

Final Evaluation - Colombia: Population Movement Emergency Appeal (MDRCO014)

The International Federation of Red Cross and Red Crescent Societies (IFRC)

EVALUATION REPORT

Authors¹: Marcela Rueda Gómez director@iwordsglobal.com
Valentina Rangel Parra valentina.rangel@iwordsglobal.com

¹ This evaluation was performed by IWORDS consulting group, www.iwordsconsulting.com. The evaluation report was drafted in June 2021.

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Abbreviation and acronyms

AECID: Spanish Agency for International Cooperation for Development
CATM: The Migrant Care Centre
CCD: Country Cluster Delegation
CEA: Community Engagement and Accountability
CENAF: National Border Care Centre
CHF: Swiss franc
CRCS: the Colombian Red Cross Society
DREF: Disaster Relief Emergency Fund
ECHO: *European Civil Protection and Humanitarian Aid Operations*
EMT: Evaluation Management Team
EU: European Union
GDPR: General Data Protection Regulations
GIFMM: Group for Mixed Migratory Flows
HCU: Health Care Units
HCT: Humanitarian Country Team
HIV: Human Immunodeficiency Virus
HPI: Health Providing Institutes
HSP: Humanitarian Service Points
IT: Information technology
ICRC: The International Committee of the Red Cross
IFRC: The International Federation of Red Cross and Red Crescent Societies
IOM: International Organization for Migration
NGO: Non-governmental organization
OECD: The Organisation for Economic Co-operation and Development
ODK: Open Data Kit
PAM: Migrant Assistance Post
PGI: Protection, Gender, and Inclusion
PMER: Planning, Monitoring, Evaluation, and Reporting
RMRP: Regional Refugee and Migrant Response Plan
RIT: Regional Intervention Teams
PPE: Personal Protective Equipment
RCRC: Red Cross and Red Crescent
NSs: Red Cross and Red Crescent National Societies
UAS: Mobile Health Care Unit
UNICEF: United Nations Children’s Emergency Fund
UW-CSE: University of Washington’s Department of Computer Science and Engineering
WASH: Water, Sanitation and Hygiene
WFP: World Food Programme

● Executive summary

In the past, Venezuela hosted thousands of refugees from the region and other parts of the world. However, since 2014, there has been a significant increase in Venezuelans seeking refugee status worldwide, principally in the Americas. Colombia continues to be the number one receptor of Venezuelan migrants, with [1.7 million](#) (35%). As of December 2020, 56% of the Venezuelan migrants in Colombia had an irregular status; this amounts to more than [983,000](#) people.

With the increase in the flow of the migrant population since 2014, there has been a corresponding rise in humanitarian needs. Aware of these growing and changing needs, the Colombian Red Cross Society (CRCS), in close partnership with other Red Cross Red Crescent (RCRC) movement partners, has been engaged in various initiatives targeting migrant populations. In March 2018, **the International Federation of Red Cross and Red Crescent Societies (IFRC) and the CRCS²** worked together to put in place an **Emergency Appeal** (the Appeal, herein) aimed at providing health and complementary services (i.e. shelter, WASH, livelihoods, among others) to people in need, affected by the migratory situation in the departments of **Arauca, Atlántico, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca, and Vichada**, as well as other departments. Over the years of operation, the Appeal required a total of 10,000,000 CHF from donors. Donors' response generated coverage of 8,180,061 CHF. The expenditure to date³ is 7,365,917 CHF.

In 2021, IFRC commissioned [IWORDS Consulting](#) (part of IWORDS Global) to evaluate the Appeal against four criteria: relevance and coherence, effectiveness, efficiency, and sustainability. The evaluation was conducted virtually due to challenges such as COVID-19 and public order instability in Colombia. The latter led to a limited engagement of beneficiaries and volunteers that leaves an important gap in the data collection process, despite the measures taken for mitigation. The evaluation process involved a thorough desk review; 41 key informant interviews with individuals involved in planning, implementing, and monitoring and evaluating the Emergency Appeal at the different levels; 5 interviews with beneficiaries engaged in the livelihood component (seed funding for enterprising); and participation in a lessons-learned workshop.

Key findings

Relevance and coherence

- The Appeal is aligned to priorities agreed by existing multisector/multi-partner partnerships focused on addressing the needs of migrant populations, such as the Inter-agency Group for Mixed Migratory Flows (GIFMM, Spanish) and the Humanitarian Country Team (HCT). By actively participating in coordination platforms, the CRCS and IFRC have gained first-hand information on the evolving needs of the target populations and the interventions delivered by others which, in turn, has supported the alignment of the Appeal to national-level strategies and response plans, and the process of continuous adaptation.
- The Appeal revisions have been informed by multiple studies and the monitoring of data. This has led to a response that is relevant to meet the most pressing needs of beneficiaries. For instance, selecting target populations and geographical areas of interventions build on an index that compares the incidence of migration and related health conditions among the 32 provinces of Colombia. The index considers COVID-19, neglected tropical diseases, the incidence of chronic disease, malnutrition, gender-based violence, and multidimensional poverty. The index analysis is complemented by assessing institutional response capacity, surveys and reports generated by other authoritative sources.

² Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.
















³ Expenditure by the date the report was drafted (June 2021). The Emergency Appeal Final Report is due on 30 March 2022 and will include the final figure.

- The Appeal aligns with the "IFRC Global Strategy on Migration 2018 - 2022 Reducing Vulnerability, Enhancing Resilience" and other relevant frameworks, such as the CRCS's 2018-2021 National Strategy for Attention to Migrants the IFRC's Minimum Standards for Protection, Gender, and Inclusion in Emergencies.
- Efforts implemented through the Appeal give continuity and/or support other initiatives implemented by the CRCS with the support of other movement actors. It is worth highlighting that during the life of the Appeal, over 15 additional initiatives related to migration have been implemented by the National Society.
- The Appeal has kept its relevance by continuously adapting to meet beneficiaries' needs, including responding to the challenges brought by COVID-19. For instance, over different kits (i.e. dignity kits, food kits, psychosocial kits) and multiple types of cash-based interventions and vouchers were delivered during the implementation period. While such level of adaptation constitutes success in terms of acknowledging the differential needs of the target population in an emergency, key informants expressed concern about the dispersion of efforts. Potential problems linked to this include lack of resources to effectively implement activities that require sustained efforts or increased costs in operation, i.e., large bulk purchases, cannot be implemented.
- Increased coordination with Red Cross National Societies (NSs) in border countries —notably Venezuela and Ecuador— could have amplified the appropriateness of the response for migrant populations.

Effectiveness

- The Appeal has overachieved most of the key outcome indicators for the period 15 March 2018 to 31 May 2021. Critical contributors to success have included the establishment of humanitarian service points (HSP) — neutral spaces along migratory routes that provides a welcoming and safe environment for migrants to access essential services—; volunteers support in the implementation of activities; good induction and training systems for those engaged in the implementation process; active collaboration with local authorities; and maintaining flexibility to integrate changes to the project, to meet emerging needs.
- The periodic feedback obtained by the implementing teams from the beneficiaries through the suggestion boxes and satisfaction surveys, within the framework of the Community Engagement and Accountability (CEA) strategy, allowed implementing teams to make ongoing adaptations to meet the needs and demands of the target population.
- Initiatives such as the "Virtual volunteer" platform have been poorly disseminated through the Appeal, as their current format does not meet the needs of target populations.

Operational achievements (as of 31 May 2021)

 620,602 Total services provided	 73,246 People reached with basic needs and improved livelihoods	 7,714 Bedding kits distributed	 327,580 Health care services provided	 99,888 Psychosocial support services
 8 Water distribution points	 50,588 Individual hygiene kits distributed	 6,799 Dignity kits to children, adolescents and pregnant women	 1,136 People reached in orientation helpdesks	 7 Health Providing Institutes
 75,461 People reached in friendly spaces	 4 Sites with Restoring Family Links services	 1,666,428 Litres of safe water distributed	 66,047 People sensitized against xenophobia or discrimination	 1 Protection project for pendular migrant children in school
Source: IFRC Colombia				

Efficiency

- Committed and technically sound professionals supported the implementation of the Appeal at different levels. However, staff turnover was an ongoing challenge that may have hindered progress at times. It affected the continuity and documentation of processes, the recognition of CRCS in platforms and local spaces (as there are repetitive changes in the people representing the organization), and increases the cost associated with induction and technical training.
- Informants reported communication, coordination, and feedback practices within the branches/field teams as positive and conducive to implementing the Appeal.

- While there were many positive practices for coordination between the local branches and the national level (e.g., monitoring calls, troubleshooting calls, among others), the evaluation surfaced areas of improvement. For instance, some informants felt that communication often prioritized the approval of reports and resolving financial questions over technical and programmatic support.
- IFRC and CRCS have maintained a healthy and supportive relationship —however, there are some areas of improvement, particularly around solving problems linked to financial reporting. Factors contributing to this include a high turnover of staff, lack of clarity about the procedures and the implications of poor reporting (i.e., delays in disbursements), lack of clear roles and responsibilities to manage the financial reporting at different levels. It is essential to highlight that this challenging area has been a constant in the project, even though several guidelines have been produced and disseminated. The second area of improvement relates to missed opportunities for coordination with the Mariposa Monarca project —an initiative on migration supported by IFRC in Norte de Santander, Colombia. Even though both initiatives (the Appeal and Mariposa Monarca) are supported through IFRC, there are no formal mechanisms to ensure timely and strategic coordination and transfer of emerging good practices.
- There are multiple challenges regarding monitoring, evaluation, and learning systems. For instance, there is a mismatch between the Appeal indicators and what the data collection systems can collect (i.e. people reached vs services provided). In addition, while the information management system has evolved during the life of the Appeal, branches were still reporting persisting issues related to reporting and the use of dashboards to enable informed decision-making processes.

Sustainability

- CRCS's 2018-2021 National Strategy for Attention to Migrants —developed with the technical support of IFRC and other movement partners— has become an essential tool to guide the work of the CRCS at all levels. It has opened the opportunity to create a structure for the management of migration projects, and it has guided fundraising efforts.
- The Appeal has been an opportunity to generate high-quality reports on migration, press releases and newsletters and videos. These materials can be used under multiple interventions, not only to showcase the work of the CRCS but to demonstrate and influence the implementation of good and promising practices.
- At the branch and national level, staff departures after the project pose a threat to the continuity of efforts, mainly as there has not been a clear exit plan to ensure that all this information is transferred to the local branches.
- The seed funding for 75 enterprise ventures and the identification of community leaders among migrants are examples of efforts included in the Appeal that leave installed capacities in place.
- CRCS and other movement partners have shown capacity to amplify the achievements but leveraging new funding.

Recommendations

- Involve internal and external stakeholders in the initiative's design: Involving informants from different backgrounds in the design stage may seem like an overwhelming and costly process. However, engagement can take different forms, and not all stakeholders have to join through the whole process. Conducting a participatory, multi-actor effort for the programme design is now more critical than ever as it is expected that the new operations are likely to have less flexibility, as they will not be framed as an Appeal. Therefore, it is essential to gain a broad understanding of how different stakeholders plan to operate in the next 3 to 5 years and identify where they see CRCS playing a unique role.
- The leading five branches involved in the Appeal can provide empirical support to other sites —in other words, this role should not be exclusive to experts from the central level.
- From the design phase, include plans to use existing good practices and to identify and document —through rigorous processes— good, promising, and emerging practices to work with migrants.
- Address financial reporting problems during the design phase to ensure technical support is prioritized during the implementation phase. While financial reporting (and another type of reporting) issues always appear, to some

extent, during the implementation of projects and programmes, CRCS and IFRC should work together to minimize these events. Acknowledging this as a critical problem is the first step. Next, it is necessary to have an open mind to support the identification and improvement of bottlenecks.

- Work closely with CRCS' unit/department in charge of the National Society (and branches) Development. The CRCS's department/unit in charge of implementing the Organizational Capacity Assessment and Certification (OCAC process) or similar, as per guidance from IFRC, is likely to have an in-depth understanding of the capacities of each branch, but also of the investments that can make a significant difference in supporting their capacity to implement this type of projects.
- Continue the positive practices —i.e., lessons learned workshops and regional and global opportunities for exchange IFRC's contribution, generating opportunities for training and participation in technical spaces was highly valued. The next phase should maintain and increase these opportunities.
- Conduct a cost-effectiveness analysis before bringing delegates from the movement. Technical support received from other National Societies, and IFRC adds significant value, according to interviewees. However, a lesson learned from COVID-19 is that some of that input can be received virtually.
- Tap into current opportunities to attract new funding, such as: a. availability of resources —recent government announcements regarding their funding intentions for the Venezuelan crises show an optimistic scenario; b. existence of an institutional portfolio on socio-economic integration of migrants. This strategy, already piloted by CRCS/IFRC is acknowledged by authoritative sources in the region as essential to make beneficiaries the promoters of their subsistence, promote sustainable inclusion in host communities and support contribution to local economies and the overall development of host countries.

1. The Emergency Appeal at a Glance

In the past, Venezuela hosted thousands of refugees from the region and other parts of the world. However, since 2014, there has been an 8,000 per cent increase in the number of Venezuelans seeking refugee status worldwide, principally in the Americasⁱ. As of February 2021, there are [5.6 million](#) Venezuelan migrants globally, with [4.6 million](#) (85%) in Latin America and the Caribbean alone. In addition to the unprecedented number of migrants from Venezuela settling throughout the region, countries in the Americas receive significant numbers of extra-regional migrants from the Caribbean, Asia, and Africa. Some of these migrants have settled permanently in the region, but many others choose to travel north, crossing from Colombia into Panama through the Darien Gap on their way to North America.⁴

Colombia continues to be the number one receptor of Venezuelan migrants, with [1.7 million](#) (35%), which represents 3,7% of Colombia's total population and is slightly more than its indigenous population. Since July 2020, the estimated [number of irregular](#) Venezuelans in Colombia surpassed the number of regular. As of December 2020, 56% of the Venezuelan migrants in Colombia had an irregular status; this amounts to more than [983,000](#) people.

With the increase in the flow of the migrant population since 2014, there has been a corresponding rise in humanitarian needs. Health services (including medicines), access to food, and protection are the primary concern. The demand for essential goods and services (health, housing, employment), especially in the transit cities of the departments located in the borderland, continues to grow.ⁱⁱ

Aware of these growing and changing needs, the Colombian Red Cross Society (CRCS), in close partnership with other Red Cross Red Crescent (RCRC) movement partners, formalized its response to migrant population in 2015 and 2018 through Disaster Relief Emergency Funds (DREFs)ⁱⁱⁱ. In March 2018, **the International Federation of Red Cross and Red Crescent Societies (IFRC)** and **the CRCS**⁵ worked together to put in place an **Emergency Appeal** (the Appeal, herein) aimed at providing health and complementary services to people in need, affected by the migratory situation in the departments of **Arauca, Atlántico, Bolívar, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, Valle del Cauca, and Vichada**, as well as other departments as needs arose based on changing migratory flows^{iv} (as shown on the map below). Over the years of operation, the Appeal required a total of 10,000,000 CHF from donors. Donors' response generated a coverage of 8,180,061 CHF. The expenditure to date⁶ is 7,365,917 CHF.

Disaster Relief Emergency Fund (DREF)

provides immediate support to Red Cross Red Crescent National Societies, enabling them to carry out their unique role as first responders after a disaster. Established in 1985, the DREF plays an essential role in the IFRC's global disaster and crisis management system.

An Emergency Appeal is a plan articulating how the International Federation plans to respond to an emergency, where there are significant needs for which international assistance is required. An emergency appeal is always based on a request from a member National Society and is usually issued based on a needs assessment. www.ifrc.org

While the Appeal's emphasis was primary health care, including first aid services, with the increase in the timeframe, the Appeal progressively started combining health services to the target populations with actions in the areas of shelter; livelihoods and basic needs; water, sanitation, and hygiene promotion; and protection, gender, and inclusion (PGI); and disaster risk reduction. The continued distribution of basic needs to migrants in transit and settled migrants

⁴ The term "migrants" is deliberately broad and includes refugees, asylum seekers and/or stateless persons entitled to special protection under international law.

⁵ Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.

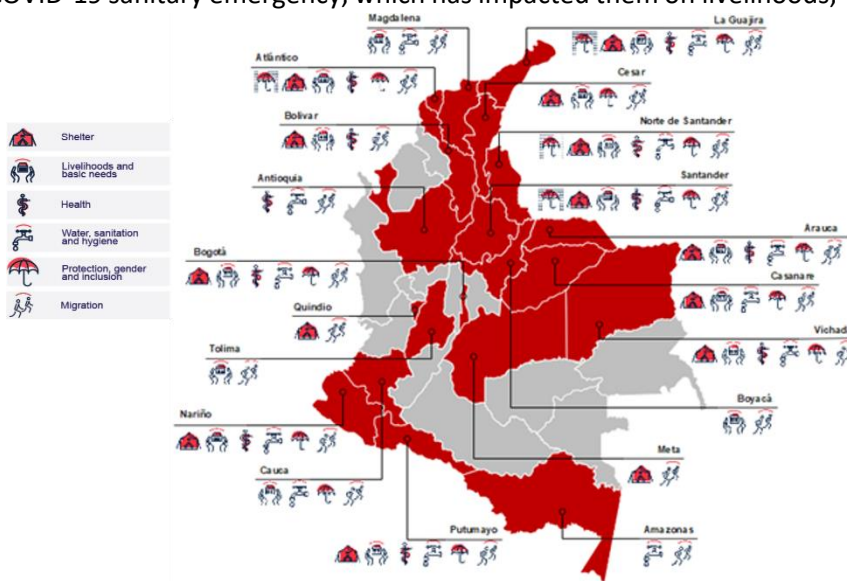
⁶ Expenditure by the date the report was drafted (June 2021). The Emergency Appeal Final Report is due on 30 March 2022 and will include the final figure.

became even more relevant in the light of the COVID-19 sanitary emergency, which has impacted them on livelihoods, health, and hygiene.

