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DREF Final Report

Colombia: Civil Unrest

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation MDRCO019	
Date of issue: 24 February 2022	
Operation start date: 17 May 2021	Operation end date: 31 August 2021
Host National Society: Colombian Red Cross Society (CRCS)	Operation budget: 143,250 Swiss francs (CHF)
Total number of people affected: 1,789 people affected, including protesters and law enforcement: 1,726 injured and 63 deaths ¹ .	Total number of people reached: 3,644 directly and 5,114,290 indirectly
Red Cross Red Crescent Movement partners actively involved in the operation: The International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Spanish Red Cross, and Norwegian Red Cross.	
Other partner organizations actively involved in the operation: Ministry of Health and Social Protection (MinSalud), Google, Primax, Terpel, Emergency Regulatory Centres (CRUE), municipal, departmental and district health secretariats, the Ombudsman's Office and Municipal Authorities, Colombian Family Welfare Institute (ICBF).	
The Colombian Red Cross Society spent a total of 114,524 CHF. The remaining balance of 28,726 CHF will be returned to the Disaster Relief Emergency Fund.	
<i>The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. The IFRC, on behalf of the CRCS, would like to extend thanks to all for their generous contributions.</i>	

<For the final financial report, click [here](#). For Contacts, click [here](#).>

A. Situation analysis

Description of the disaster

On 28 April, trade unions and social organizations convened a series of nationwide social mobilizations, in response to a tax reform proposal presented on 15 April that taxed basic consumer products. As a result, the reform triggered a deep social unrest situation across Colombia, which began as peaceful demonstration and work stoppage days in most cities. However, after 28 April, the demonstrations began turning violent due to the confrontation between demonstrators and authorities, and the

¹ Source: Information and Telecommunications Centre (CITEL) Colombian Red Cross Society (CRCS) 2021.

violence quickly intensified and dispersed into main cities of the country. A series of riots and acts of vandalism against public and private property broke out that led to the deployment of the National Police Riot Squad (ESMAD). The excessive force used in some instances led in turn to a serious confrontation between protesters and law enforcement officials, causing injuries among both civilians and members of the police. The proposed tax reform was withdrawn from consideration on 3 May as a result; however, demonstrations and civil unrest continued in 127 cities in 24 departments across Colombia in protest to other reforms underway, such as a reform to health and pensions, the dissatisfaction expressed by some sector with the handling of the COVID-19 emergency, the slow pace of vaccinations, and other social issues that the national government has been discussing since 2019.



Photo 1. First aid and humanitarian assistance during demonstrations in Valle del Cauca. Source: CRCS, 2021.

The escalating violence gave way to even more roadblocks, causing essential commodities shortages including medicine and other medical supplies needed by hospitals, higher food prices and further delays to vaccine distributions across the country. According to CRCS's Information and Telecommunications Centre (CITEL), 1,726 people were reported injured and 63 dead as of 20 June, including protesters and members of law enforcement.

Summary of the response

Overview of Host National Society Response Action

The CRCS - through its health department and the Medical Mission Protection Programme, per its role as an auxiliary to public authorities and in coordination with the Ministry of Health - supported the Medical Mission in Colombia as an official figure that designates the delivery of health services during special situations including armed conflict, natural disasters, and other calamities. This affords a special protection status to the health and non-health personnel involved, seeking to ensure respect, their protection, and the free performance of medical work in crisis and high-risk situations. The CRCS supported the Medical Mission by helping to transport hospital and medical supplies via humanitarian caravans across roadblocks set up by protesters. Furthermore, the CRCS promoted respect for the Medical Mission through the dissemination of key messages, highlighting the neutral nature of the Medical Mission's work during the conflict, to facilitate the transfer of patients and medical supplies across roadblocks.

The CRCS designed the "Routes" strategy as a response to the multiple requests made by private stakeholders, for obtaining accompaniment and protection across roadblocks. The strategy consisted in organizing caravans of privately owned vehicles transporting medical supplies, escorted and protected by CRCS vehicles and personnel and the Red Cross emblem. Thus, the CRCS Situation Room received 310 such accompaniment requests, which, after analysing their feasibility, resulted in 90 caravans made up of a total of 217 vehicles transporting essential medical supplies.

CRCS's Protection, Gender and Inclusion (PGI) area coordinated remotely with branches targeted for PGI-related response (Antioquia, Meta, Risaralda, Tolima and Valle del Cauca), providing specific information on assistance protocols in cases of gender-based violence (GBV) and sexual violence (VS); essential aspects for safely referring affected individuals; immersion in promoting safe spaces for the population; violence prevention; guidelines for providing Restoring Family Links (RFL) services, and support to families whose members were reported missing during social mobilizations. An RFL hotline was set up to receive requests to initiate searches of people who had lost contact with relatives presumed to be at risk of going missing.

Moreover, the CRCS's PGI area issued 20 press releases over radio and TV stations in Bogotá, Cali, Medellín, Bucaramanga and Pereira, as well as over digital channels, ensuring and urging respect for the right to life and health and providing information on the CRCS's work in humanitarian caravans. It also intensified public dissemination of CRCS's humanitarian work and its Fundamental Principles, aiming to make people widely aware of the CRCS's neutral, impartial and independent way of working. It advised health care teams in the field organized by university groups and other civilian sectors in the departments of Putumayo, Boyacá and Valle del Cauca to assist and provide first aid to injured protesters. It also advised these groups on infractions related to using the Red Cross and the Medical Mission emblems and made recommendations on how these groups could be adequately identified during their work assisting the injured without improperly using the emblem.

To reinforce the fulfilment of the Red Cross Movement's humanitarian mandate and applicable security protocols per CRCS operational regulations, the National Readiness² that supports the development of the National Contingency Plan and the Self-care Protocol was activated, applicable to CRCS staff and volunteers' humanitarian duties in urban demonstration contexts. This doctrinal reinforcement exercise was expanded to include branches, focusing on the exercise of the right to freedom of expression and the application of the Neutrality principle. On 28 April 2021, the CRCS issued the document called "Doctrinal guidance regarding the non-participation of CRCS personnel in mobilizations, strikes, marches and protests". These guidelines were complemented with others aimed at providing guidance to branches on following up on institutional preparedness and readiness. The CRCS made recommendations on National Society humanitarian actions in contexts involving mobilizations, marches, internal unrest and tensions in urban settings.

Fifty-one National Crisis Room meetings were held during the operation to monitor and track the situation. These were attended by branch and national leadership teams and led by the head of the disaster risk management team to track and monitor social mobilizations. Additionally, a mechanism was established to monitor and report on the evolution of the emergency, articulated with Medical Mission leaders. This monitoring produced 11 memoranda and guidance documents and action protocols and 40 situation reports, also providing follow-up, support and advice to branch leaders of

² Consisting of the implementation of procedures for vehicle readiness, volunteers, crisis rooms and connection with telecommunications centers, generation of situation reports and monitoring of context variations.

the Peacebuilding and Institutional Doctrine Team so that the guidance could be framed within optimal advice to their branch teams and comply with institutional doctrine.

Overview of Red Cross Red Crescent Movement Actions in country

On 30 April 2021, the Colombian Red Cross, the International Committee of the Red Cross (ICRCS) and the International Federation of the Red Cross (IFRC) issued a joint statement³ reiterating the importance of absolute and unconditional respect for the Red Cross emblem and the staff linked to these humanitarian organizations, considering that this allows them to perform actions to assist victims and the most vulnerable populations.

In response to the different requests of support made to the CRCS by local organizations, the head of the CRCS's Comprehensive Health Management area in coordination with the ICRC's health area, designed the humanitarian caravan strategy, to work under standard protocols and internal communications procedures. As a result, the ICRC accompanied CRCS caravans organized in department of Nariño.

