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# Emergency Plan of Action (EPoA)

## Colombia: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n°</b>	<b>MDRCO014</b>		
<b>Date of launch:</b>	<b>15 March 2018</b>	<b>Expected timeframe:</b>	<b>39 months</b>
<b>Date of revision</b>	<b>24 September 2020</b>	<b>Expected end date:</b>	<b>30 June 2021</b>
<b>Category allocated to the of the disaster or crisis: Orange</b>			
<b>Appeal Funding Requirements: Increase to CHF 9,963,754</b>			
<b>Funding gap: CHF 2,210,144</b>			
<b>Total number of people affected:</b>	<b>1,764,883<sup>1</sup></b>	<b>Number of people to be assisted</b>	<b>645,000</b>
<b>Host National Society presence (n° of volunteers, staff, branches):</b> The Colombian Red Cross Society (CRCS) has broad national presence in the country through 32 departmental branches, reaching more than 200 municipalities (through municipal units and local support groups), and 33,192 active volunteers.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.			
<b>Other partner organizations actively involved in the operation:</b> United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations High Commissioner for Refugees (UNHCR), Food and Agriculture Organization of the United Nations (FAO), Office of the United Nations High Commissioner for Human Rights (OHCHR), United Nations Human Settlements Programme (UN Habitat), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Development Programme (UNDP), United Nations World Food Programme (WFP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), International Organization for Migration (IOM), Pan American Health Organization (PAHO/WHO), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), ACTED, Aid for Aids, Children's Villages, Americares, Caritas, World Lutheran Federation, Global Communities, Halü, Heartland Alliance International, HIAS, Humanity & Inclusion, iMMAP, International Rescue Committee (IRC), Malteser International, Medicos del Mundo, Mercy Corps, OXFAM, Pastoral Social, Plan International, Premiere Urgence International and Solidarite International, Profamilia, Samaritan's Purse, Save the Children, Servicio Jesuita a Refugiados (SJR), Tearfund, World Vision, as well as other organizations members of the GIFMM.			
This revised Emergency Appeal has an increased timeframe <sup>2</sup> , number of people to be reached and budget. The number of <b>services to be provided is increased from 170,000 to 645,000</b> , and the <b>timeframe has been extended until 30 June 2021, for a total operation duration of 39 months</b> . The budget has also been increased to <b>9.96 million Swiss francs from 6.6 million Swiss francs</b> , resulting in a current funding gap of 2.2 million Swiss francs based on available funding. The budget is distributed in the same manner as in the original Emergency Appeal with additional funding to permit new activities that respond to the current analysis of humanitarian needs in the country, in particular new migration flows of returnees to Venezuela in the light of the COVID-19 outbreak, as well as support for the continuation of work by the CRCS and IFRC operational teams.			
This revised plan of action supports continued activities in the areas of focus of shelter; livelihoods and basic needs; health; water, sanitation and hygiene promotion; protection, gender and inclusion; migration; and disaster risk reduction. Emphasis will continue in primary health care including first aid services especially in the points along the paths for the <i>caminantes</i> (migrants on foot), whilst ensuring a transition to CRCS branch and community capacity-strengthening through the community based health first aid (CBHFA) approach for health and WASH components. The increase in			

<sup>1</sup> Latest figures from the Colombian migratory authorities published on 6 August 2020, with figures to 31 May 2020: <https://www.migracioncolombia.gov.co/infografias/venezolanos-en-colombia-corte-a-31-de-mayo-de-2020>

<sup>2</sup> The extended timeframe of this Revised Emergency Appeal was confirmed through the [24-month Operations update](#) published in May 2020.

the timeframe also allows for the development/establishment of new livelihoods initiatives, additional cash transfer activities with a protection approach, further protection activities through local protection focal points, distribution of age- and gender-differentiated dignity kits and increasing protection and inclusion activities through schools as a protective environments, as well as continued distribution of assistance to cover basic needs of migrants in transit and settled migrants, in particular in the light of the COVID-19 outbreak which has impacted in particular on livelihoods, health and hygiene, whilst exposing vulnerable migrants to increased protection risks.

With the final extension of this operation for a third year, the intervention will support the transition of IFRC's support to the CRCS from emergency response to medium- and long-term migration programming, through strengthening of technical and infrastructural capacities, knowledge management through increased accountability and learning, and actions to foster sustainability through community-level dissemination to promote integration and social cohesion. This revised plan of action maintains its interventions in eight departments: Arauca, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander and Vichada, while expanding further activities to additional departments based on emerging needs and available funding, and seeking to complement other sources of funding received by the CRCS.

The main changes in this Revised EPoA per sector or area are as follows:



#### Shelter

- Strengthening 20 new shelters (collective centres/accommodation) with additional hygiene and infrastructure support
- Inclusion of new cash-based intervention for rental support or reparation of house structures, to reach 90 families



#### Livelihoods and basic needs

- Inclusion of livelihoods strengthening activities, aiming to enhance the economic income produced by 75 existing individual and collective income generating activities amongst migrant and host communities
- Increase from 460 to 2,400 households targeted with cash and voucher assistance
- Increase from 12,000 to 45,500 people targeted reached with food kits



#### Health

- Increase from 170,000 to 436,000 medical services provided to migrants and host communities
- Inclusion of 1,700 referrals to specialized health services for migrants and host communities through conditional cash
- Inclusion of community-based health and first aid intervention, to also include mental health and sexual and reproductive health



#### Water, sanitation and hygiene

- Increase from 210,400 to 382,500 people targeted to benefit from access to safe water and improved sanitation
- Increase the targeted number of hydration points from 5 to 9 points
- Inclusion of activities to install and strengthen community aqueducts, and install hand washing devices, showers and clothes washing slabs



#### Protection, Gender and Inclusion

- Increase from 17,000 to 43,000 services to be provided through friendly spaces
- Increase from 4,000 to 6,800 age- and gender- differentiated dignity kits to be distributed
- Inclusion of lessons learned from the "schools as a protective environment" component



#### Migration

- Distribution of 400 culturally differential kits focused on indigenous communities
- Decrease target from 18,000 to 16,000 restoring family links services
- Inclusion of an exit strategy to include community consultation and sharing of the final evaluation results with the community.

## A. Situation analysis

## Description of the disaster

In recent years, the number of people emigrating from Venezuela to neighbouring countries and other locations around the globe has increased. The Regional Coordination Platform for Refugees and Migrants from Venezuela estimates that as of [August 2020](#), over 5.2 million Venezuelans have emigrated, with 2.7 million of these since 2015. As of 31 May 2020, [Migración Colombia](#), the Colombian state entity in charge of migration, estimated that 1,764,883 Venezuelan migrants were in the country, which is a reduction of 3.33 per cent compared to the number of migrants reported in February 2020. The majority of this population resides in Bogota, Norte de Santander, Atlántico, La Guajira, Antioquia and Santander, estimated to host more than 100,000 migrants each. Approximately 770,000 Venezuelan migrants hold a residence permit or a transit permit. The recent [needs evaluation \(June 2020\)](#), from the Interagency Group of Mixed Migratory Flows in Colombia (GIFMM for its acronym in Spanish), indicated that the prioritized needs for the migrants and refugees were food (92%), shelter (66%) and employment or other livelihoods (53%). These are the same sectors compared to the previous survey in April 2020. Additional transcontinental migrant flows have been identified as transiting through Antioquia and the Gulf of Urabá, to reach Panama and North America, in some cases fleeing violence, persecution or breaches of human rights, as well as for personal or economic reasons.

The migration phenomenon occurs in the context of internal displacement in the country. OCHA estimates that in 2020, there will be 8.5 million people with humanitarian needs in Colombia, including 3.5 million migrants and 5.1 million people affected by the internal humanitarian situation due to natural disasters or armed conflict<sup>3</sup>. Of the 3.5 million migrants in need, these are estimated as being 1.77 million migrants with a desire to settle, 330,000 migrants in transit, 501,100 pendular migrants and 350,500 Colombian returnees from Venezuela<sup>4</sup>. In 161 municipalities (14% of all municipalities in Colombia), more than 2,000 people have intersectoral needs; these areas also are areas of multiple affectation due to armed conflict, natural disasters and migration<sup>5</sup>. Finally, external factors such as changes in third countries' immigration requirements have had consequences on migration flows in Colombia.

## Summary of the current response

### Overview of Host National Society Response Action

The Colombian Red Cross Society (CRCS) has conducted actions to assist migrants since 2015, with the start of the population movement from Venezuela. To structure its more comprehensive humanitarian action, the CRCS created a 2018-2021 National Strategy for Attention to Migrants that focuses on humanitarian, rapid response and stabilization actions. This strategy is aligned with the [Toluca Declaration](#) and the [IFRC's Global Strategy for Migration 2018 to 2022](#). With the support of Movement partners and through CRCS branches, the National Society has extended its migration strategy to all strategic points where pendular, settling and transiting migrants are located. At all stages of their journeys, and irrespective of their legal status, the CRCS team is ready to respond to migrants' needs, support the enhancement of their resilience, and assist them in advocating for their rights. The CRCS continues to lead all operational actions. CRCS volunteers are the backbone of all of the actions implemented to respond to the humanitarian needs of people on the move.

The CRCS intervention strategy aims to assist in a comprehensive manner through the provision of support and accompaniment for the stabilization of persons, communities and territories affected by the current migratory context. It seeks to provide humanitarian assistance and initial complementary support in a sustainable manner, in terms of opportunity, and relevance. It concurrently aims to contribute to the economic, social and cultural integration of the migrant population and to sustainable development.

During the first two years of this Emergency Appeal operation, the CRCS and IFRC worked together to establish strategically located attention points for people on the move, seeking to combine health services to the target populations

<sup>3</sup> OCHA, Humanitarian Needs Overview 2020:

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno\\_2020\\_colombia\\_esp.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno_2020_colombia_esp.pdf)

<sup>4</sup> OCHA, Humanitarian Needs Overview 2020 Summary:

[https://reliefweb.int/sites/reliefweb.int/files/resources/resumen\\_pnh\\_colombia\\_2020\\_esp.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/resumen_pnh_colombia_2020_esp.pdf)

<sup>5</sup> HNO 2020.

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno\\_2020\\_colombia\\_esp.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno_2020_colombia_esp.pdf)

with actions in the areas of shelter; livelihoods and basic needs; water, sanitation and hygiene promotion; and protection, gender and inclusion (PGI). By the end of July 2020, 470,482 services in all areas of focus were provided through the financing of this appeal.

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

In response to a sustained increase in the number of migrants throughout the Americas, the Red Cross has humanitarian operations in all the region's countries receiving migrants. Migrations flows from different locations or countries of origin occur simultaneously within one country. The Red Cross aims to provide humanitarian assistance to all migrants in situations of vulnerability, independent of their origin, in assistance points, as per the three-ringed of response strategy (beside). This dynamic approach has common standards but is contingent on the evolution of the situation and framed in scenarios.



This Colombia operation complements other IFRC actions such as [Americas: Population Movement Emergency Appeal \(MDR42004\)](#) and the Monarch Butterfly programme that addresses migration on the Colombia-Venezuela border and on a regional level. In addition, the Red Cross launched the [Venezuela: Health emergency \(MDRVE004\)](#) Appeal in April 2019. Since the launch of the [Emergency Appeal for COVID-19 pandemic in the Americas \(MDR42006\)](#), the Colombia operation also complements COVID-19-specific actions from the regional appeal operation. The IFRC operations in Venezuela, Colombia and at the regional level are closely coordinated to ensure the complementarity of actions. The [Venezuela appeal is due to close in July 2021](#), and the Regional Migration appeal is being revised to be extended until June 2021, aligned with the Colombia appeal timeframe, all with a transition to migration programme planning, recognising the complexities associated with population movement across the continent. In view of the transition process, this emergency appeal and the Monarch Butterfly programme in Colombia are increasingly co-funding CRCS activities in given points of attention to migrants, with a focus on capacity-strengthening.

In Colombia, together with IFRC, the American, German and Spanish Red Cross National Societies, as well as the International Committee of the Red Cross (ICRC), are supporting the CRCS with projects to provide migrants with health, livelihoods and other complementary services. The CRCS convenes monthly coordination meetings with all Movement components, to share critical information about results, challenges, plans, mitigation strategies and other topics that affect the operation, and to coordinate between all Movement partners to enhance the efficiency and the results of the humanitarian response to the population movement. A detailed list of regional presence and operational focus of Movement partners is available in the [24-month Operations Update](#).

In early 2020, in the run-up to the 26 May 2020 Donor Conference in solidarity with Venezuelan refugees and migrants, organized by the European Union and Spain, members of the International Red Cross and Red Crescent Movement developed a Movement picture of the response to the Venezuelan migration crisis, outlining the coordinated Movement approach. Between July 2017 and March 2020, the CRCS has provided over 3,500,000 services<sup>6</sup> to vulnerable migrants and host communities.

<sup>6</sup> This figure includes distribution of safe water.

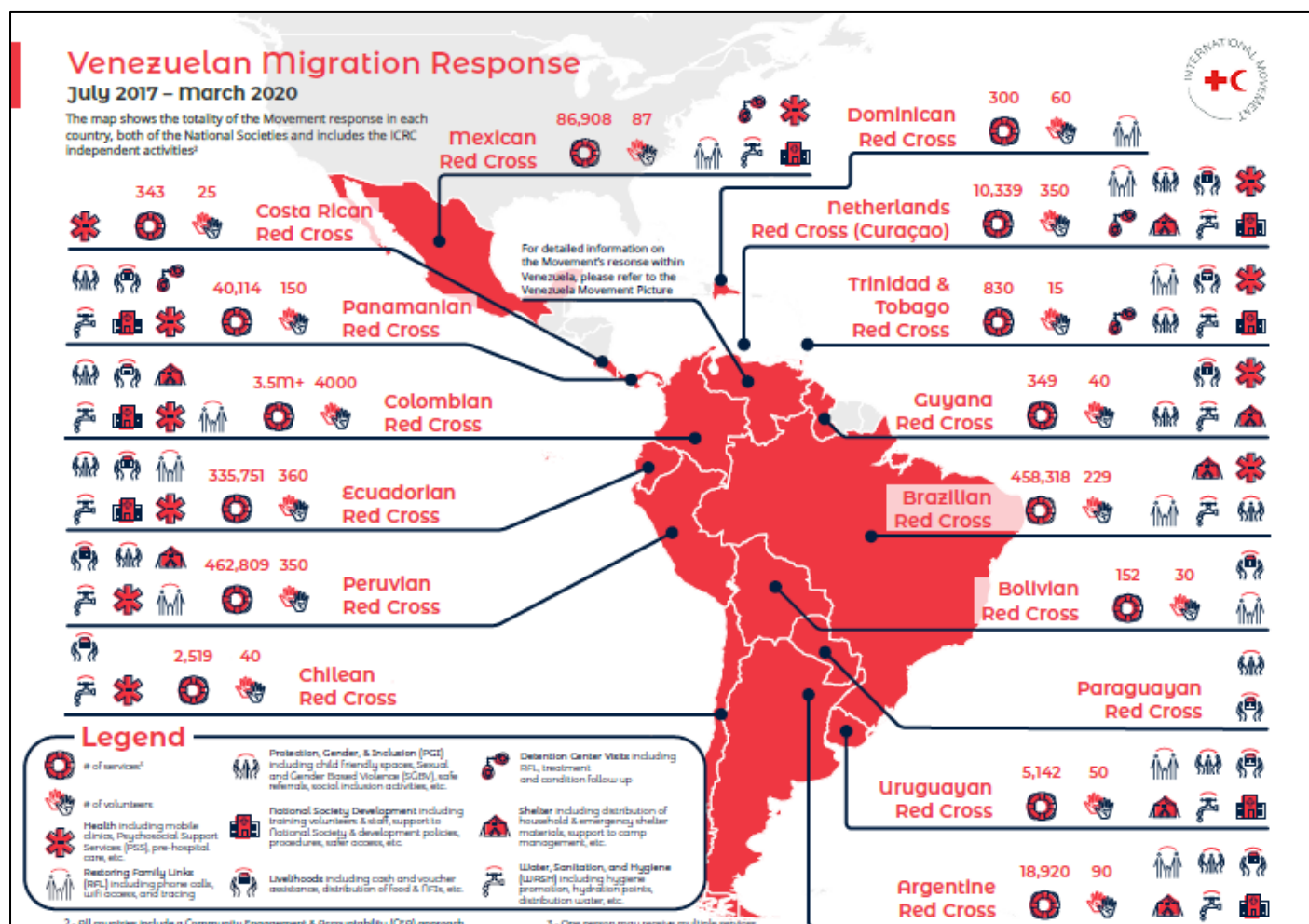


Figure 1: Movement Picture of the Venezuelan Migration Response

## Overview of other actors in country

The response from the Colombian Government has focused on i) the regularization of migrants and identification of returned nationals, and ii) the deployment and coordination of humanitarian actions. In terms of regularization, the Special Residence Permit (PEP) and the Border Mobility Card (TMF) allow Venezuelans to stay in Colombian territory for up to two years or allow them to move within border regions, respectively. In December 2018, the government introduced a Temporary Transit Permit which allows migrants to have up to 15 days of transit through Colombia in order to reach a third nation. Since 2018, the Colombian government has taken a number of regularization measures, which include permits to remain, permits to transit through the country, nationalization of children born in Colombia, and conditional access to formal employment, as set out in the [24-month Operations Update](#).

