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## Information bulletin no. 1

### Colombia, Ecuador, and Venezuela: Population Movement in the COVID-19 context

 International Federation  
of Red Cross and Red Crescent Societies

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<b>Other partners involved in the operation:</b> UNHCR, ACTED, Aid for Aids Colombia, Children's Villages, Americares, Caritas, DRC, FAO, Lutheran World Federation, Global Communities, Halü, Heartland Alliance International, HIAS, Humanity & Inclusion, iMMAP, IRC, Malteser International, Medicos del Mundo, Mercy Corps, NRC, OCHA, OHCHR, IOM, UN Habitat, UN Women, PAHO/WHO, OXFAM, Pastoral Social, Plan International, UNDP, WFP, Premiere Urgence International and Solidarite International, Profamilia, Samaritan's Purse, Save the Children, SJR Colombia, SJR Latin America and the Caribbean, Tearfund, UNFPA, UNICEF, UNODC, World Vision	

The IFRC Regional Office for the Americas is publishing this special report on population movements due to the impact on the countries mentioned, the pre-existing dynamics in the region and the importance of reflecting the coordination between National Societies and the IFRC in addressing the needs of populations on the move affected by COVID-19. This bulletin is issued for information purposes and reflects the current situation and details available at this time.

The National Red Cross Societies of Venezuela, Colombia and Ecuador, supported by emergency appeals launched by the International Federation of Red Cross and Red Crescent Societies (IFRC), are seeking funding and other assistance from donors. For more information, please see the [12-month report on the Venezuela operation](#), the [24-month report on the Colombia operation](#) and the [18-month report on the regional operation](#) including Ecuador.

## The context

The COVID-19 pandemic announced by the WHO on 11 March 2020<sup>1</sup> has had important impacts in Colombia, Ecuador and Venezuela. According to data from the respective national authorities as of 24 May 2020, Ecuador has a total of 36,656 confirmed cases and 3,108 deaths<sup>2</sup>, Colombia has 21,175 confirmed cases and 727 deaths<sup>3</sup>, and Venezuela reports 1,121 confirmation cases and 10 deaths<sup>4</sup>.

### Timeline

- 29 February 2020. Ecuador confirms its first case of COVID-19.
- 6 March 2020. Colombia confirms its first case of COVID-19.
- 11 March 2020. WHO declares COVID-19 pandemic; Ecuador declares a national health emergency.
- 12 March 2020. Colombia declares a national health emergency.
- 13 March 2020. Venezuela confirms its first 2 cases of COVID-19.
- 14 March 2020. Colombia closes the border with Venezuela.
- 15 March 2020. Ecuador closes all its border crossings.
- 17 March 2020. Peru closes its border with Ecuador; Colombia closes its land, aerial and river borders.

With the spread of the COVID-19 pandemic, mitigation measures, preventive isolation and border closures have resulted in a decrease in purchasing power and loss of formal and informal jobs in the countries of the region. The migrant population also faces difficulties in covering their basic needs in terms of food and housing, and due to the lack of alternatives in transit and host countries, many are returning to Venezuela, by bus or on foot. The Colombian State militarized its border with Ecuador on 1 April 2020<sup>5</sup> (departments of Nariño and Putumayo) to increase control over more than 40 irregular crossings extending through 586 kilometers of border between Ecuador and Colombia.

While Colombia maintains its measures of mandatory social isolation, Migración Colombia, the country's migratory authority, has outlined a voluntary return procedure as an exceptional measure, allowing greater supervision and control over returnee flows to Venezuela. Most returnees come from cities such as Bogotá, Bucaramanga, Medellín, Cali and Ipiales. In turn, most people from Ipiales come from Ecuador and Peru, entering Colombia through irregular crossing points (trochas). The main points of entry from Colombia are through Norte de Santander (Puente Internacional Simón Bolívar), Arauca and La Guajira (Paraguachón), entering Venezuela through Táchira, and to a lesser extent, through Zulia, Apure and Bolívar. According to Migración Colombia, between 14 March and 15 May 2020, 56,346 people<sup>6</sup> have returned to Venezuela, equivalent to approximately 3% of Venezuelan migrants living in Colombia. These figures do not include the number of people returning through irregular channels. In addition, pendular flows of migrants to and from Venezuela continue through one of over 150 informal crossings (especially on the border of Norte de Santander and Arauca), in search of provisions, despite the militarization on both sides of the border. Currently, 300 people per day are officially permitted to travel from Colombia into Venezuela.

