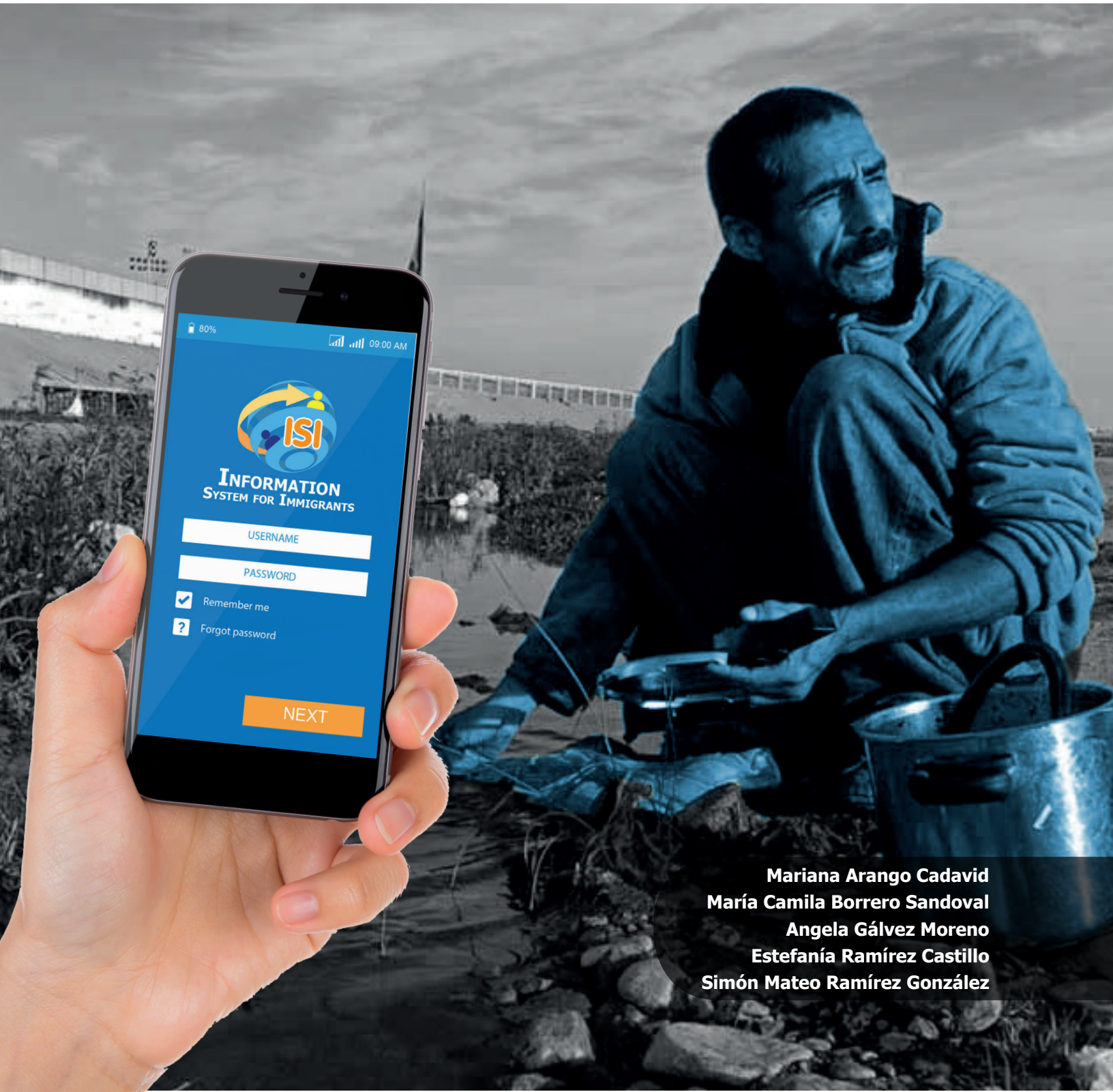
GENEVA CHALLENGE
2019

Information System for Immigrants (ISI)



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Abstract

The Venezuelan migratory phenomenon is significantly affecting health, employability and security in Colombia, as well as challenging the institutional capacity to meet the needs of the 1.3 million migrants who have arrived in the country especially with regards to health care issues. This migratory trend has brought with it epidemics and diseases that, in the past, had been controlled and almost disappeared, bringing with it a greater risk of contagion of diseases that worsen the state of health at a global level. On the other hand, the large number of migrants that Colombia receives in an irregular manner hinders effective attention and the creation of an effective public policy to respond to the increase in demand at the levels of education, work and health. Our Information System for Immigrants (ISI) project facilitates the collection of information on immigrants arriving in the country, as it helps to identify: i) number of migrants that enter both illegally and legally, ii) captures the sociodemographic characteristics of those who enter and iii) it provides information quickly that migrants need to receive health care by effectively connecting the user with the entity in charge of the care. This information will help the effective attention of expatriates and will additionally provide the information to create a public attention policy that the institutional offer is capable of dealing with at a local, regional and national level. Additionally, our project will help to meet the Sustainable Development Goals number 3 on Health and Wellbeing and 8 on Decent Work and Economic Growth, to the extent that the arrival of migrants is an opportunity to increase GDP.

Our team

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Executive summary

Colombia is located in South America in the northwestern corner of the Continent. The land forming the border consists of 6,342 km, in particular, it borders Ecuador and Peru in the southwest, Brazil in the southeast and Venezuela on the east, which extends 2,219 km, making it the longest border of the Country. Due to the proximity, Colombia has admitted the largest number of Venezuelan migrants with a total of 1.3 million people with the intention of permanently staying in the country until today. In particular, Bogotá has received more than 120 thousand Venezuelan migrants making it one of the cities with the largest number of migrants. The migratory phenomenon has brought affectations in health, security, employability, housing and discrimination, putting in doubt the institutional capacity of the country to care for migrants at all levels. In particular, the great arrival of Venezuelan migrants has brought with it an increase in public health problems at the national level, where up to 2018 they had registered 2,398 cases of foreigners with some type of condition, almost three times the number reported in 2017 with only 863 cases. These health problems have caused an increase in demand for attention to health, for example, between 2017 and 2018 cases of care provided to Venezuelan citizens increased by 202.6%, causing an increase in the costs of care and the detriment of public health conditions in the receiving municipalities. In addition to the cost increases the following issues have also been observed, deficiencies in the conditions of the health infrastructure, the lack of trained personnel to meet the needs of users and the lack of inputs such as vaccines, medicines and instruments to provide adequate care.

Bogota, being the capital city, provides greater opportunities for newcomers, so granting attention from this has represented a challenge in terms of institutional capacity and response through public policy. Thus, to address this contingency, the District Mayor's Office has designed care routes that have unfortunately only been welfare-oriented and have not been aimed at prevention. Additionally, the current health information systems do not provide the necessary data to establish contingency and response plans in the medium and long term. Fortunately, technology has given us the opportunity to facilitate such data collection, as well as provide the opportunity to create interactive solutions, easy access and greater understanding for the newcomers who barely know the city and its care routes.

Our Information System for Immigrants (ISI) project facilitates the collection of information of immigrants arriving in the country through an application that will be available in transport terminals, public transport stations and airports, as they should only approach the authorized places where they can register the information, or they can download the application on their cell phone. Thus, this information system helps to identify: i) number of migrants that enter both illegally and legally, ii) captures the sociodemographic characteristics of those who enter and iii) provides the information that the migrant needs in a fast manner iv) receive health care by effectively connecting the user with the entity in charge of care. Likewise, the collected data will be useful in the creation of public policies for attention to migrants, not only to be used in health matters, but also to cover the phenomenon from different fronts such as housing, employability, entry into the educational system, among others.


