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Final Report

Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal No. MDRCO014	Date of Issue: 10 February 2023 ¹
Operation start date: 15 March 2018	Operation end date: 31 December 2021
Host National Society: Colombian Red Cross Society	Operation budget: 10,000,000 CHF
Number of people affected: 4,130,000 by 2021 ²	Number of people reached: 387,976
Red Cross Red Crescent Movement partners involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.	
Other partner organizations involved in the operation: National Unit for Disaster Risk Management (UNGRD), Unit for Assistance and Reparations to Victims (UARIV), Migración Colombia (Colombia Migration Authority), Ministry of Foreign Affairs of Colombia, the UN Refugee Agency (UNHCR), UN Office for the Coordination of Humanitarian Affairs (UN OCHA), International Organization for Migration (IOM), as well as other organisations which are part of the Inter-Agency Group for Mixed Migration Flows (GIFMM).	
On behalf of CRCS, IFRC wishes to thank all partners who have contributed to this operation: American Red Cross, British Red Cross, China Red Cross - Hong Kong branch, Iraqi Red Crescent Society, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, Swiss Red Cross, The Canadian Red Cross Society, The Netherland Red Cross. IFRC also thanks the governments of Canada, Italy, the United Kingdom, and the United States of America (USAID), as well as private and corporate donors and partners for their generous contributions towards this appeal.	
For more details on donor response, please click here.	

A. SITUATION ANALYSIS

Description of the disaster

The Colombian state entity in charge of migration issues, Migration Colombia, estimated that by August 2021 there were 1,842,390 Venezuelan migrants in the country, corresponding to about 4% of Colombia's total population. In February 2021, the Colombian Government issued a Temporary Protection Statute for Venezuelan Migrants (ETPV for its acronym in Spanish). The ETPV aims to improve the socio-economic inclusion of this population, including people who are currently with irregular migratory status. Since September 2021, the implementation of the Statute has started with the migrant population's official registration processes.

The COVID-19 pandemic has had a significant impact on the living conditions of migrants and refugees in Colombia. For example, movement restrictions measures in place since March 2020 have severely reduced access

¹ Republished on 26 October 2023 with a revised final financial report.

² <https://www.r4v.info/es/document/rmrp-2021-es>

to goods, services, and sources of income. In addition, border closures have resulted in increased use of unsafe routes to cross the border, which has increased threats to migrants lives and dignity. Refugees and irregular migrants already faced difficulties before the pandemic in accessing public services in host communities, such as healthcare, education, and livelihood opportunities. These needs have become even more difficult to meet since the COVID-19 pandemic in Colombia, increasing the vulnerability of refugees and migrants³.

Additionally, according to the Displacement Tracking Matrix (DTM) of the International Organization for Migration (IOM), in January 2022⁴, the profile of the Venezuelan population in human mobility has been changing, from single men on their own to families with several members on the move, including children and adolescents, pregnant and lactating women, people with chronic diseases, people with physical and mental disabilities, and other vulnerable groups.

Since March 2018, the Colombia Red Cross Society (CRCS) have been working with IFRC to provide humanitarian services for people impacted by the migration crisis, through the provision of assistance in shelter, livelihoods and basic needs, health services, water, sanitation, and hygiene promotion, restoring family links, and voucher assistance, with emphasis in gender, protection, and inclusion. The CRCS, with IFRC support, provided 635,137 services, reaching the 98,47% of the services expected to provide with this Appeal. These actions were framed in the IFRC Emergency Appeal Colombia Population Movement, which ended on 31 December 2021.

The main approach of this Emergency Appeal consisted in the delivery of general and specialized health services through the Healthcare Units (HCU) operated by healthcare teams in border cities, where pendular migrants and “caminantes” (migrants travelling on foot) predominate. At the HCU there was access to specialized health care services, diagnostic aids, and medicines with a comprehensive approach. These actions especially targeted pregnant women, people with chronic diseases, children under five years of age, and employed community health promotion actions with participatory mechanisms based on the community-based health and first aid (CBHFA) approach.

³ <https://www.r4v.info/en/document/gifmm-colombia-joint-rapid-needs-assessment-covid-19-july-2020>

⁴ <https://dtm.iom.int/colombia>

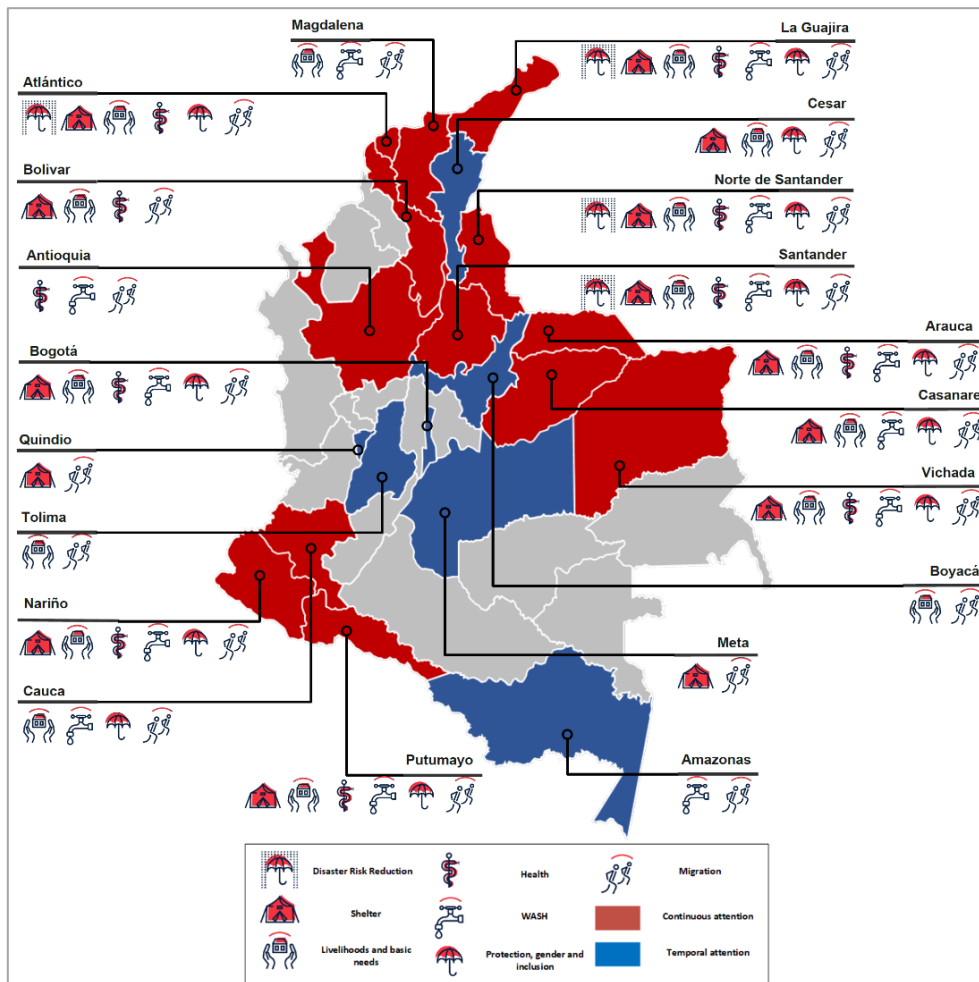


Figure 1. Map of temporary and continuous services provided through the Emergency Appeal.

As shown in the map (Figure 2), the operation had a comprehensive territorial scope. The interventions were carried out based on a needs assessment and a local capacity analysis, which resulted in a needs index specifically related to the impact of the migratory situation in each department.

The departments where the operation provided services on a continuous basis are identified in red on the map, highlighting border points such as La Guajira, Norte de Santander, Arauca, Vichada, Nariño and Putumayo, as well as other departments that are characterized by a high influx of migrant population: Magdalena, Atlántico, Bolívar, Antioquia, Santander, Casanare and Cauca. These departments have become main points of migratory routes throughout the country.

The departments in which the operation provided temporary services due to specific needs in the territories of Cesar, Boyacá, Bogotá, Quindío, Tolima, Meta and Amazonas are in blue shade.

On the other hand, this emergency appeal has had 5 external audits, to ensure transparency and effectiveness in the implementation of the resources.

Summary of response

The Colombia Population Movement operation supported the CRCS to provide 635,137 humanitarian services that reached 387,976 people, mostly composed of migrant groups but also including host communities. Of these services, 335,060 were healthcare services provided to 125,546 people, and 106,317 corresponded to collective and individual psychosocial support services delivered. Additionally, five community health committees were

created, which led to the implementation of 140 community health promotion activities that reached 3,150 people. Regarding nutritional support to the migrant population, 1,394 children under five years were reached with the distribution of 41,833 nutritional supplements, and 362 pregnant women were supported with the delivery of 10,858 nutritional supplements. Additionally, the CRCS delivered 6,800 dignity kits to assist women, children, and adolescents on the move, and 23,474 restoring of family links services were provided at five locations along the migratory routes, 1,136 people were reached by the orientation helpdesks, and 75,461 children, women and adolescents participated in the activities organized in six friendly spaces.
















 635,137 Total services provided	 106,544 People reached with basic needs and improved livelihoods	 8,497 Bedding kits distributed	 335,060 Health care services provided	 99,888 Psychosocial support services
 15 Water distribution points	 59,270 Individual hygiene kits distributed	 6,800 Dignity kits to children, adolescents and pregnant women	 1,136 People reached in orientation helpdesks	 7 Health Providing Institutes
 75,461 People reached in friendly spaces	 5 Sites with Restoring Family Links services	 1,666,428 Litres of safe water distributed	 66,047 People sensitized against xenophobia or discrimination	 1 Protection project for pendular migrant children in school

Figure 2. Operational achievements of the Colombia Population Movement Emergency Appeal (March 2018 to December 2021)

In addition, as shown in figure 1, 1,666,428 litres of water were distributed at 15 water distribution points along the migratory routes that reached 555,476 people; in basic needs and food assistance, 87,520 people were reached with the distribution of 34,845 food kits, 13,650 travel-type food kits, and 17,684 people were reached with cash assistance; 8,497 shelter kits were distributed reaching 8,345 people, and 152 people were supported with entrepreneurship capacities strengthening.

Furthermore, an anti-stigma and anti-xenophobia campaign was implemented, reaching 66,047 people, and continued the support to a protection project for pendular migration⁵ for children in a school in Cúcuta, Norte de Santander.

Regarding the health assistance strategy, the Healthcare Units (HCUs) operate in border cities with a high flow of migrants (such as Riohacha, Arauca and Ipiales), and those with a low level of capacity to address humanitarian needs (Puerto Carreño and La Hormiga). HCUs provide primary healthcare, as well as complementary services in shelter, basic needs, WASH, and protection, gender, and inclusion (PGI). Each of these five healthcare units in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo) had a team integrated by a doctor, a nurse, a nursing assistant, a psychologist, a local field coordinator, a driver/logistician, a pharmacist, and an administrative assistant. Additionally, this Emergency Appeal also funded the recruitment of health personnel in isolated locations in the border areas of Maicao, Rumichaca, Cúcuta and Yopal, which provided relief assistance to migrants who would otherwise not have access to health services.

⁵ Pendular migration refers to the daily movement of people between their home and workplace or school.

The number of people reached during the implementation of this Emergency Appeal from March 2018 to December 2021 was as follows:

Table 1. Total people reached by area of focus.

Number of People Reached = 387,976 (March 2018 to December 2021)	
Sector	People
Shelter	8,705
Livelihoods and basic needs	106,544
Health	125,546
Water, Sanitation and Hygiene - WASH	71,720
Protection, Gender, and Inclusion - PGI and Migration	75,461
Messages delivered related to health promotion	96,609*
Anti-xenophobic campaign (indirectly)	66,047*
Total	387,976

The number of people reached is calculated based on the total number of services provided after accounting for double counting.

*These people have not been counted as part of the total people reached in order to avoid double counting.

