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Final Report

Americas Region: Population Movement



International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal: MDR42004	Operation No. MDR42004
Publication date: 10 February 2023	
Operation start date: 6 September 2018	Operation end date: 30 June 2021
Host National Societies: Argentine Red Cross (ARC), Brazilian Red Cross (BRC), Bolivian Red Cross (BORC), Chilean Red Cross (ChRC), Ecuadorian Red Cross (ERC), Guyana Red Cross Society (GRCS), Peruvian Red Cross (PRC), Uruguayan Red Cross (URC), Red Cross Society of Panama (RCSP), Trinidad and Tobago Red Cross Society (TTRCS).	Operation Budget: CHF 9,472,885 with a funding requirement of CHF 14.7 million. For the Donor Response, click here .
Number of people affected: 5.7 million people	Number of people assisted: 1,172,963 people
Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, British Red Cross, British Red Cross (from the British Government); China Red Cross (Hong Kong Branch), Italian Red Cross, Japanese Red Cross Society, Norwegian Red Cross, Red Cross of Monaco, The Canadian Red Cross Society (from Canadian Government), Netherlands Red Cross (from Netherlands Government), Swiss Red Cross, International Committee of the Red Cross (ICRC).	
Other partner organizations actively involved in the operation: National Governments of the affected countries, CARE-Base Christian base Organizations (Jesuit SAolidarity and Caritas) European Commission (ECHO), International Organization for Migration (IOM), Norwegian Council for Refugees, Pan American Health Organization (PAHO), Save The Children, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), Government of Spain, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Global Brigades, La Peñita Vicarage, <i>Idas y Vueltras</i> , VeneGuayas Hands in Uruguay, Migrant Pastoral, ADRA, CAREF, MIRARES, Open Hands in Argentina, Caritas in Brazil, Scalabrini Foundation, Jesuit Service to Migrants, Caritas Vicarage, World Vision in Chile, Government of the United States (PRM), and all agencies and organizations linked to the coordination platform for Venezuelan refugees and migrants (R4V).	

A. Situation Analysis

Description of the Situation

Since 2015, the Americas region has experienced an increase in the flow of people in major migratory situations, especially from Venezuela, but also from Africa, Asia and the Caribbean.

In the month of June 2021, there were 5.6 million Venezuelan migrants in the world. 4.6 million of them are found in Latin America and the Caribbean. By the end of the year 2021, the number of people of Venezuelan nationality in the world is expected to increase to 8.13 million.¹

In this context, the migratory profile, the migratory flows and the needs of migrant people have changed; in numerous instances, increasing vulnerabilities. Added to it, the devastating impact that the COVID-19 pandemic has had on the host communities and the migrant population. Overall, as the COVID-19 crisis impacts host countries, migrants are experiencing increasing difficulties and vulnerabilities, especially in host countries, where there are already feelings of xenophobia and discrimination towards people in situations of human mobility. Different sources estimate that more than 100,000 Venezuelans have returned to their country of origin since the beginning of April 2020.²

This final report intends to underline and show how the panorama has changed since the beginning of the operation and to describe the response of the National Societies involved along with the IFRC and other components of the Movement. But above all, how the needs have not ended yet and remain latent in all the countries involved in the Population Movement Regional Emergency Appeal.

Summary of response

Overview of Host National Societies

Throughout the operation, the IFRC worked and coordinated with several National Societies in the region, both within the Emergency Appeal and externally. The diversity of realities that have taken place throughout the operation have been a great challenge in terms of searching for the coherence and coordination of all the Movement's actors involved in this response. Some similar features between countries can be identified. For example, Peru and Ecuador have focused on people in transit, so their interventions at border areas have been noteworthy and outstanding. In other countries in the region, such as Guyana and Trinidad & Tobago, migration responses have required language adaptations, since migrants did not speak English and National Societies had

MDR42004 Population Movement Emergency Appeal journey

2018

JUNE



Launching of the DREF operation

With 81,590 Swiss Francs (CHF) for over a 1,500,000 affected people throughout the Region since 2014

SEPTEMBER

Launching of Emergency Appeal

The EA MDR42004 increased funding to 650,000 CHF and plan to reach 200,000 people in 12 months. The Funding requirements were 7.4 million CHF for the Appeal



OCTOBER



Regional Office conforms the **MIGRATION CELL**

NOVEMBER

1st Revision of the Emergency Appeal

Increased in the number of people to be assisted. The new target become 282,905 people



2019

APRIL



Operation Update

283,000 People reached in the Americas Region

MAY

2nd Revision of the Emergency Appeal

Extension of the Operation to 17 months and increased in the allocated funds to 741,590 CHF



NOVEMBER



Operation Update

322,500 People reached in the Americas Region

2020

JANUARY

3rd Revision of the Emergency Appeal

Increase of the Appeal funding requirements to 12.5 million



APRIL



Operation Update

455,900 People reached in the Americas Region

JUNE

Regional Office integrates the **MIGRATION CELL** in the **MIGRATION TEAM**



NOVEMBER



Operation Update

910,344 services provided in Shelter, Livelihoods, Health services, WASH, Protection and Migration

DECEMBER



4th Revision of the Emergency Appeal

6 months extension for the implementation of interventions. The closure of the EA is set for the 30th of June 2021



2021

APRIL

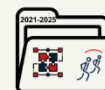


Operation Update

543,000 People reached in the Americas Region

JUNE

Closure of the Emergency Appeal and transition to Programming Approach



Migration Team, Operation timeline, Americas region, 2018-2021

¹ R4V Latin America and the Caribbean, Venezuelan Migrants and Refugees in the Region - June 2021 | R4V

² <https://go.ifrc.org/emergencies/3122#reports>

limited capacities in Spanish. Panama had a similar situation, the implementation has been complex due to language barriers, as migrants who transited through the country have been mainly from Haiti and other non-Spanish-speaking countries such as African countries (Ghana, Senegal, Guinea, Cameroon, among others) and Asian countries (Bangladesh, Nepal, Uzbekistan, among others). Finally, other countries had to structure their responses to support people seeking to settle in the country, such as Argentina, Chile or Uruguay, where migrants search for a job and require support to navigate the administrative processes. Below, we review the responses that each of the National Societies have offered migrants and the reality they have encountered, according to their capacities and available resources.

Argentina: The Argentine Red Cross (ARC) addressed human mobility by focusing its response in two differentiated approaches. The first one pertained to responding to the needs of migrant people who entered the border areas of Puerto Iguazu and La Quiaca in the provinces of Misiones and Jujuy, respectively. In this instance, the resources utilized focused on food assistance, clean water, shelter and humanitarian transport because the assisted population was in-transit around the area. The second approach offered support to migrants who were in urban centres. The branches were essential to operationalize the initiatives with community insertion, psychosocial support and temporary shelter.

At the borders, the use of a mobile unit was maintained, in line with the Humanitarian Service Point (HSP) methodology. Mainly in the province of Jujuy, at the border with Bolivia, where the Argentine Red Cross oversaw the humanitarian response in the area. The borders' temporary closure never stopped the migratory flow, although it did initially reduce it. Because of this, the entrances through the borders of La Quiaca-Villazon and Salvador Mazza-Yacuiba continued irregularly. The HSP focused on the provision of route information services, secure services and RFL services. The ARC also provided information on how to apply for international protection procedures. The use of the HSP was performed with the International Organization for Migration (IOM).

The National Society had 5 people who worked exclusively on the response to human mobility within the operational framework. The team included a national coordinator, two border coordinators and two technical coordinators from the Humanitarian Services Mobile Point. At other times in the operation, there was also an Information Management Coordinator, a Livelihoods Coordinator and two Telecare Coordinators. Currently, there is an active network composed of 10 branches that collaborate in the response, with 94 volunteers involved. In turn, two technical teams collaborate in 2 of the 10 branches. One in Córdoba focused on the RFL response, and another in Villa Crespo, City of Buenos Aires, coordinating community insertion and psychosocial support.

The National Society has always worked on a response oriented towards community development, involving telecare services that provide information regarding procedures and a psychosocial support service that can present a case-by-case follow-up for each beneficiary family.

Brazil: The Brazilian Red Cross (BRC) response to migration in Brazil was differentiated among its branches. Despite not having a Migration department, The BRC branch in Sao Paulo offered support to the migrant population under health and first aid guidelines. The actions were carried out mainly in the reception centres that the city has. Weekly visits were made, and groups of about 30 people were handled. Deliveries of food, cleaning products and hygiene items were made. Work was also done to improve Portuguese language skills, and an orientation service was offered for migration regularization and access to health and assistance services. Allies were sought within the spectrum of humanitarian actors to provide a coordinated response, finding answers and synergies with Caritas and Missão Paz. During COVID-19, particular emphasis was placed on awareness activities on personal hygiene and handwashing as a strategy to reduce possible infections.

For its part, Rio Grande do Sul began to operate Migration in mid-2019. Previously this area was part of the Volunteer Department. They supported the learning of the Portuguese language and provided psychosocial care. As in Sao Paulo, the Red Cross worked with other humanitarian and government agencies to achieve better results, including the SOS Children's Villages, the UN, the Operation Welcome Association, and Porto Alegre's municipality.

The Mato Grosso do Sul branch coordinated with the national army, as it is an area of access to the country. The government forces were responsible for border security. Migrants' reception in the areas of Boa Vista was structured and a series of activities were coordinated with the support of the government forces. The provision of regular meals, the search for safe shelter, psychosocial support, care for minors with recreational activities, basic health care and access to emergency services. Food and family hygiene kits were also delivered, and infrastructures were developed to access clean and safe water in the communities.

BRC offered RFL services at the national level. The lack of connectivity, access to a smartphone or the very loss of contact with relatives in the country of origin appears to be a norm among the migrant population. These services responded to the requests from the receptor population. The implementation was carried out with the support of the ICRC at different points and offered both services above, the processing of relevant documents and the sending of messages to relatives.

The support to migrants at the hardest peaks of the COVID-19 pandemic was especially relevant in the response. Access to state aid was not possible for those outside state records. Added to the significant loss of income sources, mainly within the informal economy where the migrants survive, the consequence was an increase in food insecurity. To alleviate this situation, food boxes with basic food for an adequate diet were delivered to families. In the process of providing this aid, a lot of work was done in the dissemination of hygienic measures to prevent COVID-19. Handwashing was among the most prominent actions to reduce infections.

The National Society worked on data collection when supplies were delivered. The information collected provided various information parameters, such as the countries of origin from the people receiving support. At the country level, the operation mostly reached people of Venezuela, Haiti, Cuba, and Colombia and African countries such as Angola, Congo or Senegal.

Chile: Since 2019 Chilean Red Cross (ChRC) responded to the population movement through project intervention. The operation allowed the strengthening of volunteers' capacities through training on crucial subject areas, such as Mental Health and Psychosocial Support (MHPSS), Migration, Gender Protection and Inclusion (PGI) and CEA. They had a significant impact on the delivery of hygiene kits, safe water, migration support, basic health care and assistance with MHPSS. To date, there are volunteers and focal points of MHPSS, RFL and information management at branches that collaborate directly with the project.

In Chile, from the beginning of the pandemic, the National Society has intensified its support work for the most vulnerable population, including the migrant population. Its actions have focused on access to basic health, MHPSS, dissemination of self-care and prevention of COVID-19, other messages to prevent diseases, and the delivery of humanitarian aid. Crucial work was done in temporary settlements during the quarantine for migrants stranded in Chile.

In addition, the Headquarters managed a migrants' shelter from December 2019 to March 2021, in the commune of La Florida through funds from the Swiss Embassy. Thus, responding to the shelter needs of migrants in the country.

Ecuador: The Ecuadorian Red Cross (ERC) has progressively activated the Provincial Boards within the migratory route and then increased them with active members, including those areas where the population was settling with a desire to stay permanently. There has been a total of 15 activated Provincial Boards distributed in the

northern border (Esmeraldas, Carchi, Sucumbios), southern border (El Oro, Loja), coastal area (Manabí, Santa Elena, Guayas) and central area (Imbabura, Santo Domingo de los Tsachilas, Cotopaxi, Tungurahua, and Azuay).

Based on the institutional capacities, the response actions that were provided and their general scope had a relevant effect on the areas of Health, offering services such as first aid, dental care, primary health, nursing, mental health and psychosocial support, friendly spaces, training, and delivery of supplies to reduce COVID-19. The Protection area of focus provided services such as mapping of humanitarian actors, delivery of guides on accessible services, and various RFL services. The

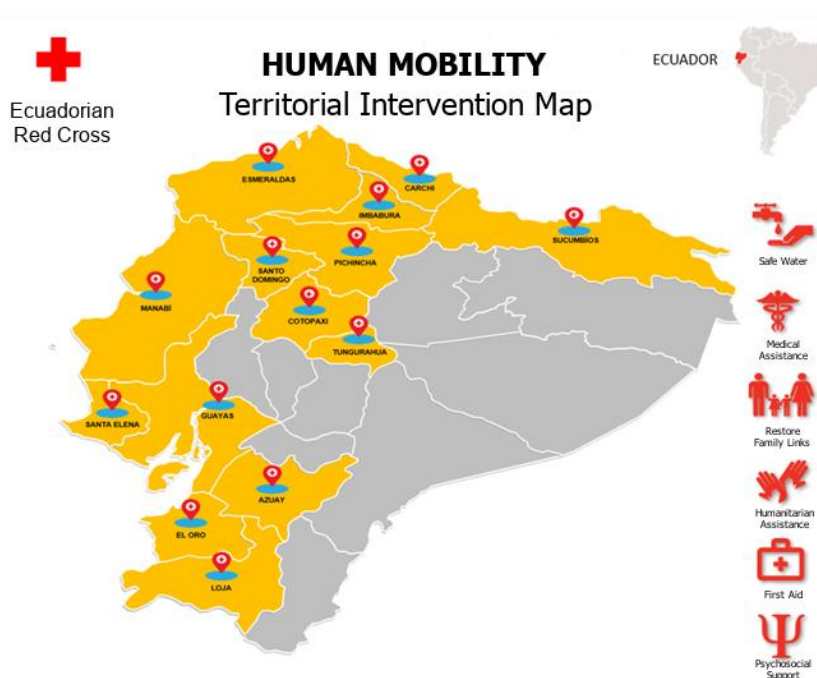
Livelihoods area of focus has services such as training for job search, seed capital projects, and Cash Voucher Assistance (CVA). The area of Humanitarian assistance in the form of preparation and delivery of kits; and the WASH area of focus provided services such as support for the consumption of drinking water, delivery of supplies for access to safe water, delivery of hygiene kits and technical support to other organizations.

Within this response, communication actions have been carried out (around 80 communication products developed and distributed), a mobility microsite (see: <https://www.cruzrojamovilidadhumana.org/>), and other community communication actions, such as a play that travelled through several provinces of the country raising awareness among host communities about the reality of migrants. As part of Humanitarian Diplomacy, the Red Cross worked with different authorities, entities and public/state spaces. Interagency coordination was also carried out with the United Nations system and other humanitarian entities in Ecuador (R4V/GTRM Ecuador Chapter, Human Mobility working tables, among others).

Significant actions occurred in the CEA area, with a clear community participation component. The ERC worked with groups of migrants through community meetings to diagnose needs and assess the services and assistance of the ERC. This process was truncated once the Health Emergency began due to the COVID-19 pandemic, especially because a face-to-face and participatory methodology was used, which was not always possible to convert to virtual meetings. The next step is understood as the search for new strategies that allow receiving feedback from the population without providing face-to-face community spaces. Listen to and learn from the specific needs of the migrant population, as well as their levels of satisfaction, and fulfil part of their concerns about their condition in human mobility.

Guyana: In response to the migrants' needs, the Guyana Red Cross Society (GRCS) developed volunteer and staff trainings. Throughout the operation, it also acquired and distributed various kits to support migrant families to improve the safety and health of all individuals. GRCS carried out delivery actions in Region 1, in the communities of Khans Hill, Kumaka, Wauna, Kamwata. Also, in the Central region in the communities of Bartica and Itabali. And in Region 4, in Georgetown. The GRCS attended coordination meetings with the Government and other humanitarian agencies to effectively coordinate a response and has provided information and referrals to people who approached the Georgetown office.

The National Society had some experience thanks to previous interventions with the migrant population. Mainly focused on providing information about how to proceed with the registration processes in the country's Migration office and follow up to keep the visa up to date. Advocacy work was also done for school-age children to enrol in school, and migrants were encouraged to get vaccinated according to their ages and needs.



Ecuadorian Red Cross, Provincial Boards directly involved in the Operation. June 2021.

At the headquarters in Georgetown, the GRCS has ten recruited staff members. The National Society counts with 800 volunteers, which respond when they are called in a disaster event. Currently and despite the pandemic situation, the National Society has assisted with food delivery services for the elderly and disabled people in the community, blood donation campaigns and health training, education and awareness on Noncommunicable Diseases, Risk and Disaster Reduction activities, training in first aid, cardiopulmonary resuscitation and Automated External Defibrillator, for both the elderly and the young. The administration of a children's home, training in MHPSS and disaster assistance activities are also carried out.

Panama: Since 2019, the Red Cross Society of Panama (RCSP), the IFRC and the ICRC have been steadily consolidating and improving a response to address the migration situation and the most vulnerable and urgent humanitarian needs of people migrating from Venezuela but also people migrating from Haiti and African and Asian countries.

Throughout the operation, an intervention approach has been developed that has moved from emergency intervention to a more sustained and permanent approach in the area. The operation has succeeded in implementing essential services and having a comprehensive structure to relentlessly provide humanitarian assistance and protection to the most vulnerable, thus increasing resilience among host communities.

The response has focused on the Darien region, where work has been done in several communities and Migrant Reception Stations. Health interventions have been offered with priority support for nursing mothers and their children. Primary medical care check-ups and prenatal check-ups have been carried out. Assistance has been offered in cases of acute malnutrition and dehydration among the population. Regarding sexual and reproductive health, information, condoms and pregnancy tests were distributed.

In addition, the RCSP had a team specialized in providing MHPSS to migrants. The team attended specific cases and provided strategies to manage the stress and uncertainty posed by the scarcity of economic resources on the route and the situations encountered along the way. RCSP created a dialogue network to establish inter-institutional coordination to provide valuable information to migrants waiting at migrant reception centres working with other humanitarian actors and government authorities.

In WASH, interventions focused on infrastructure and access to safe water. During the operation, access to water for both migrants and host communities improved. La Peñita was a remarkable example of it. Since a clean water system was installed in the community, the local population has access to clean water and has provided knowledge about its management and maintenance. Also, within the WASH area of focus, the National Society team adapted hygiene kits to people's needs considering age and gender. RCSP volunteers also worked to reduce vector diseases and clean up the Migrant Reception Stations (known as Estaciones de Recepcion Migratoria, ERM by its Spanish acronym).

Several PGI issues were addressed with other humanitarian actors in the ERM. Intervention and training protocols were developed to raise awareness among public officials.

The National Society has been strengthened with the provision of RFL services. It was necessary to provide training to their volunteers in Puerto Lara and El Real to systematize the interventions. Currently, alternatives for communication and connectivity continue to be sought since service providers do not have an excessive interest in the development of infrastructures and service improvements due to the area's conditions.

The operation's response has been summarized graphically in the following image:

Línea de Tiempo Operativa Llamamiento Movimiento Poblacional - Panamá



Red Cross Society of Panama. Operation timeline in the country. 2018-2021.

Peru: The Peruvian Red Cross (PRC) has participated in the population movement operation with the support of its 41 branches and with a human resource capacity that has 62 professionals and around 800 volunteers.

From the beginning of the operation, the closing of the existing gap in access to health services was considered a priority. For this reason, efforts focused on the areas of provision of comprehensive medical services and MHPSS, protection services, and social inclusion promotion. It relied intensively on the Tumbes border crossing, where the PRC is one of the leading actors of the Binational Border Care Centre (known as CEBAF by its acronym in Spanish), where health services were provided in addition to information and access to drinking water. Over time, the response evolved, and the services offered were adapted to local contexts, considering the differentiated needs that were identified both in the migrant and refugee population staying permanently and people in transit (mainly in border areas).

Although early interventions provided medical care that included the delivery of short-term medical treatments, the operation was soon expanded to cover MHPSS care by medical personnel and mental health professionals. Services such as access to drinking water were also provided. In addition, community engagement and accountability capacities were installed at the WhatsApp for Business (WfB) line, which gave a spin to the strategies and scope of information as aid and worked as a feedback mechanism. Medical and protection-related information and guidance were offered, and some medical triage systems were moved to WfB. Information management grew by including a space on a server and implementing various data collection actions.

The influx of more complex needs and the COVID-19 pandemic facilitated the introduction of CVA interventions to support settled people who lost their livelihoods. Thus, two different programs were implemented, an initial, multipurpose one and another with a focus on health. In addition, the process of migrants and the host community integration, driven by different artistic activities and in coordination with other organizations, should be mentioned.

Finally, regarding internal capacity building, the Appeal achieved improvements in health care spaces such as the HSP in Lima and adaptations in the PRC branches that have an outreach in the intervention. Around 250 volunteers improved their abilities by receiving training in CEA, Migration, MHPSS and First Aid.

Additionally, the PRC worked on the Human Mobility Plan, which is the guiding instrument for activities related to Migration and participates in coordination spaces with humanitarian organizations and local, regional, and national authorities.

Trinidad and Tobago: The Trinidad and Tobago Red Cross Society (TTRCS) initially focused the intervention on increasing capacity building around the issue of migration. Initially, it did not have the adequate and necessary capacities to respond to the needs of the migrants present in its territory.

Among the difficulties, the National Society coped with the great challenge of finding volunteers who speak Spanish, since most of the migrants in the country are from Venezuela and have little English knowledge.

In addition, the National Society developed financial trainings to improve the operations and implementation of CVA. Efforts were also made to strengthen the area of health and the protection and rights of migrants, to offer services adapted to the needs of this population together with local communities.

Capacities in RFL, migration and protection were strengthened during a workshop with Caribbean National Societies in Curaçao, in coordination with the ICRC.

With more significant and better capacities, the TTRCS held a meeting with other governmental and humanitarian organisations to articulate a coordinated and joint response to the management of migrant population at the national level.

Although the actions have had moderate results, the openness to work with the migrant population arriving in the country is very positive. The TTRCS has managed to position itself as an actor that can support the local government and other humanitarian agencies in the country.

Uruguay: The Uruguayan Red Cross (URC) responded to migrants' arrival in the country, tackling their vulnerable conditions. The response provided throughout the operation has focused on those people who are newly arrived. Through their assessments and in coordination with other humanitarian actors, the URC concluded that they were the ones with the highest protection needs.

Within the response framework, the URC implemented actions in the areas of shelter, health, water, sanitation and hygiene promotion, livelihoods and basic needs, migration, which includes the restoration of contact between relatives, access to information and the reduction of stigma, xenophobia and micro-xenophobia. All this with a focus on protection, gender and inclusion, and the promotion of community participation and accountability to the community, donors and other actors.

The context of the health emergency due to COVID-19 generated a rethinking of the actions and their implementation to maintain health security for the people reached and the staff and volunteers who serve in the response. The interventions conducted within the response to COVID-19 emerged from the merger of some projects, where feedback from previous interventions and lessons learned were used to continue improving the coverage of vulnerabilities.

The URC opted to expand its capabilities in Information Management. They had a focal point that trained and implemented the activation of their server and improved the use of forms for data collection and systematization. Its bid for digitalization lies in the interest of improving monitoring and evaluation in real-time, with valid and sufficient inputs for better decision-making. In addition, the communication area of the National Society is developing short online pieces of training through the Learning Platform of the URC for the strengthening of volunteers, professionalizing their intervention.

The URC also worked in the areas of Health and MHPSS, making it possible to generate a series of tools and actions aligned to the migrants' needs. And also addressing issues that emerged over time, such as the COVID-19 response.

The URC implemented CVA with very positive results. The amount given to the recipients of the program was differentiated according to the feasibility study carried out; the delivery of cash depended on the number of members of each family and on whether it was an urban or rural area. RFL services provided were also very positive. Calls to relatives, battery recharges for cell phones, Wi-fi connection, document management and the message of "Paz y Salvo" (being safe and at peace) to relatives, were among the most outstanding services.

The National Society has responded mainly in three locations during this operation. Montevideo, the capital of the country with the most significant number of settled migrants. The city of Santa Rosa in Canelones, the second department with the largest migrant population. And Rivera, a border city with Brazil, where the URC manages contingency centres that welcome newly arrived migrants who must quarantine while waiting for COVID-19 test results.

Red Cross Red Crescent Movement coordination

In January 2020, the International Movement of Red Cross and Red Crescent Societies (the Movement) in America created a Project Team to develop products to be presented at the International Donor Conferences in Solidarity with Venezuelan Refugees and Migrants held virtually on May 2020 and June 2021.

