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## DREF Final Report

### Colombia: Mudslide

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency DREF MDRCO012</b>	<b>Glide n°</b> <a href="#">MS-2017-000033-COL</a>
<b>Date issued:</b> 19 December 2017	<b>Date of disaster:</b> 31 March 2017
<b>Operation manager (responsible for this Emergency Plan of Action [EPoA]):</b> Pabel Angeles, Regional Disaster Management Coordinator – South America – IFRC.	<b>Point of contact:</b> Cesar Augusto Urueña Pulido – General Director for National Relief – Colombian Red Cross Society (CRCS)
<b>Operation start date:</b> 6 April 2017	<b>Expected timeframe:</b> 3 months
<b>Overall operation budget:</b> 114,534 Swiss Francs (CHF)	
<b>Number of people affected:</b> 45,000 people <sup>1</sup> affected	<b>Number of people to be assisted:</b> 1,500 people (300 families)
<b>Host National Society presence (n° of volunteers, staff, branches):</b> The National Society responded to this emergency with more than 120 volunteers and staff (headquarters and the Cundinamarca, Boyacá, Tolima, Nariño and Putumayo branches)	
<b>Red Cross Red Crescent Movement partners actively involved in this operation:</b> International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), American Red Cross, German Red Cross, Norwegian Red Cross and Spanish Red Cross.	
<b>Other partner organizations actively involved in this operation:</b> National Disaster Risk Management Unit (UNGRD), Civil Defense, Army, Police, Fire Brigade, Departmental Government of Putumayo, Municipal Council of Mocoa, Navy, Attorney General of the Republic, Forensic and Legal Medicine, Air Force and <i>Corpoamazonia</i> .	

< For the final financial report, click [here](#). For contact details, click [here](#). >

#### A. Situation Analysis

##### Description of Disaster

Extremely heavy rainfall on 31 March 2017 in the Municipality of Mocoa, capital of the Department of Putumayo, produced a landslide and caused the Mocoa, Sangoyaco and Mulato Rivers to overflow; this emergency claimed the lives of 336 people and injured 389 people in the impacted communities, particularly affecting the neighborhoods of San Fernando, San Miguel, Independencia, Chaparros, San Agustín, Naranjito, Pablo VI, Avenida 17 de Julio, Miraflores and Progreso in the urban zone of Mocoa. People with the most serious injuries were transported by air to medical centres in Neiva, Cali, Popayán and Bogotá. On 6 April, the President of the Republic declared an economic, social and ecological emergency for 30 days in the urban and rural areas of the Municipality of Mocoa.



Psychosocial support activities for children in the El Pepino Collective Centre, Mocoa. **Source: Colombian Red Cross Society**

##### Summary of current response

##### Overview of Host National Society

The Colombian Red Cross Society (CRCS) mobilized 370 people for the emergency, including volunteers and staff, carrying out interventions with volunteers and staff members from other branches and local volunteers and employees. The following actions were implemented during the second response phase, which focused on stabilization and humanitarian assistance; the local branches that supported this operation included Cundinamarca, Boyacá, Tolima, Nariño, Putumayo, Quindío, Antioquia, Risaralda, Atlántico, Bolívar, Caquetá, Arauca, Caldas, Meta, Cesar, Norte de Santander, Valle del Cauca, Casanare, Santander, Putumayo, Magdalena, Huila and La Guajira.

The National Society implemented the following areas of action:

- Health
- Management of collective centres
- Logistics
- Telecommunications
- Transport
- Restoring Family Links (RFL)
- Activation and coordination of the crisis room
- Provision of humanitarian assistance
- Water and environmental sanitation

### **Overview of the Red Cross and Red Crescent Movement in the country**

The Colombian Red Cross Society regularly informed Movement components through the emergency, holding coordination meetings and sharing situation reports with Partner National Societies (PNSs) from the Red Cross of Germany, Norway, United States and Spain, the ICRC and the IFRC. The activation of the CRCS crisis room on 31 March enabled the National Society to coordinate the response with Movement and other humanitarian actors.

The International Committee of the Red Cross supported the operation through the provision of staff and three vehicles to the zone, while the German Red Cross provided medical supplies. The Norwegian, American and Spanish Red Cross supported the operation. The IFRC's disaster management coordinator conducted two missions to the field in April and June and a representative of the IFRC in country provided additional support.