Since March 2020, taking into account the COVID-19 sanitary emergency in the country, Migración Colombia established that in case an entry or stay permit expires during the term of the sanitary emergency and whose renewal procedure cannot be carried out, it will be considered as automatically extended for a term that extends up to one additional month from the end of the declaration of sanitary emergency. From July 2020, these renewals can be made online from the entity's website<sup>7</sup>. Additionally, in May 2020, a mechanism was established by Colombian and Venezuelan authorities for the return of Venezuelan citizens to their country, who must observe strict health control measures, and have the authorization of the Migración Colombia to begin the return movement. Thus, migrants who wish to migrate

<sup>7</sup> Migración Colombia, Resolution 1537 2020. <https://www.migracioncolombia.gov.co/normativa/download/26-resoluciones-2020/119-resolucion-no-1537-de-2020>

voluntarily must express it to the authorities of the municipality where they are, which will perform a medical assessment of the migrants, who may travel with prior migration authorization that is made considering the border restrictions<sup>8</sup>.

The CRCS is an active member of the Inter-agency Group for Mixed Migratory Flows (GIFMM for its acronym in Spanish) led by the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), at the national and departmental levels in certain regions; the IFRC and ICRC attend meetings as observers. The GIFMM is composed of UN agencies (WFP, UNICEF, FAO, UNDP, among others) and international and national NGOs. This coordination enriches context analysis, helping to identify migratory trends and the needs of the population of interest. This group fosters complementarity and contributes to avoiding the duplication of actions. In addition, the CRCS is co-leader of the multisectoral sub-group, which coordinates assistance and services with interventions in temporary housing and settlements, items to cover basic needs and humanitarian transport. It also participated in the second and third versions of the rapid needs assessment led by the GIFMM. Both the CRCS and IFRC are observers to the Humanitarian Country Team. IFRC and CRCS also participate in the Health Cluster, led by the Ministry of Health and the Pan American Health Organization, the Logistics Working Group and the Cash Transfer Working group, the latter of which the CRCS co-leads. The CRCS maintains constant dialogue with local governments through participation in the GIFMM coordination tables and connections links between the operation's coordinators and the Ministry of Foreign Affairs in each territory. It also establishes alliances with local government institutions for the referral of cases by the CRCS.

### **Needs analysis, targeting, scenario planning and risk assessment**

As of 31 May 2020, there are just under 1.8 million estimated Venezuelan migrants in Colombia, based on the [latest estimate from the Colombia migration authority, Migración Colombia](#). Migrants are located in big cities (>500,000 inhabitants) and border cities (border with Ecuador and Venezuela). Pendular migrants (living in Venezuela crossing the border to provision with essential goods) are still present. Migrants moving on foot towards big or border cities complete the range of migrant categories in Colombia.

According to Migración Colombia's mid-2019 projections, the migration phenomenon was expected to stabilize during the first half of 2020, which would have enabled a focus on public policy processes to facilitate the inclusion of migrants in Colombian territory. However, with the declaration of an emergency in Latin American countries around the COVID-19 outbreak, the migration crisis has expanded. Migración Colombia figures (published in August 2020 with figures up to May 2020) indicate an 80 per cent increase of Venezuelan citizens residing in Colombia compared to 2018. However, this figure fell from those registered in late 2019 to February 2020 due to return flows to Venezuela. In light of impacts associated with the pandemic, close to [100,000 people have returned to Venezuela](#), as of mid-August 2020.

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<sup>8</sup> Migración Colombia, Resolución 1265 2020 <https://www.migracioncolombia.gov.co/normativa/download/26-resoluciones-2020/117-resolucion-1265-de-2020>

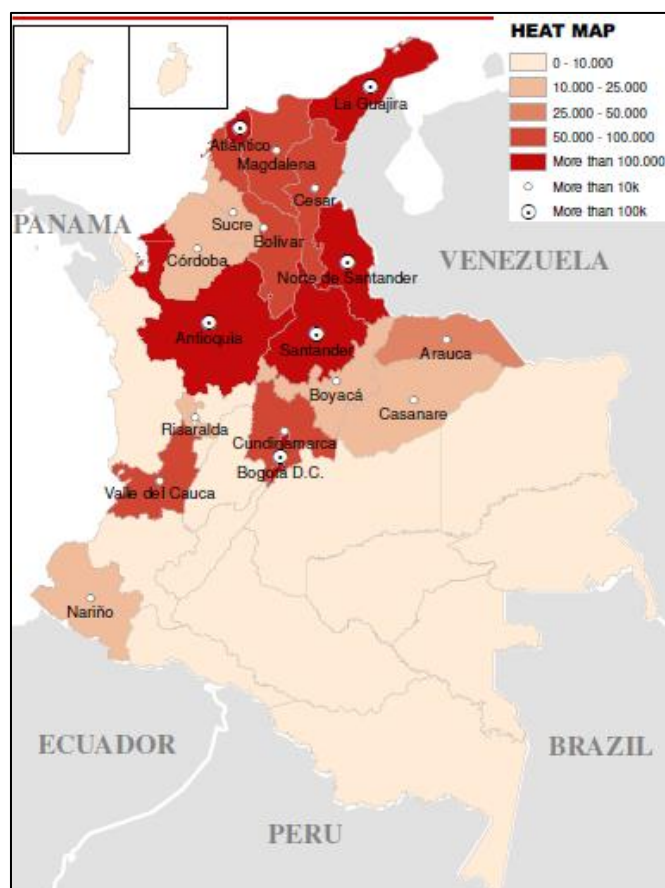


Figure 2: Map showing estimated location and numbers of Venezuelan migrants (heat map). Based on Migración Colombia data as of 31 May 2020.

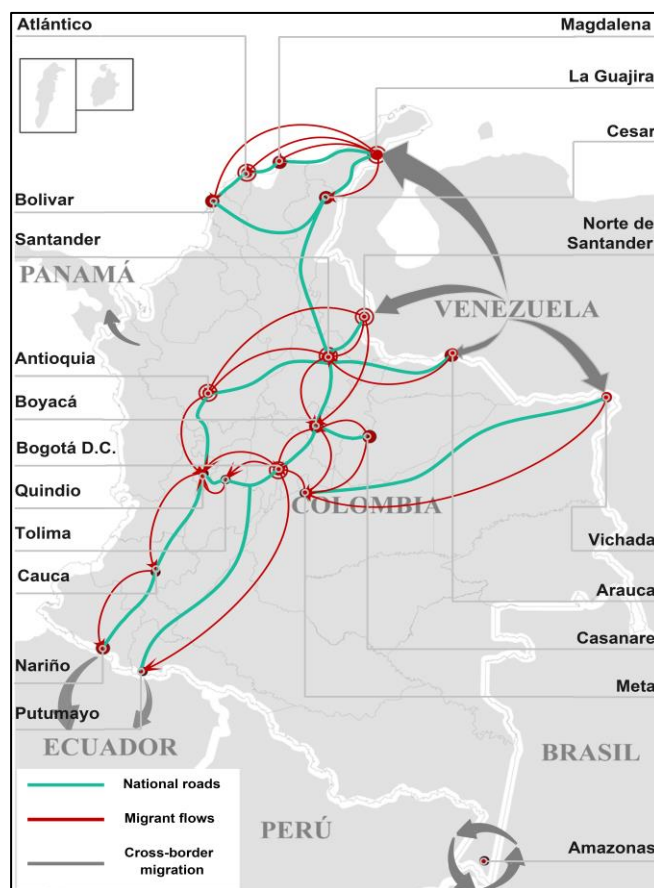


Figure 3. Map of migrant flows Information up to August 2020.

The first COVID-19 case was reported in Colombia on 6 March 2020. As of 14 September 2020, [Colombia has 708,964 confirmed cases with 22,734 deaths](#). Unemployment has increased over 20 per cent in Colombia, having the [highest increase in unemployment among OECD countries](#). Migratory dynamics have since changed dramatically, with [thousands of migrants seeking to return to Venezuela](#) due to the loss of their livelihoods and shelters. As migratory authorities seek to carefully manage returns to Venezuela in light of the sanitary emergency, thousands of migrants are unable to continue their onwards journeys, pending confirmations that they may travel and cross the border, [with several thousand also waiting at the border with Venezuela](#) to be able to cross from Colombia. The Government of Venezuela has controlled the entrance of its citizens due to concerns over the spread of the virus.

Prior to the COVID-19 outbreak, a majority of migrants worked in the informal economy. Nearly 60 per cent of migrants residing in the country for the past two years report have experienced impacts on their basic basket, including the access to basic goods (food and hygiene), loss of homes (due to evictions), or entry into high-risk livelihoods. In addition, specific protection risks such as trafficking and smuggling have been heightened, together with the increase of domestic violence in shelters and/or settlements of migrants in host communities.

The persistent instability, exclusion from state relief programs responding to COVID-19, risks of eviction and effects of lockdowns and quarantines on the informal economy contribute to migrants establishing negative coping strategies, such as engaging in transactional sex. In response, the operation emphasized the provision of Personal Protection Equipment (PPE) for staff and migrants and the distribution of kits, specifically dignity kits, hygiene kits, bedding, new-borne, hygiene and emergency kits. Psychosocial support kits for children and psychosocial activities at the individual, group and community level are included to address the impact from the migration process with the intensified needs and stress factors driven by the Covid-19 context. The IFRC has also supported the CRCs with information products related to migration and COVID-19, in daily media monitoring to follow migrant movements and needs, and bi-weekly infographics highlighting the migration situation in the COVID-19 context (available through [the IFRC Go page for the Colombia migration operation under "Information Products"](#)).

In this context, stigmatization of migrants has also increased, particularly due to competition for livelihoods, the impacts of the crisis on the perception of security, and the development of a national social emergency, with a high impact on social determinants, where newly arrived communities are subject to marginalization practices. Added to the health impacts due to COVID-19, CRCS health reports prior to March 2020 indicated that migrants required health care for respiratory infections, dermatitis, high-risk pregnancies, contraceptive intake control, stress and parasitosis. Malnutrition in children and pregnant women remain a concern for medical teams due to their potential long-term effects on human development and overall wellbeing.

The strategy of this Emergency Appeal was based on the projected reduction of the migratory flow from Venezuela by late 2020, as the numbers were waning in 2018 and 2019. However, the COVID-19 outbreak, coupled with the unpreparedness of the Latin American states, increased the population movement and prolonged its humanitarian effects.

COVID-19 has reshaped the humanitarian landscape, with migrants settling in big and border cities, awaiting the possibility to enter Venezuela and potential seek irregular border crossing points. In this situation, new humanitarian needs have evolved: malnutrition, scarce sheltering, inexistent social and economic integration and increasing protections risks. In the medium term, it is also expected that there will be reverse flows of migrants from Venezuela to Colombia, and it is estimated that 80 per cent of migrants currently returning to Venezuela, will be [migrating again to Colombia in the company of at least one additional person](#).

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

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

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

As such, the National Society actions' dedicated to COVID-19 and those conducted through new or ongoing operations will be mutually beneficial and build upon programmatic synergies. IFRC continues to assess and adapt its emergency operations in response to disasters and crisis and continues to provide necessary and updated guidance to its membership. The IFRC revised global Emergency Appeal complements both the UN Global Humanitarian Response Plan and is linked to the Strategic Preparedness and Response (SRP) Appeal of the World Health Organization (WHO), launched in February and the WHO revised strategy from April 2020 to support countries to improve their prevention and response. With support from the IFRC as well as other partners, the CRC has been responding to the COVID-19 outbreak in 30 of the 32 departments in the country, providing over 150,000 health services, delivering over 1,100,000 items to attend to basic needs, attending to over 6,700 families with cash transfers and strengthening 7 hospitals as of early September 2020.

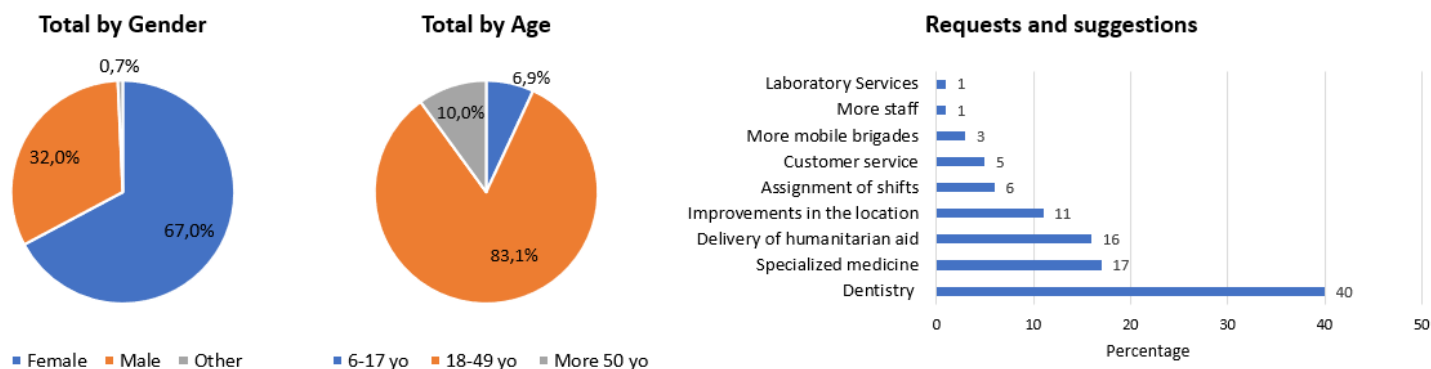
The strategies envisaged in this revised Emergency Appeal will be aligned with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the supported National Society as part of the national COVID-19 response and covered outside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

The CRCS has an ongoing mechanism to collect and process information between its headquarters and the field, regarding emerging needs and changing contexts. Primary health care provision, a primordial need in the past, has become even more important as the public health care system is focused on COVID-19 cases. Moreover, the settlement of migrants in border cities like Ipiales (3,000 meters above sea level, humid and extremely cold), create new needs; shelter and bedding kits are essential to safeguard life. Similarly, the levels of stress imposed by lockdowns, which



poses an even higher burden on those in state of migration, have increased levels of domestic violence and unwanted pregnancies.

Needs also have been identified through the CRCS's Community Engagement and Accountability (CEA) tools, which include the completion of over 5,440 service evaluations and feedback through suggestion boxes, online surveys and face-to-face mechanisms from January to July 2020. Evaluations are conducted of medical services, psychology services, kit delivery, information sharing, referrals to other institutions and community activities.



The average satisfaction rate is above 90 per cent and the average monthly percentage of congratulatory comments is 65 per cent. In the remaining 35% of feedback comments received, the people reached requested dental and specialized medical services (a high number of requests are for the care of pregnant and lactating mothers, paediatrics, nutrition and ophthalmology) and due to the situation resulting from the COVID-19, there have been increased requests for food, cash transfer and hygiene support.

### Targeting

In order to respond to the changing needs of the migrant population in Colombia, the CRCS constantly monitors migratory flows and other situations, updating information and providing solutions according with the specific needs of each department affected by the migratory phenomenon.

