Donation of the European Investment Bank to Malteser International
to mitigate the humanitarian crisis in Colombia
caused by the massive refugee and migrant influx from Venezuela

1st interim report, May 2019
1. Background Information

Colombia is the country most impacted by the outflow of refugees and migrants from Venezuela. The number of Venezuelans seeking refuge in Colombia rose from 39,000 at the end of 2015 to over 1,174,743 at the end of 2018 (an increase of over 2,500%). An additional 250,000 Colombian returnees are estimated to have fled Venezuela, and pendular movements in the border area of Venezuelans crossing to obtain goods and services and then returning to Venezuela further adds to resource challenges. UNHCR estimates that by the end of 2019, there will be over 2.2 million refugees and migrants from Venezuela in Colombia. This influx has overburdened national systems and actors. According to the Regional Refugee and Migrant Response Plan (RMRP), refugees’ and migrants’ needs for protection, health and shelter, and host community needs for support, remain acute.

International aid actors have organized quickly to provide humanitarian assistance at other major points of influx, but an urgent assistance gap remains in La Guajira, which is one of the poorest departments of Colombia. The main points of influx are the border crossings in Paraguachón/Maicao in Department La Guajira (44.74%) and Cúcuta and Villa del Rosario in Department Norte de Santander (25.79% and 10.47%, respectively). As of February 2019, La Guajira hosted an estimated 142,332 Venezuelans (11.60%, compared to 14.33% in Norte de Santander and 21.98% in Bogotá). Considering that the census was done in only 2 out of 15 municipalities and there are an estimated 183 illegal border crossings in La Guajira, the actual figure of refugees and migrants in the Department may be double or more.

La Guajira has over 1 million inhabitants split between urban and rural areas, with 41% of urban and a staggering 92% of rural residents living in poverty. The area lacks sufficient basic services provision, and has further suffered from drought in 2015-2017. An estimated 90% of the communities now hosting refugees and migrants in La Guajira were themselves heavily affected by the internal armed conflict, and many experienced multiple displacements. Extremely poor host communities are under increasing strain, which in turn feeds discrimination and xenophobia. Adding to the complexity is the region’s high ethnic diversity: 26% of La Guajira’s population is indigenous, with the Wayuu being the largest group (48%).

98% of Colombia’s Wayuu population is concentrated in La Guajira and often faces marginalization and vulnerability. Roughly 31% of the refugees and migrants in La Guajira are from the neighbouring Venezuelan department of Zula, which also has a strong indigenous Wayuu population. UNHCR has emphasized the gap of actors in La Guajira and the need for established partners who know the ethnically heterogeneous area and have established access and trust working alongside indigenous communities.
Health: Access to primary healthcare (PHC) is a key gap in La Guajira, and the national health services are now considerably overburdened and approaching a breaking point. In the municipality of Riohacha – before the refugee crisis –, infant mortality is 49.5/1,000 live births and maternal mortality is 230/100,000. Acute malnutrition in children is 11.2% and the estimated GAM in indigenous communities is 20-30%, with mortality of children under 5 at 44/100,000 (compared to a national rate of only 5.46/100,000). Refugees and migrants only have access to limited free medical services in hospital emergency departments, which lack necessary medicines. 99% of refugees and migrants are not affiliated to the Colombian health system, thereof 26% boys and girls. Pregnant refugee/migrant women are only attended for deliveries and do not have access to pre- and post-natal care. Incomplete vaccination schemes remain a health risk not only to refugees and migrants, but also to Colombian public health. According to UNHCR, in 2018 in La Guajira, refugees and migrants experienced extreme maternal morbidity (777 cases), 365 perinatal and neonatal deaths, outbreaks of chicken pox (nearly 2,000 registered cases) and dengue (1,500 registered cases), and an increasing number of suicide attempts (217). There is also a dire gap in assistance for refugees and migrants with conditions requiring specialized medical services, such as cancer, HIV (184 cases in 2018) and Tuberculosis (386 cases in 2018). No actor is currently providing services for refugees and migrants with these conditions in La Guajira. Similarly, there is no plan or capacity from the government to provide psychosocial support to refugees and migrants, and only limited activities by a few NGOs which fall far short of adequate coverage given the trauma of the crisis, flight and displacement.

