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Emergency Plan of Action (EPOA) Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	MDRCO011
Date issued: 11 September 2015	Date of disaster: 21 August 2015
Operation manager (responsible for this EPOA): Pabel Angeles, Regional Disaster Management Coordinator – South America – IFRC.	Point of contact: Cesar Augusto Urueña Pulido – General Director for National Relief – Colombian Red Cross Society (CRCS)
Operation start date: 22 August 2015	Expected timeframe: 3 months
Overall operation budget: 100,376 Swiss francs (CHF)	
Number of people affected: 16,271 people	Number of people to be reached: 5,000 people (1,000 families)
Host National Society presence: The National Society has been responding to this emergency with 618 volunteers (directorates, youth, relief responders and “grey ladies”) from 7 CRCS branches (Guajira, Cesar, Arauca, Norte de Santander, Boyacá, Vichada and Guainía).	
Red Cross Red Crescent Movement partners actively involved in this operation: International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), American Red Cross, German Red Cross, Norwegian Red Cross and Spanish Red Cross.	
Other partner organizations actively involved in this operation: National Disaster Risk Management Unit (UNGRD), National Unit for Comprehensive Care and Reparation for Victims (UARIV), Colombian Migration (<i>Migración Colombia</i>), and the Foreign Ministry.	

<Click [here](#) for the DREF budget. Click [here](#) for the contact information>

A. Situation Analysis

Description of Disaster

In August 2015, escalating tension along the border between Colombia and the Bolivarian Republic of Venezuela has led to border closures and massive population movement (deportations and voluntary repatriation) into Colombia. The current population movement is rooted in a wide range of factors that include the distinct politico-economic projects in both countries, the impacts of the decades-long Colombian armed conflict, the smuggling of subsidized goods into Colombia and of scarce products into Venezuela. The normal levels of active transit between both countries and has affected Colombian citizens who have established their life projects in the neighbouring country.

Within the context of curtailing illicit activities on the border, on 19 August in the Venezuelan state of Táchira, a confrontation took place between the Bolivarian National Armed Forces (FANB) and a group of people whose livelihoods are allegedly based on contraband products, which left three members of the Venezuelan security forces and a civilian seriously wounded. The Venezuelan government initially closed the border at the Simon Bolivar International Bridge, and on 21 August, extended this closure via a declaration of a 60-day state of emergency for five municipalities in



Support of the Colombian Red Cross in the collective centre, Cucuta, Norte de Santander. Source: Colombian Red Cross Society

Táchira (Bolívar, Ureña, Junín, Capacho Libertad and Capacho Independencia). On 28 August, the border closing was extended to four other municipalities (Lobatera, Ayacucho, García de Hevia and Panamericano) in Táchira. On 7 September, the Venezuelan government closed another border crossing in Paraguachon in the Venezuelan state of Zulia, which beyond heavy cargo traffic is also territory of the Wayuu indigenous people.

According to United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Situation Report No. 3 (3 September 2015), since the 26th of August, a total of 1,097 Colombian citizens have been deported and 15,174 additional Colombian citizens have voluntarily left Venezuela. In less than two weeks, approximately 16,271 people have departed from Venezuela. These numbers have not increased since 26 August 2015.

Faced with this humanitarian crisis, on 24 August 2015, the Cúcuta (Colombia) Municipal City Hall declared a public disaster (Decree number 849), which aimed to facilitate the intervention of the Colombian National System for Disaster Risk Management in the humanitarian crisis caused by this massive population movement.