The Project Team is made up of representatives of the IFRC, ICRC, Spanish Red Cross, German Red Cross, American Red Cross, Canadian Red Cross, Swedish Red Cross, Colombian Red Cross and Venezuelan Red Cross. The main products developed have been:

- [*Approaches and priorities of the Movement's response to the Venezuelan migration.*](#)
- [*Synopsis of the Venezuelan migration response by the Movement.*](#) The latest update shows that, as of February 2021, the 17 National Societies that are responding with the support of the IFRC, the Participating National Societies and in coordination and collaboration with the ICRC, have provided more than 7.2 million services with more than 6,900 volunteers involved.
- Communication products, including videos and social media assets
- Key messages for the Movement to use in its public communications and advocacy actions.

In parallel, the IFRC Americas Regional Office (ARO) worked to ensure effective and appropriate coordination between the components of the Movement (National Societies and the ICRC). The needs of the affected countries were met through their National Societies. For this reason, and considering the migratory context, the ARO formed a specific work team under the name Migration Cell. The cell was composed of IFRC experts in the main focus areas and had as its mission assessing the situation and supporting the implementation of active emergency operations in the region.

In turn, the International Committee of the Red Cross (ICRC) also provided a response to the needs of the migrant population in the countries included in the Appeal through its regional delegations in Brasilia (covering Brazil, Argentina, Uruguay and Chile); in Lima (covering Peru, Ecuador and Bolivia); in Caracas (covering Venezuela, Trinidad and Tobago, Aruba, Bonaire and Curaçao); and at its regional delegation for Panama and the Caribbean. The ICRC also responded to the needs of the migrant population in Colombia through its delegation in the country. Most of its actions focused on the protection and establishment of RFL activities in countries in need of it. The RFL information and connection points supported and implemented by the ICRC offered the following services: telephone calls, Wi-Fi access (via personal or Red Cross smartphones), Internet access (via Red Cross laptops and tablets) and battery recharging. At some of these points, the Red Cross disseminated self-care messages and resources to prevent family separation. First aid, hydration and psychosocial support services were also provided. All these actions were complementary and were always coordinated with those carried out by other Movement members.

Strategically, both the IFRC and the ICRC have worked throughout the operation to support National Societies in developing their migration strategies or action plans. They have also supported National Societies through trainings to improve their knowledge and migration capacities.

The IFRC also coordinated with ICRC delegations, national delegations in the Americas and headquarters in Geneva to collectively overview and watch over the entire migration route. That is how the ARO and the ICRC have supported other migration interventions in the Central American countries (in the countries of the Northern Triangle - El Salvador, Guatemala and Honduras), Colombia and Peru under the Monarch Butterfly programme.

Several efforts were made from coordination, operations and institutional strengthening, such as joint messages (data protection, relations with the United Nations, Restoration of Family Links), key messages about Venezuela, concept notes on shipwrecks, common press releases, and self-care messages. Participation in collaborative processes such as the beginning of the "Response for the Venezuelan Situation" Platform (R4V), the Quito process, coordination with the OAS and the Global Compact on Migration.

Concerning institutional strengthening, IFRC and ICRC worked together on the Migration Training of Trainers (ToT), protection workshops in Panama, Brazil, Chile, Ecuador and Curaçao.

Overview of other actors in the region

At the **Regional** level, the Movement worked in coordination with IOM, UNHCR and other UN agencies and NGOs participating in the Regional Interagency Coordination Platform (R4V – Response for Venezuelans). UNHCR and IOM established the R4V platform in April 2018 because of an intraregional strategic planning process based on fieldwork. It focuses on the regional strategy to support each country in managing information, communication and mobilization of resources to execute an intervention strategy. The platform also aims to address the protection, assistance and integration needs of Venezuelan refugees and migrants in the affected states of Latin America and the Caribbean, complementing and strengthening the responses of national and regional governments. The platform brings together 159 interested organizations in consultation with all host governments, communities and local authorities, UN agencies, civil society, national and international NGOs, Christian grassroots organizations, the Red Cross Movement, the donor community, and refugees and migrants from Venezuela.

The IFRC participated in 15 face-to-face platforms and virtual regional meetings during the operation. In addition, since the beginning of this inter-agency platform, the IFRC has led and leads several working groups such as the one on Communication with Communities, promoting participatory approaches and facilitating IFRC CEA tools to be implemented in the field.

There are also national coordination platforms in Brazil, Colombia, Ecuador, Peru, Costa Rica and Panama, and interagency coordination also takes place in the Caribbean, Central America, Mexico and the Southern Cone. In addition, the IFRC has maintained bilateral coordination with UN agencies in target countries through global agreements.

In addition, since April 2020, a CashCap expert in partnership with the IFRC Americas Regional Office has been deployed to the region to strengthen the [Regional Cash Working Group- Response for Venezuela](#) or “Regional Cash Working Group (CWG)” – co-led by the World Food Program and the IFRC– to better respond to the changing needs and ways of working due to the COVID-19 crisis, and to address the needs of the regional partners and the national CWGs in the short to medium term. The Regional CWG facilitated by the CashCap expert has created an effective, interagency and inclusive [online](#) collaboration space to support 17 national and subregional platforms, 13 sectors and sub-sectors and 57 organizations that are implementing Cash and Voucher Assistance (CVA) to address the needs of Venezuelan refugees and migrants and their respective host communities in the Latin American and Caribbean region. Specifically, dialogue and collaboration between national and subnational platforms and CWGs have been promoted. Work has been done closely with ARO and regional sectors in cross-cutting issues such as [Shelter](#) and [Gender-Based Violence](#). The CashCap expert has supported two R4V strategic planning processes: the review of the [Refugee and Migrant Response Plan 2020 for Venezuelans - COVID-19 Situation](#) and the 2021 plan (Technical Guidance for National Platforms). The CashCap expert has systematically launched consultation processes through monthly *ad hoc* meetings and through open [online surveys](#) to provide comprehensive information to focal points in 15 countries to determine the scope of the CVA in response to humanitarian needs and to achieve durable solutions for refugees and migrants from Venezuela. In 2020, the CWG facilitated more than 10 webinars for partners and supported 7 evidence-based reports, case studies, learning reports, guidelines, mappings and studies produced by partners working in CVA, and by refugees and migrants from Venezuela.

The IFRC also participated as an observer in the “coalition”, which is a strategic alliance of national, regional and international civil society organizations working in Latin America and the Caribbean with refugee, migrant and displaced populations. They follow a framework of international and regional principles and human rights law, international refugee law and international humanitarian law. This participation aims to build capacities and conditions within the alliance to achieve meaningful and genuine dialogue with Latin American states and populations and promote an effective and sustainable humanitarian response.

Argentina: at the national level, the space known as the National Platform brings together civil society organizations and humanitarian actors that articulate their response to population movements. The presence of civil society organizations such as ADRA (Adventist Development and Relief Agency) and CAREF (Argentine Commission for Refugees and Migrants), which have historically focused their work on assistance and support to refugees, stands out. While others, such as MIRARES, SES Foundation and “Fundación Huesped”, are newer in this landscape.

Other faith-based actors to consider for their collaboration are the Jesuit Migrant Service, FCCAM (Argentine Catholic Migration Commission Foundation), “Manos Abiertas” and Caritas. All of them are diverse as to their approaches and areas of intervention, but actively participate in response to population movements. The organizations and associations of Venezuelans participate as observers in the National Platform and constitute a vital support network for the migrant community.

Finally, the various United Nations agencies, being prominent humanitarian actors, have responded to and coordinated actions to help and support the country's migrant population. Above all, they have cooperated with the Argentine State by promoting specific activities for the migrant community. In the context of the pandemic, they have served as valuable agents in humanitarian diplomacy, often facilitating dialogue with sectors of the State to articulate responses on the field.

The IOM remains one of the humanitarian organizations that collaborates most closely with ARC. Above all, in its interventions through the HSP on the northern border of the country. More details are provided throughout the report.

Brazil: To respond to the humanitarian needs created by the influx of people from Venezuela, especially in Roraima and Amazonas, the Federal Government launched “Operation Welcome”. An initiative coordinated by the Brazilian Armed Forces to provide emergency humanitarian assistance, registration and documentation to the massive arrival of people. The aid offered also included food and temporary shelter. In April 2018, the Armed Forces initiated a voluntary relocation programme known as “Interiorisation” in coordination with federal and local authorities, UNHCR and other UN organizations, civil society and the private sector. The intention is to relocate Venezuelans who arrived in Roraima to other Brazilian states.

Also, regarding the northern region, it should be noted actors such as Doctors Without Borders (by their acronym MSF), the Jesuit Service for Migrants and Refugees, SOS Children's Villages Brazil, the Volunteers Association for International Service (AVSI by its Spanish acronym), Fraternity - International Humanitarian Federation (by its acronym FIHF), UNHCR, IOM, PAHO / WHO and UNFPA. Among the activities carried out by these organizations are health promotion, distribution of hygiene kits, mental health care, promotion of water supply and sanitation, awareness for public servants, an offer of specialized care to the migrant population with basic guidelines for migratory regularization and access to public and legal guidance services, social and financial assistance, among others.

Regarding other regions of the country, Caritas in Rio de Janeiro provided an assistance program for refugees and asylum seekers, promoting Portuguese classes, mental health orientation groups and legal advice. Meanwhile, the Immigrant Reception Center - SEFRAS, Immigrant Reference and Reception Center - (CRAI by its Portuguese acronym), and *Missão Paz* worked in Sao Paulo. They focus on the reception and integration of migrants into the host communities.

Chile: The government's intervention focused its support on the provision of food boxes to families, reaching a total of five million within the country. The campaign was called “[Food for Chile](#)”. In addition, it distributed a [COVID-19 Emergency Bonus](#) for the most vulnerable families.

There have also been actions to support migrants who were stranded in the country due to the borders' closure. The Chilean Catholic Institute of Migration (INCAMI by its Spanish acronym) [provided temporary shelter to more than 700 Bolivian citizens](#) in the City of Santiago. In coordination with the Providencia Municipality, it was possible to transfer these people to the city of Iquique, where they complied with the quarantine before returning to their

native country. Other local foundations and organizations, such as Núcleo Humanitario and Fundación Andrés Bello, distributed food aid and clothing daily.

The Government coordinated to [host more than 800 Bolivians in Iquique](#), the Tarapacá region. In collaboration with the IOM, food and special assistance were also provided, especially to pregnant women, the elderly and children.

Finally, together with private entities, the Ministry of Foreign Affairs coordinated return flights for thousands of foreigners stranded in the country since the beginning of the pandemic to date. Coordination mechanisms have been another essential piece of the operation. Since September 2019, it has actively participated in the R4V Platform. Currently, the IFRC, together with the ChRC, remain active on that platform. It is co-leader with the World Health Organization (WHO) in the health sector. The role allows the ChRC to have greater visibility and to be able to coordinate and work better with the other members.

The ChRC continues its intervention with an action plan in Refugee and Migrant Response Plan 2021 (by its acronym RMRP). It has proposed 16 activities within the sectors of health and WASH, integration, protection, shelter, CVA, and food security. ChRC has agreements with:

- The Chilean Ministry of Health can support the vaccination sessions against Influenza and the blood donation campaigns.
- Airlines, with DHL for support and technical assistance, and with AirBus to carry out training (on commercial flights) and provide prevention and health protection guidelines to passengers.
- With IOM to coordinate joint actions to assist migrants through operations. It will include primary medical assistance, psychosocial assistance, safe water delivery, hygiene, shelter, and protection kits. The ChRC has provided training in prevention and protection for COVID-19 and other diseases to the staff of other organizations such as World Vision, Scalabrini Foundation, UNHCR, and FASIC. These trainings allow the work that has been developed jointly in attention to the migrant population.

In coordination with municipalities and regional governments, the ChRC supported humanitarian aid and safe water distribution to the migrant population that complied with the quarantine at the health residences in Arica, Iquique and Santiago. The branches are also supported with essential medical services during the safe return processes organized by the Ministry of Foreign Affairs.

Ecuador: Since 2000, when Ecuador was impacted by the effects of Plan Colombia, especially in the high flows of the Colombian population seeking refuge in the country, various spaces were created for articulation and dialogue between state entities and international cooperation and humanitarian entities.

Therefore, when in mid-2017, the Venezuelan migrant population arrived in the country, these spaces, previously very active, were reactivated. Among these are: National Human Mobility Roundtable coordinated by the Ministry of Foreign Affairs; Local Mobility Tables mostly promoted by the Municipal Decentralized Autonomous Governments; Topic Tables such as: Livelihoods, Legal, Educational, and Rights, among others.

The national table is a macro space in which analysis and debates are shared; however, it is through the sectoral tables that concrete actions to address situations or cases are implemented in each province. At the intergovernmental level, the Ecuadorian Government has set the so-called Quito Process, and meetings have been held between the states to analyse the situation of the migratory flow of the Venezuelan population with a regional view of Latin America.

International, non-governmental, church organizations and other social actors have also had dialogues and articulation processes. Some of them through the national, local and sectoral coordination spaces. The State and local entities do not participate in these spaces; however, they are summoned or invited according to the needs. At the call of the Secretary-General of the United Nations in Ecuador, the R4V process and its national space GTRM (*Grupo de Trabajo para Refugiados y Migrantes*) Ecuador were also activated.

Guyana: The Civil Defense Commission (CDC), with the support of the United Nations Children's Fund (UNICEF), repositioned and distributed relief supplies to improve the capacity of regions 1, 4, 7, 8 and 9 to provide essential

assistance to meet the initial needs of the displaced population as the situation influx of Venezuelans into Guyana increased.

UNICEF donated funds for Shelter, Water, Sanitation and Hygiene relief supplies. The CDC sent relief supplies to Regional Administrations for storage and distribution. The UNHCR continued to work to ensure that migrants were regularized and provided with basic needs. The IOM and other partners continue to assess the situation of Venezuelans in Guyana to identify response gaps and adjust the operations to the changing needs and challenges that Venezuelans face. They conducted a Displacement Tracking Matrix (also known by its acronym DTM) in Mahdia, a small mining town in region 8, and they provided information about rights and services to 90 Venezuelans.

In addition, the CDC and its partners conducted border monitoring missions to regions 1 and 7 (along the Guyana-Venezuela border) and Region 2 to gather information to support emergency preparedness and contingency planning in the event of a sudden influx of new arrivals. In region 7, a follow-up assessment was also conducted to better plan protection and registration interventions.

A migration committee was created to respond to the needs of Venezuelan migrants in Guyana. The GRCS has been part of the committee that meets regularly but, due to COVID-19, meetings have not yet resumed. The GRCS currently participates in the meetings of the Emergency Operations Center, which regularly discusses the needs of the migrant committee. Consequently, it closely follows the reality of the interventions and their evolution in the country.

Panama: The RCSP, from its auxiliary role to public authorities, maintains a close relationship with state authorities at the coordination level. As a result of the effective coordination, the IFRC and the Red Cross Society of Panama assumed the leadership role in the "Inter-Agency Coordination Table". As a result of this exercise, the following [document](#) for the scenario planning process for 2021 was generated.

In the context of the pandemic, the RCSP was part of the National Operations Center (NOC), involving coordinated actions in the vaccination process (PANAVAC) led by the State. They also had a presence in the different vaccination centres nationwide, supporting compliance with biosecurity measures and vulnerable people.

Since 2019, several working visits have been made in Darien as well as in Panama City with entities such as the National Migration Service (SNM by its Spanish acronym), the Ministry of Health (MINSA by its Spanish acronym), National Border Service (SENAFRONT by its Spanish acronym), Ombudsman's Office, the Pinogana Mayoralty, the National Secretariat for Children, Adolescents and Family (SENNIAF by its Spanish acronym), and the Office of the First Lady, among others. However, in matters of the migratory situation in Darien, it can be noted that:

- Through SENAFRONT, the SNM and MINSA, among others, the Government has, within its possibilities, provided the migrant population with food, medical services, security, and transportation. The RCSP and the IFRC have technically accompanied the development of better strategies and the constant processes of advocacy and staff training for these two organizations.
- During the Appeal, MINSA facilitated the use of the infrastructure of the Canglon Health Center. Meanwhile RCSP worked in the improvement and the conditioning of the Maternal and Children's House of Metetí.
- With the UNHCR's support, \$30,000 worth of medicines were provided to MINSA, intended primarily for the care of the migrant population and host communities.
- UNICEF, UNHCR, IOM, and the Norwegian Refugee Council are present in the region. They mainly promote protection actions and complement the efforts of the government and other actors. Working meetings were held with them in an interagency coordination table initially convened and led by the RCSP. Recently, this responsibility passed unto the hands of the IOM, where different topics have been addressed, such as Migrant Children, Attention to Extracontinental Migrants, Humanitarian Logistics, National Migration Strategy, Disaster Response, Migration and Human Rights, COVID-19 and the Migratory Reality, among others.

- There is the presence of SENAFRONT, MINSA and SNM in the Bajo Chiquito and Lajas Blancas communities. SENAFRONT created synergies in the coordination of activities. However, the response of MINSA and SNM has been limited to bilateral coordination that no longer manages to give adequate responses to the new context.
- The RCSP has served as a link for MSF and MINSA to work together with the population in Bajo Chiquito, to provide adequate first medical care. It has also offered MSF medicines to carry out these treatments.
- Together with the Gorgas Memorial Institute, the RCSP has held a series of meetings focused on developing a health study of the migrant population in the coming months. One of the main goals is to measure the health state (tropical and infectious infections, sexual and reproductive health, mental health, and nutrition) and the basic health needs of migrants in transit through Panama.

Peru: At the country level, since 2019, humanitarian organizations and government agencies focused on Venezuelan migration are organized in the Working Group for Migrants and Refugees - (GTRM by its Spanish acronym), where there are a series of theme subgroups such as protection, health, education, socioeconomic inclusion, and cash transfer, among others. The Regional Appeal enabled both the PRC and the IFRC to participate actively in these working groups, including conducting field assessments and formulating the Response Plans for 2020 and 2021.

Interagency work was vital in providing services, especially in Tumbes and Lima, where most migrants and people in transit concentrated. A specific case was that of Tumbes, which maintained thematic working groups to respond to dynamic needs in the field, especially in times of the pandemic.

Trinidad and Tobago: The TTRCS has worked together with state agencies and non-governmental organizations to carry out its interventions efficiently, trying to maximize its efforts to reach as many people as possible. The TTRCS led a multi-agency meeting in the country in September 2019. A working table was shared with 21 organizations, including IOM, UNHCR and Living Water Community.

The TTRCS highlighted the collaborative processes with Living Water Community, with whom they have exchanged information about the CVA implementation in the country. They have had previous interventions and have lessons learned from which important details were extracted.

TTRCS worked with government agencies such as the Ministry of Art and Community Development. Specifically, with the Community Mediation division, work began to have a more significant impact. Recently, the government team had acquired vehicles to travel to remote communities, so they requested support from the TTRCS staff.

Uruguay: In agreement with the National Emergency System, the Uruguayan Red Cross will be distributing the family guide operated by the state, for risk reduction at home to inform migrants about the main threats and risks in the country, as well as the respective recommendations.

The IOM always backed migration initiatives and the support of migrants. In addition, a National Platform of actors linked to the migration processes led by the IOM/UNHCR was activated. Different civil associations, non-governmental organizations, and state agencies participated too.

The URC developed its work in permanent coordination with the State and the civil society, within the framework of respect for the human rights of migrants. In health services in particular, through the territorial networks of polyclinics, and mainly in the First Level Care Network located in municipality B, pilot projects have been generated to address migrants. The departmental governments developed and disseminated awareness campaigns, also promoted fairs and international friendship towards the migrant population.

Regarding the housing problem, the Ministry of Housing, Territorial Planning and Environment (MVOTMA by its Spanish acronym) eased their requirements for granting rental guarantees. Similarly, the National Directorate of Civil Identification optimized the granting of dates and the regularization of documentation.

Through the Guidance, Consultation and Territorial Articulation Service (SOCAT by its Spanish acronym) under the Ministry of Social Development (MIDES in their Spanish acronym), the territorial teams have created the Department of Migrants. Its objective is to promote the inclusion and social integration of migrants by strengthening the exercise of rights, access to information and knowledge, encouraging social participation in spaces for debate on public policies, and contributing to the regularization of documentation.

Members of CARITAS and the Ecumenical Service for Human dignity, various churches opened the doors of their institutions and provided shelter and food to migrants. Among them, the best known is the Parish of Our Lady of the Assumption Mother of Migrants, who was the first to implement actions.

The URC coordinated with the actors above for the comprehensive approach to migration processes in the country, assisting, referring, and accompanying this population on a timely manner.

Finally, there were national coordination platforms in Brazil, Colombia, Ecuador, Peru, Costa Rica, and Panama. Interagency coordination also took place in the Caribbean, Central America, Mexico, and the Southern Cone. In addition, the IFRC has maintained bilateral coordination with UN agencies in target countries through global agreements.

Needs Assessment and Planning Scenarios

In the region of the Americas, an upward migratory flow has been observed since 2015. Especially from people leaving Venezuela, people from various Caribbean countries, and many others from countries in Asia and Africa.

As of June 2021, 5.6 million³ were registered worldwide, and at least 4.6 million are in Latin America and the Caribbean. Some indications show that there is no reason for a change in this dynamic. Only through changes in the country's political, economic, social and health situation could an intention of return⁴ be seen on those who left Venezuela. However, the current scenario does not indicate that these circumstances will occur in the short term, so it is presumed that the departure of people from Venezuela will continue. Only a few months showed a movement of return. Between March and August 2020, Colombia's⁵ Migration Service reported the return of 100,000 Venezuelans to their country, motivated by the loss of livelihoods.

The migration profile has varied over the years, and so have the needs of migrants. Migrants increasingly have fewer economic resources and move into larger family units, which is related to increased needs and more significant vulnerabilities.

The negative impact that COVID-19 has had, added to these difficulties. The pandemic has affected host communities and has sparked discrimination and xenophobic attitudes towards people on the move, supported by the populist discourses of some political groups in the region.

A study of Humanitarian Needs ([click here](#)) carried out by the Migration Unit of the Regional Office of the Americas observes data from the last 30 months and reviews the focus areas, highlighting the migrants' situation and the evolution of their needs over this time. Here is a summary of the highlights:

Livelihoods: Low incomes, the depletion of productive assets, the impossibility of entering the labour market and the lack of savings made it difficult for the migrant population to access food, even to meet their basic needs and requirements since the beginning of the operation in 2018.

In the second review of the Appeal, in May 2019, migrants expressed the need to have access to information on income-generating activities in host countries. But with the advent of COVID-19, lockdown measures and restrictions on movement harmed migrants' ability to retain their livelihoods, and their sources of income were

³ R4V Latin America and the Caribbean. Venezuelan Refugees and Migrants in the Region - June 2021 | R4V

⁴ <https://revistas.comillas.edu/index.php/revistamigraciones/article/view/7898/7683>

⁵ <https://revistas.utb.edu.ec/index.php/magazine/article/download/977/759/>

reduced or lost. Migrants are most often employed in the informal sector. Meanwhile, irregular migrants have not been included in the social safety nets established for the local population.

Migrants have many difficulties in accessing the jobs for which they are qualified. Therefore, this situation leads them to perform jobs such as cleaning houses, caring for the elderly and children, beauty centres, street food stalls and street vending.

The risks of increased child labour, as children may have to accompany their parents or beg on the streets for financial resources. Currently, there are reports on commercial sexual exploitation⁶. However, the figures are difficult to verify because nations are not transparent about it, and no international organization has focused on providing a regional analysis.

Shelter: Migrants are forced to look for informal shelter solutions given the rental prices and the difficult conditions that the owners put for renting to foreigners. As for rental aid, it is minimal and only covers for a short period wherever it exists. Therefore, the viable alternative for migrants is to settle in informal housing, with overcrowded conditions and often lacking basic services such as running water and electricity.

On the other hand, shelters or other temporary shelters have minimal capacity to lodge people. They are usually found in border areas or large cities. These spaces are lacking in funding and with conditions where the minimum standards of habitability are not met⁷.

As a result of the pandemic⁸, the risk of eviction has grown⁹ due to the loss of income. Giving way to more situations of overcrowding where tension and uncertainty can exacerbate family tensions, contribute to intimate partner violence, domestic violence, sexual assaults by members of the family group or outside it. Especially in multifamily settlements.

Other risks are neglect towards minors, older adults, and people with disabilities, who are already vulnerable groups with specific needs.

Health: The reality in the health area is diverse because the needs of migrants in transit and people settled vary considerably. On the one hand, people in transit travel long distances and thus haul immediate needs such as nutrition and hydration, also possible skin infections due to lesions that have not been treated and risk of contagious of different illnesses such as Malaria or COVID-19 due the lack of access to essential vaccinations. In addition, they present emotional exhaustion due to different difficulties and causes such as exposure to risks and dangers during the trip. The response of the countries' health systems through which they go does not always contemplate services available to this population, as can happen in Panama, where the absence of doctors from the public system has forced the temporary intervention of humanitarian organizations such as MSF¹⁰.

For those who are settled, access to essential health services can face challenges such as the need to join private insurance, enlisting in the registry or the obligation to have documentation such as the immigration card¹¹, as may be the case in Peru.

Migrants have found it challenging to cover expensive and long-term treatments, as the sick person and their relatives must finance everything. Other more detailed barriers are those associated with the language since migrants may not master the country's language. It is also unusual to find translators in medical centres even for languages as standard as Portuguese, Spanish or English.

