

DREF Operation Update 1

Colombia: Dengue Outbreak

DREF No. MDRCO016	Glide n°: EP-2019-000105-COL
Date of Issue: 6 December 2019	Estimated time for initial implementation: 4 months (one-month extension) New end date: 12 January 2020
DREF allocated amount: 247,408 Swiss francs (CHF)	
Total number of people affected: 79,639	Number of people to be directly reached: 10,500 Number of people to be indirectly reached: 900,000
Presence of National Host Society (number of volunteers, staff members, branches): The Colombian Red Cross Society has 27,076 volunteers, 1,793 employees and 229 local units.	
Partners of the Red Cross and Red Crescent Movement actively participating in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC). ¹	
Other partner organizations actively participating in the operation: Ministry of Health, National Health Institute, Pan American Health Organization, local health secretariats in the selected municipalities.	
This update provides information on the Colombian Red Cross Society's progress to support the reduction of risks of dengue with community-based health prevention and hygiene promotion. With the publication of this operation update, the operation will be extended for one month. This no-cost extension will permit the CRCS to reach the outcomes established in the original plan of action.	

A. Situation analysis

Description of the disaster

The dengue outbreak in Colombia has continued its growing trend in recent epidemiological weeks (EW). Between EW 40 and 46, there have been 100,733 cases of dengue and 1,205 cases of severe dengue. In endemic zones, there has been an upswing of cases. According to the latest Ministry of Health report for EW 46² (10 to 16 November 2019), cases continue to occur in the departments of Meta, Tolima, Huila, Santander, Norte de Santander, Casanare, Cesar, Sucre and Antioquia, which represent 69 per cent of cases nationwide. In 2019, this outbreak has caused 227 deaths.

Dengue has behaved like an endemic disease, with cyclical epidemic outbreaks in nearly all locations from sea level to



The Colombian Red Cross Society conducts activities for vector control in schools and other community locations. Source: IFRC 2019.

¹ The IFRC Americas Regional Office (ARO) closely supports National Societies responding to dengue outbreaks, based on the existing National Society response capacity and the ongoing response from national authorities. To date, DREF operations are active in Honduras, Guatemala and Nicaragua.

² National Health Institute for Colombia (INS), Epidemiological Bulletin, Epidemiological Week 46.

1,800 meters above sea level; this is equivalent to 900,000 km of the 1,138,000 km² national territory, where approximately 20,000,000 people live.

Based on the ongoing occurrence of dengue, the continual implementation of community strategies that prioritize health promotion and prevention is needed. The planned actions still are being implemented.

Summary of the current response

Overview of Host National Society

Building upon its knowledge about actions to combat vector-borne diseases, particularly the *Aedes aegypti* mosquito, which is responsible for the transmission of dengue, Zika and chikungunya, the Colombian Red Cross Society (CRCS) actively is responding to the dengue health emergency. The CRCS has adopted solutions that respond to the national and local contexts.

At the national level, the CRCS is implementing a dengue prevention and reduction plan. At the local level, these plans are grounded in the capacities of each of the local CRCS branches of Tolima, Meta, Casanare, Santander and Huila.

The response has involved planning, organizing the operation and training staff to implement community-based and administrative actions. At the start of the operation, a meeting was held with different areas to carry out planning, budgeting, and staff hiring processes, among others. This meeting covered the following areas: procurement, national finances, strategic partnerships, human management, integrated health management and a health team.

Based on the action plan, activities were designed using the planning, monitoring and evaluation matrix, administrative management. The CRCS procurement area acquired the necessary supplies and equipment to enable the National Society to reach the target communities exposed to the vector.

Overview of the Red Cross Red Crescent Movement in the country

The Colombian Red Cross Society shares information about the dengue outbreak with different members of the Movement including American Red Cross, German Red Cross, Norwegian Red Cross, Spanish Red Cross, International Committee of the Red Cross (ICRC) and the IFRC. The Movement is supporting CRCS campaigns against vector-borne diseases, including dengue fever.