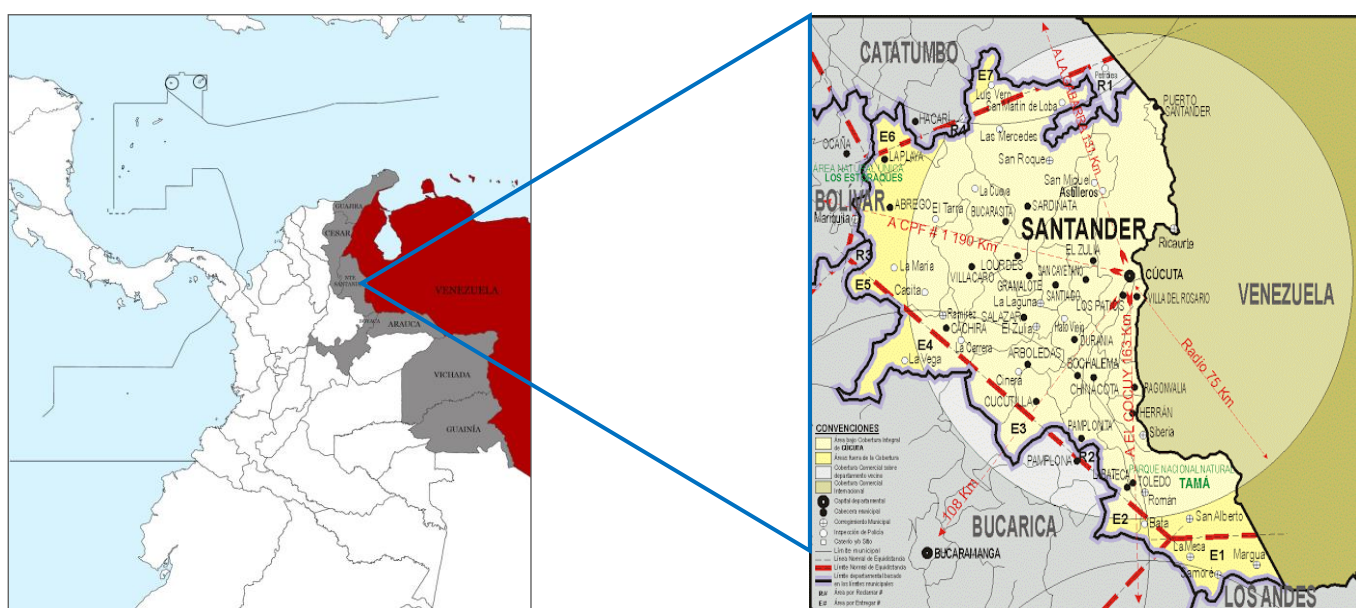


Illustration 1. Maps of the Colombian – Venezuelan border region

Based on 1 September 2015 data, the following table details the number of returning Colombians with the identification of the point of departure, location of their arrival and numbers in particular municipalities.

Departure (Venezuelan state)	Arrival (Colombian department)	Colombian municipalities	Numbers of people affected and their location
Zulia	Guajira	Uribia, Maicao, Albania, Barrancas, Fonseca, San Juan del Cesar, El Molino, Villanueva, Urumita and La Jagua del Pilar	102 people Municipality of Maicao (Paraguachón)
Zulia	Cesar	Manaure Balcón del Cesar, La Paz, Agustín Codazzi, Becerril, la Jagua de Ibirico, Chiriguaná and Curumaní.	18 people Municipality of Aguachica
Táchira, Zulia y Apure	Norte de Santander	Tibú, Puerto Santander, El Zulia, Cúcuta, Los Patios, Villa del Rosario, Ragonvalia, Herrán and Toledo.	3,814 people Municipalities of Cúcuta, Villa del Rosario, Ragonvalia and Herrán.
Apure	Boyacá	Cubará	25 people Municipality of Cubará.
Apure	Arauca	Saravena, Arauquita, Arauca and Cravo Norte.	38 people Municipalities of Saravena and Arauca.

Apure, Bolívar y Amazonas	Vichada	La Primavera, Puerto Carreño y Cumaribo, and Puerto Nariño.	1 person Municipality of Puerto Barreto
Amazonas	Guainía	Inírida, Cacahual, Puerto Colombia, San Felipe and La Guadalupe.	Information pending

Source: Colombian Red Cross Society, 1 September 2015.

The unusual migratory flow of Colombians from Venezuela has created a humanitarian and socio-economic crisis, which has affected the Colombian departments on the Venezuelan-Colombian border. There is shortage of basic food products and petrol. Colombian citizens who have left Venezuela without their belongings and identification documents are received in Colombia and offered collective centres by the Colombian state. This is a first response and care is provided to these people while efforts are made to return them to their places of origin. However, due to the economic support promised by the Colombian government, a large number of people in the collective centres do not want to return to their places of origin.

Added to the challenges associated with the massive migration of Colombians returning to their country of origin is the chikungunya mosquito-borne viral disease. Outbreaks have been reported in the border region. The Colombian National Health Institute has been monitoring the number of cases and as of 4 September is in week 35 of the current outbreak. The CRCS is engaged in prevention campaigns, with a focus on appropriate cleaning measures and hygiene, in coordination with local authorities who are responsible for fumigation to reduce the vector breeding sites. Additionally, as will be explained below in the section on shelter, the CRCS has incorporated additional chikungunya prevention through the improvement of the collective centres.

The following section provides more detail on the seven Colombian departments affected by the massive migratory flow and when pertinent, lists the reported figures on chikungunya.

La Guajira

This department neighbours the Venezuelan state of Zulia and the main border control point by land is located in Paraguachón in Maicao. According to July 2015 data from Colombian Migration, the average monthly migration at this border point is 31,000 entries and 27,000 departures. Five informal border crossing locations have been identified in La Majayura, Vía la Ochenta, La Sabana, El Molino and El Puente. These are locations used by the Wayuu indigenous people who live on both sides of the border, as well as crossings used by people engaged in contraband (petrol and food products), human trafficking and drug trafficking.

There are 102 people in the collective centre locations in the department of La Guajira as detailed in the following table:

Location	Number of people
Paraguachón, the border area and Colombian Migration facilities	102
People in collective centres	102

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 4,462 confirmed clinical cases and 10 laboratory confirmed cases, reaching 4,472 confirmed cases in this department.

Norte de Santander

There are multiple informal crossing locations, which are used by people on both sides of the border for contraband in petrol and food products, as well as other illicit activities. The identified informal border crossing locations have been identified in: the Tabor municipality; la Vereda Centro Rural in the Herrán municipality; La Aldea, Puente Colgante las Naves, Vereda El Oasis, Puente Alianza, Vereda La Alambra in in the Ragonvalia municipality; Tres Bocas, Corregimiento Tres Bocas in the Tibú municipality and in crossing the Tibú river at Sardinata and Nuevo Presidente. In these locations, there are some wooden and others metal bridges, where people and vehicles move between the two countries. The informal crossing point of La Unión in the Puerto Santander municipality is used by the

regional population since there is a migration control point in La Grita, which is located 15 minutes from the International Bridge. According to July 2015 data from Colombian Migration, the average monthly migration at this border point is 30,000 entries and 26,000 departures.