## Risks and needs

Returnee flows of people on the move raise concerns about the increased risk of COVID-19 infection in that population group, given the difficulties in ensuring minimum protective conditions, as well as risks in complying with the principle of non-refoulement, and risks related to human trafficking or abuse due to the closure of border crossings. Primary health care, food, hygiene, safe water, and shelter needs continue to exist. There is also a significant increase in negative perceptions and rejection of migrants.

Transport conditions (on foot, through payments to private transporters, or by bus), as well as the agglomeration of migrants in public spaces in major cities, expose migrants to a greater risk of contagion, in a context in which social distancing is sought. Temporary shelters are closed or at maximum capacity, reducing the possibility of

<sup>1</sup> <https://go.ifrc.org/emergencias/3972#details>

<sup>2</sup> <https://www.salud.gob.ec/actualizacion-de-casos-de-coronavirus-en-ecuador/>

<sup>3</sup> [https://www.minsalud.gov.co/salud/publica/PET/Paginas/Covid-19\\_copia.aspx](https://www.minsalud.gov.co/salud/publica/PET/Paginas/Covid-19_copia.aspx)

<sup>4</sup> <https://covid19.patria.org.ve/estadisticas-venezuela/>

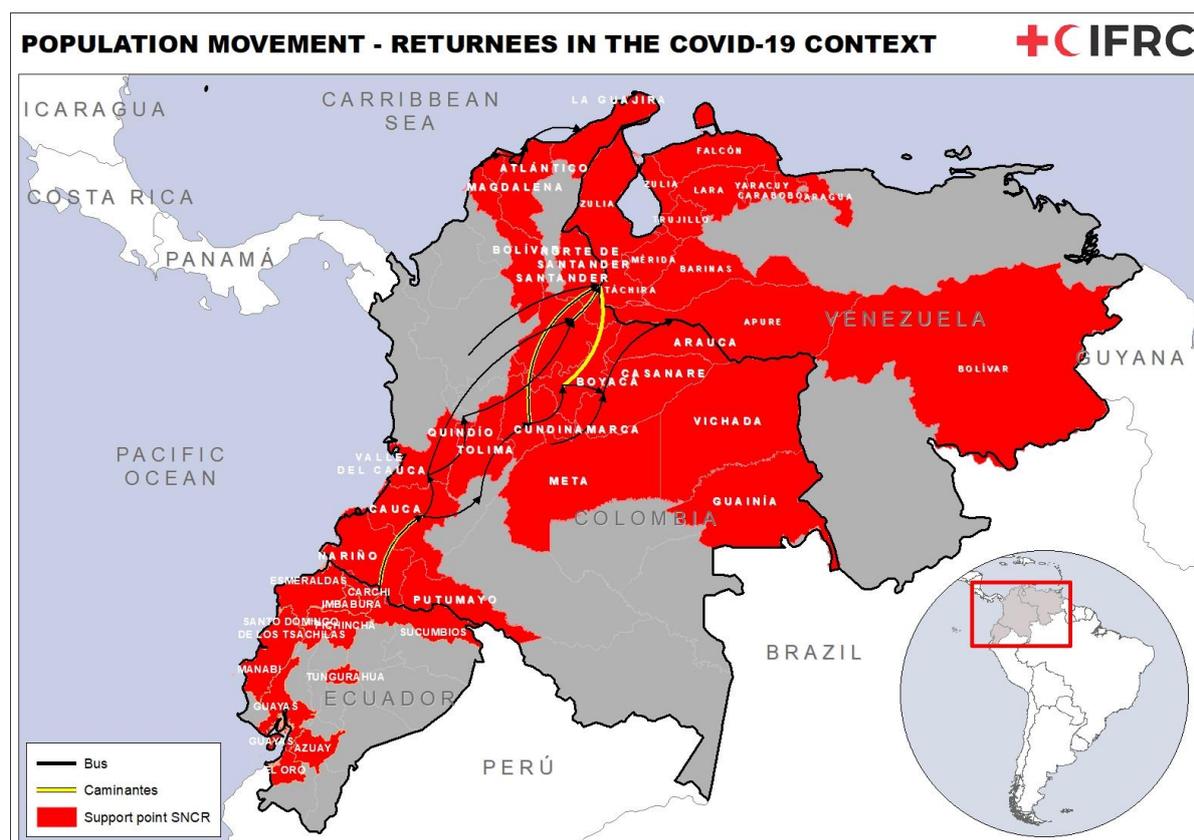
<sup>5</sup> <https://www.elcomercio.com/actualidad/colombia-militarizacion-frontera-ecuador-covid19.html>

<sup>6</sup> Bulletin No. 3, "Migración al día", Migración Colombia, 18 May 2020.

access to safe shelter during the journey. The use of irregular border crossings means that epidemiological surveillance and the application of health protocols at points of entry into Venezuela are virtually impossible.