The following chart presents the total number of services provided by the Appeal from March 2018 to December 2021 and the number of people reached each month. The pandemic, especially at the beginning, impacted the number of services provided and consequently the number of people reached, due to the uncertainty and, also government movement restrictions.

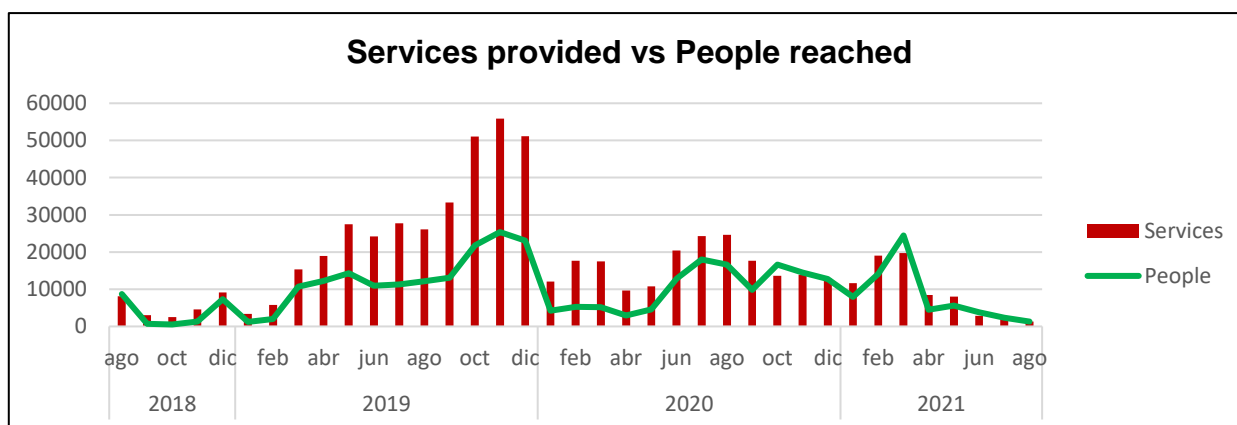


Figure 7. Total number of monthly services provided by the Appeal and people reached March 2018 – December 2021

In comparison, 125,546 people were reached with health services during the implementation of this operation from March 2018 to December 2021, as it is shown below:

Table 8. People reached through health services during the total implementation of the Appeal March 2018 – June 2021.

Total number of People Reached – Health (March 2018 – June 2021)			
	Direct Recipients	Indirect Recipients -HPI	Total

Age group	Male	Female	Other	Total	Total	Total
0 to 5	12,964	12,214	-	-	-	25,178
6 to 11	5,221	5,220	-	-	-	10,441
12 to 17	2,456	4,296	-	-	-	6,752
18 to 59	15,116	32,881	-	-	-	47,997
60+	2,074	2,344	-	-	-	4,418
No information	-	-	136	-	30,626	30,760
Total	37,831	56,955	136	94,922	30,626	125,546

Overview of Host National Society

For the past 45 months of this operation, the CRCS and the IFRC worked together to provide primary health care attention, through two key operational models: i) health care units in border cities, where *caminantes* and pendular migrants are predominant; and ii) health providing institutes (HPI) of the Colombian Red Cross Society in big cities (more than 500,000 inhabitants), where host communities and settled migrants live. Additional services in connectivity, humanitarian assistance and protection are provided based on the needs identified by the CRCS and the IFRC.

Health Care Units (HCU)

Five HCUs were established in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo). Each HCU has a team with a doctor, a nurse, a nursing assistant, a psychologist, a field local coordinator, a driver/logistician, a pharmacist, and an administrative assistant or general services staff, the latter depending on the local needs. Apart from the services provided at the five HCUs, this Emergency Appeal also financed medical teams in Maicao, Rumichaca, and Cucuta. As of April 2021, a new service point was set up in Casanare.

HCUs operate in two types of border cities: those with a high flow of migrants (Riohacha, Arauca, and Ipiales), and those with a low level of capacity to address humanitarian needs (Puerto Carreño and La Hormiga). In both contexts, HCUs provide primary health care, as well as complementary services in shelter; basic needs; WASH; and protection, gender, and inclusion (PGI). The complete operational strategy can be found in the 36-months Update⁶.



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

Health Providing Institutions (HPI)

HPI were points of care affiliated with the country's general healthcare system. This model provided services in urban centres where migrants have settled and are able to receive continuous medical treatment. According to Colombian regulations, it offered a higher level of care than the HCU (services classified as low and medium

⁶ <https://reliefweb.int/report/colombia/colombia-population-movement-mdrco014-operation-update-no-7>

Dept	City	Mov Partner	Services														
			FA	MC	N	PSS	DH	WASH	FSec	N-FK	Or	RFL	FS	NS	LH	CTP	
	Cucuta	SRC	X	X	X	X			X	X	X	X			X	X	
	Cucuta	IFRC	X	X	X	X			X			X	X		X		
	Cucuta	AmCross	X	X	X	X							X	X			
Putumayo	La Hormiga	IFRC	X	X	X	X				X	X	X		X	X		
	Puerto Asis	ICRC											X				
	La Hormiga	ICRC											X				
Santander	Bucaramanga	IFRC	X	X	X												
	Bucaramanga CASA	GRC	X	X	X	X						X	X				
	Bucaramanga Urb	GRC	X	X	X	X	X					X	X				
	Bucaramanga	GRC	X						X	X		X	X				
Vichada	Puerto Carreño	IFRC	X	X	X	X				X	X	X		X	X		

For more details of the coordination of this operation with other members of the Red Cross Movement see the Colombia: Population Movement [36-month update](#).

Complementary IFRC Emergency Appeals

In September 2018, the IFRC issued a regional Emergency Appeal for the Americas: Population Movement (MDR42004) that supported the National Societies of Argentina, Brazil, Chile, Ecuador, Guyana, Panama, Peru, Trinidad and Tobago and Uruguay to implement response actions.

In April 2019, IFRC launched the Emergency Appeal [Venezuela: Health emergency](#) (MDRVE004) for 50 million Swiss francs. The final report can be accessed [here](#).

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

Overview of non-RCRC actors in country

State response

The Colombian state has created three migration mechanisms to address the population movement. The Border Mobility Card (*Tarjeta de Movilidad Fronteriza*- TMF) allows Venezuelans to be in Colombia up to seven consecutive days within a limited geographical distance from the border. This mechanism is normally used to obtain basic goods and services; therefore, it is a most used mechanism for people living in border areas, reducing the risks associated with irregular border crossing like exposure to armed groups. The Special Residence Permit (*Permiso Especial de Permanencia*- PEP) is a regularization tool which allows Venezuelans to be in Colombia for up to two consecutive years, providing access to the welfare system and the job market. The Special Transit Permit for Temporal Residence (PIP-TT) allows transit across or within Colombia for a 15-day period. This mechanism is designed for migrants seeking to travel to other countries in the region.

On 1 March 2021, the National Government issued a [temporary protection statute](#) for Venezuelan migrants, which created a new mechanism that unifies the previous permits, the Temporary Protection Permit (PPT), providing a temporary regularization benefit. This initiative has been highly praised by the international community and was subject of the consultation phase with all relevant stakeholders, including the CRCS and IFRC Colombia Country Team. By June 2021, almost 1 million people have created a user in the [platform](#) to obtain this special permission.

Non-state actors

The UNHCR and the International Organization for Migration (IOM) appointed in September 2018 the Joint Special Representative for Venezuelan migrants. This action has provided substantial leverage for the humanitarian sector in Colombia. The interagency coordination mechanisms, like GIFMM, have become relevant arenas to share information, and more recently, to plan activities jointly, such as the evaluation baseline for cash and voucher assistance and shelter initiatives in Vichada. GIFMM has extended its membership to 55 institutional members and expanded its scope to a local presence in 11 departments, gathering information from 97 per cent of the estimated Venezuelan population in Colombia.

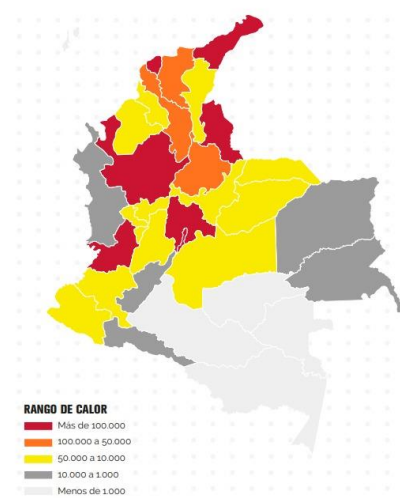
In the first months of 2021, the [Regional Refugee and Migrant Response plan for 2021](#) was published. This document will contribute to aligning the Emergency Appeal with other multisectoral humanitarian responses.

The IFRC and the Colombian Red Cross Society are part of the Humanitarian Country Team (HCT), led by the Humanitarian Coordinator. The CRCS is also an active member of the Inter-agency Group for Mixed Migratory Flows, as well as its various specialized subgroups on protection, health, nutrition, and the multi-sector group, which the CRCS co-leads. IFRC similarly attends meetings and coordinates as an observer. This coordination enriches context analysis, helping to identify migratory trends and the needs of the population of interest. Likewise, it allows articulating the offer of the UN agencies and international NGOs seeking complementarity and avoiding the duplication of actions. The CRCS also shares information through the Information Management and Analysis Unit (UMAIC) in collaboration with iMMAP. IFRC and CRCS also participate in the Health Cluster, led by the Ministry of Health and the Pan American Health Organization, as well as the Cluster for Food Security and Nutrition. CRCS also attends the WASH and Protection clusters and, with the World Food Programme (WFP), is the co-lead of the Cash Working Group.

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

Needs analysis and scenario planning

Migration in Colombia currently presents multiple challenges. The scenarios of flexibility promoted by the National Government in the regularization of the migrant population from Venezuela pose significant challenges in the current humanitarian response, where it is imperative to implement actions that contribute to their stabilization and integration processes. According to official figures from Migration Colombia, as of 31 August 2021, 1,842,390 Venezuelans are reported in Colombia, of whom 344,000 are in a regular situation, 315,000 in a migratory situation to be defined/irregular, and 1.2 million in regularization, considering the implementation of the Temporary Protection Statute (ETPV). Of this total census of Venezuelans in Colombia, 21.37% are in the city of Bogotá, followed by the department of Antioquia with 14.34% and Norte de Santander with 8.91%.



This figure reflects an increase in the migrant population present in the country compared to the figure presented for the end of 2020 (1,729,537), which in turn contrasts with the rapid analysis of migratory flows carried out by

the Colombian Red Cross (July 2021), which also found an increase in the population transit between Venezuela and Colombia), a migratory flow composed mostly of extended families with a relevant presence of minors and women, and less older adults. The economic reactivation in the country has motivated movements of entry and re-entry; however, it is relevant to note the evidence of cycles of return to Venezuela (as evidenced by a gradual increase in the number of people who refer to the Venezuelan territory as their destination, as well as an increase in pendularity), the above under the expectations of economic recovery based on aspects such as the process of dollarization that are occurring in the neighboring country, together with a significant increase in the circulation of goods in the retail market.

It is estimated that between 300 and 600 Venezuelan migrants circulate daily through the corridor that connects the north and south of the country. At the same time, in recent years there has been a significant increase in the transit of migrants from Cuba, Haiti, Bangladesh, and Somalia, who pass through the Pan-American route that cross through the Colombian Caribbean to reach Central America with a destination in North America. Panamanian migration authorities (SENAFRONT) have registered more than 130,000 irregular transcontinental migrants in transit during 2021 (arriving from Colombia), mostly composed of extended families composed mainly of minors and women. During the course of 2022, it is expected that both this population and Venezuelans will continue to enter the country (a variable observed during the first months of this year, where about 60% of migrants circulating through the Darien plug are of Venezuelan nationality, which also indicates a gradual change in the profile of those crossing the border between Colombia and Panama), presenting essential humanitarian needs such as food, water, sanitation and hygiene, primary health, protection, shelter, among others.