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1 Introduction

#SoyMigrant

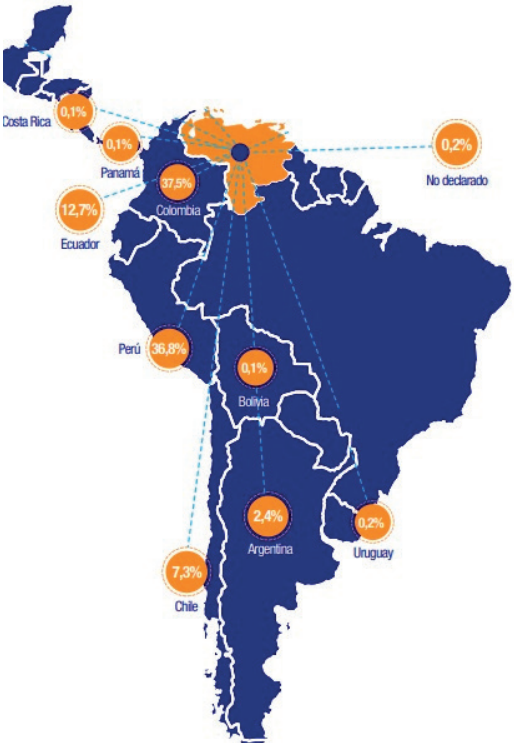
1.1. MIGRATION: THE CHALLENGE OF OUR ERA

The 2030 Agenda for Sustainable Development and the New York Declaration for Refugees and Migrants, recognizes for the first time the positive contribution of migrants to sustainable and inclusive development, and is committed to protecting the security, dignity and human rights as well as the fundamental freedoms of all migrants regardless of their immigration status. The United Nations (UN) and the International Organization for Migration (IOM) established that migration is one of the most challenging issues of our era. With globalization, the opportunity and the inclination to move is greater than ever. By 2018 there were more than 250 million migrants and refugees in the world, the highest in history, making it a priority issue on the world's agenda. Our project has the purpose of contributing with alternative solutions in the recipient countries specifically in the field of health care ***(Figure 1)***.

1.2. MIGRATION OF VENEZUELANS IN COLOMBIA

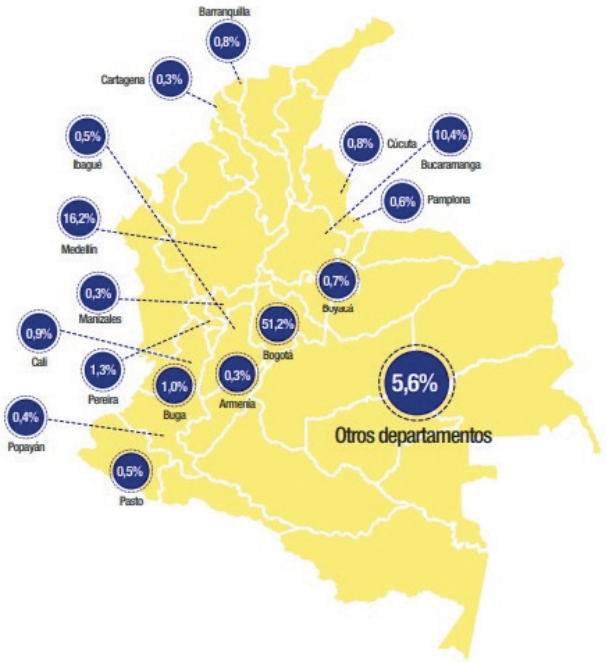
In the last five years more than 3.7 million people left Venezuela fleeing from the country's social and economic crisis. Venezuelan migration is the largest and fastest displacement of vulnerable people in the world, after the Syrian crisis (World Bank, 2019). It is estimated that around 80% of people who leave Venezuela stay in other Latin American countries and Colombia is the largest recipient with 1.3 million migrants with the intention of permanently staying in this country ***(Figure 2)***.

Figure 1: Migration of Venezuelans in Latin America.



Venezuelan Human Mobility Report 2018)

Figure 2: Migration of Venezuelans in Colombia



Venezuelan Human Mobility Report 2018

The macroeconomic crisis in Venezuela[1], dissatisfaction with living conditions, food insecurity, shortage of medicines and basic products, unemployment and informal work have been factors that drive migration (David and Jarreau, 2016, Pérez-Caramés, 2017). International migration is considered as a viable life strategy for many households to achieve an increase in income and for overall poverty reduction. (Arouri and Viet, 2018). In 2017, the ENCOVI[2] survey indicated Venezuelans lost an average of 11 kg of body weight, 60% of the population reported not having enough resources to feed themselves and the fall in real wages has generated about 90% of the population living in poverty.

The above events led to the untimely arrival of people in Colombia (traditional economic migration tends to be slower) and a relatively high proportion of people in conditions of socio-economic vulnerability. Consequently, migration is placing significant pressures on institutions, service provision systems, the labor market and the social dynamics of the receiving areas. Among the pressures there is: (i) a greater demand for articulation, coordination and response capacities of national and local institutions;

[1] By 2018, GDP in Venezuela decreased by 15%, year-on-year inflation from January 2018 to January 2019 was 2,688,670% (BBC, 2019).

[2] ENCOVI, National Survey of living conditions of venezuelan population. The Survey wants to identify the main problems that violate the essential rights of the people, determine the perception of public safety of Venezuelans, and account for the socioeconomic disparities of the population.

(ii) an overflow of demand for services such as health, housing, education, social protection, water and sanitation, among others; (iii) an accelerated increase in labor demand, which affects employment levels, quality and wages; and (iv) an outcrop of tensions between the local population and migrants, explained by the greater competition for already scarce resources.

USAID (2019) estimates that by 2019 the total number of Venezuelan migrants will exceed 5 million people. Therefore, this massive exodus will continue to exert pressure on the recipient countries making it essential to design short and medium-term strategies to adequately protect the human rights of this population. Among the most critical points is the current pressure on the Colombian health system. In just one year (2017 and 2018), the cases of care[3] provided to Venezuelan citizens in the Colombian territory increased by 202.6%. This migration effect has had a strong impact on the health sector in Colombia, not only because of the increase in health care, but also because of the high costs of care and the deterioration of the public health situation of the receiving municipalities. The health system is overwhelmed in terms of its technical and administrative capacity. Specifically, the territorial entities have deficiencies in terms of trained human talent, infrastructure and supplies for the prevention of disease and the promotion and health care.

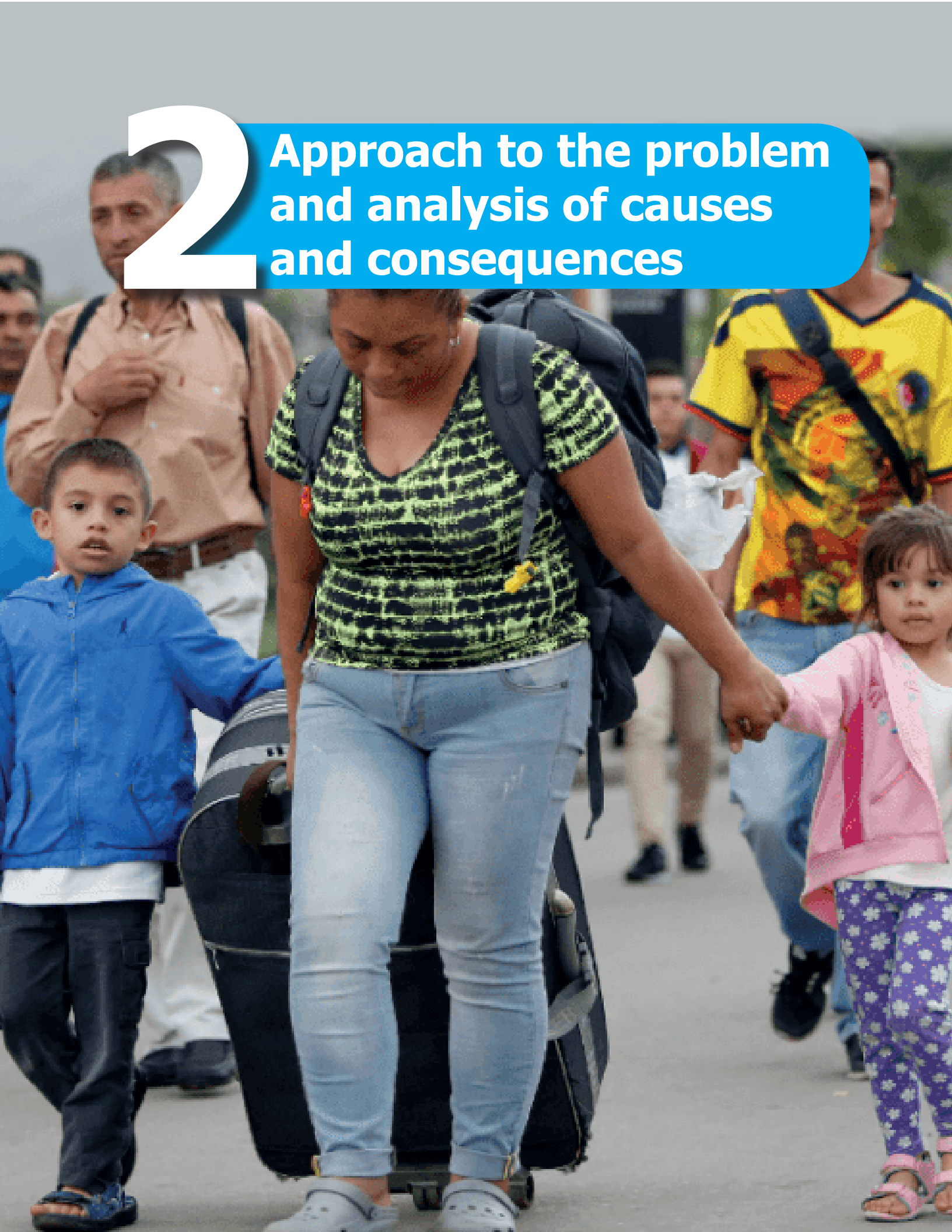
Despite the efforts made by the Ministry of Foreign Affairs, with respect to the processes of identification of the migrant population from Venezuela, there is currently no complete records on their health conditions. Today, information systems related to health conditions of the population are precarious, making it difficult to plan a public policy that converges actions to meet the needs of the health risks of the current migrant population.