This revised Emergency Plan of Action will target continued and integrated actions in Atlántico, Arauca, Cundinamarca, Putumayo, Nariño, Santander, Norte de Santander, La Guajira and Vichada, as well as complementary and specific actions in other departments where needs emerge, aligned with the IFRC and CRCS ongoing assessments which show that these municipalities have the highest rate of migrants per Colombian citizen, compounded with an unmet demand for primary health care and socioeconomic integration of migrants and host communities. Other municipalities, such as Medellín, Barranquilla, Santa Marta and Bucaramanga, have a high number of migrants, but have institutional and market infrastructure to supply the humanitarian demand. Among selected municipalities, special attention will be given to pregnant women and to children, which are population groups that are experiencing symptoms of malnutrition and signs of domestic violence.

Population prioritization will address humanitarian and integration needs, focusing on responding to vulnerabilities according to the types of mobility (vocation to transit/remain of the migrant or willingness to move and their contact with support networks), the local response capacity of the settlement cities, as well as the population and geographic conditions, which determine the differential and territorial approaches to be employed. It will also include an analysis of the differential needs of people according to sex, age and disability to ensure appropriate targeting for activities and distributions.

Three main sources of information were used to select the targeted population. First, an index was created to compare the incidence of migration and related health conditions among the 32 provinces of Colombia. This index computes the rate of Venezuelan migrants per province and shows the incidence of COVID-19, neglected tropical diseases, incidence of chronic disease, malnutrition, gender-based violence, and multidimensional poverty. Then to measure for institutional response capacity, the index includes data on subnational State capacity, CRCS branch capacity, number of ICU beds and health care centres per province and quantity of international aid projects. Second, teams in the field employed a

short, open question survey to identify the most pressing needs of migrants and host communities in key target departments. Finally, a series of reports from international aid organizations, research centres and GIFMM were reviewed, the latter of which the CRCS contributed. These three sources were reviewed and discussed for the decision on where and whom to target, as further set out in the Detailed Operational Plan.

### Estimated disaggregated data for target population

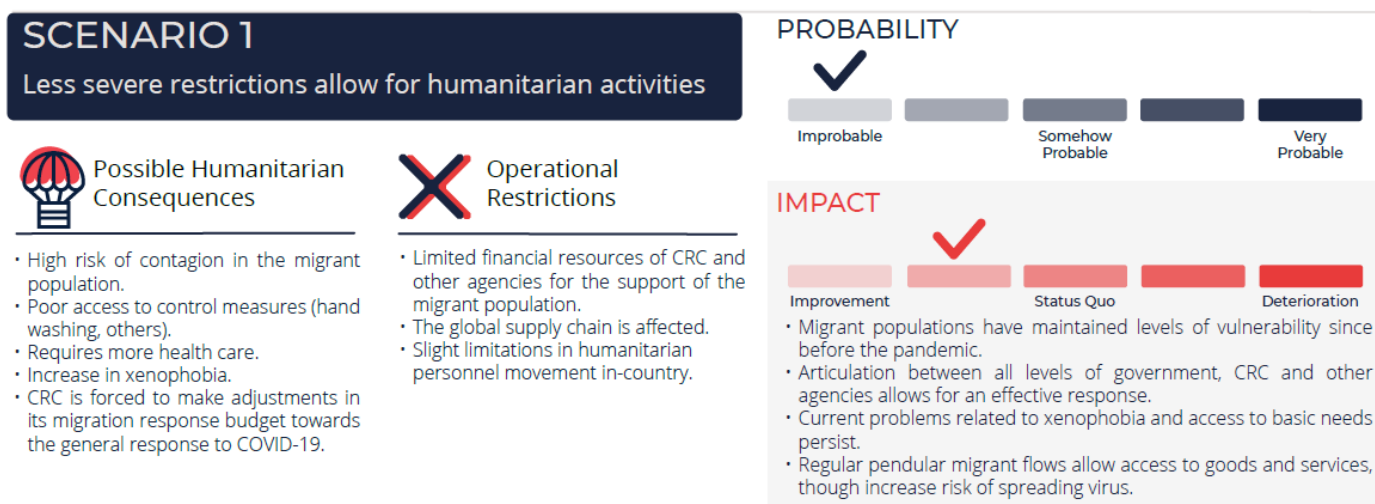
Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	15%	55%	45%
Children (5-17yrs)	35%	57%	43%
Adults (18-49 yrs)	40%	56%	44%
Elderly (>50 yrs)	10%	54%	46%

There is a higher target for women to reflect the specific attention that will be given to pregnant women and to children, as well as the activities which are targeting persons affected by gender-based violence. It is expected that some 3 percent of targeted population will include people with disabilities. It is expected that between 1.2 and 1.25 percent of the targeted population self-identify as having a diverse sexual orientation or gender identity<sup>9</sup>. According to data from a 2018 national census, Colombia [counts close to 1.9 million indigenous people](#), close to [4.4% of the national population](#), with a concentration in departments such as La Guajira, Vichada and Amazonas, which are targeted under this appeal.

### Scenario planning

In April 2020, the IFRC and the CRCS carried out a migration scenario planning exercise as the COVID-19 pandemic increased in severity and impact. This analysis has been updated for the purposes of this emergency appeal revision.

The most likely scenario is Scenario 2, a scenario of moderate restrictions imposed due to COVID-19, and limited humanitarian activities for the following six months as a minimum due to movement restrictions, with a corresponding impact on the migrant population with increasing needs in terms of livelihoods, housing and health, as well as basic needs as migrants seek to continue their transit journeys.



<sup>9</sup> National Administrative Department on Statistics: data collected in the 2019 [National Survey on Consumption of Psychoactive Substances \(ENCSPA\)](#), whose results included data on sexual orientation and gender identity, presented in July 2020 and which surveyed citizens residing in Colombian territory, including nationals and foreigners/migrants with a vocation to stay. It warns that the data on trans and bisexual communities should be taken with caution due to the low statistical prevalence.

## SCENARIO 2

Average restrictions limit humanitarian activities



Possible Humanitarian Consequences

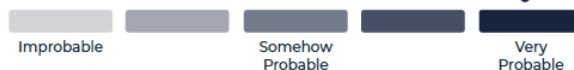
- The risk of contagion in the migrant population is growing at a considerable rate.
- Increase in protection-related incidents.
- Competition for access to basic services is reflected in acts of xenophobia, affecting medical personnel.
- CRC adjusts its migration response budget in favour of general response to COVID-19.



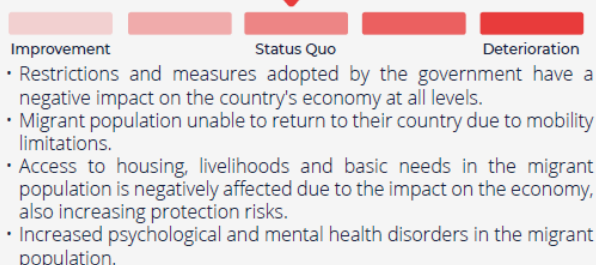
Operational Restrictions

- Limited financial resources of CRC and other agencies for the support of the migrant population.
- The global supply chain is affected.
- Restriction of entry to humanitarian aid teams in the country.
- Considerable limitations in humanitarian personnel movement in-country.

### PROBABILITY



### IMPACT



## SCENARIO 3

Total restrictions prevent humanitarian activities



Possible Humanitarian Consequences

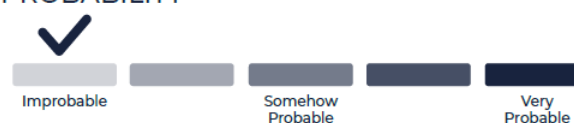
- Care for infected people is beginning to replicate the country's structural social inequality.
- ICUs are beginning to be purchased by those with greater economic capacity.
- People with lower incomes have no possibility of accessing health care.



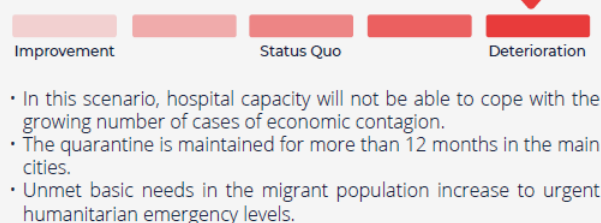
Operational Restrictions

- The global supply chain comes to a halt.
- No new humanitarian aid teams can enter the country.
- Close to total restrictions in humanitarian personnel movement in-country.

### PROBABILITY



### IMPACT



## Operation Risk Assessment

Tensions are on the rise between host community members and recent migrants due to the limited available resources, compounded by situations of overcrowding. To prevent an environment that fosters discrimination and a hardening of immigration policies, it is vital to invest in actions that facilitate dialogue, inclusion and integration and take advantage of the potential economic capacities of the newcomers, as well as support the National Society's engagement in humanitarian diplomacy at the national and local levels. Governments may review their immigration policies, thereby limiting inward migration to migrants who meet certain criteria, as happened in July and August 2019. Such changes generated impacts on the migration flows in Colombia, at times resulting in large numbers of migrants gathering at border crossing points, which requires a flexible approach. Staff and volunteers have benefited from training on the evaluation of security risks, and each CRCS branch is encouraged to maintain updated security and contingency plans. With the March 2020 closure of land, air and maritime borders, and their subsequent militarization, migrants are exposed to risks to their safety and security as they use irregular crossing points, leading to risks of encounters with armed groups, sexual violence and other forms of violence or exploitation.

The migratory movement takes place within the intensification of events associated with the internal armed conflict in Colombia. After a period of decline in indicators with humanitarian impact (2015-2017), armed actions and attacks against the civilian population, especially clashes between illicit armed groups, continue to occur. In 2019, massive displacement affected more than 35,300 persons, mainly concentrated in the Pacific departments (76% of the total), the Northwest (15%), and the Colombia-Venezuela border (9%). In the period from March to July 2020, there were at least 53 mass displacement events with more than 17,000 people displaced, including two cross-border events in Norte de

Santander, on the border with Venezuela.<sup>10</sup> To reduce this risk, further attention will be placed on providing contextual information and deriving migrants to proper authorities, reducing their risk of exposure to situations related to the armed conflict. The CRCS uses established protocols in operational communication to publicize the institution's mission and vision in the territories where it has active operations or is about to begin.

As CRCS staff and the volunteers face COVID-19-related risks, different mitigation measures include guaranteeing personal protection equipment (PPE), adhering to biosecurity protocols, safety workshops and continuous update sessions, communication risk messages and reminders, and the technical and psychosocial support for the teams to follow up and address any questions and concerns. As staff and volunteers' health could impact the continuity of activities, as possible, services have been adapted to teleassistance and additional staff and volunteers could be mobilized, as needed. As regards risks of sexual exploitation and abuse, the CRCS' Institutional Gender and Diversity Policy, adopted in October 2019, confirms the organization's commitment to a zero-tolerance approach to sexual exploitation and abuse (SEA) and the application of IFRC's standards on the prevention of SEA as the policy is being operationalized.

## B. Operational strategy

### Overall operational objective:

Provide humanitarian and stabilization assistance to protect the lives, health and dignity through over 645,000 services to people affected by the migratory situation in the departments of Atlántico, Arauca, Cundinamarca, Putumayo, Nariño, Santander, Norte de Santander, La Guajira and Vichada with the provision of health, water and sanitation, shelter, livelihoods, assistance for basic needs, disaster risk reduction, protection and migration services, as well as complementary actions in other departments as further detailed in the table below. Interventions could be carried out in additional departments based on emerging needs and available funding. With this final extension of this operation for a third year, the intervention will support the transition of IFRC's support to the CRCS from emergency response to medium- and long-term migration programming, through strengthening of capacities, knowledge management and actions to foster sustainability.

The IFRC will work to sustain the organizational capacities of the National Society, which will continue to be strengthened both at the national and the branch levels, through a focus on CRCS staff and volunteers, with timely and quality engagement in their well-being, in particular through the provision of psychosocial support. Operating branches will continue to be strengthened and equipped, whilst national society strengthening workshops will continue to be run with the IFRC and other Movement partners, with a focus on programmatic and financial sustainability. Through this emergency appeal, the IFRC will also continue to support the active engagement of the CRCS in regional and global fora, with a view to a long-term programmatic approach to migration.

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<sup>10</sup> OCHA, [Humanitarian Needs Overview, Colombia \(2020\)](#).

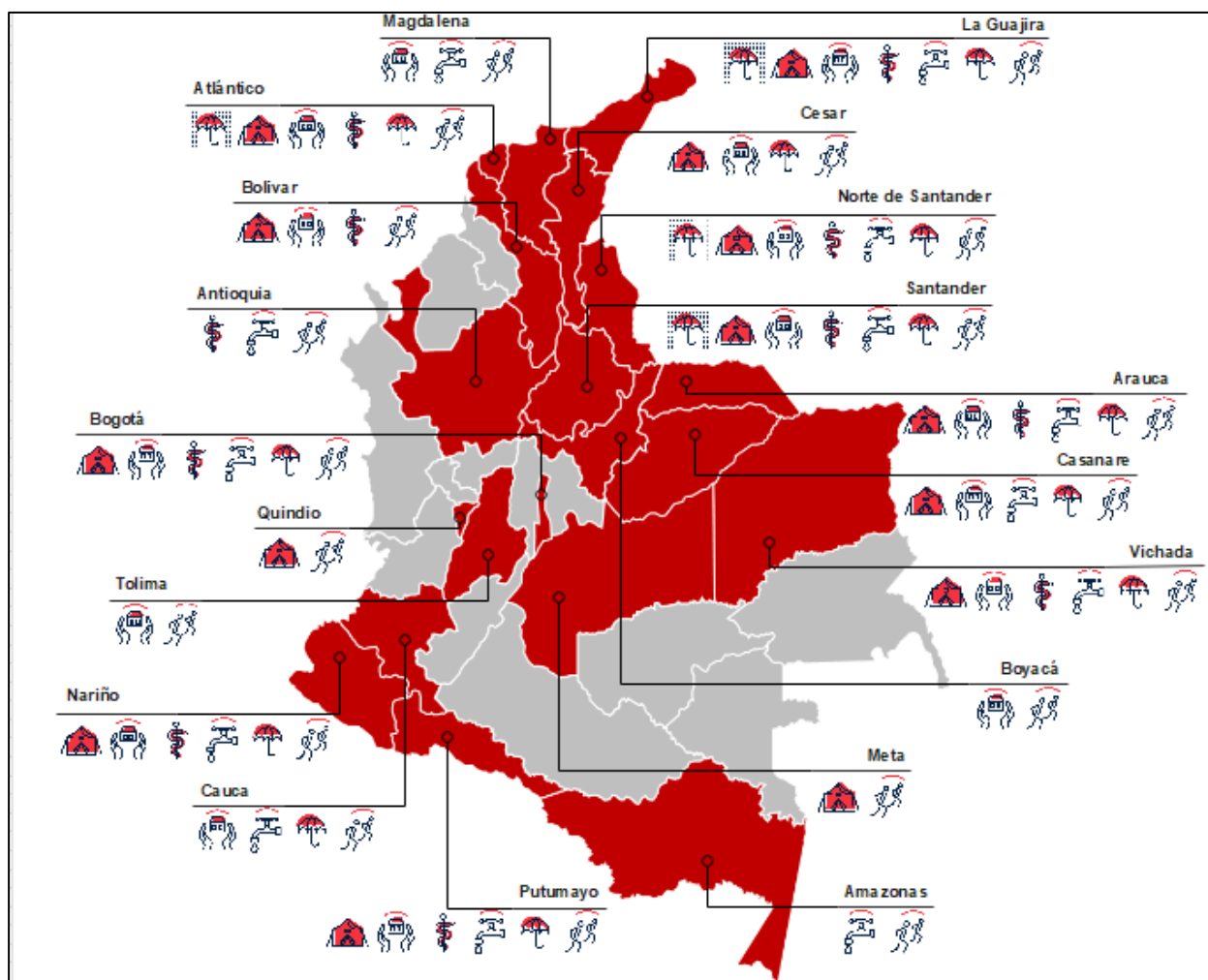


Figure 4: Map of services provided and planned through this revised Emergency Appeal

This operation is aligned with the framework of the CRCS's National Strategy for the Care of the Migrant Population. This response is implemented to mitigate the humanitarian consequences, affecting the migrant population and their host communities through the provision of comprehensive care: health, water and sanitation, shelter, livelihoods, assistance for basic needs, disaster risk reduction, protection and migration services.