Finally, additional funds were raised from other Red Cross Movement members in the country and private donations, to fully fund the CRCS's social mobilization plan of action necessary for this implementation. The Spanish Red Cross supported the communication campaigns, the strengthening of the telecommunications national network and with the procurement of uniforms and helmets. The Norwegian Red Cross assisted with strengthening the Medical Mission's visibility and operational expenses for response. By the end of the operation, 40 SITREP FIELD reports had ISSUED IN the IFRC's GO Platform.

Overview of non-RCRCS actors' actions in country

The Ministry of Health in coordination with the CRCS activated the established protocols to protect the Medical Mission, to facilitate the transport of medical supplies (oxygen and other gases), as well as patients, and to assist citizens affected by the violence during protests. Colombia's Civil Defence also helped with the humanitarian caravans coordinated from the CRCS's Situation Room conjointly with the Ministry of Health.

The Ombudsman's Office, as the Government institution responsible for promoting respect for the human rights of individuals and communities, accompanied the CRCS during the talks between the parties engaged in confrontations, to enable and ensure the operation of humanitarian corridors, with support from the United Nations (UN) Verification Mission in Colombia and the Office of the United Nations High Commissioner for Human Rights (OHCHR). All actions were coordinated with departmental health secretariats' CRUEs, responsible for authorizing the use of the Medical Mission emblem in Colombia.

³<https://www.cruzrojacolombiana.org/el-movimiento-internacional-de-la-cruz-roja-en-colombia-insiste-en-la-importancia-de-respetar-el-emblema-de-la-cruz-roja/>

The CRCS carried out funds raising with private sector partner organizations to such as Google, Primax and Terpel, which made monetary and in-kind contributions to cover operational response expenses in targeted branches. Additionally, regional universities also provided support in Nariño, Cauca, Valle, Risaralda, Antioquia, Quindío and Caldas through personnel tasked with supporting first aid efforts in places where violent confrontations occurred, as well as with providing rights guidance to the civilian population. Another important actor outside the Movement was the ICBF, which activated the protection strategy, aimed at children and adolescents, in coordination with the CRCS.

It is important to mention the participation of Municipal Risk Management Councils (CMGRD), Emergency Regulatory Centres, and the municipal, district and departmental Health Secretariats in the emergency response plan, as well as the coordination and communications with the Ombudsman's Office and Municipal Authorities' representatives.

Needs analysis and scenario planning

Health:

An estimate of sixty-three people died and 1,726 were injured, including protesters and members of law enforcement, as a result of social unrest, according to data collected and verified by the CRCS's CITEL. One of the most concerning effects of the violence that broke out in the country, was that health personnel delivering urgent, and life-saving medical duty became target of it, as well as the total disruption of the supply chains of medical goods and patient transportation due to the road barricades. Therefore, health needs during this emergency mostly focused on ensuring basic health services to people who could not be treated in hospitals, due to disruptions caused by the protests and roadblocks. In departments such as Valle del Cauca, Cauca and Nariño, medicines and supplies became scarce, patients with chronic illnesses could not receive adequate treatment, and the COVID-19 vaccination process was interrupted because there was no way to safely transport the vaccines.

Given the number of injured people that required urgent medical attention under scenarios involving violent confrontations, it became necessary to build the CRCS's capacity to provide pre-hospital and first aid care. This included providing psychosocial support (PSS) to the population affected by the violence and to CRCS personnel exposed to the psycho-emotional stress of aiding affected people physically and psychologically, particularly health personnel.

The damage to health service infrastructure in hospitals and ambulances, made it necessary to ensure respect for health and humanitarian personnel and the performance of their work in affected areas, as well as respect and proper use of the Red Cross and the Medical Mission emblems, as symbols of protection.

The fact that the violence associated with the social unrest took place simultaneously with the third wave of COVID-19 contagion in the country, made it necessary to reinforce biosafety and contagion prevention measures among the CRCS staff, volunteers and the population in areas where the protests and roadblocks were happening.

Protection, Gender and Inclusion (PGI):

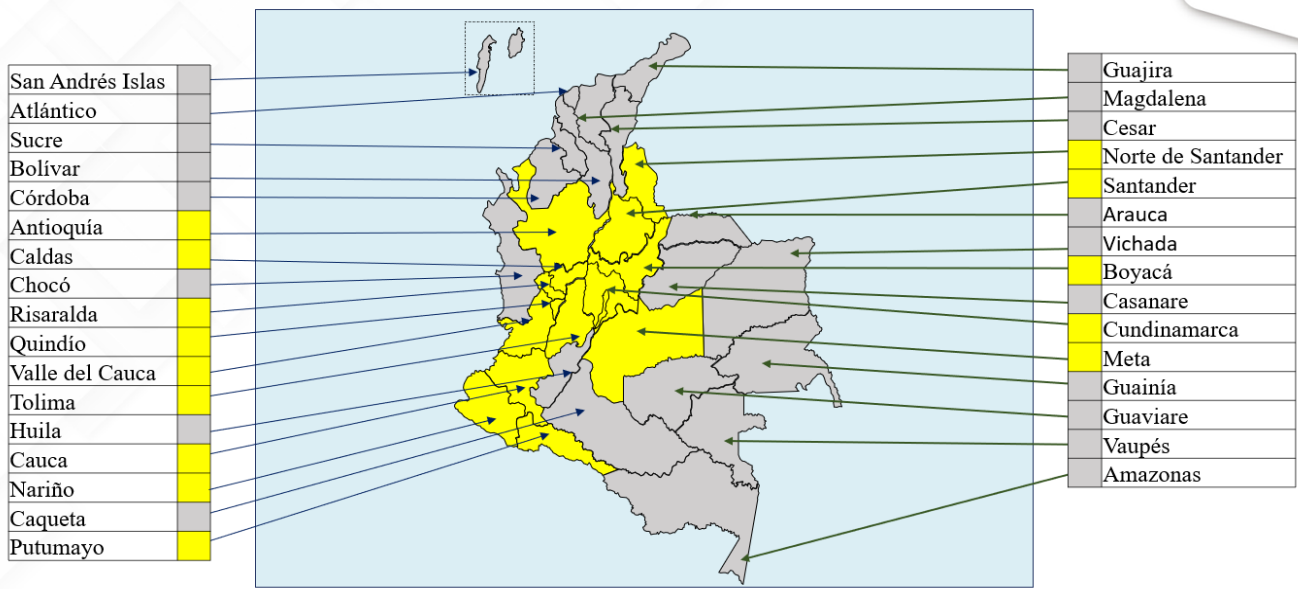
As part of the plan of action for social mobilizations, branch leaders were consulted regarding the response actions that they could provide based on the protection needs identified. Therefore, three fundamental actions needed to be implemented: a) provision of guidance on civil rights protection mechanisms among law enforcement and the civilian population b) implement a community-centred PGI local response, aimed at reducing and mitigating urban violence scenarios, c) activate RFL response particularly for the department of Valle del Cauca, providing the hotline service, and guidance and accompaniment to relatives of missing people.

Communications:

During mobilizations and protests, seven Red Cross emblem misuse incidents were reported by unauthorized individuals or by authorized organizations acting outside the fundamental principle of neutrality. The risk posed by these actions jeopardizes the credibility of the humanitarian actions by the CRCS and generates security risks. For this reason, it was necessary the implementation of communication action with the general public, underscoring the neutral and impartial role of the work done by the CRCS during this type of emergency situations. This was required as a condition for maintaining a positive image among the public, and for ensuring minimum levels of acceptance by the population affected.

Prioritized geographic location:

Figure 1. CRCS branches targeted by the operation



Source: CRCS, 2021

Target Departments

Target population

Scope of the Intervention		Direct		Indirect	
		Male	Female	Male	Female
Health	First Aid ⁴	720	720		
	Community Psychosocial Support				
	Psychosocial Support to first responders' teams	120	120		
Protection, Gender, and Inclusion	Protection	250	250		
	Restoring Family Links	50	50		
Communications + Community Engagement and Accountability (CEA)					
Total		2,280		10,000	

Risk assessment

Identified risks

1. Limitations to the delivery of the CRCS's humanitarian work originated by security risks.
2. Loss of trust in the Red Cross due to improper use of the emblem by third parties.
3. Loss of recognition of neutrality due to misunderstandings of the CRCS neutral role.
4. Damage to institutional vehicles.
5. Violence against humanitarian personnel and volunteers of the CRCS.
6. COVID-19 is contracted by response staff.
7. Exposure of staff and volunteers to high levels of psycho-emotional stress.
8. Physical exhaustion of personnel responding to the emergency.