1.3. MIGRATION OF VENEZUELANS IN BOGOTÁ

Bogota is the city with the largest number of migrants in Colombia (more than 120 thousand), which represents 9.8% of the total number of people coming from Venezuela. The district government has developed policies that focus on the protection and attention of fundamental rights which are directed by the Secretariat of Social Integration and the Secretariat of Security, Connivence and Justice. These policies are related to the guarantee of public services such as: health and education, social integration, prevention of mistreatment and human trafficking. However, the scope of these policies has been limited; for example, in order for migrants to access public services (including healthcare), they are required to carry a valid passport or PEP. Since many do not have documentation, they are excluded from these benefits.

Finally, the most urgent situation to solve is where resources will be taken to finance health care that are not emergencies. It is not clear how the district will serve the growing number of venezuelan migrants when the city still has several pending aspects to solve.

[3] Health care includes only emergency care: medical emergencies, procedures, hospitalization and outpatient consultation.



2 Approach to the problem and analysis of causes and consequences

2.1. PROBLEM STATEMENT

According to the World Health Organization (WHO), the phenomenon of migration poses the greatest challenges in terms of public health and health care worldwide (World Health Organization, 2016). Colombia has had to adapt the provision of health services due to the growing demand in the last two years, as a consequence of the migration phenomenon. Health care attention has grown by 202.6%, where medical procedures between 2017 and 2018 increased by 343.6%, followed by hospitalization with 270.5% variation, emergency care 183.4% and external consultation represented a 169.0% increase (National Planning Department, 2018)

Table 1. Percentage change in health care between 2017 and 2018 in Colombia.

Health care	Number of attentions in 2017	Number of attentions in 2018	Percent Variation
Emergency	8926	130708	183.4 %
Hospitalization	4562	16900	270.5 %
External consultation	48589	130708	169.0 %
Procedures	10600	47019	343.6 %
Total	**72677**	**219923**	**202.6 %**

In addition to the contingency generated in health care due to the growing demand for health services, several public health problems have also been increasing, and by 2018, according to data from the Epidemiological Surveillance System (SIVIGILA), 2,398 cases have been registered of public health events in foreign patients. Almost three times the number reported in 2017, where only 863 cases were registered (National Planning Department, 2018).

Some of the most prevalent pathologies in migrants focus on alterations in mental health, tuberculosis, HIV / AIDS, chronic diseases such as hypertension and diabetes; health problems that generate a high burden of disease in the population. Although all these conditions require timely attention and treatment, about 99% of migrants say they are not insured in the Colombian health system, a circumstance that limits comprehensive health care. Also the current information systems do not allow for the determination or knowledge of in depth health conditions. Of migrants, therefore, health planning focuses on the attention of urgency and emergency, which implies a greater expenditure on health, since caring for advanced pathologies is less effective than developing actions to prevent events of interest in public health, in addition to contributing to increasing the gap in health inequalities (Ministerial Forum on Health and Migration, 2017).

Currently, there is evidence of deterioration in the adequacy of the health service provider network and also in public health at the local and regional levels, especially in the territories with the greater influx of migrants such as Bogotá. Although, in the city, contingency plans have been deployed to guarantee attention to migrants in emergency and urgent situations, preventive actions and risk management in health are still Incipient stages. One of the reasons why planning such actions is complex is because current health information systems provide incomplete or inefficient data (they do not manage to identify health needs in real time), which make it difficult to establish integral care routes in health, aimed at improving healthy lifestyles and habits, mitigating or preventing health risks or intervening in social determinants of health that influence the quality of life and health conditions of migrants (District Department of Health, 2018). Improving information tools in health is key and the first step to provide comprehensive, timely and differentiated care to migrants and thus achieve greater equity and equality in health (Ministerial Forum on Health and Migration, 2017).

2.2. CAUSES AND CONSEQUENCES

Economic Factors

There are several economic factors that motivate migration, the main ones are focused on the differences in per capita income between countries. Some people migrate because it is more profitable to live and work in territories that offer better income guarantees, economic progress and job opportunities. The costs involved in migration, (transportation, lodging, etc.), generate migrations to more nearby countries that have better welfare policies to offer. Although people seek better socio-economic opportunities, for unskilled migrants job security, discrimination and barriers to access to health services, school, banking, etc., of which all increase,, further harming their situation (Ayvar & Armas, 2014).

Colombia, although it is a developing country, still has an economic system with multiple difficulties, where migration has made the situation even more complex. According to the Venezuelan Human Mobility Report, 82% of Venezuelan migrants arriving in the

country are looking for new and better job opportunities (Venezuelan Human Mobility Report, 2018) and although the country has developed actions for linking fair labor, the planning and adjustment of the labor market in a country with high unemployment rates generates poorly paid jobs, higher levels of informality and increased levels of unemployment for Colombians and Venezuelans

Social Factors

The levels of inequality between countries for some authors have a direct relationship with respect to the migratory drive. If the inequality is high in the countries of origin, it encourages migration. The high levels of poverty also encourage people to leave to other territories where they can escape poverty, however, for some migrants the situation is worsened in host countries by migration policies that encourage discrimination and increase barriers of legalization in the country of arrival (Ayvar & Armas, 2014).

The social networks that exist in other territories encourage migration, that is, having relatives, friends or acquaintances who can provide a link that facilitated the migration process, is a prevalent reason for the departure and choice of the country. For example, in Colombia 95.6% of Venezuelans have a place to go, where 53.5% say they have a family member and 42.5% say they have a friend to get to. Only 4.4% do not have a support network in the country (Venezuelan Human Mobility Report, 2018).

Political Factors

The political crisis in some countries is a determinant of migration. Some government regimes influence leaving the country, because people feel violated their civil liberties. In addition, violence, internal and external armed conflicts and in some cases the fragility of democracy in the territories means that people migrate voluntarily or in some situations in a forced way (Muñoz, 2015). Today 83.6% of Venezuelan migrants have migrated to live in safer places; 70.8% left Venezuela due to the desperation of the situation in the country, and 58.8% due to uncertainty about not knowing what will happen (Venezuelan Human Mobility Report, 2018). However, Colombia is also a country that has multiple internal conflicts and although today the post-conflict is going through the signing of the peace agreement, there are still problems of citizen security, coexistence and armed conflict that is prevalent in some territories of the country

Health Factors

One of the reasons for migrating is because of the vulnerability to the right to physical and mental health that people live on a daily basis. Migrating to countries that offer food security, access to health services and a dignified life is the incentive to go out to neighboring territories. 63.1% of Venezuelans migrated due to hunger, 62.9% migrated due to high levels of stress and 56.3% due to insufficient medication for medical treatment of complex pathologies. All of the above tripled the use of health services in Colombia, increasing the cost of medical care, and collapsing the sufficiency of the emergency and emergency health services provider network. (CONPES, 2018).

3 Analysis of needs and governance scheme

Table 2. Analysis of needs with stakeholders.