Special mention should be made of the development and implementation of the current Temporary Statute of Protection for migrants from Venezuela, a temporary legal framework decreed by the Colombian government and in force since 1 March 2021, which seeks to facilitate the regularization of the Venezuelan migrant population residing in Colombia (understood as regularization for those migrants who can generate means of proof of their residence in Colombia before 31 January 2021, through the single register of migrants). From the above, the requirement is established for new dynamics of assistance and comprehensiveness in humanitarian action, actions focused on supporting institutional capacity in the health, income generation and socio-economic inclusion sectors, initial orientation and legal support for guarantees of access to each sector, as well as actions aimed at strengthening and territorial development, the promotion of identities and social dialogue, among other actions, which can be identified as complementary, and which will enhance the scope of the statute.

For migrants searching for stability and social insertion, the scenario of needs remains complex, given the persistence of gaps in access to services and rights. For example, people who want to stay in Colombia face challenges in accessing health services (especially in terms of specialized health services) and education (for both children and adolescents, including specific access barriers, harmonization of their training processes and connectivity). In addition, they are prone to xenophobia and mistreatment in host communities, which affects their ability to find accommodation. In addition, this population has specific needs related to diversification, improving, and strengthening their livelihoods as their main income, and integration into communities. In this scenario, complementary work with other organizations, the timely management of advocacy mechanisms, as well as the constant evaluation of the population's conditions, will facilitate the task of projecting humanitarian impact. There is evidence of an increase in the flow of people entering Colombia in the first months of 2021, with the intention of settling in the country's main cities in search of livelihoods and access to health treatment for chronic diseases. The presence of the COVID-19 pandemic and its effects represented a huge regression in the adaptation processes, which led them to lose their livelihoods (formal and informal), putting them back in crisis situations, requiring comprehensive support to transcend again towards solid integration processes.

The Venezuelan population in Colombia, both those in the process of regularisation and those in transit through the country to their final destinations both within Colombia and to other countries in the region, continue to

present humanitarian needs related mainly to access to decent accommodation. Thus, according to the RMRP (Refugee and Migrant Response Plan 2022), it is reported that 36% of migrants in Colombia live in overcrowded conditions, 31% were at risk of eviction due to the inability to pay the rent for accommodation³, and 43% have had to resort to forced evictions, and 43% have had to resort to spending the night on the street or on public roads as one of their main shelter strategies, highlighting that access to timely, dignified and safe accommodation is one of the main needs of refugees and migrants from Venezuela, whether during transit or once settled in Colombia.

For the Protection sector, despite efforts to regularise the migrant population and guarantee their rights, refugees and migrants from Venezuela in Colombia continue to be exposed to different risks as a result of the difficulties to access services, to exercise their rights and to their exposure to disasters and armed violence, exposing them to sexual exploitation, human trafficking, not access to protection services, among others; as well as increasing reports of incidents of discrimination and xenophobia⁴. According to the RMRP 2022, 68% of refugees and migrants from Venezuela surveyed were in an irregular situation, which undermines the exercise of their rights and access to basic services, including security of tenure and rents. Regularisation is key to reducing the exposure of migrant population to these protection risks and threats.

In terms of livelihood and income generation needs, according to the National Administrative Department of Statistics (DANE)⁵, by 2021, the unemployment rate of Venezuelans in destination (18 per cent) and Colombian returnees (17 per cent) is higher than the national average (15.8 per cent). Furthermore, according to the RMRP 2022⁶, refugees and migrants from Venezuela do not have access to the formal labour market, and less than 20 per cent of employed migrants have social security coverage. Thus, the main obstacles to socio-economic integration in Colombia are: i) lack of employment opportunities in the formal sector; ii) employers' limited knowledge of refugees' and migrants' skills and profiles; iii) recognition of academic qualifications; iv) limited availability of skills certification; v) lack of support to employers; and vi) xenophobia and discrimination, aggravated by the country⁷'s deteriorating economic conditions.

On the other hand, under the current context of stabilisation, by expanding access to documentation and regular status through EPTV seeks to improve the protection of Venezuelans and their ability to exercise fundamental rights, as well as their access to public services and essential goods, thus promoting their socio-economic integration in Colombia, Colombian institutions will face an increasing demand for services and guarantees of the rights of Venezuelan refugees and migrants at national and local levels. Despite significant efforts by the Colombian government and R4V partners throughout 2021, obstacles persist for refugees and for refugees and migrants from Venezuela to regularise their status through civil documentation, nationality procedures and asylum and residency processes. The magnitude of these demands also highlights the need for close collaboration with the private sector as an engine of economic growth for the integration and socio-economic inclusion of refugees and migrants from Venezuela and reflects the important role that humanitarian organisations must assume to strengthen these capacities in the territories.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall operational objective: Provide 645,000 health and complementary services to people in need affected by the migratory situation in the departments of Arauca, Atlántico, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca and Vichada, as well as other departments as needs arise based on changing migratory flows.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 8,705

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

Indicators:	Target	Actual
Number of community shelters provided with shelter assistance	20	20
Number of people directly reached with shelter assistance	7,000	8,705

Output 2.1: Short term shelter assistance is provided to affected household

Indicators:	Target	Actual
# of community shelters provided with shelter assistance	20	20
# of community shelter hosts/ managers trained in first aid	20	20
Number of people reached with shelter support kits	6,676	8,345
Number of families reached with cash for rental assistance	90	90

Narrative description of achievements

Achievements:

A total of 8,705 people were reached with shelter assistance, of which 8,345 were reached with shelter kits and 360 were reached with cash for housing. This operation reached a higher number of people than originally planned, because the increase in migratory flows of "migrants on foot" (caminantes), which implied a greater response in terms of shelter elements on route as well as a higher level of adaptability on the CRCS teams as the migration situation changed over these last 4 years.

Output 2.1: Short term shelter assistance is provided to affected household

To provide shelter assistance, the operation distributed 8,497 kits (rain capes, ponchos, and bedding) that reached 8,345 people. The purpose of these items was to ensure that the migrants on foot facing the coldest weather conditions on the migratory route, had essential goods to protect themselves from adverse weather. Of these, 100 were designed specifically for children under 10 years, in consideration of the specific needs of migrant on foot. The use of ponchos and rain capes was preferred so that people on the move could carry their belongings directly on them, without adding an additional burden on their long journey on foot.

20 temporary shelters in the departments of Arauca, Santander, Cundinamarca, and Nariño, received a total of 218 night kits (mattress for two people, bedsheets, two pillows and a mosquito net). These kits were delivered to increase the capacity of the temporary shelters, so that migrants could spend the night in better conditions and in consideration of the high demand these shelters have on a regular basis. Moreover, these 20 shelters were supported, with the provision of community first aid kits and stretchers. These items were accompanied by four hours of basic first aid training (stretcher procedures, management of fractures, wounds and burns, recognition of vital signs and airway obstruction, among others) for shelter managers and staff in Cundinamarca and Nariño, along the proper handling of personal protection elements (PPEs) for COVID-19.

In addition, 90 families (360 people) received conditional cash for shelter assistance. CRCS provided prepaid cards with values between 80 to 150 CHF. 50 families used this money primarily for rent payments and 40 families used were benefit via the improvements of collective shelters. This intervention took place in highly vulnerable localities in Arauca (20) La Guajira (20), Nariño (10) and Vichada (40) with high numbers of people prone to evictions due to not having sufficient income to pay rent. The 40 families that received the funds in Vichada decided to use the financial assistance collectively. This money was used mainly for the improvement of collective shelters for host indigenous communities.

IFRC provided technical assistance and capacity building to the CRCS in logistics, kits design, warehouse management. This help to manage the large volume of items to be distributed in specific time periods more efficiently and provide better service to the target population. For instance, the design of the night kits, rain capes and ponchos were based on feedback received from the field, and the items were implemented with the aim of responding as much as possible to the needs identified according to the characteristics of population.

In addition, a needs assessment, followed by the monitoring and evaluation process were applied which allow the team to adapt quickly to changes. This, allow the effective and relevant provision of aid to migrants. This was a new process for the CRCS teams in the field and required permanent support from CRCS national headquarters and the IFRC team in Colombia.

Challenges

- The COVID-19 pandemic worldwide forced national and local governments to implement prevention and control measures of contagion. This led the population to total strict home confinement within the framework of a quarantine, representing a challenge for continue providing temporary shelter to the migrant population in refuges.
During the quarantine period, the professionals, and volunteers of the CRCS were prevented to continue working in the field and were sent to their homes during this period of isolation, affecting the possibility to carry out workshops or any other service in person, affecting the way or working until then.
After the period of isolation and the progressive openings for the reactivation of the activities in the country, each of the CRCS branches organized and implemented face-to-face workshops considering biosafety guidelines, where, within the framework of this Appeal, the delivery of personal protection elements - biosafety, elements for disinfection and hand sanitization were guaranteed.
- The second challenge identified was the internal planning phase for the implementation of theoretical-practical workshops, where each of the facilitators had to organize the development of these training spaces under the biosafety protocols, and, at the same time, ensure the adoption of knowledge to guarantee the strengthening of the participants' capacities.
- The identification of elements for the composition of the housing support kits was the third challenge that implied the recognition of the real needs felt by the families of the migrant and host population, these, although being under a standard framework allowed to adapt the elements to the characteristics of the population contributing to the improvement of their quality of life in the territory. The professionals that make up the territorial teams and volunteers ensured that each one of the strategies adopted was implemented adequately, grounding each one of them to the needs of the population and the community.

Lessons Learned

- The COVID-19 pandemic promoted and intensified prevention actions and measures, establishing protocols that link the sanitization of spaces, the use of personal protection elements, the permitted capacity within the spaces, hand washing as a strategy to mitigate contagion, etc., to guarantee safe and healthy spaces. The entire population had to adapt to a new reality aimed at self-care and protection of themselves and others, which also contributed to an internal reflection on how to reduce the exposure of professionals and

volunteers to different circumstances that may affect their state of health, leading the National Society and its branches to strengthen the protocols, adjusting them to this context.

- As a lesson learned, the CRCS and its branches evidenced the need for the prior preparation of the teams and personnel on adapting the interventions to contexts that may be different from those historically managed. In the same way, it was necessary to strengthen the internal planning phase in the branches for the implementation of theoretical-practical workshops in the framework of first aid and emergency events and identify other capacities in place to strengthen the delivery, training, and education processes within fieldwork teams.



Livelihoods and basic needs

People reached: 106,544

Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihood.

Indicators:	Target	Actual
# of people reached with basic needs assistance and improved livelihood opportunities	57,000	106,544
# of ventures from migrants that generate income above USD 200 after 10 months of the program start	75	75

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

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

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

Indicators:	Target	Actual
Number of people reached with kitchen kits with complementary food kits	6,000	6,000
Number of people reached with individual and family food kits	45,500	87,520

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

Indicators:	Target	Actual
Number of families reached by cash and vouchers assistance	2,400	4,486
Number of people benefited by humanitarian transport	1,600	1,288

Narrative description of achievements

Achievements:

During the implementation of this Emergency Appeal operation, a total of 106,544 people were reached with basic needs and improved livelihoods. This operation significantly exceeded the people to be reached indicator considering the restrictions imposed by the COVID-19 pandemic, since the migrant population's livelihoods were especially impacted and access to food was greatly affected.

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



Image 1. Examples of ventures supported by the Colombia Population Movement Emergency Appeal.

75 entrepreneurial initiatives by Venezuelan migrants and host communities were supported during April and May 2021. Among the supported ventures, 60 were individual production units such as the production and selling of *arepas*, bread, handicrafts, among others and 15 associative initiatives such as the production of eggs, animal feeding, among others. 36 were for migrant families and 24 were for host communities.

These ventures were supported by the CEA approach, as the program team selected the beneficiaries, based on 2 criteria: the level of need of the migrant, and the demand of the service defined by a market study implemented by CRCS's specialized staff. The programme provided a training on business entrepreneurship, finance, basic accounting, marketing, among others, reaching 152 people. In addition, community participation and feedback also were carried out through suggestion box

mechanisms and meetings to evaluate activities within the operation. The reason why the target was not met was because the initial plan accounted for 4 people per entrepreneurial initiative, however in reality each venture only had 1 or 2 people available for the training cycle, many of which were mothers heading households and small children.