In the barren plain of Berlin in the Tona municipality (Santander department), contraband petrol and food products from Venezuela continue to circulate in reduced quantities. This massive human migration has most affected this department in which 3,814 people are sheltered in 13 collective centres as detailed in the following table:

Location	Number of people
Coliseum of the Municipal school - Cúcuta	262
Colombia Migración facilities - Cúcuta	144
Coliseum of the INEM school- Cúcuta	361
San Pedro Apóstol collective centre - Cúcuta	25
Francisco de Paula Santander University (new)	250
Hotels in Cúcuta (new)	242
Villa Antigua - Villa del Rosario collective centre (new)	221
La Parada in the la Playa neighbourhood- Villa del Rosario	1,454
Morichal collective centre in Villa del Rosario	362
Bella Vista collective centre in Villa del Rosario (new)	217
Herrán municipality	104
Ragonvalia municipality	27
Puerto Santander municipality	145
People in collective centres	3,814

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 5,596 clinical confirmed cases and 46 laboratory confirmed cases, 16 suspected cases, reaching 6,028 cases in this department.

Arauca

This department neighbours the Venezuelan state of Apure and the main border control point by land is the Paéz Bridge that crosses the Arauca River, located in the municipality of the same name. According to July 2015 data from Colombian Migration, the average monthly migration at this border point is 1,400 entries and 1,600 departures. There are multiple informal and regularly used crossing locations on the Arauca River, which are also used by armed groups and emerging criminal gangs (the acronym in Spanish is BACRIM).

There are 111 people in two collective centres in the department of Arauca as detailed in the following table:

Location	Number of people
Saravena municipality	8
Arauca municipality	103
People in collective centres	111

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 5,292 clinical confirmed cases and 10 laboratory confirmed cases, reaching 5,302 cases in this department.

Guainía

There are multiple informal crossing locations on the Orinco River, which are primarily used by Venezuelan citizens to enter Colombia and by Colombian citizens engaged in illegal mining exploitation. Colombian transit to Venezuela has decreased due to the Venezuelan economic crisis. The chikungunya outbreak has also affected this department.

Boyacá

This department neighbours the Venezuelan state of Apure, sharing a 17 kilometre border. It does not have border control point. The territory of the U'wa indigenous people is located in this department.

There are 25 people in the collective centre in the department of Boyacá as detailed in the following table:

Location	Number of people
Cubará municipality	25
People in collective centres	25

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 585 clinical confirmed cases, 48 laboratory confirmed cases, 41 suspected cases, reaching 674 cases in this department.

Vichada

This department neighbours the Venezuelan states of Apure, Bolivar and Amazonas and the main border control point by water is in Puerto Carreño. According to July 2015 data from Colombian Migration, the average monthly migration at this border point is 1,600 entries and 1,600 departures. There is 1 person in the collective centre in the department of Vichada as detailed in the following table:

Location	Number of people
Puerto Carreño municipality – <i>Migración Colombia</i> facilities	1
People in collective centres	1

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 150 clinical confirmed cases, 24 laboratory confirmed cases, reaching 174 cases in this department.

Cesar

This department neighbours the Venezuelan states of Zulia. There are 22 people in the collective centre in the department of Cesar as detailed in the following table:

Location	Number of people
Aguachica municipality	22
People in collective centres	22

In regard to the chikungunya outbreak, the National Health Institute has reported that as of week 33 of the outbreak, this department has 3,626 clinical confirmed cases, 12 laboratory confirmed cases, reaching 3,638 cases in this department.

Summary of the current response

From the moment in which the border was closed, the Colombian Red Cross Society activated its contingency plan on this situation. Lines of action were established to provide timely and coordinated interventions with the other components of the disaster management system in the country.

To date, the CRCS has engaged in the following actions regarding this massive migration crisis:

1. Monitoring and continual tracking of the humanitarian situation in the 7 CRCS branches in the border area: Guajira, Cesar, Norte de Santander, Boyacá, Arauca, Vichada and Guainía.
2. Care and mobilization of people who have been deported through a partnership agreement with the Colombian Foreign Ministry, which has benefitted 299 people.
3. Deployment of 3 delegates to collective centres from the CRCS branches in Cauca, Nariño and Quindío.
4. Deployment of 2 delegates in psychosocial support from the CRCS branches in Antioquia and Cundinamarca.
5. 36 volunteers from the CRCS branch in Norte de Santander, 12 volunteers from the CRCS branch in Guajira, 2 volunteers from the CRCS branch in Cesar, 4 volunteers from the CRCS branch in Arauca and 10 volunteers from the CRCS branch in Cundinamarca for a total of 64 CRCS volunteers supporting this operation's humanitarian actions.
6. Support in the management of collective centres collective centres in the city of Cúcuta in the Coliseum of the Municipal School, Coliseum of the INEM School, in the Migrations Centre, and in the municipality of Villa del Rosario, taking on the coordination of shelter in Morichal.

7. Support on issues of public health, basic health care and establishing of a first aid post. A total of 156 people have been attended and 2 pregnant women have been transferred to other locations to receive health care.
8. Psychosocial support in collective centres and basic hydration in the Simón Bolívar Bridge for the people who have been deported or returned. Group support to 619 children, individual support to 386 adults and 12 families.
9. Restoring Family Links (RFL) was activated with 12 requests, of which 9 have been resolved, and guidance provided on 25 cases.
10. Logistics support in distribution of UNGRD's and humanitarian institutions' humanitarian aid. Distribution of 188 personal hygiene kits.
11. Participation in the Unified Command Posts (PMU is its acronym in Spanish) of the San Mateo Police in Cúcuta and in the National Crisis Rooms and CRCS branches.
12. Coordination with national, regional and local authorities.