○ **Key interventions and investment level up to June 2021**

Primary health care (3,291,060 CHF): it was delivered through three key operational models:

- Health Care Units (HCU) in border cities, where migrants on foot and pendular migrants are predominant.
- Health Providing Institutes (HPI) of the Colombian Red Cross Society in cities with more than 500,000 inhabitants, where host communities and settled migrants live.
- Mobile Health Units complement outreach work to reach out to migrants and host communities in distant areas.



Source: IFRC Colombia

Health implementation activities such as disease prevention and health promotion talks were complemented by psychosocial services and supported by delivering kits, nutritional supplements, and specialised medical services (consultations and tests). The latter, financed by conditioned cash transfers.

Shelter (164,873 CHF): vulnerable walking migrants were reached with shelter kits and people located in shelters with night kits while families were provided with cash for shelter (prepaid cards for the payment of leases or the execution of home improvements). Under the strategy, 13 shelters were strengthened by providing community first aid kits and stretchers accompanied by a 4-hour training in basic first aid for shelter managers and staff.

Livelihoods and basic needs (794,502 CHF): food kits and family weekly food kits were distributed to settled migrants. Cash transfer assistance (pre-loaded cash cards), prepaid cards for food security and nutrition, and food vouchers were distributed to families covering people in highly vulnerable conditions (pregnant women, nursing mothers, single heads of household, persons with cognitive/motor disabilities, migrants living with HIV, sex workers). Moreover, under this strategy, the Appeal provided training and cash to strengthen productive initiatives owned by Venezuelan migrants and host communities.

Water Sanitation and Hygiene (WASH) (614,457 CHF): water bottles were distributed, and hydration points were installed to increase access to safe water. Furthermore, family hygiene kits were distributed among ‘caminantes’, vulnerable settled migrants and host communities. Since March 2020, the hygiene kits have contained the elements necessary to prevent the spread of COVID-19.

Protection, Gender, and Inclusion (443,536 CHF): child and family spaces were created as protective environments to prevent and mitigate the humanitarian consequences of the migration process for both the migrant and host population, strengthening their capacities, promoting the restoration of rights, and promoting inclusion. In these spaces, psychosocial support and counselling were provided, and dignity kits were distributed. On the other hand, orientation desks offered a referral path to information about services available elsewhere in the territories.

Migration (174,765 CHF): in the different points of attention, the migrant population could access the restoring family links services, which offered calls nationally and internationally and free internet and phone charging services.

Finally, the Appeal implemented different actions aimed at:

1. Building and strengthening the National Society's capacity to ensure that it had the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform. Investment of 530,841 CHF.
2. Ensuring a strong IFRC and positioning IFRC secretariat, together with National Societies to influence decisions at local, national, and international levels that affect the most vulnerable. Combined investment of 39,881 CHF.

2. Evaluation methodology

2.1 Background

In 2021, IFRC commissioned [IWORDS Consulting](#) (part of IWORDS Global)– a consulting firm dedicated to supporting a wide range of actors linked to the development and humanitarian field in assessing and improving the effectiveness and impact of its programs and projects- to undertake a final evaluation of the Appeal.

The scope of this evaluation considers the following:

- Emergency Appeal (March 2018 - June 2021): humanitarian and stabilisation assistance to protect the lives, health and dignity of people affected by the migratory situation in the departments of Arauca, Cundinamarca, La Guajira, Nariño, Norte de Santander, Putumayo, Santander, and Vichada (among others) with the provision of health, water and sanitation, shelter, protection, and migration services.
- Host National Society: The Colombian Red Cross Society (CRCS).
- Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, German Red Cross and Spanish Red Cross.
- Donors involved in the implementation of the Appeal: European Investment Bank Institute, Italian Government Bilateral Emergency Fund, The United States Government – USAID/OFDA, Western Union Foundation, and online donations.

The objective of the final evaluation is twofold: 1) To assess the structure, systems, and processes across different levels of the National Society, related to their programming capacity (in migration), coordination (internally and externally), and how effectively this translates into capacity strengthening. 2) To assess the relevance and efficiency of the support provided by the IFRC (including the Migration Cell and other regional expert support) to the National Society throughout the operation, focusing on the validity, relevance, and expertise of technical support.

In line with these objectives, the final evaluation was implemented against four OECD standard criteria. Specific evaluation questions were developed and refined to define each criterion. (See Annex 1. Evaluation Matrix):

- **Relevance and coherence:** appropriateness of the operation in delivering assistance based on needs and context; coherence/alignment with efforts implemented by other key actors engaged in addressing the needs of people in need.
- **Effectiveness:** strategies; coverage in reaching target populations across different groups; and accountability to the affected population concerning service delivery, sustainability, engagement, inclusion, and resilience building.
- **Efficiency:** of the management and systemic mechanisms and interventions in delivering quality services with minimum resources.
- **Sustainability:** of the interventions in developing the organisational capacity of the National Societies and enhancing the resilience of assisted people against future hazards.

The resulting recommendations identify key lessons learned, improve the body of evidence, and provide concrete recommendations to ensure a proper transition from the Emergency Appeal modality to a programmatic approach.

2.2 Guiding principles and standards

The evaluation team observed IFRC's values of humanity, impartiality, neutrality, independence, voluntary service, unity, and universality and the following set of guiding principles during its work:

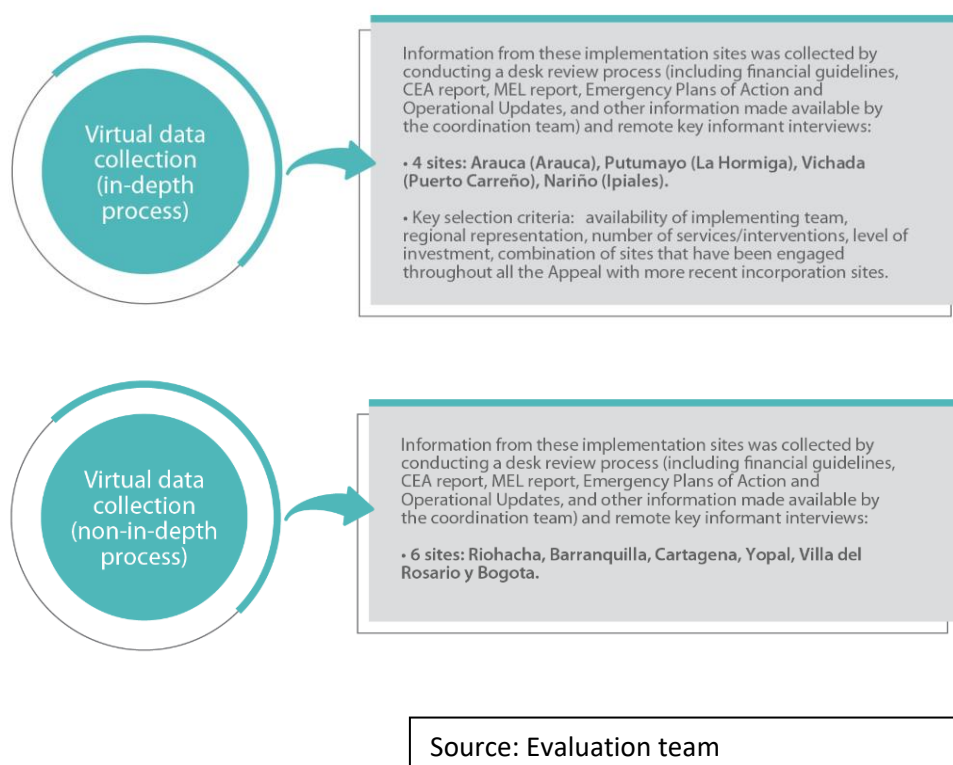
- **Inclusion and participation:** maximising the involvement of diverse stakeholders by preparing an inclusive sample that considers intersectionality and prioritising data collection methods that are participatory. While inclusion and participation were central to the design of the methodology, challenges derived from COVID-19, public order instability and availability of beneficiaries generated multiple limitations (see "[Limitations](#)").
- **Executing with a purpose:** ensuring resolution of the main points of each criterion by proposing evaluation questions and generating purposeful conclusions and recommendations, aimed at promoting learning for future interventions and the achievements of the scope of the Emergency Appeal.
- **Quality standards:** following international quality standards and criteria (OECD/DAC) and adhering to the IFRC Framework for evaluation (CEA and PMER system).
- **Protection of all parties involved:** ensuring the confidentiality of information, voluntary participation of all people and stakeholders involved, and the strict adherence to IWORDS Global Child Protection Policy and Sensitive Issues Approach and Methodology. IWORDS Global strictly follows the Security Policies of IFRC throughout the entire assessment.
- **Do not harm:** from this perspective, the team considered the safety conditions and the need to deploy care methodologies for participants in each action.
- **Gender equality approach and intersectionality:** a gender equality approach implied considering the differentiated needs of individuals based on their gender identity and the combination of many other aspects that shape their identities (i.e., race, age, migration journey, etc.).

2.3 Approach

Based on the guiding values and principles, and keeping in mind the need to gather information to assess all criteria and respond to the proposed questions, the evaluation team:

- ✓ Combined the use of complementary evaluation approaches; participatory assessment; and most significant change from an institutional development perspective^v.
- ✓ Implemented an evaluation process that recognises the need to connect the past, present and future; from the assessment of how the operation gives continuity to efforts implemented in 2015 and 2017 (DREFs), to the assessment of the operation (2018-2021), to the identification of inputs to inform the transition from the Emergency Appeal modality to a programmatic approach.
- ✓ Proposed the engagement of a diverse group of stakeholders —while keeping in mind the feasibility of contacting them in the current environment. Namely, CRCS Branches and *Unidades Municipales* (including implementing teams), CRCS headquarter, the IFRC Americas Regional Office, IFRC Country Cluster Delegation (CCD) office for the Andean countries, IFRC's Technical office in Colombia, partners, volunteers, and beneficiaries.
- ✓ Acknowledged the importance of gathering data related to all components of the operational strategy; health care services and complementary actions (shelter; livelihoods and basic needs; water, sanitation, and hygiene promotion; and protection, gender, and inclusion (PGI); and disaster risk reduction).
- ✓ Acknowledged the need to collect data from all implementation sites, regardless of the level of investment in each site or the period of involvement in the Appeal (Diagram 1):

Diagram 1. Data collection plan

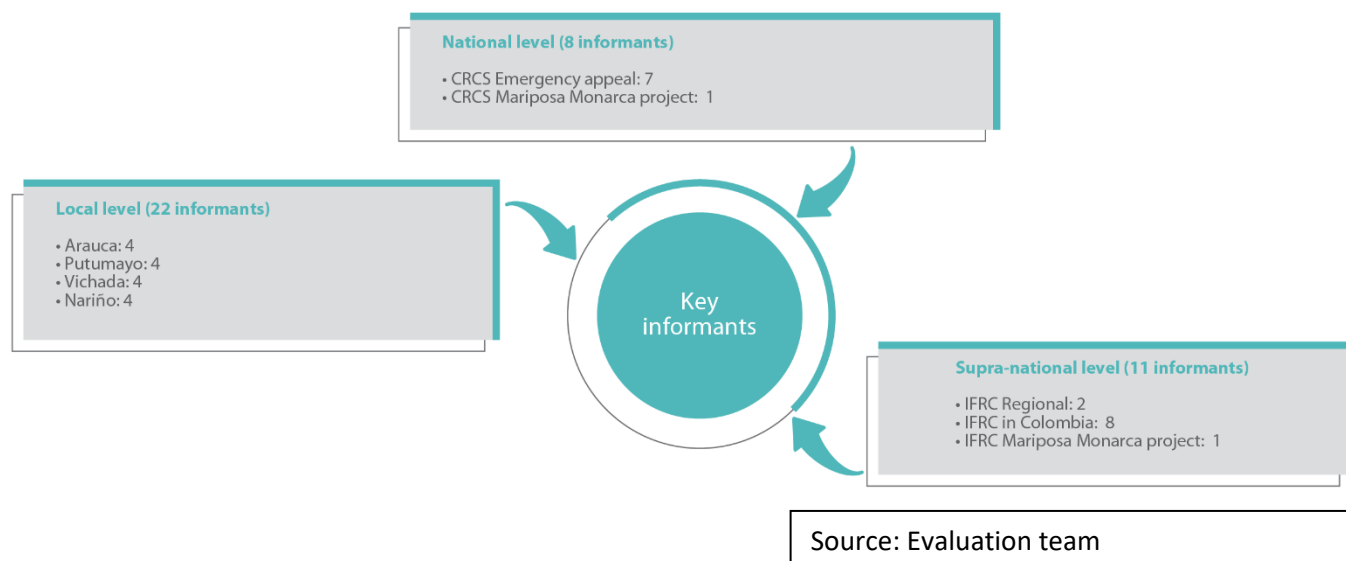


2.4 Data collection methods

The evaluation data collection methods executed are explained below. The original plan included approximately 32 interviews with the implementing teams, 15 interviews with key informants from the national and supranational levels, and 28 interviews with beneficiaries. It also included five focus group discussions with the implementing team including volunteers from five branches, and the review of 30 to 50 documents. As explained below, the original plan had to be adapted given the local specificities and constrains —all outside the control of the evaluation team (See more under “[Limitations](#)”).

- **Desk review:** a review of documentation and sources shared by the coordination team and identified by the consultancy team through online searches, including but not limited to the results framework, PMER report, lessons learned workshop, financial guidelines, the Community Engagement and Accountability (CEA) report, Emergency Plans of Action from March 2018 to June 2021, Operational Updates, DREF reports, videos developed by the RCRC, and reports by other authoritative organisations.
- **Semi-structured interviews with beneficiaries:** short interviews with 5 recipients of seed capital and business training (livelihoods beneficiaries).
- **Key informant interviews from the RCRC movement:** 45-60 minutes semi-structured interviews with people involved in planning, implementing, and monitoring and evaluating the Emergency Appeal at the different levels (See Annex 2. to learn more about the profiles of key informants).

Diagram 2. Key informants from the RCRC movement engaged in the process.



Lessons learned workshop: the evaluation team had the opportunity to join a workshop facilitated by an external consultant, bringing together representatives from the CRCNS and IFRC. While this process was not part of the original methodology, it became an excellent opportunity to complement the information gathered during the key informant interviews. The added value of the lessons learned workshop is that the conclusions reached result from a collective thinking process. While a different technique, this collective effort is aligned to the purpose of the "writeshops" proposed by the IWORDS Global team, which were not implemented with sites engaged in the "in-depth process" due to the cancellation of field visits.

2.5 Data quality

2.5.1 Data storage and confidentiality

IWORDS Global fully complied with General Data Protection Regulations (GDPR), implementing all relevant measures to reduce concerns related to data confidentiality and storage and protect all parties' interests.

The following measures were implemented to reduce concerns related to data confidentiality:

- a) Before starting any interviews, participants were informed about the objectives and expectations of their participation.
- b) Before starting any interviews, the data collectors explained their intent to record the session and ask for verbal consent from participants.
- c) All raw data resulting from the interviews are confidential and accessible only to the team. We used a central drive to manage and store all data, where only selected people had access. Personal identifiable data (e.g., voice records) will be kept no longer than necessary and will be deleted within three months following the approval of this report.

The evaluation team observed the informed consent, no harm and confidentiality principles throughout the process.

2.5.2 Data analysis and triangulation

The evaluation team implemented the following actions to ensure quality and rigour in the analysis of the data collected:

- Members of the evaluation team participated in a preparatory meeting to share the methodology and implementation of data collection tools.
- All interviews were recorded with previous authorisation from participants. Key informant interviews were transcribed and cross-checked for accuracy. During the translation of testimonials from key informants, the transcriptions were edited to anonymise the content (i.e., eliminating information that makes the source identifiable).
- During the data analysis process for report drafting, the consulting team analysed the consistency of the data generated. If, after the consultation process, we still identify inconsistent/contradictory information, we will highlight this in the report.

2.5.3 Limitations

Mobility, transportation, and assembly difficulties for the work field due to the COVID-19 health crisis and national strike.

Mitigation: Considering the evolution of COVID-19 in the different implementing sites, security issues, and the restrictions to mobilisation related to the national strike, the EMT and IFRC's team informed IWORDS Global about the need to conduct the entire data collection process virtually. This situation meant making modifications to the methodology —particularly regarding having direct contact with beneficiaries and volunteers engaged in the process. The data collection with the implementing team was done with CRCS staff and through virtual and telephone interviews.