The CRCS is in constant communication with the IFRC. It has published reports on the International Federation's GO information platform. Since the beginning of the new cycle of the epidemic, the IFRC Disaster Management Coordinator for South America and the IFRC office in Colombia have provided support to the National Society. The IFRC also provides support services in the areas of planning, monitoring, evaluation and reporting (PMER) and finance from its IFRC country cluster support team (CCST) for the Andean countries, located in Peru.

The IFRC concurrently supports the CRCS to respond to the population movement with the Emergency Appeal operation (MDR0014) and programme-based support through the Monarch Butterfly project.

Overview of non-RCRC actors in the country

At the start of this operation, the CRCS held a strategic meeting with the Minister and Vice-Minister of Health and Social Protection and the National Society's president, executive director and integrated health manager to discuss the scope of this DREF operation.

At the national level, the Ministry of Health, the National Health Institute and local health secretariats in the selected municipalities implement actions to address the outbreak. The Ministry of Health and Social Protection implements the "Cut the Wings off Dengue" (*Córtale las alas al dengue*) campaign to reduce the dengue outbreak, as well as conducting prevention and containment actions that include warnings to strengthen dengue prevention, care, surveillance and control actions.

The Pan American Health Organization currently supports and implements actions that respond to this epidemic.

Needs analysis, targeting, scenario planning and risk assessment

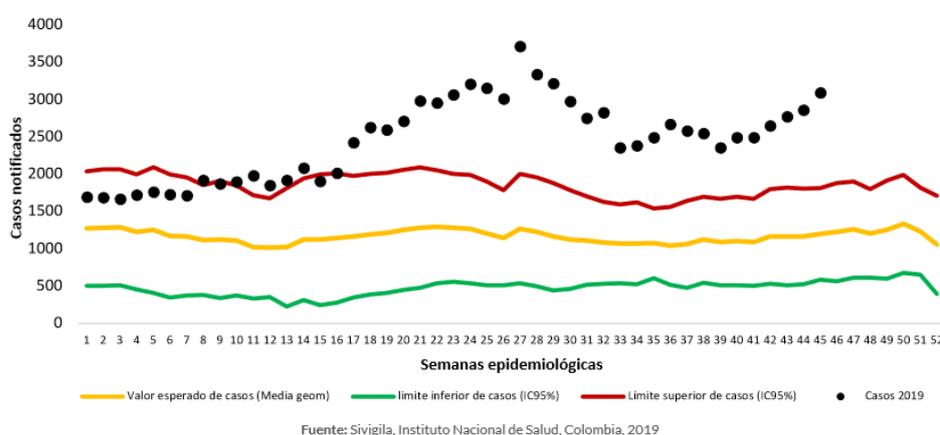
Needs analysis

While frequency of reported dengue cases has not reached the heights of EW 27 (30 June to 6 July 2019), a new upward trend occurred from EW 40 to EW 46. An endemic channel usually decreases after its peak, but this outbreak is varying considerably, placing a larger portion of the population at risk of contracting the disease.

In EW 46, dengue cases originated in 32 territorial entities, 4 districts, 806 municipalities and 17 foreign countries. Specifically, 59.5 % (65,884) of dengue cases were reported in just 53 municipalities, most frequently in: Villavicencio with 7.0% (7,782); Neiva with 4.7% (5,218); Ibagué with 3.7% (4,134); Cúcuta with 3.1% (3,415); Sincelejo 3.0% (3,278); Cali with 2.4% (2,676); Bucaramanga (2,323) and Valledupar (2,283) with 2.1 % each; Yopal with 2.0 % (2,221); Espinal with 1.5% (1,692); Montería (1,595), Leticia (1,537) and Acacias (1,515) each with 1,4 %; Cartagena with 1.2 % (1,351); and Medellín (1,180) and Floridablanca (1,173) with 1.0% in other major cities.

These cities account for more than 90% of the reported cases, the majority of which are urban and peri-urban communities and settlements that lie 2,200 meters above sea level and generally have limited or no access to basic services such as safe drinking water and environmental sanitation. These areas experience unmet basic needs and limited economic opportunities. Such conditions are the result of limited access to resources, as well as low levels of community organization and a weak connection with territorial health structures for the early detection of cases of normal and severe dengue fever. These situations increase the level of individual, family and collective risk of dengue fever.