The IFRC would like to acknowledge the contributions by the Italian government and the Spanish Agency for International Development Cooperation (AECID). Their funds were used to reimburse the Disaster Emergency Relief Fund (DREF).

### **Overview of non-RCRC actors in the country**

For the first response, the National Risk Management System mobilized more than 300 people from its different member entities and an additional 1,300 people from institutions that form part of the national emergency system were also deployed. The latter included the Army, Police, Air Force, Navy, Civil Defence Brigade, Fire Brigade, Colombian Red Cross Society, National Unit for Disaster Risk Reduction (UNGRD), Departmental Government of Putumayo, Mocoa Municipal Council, the Technical Body of Investigation (CTI), National Institute of Legal and Forensic Medicine and the State institution for the development of the Amazon, *Corpoamazonia*. The National Unit for Disaster Risk Management coordinated its actions with the relevant ministries so that each of the vital services that were provided helped reduce the emergency's impact.

The UNGRD implemented actions focused on the demolition of affected homes, the repair of the aqueduct and sewage system, the baseline study for the distribution of rent subsidies and the management of the El Pepino Temporary Collective Centre. The CRCS co-coordinated the collective centre management until the 5 June 2017.

The 11.58 km of urban roads that were affected by the mudslide were completely repaired, improving traffic flow in the municipality. With the support of the Army's Military Engineers Command and Construction Brigade, 2.8km of paved urban roads were repaired in Mocoa.

The State will build a total of 1,209 new houses. Following the emergency, construction began on the first of 300 houses, which were built in the Los Sauces zone and are scheduled to be presented to affected families between January and March 2018. The remaining 909 other houses will be built over the following three years.

### **Needs analysis, beneficiary selection, risk assessment and scenario planning**

**Search and rescue:** Together with other institutions, the Colombian Red Cross Society is part of two 33-person search and rescue teams responsible for the areas from Via Puerto Guzmán to Puerto Limón and from Via de la Y to Esmeralda. In the first days of the emergency the search and rescue operation was extremely useful for the location of people affected by the landslide. The affected zone's geological instability generated problems for the response teams.

**Medical care and first aid:** Given the damage to local health services and the injured people's medical and first aid needs, doctors, the CRCS deployed pre-hospital assistance teams and provided psychosocial support (PSS). The initial installation of temporary collective centres and overcrowding in houses where affected families were staying, required the implementation of a health promotion programme and the continuation of the medical assistance and psychosocial support actions.

**Temporary collective centres:** Initially, six UNGRD-organized temporary collective centres, were managed by the CRCS. These collective centres were gradually closed, except for the El Pepino collective centre, which the CRCS initially managed prior to handing management responsibilities over to local authorities. To establish these collective centres, it was necessary to make the necessary modifications to existing buildings, supply mattresses and items for sleeping and provide water and food items, hygiene services, medical assistance, psychosocial support and other types of assistance.

**Restoring Family Links (RFL):** The CRCS received 724 requests for the Restoring Family Links service, of which 157 remain open and 567 have been closed. The open cases include people who have not yet been identified. The IFRC, alongside national and departmental government agencies, actively participated in the Missing Persons Committee. In the operation's first month, relevant information was satisfactorily handed over to the local branch and the relevant government agencies. The CRCS is currently the only institution in the country that has an RFL programme; therefore, it receives requests regarding missing people or people whose relatives have been unable to establish contact since the emergency. Searches were conducted with the official data provided by the Institute for Forensic Medicine, ICBF, the Public Prosecutor's Office, collective centres, hospitals, and official and private institutions affiliated with the UNGRD-led National Disaster System.

**Livelihoods:** The disaster had a significant impact on the local economy and the total or partial destruction of the crops grown by communities living near the river, as well as the loss of tools, supplies and equipment required for earning an income in the urban centre. Many families and individuals had to be housed with relatives or friends, making it necessary to implement actions to move beyond strict support for commercial activities, but also to help meet immediate needs such as food, shelter, basic items and other products so the affected population could live in dignified conditions.