Turn-over of key personnel.

Mitigation: Due to the absence of focal points in some sites where the Appeal was implemented, the consulting team, along with the EMT and IFRC's team, had to modify some of the sites that had been selected for data collection. From the places where it had initially been agreed that an in-depth data collection process would be carried out, La Guajira was discarded due to the lack of implementing staff. On the other hand, the non-in-depth data collection process was carried out in six cities: Riohacha, Barranquilla, Cartagena, Yopal, Villa del Rosario and Bogota since in the rest there was not a focal point who was involved in the implementation of the Appeal. To fill the information gaps, the consulting team accessed the historical information of the operation available in the documentation shared by the coordination team.

Limited information was collected for implementation sites that were not engaged in the in-depth virtual processes.

Mitigation: while the amount of information collected for these implementation sites is reduced, in comparison, with sites that benefit from an in-depth virtual process, the evaluation team is confident that the desk review process and key informants' interviews implemented for such geographical areas provided valuable insights to enrich the assessment of the Appeal.

Reduced access to beneficiaries and volunteers

Mitigation: the mobility and connectivity of beneficiaries and the availability of volunteers were highlighted by CRCS as barriers to engage them in a virtual data collection process. This translated in the involvement of only five beneficiaries of the livelihood component. The lack of engagement of the target population and volunteers, in an evaluation designed from a participatory approach leaves a significant gap. To minimize the consequences, the consulting team interviewed the CRC Community Engagement and Accountability Officer, reviewed reports generated by CRCS for the surveys completed by beneficiaries of the Appeal, identified testimonial videos that gathered the voices of recipients of dignity kits and added questions to the key informant interviews about the role and added value of volunteers.

The Red Cross Red Crescent Movement partners who were actively involved in the Appeal, external partners and donors did not participate in the data collection process.

The original design of the evaluation recommended the engagement of external actors (such as partners or donors). Despite multiple requests from the evaluation team through the process, IWORDS Global did not obtain access to contact details or a clear explanation on the constraints to involve these profiles. The fact that partners and donors involved in the operation have not participated in the evaluation leaves a vital information gap regarding 1) the degree of articulation and coordination that was established with other humanitarian actors on the ground; 2) the perception other humanitarian actors have of the role that the CRCS played and could play in the years to come; 3) the perception of donors about the relevance and effectiveness of their support.

Mitigation: Even though the information gap still exists, the consulting team inquired with key informants about the coordination level with partners and their perception of how donors value the intervention. Therefore, it is essential to note that the findings in this regard were elaborated mainly based on the information provided by CRCS and IFRC.

Although the scope of the evaluation includes all the Appeal, most of the qualitative information collected corresponds to the team's experience in the implementation of the last year and a half of the operation.

Most of the people identified by CRCS as informants joined the Appeal as of June 2019, which means that the conclusions resulting from the qualitative information are not necessarily relevant for the first year of the operation.

Mitigation: To minimise this bias, the consulting team interviewed some people who were part of the operation from earlier stages and triangulated the information with the institutional memory available in the documentation provided by the coordinating team.

3. Findings

This section provides an analysis of critical findings gathered and triangulated from all data collection methods. These findings are presented for each category of analysis (relevance, effectiveness, efficiency, and sustainability)⁷. To support the findings, the review team often includes examples (e.g., testimonials, data from specific activities, photos) from efforts delivered during the life of the Appeal. However, the evaluation team acknowledges that such examples are not comprehensive of all efforts implemented under this operation. Similarly, some specific components of the findings are exemplified through selected anonymous testimonials from informants (beneficiaries or movement informants), as needed. However, testimonials only have an illustrative purpose.

Concerning COVID-19, its impact on the implementation of the Appeal for the years 2020 and 2021 is discussed as a cross-cutting issue under each key category of analysis.

3.1 Relevance and coherence

Finding 3.1.1. The Appeal complements and strengthens the implementation of priorities agreed by existing multisector/multi-partner partnerships focused on addressing the needs of migrant populations.

Addressing the complexity of the needs of migrant populations has required the commitment of State and other non-State actors operating across the Americas region and globally. This commitment has materialised in the creation of task forces, groups, and coordination mechanisms over the years, being the most critical one the Regional Inter-Agency Coordination Platform —established as a forum to coordinate the response efforts across 17 countries of Latin America and the Caribbean, with a particular focus on achieving coherency and consistency throughout the response. This Regional Platform is complemented by local coordination mechanisms (national and subnational) collaborating closely with host governments in the operational coordination and implementation of the Regional Refugee and Migrant Response Plan (RMRP). The Colombian chapter of this platform —the Inter-agency Group for Mixed Migratory Flows (GIFMM, Spanish)— has been operational since 2016. Among its 75 members, **the GIFMM includes multiple RCRC**

⁷ The evaluation team is including answers to all evaluation questions included in the evaluation matrix. However, as critical findings may contribute to answer more than one question (and to increase the friendliness and readability of the report), the team is structuring this section by finding and not by evaluation's question.

movement partners, including the CRCS and IFRC (the latter, as an observant, with no vote). CRCS is often represented by staff members actively engaged in implementing the Appeal at national and local levels (Arauca, La Guajira, Norte de Santander, and Nariño).

This evaluation process identifies the participation in the GIFMM at different levels as a key contributor to the relevance and coherence of the Appeal, to positioning the CRCS as a leading actor in migration and preventing duplication of efforts. For instance, the desk review process confirms the alignment of the interventions of the Appeal with the evolving needs and priorities set in the RMRP for Colombia:

Table 1. RMRP —Appeal Alignment Examples

RMRP Colombia (Strategic objectives)	Examples of how the Appeal supports the RMRP
<ul style="list-style-type: none"> • Provide and improve effective access to critical goods and services, including strengthening the State's response capacity at the national and local levels. 	Health services provided: 327,580 Psychological support services: 99,888
<ul style="list-style-type: none"> • Increase integration opportunities for the refugee and migrant population, including access to dignified employment, productive resources, and livelihoods. 	73,246 people reached with basic needs and improved livelihoods 66,047 people sensitised against xenophobia or discrimination
<ul style="list-style-type: none"> • Strengthen the prevention and mitigation of protection risks, access to basic services, and respond to protection needs. 	1,666,428 litres of safe water distributed

Source: Evaluation team

Other coordination spaces where CRCS is an active player and which has supported the alignment of the Appeal with other efforts include the Humanitarian Country Team (HCT), led by the Humanitarian Coordinator, the Health Cluster, led by the Ministry of Health and the Pan American Health Organization, as well as the Cluster for Food Security and Nutrition. CRCS also attends the WASH and Protection clusters and, with the World Food Programme (WFP), is the co-lead of the Cash Transfer Working Group.

TESTIMONIAL

About duplication of efforts. Before we implement any action...let me give you an example. We implemented the dignity kids with a gender and inclusion approach. Before we proceeded, we did a rigorous effort to assess if other organisations were doing something similar, with the clear goal of avoiding duplication.

Key informant

The desk review process and key informants also confirm the evidence-based nature of the Appeal, specifically for the selection of target populations/geographical areas of intervention. Data gathered by the GIFMM, its members and state actors about migrants has been the primary input to deliver the Revised Emergency Plans of Action that guide the implementation of the Appeal, as reported in Diagram 3.

Diagram 3. Examples of inputs used by informants to guide their work (self-reported)



Source: Evaluation team

Examples on how the abovementioned studies have been used through the Appeal are shown on Table 2.

Table 2.

Need highlighted by study/report	Appeals' intervention
<p>The needs evaluation (June 2020)¹ from the GIFMM indicated that the prioritized needs for the migrants and refugees were food (92%), shelter (66%) and employment or other livelihoods (53%). These are the same sectors compared to the previous survey in April 2020.</p>	<p>Throughout the life of the Appeal, food, shelter, and livelihoods remained focus areas, complementing interventions on health care.</p>
<p>As of 31 May 2020, there are just under 1.8 million estimated Venezuelan migrants in Colombia, based on the latest estimate from the Colombia migration authority, Migracion Colombia². Migrants are located in big cities (>500,000 inhabitants) and border cities (border with Ecuador and Venezuela).</p>	<p>Throughout the life of the Appeal, border regions remained priority areas of intervention —particularly Putumayo, Nariño, Santander, Guajira and Vichada; these municipalities have the highest rate of migrants per Colombian citizen, compounded with an unmet demand for primary health care and socioeconomic integration of migrants and host communities.</p>
<p>A study by the Universidad Industrial (2019) completed a descriptive survey about the health of irregular pregnant Venezuelan migrants. The main findings were food insecurity, anaemia, depressive symptoms, domestic violence and lack of prenatal check-ups. The National Health Institute in Colombia indicated in 2019 that the leading public health cases notified in Venezuelan 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.</p>	<p>The Appeal did not focus on other municipalities, such as Medellín, Barranquilla, Santa Marta and Bucaramanga, with many migrants, because the needs assessment showed they had institutional and market infrastructure to supply the humanitarian demand. Throughout the life of the Appeal, attention was given to pregnant women and children.</p>

¹ www.r4v.info/es/document/gifmm-colombia-evaluacion-de-necesidades-ante-covid-19-junio-2020

² migracioncolombia.gov.co/infografias/venezolanos-en-colombia-corte-a-31-de-mayo-de-2020

Source: Evaluation team

TESTIMONIAL

At the operational level, there is an ongoing effort to monitor the situation in the country, to learn about the humanitarian situation of the migrants, their needs and gaps. It is an ongoing process of updating, focused on managing knowledge and discussing with external actors about the situation of migrants. As a result of these efforts, we inform our planning process.'

Key informant

The IFRC Index of Needs (2019), in particular, is referred in Appeal documents as a positive example of the integration of a reliable source to inform the definition of target geographical areas and populations.

Three primary sources of information were used to select the targeted population. First, an index was created to compare the incidence of migration and related health conditions among the 32 provinces of Colombia. This index computes the rate of Venezuelan migrants per province and shows COVID-19, neglected tropical diseases, the incidence of chronic disease, malnutrition, gender-based violence, and multidimensional poverty. Then to measure for institutional response capacity, the index includes data on subnational State capacity, CRCS branch capacity, number of ICU beds and health care centres per province and quantity of international aid projects. Second, teams in the field employed a short, open question survey to identify the most pressing needs of migrants and host communities in key target departments. Finally, a series of reports from international aid organizations, research centres and GIFMM were reviewed, the latter of which the CRCS contributed. These three sources were checked and discussed to decide where and whom to target, as further set out in the Detailed Operational Plan.

Revised Emergency Plan of Action —4th revision

Coherence with efforts implemented by other state and non-state actors is also evident in the use of a comprehensive definition of people in need as part of the Appeal, which coincides with the framework agreed by GIFMM members. This inclusive definition has proven critical for the Appeal to deliver an intervention guided by the principle of inclusion, which strives to meet a broad range of needs present in this diverse population group (Table 3.):

Table 3. People in need —definitions and Appeal support

Definitions	Key examples of how the Appeal targets these groups
1) Population with pendular movement (who regularly enter Colombian territory in search of goods and services and then return);	• 1 protection project for pendular migrant children in school
2) Migrants in transit (who are in Colombia as a stop on their migration route to other destinations);	• 1136 people reached in orientation helpdesks • 8 Water distribution points bedding kits distributed
3) Permanent or long-term migrants (regular or irregular, who are settled/ seek to settle for a period in Colombia) and host communities; and 4) the Colombian population that returns to the country after a long time abroad.	• 5 community health committees formed and trained • 90 families reached with cash for housing • 75 productive initiatives owned by Venezuelan migrants and host communities strengthened

Source: Evaluation team

Finding 3.1.2. The efforts prioritised by the Appeal are aligned to the “IFRC Global Strategy on Migration 2018 - 2022 Reducing Vulnerability, Enhancing Resilience” and other relevant frameworks

IFRC's Global Strategy on Migration focuses on five priorities, which have been adopted by the Appeal, as shown in Table 4.

Table 4: IFRC's Global Strategy on Migration

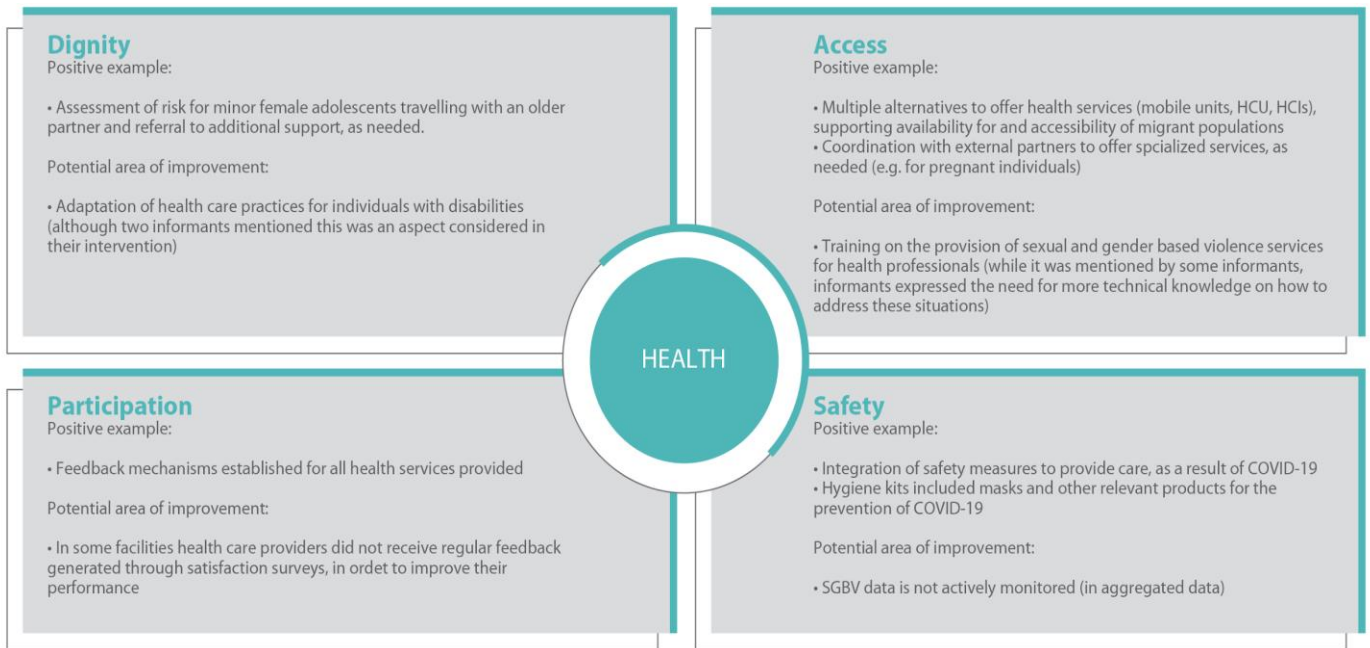
IFRC's priorities	Examples of how the Appeal adopts this priority
Increased strategic attention, understanding of vulnerabilities and response to migrant needs.	<ul style="list-style-type: none"> • Intervention designed and adapted through ongoing monitoring of data on migration flows and beneficiaries' needs. This includes but is not limited to the implementation of 17 epidemiological reports since 2020. These reports draw their information from the remote and automatised medical history forms also created as a part of this operation. With these reports, CRCS and the IFRC have become the only humanitarian actor with the capacity to provide evidence-based alerts to the Colombian health care system on the emergence of public health problems. This tool has allowed the implementation team at IFRC to establish epidemiological profiles per community reached and then to planned and implement differentiated strategies to address specific needs. This tool has also been used to identify new intervention opportunities at the field level. • A comprehensive package of 15 types of interventions that consider the relevance of the Movement's core strengths in migration programming: food, shelter, health, information and referral, restoring family links.
Stronger action along migratory trails to reduce the risks that migrants face and address migrants' needs through assistance, protection and advocacy.	<ul style="list-style-type: none"> • Implementation of efforts in a broad range of geographical areas (not only borders) relevant to the diverse profiles of migrants (pendular, in transition, permanent/residents, returnees). • Efforts to strengthen the National Society capacity, including at branch level.
Greater focus on the most vulnerable and marginalised, ensuring that existing services are accessible and acceptable to migrants of all kinds; and establishing dedicated programming where necessary.	<ul style="list-style-type: none"> • Implementation of multiple types of kits (to account for the differential needs/characteristics of migrants) and multiple types of cash transfers (learn more under the "Effectiveness section"). • Packages of services adapted to the needs of different migrant groups: pregnant individuals, children (i.e. more focus on nutrition), individuals with chronic diseases.
Increased impact of advocacy and humanitarian diplomacy with governments through the strategic use of National Societies' role as humanitarian auxiliaries to public authorities.	<ul style="list-style-type: none"> • Active coordination with local authorities at all levels (see Finding 3.1.1. to learn about platforms where CRCS plays an active role).
Strengthened partnerships within the Movement as well as with external actors.	<ul style="list-style-type: none"> • X complementary projects implemented during the life of the Appeal, in collaboration with movement partners. • Active coordination with other external actors through participation in strategic platforms (Finding 3.1.1). • Multiple examples of collaboration with IOM, local Health Offices (Secretarías de Salud) and Profamilia (sexual and reproductive health components) were cited by key informants.