⁶ <https://www.elpais.cr/2020/07/30/explotacion-sexual-infantil-una-herida-que-arde-en-latinoamerica/>

⁷ <https://adore.ifrc.org/Download.aspx?FileId=211264>

⁸ [IFRC Shelter & Settlements Newsletter, During a Pandemic Response](#)

⁹ [IFRC Shelter & Settlements Newsletter](#) captures a summary of statistics on the risk of eviction in the region

¹⁰ <https://www.diaadia.com.pa/el-pais/medicos-sin-fronteras-refuerzan-equipos-de-atencion-en-panama-737194>

¹¹ <https://www.veninformado.pe/extranjeros-con-tramites-migratorios-pendientes-permaneceran-regulares-durante-estado-de-emergencia-2/>

Looking at the identified needs for psychosocial support and referrals, it is evident that gaps are a constant in public systems. In general, countries claim not to have sufficient resources to set up mental health services that are publicly accessible, or they put them in operation only for intermittent periods. When they do, it is influenced by international funds or exceptional initiatives, such as protection centres for victims of violence, aid for people who have been victims of trafficking, reception centres for minors, etc.

With the arrival of COVID-19, some new situations of lack of protection appeared. Mainly in terms of access to care and treatment services. Therefore, access to health services for migrants is reduced to the primary care received from mobile care units, health session days or migrant care posts along the route. There is no follow-up for long-term treatments or non-communicable diseases. Many people have stopped receiving sexual and reproductive health care.

WASH: The WASH area ranges from access to drinking water sources, people's hydration in transit, access to decent sanitation services, and other services. Both for people settled and for those in temporary accommodation, shelters or temporary settlements and the communities that host them.

The evidence collected from the ground highlighted the difficulties that people in transit have in accessing drinking water regularly and safely on the route. Also, the concerns are in the degrees of dehydration that people present in some points of the route such as in the northern borders of Chile with Peru and Bolivia, and Panama.

In the clean water points, the implementation of hygienic measures to protect against COVID-19 became essential. Therefore, WASH interventions during much of the pandemic covered sanitary education and the basic principles of proper water use in migrant settlements such as Darien in Panama. In addition, there are hardly any health services adapted to the differentiated needs of women, girls, men, and boys. In some places, the lighting is deficient, which conditions its safe use.

Migration: Migrants need information about their rights and obligations in each host country. Lack of knowledge exposes them to the loss of services and the violation of their rights. There have been multiple frameworks about the documentation needed to complete the regularization process and numerous changes throughout these 30 months.

From the technical area of migration, professionals worked with local governments and proactively encouraged humanitarian advocacy to promote spaces for change for migrants. They defended people's rights and worked to ensure their access to social services and the labour market in dignified conditions.

Throughout the journey, many people faced situations of coercion, exploitation and abuse. The continuous suffering of this kind of harm leads to the loss of people's dignity. All these traumas are compounded by a lack of adequate support and poor access to essential support services.

The creation of data collection tools has been sought to make evident the needs of migrants. Both, those along the route, as of those who are settled. However, the difficulties encountered by the reduced capacities of the field teams have weighed on this objective for the time being.

Protection, Gender and Inclusion: Insecurity in urban centres, the lack of community ties in host countries, the fear of repercussions for being irregular migrants, the lack of government protection against abuses and the social exclusion of this group are some of the realities of exclusion that migrants have faced and face throughout their process. All of them hurt their mental health and social detachment from the host community.

For children and adolescents, discrimination arises from exclusion by the educational system. Which often leaves unsatisfied the nutritional needs of their age for the younger and psychological challenges in other stages of growth. As a result, underage migrants are more vulnerable to situations of exploitation, sexual and labour abuse. Sometimes the language can present itself as a significant barrier to access resources and information, and capacities at the country level are limited. Languages such as French, Creole, Bengali and Arabic, among others, are scarce in the region, while the migrants who speak these are numerous.

Another situation is irregular border crossings. Migrants might be exposed to risks such as contraband, human trafficking or slavery to get through the borders of countries. The lack of protection leads to cases of sexual abuse reported in the migratory route, labour exploitation, forced recruitment of minors for illicit activities by armed groups or trafficking for labour and sexual exploitation¹².

Regarding sexual exploitation, all countries have gaps in providing institutional referral mechanisms on protection issues, especially when people are migrant survivors of sexual and gender-based violence.

In addition, it should be noted that very few organizations are responsible for the specific needs of people with disabilities, older adults or groups such as LGBTIQ+.

Despite the efforts of agencies and organizations to promote inclusion, situations of violence in social environments such as shelters, schools, workplaces and even on the streets happen and go unpunished. One of the main reasons is the unwillingness of governments to pursue such events and tackle xenophobia¹³.

After reviewing the needs identified at the regional level, it should be noted that each country faces specific needs. Many of them are influenced by national policies, different economic systems, the strength, or weakness of the health system to meet the needs of the population, the country's infrastructures, the social, labour and health fabric, and the cultural characteristics of each nation. These contexts will raise the need for a different response according to the needs of the migrant population. Without overlooking that, people are moved by very similar principles such as the search for job opportunities, desires for a prosperous life, longing for a promising future for their families.

Operational Risk Assessment

Although there are no clear forecasts for the evolution of the migratory context in the Americas, several factors will continue to influence the current population movement. These factors are considered in each of the operations and programs that continue to be developed in the region, as well as in the transition processes that have been planned since 2020.

- The socio-political situation in Venezuela, including the context of pressure from external actors.
- The change in migration profiles, including returnees or as highlighted from the R4V Platform, that some people who arrived in the south of the region to destination countries have begun to move north in secondary movements, routes, and crossing points along borders.
- The economic situation in Venezuela has led to shortages of food and water supply. It has diminished access to health care, which mainly affects children and people with chronic diseases and has repercussions at the regional level.
- Illegal armed groups active on the Colombia-Venezuela border could continue to cause population displacement and mobility.
- Changes in migration policies, including border closures in countries of transit and destination.
- The outbreak of armed conflicts between forces of neighbouring countries.
- The context of the COVID-19 pandemic generates significant risks for migrants and challenges for the regional operation, including increased vulnerability due to job loss, the considerable number of migrants stranded in border areas and the significant number of Venezuelans seeking to return to their country.
- Social contexts in transit and destination countries trigger different behaviours during the journey and increase stress and anxiety, forcing migrants to make quick decisions that can pose a danger to themselves and their families.
- Reduced operational space in transit and destination countries.
- The deterioration of the economic condition in the countries of transit and destination.
- The increase in human trafficking and exploitation resulted from the increased vulnerability of women and girls during the pandemic.
- The reduced funding to maintain the operation.
- Disasters in the region.

¹² <https://rosanijose.iom.int/site/es/blog/que-hace-que-las-personas-migrantes-sean-vulnerables-la-violencia-basada-en-genero>

¹³ <https://razonpublica.com/los-migrantes-venezolanos-tambien-victimas-del-crimen-la-violencia/>

- Presidential and parliamentary elections can increase attitudes to discrimination, xenophobia and social unrest (Chile, Ecuador and Peru).
- The lack of inclusive public health services will continue to be a severe problem.
- Government measures may change at any time as positive cases increase. Activities in the communities are still uncertain.
- Low COVID-19 vaccination rates as national governments struggle to obtain vaccines amid high demand from the international market.

The IFRC, in an internal review, carried out a mapping of different macro-stages to identify possible actions at the regional level for different types of effects, analysing their impact at the regional level. The National Societies of Argentina, Costa Rica¹⁴, Ecuador, Panama, Peru and Uruguay have analysed how each scenario could affect the situation in their countries and generate possible changes in their humanitarian interventions.

Although the context of COVID-19 has modified migratory flows, as mentioned in previous reports, the evolution of flows is maintained, and in some areas, it is reaching the levels of years before the pandemic, as is the [case of Panama](#).

- One might assume that the migratory flow will continue.
- The number of people on the move is higher than officially registered because many cross borders through unauthorized places.
- Migration routes may change as more restrictive migration policies are implemented.

B. Operational Strategy

Proposed Strategy

Overall Goal: Provide urgent and immediate assistance and protection in a coordinated manner to people travelling along migratory routes, at migration points and at their destination. Moving forward, National Societies need to adapt their response to a more durable and sustainable approach. In doing so, decision-makers in each National Society will require technical advice to transition from an emergency response approach to an integrated mid-to-long-term sustainable programmatic approach.

The operation integrates the three-core cross-cutting approaches to Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability (CEA) in the provision of humanitarian aid.

The main sectors of intervention were:

- Shelter
- Livelihoods and basic needs
- Health
- WASH

¹⁴ The Costa Rican Red Cross was invited to participate in the process as they are also responding to the needs of the migrant population and has analyzed a scenario in which Costa Rica receives a migratory flow.

A migrant and community-centred approach drove the implementation of all the services provided by the different National Societies; at first, humanitarian assistance moved to a transition phase focused on social integration. However, COVID-19 turned the operation around to return to humanitarian aid. Local capacities and linkages to the Government's plans were taken into account at all times, and actions in different contexts and countries adjusted to it. The focus was on individual people, and the response's approach shifted from "walkers" to people in transit, from people in countries of final destination to returnees, and including host communities in their different traits, needs and levels of vulnerabilities.

Special attention has been paid specifically to those who have severe difficulties in accessing public services. Assistance will continue to be provided to people in situations of the most significant vulnerability during the migration route, passage and forced stay in border areas immediately after arrival in host countries and settlements in host countries.

The main efforts were focused on the following actions:

1. Support National Societies to respond to the needs of migrants and host communities.
2. Strengthen National Societies in their technical capabilities, especially on topics of Migration, Protection and Community Participation.

The regional Emergency Appeal combined the coordination and preparation of the operational support to respond to the massive movement of people from Venezuela and other countries of America.

The Appeal had a vital capacity-building component for National Societies, especially since many of them have begun working with people on the move recently. Due to the branches demand, especially in border areas, a great need was identified to increase their response capacity, institutional strength, and organizational development.

The implementation strategy supported the response capacities of volunteers, but at the same time, contributed to existing migration strategies to ensure the long-term commitment of volunteers, considering existing migration strategies to ensure the long-term commitment of National Societies.

The transition process begun with revision number 3 of the regional appeal and the 2021 planning process. In this regard, each National Society, in coordination with the CCD, has reviewed the strategic migration framework, action plan and budget to improve the transition. From the Regional Office, this transition begun in the first half of 2021, considering the capacity of each National Society, available resources, the capacity of each CCD and CO, and the integrality with other types of programs and operations.

The proposal is that each project in the Appeal can be managed and administered from each Country Office and CCD, but with monitoring from the Regional Office. This process has a shared responsibility and is handled differently in each country.

Nevertheless, on the current complex migratory flows in the region, the risks and humanitarian needs, the IFRC has initiated the development of a Case for Support proposal to define an intervention logic adapted to mixed flows, considering regional and local capacities. This approach seeks to harmonize and consolidate a



comprehensive and sustainable preparedness, response and recovery model that allows National Societies to maintain in the mid and long-term assistance to the humanitarian needs of migrants in countries of origin, transit and destination, as well as to contribute to support durable solutions, supported with a strong strategic, programmatic framework, and resource mobilisation actions.

C. Detailed Operational Plan

This report covers the entirety of the Population Movement Emergency Appeal operation that began in September 2018 and ended in June 2021. To cover the cost of the activities, each of the National Societies has used funds from various sources, at the local level, from associations and emergency funds. However, the following sections will only specify the actions covered by the Emergency Appeal funds.

The way to address population movement in the region has been challenging. In the last 3 years, the character of the migration has changed, which made the planning and implementation of specific actions complex in the long term. Political, economic, and binational relations between countries in the region have shown that the response to migration must be structured under an agile framework and be operational enough to adapt to social changes in an effective and lasting way.

Throughout the Appeal, some of the activities planned in 2019 between April to December had a particular structure based on a very concrete legal reality in the different countries. However, the changes were enormous in migration policies. The new approaches to population movement reflected a tightening of the conditions of entry and regulation of migrants. Panama¹⁵, Ecuador¹⁶, Peru¹⁷ and Chile¹⁸ drastically modified policies to accept migrants to reduce people's access through their borders. Despite this, the expected effect was not obtained, and migratory flows were maintained, increasing irregular entries, and thus increasing the vulnerability of migrants.

The impossibility of applying for naturalization processes in the countries of destination left migrants doomed to a situation of continuous irregularity. What impacted their possible access to protection services, health and education, housing, livelihoods, and access to the labour market.

Added to the difficulties of the changes in migration policies, the appearance of the COVID-19 pandemic was another considerable setback. The first cases began to be reported in the region in March 2020. The consequences that the pandemic has had and continues to have on the population have been severe. The loss of work in regular and irregular sectors, the uncertainty due to long periods of confinement, the saturation of health systems, disparities in access to vaccination, and social revolts as a result of the lack of credibility in national governments, among others, have affected the migrant population in a more pronounced way. There have been evictions due to non-payment of rent. Access to livelihoods and jobs has become precarious due to the increase in basic needs. The risk of homeless¹⁹ migrants has increased, xenophobic speeches and acts against migrants and refugees have heightened.

Protection risks have been exacerbated significantly by the prolonged closure of borders. Initially, border closures were designed to minimize COVID-19 infections from other countries. Although the direct consequence was the transformation of population movements into irregular displacement, the response of some countries has been the militarization of borders²⁰ and the increase in immediate deportations²¹.

Meanwhile, humanitarian needs have not ceased to increase, nor have the difficulties of providing an adequate response due to the limitations of face-to-face assistance and sometimes the obtaining of material resources. For their part, the National Societies have found several gaps to implement specific actions due to various factors, such as the Guyana Red Cross, where an agreement letter was signed only from September 2019 due to internal

¹⁵ https://www.asamblea.gob.pa/APPS/SEG_LEGIS/PDF_SEG/PDF_SEG_2020/PDF_SEG_2021/2021_P_578.pdf

¹⁶ <https://www.france24.com/es/20190821-migrantes-panama-ecuador-tensiones-inmigrantes>

¹⁷ https://elpais.com/internacional/2019/06/07/america/1559932265_923817.html

¹⁸ <https://www.france24.com/es/minuto-a-minuto/20210224-chile-cambia-su-pol%C3%ADtica-migratoria-y-crece-hostilidad-hacia-indocumentados>.

¹⁹ <https://www.r4v.info/en/document/risks-homelessness-and-evictions-rising-among-venezuelan-refugees-and-migrants>

²⁰ <https://www.bbc.com/mundo/noticias-america-latina-55888230>

²¹ <https://www.france24.com/es/minuto-a-minuto/20210425-chile-expulsa-a-55-venezolanos-en-un-nuevo-proceso-de-deportaciones>

contexts. Because of financial resource constraints, the Chilean Red Cross was included in the operation up to mid-2019, receiving the first funds in September of the same year. The Brazilian Red Cross started implementation in October 2019 with the support of ICRC and received resources from the Appeal until May 2020. The Bolivian Red Cross that was only included in the operation after the last review in 2020.

Some National Societies, after the end of the Emergency Appeal, continue to implement actions to respond to the movement of migrants. From the capacities acquired through the 30 months of operation and from a proper design of country plans and specific programs with donors. That is the case of Peru, Chile, Argentina and countries of the Northern Triangle of Central America. Other National Societies work on their strategies, aligning themselves with a regional framework aligned with the IFRC's Strategy 2030 and the 2021-2025 strategy of the Region.

Below is a more detailed description that explains the level of implementation compared to target figures.



Shelter

People targeted: 4,850

People reached: 5,803

Shelter - People Targeted and Reached by Country										
	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People Targeted	400	N/A ²²	600	3,050	100	300	N/A	N/A	400	4,850
People reached	414	N/A	N/A ²³	2,587	390	1,900	N/A	N/A	512	5,803

Outcome 1: The migrant population restore and strengthen their safety, well-being and short, medium and longer-term recovery through shelter and settlement solutions.

Indicators:	Target	Actual
Number of shelter services provided that are adapted to migrants' needs (disaggregated by type of service).	4,850	5,803

Output 1.1: Migrants have received assistance to cover their basic short-term shelter needs.

Number of household items and emergency shelter materials/kits delivered.	4,150	2,606
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Output 1.2: Migrants have received assistance to cover their mid-term shelter needs.

Number of assisted households able to meet their mid-term shelter needs through cash for rent programmes.	700	414
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Output 1.3: Migrants have received assistance to cover their long-term shelter needs.

Number of regional strategies that include the development of long-term programmes.	1	0
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Narrative description of achievements

Outcome 1:

5,803 shelter services adapted to the needs of migrants.

ARG	ECU	GUY	PAN	URU	Total
414	2,587	390	1,900	512	5,803

²² If the National Society is not carrying out actions in the sector, a figure within the sector will not be reflected in relation to the people planned and the people reached in the country.

²³ Throughout the operation, the delivery of shelter kits within this focus area had been reported. However, at the financial level, the expenses for the supplies were registered under the focus area of Migration. For this reason, the people reached, as well as the (aforementioned) supplies have been moved to the Migration area.

Output 1.1:

2,606 household utensils and emergency shelter materials/kits delivered.

ECU	GUY	PAN	URU	Total
1,109	785	200	512	2,606

Ecuador: In this area, the ERC has carried out support work with other organizations because they do not directly manage any of the facilities that offer temporary shelter services. Their support throughout the operation focuses on delivering food kits, cleaning, and support with infrastructure.

Thus, the assistance provided reached 20 shelters/dining areas that serve the migrant population in Quito, Guayaquil, Machala, Tulcan, Lago Agrio, Ibarra, Pichincha and El Oro. Through the provision of:

- Food Kits for hostels, where 20 kits were delivered.
- Cleaning Kits for shelters for the prevention of contagion by COVID-19. They delivered 15 kits.
- 50 Kitchen Kits to help with food preparation with essential cookware.

The total number of kits provided was 85, and they have reached a total of 1,660 people living in the shelters. In addition to the kits, clothing items were delivered, specifically 1,008 shoes and 16 blankets. Therefore, it is estimated that the total inputs reached 2,587 people.

Guyana: the GRCS developed its interventions through the delivery of items to improve the migrant population living conditions. So far, in the absence of government reception structures, migrants have chosen to occupy land, sometimes given by the local communities' government. The situation has resulted in the emergence of settlements of large family groups. Living conditions are highly precarious. GRCS delivered 345 mosquito nets, 185 kits of kitchen utensils, 155 solar lamps and 100 awnings in the regions of Purum, Moruc, Anna Regina, Lethem and Central Mabaruma. As a result, 390 people have been reached.



Installation of Shelters at ERM in Lajas Blancas, Panama. 2020

Panama: The Red Cross Society of Panama has supported some improvements to the ERM's throughout the operation. The most outstanding improvement within the area of Shelter, is the one carried out at the ERM of Lajas Blancas, where 200 shelter kits with awnings and construction materials were delivered. Volunteers and staff assembled the structures, initially designed only for emergency shelter.

Shelter is estimated to have reached 475 families during the operation. Considering that each family has an average of 4 members, this action is estimated to have reached 1,900 people.

Uruguay: The National Society of Uruguay has worked along the lines of Shelter with the distribution of shelter kits and home kits for the target population. Given that the country's temperatures in the winter months are very low, shelter was identified as one of the needs to be covered by humanitarian intervention. A kit was organized for this, with suitable garments to cope with the low temperatures. First, the Winter Kit included a coat, hat, gloves and socks. A total of 301 kits of this type were delivered throughout the operation.

Secondly, the URC distributed the home kit, consisting of a pack of towels, sheets and blanket. Throughout the operation, 141 of these kits were delivered. With the delivery of these supplies, a total of 512 people were reached throughout the operation.

Output 1.2:

414 households have been able to meet their medium-term shelter needs through rental assistance programs.

Argentina: 414 migrant families received support to cover the rent of their accommodation. The response has been in the country's major cities to facilitate the reception of the main migratory flows and thus support migrants in their integration with the host community.

The aid program was organized through a cash transfer program explicitly focused on shelter assistance. As a result of this program, in addition to the direct beneficiaries, a guide was generated to support the implementation of programs along the same line.

The ARC received technical support from the IFRC, which has installed the National Society's capacity to implement a similar program.

With the end of the operation, the search for an exit strategy is proposed for the branches where state aid, Social Development and Habitat Office, do not have enough presence. ARC maintained cooperation with other organizations to provide emergency shelter as a temporary solution. Collecting the incidence of new cases that arise and providing information about safe shelter resources for those who require it.

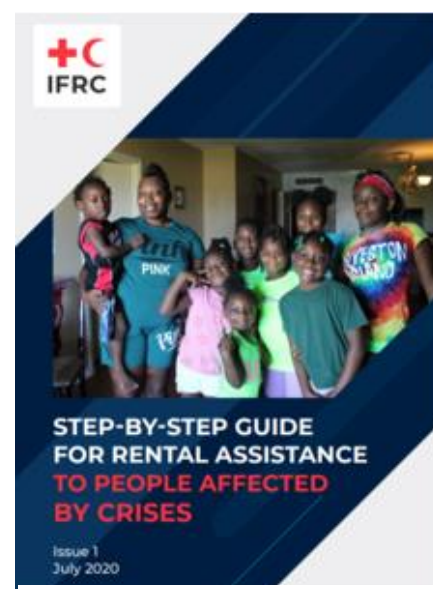
Outcome 1.3:

A Regional strategy was designed with a long-term program approach.

Regional level: A committee conformed of 16 people focused on improving the design and implementation of rental assistance services for the affected population. They concluded in producing two documents of great value and one [online training](#), such as the [Step-by-Step Guide for the Provision of Rental Assistance](#) and the [Tip Sheet for Rental assistance Programming](#) in coordination with the Bahamas operation.

These documents aim to support the implementation of rental assistance interventions, integrating different components to achieve the direct effects of shelter and settlement within the programs. The team presented the guides using a webinar in which 189 people from the Movement and other external partners participated.

Both are the products of the effort of a multi-professional team that integrated the work areas of Shelter, Cash Intervention, Protection (especially in Housing, Land and Property (HLP) and security of tenure), Migration, CEA and PGI.



CVA Guide for Shelter. Published in July 2020.

Challenges

Argentina: Since ARC had no previous experience with cash transfer programs, the biggest challenge was implementing this type of aid. Therefore, a well-defined operational framework and a staff training were required in the branches that conducted it.

The exit strategy and continuing responding to the shelter difficulties of migrants has become the challenge now, as there is no clarity regarding the magnitude and duration of the population movement in the near future. Consequently, the response offer focuses on articulation and coordination with other actors.

Chile: Availability of funds and capacity for actions were reduced due to COVID-19. Large gatherings were not allowed, therefore, ChRC worked with small groups of volunteers and mainly with those who do not belong to populations at risk to continue their delivery actions. Volunteers always used personal protective equipment, reducing the possibility of contagion by the virus.

Ecuador: For the ERC, interventions in shelters were necessary. However, the provision of shelter materials is considered unsustainable and far from other priorities that have been identified and where their intervention could be more effective. For now, the intervention in specific areas of shelter adequacy and promoting safe water in shelters is considered more feasible. Currently, ERC technicians wait for a safe visit to the shelters. Thus, visits

will be planned by the Provincial Boards to carry out Needs Assessments and identify the following areas in which to intervene.

Guyana: The challenges encountered by the GRCS were related to the distances to be covered in order to deliver supplies to family groups and the reliability of keeping them in the same place. Given that most migrants were not registered in any administrative space, and family groups moved from one place to another, it was very challenging to design medium and long-term interventions. Also, when planning the delivery of temporary settlements, the risk of failure was considered. Additionally, there was the difficulty of not sharing a common language, which hindered communication and understanding.

Panama: RCSP worked in the area of Shelter based on the need identified in the middle of the operation with a special focus on the ERM of Lajas Blancas and San Vicente. The response to migration in the Darien area is complex due to the lack of accommodation spaces and the high number of migrants arriving in the country. Nonetheless, the management and organization of the spaces still depends on the National Migration Service and SENAFRONT. Both are government agencies that manage the transit of migrants and the country's ERMs. RCSP worked with them to develop health infrastructures since these have been considered of greater need.

Uruguay: The issue of finding safe shelter in Uruguay remains complex, and the government response only consists in finding temporary accommodations for arriving migrants. It is a short-term response, and there is no exit plan for when that support is discontinued. The URC, in its auxiliary role to the public authorities, wants to expand its response; however, it now bases its interventions on the help of volunteers and has few human and economic resources to propose medium and long-term solutions. In coordination with other humanitarian actors, it offers support in contingency centres where migrants are housed upon arrival in the country.

Lessons learned

There are different needs in the area of Shelter, especially considering that the population does not have accommodations identified in its transit phases and have resources to stay in the other reception centres, hostels, hotels, etc., during the route.

However, in the destination countries, the challenge of providing safe shelter solutions was identified. Also, the rental programs required a technical approach that did not exist in National Societies. Therefore, spaces for dialogue and support were created from the Regional Office and the Global Headquarters, giving a comprehensive response that requires technical support from several sectors and medium-to-long-term financial sustainability depending on each case. The conditions and context in each country are diverse, and the monitoring of compliance with minimum humanitarian standards and shelter conditions, legal agreements, among other factors that can put people at risk.