Interviewed	Organization	Analysis of needs
Juanita Andrade	Collective for Research & Training on Development - Action	***Health needs of the migrant population:*** the main challenge and perhaps more urgent derives from the fact that a portion of the migrants arrive in the receiving city and live in poor conditions due to the lack of resources that lead to a higher probability of acquiring diseases infectious diseases such as gastroenteritis, especially affecting the infant population. A second key challenge is the issue of sexual and reproductive health: Women are especially affected when they are forced to migrate, not only because of the fact that in case of pregnancy it is very difficult for them to get to attend prenatal check-ups; but also because of the low insertion in the labor market of migrant women in the host country, they are often forced to perform sex work, which increases their possibility of contracting sexually transmitted diseases (see the case of Venezuelan women in the Santa Fé neighborhood of the City of Bogotá, Colombia). Finally, there is the issue of mental health: it should be borne in mind that people who leave their cities due to imminent danger go through experiences that cause anxiety, not only by leaving their belongings and family behind, but often they go through situations explicitly violent as threats, kidnappings, torture or annihilation of their families. This implies difficulties for them in terms of mental health, which are often undervalued not only by themselves but in general by the receiving society. ***Main challenges of the health sector in the care of migrants:*** the main challenge for the health sector when dealing with migrants is the gray area in terms of the status of migrants, especially those who do not have a visa or permit of permanence, since it puts health entities in a complicated legal situation insofar as they would not meet the necessary conditions to be taken care of in health services. This is the origin of other types of problems such as the institutional inability of clinics and hospitals to meet the demand or the inability to access medical histories of migrants.

continuation

Interviewed	Organization	Analysis of needs
		Because of these challenges, it is key, as indicated by the CONPES 3950, that an immigration law be made that includes aspects on access to Health services by migrants. ***Main challenges of other sectors that contribute to the health issue in the migrant population:*** the general challenge for society is on the one hand to promote initiatives that allow adequate access to health for the population in general, but also to promote initiatives such as the law of migration, which allows removing those gray areas in which migrant health care is currently located. On the other hand, a general education on migration is necessary, in order to eliminate myths and prejudices about diseases and migrants, which are more based on eugenic precepts than on facts. In addition, as mentioned above, there are challenges in areas tangential to health such as the labor market, housing infrastructure and the legalization of refugee status, which affect the health of migrants and their access to health.
Marby Astrid Pérez	Ministry of Health	***Needs in health of the migrant population:*** attention to specific population such as infants, pregnant women, patients with chronic pathologies (Cancer and HIV) ***Main challenges of the health sector in the care of migrants:*** achieve the affiliation to the health system of the total regularized population (that which legalizes their entry into the country through the special permit of permanence -PEP). ***Main challenges of other sectors to contribute to the health issue in the migrant population:*** review the census of the migrant population, to review issues of health insurance. Articulation between the sectors of education, work, safety and health with the aim of carrying out actions that improve the quality of life and the vital minimums of Venezuelans without forgetting Colombians who are in similar situations.

continuation

Interviewed	Organization	Analysis of needs
Daniel Carrillo	Congress of the Republic of Colombia	***Needs in health of the migrant population:*** the critical situation in Venezuela, where basic health care in the absence of medical supplies, such as drugs for the treatment of chronic pathologies, outbreaks of pathologies due to insufficient vaccination, is a notorious fact. pregnant women migrating to Colombia to have adequate attention in childbirth, are some of the needs of the migrant population. ***Main challenges of the health sector in the care of migrants:*** the main challenges are focused on the health system's capacity for emergency care. It is not a secret that the Colombian health sector presents difficulties in terms of resources for its operation. While the government relaxed the tax law in part to improve the pressure exerted by migrants who require immediate health care. ***Main challenges of other sectors to contribute to the health issue in the migrant population:*** to understand as a society and to be aware of the need and the crisis situation faced by migrants, which is why solidarity and empathy with these people should prevail.

4 The opportunity

4.1. NATIONAL POLICY

Given the situation of the great Venezuelan migration that the country has received, the National Government saw the need to create a public policy of attention to migrants through the CONPES 3950 of 2018, which draws a basic attention route to the migratory phenomenon that goes beyond the humanitarian actions carried out so far.

The first actions were carried out in 2015 with the closing of the border and the creation of Unified Command Posts (PMU)[4]. Subsequently, in 2016 a border mobility card (TMF)[5] was arranged, and in August 2017 it became effective. In total 1,624,915 were approved until its suspension due to the great falsification of this document. For the Venezuelan people who remained residing without an official permit, the Special Permit of Permanence (PEP)[6] was created, which has a maximum validity of two years from the issuance and allows access to health and education services and to exercise any legal economic activity. In 2018, the Migration Special Group (GEM) was created, composed of the Colombian Family Welfare Institute (ICBF)[7], the office of Colombia Migration and the National Police, which oversees guaranteeing the protection of the rights of minors

[4] Coordination spaces established in the border departments created in order to provide a rapid response to the first arrivals of migrants.

[5] In 2018 the Government decided to suspend the TMF to act directly on issues of security and border control.

[6] For its name in spanish “Permiso Especial de Permanencia”.

[7] For its name in spanish “Instituto Colombiano de Bienestar Familiar”.

and of attending security situations and public space. It is worth noting that, during this year, the Colombian Government responded without discrimination to 78,308 migrants.

Additionally, due to the fact that the National Government continued to be concerned about the migratory crisis that was being experienced, the Presidency of the Republic ordered the National Disaster Risk Management Unit (UNGRD)[8] to carry out the Administrative Registry of Venezuelan Migrants (RAMV) in Colombia that would allow information on the migratory phenomenon. This registry allowed for the collection of characterization data of 442,462 irregular migrants and to identify the magnitude of the migration crisis. Subsequently, with Decree 1288 of 2018, the National Government regulates the attention to Venezuelan migrants who are registered in the RAMV so that they could access the entire institutional offer. It allowed access to the PEP, social security affiliation, receiving emergency care and access to prenatal care and vaccination.

In addition to the route established by the Public Policy, the Ministry of Health ordered the district secretariats, which are responsible for exercising public policy at the territorial level, advancing actions to ensure attention to the migrant population. The actions that were considered priority were the following:

- Intersectoral coordination actions
- Capacity development in common health problems of immigrants
- Health system affiliation
- Control of food and beverages entering the country
- Surveillance of epidemics
- Surveillance of situations of violence

According to the Ministry of Health, the relevant issues to consider with the migratory phenomenon are those related to: Mental health, sexual rights and reproductive rights, identification of infectious diseases and care for mothers and children. It is worth noting that the Ministry of Health must provide information so that the migrant population can be assured of the health plan.

4.2. DISTRITAL POLICY

On the other hand, in December 2018, the District Department of Social Integration opened the Integral Center for Attention to Migrants (CIAM), which has currently served 4,360 Venezuelan migrants. This entity has been responsible for providing psychosocial and legal support.

Because most of the migrant population arrive in the main cities such as Bogotá[9], the Bogota City Hall has launched a medical care plan for migrants. The objective is to provide emergency services, but if comprehensive care is required, they must have legalized their situation in the office of Migration Colombia. In this regard, in the city of Bogotá 74,393 migrants obtained the PEP documentation and 43,483 have RAMV. However, according to the migratory phenomenon, it is known that many more people have entered in Colombia and that the exact registration is not yet due to the difficulty of collecting data at the time of entry into the country. In May 2019, the Bogota City Hall issued the joint circular No.001 of 2019 in which the guidelines for the entities and organisms belonging to the

[8] For its name in spanish “Unidad Nacional de Gestión del Riesgo de Desastres”.

[9] As of October 2018, in Bogota there are officially registered 117.876 Venezuelan migrants.

District Administration are given, regarding attention to Venezuelan citizens in irregular migratory situation. In this Circular it is established that:

- All District Entities must provide their institutional offer to Venezuelan citizens.
- All District Entities must register in their information systems, the basic socioeconomic characterization of these people.
- Attention to citizens must be based on the respect and guarantee of rights and freedoms enshrined in the Constitution, so that services must be provided with human dignity, personal autonomy, social participation, solidarity and progressivity.

Considering the above, priority will be given to the attention of children and adolescents, the elderly and pregnant women who are in a vulnerable state.