The design and execution of the Appeal also observed, to varying degrees, the IFRCs' [Minimum Standards for Protection, Gender and Inclusion in emergencies](#). These standards — developed, tested, and revised with support from protection, gender and inclusion and sectoral specialists from all over the world— relate to four areas of focus, namely dignity, access, participation, and safety. Key informants have identified staff induction as an enabling factor that contributed to integrating these Standards and areas of focus in the day-to-day activities. While the Appeal has significant staff turnover (to be discussed under the "Efficiency" section), the regular standardised induction process seemed to have played an important role in instilling ownership of these Standards.

Below, some positive examples and areas of potential improvement identified through the data collection process regarding compliance with the IFRC's Minimum Standards for the 4 focus areas (dignity, access, participation, and safety), for three critical strategies included in the Appeal (Health, Food Security, WASH)⁸:

Diagram 4 —Health

⁸ The evaluation team did not conduct a specific checklist to assess compliance with each Minimum Standard. Therefore, the evaluation is not able to confirm the degree of compliance for each area. Examples and potential areas of improvement are obtained by matching triangulated data from the evaluation process with the Minimum Standards (<https://media.ifrc.org/ifrc/wp-content/uploads/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf>).



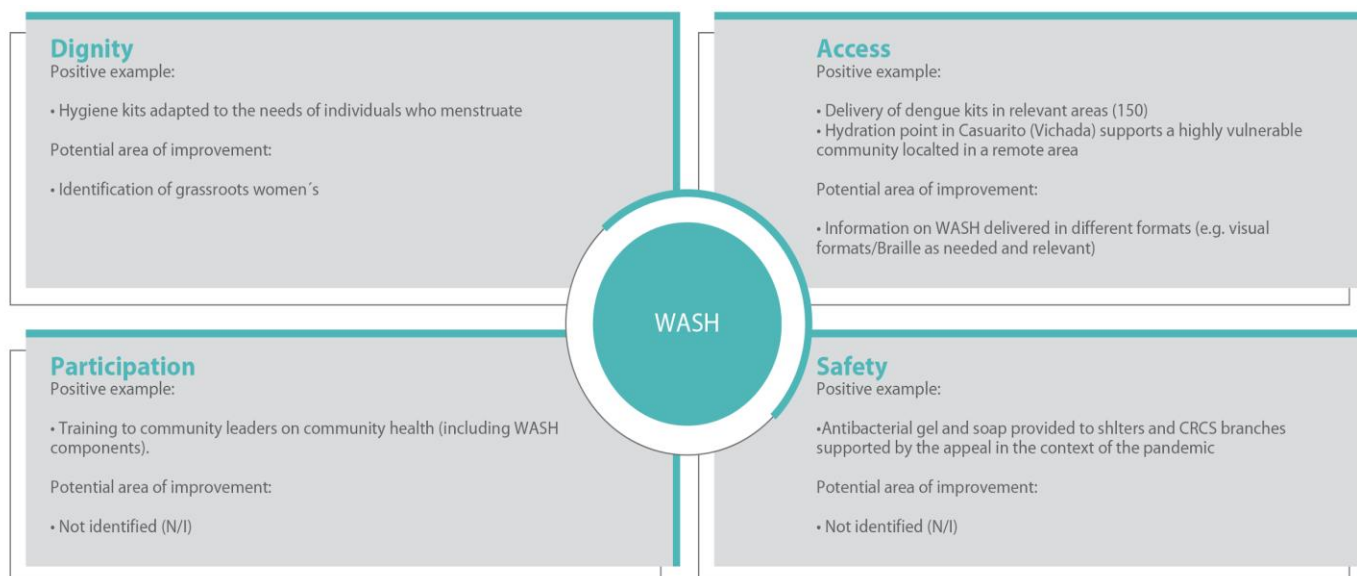
Source: Evaluation team

Diagram 5 — Food security



Source: Evaluation team

Diagram 6—WASH



Source: Evaluation team

Finally, the Appeal is aligned to CRCS's 2018-2021 National Strategy for Attention to Migrants. The opportunity of implementing the DREFs, the Appeal and several more projects on migration over the last few years have strengthened the CRCS's technical capacity in this area of work, allowing for the development and implementation of a comprehensive strategy that includes all (and goes beyond) the interventions prioritised as part of the Appeal, as demonstrated on Table 5.

TESTIMONIAL

The Appeal is designed under the umbrella of a national framework which includes technical documents and strategic documents, such as the national plan to respond to the needs of migrants which, in turn, is part of the National Strategy for Attention of Migrants 2018-2021. This document provides programmatic guidelines to the National Society to mitigate the needs of migrants in Colombia.

Key informant

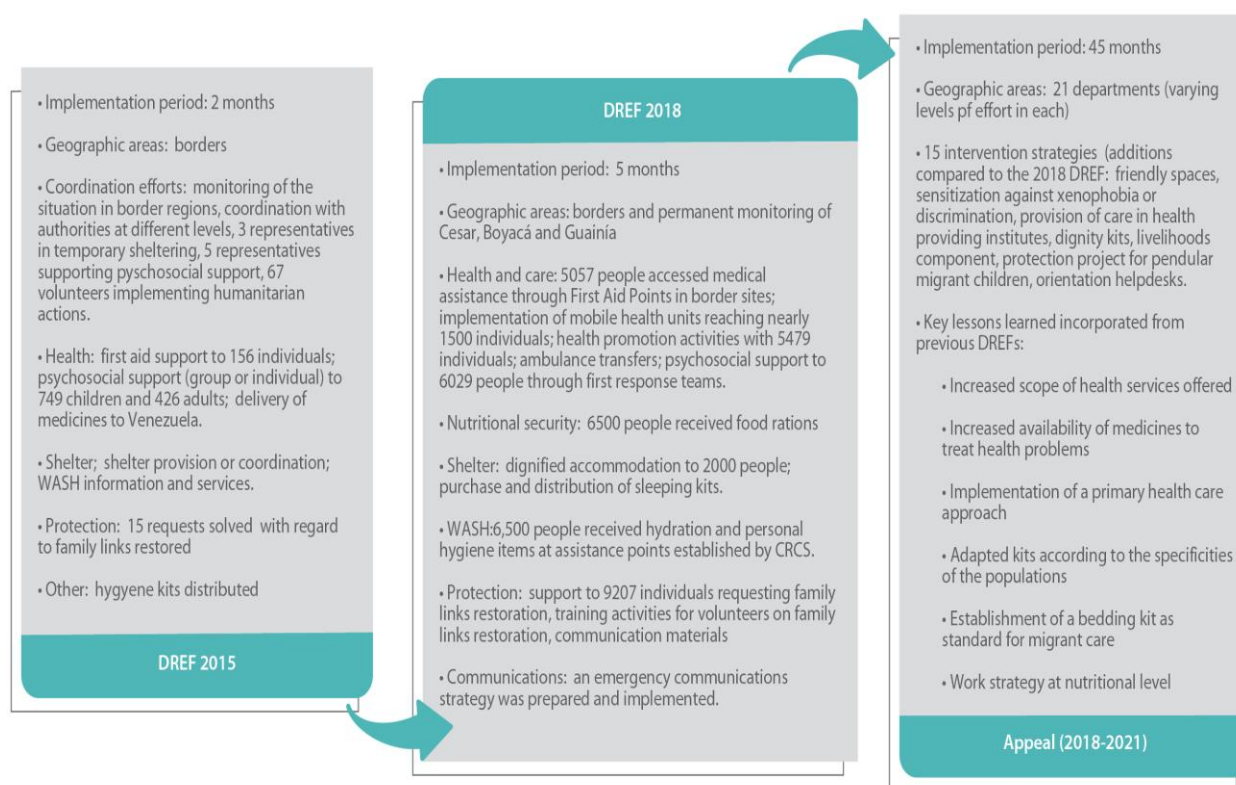
Table 5: CRCS Strategy

CRCS Strategy — Areas of action and services	Examples of how the Appeal adopts this priority
Health	327580 people reached with health care during the life of the Appeal, using multiple service delivery points (fixed/mobile).
Risk management	Delivery of various kits, as well as WASH interventions for hydration and shelter.
Family linkages	Restoring family links has been a priority effort of the Appeal.
Integration	
—Early recovery	Kitchen and food kits, support to cover rent costs
—Economic integration	Seed capital provided to a selected number of business led by migrant population.
—Cultural and economic integration/social cohesion	Community-based activities to prevent/address xenophobia; efforts to include the host communities in the activities

Finding 3.1.3. Efforts implemented through the Appeal give continuity and/or support other efforts implemented by the CRCS with the support of other movement actors

As mentioned before, the Appeal was preceded by two DREF operations (2015 and 2017). While the DREFs had a stronger focus on meeting immediate basic needs, when comparing them to the comprehensive approach adopted in the Appeal, the efforts implemented at the time provided a foundation for the design of the Appeal by generating lessons learned, deepening the technical knowledge on migration for the CRCS (as this was not its main area of specialisation) and positioning the CRCS as an authoritative partner. Diagram 7 shows the evolution of the migration efforts implemented by CRCS (particularly concerning the scope of the package of interventions and how lessons learned were adopted).

Diagram 7. Evolution of efforts implemented by the CRCS since 2015



Source: Evaluation team

In addition to building on previous experience and lessons learned, the Appeal maintains its appropriateness to meet the needs of target populations by liaising and complementing the efforts that CRCS implements with other movement partners and IFRC (strengths, challenges, and areas of improvement regarding coordination practices is further discussed under the “Efficiency” section). During the life of the Appeal, CRCS has implemented the following projects on migration, under the umbrella of its 2018-2021 National Strategy for Attention to Migrants:

Table 6. CRCS projects on migration 2018-2021

Project	Implementation sites	Period of implementation
		Active
<i>Atención en salud y ayuda humanitaria para la población migrante venezolana y comunidades de acogida en el departamento de Norte de Santander.</i>	Norte de Santander	2020-2021
<i>Lotería - SNCRC Health</i>	Tolima	2021
<i>Proyecto humanitario para la migración en Colombia</i>	La Guajira, Arauca, Bolívar	2021
IOM Humanitarian response, information, safe referral, shelter.	Casanare	2021
		Closed
<i>Programa Mariposa Monarca</i>	Norte de Santander, Guajira	2018-2021
<i>Ayuda humanitaria y servicios básicos de atención en salud a la población venezolana migrante en Colombia.</i>	Santander	2018-2019
<i>Ayuda humanitaria y servicios básicos de atención en salud a la población venezolana migrante en Colombia.</i>	Santander	2019
<i>Asistencia humanitaria para la población migrante en la vía Bucaramanga – Tunja.</i>	Boyacá	2019
<i>Asistencia humanitaria de salud en Colombia a la población más vulnerable afectada por la situación migratoria de Venezuela</i>	Boyacá	2019
<i>Asistencia humanitaria a la población migrante venezolana en Colombia</i>	Norte de Santander	2019
<i>Integración de población migrante y de acogida en Colombia</i>	Valle de Cauca, Guainía, Vichada, Cauca, Nariño	2019-2020
<i>Seguimiento a la asistencia humanitaria a las personas afectadas por la crisis venezolana en Colombia, Ecuador y Perú.</i>	Atlántico, Cesar, Guainía, Guajira, Nariño, Norte de Santander, Quindío, Santander, Vichada.	2020-2021
<i>Ayuda humanitaria para la población migrante venezolana en el departamento de Norte de Santander, Colombia.</i>	Norte de Santander	2020-2021
ECHO-DP	Vichada, Guainía, Santander, Arauca	2019-2021
MOFA GP 1	Norte de Santander	2021
ECHO FRONTERA	Norte de Santander, Atlántico	2021
ECHO MIGRACIONES	Chocó	2021

As reported by key informants, the flexible nature of the Appeal has meant that the scope of efforts in a given geographical area are increased/reduced/changed, as other movement actors identify resources to expand the work on migration. This translates into the optimisation of resources (as movement partners may intervene in areas where an initial investment was already implemented, e.g., for health service provision), capacity to reach additional vulnerable populations, avoidance of duplication of efforts and cross-fertilisation of emerging good practices.

TESTIMONIAL

I have not experienced duplication of efforts. We have always tried to review where we are operating/what we are doing, we check for potential duplicity of efforts and gaps in interventions and based on that, we make decisions...we try to complement each other, add value to what others in the movement are doing to ensure needs are met.'

Key informant

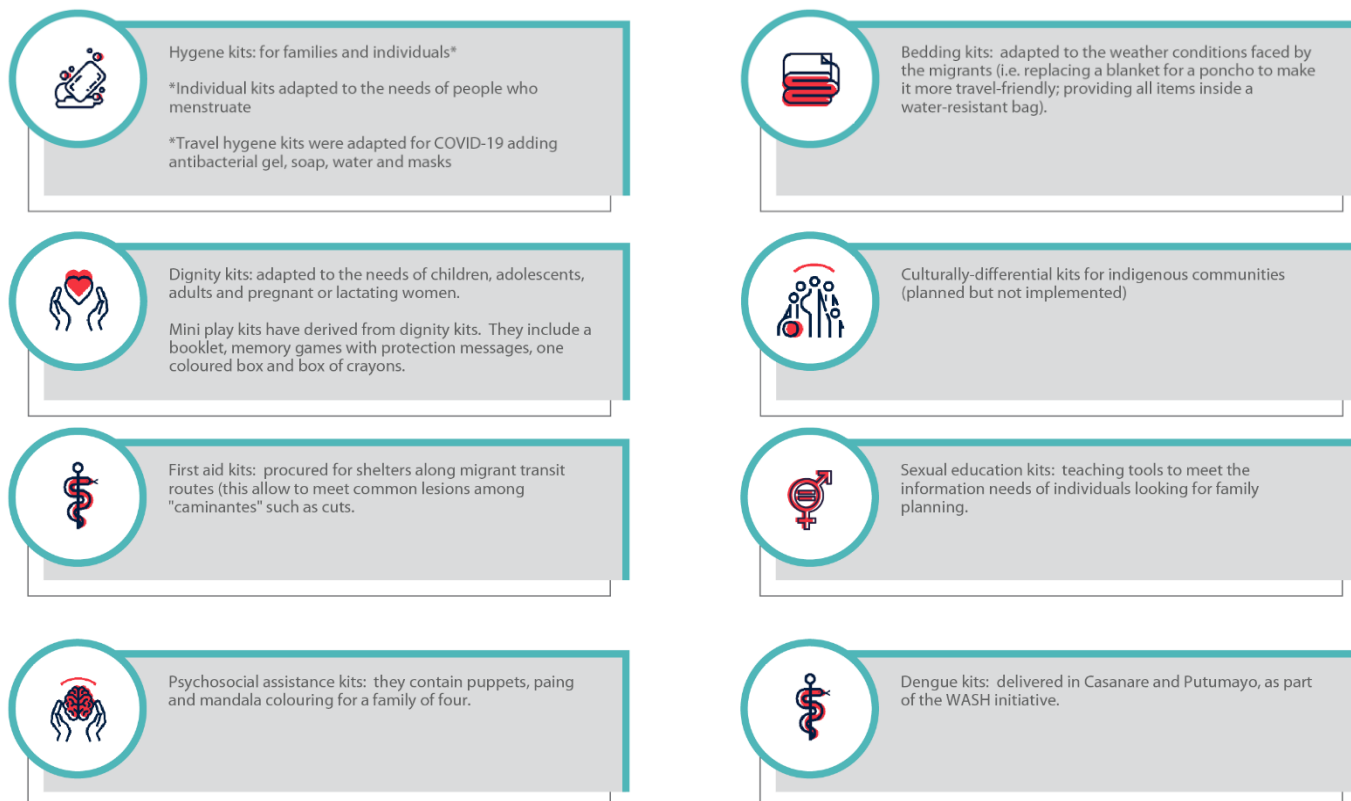
It is imperative to highlight the "Mariposa Monarca" programme —a binational initiative that began in 2018 in Norte de Santander and the State of Tachira, in Venezuela. Over time it expanded to La Guajira (where it was integrated with the activities implemented under the Appeal in Maicao) and to the states of Mérida, Zulia, and Falcon, in Venezuela. The programme, whose fourth stage is about to begin, aims to meet the most pressing needs of 'caminantes' and pendular migrants to reduce vulnerability factors on their migration route through comprehensive health care and protection services. As a pioneering programme in the care of 'caminantes', it introduced the use of mobile health

units⁹ together with establishing a fixed point and the permanent capacity-building of volunteers; an operational model that is being replicated in other countries in the region (e.g., Peru). Comprehensive health care services consist of first aid, medical care, nutrition, sexual and reproductive health services, psychosocial support, and prevention and health promotion sessions. In terms of protection, the programme offers a family contact reestablishment service and activities in school environments. The programme has delivered hygiene and biosafety kits for migrants in transit and dignity kits as complementary actions. Since it is a binational programme, it promotes encounters between the Colombian Red Cross and the Venezuelan Red Cross. (See [Finding 3.3.5](#) to learn about the coordination between Mariposa Monarca and the Appeal).


