How we work

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

D. BUDGET

The financial report is available in the annex [here](#).

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2021/5	Operation	MDRCO014
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 21 Jun 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
Total Funding Requirements	10,000,000
Donor Response* as per 21 Jun 2021	8,180,061
Appeal Coverage	81.80%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	176,710	164,873	11,836
AOF3 - Livelihoods and basic needs	1,230,218	794,502	435,716
AOF4 - Health	3,352,255	3,291,060	61,195
AOF5 - Water, sanitation and hygiene	598,089	614,457	-16,367
AOF6 - Protection, Gender & Inclusion	442,620	443,536	-916
AOF7 - Migration	222,859	174,765	48,094
SFI1 - Strengthen National Societies	631,239	530,841	100,398
SFI2 - Effective international disaster management	1,386,671	1,312,002	74,669
SFI3 - Influence others as leading strategic partners	69,411	12,393	57,019
SFI4 - Ensure a strong IFRC	69,989	27,488	42,501
Grand Total	8,180,061	7,365,917	814,144

III. Operating Movement & Closing Balance per 2021/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,180,061
Expenditure	-7,365,917
Closing Balance	814,144
Deferred Income	0
Funds Available	814,144

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2021/5	Operation	MDRCO014
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 21 Jun 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		
Total Contributions and Other Income	8,180,061	0	0	0	8,180,061	0	
Total Income and Deferred Income					8,180,061	0	