During the initial training period, the selected participants received a stabilization fund for a minimum start-up income for the venture's initial funding requirements, allowing the migrant entrepreneurs to focus on the learning process, instead of procuring the initial funds for the sustainability of their projects. Once the one-month training cycle was completed, a seed capital was provided for each initiative. The CRCS livelihoods team permanently accompanied this process.

The support to the 75 productive initiatives was a new process for the CRCS. In this sense, the CRCS livelihood area was strengthened as the staff and volunteers improve their skills necessary to monitor markets and to support the entrepreneurial initiatives, also the coordination with other areas within the National Society improved.

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

This Emergency Appeal reached 1,500 families (6,000 people) with 1,500 kitchen kits (pans, pots, plates, among other). These kits were distributed in Bolivar, la Guajira, Magdalena and Atlántico. These people are not being counted in the total as they were families receiving another service in addition.

In addition, 34,845 family food kits (food for home preparation: rice, lentils, beans, coffee, pasta, panela, tuna, salt, cooking oil, etc.) reached 70,590 people and 13,650 travel-type food kits (water, tuna fish, sardines, fruit puree, cereal bar, etc.) for the *caminantes* reaching 16,930 people. The transit areas of Nariño and Santander were benefited with these kits⁷. The distribution of these food kits reached 87,520 people.

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

4,486 prepaid cards for humanitarian assistance were purchased and delivered as multipurpose cash to meet the basic needs of migrants and host communities. Approximately 17,584 people were reached with the multipurpose cash transfer. People located in Norte de Santander, Maicao, La Guajira, Arauca, Magdalena and Bolivar benefited from this assistance. The distribution of these cards was modified from what was initially planned, in response to the rainy season in areas in the northern coast impacted by Hurricane Iota. This is an example of the coordination and complementarity among the different actions implemented by the CRCS supported by IFRC in Colombia. In addition to the cash assistance provided, another programme run by IFRC (Monarch Butterfly programme) focused on migration being implemented in the same location, complemented this action with health and protection assistance together with the distribution of dignity kits.

The provision of households with multipurpose cash grants to address their basic needs started in 2020 and continued through May 2021. 500 out of the 4,486 cards were provided to the NGO AIDS Healthcare Foundation in Colombia (AHF), to reach 250 migrants living with HIV.

The delivery of multipurpose cash has shown higher acceptance levels in the communities reached, compared to the distribution of food kits. It is a much more relevant aid modality for the target population since it allows each family to prioritize their purchases based on their preferences and particular needs.

As for the people benefited by humanitarian transport, only 1,288 people were reached (80% of the planned target). The reason was because the operation had to halt service for much of 2020 and 2021, due to mobility restrictions due to nationally imposed quarantines. Nevertheless, it is important to mention that many volunteers were involved in this activity, and Cundinamarca was the location where this service was provided.

Challenges

⁷ The food kits contains crackers, water, guava paste, cereal bars, cans of tuna, cans of sardines and fruit compote.

- The identification of elements for the composition of the housing support kits was a challenge that implied the recognition of the real needs from the migrant and host population. In this sense, the teams on the field ensured that each strategy adopted was implemented adequately and that the kits were tailored to the needs.
 - The health emergency generated by the arrival of COVID-19 in Colombia led the National and local governments to establish measures to control and prevent the spread of the virus: confinement, distance, and mobility restrictions have generated limitations in certain economic sectors, which has especially affected the work activities of independent and informal workers, producing a significant economic contraction with high social impacts, particularly affecting the most vulnerable communities.
- In this sense, from the Colombian Red Cross national strategy for the attention to the migrant population, the following response mechanism was formulated to reduce the vulnerability of migrant families who were at risk of eviction and food insecurity, providing a means of basic financial assistance for a limited period (bimonthly) to cover the needs of housing and food. It also favours the sustainability of the community by providing a substantial source of income for the host community members who rent the premises.

Lessons Learned

- Establishing a previous distribution allows to reduce the final distribution times and establish the inventory stock relation.
- The relevance of maintaining constant monitoring of delivery verification actions is part of the feedback that should be received from the branches involved in the migration strategy.



Health

People reached: 125,546

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

Indicators:	Target	Actual
# of health care services delivered	436,000	335,060
# of community health committees formed and trained	5	5

Output 4.1a: Migrants receive timely medical care and first aid

Indicators:	Target	Actual
# of people reached with primary health care services through health program in Healthcare Units (HCUs)	199,000	94,922
# of people referred to specialized medical services	1,700	230

Output 4.1b: Migrants provided with primary level health care in CRCS Health Provider Institutes (HPI)

Indicator	Target	Actual
# of medical consultations provided through CRCS HPIs	51,000	76,800

Output 4.1c: Needs-based first aid, disease prevention, and health promotion measures are provided to the migrant population.

Indicator	Target	Actual
# of people reached through community health sessions	1,500	3,150
# of people reached by health promotion and disease prevention messages	86,000	93,459
# of volunteers and staff trained in CBHFA	500	84
# of Community Health Workers (CHW) trained and supported	25	104

Output 4.1d: Children and pregnant mothers have access to nutritional supplements

Indicator	Target	Actual
# of pregnant women receiving the nutritional supplement	3,000	362
# of children receiving nutritional supplements	6,000	1,394

Output 4.1e: Management of basic health care and services for the migrant population

Indicator	Target	Actual
# of epidemiological reports generated and disseminated with key actors	15	17
# of financial and operating reports generated	15	15
# of monitoring missions carried out	40	39

Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population

Indicator	Target	Actual
# of people that receive individual psychosocial support	6,600	6,429

Narrative description of achievements

Achievements:

During the implementation of this operation, a total of 335,060 health services were delivered, such as primary and specialized health care, maternal healthcare, first aid, psychosocial and mental health support, among others.

Thanks to this Emergency Appeal operation, the CRCS designed an epidemiological report that draws its information from the remote and automatized medical history forms. These reports, which were available since November 2020, became the only resource with evidence-based alerts to the Colombian health care system provided by a humanitarian actor (CRCS). This tool allowed the IFRC and the CRCS implementation team to establish epidemiological profiles per community reached and then to planned and implement differentiated strategies to address specific needs. This tool has also been used to identify new intervention opportunities at the field level.

Output 4.1a: Migrants receive timely medical care and first aid

Five health care units (HCUs) were established in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada) and La Hormiga (Putumayo). Each HCU has a team integrated by a doctor, a nurse, a nursing assistant, a psychologist, a local field coordinator, a driver/logistician, a pharmacist and an administrative assistant or general services staff, the latter depending on the local needs. The HCUs delivered 191,660 healthcare services reaching 94,922 people, contributing 57,2 % of the total number of targeted services achieved (335,060). The main reason this indicator was not met was because of the pandemic restrictions, the health centers did not operate for a period. Also, this project started with five points of health attention but at the end of 2019 these points decreased to three, as two health points were decided to be directly managed by the CRCS with other funds. As a result, the people reached in these two points are not being counted. According to the monthly epidemiological data collected by the healthcare services, the main age groups reached with these health services correspond to population under five years old and people between 20 and 29 years old. The most common morbidity causes are communicable diseases such as acute respiratory infections and intestinal parasitosis. Hypertension control and

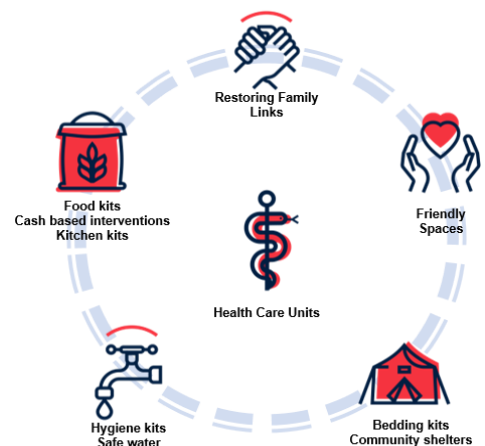


Figure 4. Main services provided at each HCU. Source: IFRC, 2021.

treatment, and antenatal care are in the top ten most demanded healthcare services among the migrants reached, with a notorious increase of related mental health symptoms such as anxiety, depression, and stress as a reason to demand medical attention. Other similar symptoms and diagnoses that remain high are dermatitis and skin infections, arthralgias and arthritis, and urinary tract infections. The epidemiological information recorded by the CRCS's health services for migrants showed that the persistence of the COVID-19 virus and its adverse socioeconomic consequences have deepened the already complex health burden of vulnerable migrant populations. This is reflected in the rise of consultations due to motives indicative of socioeconomic adversity and afflictions affecting vulnerable migrant groups during the current pandemic.

Table 2. Services provided through the Healthcare Units –HCU (March 2018 to December 2022).

Departments with Healthcare Units	Health services provided
Arauca	50,920
Casanare	302
La Guajira	42,895
Nariño	43,922
Putumayo	31,687
Norte de Santander	2,663
Vichada	19,271
TOTAL	191,660

This emergency appeal supported the five HCUs with office and medical equipment, to facilitate the provision of health services. The also supported medical teams composed by a doctor, a nurse, a nursing assistant, and a logistician depending on the local needs in Maicao, Rumichaca (La Guajira) and Cucuta (Norte de Santander). Since April 2021, a new service point was set up in Casanare.

The cash support to fund specialized health consultations and medical services (laboratories and prescription of medication) contributed to the improvement of the health conditions of migrants who would not have had access to healthcare otherwise. Although the proposed goal of the output of people reached with specialized health services was not fully achieved (target of 1,700 people), 230 people were reached and had the opportunity to resolve their most pressing health needs. The cash transfer was 123 CHF (approx.) in four provinces La Guajira, Casanare, Nariño y Putumayo. Only 17% of the targeted population was reached. The provision of these services was impacted by different external factors:

- The COVID-19 pandemic caused many of the private specialized services to close their doors, as priority was given to primary health care and the care of COVID-19 patients.
- It was quite difficult to get specialized medical appointments in public hospitals due to the irregular legal status of the migrant population.
- People were not getting follow-up visits for their chronic health conditions, given the context of the pandemic and the priority given to acute conditions.

However, once the private specialized services started to slowly reactivate, it was possible to make alliances and arrangements with some of these institutions for the attention of the 230 people reached.

The cash for specialized medical services was provided to patients selected by the CRCS based on the criteria of vulnerability and the need of medical assistance. The migrant population reached was mainly pregnant women (who had not received any previous prenatal care) and people with chronic diseases. The field teams followed up on the most urgent cases to ensure that they had an appointment with a specialist physician and obtained the necessary lab tests and medicines prescribed. Considering the locations of residence of the population

reached, in some cases the funds also covered transportation costs to nearby cities where the specialized services that the person required were located. It is important to take into consideration that Colombian regulations currently prevent both migrant and host communities from accessing quality healthcare, and in such a context the health services implemented by the CRCS gained greater relevance as they responded to the most urgent health needs of the target population.

Additionally, the operation supported antibacterial gel and soap distribution to seven CRCS branches (Santander, Nariño, Putumayo, Arauca, Guajira, Vichada, and Cauca).

In addition to the services provided at the five HCUs, this Emergency Appeal funded two medical teams in Maicao (La Guajira) and Cucuta (Norte de Santander). In the former, the appeal supported a team of nurses at the Migrant Integral Attention Centre run by UNHCR. In Cucuta, the operation supported a mobile primary healthcare unit to assist migrants on foot, co-financed by the IFRC's Monarch Butterfly programme.

The ambulance transport services were another value-added service delivered at the HCU, reaching a total of 60 patient transfers: Putumayo (9 transfers) and the HPIs in Atlántico (41 transfers) and Bolivar (10 transfers). In 63 per cent of the cases, the referrals were related to obstetrics diagnostics, followed by internal medicine (mostly hypertensive crisis), paediatrics, and general surgery. From November 2020 to March 2021, the ambulance transport services continued in Nariño and Putumayo.