Finding 3.1.4. The flexible nature of the Appeal has supported the appropriateness and inclusiveness of the intervention —however, flexibility may lead to dispersion of efforts

Appeals are, by nature, flexible interventions, as they aim to meet the broad and sometimes unpredictable needs derived from an emergency. This adds significant value regarding ensuring the appropriateness of inclusiveness of the intervention, as the strategies can be adapted to respond to new data or emerging factors (such as the current pandemic). CRCS and IFRC leveraged the flexibility of the Appeal, building on ongoing monitoring of the situation and collaboration with movement partners to deliver an action that acknowledges the diversity of the migrant population. For instance, the diversity in the composition of the kits that were delivered within the framework of the humanitarian assistance strategy and in the cash-based interventions allowed the Appeal to address the differential needs of users in terms of age, sex/gender, type of migrant and specificities of the geographical areas that they settled in/transited (See Diagram 8 and Diagram 9.).

Diagram 8. Kits delivered as part of the Appeal



⁹ The operating model of the mobile health units works differently from that of the Appeal. While in the Appeal the mobile units were used to transport the implementing teams to the places where they carried out the extramural activities, in the Monarch Butterfly programme, the units are adapted as facilities for the provision of services in areas that lack a formal infrastructure.



Food kits (standard): with diverse products, based on a needs assessment for the different populations.


In border areas, the food kits were adapted to include travel-type food (crackers, water, guava paste, cereal bars, tuna, sardines and fruit compote).

Nutritional supplements are added for malnourished individuals.




Family kitchen kits: available to settled migrant families (pots, frying pans, cutlery, cooking knife, wooden spoon).

Diagram 9. Cash-based interventions and vouchers delivered as part of the Appeal




Cash transfer with a focus on recovery -linked to COVID-19 crises i.e. in Cundinamarca.



Cash transfers supporting individuals living with HIV/AIDS: conditioned for food and hygiene.



Cash and voucher assistance for migrants who have shown previous experience with entrepreneurship




Food vouchers: for family nuclei of women and transgender women who practice sex for survival



Cash for housing: to cover renting cost during the COVID-19 pandemic or housing improvements*

*In Vichada this support was used by 40 indigenous families to adapt their indigenous reservation in terms of housing



Cash for specialized health services: offered to individuals that require specific services and lack affiliation to the social security health system.

While such level of adaptation indeed constitutes success in terms of acknowledging the differential needs of the target population in an emergency, key informants have expressed concern about the dispersion of efforts which, consequently, lead to:

- A high number of people benefiting from efforts —however, very few benefitting from a comprehensive package of interventions as the resources are overstretched.
- Insufficient capacity/lack of resources to effectively implement activities that require sustained efforts with the same population —e.g., social and behaviour change activities aimed at reducing xenophobia and discrimination require sustained investments that may not be feasible when resources are overstretched.
- The need to bring additional expertise to guide the implementation of the livelihood's component. For instance, the expertise required to develop, implement, monitor, and adapt cash transfer programming for enterprising ventures is significantly different from the expertise required to design a successful psychosocial assistance kit.
- Challenges in documenting (and demonstrating) the impact resulting from the intervention —while this may not be a concern for an emergency intervention, focusing on immediate needs, it may become a challenge during the next phase of this work, focused on the development of a long-term programme.
- Increased cost in the operation, i.e., large bulk purchases, cannot be implemented.

The above mentioned concerns do not intend to discourage the implementation of an inclusive programme that meet the differential needs of the population and that is highly appreciated by migrants (as shown on the beneficiaries' testimonials below) but to generate a dialogue on how efforts that are genuinely led by beneficiaries' needs and demand can simultaneously work towards the generation of impact and optimisation of resources, in a context of limited funding.

TESTIMONIAL

The arrival of the (dignity) kit to our household has really helped our family. It has united us, the children respect each other a bit more, they have had learning and we are really grateful.'

Informant for the production of the video "Dignity kits —Friendly Spaces in La Guajira"

TESTIMONIAL

The (dignity) kit is very useful to me because it brings me closer to my family, we are more united, in the evening, in the morning, in the afternoons (I can use the content of the kit)...The kit helps me to teach my children...What I enjoy more is the different books I have for them...The stories and the puppets (included in the kit) are the most important items.'

Informant for the production of the video "Dignity kits —Friendly Spaces in Nariño"

TESTIMONIAL

The person from the Red Cross used to visit the community. She saw we were hard-working, and then she connected us to the program. It was about 4 months ago. The support included food, kitchen tools first. So that when they gave us the seed money, that was focused on investing for the business. It is a small business. But I was able to buy some signs for the business, a table, other things. I learned about entrepreneurship, accounting, how to register in the business chamber; the latter was what I enjoyed more. They have been monitoring our progress. The coordinator visits us, she asks how the business is improving, etc.'

Key informant—beneficiary

Finding 3.1.5. Increased coordination with Red Cross National Societies (RCNS) in border countries could have amplified the appropriateness of the response for migrant populations.

The evaluation process has identified limited evidence on collaboration efforts between the CRCS and other RCNS in border countries (more specifically, in Ecuador and Venezuela) as part of the Appeal. Although this collaboration is not, per se, a commitment acquired by CRCS and IFRC in the context of the Appeal, it is a fact that this type of collaboration could play an essential role in meeting the needs of pendular and transit migrants, sustaining interventions (i.e. follow-up to/continuation of specialised health services provided to beneficiaries; follow-up cases of domestic/gender-based violence identified in a migrant family; other), optimising resources, and increasing accountability (i.e. collaborations among border National Societies could support a more accurate report of the number of people served—in the absence of collaboration, one beneficiary is counted multiple times at different points of the journey).

Although collaboration was limited, there are some positive examples gathered during the key informant interviews, which are worthy of recognition, to explore how similar efforts could be integrated into a future project:

- Collaboration on the border with Ecuador:

TESTIMONIAL

When the crises started (crowds in the Rumichaca bridge), it was extremely complicated. The Ecuadorian side had easier access to a hospital, so there was coordination between the branch in Colombia and the one in Ecuador. Colombia would provide the first aid to migrants with trauma and lesions, and Ecuador would transport them to a hospital.'

Key informant

TESTIMONIAL

When Ecuador was starting to request more documents from migrants, the number of migrants was remarkably high and unmanageable. There were moments when the colleagues from the Ecuadorian Red Cross crossed the bridge to come and help the CRCS and vice versa.

Key informant

- Collaboration with the border in Venezuela: considering that the Mariposa Monarca project operates binationally, most of the collaboration between the CRCS and the Venezuelan Red Cross Society happens in the context of this initiative. The evaluation team was not able to identify specific examples associated with the Appeal.

Finding 3.1.6. The Appeal has maintained its relevance by integrating a rapid response to the challenges brought by the COVID-19 pandemic —however, this has meant the return to a more traditional emergency response.

As COVID-19 became the ‘new normal’ since 2020, the response to the pandemic has permeated the Appeal and other RCRC movement operations with migrant populations. Based on this, the evaluation team has made an effort to mainstream COVID-19 through the report. However, it is essential to include a specific finding that summarises the appropriateness of adaptations made to the Appeal as well as lessons learnt that could be transferred to future emergency work.

Before outlining the scope of adaptations to the Appeal, it is important to briefly mention how COVID-19 impacted migration flows/needs, according to authoritative sources^{viii} :

- Settled migrant families lost their jobs during the mandatory lockdown (89% of individuals included in the assessment had a paid job before the lockdown —two months into the pandemic, only 54% had a paid job).
- Increase in the number of migrants requiring housing support (from 54% pre-lockdown to 67%).
- Decrease in food security —before the lockdown, 69% of families reported having three meals a day, compared to 26% in the assessment.
- 37% of households interviewed reported requiring medical treatment. However, 58% did not have access due to the lack of affiliation to the health system and the high cost of services and medicines.
- The closure of all national borders on 17 March 2020 meant that increasing numbers of migrants used informal passing corridors (to come to Colombia or return to Venezuela), augmenting the risks of being exposed to illegal tolls and abuse or violence by armed groups, mainly for children and women.
- Increase in gender-based violence. According to Save the Children^{viii}, staff working near the Venezuelan border in June 2020 had seen a 33% uptick in demand for support related to gender-based violence from mid-March to mid-May.

Key Appeal adaptations/response:

- During May, June and July 2020, emergency humanitarian assistance was provided by delivering family food kits and easily transported individual food kits in border departments and cities with the most massive influx of migrants returning to Venezuela due to the COVID-19 sanitary emergency.
- Cash for rent, a new model for humanitarian assistance, was offered to migrants to avoid the risk of eviction due to COVID-19 measures that had affected livelihoods.
- Adaptation of kits to include COVID-19 prevention items.
- Preparation and adherence to the biosafety measures by supporting the purchase and distribution of PPE and developing new initiatives and strengthening of teleassistance activities.
- Service delivery to the communities was adjusted to the current context; for example, key messages of handwashing promotion and prevention were disseminated to indigenous communities in Vichada and shelters in Nariño.

- During the COVID-19 pandemic, psychosocial remote support was implemented to stabilise and promote resilience during the quarantine. Primary care in mental health was provided through exercises to alleviate stress and anxiety, sharing it on social networks for the population, working with parents on topics that allow them to improve their relationship with their children, and promoting and preventing practices and recommendations for COVID-19 were reinforced.
- Installation of sinks in selected settings to support adequate handwashing.
- Adaptation of the delivery time of some kits due to procurement delays resulting from COVID-19's mobility restrictions.



- Biosafety measures implemented to facilitate the continuation of Community Engagement and Accountability (CEA) activities.
- Remote working/remote monitoring of efforts of the Appeal was implemented as needed and feasible to maintain staff safety and comply with local rules.
- No-cost extension for the Appeal (6 additional months, January to June 2021).
- Communication efforts were implemented focusing on migration and COVID-19. These efforts bring to light the stories of migrants in times of the pandemic.

While the rapid response and adaptations have maintained beneficiaries needs at the centre, some key informants expressed concern about the implications of the pandemic for programming. The Appeal is an emergency intervention; however, given the diversity within the migrant communities, the interventions integrate efforts beyond the satisfaction of basic needs, as explained through the report, i.e., seed support and technical assistance for migrants to take forward enterprising initiatives. However, given the challenges imposed by the pandemic, the Appeal had to redirect resources to the delivery of personal protection equipment, water and food kits, cash for rent, among other items that, while essential, are less likely to produce mid/long-term change and support recovery processes for migrant families.

TESTIMONIAL

We were providing cash-based programming, for example...we were training people for them to get a job. We were giving a seed capital for livelihoods. Then, all of a sudden, what people needed was money for rent. There was no vaccination at the time, so funds had to support COVID-19 prevention measures.

Key informant

TESTIMONIAL

Yes, last year as a community leader, Red Cross gave me 80 markets with food, kitchen tools, and I distributed those items to my community...The support has been really important because the situation has been challenging financially for the community members.

Key informant—beneficiary

3.2 Effectiveness

Finding 3.2.1. The Appeal has overachieved the majority of the key outcome indicators for the period 15 March 2018 to 31 May 2021 —However, the area of health, reports a significant underachievement

Table 6 offers an overview of achievements at the outcome level, using the traffic light system and a compilation of drivers of success and obstacles for implementation, building on information gathered through the key informant interviews and the lessons learned workshop.

Table 6. Achievements by outcome indicator (traffic light system), drivers of success and obstacles

OUTCOME FOCUS	KEY OUTCOME INDICATORS	TARGET	ACHIEVEMENT	DRIVERS OF SUCCESS	OBSTACLES/BARRIERS
Shelter	Number of people directly reached with shelter assistance	6676	8704	<ul style="list-style-type: none"> Engagement of volunteers in this intervention Capacity building offered to shelter staff/volunteers Kits adapted to the needs of migrants Multisector approach implemented in shelter sites (e.g., health interventions) 	<ul style="list-style-type: none"> Lack of sufficient number of trained volunteers to carry out the activities, particularly in periods of high demand Limited space to cover the demand at times of high migratory flow Poor infrastructure in some shelter sites Weak monitoring systems (to be further discussed in the "Efficiency section) to follow-up beneficiaries in transit that use shelter in multiple points Lack of standards on what constitutes a high-quality shelter kit
Livelihoods and basic needs	Number of people reached with basic needs assistance and improved livelihood opportunities	57000	73246	<ul style="list-style-type: none"> Cash programming based on differential needs and adapted to changes in the environment (e.g., COVID-19). Adaptation of food kits for migrants in transit. 	<ul style="list-style-type: none"> COVID-19 as it slowed down the implementation of work related to training/business ventures While migrants have received support for their ventures, the implementation of the activity occurred in 2021. Therefore, there was not sufficient time to monitor this indicator ("after 10 months) and the result is "0"
	of ventures from migrants that generate income above USD 200 after 10 months of the program start	75	0		
Health	Number of people reached with health care	436000	327580	<ul style="list-style-type: none"> While the outcome indicator shows and underachievement (see obstacles), most of the output level of indicators —related to services instead of people— indicate good performance in the area of health. Volunteer's support, which extends to logistical roles, reporting roles, provision of community health, first aid, among others, prevention of crowds (as part of COVID-19 prevention measures) The Appeal addressed the most pressing health needs of the population and, through articulations with local hospitals and other organisations such as the IOM, went beyond primary health care and opened the access of the population to specialised health services (i.e., lab and family planning services and prenatal care) Implementation of epidemiological reports Collaboration with technical experts for the training of staff/volunteers (e.g., Profamilia, for insertion of contraceptive devices) Different alternatives to access care in selected sites (fixed facilities and mobile health units —see more "Finding 3.2.2") 	<ul style="list-style-type: none"> Weaknesses in the reporting systems/underreporting Difficulty measuring the number of people (priority given to measure the number of services) During April and May 2020, the number of services decreased because of the Covid-19 restrictions, including the Colombian government's quarantine. Still, the teams continue the activities adapted to the context by strengthening teleassistance activities, incorporating key messages for Covid-19, and implementing biosafety protocols. Lack of a digital health record that supports follow-up of patients (Note: this obstacle has been recognised during the life of the projects, and efforts were underway in 2020/2021 to generate a digital health record in Survey123) Staff turnover in health teams
WASH	Number of Water and sanitary systems implemented	15	8	<ul style="list-style-type: none"> Active collaboration with local authorities and community members to leave installed capacities (e.g., for the management of water systems) Comprehensive approach that considered also recycling and waste collection in intervention areas Presence in key strategic points of the migrant route for the delivery of bottled water 	<ul style="list-style-type: none"> Slow procurement processes Lack of complementary strategies that could support the comprehensiveness of the intervention e.g., showers, sanitary units in the migration route
	Number of people reached by the water and sanitary systems implemented*	300000	615967		
	*Output indicator as per logic framework —however, worth highlighting as it is a beneficiary-centred indicator				

Protection, Gender and Inclusion	Number of services provided through friendly spaces	43000	75461	<ul style="list-style-type: none"> Diversity of kits to meet the differential needs of migrant populations Strategic alliances (e.g., with UNICEF to implement the "Protective environments" approach, which offers friendly spaces to families and children) 	<ul style="list-style-type: none"> Insufficient opportunities to coordinate with CRCS/IFRC experts on protection, gender and inclusion More training on to address challenging areas of work: violence, child labour, trafficking, others.
	Number of people reached with help desk services	1200	1136		
Migration	Number of services provided by the Appeal	645000	620000	<ul style="list-style-type: none"> Volunteers support in implementing activities for restitution of family linkages 	<ul style="list-style-type: none"> One-off/short processes are unlikely to generate long-term change regarding xenophobia and discrimination Insufficient guidance/standards to support communication efforts aimed at preventing xenophobia and discrimination (including on how to monitor achievements) Insufficient coordination with other organisations to support the implementation of the restitution of family linkages strategy.
National society strengthening	Number of CRCS volunteers insured	22267	22267	<ul style="list-style-type: none"> Access to sound induction systems and to pieces of training on key topics that were new for many staff members (e.g., cash-based programming, management of online reporting system) Implementation of spaces for the exchange of emerging and promising practices led by IFRC with RCRC movement partners. Implementation of national level sessions to discuss lessons learned 	<ul style="list-style-type: none"> Availability of volunteers during the first few months of the pandemic Strengthened systems of support for volunteers Staff turnover Weak documentation of strategies implemented during the life of the Appeal
	Number of CRCS volunteers reached with wellbeing or psychosocial support activities	400	134		
International disaster response	Number of RIT, IFRC staff or Movement partner delegates to support the operation	30	29	<ul style="list-style-type: none"> Active support in the identification of needs and resources Identification of experts to support the work of the CRCS at all levels Support in logistics to accelerate procurement processes/ensure the timely delivery to beneficiaries Support in the adaptation of monitoring systems to increase programmatic accountability Ongoing feedback to support financial accountability Participation, as observant, in strategic platforms on migration 	<ul style="list-style-type: none"> Staff turnover Capacity to conduct field visits due to COVID-19 Delays in disbursements of financial resources (due to challenges in reporting by CRCS)

Finding 3.2.2 The Appeal has successfully adapted strategies recommended by IFRC, such as the humanitarian service points (HSP)

