



Revised Emergency Appeal

Colombia: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° **MDRCO014**

N° of people to be assisted:
170,000

Initial operational budget:
CHF 2,2 million Swiss francs (CHF)

Revised operational budget n1:
2,5 million CHF

Revised operational budget n2:
4,9 million CHF

Revised operational budget n3:
6,6 million CHF

Funding Gap:
1.69 million CHF

Appeal launched:
15 March 2018

Revision n1 issued:
9 April 2018

Revision n2 issued:
15 August 2018

Revision n3 issued:
23 August 2019

Total expected timeframe:
27 months

Expected end date:
30 June 2020

This *Revised* Emergency Appeal seeks a total of some **6,6 million** Swiss francs increased from 4,9 million to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Colombian Red Cross Society (CRCS)** to deliver assistance and support to some **170,000 people for 27 months**, with a focus on the following areas of focus: **Shelter; Livelihood and basic needs; Health; Water, sanitation and hygiene; Protection, Gender and Inclusion; Migration; and Disaster Risk Reduction.**

This revised Appeal results in a funding gap of 1.69 million Swiss francs based on an increased number of people to be reached, an extended timeframe, an increase in activities and consequent increase in the number of staff and volunteers involved, and an enlarged geographic scope. The planned response reflects the current situation and information available at the time of the creation of this revised appeal. With some margin for flexibility, this Appeal could be adjusted based on evolving humanitarian needs, developments and information from detailed assessments. Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

The crisis and the Red Cross Red Crescent response to date

July 2017: The migratory flow increases significantly across the Colombia – Venezuela border. A DREF operation Colombia: Population Movement (MDRCO013) is launched for 236,295 Swiss francs.

October 2017: The volume of the migratory flow continues, prompting a six-month extension to the operation. The DREF allocation is increased to 297,157 Swiss francs with 231,836 people reached in 2017. The [final report](#) is published in 2018.

February 2018: The Colombian government expresses its willingness to receive international support, with the



Photo 1: CRCS teams in Vichada travel downriver to the town of Casuarito to provide essential medical services to vulnerable migrants.
Source: IFRC, April 2019.

State's National Unit for Disaster Risk Management (UNGRD) requesting complementary support from the CRCS.

March 2018: The IFRC launches an [Emergency Appeal](#) for 2.2 million Swiss francs to assist 120,000 people for 12 months

April 2018: The IFRC issues the [first revision of the Emergency Appeal](#) seeking 2.5 million Swiss francs to assist 120,000 people, including an increased budget to expand coverage of the protection and migration activities.

August 2018: The number of people migrating increases, leading to increased humanitarian needs, particularly in health. The IFRC issues a [second revision of the Emergency Appeal](#) for 4,9 million Swiss francs to expand the scope of health activities.

September 2018: [Operations update n°2](#) issued.

February 2019: [Six-months update](#) of the operation issued.

June 2019: [Twelve-months update](#) of the operation issued.

The operational strategy

In recent years, the number of people migrating from Venezuela to neighbouring countries and other locations around the globe has increased. UNHCR has estimated that over 4 million Venezuelans have migrated, with 2.7 million of these since 2015¹. As of 31 March 2019, Migración Colombia, the Colombian state entity in charge of migration, estimated that there were 1,260,594 Venezuelan migrants in Colombia, the vast majority of which are in the departments of La Guajira, Cundinamarca, Norte de Santander and Atlántico, each estimated to host more than 100,000 migrants. It is expected that the number of migrants in Colombia will be somewhere between 1.7 to 2.3 million by the end of 2019². Approximately 770,000 Venezuelan migrants hold a residence permit or a transit permit³. This means that Colombia [receives the largest number of Venezuelan migrants in the region](#). Additional transcontinental migrant flows have been identified as transiting through Antioquia and the Gulf of Uraba, to reach Panama and North America, in some cases fleeing violence, persecution or breach of human rights, as well as for personal or economic reasons.