Livelihoods and basic needs

People targeted: 11,750

People reached: 35,643

People Targeted / Reached per Country in Livelihoods

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People targeted	750	2,000	N/A ²⁴	2,000	100	4,600	N/A ²⁵	1,400	900	11,750
People reached	2,093	12,932	4,008	12,187	0	0	3,531	167	725	35,643²⁶

²⁴ The Chilean Red Cross initially had no actions planned in the shelter area. However, a target update was made in the EPoA review.

²⁵ If the National Society is not carrying out actions in the sector, a figure within the sector will not be reflected in relation to the people planned and the people reached in the country.

²⁶ Where possible, an estimation for the number of people per migrant household has been used to calculate the total number of people reached. In countries without an available estimate, one person has been counted per household.

Outcome 2: The target population, especially in disaster and crisis affected areas, restores, and strengthens its livelihoods.

Indicators:	Target	Actual
Number of targeted households (disaggregated by age and gender) that have enough cash or income to meet their survival threshold.	11,750	21,546
Output 2.1: Households are provided with unconditional/multi-purpose, or conditional cash grants to address their basic needs.		
Number of country level livelihoods needs assessments for migrants.	4	7
Number of assisted households able to meet (Survival) Minimum Expenditure Basket needs (including food items, food-related non-food items).	10,850	17,619
Output 2.2: Vocational skills training and/or productive assets to improve income sources are provided to target population.		
Number of labour market surveys carried out.	2	7
Number of people trained in livelihoods, labour market-based livelihoods and economic inclusion (by age and gender).	900	511
Number of people supported with contributions in kind, cash or vouchers to restart their economic activities (disaggregated by age and gender).	330	3,416
Narrative description of achievements		

Outcome 2:

21,546 households²⁷ have enough income or cash to reach meet survival threshold.

ARG	BRA	CHL	ECU	PER	TTO	URU	Total
2,093	4,489	1,440	11,625	1,007	167	725	21,546

Output 2.1:

7 livelihoods need analyses carried out at the country level.

With the technical accompaniment of experts in Livelihoods and Cash Transfer Programs, we worked with the National Societies accompanying them in carrying out the different feasibility studies and market analysis. The goal was to achieve the objectives established in each of the National Societies' strategies set themselves when they joined the operation.

Note that many of these analyses were modified due to the changes that happened with the arrival of COVID-19.

1 in each country: Argentina, Chile, Ecuador, Panama, Peru, Trinidad and Tobago and Uruguay.

Argentina: The needs analysis focused on the shelter needs of migrants residing in the country. Covering shelter was identified as a great difficulty for migrants. ARC consequently designed a cash transfer program with an emphasis on financial assistance on rent. The process began with a market analysis on the price of rents to organize economic aid, and a profile was created for the target population. (For more details [click here](#)).

Chile: In 2020, a needs analysis was carried out to respond to the shortcomings presented by the migrant population as found in the area of health. People expressed their interest in medical care coverage, and as a consequence of it, ChCR set an agreement with UNHCR to provide essential health care services in March 2020. The programme covered medical care, tests and medicines within the country's health system. (For more details, [click here](#)).

²⁷ Despite being households, individuals were considered as it was a population movement operation.

A cash transfer programme focused on people's health conditions and selected people's profiles to receive support. In a coordinated action, CRCH and UNHCR, with other humanitarian agencies, pre-selected the candidates in Arica, Parinacota and the Metropolitan region. The program's modality became multipurpose since it was understood that the needs could be multiple and range from the coverage of immediate basic needs of food to personal hygiene, clothing or others. (For more details, [click here](#)).

Ecuador: In August 2019, a study on the population's needs was carried out. ERC conducted the analysis in the provinces of Pichincha and Imbabura. The study's objectives were to improve the situation of people in transit and on short stay, so they focused on the foreign population in the country in that situation and included a certain number of the local population.

As a result, the team determined the more significant needs expressed by the population interviewed at the moment. Their finding showed that families' needs turned out to be about food purchase, access to health services and medicines and rent payment. 58 per cent of the population interviewed from the ERC expressed the willingness to receive cash aid to cover their needs. (For more details, [click here](#)).

Panama: In April 2021, a needs study evaluated the feasibility of implementing a cash transfer program in the country. The flow of people who have arrived at the ERM's continued increasing despite the closure of borders. It also showed an exponential growth in the number of minors using that route²⁸. The response of the Panamanian government remained insufficient. For this reason, RCSP worked with focus groups to better understand their needs are in terms of goods and services. The results showed covering the transport's expenses was their primary need and the most viable to implement in coordination with government authorities. (For more details, [click here](#)).

Peru: As a result of the effects of COVID-19, PRC used cash transfer programmes to alleviate the more urgent needs of the most vulnerable population. The pandemic meant the loss of livelihoods for many people, and government aid did not reach the population, mostly migrants, living in the country. The search for recipients of the programme was carried out from the users that the PRC had already identified in previous programmes. The study identified essential needs such as food, shelter and health coverage. The study focused on the health services in Lima and Tacna and compared the costs of different providers at the level of laboratories, medical interventions and treatments. (For more details, [click here](#)).

Trinidad and Tobago: With the arrival of the Venezuelan population, the TTRCS understood that food needs would be an essential vulnerability to cover. The previous experience of 2018 within a DREF and the coordination with other agencies such as the IOM, which also implemented CVA programs together with Living Water Community, showed the need to offer support to cover essential needs. Consequently, TTRCS conducted a needs' study in September 2019. The study results showed that the population interviewed, required to cover the nutritional needs as a first necessity. (For more details, [click here](#)).

Uruguay: The URC conducted a needs study to determine how to implement a CVA with the migrant population. They identified that the target population had more significant needs between their arrival and the first three months of living there. The surveyed population stated that only 12.5% had a source of income, mainly a salary per workday. The needs identified by the migrant population were access to food from the basic food basket, access to adequate clothing to face the cold of winter, safe shelter, advice for the search of work and guidance to complete the processes of documentation regularization. (For more details, [click here](#)).

17,619 households able to meet (Survival) Minimum Expenditure Basket needs (including food items, food-related non-food items).

ARG	BRA	CHL	ECU	PER	TTO	URU	Total
1,315	4,489	1,440	8,476	1,007	167	725	17,619

²⁸ National Migration Service figures from the Darien border. April 2021. [IRREGULARES POR DARIEN ABRIL 2021.pdf\(migracion.gob.pa\)](#)

Argentina: The food security response focused on the delivery of food boxes to the most vulnerable families. This intervention resulted from joint work with the World Food Program to define an efficient intervention that contained the food necessary for a healthy diet. The 7 branches capacity throughout the territory was essential to identify the population in need, census it, produce the food kits, distribute them and subsequently monitor the assistance provided.

The intervention demonstrated the capacity of the branches to manage similar operations and reached vulnerable households by working to alleviate their food needs during one of the country's confinement periods. ARC delivered food boxes to 1,315 vulnerable families in San Juan, San Rafael, Parana, La Plata, Buenos Aires, and other country areas.

Brazil: The Brazilian Red Cross (BRC) intervened with the delivery of food boxes. Mainly from the branches of Sao Paulo, Rio Grande do Sul and the Amazonas, but it has also intervened at the border with Peru when necessary for [emergency reasons](#).

The distribution of food boxes responded to the increase in vulnerabilities among the migrant population to cover basic food needs. A situation that began with the arrival of the health emergency due to COVID-19. It affected the migrant population while they lost their sources of generating means. Despite the precariousness due to their dependence on informal work, with the virus's arrival, they lost their jobs and were never considered for the aid provided by the [federal government](#).

The BRC organized the deliveries of supplies in the branches after implementing biosecurity protocols to reduce the advance of COVID-19. A total of 4,489 boxes of food were delivered throughout the operation, reaching an estimate of 12,932 people.

During distribution, staff collected the required data through the ODK App to improve the registration system. Previously, the team had been trained to install the App and handle data following migrant data protection rules.

Chile: The intervention carried out by ChRC has had two different paths of action. On the one hand, it has been responsible for the delivery of feeding kits for families. A total of 1,336 feeding kits were delivered, of which 387 were given to men and 949 to women.

The second line of action was organized around a Multipurpose Cash Transfer Programme. It was implemented in the cities of Santiago and Arica and was carried out in collaboration with the UNHCR. For the selection of families, an instrument was used to measure vulnerability on a group of families pre-selected at the national level. A total of 104 families were selected. To which they were provided with rechargeable VISA cards with monetary funds to cover their primary care needs.

The programme initially intended to make 3 transfers to the card delivered, however, due to time limitations, the transfers were concentrated, and the same economic amount was delivered in 2 transfers. Once the total transfer of money was completed, a satisfaction survey was conducted, to which 69 people of the full participants responded. The results show that 81% of the people who received the aid said they had used the card to prioritize obtaining food, and 70% invested a significant part of these funds in paying rents, avoiding falling into a street situation.

The Multipurpose CVA modality has been very positive. It allowed people to prioritize their needs, promoting autonomy and dignifying their decision-making regarding their most urgent needs, unlike other forms of assistance granted by other local actors, consisting of a coupon that conditions the purchase to specific commercial premises and with an identical predetermined amount for the entire population. With the services delivered, it is estimated that 4,008 people were reached in this focus area.

Ecuador: The ERC has focused on supporting families since the delivery of feeding kits. Due to the high number of needs ERC found, two types have been mainly developed. A type of kit was developed to meet the families' needs. Throughout the operation, 2,170 kits have been delivered to families. Additionally, kits have been created

for migrant people who are in mobility. This type of help has been mainly distributed in the regions that comprise the migratory route. These are Tulcan, Latacunga, Quevedo, Santo Domingo, Machala and Ibarra. 6,028 individual kits have been delivered. In the regions of Cotopaxi and Guayas, aid was provided in the form of CVAs that reached 278 families. The aid ranged from \$50 to \$140, depending on the identified needs and the number of members in the family unit. The total number of people reached with the help of food kits during the appeal amounts to 14,708 people.

Peru: The PRC worked along two lines within the operation. The first was through a CVA strategy to cover the livelihoods needs of the migrant population in the country. The intervention was carried out in several phases. The first in April, May and June 2020, and the second phase during March and April 2021. The actions focused on three regions of the country since it was there where the largest concentrations of migrants were located. In the first phase, 391 households were reached and in the second, 166. In total, it is estimated that the actions reached 1,911 people. 405 cards were acquired and delivered individually or as a family to the program recipients to cover the program. In addition, a series of extra cards were used, which the PRC had, and which were pre-positioned from other previous interventions. For the implementation of both programs, a sum of 170,000 USD was used. 80% of the households were made up of migrants and refugees and the remaining 20% were made up of nationals with the same needs to be met.

The first phase focused on mitigating the impact of COVID-19 through a multipurpose modality. Thus, the financial aid granted was not subject to a specific type of expenditure. It was implemented in the Metropolitan Lima and Lambayeque regions. The total amount transferred was 105,000 USD.

Meanwhile, the second phase focused on mitigating the health vulnerabilities of people who require medical attention in higher strata than those that the Red Cross can directly provide. It also included people who need additional analysis to access regular immigration status. It was held in the regions of Metropolitan Lima and Tacna. The amount transferred was 64,000 USD. The second phase was implemented based on a market study of health providers conducted during January and February 2020. This study identified several providers and estimated costs of access to medical services according to different health profiles.

The second line consisted of the delivery of food boxes to families. Between September and December 2020, a total of 450 boxes were delivered, reaching the same number of households and an estimated 1,620 people.

Trinidad and Tobago: The TTRCS implemented a cash transfer programme. Initially conceived as a delivery of cash to cover families' basic needs, it was modified by the insecurity and risks identified with this modality. Thus, the change introduced was the delivery of food vouchers. A total of 167 vouchers were given to the migrant population. Both staff and volunteers followed COVID-19 protection protocols during distribution to ensure the safety of everyone involved.

Uruguay: The URC has implemented two lines of work in the area of Livelihoods. On the one hand, offering an uninterrupted dinner service from Monday to Friday at the Montevideo branch. Throughout the operation, a total of 8,114 dinners have been offered, which is estimated to have reached a total of 195 households. From the canteen, migrants have been employed, so the actions have also created job opportunities within the same target population.

The second line that they developed in a complementary way was implementing an intervention based on the transfer of multipurpose personnel. This modality of cash transfer program was chosen because it is considered to confer full confidence in the people who receive it by granting them the ability to decide and prioritize the use of these. The program was carried out in Montevideo and Santa Rosa, and in total 530 families have benefited throughout the operation.

Regional level: In April 2020, a CashCap expert, in partnership with the IFRC ARO, was deployed to the region to support the [Regional Cash Working Group- Response for Venezuelans](#) or "Cash Transfer Regional Groups - CTRGs", co-led by the World Food Program and the IFRC.

The regional CWG is a space that was created to respond to the needs of humanitarian actors and national CWG in the medium and long term. From this space, exchange meetings and presentations were articulated that served to implement monetary transfer actions. A [YouTube Channel](#) was created that has served as a repository to host the experiences and presentations made.

As a result of this initiative, 17 national and subregional platforms, 13 sectors and subsectors have been reached, as well as 57 organizations involved in different parts of the Latin American and Caribbean region.

One of the most valuable deliverables has been the dialogue generated and the collaboration between organizations. Both have had a decisive influence on the responses with cross-cutting themes such as [Planning](#), [Gender and Gender Violence](#), [CEA](#) and [Shelter](#), among others.

In addition, the ARO expert has supported two R4V strategic planning processes: the review of the [Refugee and Migrant Response Plan 2020 for Venezuelans - COVID-19 Situation](#) and the 2021 plan (Technical Guidance for National Platforms). In 2020, the CWG facilitated more than 10 webinars for partners and supported 7 evidence-based reports, case studies, learning reports, guidelines, mappings and studies produced by partners working in CVA with refugees and migrants from Venezuela.

Output 2.2:

7 feasibility studies (including labour market surveys) were carried out.

The National Societies of **Argentina, Chile, Ecuador, Panama, Peru, Trinidad and Tobago** and **Uruguay** conducted feasibility studies in which the implementation of Cash Voucher Assistance (CVA) programs through cash and coupons was evaluated.²⁹ The studies helped to determine with greater certainty which would be the best modality to continue considering the intervention's context. Feasibility studies were implemented to better understand the changing nature of contexts, especially the realities of labour markets. Study reviews were carried out throughout the operation, and recommendations for improvement and study updates were included.

511 people trained in livelihoods, labour market-based livelihoods and economic inclusion.

ARG	ECU	Total
38	473	511

Argentina: Access to the labour market is essential for integration into host societies. Based on that idea, the ARC planned a series of training on the subject, in which the subject chosen were the country's labour law, preparation of interviews, and resumes' preparation. A total of 38 people received the training. The rest of the activities planned in this line were cancelled due to the arrival of the COVID-19 pandemic and the restrictions of face-to-face meetings.

Ecuador: In Quito and Guayaquil, training sessions were held on the drafting of business plans, the use of seed capital, as well as basic skills and knowledge for labour insertion in Ecuador. The objective with these trainings was to increase the employability of the people who attended. The training sessions reached 473 people. As with other face-to-face activities, they had to be suspended with the arrival of the pandemic of COVID-19.

3,416 people supported with contributions in kind, cash or vouchers to restart their economic activities.

ARG	ECU	Total
740	2,676	3,416

Argentina: The ARC In San Salvador de Jujuy and Posadas, in coordination with other migrant organizations, assisted 140 families with food provisions. In the region of Mendoza, the migrants were mainly temporary workers who hoped to obtain seasonal employment. While in Buenos Aires, Córdoba and La Plata, the heads of households

²⁹ Links to feasibility studies by country can be found in section 2.1.

received the sought support to meet their basic needs. The exit strategy, at the end of the deliverables, was the referral to other available services. This initiative reached 740 people.

Ecuador: The ERC implemented cash transfer programs in three different periods. Initially, between November and December 2019 when 40 families received cash to cover school costs. As part of the same program, funds were given to 66 other families to invest in small businesses. The second program happened in March 2020. On this occasion, 85 families received a cash transfer to cover the costs of starting a small business. Finally, in September 2020, 278 families received multipurpose cash transfers. That meant that funds were not assigned to a specific consumption area and could be used at the recipients' discretion. A total of 469 households (2,676 people) have been assisted through these programs.

Challenges

Argentina: Considered among the main challenges: the implementation time and vulnerability criteria used to classify the target population and the logistics to conduct the purchasing and distribution processes, since it had to be done from the headquarters to the branches. The definition of the vulnerability criteria was considered very strict and insufficient to cover the found needs.

Brazil: The BRC encountered challenges in implementing actions due to the impact of the pandemic and the measures that were considered necessary to protect people's health. The National Society chose to prioritize safety and avoid crowds. In this way, the organization of events and actions had to be reduced to small groups where adequate distancing could be had, and international health protocols followed.

Chile: The biggest challenge was the technical weaknesses in the absence of livelihoods and cash transfer focal point. The operation has had the technical support of the IFRC office at the regional level. However, as the ChRC would like to continue implementing CVA, internal capacities must be developed among the National Society staff.

Ecuador: Given the increase in migratory flows, and with its increased projection as border closure measures were reduced or withdrawn; the challenge faced was the design of an exit action that will sustain the response with immediate attention along the line of food, to contribute to the food security of the migrant population, both those in transit and those who have a desire for permanence. Always counting on a joint intervention, articulated with other humanitarian entities.

In addition, difficulty in strengthening the subsistence tools of the migrant population for their local adaptation and the generation of their livelihoods, designed through employment or self-entrepreneurship, was presumed. Nonetheless, it was understood that the national economic system is fragile and changing, which is a great planning challenge.

Peru: the PRC encountered a significant challenge during one of the moments of confinement in 2021 when it was intended to implement the second phase of the health CVA. The implementation mechanism was initially based on face-to-face interviews, which demanded that the team look for alternative tools such as medical and social interviews online.

In addition, the administrative aspects related to the activation of the CVA program, such as the generation of payment orders, the transfer of funds and account validation with the financial service provider, which generated delays in the program start dates, remained a challenge.

Also, establishing partnerships with humanitarian organizations in the field to adjust mechanisms for the referral of priority health cases. In the second phase of the CVA program, referrals received from other organizations did not meet the program requirements. Coordination and trust that the other actors correctly understand the program was essential for working together and implementing new initiatives.

The management of the information within the RC2 Relief platform was complex since it did not count on all the support to uphold the volunteers and staff in charge. New tools required a more extensive training process and testing phases before their use in field activities.

Trinidad and Tobago: the TTRCS had many difficulties due to COVID-19. Training had been planned for staff and volunteers on the use of the ODK, but this never took place. Therefore, the data collection system remained paper-based and previous shortcomings were maintained. In addition, TTRCS identified safety issues when implementing cash transfer programs, mainly related to handling cash to the target population.

Uruguay: The health emergency due to COVID-19 has generated the diversification of the basic needs to be met. Migrants have once again highlighted the vulnerabilities they experienced in their migration process. Meanwhile, URC reinvented their intervention to satisfy the maximum number of these vulnerabilities. They scaled up the response to facilitate food security for migrants as a priority. The dinner service had positive results. Whilst the challenge of expanding the intervention of cash transfer programs lied in the availability of funds. Feasibility studies and needs assessments will guide the process in the future.

Lessons learned

The CVAs were mainly implemented from the Livelihoods area. The feasibility studies and evaluations had to be repeated on several occasions because the advocacy that should be done beforehand did not occur. So, the lesson learned to improve on them was that advocacy was a relevant part before the intervention and that it has to be done with local and governmental authorities in advance.

The CVA was not a traditional strategy of the National Societies. So there has to be an assessment to identify the needs and targeting of actions.

Migrants' needs were very diverse. Even so, CVAs took many approaches such as Basic Needs, Micro-enterprises (Ecuador), Shelter (Argentina), Health (Peru). Different mechanisms were also applied, such as the IFRC cards in Chile, Peru and Ecuador. Vouchers in Argentina. Prepaid cards in Uruguay. And Ecuador with an innovative ATM transfer mechanism.

The experience of Argentina left a Guide to support the rental of housing, which should be taken as a helpful tool for other contexts and replicated, adjusting it to the characteristics of each country.

As a result of the operation, a regional course on cash transfer, feasibility studies and technical visits was left for the National Societies. However, staff learned that there were no recipes that could be applied from one place to another, and it was essential to recognize the cultural, social and political context needs. Projects have to be flexible and adapt to the people who will receive the help and not vice versa.

Peru's experience was able to adapt to the country's conditions that do not allow handling debit cards to people who do not have a Peruvian identity document. Therefore, IFRC cards were used. The example showed that one of the challenges was to know the current national legislation of each country.

Also, great lessons learned came from the experiences in Ecuador and Peru. In both countries, the National Societies implemented CVA programmes during the pandemic by using communication technologies such as WhatsApp for Business and RC2 Relief.

It was crucial to emphasize that all the actions were done thanks to a team and not simply by individuals. It was also suggested that at the end of implementing the CVAs, an evaluation is done to understand the delivery's impact.

An analysis in the initial phase is also important. In the case of Peru, the initial allocations were modified to fit the medical treatments that were to be covered.



Health

People targeted: 124,525

People reached: 138,783

People Targeted / Reached per Country in Health

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People targeted	22,000	7,000	20,000	66,500	500	525	7,000	500	500	124,525
People reached	18,538	5,615	3,151	76,327 ³⁰	845	21,328	10,915	449	1,520	138,783

Outcome 3: The immediate risks to the health of the affected populations are reduced.

Indicators:	Target	Actual
Number of people reached with health services adapted to migrants' needs (disaggregated by age and gender).	124,525	138,783
<i>Output 3.1: The target population is provided with rapid medical management of injuries and diseases.</i>		
Number of basic health services adapted to migrants' needs delivered (disaggregated by type of service).	123,950	118,313
<i>Output 3.2: Psychosocial support provided to the target population.</i>		
Number of people reached through psychosocial support actions by type (disaggregated by age and gender).	66,200	20,470
Narrative description of achievements		

³⁰ In the previous report, the reported 85,226 figure corresponding to the people reached in Peru has been modified by an error in the counting of services. The current figure corresponds to the services reported by the ERC within the Appeal.

Outcome 3:

138,783 people reached with health services adapted to migrants' needs.

Output 3.1:

118,313 basic health services adapted to migrants' needs delivered.

ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	Total
18,005	3,177	2,478	62,932	492	18,776	10,573	449	1,381	118,313

Argentina: The ARC implemented health sessions days for the migrant population. Health professionals were in charge of them and included physical health with check-ups, community health sessions days, vaccination campaigns in coordination with the authorities, and dissemination of sexual and reproductive health materials. However, with the arrival of the pandemic, the interventions moved, and the alternative chosen was care teleservices. ARC activated a toll-free 0800 line to resolve issues such as how to obtain medicines, access to treatments, access to consultations, etc. The total number of services provided in face-to-face and telecare modalities reached 18,005 people.

Brazil: The BRC, throughout the operation has focused on the promotion and awareness of good practices and sanitary measures, with particular emphasis on providing information on the prevention of COVID-19 and training on hand hygiene. However, there were special events organised in the different branches. For example, in the Amazonas branch, oral hygiene sessions were held together with a multidisciplinary team. Also there, BRC worked with the migrant's shelters, informing them about COVID-19 symptoms and individual and community level protection towards the virus.

Training about children's first aid was carried out in the Sao Paulo branch for families with minors and infants. Also, informative sessions about how to recognise fake news in media.

These interventions have overlapped with the delivery of supplies such as food and hygiene kits. The operation has supported a total of 3,177 people.



BRC presenting First Aid for children session at the Sao Paulo branch. Brazil, 2020.

Chile: ChRC delivered Personal Protective Equipment (PPE) materials and primary medical care to branches, reception centres. Exceptionally the medical team visited private homes to conduct health interventions. The latter occurred because the mobility difficulties impaired people to use the usual centre.

The interventions benefited both large family groups and remote settlements where people with disabilities live. The UNHCR has been a critical partner in implementing these actions, supporting at a financial level to attain maximum reach.

The branches of Santiago and Puente Alto have been the most active. Whilst those that took place in shelters were coordinated and managed by religious organizations such as Caritas, the house of Santa Clara and the house of Santa Monica, located in Puente Alto. Throughout the operation, 2,282 primary care services were provided.

Interventions also focused on helping migrants obtain specialized treatments that were expensive and ChRC could not offer. Therefore, a Health-focused CVA was developed. The ChRC selected a total of 196 people, of whom 157 were females and 39 were males. It was executed in Santiago and Arica since these places had the more significant concentrations of migrants. The CVA program financed the purchase of medicines, payment for exams and payment for referrals to specialists. The ChRC considered health as an essential condition towards integration into the host society. Some examples of the cases that were found are:

- *A woman with a severe decrease in her visual acuity required glasses to work. After a visit to the ophthalmologist and a new pair of optical lenses, she significantly improved her quality of life and impacted her emotional health.*
- *A person with significant dental damage, including the lack of frontal teeth, could not find work. After financing the treatment, this person managed to recover and found a job. The program changed his quality of life.*

Although the operation has ended, assistance continues at the Arica's branch. Throughout the operation, the provision of health services directly reached 2,478 people. Meanwhile, health promotion through messages on social networks reached people indirectly. Information about COVID-19 symptoms and care, trustworthy sources of information about the virus and its effects were shared from ChRC's social media accounts. More details about the impact of these actions are found in section 6.4, on people reached by information materials and information activities.