A humanitarian service point is a neutral space along migratory routes that provides a welcoming and safe environment for migrants to access essential services. By being strategically located along migratory trails – in countries of transit, destination and upon return - these points would offer humanitarian assistance where public services may otherwise be unavailable or inaccessible, improving health and safety outcomes for both vulnerable migrants and the communities that host them. Moreover, humanitarian service points would provide an avenue for National Societies to confidently deliver essential services to all migrants - without discrimination and irrespective of status - without risk of interference from authorities.'

https://media.ifrc.org/ifrc/wp-content/uploads/2019/11/Brief_-Humanitarian_Service_Points_Final-002.pdf

Some key informants have indicated that the use of HSPs (also identified as humanitarian aid points) has been a successful model, adapted to the contextual needs, which has the potential to inform the implementation of a future programme and the work of other movement partners in the region. Through online desk review, the evaluation team identified that this Strategy has, indeed, permeated all the migration work implemented by the CRCS. For instance, in 2019, CRCS was already implementing HSPs as part of their collaboration with four agencies in Norte de Santander^{ix}:

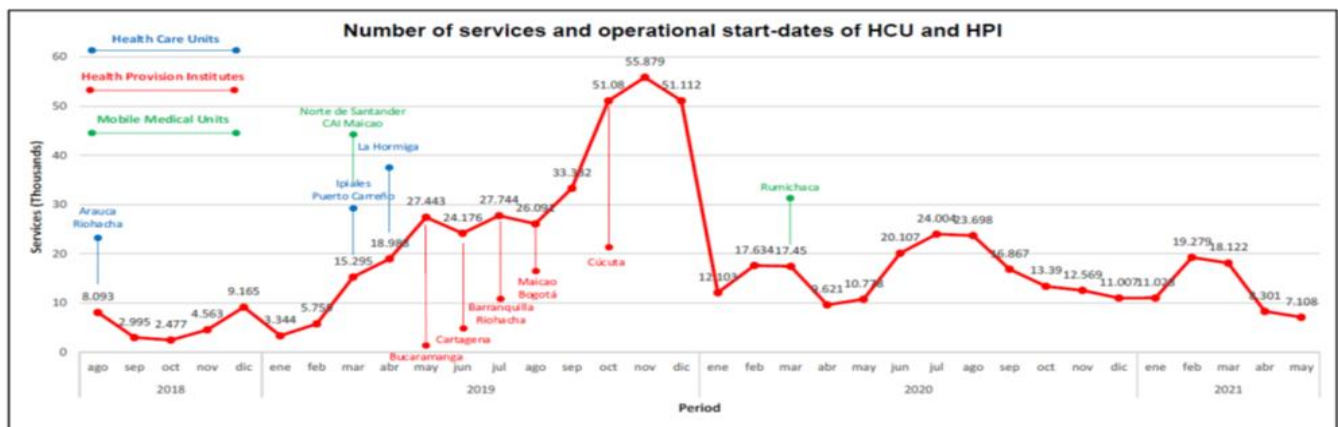
- *With support from the International Federation of the Red Cross and Red Crescent (IFRC, Mariposa Monarca Project):*
 - Support and Contact Post (PAC) located in the municipality of Los Patios, Norte de Santander (Sector Montebello). This support post facilitates hydration, food and hygiene kits, access to Wi-Fi, calls, and battery charging. In addition, the lamination of documents of the migrants is carried out since, in their majority, they are presented in deteriorating condition.
- *With support from the German Red Cross and the European Union Civil Protection and Humanitarian Aid (ECHO):*
 - Fixed Health Care Unit at the Simón Bolívar International Bridge La Parada, Villa del Rosario with the CENAF (National Border Care Centre) in which medical consultations were carried out, nursing care (Growth and Development + Family Plan), First Aid, Psychological Consultation, hydration; and, regarding the protection objective, orientation in assistance routes to the migrant was facilitated, the reestablishment of family contacts through the Wi-fi service, calls, and battery charging.
 - Mobile Health Care Unit (UAS) that moved to places with sudden concentrations of migrants, or to sectors with mobility restrictions.
 - Migrant Assistance Post (PAM) located next to the El Buque Service Station at the exit of the Municipality of Pamplona, Norte de Santander. At this point, attention was provided in First Aid, hydration, and access to Wi-Fi, electrical current, and telephone calls for the migrant and walking population that decides to move along the roads, facing different needs such as low temperatures, physical exhaustion due to long journeys, lack of transportation, the weight of their suitcases, and other difficulties during their journey.
- *With support from the Spanish Red Cross and AECID:*
 - Mobile Health Care Unit (UAS) addressed to the population of Communes 6, 7, and 8 of Cucuta. This mobile unit develops health days in the Camilo Daza sector with services such as medical consultations, nursing, growth, and development, and individual or group care in psychology. In addition, with the support of the Spanish Agency for International Cooperation for Development (AECID), the migrant families that resided there have received food kits.
 - Mobile Health Care Unit (UAS) at the Francisco de Paula Santander International Bridge, El Escobal sector where general medical and nursing care is provided.
- *With support from the Government of Colombia, IOM, Foreign Ministry, and UNGRD*
 - The Migrant Care Centre (CATM) located in La Parada, Villa del Rosario, operated by the Colombian Red Cross; it is an initiative of the Government with the support of the International Organization for Migration (IOM), the Ministry of Foreign Affairs and the National Unit for Disaster Risk Management; in which a temporary stay is offered to the population in vulnerable migrant status of Venezuela or other nationalities that are in their transit process in the country and require a place to stay overnight. There, services such as housing, food, nursing, psychosocial support, restoring contact between family members (access to Wi-Fi and calls), information and orientation of services are provided.

However, desk review of documentation for the Appeal and information gathered through most interviews, does not allow the evaluation team to establish a link between the Appeal and HSPs. For instance, the seven updates submitted on the Appeal progress and the four revisions of the Appeal fail to mention this as a model that contributes to the outcomes and outputs expected from the intervention. **The latter does not intend to suggest that the strategy was not implemented —it may simply be that branch implementers saw efforts implemented as a package of activities available to the migrant population (e.g., access to health providing institutes + friendly spaces), but not necessarily associated activities to a specific model/strategy guided by a common framework. While this seems a minor concern, the awareness of existence of framework or model often contributes to consistency in the implementation and to easily identify efforts that are not aligned/divert the focus.**

Despite this challenge, the evaluation team has found multiple examples of HSPs within the Appeal, which are in line with the standards set in the “Humanitarian service points in the Colombian Red Cross: Key guidelines by sector”.

Table 7. Humanitarian service points in the Appeal

Guidance “Humanitarian service points in the Colombian Red Cross: Key guidelines by sector”.	Example of implementation in the Appeal	Remarks from key informant interviews
<p>There are three models of operation:</p> <p>1. Migrant Service Point (they include mobile service points —Rapid Care Units or UARs and Mobile Health Units or UMS—, and fixed facilities — Care Points or PAls and Health Care Units (HCUs))—this units should offer: a. primary health care (including physical and mental health support, nutrition/food security follow-up, and dentist); b. protection (e.g. restoration of family links, rights counselling, referral, dignity kits delivery, friendly spaces); c. Humanitarian assistance (e.g. other kits); d. WASH (hydration and relevant kits).</p> <p>2. Care and Counselling Centre</p> <p>3. Health Providing Institutes (HPIs) —which operate according to the Ministry of Health standards.</p>	<ul style="list-style-type: none"> • Seven Health Providing Institutes (HPI) were operational in Riohacha and Maicao (La Guajira), Bucaramanga (Santander), Cartagena (Bolívar), Barranquilla (Atlántico), Soacha (Cundinamarca) and Cucuta (Norte de Santander) until December 2019 (Operation Update 30 months). • Five HCUs were established in the cities of Arauca (Arauca), Riohacha (La Guajira), Ipiales (Nariño), Puerto Carreño (Vichada), and La Hormiga (Putumayo). Each HCU had a team with a doctor, a nurse, a nursing assistant, a psychologist, a field local coordinator, a driver/logistician, a pharmacist, and an administrative assistant or general services staff, the latter depending on the local needs. In Maicao, Rumichaca and Cucuta the Appeal has supported medical teams. There is one service point in Casanare. HCUs provide primary health care, and complementary services in shelter; basic needs; WASH; and protection, gender, and inclusion. • In sites with HCUs, each medical team conducts field missions in the surrounding communities. Five trailers were adapted and delivered to each HCU for medical teams to conduct missions away from their usual place of work, in peripheral areas, and to support the field’s actions. 	<ul style="list-style-type: none"> • Delays in providing services through HPIs given the need to comply with procurement policies. • Dentists were not covered as part of the medical teams in HCUs. • Positive collaboration between the multidisciplinary teams in all HCUs —internal referral and counterefferral, as needed to meet the needs of the beneficiaries, reported by teams. • Heavy workloads at specific times of the year. • Significant reporting requirements —it takes time from the consultation with the beneficiary. • High levels of collaboration with volunteers (e.g., to organize queues or support reporting). However, not enough volunteers during some of the activities. • High level of compliance with biosafety measures established for COVID-19. • Adequate induction processes about the principles of the movement and the goals of the initiative. • Limited opportunities to exchange knowledge/experiences with teams from other municipalities. • High staff turn-over. • Good mix of medicines to meet the main needs of beneficiaries —however, delays in procurement affected the service at some points during the operation. • High levels of commitment from medical teams, shown in their efforts to identify other partners ready to meet the needs of patients that required more specialized support or continuous follow-up. • The field teams recognize that there was a lack of documentation of beneficiaries’ life stories which has reduced the visibility of how the comprehensive package of activities available to beneficiaries contributes to create change at the individual and the family level.



Source: IFRC Colombia

Finding 3.2.3 The periodic feedback obtained by the implementing teams from the beneficiaries through the suggestion boxes and satisfaction surveys, within the framework of the Community Engagement and Accountability (CEA) strategy, allowed implementing teams to make ongoing adaptations to meet the needs and demands of the target population.

TESTIMONIAL

They were asking for our feedback regularly. And we felt they were always open to this feedback. There were surveys, questions and answers sessions during the face to face meetings.'

Key informant—beneficiary

TESTIMONIAL


Yes, we had a suggestion box. We always wanted to get information from the suggestion box. So, it was not just inviting them to go and find the box and make a comment. We implemented it with group activities, giving people the form and inviting them to say something because we really wanted to know how good our service was...we reminded them it was anonymous. Once a month we used to prepare reports.'


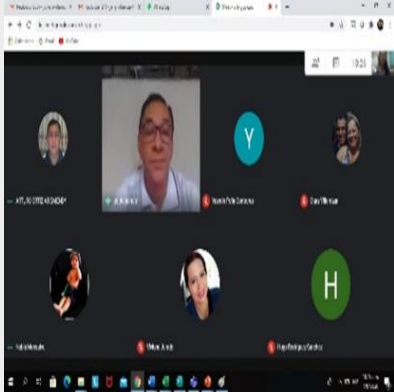
Key informant

CEA is understood by the RCRC movement as “the process of and commitment to providing timely, relevant and actionable life-saving and life-enhancing information to communities. It is about using the most appropriate communication approaches to listen to communities’ needs, feedback, and complaints, ensuring they can actively participate and guide actions. CEA supports those involved in programmes and operations to adopt innovative approaches to better understand and engage with people and communities and help them address unhealthy and unsafe practices. It maximizes the RCRC’s unique relationship with the community to help them speak out about the issues that affect them and influence decision and policy-makers to implement positive changes”^x.

Effective and genuine CEA efforts requires a minimum of actions, according to IFRC guidelines. The evaluation process has concluded that all these conditions have been met, however, with varying degrees of success:

Table 8. CEA actions in the Appeal

Minimum CEA actions —IFRC guidelines	Examples of implementation in the Appeal	Key challenges in the implementation of the action identified by the evaluation
We consult communities before assessments	—As mentioned on the “Relevance” section, the Appeal has been designed (and updated) building on regular monitoring of migration flows and needs of beneficiaries. Among other sources, the Appeal has consulted studies/surveys/dashboards developed by other authoritative sources, which include consultation with the target populations.	—Mobility of target population —Overwhelming amount of information produced by multiple humanitarian actors available at times —COVID-19 has limited the capacity to implement regular planning sessions with the community
We understand the local information ecosystem and community structures	 <p>—Community sessions: activities with local leaders and community members to identify needs, discuss the plans, obtain feedback, develop local workplans. They are commonly used to input the execution of mobile health units.</p>	
We engage communities in planning programmes		
We integrate CEA activities into plans and budgets	The Appeal planned, budgeted, and implemented several mechanisms to obtain feedback from the community (see the next row for more information).	—Lack of resources allocated to hire staff specialized on the CEA interventions —Staff turnover means continuous investment to train local staff on the

		importance/implementation of CEA.				
We provide useful information	<p>—There are multiple examples of information and communication activities in all sites of implementation over the 45 months of the appeal. This include, but is not limited to the implementation, in 2020, of the COVID-19 protection spaces, dedicated to deliver information on hygiene and self-care through phone calls. Other activities include delivery of messaging through megaphone in remote areas (e.g., on xenophobia, discrimination, WASH), anti-bullying activities in friendly spaces, among others.</p> 	—Information needs are broad. Staff and volunteers may not be trained/are not experts in certain topics.				
We listen to communities using the most relevant channels	 <p>—Suggestion boxes and guidelines on how to place them in a strategic location, actions to ensure anonymity, date s when they should be open, process to consolidate the information, response to feedback and time frame to address sensitive cases and implement improvement plans, and guidance on how to conduct monthly activities —face to face or through posters — to inform the community about the actions taken.</p> <p>—Accountability sessions with community leaders to provide updates on the execution of activities. During the pandemic, the activities were implemented virtually.</p>	—Lack of mechanisms to listen minors/children (the implementation process was delayed due to slow procurement processes).				
We act on community feedback and use it to improve our activities	<table border="1" data-bbox="316 1301 1129 1861"> <thead> <tr> <th data-bbox="316 1301 831 1361">Highlights from feedback offered (Jan to Dec 2020)¹⁰</th> <th data-bbox="831 1301 1129 1361">Examples of interventions to act on feedback</th> </tr> </thead> <tbody> <tr> <td data-bbox="316 1361 831 1861"> <p>In general, user satisfaction with services is above 90% for the facilities implementing CEA activities with support from IFRC (Nariño, Guajira, Arauca, Putumayo, and Norte de Santander).</p> <p>Satisfaction with friendly spaces was 66% in the reported period, due to COVID-19 closures.</p> <p>Beyond services, CEA has been useful to collect feedback on the dignity kits delivered. Kits received by youth and lactating mothers were highly appreciated with over 90% of satisfaction. The adult dignity kit received a less positive feedback on its adequacy (76%) primarily as recipients indicate the need to access hygiene products (which are part of a different kit).</p> </td> <td data-bbox="831 1361 1129 1861"> <ul style="list-style-type: none"> • Delivery of additional kits to meet emerging needs during the pandemic. • Dialogues with target populations e.g., to explain why/how turns are assigned to access the service, to explain the differences among kits, etc. </td> </tr> </tbody> </table> <p>The CRCS's CEA model also has in place an advocacy component. Under this component, the information received from target populations is used as input to inform local authorities about areas that require further investment/attention in the</p>	Highlights from feedback offered (Jan to Dec 2020) ¹⁰	Examples of interventions to act on feedback	<p>In general, user satisfaction with services is above 90% for the facilities implementing CEA activities with support from IFRC (Nariño, Guajira, Arauca, Putumayo, and Norte de Santander).</p> <p>Satisfaction with friendly spaces was 66% in the reported period, due to COVID-19 closures.</p> <p>Beyond services, CEA has been useful to collect feedback on the dignity kits delivered. Kits received by youth and lactating mothers were highly appreciated with over 90% of satisfaction. The adult dignity kit received a less positive feedback on its adequacy (76%) primarily as recipients indicate the need to access hygiene products (which are part of a different kit).</p>	<ul style="list-style-type: none"> • Delivery of additional kits to meet emerging needs during the pandemic. • Dialogues with target populations e.g., to explain why/how turns are assigned to access the service, to explain the differences among kits, etc. 	—Feasibility of addressing some comments by beneficiaries (e.g., infrastructure conditions) due to lack of resources
Highlights from feedback offered (Jan to Dec 2020) ¹⁰	Examples of interventions to act on feedback					
<p>In general, user satisfaction with services is above 90% for the facilities implementing CEA activities with support from IFRC (Nariño, Guajira, Arauca, Putumayo, and Norte de Santander).</p> <p>Satisfaction with friendly spaces was 66% in the reported period, due to COVID-19 closures.</p> <p>Beyond services, CEA has been useful to collect feedback on the dignity kits delivered. Kits received by youth and lactating mothers were highly appreciated with over 90% of satisfaction. The adult dignity kit received a less positive feedback on its adequacy (76%) primarily as recipients indicate the need to access hygiene products (which are part of a different kit).</p>	<ul style="list-style-type: none"> • Delivery of additional kits to meet emerging needs during the pandemic. • Dialogues with target populations e.g., to explain why/how turns are assigned to access the service, to explain the differences among kits, etc. 					