The migration phenomenon has to be considered in the context of the existing humanitarian situation in Colombia, including internal displacement. OCHA estimates that in 2019, there will be 7 million people in need in Colombia, including 1.9 million migrants and 5.1 million people affected by the humanitarian situation due to natural disasters or armed conflict. There are 96 municipalities (9 per cent of all municipalities in Colombia) where the population is affected simultaneously by armed conflict, natural disasters and migration⁴. Finally, external factors such as changes in third countries' immigration requirements have had a consequent effect on migration flows in Colombia.

This operation has been focused on, but not limited to, providing health care and complementary services without discrimination to Venezuelan migrants, Colombians returnees from Venezuela and host communities, and is now looking to expand its support to transcontinental migrants from South American countries or other continents.

As at end June 2019, the IFRC has supported the Colombian Red Cross in providing more than 98,000 essential medical, hygiene, shelter and protection services to vulnerable migrants. Due to the fact that migrants are on the move across the country, and may benefit from a variety of different services, it is not

¹ [UNHCR, Venezuela Situation](#)

² [Refugiados y Migrantes Venezolanos, IMMAP](#)

³ Migración Colombia, March 2019

⁴ OCHA Humanitarian Needs Overview 2019

possible at this stage to track how many persons have been attended. As part of the efforts to provide comprehensive attention to the target population, avoid double counting and ensure proper data protection, humanitarian aid provided to migrants are counted by service and not by person.

In light of the continuing humanitarian need, this Revised Emergency Appeal has set itself the goal of providing **170,000** health and complementary services, including shelter, livelihoods, hygiene and protection services, to vulnerable people in need, over an extended period of 27 months. Special attention will continue to be given to pregnant women, children and breastfeeding women. In order to reach this population, this Emergency Appeal has focused on i) border cities that report the largest migration flows: Riohacha (La Guajira), Arauca (Arauca) and Ipiales (Nariño), and ii) cities affected by migration flows and with little or no humanitarian assistance available: Puerto Carreño (Vichada) and La Hormiga (Putumayo). On the other hand, services are also being provided in some of the biggest cities in Colombia where migrants have been



Photo 2: Distribution of hygiene kits in La Guajira. Source: CRCS: July 2019.

settling and have an important need for health and other services (Barranquilla, Cartagena, Riohacha, Maicao, Bucaramanga, and Bogota). In light of more recent needs assessments, there is a renewed focus on protection activities, specialist healthcare, additional cash transfer initiatives, and in light of the increasing number of migrants with a desire to remain, disaster risk reduction activities and community-level dissemination will be carried out to promote integration and social cohesion. Interventions will be carried out in additional locations as needs emerge and as the situation evolves.

The Colombian operation complements the Americas Regional Emergency Appeal, that works with National Societies in Argentina, Brazil, Chile, Ecuador, Guyana, Panamá, Perú, Trinidad and Tobago and Uruguay. In addition, the regional response in Ecuador: Population Movement DREF operation (MDREC013); and the Monarch Butterfly programme maintain close coordination to ensure articulation of actions and sharing of information.

Needs overview

Due to the slow-onset nature of the population movement and the evolving situation, the profile of migrants entering Colombia has changed as people with higher levels of vulnerability are now leaving their country, many of which have no choice but to walk across the country.

Migrants face different needs according to their migratory profile. However, based on in-depth assessments done at country level by the Colombian Red Cross, the IFRC and other partners, and feedback mechanisms set up at different service posts, all migrants highlight the need to continue receiving primary health care attention, especially first aid, prenatal and specialist medical care, access to hygiene and treatments to address malnutrition. Access to accurate information and contacts with loved ones remain important needs for people on the move, whilst youth, pregnant women and other particularly vulnerable migrants seek to have access to safe spaces in different cities they pass through.

In addition, the use of irregular border crossings exposes migrants to higher risks, including smuggling, trafficking, exposure to armed groups and other forms of exploitation, placing an important psychological strain on migrants. Finally, settled migrants seek livelihoods to provide for themselves and their loved ones, often facing integration and social inclusion challenges, as well as instances of discrimination from host communities.

Specific needs per sector



Disaster Risk Reduction. As increasing numbers of migrants settle in a country exposed to a number of natural hazards, there is a need to ensure that they are better prepared for effective disaster risk response. Recent migrants currently arriving do not have access to information on risks in the community where they settle and/or transit through.