For some families, the loss of their businesses and partial or total damage of their work tools and products meant that they prioritized their resources for purchasing tools, items or products that allowed them to generate income; consequently, affected families were provided with cash transfer to enable the purchase of personal items, providing them with the opportunity to invest in re-establishing their livelihoods and kickstart the local economy.

**Food security:** Due to the collapse of families' homes and the widespread loss of personal items and possessions, meeting the affected population's nutritional needs was essential. UNGRD provided 40 tonnes of emergency humanitarian assistance, which included 2,000 emergency food kits. The Colombian Red Cross Society with national-level donations provided 849.2 tonnes of food supplies to the affected families.

**Water and sanitation:** The mudslide affected water and sewage services, making both prioritized areas for emergency response. The CRCS established four water filtration plants to generate safe drinking water, which was then distributed by water trucks provided by UNGRD, the Civil Defence Brigade, the National Police and other organizations.

## Risk assessment

The risks initially identified were the recurrence of mudslides or flooding in the area; protests during humanitarian actions; and possible contamination from explosive devices and anti-personnel mines dislodged by the mudslide. Fortunately, none of these scenarios occurred during the operation, allowing the CRCS to safely implement the planned actions.

## B. Operational Plan and Strategy

### Proposed Strategy

The project sought to respond to the affected population's main needs over a three-month period; the project was divided into 2 response phases and 9 lines of intervention:

#### Phase 1- SEARCH, RESCUE AND PRE-HOSPITAL CARE:

- Search and Rescue
- Damage Assessment and Needs Analysis
- Pre-Hospital Care

## Phase 2- STABILIZATION:

After the end of the search and rescue phase (the first 72 hours), the CRCS implemented the following lines of intervention for the provision of humanitarian assistance during the first three months:

### Primary Health Care:

- Mobile Health Units (MHUs)- implemented in day-long events
- Delivery of repellent to people housed in collective centres.

Psychosocial Support: In coordination with the National System for Disaster Prevention, the Colombian Red Cross Society responded to the following needs:

### Psychosocial support:

- Individual interventions in the affected area
- Psychological deactivation of relief personnel after search missions
- Psychosocial interventions in the collective centres
- Psychosocial assistance for mass burials
- Psychosocial support combined with therapy

### Water, Sanitation and Hygiene:

- Operation of water treatment plants
- Hygiene and water management awareness seminars
- Delivery of jerrycans for water transport and storage
- Delivery of household cleaning kits
- Delivery of family hygiene kits

### Restoring of Family Links:

- Setting up of five public service points in the municipality
- Coordination actions with the Institute of Forensic Medicine and the Colombian Institute of Family Welfare (ICBF)
- Establishment of two hotlines in the area

### Cash Transfer:

- Conducted a feasibility study for cash transfers to respond to needs identified during the assessment
- Provision of unconditional cash transfers to 75 affected families who were being housed by relatives or friends and who had not received support from the government or subsidies nor assistance from the collective centres.

The CRCS coordinated all these response activities with the UNGRD, the entities from the response system operating in the field, and local authorities.

## **Overall Objective**

Provide humanitarian assistance for three months to 300 affected families (1,500 people) in the municipality of Mocoa, Putumayo through search and rescue, cash transfers, primary health care, psychosocial support, water, sanitation and hygiene promotion and restoration of family links.

## **Operational Support Services**

### **Human resources**

CRCS volunteers had an insurance policy that gave coverage in case of accidents, death by any cause, complete and permanent disability, dismemberment and fees (funeral, medical, AIDS treatment, organ transplant). This policy was through the National Emergency Fund for relief institutions are members of the National Disaster Risk Management System. This insurance went into effect for the volunteers following the CRCS volunteer director's approval of their deployment.

The following human resources provided support to the operation:

- 1 operations coordinator
- 1 logistics and financial administrator
- 1 doctor
- 1 nurse
- 1 nursing technician

- 2 psychologists
- More than 120 volunteers
- National Intervention Team (NIT) members

### **Logistics and supply chain**

The procurement of items and services fulfilled the required conditions according to the needs of the affected population and/or operational areas to guarantee an appropriate level of supplies and optimal performance; the CRCS made all its purchases in-country, which complied with CRCS procedures, regulations and guidelines and the IFRC's DREF procedures for procurement.