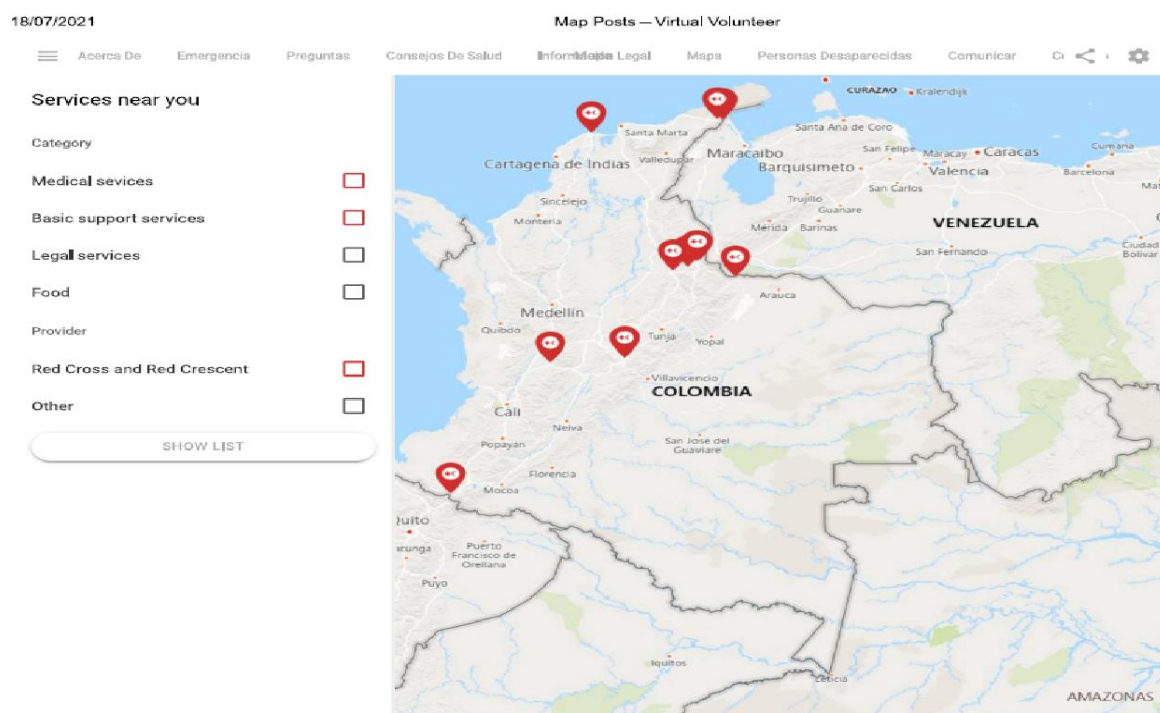
¹⁰ The evaluation team had access to a single report about findings from the CEA initiative (Jan to Dec 2020).

	communities. The Putumayo branch has been particularly active in this component, liaising with the Instituto Colombiano de Bienestar Familiar and other entities.	
We monitor if people feel informed, engaged, and listened to	<p>The Appeal has provided training to branch staff and volunteers on the principles of CEA and on how they can report back to the communities.</p> <p>In addition, as part of the cash-based interventions, beneficiaries were provided with an email address to communicate with the local teams in case of experiencing problems at the point of use (e.g., when using the pre-paid cards to pay).</p>	Given the high staff turnover and the limited documentation of the implementation of the CEA strategy, it is not possible to assess the success of this effort.
We involve communities in evaluations and share findings back with them and colleagues	Given the public order situation in Colombia, combined with the challenges posed by COVID-19, it was not possible to involve communities in this evaluation (as already explained on the limitations).	

Finding 3.2.4 Initiatives such as the “Virtual volunteer” platform have been poorly disseminated through the appeal, as their current format does not meet the needs of target populations.

“The Virtual Volunteer a project developed by the International Federation of Red Cross and Red Crescent Societies to support National Societies provide quality information to migrants in their countries and beyond”^{xi}. Among other tools, the platform features a map which provides information about the availability of “services near you”, which can be consulted by migrants during their journey. The integration of this tool in the operations was a commitment of the Appeal as part of its last revision “Output 7.4. Migrants have access to mobile tools (Virtual Volunteer) on key information for their protection, as well as access to Red Cross services according to their location along the migration path”. However, this intervention did not commit to specific targets or monitoring mechanisms. Regardless of that, CRCS is participating in the global initiative and the service sites connected to the Appeal are tagged on the map (see Diagram 10).

Diagram 10. CRCS services —Virtual volunteer



The evaluation process found, however, that the tool is insufficiently known among staff and volunteers and that, those familiarized with Virtual Volunteer find little added value in using it, given the characteristics of/technological resources available to the migrant population. For instance, many migrants are forced to sell their phones or get robbed during the migration journey, limiting their connectivity. In addition, the information about Colombia is superficial, compared to the content for countries such as Italy or Philippines. Even if migrants are informed about the platform, their user experience is likely to be negative, as they cannot find thorough information to meet their needs. Despite these challenges, the evaluation team acknowledges the potential of using the tool in a way that is relevant to the context (see “Recommendations”).

3.3 Efficiency

To answer the questions set forth in the inception report, findings are presented in three subcategories of analysis understood as critical inputs to the execution of this type of intervention: human resources and capacity building, coordination, and communication at different levels (which include findings on logistics and financial processes) and monitoring/evaluation/learning (MEL) systems.

Human resources and capacity building

Finding 3.3.1. The implementation of the Appeal was supported by committed and technically sound professionals at different levels

Through the Appeal, a total of 85 professionals were recruited by IFRC and CRCS¹¹. 61 roles were hired at branch level (including local coordinators, medical/nursing/psychology

staff, administrative assistants, and drivers. The 24 roles recruited at the national level involve management staff and a multidisciplinary group of experts on health, epidemiology, health, community engagement, IT, protection, and finances.

In addition, 29 IFRC staff or movement partners delegates supported the operation. This includes but is not limited to experts on logistics and procurement, disaster, community engagement and accountability, IT, marketing, PMER, and migration/social inclusion/non-violence.

The multidisciplinary composition of the teams, the technical expertise and the mix between local and global experts have effectively supported the implementation of this ambitious operation, which brought together a comprehensive package of interventions and, in consequence, the need to integrate evidence and knowledge from various fields. Staff commitment —observed, for instance, in their flexibility to accommodate changes in the operation (e.g., because of COVID-19, conflict related situations, other), their active participation in coordination platforms, among others— has also been a contributor to success.

TESTIMONIAL

We were lucky to have such good teams in the field. People in the field are highly committed, dedicated to the work and technically sound. They also have such a kind heart. They are all day working with beneficiaries, giving their best. They are doing this job because they believe in this work. Some of them even have the alternative to go to other jobs. For instance, health providers. But they decide to stay with the Red Cross.'

Key informant

In addition, human resources were strengthened through capacity building processes delivered by CRCS and IFRC and external partners. The areas of training and capacity building are broad (and vary according to level of operation and role). They include finances, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies, livelihoods, human resources, health (nutrition, gender-based

¹¹ This data has only been made available up to 30 September 2020. Additional staff members may have been recruited in the final 9 months of the Appeal.

violence, contraceptives, community-based health and first aid). While there is not a standard package of training for all staff engaged in the Appeal, key informants often highlighted the value of their induction, in which they gained a better understanding of the principles that guide the RCRC movement.

Some areas of improvement concerning human resources include:

- Turnover: as highlighted already under the effectiveness section, the high levels of staff turnover have hindered progress at times. In particular, it affects the continuity and documentation of processes, the recognition of CRCS in platforms and local spaces (as there are repetitive changes in the people representing the organization), and increases the cost associated to induction and technical training. It may also affect the relationship with the communities and local authorities. Turnover was also experienced in the IFRC team, with important changes in the coordination team in 2020.
- Burn-out: some staff members engaged in the Appeal have been affected by burn-out, because of workloads, the nature of the humanitarian work, COVID-19, and other factors.
- Lack of staff for roles that require some expertise. For instance, locally there was not staff allocated to CEA.
- Not sufficient opportunities to access technical support from CRCS experts that are not part of the appeal i.e., protection, volunteering, Mariposa Monarca coordination team, other experts that can guide the technical design of some of the actions.
- Relevance of some of the technical expertise brought from other countries: while the technical support from professionals from other national societies was valued, some key informants felt that their type of expertise was not relevant for the critical needs to be addressed at the time, yet the cost of involving them was remarkably high for the Appeal.

Finding 3.3.2. Volunteers have been crucial to the success of the Appeal

As highlighted on the effectiveness section a total of 379 volunteers contributed to the actions supported by this emergency appeal, and were supported with per diem, food, and transport subsidies. Moreover, the whole body of CRCS volunteers has been covered by the IFRC Insurance for Volunteers Accident Programs in 2020. Since 2021 volunteers are covered using a national-level insurance that the IFRC requested from CRCS.

In addition, volunteers have taken part in psychosocial support groups in Arauca, Putumayo, and Vichada; and in debriefing activities in Arauca, Ipiales, Vichada, Putumayo and Riohacha. In addition, they were involved in a retreat focused on stress release, coping mechanisms, team building, conflict resolution, and other practices to manage the complex emotional context in which they operate daily.

While the number of volunteers has been sufficient for most of the activities, branch level informants reported gaps in participation in some activities, which may have led staff members overwhelmed e.g., for the organization of crowds or support with reporting at times of high affluence. COVID-19 is a contributor to this issue, as many volunteers had to look after vulnerable family members or were afraid of getting infected.

TESTIMONIAL

The volunteers are the ones that strengthen field activities because they have a regular participation in activities. They are a human talent that is always present. Of course, they do not always participate, because of personal obligations. However, there is a group of volunteers you can always count on. Therefore, we provide capacity building to them.

Key informant

Connected to the importance of volunteerism in the RCRC Movement, the evaluation team also identified that there have been missed opportunities to engage migrants who intend to stay in the country as future volunteers. Beneficiaries who served as key informants reported not having information about how to engage with the Red Cross in the future, if they wanted to support some community work or promote the mandate of the organization.

TESTIMONIAL

They never asked me if I wanted to become a volunteer...if they had asked me, I would have joined. I know the work the Red Cross do...they really help people in disaster, in situations where people do not get other help. I like what they do. But maybe because I am Venezuelan, migrant, not Colombian, then they would not accept me. They never asked me. I would have loved to serve Red Cross.

Key informant—beneficiary

Coordination, communication, and support

Finding 3.3.3 Communication, coordination and feedback practices within the branches/field teams supported the effective implementation of the Appeal

Key informant interviews offered insights about communication, coordination, and feedback practices within the branches/field teams. It is important to highlight, however, that most key informants engaged have not been engaged throughout the full period of implementation. Therefore, the following highlights may not represent the practices implemented over the 45 months:

- In general, local coordinators were clear about their role and were able to provide guidance, feedback, and supportive supervision to the medical teams.
- Branch managers/presidents played a supportive role, helping the local coordinator and the teams to plan and execute their work.
- In day-to-day operations, medical teams worked as one, to ensure the needs of beneficiaries were covered in the most holistic way possible.
- Staff members felt listened and supported.
- In terms of coordination, this took place through team meetings whose periodicity varied depending on the type of activity (daily in the case of outreach activities, weekly for activities in fixed points). The goal was to generate strategies to overcome challenges and plan the execution of the upcoming activities.
- The coordination with volunteers was positive during the outreach activities.
- Most staff members reported receiving regular feedback from the local coordinator (resulting from the Community Engagement and Accountability (CEA) strategy).

TESTIMONIAL

My team works as one. We understand each other as individuals and colleagues. If we need something from each other, we communicate immediately in a friendly way and that is so important. If I need, for example, support with a service, I just ask for help and I get a positive answer. We just want to help the beneficiaries because they come with many vulnerabilities.

Key informant

Finding 3.3.4. There are opportunities for improvement in the communication, coordination, and feedback mechanisms between local and national levels

Key informant interviews identified areas of improvement to support a smooth coordination of efforts in future initiatives.

- While there were many positive practices in place (e.g., monitoring calls, troubleshooting calls, among others), local teams felt, at times, overwhelmed by challenges related to the submission of financial reports—in turn, this caused delays in accessing new disbursements and in the implementation of some efforts (see more “Finding 3.3.5”).
- Some teams felt that the feedback offered was primarily focused on the approval of the reports, leaving a shortcoming in the technical and programmatic support.

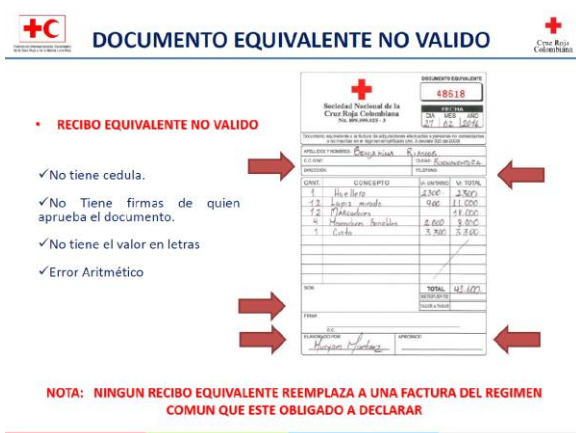
- There have been missed opportunities to promote collaboration/exchange among branches, led by the national level. While some activities took place during the life of the Appeal, interviewees expressed this as an area that requires further attention.
- Local coordinators face the challenge of having “two supervisors”: the branch and the national coordination of the Appeal. Responding to these two levels have proven to be challenging at times.

Finding 3.3.5. IFRC and CRCS have maintained a healthy and supportive relationship —however, there are some areas of improvement

In general, there has been a positive and supportive relationship between IFRC and CRCS. Multiple efforts exemplify this:

- Support channelled through IFRC (e.g., by deploying delegates from other countries) has led to the development of technical guidance documents, strategies, operational plans, manuals, tools, among others, on topics such as finance, community engagement and accountability, monitoring and evaluation, information management, communication and visibility strategies, livelihoods, and human resources.
- IFRC and CRCS collaborate in coordinating efforts to respond to the priorities set in national and local platforms (such as the GIFMM, the Health Cluster, the Food Security and Nutrition Cluster and the Humanitarian Country Team).
- During the operation, IFRC supported CRCS in monitoring efforts, by designing, deploying, implementing, and adapting an information system integrated by different tools used by different sites around the country, which has allowed a considerable improvement in the time required to present results.
- A digital health record has been designed and tested in two sites (Nariño and Putumayo) with support from IFRC.
- When needs have been identified at the branch level (technical, in terms of reporting, because of COVID-19, others) field missions or virtual sessions were co-organized by CRCS and IFRC.
- IFRC has coordinated the participation of the CRCS in regional and global spaces to share their experience on migration.
- To address challenges in the areas of procurement, In May 2019, the IFRC and CRCS facilitated a four-day workshop on humanitarian logistics, supporting the Americas Regional Logistics Unit. The IFRC Emergency Appeal team received the support from a Procurement RIT, and later Procurement staff on loan, a total of six weeks in the last quarter of 2019 to facilitate purchasing processes.
- CRCS and IFRC co-developed the publication “Humanitarian service points in the Colombian Red Cross: Key guidelines by sector”, launched in 2021.

Areas of challenge or further improvement:



- Significant time invested by all parts (branch level, national CRCS level, IFRC) in addressing financial reporting problems —this diverts efforts from the technical support. Factors that may be contributing to this include high turnover of staff (and therefore, lack of clarity with financial procedures/reporting requirements among new team members), lack of clarity about the procedures and the implications of poor reporting (i.e., delays in disbursements), lack of clear roles and responsibilities to manage the financial reporting at different levels. It is important to highlight that this area of challenge has been a constant in the project, even though several guidelines have been produced and disseminated, for instance: Purchase Procedures, Travel

Policy, Procurement Process, Procedure DREF and Appeals, Travel Documents for Missions, Consultancies vs. Contracts, Minimum Documentation to Support Expenses, Presentation —Guidelines for Branches on Supporting Documents.

- There are missed opportunities about coordination with the Mariposa Monarca project. Even though both initiatives (the Appeal and Mariposa Monarca) are supported through IFRC, there are not formal mechanisms to ensure timely and strategic coordination and transfer of emerging good practices.
- At some points, during the revisions of the Appeal, there have been challenges in the communication between IFRC and CRCS e.g., to confirm what strategies should be prioritized.

Monitoring, evaluation, and learning

Finding 3.3.6. There is a mismatch between the Appeal indicators and what the data collection systems have the capacity to collect

As expected, outcome indicators selected for the Appeal aim to identify the change experienced by target populations because of the Appeal interventions i.e., indicators such as “Number of people reached with xx”. However, the evaluation process has identified that the data collection systems available to the initiative have limited capacity to avoid duplication when counting people. Migrants in transit, for instance, may benefit multiple times from a type of initiative (e.g., hydration, kits, etc.) in the migration trail. In the absence of a system that identifies the person, the individuals may be counted multiple times. More importantly, the lack of a system that identifies the person prevents follow-up services to be implemented along the migration route i.e., for pregnant individuals or those receiving nutrition support.

The evaluation process also confirmed that the monitoring systems do not have the capacity to provide data on the number of services/interventions received by a single person or family unit. The latter means that the comprehensiveness of the approach is lost (in terms measurement/documentation).