Shelter. Important needs in shelter have been identified, in particular in border cities, as migrants lack the financial resources for lodging which results in sleeping in parks, bus terminals and other public sites. Shelter demand vastly outweighs the shelter support available, and many informal shelters have been opened by concerned communities. In line with the government's strategy outlined in its White Paper on migration published in November 2018 ([CONPES 3950](#)), it opened an Integral Centre of Attention for Migrants in Maicao, La Guajira, with an initial capacity of 350 persons. Three other centres are planned to be opened by the government, although their location is still to be identified and funding confirmed. A spontaneous response from host communities has been to make available their own homes as improvised shelter solutions. This shows the high degree of empathy and solidarity from ordinary citizens, but these shelters, most commonly found in Santander and Norte de Santander, lack basic hygiene conditions and first aid facilities.



Livelihoods. Dangerous and negative coping strategies continue among the migrant population, such as involvement in illicit activities (illegal mining, illicit crops, drug trafficking, recruitment by illicit armed actors), "recycling" in garbage dumps or the sale of their valuable assets (such as cell phones). Women and girls remain vulnerable to sex work or being trafficked to ensure their livelihoods. Due to the risks associated with such negative coping strategies, clear data on affected persons is difficult to obtain. According to an evaluation carried out by the Norwegian Refugee Council between July and November 2018, it was identified that 86% of migrants surveyed are of working age, however the majority are working informally in difficult conditions. In response to the increasing settlement of Venezuelan migrants both in peripheral and big cities (cities of more than 500,000 inhabitants), international agencies and the Colombian Red Cross have confirmed the need to implement development programs that go beyond the humanitarian assistance and contribute to the stabilization of migrant families with a desire to remain. The need for this type of programs has been highlighted particularly for the Caribbean coastal cities and Bogotá.



Health. The supply of health services is precarious in Arauca, La Guajira, Vichada, Nariño and Putumayo as health system institutions are overloaded. The Colombian Red Cross field teams report massive concentrations of people in informal human settlements in the outskirts of the urban centres, with difficulty to access traditional health centres. There are important needs for follow-up and treatments of chronic diseases (hypertension, diabetes, cancer), prenatal and postnatal care, as well as evaluation and treatment for children under the age of five. Sexual and reproductive health care, which entails information on breastfeeding, sexual transmitted infections (STIs) and family planning, among others, is limited; condoms and contraceptive methods habitually are unavailable to this population. In February 2019, Profamilia, the main national non-governmental organization that promotes sexual and reproductive rights in the country, presented [an assessment](#) of unmet sexual and reproductive health needs of the migrant population in four cities on the Colombian-Venezuelan border (Arauca, Cúcuta, Riohacha and Valledupar), including access to family planning services, STIs prevention, prevention of pregnancy during adolescence, and youth friendly spaces. With regards to sexual violence, the list included the need for information, prevention, protection and care services; maternal and child health services; access and combined response in HIV care and treatment. With the recognition of the social and cultural differences among the migrant population, the study identified the need to assertively transform social mindsets that generate stigma.

In another recent study (June 2019), in the Caribbean region of Colombia, the Universidad Industrial completed a [descriptive survey](#) about the health of irregular pregnant Venezuelan migrants. The main findings related to food insecurity, anaemia, depressive symptoms, domestic violence and lack of prenatal check-ups. In the latest Health Cluster meeting on 3 July 2019, led by the Pan-American Health Organization and the Ministry of Health, the [National Health Institute](#) in Colombia indicated that the main public health cases notified in Venezuela migrants are the following: gestational and congenital syphilis, acute malnutrition in children under 5, low birth weight, extreme maternal morbidity, HIV/AIDS, dengue, AIDS mortality, maternal, perinatal and late neonatal mortality, tuberculosis, and suicide attempt. In addition, between March 2018 and March 2019, the Institute has reported 280 cases of measles. In terms of transcontinental migrants, important medical and first aid needs have been identified, especially for pregnant women.