Finally, as a part of the DREF, a slight increase in operational expenditures was authorized to cover the cost of the mobilization of the food kits and personnel since the National Society assumed the responsibilities of preparing the food kits and the purification and supply of water to the affected communities.

### **Information Technology (IT)**

The National Society has an installed telecommunications system at the national and branch level, through which it maintained communication with personnel in the field. Additionally, the CRCS used IT equipment to support the restoration of family links activities with the affected population.

Because of conditions on the ground and the magnitude of the damages, the National Society purchase two RFL kits, which contain mobile phones and laptop. In addition, the National Society recorded deliveries and assistance via the Mega V system, and it used Open Data Kit (ODK), provided by the CRCS' national headquarters, to collect vital information on the beneficiaries. To optimize delivery and information gathering times, the CRCS held rapid training sessions to use this set of tools.

### **Communications and Information**

The Colombian Red Cross Society, through its Communication and Marketing department, produced 393 reports published in media outlets and social networks and 17 internally published memos (please see the annex for links to some press releases, situation reports and media reports on the operation).

### **Security**

Due to the context of armed conflict and other situations of violence in the country and in the border region, the CRCS used the International Movement's Safer Access framework, as well as compliance with the provisions of the CRCS Safety Manual. All Movement components in Colombia and CRCS directors, staff and volunteers, prioritizing the branches deployed to respond to the emergency, followed these safety protocols.

During the operation, no security problems or incidents were reported.

### **Planning, monitoring, evaluation and reporting (PMER)**

The CRCS's National Relief General Directorate, in coordination with other National Society directorates, was responsible for the implementation and monitoring of the emergency plan of action. The CRCS conducted the plan's activities in accordance with its internal and external emergency response plan and decentralized branch and municipal unit plans.

The IFRC disaster management coordinator and the IFRC country cluster office in Lima (Peru), the finance department and other technical units provided accompaniment, monitoring and technical support to the operation.

### **Administration and Finance**

Administrative and finance procedures are framed within CRCS's quality process and support all the National Society's humanitarian mission actions, thereby ensuring operational transparency and accountability.

## **C. DETAILED OPERATIONAL PLAN**

### **Health and Care**

**Needs analysis:** A total of 336 people perished in the disaster and the 389 people it left injured required first aid services.

**Population to be assisted:** This population was composed of people housed in official (government-recognized) and unofficial collective centres, affected people who did not receive assistance from the national government, and people living in hard to reach areas due to damage to roads. Approximately 1,500 people required pre-hospital or psychosocial care.

Outcome 1: At least 1,500 affected people housed in collective centres and in hard to reach areas receive pre-hospital care, health promotion and psychosocial support	Outputs		% achieved
	<b>Output 1.1</b> At least 300 affected families and first responders receive psychosocial support.		<b>100%</b>
	<b>Output 1.2</b> Affected families receive pre-hospital care through the Mobile Health Unit		<b>100%</b>
	<b>Output 1.3</b> At least 300 affected families receive health promotion information		<b>100%</b>
Activities	Implementation on time?		% of progress
	Yes	No	
Deployment of emergency medical teams for pre-hospital care and patient triaging.	x		<b>100%</b>
Treatment by Mobile Health Units	x		<b>100%</b>
Provision of first aid training and care to the population housed in the collective centres	x		<b>100%</b>
Psychosocial interventions in the collective centres	x		<b>100%</b>
Development of health promotion and prevention sessions	x		<b>100%</b>
Distribution of health promotion informative materials	x		<b>100%</b>
Purchase and distribution of PSS kits	x		<b>100%</b>

## Achievements

- Deployment of emergency medical teams for pre-hospital care and patient triaging.**

The CRCS established 30 mobile health units, which provided medical and psychological services, registered people's vital signs and distributed medication to urban neighbourhoods (San Fernando, San Antonio San Miguel, Villa Rosa I, II and III, José Homero, El Progreso, Pueblo Viejo, Los Pinos, Altos del Bosque) and rural zones (El Pepino, El Guadualito, Caliyaco) and indigenous reserves (Inga, Richarikuna, Inga Musurrunacuna, Inga Wasipongo, Santa Teresa de Vides, Inga San Antonio, Medio Afán, Condagua and Villa María de Anamu). The CRCS hired 1 doctor, 1 nurse, 1 auxiliary nurse and 2 psychologists, who supported the psychosocial health actions, to support the health actions, and it mobilized specialized CRCS staff