Mitigation actions

It was inevitable that many of the previously identified risks would occur despite the good level of institutional preparedness via the implementation of preventive measures. This circumstance demanded the CRCS to implement reactive measures through memoranda from the CRCS National Presidency, as well as the provision of permanent guidance to branches and to humanitarian response teams in the field, with support from Humanitarian Social Development Unit National Teams. Additionally, the widespread conditions of insecurity forced the CRCS to suspend deployments and non-essential or emergency work in the field, which delayed other National Society programmes and services not related to emergency and disaster response.

There were cases of CRCS personnel accompanying the humanitarian caravans, being challenged by protest leaders at various roadblocks when claiming that elements being transported by the caravans were not for humanitarian assistance in their judgment. This led to the trucks being denied passage,

⁴ Target estimated in the following way: 3 trauma kits and 3 basic health kits will reach 20 people per kit, and these kits will be distributed in 12 branches.

resulting in security incidents for the CRCS, because of mistrust and the unfavourable perception generated around the institution.

Situations of operational risk associated with misconceptions regarding their humanitarian work occurred during CRCS's humanitarian response actions. This led to certain cases of rejection of the CRCS's role by sectors of the general public, which were temporary and attributed to circumstances involving the confusion and mistrust, stemming from the improper use of the Red Cross and Medical Mission emblems by unauthorized persons. These unfavourable perceptions due to improper use of the emblem, were addressed through a special operational communication mission at the regional level, with support from the respective branches in each jurisdiction. This ensured acceptance and respect for the CRCS's work in affected areas.

To manage COVID-19-related risks the operation provided protective equipment and biosafety kits (N95 masks and antibacterial gel) to health personnel and CRCS teams involved in humanitarian response during social mobilizations and humanitarian caravans. Memorandum PCR 361 of 21 April 2021 was activated and sent to all branches, together with the National Contingency Plan and the Self-Care and COVID-19 Protocols for National Society personnel involved in Urban Mobilizations and Marches. As for actions aimed at the target population, the biosafety and COVID-19 prevention dissemination and training campaign was reinforced, prioritizing areas affected by unrest and roadblocks.

B. Operational strategy

Overall Objective

To reach at least 2,280 people affected by the social unrest, providing them with pre-hospital care, psychosocial support, protection, and information according to needs and considering institutional security aspects and the Fundamental Principles.

For this emergency, Colombian Red Cross designed an operational strategy focused on the following sectors:

Health

- At least 1,440 affected people have first aid and pre-hospital care.
- At least 80 humanitarian caravan missions are carried out to assist with replenishing medical supplies in health institutions.
- At least 1,000 affected people have psychosocial support.
- At least 240 volunteer first responders have psychosocial support.

Protection, Gender, and Inclusion

- At least 500 affected people have protection-related information and guidance on issues of rights and care paths.
- At least 100 people restore contact with their relatives.
- At least 10,000 people receive protection messages.

Communications and CEA in emergencies

- Public information to 10,000 people on respect and protection of the Red Cross emblem, humanitarian action and the medical mission.
- At least two Red Cross communications channels established and disseminated to identify queries, information needs, rumours and protection needs.

Operational Support

The activation of internal NS contingency plans for social mobilizations was established as part of the institutional operational strategy. Said plans have been under development for the last ten years so as to include and provide for all possible developments within scenarios involving marches, strikes, protests, roadblocks and confrontations.

Human Resources

To respond to the emergency, Colombian Red Cross had a management and technical team consisting of one national project coordinator, one administrative assistant, one accounting assistant and one security RIT deployed

The operation was supported by volunteers and staff from branches nationwide based on the magnitude and scope of the emergency in each department. By the end of operation 602 volunteers and 123 employees performed humanitarian actions focused on first aid, psychosocial support, rights protection, operational dissemination, traffic support, accompaniment of humanitarian caravans, and participation in crisis rooms, situation rooms and the Unified Command Post (PMU). The National Directorate work team (Disaster Risk Management, Comprehensive Health Management, Peacebuilding and Institutional Doctrine, and Volunteers) remained active while social mobilizations occurred, participating in all work processes, following up on the strategy, monitoring and providing guidance to branches.

Logistics and Supply Chain

The 3,567 roadblocks recorded in the country⁵ created a critical shortage of hospital supplies and basic commodities in Colombia. The CRCS promoted the protection of the Medical Mission, leading and coordinating advocacy spaces together with the Ministry of Health for the accompaniment of the humanitarian caravans, through articulated work by CRCS branches and the ICRC. This accompaniment took place simultaneously over various routes, involving the branches serving the areas through which they travelled as well as several institutional vehicles, which escorted the trucks transporting supplies. The trips made by the caravans took several days, not only because of the roadblocks (sites in which intermediation was required to be allowed through) set up by protesters, but also due to speed limits and the number of hours drivers required for driving and resting. The actions that required logistical support for the response include:

⁵

https://www.mindefensa.gov.co/irj/go/km/docs/Mindefensa/Documentos/descargas/estudios_sectoriales/info_estadistica/InformeCorrido_Balance_Paro_2021.pdf

- Transport of staff in institutional vehicles, of fuel, oil, liquids, preventive and corrective maintenance and contingencies.
- Personnel safety and well-being: Food and hydration, aid to volunteers, lodgings for long trips or for contingencies, personal protective equipment, uniforms.
- Supplies: Supplies to stock mobile units, such as first-aid kits, personal protection items, signage and dissemination materials.
- Communications: Adaptation of mobile communications equipment, batteries for radios, radio kit.

The IFRC assisted with the procurement of health supplies, basic kits for assisting patients with trauma, stretchers and defibrillators. All purchases were made in accordance with IFRC procedures. Personal protection and visibility elements were also purchased for the staff and volunteers implementing the activities (see Table 2).

Table 1. Items procured to support the operation.

ITEMS	AMOUNT
Medical Mission bibs- Humanitarian Caravans	200
Medical Mission flags - Humanitarian Caravans	720
CRCS flags	12
CRCS emblems	12
Equipment transport case	1
Radio batteries	10
Uniforms for volunteers	0
COVID-19 PPE kit for volunteers	60

Communications and Community Engagement and Accountability

The operation had a communications plan aimed at strengthening the institutional image and identity to ensure effective information on the CRCS's work. The campaigns disseminated by the media allowed the CRCS to preserve the trust of people and communities.

The plan was led and developed through the CRCS's Communications Office in coordination with other areas, to work in a coordinated manner and ensure greater impact. The resulting communication pieces were disseminated through institutional social networks, as well as via a media dissemination strategy focusing on local media and community radio stations or tv channels.

The entire communications strategy was developed under principles of the CEA approach, in order to be able to communicate in an engaging matter both with protest leaders and the authorities, informing everyone about the humanitarian role of the CRCS and the way it is performed under strict neutrality, impartiality and independence. This provided meaningful opportunities for engaging with the parties involved in the confrontations, listening to their concerns regarding the institution and clarifying doubts, and also providing information on services and guidance on how to access to the CRCS's services.

Information Technology (IT)

The Colombian Red Cross has a telecommunications system at the national and local level that remained available throughout the operation. The communication necessary to coordinate the actions of the response teams on the ground, were coordinated via this system by national communication focal points. For this reason, the operation included the procurement of telecommunication and computing equipment, to strengthen coordination and humanitarian action in territories.