Output 4.1b: migrants provided primary level health care in CRCS Health Promotion Institutes (HPI)

Whitin this appeal, seven Health Promotion Institutes (HPIs)⁸ contributed to this operation and were located in Barranquilla (Atlántico), Soacha (Cundinamarca), Cucuta (Norte de Santander), Bucaramanga (Santander), Cartagena (Bolívar), Maicao and Riohacha (Guajira). These HPIs operated throughout the second semester of 2019. Patients accessed the services via a consultation with the general practitioner who may authorize medicines and laboratory tests.

This model allowed the provision of healthcare services in urban settings where migrants have settled and are able to receive continuous medical treatment. 76,800 services (including follow-up consultations and laboratory tests) were provided in the seven HPI that reached 30,624 migrants and host communities surpassing the target by 50%. The main reason was the high demand of medical consultations during the pandemic. The data obtained from the medical consultations in the seven locations, indicated the most prevalent diagnoses and consultations in the migrant population were: parasitism, acute respiratory infections, skin infections, and pregnancy monitoring. Hypertension ranked tenth in the list of reasons for consultation, evidencing the high level of the chronic diseases among the migrant and host communities reached.

The appeal also provided tents for HPIs to function. These tents were donated at the end of the project.

Output 4.1c: Needs-based first aid, disease prevention, and health promotion measures are provided to the migrant population.

During the implementation of this appeal, the CRCS carried out a total of 140 sessions and 3,150 people were reached, twice the target established. Two factors contributed to this result, 1. Higher demand from people who wanted to learn more about mental health, disease prevention, among other health topics, and 2. Great support from volunteers and staff members that developed more sessions than originally planned in order to meet the

⁸ The Health Promotion Institutes (HPI) are healthcare delivery points part of the country's general healthcare system, which are the most accessible source of healthcare the cities with the highest concentrations of migrant groups. It provides a higher level of care than the HCU (services classified as low and medium complexity according to Colombian regulations) and includes laboratory tests.

high demand. In these sessions, awareness-raising talks on disease prevention and health promotion were conducted, also addressing health issues such as the prevention of sexually transmitted diseases, and mental health and wellbeing.

93,459 people were reached with health promotion and disease prevention messages. Surpassing the target by 10%. The friendly spaces were used to convey these health promotion and disease prevention messages. 7,110 talks were given in total in 5 different points and along the migratory route. In addition, the CRCS implemented a promotion campaign on well-being and the importance of mental health in June 2020, in commemoration of the month for mental health. In addition, activities related to breastfeeding were implemented in July 2020 during the breastfeeding month.

A Community-Based Health and First Aid (CBHFA) Training of Trainers was implemented as part of the operation's sustainability strategy, in which 84 volunteers from 27 branches were trained in community approaches to address community health with CBHFA, WASH and Mental Health and Psychosocial Support (MHPSS). As a result, the operation created duos of a health and a social assistance professional in the branches who were available to provide training on relevant and prioritized health topics with the communities. The overall target of volunteers and staff trained on CBHFA was not met (it was possible to reach the 16% of the target) due to the impossibility of developing face-to-face trainings under the quarantine restrictions measures. The CBHFA training was not possible to be adapted to a virtual setting, as it required some practical exercises which are challenging to carry out virtually. However, it should be noted that the 84 trained volunteers became trainers, which will ensure that the CRCS can replicate this training and train its staff in the near future.

The Emergency Appeal operation contributed to the conformation of five community health committees⁹ with a total of 104 members, surpassing the target by more than 4 times. These people were trained to detect child malnutrition in their community, provide health advice to families, and make referrals to health services. These community health committees were equipped with children nutritional kits with elements serve to assess and monitor children's nutrition including a weight scale, an infant meter, a brachial perimeter tape, and a nutritional rating wheel.

Table 3 Community Health Committees and number of members established in reached locations.

Department	Community	Number of Members
Putumayo	Kennedy	30
Putumayo	Trece de Junio	25
Nariño	Charco	16
Nariño	Centro	15
Vichada	Puerto Carreño	18
Total	5 community health committees	104

The community health promotion was not only performed by the committees, but was also part of the services delivered at the Healthcare Units. In these HCUs, the CRCS offered talks to the migrants assisted to disseminate key messages on health promotion and disease prevention, including measures to identify alarm signs of possible Acute Respiratory Infections (ARI), healthy habits, respiratory hygiene, and hand washing and disinfection of spaces in the context of the pandemic.

⁹ The community committees are a community-based health strategy aimed at empowering people's capabilities to promote their own health, carrying out strategies to prevent disease and promote health. The committees are integrated by voluntary community members and leaders who were willing to undertake training and a leading role to promote help and assist others. The health topics addressed in the committees included community first aid, access to health, sexual and reproductive health, mental health, healthy lifestyle habits, disease prevention, environmental health, community work, nutritional care, biosecurity, and non-communicable diseases. During their training the members of the committee learned about these issues to become health promoters, raising awareness of the general population on key health aspects.

Due to the COVID-19 pandemic, the CRCS acquired and distributed personal protective equipment (PPE) to the medical teams in the field to ensure continuity in the provision of health services to the migrant population. These PPEs help to carry out humanitarian assistance during the COVID-19 pandemic under safe conditions, reducing the risk of contagion among CRCS personnel, volunteers and the people reached. In addition, the masks were an important element for the development of the community committees, which were carried out in ventilated spaces and respecting physical distancing. Nariño, Putumayo and Vichada were the locations that received PPEs.

Output 4.1d: Children and pregnant mothers have access to nutritional supplements

52,691 nutritional supplements were distributed, 41,833 for 1,394 children under 5 years and 10,858 for 362 pregnant and lactating women. The nutritional supplements were prescribed and delivered by the medical and nursing staff at the HCUs, according to the results of a nutritional screening. There was not an information management system in place at the beginning of the operation, as a result the number of people reached are an estimation. At the beginning of 2020, an Information Management System for the appeal was set up, which facilitated the recording of the population reached with nutritional supplements, however, it was very difficult to develop the complete nutritional follow up to the people assisted.

Output 4.1e: Management of basic healthcare and services for the migrant population

The CRCS produced 17 epidemiological reports, which were disseminated with key internal actors. These reports were very useful to monitor the operation and help the planning process throughout the implementation of the appeal. In addition, 15 financial and operating reports were produced. IFRC carried out 36 monitoring field missions and 3 virtual monitoring visits. This constant monitoring and technical support was essential for the operation.

Output 4.4: Individual and group psychosocial support is provided according to the needs of the affected migrant population

During the implementation of the appeal, 6,429 individual psychosocial consultations were provided. Psychosocial support has been at the core of the medical services provided at 71,720 the HCUs. The psychologist and volunteers assist migrants collectively and individually. The operation of HCUs has been designed so that all patients, including migrants and host communities, have access to individual psychological consultations or group sessions that support the development of coping mechanisms to address adverse situations.

Throughout the COVID-19 pandemic, psychosocial tele-assistance was implemented to stabilize and promote resilience during periods of national-level quarantine. Primary mental health and psychosocial support care was provided through exercises to alleviate stress and anxiety, sharing these on social networks for the population, working with parents on topics that allow them to improve their relationship with their children, and promoting and preventing practices and recommendations for COVID-19. Tele-assistance for staff, volunteers, and relatives was provided. The CRCS's staff and volunteers offered support by providing recommendations and clarifications to address the concerns related to the COVID-19 pandemic to promote protection measures and safer labour conditions. The most common affectations reported (including symptoms and illnesses) were stress, anxiety, and depression.

At the beginning of implementation, it can be seen (figure 5) that the migrant population reached was reluctant to get MHPSS, the reasons were related to an unfamiliarity with the use of the mental health professional services, or a misconceptions and misinformation related to mental health. This tendency changed over time thanks to the awareness-raising work of HCU coordinators, psychologists, and all the staff and volunteers involved. For instance, in June 2020 during the Mental Health month, the CRCS developed activities such as mental health promotion campaigns, and collective psychosocial support campaigns.

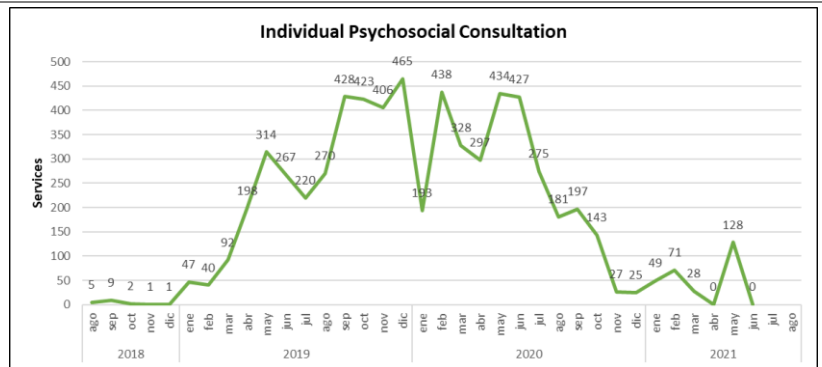


Figure 5. Individual Psychosocial Consultation from March 2018 to December 2021

The CRCS also organized psychosocial support group to migrants in the HCU waiting rooms. The psychologist member of the HCU team delivered the talks to address issues such as personal problem-solving approaches during extreme situations, strategies to cope with stress, and the prevention of risky behaviours during migration, positive parenting practices, gender-based violence prevention, self-care, resilience, emotion management, and personal development.

During November 2019, a peak of collective psychosocial attention was reached. The reason for this increase was associated with the incoming Christmas holidays, where some migrants were looking to return to Venezuela to spend time with their families. Mental health talks were provided to prepare them for their journey and meeting their families.

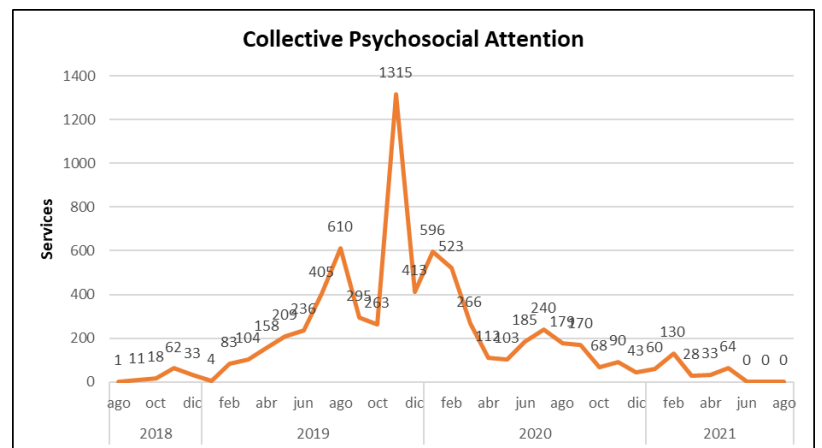


Figure 6. Collective Psychosocial Consultation from March 2018 to December 2021

Challenges

- The migratory process experienced in Colombia and the volume of migrant people that were received daily has meant that health services have moved and transformed from the provision of first aid to the generation of spaces that would allow the population to access primary health care services to reduce gaps and barriers on the access to health services, as well as the decongestion of the health system in terms of emergency services. Thus, the Health Care Units were positioned in the territory providing medical, nursing, psychological services, and delivering medicines. This led to the creation and identification of implementation guidelines, protocols, and improvement of spaces for the provision of these integrated services.
- The sustainability of the community health processes in the framework of the establishment or strengthening of community committees represented a strong challenge when the members of the committees did not generate clear and motivating processes for the community to continue participating.
- The process to provide specialized health services also constituted a challenge for this operation. In the first place, the irregular migrant population can only obtain access to specialized health care services through private medical centers, which had to close during the quarantine of the pandemic, impacting the planning and schedule of this activity. In the second place, to ensure that people who required this service take the complete specialized treatment, it was necessary to make arrangements and contracts directly with these private medical centers. The implementation of agreements with the IPS meant a challenge in terms of implementation times and legal means that would allow the correct implementation of this line of action within the framework of this operation, however, this contributed to the strengthening of the infrastructure of each of the spaces and the provision of health services, thus strengthening health care services in these scenarios.