The following table charts the reported cases of dengue from EW 1 to EW 46 in 2019:



Fuente: Sivigila, Instituto Nacional de Salud, Colombia, 2019

Source: Colombian National Institute of Health, SIVIGILA, 2019.

While some of the needs outlined in the Emergency Plan of Action remain, the CRCS has been conducting the following actions to respond to these:

Health: Health promotion activities reduce immediate health risks for affected populations. These actions contribute to the elimination of reproductive sites, protective actions and awareness raising about dengue symptoms and warning signs in accordance with established methods. Sessions are conducted to update health professionals on the diagnosis and clinical management of patients with dengue and other arboviruses in selected health institutions.

Epidemic prevention and control actions are focused on epidemiological surveillance, creating and training brigades to combat dengue in target communities (elimination of breeding sites, protection actions, dengue symptoms and warning signs), as well as community observation activities (ovitraps).

Water, Sanitation and Hygiene Promotion (WASH): Actions to implement collective vector control actions such as activities to eliminate stagnant water, pull up weeds and improve solid and liquid waste management are underway. The CRCS is involved in intersectoral management led by local authorities to optimize resources and combine efforts to combat dengue.

Similar actions are required at household and school levels in the intervention areas. This can be achieved by providing solid waste management kits that help change people's behaviour and the adoption of healthier practices based on individuals' realities and the local environment.

This project prioritizes health providers, the Ministry of Health and municipal and/or departmental health secretariats to strengthen public health actions and support the prevention, promotion and reduction of dengue fever.

Target population

Based on the trends of the dengue outbreak and the capacities of the CRCS at the national level and its branches, the following target population was planned:

Department	Communities	Households	People	People in schools	CRCS volunteers	Public health officials	People indirectly reached
Goal	2	275	1100	1000	150	30	180000
Huila	2	275	1100	1000	150	30	180000
Santander	2	275	1100	1000	150	30	180000
Tolima	2	275	1100	1000	150	30	180000
Casanare	2	275	1100	1000	150	30	180000
Total	10	1375	5500	5000	750	150	900000

Operation Risk Assessment

National-level events in recent months affected the implementation schedule. While some of these were planned, the most salient were spontaneously organized and entailed a modification of CRCS activities.

- National elections on 27 October 2019 caused a delay in community actions. The political situation required that activities were paused during the final period of the electoral campaign. In a polarized context in which public disturbances could occur, political campaigns could have implied risks to the operation team. The CRCS implemented preventive measures before and after the elections. Local branch staff in Casanare had difficulties entering the community after the elections because the results were protested.
- A national strike held on 21 November 2019 had an impact on different CRCS branches. Unions and independent groups paralysed many public and private entities, including schools and universities. The CRCS paused actions prior to the announced strike and in the aftermath. To date, protests at the national level continue. In the case of the Santander branch, the university community-led protests have paralysed the city of Bucaramanga.
- Insecurity in the territories where the Meta branch operates affected the mobility of volunteers to conduct actions; the local branch office was robbed. Even though there were no material losses, activities were delayed due to the loss of documents caused by the theft.

The Colombian Red Cross Society has issued memos to promote the safety of its staff, as well as the required compliance with security protocols for its volunteers.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational Objective: Reduce the risks of the dengue outbreak for 10,500 people in 10 target communities in the departments of Meta, Huila, Casanare, Tolima and Santander through health prevention, hygiene promotion and implementing a community mobilization strategy.

The CRCS continually monitors the National Health Institute and the Ministry of Health epidemiological data to contribute to its efforts to raise awareness about dengue risk mitigation measures in the areas where this is most needed. As an initial monitoring strategy, local coordinators conducted a preliminary study of the dengue outbreak in each of the departments based on data from the municipal health secretariats. This enabled a detailed analysis of the cases reported and consequently the CRCS identified the prioritized communities and institutions.