Ecuador: ERC worked along several lines of health services for migrants in transit and those settled in the country. Health services involved essential health interventions such as first aid care, primary health medical care, specialized care in dentistry and pre-hospital care. In total, 56,808 health services were completed. A second area was the intervention in Sexual and Reproductive Health. ERC performed rapid HIV tests and delivered condoms and lubricants. A total of 6,124 supplies were used.

In addition to these interventions, the ERC worked on constructing 2 mobile units that will provide health services and act as a Humanitarian Service Point in remote areas. They were equipped with essential medical equipment and tools to carry out primary health care for migrants and for host communities. Certain areas of difficult access do not have the minimum health services provided by the nation's government. Throughout the operation, the services provided by the ERC staff have reached 62,932 people.

Guyana: The intervention carried out by the GRCS consisted of delivering personal protection supplies to deal with COVID-19 and providing information to migrants on how to reduce the spread of the virus. The messages reinforced the relevance of handwashing and maintaining distances between people as accessible measures to prevent the spread of COVID-19. Throughout the operation, a total of 492 people from the target population were reached with this line of work.

Panama: During the implementation of the project, the Red Cross Society of Panama provided health promotion services to migrants and host communities, serving 18,776 people. The intervention had an emphasis on the maternal and child health approach. It consisted of verifying the nutritional conditions of children and babies through the use of the Upper Arm Circumference Measurement (MUAC) tape; the referral of cases of possible malnutrition to the corresponding medical service for follow-up; the promotion of adequate breastfeeding in infants under 24 months of age; the provision of complementary feeding in cases of possible malnutrition; monitoring and referral for pregnant women; and talks on sexually transmitted diseases and condom delivery. Eventually, in coordination with the Ministry of Health (MINSa by its Spanish acronym), people with other comorbidities or ailments were referred and supported by providing medicines, supplies and medical and personal protection equipment in the province of Darien. RCSP staff provided the services from the HSP vehicle, reaching the ERM's and host communities.

Within the operation, a consultancy was carried out to understand the sexual and reproductive needs among the migrant population that passes through Darien. A report gathered the conclusions ([click here](#)) and shared some suggestions about the following steps to be taken in this area.

Peru: Within the operation, a total of 10,573 health services were provided. Various interventions were used, but above all, the comprehensive medical sessions stood out, which included a triage examination and the delivery of complete treatment of medicines for those who needed them.

Due to the COVID-19 pandemic and the measures adopted by the government, face-to-face medical care operations were reduced, which affected the migrant and refugee population. However, the PRC adopted and modified its care to use mechanisms such as prior appointments and the application of a Basic Medical Care Protocol, in addition to equipping its staff with personal protective equipment and cleaning materials for offices and care centres. This protocol consists of a telephone triage to rule out symptoms of COVID-19, among other essential health services. Most of the services happened in the Citizen Attention Center (PAC by its Spanish Acronym) in Tumbes, followed by the PAC in Lima. In addition, PRC also organized medical session days in Arequipa, Ica, Tacna and Puerto Maldonado.

Finally, health care was carried out in synergy with other programmatic funds, especially UNHCR. Together, between the Appeal and the UNHCR funds, as of June 2020, more than 34,000 comprehensive medical assistance has been provided.

Trinidad and Tobago: TTRCS implemented essential health services through health sessions days. To accomplish this, a specific day and place were organized so that the people who needed it could approach and receive pertinent assistance. There was a doctor for the sessions, several translators and volunteers who could support and liven up the day.

Several medical session days were carried out, and throughout the operation a total of 449 people were reached. TTRCS worked on opening a health care clinic from where to serve the migrant and population in need. During the operation, the area was refurbished to accommodate this service. The visit of the Government inspection to obtain the appropriate certification for its operation was expected. However, the arrival of COVID-19 held the final certificate.



Images of the finished Health clinic in Port of Spain. From left to right: Entrance; Medical examination room and Front door sign. February 2020 Trinidad and Tobago.

Uruguay: The URC worked within this area with the dissemination of printed materials. Since it has limited resources in the area of health, it focused on elaborating a map for the health services available for the care of migrants. The final document gathered information on schedules, contact forms and location for services. Finally, 1,381 copies were distributed to the migrant population throughout the operation.

Output 3.2:

20,470 people assisted through Mental Health and Psychosocial Support (MHPSS) actions.

ARG	BRA	CHL	ECU	GUY	PAN	PER	URU	Total
578	2,438	673	13,395	353	2,552	342	139	20,470

Argentina: The telecare service interventions and the 0800 toll-free line opening were very satisfactory. From this service, ARC offered psychosocial support and emotional ventilation to the people who requested it. In addition, two conversations about emotional ventilation were conducted. The participants were migrants who already settled in the country. They shared their experiences about integration in the host communities. The evaluation of the experience was very positive for all participants and organizers of the ARC. Throughout the operation, services were provided to 578 people.

Brazil: The services offered by the BRC in MHPSS have stood out in the branches of Sao Paulo and Rio Grande do Sul. The National Society set up a What'sApp for Business (WfB) line where migrants' questions would receive a personal answer. Through risk communications messages, migrants receive psychological first aid and emotional ventilation spaces for the difficulties they have faced along the way. This kind of service was a pilot, but the service will be extended to others due to the success. The operation offered a total of 2,438 psychosocial support services to migrants living in Brazil.

Chile: The strategy followed by the ChRC was based on the use of new technologies. Implementing a WfB line allowed the initial conversation, and from there, specific cases led to personalized interviews. A total of 613 interviews were conducted with people who expressed difficulties, especially in the months when COVID-19 hit harder, and many economic activities were closed. When people requested additional assistance not covered by the ChRC project, the case was sent to the partner network that could cover this need, such as legal advice or shelter. The ChRC was also working in public campaigns about COVID-19 awareness, vaccination and prevention and prevention of gender-based violence. Children's colouring books focused on COVID-19 awareness and prevention and migration were designed and distributed. The images were selected to incite the conversation on emotions and manage them as the pandemic forced us to stay home. Between adults and minors, in total, 673 people received direct support.

Ecuador: ERC offered psychological first aid, primary care from MHPSS and referrals to other more specialized services, with the necessary tools to support people who require it. Friendly spaces were implemented so that minors could express themselves and feel comfortable and safe, playing while receiving psychoeducational supports. The ERC also worked on creating a series of short videos geared towards topics such as mental health, videos on parenting during the pandemic, and safe internet access for minors. (Follow the links to see some examples of the videos, [click here - video 1](#), and [click here - video 2](#)). Throughout the operation, a total of 13,395 people were reached from the psychosocial support line. The figure includes 5,545 primary interventions, 67 psychological first aid, 136 referrals to other services and 7,647 interventions from friendly spaces.

Guyana: The GRCS has worked in the MHPSS area with migrants and host communities through the outreach of the volunteers and staff of the National Society. Given that the capacities installed in the National Society are few, the support provided focused on accompaniment and referral to other resources available in the community. In coordination with other humanitarian actors, 353 people were referred to receive psychosocial support throughout the operation.

Panama: The team of volunteers and staff of the RCSP received training in MHPSS and offered psychological first aid care. The team had two types of intervention. The one provided by volunteers focused on the organization and management of informative sessions and activities for children. Meanwhile, in the other, a psychologist and a social worker conducted in-depth interventions.

Focus groups were held and talked about emotional ventilation, awareness of migration and psychosocial support when working. In addition, at the La Peñita Migrant Reception Center, activities focused on promoting social skills and professional development at the request of the host community. In the same community, a communal space was built to develop local activities and for the benefit of the members of the local community. The link ([click here](#)) shows the last steps of such an initiative.

In the ERM of Lajas Blancas and San Vicente, RCSP focused on issues such as the travel route and the costs of the trip. Also, as part of a CVA program, external batteries were delivered so that migrants can recharge their cell phones on the route. In total, 241 batteries were offered, reaching the same number of family groups.

At the end of the operation, the services reached 2,552 people.

Peru: The PRC set up a care service with an emphasis on mental health and psychosocial support. During the health emergency, it was very active and offered care to 342 people from the target population (migrants, refugees, host community, and intervening parties). PRC provided three types of psychosocial care: standard First Aid Psychosocial support, follow-up and monitoring calls and training for volunteers. With the support of the UNHCR funds, as a collaborator in the humanitarian response, until June 2020, nearly 2,000 First Aid Psychosocial support services were offered.

Uruguay: The URC has emphasized its intervention in health in the category of mental health and psychosocial support. The support to migrants grew through coordination with other organizations and government actors. In this exchange, intervention strategies responded to the Mental health needs found and gave the target population valuable information.

The URC designed a protocol to respond directly by offering psychological first aid to people in need. The most important concern for migrants during the operation period was the pandemic and the consequences it entailed for their lives.

At the same time, the URC conducted an internal training exercise for volunteers. They received knowledge, resources and training in skills to properly serve the migrant population. This knowledge was also applied to themselves so that a healthy emotion management process could occur.

Throughout the intervention, 139 interventions were offered to people from the target population.

Challenges

Argentina: Although the Argentine health system is universal and free, migrants face informal barriers to accessing their benefits. The ARC finds the biggest challenge to be when it comes to making referrals to the national health system for treatments. Some interventions could be solved on health sessions days. However, ensuring unhindered access has not yet been achieved.

Brazil: Volunteers had capabilities to expand the scope of intervention in this focus area. However, social distancing and the lack of other capacities installed in the branches of the National Society limited the scope of their intervention.

The BRC wanted to maintain interventions in the branches of Sao Paulo, Rio Grande do Sul, Amazonas, and Mato Grosso do Sul, but needs to expand capacities in other areas of the country to build a better offer for its response.

Chile: The availability of resources for strengthening the health area for the implementation of primary care is considered a great challenge. The funds would contribute to the availability of medical professionals for the care of people in other cities such as Puerto Montt and Valdivia.

In addition, ChRC wanted to strengthen the capacities of the National Society in Mental Health and Psychosocial Support for its response in emergency contexts. In the operation, the national office received technical support from the IFRC team. However, it is desired that the attention to the target population is conducted from specific communication in social networks. It is intended to administer a questionnaire to detect stress and anxiety while at the same time primary care interventions are being carried out.

The implementation of a triage and check-up tool would allow referrals to the specialized mental health service. Given the arrival of the migrant population at the northern border of the country, the incorporation of a Mental Health focal point and Psychosocial Support that can offer interventions to the new arrivals is being managed.

Ecuador: The ERC's challenges were the sustainability of the health care and its expansion at the national level. Above all, including some specialized services such as care for pregnant women, pediatrics, mental health care and emotional and psychosocial support. In addition, they want to have the ability to deliver medicines and carry

out laboratory tests. Mainly because it was understood that health services should cover the entire process and not be limited to primary care. Despite exercising a public health system auxiliary role for Ecuador, the ERC recognizes its shortcomings. It warns that the system maintains discriminatory practices towards the migrant population, limiting their access to comprehensive health.

It was desired to facilitate access to quality health services for the population living in remote places along the same line. That is why mobile units are a firm bet for the improvement of services for all. Finally, strengthening, and continuing assistance with the population at high risk of sexually transmitted infections is desired, highlighting HIV. To intervene from a more robust and effective contribution that transcends condoms' delivery campaigns and conducting rapid HIV testing.

Guyana: The GRCS has a significant language barrier that is not easy to overcome. So far, they worked coordinating with other humanitarian agencies and organizations. However, the solution involves the development of internal capacities at the communicative level, and the development of materials adapted to the language of the people who receive their support.

Panama: The challenges encountered by the RCSP organized around:

- The scarcity of human resources on the part of MINSA. Since the doctor who was destined to offer health services in Darien's EMR was absent from his post and MINSA itself lacked a permanent alternative solution. Therefore, there was a volume of needs between the migrant population and the host community, which far exceeded the hours of operation that were available. In this way, it became complex to cover the needs found for such essential cases as diarrhoea, dehydration, dermatitis and lacerations on the skin, hypertension, diabetes mellitus.
- Medicines were scarce and did not cover the principal needs found at the health level. An issue that also affects the host community. Food supplements were required for infants and pregnant women, as cases of child malnutrition were identified.
- The language was a significant barrier. Most migrants did not speak Spanish, which presents great difficulty when exchanging information with them.

Peru: The challenges identified in the area of Health were related to the gap that persists in the health coverage of migrants and refugees in the country. In addition, there were no self-owned premises to provide health services. Thus, specific spaces had to be adapted for this.

In the context of COVID-19, interventions with people in transit were especially reduced. The National Society was able to respond with itinerant interventions in communities and specific steps within the usual migratory routes. Still, the improvements must be directed to the intervention from mobile units. There were gaps in information collection mechanisms regarding mental health and psychosocial support interventions, such as virtual fact sheets and ODKs, with limited information management. Much of the records remained in paper formats.

In addition, there were limitations in the referrals of complex cases (those that require more than 5 personal sessions) to Mental Health Centers (public) due to the difficulty of having information related to referrals and availability. As a response, PRC identified the need to generate a support network by the volunteers of the National Societies, so they could give continuity to the activities of Psychosocial Support.

Trinidad and Tobago: The biggest challenge faced by the TTRCS was the arrival of funds from the operation. When the process was articulated correctly, the habilitating of a health care clinic was put into operation, despite its completion. Due to the arrival of the pandemic and the lack of adequate state permits the service was never activated. Moreover, the lack of bilingual volunteers poses a challenge to communicate with migrants who are often not fluent in English.

Uruguay: The challenges encountered by the National Society were due to the magnitude of the response. Mental health and psychosocial support interventions were significant. They were possible thanks to the articulation with support networks between public bodies and other social organizations. URC wished to continue growing;

however, internal training and the generation of in-house materials is needed. So far, the courses used have been provided by the IFRC and by international manuals.

Lessons learned

The health area was subdivided into two parts. On the one hand, there is health related to essential health services and physical health, and on the other hand, contributions from the area of mental health and psychosocial support were addressed.

Regarding health, the most outstanding lessons learned by the participants in the process were the importance of health information to improve migrants' access to services. In many countries, health services are initially free, but due to the fragility of the public system, they were not enough to cover the needs of migrants. It was learned that work in this area should be coordinated with other areas such as CEA, PGI and CVA, both internally and externally.

It was observed that it was important to provide comprehensive care in terms of health care that is complemented by the relevant medicines and treatments. In addition, work must be done to promote health through hygiene and sexual and reproductive health.

Teams must consider that the scenarios were variable; therefore, flexible strategies must be given that can be adapted to the needs of people in a specific place. Health benefits must also be tailored to the needs of migrants. In the same line of planning, contingency plans should be considered in the face of critical scenarios since situations that have exceeded response capacities were found, as was the case with COVID-19.

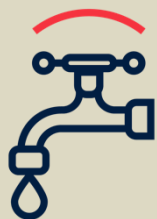
It was learned that health should be understood as a necessity, regardless of the possible nuances that may occur when differentiating community health, health in emergencies, health in crisis, health promotion in emergencies, and even prevention in crisis. Finally, and very relevant, was the idea that the gender approach should be included in the health response.

In the area of mental health and psychosocial support:

Currently, 77% of the migrant population reported having limited access to health and mental health services, emphasizing the importance of these areas in future interventions. Throughout the operation, the training process of National Societies and volunteers was fundamental. Community strengthening, leadership creation and documentation at the regional and national levels must continue.

The importance of addressing psychosocial needs and adapting them to each country was also learned, since the needs vary as well as the social and cultural contexts.

It is understood that the use of technologies can foster an intervention in communities and that interventions should have Focal Points to monitor and implement more effectively.



Water, sanitation and hygiene

People targeted: 362,400

People reached: 453,113

People Targeted / Reached per Country in WASH										
	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People targeted	N/A ³¹	N/A	1,000	40,000	500	20,000	300,000	500	400	362,400
People reached	N/A	34,526	3,588	47,088	999	46,119	320,292	222	279	453,113

Outcome 4: Vulnerable populations have increased access to appropriate and sustainable water, sanitation and hygiene services.

Indicators:	Target	Actual
Number of people that have access to safe water and minimum conditions for basic sanitation and hygiene.	362,400	453,113
Output 4.1: The National Societies provide migrants in border areas with increased access to safe water, sanitation and promote positive behavioural changes for improved hygiene practices in target population.		
Number of hydration points, showers and bathrooms established and maintained.	40	82
Number of litres of water distributed.	3,100,000	22,310,543.5
Number of personal hygiene kits provided according to age and gender.	12,650	28,655
Narrative description of achievements		

³¹ If the National Society did not implement actions in this sector, no figure will be reflected in the spaces for targeted people and people reached.

Outcome 4:

453,113 people that have access to safe water and minimum conditions for basic sanitation and hygiene.

Output 4.1:

82 hydration points, showers and bathrooms established and maintained.

BRA	CHI	ECU	PAN	PER	Total
21	8	3	44	6	82

Brazil: The BRC installed 21 hydration points including toilets, showers and handwashing points. The aid was distributed to different parts of the municipality of Pacaraima, at the border between Guyana and Venezuela, in the north of the country.

In cooperation with the Alcides Lima school to, 8 toilets were built in the school facilities. The infrastructure was used by the host community and migrants who arrived in the community.

In cooperation with a Baptist community in the municipality, 5 toilets and 2 showers were built in the communal centre. They are employed by girls and boys mainly, but also by families and adults.

In the indigenous community of [Tarau Paru](#), the installation of a water extraction pump with solar panels was coordinated, and 2 toilets were also built. The community is located on the Brazilian side and is a group of less than 300 people. Finally, in cooperation with the Archdiocese of Roraima in Pacaraima, 4 handwashing points were installed. The total number of people reached with these actions is estimated to be 21,657 people.

Chile: Eight mobile hydration points were used in Santiago. They were used when ChRC delivered supplies and information. They have been part of the response offered by the ChRC to reduce COVID-19 infections since the pandemic began.

Ecuador: The ERC provided technical support to 3 shelter water systems. In the community of Lago Agrio, in the hostel managed by the organization ADRA. The intervention consisted in assembling the machinery and the provision of the products for water treatment. The support provided covered for a period of 6 months. The water supply in this shelter benefits both the host community and the target population because the quality of the water previously had caused gastrointestinal diseases due to not being adequately treated. The supply capacity of the water treatment plant reached 1,400 people. ERC installed a 2,500-litre reserve water tank, in coordination with CARE Ecuador, at the Imbabura shelter. At CEBAF Huaquillas, in the province of El Oro, ERC installed water storage systems parallel to the CEBAF system with showers, toilets, and hydration points.

Panama: The RCSP has developed several interventions to improve clean water systems in the Darien area. The interventions within the operation focused on the target population and benefited the communities where they settled.

Throughout 2019, RCSP installed hydration points and showers in La Peñita, benefiting the local community and also the migrant population. In 2020 the improvements continued, and the clean water system was expanded to feed the houses of the community and the school facilities. Water storage was constructed there to increase the capacity of the service and the sanitation system.

On the other hand, in the health centres of Canglon and Metetí, within the area of maternal and childcare, RCSP repaired some parts of the installations, so the flow of clean water was constant and of enough quality for consumption and washing.

In the community of Bajo Chiquito, a needs assessment was conducted, and there were some improvements in the school's storage system. It led to an increase from the initial 3 points of hydration to 13 points.

The evaluation results showed that the flow of migrants arriving in Bajo Chiquito was very high, and their needs were heightened. We recall that it is the first settlement to which migrants arrive after crossing the Darien jungle, and many of them have acute profiles of dehydration due to the poor water quality on the route.

Finally, in the ERM of Lajas Blancas, a consultation showed that improvements in the washing and sanitation points were required after installing a water purification system to store clean water.

Throughout the operation, RCSP opened a total of 44 hydration points including 5 handwashing points, 24 hydration points, 13 latrines and 2 showers. In addition to the material purchased for the extraction of water (motor pumps) and the processes of separation, channelling and safe storage.

RCSP invested in installing solar panels at the La Peñita plant. The reason behind that investment lied in the willingness to make more sustainable development over time and reduce expenses to the communities that undertake the service, since the expenses of gasoline and transportation to some of the communities were costly. The experience was a success, and RCSP was looking to reproduce it in other facilities in the future. Currently, some hydration points and facilities need repairs, as only 39 out of 44 are working correctly.

Peru: The provision of safe and clean water by PRC was done at the PAC of Tumbes, the border with Ecuador, and in the city of Lima. Also, when medical tours happened in Arequipa, Tacna and Puerto Maldonado, clean water was accessible to anybody. In total, the installation of 6 hydration points within the operation were accounted for.

22,310,543.5 litres of water distributed:

CHL	ECU	PAN	PER	Total
803,5	188,508	21,315,000	806,232	22,310,543.5

Chile: ChRC delivered clean water to migrants who arrived at the country walking. They received 250ml bottles. A total of 803.5 litres of water were delivered within this action. And 821 people were reached, of which there were 394 women and 427 men.

Ecuador: The distribution of drinking water had two ways of implementation. On the one hand, it consisted in the implementation of water purification systems in shelters. The work of the ERC consisted of technical support and the supply of products for water treatment. In addition, clean water distribution points were installed in strategic areas of the migration route. Canteens have been delivered to have a response that has an ecological and more lasting awareness over time. In total, 188,508 litres of water were distributed throughout the operation. An estimate of 76,803 people was reached with these deliveries.

Panama: In 2019, the WASH intervention began in the community of La Peñita, where 5 water purification kits for emergencies were installed. At that time, the flow of migrant arrivals was around 100 people a day. That is why RCSP worked to achieve a production of 15 to 20 thousand litres of safe water. Staff received training in using the water treatment plant and a person from the community to supervise the water production.

In 2020, improvements were made to the system to meet the growing needs due to the increase in the arrival of more migrants. Improvements consisted of:

- The increase in production capacity to 50 thousand litres per day
- Installation of a holding cell to maintain clean water in the washing area.
- Installation of a storage and distribution cellar in the community so that safe water could reach the homes of the inhabitants of La Peñita.
- Installation of a solar panel system to drive the filtration pump
- Repairs to the primary school storage and sanitation system.

Meanwhile, in the community of Bajo Chiquito, the school's storage system was improved. After that the focused of the team became building a warehouse store a purification system, and the materials for its maintenance. A system of solar panels was installed to power the extraction pump.

In the ERM of Lajas Blancas, an advisory system was carried out for the installation of a water purification system and support was provided for the distribution of supplies for water purification. The response was complete and has benefited both the host communities and the target population. It was estimated that a total of 21,315,000 litres of clean water were produced in the area.

Water purification kits were also used in the operation. A total of 238,332 units were delivered. Other activities carried out by the RCSP's volunteers, and staff included cleaning collective spaces, handwashing and personal hygiene promotion, and the proper use of clean water. These activities were recurrent as the ERM's turnover was very high and to reduce the risk of vector-borne infections in the settlements.

Peru: As part of the Appeal, the PRC distributed about 806,232 litres of safe water, mainly in Tumbes, which was estimated to have reached about 320,000 people. The PRC delivered refillable bottles within the operation, although financed with aid from ECHO's funds.

28,255 personal hygiene promotion kits distributed.

BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	Total
3,377	2,767	2,220	999	18,159	632	222	279	28,655

Brazil: The delivery of hygiene kits has been one of the actions with the most significant impact by the BRC. It was carried out mainly in Rio Grande do Sul, Mato Grosso do Sul, Sao Paulo and Amazonas. The delivery of these kits ensured the dignity of the target population. Venezuelan and Haitian migrants were among the most numerous communities.

For the kits' preparation, each of the branches was granted freedom to include the products they considered most necessary. The branches were responsible for collecting information on other delivery actions. They asked the target population what supplies they considered most needed. Based on the results obtained, the teams proceeded with the procurement and the preparation of the kits. A total of 3,377 hygiene kits were distributed throughout the operation.

Chile: The deliveries of hygiene kits was a constant within the actions of the operation in the country. ChRC provided personal care supplies to migrants arriving in the country and, also to those already settled. Deliveries were made primarily in Santiago, Iquique, Antofagasta, and Arica. A total of 2,350 people were reached with personal kits, of which 1,320 were adults (792 women and 528 men) and 1,030 were children (577 for girls and 453 for boys).

In addition, 417 family cleaning kits were delivered, containing household cleaning and disinfection items. Of these, 325 were given to women and 92 to men. It is important to emphasize that these kits were acquired to deliver support to the target population that aimed to combat the pandemic. It was estimated that 1,251 people were reached with these deliveries, based on the average household size (3 people per household).

While supplies were delivered, the ChRC carried out trainings on preventive care for COVID-19. Graphic information on handwashing was also disseminated.

Ecuador: The delivery of personal hygiene kits has been an essential action from the ERC, which has also supported the target population with disseminating hygiene and self-care messages. The delivery of hygiene kits has reached 2,220 people.