Lessons Learned

- The articulation of the health services with the local institutions facilitated and allowed the implementation of the health activities proposed in this appeal. Most of the migrants who required another type of health assistance were referred and attended by the local public hospital.
- At the beginning of the project the supplements were distributed along the migratory route, causing challenges in the correct follow up of the cases. In 2019 it was decided that the supplements would be distributed in the HCUs and HPis, making possible to do follow ups.
- The recognition of health needs made it possible to generate comprehensive intervention strategies to address various situations affecting the physical, emotional, and psychological stability of the population, leading the teams to carry out joint and articulated activities that were integrated in such a way that the beneficiary was seen holistically, addressing their needs and demands, an aspect that allowed the stabilization of the migrant population in the Colombian territory.



Water, sanitation and hygiene

People reached: 71,720

Outcome 5: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicators:	Target	Actual
# of water and sanitary systems implemented	15	15

Output 5.1: Communities are provided by NS with improved access to safe water

Indicators:	Target	Actual
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# of people reached by the water and sanitary systems implemented	300,000	627,196 ¹⁰
Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.		
Indicators:	Target	Actual
# of people reached with individual and family hygiene kits	53,552	71,720

Narrative description of achievements

Achievements:

The WASH area had a significant role especially in the last 2 years of operation of the appeal (2020 and 2021), taking into account the campaigns from CRCS and the National Government to reinforce hand washing and personal hygiene in order to avoid the spread of COVID-19 (thus, this indicator increased from 300,000 to 627,196 people reached).

Output 5.1: Communities are provided by National Society with improved access to safe water

The following are the hydration points and water treatment plants implemented in this operation. This operation overall distributed 1,666,428 liters of safe water and reached an estimated number of 555,476 migrants¹¹:

SYSTEM IMPLEMENTED	LOCATION	STATUS by December 2022
Hydration point	Casuarito	Delivered and operational
Hydration point	Ipiales	Delivered and operational
Hydration point	Rumichaca	Delivered and operational
Hydration point	Puerto Carreño	Delivered and operational
Hydration point	Putumayo	Delivered and operational
Hydration point	Arauca	Delivered and operational
Hydration point and water treatment plant	Casanare	Delivered and operational
Hydration point and water treatment plant	Maicao	Delivered and operational
Hydration point	Poromana	Delivered and operational
Hydration point	Jazaiziao	Delivered and operational
Hydration point	Pepsuapa	Delivered and operational
Hydration point	Inder Vichada	Delivered and operational
Hydration point	Escenario deportivo Vichada	Delivered and operational
Sanitary unit	Putumayo	Delivered and operational

Table 4. Hydration Points and Sanitary units installed by the CRCS April 2020 to June 2021.

Output 5.5: The National Society promotes positive behavioural change in personal and community hygiene among targeted communities.

The CRCS distributed 59,270 individual and family hygiene kits, reaching 71,720 people.

¹⁰ This is an estimated figure that combines the estimated number of people reached with the delivery of safe water (555,476) and the number of people reached with family hygiene kits (71,720). See footnote 10.

¹¹ This figure is not included in the total number of people reached by WASH because it is a rough estimate of the number of people with access to safe water based on the number of liters of water delivered; there was no system in place to determine the exact number of people reached with safe water taking into account double counting. The total number of people reached reported for WASH only includes the 71,720 people reached by family hygiene kits, which the National Society was able to verify directly.

Hygiene kits for migrants travelling: These kits are composed of a face mask, liquid soap, water and alcohol gel. 17,089 kits were distributed to migrants on foot in Norte de Santander, Nariño, Santander, Casanare, and Arauca; this was implemented during the COVID-19 pandemic onset in Colombia.

Family hygiene kits: 4,150 family hygiene kits (soap, alcohol gel, liquid soap face masks for a family of 4) were distributed and reached 16,600 people in total. These kits were distributed in Norte de Santander, Nariño, Santander, Casanare, La Guajira and Arauca.

Hygiene kits to migrants differentiated by group (women, men, children and infants): 38,031 hygiene kits were distributed to migrants, focused on products for women, men, children and infants. The differentiated kits were made up, among other items depending on the group, the following: sanitary pads, razor blades and toothpaste for adults and children, toothbrush for adults and children, hand soap, toilet paper, deodorant, shampoo for adults and children, wet wipes, baby shampoo, diaper cream, diapers, among others. The distributions of the kits were complemented with messages on proper hand washing and prevention of the propagation of COVID-19.

The operation deemed necessary the provision of rapid solutions to the unanticipated pandemic scenario especially in the case of water, sanitation and hygiene. In this regard, CRCS field teams not only kept many of their services operational by strengthening hygiene practices during the pandemic's onset, but the WASH component itself gained importance. As such, hygiene kits were modified to include items such as masks, antibacterial gels, among others, and hand washing, and correct use of masks messages were widely reinforced. In addition, this operation supported 10 migrant shelters and 9 CRCS branches with antibacterial gel and soap to ensure strengthened hygiene practices. By the end of March 2020, 2,500 2-litre bottles of soap and 3,268 2-litre bottles of antibacterial gel were delivered to the targeted CRCS branches and shelters throughout the country.

Challenges

- One of the significant challenges was the commitment of the local and sectional entities for the maintenance of each of the water distribution points, to ensure the frequent revision of the water quality, as well as the care, cleanliness, and safety of the point. This issue was addressed with each of the institutions before the installation of the points mentioned above.
- The participatory approach was adequately oriented to encourage community participation where the population takes collective action and works in coordination with the local and municipal institutional network to achieve effective results in terms of access to drinking water and sanitation and hygiene.

Lessons Learned

- Involving community participation in the targeted communities promoted awareness and demand for services to access drinking water. Within the framework of COVID-19, it strengthened and promoted hygienic practices and behaviors focused on self-care and care of others for the prevention of this and other diseases in older adults, adults, boys, and girls.
- Empowerment processes for the population groups identified within the host communities and training and education processes were carried out to promote the proper use of the points, proper consumption of water, as well as proper handwashing, and mobilization of hygiene and health issues.



Protection Gender and Inclusion

People reached: 75,461

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

Indicators:	Target	Actual
# of services provided through friendly spaces	53,552	75,461
# of people reached with help desk services	1,200	1,136

Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Indicators:	Target	Actual
# of friendly spaces operational	6	6
# of dignity kits distributed	6,800	6,800

Output 6.2: Educational and community dialogue programs raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicator	Target	Actual
# of parents, teachers and students reached in the “schools as a protective environment” component	700	6,241

Narrative description of achievements

Achievements:

During the operation, six friendly spaces were established and were fully operational providing a total of 75,416 services, and 1,136 people assisted by help desks services.

Output 6.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors

Six friendly spaces, located in La Hormiga (Putumayo), Puerto Carreño (Vichada), Maicao and Riohacha (La Guajira), Barranquilla (Atlántico) and Bogotá have been implemented and operated, serving as protective environments to prevent and mitigate the migration risks on protection of children, adolescents and women in the migrant and host population. These friendly spaces promote the restoration of migrants’ rights in an inclusive

manner, framed in the principles of humanity, impartiality, and neutrality. These friendly spaces were equipped with educational items such as books, coloured pencils, stationery, games, among other items that facilitate the implementation of different activities for the different population groups that visited the spaces.



Picture 1. Colombian Red Cross Society Friendly Space.
Source: CRCS 2020.

The friendly spaces provided 75,461 services (more than the 53,552 planned), which shows the success of these spaces, as they were widely requested and used by children as safe environments in which they could enjoy their free time. This indicator exceeded what was planned, even though the spaces were closed at the beginning of 2020 due to the pandemic mobility restrictions. The CRCS implemented some online services that children could access during the pandemic. It was not possible to calculate the exact number of people (avoiding double counting) reached with this activity, as a result this activity is being measured as a number of services provided to people and the final number is not being considered as part of the total people reached.

Since September 2019, the CRCS established migration and orientation help desks where the CRCS local protection teams, provided guidance to the migrant population on the move, also referring specific cases to other services provided by partner organizations. This referral path has been used to inform migrants about services that the CRCS does not provide, but can be found elsewhere in the area, enabling the target population to know where to seek the assistance of other institutions so they can receive a more comprehensive attention and guidance. These help desks were implemented in the municipalities of Arauca (Arauca) and Riohacha (La Guajira).

The assistance through help desks was transferred to other humanitarian partners, complementing, and integrating the humanitarian offer in the different points of attention. In this sense, the provision of this activity was suspended in the framework of this appeal, ensuring that other actors on the territory were providing it. As a result, 95% of the target was met.

In addition, 6,800 dignity kits (flashlights, whistles, and illustrated handbook with key messages on protection risks in the migratory context, kitchenware, books, games, notebooks, crayons and basic care items for babies) were distributed in the departments of Atlántico, Arauca, Casanare, Guajira, Nariño, Norte de Santander, Putumayo and Vichada, to complement the response.

The permanent monitoring of the intervention identified the need to provide children with elements they could use for recreational activities. As a result, the CRCS began the distribution of educational-recreational kits for children since September 2020 (booklet and a memory-training game with key protection messages, a box of coloured pencil, and a box of crayons), these new items were provided as part of the dignity kits. These kits complemented the recreational activities in the friendly spaces, where the distribution of this type of kits was not initially contemplated. The educational-recreational kits distribution was coordinated with other partners such as UNICEF and IFRC's Monarch Butterfly programme.

Output 6.2: Educational and community dialogue programs raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills.

In September 2019, the CRCS began the implementation of a binational protection integration project as a pilot, targeting a primary school in Cucuta with a high presence of Venezuelan students who travel daily to Colombia to attend school. In this school, expert psychologists provided psychosocial attention to students and teachers, as well as technical support for teachers, parents, students, and the school principal, for the implementation of effective strategies to identify protection needs, as well as for addressing xenophobia and exclusion among students. During quarantines, students attended the sensitizations activities from their homes, involving their parents and siblings, and some activities were modified to provide tools to facilitate family coexistence in the context of the pandemic.

This activity supported the development of skills of schoolteachers and management and administration employees to enhance and preserve the school's protective environment for children of migrant and host population in peaceful coexistence. In addition, the CRCS held sessions with migrants and host communities' student and parents to address topics such as reconciliation and social inclusion and developed workshops with adolescent students to develop skills for the promotion of the social inclusion of the migrant population. This school strategy has reached a total of 6,241 people that includes students, parents, and teachers (more than eight times the initial target). The main factor for reaching more people was that the schools requested this experience to be implemented in the whole school and not only in one grade as it was originally planned. As a result, the 3,000 students that attended, their parents and teachers were reached with this activity that was highly beneficial for the school and the community as a whole.

This positive experience was replicated in two other schools in Colombia supported by other funds.

In addition, this appeal supports the CRCS field teams as all the teams were trained to provide psychological first aid and to address the migrants' main needs regarding risks of discrimination and xenophobia prevention. In addition, the protection, gender and inclusion (PGI) component of the operation was integrated with health, shelter, livelihoods, and WASH as a crosscutting approach permanently present in the actions of the CRCS.

Challenges

- In the process of implementing the protection line and the scenarios established within this sector, the main challenge was the participation of the migrant population in these playful, pedagogical, and friendly spaces that aimed for the protection of children, adolescents, and pregnant women; however, the skills of the professionals in the field allowed them to carry out strong empathy processes with the population, achieving the continuous participation of the population.

Lessons Learned

- The COVID-19 pandemic promoted and intensified prevention actions and measures, establishing protocols that link the sanitization of spaces, the use of personal protection elements, the capacity within the spaces, hand washing, as a strategy to mitigate contagion, etc., to guarantee safe and healthy spaces. The entire population had to adapt to a new reality aimed at self-care and protection of themselves and others.