The CRCS is implementing a three-pronged intervention model at the community level, in educational institutions and health centres.

To address the community and school component in relation to health issues, the activities use the community-based health and first aid (CBHFA) and Participatory Hygiene and Sanitation Transformation (PHAST) methodology. These include health and WASH issues in their Housing and Healthy School modules.

Community: With a focus on two prioritized neighbourhoods, communities or settlements, based on the guidance of local health entities in accordance with SIVIGILA report, in the five target departments, the CRCS is working with community leaders to identify the scope and focus of the intervention.

Schools: Actions focus on educational institutions (schools, child development centres and children's homes), with the guidance of the Secretariat of Education and the Colombian Institute for Family Well-being (ICBF for its acronym in Spanish) local office to socialize the intervention's objectives and scope. Community leaders also participate in this process.

Health institutions: With a focus on hospitals, health centres and other service providers, the CRCS project staff is working with the health secretariat in each municipality or neighbourhood.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 6,914</p> <p>People targeted: 10,500</p> <p>Male: 45%</p> <p>Female: 55%</p>	
Health Outcome 1: The immediate risks to the health of affected populations are reduced.		
Indicators:	Target	Actual
# of people reached with hygiene promotion actions	10,500	6,914
Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines.		
Indicators:	Target	Actual
# of people trained at the community level	5,500	26
# of schools reached with solid waste management kits ³	10	7

³ This cross-sector indicator also is reported on in the WASH Area of Focus below.

People attending dengue prevention events in schools ⁴	5,000	5,738
# of CRCS volunteers trained in epidemic control and sanitation and hygiene promotion	750	341
# of people reached by key messages in the media	900,000	0
# of households reached with repellents	1,375	217
# of households reached with LLINs	5,500	0

Progress towards outcomes

Sessions with target communities on health promotion for the elimination of breeding sites, protection actions, dengue symptoms and signs of alarm, aligned with CBHFA and PHAST methodologies.

One session was held in the department of Meta in November in which first aid training was provided to 26 people from the community of Villa Juliana. Actions related to this activity are currently being implemented.

Sessions with target schools on health promotion for the elimination of breeding sites, protective actions, dengue symptoms and warning signs, aligned with CBHFA and PHAST methodologies.

Sixteen sessions were held with schools in the department of Casanare at the Lucila Piragauta school; in the city of Villavicencio at the Jorge Eliécer Gaitán school and the Palmas school (Cambulos campus); at the Oliverio Lara Bonilla school and Rodrigo Lara Sánchez mega-school in the department of Neiva; and at the Ismael Santofimio Trujillo and Augusto E. Medina-Comfenalco schools in the department of Tolima. In the department of Santander activities are being carried out at the INEM school on each of its campuses.

As a result of the different activities carried out at educational institutions, 5,738 people (students and teachers) were reached. The established goal for this indicator has been reached. However, the plan is to continue increasing the student population's participation as new data on the number of students and teachers reached will be available during the week 25 to 30 November.

The implementation of these activities was prioritized in consideration of the imminent end of the school year.

Distribution of surveillance and prevention items (5,500 mosquito nets and 1,375 repellents)

The CRCS used a sealed envelope bidding process for the tender of mosquito nets and the related installation kits, which was delivered to the target branches. The repellent was purchased and is being delivered to the branches. To date, 217 bottles of repellent have been provided to families in the department of Casanare.

The process to provide the mosquito nets is currently being carried out. It is important to note that making home visits in the communities to determine the number of nets required for each home is an action that has been planned for this activity.

Sessions to update health professionals on the diagnosis and clinical management of patients with dengue or other arboviruses at selected health institutions

Updating activities with health professionals requires prior programming with municipal health entities. Following this coordination, local branches will implement the workshops. In November, actions were planned and implemented in the municipalities of Neiva and Villavicencio. However, the reporting on the figures was done after the cut-off period for this report; these will be detailed in the final report.