Security

Based on the risk analysis carried out by the National Security Committee, the office of the CRCS National Presidency issued five memoranda to branches, providing guidance on preventive security measures during preparations for readiness and the monitoring of social mobilizations. The memoranda called for the maintenance of strict neutrality and impartiality, and to clear up false information circulating related to the CRCS and the use of the emblem. The security strategy included quickly organizing and carrying out communications campaigns, particularly in southwestern Colombia, with participation and support of eight branches, with the objective of strengthening perception and image of the CRCS.

The measures were complemented with the implementation of the CRCS's Self-Protection Protocol, aimed at providing guidance to the CRCS operational staff participating in humanitarian response actions. Additionally, an action protocol was established and implemented for accompaniment of humanitarian caravans in support of the Medical Mission, in accordance with Branch Contingency Plans established by each branch.

From the first day of social mobilizations (28 April 2021), the CRCS, with support from CITEL and all regional branches, monitored the security situation by registering all associated events, especially those involving public unrest situations and their effects and impact on people and infrastructure, as well as the humanitarian response actions undertaken. During the 52 Crisis Room meetings held, relevant information was exchanged between national and branch directorates and security guidance was provided regarding the different risks detected.

The CRCS raised awareness regarding the use of COVID-19 personal protection items among the volunteers and staff delivering health care during social mobilizations. The PPE protocol officially established by the CRCS to be applied in times of pandemic was used for this action. Volunteers received training on dealing with exposure to toxic substances in situations of public unrest in order to strengthen their self-care capacities, providing them with the relevant security information.

Planning, Monitoring, Evaluation and Reporting

As in the communications strategy, the operation had a monitoring and evaluation plan for which indicators, frequency of measurement and support and tools necessary for adequate measurement


were identified. The strategy used CRCS's information gathering systems, which ensured data collection and analysis. The information collected ensured the submission of weekly progress reports that highlighted achievements as well as challenges and opportunities encountered during the operation's implementation.

A lessons learned workshop was held with support from the CRCS's Education team, the Strategic Partnerships and Risk Management teams, as well as the IFRC team for the Andean countries. The workshop was held virtually given COVID-19-related regulations prohibiting face-to-face activities that exceed a certain number of people established by the CRCS. As the workshop was held in the CRCS Crisis Room, six people participated in person, and the Strategic Partnership, Education, and Disaster Risk Management teams as well as the people representing the branches in Bolívar, Antioquia, Risaralda, Caldas, Valle, Cauca, Nariño, Atlántico, Cundinamarca, Boyacá, Santander, Norte de Santander, Quindío and Huila participated virtually.

Administration and Finance

The project's financial and administrative processes were in line with CRCS and IFRC emergency response operation management procedures, ensuring adequate transparency and accountability.

C. Detailed Operational Plan

	<p>Health</p> <p>People reached: 2,345 Male: 1,149 Female: 1,195</p>	
<p>Health Outcome 1: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</p>		
Indicators:	Target	Actual
# of people reached by first aid services	1,440	648
<p>Health Output 1.1: Improved access to health care and emergency health care for the targeted population and communities</p>		
Indicators:	Target	Actual
# of humanitarian caravans assisted	80	90
<p><i>Narrative description of achievements</i></p>		

Procurement and distribution of first aid and pre-hospital care supplies

As part of the operation and to strengthen branch responsiveness, 32 first-aid kits, 6 first-aid supplies, 6 trauma supplies, 5 automatic external defibrillators (AEDs) and 27 stretchers were provided to 14 branches. Considering that at the beginning of mobilizations the branches responded with pre-hospital care, supplies to replenish their first aid kits were purchased and distributed as detailed below:

Table 2. First aid and pre-hospital care supplies

No	Branch	Basic First Aid Kit	Basic First Aid Kit supplies	Trauma Kit supplies	Defibrillators	Stretchers
1	Antioquia	1	0	0	0	2
2	Boyacá	1	0	0	0	1
3	Caldas	1	0	0	1	1
4	Cauca	4	1	1	1	3
5	Cundinamarca	4	1	1	1	3
6	Meta	2	0	0	0	2
7	Nariño	4	2	2	1	3
8	Norte De Santander	2	0	0	1	2
9	Putumayo	3	0	0	0	2
10	Quindío	1	0	0	0	1
11	Risaralda	2	0	0	0	1
12	Santander	2	0	0	0	2
13	Tolima	1	0	0	0	1
14	Valle Del Cauca	4	2	2	0	3
TOTAL		32	6	6	5	27

First aid care by volunteers

During mobilizations, the CRCS strategically deployed its first aid teams to assist protesters, treating 648 (Cauca: 164, Valle del Cauca: 252, Cundinamarca: 228, Quindío: 2, Santander: 2) individuals either through institutional vehicles or mobile or fixed first aid stations. Some had to be transported to hospitals for injuries that required in-hospital care, including dressing and immobilizing wounds, eye washes, among others, for people whose physical and mental health was affected. The actions carried out, both on site and during transport to hospital, were always aimed at preserving life and reducing the risk of complications and of disability and death.

The initial target of 1,440 people reached with first aid services was only partially achieved due to the reduction in operational deployments to sites of roadblocks and demonstrations. The context analyses performed by branches indicated that first aid actions could be reduced given the absence of major violence incidents or affected population in branches such as Quindío, Boyacá, Caldas and Meta.

Support and assistance to medical mission (visibility elements)

The increase in violence in Colombia is of particular concern for the Ministry of Health, especially hostilities stemming from armed conflict as well as other situations of violence in urban and rural contexts. Violence seriously affects the living conditions and work of health staff who work across the country, which in turn has a negative impact on the most vulnerable population's access to essential public health services. In view of this situation, the Ministry of Health has been consolidating various strategies aimed at addressing and alleviating this serious issue. Progress is being made on issues of

special interest such the consolidation of a system to strengthen respect for and protect the Medical Mission, with support from the ICRC; the office of the Vice Presidency of the Republic; the Ministries of the Interior, Justice and Law, and Labour; the Administrative Public Function Department; Departmental and District Health Secretariats; various Health Ministries; sector trade union organizations; and, of course, the CRCS.

In this regard, CRCS, through its Protection programme aimed at promoting respect and protection for the Medical Mission in areas affected by armed conflict and other situations of violence, has supported the Medical Mission through distribution of appropriate visibility items, ultimately delivering 10,401 identification items in areas most affected by social mobilizations. Additionally, five virtual awareness-raising days were held with transporters and health personnel, reaching 264 people from all over the country. The topics addressed included the legislative aspects of bearing the emblem of the Medical Mission, its meaning, the rights and duties of health personnel, types of attacks on the Medical Mission, reporting mechanisms, and response mechanisms to infractions and incidents.

The visibility elements distributed to branch offices in the most affected areas is shown by table 3. At the same time 29 Medical Mission flags, 550 ID batches, and 47 vests were distributed to the CURES in 14 departments (Antioquia, Arauca, Bogotá, Boyacá, Caldas, Casanare, Cauca, Nariño, Norte de Santander, Quindío, Risaralda, Santander, Tolima, Valle del Cauca).

Table 3. Distribution of visibility items in branches.

Branch	# of Flags	# of ID Cards	CRCS Vests
Cundinamarca	70	200	35
Cesar	15	100	20
Arauca	0	0	100
Bolívar	15	100	20
Caldas	15	100	20
Chocó	0	0	100
Huila	10	200	15
Valle	25	200	50
TOTAL	150	900	360

Development and accompaniment of humanitarian caravans

As soon as the government requested assistance to the CRCS (on 5 May) for its participation in the humanitarian caravans, the National Society set up a Medical Mission Situational Table to craft a plan. In a matter of hours, the CRCS had coordinated everything required to accompany the trucks transporting medicines and oxygen. The first caravans quickly supplied the hospitals and health centres that had been addressing the COVID-19 emergency, thus supporting local health systems. This activity was led by the CRCS Humanitarian Development Unit, involving the Peacebuilding and Institutional Doctrine and the Comprehensive Risk Management teams under the technical guidance of the Comprehensive Health Management team, specifically the Medical Mission Protection Programme.