Overview of the Red Cross and Red Crescent Movement in the country

The Colombian Red Cross Society issues daily situation reports as a strategy to keep the participating National Societies (American Red Cross, German Red Cross, Norwegian Red Cross and Spanish Red Cross), neighbouring countries' National Societies, the ICRC and the IFRC informed. These reports are shared in case more specific shared actions are needed and to optimize resources for the implementation of this plan. The ICRC deployed two delegates to the field to conduct assessments and provide support in Restoring Family Links. It should be noted that while the Colombian Red Cross Society is an extremely capable National Society, the distance from its national headquarters in Bogotá to the border region requires additional funds in order to fully support the seven CRCS branches that are on full alert and engaged in humanitarian support actions for the Colombians returning to their country.

Movement Coordination

Starting on 25 August, a page in the Disaster Management Information System (DMIS) was created in order to keep the Movement components informed. On 1 September, a Movement meeting was held to present the CRCS Plan of Action. The ICRC, German Red Cross, American Red Cross, Spanish Red Cross and the IFRC were present. The Movement components have shown their support for the Colombian Red Cross Society in this operation.

Additionally, the Colombian Red Cross Society is in contact with the Venezuelan Red Cross. The IFRC secretariat has been facilitating communication and several of the branches closest to the heavily transited border points are in direct communication to ensure that humanitarian support for the people returning to Colombia is done in an efficient and effective manner based on the International Movement's fundamental principles and humanitarian values.

Overview of non-Red Cross and Red Crescent actors in the country

As the response to this humanitarian crisis entails the coordination actions of state and non-state institutions, a unified command post has been established in the field. The following section summarizes the actions of the national government and humanitarian actors that are active in the response efforts:

- **National Disaster Risk Management Unit (UNGRD)**

Following the closing of the borders and the declared state of emergency, the UNGRD is providing humanitarian assistance through the establishment of collective centres and the provision of personal hygiene kits, blankets and bedding, tents and hot meals for the affected population.

The Colombian government will establish a support line for families who are migrating and who are registered in the Sole Registry for Affected People. The registration process is being done in collective centres and in border regions. The government will provide three months of rent, via the Colombian *Banco Agrario*. Property owners can go to this bank with their national identity card and receive these funds.

- ***Migración Colombia***

This is the Colombian state institution responsible for migration issues. The national government has activated the roundtable on humanitarian aid in the United Command Post of the Cúcuta Metropolitan Police, in coordination with the Ministry of the Interior of the Norte de Santander and the city halls of Cúcuta and Villa del Rosario. These state actions have received support from the Ombudsman, civil defence, International Organization for Migration (IOM), Social Pastoral, Regulating Centre for Emergencies (CRUE), the Norwegian Council on Refugees and the CRCS.

This institution has provided attention to 1,097 people who were deported and entered Colombia in Norte de Santander border region. Of these, 928 people are in five collective centres in Villa del Rosario (La Parada Senior

Citizen Centre, La Parada coliseum and the Morichal collective centre) and in the city of Cúcuta (the coliseum of the Municipal School and the Migrations Centre). A total of 463 Colombian citizens have travelled to their cities of origin in Colombia. This institution will also have a mobile unit that will serve as an alternative border control post, and it has tripled its personnel in the region to facilitate the migration process.

- **National Police**

The National Police has deployed 200 officers and 12 trucks from Bogota to support the humanitarian labours with humanitarian teams from the police unit on special operations in emergencies (Ponalsar) to provide security in the collective centres, health care, and support from the police unit for children and adolescents to attend to minor children and adolescents. Furthermore, 8 trucks from Bucaramanga also arrived on 27 August to support logistics actions.

- **Ministry of Health**

As a preventive measure, this ministry activated a special assistance plan in hospitals in the health system. To date, no epidemic outbreak has occurred in the collective centres. The secretariat of health for Cúcuta and Villa del Rosario will provide medical assistance in the cases referred to them from the collective centres. The psychosocial activities are being conducted in coordination with the CRCS near the Simón Bolívar Bridge with people who have been deported and those who have voluntarily returned. The Ministry of Health is conducting a vaccination campaign against chickenpox due to the identification of children arriving in Colombia with cases of this illness. The situation is under control; to date, the Ministry of Health has given immunization shots for chickenpox, flu and hepatitis A to 2,026 people. The Norte de Santander departmental and municipal health institute and the non-governmental organization *Profamilia* started a family planning programme in the collective centres in the border region. To date, 500 men and women have participated. Faced with a chikungunya outbreak, the affected municipalities have been conducting prevention campaigns that include fumigation to decrease potential vector-breeding sites.

- **Ministry of Education**

This ministry, in coordination with the local city halls, supports the entry of children and adolescents into Colombian public schools.

- **Civil Defence**

This operational and relief institution participates in first aid in the collective centres and assists in the distribution of humanitarian assistance to the affected population.

- **International Organization for Migration (IOM)**

This international body is providing technical assistance to the UNGRD to profile, register and systematize the information through the Information System for the Management of Collective Centres (SIGAT in Spanish).