On the other hand, awareness messages and talks focused on COVID-19 prevention through personal care, handwashing, the use of masks and social distancing. The messages were produced in coordination with CEA. At the same time, the videos produced, and group discussions carried out focused on disseminating good practices to reduce infections and encourage people to stay at home during the months of stricter lockdowns.

The following links contain the audio-visual products about [COVID-19 Prevention](#) and [COVID-19 Prevention within the family](#).

Talks were held at various times and spaces during visits to shelters, at bus stations, and in the streets where the migrant population congregates.

Guyana: The GRCS delivered hygiene kits for individuals and families in the Mabaruma, Georgetown and Bartica regions. The kits contained essential products for household, and for personal hygiene. Volunteers and staff of the National Society provided information on the importance of maintaining adequate personal hygiene, emphasizing handwashing, and how this contributes to reducing COVID-19 and other viral skin infections.

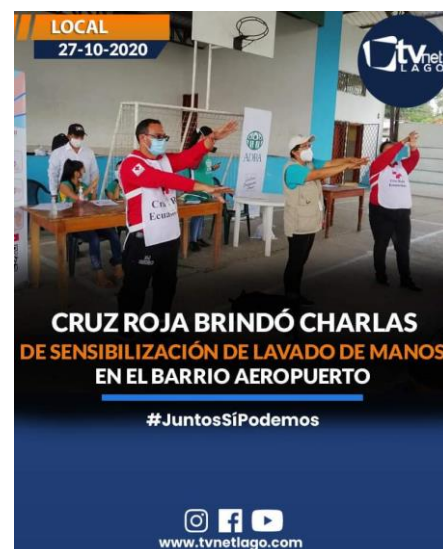
In March 2021, the last deliveries were made in different areas of the country. In region 7, 300 deliveries were made, specifically in Central Bartica, Issano, Purini and Itabali. And at the end of the same month, 100 more kits were distributed in the Blackwater and Crusher communities. In total, 999 hygiene kits were delivered throughout the operation.

Panama: The distribution of hygiene kits was one of the most outstanding actions within the interventions of the RCSP in the Darien ERM's. Since differentiated needs were identified among the population groups based on their age and gender, RCSP decided to organize the supplies taking into account these different needs. Three types of kits were created: *The dignity kit*, configured for women with feminine hygiene basics and the primary hygiene products for adults. The *baby kit* contains reusable diapers, wet wipes, protective cream, shampoo and soap, detergent powder and a container for 5 gallons of water. And finally, the *adult kit*. A total of 1,512 dignity kits, 2,488 baby kits and 14,159 adult kits were delivered (18,159 hygiene kits in total).

In addition, the RCSP distributed 6,700 buckets and 1,100 barrels to maintain safe water and for washing.

Peru: The distribution of hygiene kits became important within the prevention activities for COVID-19, during 2020. Throughout this time and under the operation, 747 hygiene kits were distributed in the regions of Lima, Tumbes and Ica.

Trinidad and Tobago: The TTRCS faces challenges delivering hygiene kits. First because of the COVID-19 restrictions and then because of the difficulty for mobilizing resources. Thus, the deliveries were spaced out as follows: 75 kits were delivered to migrants during the months of March and April, the period of the most severe confinement. Subsequently, between May and June, TTRCS distributed a total of 147 complete hygiene kits. In total, throughout the operation and despite the difficulties encountered in distribution, 222 hygiene kits were delivered to the target population.



Health Promotion Talks. Province of Sucumbios. October 2020.

Uruguay: The URC response focused on the Santa Rosa and Montevideo branches. Santa Rosa is a border city and the first point of arrival for migrants who cross Brazil. In comparison, Montevideo is where they concentrate in higher numbers because it is where they can find job opportunities.

Access to good sanitation and hygiene was complex, as access to these essential services was not always easy. Decent housing was not within reach of newcomers, and public shelters are scarce for the number of people who need them.

The assessments identified that personal hygiene items were expensive and that people with limited resources tended to cover other basic needs first. For this reason, the intervention carried out by the URC provided the migrant population with the necessary supplies to cover these deficiencies through hygiene kits. A total of 279 kits were delivered throughout the operation.

Challenges

Brazil: BRC faced difficulties in deliveries due to COVID-19 restrictions on large gatherings. Another challenge was the development of WASH capacities beyond the delivery of supplies. The hydration points development project functioned thanks to the cooperation with the ICRC and other actors. While there were some capacities in the National Society, they were not strong enough to continue more independently implementing actions in this area.

Chile: The biggest challenges have been those arising from the COVID-19 pandemic. The team that supported in the north of the country had to be restructured to cover the increase in the arrival of migrants through irregular passages from that area of the country.

The mobilization of funds for the recruitment of expert staff at the level of the National Society was considered essential to continue offering support to migrants arriving in the country and be able to meet their needs effectively.

Ecuador: The biggest challenge identified by the ERC was to provide continuous support for shelters. It was proposed to expand the services and include water purification for consumption, hydration access points, washing systems, showers, sinks, etc.

Providing water delivery was a secondary priority, but given the positive results and evidence of the Appeal's experience, providing clean water to migrants in transit became beneficial for them and it is an action that should be continued.

Guyana: The difficulties for the GRCS staff lied in the distances to be covered to make the deliveries of supplies and the communication barriers. Neither the vehicles used for deliveries were adapted to the weight of the loaded material, and the roads were favourable. Therefore, they had to use public transport to move around, which led to an exponential increase in the operation times and the difficulty of mobilizing supplies.

Panama: The challenges encountered by the RCSP staff and volunteers were numerous. On the one hand, they encountered a high volume of dirty water and waste generated in the ERMs. Given the difficulty of access to the area, the public waste collection system did not clean up, and the ruggedness of the place made the risks of vector-borne infections and environmental pollution a serious threat. Clean-up activities have been organised in the ERMs with migrants and members of the host community. Nonetheless, the support of the national authorities was needed to propose a lasting and continuous response over time. In addition, the transport of hygiene kits and other supplies to the community of Bajo Chiquito was a tremendous logistical challenge. The community is accessible by boat most of the year, although the journey takes 4 hours upstream. The boats belong to the local communities, and the cost of renting them is high. It can be accessed by road in the dry months, although not more than 2 months a year. It is the first community where migrants arrive, and this seems to be a reality that will not change.

Another challenge was in the maintenance of water purification plants. The plants were working correctly. However, there was a lack of a long-term maintenance plan since it did not generate any economic benefit. Although the local authorities received training and management, they lacked their own resources to cover their maintenance. Government authorities have never been involved in improving water systems. Therefore, in case of breakdowns or need for parts' changes, the supply will be interrupted and a reactive rather than proactive response will have to be sought.

Finally, the need to improve sanitation areas with lights and gender differentiation was identified. Women and children can be very exposed, and differentiation by gender would reduce the risks considerably.

Peru: The challenges faced by the National Society have stood out in the context of COVID-19 as the number of migrants in transit increased. It was challenging to reach them because they used non-regular roads increasing their vulnerabilities. Information management continues to be a gap to improve the monitoring of activities involving the distribution of cleaning supplies and safe water.

Trinidad and Tobago: The arrival of COVID-19 has prevented the TTRCS from maintaining a continuous distribution of hygiene kits. The lack of capacities and equipment for transport and the dispersion of migrants throughout the territory made it complex to reach them with supplies.

Uruguay: URC identified that within the framework of the health response to COVID-19 and due to the loss of livelihoods, it was more challenging to cope with the purchase of essential hygiene items by the target population. The challenge for the URC was to reach the highest number of people with limited funding available.

Lessons learned

During the lessons learned process, the WASH area highlighted that the internal coordination to provide clean water to the migrant population was essential.

At the National Society level, awareness was raised in countries, and people have been trained to support the clean water systems of the communities where they lived, although logistics was a significant challenge in some regions of the Americas.

On hygiene kits, they recognized the need to be more flexible and adapt them to the reality of each country. The migrants' needs varied with the context in which they were. Much emphasis must be placed on the importance of access to safe water and the availability of sanitation services, as they were essential. The importance of developing self-explanatory and visual messages was recognized as they could facilitate access to information regardless of the person's language. It is important to coordinate with CEA to support this.



Protection, Gender and Inclusion

People targeted: 14,850

People reached: 37,091

People Targeted / Reached per Country in PGI

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People targeted	100	N/A ³²	10,000	3,000	500	500	200	50	500	14,850

³² If the National Society did not implement actions in this sector, no figure will be reflected in the spaces for planned people and people reached.

People reached	166	1,028	1,360	7,386	0	23,025	4,082	0	44	37,091 ³³
Outcome 5: National Societies, in coordination with communities, identify and address the distinct needs of the most vulnerable and particularly disadvantaged and marginalized groups, due to inequality, discrimination, and other infringement of their human rights.										
Indicators:							Goal	Reached		
Number of assessments of migrants needs that incorporate PGI to identify potential beneficiaries and define different approaches to the intervention							9	15		
Output 5.1: National Society interventions improve equitable access to basic services, considering different needs based on gender and other diversity factors.										
Number of National Societies trained in Humanitarian Norms on Gender and Diversity.							9	5		
Number of areas of focus in which differential actions are planned, implemented and reported.							7	4		
Output 5.2: Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence, especially against children.										
Number of child-friendly spaces operated at assistance points or mobile assistance units that integrate child protection standards.							13	21		
Number of activities implemented to help prevent SGBV.							35	781		
Narrative description of achievements										
Outcome 5:										
The Appeal's Main Regional Achievements on PGI were:										
• Rapid assessment of child protection in Colombia and Ecuador, June and July 2019. • PGI rapid assessment with emphasis on Gender-Based Violence and Forced Labor in Argentina, November 2019. • PGI rapid assessment for La Peñita and Lajas Blancas, Panama, December 2019. • PGI rapid assessment in health services and inclusion programs in Peru, November and December 2019. • PGI rapid assessment of shelter programmes in Chile, January 2020. • Focus group discussions on PGI migrant services in Uruguay from January 2020 until the end of the operation. • PGI rapid assessment La Peñita and San Vicente, in Panama, in November 2020 and February 2021 (the latter was a joint assessment with CEA and MHPSS). • Training for the Ecuadorian Red Cross through the course: "Seven movements: protection, gender and inclusion in emergencies." A course was given for staff (8 women and 3 men) and another for volunteers (10 women and 15 men). • Incorporation of key PGI recommendations into the regional MHPSS training, MHPSS training for migrants, self-care training, and the virtual course on MHPSS and migration. In the virtual course, an intercultural module was taught to 8 women and 5 men. • Development of the Guide for the creation of safe referral mechanisms for people in migration situations and refugees and the pocket guide. • Webinar and rapid training for the implementation of safe referral mechanisms, with the participation of 35 women and 12 men from the Americas Regional Office and National Societies in the region. • Capacity building of National Societies against human trafficking: several meetings and interviews were held to analyse the current situation in the region regarding trafficking of people, and a basic virtual course was held in October, with the participation of 14 National Societies in the region, and staff from the Americas Regional Office (27 women and 9 men).										

³³ This figure was calculated by adding the total number of people reached through activities related to Gender Protection and Inclusion (mainly focused on the prevention of Gender-Based Sexual Violence).

- In response to COVID-19, the PGI area has supported the development of the guide [including migrants and displaced populations in COVID-19 preparedness and response activities. Guidance for National Societies of the Americas](#). The issue of migration into the regional social inclusion campaign against COVID-19 was also incorporated. [I Will Explain It with Clay](#), including a full chapter on migration.
- Development of the guide and toolkit "[Implementing a safe response to meet the humanitarian needs of trafficked people's](#)" with the British Red Cross.
- Development of a new curriculum (complementary to the Red Cross ToT on migration) for PGI and migration and training given in the Ecuadorian Red Cross (18 women and 6 men participated).

All quick assessments are available for reference. Nonetheless, the following are the general recommendations:

- Incorporate a gender and diversity analysis into the programs' actions. This requires complementary assessments; or including PGI indicators in the surveys to be implemented.
- Develop protocols for safe referrals together with a mapping for protection services in the territories. This is exemplified by the need to implement a case management system in areas such as Darien, Panama.
- Implement key actions for the prevention and response to gender violence.
- Design and develop materials culturally adapted and specifically oriented to protection risks.
- Strengthen CEA actions that involve protection, especially in the area of child protection.
- Distribute kits differentiated not only by sex but elaborated from a gender and diversity analysis that addresses the protection needs of migrant populations. For example, dignity kits, PSS children's kits with self-care messages, etc.
- Incorporate PGI into other intervention sectors that have been prioritized, e.g., wash, health (including PSS), livelihoods, and CCCM.
- Develop urgent messages on key protection issues such as human trafficking, exploitation or forced labour.

Output 5.1:

5 NSs trained in humanitarian norms on gender and diversity.

Argentina: the ARC has conducted two training for focal points:

- In September 2020, on the differentiation between health care and psychosocial support linked to GBV.
- In October 2020, on the protocol of attention and intervention in mental health and psychosocial support (MHPSS) for migrant populations linked to GBV.

Chile: With technical support from the IFRC PGI Officer, training on gender and diversity was provided for individuals and volunteers. In addition, protocols for allegations and referrals were created and included in the National Society's programmatic development.

Ecuador: Throughout the operation, training was given in protection with a special focus on children on the move. In addition, the ERC technical and volunteer staff also received training on humanitarian standards on gender and diversity that was accompanied by the implementation of PGI kits at Quito branches and border points. Throughout 2020, the management and coordination area staff at headquarters were trained, as well as volunteers from country zones 1 (Esmeraldas, Carchi, Sucumbio and Oreyana), 3 (Bolívar, Chimborazo, Cotopaxi, Napo, Pichincha and Tungurahua) and 4 (Azuay, Cañal, El Oro, Loja, Morona Santiago, Zamora).

Panama: Through the PGI missions, two PGI workshops were given to the National Society. The first focused on operational issues in the Darien area, and the second on developing a policy for protection from sexual exploitation and abuse (PSEA). This training was supported by the ICRC and the IFRC team in Geneva.

In addition to this training, RCSP worked with SENAFRONT in March 2021. A working session was held about the principles of working with migrants from a gender perspective. In addition, a series of tools were provided to manage a situation of crisis. Including notions about psychological first aid was important since migrants had gone through the traumatic experience of crossing the Darien jungle. A total of 54 people benefited from the work session.

Peru: Within the operation, an information document on PGI was prepared for the IFRC staff of the Lima Cluster Office. In addition, a gender and diversity workshop was held for partner artistic organizations to incorporate the PGI approach into their actions with migrant populations.

4 areas of focus in which differential actions are planned, implemented and reported.

Throughout the appeal, PGI guidelines were included in the following priority areas: Shelter (guidelines on rental assistance, CCCM capacity building and technical guidance for quarantine centres receiving migrants in Uruguay); Livelihoods and Basic Needs (multipurpose monetary intervention and guidance in PGI for Livelihoods focal points); Health and MHPSS (teleservices and capacity building) and WASH (in the differentiation of services according to gender and by differentiation of needs).

Output 5.2:

21 child-friendly spaces of child-friendly spaces operated at assistance points or mobile assistance units that integrate child protection standards.

ARG	CHL	ECU	PAN	Total
6	3	10	2	21

Argentina: The ARC has been able to position itself as a reference in protection thanks to the implementation of recreational spaces for children and adolescents and the informative support to migrants to comply with the schooling of minors. In these spaces, playful kits were provided to the attendees. From the 6 safe spaces for infants and adolescents, a total of 131 people were reached.

Chile: In Chile, 3 child-friendly spaces were established, 1 in Arica and 2 in Santiago. Its operation supported families who found a safe space for their children there. The spaces had recreational kits. However, the pandemic forced the closure of spaces to reduce the number of infections. CrCh changed its strategy, and materials were generated that could be delivered to children for home entertainment. The colouring books had an educative approach about how to recognise emotions while painting. The materials were created for children and adults to use together. In addition, Psychosocial Support Guides for parents and caregivers were printed and distributed about how to manage anguish, anxiety and stress. Distribution began in November 2020. From the friendly spaces, a total of 570 children were reached in Arica and 750 in Santiago. A total of 1,360 children were reached.

Ecuador: During the Appeals' implementation, the ERC maintained 10 friendly spaces for children and adolescents in Imbabura, Santo Domingo, Tungurahua, Carchi and Azuay. In these spaces, recreational and educational activities were organized with a backdrop of psychosocial support. They edited a magazine called "Between laughs and smiles" along with a comic book about a safe migration for children and adolescents.

In total, 1,106 educational materials were distributed to be used by minors in children's spaces. In this way and through playful-educational activities, work was done to fill the gaps for minors who do not attend school. At the same time, the ERC worked on the community development of groups of migrants settled in the country through the organization of group activities. In these spaces, the ERC volunteers carried out needs analysis where the reality of the families, their concerns, and their expectations were collected.

Panama: The RCSP worked with other humanitarian actors to adequately respond to children within the target population. The RCSP opened two friendly spaces for children and adolescents. From these spaces, support was provided with playful-educational activities. In addition, the interventions were supported by UNICEF.

781 activities implemented to help prevent SGBV.

Argentina: The ARC has served as a link between vulnerable migrants and the authorities. Sexual and Gender Based Violence (SGBV) became the focus of all the branches. The National Society's strategy was to identify and refer possible cases to the public authorities.

To achieve this, 35 volunteers received training in the identification of cases of protection concern and provision of safe referrals. When there was a suspicion, the volunteers referred the person to a helpline ([follow the link here](#)), with 24-hour support available for possible victims of sexual or gender-based violence.

During the COVID-19 mobility restrictions, ARC implemented a set of communication messages to prevent violence and discrimination with host communities intensively. Raising awareness in the host communities was done from an approach of respect for diversity and mutual support. In addition, ARC tracked rumours and worked to break fake news about migration and COVID-19.

Brazil: BRC worked developing an internal protocol that focuses on the prevention and response to cases of gender-based violence within the target population. Volunteers received internal training to recognize and know how to respond to suspected cases of SGBV. The protocol was used by volunteers who managed the WfB hotline. In addition to that, the volunteers provide information during the delivery activities about traditional gender roles, types of gender-based violence and the cycle of violence. The BRC served 775 people through in-person information activities, and 1,028 people benefited directly from the information disseminated throughout the operation.

Ecuador: ERC completed a mapping of the humanitarian actors and services in the country. The brochure had a focus on Protection, Gender and Inclusion services. In addition, a pocket guide was developed with valuable information on migratory routes. Both products were developed with the external collaboration of ECHO, the Spanish Red Cross and the Swiss Red Cross. Its distribution was carried out in paper format from the branches of the different regions in the country. In total, 36,000 copies of the guides were printed and distributed throughout the country's different regions³⁴. Further information can be found in output 6.4.

Panama: The RCSP worked with the authorities to establish a referral pathway for cases of gender violence and cases that require specialized protection, such as smuggling, so that affected people can access national resources. Panamanian authorities responded with a commitment to provide more resources and get involved in the actions. Volunteers from the National Society received a PGI training focused on awareness-raising and put their knowledge into practice by providing SGBV information to migrants. Joint training sessions were held with the different actors involved in the ERMs, such as officials from SNM, SENAFRONT, and SINAPROC. The training was managed mainly by the Protection Focal Point, in collaboration with other humanitarian actors such as IOM and UNHCR. Volunteers organized public sessions to share information with migrants about the migration flow, the services available in the migration route, and their rights and responsibilities during their stay in the camps. A total of 23,025 people were reached with information dissemination activities.

In addition, the RCSP worked on the rapid referral of sexual violence cases that happened on the route. However, they face the challenge of victims who want to avoid making reports due to the absence of a valid response and for fear that the judicial process will extend their stay in the country. Consequently, victims prefer to continue with their migratory route.

Peru: Since implementing the WfB in June 2020 as part of the communication and prevention strategy during the COVID-19 pandemic, 4,030 consultations have been made, and around 20,000 informative messages were disseminated, creating significant interactions between the users and the service.

Through this channel, 40 cases were identified that required protective measures. The cases identified are related to the LGTBIQ+ population, victims of gender violence, single mothers with difficulties, people living with HIV and children deprived of liberty. These cases received the attention or were referred to partner organizations with specialized resources and training for their proper management.

³⁴ The count of people reached through the delivery of pocket guides and the map of actors is carried out in the Migration area as it is also directly related to the delivery of information to migrants. However, financially, the action is framed in the area of PGI.

Part of the commitment to disseminate values against gender violence by the PRC was through artistic and creative expressions. PRC worked with a focus group of women in the city of Lima, developing a wall painting that reflected the results of a survey about national and international migrants living in the city. The final message summarized values such as courage, struggle and hard work, depicted in the words "Every Blood". The wall was made in the Park José María Arguedas, considered the Migrant's Park because of the connection of the Peruvian writer with the indigenous communities of the country and the internal migration. The action received support from the City Municipality. It was funded by ECHO, and the final result is a [video summary](#).

Uruguay: The URC created spaces for migrants and disseminated information and guidance on access to procedures and resources. In this sense, the URC developed and shared graphic materials, considering that the approach and the project must comprehensively address the different labour problems faced by migrants. These orientation spaces reached 44 people during the operation.

Challenges

Argentina: ARC developed the area of PGI to assist the State in referring people to specialized services and resources. The challenge laid on training volunteers to serve as an effective liaison on an issue that is so sensitive and where the vulnerability of the people involved is very high.

Brazil: Training and capacities within the BRC were one of the biggest challenges encountered. Although volunteers had a wide range of skills, those related to dealing with migrants and the issues of protection, gender, and inclusion require a renewal for both volunteers and staff. The construction of referral materials was a solution that facilitated the most immediate response on gender violence issues. However, training should be expanded with more depth for a more comprehensive response.

Chile: The challenge identified by the ChRC was the absence of a Focal Point on the PGI area, which indirectly entailed the lack of protocols and guidelines that directs the action and programming carried out by the National Society.

Despite these weaknesses, the management renewal was seen with positive expectations. The new Executive Director has experience in humanitarian organizations and PGI. That is expected to generate the opportunity to identify a focal point that includes the theme transversally in all the programs executed by the National Society.

Ecuador: The main challenges the ERC faces are:

- The strengthening of the National Society in the understanding and appropriation of what protection, gender, diversities, and inclusion implies and how it should be applied in humanitarian actions.
- The dissemination of the principles and values of protection, gender and inclusion, in the actions of assistance, awareness, information, guidance and training to the population assisted.
- Developing referral pathways at the local level with non-governmental organizations and public entities.

Panama: One of the challenges was that people crossing Darien reported sexual abuse cases to the press but not to the national authorities. Possible factors identified are the length of the process, the lack of guarantees of a satisfactory solution, and the fact that it could delay their transit in the migration route. Therefore, the general preference was not to report it.

Another challenge identified by the RCSP, was the lack of training and capacities related to Protection and Gender issues. The changes in attitudes and interventions go beyond mere trainings; changes must happen from the inception of the projects and at all levels. Interventions must be approached from differentiation of needs and therefore offer responses adapted to the needs and requirements of people. Women, children, adolescents, LGBTIQ+ and the elderly do not see their specific needs covered by their lack of presence in the planning process.

Peru: The challenges encountered by the PRC throughout the operation were found in the implementation phases of the WfB line. The process required a great deal of time and testing. However, once the tool was

implemented, the results were exceptional. The team that worked on it also prepared some guidelines for its replication in other countries. Capacity building on Gender and Inclusion issues was also one of the challenges, as the PRC staff and volunteers required support at this level.

Uruguay: The URC has encountered challenges in confronting xenophobic behaviour towards migrant groups. The host community of Santa Rosa expressed that the work of the URC was to support migrants exclusively, which has led to a certain degree of rejection from the community. The National Society had to do an in-depth exercise of PGI and CEA, to provide support, training and critical messages to approach the local community and foster attitudes of integration of migrants in the country.

Lessons learned

PGI proposes an approach that attends migrants considering their gender, ethnicity, age, etc. That approach should be done in all sectors of the intervention similarly.

The operation strengthened National Societies' capacities through approaches such as protection services, interagency work, and personal approach to the intervention. Institutional strengthening was important, and in various countries rapid assessments were used to understand the reality in the field. In Ecuador the focus was on the interventions with children. Gender violence was a strong topic in Argentina. In Panama, the migration crisis in Darien was the key concern. In Peru the focus was on health and social inclusion. And Uruguay focused on social inclusion.

The PGI technical team provided training, analysis, and curricula improvements. The PGI team also created valuable resources such as a Regional Guide and supported field missions and other areas of focus such as Health, MHPSS, WASH and Livelihoods. The sexual exploitation and abuse that occurred within the migrant population were addressed, and tools were created to work on short- and long-term solutions.

The staff and volunteers learned that migration and PGI are strongly interrelated because, within the migrant population, there are several groups especially vulnerable. Also, despite all the achievements, it was sensed that there was a lack of training, awareness and advocacy.

The teams must work on a specific plan to improve and include PGI from planning to implementation. However, there were things left to learn about performing referrals and protection, especially those concerning children and sexual and gender-based violence victims.

The PGI criteria should be unified, and actions and tools mainstreamed. Also, cultural and social barriers should be addressed and changed. Changing the language of reports and procedures towards an inclusive language was identified as a good start.