Shelter: There are only 2 temporary UNHCR accommodation centers in La Guajira with a total capacity for 200 people. Host communities lack housing for the increased demand, and given the Colombian government’s avoidance of establishing formal camps, many refugees and migrants are forced to live in informal settlements in peri-urban areas in shacks of wood and tarpaulin. Some of these informal settlements have huge numbers of people, but there are no organized services as there would be in a formally established camp. Conditions are dire and there is little or no access to adequate shelter, healthcare, water, sanitation, hygiene, or even basic protection. A main source of health issues, such as skin infections, urinary and vaginal infections, are related to the unhealthy living conditions of many refugees and migrants in these informal settlements.
2. Activities and results

Currently there are an estimated 142,332 Venezuelan refugees and migrants in La Guajira, thereof 49% women and girls. Our response focuses on the most affected municipalities of Riohacha and Maicao. Until February 2019 we provided the following services:

Medical consultations at the hospital Nuestra Señora de los Remedios for refugees and migrants

Medical consultations are given free of cost by an established medical team of two doctors and a nurse at the public hospital Nuestra Señora de los Remedios in the urban center of Riohacha. 3,368 consultations were given by the team, mainly to refugee/migrant women and children. 34% were respiratory infections, 27% skin infections, 26% diarrhea and 7.1% otitis. Within the consultation, the doctors try to identify the root causes of the infections and convey related advice on health and hygiene, as well as prevention. However, given the precarious living conditions of most patients, many of the root causes cannot be addressed. Among the patients treated were 201 pregnant women that had not a single medical consultation up to date, 15 children under 5 with underweight, 20 children under 5 in malnutrition, 6 patients with tuberculosis and 60 patients requiring de-worming. In 2018 and in collaboration with the hospital 226 newborn were vaccinated (127 male/99 female), as well as 654 boys and 832 girls and 802 adults (228 male/571 female). A contract was negotiated with the indigenous health service provider IPSI Anashiwaya who are collaborating for para-clinical tests for the pregnant women. The activities were supported by the Pan American Health Organization (PAHO) that provided medicine free of cost to strengthen our impact.

Mobile medical teams in rural and urban areas

In the reporting period 2,563 medical consultations were given by mobile health brigades, thereof 2,009 in urban and peri-urban areas and 554 in rural host communities (Cotoprix, La Cachaca, Tomarrazón and Monguí). In most of the health brigades other actors were strategically involved to increase the impact, such as the Health Secretariat, or the indigenous health service providers IPSI Anashiwaya and IPSI Palaima. Urban health brigades targeted food kitchens (Comedores) for refugees and migrants that mainly provide food for women and children who are living without permanent housing, either on the street, in a park, or an informal settlement. In peri-urban areas, the focus was on providing health care in informal
settlements, such as Villa del Sur, where refugees and migrants live in unhygienic and dire conditions without access to health care, water, hygiene or sanitation.

The mobile teams also ensured that children were measured and weighted and that cases with malnutrition were identified and referred to relating services. Furthermore, two campaigns for measles and rubella vaccinations were conducted to raise awareness about the importance of complete vaccination schemes.

Psycho-Social Care

Psycho-social care was given by the team of two psychologists, particularly targeting women who are heads of households and therefore under particular distress as no one can help provide for their children. They were conducted in 4 Comedores (Comedor Comunitario, Comedor Cosecha, Comedor Nuevo Horizonte and Comedor Ranchería) benefitting 161 persons and in the rural communities of Mongui, Cotoprix, Tomarrazon, Los Gorros, Juan y Medio, Matitas, Comejenes, Pasito, Cangrejito and Pepsuapa benefitting 400 people. The psychological team also accompanied the Cash-distribution (see activity below) and reached 560 people. The main methodology was the Proyecto de Vida (a largely used psychological concept in Colombia and throughout Latin America for self-awareness, self-esteem and life planning) in group sessions. 151 consultations were given to more complex cases requiring individual sessions.

Distribution of unconditional Cash to 400 particularly vulnerable refugees and migrants

400 particularly vulnerable families were identified and received a lump sum of monthly 200,000 COP for 3 months (equaling about a bit over 50 EUR with current exchange rate) to help bridge the dire living situation. 23% of beneficiaries were female or male headed households, 15% were selected due to their living condition of living on the street or in a park, 22% were in a high risk situation (victim of xenophobia, violence or sexual violence; underage pregnant girls), 16% pregnant or lactating women, 9% indigenous returnees without cultural roots to the host communities, 8% people with disabilities and 7% elderly. For safety reasons the monthly distributions were conducted with external security provided by the local police and in rotating locations that were rented for the day.
Distribution of food and non-food items to 400 families in rural areas