Needs analysis, beneficiary selection, risk assessment and scenario planning

Based on a joint analysis of the CRCS and the humanitarian actors present in the area of the Venezuelan-Colombian border, the following humanitarian needs have been identified:

- **Collective centres:** A crisis has emerged following the return of Colombians, whether voluntarily or due to deportation, around the issue of where to relocate them until they return to their cities of origin. The Colombian government has established 10 collective centres in the city of Cúcuta and Villa del Rosario. However, the number of people and families in these centres increases daily. Not all of the returned Colombians have a home or a manner to definitively resolve their housing problem. Collective centres have been established in closed public spaces, which need to be adapted to this end. The Colombian government is assessing the situation, and it has made several hotels available as well as created a strategy to subsidize rent, thus providing a more effective solution for 120 days after these people leave the collective centres.



Collective centre administered by the Colombian Red Cross Society in Cucuta, Norte de Santander. Source: Colombian Red Cross Society

- b. **Medical care and first aid:** The return can generate health problems related to factors such as the border crossing of rivers, viral illnesses in the reception centres and collective centres due to the concentration of people. Medical care strategies are needed for individuals and communities. The secretariats of health from Cúcuta and Villa del Rosario have activated a health care and attention plan. The CRCS has one basic ambulance and 10 primary health care volunteers who are permanently active. However given the large numbers of people, alternative measures are needed that guarantee medical care in the collective centres.

There are a large number of people who have terminal illnesses or who are in permanent treatment, e.g., people requiring dialysis. Special attention is required for these people that ensure they go to their medical appointments for control, follow-up and/or treatment. During the first few days of the crisis, the CRCS made contact on these issues, supporting people who need prioritized medical care. Coordination is required for the exceptional cases.

Additionally, there is a chikungunya outbreak alongside the dengue outbreak in the border region. The exact figures are listed for each of the seven border departments in the section “Description of Disaster” above. As of epidemiological week 33, ending on 22 August 2015, the National Institute for Health figures indicate that all of the country’s departments have cases, registering 323,603 clinically confirmed cases; 1,131 laboratory confirmed cases; and 981 suspected cases. At the national level, the department of Norte de Santander has an extremely elevated number of cases. In the border region, the municipal health secretariat is conducting periodic fumigations for vector control. A public company is engaged in solid waste disposal, and there is a hygiene sub-committee for the collective centres.

- c. **Psychosocial support:** Families and communities have been emotionally and psychologically affected by these changes in their current lives. This has led to mood swings, and it is creating a high level of stress that can lead people to lose their motivation, experience disagreement and demonstrate aggressiveness. The current situation requires individual and group psychosocial support. Actions to work on this issue need to be done in a comprehensive manner and with support from institutions with experience and capacities for this work, such as the Ministry of Health and the Colombian Institute for Family Welfare.
- d. **Restoring Family Links:** During deportation and migration situations, family units tend to disperse. In this case, this might be due to the detention of family members until their status is able to be resolved, which can lead to the separation of families on both sides of the border. Some people returned voluntarily due to pressure from the authorities. However, to be able to support the needs of these people, an area to restore family links is needed, which will work towards locating people and families who have been separated due to this situation or are located in locations distant from one another.
- e. **Livelihoods:** People and families who return to Venezuela had been engaged in activities and labours for their individual and family sustenance. Upon leaving Venezuela, their capacity to earn income or to have economic resources available has been affected. The initial measures taken focus on basic humanitarian needs of shelter and food. It is necessary to identify people who engaged in activities and labours in Venezuela that can be conducted in Colombia. This will be the basis for recovering their income-earning capacity. Actions to identify these people or families should be done in a coordinated and clear manner to avoid false expectations in the community and to guarantee that this is a key tool for the use of free time and the reincorporation in their new environment.

Private and state banks are preparing a relief plan, which aims to maintain the economic dynamic in the region, provide accompaniment to businesses in trade, carbon, mining and transportation sectors, as well as to small-scale businesses and entrepreneurship.

Private institutions will deploy support brigades and inclusion brigades that will identify the situation of each of the possible clients. Furthermore, these will be the ambassadors that work with the government financial institutions on rediscounts: Finagro, National Guarantee Fund and Bancóldex; they have the commitment to identify solutions that create value and are appropriate to the current needs of people facing the crisis in this region.

- f. **Food security:** The border crisis has increased the demand for elements and materials for the needs of the people who have returned. The majority of the people who were deported or voluntarily returned could not return with objects and elements that were part of their domestic furnishings and homes. The situation requires them to have a series of basic humanitarian assistance items such as hot meals, mattresses, sheets, blankets and bedding, personal hygiene items, clothing. This is one of the areas that the Colombian government is committed to providing for the people returning to the country. The National System for Disaster Risk Management (SNGRD) has started providing humanitarian assistance through the distribution of food and non-food items.

- g. **Water and sanitation:** These needs are being covered in the collective centres by using the water network and the collective centre's water facilities and complementing them with chemical toilets.

Risk assessment

- **Social Context (resident, deported and voluntarily repatriated population)**

The following are some of the main risks that this humanitarian crisis on the Venezuelan-Colombian border entails:

- Food shortages due to rising costs and economic speculation
- Shortages and increased costs of petrol and fuel
- Overcrowding and lack of accommodations for people deported and voluntarily repatriated
- Decreased capacity of basic health care for residents, people deported and voluntarily repatriated
- Increased incidence of waterborne diseases and increased stress and depression due to fear, threats and family separation.
- Risks of weapons on roads or trails that could cause harm to people passing through the area.
- Rising unemployment
- Increased risk of sexual violence, prostitution
- Breakdown of family ties
- Truancy
- Increased lack of security and urban violence
- Increased stigma and discrimination
- Human trafficking, especially of minors.
- Human Rights violations
- Risk of social protests and tensions by the resident population and the population in situation of internal displacement in the region due to the unequal care and food distribution.