The returnee flows of Venezuelans from Colombia, Ecuador and Peru requires particular attention to ensure that the necessary sanitary measures are implemented during border crossings, including epidemiological surveillance of COVID-19; the Venezuelan State has established Integral Social Housing Points on its borders to allow for at least 14 days of quarantine. On 7 April 2020, the Venezuelan Ministry of Popular Power of Foreign Affairs made a formal request for assistance to the United Nations Resident Coordinator and the Humanitarian Coordinator to support the response to the needs of the migrant population.

## Actions of the Red Cross



### Colombian Red Cross

At the national level, the Colombian Red Cross Society is monitoring priority territories based on their affectation in the current scenario, particularly in Norte de Santander, Nariño, Putumayo, Boyacá, Santander, Valle de Cauca, Cundinamarca and Arauca, to ensure monitoring of the walkers' corridor (*caminantes*) and a prompt response to the evolution in the flow of migrants.

The Colombian Red Cross Society, taking into account the operational restrictions of the current COVID-19 context, has been responding as follows:

#### Health:

- The Colombian Red Cross Society, through its health care units (fixed and mobile), continues to provide primary health care services to vulnerable populations, offering more than 9,400 health services, especially in Norte de Santander, Nariño, Putumayo, Santander, Arauca, La Guajira, Guainía and Vichada. Health care fairs are held in areas where there are concentrations of migrants returning to Venezuela in the departments of Bucaramanga, Ipiales, Arauca and Norte de Santander, accompanied by the distribution of face masks to migrants.

- In the current context of migrants returning to Venezuela, in coordination with the secretary of health, support is provided in the screening of travellers in Norte de Santander.
- Telephone and WhatsApp lines continue to operate for medical and psychosocial care and guidance.
- Communication focused on promoting hygiene and preventing illness, as well as providing key messages on mental health care through television, radio, written media and social networks.

**Water, sanitation and hygiene:**

- Access to safe water is guaranteed through the establishment of hydration points and handwashing points, as well as the distribution of safe water in vulnerable areas, with more than 18,000 litres of water distributed.
- The distribution of hygiene kits continues, as well as the distribution of antibacterial gel and soap, placing priority on distributions in the departments of Boyacá, Santander, Nariño and Norte de Santander.

**Livelihoods:**

- Based on the current context, livelihood activities have been modified to adapt productive initiatives to the current market demand, prioritizing needs to be covered by the COVID-19, in support of 20 productive units in the department of Valle del Cauca.
- A cash transfer activity was adjusted to the current context in the city of Bogotá, seeking to ensure greater coverage to vulnerable families through a single payment (expected coverage of 1000 families).

**Humanitarian assistance:**

- Traveller food kits for direct consumption, hygiene and shelter kits are distributed in Bucaramanga (Santander), in order to assist migrants in transit.
- Food vouchers and family food kits are being distributed in the departments of Norte de Santander, Putumayo, Valle del Cauca, Boyacá, Santander and Casanare, reaching nearly 30,000 people.

**Protection:**

- Actions are carried out, both virtually and in person, to provide guidance on the prevention of COVID-19, the appropriate use of free time, psychosocial support, hygiene guidelines, self-care, mental health recommendations, and family life, among others. More than 1000 protection services have been provided.
- Advocacy is carried out with national and local authorities on issues of protection of rights of the population.
- Key messages are disseminated on the risks of sexual and gender-based violence in the context of the pandemic.
- Under the Restoring Family Links (RFL) strategy, guidance is provided to branches on RFL follow-up and case management in the COVID-19 emergency.



Assistance provided to returnee migrants (walkers - caminantes) in the department of Nariño, May 2020. Source: Colombian Red Cross.

- The regular response activities of the Colombian Red Cross Society are continuing at all points of care for migrants in the country, and the National Society is pursuing its review of the situation as the scenario unfolds, in coordination with the Inter-Agency Group on Mixed Migration Flows (GIFMM).