Supply of window screens and installation kits to 10 health centres

The mosquito screens for health centres have already been distributed to each local branch. These screens are in the process of being installed as it was necessary to first obtain approval from the health centres. The details regarding the installation process will be detailed in the final report.

National Dengue Communication Strategy

⁴ The CRCS added this indicator to better define its actions conducted.

The CRCS's communication management for this operation was based on the lessons learned in the Community Action Zika Health (CAZ) programme, implemented from 2016 to mid-2019. These are being adapted and disseminated through different information channels.

CRCS's communications strategy is currently the process of creating public information guidelines. The content has been technically reviewed. The following products are currently being printed: foldable brochures for the community, banners to increase visibility for the project, stickers for notebooks and bags.

The radio spots have already been recorded and are being disseminated. The commercially produced dengue-prevention video will be shared on social networks.



The CRCS is distributing information bulletins to inform about dengue and the prevention measures. Source: CRCS.

National workshop for CRCS focal points at target local branches on Enhanced Vector Control (EVC), sanitation, and hygiene promotion.

A national induction workshop was held from 7 to 9 October 2019 with 25 participants. This included 3 people each (Local Coordinator, Accountant and Volunteer) from the Tolima, Meta, Casanare, Huila and Santander branches. Participants also included technical team (National Coordinator, PMER, Accountant), the integrated health management team (Health Leader, Health and Emergency Officer, Water Sanitation Technician, Health Services Officer and Resilience Project Coordinator), and Ministry of Health representatives. This had the objective of designing the actions that will be implemented through project.

Branch-level workshops for CRCS volunteers from target branches on EVC, sanitation and hygiene promotion

Twelve sessions were conducted in which the 341 people participated. This included Colombian Red Cross Society volunteers (Grey Ladies, Youth), health students and other people who support the project actions.

Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases.

Indicators:	Target	Actual
# of brigades to combat dengue created	10	6
# of kits distributed to brigades	10	3
# of community observation activities (ovitrap)s ⁵	250	205
Informative meetings on the CRCS Epidemic Control Strategy to health secretariats and State Social Enterprises. ⁶	150	0

⁵ The CRCS added this indicator to better define its actions conducted.

⁶ Ibid.

Field monitoring visits ⁷	3	1
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Progress towards outcomes

Creation and training of brigades to combat dengue in the targeted communities

Six Dengue Brigades, which included people from local schools, were established in the municipalities of Neiva, Casanare and Meta.

Distribution of equipment and materials for the brigades

Seven training sessions were held in the municipalities of Neiva, Casanare and Meta.

The CRCS acquired the equipment and materials and distributed these to the target branches. Each branch is providing these items to the brigades in the training sessions.



Community brigades are essential to combatting dengue. Source: CRCS.

Community observation activities (ovitrap)

The CRCS visited approximately 320 homes and installed 2 ovitrap in each house. Verification actions are being carried out on a weekly basis to conduct the respective egg counts.

Socialization of the IFRC Strategy for the Control of Epidemics to Health Secretariats and State Social Enterprises

Thirteen meetings were held to socialize the strategy with municipal health entities. During these meetings, the CRCS explained the operation, indicating the intervention areas and activities. These meetings facilitated institutional coordination and scheduling of the different actions implemented at community and school levels.

Field monitoring and evaluation of health actions to combat dengue

During the first week of November, the PMER officer conducted a field monitoring in Santander, specifically in the city of Bucaramanga. The PMER officer accompanied the implementation of field activities, provided feedback on the information collection process, applied verification mechanisms and reported on these activities. Additionally, new field monitoring activities are planned for the departments of Santander and Meta.

Challenges

The communication strategy for preventing dengue and creating communication products experienced delays in the planning and implementation phases.

Measures taken

- Continue to implement activities to achieve the proposed goals and accompany the local branches.
- Work with communities and schools to implement sustainable knowledge and behaviour.
- Coordinate efforts with the media and disseminate communication pieces that promote dengue prevention in affected areas.

Water, Sanitation and Hygiene



People reached: 1,156
 People targeted: 10,500
 Male: 45%
 Females: 55%

WASH Outcome 5: Immediate reduction of risk of waterborne and water-related diseases in targeted communities.