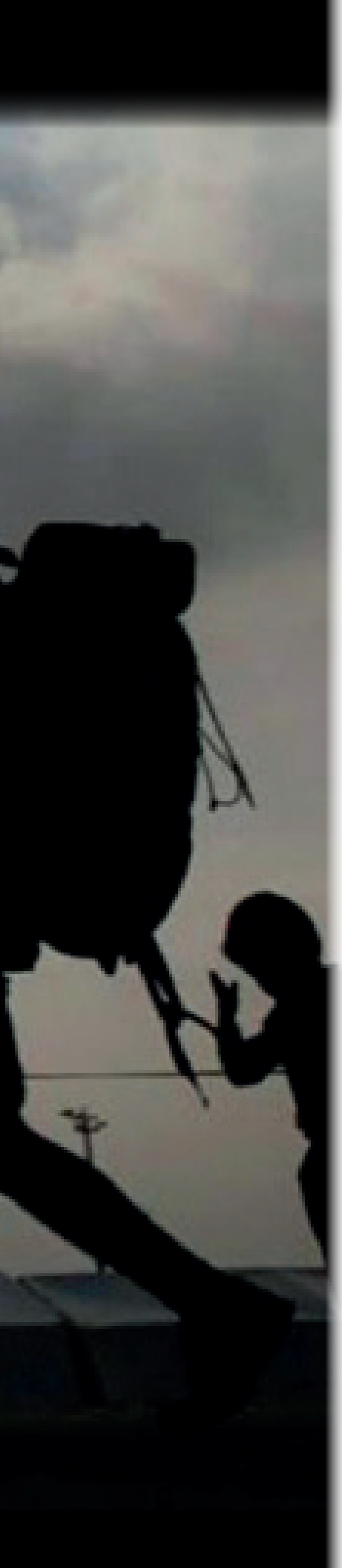
4.3. BOGOTÁ THE PILOT OF OUR PROJECT

Bogota's healthcare routes are focused on emergency situations that include urgencies, procedures and hospitalizations. This approach seeks to address short-term circumstances, leaving out the promotion of the vaccination scheme, sexual and reproductive health education and protection, as well as the prevention of diseases. Promotion and prevention are of great importance because they lower the future expenses of the health system, reducing the system's pressures in the medium and long term. In contrast to the border areas (which have a large amount of pendular migration[10]), Bogotá is a city that receives migrants with the intention of permanent stay, so it is an ideal city to draw up a pilot project of health care for migrants, that contributes to the healthcare system sustainability. In addition, Bogotá is an ideal scenario to develop the project because of its impact on a large scale, 5% of the total Venezuelan migrants in the world are residing in Bogotá.

On the other hand, to access the integral route of healthcare, it is necessary that migrants have the PEP or RAMV; however, of the total number of migrants, 38% are projected to be in Colombia illegally,, so that they do not possess these permits. The district secretariats do not have official information on the total number of migrants, their characteristics or state of health, which makes it difficult to coordinate care, budget allocation and provide required personnel. This lack of information presents an opportunity to design an information system through a tool that improves surveillance in public health, facilitating the promotion of health and prevention of disease or pandemics. Our proposal, will use technology in order to collect as much information from migrants, especially about their health status, to facilitate the district's planning process. Because the current care route is focusing on emergency situations, informational gaps have inevitably developed. Our project solution will focus on developing a tool that facilitates decision making to close the informational gap and will aid in the avoidance of possible future health system costs.

[10] Pendular Migration, The pendular migration is that which comprises citizens who reside in the border area and they move habitually between the two countries, registering, even, several income and daily departures. (Migración Colombia, 2018)

5 The solution



5.1. ISI

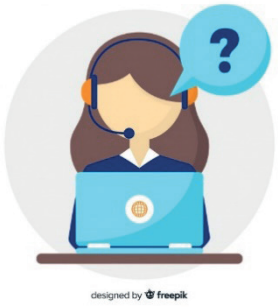
The lack of adequate information in health records, complicates the organization and planning of alternatives in the short, medium and long term, that improve the health conditions and the quality of life of the population. Improving health information systems, especially in growing phenomena such as migration, makes it possible to understand the needs of the population, develop interventions aimed at the most vulnerable populations and also evaluate the effectiveness and efficiency of actions.

ISI, is a platform that aims to guide the comprehensive health care of the migrant population. Through technological actions, the aim is to improve the management of programs in public health and health care for the migrant. At a global level, health information systems for global phenomena such as migration must be efficient and attentive to the needs of the population. Therefore, ISI seeks to generate accurate data available to local health actors to guide comprehensive actions. These actions include: the prevention of the disease, the promotion of health and timely and quality care and not only focus on emergency care and emergencies.

ISI may be operated by personnel oriented and trained in social sciences, health sciences, or technical personnel to facilitate the collection of data on new migrants in the city, reducing barriers to access preventive and promotional health services or guide mi-

grants for individual and personalized filling of the form.

However, ISI is a digital platform that will be operated in airports, land transport terminals, medical centers of different levels of health care (CAPS)[11], and in citizen service centers, that is, in the main places where legal and illegal migrants converge. It will be available under the modalities of a digital platform and also physically (computers) in service positions identified with the ISI logo, so that migrants can approach and they themselves fill out their data and register in the system.



5.1. ISI INTERFACE

When observing the arrival of a migrant or migrants to a preestablished place of affluence or determined as a point of regis-tration of ISI, the staff oriented and trained in the application will explain to the person the objective of data collection application, emphasizing that the ISI system is a technological tool which seeks to improve health conditions and the quality of life of the migrant community in the territory of arrival. ISI is an open application for illegal and legal migrants who will be in the country and city for short, medium and long term. It will be clarified that the information given in the registration points will not be used in legal actions of deportation or any other event that affects the migrant's stay in the territory.

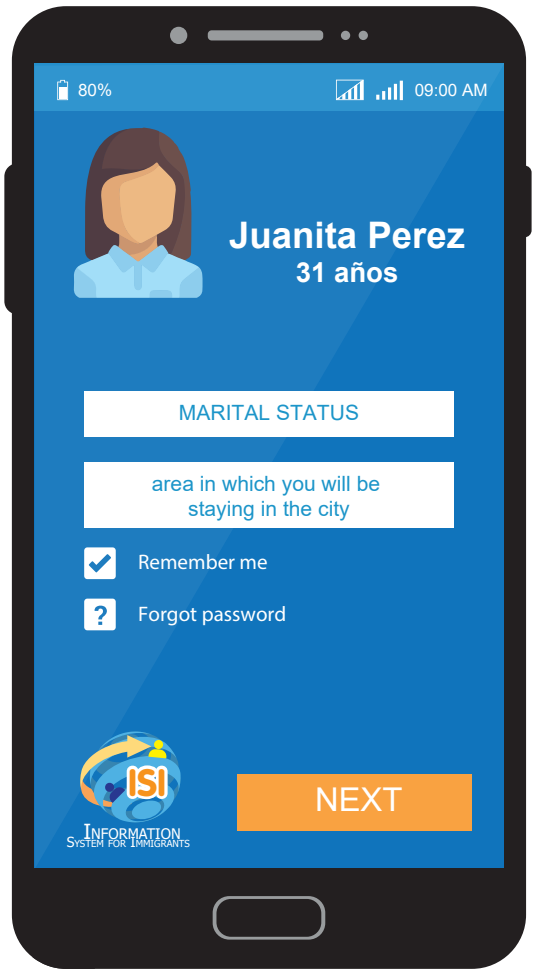
When explaining the general data of ISI and obtaining the consent of the person participating in the application, the technician will enter the data in the tool where he / she will observe three filling windows.

5.1.1. FIRST WINDOW

In the first window, the sociodemographic information of the migrant will be filled in. In the case of Bogotá, variables similar to the RAMV Administrative Registry of Venezue-lan Migrants will be used, with the objective of characterizing the population prelimina-rily and based on this, begin to delimit the needs most prevalent in the place of arrival in real time.

The variables to fill out are: identification document, full name, sex, age, marital status, area in which you will be staying in the city, level of schooling, Length of stay.

[11] CAPS: Priority Health Care Centers of the City of Bogotá, Colombia.



5.1.2. SECOND WINDOW

In the second window, health information will be filled according to the life cycle to which the migrant belongs. Here you will identify if the migrant is a boy or girl, adolescent, young, adult or elderly. Filtering the population according to the moment of life is a window of opportunity to timely manage the risk in health and thus generate greater benefit in the health conditions of the person.

A. LIFE CYCLE

After identifying the life cycle, the windows of relevant public health events will be displayed in that population.

Children: windows will be activated in vaccination, growth and development and nutritional alterations. It will be inquired through a checklist if the child has the complete vaccination schedule, and is of a healthy size and weight.