Political and security context:

- Use of the situation to manipulate the social situation by candidates in political campaigns in border municipalities and departments in both countries.
- Increased use of force by Venezuelan security agents against the Colombian population.
- Increased presence of organized armed groups and emerging armed groups in collective centre sites or border crossings
- Rupture of political relations with Venezuela following the withdrawal of ambassadors, thereby prolonging the situation.

Institutional risks for Safer Access

- Perception, acceptance and visibility to the actions of the Colombian Red Cross Society on the border
- Decrease in trust in the Venezuelan armed personnel in humanitarian caravans
- Misuse of the emblem
- Risk of involvement of the Medical Mission to restrict the access of Venezuelan nationals and citizens for health care
- Using humanitarian aid as a political tool.
- Risk due to the possible presence of weapons in the border region's rural areas

B. Operational Plan and Strategy

Proposed Strategy

The CRCS will focus on providing emergency humanitarian assistance, including food and non-food items, providing health care and engaged in health promotion, collective centres and restoring family links for 1,000 families (approximately 5,000 people) and supporting livelihoods for 200 families (1,000 people) in the north of Santander area for a 3-month period, as a complement to the Colombian government's support.

The CRCS will consider the role of women and minority groups in emergency assistance in order to achieve equity in the aid and visibility of the most vulnerable groups in this type of emergencies.

The psychosocial support of the health component will be essential during the first weeks of the assistance, and it will complement the restoring of family links and the direct attention in the collective centres.

Furthermore, in direct coordination with International Movement components in the country and with their support, the CRCS will address livelihoods, starting with the conducting of needs assessments in livelihoods in emergencies. The CRCS will work to establish business plans for the families who can re-establish their main economic activity and who are settled in the border area, which includes economic support. At least 10 per cent of the business plans of this select group of 50 households will receive technical support in the management aspects and in advocacy actions in favour of their initiatives in the reception region.

Overall Objective

Contribute to decreasing the vulnerability of 5,000 people (1,000 families) in Santander who have been affected by the situation due to the closing of the border and the deportation of Colombian citizens through emergency humanitarian action aiming to protect people's lives, health, shelter, sustenance and dignity.

Constant monitoring of the situation will be done during the operation to determine the evolution of the situation and through this analysis; the CRCS will evaluate the need to extend the area of intervention based on the assessed needs.



Colombian Red Cross Society volunteers provide support to the affected population in Cucuta, Norte de Santander. Source: Colombian Red Cross Society

Operational Support Services

As part of the planned programme, specific work teams will be created for the identification of these needs. Permanent tracking will be done with the affected families to identify the actual situation of each of them and thus establish more diverse solutions that are appropriate for each situation.

A different focus is required for each situation. The situation of shelter for families can rapidly change. Thus, close and continual monitoring is needed to adjust the responses, when possible, to the rhythm of the changes.

Human resources

All of the voluntary personnel, employed staff and directors implementing humanitarian action will have their documentation in order (national identification card, military identification for men, current CRCS institutional identification, health insurance and driver's license).

CRCS volunteers have support against accidents, death for any cause, complete and permanent disability, dismemberment, fees (funeral, medical, AIDS treatment, organ transplant) though an insurance policy assigned through the National Emergency Fund to the relief institutions that belong to the National System for Disaster Risk Management. This insurance will be in effect following the approval for deployment by the CRCS director of volunteering from the CRCS branch, and the deployment of these volunteers is registered in CRCS branch reports indicating their deployment for this operation.

The CRCS plans on having the following human resources for this operation:

- 1 operations coordinator
- 1 coordinator in the field
- 1 shelter technician (a National Intervention Team member)
- 1 health technician (a National Intervention Team member)
- 1 administrative and financial assistant
- Support staff for the daily permanence of 64 volunteers

Based on the emergency situation and the local capacities of the CRCS branches, two members of the National Intervention team will be deployed to work on this operation. Both of these specialized NIT members are from branches distant from the border region, but they have the required skills in shelter and health to effectively contribute to this operation.

Logistics and supply chain

The acquisition of items and services will follow the standard conditions according to the needs of the affected population (external client) and/or the operational areas (internal client) to guarantee the appropriate level of supplies and optimal performance. All of the purchases will be made in the country. The purchase process will apply all the CRCS procedures, regulations and guidelines and in compliance with the DREF procedures of the IFRC.

Information Technology (IT)

The National Society has an installed telecommunications system at the national and branch level through which communication is maintained with the team for coordination in the field. The IT equipment will also support the restoration of family links for the affected population.

Communication and Information

The Colombian Red Cross Society will establish a platform that makes information available on the operation's unmet needs, changes made to the implemented actions and the recovery process. The International Red Cross Movement components present in Colombia and in the region (IFRC-Panama) will have access to information and materials that can help the operation move forward and demonstrate accountability for proper resource use. The CRCS will also publish communiqués and informational documents to provide information on the progress of the operation and beneficiaries' stories. Given the characteristics of this emergency, workshops on the Red Cross Red Crescent movement will be organized for actors in the field (authorities, institutions and organizations) and facilitate the action of the CRCS as a result.