Table 4. Summary of main achievements by humanitarian

Operational Aspects	Total
Operating days:	57
Requests received:	310
Caravans conducted:	90
Vehicles accompanied:	218
Impacted departments:	20
Impacted municipalities:	50
Transporters accompanied:	32
Red Cross vehicles in caravans:	60
Red Cross volunteers:	180
Security incidents during caravans:	5
Meetings with CRUEs	4

Table 6. Healthcare facilities supplied by the humanitarian Caravans.

Department	Health Centres reached
Antioquia	5
Atlántico	1
Boyacá	2
Caldas	1
Caquetá	1
Casanare	5
Cauca	6
Cesar	1
Cundinamarca	16
Meta	2
Nariño	6
Norte de Santander	4
Quindío	2
Risaralda	1
Santander	1
Tolima	3
Valle del Cauca	2
Total	59

Challenges

- One of the biggest challenges was articulating with CRUEs to carry out the activities prior to each humanitarian caravan, as drivers had to be previously identified as well as sensitized regarding the goal of the operation, and Medical Mission emblems had to be installed in their vehicles.
- Another significant challenge was making protesters in roadblocks understand that the Medical Mission was not a protective emblem exclusively for the government. This was resolved thanks to effective operational communication actions.

Lessons learned

- The CRCS possesses the capacity to accompany this type of response with multidisciplinary levels of intervention within the institution and across sectors at the local, national and international levels.
- This operation stressed the importance of operational communications to the public and the need for it to be carried out on an ongoing basis by all branches.
- Empower the Ministry of Health and other entities to disseminate and educate regarding the Medical Mission.
- Coordination and submission of daily reports by branches on actions carried out along each line enables having a systematized record of information with up-to-date data, which is very useful to support the operation.
- CRCS worked with the Ministry of Health to ensure coordination with hospitals, municipal and departmental health secretariats and providers of medical supplies, to ensure a synchronized process and avoid any situation that generated additional risks to personnel or the operation.

Health Outcome 2: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
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# of people reached by psychosocial support services	1,680	1,697		
Health Output 2: Psychosocial support provided to the target population as well as to RCRC volunteers and staff				
Indicators	Target	Actual		
# of people reached by psychosocial support services	1,440	1,125		
# of Red Cross and external staff treated	240	572		
<i>Narrative description of achievements</i>				
Psychosocial support sessions to the affected population				
<p>In response to adverse circumstances caused by violent demonstrations and the COVID-19 pandemic, the CRCS implemented a psychosocial care modality via telephone calls that allowed affected people to contact psychosocial support personnel who listened and provided counselling to mitigate the psychological consequences of the violence and uncertainty. This activity was framed within the CRCS's mental health and psychosocial support in emergencies and disasters subprogramme.</p> <p>The remote psychosocial care modality was complemented with face-to-face psychological first aid, implemented in various locations where communities and protesters were. The remote actions were carried out by volunteers and staff trained in psychosocial support who are part of the Psychosocial Support Groups (GAPs) strategy, under the supervision of psychology professionals. The psychosocial assistance delivery methodology included a follow-up mechanism for cases that required it. These strategies were implemented with the public in general, organizers of social mobilizations, as well as participating CRCS volunteers and employees.</p> <p>Remote and direct psychosocial assistance actions reached 1,125 people (Cauca: 405, Cundinamarca: 618, Tolima: 12, Valle del Cauca: 90), providing timely and effective access to professional assistance to mitigate the psycho-emotional effects caused by the exposure to violence.</p>				
Psychosocial support sessions to responders from Red Cross and other organizations (supporting supporters)				
<p>A total of 452 CRCS volunteers, 102 CRCS employees and 18 members of other civil society organizations engaged in emergency response actions, received individual and group psychosocial care to mitigate the emotional effects of the violence and social actions in a humanitarian context, creating spaces for conversations and counselling on how to properly deal with emotions while responding to this type of emergency.</p>				
Branch	CRCS volunteers	Sessions	CRCS personnel	Sessions
Antioquia	19	2	10	1
Valle del Cauca	182	4	16	4
Cauca	80	1	10	1
Tolima	12	1	4	1
Cundinamarca	64	2	22	2
Quindío	15	2	3	2
Nariño	32	2	4	2
Norte de Santander	2	1	4	1

Boyacá	4	1	7	1
Risaralda	15	1	10	1
Santander	12	2	4	1
Meta	10	1	3	1
Putumayo	5	1	4	1
HQ - Health team	0	0	5	1
Total	452	20	102	19

Table 7. CRCS volunteers, employees and members of civil society organizations reached with individual and group psychosocial support.

Challenges

- There were cases in which it was difficult to exercise the Principle of Neutrality, depending on the role of the staff or volunteers involved in response and the contexts in which it was carried out. Many young volunteers joined the protests and participated in disseminating videos condemning the excessive force used by law enforcement, in other words, taking sides in the controversy that led to events.
- As for people receiving protection and guidance on rights and violence prevention, the assumption during the formulation of the Emergency Plan of Action was that Valle del Cauca would surely be one of the departments in greatest need of humanitarian support, because of the magnitude of the violent confrontations that occurred. However, in Cali, the capital of Valle del Cauca department, the service did not have the expected demand while the CRCS help desk remained active, and no requests were received from the community. Furthermore, in Cali no safe spaces were developed with transport unions, human rights tables and/or women's groups, since they expressed that they did not feel comfortable participating and were afraid of providing personal information for the attendance list forms.
- Being discrete and maintaining confidentiality regarding the sensitive data collected on the people reached with health and psychosocial care must be a priority for the Mental Health and Psychosocial Support teams, given the sensitivity of the political context that requires strict observance of neutrality in CRCS actions.
- Advance in the identification of potential partner governmental and non-governmental institutional actors that provide mental health care and psychosocial support services, in addition to other actions to assist those affected.

Lessons learned

- Understanding and reflection on the fundamentals that drive the Red Cross Movement's mission and principles must be constantly reinforced among CRCS members.
- Citizen mobilizations in cities will continue to be a scenario increasingly used as a form of protest. The violent actions generated in these spaces will continue to affect civilians and volunteers; therefore, the CRCS should continue to implement early psychosocial care mechanisms adapted to this type of impact.
- The Medical Mission should be considered a group that deserves special attention and psychosocial accompaniment due to its degree of exposure stemming from the role they play. It is necessary to consider the 305 incidents of aggressions against the Medical Mission between 28 April and 30 June which hinder access to health services.
- It is important to keep in mind that many volunteers come from communities impoverished by the COVID-19 pandemic, among many other reasons, from which most of the protests came. It is therefore important to make spaces for psychosocial work available to CRCS staff

and volunteers within which they can express themselves and reflect on complex issues related to the full exercise of the Movement's fundamental principles.



Protection, Gender and Inclusion

People reached: 1,215

Male: 563

Female: 652

Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
# of people who receive protection and RFL support	600	1,215

Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence, especially against children.

Indicators:	Target	Actual
# of people who receive protection support and guidance on rights and violence prevention	400	989
# of people who receive RFL/Missing assistance	200	226

Narrative description of achievements

Provide guidance on institutional pathways to guarantee and restore rights through help desks in targeted territories and capacity building in communities.