The needs identified in the current context of human mobility are based on the qualitative and quantitative information gathered in the response actions and reporting data regarding changes in humanitarian demand, variations in the profiles of the target population, changes in migratory dynamics, supply factors, among others. These indicate required adjustment in this response, identifying data and variables associated with gender and diversity, favouring the understanding of the sectoral context (PGI minimum standards). At the same time, periodic sectoral and integrated evaluations are promoted, which allow for the establishment of situational milestones and intervention adjustments, under the premises of humanitarian innovation and response with a local focus.

The coordinated response (associated with national and local management and coordination mechanisms), incorporating government bodies, civil society organisations and other representative actors, facilitates the management of joint support mechanisms, as well as the specialisation of activities, according to the scope of actors in a set location. It will include adequate accountability processes to stakeholders, with a special focus on the vulnerable community and the affected territories.

This response will encourage and facilitate actions and generate processes of stabilisation and early recovery, through the integration/inclusion phase, allowing for the generation of a continuous care route, from the programme and strategic scope of the CRCS vision.

The intervention strategy promotes the decentralisation of actions, local empowerment, as well as the creation of technical and infrastructure capacities, guaranteeing sustainability and an adequate exit strategy, according to

operational development and evolution of the actions. In turn, the strategy is linked to promoting programmatic development in response to phenomena of human mobility (facilitating the design and implementation of a migration programme), thus allowing to respond in long-term scenarios, to structural effects in the territory associated with phenomena that exceed the context of crisis (internal displacement, forced mobility, economic migrants and climate-related issues).

The intervention strategy includes an exit strategy that seeks to have installed capacities in three scenarios: 1) strengthening the local response, which includes the CRCS branches and their self-management capacity, as well as the community, as the first responder, 2) strengthening the CRCS's processes within a framework of lessons learned and the improvement of practices and intervention models, and 3) the generation of a programmatic component with long-term actions, which allow for the understanding, attention and assistance, situations and scenarios of human mobility and their social impacts in the medium and long term.

In terms of integration and inclusion processes, the Centre for Attention and Orientation (CAO for its Spanish acronym, **Centro de Atención y Orientación**) model, is a standard of intervention in a fixed point within a context of vulnerable communities; it is an evolution of the CRCS model for humanitarian care (humanitarian service point) that assists in supporting stabilization needs and social dialogue of migrants in the context of host cities.

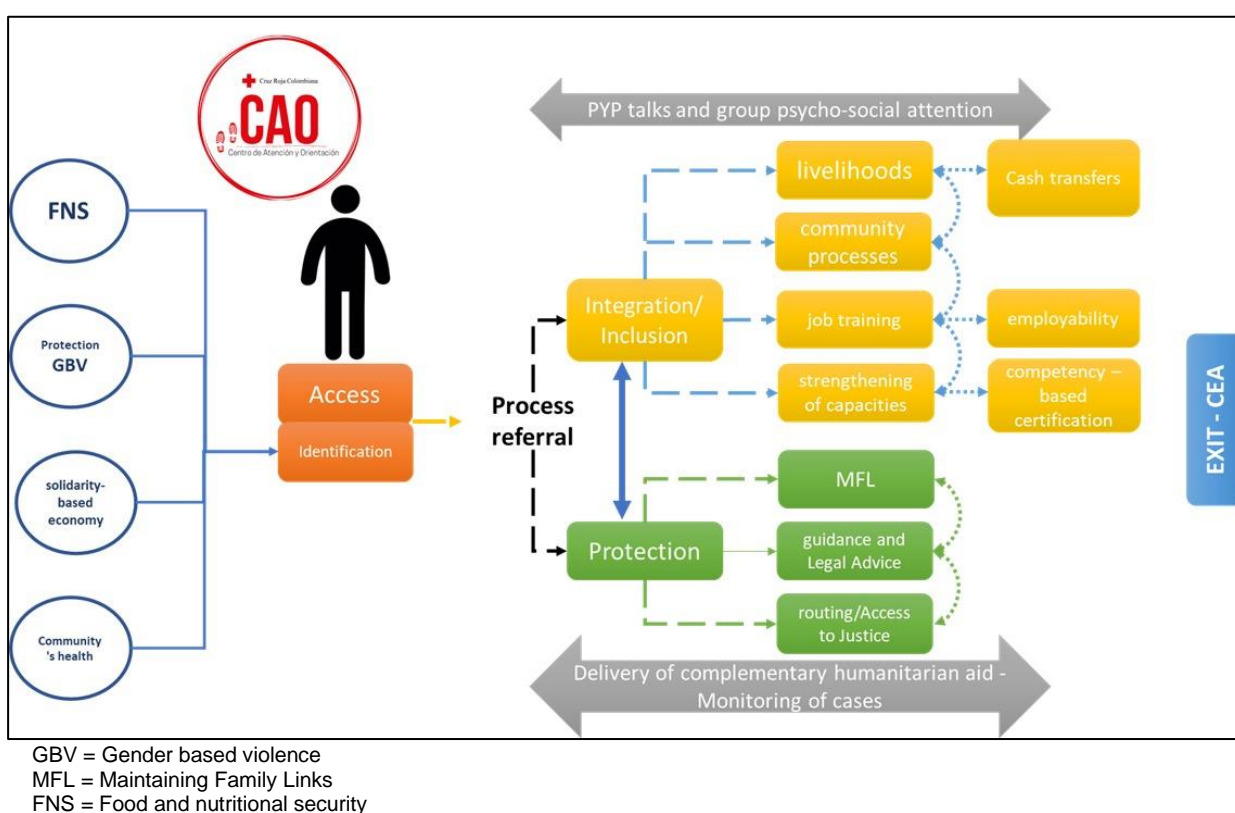









Figure 5: Model for the CRCS Centre for Attention and Orientation

The CAO model allows the identification of the target population and responds to the needs and gaps through the provision of psychosocial, educational, economic and social insertion processes for vulnerable migrants, including skills training and development, with a protection approach. This includes the guarantee of extended access to care routes, in an exercise of recognition of the rights of migrants, and in turn, promoting practices that encourage the respect for diversity and the shared development of recent and more established community members, guiding those who have inhabited the territory for a long time, and those who come to seek a place in the social environment of Colombia as a destination country.

The elements of the response in the different departments of Colombia is summarized in the chart below and further set out in the Detailed Operational Plan.

							
Department	Disaster Risk Reduction	Shelter	Livelihoods and basic needs	Health	WASH	Protection, gender and inclusion	Migration
Arauca							
Amazonas							
Antioquia							
Atlántico							
Bolívar							
Bogotá							
Boyacá							
Casanare							
Cauca							
Cesar							
La Guajira							
Magdalena							
Meta							
Nariño							
Nte de Santander							
Putumayo							
Quindío							
Santander							
Tolima							
Vichada							

## Operational Support

Operational support and accompaniment from the IFRC's Regional Office for the Americas and the office in Colombia will be sustained through the support of technical staff. The IFRC will continue to support the CRCS in its participation in platforms led by government and other coordination mechanisms.

### Human Resources

This operation is providing full or partial coverage to support some of the CRCS human resources needs for its migration response, which include:

- National headquarters: operation coordinator, integration strategy coordinator, health coordinator and protection coordinator. The Community Engagement and Accountability officer, finance officers, administrators, procurement officer and warehousing staff have been recruited. In addition, one Planning, Monitoring, Evaluation and Reporting (PMER) officer, one Information Management (IM) officer, and an epidemiologist were recruited to engage in knowledge management activities. In the last year of operation, the IFRC will support CRCS with a Monitoring, Evaluation, Accountability and Learning (MEAL) Officer to ensure a focus on knowledge-management.
- Field teams running the Health Care Units are composed of a branch coordinator, administrative assistant, medical doctor, nurse, nurse assistant, pharmacist and psychologist. When demands for primary health care are consistently higher than the expected capacity, a second medical doctor, nurse and nurse assistant have been sought to complement the relevant team. Additional staff will be recruited for the implementation of local-level projects, such as a cash transfer coordinator, psychologists or nursing assistants who conduct the activities.
- 300 CRCS volunteers who provide rotating service and national intervention team (NIT) members.

- The IFRC team includes a health coordinator, senior finance officer, PMER officer, operations officer, IM officer and senior finance assistant. An operations manager role is transitioning to an operations coordinator role, and a new programmes and operations manager will also be supporting this emergency appeal's transition to a programme approach.
- During the extension period, IFRC regional staff with specific expertise will be available to assist the operation when required, including a Monitoring, Evaluation, Accountability and Learning (MEAL) Senior Officer, a CEA Manager, a grant manager and finance staff.

### **Logistics and supply chain**

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The CRCS has storage capacity through its warehouse in headquarters, as well as in some of its key branches and its logistics team includes a procurement unit. All procurement related to this operation will follow the IFRC's standard procurement procedures. The Regional Logistics Unit (RLU) in Panama is closely supporting the operation with procurement, technical advice and technical authorization in line with procedures. In addition, a Procurement Officer from RLU carried out two field visits to the operation to work with the National Society. A humanitarian logistics workshop was held in May 2019, facilitated by the RLU in Panama, to strengthen the logistical knowledge and capacities of CRCS headquarters and branch staff.

### **Information Technology (IT)**

The CRCS has a telecommunications system installed at national and departmental levels, including a 24-hour radio room that keeps in contact with the team in the field to coordinate actions. The IT team also supports the development and implementation of the improved information management system.

### **Information Management - Epidemiological Surveillance**

The operation has been characterized by the accompaniment in the implementation and continuous improvement of the information system, strengthening the use in the data collection tools through the Open Data Kit (ODK) and improving the user's confidence with the tool. Moreover, constant guidance has been provided in the consolidation and management of the databases, from which two dashboards were created, linked to the ODK tool data and another with the monthly consolidation of all projects and partners in this operation. In addition, a medical history online form was developed in Survey123 by the IFRC and CRC IM team (Health and IM), for which a pilot project will be conducted during the second semester of 2020, to provide the medical histories of patients in all CRCS branches.

### **Planning, monitoring, evaluation and reporting**

The current monitoring and evaluation plan will be revisited and reinforced to adapt to the automatized data collection system that is being developed in ODK by IFRC and its partners. As the situation is constantly evolving, regular monitoring is required to ensure that the context, risks and activities are followed. Through bi-weekly meetings with Movement partners, the operation ensures that programme strategies are coordinated, synergies are identified, and challenges resolved, in line with the CRCS Migration Strategy. The PMER teams meet with the technical teams every two weeks to track activities. Prior to the pandemic, the technical teams regularly travelled to the field to monitor actions and to support the field teams with technical guidance and identify gaps or additional support needed, also considering the results of user satisfaction surveys. In the context of COVID-19, remote monitoring will be strengthened, with activities like process verification, cross-checking of data, sampling and verification of quality aspects, joint feedback virtual meetings with the field teams according to data analysis, monitoring findings and CEA reports with the corresponding adaptations and improvement actions.

### **Community Engagement and Accountability (CEA)**

The CEA approach is fundamental to ensuring the effectiveness of the CRCS's actions and to ensuring that the humanitarian needs of migrants, people in transit and host communities, are met. Since the incorporation of the CEA approach to migration operations and the recruitment of a CEA officer dedicated to the CRCS migration strategy, protocols have been in place for accountability towards the community, either in person or virtually, communicating all necessary information to the community (selection criteria, available support, delays and closure of actions) through multiple channels. Community participation and feedback also is carried out through suggestion box mechanisms and meetings to evaluate activities within the operation.



Through CEA, PMER and IM integration, the National Society is engaging in an ongoing analysis of needs that underpins program decisions. The CRCS migration manager coordinator and IFRC operations manager also monitor performance and changes in context and ensure that all implemented activities are compliant with IFRC standards.

### **Administration and Finance**

Administrative and financial processes for IFRC funds are aligned with its regulations. The CRCS maintains standard administrative processes to support all the actions of the humanitarian mission, guaranteeing the necessary transparency and accountability. For the adequate operation of administrative and financial issues, the IFRC's senior finance officer has trained ten CRCS staff members at headquarters in IFRC finance procedures and financial management, and conducted training during his field visits to the CRCS branches to ensure smoother financial justification of local expenditures. Further training will continue to be conducted, as needed, to ensure full compliance with IFRC financial policies and procedures.

### **Communication**

The CRCS, through its communications team and with the support of the IFRC communications staff in the Americas Regional Office (ARO) and the country cluster support team (CCST) for Andean countries, created a communication strategy that raises the visibility of humanitarian needs and the CRCS's actions to respond to these. The CRCS plans to produce many more life stories and support resource mobilization and advocacy efforts, working through its network of communications focal points in every department where migration activities take place.

## C. Detailed Operational Plan



### Shelter

People targeted: 7,000

Male: 3,000

Female: 4,000

Requirements (CHF): 260,688

**Needs analysis:** There is a recognized need for access to medium-term housing solutions, in particular, rental support and the initiation of support activities to promote housing as well as access to basic household items. In addition, there is a deficit in the availability of shelter that provide safe and dignified temporary accommodation. With regards to shelter, the [Interagency Group of Mixed Migratory Flows in Colombia](#) July 2020 needs assessment indicates that 25 per cent of households stated that they do not have a guaranteed place to live for the following month. Nariño is the department with the highest percentage (63%) of households that are not stable, or do not know if their place of residence is stable for the following month, followed by Antioquia (54%), Santander (54%), Atlántico (52%) and Guajira (50%). The departments with the largest proportions of households with the intention of returning are Santander (25%) and Bogotá (22%). The migrant population's exposure to homelessness and its concentration in high-risk settlements has increased due to the economic and social effects of the current public health crisis, which has led to mass evictions.

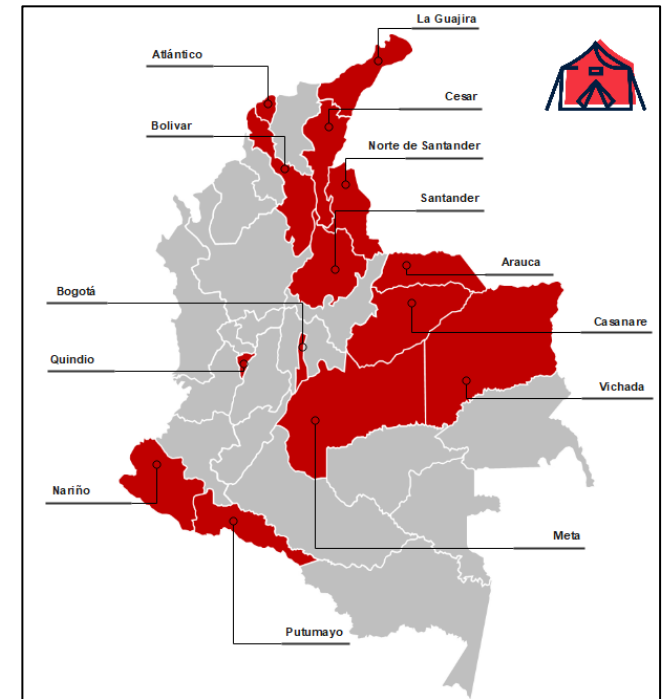
**Risk analysis:** As many shelters are operated informally by citizens' groups or operated by humanitarian organizations which have limited funding, shelters used as temporary accommodation may close as their funding runs out, or if they are not able to ensure minimum standards, particularly with regard to measures to restrict COVID-19 transmission. In the selection of shelters to be assisted, CRCS teams take these risks into account to ensure that the support to be provided will be optimal.

### Population to be assisted:

Bedding kits and protective clothing will be distributed along the main migrant routes for people on foot, with a focus on territories with a harsher climate. In addition, 20 shelters along the migration routes, particularly in the departments of Nariño, Norte de Santander and Santander, will be supported with first aid supplies, hygiene elements and food, as well as support to strengthen their infrastructure (improve privacy and security, support WASH facilities if needed, adaptation to apply distance measures to avoid spread of COVID-19).

In the departments of Atlántico, Arauca, Guajira and Vichada, rental assistance or support for strengthening existing accommodation will be provided to 90 families, between urban centres and rural areas, where migrants are settling and waiting for national borders to reopen.

**Programme standards/benchmarks:** In accordance with Sphere Standards, protection from weather is a key function for appropriate emergency shelter. With this in mind, the CRCS and the IFRC have worked closely with their



branches and other stakeholders to identify the most effective and appropriate assistance options. The individual bedding material kits are based on CRCS response regulations. In the shelters used as temporary accommodation, the following kits will be provided: hygiene kits designed to supply a 40-person shelter for 12 months; first aid kits to cover the supply for 12 months and food kits for three months.