- Treatment by Mobile Health Units**

The CRCS mobile health units provided medical care to 1,596 people; the care focused on the identification of health risks, the monitoring of the morbidity variability rates in each population group and diagnosis of the most common illnesses in the initial and later stages of the intervention. These included acute diarrheic diseases, water-related respiratory failure, migraines, intestinal parasites, dermatitis, urinary tract infections, high blood pressure, diabetes, mild anaemia and gastritis.

The following table provides information regarding the people reached by the mobile health units:

Neighbourhood	People reached
PUEBLO NUEVO	88
JOSE HOMERO NEIGHBOURHOOD	74
GUADUALITO SETTLEMENT	18

EL PEPINO TEMPORARY COLLECTIVE CENTRE	197
VILLA ROSA NEIGHBOURHOOD	131
SAN FERNANDO	62
RED CROSS OFFICE	13
SAN ANTONIO	95
MEDIO AFAN NEIGHBOURHOOD	37
CONDAGUA INDIGENOUS RESERVE	42
MUSURACUNA INDIGENOUS RESERVE	25
LOS PINOS NEIGHBOURHOOD	123
CENTRAL MARKET	59
EL PROGRESO NEIGHBOURHOOD	95
ALTO DEL BOSQUE NEIGHBOURHOOD	42
CALIYACO INDIGENOUS RESERVE	54
PATAQUERA INDIGENOUS RESERVE	53
WUASIPONGO INDIGENOUS RESERVE	167
YANAONA INDIGENOUS RESERVE	31
JOSE HOMERO INGA INDIGENOUS RESERVE	84
PIEDRAS SAGRADAS INDIGENOUS RESERVE	30
LOS PASTOS SAN JOSE DEL PEPINO INDIGENOUS RESERVE	76
<b>TOTAL</b>	<b>1,596</b>

- **Provision of first aid training and care to the population housed in the collective centres**

In the first few days of the emergency, the CRCS provided first aid training to 89 new volunteers, who then carried out replication actions with 356 people in the El Pepino Collective Centre, affected neighbourhoods, indigenous reserves and relevant institutions.

NEIGHBOURHOOD	TOPIC	PEOPLE REACHED	
		DIRECT	INDIRECT
EL PEPINO COLLECTIVE CENTRE	FIRST AID TRAINING	9	36
RED CROSS OFFICE	FIRST AID TRAINING FOR VOLUNTEERS	15	60
LAS VEGAS NEIGHBOURHOOD	FIRST AID TRAINING FOR COMMUNITY MEMBERS	30	120
WUASIPONGO INDIGENOUS RESERVE	FIRST AID TRAINING FOR COMMUNITY MEMBERS	25	100
ICBF TEACHERS	FIRST AID TRAINING FOR COMMUNITY MEMBERS	10	40
<b>Total: 5</b>	<b>TOTAL POPULATION</b>	<b>89</b>	<b>356</b>

- **Psychosocial interventions in the collective centres**

The CRCS began implementing psychosocial support actions on the second day of the emergency. A psychosocial support team, which consisted of 17 psychologists and CRCS psychosocial support staff, was mobilized. These workers provided mental health assistance, psychosocial support and psychological first aid.

These actions were implemented in accordance in three main components:

- Community Accompaniment: Interventions in individual, family and group emotional crises and coping strategies.
- "Support for the Support Activities": psychosocial accompaniment of psychosocial volunteers and response teams in the zone.
- Schools: Accompaniment provided to students and teachers in Mocoa schools.

The CRCS identified the psychosocial needs that were manifested in the symptoms and signs of extreme stress, panic attacks, severe depression, anxiety, increased family problems, increased consumption of psychoactive substances, problems with accessing and cooking food and problems with sleeping-related hygiene. This intervention was designed to address these problems by reduction and stabilization strategies.