⁷ Ibid.

Indicators:	Target	Actual
# of people with reduced risk to dengue because the adoption of adequate prevention measures and waste management	10,500	1,156
WASH Output 5.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.		
Indicators:	Target	Actual
# of WASH assessments	10	3
# of coordination meetings with local institutions involved in dengue control and prevention	10	12
Progress towards outcomes		
Conduct diagnostic in WASH regarding needs and targeted population		
Three community assessments were conducted in municipalities in the departments of Casanare and Santander in which the necessary number of surveys calculated for the established sample size were conducted.		
To date, 1,222 surveys were conducted using the Magpi platform in the communities prioritized for interventions.		
Institutional articulation for the implementation of joint activities that contribute to dengue control and prevention		
Twelve coordination meetings were held with different institutions including: health secretariats, Community Action Boards, schools, as well as internal Red Cross departments in each of the local branches. These meetings contributed to the organization of helped organize the activities carried out in the prioritized communities.		
WASH Output 5.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.		
Indicators:	Target	Actual
# of kits for solid waste management kit for communities distributed	10	0
# of schools reached with kits for solid waste management for schools	10	7
# of community clean-up days (solid waste management)	30	2
Progress towards outcomes		
Distribution of 10 solid waste management kits to communities		
The solid waste management kits for the communities were purchased and transported to the local branches for distribution.		
Distribution of 10 solid waste management kits for schools		
Cleaning kits were provided to seven schools in Meta, Tolima and Neiva. The remaining kits will be distributed in upcoming weeks.		
Organization with local authorities to hold community clean-up days (collection of unserviceable waste, disposal of breeding sites)		
For the acquisition of the cleaning kits, the CRCS conducted a sealed envelope bidding process; the purchase process has begun.		
Two community clean-up days were held at the Rodrigo Lara Borrero school in the Neiva (Huila) and in a community in Ibagué (Tolima).		
WASH Outcome 5.3: Adequate sanitation that meets Sphere standards in terms of quantity and quality is provided to the target population.		
Indicators:	Target	Actual
# of household cleaning kits distributed	1,375	0
# of families receiving hygiene promotion	1,375	228
Progress towards outcomes		

<p>Distribution of 1,375 household cleaning kits</p> <p>As in the other significant acquisitions, the CRCS conducted a sealed envelope bidding process. The CRCS purchased the cleaning kits and sent these to the local branches to be distributed to families and contribute to the clean-up campaigns.</p> <p>Hygiene promotion awareness raising activity</p> <p>Awareness-raising efforts have been carried out with 228 families in the affected communities to eliminate potential reservoirs where dengue-carrying vectors can proliferate through sessions on waste management and household hygiene.</p>
<p>Challenges</p> <p>The CRCS faced challenges to obtain support from public waste collection services for their participation in the clean-up days.</p>
<p>Measures taken</p> <ul style="list-style-type: none"> • The CRCS coordinated actions with public service companies to hold clean-up days and reschedule activities that had already been planned and had to be suspended due to public disturbances. • Considering the safe deployment of the staff and volunteers, an induction is required to ensure the understanding of roles and responsibilities in line with expected behaviour from staff and volunteers.

Strategies for Implementation

<p>Strengthening the National Society</p>		
<p>S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.</p>		
<p>Outcome S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>CRCS local branches participating in this operation</p>	<p>5</p>	<p>5</p>
<p>CRCS volunteers mobilized</p>	<p>50</p>	<p>41</p>
<p>Progress towards outcomes</p>		
<p>Hiring of operational staff (national and branch)</p> <p>The CRCS has provided operational staff for this operation. A selection process was established by the Human Resources Department, which consists of filling out a matrix with the information and observations of at least 3 candidates for each position. Once the candidate was selected, the local branch sent the completed matrix and curriculum vitae to the national headquarters.</p> <p>The operation has the following basic structure for the implementation of activities at the national level, including the following main positions:</p> <ul style="list-style-type: none"> • National Headquarters: a full-time National Project Coordinator; an Administrator/Accountant, and a Planning, Monitoring, Evaluation and Reporting Officer (PMER) have been hired to ensure suitable technical monitoring and project reporting. • CRCS branches: one Local Coordinator for each of the branches, along with 50 volunteers from the Red Cross sections (10 volunteers per section) who carry out their activities in accordance with CRCS National Volunteer Regulations. 		
<p>Implementation support provided to local branches</p>		