Adolescents and young people: windows of sexual and reproductive health, mental health and nutritional alterations will be activated. Sexual and reproductive health will be reviewed in terms of planning methods with the objective of avoiding early maternity and paternity as well as identifying any infectious diseases transmitted by sexual intercourse. Mental health will be addressed in three areas: i) disorders and mental problems, ii) psychoactive substance use and iii) violence. Nutritional alterations size and weight will also be investigated.

Adults: Windows will be activated in sexual and reproductive health, mental health and chronic pathologies. We will investigate sexual and reproductive health in terms of planning methods, early detection actions and specific protection such as cytology, HIV testing. Mental health issues in women will be addressed in disorders and mental problems (depression and suicide) and in men, psychoactive substance use. It will be investigated if the person has chronic pathologies (diabetes, cancer, cardiovascular problems).

Older adults: windows will be activated in chronic pathologies, mental health, alterations and visual disorders and alterations and auditory disorders. The application will identify any chronic pathologies prevalent in the age group (diabetes, cancer, hypertension). Mental health disorders and problems such as (Alzheimer's disease, dementia, suicidal behavior, depression) will be investigated. The system will investigate low vision visual disorders and in hearing disorders, such as, low hearing or deafness.

Pregnant: with the maternal population, a perinatal maternal window will be activated where the mother's gestational month will be investigated in order to provide adequate and timely prenatal control.

B. PUBLIC HEALTH EVENTS

5.1.3. THIRD WINDOW

In the third window, the health risk generated will be identified, based on the information provided in window 2. A color code will be made that will reveal three conditions to be met in the migrant population.

Green color: The person has no risk in health and requires citizen attention in legal matters.

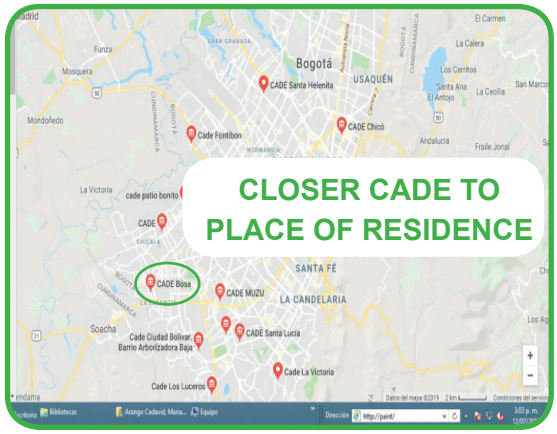
Yellow color: The person has a medium risk in health and requires actions to prevent disease and promote health, such as family planning methods, diagnostic tests for HIV or other infectious diseases and pri-mary care actions in mental health.

Red color: The person has high health risk in health, requires, according to the condition, medications for the treatment of pathologies, micronutrients to improve nutritional status, vaccination, mental health care.

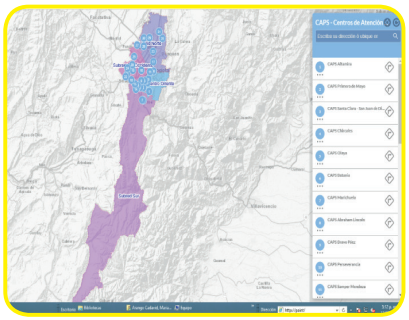
C. HEALTH RISK

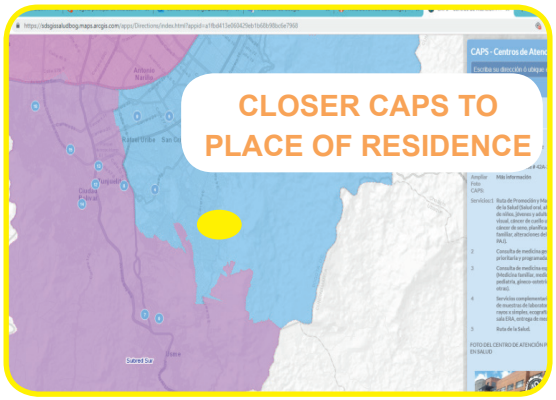
However, when determining the health risk, a code is provided to the migrant to be channeled to the actor according to the need.

Green color: Go to migrant care centers or citizen attention centers maximum within 30 days.

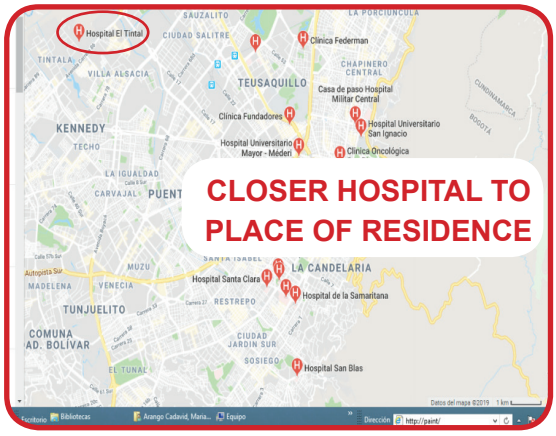


Yellow color: Go to primary health care centers closest to the place of accommodation between 1 to 15 days to make a full assessment and start with actions to prevent disease and promote health.





Red color: Go to health care centers of any level of care in maximum 8 days, to provide timely and quality care and avoid greater burden of disease.



Upon completion of the application there is an orientation in the health system, with the aim of reducing barriers to access to health services due to ignorance of duties and rights. However, the information completed will be immediately connected to a control panel of the District Department of Health for the case of Bogotá, where you can view the data through three filters, ***life cycle, public health event and health risk***. All with the objective of gestating the information in favor of the development of actions that encourage improving the health conditions of migrants. As an example, the control panel shows a minor of six years, with a low weight for their height, and without the second dose of the measles vaccine. There is evidence of a teenager, adult and older adult without measles vaccine. The people observed belong to the same family circle and will remain in X geographical area. As a preventive measure, vaccination actions are scheduled for the specific geographical area.

6 Implementation

6.1 STAKEHOLDER ANALYSIS

The development of this project needs participation (indirectly or directly) of the following stakeholders. Each of these stakeholders have their own interest and level of influence. The following table summarizes the principal stakeholders and their roles in the project.

Table 2. Stakeholder Analysis.

Category	Stakeholder/Entity[12]	Role in the project
Beneficiaries	Venezuelan immigrants Colombian residents in Bogota	They will obtain the following benefits: • Greater organization in the EPS • Disminution of uncertainty
Project Clients	***Government agencies:*** • District Secretary of Health • Ministry of Social Protection • National Department of Planning ***Other potential agencies:*** ▪ Research organizations	• Use ISI to improve efficiency in healthcare services • Use ISI to obtain quick and concrete information on the dynamics of migration • Use ISI for monitoring and evaluating public policies on migrants.
Potential Partners	***Government agencies:*** Migration Colombia	• Provide data that complements ISI information • Help coordinate a possible national implementation of ISI
	Mobile Network operators	• Provide hardware for ISI implementation
	Academia and research institution	• Advise on ISI implementation • conduct research in ISI related fields • support ISI evaluation
International Organizations	***Regional and international organizations such as:*** • CEPAL • OIM • World Bank	• Potentially fund ISI project • Policy advocacy

[12] CEPAL: Comisión Económica para América Latina y el Caribe, OIM: Organización Internacional para las Migraciones.

6.2. IMPLEMENTATION STRATEGY

The project will have an implementation period of 17 months, consisting of five different phases to obtain the final product. During each phase, we have some tasks and objectives defined to achieve that the application is available to all beneficiaries **(See Table 3)**.

Table 3. Project Design, validation and implementation.