The flow diagram below shows the path developed by the National Protection Coordination and implemented during response to implement DREF actions:

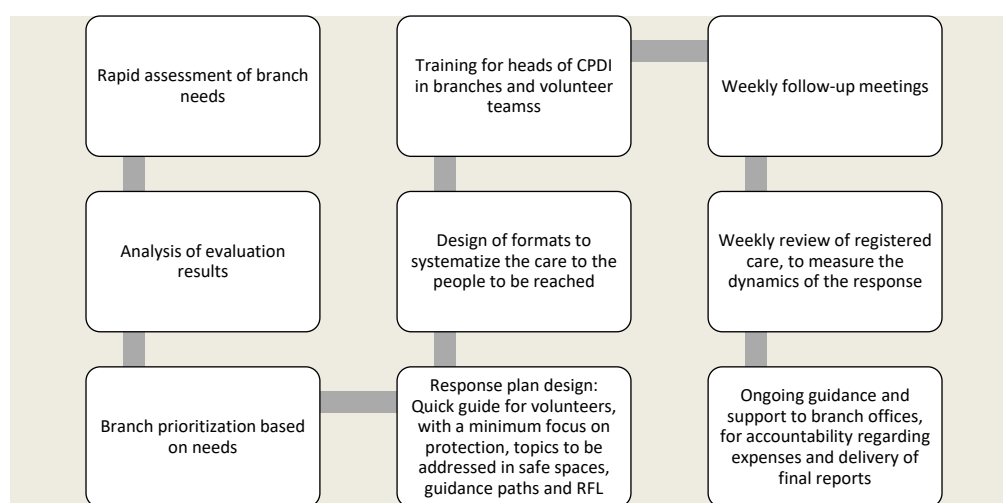


Figure 1. Path of CPDI national team actions. Source: CRCS, 2021.

The CPDI team proposed two types of assistance for this response: the first, in-person assistance in branches, municipal units or support groups; and the second, virtual assistance - called the help desk

- for the situation generated by social mobilizations. These modalities were implemented in branches in Antioquia, Meta, Tolima, Risaralda and Valla del Cauca (See Graph 2).

In-person assistance consisted of advising the population regarding the local actors providing protection response and with whom they could coordinate to restore rights. This guidance was provided through dissemination of information: brochures, key messages, short talks, among others. Assistance via the help desk - or tele-guidance - consisted in providing guidance to beneficiaries regarding the protection services offered by the CRCS during this emergency and about the care paths that could be activated based on the identified need.

In sum, 226 people received guidance on rights and related paths within the framework of social mobilizations. Graph 2 shows participation, disaggregated by sex, in each of the five branches where this service was provided.

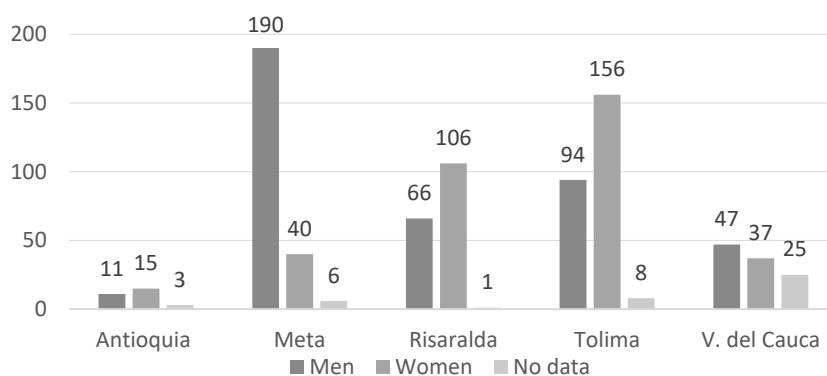
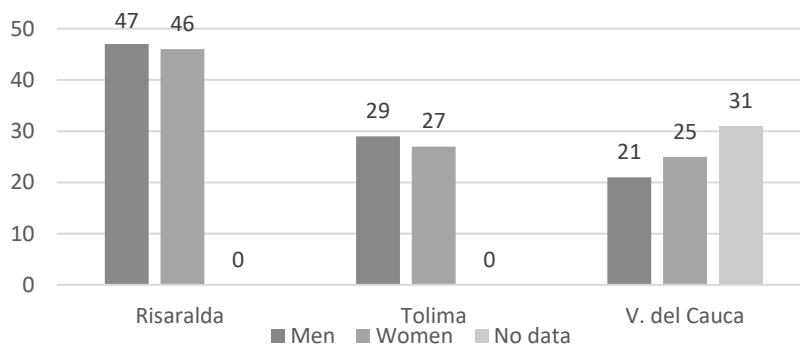


Figure 2. People reached by orientation services

Activities called safe spaces were conducted based on the population's violence prevention needs. The safe spaces initiative was developed within the CPDI team based on CRCS's Strategy for Prevention and Mitigation of Violence in Urban Settings. In total, 62 spaces were implemented in targeted branches (Antioquia: 3, Meta: 23, Risaralda: 10, Tolima: 17, Valle del Cauca: 9).

These spaces were conceived as physical, social and cultural places that prioritized participation by population groups (community leaders, unions, organized youth, among others), to carry out awareness days that would promote prevention of violence against individuals, communities or groups. This work was carried out through promoting conflict resolution and transformation that fostered knowledge, understanding and acceptance of differences, active participation, and dialogue building based on people's own experience and social reality. This empowered participants to determine their human rights needs and to develop strategies to ensure their protection within the framework of social mobilizations.

figure 3. People reached in safe spaces.



The specific topics covered were assertive communication, non-violent communication, and peaceful conflict resolution and mediation. The first was aimed at promoting active listening, emotions management and bodily expression; the second fostered reflection on conflict as a learning opportunity; and the third promoted the recognition, appreciation and acceptance of divergent opinions.

In total, 805 people participated (see figure 2) including women's and youth groups, who ascribed themselves as members of the protest group known as the "first line", along with other youth organizations, social leaders, human rights work groups, transport unions, community councils, among others.

Support families for the search of missing relatives and/or Restoring Family Links (RFL).

A total of 226 people (47% men and 53% women) were assisted through the RFL line. Guidance and support to families of missing persons is one of the services that the CRCS provided during this response through its RFL programme, not only by providing guidance regarding paths to access civil rights protection services, but also helping them obtain humanitarian assistance support such as shelter, transport, food, identity documentation, among others. However, the numbers obtained after the implementation show that the only department that required RFL services (hotline and missing person search request service) was Valle del Cauca. Of the 266 cases served, none required activating the path for persons considered missing or provision of humanitarian support, through the fund that had been allocated for this purpose.

Challenges

- Implementation start-up versus changes in the dynamics of mobilizations in various territories. The PGI response began on 25 May 2021, but protests and roadblocks decreased significantly from the first week of June, which in turn decreased protection needs associated with RFL throughout the country, as well as the participation of civil society groups in the protests (community leaders, institutions, civil society organizations) in departments such as Valle del Cauca and Antioquia. This affected the planned execution of resources and required budget adjustments.
- Lack of early strategies to disseminate PGI services by the CRCS, to increase trust among groups or organizations and enable greater participation these in violence prevention actions or rights protection protocols. These activities could not be carried out in places such as Cali and Antioquia, due to the affected population's perception and fear of attending these spaces or providing personal information as part of their participation.
- The lack of an accounting assistant from the beginning of activities delayed response in the legalization of the executed funds. It is important to fill this role from the initial planning stage because this slowed down some budget reallocations necessary for PGI activities.
- Having to train volunteers and personnel while the response to mobilizations was ongoing was a challenge. The lack of trained CRCS members in PGI matters, required the implementation of additional informal training and guidance activities in branches during the emergency, in order to enable them to provide response that was adequate for the needs in the field according to the relevant PGI standards. This limited the ability to respond quickly to people requesting the CRCS's support, particularly when there were victims of severe forms of violence. This was mitigated by providing increasing the efforts to provide constant technical support to volunteers and staff members.

Lessons learned

- Protection, Gender and Inclusion must be seen as an essential area from the operation's planning stage, as its early inclusion in actions by volunteers in the field, allows obtaining information and identifying needs and protection risks in a comprehensive and timely way.
- Given that immediate humanitarian assistance and health assistance are generally considered a priority in this type of emergency, needs related to guidance and protection referral pathways with a diversity and gender approach are sometimes overlooked, and need to be better considered in future operations.
- There is the need of more training in the Minimum Protection Approach, with a comprehensive response in gender and inclusion.
- Suggest including all issues related to the protection programme in initial volunteer training, as this would allow having larger groups of volunteers trained in PGI in branches.