The CRCS provided assistance to 1,780 people; the assistance focused on crisis interventions and emotional coping strategies in different scenarios including collective centres and in the funeral rites. In addition, the National Society carried out “Support for Support activities” with CRCS volunteers and at the Emergency Command Post staffed by all the emergency workers from the different emergency response organizations. The following table provides details on the number of people reached in each type of intervention:

Profile of people reached	Number of people reached
Adults	1,573
Young children and adolescents	110
“Support for Support Activities”	97
<b>Total</b>	<b>1,780</b>

The CRCS also conducted psychosocial support activities in the affected communities, mobile health units and collective centres. Individual and group interventions covered topics such as the expression of emotions, while staff and volunteers raised awareness on mental health issues and how to coexist peacefully. In addition, the CRCS implemented a symbolic “Vaccination against Violence” campaign, which included a *Violence-metre* strategy for the prevention of gender-based violence. This was carried out in coordination with the Ombudsman’s Office and sexual and reproductive health education actions.

In the collective centres, the National Society implemented different strategies to provide accompaniment to the affected population. A professional staff member was stationed at the collective centres to lead the implementation of various psychosocial activities, provide individual and family assistance at the “Listening Centre” or the health post, as well as organize prevention and promotion activities for groups.

As part of this activity, the CRCS complemented the psychological intervention with an evaluation process and the provision of recommendations for the adaption process when families left the collective centres. In total, the CRCS held 69 individual sessions in 23 neighbourhoods in Mocoa. It provided 88 psychological assistance sessions in the El Pepino and José Homero collective centres.

- **Development of health promotion and prevention sessions, and distribution of health promotion informative materials**

Health promotion and illness prevention activities focused on treating head lice and self-care sessions, as well as the implementation of educational actions on prioritized topics such as self-care, waste management, water management, severe diarrheic diseases and respiratory infections. In the mobile health units, the CRCS accompanied its talks with the distribution of mosquito repellent coils for the control of vectors. During these health promotion activities, the National Society provided training to the 1,616 people.

As part of the training sessions, the CRCS provided printed materials to participants on Zika prevention, and the trainees also received rehydration liquids, basic first aid, family planning and anti-conceptive methods and among other benefits. The following table details the locations and numbers of people reached by these health promotion and prevention sessions:

NEIGHBOURHOOD	PEOPLE REACHED	
	DIRECT	INDIRECT
EL PEPINO COLLECTIVE CENTRE	110	440
SAN FERNANDO	3	12
SAN ANTONIO NEIGHBOURHOOD	47	188
	24	96
	61	244
MEDIO AFAN NEIGHBOURHOOD	16	64
	19	76

	16	64
CONDAGUA INDIGENOUS RESERVE	31	124
MUSUNACUNA INDIGENOUS RESERVE	20	80
RED CROSS OFFICE	15	60
CNETRAL MARKET	59	236
	38	152
EL PROGRESO NEIGHBOURHOOD	50	200
ALTO DEL BOSQUE NEIGHBOURHOOD	31	124
CALICHACO INDIGENOUS RESERVE	18	72
	19	76
YANACONA INDIGENOUS RESERVE	23	92
	23	92
PATAQUERA INDIGENOUS RESERVE	27	108
	22	88
WUASIPONGO INDIGENOUS RESERVE	123	492
	62	248
	4	16
	27	108
JOSE MARIA HERNANDEZ HOSPITAL	25	100
	22	88
LOS PINOS NEIGHBOURHOOD	4	16
	31	124
JOSE HOMERO INGA INDIGENOUS RESERVE NEIGHBOURHOOD	65	260
	42	168
SAN MIGUEL ARCANGEL HOSPITAL	4	16
PIEDRAS SAGRADAS INDIGENOUS RESERVE	76	304
	60	240
	3	12
	72	288
	20	80
LOS PASTOS JOSE DEL PEPINO INDIGENOUS RESERVE	60	240
	36	144
	12	48
	96	384
LAS VEGAS NEIGHBOURHOOD	24	96
ICBF TEACHERS	10	40
ICBF TEACHERS AND CHILDREN IN REHABILITATION	38	152
MOCOA MASAY HOTEL	28	112
<b>TOTAL</b>	<b>1,616</b>	<b>6,464</b>

The National Society conducted training sessions and workshops on vectors for 110 people in the El Pepino collective centre. CRCS volunteers distributed insect repellent to people in this collective centre and others, achieving the distribution of 2,000 bottles of insect repellent.