APRIL- MAY 2019	MAY-SEPTEMBER 2019	OCTOBER-NOVEMBER 2019	DECEMBER-APRIL 2020	MAY-JULY 2020
Problem definition	***Solution design***	***Consultancy***	***Pilot***	***Air out***
• Migration policies review (Solutions implemented to similar problems) • Interviews to actors • Literature review	• Specific interviews to actors (Identifying their needs) • Alliances with entities in charge • Designing the healthcare route (app-institutions) • Draft prototype design	• Draft prototype design feedback • Interface and information system validation	• Incorporate adjustments • Mobile phone alliances • Test the app with a sample of beneficiaries • Survey the perceptions	• Expectative campaign • Human resource training (Partner institutions and promoters of app) • Final changes to the interface and connection to information system
• Identify the stakeholders • Quantify the problem • Causal analysis • Delimit the objectives and beneficiaries	• Analyze the congruency between the needs and the solution. • Prove Budget, political, socio economic feasibility analysis • Define the variables needed • Define the interface	• Identify the flaws and inefficiencies of the platform • Identify the flaws and inefficiencies of the information system • Add recommendations of the actors involved	• Identify opportunities for improvement in user experience. • Define limitations of the app • Improve and make the user experience more efficient	• Incorporate final changes to the interface and connection with information systems. • Promote and publicize the tool among the beneficiary population

Currently the project is in the second phase **Solution design**, we have already designed the healthcare route connecting the beneficiaries with the institutions in charge, we have also done some interviews with the stakeholders and have a basic draft of the interface. We still must: recollect more qualitative data of needs identified by the different actors, establish alliances with the institutions, adjust the healthcare route according to the needs of the actors, and finally complete the design of the prototype using their recommendations. Previously, as shown in this document we have

delimited, defined, and quantified our problem, identified the actors involved and did a complete causal analysis. The phases remaining are:

1. Consultancy: During this phase, experts will validate and build recommendations of the interface of the app, the user experience and the information system. Also we expect to have comments of the matching between the needs and the solution.

2. Pilot: Perform a pilot test on final users and partnership institutions to recollect their perceptions of the app. In this phase we have four groups: 1) International Organizations (NGOS, multilateral etc), 2) National Institutions (National Planning Department, Ministry of Healthcare etc), 3) District entities (District Secretary of Health) and 4) Direct beneficiaries. During this phase, alliances with mobile operators and operating systems will also be established (IOS, Android).
3. Air Out: Adjust final details to the platform interface and information system connection.

The personnel of the partner institutions that are in charge of providing information about the app will be trained in the use of the platform and the integral healthcare route. In this phase the application will be promoted and publicized.

6.3. PROJECT SCHEDULE AND BUDGET

The project is divided in three stages: design, validation and implementation. The **design stage** includes the construction of the healthcare route, the interface design, the structure of the variables needed and the scheme of the connection with the information system. The **validation stage** embraces the feedback of the stakeholders, the pilot test, the consolidation of partnership institutions and the validation of the solution in relation with the needs identified. Finally the implementation phase, comprises of final detail incorporations to the app and the promotion of the final product. The implementation schedule and the approximate budget can be seen in detail in the annexes (3 and 4).

6.4. RISK ANALYSIS

Table 4. Risk Analysis

Risks	Mitigation Measures
Project funding. The project needs funding to develop the software of ISI and to train the staff in charge of it.	The project does not need heavy investment, so the project team will diversify funding strategy.
Government interest. The project depends on the disposition of the government agencies to implement the project.	The team is preparing a mission to understand government concerns and need to incorporate it into the project. This will make ISI more attractive to these agencies.
Missing Data. The efficiency of ISI depends on the capacity of the staff to gather all the information. As well as the disposition of immigrants to give the information completely.	The team is working on designing a capacitation for all the staff that will be using ISI . Also, if ISI is implemented by health professionals, the risks of missing values go down.
Project sustainability. Once ISI is built and operational, the project should be evaluated to find new places to develop it. Also, this evaluating must show elements to take ISI to the national scenario.	The team is preparing the structure of public policy evaluation to give to the District Secretary of Health.

7 Replicability

Preventive actions based on real information: ISI will provide real and complete data so that policy makers at national, regional or local levels, aim at raising the best solution in order to maximize the benefit to the population. Having a unified and permanently updated information system, allows policymakers to plan and anticipate external shocks including mass migration. The consequences for Colombia deriving from conjunctures such as these not only at a social but also at an economic level.

Monitoring: ISI will provide not only the inputs to formulate public policies but also the guarantee of the permanence of the social programs implemented by the Government to facilitate the constant monitoring of the implementation of the Public Policy allowing, if the data advises, timely and preventive changes in the implementation of policies, programs and also the individual and collective actions developed. The monitoring ISI elaborates will also allow the use of data not only in public health affairs but it can be applied to general needs coming up from social dynamics as a consequence of the external and internal shocks presented in the country.

Integration and financial inclusion: ISI can become a potential digital channel to apply specific benefits for the migrant population. If this information system is connected with the Colombian migration systems and the National Civil Registry, Colombian work permits could be granted.

Partnerships with companies and organizations offer a great opportunity to obtain funding for our app. As we collect data to better the lives of immigrants we are also collecting valuable business data about one of the country's fastest growing populations. As organizations begin to cater to this new population there is certain data that will be quite useful to their planning and marketing efforts. Delivering non-personal information, such as ratios of male to female, age ranges, location of residence etc. companies can utilize this information to formulate their business strategies. For a small fee or subscription for access to this data, the companies can promote their products and services more effectively to this population.

An added incentive to these companies is the ability to participate in Corporate Social Responsibility efforts. By contributing to the app they can promote their company's effort in improving the situation in Colombia for both migrants and Colombians alike. Such efforts could even go as far as earning tax breaks for charitable donations and funding.

Finally, the most urgent situation to solve is the reallocation of resources to finance non-emergency health care cases. It is unclear how the district will serve the growing number of Venezuelan migrants when the Bogota itself suffers from its own internal problems including, but not limited to,security, mobility and health mobility.

Understanding that this system works on an app or on a web browser, this type of innovation can be technologically integrated with new players within the financial industry such as Neobancos, Fintech (companies in the financial sector innovating in the industry through technology) or SEDPES (Society specialized in deposits and electronic payments) with the objective of granting access to the migrants to financial services such as savings accounts, money transfers, microloans, among others. These integrations are increasingly common being aligned with the objectives of financial inclusion established by the Government through the Financial Superintendency.

8 Conclusions

Colombia is currently under a complex situation in regards to the Venezuelan migrant population which, undoubtedly, evinces effects on public health problems concerning Colombian population directly. This has increased exponentially due to the lack of a reliable information system in Colombia allowing for identifying the Venezuelan population entering the country as a migrant and thus, propose preventive actions to avoid a greater crisis regarding public health.

ISI responds not only to the need to provide information which aims to reduce the effects of public health problems that the Venezuelan migrant population is currently going through, but also to control similar situations in the event of future massive migrations to the country counting on proper databases with detailed and in-real-time information of foreign people.

Additionally, ISI is a digital tool which is going to allow access to information across different national and territorial entities as a main input to formulate prevention-oriented public policy.

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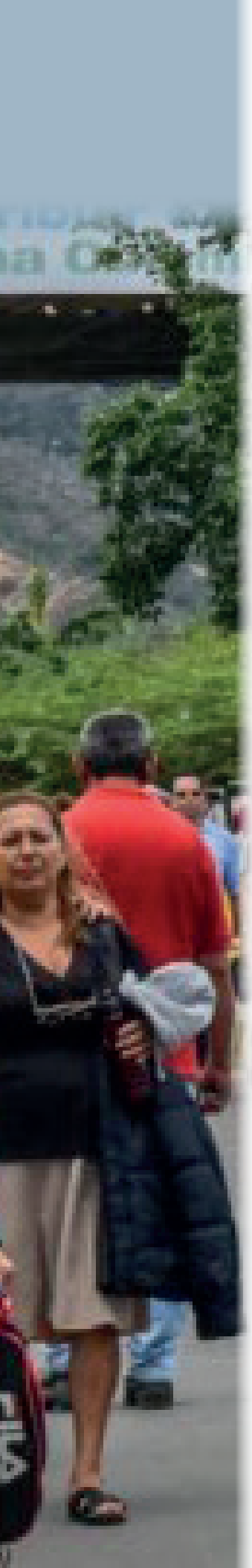