Water, Sanitation and Hygiene Promotion. Structural barriers impede the access to safe water. Adequate solid waste and excreta management systems are insufficient in informal and peripheral settlements. In Vichada, despite the proximity to one of the biggest rivers in the world, clean water is scarce, and the health unit in Casuarito (Vichada) has reported that the incidence of malaria is increasing. Water points are still needed on the border cities because they have shown high demand by migrants, especially in Ipiales where they arrive after several days of poor hydration conditions. Additional transition points have been identified and are being assessed on their potential to assist migrants through hydration. The lack of access to hygiene facilities and safe water has led to skin allergies and dehydration symptoms, according to Health Care Unit coordinators and epidemiological reports. Equally, migrants with a desire to remain are often settled in sites with little or no access to basic hygiene, or have little funds available to spend on basic hygiene items due to other more urgent needs.



Protection, Gender and Inclusion. In terms of inclusion, there is a need for community-based actions which involve migrants as well as host communities to strengthen social cohesion and increase resilience to face adverse conditions. As mentioned above in the health section, sexual violence against women continues, and it was noted that the greater risk was at the work place or when searching for work. Profamilia's abovementioned [assessment](#) of unmet sexual and reproductive health needs identifies gaps in information-sharing, prevention, protection and care services; maternal and child health services; and access and combined response in HIV care and treatment. The lack of information also was highlighted, most of the migrants are unaware of where to go to get the necessary related services. Sex work was noted as a common coping strategy. In June 2019, the IFRC and the CRCS, with support from the International Committee of the Red Cross (ICRC), carried out a cross-border evaluation into the protection needs of children transiting from Venezuela through Colombia, crossing through Bogota and Putumayo, then into Ecuador. Initial findings indicate that there are important mental health and protection needs, especially in departments where armed groups are present, such as Putumayo, need for additional friendly spaces, better information and education as to rights and existing services, especially in light of widely-believed rumours, and further child participation in feedback mechanisms.



Migration. Between 23 February and 8 June 2019, the border between Colombia and Venezuela was closed to pedestrian traffic from the Venezuelan side. This had increased the vulnerability of migrants, as greater numbers enter through informal crossing points, in turn exposing them to other risks such as armed groups and human trafficking. External factors such as changes in entry requirements into third countries (Peru, Chile and Ecuador), have been increasing the migratory flows in Colombia, therefore increasing the need for previously identified humanitarian assistance.



Photo 3: A young mother and her seven-day old baby receiving post-natal care in the CRCS Health Care Unit in Ipiales, Nariño. Source: IFRC, July 2019.

Operation progress to date

Below the main achievements of the Colombian Red Cross Society with funding from this Emergency Appeal, as of 30 June 2019:

							
900 Bedding kits distributed	6,000 Food rations distributed	53,627 Medical services	10,279 psychosocial support attentions	9 Health care Points	143,000 Litres of water distributed	5,657 Services in friendly spaces	5,073 Restoring Family Links services

As of 20 July 2019, the Colombia Emergency Appeal for population movement has enabled the provision of health services through five health care units and four health provision institutions. The health care units have provided 53,627 services through medical doctors, nurses, psychologists and volunteers. In order to provide comprehensive assistance, the CRCS also offers other forms of assistance such as friendly spaces, water, hygiene kits and phone call services for restoring family links. Health care units also extend their primary health assistance to peripheral areas where settlements are located, and carry out community-based activities to reach as many people as possible. In line with GIFMM projections and IFRC calculations, the Emergency Appeal has reached 5% of the migrant population in Guajira, 14% in Arauca, 51% in Ipiales, 59% in Putumayo and 36% in Vichada.

In the medium to long-term, the planned exit strategy for this operation is to evolve the emergency response actions at the country level into regular migration programmes in the National Society. This would ensure

sustainability, as it is likely the current migration flows and the vulnerability of migrants will continue beyond the timeframe of this operation.