P&B Output Code	Shelter Outcome 2: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.							Number of community shelters provided with shelter assistance <b>Current achievements<sup>11</sup>: 13, Target: 20</b>								
	Shelter Output 2.1: Short, medium and long-term shelter and settlement assistance is provided to affected households							Number of people directly reached with shelter assistance: <b>Current achievement: 3,633, Target: 7,036</b>								
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP005	Purchase and distribution of bedding material kits and protective clothing	Ongoing														
AP005	Refresher workshop on collective centre management to Red Cross staff and volunteers, emphasizing migrant care	Completed														
AP005	IFRC provides shelter-related advice and guidance to the CRCS	Ongoing														
AP005	First aid training for hosts/ managers of 20 community shelters	Ongoing														
AP005	Identify shelters with infrastructural and supply needs	Ongoing														
AP005	Purchase and distribution of basic hygiene equipment, first aid kits and food assistance for 20 community shelters	Ongoing														
AP005	Strengthening 20 shelter/ refuge infrastructure	New activity														
AP005	Awareness raising/training of shelter volunteers and staff	Ongoing														

<sup>11</sup> All baselines and current achievements are calculated according to the current number of services provided as of 31 July 2020.

AP005	Participate in shelter approach coordination spaces	Ongoing													
AP005	Shelter interventions to provide rental assistance or support to repair the accommodation where people are leaving (provision of cash transfer, technical support)	New activity													
AP005	Shelter sectoral assessment and develop strategy for the potential medium-long term	Ongoing													
AP005	Monitoring and evaluation of the different shelter interventions provided	Ongoing													

**Progress:**

In January 2020, a training was organized by CRCS, focused on temporary structures for shelter or for migration centre. This training ensured that 27 participants from the departments of Atlántico, Cesar, Bolívar, Magdalena, strengthened their knowledge in the management of temporary shelter structures in the migration context, and carried out practical training in mounting Refugee Housing Units (RHU) donated by UNHCR.

Since March 2020, the CRCS has been co-leading the GIFMM Multi-Sector sub-group alongside UNHCR and IOM. This group focuses on the joint review of housing and related services in short, medium and long-term housing solutions, such as comprehensive rental support, as well as access to emergency accommodation, settlement, telecommunications services and safe transportation for migrants.

Since April 2020, 13 shelters were strengthened in the departments of Arauca, Santander, Cundinamarca and Nariño, through the provision of 13 community first aid kits and stretchers. This donation was accompanied by a 4-hour training in basic first aid (stretcher procedures, management of fractures, wounds and burns, recognition of vital signs and airway obstruction, among others) for 65 shelter managers and staff in Cundinamarca and Nariño (trainings will be held in Santander and Arauca in the coming weeks), and proper handling of Personal Protection Elements (PPEs). In addition, over 1,700 bedding kits were delivered in April and May 2020 to “caminantes” at the mainly transit areas: Norte de Santander, Santander, Nariño, Putumayo, Cundinamarca, Meta, Quindío and Casanare, as well as 1100 raincoats and blankets which were being distributed in Nariño and Casanare, between May and August 2020, in the context of flows of returning migrants in the COVID-19 context.



## Livelihoods and basic needs

People targeted: 57,000

Male: 26,000

Female: 31,000

Requirements (CHF): 776,309

### Needs analysis:

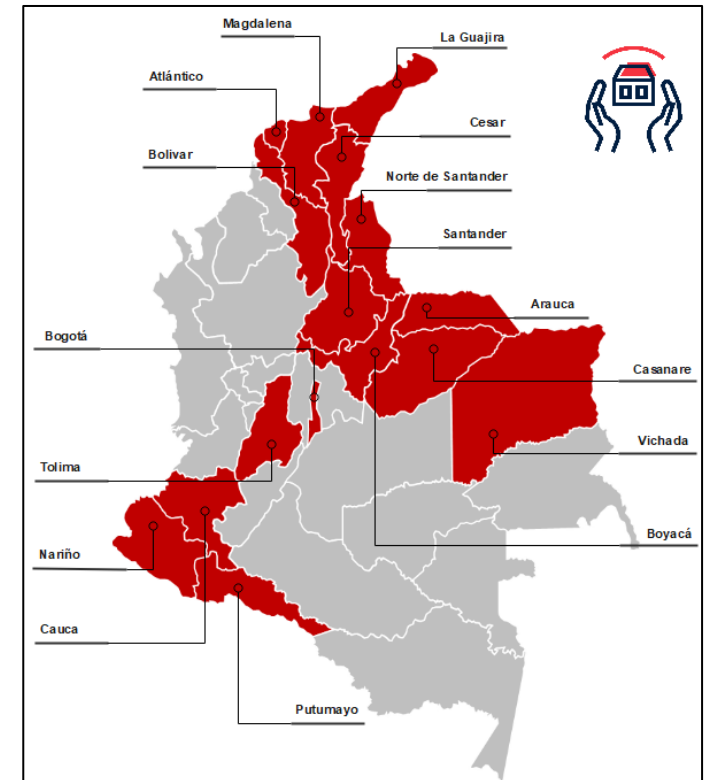
According to the June 2020 [Interagency Group of Mixed Migratory Flows in Colombia](#) for the sector of livelihoods, migrant households surveys indicated that 16% has no source of income. Prior to the mandatory preventive isolation, 89% reported having paid employment as the main source of income. After two months, it was 54%; 24% of households reported having no income in Nariño; and 43% of respondents responded that their income could support their household for just one day, with Guajira (53%) and Arauca (50%) being the departments in which households expressed more difficulties in terms of the duration of the income. Transformation to self-reliance will be sought via cash and voucher assistance coupled with training on income generation strategies to those migrants who have shown previous experience with entrepreneurial endeavors. As migrants who have lost their livelihoods seek to continue their onwards journey, they continue to have needs for basic food and access to safe water.

### Risk analysis:

The following operational risks have been identified with regard to livelihoods activities in particular: i) The recipient of the transfer makes use of funds allocated in consumption lines that do not correspond to the priority/foreseen needs framework from the previous needs analysis. ii) No potential productive units are found to receive the benefit. iii) The productive units do not have the capacity to develop efficient business schemes or business growth. iv) The productive units do not manage to develop the complementary capacities to attain the minimum standards required by the market.

**Population to be assisted:** The targeted population for livelihoods is in Putumayo, Nariño, Santander, Vichada and Guajira. Market profile assessments are done in accordance to the methodology [Market Analysis Guidance](#). Income generating activities will be selected upon the following criteria: willingness to stay in that same territory, experience developing their own ventures and capacity for activities for insertion into the market. In the case of host communities, families living in the area of influence of the project will be prioritized, taking into account the other criteria mentioned above. The skills development training will be accompanied by a cash-based family subsidy will amount to 80% of a minimum wage per venture (or family) for three months. Seed capital will be between 2 and 4 minimum wages. In each department, 15 potential projects will be selected, benefiting around 60 people (assuming families of 4 persons), for a total of 75 projects in the five departments. In terms of basic needs, populations will be attended with food kits in various departments of the country in which migrants transit or settle.

**Programme standards/benchmarks:** In accordance with the [IFRC Guidelines for Livelihoods programming and the IFRC Guidelines for Cash Transfer Programming](#), “cash transfer programming is one form of humanitarian response to address basic needs and/or to protect, establish or re-establish livelihoods or economic productive



activities". For the execution of the cash and vouchers assistance, the [IFRC Cash in Emergencies Toolkit](#) will be taken as the operational standard for the preparedness, assessment, response analysis, set-up/implementation and M&E stages. Previous experiences will be taken into account from [humanitarian actors in different contexts](#) and from [migration emergencies](#)<sup>12</sup>. Other benchmarks that will underpin program implementation are: [Minimum Standards set out in the Sphere Manual](#); the [IFRC's Strategic Framework on Disability Inclusion](#); the [IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies](#).

<b>P&amp;B Output Code</b>	<b>Livelihoods and basic needs Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</b>							Number of people reached with basic needs assistance and improved livelihood opportunities <b>Current achievement: 24,500; Target: 57,000</b>								
	<b>Livelihoods and basic needs Output 3.1: Vocational skills training and/or productive assets to improve income sources are provided to target population</b>							Number of activities from migrants that generate income above USD 200 after 10 months of the programme start <b>Baseline: 0, Target: 75 (15 collective and 60 individual ventures)</b>								
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP007	Feasibility analysis and market assessment, including assessment of needs and productive capacity in five regions hosting migrant populations.	<i>New activity</i>														
AP007	Identify 75 individual and collective income generating activities with growth and sustainability potential that originate in migrants and host communities	<i>New activity</i>														
AP007	Provide skills development training for 75 income generating activities	<i>New activity</i>														
AP007	Provide cash-based family subsidy to people engaged in the skills development programme	<i>New activity</i>														
AP007	Provide or replace productive assets for those ventures that comply with skill training accomplishment standards	<i>New activity</i>														
AP007	Monitoring of activity and endline to measure impact	<i>New activity</i>														
AP007	Conference with stakeholders as a mean to advocate for the rights of migrant people and host communities	<i>New activity</i>														
<b>P&amp;B Output Code</b>	<b>Livelihoods and basic needs Output 3.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>							Number of people reached with kitchen kits with complementary food kits <b>Baseline: 0, Target: 6,000</b>								

<sup>12</sup> See: [A systematic review of Cash interventions in humanitarian contexts](#)

							Number of people reached with individual and family food kits Current achievement: 24,500, Target: 45,500									
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP008	Purchase and distribution of individual and family food kits, including travel kits for returning migrants in the COVID-19 context	Ongoing														
AP008	Purchase and distribution of kitchen kits with complementary food kits to affected communities	Ongoing														
P&B Output Code							Number of families reached by cash and vouchers assistance Current achievement: 123, Target: 2,400									
Livelihoods and basic needs Output 3.5: Households are provided with multipurpose cash grants to address their basic needs							Number of people benefited by humanitarian transport Current achievement: 1,066, Target: 1,600									
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP081	Refresher workshop on introduction to cash and voucher assistance to volunteers	Ongoing														
AP081	Distribution of unconditional cash and voucher-based assistance to most vulnerable households in key cities	Ongoing														
AP081	Provide safe transportation to migrants to shorten their routes	Ongoing														
AP081	Advocacy actions with local and national authorities on the impact of cash and vouchers assistance	Ongoing														
AP081	Adapt the CRCS CEA strategy to develop and implement CEA actions for cash and vouchers assistance and a grievance /compliance mechanism system	Ongoing														
AP081	Monitoring of post-distribution and user satisfaction	Ongoing														

**Progress:**

During May, June and July 2020, emergency humanitarian assistance was provided by delivering family food kits and easily transported individual food kits in border departments and cities with the largest influx of migrants returning to Venezuela due to the COVID-19 sanitary emergency. The 3,000 family food kits were distributed as follows: 200 in Boyacá, 350 in Santander, 250 in Norte de Santander, 300 in Nariño, 200 in Tolima, 150 in Putumayo, 500 in Arauca, 200 in Vichada, 150 in Guajira, 400 in Casanare and 300 in Cauca. In addition, 10,250 travel-type food kits for “caminantes” are also being distributed since May 2020 in the mainly transit areas, such as Nariño, Santander, Norte de Santander, containing crackers, water, guava paste (*bocadillo*), cereal bars, tuna, sardines and fruit compote.

Family kitchen kits were imported from Panama and sent to the departments of Atlántico (300), Guajira (250), Bolívar (400), Magdalena (300), and Cesar (250). The kitchen kits currently are warehoused until the 1,500 family food kits, received at the start of August 2020, are transported to those CRCS branches to be distributed to settled migrant families, which is being organized for the end of August or beginning of September 2020, along with 1,500 family hygiene kits.

In terms of the unconditional cash transfer assistance, pre-loaded cash cards with a view to stabilization were distributed to 123 families (492 persons) in Bogotá and Soacha (Cundinamarca) between April and June 2020, covering persons and families in highly vulnerable conditions (pregnant women, nursing mothers, single heads of household, persons with cognitive/motor disabilities, vulnerable age groups, among other specific categories identified) who are part of the migrant population, returned Colombians and the host population.



## Health

**People targeted: 436,000**

Male: **196,200**

Female: **239,800**

**Requirements (CHF): 4,562,743**

**Needs analysis:** The [report from the Health Cluster](#) according to the National Health Institute (years 2017, 2018, 2019, 2020) and Migracion Colombia data, until 31 March 2020, shows a significant increase in the number of services for migrants, with 355,907 services and 40,596 persons in 2017, 1,708,826 and 205,087 in 2018, 3,674,902 and 499,357 in 2019, and 1,009,632 and 171,788 respectively until 31 March in 2020, showing a new increase in the demand for health services amongst the migrant population.

The [Health Cluster's report on migrants and refugees from Venezuela](#) based on data from the National Institute of Health, highlights the increase in demand for services reporting events of interest in public health comparing the years 2018, 2019 and 2020 (until 30 April 2020). In maternal and new-born health, there were increases in gestational syphilis (from 2.8% in 2018 to 13.5% in 2020), extreme maternal morbidity (from 3.1% to 12.6%), congenital syphilis (from 0.9% to 5.4%), and late perinatal and neonatal mortality (from 3.0% to 5.1%). In mental health and violence, gender and domestic violence (12.2% in 2018, dropping to 8.2% in 2019 and rising again to 11.1% in 2020), and attempted suicide (from 0.5% in 2018 and 2019 to 0.6% in 2020). With regard to nutritional status in early childhood, low birth weight (from 2.8% in 2018 to 7.6% in 2020), and malnutrition in children under 5 (from 3.6% to 5.6% in 2019 and 5.3% in 2020). As for vaccination, 224,484 vaccine doses have been administered to the migrant population in 2020 (first quarter 2020), mostly in Norte de Santander, and Guajira, Antioquia, Arauca, and Bogotá.

The recent evaluation from the GIFMM (June 2020), with the collaboration of different agencies and organizations, including the CRCS, and completed as household surveys by phone in 10 prioritized departments (Antioquia, Arauca, Atlántico, Bogotá, Guajira, Magdalena, Nariño, Norte de Santander, Santander and Valle del Cauca) indicated that the prioritized needs for the migrants and refugees were food (92%), shelter (66%) and employment or other livelihoods (53%), same sectors compared to the previous survey in April 2020 but with increased percentages. For the health sector, 37% mentioned the need of medical treatment and the limitations for it including the lack of registration in the health system (58%) and the high cost of the services and medicines (50%); for sexual and reproductive health, 33% reported having at least one pregnant or lactating women; services required in general were among 14-29%, including contraception (10%), pregnant women care (9%) and needs related to prevention and treatment of sexually transmitted infections (4%); for mental health 48% of the people interviewed mentioned that a member of their household has shown symptoms of anxiety, reduced sleep, or crying episodes; by departments presenting at least one symptom Nariño had the highest (60%), followed by Atlántico (51%), Bogota (51%), Norte de Santander (51%), and Magdalena (50%). In food security and nutrition, 55% of households have experienced a reduction in the number of meals eaten per day; before the quarantine 69% were having 3 meals per day and after the quarantine measures, this figure dropped to 26% of households.