The National Project Coordinator proposed deploying 50 volunteers. To date, 41 to have been mobilized to support the implementation of activities in each local branch. These volunteers received prior training on promotion subjects, hygiene prevention, community surveillance and other activities.

Provision of equipment for staff and volunteers

Supplies for the response team including include repellent, protective clothing and sunscreen have already been purchased and sent to the local branches to be distributed to CRCS volunteers. For the field staff and national project coordinator, mobile phones and plans were purchased.

Monitoring activities

The National Health Directorate management team is coordinating, implementing and monitoring the operation through its participating branches.

Meetings with work teams (induction, closure)

As mentioned above, induction meetings were held. The closure activity is planned for the conclusion of the operation.

International disaster response

Output S2.1 Effective and coordinated international disaster response is ensured-

Outcome S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained.

Indicators:	Target	Actual
IFRC monitoring visits	3	1

Progress towards outcomes

IFRC monitoring visits

Since the start of the dengue outbreak, IFRC has maintained contact and support through its Disaster Management Coordinator, the health unit in the Americas Regional Office and the IFRC office in Colombia, which facilitated the design of the plan of action implemented and operational coordination.

In October, the Disaster Management Coordinator held the first meeting with the CRCS and IFRC team that involved the implementation of operational and financial induction activities. This led to the design of the plan of action, in addition to a presentation on financial requirements and supporting documentation, as well as the socialization of a planning, follow-up and monitoring matrix for the operation and financial management. In addition, key performance indicators, the operation’s timeline and financial allocations at national and local levels were established. This first session was involved working sessions with the teams and their focal points in the finance, Human Resources, communications, purchasing, cooperation, health and WASH areas. Virtual follow-up meetings also were conducted.

An effective, reliable and accountable IFRC

Output S4.1 The IFRC enhances its effectiveness, credibility and accountability.

Outcome S4.1.4: Staff security is prioritized in all IFRC activities.

Indicators:	Target	Actual
Protection and visibility materials for volunteers involved in the emergency response	50	0

Progress towards outcomes

Protective and visibility materials for volunteers involved in the emergency response

As part of the administrative management actions carried out by the National Project Coordinator, supplies were purchased and are being distributed to staff and volunteers who implement activities in the field to facilitate their mission. In this manner, CRCS promotes and provides security for its staff.

This includes the purchase of uniforms for the national team and volunteers. The purchase process is complete and the uniforms are in the process of being distributed to the target local branches.

Additionally, the administrative and financial processes are carried out using the CRCS's quality framework and in accordance with the IFRC's regulations. These processes support all actions implemented by the humanitarian mission, ensuring the necessary levels of transparency and accountability.

During this first part of the operation, the CRCS submitted its first financial report for the operation with the corresponding supporting documentation in accordance with its own procedures

Challenges

The CRCS's national leadership aims to ensure the implementation of the project in accordance with IFRC requirements. This includes the provision of technical and budgetary implementation reports that provide different options for information management.

Measures taken

To ensure the safety of staff and volunteers in the locations in which this operation is being implemented, preventive measures were established for the different risks present in the areas targeted by the operation, such as public and health risks, among others.

The CRCS fosters continuous and willing participation of people who are volunteers for the local branches, achieving their commitment and strong performance in each of the actions implemented with the communities.

In the upcoming period, the CRCS will conduct missions to provide technical support and monitor activities, thus identifying actions to improve these area. Reports are expected to be prepared and submitted in accordance with the established deadlines.

For this emergency project a monitoring matrix was created.

Contact Information

For further information, specifically related to this operation please contact:

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How we work

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

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Saving lives, changing minds.



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