Coordination and partnerships

Together with IFRC, the American, German and Spanish Red Cross National Societies, as well as the ICRC, are supporting the CRCS with specific programs that seek to reach migrants with health, livelihoods and other complementary services. The American Red Cross has been supporting the CRCS and IFRC with technical support in particular with regard to cash transfer programming and health, and is now finalizing a health programme for migrants with CRCS, building on some of the capacities developed through the IFRC's Emergency Appeal. The German Red Cross has been focused on support in Guainía, Vichada, Norte de Santander, Santander and Nariño, with a strong focus on primary health care assistance. The Spanish Red Cross supports early recovery interventions, adding cash transfer programming and livelihoods to the standard health care assistance. The ICRC has focused on orientation and Restoring Family Links, as well as providing shelter, psychosocial assistance, medical supplies, food and hygiene kits to migrants.

The CRCS convenes coordination bi-monthly meetings with all Movement components. These meetings are used to share critical information about results, challenges, plans, mitigation strategies and other subjects that affect the operation. The ultimate purpose is to coordinate between all Movement partners to enhance the efficiency and the results of the humanitarian response to the population movement. A detailed list of regional presence and operational focus of Movement partners can be found in the [12-month Operations Update](#).

Proposed Areas for intervention

Overall goal: Provide humanitarian assistance to protect the lives, health and dignity of 170,000 people affected by the migratory situation in the departments of Arauca, Atlántico, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander and Vichada, through a number of complementary livelihoods and basic needs, health, water and sanitation, shelter, protection and migration services, which may expand to additional departments based on emerging needs and available funding, in line with the Colombian Red Cross' migration strategy.

The operation aims to provide humanitarian aid through three core strategies — **Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability** — which are integrated across the different areas of focus:

- Disaster Risk Reduction (DRR)
- Shelter
- Livelihoods and basic needs
- Health
- Water, Sanitation and Hygiene (WASH)

The operation targets migrants according to their profile (transit, pendular, settled) and host communities and their specific needs in the operation's lines of intervention, especially those who are experiencing severe difficulties in terms of accessing public services. Amongst migrants, groups will be prioritized as follows:

- Those to be assisted during their migratory journey
- Those to be assisted when they move between border areas
- Those to be assisted once they have settled in their host country

Areas of Focus

	<p>Disaster Risk Reduction</p> <p>People targeted: 10,000</p> <p>Male: 4,250</p> <p>Female: 5,750</p> <p>Requirements (CHF): 60,000</p>
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Proposed intervention

Outcome 1: Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.

Output 1.1: Communities (migrant or host) take active steps to strengthen their preparedness for timely and effective disaster response

- Key messages on disaster risk reduction for migrants
- Awareness and public education campaign on hazards applied to different contexts
- Implement community early warning systems in migrant or host communities



Shelter

People targeted: 10,000
Male: 4,250
Female: 5,750
Requirements (CHF): 220,000

Proposed intervention

Outcome 2: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

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

- Purchase and distribution of bedding material kits
- Refresher Workshop on collective centre management to Red Cross staff and volunteers, emphasizing migrant care
- IFRC provides shelter-related advice and guidance to the CRCS.
- Purchase and distribution of basic hygiene equipment for 10 community shelters
- Purchase and distribution of community first aid kits for 10 community shelters
- First aid training for hosts/ managers of 10 community shelters
- Participate in shelter approach coordination spaces



Livelihoods and basic needs

People targeted: 13,940
Male: 5,000
Female: 8,940
Requirements (CHF): 400,000

Proposed intervention

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

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

- Purchase and distribution of kitchen kits with complementary food kits to affected communities

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

- Refresher workshop on introduction to cash-based assistance to volunteers
- Feasibility analysis and market assessment
- Distribution of unconditional cash-based assistance to most vulnerable household in three cities
- Carry out pilot project for transportation of migrants to shorten their route
- Advocacy actions with local and national authorities on the impact of Cash and Voucher Assistance (CVA)
- Adapt the CRCS Community Engagement and Accountability (CEA) strategy to develop and implement CEA actions for cash and vouchers assistance and a grievance /compliance mechanism system
- Monitoring of post-distribution and user satisfaction