Migration

People reached: 387,976

Outcome 7: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	Target	Actual
# of services provided by the Emergency Appeal operation	645,000	635,137
Output 7.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations		
Indicators:	Target	Actual
# of people using the mobile Virtual Volunteering tool	5,000	0
# of culturally-differential kits for indigenous communities	400	0
# of staff and volunteers trained in access to rights and safe behaviours of migrants	150	150
Output 7.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented		
Indicators:	Target	Actual
# of people reached by awareness rising and sensitization campaigns to address xenophobia, discrimination and negative perceptions towards migrants	40,000	66,047
Output 7.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster		

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

Narrative description of achievements

Achievements:

By December 2021, the Emergency Appeal provided 635,137 relief services for migrants, reaching 387,976 people.

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

No actions were developed to implement the Virtual Volunteer initiative, the tool that was meant to be used for this activity was not available. Alternatively, IFRC supported the CRCS to include information on the CRCS's work, service points contact information in the National Society's official website.

Regarding the culturally differential kits planned to be included in the fourth revision of the Appeal's Emergency Plan of Action, it was evidenced that similar kits were distributed to women, children and adolescents in the friendly spaces by local staff, already meeting the differential needs of the target population. For this reason, it was decided not to procure these kits. As a lesson learned, the CRCS identified the need to improve the need assessments performed to more effectively align the target populations needs, their ethnic characteristics, and the composition of the dignity kits.

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

By the end of 2020, the operation supported the CRCS communication campaign #WeAreTogetherInThis (#EstamosJuntosEnEsto), aimed at reducing of xenophobia against migrants, and to show the faces and stories of thousands of migrants who search of a better future. The campaign sought to mitigate the humanitarian consequences and the difficulties of stabilization and integration of the migrant population in vulnerable situations. As part of the campaign, 66,047 people were reached with live session in social media and 48 reports published in social media as well. The analysis of the public's reactions on the event done by the CRCS's Communication team showed an 89 percent positive perception from the public. This campaign lasted 1 month.

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

The Restoring Family Links (RFL) activities provided 23,474 services in Putumayo, Guajira, Arauca, and at two points in Bogotá. These services offered migrants on the move national and international phone calls, free internet connection and electronic devices charging outlets. RFL services were registered using the Open Data Kit-based system implemented for data collection. The actual number of people reached with this service is not possible to be calculated as one person could receive one or more services at a time.

Challenges

- Counting the number of people reached through the services offered represented a challenge, as one person could have access to different services according to their needs. In this sense, an Information management system based on the number of services provided rather than the people reached were implemented.

- In many cases, the activation of some institutional routes to guarantee the rights of the migrant population were challenging, as some local institutions do not know the processes for providing these services.

Lessons Learned

- The articulation of actions with other actors in the territory allowed the operation to be more efficient and to improve the way of working. For instance, help desk activities were also provided by another humanitarian actor in the same territories, therefore, to avoid duplication, articulation and arrangements with this actor were made, to ensure that the service continued to be provided, but also to ensure that this operation can fulfil gaps in other sectors.
- The restoring of family links is a very important action that provides not only the possibility of people to communicate with their loved ones, but also provided them with relief, wellbeing, and mental health support. As lesson learned, it is necessary to articulate this important activity with other stakeholders on the field, that can ensure the continuity and sustainability of it.

Strengthen National Society

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

Indicators:	Target	Actual
Number of CRCS volunteers insured	22,267	22,267
Number of CRCS volunteers reached with wellbeing or psychosocial support activities	400	400

Output S1.1.4: The National Society has effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of CRCS volunteers that participate in training activities	200	100

Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place

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

Narrative description of achievements

Achievements:

Output S1.1.4: The National Society has effective and motivated volunteers who are protected

22,267 volunteers are insured since 2020. The insurance is in case of accident, death, or disability. Since 2021, CRCS's volunteers are covered using a national-level insurance. 400 out of the 22,267 volunteers contributed to the actions supported by this Emergency Appeal, and were supported with per diem, food and transport. In addition, during 2020, 280 volunteers out of the 400 were supported with a cash and voucher assistance, in which each received CHF 25, additional to the support normally given to volunteers that covers transportation and meals, and special needs in the context of the COVID-19 pandemic

In relation to the psychosocial support provided to 400 CRCS's staff and volunteers at the branches and the national headquarters (care to caregivers), the operation supported the creation of psychological support groups to provide a space for emotional relief to provide emotional and psychological support to the staff and volunteers.

The Management Directors of the groups and the Sectional Mental Health Liaison monitored the Support Groups of the Sections where the Mental Health and Welfare line for volunteers was made known. This guaranteed the continuity in the mental health and welfare support for the volunteers, which increased during the pandemic, which worsened the mental health risk factors.

With the support from the IFRC's Americas Disaster Law Programme and with the aim of strengthening the capacities of CRCS' volunteers, the operation held a workshop on Humanitarian Diplomacy in March 2020 reaching 100 staff and volunteers. The volunteers learned about IFRC's legislative advocacy toolkit, used to guide advocacy actions for the strengthening of the National Societies' auxiliary role, with a focus on the migration crisis. The activity focused on the use of evidence to respond to the current migration phenomenon, as a way to strengthen humanitarian assistance, protection, and advocacy mechanisms by the National Society applying the "do no harm" principle. More volunteers were reached with other trainings like Community-based first aid and health approach (CBHFA). These volunteers are being counted as part of another indicator mentioned above in the document.

Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place

The CRCS implemented three workshops, one in Humanitarian Diplomacy, and another one in CBHFA and logistics.

In addition, by May 2021, the Emergency Appeal supported (in total or partially) 81 positions (local coordinators, logistics, livelihoods specialist, health professionals, among others) in the CRCS, necessary for the implementation of planned actions.

Staff recruited at the field level

Table 5. CRCS's staff positions at the branches supported by the Appeal from April 2020 to June 2021.

1	NARIÑO UAS	Logistics driver	29	ATLANTICO	Friendly space coordinator
2	PUTUMAYO UAS	Logistics driver	30	NARIÑO UAS	General service
3	NARIÑO - Rumichaca	Logistics driver	31	NARIÑO UAS	Local coordinator
4	NARIÑO - Rumichaca	Physician	32	PUTUMAYO UAS	Local coordinator
5	NARIÑO UAS	Physician	33	PUTUMAYO UAS	Financial assistant
6	PUTUMAYO UAS	Physician	34	GUAJIRA MAICAO	Immigration officer
7	NARIÑO UAS	Nurse	35	NORTE DE SANTANDER	Information manager
8	NARIÑO - Rumichaca	Nurse	36	NORTE DE SANTANDER	Logistic assistant
9	PUTUMAYO UAS	Nurse	37	MAICAO	Livelihoods specialist
10	CAI MAICAO GUAJIRA	Financial Assistant	38	MAGDALENA	Livelihoods specialist
11	CAI MAICAO GUAJIRA	Nursing assistant	39	NARIÑO	Livelihoods specialist
12	CAI MAICAO GUAJIRA	Nursing assistant	40	PUTUMAYO	Livelihoods specialist
13	CAI MAICAO GUAJIRA	Nursing assistant	41	VICHADA	Livelihoods specialist
14	NARIÑO UAS	Nursing assistant	42	NARIÑO IPIALES	PGI specialist
15	NARIÑO - Rumichaca	Nursing assistant	43	NARIÑO IPIALES	Friendly space coordinator
16	PUTUMAYO UAS	Nursing assistant	44	VICHADA PGI	PGI specialist
17	CUCUTA	Social professional	45	PUTUMAYO PGI	PGI specialist
18	CUCUTA	Social professional	46	VICHADA SC	Nurse
19	PUTUMAYO	Psychologist	47	VICHADA SC	Psychologists
20	GUAJIRA	Psychologist	48	PUTUMAYO SC	Nurse
21	GUAJIRA	Administrative clerk	49	PUTUMAYO SC	Nurse
22	NARIÑO UAS	Psychologist	50	PUTUMAYO SC	Psychologists
23	VICHADA	Psychologists	51	NARIÑO IPIALES SC	Nurse
24	NARIÑO UAS	Pharmacy manager	52	NARIÑO IPIALES SC	Psychologists
25	PUTUMAYO UAS	Pharmacy manager	53	CASANARE PAM	Logistic assistant
26	CUNDINAMARCA	RCF Assistant	54	CASANARE PAM	Nursing assistant

27	GUAJIRA	RCF Assistant	55	PUTUMAYO UAS	Psychologists
28	CUNDINAMARCA	Friendly space coordinator	56	GUAJIRA MAICAO	CEA specialist
			57	NARIÑO -	Local administrator

Staff recruited at the CRCS's national headquarters

Table 6. CRCS's staff positions at the national headquarters supported by the Appeal from April 2020 to June 2021.

58	National Migration Manager	70	Protection Coordinator for Migration
59	Operations Coordinator for Migration	71	Administrative Assistant for Migration
60	Accounting Assistant	72	Administrative Assistant (Health in Migration)
61	National Health Coordinator	73	Medical Auditor
62	Procurement Analyst	74	Epidemiologist
63	Information Management (IM) Officer	75	Information Management (IM) Specialist
64	Planning, Monitoring, Evaluation and Reporting Officer	76	Community Engagement and Accountability Officer
65	Administrative and Financial Coordinator	77	Durable Solutions Officer
66	National Project Administrator for Migration	78	Migration logistics and response Officer
67	National Project Administrator (Health in Migration)	79	Warehouse Assistant
68	Administrative and Logistics Coordinator	80	Logistics
69	Protection Analyst	81	Financial Assistant

In addition, this appeal supported the strengthening of the infrastructure of the National Society branches and the HCUs implemented with office equipment and endowment.

Challenges

- COVID-19 represented a challenge for strengthening the capacities of the CRCS to deliver humanitarian assistance to the population, as it demanded the creation of capacity building innovative tools that were appropriate for the pandemic context.
- In the same way, the measures taken for the prevention of the COVID-19 disease affected the wellbeing and mental health of the staff, workers and volunteers of this operation. This represented a challenge related to best way to provide comfort and psychosocial support to all the collaborators, not only by developing emotional discharge workshops, but also providing them with insurance, equipment, and financial support during the most critical time of quarantine.

Lessons Learned

- Making the branches and the volunteers active participants of this response, allowed the operation to improve the quality of the response and the assistance to the affected population. Technical staff and volunteers at local level know the most about the local context and the best way to approach people, reducing the risk of actions causing harm.

International Disaster Response

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

Indicators:	Target	Actual
Number of RIT, IFRC staff or Movement partner delegates to support the operation	30	29
Output S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained		
Indicators:	Target	Actual
Number of missions (International Missions-IFRC)	30	29
Number of support actions for acquisition management	3	3

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

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

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

Indicators:	Target	Actual
Number of reports in accordance with the requirements of the Movement.	10	9
Number of reports on the participation of the humanitarian network and key partners	35	24

Output S2.2.5: Shared services in areas such as information technology (IT), logistics and information management are provided

Indicators:	Target	Actual
Number of branches using the information system	17	17
Number of local branches and assistance posts that have access to ICT tools	5	5
Number of virtual platforms and tools that have been implemented	2	2

Narrative description of achievements:

Throughout this Emergency Appeal, 29 IFRC's regional intervention team members (RIT), and staff were deployed to Colombia to support the implementation of the CRCS. The areas that obtained deployment support included finance, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies, livelihoods, and human resources. All this support has resulted in technical guidance documents, the development of strategies and operational plans and improved financial monitoring of the operation.

In addition to the Interagency Group on Mixed Migratory Flows (GIFMM), the IFRC and CRCS regularly participate in the meetings of the sectorial subgroups of the GIFMM, the "caminantes" subgroup, the Health Cluster, the Food Security and Nutrition Cluster of the Humanitarian Country Team, in the back-to-back system set up in Colombia between OCHA and UNHCR/IOM. The participation of the IFRC and CRCS in these coordination spaces was critical to inform operational decisions, consistent with the overall approach of the humanitarian sector in Colombia. In September 2019, the IFRC and CRCS team participated in the formulation of the Humanitarian Needs Overview 2020, and in September 2020 in the National Workshop for the Regional Refugee and Migrant Response Plan (RMRP) for 2021.