The mainly indigenous rural host communities of Mongui, Cotoprix, Juan y Medio, Tomarrazón, Los Gorros, Comejenes, Matitas, Ppsuapa und Pasito were identified as particularly affected by the migration crisis. 400 vulnerable families were identified and a small number of equally vulnerable families from the host communities (29) was included, to mitigate the potential for conflict. The distributions are done monthly over a period of 6 months to help bridge the gap until refugees and migrants can harvest their first crop or find agricultural activities to sustain their basic livelihood. So far 3 distributions were conducted. Food items included rice, oil, sardines, peas, lentils, cacao, oat, mil, coffee, corn flour, sugar, salt, panela and noodles. Hygiene articles contained personal and laundry soap, toilet paper, sanitary pads, tooth brush and paste. In a onetime distribution furthermore agricultural equipment was distributed (machete, spade, etc.). The content of the distribution was coordinated directly with the beneficiaries in advance to ensure it corresponded to their need.

Sustainable integration of indigenous refugees, migrants and returnees into rural host communities

Whereas refugees, migrants and returnees are mainly seen as strain by the Colombian government and host communities, Malteser International strives for a comprehensive approach for vulnerable rural indigenous host communities that were affected by multiple internal displacements, for sustainable rural development of host communities while integrating indigenous refugees, migrants and returnees. In the reporting period rural host communities that are open towards long-term integration of Venezuelans and a joint development were identified in a participatory process.

4. Financial report and impact of the donation

The generous donation of the EIB is being used as co-funding and is implemented according to guidelines of the German Federal Foreign Office and the German Ministry for Economic Cooperation and Development. Our overall budget for our response to this crisis amounts to 2.546.588 EUR (thereof 1.267.800 EUR until 2020 and 1.278.788 until 2021) whereof 216.879 EUR are required in form of co-funding through donations. The overall budget for 2018 and 2019 amounts to 1.466.642 EUR, whereof 147.752 are required co-funding. The donation of the EIB of 62.500 EUR therefore presents 4% of our response budget for 2018 and 2019, but without the donation it would not have been possible to access these grants that require co-funding. We would also like to highlight that with the grants acquired, the impact of the donation could be multiplied by 40 seen over the full response program.
In 2018 overall expenses amount to 238,767.89 EUR, split according to the below main budget lines.

<table>
<thead>
<tr>
<th>Direct Project Expenses</th>
<th>238,767.89 EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goods and Services</td>
<td>179,247.04 EUR</td>
</tr>
<tr>
<td>(Mobile unit, medicine and medical consumables, food and NFIs, Cash, etc.)</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>43,492.86 EUR</td>
</tr>
<tr>
<td>(Program &amp; Medical Coordinator, Medical team, Support team)</td>
<td></td>
</tr>
<tr>
<td>Monitoring Visit</td>
<td>1,359.52 EUR</td>
</tr>
<tr>
<td>Running costs office &amp; cars, visibility</td>
<td>14,668.47 EUR</td>
</tr>
</tbody>
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5. Outlook and further needs

Currently there is no end in sight for the dire situation in Venezuela that is leading to this massive migration to neighboring countries, especially to Colombia. As explained in Chapter 1, many refugees and migrants continue to live in precarious conditions in informal settlements that are terribly underserviced, with too few actors intervening, especially in the culturally more complex La Guajira department. Part of the grants mentioned above is an extension of our emergency medical relief activities, which could be extended from the initial duration until August of 2019 to August 2020, but require 49,000 EUR in co-funding that are currently not covered.

In general the public attention to the crisis in Venezuela and to its impact on neighboring countries and especially the dire situation of refugees and migrants and their terrible living situation is very low. Malteser International did not receive private donations for this crisis. Any additional support of the EIB to help cover our additional co-funding need of 49,000 EUR would be of immense help.

The extension focuses more strongly on mobile medical care, given that most informal settlements have difficult access to urban centers and the health care services provided there. And it responds to the gap in services to pregnant women, foreseeing pre- and post-natal care to 350 pregnant women.

A 2018 study by the Universidad del Norte with pregnant refugee/ migrant women in Barranquilla and Riohacha found that 27% were female-headed households, the average household was 4.7 people with only 1 earning an income, with 68% being under the minimum wage. 66% of pregnant women had not received any form of support since arriving in Colombia (in many cases over a year ago) and only 52% of the women respondents had received (mainly incomplete) prenatal care. 43.2% of women showed symptoms of depression, which accords with the observed increasing suicide rate among single refugee mothers in La Guajira. This study was conducted in urban areas showing a severe gap in attention to pregnant women; the situation in peri-urban informal settlements is much worse.