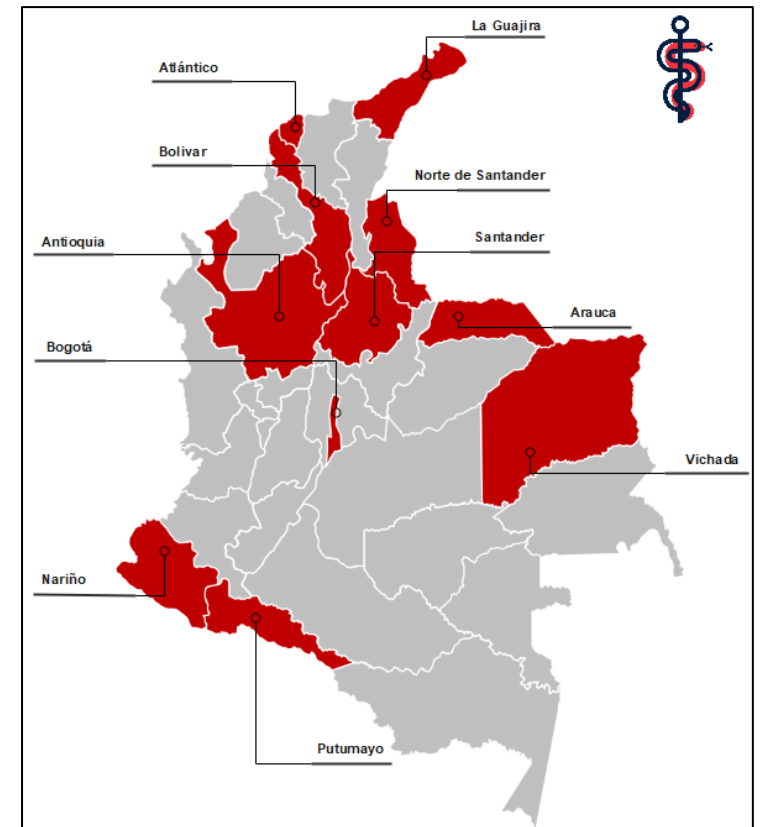


The research by Profamilia, “[Health Service inequalities affecting the Venezuelan migrant and refugee population in Colombia](#)”, was completed in early 2020 in six cities (Bogotá in Cundinamarca, Barranquilla in Atlantico, Cartagena in Bolivar, Cucuta in Norte de Santander, Riohacha in Guajira, and Santa Marta in Magdalena), with a mixed methodology with review of information sources, measurement of health inequalities, and focus group discussions. It evidenced the increase in the use of health services between 2018 and 2019; by 249,5% in health care related to gestation syphilis, 134% in medical services for cardiovascular diseases, 114% in breast cancer care, 99% in health services for adolescents, 96% in contraceptive care, 80% in prenatal care, and 15.8% in health care for communicable diseases (HIV/AIDS and viral hepatitis).

The main diagnosis or services by prioritized health outcomes were as following: in contraception, confirmed pregnancy (34%) and counselling (31%); in maternal health, extreme maternal morbidity (46%) and antenatal care (32%); in child health, acute respiratory infection (85%); in communicable diseases, HIV/AIDS (39%) and viral hepatitis (34%); in non-communicable diseases, circulatory system disease (66%); in violence, sexual violence (43%) and psychological violence (41%); and in mental health, anxiety (57%) and depression (35%), and important to mention the suicide attempt in 8%. In the identification of the main unmet needs, the main one in all the locations, was access to primary health care services and diagnostic testing; others vary according the place. The second top need was attention to chronic and high-cost diseases (cardiovascular) in Bogota, information of demand and supply of health services in Barranquilla and Cartagena, antenatal and post-natal care in Cucuta and Riohacha, and information on health service provision and healthcare pathways. The third one, was prenatal and postnatal care in Bogota and Barranquilla, attention to chronic and high cost diseases (cardiovascular, cancer, diabetes) in Cartagena and Santa Marta, timely vaccination programmes and maintain current response initiatives in Cucuta and Riohacha.

Identified needs were related to effective access to mental health services through a differential focus, free access to quality contraceptives at any time, child health with priority given to pediatric and nutritional care, combined response to communicable diseases, effective access to medicines and health supplies, provision of sexual and reproductive services to adolescents, prevention and management of sexual, physical and psychological violence, and timely and non-discriminatory emergency services. It is important to note that access to vaccination programs has been covered, and the timely vaccination in Cucuta, Norte de Santander and Riohacha, Guajira was highlighted.

**Risk analysis:** The major challenges are related to health coverage, health service delivery and financial protection. In health coverage the difficulties and barriers for enrolment and the lack of quality information; in health service delivery, difficulties in the appropriateness of national guidelines, limited access to collective health activities and primary health care with the exception of immunization programs, limited supply of preventive health activities, limited access to rehabilitation services, palliative care and continuous care of chronic diseases; and in financial protection limited mechanisms. The expectations of migrants with regard to health include receiving high quality information on how to access the General System of Social Security in Health and the right to health, receiving information without discrimination and stigma free, achieving assurance to the health system quickly and effectively, and finding providers of health care appropriate guidelines in practice.











AP022	Inter-sector coordination meetings	Completed														
AP022	Monitoring by National Society - support missions to departments where Appeal health activities are implemented	Completed														
AP022	Monitoring by IFRC – support missions from the country cluster office in Peru and the regional office for the Americas (ARO)	Completed														
AP022	Visibility actions (e.g. banners, posters, brochures)	Completed														
AP022	FACT Mission to support harmonization of health intervention standards	Completed														
	<b>Health Output 4.4: Individual psychosocial support is provided according to the needs of the affected migrant population</b>							Number of people reached with individual psychosocial support <b>Current achievement: 5,580 Target: 6,600</b>								
	Activities planned Quarter / Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP023	Provide psychological support (care, psychological guidance) and as necessary refer to specialist services	Ongoing														
AP023	Print materials with PSS and self-care information.	Ongoing														
AP023	Distribution of psychosocial support kits for children	Ongoing														
AP023	Psychosocial support for children in primary education	Ongoing														

**Progress:**

The Health Care Units had mobile missions to provide Medical care, first aid services, psychological care, and the delivery of medicines and kits. In addition, the teams held community participatory plans to promote health, educational activities on prevention of infectious diseases (COVID-19), promote the consumption of drinking water, healthy food, hand washing, hygiene at home, cleaning and disinfection, and the distribution of nutritional supplements to minors. These activities were carried out mainly in Nariño

(shelters run by Pastoral Social, Hogar el Buen Samaritano, Aldeas Infantiles SOS, Nubes Verdes, Paso a Paso, Carretera Panamericana and irregular border crossing), Putumayo (Valle del Guamuez) and Vichada (Puerto Carreño).

In Vichada, Putumayo and Nariño, activities continue with the adaptation of the biosecurity protocols and also teleassistance services. In Arauca and Riohacha, medical consultation, psychological attention, medicines and nutritional supplements delivery, promotion and prevention activities, risk communication activities, and humanitarian assistance distributions were completed. The continuity of the CRCS services in the field became even more relevant given the COVID-19 pandemic, where in some locations like the hospitals in Puerto Carreño, Vichada and La Hormiga, Putumayo, all health services other than the emergency room were suspended, and the CRCS health teams provided crucial health services to the community. As other CRCS Movement partners have received further funding to support CRCS health activities specifically, this appeal has transitioned its support of certain primary health interventions (as in the case of Vichada, as from 1 July 2020), which continue with financial support of those other CRCS partners, thereby enabling this appeal to support other areas of intervention and seeking to provide a complementary Movement approach to the CRCS migration activities.

During April 2020, emergency kits, automatic external defibrillator and delivery kits were distributed to the Health Care Units and Health Post Institutions (Guajira, Arauca, Vichada, Putumayo, Nariño, Atlántico, Bolivar), with the aim of strengthening local preparedness and response capacities. This was an improvement action after a baby was born in one of the Health Care Units, where the emergency delivery was attended by the medical team and then the mother and newborn were transferred to the local hospital.

One of the indicators related to people reached by activities at the community level has been modified to reflect key messages on health promotion and disease prevention provided through the psychologists and health teams in the Health Care Units. This is to ensure distinction with people reached through community health sessions, in the framework of the Community Based Health and First Aid (CBHFA) strategy.



## Water, sanitation and hygiene

People targeted: 382,500

Male: 172,000

Female: 210,500

Requirements (CHF): 916,302

**Needs analysis:** In WASH, the needs evaluation from the [Interagency Group of Mixed Migratory Flows in Colombia](#) in June 2020, indicated that 18% of the households do not have access to water when it is needed, and 27% do not wash their hands because they do not have access to water or possess the items to do so. Additionally, 4% of the households have access to drinking water but only intermittently with 34% of households reporting access to untreated water. A total of 5% of the households prioritized access to water among their main needs, mostly in Guajira (15%) and Magdalena (17%). With the importance of hand washing to decrease COVID-19 spread and the health system's need for safe and clean water, combined with the risks of water-borne diseases, WASH is a central humanitarian need.

In the departments of Vichada, Guajira, Arauca, Magdalena, Putumayo, Nariño and Amazonas, the access to and supply of water suitable for human consumption and limited access to the use of sanitary units composed of (showers, sanitary rates or latrines, washing facilities and hand washing) are identified needs. This is due to the absence of adequate supply, distribution and storage systems for water, which impacts healthy and hygienic habits that are basic and indispensable actions to guarantee adequate food handling, correct hand washing, personal hygiene and cleaning of items used on a daily basis that decrease preventable diseases. The lack of availability of shelters and community use areas where the population can access these services exacerbates the vulnerable situation of the migrant population.

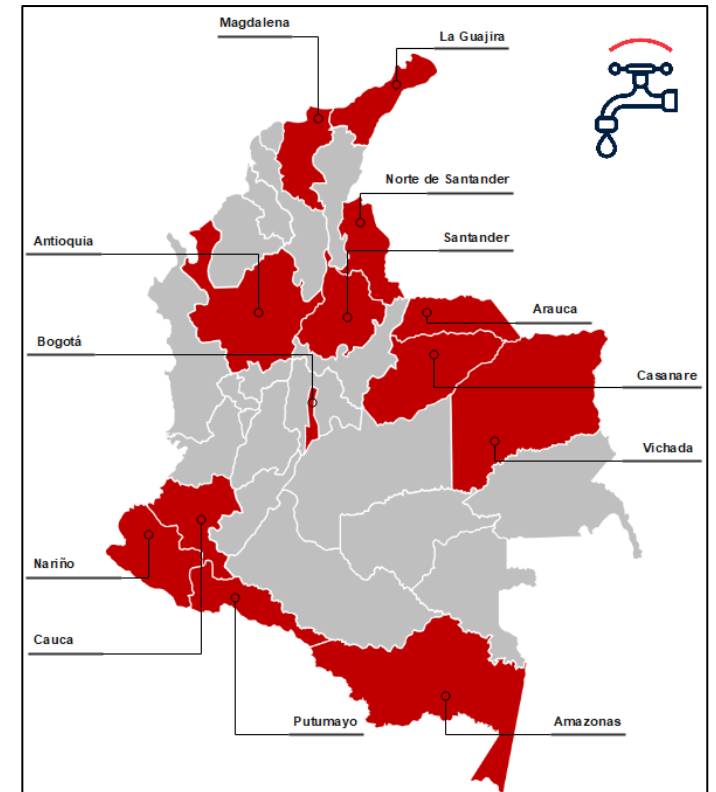
### Risk analysis:

The analysis of WASH actions indicates that in border departments, the migrant population in the mixed category or with a vocation to stay not have access to water and sanitation services in their settlements. These areas are not formally constituted and do not have the environmental, technical and legal conditions to permit the construction or installation of water and sanitation durable solutions or infrastructure. However, the CRCS is committed to enabling the implementation of safe or potable water system installations, sanitation units, solid waste management and vector control as minimum actions that provide the conditions for healthy and dignified living environments.

For population in transit or on the move, access to drinking water, bathroom services, sinks, showers, or hand washing areas is conditioned by economic issues and the lack of places that have the availability to provide accommodation with sanitary units. Some of the impacts include an increase in disease due to the lack of water and hygiene habits and dehydration due to not having access to drinking water.

### Population to be assisted:

With the aim of improving the quality and supply of safe water, vital in the COVID-19 context, the activities for the WASH component include improvements of community aqueducts and community mobilization for water system





maintenance in Vichada, Guajira, Arauca, Magdalena, Putumayo, Nariño, and Amazonas; and improvements in sanitation systems and showers in Vichada, Guajira, Arauca, Magdalena, Casanare, Antioquia and Amazonas, as well as priorities and related activities identified with a Community-Based Health and First Aid (CBHFA) approach.

**Programme standards/benchmarks:** Distribution of water for human consumption will comply with the Sphere Project standards (3 litres of water per person). The individual hygiene kits will be prepared under the parameters of the CRCS Integrated Disaster Risk Management System (SIGERMED) and consider the UNGRD standards for humanitarian assistance.

P&B Output Code	<b>WASH Outcome 5: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services</b>					Number of water and sanitary systems implemented <b>Current achievement: 6, Target: 15</b>										
	<b>WASH Output 5.1: Communities are provided by NS with improved access to safe water.</b>					Number of people reached by the water and sanitary systems implemented <b>Current achievement: 190,000, Target: 300,000</b>										
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP026	Establishment of nine hydration points	<i>Ongoing</i>														
AP026	CRCS CEA strategy for WASH interventions	<i>Ongoing</i>														
AP026	Needs assessment in water and sanitation infrastructure in all municipalities covered by the CRCS migration 2019-2021 strategy.	<i>New activity</i>														
AP026	Installation and strengthening of community aqueducts	<i>New activity</i>														
AP026	Design and implement water and sanitation systems that directly contribute to migrant and host communities' access to improved sanitation	<i>New activity</i>														
AP026	Purchase and distribution of water bottles and water drums with lids to store safe water	<i>New activity</i>														
AP026	Training for target communities on WASH systems, sustainable use and maintenance	<i>New activity</i>														
<b>WASH Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.</b>					Number of people reached with individual and family hygiene kits <b>Current achievement: 40,081 Target: 53,552</b>											
Activities planned	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021		

	Quarter/ Year														
AP029	Water, sanitation and hygiene workshop for CRCS volunteers	Completed													
AP030	Hygiene and sanitation promotion and disease prevention	Ongoing													
AP030	Distribute individual hygiene kits targeted to men, women and children	Completed													
AP030	Distribute family hygiene kits to settled migrants and communities	Ongoing													
AP030	Installation of hand-washing sinks, showers and clothes washing slabs	New activity													
AP030	Purchase and distribution of house cleaning kits	New activity													
AP030	Distribution of individual and family bio-security kits and facemasks	New activity													

**Progress:**

Within the framework of the COVID-19 context, a supply of 15,000 cloth face masks was sent to border departments and cities with the highest concentration of migrant population returning to Venezuela. As of May 2020, 3,500 face masks were distributed in Santander, 3,000 in Norte de Santander, 50 in Putumayo, 2,400 in Casanare, 2,600 in Arauca, 50 in Vichada and 7,250 in Nariño. To prevent the spread of COVID-19, 250 two-litre bottles of antibacterial hand soap and antibacterial gel were distributed in June 2020 to 10 shelters located in Nariño, Arauca, Santander and Cundinamarca. In addition, 2,250 units of these same items were distributed to CRCS branches as follows: Santander: 50 units of each product, Nariño: 775 units of each product, Putumayo: 350 units of each product, Guajira: 450 units of each product, Arauca; 125 units of each product, Vichada: 500 units of each product, Cauca: 200 units of each product and Bogotá: 50 units of each product. In addition, the CRCS is distributing 10,250 travel-type hygiene kits in the main transit areas, with a focus on reducing the risk of COVID-19 transmission.

The provision of safe water in vulnerable communities and talks on healthy hygiene habits and hand washing habits, is a permanent activity for the teams. Six hydration points were installed in CRCS local branches or local installations in which the CRCS provide health and WASH services, to provide free safe water to migrants and host communities.