In the neighbourhoods and indigenous reserves where the mobile health units were set up, different training sessions were held and mosquito repellent coils were distributed. The population thus had an opportunity to receive medical assistance through the health services and training sessions. As part of these sessions, participants made a commitment to share the information they received with their family members.

- **Purchase and distribution of PSS kits**

For the PSS activities, the CRCS purchased different materials including paper, card, markers, coloured pencils, plasticine and other stationery items; these materials were required for different activities with the communities and the prioritized population groups including children, adolescents, adults and the elderly affected by the emergency. The workshops strengthened community members' level of empowerment and conflict resolution capacities, allowing them to identify their own resources to help them manage and cope with their situation. The CRCS conducted psychosocial workshops, reaching 873 families in different neighbourhoods in Mocoa, as detailed in the following table:

Neighbourhoods	People directly reached	People indirectly reached
Mocoa Water Company	9	36
José María Hernández Hospital	34	136
Kawary Hotel (San Miguel, Laureles, San Fernando, Los Pinos, El Progreso, La Independencia, San Agustín)	310	1240
Red Cross Office	25	100
Red Cross Office	13	52
Secretariat of Education (La Esmeralda, San Fernando, Planadas, Vereda San Antonio, Vereda Campucana, Los Laureles, Primero de Enero)	27	108
Fire Station	15	60
El Pepino Collective Centre	7	28
Pataquera Indigenous Reserve	23	92
Wasipungo Indigenous Reserve	24	96
Wasipungo Indigenous Reserve	24	96
José Homero Kamentza Indigenous Reserve	23	92
Piedras Sagradas Indigenous Reserve	24	96
Piedras Sagradas Indigenous Reserve	24	96
Pastos Sagrados Indigenous Reserve	18	72
Red Cross Office	21	84
El Pepino Collective Centre	6	24
San Antonio Bajo	24	96
Wasipungo Indigenous Reserve	21	84
Mocoa Fire Station	48	192
Hotel Kawary Auditorium	14	56
El Pepino Collective Centre	39	156
Gran Putumayo Indigenous Reserve	16	64
Gran Putumayo Indigenous Reserve	14	56
Jose Homero, Kamentza Indigenous Reserve	31	124
La Rebaja Drugstore	10	40
Putumayo Female Weavers Alliance	6	24
Altos de Bosque	23	92
<b>Total</b>	<b>873</b>	<b>3,492</b>

### Challenges

- The constant movement of affected people to and from the collective centres, the homes of relatives and other community spaces complicated the provision of assistance and monitoring.

- Due to the magnitude of the emergency's impact, it was difficult for the CRCS to address adequately their grief and meet their humanitarian needs.
- The emergency also affected indigenous communities. Due to this specific cultural context, the CRCS was required to coordinate with the affected communities and employ a tailored approach.

### Lessons Learned

- The rapid response in health and psychosocial support was essential.
- The linking of actions with other health institutions enabled a more positive impact and increased coverage.
- The identification of indigenous groups required coordination with the State institutions responsible for this particular population.

### Water and Sanitation

**Needs analysis:** Approximately 40,000 people were affected by the lack of water supply services, 510 damaged water pipelines and 773 damaged sewer systems. City hospitals requested support during the emergency.

**Population to be assisted:** Local water treatment plants had capacity to assist at least 300 families per day.

Outcome 2: At least 300 families with affected water supplies have safe water suitable for human consumption and hygiene promotion.	Outputs		% achieved
	<b>Output 2.1</b> Treatment and distribution of safe water to the affected population		<b>100%</b>
	<b>Output 2.2</b> Provide basic sanitation and conduct hygiene promotion actions for the affected population		<b>100%</b>
Activities	Implementation on time?		% of progress
	Yes	No	
Assessment and definition of actions points for putting water treatment plants into operation	x		<b>100%</b>
Adaptation and installation of three water treatment plants	x		<b>133%</b>
Delivery of safe water to families and people in affected areas and collective centres	x		<b>100%</b>
Purchase and delivery of 600 20-litre buckets	x		<b>100%</b>
Hygiene and water management awareness seminars	x		<b>187%</b>
Delivery of containers for water transport and storage	x		<b>100%</b>
Delivery of cleaning kits	x		<b>100%</b>
Delivery of basic family and/or personal hygiene kits.	x		<b>100%</b>