### Ecuadorian Red Cross

Due to the health emergency that Ecuador has been experiencing since 12 March 2020, as well as the social isolation measures dating from 14 March 2020, several of the activities of the Ecuadorian Red Cross have been affected. The National Society has nevertheless adapted to the context and maintained activities to provide assistance to people on the move. These actions include:

#### Health:

- Telemedicine services provided to the population or institutional personnel requiring medical consultations. This service has been offered particularly to temporary shelters for people on the move.
- Pre-Hospital Care: 22 ambulances with 37 unit heads are active, providing care according to needs and linked to the 911 System. This includes emergencies that arise within the migrant population.
- Guidelines for psychosocial support through tele-assistance were developed and disseminated, and a specific protocol was developed for assistance to the 22 active temporary shelters for migrants around the country, in order to assist both the shelter administrative teams and the migrant population. As of 23 March 2020, telecare is being provided through 25 professional psychology volunteers.
- Key messages on hygiene promotion, disease prevention and psychosocial support are provided through television, radio, written media and social networks, as well as through the networks of humanitarian organizations of the R4V regional platform, and groups of migrant population at the national level.

#### Water, Sanitation and Hygiene:

- Accompaniment to facilities benefiting from safe water installations from the National Society to guarantee access to safe water, while distributing water for direct consumption to shelters and other spaces as needed.

- Community talks on COVID-19 have been provided to several migrant migrants in order to promote better hygiene and personal protection habits.

#### **Livelihoods:**

- In view of the impossibility of continuing with the implementation of traditional mechanisms, especially through the Cash Transfer Program, a mechanism was coordinated with national banking entities, as well as with the IFRC, to sustain the activity under safe conditions and in compliance with administrative and financial procedures, providing humanitarian assistance to 300 highly vulnerable migrant families at the beginning of May 2020.

#### **Humanitarian assistance:**

- The delivery of food and hygiene kits continues in support of 22 shelters that serve migrants and the homeless, as well as another 8 shelters that opened in March.
- Hygiene kits and basic personal protection kits were delivered to the shelters and to migrants.

#### **Protection:**

- The service of restoring and maintaining family contacts (RFL) is provide especially for the temporary shelters for people on the move.
- The service of missing people tracing has been disseminated, especially for the migrant population.

#### **Coordination and advocacy actions:**

- The National Society has been active in the R4V interagency coordination space, both at the national and provincial levels, to share information on the actions that each entity can provide and avoiding duplications.
- Dialogues have been held with public entities such as the Public Defender's Office, the Ombudsman's Office and the National Assembly, among others, both directly and through the national and provincial coordination spaces.
- Through coordination with the ICRC, some humanitarian assistance has been provided to shelters and the migrant population, especially to returnees.



*Quito Headquarters, distribution of humanitarian aid and PPE for the provincial boards. April 2020. Source: Ecuadorian Red Cross*

## Venezuelan Red Cross

### Health

- Development of general recommendations for the prevention of the COVID-19 at branch level.
- Needs assessment for the standardization of basic personal protection supplies for volunteers.
- Health promotion through awareness activities, and dissemination of information on the prevention of COVID-19 and key steps in case of a suspicion case
- Delivery of medicines and medical supplies.
- Placement of posters on prevention and self-care (COVID-19) in branch facilities.

### Water, sanitation and hygiene:

- Dissemination of hygiene promotion messages.
- Delivery of water purification tablets and materials for access to safe water.
- The Zulia branch, with the support of UNHCR, has delivered 200 hygiene kits to the Centro Don Bosco shelter.

### Humanitarian assistance:

- Activating the migration directorates in the states of Falcón, Bolívar, Caroní, Lara, Barinas, Zulia, Yaracuy, Apure, Guasdalito, Aragua, Puerto Cabello, Acarigua Araure, Vela de Coro, Trujillo, Mérida and Táchira.
- Attending to 300 migrants admitted through the General José Antonio Páez International Bridge from Guayaquil, Ecuador, as well as the development of a response plan, which has been coordinated between Civil Protection and the Red Cross Guasdalito Sub Committee.
- Virtual meetings with humanitarian actors and local authorities to ensure response to vulnerable groups.
- Visits to shelters and monitoring of the current evolution of returnees.

### Protection:

- Dissemination of referral routes and orientation through points of assistance.
- Hotline and guidance mechanism supported by Restoring Family Links (RFL).
- Dissemination of key messages for self-care and collective care.
- Awareness-raising against stigma and discrimination.
- Virtual meetings with National Society migration managers to understand their needs.

## IFRC actions

- Monitoring of the situation through its country offices in Colombia, Ecuador and Venezuela, as well as the accompaniment of the Migration Cell in the Americas Regional Office.
- Monitoring the needs of the migrant population in the three countries and identifying coordinated action plans to improve levels of humanitarian assistance.
- Coordination support to National Societies.



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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward

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three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.