### Protection, Gender and Inclusion

**People targeted: 52,700**

Male: 23,715

Female: 28,985

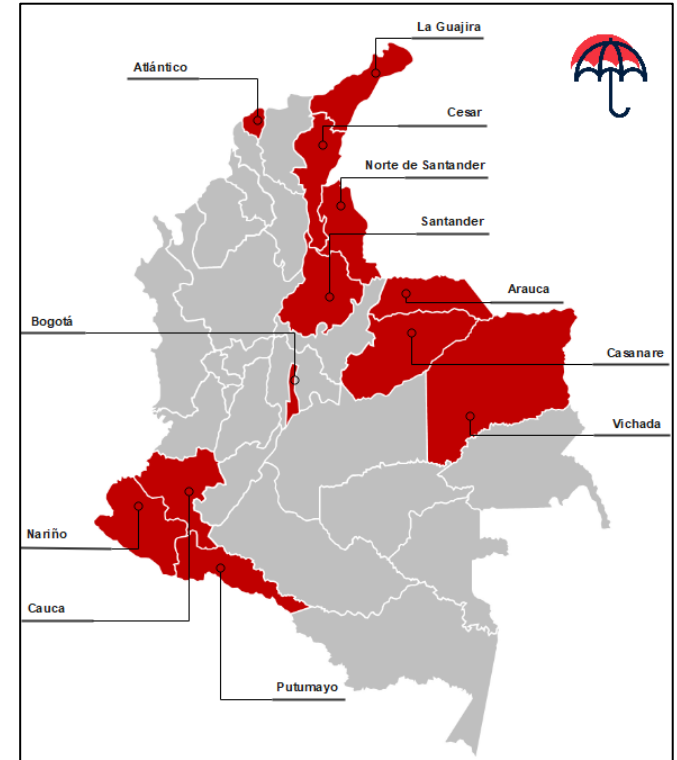
**Requirements (CHF): 594,485**

**Needs analysis:** The Rapid Gender Analysis, conducted by CARE International, in June 2020 for Venezuela, Peru, Ecuador and Colombia (Guajira, Norte de Santander and Bogota), through community mapping, surveys, focus groups and key informant interviews, identified the vulnerabilities and risks particularly for girls, women and LGBTIQ people. The conclusions indicated the normalization of gender-based violence with high levels of sexual violence, and xenophobic and attitudes and attacks. Rates of gender-based violence (GBV) remain low due to limited information about the specific services, low levels of trust, and fear of deportation and retaliation. Transactional sex is common. Girls, women and gender-diverse individuals are at risk of trafficking, domestic and sex slavery and other forms of exploitation and abuse; these risks are exacerbated by the lack of documentation and limited knowledge about their individual rights. At the Colombia-Venezuela borders, additional risks exist due to illicit armed groups, internal displacement and natural disasters; people frequently are forced to pay fees at informal border crossings points or become indebted to those controlling them. With the public health measures around COVID-19, this has increased. The strengthening of differential approaches, based on the particular needs in the multiple sectors, is required; this includes a crosscutting gender-based violence focus and a participatory focus for activities and approaches<sup>13</sup>. Indigenous groups face specific protection risks, such as a lack of recognition of their legal status (in particular given that they are generally dual nationals), limited access to information as to their rights, in particular individual and collective socio-economic rights, and exposure to labour exploitation and gender-based violence.

The “school as a protective environment” component identified risks in the border municipality of Villa del Rosario (Norte de Santander). These are related to complex dynamics that generate threats and risks for migrant children, adolescents and youth, such as sexual exploitation, risk of forced recruitment in actions such as smuggling of gasoline, goods and food, which are activities controlled by organized illicit groups. This same population faces gaps in protection and access to rights, risk of educational desertion, discrimination and risk of social exclusion due to marginalization and xenophobia.

**Risk analysis:** National-level challenges to implement protection actions are related to the current pandemic, which requires the mobilization of new intervention mechanisms to promote safe interactions and avoid the spreading of the virus. For this purpose, virtual and on-site intervention strategies have been used, in compliance with biosecurity measures, which have provided an opportunity to reach the families of the girls, boys and adolescents who attend the protective spaces, and involving parents and caregivers in the process of psychosocial support.

**Population to be assisted:** The CRCS model for protection aims to mitigate the risks of human rights violations with special emphasis on children, adolescents and pregnant and lactating women. Accordingly, the main activities include friendly spaces, help desks to provide orientation and longer-term support through the component “School as a protective environment”. The friendly spaces are directed to children and pregnant and lactating women, with the aim of a differential care in promoting safety and inclusion. Help desks assist and provide advice in the route for rights restitution. And “schools as a protective environment” provides continuity to the first phase in Norte de Santander, and replicating it in other places like Arauca, Vichada, Putumayo, Santander, and Guajira considering the lessons learned. This initiative includes psychosocial support and strengthening of social skills with a focus on inclusion and non-discrimination for children, parents and teachers in a more comprehensive approach.



<sup>13</sup> See: <https://reliefweb.int/report/colombia/unequal-emergency-care-rapid-gender-analysis-refugee-and-migrant-crisis-colombia>

**Programme standards/benchmarks:** [IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies](#), [Minimum Standards for Child Protection in Humanitarian Action](#), CRCS Institutional Gender and Diversity Policy<sup>14</sup>, IASC guides on gender-based violence, current laws and regulations of the Colombian state as well as the IFRC's Global Strategy for Migration.

P&B Output Code	Protection, Gender and Inclusion Outcome 6: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable	Number of services provided through friendly spaces <b>Current achievement: 32,315, Target: 43,000</b>														
	Protection, Gender and Inclusion Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors	Number of people reached with help desk services <b>Current achievement: 73, Target: 1,200</b>														
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP034	Friendly Spaces in migrant attention points with professional psychologists to ensure safety and decrease stress for the migrant population	Ongoing														
AP031	Purchase and distribution of gender and age-differentiated dignity kits for adolescents	Ongoing														
AP031	Training for volunteers and staff in the IFRC Minimum standards for protection, gender and inclusion in emergencies	Completed														
AP031	Training for volunteers and staff on Prevention and Response to Sexual Exploitation and Abuse	New activity														
AP031	Establishment of a focal point in key migrant attention points to provide orientation and protection services to the migrant population to all available internal and external (aid partners, Government) services, as well as to carry out key CEA actions.	Ongoing														
P&B Output Code	Protection, Gender and Inclusion Output 6.5: Educational and community dialogue programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills	Number of parents, teachers and students reached in the "schools as a protective environment" component <b>Current achievement: 500, Target: 700</b>														

<sup>14</sup> Adopted in October 2019 by the CRCS Governing Board and CRCS Board of Presidents.

	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
AP035	Implementation of the CRCS CEA strategy to include specific actions for PGI, focused on prevention of discrimination, stigma and xenophobia	Ongoing													
AP035	Training for teachers and parents to promote the creation of a protective environment in educational contexts highly affected by migration	Ongoing													
AP035	Lessons learned from the “schools as a protective environment” component carried out in the second semester of 2019 and first semester of 2020	New activity													

**Progress:**

Protection measures have been adopted taking into account the restrictions by COVID-19:

Protective Spaces at Home: activities of psychosocial support for the target population in friendly spaces and school environments at a distance, by virtual means and/or by telephone. Various strategies to provide this support for, impacting on children and adolescents, pregnant and/or nursing mothers and families, addressing central issues such as the management of anxiety and stress in times of confinement and social isolation, management of free time, parenting patterns, family dynamics, prevention and promotion of domestic and gender-based violence. A [cyberbullying campaign](#) was developed through the “schools as a protective environment” component in late May 2020.

Psychosocial tele-assistance: This activity is conducted to stabilize and promote resilience during nationwide isolation and social confinement measures. Primary mental health care is provided to persons who have an altered emotional and/or cognitive state, such as exercises to relieve stress and anxiety that is transmitted on social networks. Actions to support parents on issues to improve relations with their children in times of social confinement and isolation are also provided. COVID-19 prevention practices also have been reinforced through this tele-assistance.

Protective spaces in communities: Complying with the biosecurity measures that have been taken at national level, the services of the friendly spaces have been transferred to the diverse communities with educational-recreational activities such as manual activities oriented to the adequate use of free time, promoting values, prevention of COVID-19, current norms for migrant population, access and connections to health services that are oriented to the reestablishment of rights.

In the first quarter of 2020, 3,000 mini recreational kits with a protection focus were purchased and distributed to CRCS branches carrying out migration activities with a child protection focus. In April 2020, the purchase of 6,800 age and gender differentiated dignity kits was completed. In July 2020, following a day’s virtual workshop to review selection criteria and protection basic principles, the distribution of 1,263 dignity kits with different contents for children, young people, adults, and nursing and pregnant women began in the departments of Atlántico, Arauca, Casanare, Guajira, Nariño, Norte de Santander, Putumayo and Vichada. These kits have safety items (whistles and flashlights), sunscreen, kitchenware and hats, and, depending on the type of kit, includes children’s story books, coloring books, puppets, games that stimulate creativity, protection key messages and advice. These kits seek to be a tool that facilitates the migration process by providing alternatives that focus on protection elements with differential approaches.



## Migration

People targeted: 645,000

Male: 290,000

Female: 355,000

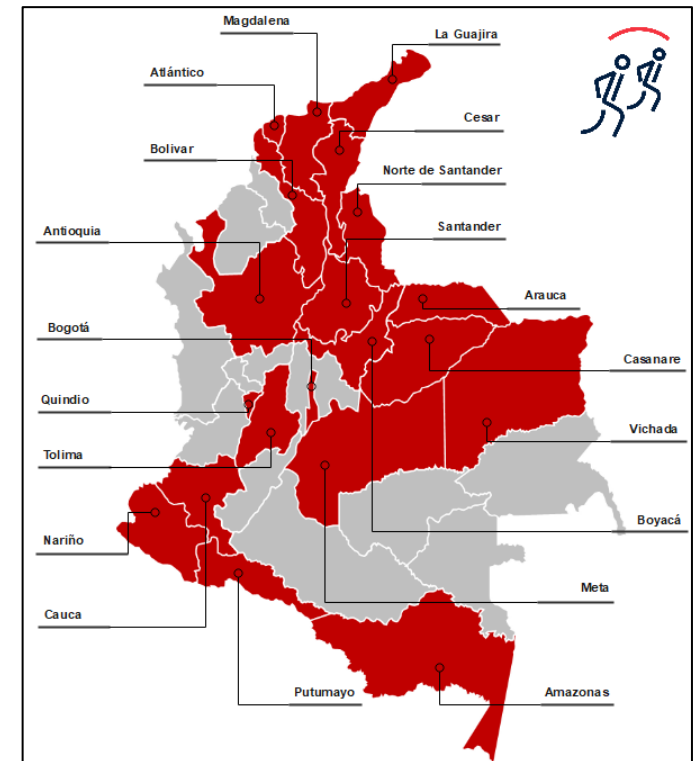
Requirements (CHF): 381,363

**Needs analysis:** Colombia is home to close to 1.8 million and migrants from Venezuela, including more than 1 million people with an irregular migratory status, and as such do not have adequate documentation to facilitate access to rights and basic services such as health, WASH, nutrition and other areas of intervention. In addition, extracontinental migrant flows, originating from Africa and Asia, as well as other countries in the Americas, continue as migrants seek to reach northern America. In light of the COVID-19 sanitary emergency, such migrants have been unable to continue their onward journeys due to border closures or non-issuance of transit permits, and remain in a vulnerable state in particular in the departments of Nariño, Choco and Antioquia.

The indigenous population of Colombia corresponds to 4.4% of the total population of the country, which since 2005 has increased six times more than the rest of the population<sup>15</sup>. Currently, 115 indigenous groups have been identified, and there are estimated to be over 542,000 indigenous people living in departments on the border between Colombia and Venezuela<sup>16</sup>. With the arrival of COVID-19 in indigenous territories, the multiple social and cultural inequalities and lack of access to health care services, livelihoods and basic needs have become visible. Indigenous communities are at greater risk, compared to other people in the country, including at risk of physical and cultural extinction; their main leaders are elderly who are at risk of infection and developing severe symptoms or possible death.

**Risk analysis:** As population movement flows continue to evolve, the operation will need to remain agile in order to respond to emerging needs, whilst ensuring that steady progress is maintained for planned activities. In terms of attending to migrants physically, risks related to virus transmission have been mitigated through appropriate social distancing and biosafety measures. Restoring family links (RFL) services have been implemented on-site and virtually through remote contact between the targeted individual and his or her family, anywhere in the country.

**Population to be assisted:** Guidance and advice will be provided to migrants with the available tools, and with other actors for the activation of available legal, institutional and socio-economic mechanisms through case management, accompaniment to contribute to the route of restitution of rights, in all the departments reached by sectorial actions through this emergency appeal. RFL services are provided in the border and receiving cities of the departments of Bogotá, Putumayo, Guajira and Vichada.



<sup>15</sup> [2018 National Population and Housing Census, Colombian National Administrative Department of Statistics \(DANE\)](#)

<sup>16</sup> 2018 National Population and Housing Census, Colombian National Administrative Department of Statistics (DANE)







AP083	Provision of electric power to charge mobile phones and data systems (Wi-Fi)	Ongoing													
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**Progress:**

In the period from January to June 2020, 2,923 satisfaction surveys were conducted in the Migrant Care Points, Health Care Units, community activities, among others. Overall, the population's satisfaction level remains above 91%, except in March, when some services were suspended due to national quarantine restrictions. The common feedback mechanism used is the suggestion box: the suggestion boxes are open with community participation and the consolidation of the source information is done monthly by the CRCS CEA Officer. Following analysis, the information is actioned in one of two ways: 1) improvement actions are taken in each point of attention and its implementation is disclosed; and 2) presentations are made to partners of the action to support adjustments in activities and where necessary, the request, mostly, for new services or needs identified through this mechanism.

The following actions have been taken in response to feedback from the target population:

- In response to requests for specialized medical services from pregnant women, the teams adopted a strategy of consolidating a database of potential people to be referred to other organizations in the area with which they have established mutual aid relationships.
- Several suggestions referred to making more constant deliveries of hygiene or food kits. In light of these comments, the WFP in La Hormiga, Putumayo, through the psychosocial care professionals, promoted talks on home economics and finances, healthy eating practices and awareness of the support provided by the CRCS.
- In response to requests to deliver kits due to increased vulnerabilities, the effect of the pandemic, different kits have begun to be distributed in the affected areas.
- In response to requests for dental services, the teams adopted the strategy of consolidating a database of potential people to be referred to other organizations in the area, or to other projects where the CRCS offers the service. When other organizations are unable to provide this service, the databases continue to be consolidated.
- The processes of assigning shifts are carried out by means of a triage, with prior intervention by staff explaining the scope and conditions of the service provided at the point of care.
- Biosecurity measures were implemented with floor demarcation with adhesive markings to indicate the minimum distance. In view of this, local teams have made use of chairs to demarcate the minimum distance between people.

An analysis of the population profile who participates in the feedback mechanisms has identified the low participation of children and adolescents. To promote their active involvement, since July 2020, together with the CRCS protection team, a participation mechanism has been developed exclusively for this population. It consists of a playful methodology for the evaluation of the activities, materials and contents provided in the Protective Spaces. Through a basket game, participants will answer the feedback questions by placing cards of 3 different colours in baskets that represent the evaluation scale of the activities, as well as participating in a moment of oral feedback of open comments.

The Virtual Volunteer tool has been updated with information relevant to the Colombian migration context, and the [platform is functional](#). It is hoped that the information on personal protection measures in the context of COVID-19 will be updated and promoted among the CRCS volunteers so that they can replicate the information, since the media and information for the migrant population in times of confinement have been reduced. A dissemination plan is being revised to reflect the current context.

This emergency appeal had also previously reported on the development of UReport, a bi-directional communication tool developed jointly between IFRC and other organizations. In early 2020, the implementation of UReport within the interagency response to migration in Colombia was presented to the GIFMM Protection subgroup and the Communicating with Communities (CwC) Task Force. The relevance of the tool was evaluated alongside the presentation of experiences in Brazil through the participation of young communities. In view of this, the CwC Task Force decided to suspend the implementation process of the tool, as it was considered that in the current Colombian

context, migrant communities do not have sufficient access to the Internet to use the tool, or are fragmented communities lacking a strong community base to consolidate the use of the tool. Additionally, there were concerns about data protection and the appropriate response to protection cases needing immediate attention.

Previous versions of this emergency appeal included an activity related to a rumour-tracking mechanism. In light of the significant progress carried out by the CRCS on the integration of CEA throughout its national operation, it was considered that the activity should be revised in order to focus on the communication of key messages regarding the operation and improving the provision of information as aid. Additionally, restoring family links services have decreased during the COVID-19 pandemic, in light of social distancing and movement restrictions, and the consequent reduction of volunteer activities on the field.

The kits with an culturally-differential focus are built on the experience of the dignity kits with differential approaches, recognizing the lack of elements that promote the ancestral practices of the Colombian indigenous communities. Thus, in dialogue with the areas of migration and health of the CRCS and indigenous organizations in Colombia, the kit is built to take into account the characteristics of these communities. The planned timeline is as follows: the content of the kits will be finalized in August 2020, in September and October 2020, the population will be identified and necessary procurement and logistics processes will take place for the arrival of the kits to these territories. The distribution is planned between November 2020 and January 2021.

With regard to an anti-stigma and anti-discrimination campaign, the IFRC and CRCS launched a procurement process for such a campaign through theatre at the end of 2019. The provider selection process was carried out throughout the first quarter of 2020, and a prominent Colombian theatre company was selected to create and perform a campaign based on the experiences of migrants. Unfortunately, the process was suspended prior to the signature of the contract, due to the COVID-19 restrictions which could not allow for such a campaign to go ahead. Alternative campaigns are being designed to take into account social distancing measures and a renewed focus on online communications.