Migration

People targeted: 119,700

People reached: 502,530

Migration - People Targeted / Reached per Country

	ARG	BRA	CHL	ECU	GUY	PAN	PER	TTO	URU	TOTAL
People targeted	1,500	2,000	500	100,000	500	900	10,000	300	4,000	119,700
People reached	2,216	115,072	1,150	336,963	395	27,212	10,911	300	8,311	502,530³⁵

³⁵ The figure reflects the sum of the services provided to migrants in the areas of RFL, information, digital communication, etc.

Outcome 6: The migrant population receives comprehensive assistance and protection according to the stage of their migratory journey through the National Societies' branch network.

Indicators:	Goal	Reached
Number of services for migrants offered at integrated assistance points or mobile assistance units (by type of service).	104,400	502,530
Output 6.1: Assistance and protection services are provided and promoted to migrants and their families through collaboration with local and national authorities, as well as in collaboration with other relevant organizations.		
Number of national referral systems established.	4	3
Number of cases referred to other stakeholders.	No target	423
Output 6.2: Comprehensive care points in receiving areas and host communities are established through the branch network.		
Number of assistance points and mobile assistance units for the migrant population staffed by volunteers during the action.	49	42
Number of services delivered to re-establish and maintain contact with family members.	106,000	158,348
Output 6.3: The target population receives services for the digitalization and protection of their documents and information.		
Number of services provided for the digitalization and protection of people's documents and information.	501	See the comment below ³⁶
Output 6.4: Migrants, transit and host communities access key information and are engaged in decision making processes that contribute to reducing their vulnerability and foster social inclusion.		
Number of people reached by information materials and information activities.	63,600	356,682
Number of interactions with affected population through digital channels for information provision and feedback collection. ³⁷	No target	123,343
Number of feedback surveys received.	1,500	3,733
Number of perception survey activities conducted with host communities to assess sentiment towards the migrant population.	6	6
# of activities implemented to help prevent or mitigate discrimination and xenophobia.	25	25
Narrative description of achievements		

Outcome 6:

502,530 services for migrants offered at integrated assistance points or mobile assistance units.

ARG	BRA	CHI	ECU	GUY	PAN	PER	TTO	URY	Total
2,216	115,072	1,150	336,963	395	27,212	10,911	300	8,311	502,530

Output 6.1:

3 national referral systems established

Argentina: The ARC coordinated with the Argentine government to refer possible cases of SGBV and human trafficking. The possible cases of SGBV identified by ARC volunteers in the [144 Helpline](#) received information about who and where would be a specialized provider of support. Further details in output 5.2.

³⁶ The lack of NS's capabilities makes it difficult to monitor this indicator. At this moment, most countries do not have a means of tracking data protection services.

³⁷ The lack of NS's capabilities makes it difficult to monitor this indicator. At this moment, most countries do not have a means to monitor these services.

Guyana: During the operation, the GRCS established an information point for migrants. The interventions carried out from this space focused on referring people to the organisations that provide specialized information related to the country. The information point was opened at Georgetown headquarters. While in operation, it was able to assist 395 people.

Uruguay: Uruguay has always been a pioneer in the human rights agenda in the region. For 15 years, gender perspective, the value of diversity and inclusion policies have been part of the public sphere and policies. Thus, the National Society in Uruguay, following this trend, has advanced towards reinforcing the protection and inclusion in their interventions. Within the operation, the URC developed a mapping of support services for different basic needs in addition to the "Resource Guide for People in Migration Processes". URC included health services, both physical and psychological, legal, protection and recreational.

Output 6.2:

42 assistance points and mobile assistance units for the migrant population staffed by volunteers during the action.

ARG	BRA	CHL	ECU	PAN	PER	Total
18	6	2	11	2	3	42

Argentina: Through its branches, the ARC has established 18 points of assistance in Buenos Aires, La Plata, Santa Fe, Córdoba, Mendoza, Misiones and Jujuy, where information was offered. However, the intervention varied over time, shifting their services from face-to-face to a digital approach with the arrival of COVID-19. A WhatsApp line was implemented where communication was simple and accessible to people who with a smartphone and internet connection. In the border area of Jujuy and Puerto Iguazu, the ARC coordinated with humanitarian actors, the Argentine Commission for Refugees and Migrants (CAREF) and the National Commission for Refugees (CONARE), to offer a better response at the national level and support asylum applications.

Brazil: The BRC, in coordination with the ICRC, set up six migrant reception centres in the country. Three of them in the state of Roraima (two in Boa Vista and one in Pacaraima) and three were installed in Manaus.

Chile: The ChRC has established two active Humanitarian Service Points (HSP) during field operations throughout the Appeal. The interventions made by the HSP were carried out in the cities of Colchane, Huara, Iquique and Arica, because these were the cities that migrants used in their routes. Contacts were made with local authorities, regional health authorities, the National Institute for Human Rights, the UNHCR and other partners to learn about their vision, their identified needs, and possible partnerships to be built in order to respond.

As part of the ChRC operations, humanitarian aid, basic health services and psychosocial support were provided to the migrant population and the people living in the host community. A total of 1,150 shelter kits were also delivered to the migrants who arrived. The climate characteristics of the country and the scarcity of resources on arrival led many people to have severe difficulties in coping with environmental conditions. For this reason, the winter kit was established, containing a coat, hat, gloves and socks.

Ecuador: The ERC established 11 humanitarian assistance points, 7 of which were dedicated to restabilising family links (RFL) activities. A total of 38,934 RFL services were registered throughout the operation. The services were divided into four types: recharging phone batteries, providing internet access, facilitating phone calls to the family, and finally a service to search and send personal documents.

The services offered changed throughout the operation, since due to the arrival of COVID-19 the number of volunteers who supported the action's implementation was reduced. Consequently, ERC outsourced the RFL in Rumichaca's shelter, the province of Carchi, and activated a fix location at the Lago Agrio bus terminal and at the Sucumbios Provincial Board. In the Cantonal Board of Huaquillas the RFL service included a hydration point to improve their service.

The contribution of human mobility technicians in the provinces of Carchi, El Oro and Sucumbios was fundamental for the implementation and strengthening of RFL services in the Provincial Boards. They provided a great support, accompaniment, and training.

Panama: The points of attention that the RCSP installed for the operation were initially placed in the community of La Peñita. With the closure of that community for the migrants' route, following an outbreak of violence between the local community and the migrants in August 2020, they moved to other ERM. The volunteers provided information to migrants while conducting other interventions. Mainly, those in health care in the ERM of Las Lajas.

Peru: The PRC opted for the creation of mobile units to work with adolescents, girls and boys beyond the limits of the school. The initial idea was to travel around the country with them and use a methodology based on the development of critical skills to investigate, measure risks, make decisions and solve problems related to their safety, making use of the game as a learning tool. It sought to make the teachings go along the lines of health, integration, respect for others and the rejection of xenophobia.

During the operation, PRC acquired 3 towage vehicles, equipped with space for the storage of deployable bleachers, electricity outlets, and safety elements for the operators who handle them and for the attendees. In addition, user guides were created for operators (for more information, [click here](#)). Due to the COVID-19 pandemic, they were not used, but PRC expects that when the organization of social events is allowed safely again, they will be resumed to develop educational interventions in the communities.

158,348 services for the restoration and maintenance of contacts with relatives.

ARG	BRA	ECU	PAN	URY	Total
1,104	110,872	38,934	5,397	2,041	158,348

Argentina: The ARC has registered 1,104 RFL services since the beginning of the operation, including several services related to the transmission of documents and the issuance of travel documents for undocumented minors.

At the connectivity points, ARC offered services related to psychosocial support and assistance for temporary shelter. Mainly because the volunteers in charge of RFL provided all the information that was in their hands to reduce the vulnerabilities of the target population.

Brazil: The BRC has offered telephone calls, search services, a workshop and guidance to prevent loss of contact with family members, and internet connection services. They provided guidance on public services and legal support, mainly in the Rio Grande do Sul and Mato Grosso do Sul branches. A total of 110,872 RFL services were registered in Brazil during the operation, in collaboration with the ICRC.

Chile: The ChRC acquired nine RFL kits that were distributed as follows: one for Arica, two for Antofagasta, two for Iquique, and four for Santiago de Chile. However, due to the effects of the pandemic, the ChRC was unable to offer these services.

Ecuador: ERC registered 38,934 RFL services throughout the operation. The services covered four modalities. In terms of facilitating "connectivity", ERC offered battery recharging and internet access, while the connection with relatives was made through phone calls. They also had a personal document search request service.

Panama: The RFL services offered by the RCSP increased over time thanks to the collaboration of the ICRC. Neither the internet connections in the area was stable or the coverage. The staff capabilities were intermittent. RCSP conducted a process of training with volunteers from the branches of Puerto Lara and La Real, and the impact was excellent. The service became more regular which finally benefited the target population. The total number of services offered in the operation was 5,397 RFL calls.



RFL Service in Huaquillas – Province of El Oro. January 2021

Uruguay: The URC issued and distributed 1,000 cards to prevent the loss of contact between family members. For the most part, they were delivered in the last semester of the operation. URC also provided 1,041 RFL services within the Appeal.

While offering the services, volunteers and staff collected data from recipients. The data showed the profile of migrants receiving the services provided. A superficial analysis shows that 50% of the services offered reached migrants originally from Venezuela, and the rest were identified as originating in Cuba, Colombia and Brazil. In addition, regarding the gender of the users, it was observed that most of these services were provided to men, 75% compared to 25% to women.

Output 6.4:

356,727 persons reached through information materials and information activities

ARG	BRA	CHI	ECU	PAN	PER	TTO	URY	Total
1,112	4,000	8,748	296,129	27,212	10,911	300	6,270	356,727

Argentina: the ARC provided advice and support to migrants on how to carry out residency procedures through the RADEX platform ([click here](#)). The digital platform was installed by the National Directorate of Migration and served to facilitate the processing of identity and permanent residence documents.

Information on these processes was provided from the Humanitarian Service Point mobile unit, in conjunction with IOM. Throughout the operation, advice was provided to 1,112 people.

Brazil: The BRC worked on the dissemination of information materials. Mainly because of the restrictions imposed by COVID-19 face-to-face limited meetings and large group events. Therefore, materials were converted into banners and murals for dissemination. Information about health, migration and prevention of sexual and gender-based violence were depicted on them. With these actions, a total of 4,000 people were reached.

Chile: ChRC has conducted communication actions throughout the Appeal. The National Society used their [YouTube channel](#), [Twitter](#), [Facebook](#) and [Instagram](#) accounts. ChRC worked on awareness campaigns about COVID-19, handwashing as a preventive measure, and the importance of vaccination ([click here](#)). Also, publications were made on the Migrants' Day. In their communications, the NS has also highlighted the right to migrate and seek refuge, both included in the Universal Declaration of Human Rights, articles 13 and 14.

ChRC designed, printed and delivered support guides for families. The guides were printed in December 2020 and delivered in the first months of 2021. A guide focused on children and was called "Searching for My Treasure", while the other focused on parents and caregivers.

Ecuador: The ERC developed a great deal of work in this area throughout the operation. Workshops were carried out specially for the target population. The people invited to the meetings were mainly migrants that have settled in the country and knew the ERC from previous events. In the meetings, the actions turned around an exercise of collective diagnostic about their experience. ERC conducted satisfaction surveys to understand what their biggest concerns were. The meetings took place in the cities of Santa Elena, Azuay, Guayas and Pichincha. Security and access to health and education were the main concerns for the participants. Overall, the meetings congregated a total of 86 people.

On the other hand, the communication campaigns were responsible for generating, producing, elaborating and disseminating communication products to raise awareness among the host communities and the migrant population about topics of their concern. Their emphasis was to mitigate discrimination and prevent xenophobia. Meanwhile, the products for the migrant population, focused on two orientation guides: A pocket guide with useful information about the country, currency, orientation for arrival, geography, climate, how to cover health needs, education and their rights given their status. The second guide contained a map of actors and services available along the migration route. Both guides were printed with ECHO' funds and distributed by the different branches of the country. A total of 36,000 copies of the guides were printed and distributed.

The impact of the ERC in terms of human mobility is reflected in some of the news coverage by the media in the country:

MEDIA TYPE	MEDIA NAME	PROGRAM OR SECTION	LINK
Television	Gamatv - Q	<i>Telediario III Estelar</i>	https://bit.ly/38L2TNU
Radio	Ecuador Public Radio	<i>Publica Noticias Broadcast III</i>	https://bit.ly/2ssT6uV
Television	Ecuador Tv - Q	<i>Telediario III Estelar</i>	https://bit.ly/38DpXhu
Television	Telerama	<i>Telerama Noticias III</i>	https://bit.ly/2LT0lmQ
Press	El Telégrafo	<i>Seccion A</i>	https://bit.ly/2PGQ0M2
Radio	Ecuador Public Radio	<i>Publica Noticias (06h00)</i>	https://bit.ly/35IESdU
Radio	Ecuador Public Radio	<i>Publica Noticias (06h00)</i>	https://bit.ly/2LT0yq8
Television	Gamatv - Q	<i>Telediario I (6h00)</i>	https://bit.ly/2LTbtt1
Television	Ecuador Tv - Q	<i>Telediario I (06h00)</i>	https://bit.ly/2qQF0TZ
Radio	Radio Quito	<i>Revista Familia</i>	https://bit.ly/35iAbBD

Through publications on social media, with key messages about COVID-19 and various information, ERC reached 296,129 people, including the host community and the migrant population. It should be noted that the ERC is very active in social media and its presence, through videos, is very high. Some of their disseminated products can be found in the following link, [YouTube Channel](#).

The ERC has carried out humanitarian diplomacy actions with government entities and with other non-governmental organizations within the following spaces:

- Permanent articulation with national and local public entities, including through inter-institutional coordination spaces.
- Participation in the National Refugees and Migrants Working Group (GTRM by its acronym in Spanish) and the specific working groups of WASH, food security, livelihoods, etc.
- Articulation with the Humanitarian Country Team that is part of the National Emergency Operations Committee – COE.

- Participation in the Human Mobility Legal Board, a space made up of non-governmental humanitarian organizations.
- Participation in the provincial, zonal or national human mobility boards coordinated by Ecuador's Ministry of Foreign Affairs.



Messages published on social networks and WhatsApp by the Ecuadorian Red Cross during the operation, 2019 and 2020.

Panama: The RCSP worked along the lines of disseminating information based on creating deliverable materials. Initially, it was considered that the best option for sharing information was the delivery of pamphlets and printed materials. Thus, supplies such as the sexual and reproductive health guides were created, of which 1,500 copies were delivered. However, as the operation progressed, the dissemination of information changed and focused on a more personal perspective. The migrants benefited from spaces of conversations about the route, safe spaces, available services, etc. In total, 27,212 people were reached throughout the operation with activities and information materials. The PGI focal point, in coordination with the IOM staff, conducted training sessions in June 2021. A total of 26 people participated, including staff from the National Migration System, SINAPROC and volunteers. The trainings were carried out jointly to promote interagency work and maximize the use of resources.

Peru: Throughout the operation, the PRC disseminated a total of 9,911 protection messages along the migratory route. With particular emphasis on the northern border with Ecuador. In the pre-pandemic period, PRC produced a brochure with information about services. It distributed around 6,000 copies of this services' brochure. However, with the advent of the WfB line, both the strategy and the messages changed. People who used the service mainly asked questions about health services available to migrants, COVID-19 symptomatology, prevention methods, etc. The information printed were distributed to people in-transit, while WfB focused in a more interactive space. ECHO funded printed copies. The PRC also developed messages for children. They created a video entitled "[We are all Migrants](#)", which talks about a migration from the perspective of acceptance and naturalness. It is still published on the YouTube channel.

Trinidad and Tobago: The TTRCS designed and printed various information materials on Red Cross programs in health, safety and security, RFL services, etc. All these materials were translated into Spanish for the understanding of the messages by the migrant population. In addition, the TTRCS organized an online community health day. From this modality, it offered health and medical consultations, in addition to disseminating general information for the migrant and host communities. A total of 300 people benefited from these services during the operation.

Uruguay: The URC developed graphic materials and a series of 9 tools focused on various aspects of migration from a human rights perspective. Throughout the operation, 6,270 people were reached through publications on the National Society's social media channels.

Some of the networking example posts are below:

- [International Migrants Day](#)
- [Migration](#)
- [Together we are unstoppable](#)

123,343 interactions with the affected population through digital means for the provision of information and feedback collection.

CHI	PAN	PER	Total
8,793	90	114,460	123,343

Chile: The WfB line has promoted messages aimed at the migrant and refugee population. Mainly focused on disseminating protection and care measures to deal with the COVID-19 virus. The messages achieved a total of 8,793 interactions with the target population. This WhatsApp line has not only served to distribute information but also to receive feedback that has allowed for the adjustment of actions on the ground based on migrants' suggestions.

Panama: The RCSP has interacted with the target population through digital channels to collect feedback. It happened within the framework of the visits that were made to the settlement of La Peñita when it was operational. The exercise collected information from 90 people.

Peru: With technical support from the IFRC, the PRC established a [WhatsApp for Business](#) in March 2020 to enable remote assistance to migrants affected by the COVID-19 crisis. Since its implementation, 5,723 unique users were served, and 114,460 interaction messages were exchanged with the users.

3,733 satisfaction surveys received:

BRA	ECU	PAN	PER	Total
200	1,900	109	1,524	3,733

Brazil: In the second half of 2020, the BRC held some meetings at the branches for the delivery of various goods. Data collection happened through the ODK forms. A total of 200 people participated in this type of survey, and they responded about the satisfaction of the services received.

Ecuador: the ERC conducted 1,900 surveys on the migrant population. The National Society carried out the surveys in conjunction with other entities that work with refugees and migration in Ecuador. The surveys were conducted in different contexts, highlighting the focus groups for migrants, the delivery activities, and the Joint assessment survey on the needs of this population.

Panama: The RCSP conducted 109 interviews with the migrant population throughout the operation to evaluate the services received.

Peru: The PRC conducted satisfaction surveys for the services provided, mainly during medical sessions. The volunteers were in charge of approaching the people receiving the services, and with the support of ODK forms, conducting a satisfaction questionnaire. After that exercise, a case study was written (it can be found in the following link, [click here](#)). A total of 1,524 satisfaction surveys were carried out throughout the operation.

25 activities implemented to mitigate discrimination and xenophobia.

Chile: Several campaigns were generated to reduce discrimination and xenophobia towards migrants in the country. Here is one of the latest examples ([click here](#)).

Ecuador: Intending to raise awareness about the reality and difficulties that migrants go through in the host community, the ERC installed awareness messages under the slogan "Humanity for all", in some public transport vehicles from the cities of: Quito, Guayaquil, Manta, Esmeraldas and Santo Domingo de los Tsachilas. The messages were kept for a period of 6 months.



Messages on public transport buses that were used in Ecuador, 2019.

Also, ERC used radio messages on JC Radio's national station to conduct its campaign. The messages addressed the rejection of migrants and xenophobic attitudes. At the same time, they used a theatrical play called "La mochila que más pesa" (the heaviest backpack). It told the story of two Ecuadorian people who were forced to migrate to find a better future. The play was performed in Ambato, Quito, Machala, Portoviejo, Ibarra, Santo Domingo, Guayaquil, Cuenca and Ibarra. The national and local public media reported about the performance: [Capital TV](#), [TV Manavita](#) and [The Portoviejo daily](#).

Peru: The PRC worked from an artistic perspective. In collaboration with visual and circus artists, focus work groups with adolescents were held. PRC collaborated with the group "Cuerda Firme". A multi-professional circus group that organized playful, educational activities. They reached a total of 282 young people. They worked on different artistic disciplines and elaborated a show as the culmination of the workshop. UNHCR funded the activity. The result can be seen in [video 1](#) for the initial part, and [video 2](#) for the final results.

Another action implemented was the PRC's artistic endeavour to disseminate values against gender violence. They worked with a group of Venezuelan and Peruvian women. As a result of their work, they painted a mural where messages of support for women were displayed. They promoted values such as sisterhood and the commitment for joint bridges between generations and origins. The action was part of the initiative of 16 days of activism between 25 of November and 16 of December of every year. The action was co-financed with UNHCR, and a summary can be seen in the following video, [click here](#).

Challenges

Argentina: There were challenges in the generation of content for the training of branches' volunteers. The reasons were that Migration was a new topic for the National Society, and it was sought to create materials that installed capacities in the branches. Another significant challenge was the change of strategy related to face-to-face services. The move to virtual spaces involved the recreation of materials and the training of volunteers for its management.

Brazil: The BRC encountered challenges in implementing actions, as they encountered limitations for gathering many people. While there was an agile and rapid reaction to adjust the response in some of the areas, the change was not as fast in other areas, such as the dissemination of information. A WfB line was implemented in the operation; however, the emphasis given to this tool did not follow experiences as positive as that of other countries and focused on providing assistance but having little relevance and impact. The National Society's capacities should be strengthened to offer a response that reaches a higher number of people since Brazil initially receives the most significant number of extracontinental migrants.

Chile: The main challenge was not having a well-defined strategy for migration. With the support of the IFRC, work was being done on a migration strategy for the coming years, and it will be part of the programmatic structure of the National Society. Regarding actions to prevent and mitigate xenophobia, some branches at the national level strengthened their links with government entities in charge of migration issues. That generated a more fluid communication to deal with the problems that affect the migrant population. The next step was

identified as to establish a medium-term policy where branches and local authorities take a similar approach on this subject, and joint actions continue to be developed.

Concerning RFL, the main challenge of the National Society was to develop a diagnosis that permits understanding the current situation and developing a strategy that allows reviving the provision of the service at the national level. The ChRC was in the process of building a policy and a system for raising complaints to establish a protocol that allows receiving claims of greater complexity.

Ecuador: The challenges that the ERC identified organized by work area were:

- RFL: It sought to expand the services offered and improved the people's search system and transfer of documents for migration processes.
- CEA: The set of skills from staff and in the area of community engagement should be strengthened. ERC also identified the challenge of generating social communication processes to reach the host community. Interaction with local communities should be improved and made more fluid to augment the planning of interventions that reflect their expressed needs.
- Humanitarian Diplomacy required strengthening to improve the presence of the ERC in the national scope of humanitarian mobility.

Guyana: The key challenge for the GRCS was its limited technical capacity to address migration-related issues. The National Society made an enormous effort to acquire abilities, but changes require time and funding to make long-lasting interventions. In addition, the language barrier with migrants hinders the impact of interventions since most of them were Spanish speakers.

Panama: The most significant challenges facing the RCSP were the limited capacity of its staff and volunteers on migration-related issues. So far, the response capacity has improved thanks to the staff and volunteers' training. In addition, language barriers are an element to which not enough time has been dedicated to finding a solution. Most of the population in the ERM's were Haitian, Cuban, and other nationalities of the African and Asian continent. In most cases, the Spanish they speak was poor. The absence of adapted materials, translators and language capacities within the teams, made the tasks remain at a more superficial level than expected.

A national CEA and migration strategy was designed for the National Society. However, changes must permeate the people that implement them and not stay at a document level. They want to strengthen processes such as "the request to search for people who may have gotten lost or who may have died on the migratory route", a sad reality that happens at the crossing through the Darien jungle. However, that process requires the cooperation from the authorities of the neighbouring country. Also mentioned above, there are significant connectivity limitations in the ERMs since the internet and telephone lines coverage is not stable or always secure.

Peru: The pandemic generated challenges in collecting feedback from services provided despite using virtual mechanisms such as: MS Forms or Google Forms. The reality identified was that there was a digital gap between the people receiving the services and the tools. In addition, making participatory diagnoses to plan properly, according to the needs of the communities, continued to be a challenge.

In the provision of services and effective referrals, it was experienced that referral channels between humanitarian organizations continue to be challenging and need to be built or improved. There was also difficulty concerning the mapping of services carried out by both partner humanitarian organizations and the Peruvian Red Cross through local initiatives because some of the services stopped working.

Trinidad and Tobago: The TTRCS has a significant language barrier challenge. It sought to cooperate with other humanitarian actors to solve it. The search for new capacities in staff and volunteers, and the translation of materials written in Spanish, was considered favourable to streamline some processes.

Uruguay: One of the main challenges of the URC was to generate capacities within the branches' territorial network so that working in and with the communities would have a more relevant impact on the humanitarian challenges. In addition, URC is seeking new volunteers that are interested in providing professional support.

Lessons learned

The Migration area combined the focus areas of Migration and CEA as they were closely related in the intervention.

In the migration area, the assessments were considered very positive, because they were of great support for the National Societies and their team of professionals and volunteers. For a large number of them, the issue of migration was very recent, and they lacked technical capabilities. The scope of services was assessed as positive since the initial planning was reached. In addition, the creation of humanitarian points was positively valued.

Throughout the process, the creation of tools and guides that serve to guide the intervention with migrants at the organizational and country-level was very positive. Trainings was one of the aspects emphasized and through which very valuable regional and national products were generated. For example, the Training of Trainers in Peru, at the regional level and courses/conferences at the national level in multiple countries, sometimes between several neighbouring countries (for example, Chile-Brazil or Argentina-Chile). Throughout the operation, a working network was generated between National Societies, IFRC and the ICRC, which must continue to be nurtured.