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Annex

ANNEX I: INSTITUTION ANALISIS

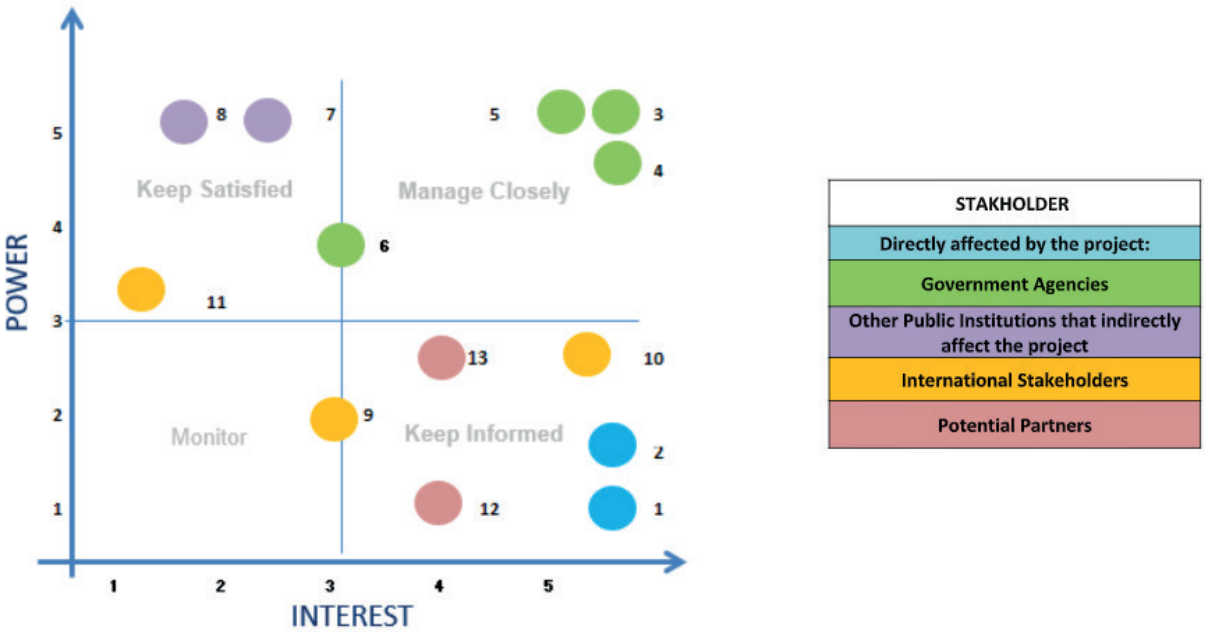
Table 5. Institution Analysis.

	Stakeholder	Description of interest	interests (1-5)	influence (1-5)
		Directly affected by the project:		
1.	Venezuelan immigrants	> secure health resources from this vulnerable sector	5	1
2.	Colombian residents in Bogota	> avoid violent conflicts from health resources	5	2
		Government Agencies		
3.	District Secretary of Health	> improve the efficiency of health systems > increase the quality of life of migrants	5	4
4.	Ministry of Hand Social Protection	> improve the efficiency of health systems > increase the quality of life of migrants >avoid the collapse of health services	5	5

continuation

5.	National Department of Planning	> coordinate strategies and guidelines >coordinate communication between different actors	4	4
6.	Migration Colombia	>carry out immigration control	3	2
Other Public Institutions that indirectly affect the project				
7.	Ministry of Finance and Public Credit	> review public spending and the nation's finances	3	3
8.	Constitutional Court	> protect the rights of the immigrants	4	3
International Stakeholders				
9	CEPAL	> develop sustainable development goals	4	2
10.	OIM		5	2
11.	World Bank		3	4
Potential Partners				
12	Research and academic institutions	> develop the monitoring, evaluation, and recommendations of ISI	3	2
13.	Mobile Network operators	> develop Hardware and logistic support	3	3

ANNEX II: Power-Interest Grid



ANNEX III: PROJECT SCHEDULE

Table 6. Project Schedule

Activity	apri-201	may-19	jun-19	jul-19	ago-19	sep-19	oct-19	nov-19	dic-19	ene-20	feb-20	mar-20	abr-20	may-20	jun-20	jul-20	ago-20
1. Project design																	
1.1 Research in migration solutions and literature review																	
1.2 Identify the problem and scope																	
1.3 Determine de stackeholders																	
1.4 Interview stackeholders																	
1.4 Design the healthcare route																	
1.5 Design the survey(variables needed)																	
1.6 First draft of prototipe design																	
1.7 Establish partnerships with institutions																	
2. Validation																	
2.1 Consultant contract																	
2.2 Consultant piece and feedback																	
2.3 Mobile operators and IOS/Android plataforms alliances																	
2.4 Incorporate consultant feedback																	
2.5 APP and information system connection test																	
2.6 Pilot test design																	
2.7 Pilot test survey design																	
2.8 Test the app																	
2.9 Recollect and process data																	
3. Implementation																	
3.1 Final adjustments with pilot test recommendations																	
3.2 Promotion and publicize																	
3.3 Training of personel																	
3.4 App available to all beneficiaries (On air)																	

ANNEX IV: BUDGET

The highest item in the budget is the development of the application interface, since a database is needed for the connection with the information system. Apps with databases and the characteristics we desire cost maximum 30,000 dollars. The design of the information system board, where institutions can visualize the alerts has a cost of 10,000 dollars including the connection with the app.

Table 7. Budget First Part.

Concept	*Estimated Cost*
Interface App design with database and information system connection. Available in Apple store and Google Play	**30,000 USD**
Information system board	**5,000 USD**
Consultant	**10,000 USD**
Pilot test	**5,000 USD**
Trainning to personel	**3,000 USD**
Project development	**10,000 USD**
Advertising, promotion and stands	**10,000 USD**
Total project cost	**75,000 USD**

To fund the project, we are planning to create alliances with different organizations and institutions that are interested in migrant's human rights protection. Among the actors, we consider NGOS, International cooperation and, our client, the District of Secretary of health.

Table 8. Budget Second Part.

Source	*Funding*
IOM/ACNUR	30,000 USD
International Cooperation	30,000 USD
District Secretary of Health	15,000 USD
Total project funding	75,000 USD

Finally, the app will have a monthly operation cost of 8,000 dollars.

Annex V: Logical framework matrix

	Narrative Summary	Indicator	INDICATOR INFORMATION				ODS	
			Quality: how good is the indicator	Time (Periodicity)	Place where it is done	Social Group (for whom is the info)	Relationship with the Sustainable Development Goals	Goal
FINISH	Fully attend health care for Venezuelan migrants in the city of Bogotá	Index of comprehensive care in health services (preventive and promotional) to migrant population in the city of Bogotá	Outstanding	Annual	District Department of Health	Health authorities		Achieve universal health coverage, in particular protection against financial risks, access to quality essential health services and access to safe, effective, affordable and quality medicines and vaccines for all
PURPOSE	To optimize health information systems for the comprehensive care of Venezuelan migrants in the city of Bogotá	Number of effective channels to health services through ISI	Outstanding	Annual	District Department of Health	Health authorities		Strengthen the capacity of all countries, particularly developing countries, in terms of early warning, risk reduction and risk management for national and global health
COMPONENT	CHILDREN: Channel through ISI to health services oriented vaccination and nutritional alterations	Complete vaccination scheme Acute malnutrition rate in Venezuelan children aged five years	Outstanding	Annual	District Department of Health	Health authorities		By 2030, put an end to the avoidable deaths of newborns and children under 5 years of age, making all countries try to reduce neonatal mortality to at least 12 per 1,000 live births, and the mortality of children under 5 years of age. less up to 25 per 1,000 live births
	ADOLESCENTS AND YOUNG PEOPLE: Channeling sexual and reproductive health and primary mental health services through ISI	Early maternity rate in young Venezuelans Percentage of suicide attempts in young Venezuelans	Outstanding	Annual	District Department of Health	Health authorities		By 2030, ensure universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs By 2030, reduce premature mortality by one third by non-communicable diseases through prevention and treatment and promote mental health and well-being
	ADULTS: Channel through ISI to sexual and reproductive health services and prevention of chronic pathologies	Morbidity rate due to cancer, diabetes or heart disease (The most prevalent in the age group) Fertility rate in Venezuelans in the city of Bogotá	Outstanding	Annual	District Department of Health	Health authorities		By 2030, reduce premature mortality by one third by non-communicable diseases through prevention and treatment and promote mental health and well-being
	OLDER ADULTS : Channel through ISI to primary health services in mental health and health services for the prevention of chronic pathologies	Mortality rate from cancer, diabetes or heart disease	Outstanding	Annual	District Department of Health	Health authorities		By 2030, reduce premature mortality by one third by non-communicable diseases through prevention and treatment and promote mental health and well-being
	PREGNANT Channel through ISI to health services of prenatal care and growth and development	Maternal mortality rate Infant mortality rate	Outstanding	Annual	District Department of Health	Health authorities		By 2030, reduce the world maternal mortality rate to less than 70 per 100,000 live births By 2030, put an end to the avoidable deaths of newborns and children under 5 years of age, making all countries try to reduce neonatal mortality to at least 12 per 1,000 live births, and the mortality of children under 5 years of age. less up to 25 per 1,000 live births

Information System for Immigrants (ISI)