The challenges collecting data for “people” instead of “numbers” affect the capacity to adapt programming efforts with permanent/long-term migrants, who may benefit from a package of actions and sustained care over time. It also affects the monitoring of health services. In the absence of digital health records, where the medical history of the beneficiary is kept, the health provider has reduced tools to offer care continuity. As mentioned under Finding 3.2.1, efforts to pilot digital health records were implemented in the life of the Appeal (Nariño and Putumayo), but not all service delivery points have fully integrated this practice).

TESTIMONIAL

For instance, we can access information on how many kits have been distributed and where. It is a mechanism to follow-up the delivery of kits. But we are not able to identify if this person is the same person that received the kit before...not from the information system. The local teams know the communities, so they are aware of what has been distributed...but it is not because of the information system.'

Key informant

Finding 3.3.7. The information management system evolved during the operation —however challenges persisted until the closing of the operation

Open Data Kit (ODK), released in 2009 by the University of Washington’s Department of Computer Science and Engineering (UW-CSE), is a widely used tool by humanitarian actors. The IFRC and hundreds of organisations around the globe have used ODK in every sector and at every stage of the disaster cycle: preparation and planning, response, and recovery^{xii}. ODK offers easy to manage and friendly tools for offline data collection. It offers development of different types of forms to record the data, collection of data offline in a mobile or web app (sync when connectivity is available), dashboards and other analysis tools, an open-source software to support adaptations. Complementing ODK, IFRC has used the RC2 Relief Tool, which harness the power of ODK and improves relief cycle processes from emergency assessment through to distribution, reporting, and monitoring.

ODK and RC2 were used to design the information system of the Appeal, as reported in the 12 months operation update. Automatization of the data collection system was accompanied by the distribution of smart phones with the installed software to be used at the branches, training activities for staff and volunteers and continuous activities for improvement of the system (i.e., from 2020 the system reports more disaggregated data, that allows for comparison of performance among branches). However, the evaluation process identified that branches often struggled with:

- A) Reporting —either because of departure of trained staff: lack of comfort with technology; lack of trust in the system/belief that the system could crash; fear of losing information that can be relevant to feed the logic framework data; or because the existing forms do not allow them to collect relevant information for the branch level—,
- B) Use of dashboards —these dashboards summarize key information and enable informed decision-making processes. However, data gathered in the evaluation process indicate that this function is hardly used by local staff.

These challenges often mean that branch level staff often keeps parallel records (e.g., in Excel files) —which, in turn, increases the workload but also generates risks regarding the management and confidential storage of data.

3.4 Sustainability

Finding 3.4.1. The update of the current National Strategy on the Attention of Migrants, building on lessons learned over the past 3 years will provide a path for sustaining achievements

CRCS's 2018-2021 National Strategy for Attention to Migrants —developed with the technical support of IFRC and other movement partners— has become an essential tool to guide the work of the CRCS at all levels. First, it has opened the opportunity for the creation of a structure for the management of migration projects, ensuring that all interventions strive to follow common goals and approaches. Second, it has guided fundraising efforts, to ensure that all components of the strategy are resourced (health, risk management, protection and restoration of family linkages, early recovery, economic integration, cultural integration/social cohesion). Third, it has proven effective to guide the work of the organization during unprecedented events. For instance, the Strategy offered a framework of operation for the CRCS to respond to COVID-19, as described in the publication [“National Strategy of the Colombian Red Cross for Attention to Migrants: Actions during the contingency of COVID-19”](#). Fourth, it has become the guiding framework for staff members and volunteers, helping them to understand the scope of efforts required to meet the needs of target populations. Finally, it has positioned CRCS as an actor that can lead holistic approaches to respond to this type of humanitarian crises.

It is important to highlight that, before 2015 (first DREF) the CRCS had knowledge and expertise gaps to respond to migration crises of this nature, since Colombia has not been a recipient of border countries' migrants in the past, as a result of the conflict.

The Strategy, however, is due to expire in 2021. Given the significant value added by this Framework, it is essential to continue the process of developing an updated version of the Strategy —consultation with local branches and communities and integration lessons learned gathered in the past three years will enrich the development process.

Finding 3.4.2. Activities implemented under the intervention “Influencing others as leading strategic partner” and “Strengthen the National Society” have played a critical role in paving the sustainability of achievements

In addition to participating in national and local level strategy development and decision-making platforms on migration, such as the GIFMM, CRCS has increased its positioning and recognition as a technical leader, by implementing a communication strategy supported through the Appeal. The strategy has left in place high quality reports, press releases and newsletters (a total of 41) and videos (8), which have been disseminated through national and local media, but also known sites such as Relief Web. These materials have the potential to be used under multiple interventions, not only to showcase the work of the CRCS, but to demonstrate and influence the implementation of good and promising practices to meet the needs of migrants.

Activities related to strengthening of the National Society (already covered on “Finding 3.3.5” also leave installed capacities in the form of guiding documents, manuals, training materials, trained volunteers and staff, etc. —however, staff departures after project, at branch and national level, pose a threat to continuity of efforts, particularly as there has not been a clear exit plan to ensure that all this information is transferred to the local branches knowledge management base (if available).

Finding 3.4.3. The seed funding for enterprise ventures and the identification of community leaders among migrants are examples of efforts included in the Appeal that leave installed capacities in place

While many of the efforts implemented through the Appeal focus on meeting basic immediate needs, the Strategy went a step forward in the identification of efforts that create long-term change, particularly among migrants with an intention to reside in Colombia. These efforts, already outlined through the report, include:

- Seed funding for a selected number of ventures (a total of 75) led by people reached with the skills training program. The design of the program has been led by experts and has included actions that contribute to long term success —such as market studies on the feasibility of the ventures conducted by specialized professionals; and a thorough selection process, which considered the experience of migrants with enterprising in their country of origin/during their stay in Colombia. The training program was comprehensive, including topics such as entrepreneurship, finance, accounting, marketing, among others. Once the seed capital was delivered, participants received accompaniment of the professional team. While the program built a strong foundation for success, the fact that the initiative was implemented during the last year of the Appeal affects the capacity to monitor and learn from the implementation of these efforts. An exit strategy (e.g., transferring the initiatives to a different donor or project) was not reported to the evaluation team during the data collection process.

TESTIMONIAL

I benefited a lot from the project. I received seed funding, and it was good...We got good training, training in business matters. I had my business, but to be honest, I did not have information on how to do my accounting. I used to work to get my daily income, but not good accounting. Now, I keep track of all my costs, my expenses, my profit. Now I keep my books. We received training, more than one training; it was from January to May. Then, they keep following up and giving us recommendations.'

Key informant—beneficiary

TESTIMONIAL

We received the training; I think it was May...They prepared me for business planning...they gave me some tools, not everything I need, but it was good for my business. They also gave me support for food...My business is carpentry and woodwork in general. The business is still small; we are not big yet. They helped us to organize the business...When the Red Cross came, I needed a lot of support to grow my business... banks did not believe in me, others did not believe in my business, so the support was important.'

Key informant—beneficiary

TESTIMONIAL

The support has been very important. Our business was tiny because we started in the middle of the pandemic. We did not look for support; it came to us. And the support has benefitted us so much, to make our small business a bit bigger. We are not yet where we want to be, but the business is growing, and I know we can make it better.'

Key informant—beneficiary

- Identification of community leaders/health committees in Vichada, Putumayo, Nariño, and Santander: leaders among the migrant and host communities were identified and trained on topics such as community health and participation in local structures. Leaders are part of community health committees. These, undoubtedly,

leaves installed capacities at local levels. However, a continuity strategy (e.g., transferring the responsibility to branches for the provision of additional training/support) was not reported to the evaluation team during the data collection process.

Finding 3.4.4. CRCS and other movement partners have shown capacity to amplify the achievements, by leveraging new funding

The capacity to access new funding is an essential element of sustainability. Table 4 (Finding 3.1.3) clearly shows the high level of commitment from movement partners in the identification of new sources of funding to input the implementation of the CRCS Strategy on migration over the past few years. While new funding has not been yet confirmed, there is an ongoing process for the design of a new program. The lack of thorough documentation of efforts that were part of the Appeal can, however, become a barrier in showcasing the capacities to continue this work.

4. Recommendations

4.1 Recommendations for designing more empirically driven and evidence-based operations

Involve internal and external stakeholders in the design of the initiative:

- The design of the new programme should engage local branches, headquarter staff (current coordination team of the Appeal but also staff specialized on protection, volunteering and other fields like to be part of the next intervention), IFRC global and regional experts, other Movement partners and individuals in charge of the Mariposa Monarca project and other similar initiatives.
- While there is no question about the level of expertise within the CRCS and the Movement, engaging governments, agencies, non-governmental organizations, and representatives from key platforms (e.g., GIFMM) in the design of the operation will enrich the quality of the program, prevent duplication of efforts, position CRCS as a leading actor with a sustained intervention and build a basis for future collaboration.
- It is advisable to involve grassroots groups (community-based groups) created by migrants, or those co-led by migrants and host communities. This will offer valuable input and generate buy-in from the start.
- Finally, it is advisable to create spaces for dialogue with the Red Cross National Societies in border countries. Even if the next programme does not include a formal binational collaboration (it may/it may not), it is important to discuss how the migrant needs can be addressed throughout the migration trails and how these interventions can be more coordinated and better monitored.

Involving many informants in the design stage may seem like an overwhelming and costly process (or unnecessary, considering that there is a lot of useful information —research, studies, reports— from other partners and the government, which can be consulted for the design stage). However, engagement can take different forms and not all stakeholders have to join through the whole process. Online sessions, interviews, presentations, short face to face meetings or a short survey can help to validate specific components of the planned programme.

Conducting a participatory, multi-actor effort for the programme design is now more important than ever. It is expected that the new operations are likely to have less flexibility (e.g., changing intervention sites when new partners come to operate in the area) —unless they respond to a renewed Appeal. Therefore, it is essential to gain a broad understanding of how different stakeholders plan to operate in the next 3 to 5 years and identify where they see CRCS playing a unique role, based on its expertise, presence, and legitimacy.

Ensure that interventions that support mid and long-term change (e.g., integration, improved health outcomes, prevention) are connected to a theory of change

An added complexity for the Appeal and for any future programme is the diversity in the migrant community, not only in terms of their individual profile, but regarding their migration plans. While this diversity has been recognized in the Appeal interventions, the current design did not go as far as clarifying the path for change expected from activities linked to migrants who plan to stay or are residing in the country. In the new planning phase, it would be valuable to have in place a more robust theory of change that establishes the impact expected as well as the key outcomes that CRCS expects to see in that population. This theory of change should be complemented with a set of indicators that measure outcomes (i.e., change of knowledge, changes in practices, changes in health outcomes, empowerment, social cohesion, etc.), in addition to more typical emergency indicators (i.e., number of people attending an activity or number of people receiving an intervention).

The main five branches involved in the Appeal can take a role in providing empirical support to other sites—in other words, this role should not be exclusive to experts from the central level

The programme design should consider the role that branches currently involved in the Appeal can play in preparing other branches for the execution of similar programmes. There is significant non-documented learning from the execution of the Appeal. The richness of this experience can be transferred through the development of a formal process (e.g., similar to a twinning programme) for transferring skills among branches. However, to ensure this is a useful process and a worthy investment, it is necessary to assess the preparedness of the branches to support others. It may be, for instance, that because of the high turnover or the departure of key staff in June 2021, the branches are no longer prepared to support this initiative.

From the design phase, include plans to use existing good practices and to identify and document—through rigorous processes—good, promising, and emerging practices to work with migrants

Strategies, models, and other practices—such as the humanitarian service points—which are already tested and documented, should become a foundation pillar for the prioritization of interventions in the next phase of programming. In addition, some innovation practices may be considered—ideally attached to an operational research process that helps to document if the innovation works and under which conditions. A potential “innovation” could be an adapted version of the Virtual Volunteer. Since the platform already exists and Colombia is already part of the initiative, the next programme could enrich the information available in the platform and then test some adaptations that could potentially meet the realities of the Venezuelan migrants. For instance, as many of them lack connectivity, some booths (like phone booths) could be installed in safe locations along the migration trail, for them to access critical information about their next destination point. Partnering with a local university or research NGOs may support this operational research. Another practice that may be worth of analysis in an operational research is the mobile health units—comparing the model used by Mariposa Monarca versus the model used by the Appeal. A value for money analysis of these similar but distinctive models can provide input to decide future investments.

4.2 Recommendations for enhancing the financial, operational, and administrative supervision that IFRC provides to the CRCS

Address financial reporting problems during the design phase, to ensure technical support is prioritized during the implementation phase

While financial reporting (and other type of reporting) issues always appear, to some extent, during the implementation of projects and programmes, CRCS and IFRC should work together to minimize these events. The ongoing questioning around financial reporting/supporting documents, while essential for healthy accountability, can lead to exhaustion at different levels, generate trust problems and generate the perception that the reality in the field and the programmatic work is not fully understood or valued by the coordination levels. When most conversations

revolve around “where is this document, why is this invoice looking like this” instead of around celebrating and improving the interventions delivered, the project effectiveness suffers.

Acknowledging this as a critical problem is the first step. Next, it is necessary to have an open mind to support the identification and improvement of bottle necks. Informants often complained about different individuals/units blaming each other for this challenge, while not enough time was spent in lasting changes. The solutions, however, may not be straightforward and may be linked to problems that go beyond the “finance field”. Staff turnover, as mentioned above, is a contributor to reporting problems. But, acknowledging that this is happening, solutions such as the development of guidelines to be disseminated early in the induction process, could help to minimize the problem. Another suggestion by key informants includes the promotion of a close collaboration between finance/accounting units and programmatic teams at all levels, from the design stage. Working together early on can help to adapt the processes in a way that helps accountability but that helps implementing teams to focus on the delivery of interventions.

Work closely with CRCS’ unit/department in charge of the National Society (and branches) Development

The CRCS’s department/unit in charge of implementing the Organizational Capacity Assessment and Certification (OCAC process) or similar, as per guidance from IFRC, is likely to have an in-depth understanding of the capacities of each branch, but also of the investments that can make a significant difference in supporting their capacity to implement this type of projects. Engaging with the technical teams in charge of this process can help IFRC to prepare stronger capacity building plans for each relevant branch.

Continue the positive practices —i.e., lessons learned workshops and regional and global opportunities for exchange

IFRC’s contribution, by generating opportunities for training and participation in technical spaces was highly valued. The next phase should maintain and increase these opportunities.

Conduct a cost-effectiveness analysis before bringing delegates from the movement

Technical support received from other National Societies and IFRC adds significant value, according to interviewees. However, a lesson learned from COVID-19 is that some of that input can be received virtually and through short processes of accompaniment. Therefore, it is important to conduct a cost-effectiveness analysis to decide when physical accompaniment from foreign experts is required. The analysis should consider if the expertise can be sourced locally (external to the movement) or through a virtual process.

4.3 Potential opportunities or challenges that need to be considered to scale up this Emergency Appeal to a medium- and long-term migration programme

Opportunities

- Existing portfolio: CRCS is today in a completely different place (compared to 2015), regarding technical expertise and experience on migration. With a large portfolio of projects, the organization is in a privileged place to attract interest from donors.
- Availability of resources: while it is true that the funding available is not enough to meet the pressing needs of the migrant population and that there is significant “competition” for resources —with many new actors operating in the country—, recent announcements from various governments regarding their funding intentions for the Venezuelan crises show a positive scenario.

“On 17 June, at the International Donors' Conference in Solidarity with Venezuelan Refugees and Migrants the European Commission pledged €147 million, in addition to pledges by EU Member States, for immediate humanitarian assistance, medium and longer-term development assistance and conflict prevention interventions for Venezuelan refugees, migrants and host communities. This comes in addition to the ongoing aid package of €319 million allocated by the EU to alleviate the crisis since 2018”.

https://ec.europa.eu/echo/news/venezuela-eu-reaffirms-support-refugees-and-migrants-international-donors-conference_en

- Socio-economic integration: The Appeal and other projects have been an opportunity to test interventions aimed at socio-economic integration. This strategy is highlighted by authoritative sources as essential to make beneficiaries the promoters of their own subsistence, promote sustainable inclusion in host communities and support contribution to local economies and the overall development of host countries.

R4V and other authoritative sources have concluded, in their publication “Migration from Venezuela: opportunities for Latin America and the Caribbean Regional socio-economic integration strategy”^{xiii} that the following seven axes are critical to support socio-economic integration of Venezuelan migrants in the region: regularization and profiling of the population from Venezuela, professional training and recognition of qualifications and competencies, employment promotion, entrepreneurship and business development, financial inclusion and social cohesion. CRCS/IFRC through the Appeal and other efforts have already “experimented” to different extents with these interventions. Therefore, the organizations have a unique value proposition that will be attractive to donors.

TESTIMONIAL

We received support from other organizations...but Red Cross allowed us to create a business. That's the main difference...Red Cross is giving us more for the long-term.'

Key informant—beneficiary

TESTIMONIAL

This support has added so much value. It is not one-off support. They celebrated with us when we got our equipment. This support has so much meaning to us.'

Key informant—beneficiary

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