The most outstanding comments from the participants of the lessons learned exercise were:

- The importance of coordination between humanitarian agencies to meet more needs and not duplicate efforts.
- The Red Cross became a relevant actor in the Migration response.
- The importance of incorporating migrants in the services provided, since this improves the quality of the services. This was experienced in Peru and Uruguay.
- It was important to identify the changing needs of migrants depending on the geographical areas, as some were very clear, such as the case of Panama, where migrants were passing through, or the case of Chile, where migrants arrived to settle.
- Qualitative, quantitative and cultural aspects must be considered. The latter is essential to better understand people's needs in each country. The cultural part involves approaching and communicating with the people who receive the services.
- Online services should be improved, including training for staff and volunteers. The conversion from face-to-face to digital training is a gap that the pandemic has highlighted.

Finally, the migration session concluded that the response should be integrated in terms of its coverage; and it should be understood as a comprehensive or holistic response.

In the CEA session, the most prominent comments on the operation and the lessons learned that were identified in the exercise were the following:

It was understood that CEA is a central approach from its 4 pillars (Participatory Practices and feedback mechanisms; Information as Aid; Communication for Social Behavior Change; Evidence-Based on Empirical Facts).

From the pillar of *Participatory Practices and feedback mechanisms*: While the interventions are complex, there are creative ways and activity designs that include participation. In addition, on the participation surveys at the National Societies, it was expressed the necessity of taking actions and going beyond the results itself and closing the loop integrating the suggestions and comments made by the population in our actions. At the same time, protection risks must be identified. A good means for this has turned out to be WhatsApp for Business, working as an early warning mechanism. In the area of *Information as Aid*, exceptional work was done in Peru, Ecuador, and Chile, offering information on vaccination, COVID-19 and available services.

In the area of *Social and Behaviour Change Communication*, much effort was made to tackle attitudes of xenophobia. Although there is a long way to go. Initiative like the theatre group *Cuerda Firme* in Peru were very positive.

Throughout the operation, it was learned that the visual presentation of information is a tool for improvement and advocacy. The importance of systematization exercises to analyse results using digital tools such as dashboards. These have the potential to present information analysis results in a much easier and more accessible way. Therefore, these tools must be used for advocacy.

The importance of studying information needs was highlighted. The work between CEA, IM and PMER should be coordinated to make the most of the National Societies' information. Although, it was recognized that the difficulty in the Appeal was that the indicators were not always clear. There was an attempt to improve them, but the result achieved was not the expected by the National Societies involved.

The need to coordinate with other National Societies within the migratory route to have coherence in terms of information was highlighted. Being a Movement should be reflected in unified elements, although needs might change.

The lessons learned suggested that surveys should be used more efficiently since the information was not always understood. Hence, it was proposed that the CEA response must have a comprehensive approach with migrants and the host community. Both groups are essential for the answer to be understood as satisfactory. Knowing the active organisations in the response was identified as relevant, and having a map was important to work in a coordinated manner.

Finally, it is necessary to propose answers from the differentiated approaches since multiple groups have not been represented previously, such as the LGTBIQ+ community, older adults, children, and adolescents.

Strengthening National Societies

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

Indicators:	Goal	Reached
Number of volunteers directly involved in the operation.	2,315	2,535
<i>Output S1.1.4: National Societies have effective and motivated volunteers that are protected.</i>		
Number of volunteers that receive training on their role and the risks faced	745	2,089
Number of volunteers who have received psychosocial support.	1,925	242
Number of new volunteers.	165	N/A ³⁸
<i>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.</i>		
Number of migration response protocols and procedures established.	5	11
Narrative description of achievements		

³⁸ Due to the challenges of COVID-19, it was difficult to estimate the number of new volunteers that joined the National Societies, however, a follow-up will be done.

Outcome S1.1:

2,535 volunteers directly involved in the operation.

The following table shows the detailed information:

National Society	Number of volunteers directly involved:
Argentine Red Cross	136
Brazilian Red Cross	312
Chilean Red Cross	169
Ecuadorian Red Cross	1,400
Guyana Red Cross	40
Red Cross Society of Panama	250
Peruvian Red Cross	70
Trinidad and Tobago Red Cross Society	30
Uruguayan Red Cross	128
Total	2,535

Output S1.1.4:

2,089 volunteers have been trained on their role and the risks they face.

The following table shows the number and type of training carried out by each National Society.

National Society	Type of training	Number of trained volunteers
Argentine Red Cross	MHPSS	50
	Shelter	24
	Migration	32
	ENI Workshop	34
	Livelihoods	34
	Protection	24
	IM	8
	Subtotal	206
Brazilian Red Cross	MHPSS and Basic Health Care	50
	RFL	60
	Protection	70
	Migration	60
	CEA	70
	IM	2
	Subtotal	312
Chilean Red Cross	MHPSS	274
	Protection	237
	RFL	17
	IM	15
	Migration	129

	Subtotal	672
Ecuadorian Red Cross	Finance and Operations Management	49
	CVA	22
	CEA	66
	PGI	27
	IM	25
	Subtotal	189
Guyana Red Cross	CBHFA, Epidemic Control for Volunteers and First Aid	14
	Subtotal	14
Red Cross Society of Panama	MHPSS, RFL and Protection	204
	CEA	20
	IM	20
	ODK – Data collection	6
	Subtotal	250
Peruvian Red Cross	MHPSS and First Aid	70
	Migration	30
	Protection	60
	SGBV	60
	IM	8
	Subtotal	228
Trinidad and Tobago Red Cross Society	Migration, CEA and RFL	30
	Subtotal	30
Uruguayan Red Cross	Migration	20
	Distribution of Humanitarian Aid	30
	CVA - Cash Voucher Assistance	26
	MHPSS and Basic Health Care	25
	RFL	57
	ENI Workshop	20
	IM	10
	Subtotal	188
	Total	2,089

Argentina: Throughout the operation, the ARC has opened 3 new branches in San Juan, Tucuman and Paraná. With these openings, 11 volunteers have been incorporated into the National Society. In its actions the ARC has had the support of a total of 136 volunteers.

Brazil: The BRC carried out its training mainly in Rio Grande do Sul and Mato Grosso do Sul. The BRC also developed an RFL guide with activities and instructions that incorporate the CEA and PGI approaches and communication materials for all areas of the project. In total, the National Society had the support of 312 volunteers throughout its country branches.

Chile: The ChRC has trained a total of 672 volunteers in different areas: COVID-19, information management, basic first aid, psychosocial support, RFL, migration, prevention, and a survey on the strategy for migrations.

Ecuador: To strengthen the National Society, the ERC developed a curriculum on human mobility. Initially, it was designed to provide face-to-face training, but it was modified to create an online version due to the pandemic. In the last months of the operation, it was tested through two online training courses. The PGI area served as a pilot for the Americas since it was the first online training of this scale. It was organized by the Focal Points of the Americas Regional Office and Andean Countries CCD. The Human Mobility course in the Esmeraldas Branch was also implemented online. The country's headquarters oversaw its development.

The other area of strengthening during this period was the technological one, within which supplies were distributed, according to needs identified both in the Provincial Boards, in areas of the Central Headquarters that worked responding to human mobility. The technological supplies were distributed as follows: 6 Provincial Boards of the ERC: Azuay, El Oro, Guayas, Manabí, Pichincha and Santo Domingo. In its Health area and its Northern Zonal Team, the ERC Headquarters received supplies to reinforce the RFL line.

Improvement of the workflow processes and communication was sought to modernise the infrastructures and equipment of the country's branches.

Finally, and because of the pandemic, PPE supplies were distributed to the provincial boards to maintain their functioning during COVID-19 most complicated and most uncertain months. The supplies delivered to each of the branches were:

CONTENT OF HYGIENE SUPPLIES	
QUANTITY PER KIT	DESCRIPTION
6	Disinfectant wet wipes for surfaces and equipment - Packaging
2	70% antiseptic and germicidal alcohol
2	Alcohol antiseptic gel with 70% alcohol
12	Personal containers to carry alcohol / alcohol gel
15	Reusable masks
50	Disposable masks
6	Air Disinfectant

Guyana: the GRCS worked on improving the capacities of its volunteers, focusing mainly on the areas of First Aid and epidemic control. Throughout the operation, they had to face challenges in working with migrants and the added difficulties of the pandemic. Despite that, given the capabilities of the National Society and the volunteers, the training of 14 people was very positive.

Panama: The RCSP offered training on protection, gender and inclusion, in which a total of 204 volunteers participated throughout the operation. Some volunteers from the Puerto Lara and La Real branches also received training on RFL and put their knowledge into practice by developing days of activities in the ERM. Currently, the RCF service has improved its availability and sessions were conducted more regularly.

A training in ODK was organized when delivered rechargeable external batteries. Volunteers familiarised with the application by introducing data and collecting digital signatures with the delivery of supplies. The session was very successful. A total of 250 received training during the operation.

Peru: The Appeal allowed the PRC to grow in the area of migration, as it did not exist previously. It was possible to activate the branches, especially those located in the border areas of Tumbes, Tacna and Puerto Maldonado. And to a lesser extent at the Ica branch. The trainings offered to the volunteers addressed topics such as protection, MHPSS, first aid and use of new technologies as more outstanding. A total of 228 volunteers received training.

In addition to the volunteers' training, the Appeal allowed the development of the Human Mobility Plan, which was the first management tool designed by the PRC focused on migration. This plan became part of the Strategic Plan of the National Society at all levels.

Trinidad and Tobago: The TTRCS developed new capacities in Migration, CEA and RFL jointly. Considering the capabilities of the National Society and the team of volunteers, the intervention was very positive. There is a long way to go and many capacities to incorporate for both the staff and the volunteers. Still, the progress by the 30 volunteers who received training in the topics above was very positive.

Uruguay: The strengthening of the National Society made it possible to align interventions to the minimum humanitarian standards. The URC opted to train its volunteers in the topics of MHPSS, RFL, disaster management and response tools, Migration and CVA. The capacities were generated both in technical and operational aspects. The total number of volunteers who completed training was 188.

The URC will continue to conduct education and training workshops to reduce xenophobia and improve the principles of PGI for staff and volunteers and increase the capacities in MHPSS to support the migrant population.

394 volunteers received psychosocial support.

Brazil: The BRC provided MHPSS support to 43 volunteers,

Chile: The ChRC provided MHPSS support to 57 volunteers.

Panama: The RCSP provided MHPSS support to 260 volunteers.

Uruguay: The URC provided MHPSS support to 34 volunteers.

Output S1.1.6:

11 established response protocols and procedures.

In general, these protocols have been developed to continue the COVID-19 operation.

Argentina: The ARC has developed migration manuals (such as the border assistance manual and the urban assistance manual) and has developed a long-term strategy for migration, which will be published shortly.

Chile: In 2019, the ChRC prepared a migration manual aimed at volunteers to inform about the rights of migrants in Chile. In addition, the ChRC is in the process of developing a long-term strategy for migration.

Ecuador: ERC developed a protocol to continue providing cash transfer assistance services with IFRC approved vouchers.

Panama: The RCSP developed reception and security protocols for migrants in several intervention areas in coordination with local authorities and host communities.

Peru: The PRC developed a National Human Mobility Plan that incorporates guidelines for developing projects of the Movement aimed at migration in Peru. The plan describes the limitation of services and activities in which one can intervene, considering the capacities of the National Society. The organisation's internal strengthening needs (at the managerial and volunteer level) are also considered. Likewise, the new strategic plan of the National Society incorporates the components of migration and the social inclusion of the migrant population. Together with the National Human Mobility Plan, the PRC's strategic plan aims to ensure that the projects being implemented in the country are sustainable in the medium to long term.

Lessons learned

For many National Societies, the issue of Migration was new. That was the reason why the investment in volunteer training issues was prominent. Also, the scope, since it reached 2,473 volunteers leaving capacities installed in various approaches.

Materials produced in physical format will need to be converted into digital format to make them more accessible, especially due to COVID-19.

Migration was included in the Strategy 2030, so we must assert that presence and act in an auxiliary way to the public authorities. It was also learned that binational agreements and those between peers should be encouraged.

We must be flexible in interventions and understand the scope of other humanitarian actors, as we must not leave anyone unattended. It was identified that men were not receiving help from other organizations in some areas; future interventions that serve all people should also be considered.

It is necessary to improve the adequate training for volunteers before entering the field since the reality they find there can be very complex and exceed people's capacities. We must invest resources and efforts in volunteering development, building capacities and safety nets to guarantee their wellbeing and security, and to ensure the correct fulfilment of the duty of care.

It was learned that the transversal axes must be part of the communities. Therefore, communication with host communities requires improvements and more agile and inclusive processes to get more positive and lasting results.

There must be a process of unification of criteria at the regional level on issues such as vulnerable people. However, cultural and contextual differences are also elements to consider.

Finally, it was learned that organizational development depends on everyone, and that migration is a reality that is increasing. Although the operation is over, the needs will continue, and they must receive an answer. This operation was a great starting point that should continue to improve every day.

International disaster response

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

Indicators:	Goal	Reached
Number of Regional Intervention Team (RIT) and IFRC staff mobilized to provide support.	13	13
<i>Output S2.1.1: Effective response preparedness and National Society surge capacity mechanism is maintained.</i>		
Number of missions to support National Societies and/or Country Cluster Delegations (CCDs).	70	121
<i>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards.</i>		
Number of new kits created for migration purposes and strategies for regional sourcing.	5	7
<i>Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced.</i>		

Number of coordination meetings carried out within the Movement and with key external stakeholders.	12	14
Number of reports on the participation of the humanitarian network and key partners.	12	10
Narrative description of achievements		

Outcome S2.1:

13 RIT and IFRC staff members mobilized to provide support.

**Note: For more information on this outcome and its outputs, see the previous reports.*

Output S2.1.1:

121 missions to support the NSs and the CCDs.

The table below shows the number and type of missions to support the operation.

	Argentina	Brazil	Chile	Ecuador	Guyana	Panama	Peru	Trinidad and Tobago	Uruguay	Other	Sub-total
Coord. and CCD manager	2	4	8	5	1	11	4	1	5	1	42
Migration	2		1	2		5	2	2	2	1	17
CEA				1		2	2	1		3	9
IM	2		3			3	2	1	2		13
PMER		1	1		1	1	1	2	1		8
Programs			2	1							3
PGI	1		2	2		3	4		2	3	17
Livelihoods	1		1	1		2	1		2		8
PSS			2			1			1		4
Total											121

Output S2.1.4:

7 new kits created for the migrant population.

Two kits were created specifically for migrant girls and women in Darien to meet their individual and protection needs during this period. The other five were previously presented in the Ops. Update. For further details, [click here](#).

Output S2.1.6:

15 coordination meetings carried out within the Movement and with relevant external stakeholders.

- Appeal Review Process in December 2020:
 - Focal points of the National Societies included in the Appeal met remotely with IFRC staff and representatives from Partner National Societies to review the operation from July to December 2020. In this review, the operation was extended until June 2021 and modifications were included in the budget and activities planned for each National Society. The transition process was also incorporated into the program approach.

Members of the migration team also participated in the IFRC Migration Working Group and discussed the achievements in implementing the IFRC's Global Strategy on Migration to date.

Field visits with several partner organizations such as UNHCR, UNICEF, IOM, DFID, PRM and AECID were done in different countries to give visibility to field operations.

Influence others as leading strategic partner

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

Indicators:	Goal	Reached
Number of newsletters, press releases and reports produced.	100	79
Output S3.1.2: The IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Number of monitoring and evaluation reports produced.	8	3
Number of research, lessons learned materials and evaluations produced.	1	1

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Indicators:	Goal	Reached
Number of coordination spaces to exchange information to ensure optimal coordination in resource mobilization.	24	25
Output S3.2.1: Resource generation and related accountability models are developed and improved.		
Number of partnerships built with key actors from the migration response.	10	6
Number of proposals developed and presented to potential donors.	20	24
Narrative description of achievements		

Outcome S3.1:

Output S3.1.1:

79 newsletters, press releases and reports produced. The following press releases and digital content have been created:

- Launch of "Least Protected, Most Affected: Migrants and Refugees Facing Extraordinary Risks During the COVID-19 Pandemic" report.
- Press release and production of audio-visual bulletin on the Migrant Caravan, October 2020.
- International Migrants Day, December 2020.
- Launch of the Red Cross Red Crescent Global Migration Lab report.
- Forbes magazine opinion piece on migration and COVID-19 by the regional director.
- Audiovisual interview with "Agence France-Presse" (AFP).
- Audiovisual interview with France24.
- Chilean Red Cross press article on migrants at the Bolivian border.
- Article by the Ecuadorian Red Cross on screening, migrants and COVID-19.
- Two programs on Radio France International on migration and the COVID-19 vaccine.
- Migration content for Voices from Latin America and the Caribbean.
- Ecuador: publication of data and testimonials
- Peru: *Cuerda Firme* Program: Transforming Lives Through Art; presentation of the *Cuerda Firme video*; article on the exercise of empathy; Solidarity Days.
- Colombia: A Day in *La Hormiga*.
- Panama: Thank You for Being Alive.

Development of the following audiovisual products:

- Migration is Not a Game: video about International Migrants Day, December 2020.
- Micro-documentary series on Venezuelan migrant women in Peru.
- Micro-Videos on migrants, urban art and the IFRC's work in Peru.
- Animation video "We are All Migrants" in Peru.
- Mini-Documentary "Andrés and Liz" produced by the students of *Cuerda Firme*.
- Three testimonials from *Cuerda Firme* participants.
- Final video of the *Cuerda Firme* Program.
- Video "Somos Comunidad" (We Are Community), a result of community cinema and social inclusion.
- Video "Sin Fronteras" (No Frontiers), raising awareness through dance.
- Video about the Tumbes Assistance Point in Peru.

Output S3.1.2:

Monitoring and evaluation reports produced.

A monitoring and evaluation plan was developed³⁹ in Spanish and English for this operation. The plan provides a common framework for National Societies and the IFRC regarding indicators, definitions, data collection methods, frequency and staff at different levels. This plan was shared with National Societies to get feedback and make adjustments during the review process. The action plans at the national level followed the structure of the Overall Monitoring and Evaluation Plan. Once the action plans were finalized, the Monitoring and Evaluation Plan were updated to include the consolidated objectives of the countries and the region. The plan also specified the evaluation process of the operation.

To support the monitoring process of the operation, the PMER and the IM staff of the Migration Cell created a system of tables to track the implementation in each National Society included in the operation. The tables include the activities of each country's action plan and were updated regularly to keep the operation's [regional dashboard](#) up to date. To date, the information included in the *dashboard* and its respective updates have been used to monitor and evaluate the reports.

A [final evaluation](#) aligned with the IFRC evaluation framework was done. The final evaluation was adapted to the complexity of the operation (response to migration in the eight countries and capacities and scope of activities of each National Society). Because of COVID-19 and the travel restrictions of most countries in the region, the evaluation was conducted by a consultant team virtually. The team interviewed staff and volunteers from most National Societies that were in the Appeal. They provided inputs about their experiences and explained the positive aspects of the implementation and the challenges faced. The Evaluation team offered a series of recommendations to take into account by the Migration ARO team based on the results of the interviews held in the evaluation process.

Materials on lessons learned and evaluations produced.

The process of lessons learned was carried out in June through a series of meetings where the most outstanding aspects by area of intervention were reviewed, and proposals on the actions to be followed for future interventions will be presented.

Work sessions were held through Zoom's digital platform. These meetings were attended by those in charge of the focus areas and by people from the National Societies who wanted to join in. All countries involved in the operation, and other actors who were also involved in the operation as humanitarian actors of the Movement (ICRC), were invited. The work sessions were recorded, as well as the inputs collected. To consult the report prepared with the most outstanding aspects, access the following link, [click here](#).

The final evaluation of the operation was carried out through an external consultant in a participatory manner and with the support of actors at all levels in the national societies and the regional office of the Americas. Volunteers, workers from the different focus areas, financial areas, communication, project managers, etc., participated.

A series of interviews were coordinated through the Zoom platform. The team of consultants conducted the conversation through questions about the operation in their areas, both for positives and difficulties encountered. The results were presented to participants as the first session of the lessons learned process.

The Migration team worked on the Evaluation team's recommendations using a Recommendation Matrix and worked with all the counterparts involved and the technical teams to review the actions suggested. Some were accepted and included in the following actions, while others were partially accepted or rejected. On some occasions, they were beyond the range of action of the team and ARO office, such as modifying the format of financial reports. The report was published and can be consulted for more details ([click here](#)).

Outcome S3.2

4 coordination spaces for the exchange of information to ensure optimal coordination of resource mobilization.

The IFRC co-chaired the resource mobilization committee for the Coordination Platform for Refugees and Migrants from Venezuela (R4V).

Output S3.2.1:

25 proposals developed and presented to potential donors.

The IFRC, on behalf of the National Societies, has submitted 25 proposals to different partners and donors. Other donors and partners have made their donations through the published Emergency Appeal.

³⁹ Available upon request.

Effective, Credible and Accountable IFRC

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

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.

Indicators:	Goal	Reached
Number of financial reports published.	5	23
Narrative description of achievements		

Outcome S4.1:

Output S4.1.3:

23 financial reports published.

As per the IFRC's reporting guidelines for emergency operations, the IFRC publishes on its website financial reports with all its operations updates and final report for this emergency.

An ARO finance officer provided guidance to National Societies when developing their revised budgets and for financial reporting guidelines in March 2019 to ensure good reporting and accountability standards.

Since October 2019, the Population Movement team has produced internal financial reports. They provided information to the Country Cluster Delegations and the National Societies about expenditure and use of funds.

D. Financial Report

See [Annex](#) attached.

Contact Information

Reference documents

Click here for:

- [Emergency Appeal and previous Operation Updates](#)

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How we work

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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2021/10	Operation	MDR42004
Budget Timeframe	2018/06-2021/06	Budget	APPROVED

Prepared on 09 Feb 2023

All figures are in Swiss Francs (CHF)

MDR42004 - Americas - Population Movement

Operating Timeframe: 03 Jun 2018 to 30 Jun 2021; appeal launch date: 06 Sep 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	20,000
AOF2 - Shelter	865,000
AOF3 - Livelihoods and basic needs	2,265,000
AOF4 - Health	2,330,000
AOF5 - Water, sanitation and hygiene	1,070,000
AOF6 - Protection, Gender & Inclusion	310,000
AOF7 - Migration	2,450,000
SFI1 - Strengthen National Societies	2,240,000
SFI2 - Effective international disaster management	2,910,000
SFI3 - Influence others as leading strategic partners	235,000
SFI4 - Ensure a strong IFRC	5,000
Total Funding Requirements	14,700,000
Donor Response* as per 09 Feb 2023	9,393,111
Appeal Coverage	63.90%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	667	667	0
AOF2 - Shelter	213,174	213,156	18
AOF3 - Livelihoods and basic needs	1,106,814	1,082,205	24,609
AOF4 - Health	1,190,880	1,185,967	4,913
AOF5 - Water, sanitation and hygiene	608,478	635,183	-26,706
AOF6 - Protection, Gender & Inclusion	100,951	88,109	12,842
AOF7 - Migration	1,458,414	1,452,414	6,000
SFI1 - Strengthen National Societies	1,711,401	1,696,336	15,065
SFI2 - Effective international disaster management	2,924,542	2,919,745	4,797
SFI3 - Influence others as leading strategic partners	148,522	114,831	33,691
SFI4 - Ensure a strong IFRC	9,012	9,012	0
Grand Total	9,472,855	9,397,626	75,229

III. Operating Movement & Closing Balance per 2021/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,443,475
Expenditure	-9,397,626
Closing Balance	45,849
Deferred Income	0
Funds Available	45,849

IV. DREF Loan

* not included in Donor Response	Loan :	741,590	Reimbursed :	741,590	Outstanding :	0
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/06-2021/10	Operation	MDR42004
Budget Timeframe	2018/06-2021/06	Budget	APPROVED

Prepared on 09 Feb 2023

All figures are in Swiss Francs (CHF)

MDR42004 - Americas - Population Movement

Operating Timeframe: 03 Jun 2018 to 30 Jun 2021; appeal launch date: 06 Sep 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	199,915				199,915	
British Red Cross	254,519				254,519	
British Red Cross (from British Government*)	3,530,874				3,530,874	
European Commission - DG ECHO	1,577,581				1,577,581	
Hong Kong Red Cross, Branch of the Red Cross Socie	25,403				25,403	
Italian Red Cross	111,442		258,449		369,891	
Japanese Red Cross Society	88,843				88,843	
On Line donations	1,798				1,798	
Other	0				0	
Red Cross of Monaco	34,336				34,336	
Spanish Government	282,089				282,089	
The Canadian Red Cross Society (from Canadian Gov	358,346				358,346	
The Netherlands Red Cross (from Netherlands Govern	1,021,682				1,021,682	
UNHCR - UN Refugee Agency	485,180				485,180	
UNICEF - United Nations Children's Fund	308,173				308,173	
United States Government - PRM	904,844				904,844	
Total Contributions and Other Income	9,185,026	0	258,449	0	9,443,475	0
Total Income and Deferred Income					9,443,475	0