SFI 1: National Society Strengthening

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
One National Society has operational support to respond to the emergency.	1	1

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Narrative description of achievements

For this operation the CRCS was supported with the funds the necessary to put together the minimum human resources structure necessary to implement the Emergency Plan of Action, and to procure the necessary supplies and equipment to carry out the response plan. The implementation was executed under the stipulated coordination mechanism of the National Coordination Crisis Room activation during the emergency.

Regarding the emergency situation monitoring, communications and coordination, the CRCS's CITEL permanently monitored and liaised with branches and other entities of the Colombian national disaster risk management system via VHF radio and cell phones. Its main objective was to generate timely alarms and guidance regarding developments in the emergency situation. Simultaneously, the National Situational Room remained active throughout the operation timeframe to coordinate the execution of the humanitarian caravans.

Support for transport and emergency vehicle maintenance

Maintenance was provided to institutional vehicles in branches (see Table 2), helping to improve their condition and visibility to enable them to be ready to better respond during social mobilizations.

Visibility materials and Red Cross emblems

Two hundred flags, 50 medical mission emblems and 50 flags were purchased to be placed at vehicles for their protection (see Table 3) to improve visibility during roadblocks and demonstrations and thus improving the visibility of all parties involved in response actions.

Telecommunication support

Ten radio batteries were purchased for the Cauca and Valle del Cauca branches, to improve connectivity and communications during this emergency, and future operations that will require the use of the telecommunications network at the national level.

- Technical support provided by the National Directorate to the branches for the setting up of radios, repeaters, and the telecommunication network's frequencies.

Support to volunteers

- Cash support to 602 volunteers to ensure their welfare during the emergency and enable them to remain engaged in the response activities such as first aid provision, evacuating the injured and logistical support during social mobilizations.
- Provided guidance and support to volunteers to strengthen the compliance with the Safer Access principles for operational safety.
- Conduct activities for the emotional relief of volunteers involved in the operation as a way to cope with emotional distress.

Monitoring by National Society

CRCS monitored the emergency situation 24/7 via CITELE, continuously recording information and monitoring events and the security situations. The CRCS Crisis Room was activated, holding 51 monitoring, coordination and operational management meetings with participation by the CRCS's National Directorate. The information gathered from the context monitoring allowed producing 40 situation reports during the operation's timeframe, which were disseminated to branches and Movement members in country as well as to other partners and partner organizations. This made it possible to keep different interest groups informed by the monitoring carried out by the CRCS appraised employing verified information only, to obtain an accurate picture of the evolution of the situation and the response actions carried out by the National Society and other organizations.

The humanitarian caravans were monitored in coordination CRCS branches included in the routes of the caravans, in coordination with the Ministry of Health as the Medical Mission governing authority, the Civil Defence and medical and surgical supplies private vendors. The Cauca and Valle del Cauca branches were monitored through visits by the National Executive Director, the DREF National Coordinator and RIT personnel deployed by the IFRC. Weekly bilateral follow-up meetings were held between the CRCS and IFRC as part of the monitoring plan.

Support to National Headquarters (office costs)

Office supplies were purchased to support actions as well as support the branches involved, before, during and after the response to mobilizations.

Hire staff to support the operation

An operations coordinator and an administrative assistant were hired, to provide dedicated operational support to the expenditure registration and data entering in the CRCS's accounting

system. This was due to the urgency of speedy processing of funds spending coming from an important number of the 14 branches involved in the implementation.

Lessons learned workshop

A virtual lessons learned workshop was held and attended by 33 people, including volunteers and employees from the Antioquia, Boyacá, Caldas, Casanare, Cauca, Cundinamarca, Magdalena, Meta, Norte de Santander, Nariño, Putumayo, Risaralda, Santander, Tolima and Valle del Cauca branches. The activity addressed successes, challenges and recommendations, drawn from group discussion held to obtain lessons learned from the operation. The workshop was facilitated by representatives from each of the areas involved in implementation, distributed in discussion groups in separate rooms, according to the line of action in which each participant was involved. The criteria employed to assess the operation included context analysis and monitoring, understanding and acceptance of the CRCS, identification of personnel and volunteers, communications, external coordination, and operational Safety.

Challenges:

- Strengthening information sharing at branches on the implementation progress using a quick and simple data gathering tools that provides verifiable support and enhances branches' accountability.
- The risk to which institutional point persons are exposed in the field due to the views that mobilization leaders or actors may have. It is necessary to strengthen the ways of establishing communication channels with representatives of the parties engaged in confrontations, for creating the possibility to directly provide on the role of the National Society and the Fundamental Principles that govern its actions.

Lessons learned:

It is necessary to strengthen CRCS financial administrative processes that contribute to providing rapid response according to local needs. Greater guidance and support to branches from administrative/financial areas before, during and after response, aiming to optimize time and resources.

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

Output S2.1.1: Effective and respected surge capacity mechanism is maintained.

Indicators:	Target	Actual
Deployment of one RIT member	1	1
At least two IFRC monitoring and support missions	2	2

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Narrative description of achievements

The deployment of a security RIT strengthened National Society capacities, supporting CRCS actions to implement this DREF operation. The RIT member participated actively in crisis room meetings and accompanied the National Society during monitoring and follow-up visits in the field.

The IFRC guided and assisted the National Society with purchasing processes, monitoring and follow-up of DREF actions, and finance-related matters

Challenges:

- Although the CRCS had security protocols, the operation required additional support. The national headquarters provided permanent guidance to branches and to humanitarian response teams in the field. Even so, the CRCS had to suspend deployments and non-essential or emergency work in the field, which delayed other National Society programmes and services not related to emergency and disaster response.

Lessons learned:

- This operation enabled the CRCS to identify the need to continually strengthen its security guidance throughout its branch network.
- In situations of civil unrest, ongoing National Society actions can be delayed. With this knowledge, prompt communication with partners enables needed modifications.

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.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of people reached by Colombian Red Cross' public communication strategy	10,000	5,114,290

Narrative description of achievements

Preventive communications campaigns: medical mission and *Somos Cruz Roja* (We are the Red Cross)

The operational communication strategy was strengthened in each branch, in addition to an analysis of perception and acceptance of the Red Cross by each branch, to enable the crafting of local strategies aimed at strengthening the image and credibility of the institution. Also strengthened was the internal campaign that stresses the application of the fundamental principles at all times, and especially in difficult and insecure contexts such as mobilizations, strikes, internal unrest, internal tensions and other situations of violence.

Production and broadcasting of video clips

Video clips with key messages on respect for the emblem and Red Cross actions were produced and broadcast on television (Canal CityTV). The channel's report shows that three commercials were aired on 24 August 2021.

Production and broadcasting of radio spots in branches

Radio spots with key messages were produced and aired. These spots reinforce Red Cross actions, doctrine, and respect for the emblem. The campaign reached 3,077,700 people in the cities of Bogotá, Cali, Medellín, Barranquilla, Bucaramanga and Pereira.

Dissemination of communications outputs over networks

Newspaper El Tiempo posted a special publication - "An Appeal to Respect the Emblems of the Red Cross and the Medical Mission" - on its web and mobile version from 17 to 25 August. According to the report submitted by the media company, the post received 1,171 visits with an average permanence time of 4:04 minutes. Similar publications were made on the following social networks:

Facebook

- Publication in fan page in El Tiempo: Dates: 18 and 23 August. 24,736 people reached
- Publication in fan page in Portafolio: Dates: 18 and 23 August. 5,541 people reached
- Publication in fan page in Futbolred: Dates: 21 and 22 August. 3,220 people reached

Instagram

- Story in Portafolio account: Dates: 20 and 25 August. 31,516 accounts/people reached

Twitter

- Tweet card in Portafolio accounts: Dates: 18 and 23 August. 12,143 impressions (times people viewed this tweet).
- Tweet card in Futbolred account: Dates: 21 August. 4,709 impressions

LinkedIn

- Publication in Portafolio profile: Dates: 19 and 24 August. 1,533 impressions.