With the challenges posed by COVID-19 restrictions, and the third year of actions with appeal funds, a key aspect of the CEA approach at this stage is to plan an exit strategy together with the community that will be affected by the absence of the services provided by the CRCS (host community and migrants). This will be done through a participatory methodology that will include tools for collecting information from the community, focus groups with volunteers and staff in the field, analysis of the institutional and non-governmental supply in the area for the consolidation of a sustainable exit strategy for migration actions with possible results in terms of community strengthening, knowledge transfer, consolidation of aid groups or care manuals. It will also seek to strengthen the community through the formation of health and water committees.

A workshop on Humanitarian Diplomacy was held in March 2020, with the support from the Americas Disaster Law Programme team based in Panama, in which two Colombian NSs participants were trained on the Legislative advocacy IFRC toolkit, to advocate for the strengthening of the auxiliary role in their country, with a focus on the migration crisis. With an emphasis on respect for the Movement's principles, participants considered the use of evidence as a factor of credibility and strength in the exercise of humanitarian diplomacy, using the current migration phenomenon as evidence in this sense, in order to strengthen mechanisms of assistance, protection and advocacy provided by the National Societies, applying the "do no harm" principle.



### Disaster Risk Reduction

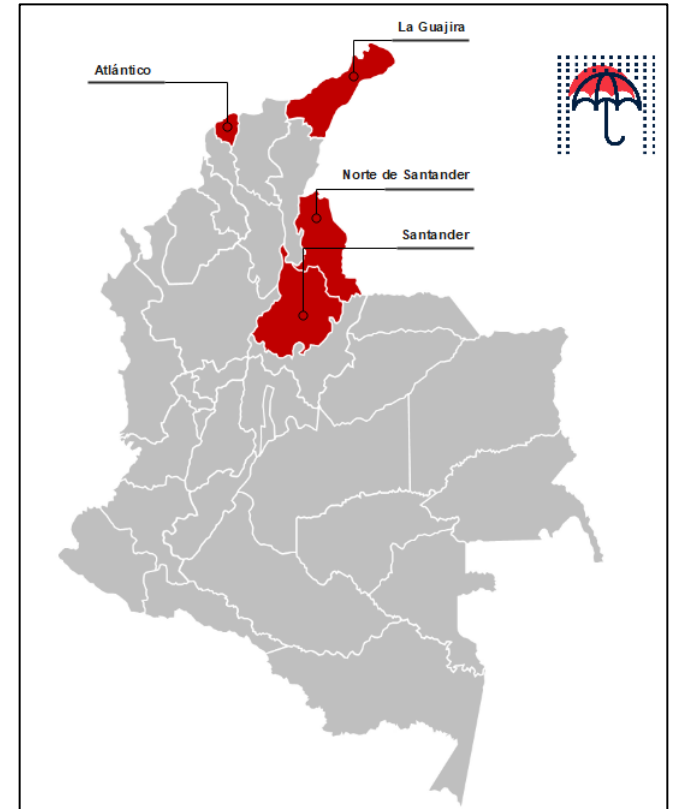
**People targeted: 10,000**  
 Male: 4,500  
 Female: 5,500  
**Requirements (CHF): 62,442**

**Needs analysis:** As increasing numbers of migrants settle in Colombia, which is exposed to a number of natural hazards, there is a need to ensure that they are better prepared for effective disaster risk response. This will also contribute to address recognised needs for greater integration of migrants with their host communities, whilst enhancing resilience of affected communities and mitigation risk.

**Risk analysis:** With the greater interest in immediate needs or hygiene and health-related activities given the current context of sanitary emergency, actions on disaster risk reduction might be considered secondary needs by the affected population.

**Population to be assisted:** Migrant populations with a desire to remain, in cities with a high percentage of settled migrants, will be provided with key messages on disaster risk reduction and will be reached with awareness-raising information on different hazards. Cities with high numbers of settled migrants, such as Maicao, Barranquilla, Bucaramanga and Cucuta, will be identified to implement the community early warning system.

**Programme standards/benchmarks:** The IFRC Roadmap to Resilience and other tools to support community-based resilience will be used to support the actions in DRR.



<b>P&amp;B Output Code</b>	<b>DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disasters</b>	Number of persons reached by key disaster risk reduction messages <b>Target: 10,000</b>
	<b>DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.</b>	Number of persons reached by key disaster risk reduction messages <b>Target: 10,000</b>
		Number of community early warning systems in place





AP042	Strengthening and equipping operating branches	Ongoing														
AP042	Knowledge management through PMER, CEA and IM functions at CRCS headquarters and branches	Ongoing														
AP042	Migration Lab research	New activity														
AP042	Psychosocial support for first response teams	Ongoing														

P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	<i>Number of RIT, IFRC staff or Movement Partner delegates to support the operation</i> <b>Current achievement: 29; Target: 30</b>														
	<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>	<i>Number of missions</i> <b>Current achievement: 29; Target: 30</b>  <i>Number of support actions for acquisition management</i> <b>Current achievement: 2; Target: 3</b>														

	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
AP049	Technical logistics support by the Regional Logistics Unit (RLU) to ensure that all procurement related to the appeal follows the IFRCs standards and procurement procedures	Ongoing													
AP049	Operational support and accompaniment from the IFRC's regional office for the Americas (ARO)	Ongoing													

P&B Output Code	<b>Outcome S2.2: The complementarity and strengths of the Movement are enhanced</b>	<i>Number of coordination meetings with the Movement.</i> <b>Current achievement: 39; Target: 50</b>														
	<b>Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.</b>	<i>Number of reports in accordance with the requirements of the Movement.</i> <b>Current achievement: 7; Target: 10</b>  <i>Number of reports on the participation of the humanitarian network and key partners.</i> <b>Current achievement: 25; Target: 35</b>														







AP064	Regular monitoring visits to operational sites	Ongoing														
AP064	Cash disbursements to CRCS	Ongoing														
AP064	Financial and narrative reports	Ongoing														
AP064	Internal audit	Ongoing														
AP064	Financial management training	Ongoing														

P&B Output Code	Output S4.1.4: Staff security is prioritized in all IFRC activities	Security Plan updated Current achievement: 30; Target: 30														
		Number of volunteers trained in Stay Safe Current achievement: 246; Target: 300														
	Activities planned Quarter/ Year	Status	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	
AP066	Implementation of necessary security measures	Ongoing														
AP066	Ongoing security assessment, analysis and advice throughout the operation, revising the security plan as necessary	Ongoing														
AP066	Stay Safe training for staff and volunteers	Ongoing														
AP066	On-going security assessment	Ongoing														

### Progress:

Volunteers are a constant support for the field teams. They have been trained in community-based health and first aid and in 2019 and 2020, have had a life insurance policy. In August 2019, mental health and welfare activities were carried out for 60 people among volunteers and workers of the CRCS in Norte de Santander, 53 volunteers in Guajira, and 38 volunteers in Nariño. A total of the 90% of the people surveyed after these activities considered that these contributed to their mental health, well-being and had a positive impact on themselves. They also stated that, based on the tools provided in the activities, they implemented some changes in their daily lives that contributed to their well-being, as well as noting positive changes their colleagues' behaviour. These activities were continued during the second half of 2019, reaching 100 volunteers in Norte de Santander and ensuring monitoring of volunteer wellbeing in Guajira and Nariño. In addition, two psychological first aid workshops were held in Guajira for volunteers in Riohacha and Maicao, with the participation of 38 people.

Given that volunteer insurance had been contracted in 2019 and 2020, a volunteer solidarity fund is being proposed to be available to support volunteers in various aspects, including healthcare, livelihoods and studies, to be administered by an independent board. The IFRC and CRCS are discussing how to establish an optimal structure.

To guarantee transparency in the operations' processes, the CRCS has communication strategies with the community through anonymous evaluation surveys in the process of delivering kits or cash to ensure optimal prioritization mechanisms. Likewise, the monitoring and reporting processes of the operation in the territory ensure that the community knows who is being directly reached with the actions and that the CRCS is making good use of the resources.

A workshop on organizational capacity was held in August 2019, with the support from the IFRC Senior Organizational Development Officer based in Panama, working alongside the CRCS leadership to build a list of priorities and plan of action to address them. This was also coordinated with the ICRC in Colombia and with the other Movement members supporting the CRCS. Further work will be continued on this in 2020 and 2021.

The IFRC and CRCS, with support from the ICRC, had been planning an evaluation of needs for transcontinental migrants, including site visits and assessments in the departments of Nariño and Antioquia, to the border with Panama, to take place in March 2020. This was to be followed by a visit to the Panamanian side of the Gulf of Uraba, with the IFRC and the Panamanian Red Cross, in order to align response activities on both sides of the border. The evaluation was suspended due to the emergence of the COVID-19 pandemic.

The CRCS has been increasingly involved in global and regional initiatives and fora on migration, such as the IFRC global Migration Taskforce, an annual meeting involving key National Red Cross and Red Crescent Societies around the globe; the Migration Lab, an initiative of a small global working group of National Red Cross and Red Crescent Societies actively working on migration, and which is currently focusing on research concerning the impact of COVID-19 on migration; and the revision of the regional Migration Plan of Action for the International Red Cross and Red Crescent Movement post-2020 (following the [Toluca Declaration of 2016](#) and the expiry of the Movement Action Plan on Migration in the Americas at the end of 2020).

## Funding Requirements

### EMERGENCY APPEAL OPERATION

16/09/2020

MDRCO014

Colombia Population Movement

Output code in financial system	Name in financial system (TBC)	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
					0
AP005	Shelter assistance to households	239,809			239,809
AP006	Shelter tech. support and awareness	4,969			4,969

	<b>Total Shelter</b>	<b>244,777</b>	<b>0</b>	<b>0</b>	<b>244,777</b>
					0
AP007	Improvement of income sources	143,784			143,784
AP008	Livelihoods assistance	344,759			344,759
AP009	Food production & income generation	-			0
AP081	Multipurpose cash grants	226,473			226,473
AP010	Livelihoods awareness	13,912			13,912
	<b>Total Livelihoods &amp; basic needs</b>	<b>728,928</b>	<b>0</b>	<b>0</b>	<b>728,928</b>
					0
AP011	Health services to communities	-			0
AP012	Voluntary blood donation	-			0
AP013	Maternal newborn and child health	-			0
AP014	Nutrition	117,261			117,261
AP015	Road safety	-			0
AP016	NS capacity for health care	-			0
AP017	HIV and AIDS	-			0
AP018	Avian and human influenza pandemic	-			0
AP019	Malaria	-			0
AP020	Tuberculosis	-			0
AP021	Other infectious diseases	-			0
AP022	Health in emergency	3,731,549			3,731,549
AP023	Psychosocial support	465,268			465,268
AP024	Immunization activities	-			0

AP025	Health needs in complex settings	-			0
AP075	HIV/AIDS care and treatment	-			0
AP076	Malaria care and treatment	-			0
AP077	Tuberculosis care and treatment	-			0
AP078	RMNCH care and treatment	-			0
AP079	NCD care and treatment	-			0
AP080	Psychosocial support	-			0
AP082	Search and rescue	-			0
<b>Total Health</b>		<b>4,314,078</b>	<b>0</b>	<b>0</b>	<b>4,314,078</b>
		-			0
AP026	Access to safe water	197,555			197,555
AP027	Treatment/reuse of wastewater	-			0
AP028	Reduction of open defecation	-			0
AP029	WASH knowledge and best practice	-			0
AP030	Hygiene promotion	662,823			662,823
<b>Total WASH</b>		<b>860,378</b>	<b>0</b>	<b>0</b>	<b>860,378</b>
					0
AP031	Equitable access to services	299,115			299,115
AP032	Social inclusion-equitable status	-			0
AP033	Interpersonal violence prev/response	-			0
AP034	Response to SGBV in emergencies	164,682			164,682
AP035	NVP-education and advocacy programs	94,405			94,405
<b>Total Protection, Gender and Inclusion</b>		<b>558,202</b>	<b>0</b>	<b>0</b>	<b>558,202</b>

AP036	Migration assistance and protection	292,501			292,501
AP037	Migration awareness and advocacy	41,737			41,737
AP083	Restoring family links	23,850			23,850
	<b>Total Migration</b>	<b>358,087</b>	<b>0</b>	<b>0</b>	<b>358,087</b>
AP001	Preparedness at community level	58,631			58,631
AP002	Response and risk red. at NS level	-			0
AP003	Green solutions	-			0
AP004	Climate change awareness	-			0
	<b>Total Disaster Risk Reduction</b>	<b>58,631</b>	<b>0</b>	<b>0</b>	<b>58,631</b>
					0
AP039	NS organisational capacity assessm.	-			0
AP040	NS volunteering deveelopment	166,948			166,948
AP042	NS corporate /organisational systems	482,126			482,126
	<b>Total Strengthening National Societies</b>	<b>649,073</b>	<b>0</b>	<b>0</b>	<b>649,073</b>
					0
AP046	IFRC surge capacity	15,900			15,900
AP047	Humanitarian principles and Rules	-			0
AP048	Integrated services for NS	-			0
AP049	IFRC coord. in humanitarian system	1,270,023			1,270,023
AP050	Supply chain and fleet services	-			0
AP051	Movement coordination	994			994
AP052	Movement shared services	136,261			136,261

	<b>Total International disaster management</b>	<b>1,423,178</b>	<b>0</b>	<b>0</b>	<b>1,423,178</b>
					0
AP053	Advocacy on humanitarian issues	42,234			42,234
AP054	IFRC policies and positions	-			0
AP055	Research and evaluation	46,706			46,706
AP056	Advocacy on humanitarian issues				
AP057	Support to NS in policy & advocacy				
AP058	Planning and reporting	-			0
AP059	Resource generation	-			0
AP060	Emergency fundraising excellence	-			0
AP061	NS resource and partnership dev.supp	-			0
AP064	Financial management	50,000			50,000
AP065	Administration	-			0
AP066	Staff security	21,365			21,365
	<b>Total Influence others as leading strategic partner</b>	<b>160,305</b>	<b>0</b>	<b>0</b>	<b>160,305</b>
					0
	Programme and Supplementary Services Recovery	608,116			608,116
	<b>Total INDIRECT COSTS</b>	<b>608,116</b>	<b>0</b>	<b>0</b>	<b>608,116</b>
					0
	<b>TOTAL BUDGET</b>	<b>9,963,754</b>	<b>0</b>	<b>0</b>	<b>9,963,754</b>

## Reference documents



Click here for:

- [Previous Appeals and updates](#)

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

#### In the Colombian Red Cross National Society

- **Executive Director:** Dr Francisco Moreno, [juvenal.moreno@cruzrojacolombiana.org](mailto:juvenal.moreno@cruzrojacolombiana.org), +57 1437 6300
- **Operational coordination:** Diego Piñeros, National Migration Manager, [diego.pineros@cruzrojacolombiana.org](mailto:diego.pineros@cruzrojacolombiana.org), +57 1437 6300

#### In the IFRC

- **IFRC Regional Office for Americas:** Steve Mc Andrew; Deputy Regional Director: [stephen.mcandrew@ifrc.org](mailto:stephen.mcandrew@ifrc.org), +507 317 3050
- **IFRC Regional Office for Americas:** Jono Anzalone, Head of DCPRR, [jono.anzalone@ifrc.org](mailto:jono.anzalone@ifrc.org), +507 317 3050
- **IFRC Operations Coordinator for the Americas:** Felipe Del Cid, [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org); +507 317 3050
- **IFRC Country Cluster for Andean Countries:** Ines Brill, [ines.brill@ifrc.org](mailto:ines.brill@ifrc.org), +51 1 221 8333
- **IFRC Program Coordination and Cooperation Office in Colombia:** Jorge Zequeira, [jorge.zequeira@ifrc.org](mailto:jorge.zequeira@ifrc.org), +507 317 3050
- **IFRC Operations Manager, Colombia:** Nadia Khoury; [nadia.khoury@ifrc.org](mailto:nadia.khoury@ifrc.org); +57 350 809 4505

#### In Geneva

- Antoine Belair, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery); email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

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

- **IFRC Regional Office for Americas:** Marion Andrivet, Emergency Appeals and Marketing Officer, [marion.andrivet@ifrc.org](mailto:marion.andrivet@ifrc.org), +507 317 3050

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

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

#### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- Maria Larios, Head of PMER Unit, [maria.larios@ifrc.org](mailto:maria.larios@ifrc.org), +507 317 3050

## How we work

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

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



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



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



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