Security

Based on an analysis of context and the dynamics of armed conflict and other situations of violence and public order in the country and in the border area, the CRCS currently considers it necessary to consider the International Movement's Safer Access framework, as well as compliance with the provisions of the CRCS Safety Manual. These will be applied by all Movement components present in Colombia and in the region, as well as directorates, staff and volunteers from all of the CRCS branches, prioritizing the borders in the border region.

In order to strengthen the perception, acceptance of the institution and individuals and the visibility of CRCS actions, all CRCS branches on the border are required to strengthen their public dissemination actions ("operative dissemination") with local authorities, police forces, social leaders and the media to strengthen the essential implementation of humanitarian actions based on the principle of neutrality and independence and the CRCS' role as an auxiliary to public authorities on humanitarian issues. These public dissemination actions can indirectly reach other armed actors and Venezuelan security agents.

The CRCS strategy in the weapons contamination programme will be activated for all the actions undertaken. This strategy protects people and families who return voluntarily to Colombia on paths and roads, as well as the CRCS team in the field, considering the presence of armed groups in the border region and many of the paths taken could also be areas of influence and action of these armed groups.

Planning, monitoring, evaluation and reporting (PMER)

The CRCS National Relief General Directorate, in coordination with other directorates, is responsible for the implementation of this plan and will provide the appropriate monitoring. Throughout the plan's implementation, a report will be issued every 30 days and one at the end of the operation. This general directorate will also ensure compliance with the established protocols and procedures for monitoring and evaluation.

The actions under this plan shall also be framed within the CRCS internal and external emergency response plan and decentralized branch and municipal unit plans.

The IFRC disaster management coordinator will continue providing technical support, accompaniment and monitoring to this operation.

Administration and finances

The administration and finance procedures are framed within the CRCS quality process and support all the actions of the National Society's humanitarian mission, guaranteeing the appropriate transparency and accountability.

C. DETAILED OPERATIONAL PLAN

Quality programming/ Areas common to all sectors

Objective	Indicators
Direct outcome 1: Continual and detailed assessment and analysis for the design and implementation of the operation	Number of (general and detailed) evaluations conducted
Output 1.1 Assessment of the initial needs are conducted in consultation with beneficiaries and authorities.	Number of assessment reports that demonstrate beneficiary consultations (assessment reports and plan of action)
	Number of assessment reports that provide

		data such as sex, age and vulnerabilities (assessment and beneficiaries reports)											
Output 1.2 Monitoring and comprehensive assessment of the plan of action conducted		Number of reports of visits to the field, as well as number of Operation Updates											
1.1 Activities	Weeks	1	2	3	4	5	6	7	8	9	10	11	12
Emergency rapid assessment		■	■										
Sectorial assessment			■	■	■								
Beneficiary registry			■	■	■								
1.2 Activities	Weeks	1	2	3	4	5	6	7	8	9	10	11	12
IFRC tracking and monitoring		■	■	■	■	■	■	■	■	■	■	■	■
Monitoring visits by CRCS national headquarters		■	■	■	■	■	■	■	■	■	■	■	■
Inter-institutional coordination		■	■	■	■	■	■	■	■	■	■	■	■
Staff hiring		■	■										

Health and care

Needs assessment: Some of the minors from Venezuela presented with symptoms of dehydration, vomiting and diarrhoea. Adults experienced cases of anxiety and some showed symptoms of emotional disorder mainly related to depression and nervousness. Other common and high-risk illnesses also exist. An outbreak of chikungunya is registered on the border

Population to be reached: Medical attention, first aid, health promotion and psychosocial support for at least 5,000 people including children, youth, adolescents, adults, the elderly and pregnant women who have been deported or voluntarily departed from Venezuela.

Objective	Indicators
Direct outcome 2: The health impacts on individuals and families affected by the crisis generated by deportation or voluntary return are reduced by employing on a comprehensive, physical, emotional and social approach.	Number of people receiving basic health care
Output 2.1: Basic health care, first aid and health promotion to affected individuals and families.	Number of people who receive health care Number of people who receive first aid Number of people with chronic or serious illnesses who are transferred to health centres or hospitals Number of people sent to health centres who have illnesses that are not treated on an outpatient basis Number of people who receive information on health promotion

Output 2.2: Care in individual and group psychosocial support appropriate to the needs of the affected people.	Number of people who receive psychosocial support Number of psychosocial support workshops											
Activities	Weeks											
	1	2	3	4	5	6	7	8	9	10	11	12
Basic health consultations and care	■	■	■	■	■	■	■	■	■	■	■	■
Attention in the first aid posts	■	■	■	■	■	■	■	■	■	■	■	■
Workshops in health promotion and prevention of illnesses in collective centres		■				■				■		

	Number of cases attended in the search for family members											
Activities	Weeks											
	1	2	3	4	5	6	7	8	9	10	11	12
Attention in RFL cases for the affected population, particularly children and the elderly and especially those at risk of being unaccompanied												
Production of dissemination materials on RFL for beneficiaries												
Workshops to strengthen advocacy and inter-institutional coordination in RFL issues, working in network with authorities, institutions and local organizations in the region.												
Reception and sending of family messages and support in telephone communication between families if possible.												