Health

People targeted: 170,000

Female: 100,000

Male: 70,000

Requirements (CHF): 3,340,000

Proposed intervention

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

Output 4.1a: 124,000 migrants provided basic health care in CRCS Health Care Units (HCU)

- Basic HCUs medical care provided through mobile / fixed posts
- Referral and counter-referral of migrants to medical centres via the ambulance service
- Comprehensive assistance to pregnant women and new-born
- Distribute prenatal and postnatal kits to pregnant/lactating women

Output 4.1b: 46,080 migrants provided primary level health care in CRCS Health Provision Institutions

- Provide primary health care through eight CRCS HPIs, including basic lab services
- Provide health promotion and disease prevention activities
- Establish a case reporting system that generates relevant epidemiological information
- Referral and counter-referral of migrants to medical centres via the ambulance service

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

- Design a CEA strategy approach for Health
- Participatory actions to promote Health
- Community participatory plan to promote Health
- Print and distribute health promotion materials (Sexual and reproductive education kits)
- Health promotion campaign and workshops
- Provide first aid care
- Emergency health workshop for volunteers focusing on migration
- Referral and counter-referral of migrants to medical centres via the ambulance service

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

- Provide nutritional supplements for at least 6,000 children
- Provide nutritional supplements for at least 3,000 pregnant mothers
- Design and implement a nutritional supplement distribution pilot for children and pregnant women
- Evaluate the pilot for nutritional supplement distribution and share lessons learned

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

- Operation coordination at the national level

- Operational support at the local level
- Drafting of local and national reports
- Financial monitoring and logistics support
- Gathering and processing of information
- Surveillance and generation of epidemiological reports
- Medical audit of health care provided by HCU and HPI
- Activity implementation support from Health RIT (Regional Intervention Team)
- Inter-sector coordination meetings
- Monitoring by National Society - support missions to departments where Appeal health activities are implemented
- Monitoring by IFRC – support missions from the country cluster office in Peru and the regional office for the Americas (ARO)
- Visibility actions (e.g. banners, posters, brochures)

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

- Provide psychological support (care, psychological guidance)
- Print materials with PSS and self-care information.
- Distribution of psychosocial support kits for children
- Psychosocial support for first response teams
- Psychosocial support (PSS) for children in primary education



Water, sanitation and hygiene

People targeted: 210,400

Female: 130,400

Male: 80,000

Requirements (CHF): 560,000

Proposed intervention

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

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

- Set up five hydration points
- Apply the CRCS CEA strategy for WASH interventions

Output 5.5: NS promote positive behavioural change in personal and community hygiene among targeted communities.

- Water, sanitation and hygiene workshop for CRCS volunteers
- Hygiene and sanitation promotion and disease prevention
- Distribute individual hygiene kits targeted to men, women and children
- Distribute family hygiene kits to settled migrants and communities



Protection, Gender and Inclusion

Services targeted: 110,000

Female: 71,000

Male: 40,000

Requirements (CHF): 240,000

Proposed intervention

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

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

- Set up four Friendly Spaces in migrant attention points to ensure safety and decrease stress for the migrant population
- Purchase and distribute gender and age-differentiated dignity kits for adolescents
- Train volunteers and staff in the IFRC Minimum standards for protection, gender and inclusion in emergencies and on Prevention and Response to Sexual Exploitation and Abuse
- Establish a focal point in key migrant attention points to provide orientation to the migrant population to all available internal and external (aid partners, Government) services, as well as to carry out key CEA actions.

Output 6.5: Educational and community dialogue programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

- Implement the CRCS CEA strategy to include specific actions for Protection, Gender and Inclusion (PGI), focused on prevention of discrimination, stigma and xenophobia
- Train teachers and parents to promote the creation of a protective environment in educational contexts highly affected by migration



Migration

People targeted: 170,000

Female: 99,000

Male: 71,000

Requirements (CHF): 400,000

Proposed intervention

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

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

- Acquire and operate comprehensive assistance mobile units at border points or in locations with high concentrations of migrants
- Provide comprehensive care services in CRCS branches with a high incidence of vulnerable migrants in transit and destination communities
- Referral system for legal guidance or assistance, access to protection system with authorities and other humanitarian actors