In the same way, in 2019, a meeting was held with the participation of the branches and the HQ of the CRCS, where The Strategy for Attention to the Migrant Population 2018-2020 Plan was updated. The content of this document provided the movement's partners and other stakeholders interested in financing the CRCS's operation with information on the sectors and specific activities in which the CRCS can contribute.

The implementation of this operation has been characterized by the permanent accompaniment for the improvement of the information systems used by the CRCS, strengthening the use in the data collection tools based on the Open Data Kit (ODK). Moreover, the Emergency Appeal supported the provision of constant guidance for the consolidation and management of the databases and two dashboards, disseminating the monthly progress of the CRCS's and partner organization's actions on migration. In addition, the IFRC and CRCS Information management (IM) teams have developed an online medical record form, meeting the necessary standards of data safety and confidentiality for which a pilot was conducted during the second semester of 2020 in Ipiales-Nariño. As a result, it was possible to improve the form and to produce the final version.

During the COVID-19 pandemic, the IFRC IM officer provided remote technical support and training to three IM assistants in Arauca, Norte de Santander, and La Guajira, to ensure that all the involved CRCS branches properly and regularly use the IM tools developed and that the data collected remains consistent. Furthermore, the branches using the IM system were grouped into six regions and assigned to a member of the CRCS's headquarters IM team in Bogotá, to speed up response times and strengthen the entire IM team's technical capacities. The CRCS and IFRC team have also developed a dashboard¹² that visualises the information coming from the field. To make sure this system is reliable, virtual meetings and webinars have been developed with different stakeholders in the IM system, including branches coordinators, volunteers, and PMER officers, to monitor activities, supervise processes, and verify the data collected. In this way, the Emergency Appeal successfully kept a data collection system with quality data used for monitoring and reporting.

Challenges

- Some of the purchases of inputs represented a challenge during this operation, mainly during the pandemic and the movement restriction measures, as some providers were closed, or it was difficult to arrange the transportation.
- The scale of this large operation represented a challenge, since it was one of the first experiences of such magnitude for the CRCS in the care of migrant population. Financial as well as operational accountability needed to be strengthened and the deployment of different RITs contributed the National Society to improve their capacities on managing large humanitarian operations.

Lessons Learned

- The implementation of an accurate information management system is fundamental to monitor the progress of the operation. In this sense, as lesson learned, information management should be included since the planning of the response and must be included at the very beginning of the operation.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Indicators:	Target	Actual
Number of newsletters, press releases and reports	45	41

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

Indicators:	Target	Actual
Number of updates of the strategy	4	4
Number of video productions	5	8

Output S3.1.3: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of evaluations or needs assessments	5	4

Narrative description of achievements

The CRCS strategy to ensure a high level of visibility on the operation's field activities, was to focus on digital communication, social media, and media coverage at key activity sites such as Ipiales, Arauca, Guajira and Putumayo. These actions resulted in press released by national and local media, showing stories that portrait migrant people' experiences, their current life conditions, the type of humanitarian assistance being provided, and the relevance of this intervention. As a result, all the communication activities have reached more than one

¹² <https://go.ifrc.org/emergencies/68#dashboard>

million people through the country's largest media groups such as Semana magazine and El Espectador newspaper. Finally, to encourage and promote healthcare sessions for the migrant population in Bogotá, the CRCS launched a campaign for television and radio that reached more than two million people, disseminating information about the healthcare services by the CRCS available for migrant populations.

During the implementation of this operation, the operation has adopted a communication approach focused on giving visibility to the impact of the COVID-19 pandemic in the migrant population, highlighting the humanitarian efforts by the CRCS in La Guajira and Vichada, and the stories of migrants in times of the pandemic. An outstanding result of this work was the release of the report: "Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery"¹³, which constitutes an important example of the communication efforts made to reach audiences outside the Red Cross Movement.

Regarding the revision and update of the Appeal's strategy, the following changes to the Emergency Plan of Action were made. 1. Expansion of service coverage of Protection and Migration activities (April 2018), 2. Increase in the number health and livelihoods activities (July 2018); 3. Extension of the Appeal until June 2020 and introduction of additional activities in protection and specialized medical services (August 2019). 4. Extension to June 2021 5. Extension through December 2021.

The Appeal revisions have been based on multiple studies and data monitoring. This has led to a response that was relevant to meet the most pressing needs of the target population. For instance, the geographical areas of interventions were chosen based on an index that compares the incidence of migration and related health conditions among the 32 provinces of Colombia. The index considers COVID-19, neglected tropical diseases, the incidence of chronic disease, malnutrition, gender-based violence, and multidimensional poverty. The index analysis was complemented by assessing institutional response capacity, surveys and reports generated.

This Appeal supported the implementation of the Community Engagement and Accountability (CEA) approach within the National Strategy of the Colombian Red Cross for Attention to the Migrant Population, that began to be implemented nationwide in November 2019. The main objective was to encourage communities' active participation of the in the implementation of this appeal through (1) access to safe, relevant and reliable information on the services provided, (2) two-way communication (community - humanitarian actors) as a mechanism for improving actions and processes, (3) promotion of community dialogue as a tool for conflict resolution for in transit and host communities.

The implementation of the CEA approach in the projects that make up the strategy is evidenced in the implementation of 2 main activities: 1) suggestion boxes and 2) satisfaction surveys.

By June 2020, 15 active participation mechanisms in the departments of La Guajira, Atlántico, Norte de Santander, Santander, Arauca, Vichada, Cundinamarca, Guainía, Valle del Cauca, Nariño and Putumayo were implemented and 3,822 satisfaction surveys were conducted in humanitarian Service Points, Mobile Health Units and during community activities, knowledge transfer activities and delivery of vouchers, reporting an average of over 90% general satisfaction.

The Emergency Appeal Final Evaluation can be accessed [here](#).

Effective, credible and accountable IFRC

¹³ <https://reliefweb.int/report/world/locked-down-and-left-out-why-access-basic-services-migrants-critical-our-covid-19>

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability		
Indicators:	Target	Actual
Number of published financial reports	8	11
<i>Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided, contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders.</i>		
Indicators:	Target	Actual
Number of monitoring reports	8	7
Number of donor reports	10	6
Number of people trained in financial management	12	12
<i>Output S4.1.4: Staff security is prioritized in all IFRC activities</i>		
Indicators:	Target	Actual
Security Plan updated	30	30
Number of volunteers trained in Stay Safe	300	248
Narrative description of achievements		
Achievements:		
<p>Reports</p> <p>As part of the IFRC's commitment to promote accountability, this operation has supported the CRCS in the production of quality and timely reports to inform donors, the target population and the general public on the humanitarian work done by the National Society.</p>		
<p>Security Plan updated</p> <p>The IFRC has supported the CRCS's Security and Safety Unit in the update of the security plans for 30 branches.</p>		
<p>Number of volunteers trained in Stay Safe</p> <p>During the entire implementation of this Emergency Appeal, 248 people were trained on safety and security by the IFRC's Learning Platform course "Stay Safe", as a basic requisite for the CRCS staff involved in the implementation of actions.</p>		

D. Financial Report

As per the financial report attached, this operation closed with a balance of CHF 50,915. The International Federation seeks approval from its donors to reallocate this balance to PCO602/MAACO002 for the Colombia Country Plan Support to support the following activities: 1. Climate Change Resilience Integration Project Workshop, 2. Migration Activities, 3. PER Assessment, and 4. Country Delegation Costs. Partners/donors who have any questions in regards to this balance are kindly requested to contact the Head of Delegation, Tiziana Bonzon (tiziana.bonzon@ifrc.org), within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

Contact information

Reference documents
Click here for:

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

In the Colombian Red Cross Society

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

- Diego Piñeros, National Migration Manager | +571 437 5300 | diego.pineros@cruzrojacolombiana.org

In the IFRC Country Delegation for Colombia

- Tiziana Bonzon, IFRC Head of Delegation | tiziana.bonzon@ifrc.org

IFRC Americas Regional Office, Panama

- Marianna Kuttothara, Head of Health, Disaster, Climate & Crises | marianna.kuttothara@ifrc.org
- Maria Martha Tuna, Operations Manager | maria.tuna@ifrc.org
- Susana Arroyo, Communications Manager | susana.arroyo@ifrc.org

IFRC Resource Mobilization and Pledge support

- Monica Portillo, Head of Strategic Partnerships and Resource Mobilization | monica.portillo@ifrc.org

In-kind Donations and Mobilization Table support

- Stephany Murillo, Head of Global Supply Chain and Humanitarian Services, Americas | Stephany.murillo@ifrc.org

Performance and Accountability support

- Golda Ibarra, Head of PMER and Quality Assurance | golda.ibarra@ifrc.org

IFRC Secretariat, Geneva

- Antoine Belair, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery) | antoine.belair@ifrc.org

How we work

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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2023/9	Operation	MDRCO014
Budget Timeframe	2018-2023	Budget	APPROVED

Prepared on 23 Oct 2023

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 31 Dec 2021; appeal launch date: 15 Mar 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	70,000
AOF2 - Shelter	270,000
AOF3 - Livelihoods and basic needs	780,000
AOF4 - Health	4,560,000
AOF5 - Water, sanitation and hygiene	920,000
AOF6 - Protection, Gender & Inclusion	600,000
AOF7 - Migration	380,000
SFI1 - Strengthen National Societies	730,000
SFI2 - Effective international disaster management	1,520,000
SFI3 - Influence others as leading strategic partners	95,000
SFI4 - Ensure a strong IFRC	75,000
Total Funding Requirements	10,000,000
Donor Response* as per 23 Oct 2023	8,160,116
Appeal Coverage	81.60%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	176,710	207,104	-30,395
AOF3 - Livelihoods and basic needs	1,230,218	919,454	310,764
AOF4 - Health	3,352,255	3,556,840	-204,586
AOF5 - Water, sanitation and hygiene	598,089	699,385	-101,296
AOF6 - Protection, Gender & Inclusion	442,620	488,425	-45,805
AOF7 - Migration	222,859	201,932	20,927
SFI1 - Strengthen National Societies	631,239	609,257	21,982
SFI2 - Effective international disaster management	1,386,671	1,384,799	1,872
SFI3 - Influence others as leading strategic partners	69,411	14,376	55,035
SFI4 - Ensure a strong IFRC	69,989	27,628	42,360
Grand Total	8,180,061	8,109,201	70,860

III. Operating Movement & Closing Balance per 2023/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,160,116
Expenditure	-8,109,201
Closing Balance	50,915
Deferred Income	0
Funds Available	50,915

IV. DREF Loan

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

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/3-2023/9	Operation	MDRCO014
Budget Timeframe	2018-2023	Budget	APPROVED

Prepared on 23 Oct 2023

All figures are in Swiss Francs (CHF)

MDRCO014 - Colombia - Population Movement

Operating Timeframe: 15 Mar 2018 to 31 Dec 2021; appeal launch date: 15 Mar 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	149,019				149,019		
British Red Cross (from British Government*)	3,401,739				3,401,739		
European Investment Bank Institute	70,578				70,578		
Hong Kong Red Cross, Branch of the Red Cross Socie	25,009				25,009		
Iraqi Red Crescent Society	997				997		
Italian Government Bilateral Emergency Fund	984,659				984,659		
Japanese Red Cross Society	82,500				82,500		
Mondelez International Foundation	1,318				1,318		
On Line donations	125				125		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	228,526				228,526		
Swiss Red Cross	120,000				120,000		
The Canadian Red Cross Society (from Canadian Gov	326,727				326,727		
The Netherlands Red Cross (from Netherlands Govern	238,347				238,347		
United States Government - USAID	2,469,558				2,469,558		
Western Union Foundation	43,614				43,614		
Total Contributions and Other Income	8,160,116	0	0	0	8,160,116	0	
Total Income and Deferred Income					8,160,116	0	