To facilitate the restoration of family links of the affected population, the Colombian Red Cross Society will facilitate national and international telephone communication so people can let their families know about their situation and channel humanitarian support that these might be able to provide. As part of this operation, the CRCS plans on producing materials on RFL for distribution in strategic locations so people are aware of this humanitarian service provided by the Red Cross Movement. As part of RFL, the CRCS will also address and work on cases to identify the locations of missing people.

The CRCS will conduct a workshop on RFL with local leaders, organizations and institutions to strengthen advocacy and coordination regarding the restoration of family links.

Shelter

Needs assessment: There are currently 20 collective centres in the border region in Colombia. These have been established in closed public spaces and established collective centres (coliseums, schools, municipal facilities, among others).

The Colombian Red Cross Society is managing three collective centres in Norte de Santander, with support from the UNGRD through the provision of tents, food, non-food items (kitchen kits, blankets, mattresses, among others). However, the conditions in the collective centres need to be improved.

Population to be reached: Three collective centres have basic conditions to provide attention to the families in these centres.

Objective	Indicators											
Direct outcome 2: At least 3 collective centres are appropriately managed and have the basic conditions to attend to the population in these locations.	Number of families receiving shelter											
Output 2.1: At least 3 collective centres are appropriately managed and adjusted to comply with CRCS collective centres standards.	Number of collective centres managed and appropriately adjusted											
Activities	Weeks											
	1	2	3	4	5	6	7	8	9	10	11	12
Appropriately adjust collective centres locations to comply with CRCS collective centres standards												
Support the collective cleaning of the collective centres with cleaning supplies												
Workshops on collective centres management for beneficiaries												
Workshop to provide training on collective centres management for other response organizations												
Installation and maintenance of water and sanitation and general maintenance of collective centre locations												

The CRCS is managing three collective centres locations in Cúcuta in Norte de Santander: the coliseum of the Municipal School, the coliseum of the INEM School and the Morichal collective centres. National Intervention Team

members specialized in shelter have been deployed to facilitate the administration and establishment of these collective temporary locations.

When the National Society takes on coordination of a collective centres location, it establishes living units that have sanitation services (latrines), areas to eat food, garbage disposal, water points for clean and safe water, as well as all of the daily activities of a collective centre such as the continual monitoring of the people arriving and the people leaving and the monitoring of protection and vulnerability needs. This operation will cover the costs of installing and maintaining water and sanitation and the general maintenance of the collective centre locations. The Colombian Red Cross Society plans on facilitating monthly workshops on collective centres management for beneficiaries in the collective centres it administers. These workshops have the objective of improving these locations. Additionally, the CRCS will organize and facilitate a workshop on collective centres management for other organizations responsible for other collective centres locations.

Food Security

Needs assessment: Food is guaranteed in the collective centres; however, the affected population has endured a long process on their journey from their previous homes in Venezuela to the collective centres, which was often done with children and the elderly. Consequently, cases of dehydration and physical and emotional weariness are prevalent. It is important to mention that while people have been deported are unable to return to Venezuela, those who have left voluntarily have the opportunity to return. Thus, many people make several trips back and forth to move their material domestic items.

The distribution of hydration drinks and basic food products are priorities for these people and for the high-risk population in particular. These food products do not require cooking and can be immediately eaten.

Population to be reached: 1,000 families receive a one-time distribution of ready to consume food and drinks at the edge of the borders in order to facilitate their move to the collective centres.

Objective	Indicators											
Direct outcome 2: 1,000 affected families have food and drink to facilitate their move to the collective centres.	Number of families reached											
Output 2.1: Distribution of prepared food products and hydration beverages to 1,000 families	Number of food rations distributed											
Activities	Weeks											
	1	2	3	4	5	6	7	8	9	10	11	12
Distribution of prepared food products and hydration beverages for individuals and families that are awaiting the definition of their migratory status												

The people and families affected by this crisis are crossing the border with their entire families, which often include children, elderly family members and others requiring special assistance, as well as their material goods (household furniture and personal items). The administrative aspects of the border crossing can take up to eight hours and require long waits in every crossing. The Colombian Red Cross Society has teams composed of volunteers from the local branches who distribute prepared food products and hydration beverages in the border zone.

Contact information

For further information specifically related to this operation please contact:

- **In Colombian Red Cross Society:** Fernando José Cárdenas Guerrero, president; phone + 571 437 6300; email: presidencia@cruzrojacolombiana.org.
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For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries):

- **In IFRC Americas Regional Office:** Priscila Gonzalez, planning, monitoring & reporting coordinator; phone: +507 317 3050; email: priscila.gonzalez@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Americas Regional Office:** Ursula Araya, Relationship Management Coordinator, phone: +507 317 3050; email: Ursula.araya@ifrc.org.

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DREF OPERATION

MDR0011 - Colombia Population movement

11/09/2015

DREF Budget CHF

Budget Group	
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	7,787
Seeds & Plants	0
Water, Sanitation & Hygiene	7,300
Medical & First Aid	9,636
Teaching Materials	31,147
Ustensils & Tools	0
Other Supplies & Services	4,380
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	60,249
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	5,840
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	5,840
International Staff	0
National Staff	0
National Society Staff	4,935
Volunteers	16,510
Other Benefits Staff	0
Total PERSONNEL	21,444
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	0
Total WORKSHOP & TRAINING	0
Travel	1,947
Information & Public Relations	2,725
Office Costs	1,752
Communications	292
Financial Charges	0
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	6,716
Programme and Supplementary Services Recovery	6,126
Total INDIRECT COSTS	6,126
TOTAL BUDGET	100,376