- Roll out the Virtual Volunteer tool and UReport, a bi-directional information tool, with supporting dissemination actions

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

- Implement the CRCS CEA strategy for Migration
- Develop professional training opportunities for migrants and host communities in order to strengthen social cohesion and access to the market, seeking engagement through the private sector
- Carry out a campaign through a strategy linked to messages to raise awareness and prevent gender-based and sexual violence, stigma and discrimination through media outlets, such as radio, TV, written press, flyers, banners and the arts
- Establish a two-way communication mechanism
- Establish a rumour tracking mechanism

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

- Provide RFL services in five CRCS points of attention to migrants
- Provide electric power to charge mobile phones and data systems (Wi-Fi)

Strategies for Implementation

Requirements (CHF): 1,380,000

National Society: This revised and extended Emergency Appeal will work to sustain the organizational capacities of the National Society, which will continue to be strengthened both at the national and the branch levels. This includes a focus on CRCS volunteers, with timely and quality engagement in their well-being, in particular through the provision of psychosocial support and complementary insurance, and opportunities for peer-to-peer exchanges. Operating branches will continue to be strengthened and equipped.

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

Human resources: This revised and extended Emergency Appeal will continue to support the contracting of staff at field level, which includes medical personal (doctors and nurses), as well as at headquarters level, including administration and finance officers, migration and protection coordinators, Community Engagement and Accountability and communications staff. The Emergency Appeal will partially or fully cover these positions, contingent upon funding.

Communications: The CRCS' Communications unit conducts digital monitoring on migration in social media and traditional media across Colombia and regionally. There has been a constant use of social media by the National Society and IFRC accounts to extend the scope of the messages. Between August 2018 and June 2019, dozens of reports have appeared in national and local news media, and at least three video productions have been made to contextualize the magnitude of the population movement, to raise awareness and advocate on the humanitarian needs migrants face. The IFRC's Communications staff in Panama and in Peru will continue providing technical support to the CRCS and bringing visibility to their humanitarian efforts.

Information Management (IM): The IFRC and CRCS have benefited from support from the Spanish Red Cross, together with work on developments in Open Data Kit in partnership with the University of Washington, in order to develop and roll out a new data collection and information system for all CRCS migration activities. This system will allow users not only to collect and modify data in real time, but also to consult trends about all areas of focus. This information system will be innovative as a data collection tool for the National Society and it is expected to be implemented in other operations.

Planning, monitoring, reporting and evaluation (PMER): This Emergency Appeal will continue to support the CRCS with a PMER officer, as well as technical support from an IFRC PMER officer in-country and support from the Peru and Panama. The operation's monitoring and evaluation plan is aligned to regional indicators in

order to facilitate monitoring of activities and indicators regionally. A final evaluation is planned, as well as lessons learned exercises.

Logistics and Supply Chain: All procurement related to this operation will follow the IFRC's standard procurement procedures. The Regional Logistics Unit (RLU) in Panama has been closely supporting the operation with procurement, technical advice and technical authorization in line with procedures. A Procurement Officer from RLU carried out two field visits to the operation to work with the National Society. In addition, the operation enabled a humanitarian logistics workshop in May 2019, facilitated by the RLU in Panama, to strengthen the logistical knowledge and capacities of CRCS headquarters and branch staff. As the operation continues, so will the technical support of the IFRC and the strengthening of the CRCS' logistical capacity.

Funding Requirements

COLOMBIA – Population Movement

Funding requirements – summary

SHELTER	220,000
LIVELIHOODS & BASIC NEEDS	400,000
HEALTH	3,340,000
WATER, SANITATION AND HYGIENE	560,000
PROTECTION, GENDER & INCLUSION	240,000
MIGRATION	400,000
DISASTER RISK REDUCTION	60,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	480,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	750,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	100,000
ENSURE A STRONG IFRC	50,000
TOTAL FUNDING REQUIREMENTS	6,600,000

all amounts in Swiss Francs (CHF)

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Reference documents

Click here to access:

- [For previous updates.](#)

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How we work

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

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



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



Enable healthy
and safe living.



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