Figure 2. Publication in the El Tiempo fan page. Source: Facebook, 2021



Action	Characteristic	People Reached (indirectly)
Communications Campaign Medical Mission and Use of the Emblem and <i>Somos Cruz Roja</i> Campaign	Airing of radio spots	5,012,600
Videoclips	One commercial on TV	-----
Dissemination in networks	Dissemination on social networks of a selected national media outlet of the Communications Campaign Medical Mission and Use of the Emblem and <i>Somos Cruz Roja</i> Campaign	103,090
Total		5,114,290

Table 5. Communication strategy results

After the critical social scenario experienced in the country as a result of social mobilizations, the CRCS decided to conduct a series of operational communication activities to publicize the institution's

humanitarian action during this type of incident, as well as to insist on respect for and proper use of the emblem. This decision was made in response to the repeated misuse of the Red Cross and the Medical Mission emblems by non-institutional personnel and the confusion regarding the institution's work

After 20 days of touring several departments and roadblocks in southern Colombia, CRCS saw the positive results and the way the information was received by community leaders, protesters, authorities and other members of the public. CRCS therefore decided to reinforce the institutional message via radio spots. These messages contained clear information on the actions of the Red Cross, the Fundamental Principles and what these meant, and use and respect of the Red Cross emblem. To this end, ten branches were contacted to inquire regarding their interest in participating in broadcasting radio spots, mainly on community stations widely listened to in municipalities at risk of or affected by mobilizations, roadblocks, armed conflict and other situations of violence. The branches in Antioquia, Cauca, Meta, Nariño, Putumayo, Risaralda, Santander, Tolima, Valle del Cauca and Huila were invited to participate, of which six decided to do so (Antioquia, Meta, Nariño, Risaralda, Tolima and Valle del Cauca).

Some key aspects were:

1. The interest shown by branches in using DREF resources to strengthen the institutional image and identity through radio - which in turn reinforces safety for the institution and the staff - to publicize the CRCS's humanitarian work.
2. Having good contacts with community stations enables wide broadcasting of spots in municipalities and villages in various departments.
3. The possibility of communicating key operational communication messages directly to the community at large, and indirectly to those bearing arms.
4. The prior context analysis carried out by branches and identifying operational communications as a timely tool.

Challenges:

- The branch prioritization process was very slow, which reduced the implementation time.
- The lack of clarity regarding the budget actually allocated to the communication line delayed the start of the processes to design and disseminate the communication pieces.
- The short period of time given to branches to make a decision and conduct the hiring prevented some branches from joining the action despite their interest in doing so.
- It is important to have a prior context analysis, as it allows defining the lines that will be developed in branches based on the needs and risks in the context.
- Always keeping in mind, the importance of planning actions in accordance with the Safer Access Framework, especially to ensure access to communities and reduce operational risks.
- Obtaining reports from media outlets regarding the airing of the spots (to monitor and assess the action) in a timely manner was a challenge.
- The process to review and approve the legalizations and reimburse money to branches was very slow.

Lessons learned:

- Having a clear line of operational communication and communicating key messages, to ensure safer access in work settings in all projects or operations.
- Achieving timely and effective development of actions requires knowing - clearly and in advance - the departments in which the interventions will be conducted, considering their capacities and vulnerabilities.
- Keeping up-to-date context and risk analyses in both branch and HQ offices, as well as an inventory of branch capacities and vulnerabilities, enables speedy and articulated planning.
- Keeping an up-to-date inventory of providers, especially radio stations, enables actions that better target communities.
- Having each branch recognize the importance of operational communication as a security tool and develop a medium-/long-term strategy to strengthen the institutional identity and image.

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

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

Indicators:	Target	Actual
# of people reached with staff security	60	84

Narrative description of achievements

The operational safety and well-being of volunteers is ensured through safety guidance and training in branches

The security context and the dynamics seen during social mobilizations were socialized during the crisis room meetings, and recommendations made during said meetings were socialized as well. Additionally, the Operation Security Analyst provided support and advice to improve security and reduce operational risks for the personnel responding to the emergency.

Ensure volunteers have the proper equipment for personal protection and to provide their services.

Delivering PPE ensured volunteers were protected against and reduced their risk of exposure to gases during demonstrations and COVID-19. Furthermore, volunteers are insured via the National Disaster Risk Management Fund that covers 180,000 volunteers from relief agencies that are part of SNGRD, the National Fire Department, Colombian Civil Defence and the CRCS.

Operational safety and civilian-military relations workshop

Considering that COVID-19 continues to be an issue, a virtual Operational Safety Workshop was held and attended by 28 people representing the branches in Antioquia, Boyacá, Caldas, Casanare, Cauca, Cundinamarca, Magdalena, Meta, Norte de Santander, Nariño, Putumayo, Risaralda, Santander, Tolima and Valle del Cauca. The goal of the activity was to strengthen security during response to violent confrontations in urban settings, as well as analyse the institutional management of security during the operation to identify the challenges presented in the response and propose improvement actions. As a result, the CRCS decided to revise the security protocols applicable to operations in urban contexts, strengthen communications to the public and the dissemination of information about what the CRCS is and how it works.

Challenges:

Considering that social mobilizations have intensified in Colombia in the last two years, this new context of violence has made it necessary for the CRCS to establish new security protocols for this type of situation. Implementing certain institutional security protocols in urban settings is complex and challenging. Furthermore, COVID-19 has increased the risk of contagion for CRCS personnel involved in response on the ground.

Lessons learned:

- For contexts involving situations of violence such as social mobilizations, the CRCS has developed and strengthened the protocols established for the operational safety and care of the response personnel to reduce the risks to which they are exposed in these types of social emergencies.
- In compliance with institutional security protocols, the CRCS identified that the risks to which people are exposed are reduced when the established norms are observed. However, it is necessary to update these protocols, especially those focused on urban contexts.

D. Financial Report

For the Final Financial Report click [here](#).

Contact information

Reference documents

Click here for:

- [Plan of Action \(PoA\)](#)

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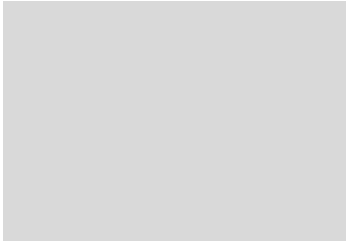
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How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/05-2022/01	Operation	MDRCO019
Budget Timeframe	2021/05-2022/01	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 22/Feb/2022

All figures are in Swiss Francs (CHF)

MDRCO019 - Colombia - Civil Unrest

Operating Timeframe: 17 may 2021 to 31 ago 2021

I. Summary

Opening Balance	0
Funds & Other Income	143.250
DREF Allocations	143.250
Expenditure	-114.524
Closing Balance	28.726

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	83.151	112.953	-29.802
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion	7.320		7.320
AOF7 - Migration	3.563		3.563
Area of focus Total	94.035	112.953	-18.918
SFI1 - Strengthen National Societies	26.478		26.478
SFI2 - Effective international disaster management	1.731	1.570	160
SFI3 - Influence others as leading strategic partners	15.781		15.781
SFI4 - Ensure a strong IFRC	5.226		5.226
Strategy for implementation Total	49.215	1.570	47.645
Grand Total	143.250	114.524	28.727

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/05-2022/01	Operation	MDRCO019
Budget Timeframe	2021/05-2022/01	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 22/Feb/2022

All figures are in Swiss Francs (CHF)

MDRCO019 - Colombia - Civil Unrest

Operating Timeframe: 17 may 2021 to 31 ago 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	44.741	44.703	38
Medical & First Aid	44.741	44.703	38
General Expenditure	1.625	571	1.054
Travel		231	-231
Information & Public Relations	478	908	-430
Office Costs	323		323
Communications	323	112	211
Financial Charges	502	-679	1.181
Contributions & Transfers	88.141	62.260	25.881
Cash Transfers National Societies	88.141	62.260	25.881
Indirect Costs	8.743	6.990	1.753
Programme & Services Support Recover	8.743	6.990	1.753
Grand Total	143.250	114.524	28.727