### Achievements

- **Assessment and definition of actions points for putting water treatment plants into operation**

For the installation of the water filtration plants, the CRCS evaluated different water sources and a capture point in the Pepino River. Following the identification of the initial capture point, the Pepino River overflowed on 13 May 2017, which entailed the selection of a new capture point. Based on a recommendation from UNGRD, the water filtration point was transferred to the Rumiyo River on 1 June 2017.

- **Adaptation and installation of three water treatment plants**

For this operation, the CRCS installed 4 water treatment plants: 2 Type A plants (filtering 30,000 litres of water daily) and 2 Type B water treatment plants (filtering 180,000 litres of water daily). These water treatment plants, which were managed by specialized CRCS personnel, met the affected population's needs.

The Colombian Red Cross Society activated its water purification and distribution agreement with the National Disaster Risk Management Unit. It should be noted that this activity was included in the plan of action at the operational level for visibility purposes; however, it was not included in the budget.

- **Delivery of safe water to families and people in affected areas and collective centres**

The CRCS delivered safe and clean water to the affected population starting on 3 April:

- Point 1: on the Pepino River (3 April to 13 May): a total of 10,103,052 litres treated by 2 Type A treatment plants and 2 Type B treatment plants.
- Point 2: on the Pepino River (24 to 31 May): a total of 671,620 litres treated by 1 Type A treatment plant.
- Point 3: Rumiaco River (1 to 18 June): a total of 2,580,200 litres treated by 2 Type B treatment plants.

It is important to highlight that the CRCS maintained the water quality for the beneficiaries, which the Secretariat of Health certified through two weekly lab tests; moreover, the Red Cross conducted daily lab tests to ensure the quality of the treated water.

In terms of the support provided by other Movement members, the International Committee of the Red Cross donated four water storage tanks, which were installed by the CRCS, as part of the water and sanitation actions. With the goal of providing safe and clean water to incarcerated persons, the ICRC also repaired the prison aqueduct's pipes as a complementary action to ensure this water supply.

In addition, the "Litres that Help – Colombian Red Cross Society and Postobón" campaign was implemented, which provided water for more than 6,000 families, 10,000 students in schools in Mocoa, 330 incarcerated women and men and 910 indigenous families; the campaign delivered 180,000 litres of water to Mocoa in 5-litre and 25-litre containers; these were donated by people who entered the [www.litrosqueayudan.com](http://www.litrosqueayudan.com) website and donated.

- **Purchase and delivery of 600 20-litre buckets**

The CRCS distributed 600 buckets to 300 families in the neighbourhoods of Los Pinos and San José del Pino as detailed in the following table:

Neighbourhood	Quantity	Families reached
Los Pinos	510	255
San Jose del Pepino	90	45
<b>Total</b>	<b>600</b>	<b>300</b>

- **Hygiene and water management awareness seminars**

The CRCS held 10 training workshops in 10 neighbourhoods in Mocoa, with the participation of 562 families. These families received information on personal hygiene, handwashing, waste management, vector control and water management. The following table provides details of the neighbourhoods reached:

Neighbourhood	Workshops	Families reached
Los Pinos	3	255
Piedras Sagradas Indigenous Reserve	2	58
Los Pastos Indigenous Reserve	1	28
Biva Indigenous Reserve	1	61
San Antonio	1	40
Gran Putumayo Indigenous Reserve	1	70
San José Del Pepino	1	50
<b>Total</b>	<b>10</b>	<b>562</b>

- **Delivery of containers for water transport and storage**

UNGRD facilitated the distribution of safe and clean water in water trucks with delivery to affected zones in the city, including the Army Barracks, the local prison, Police Command Post, several schools and various neighbourhoods (Altos del Bosque, la Esmeralda, Los Prados, El Progreso, Las Vegas, La Unión, San Fernando, San Miguel, Los Guadales and San Martin). This process involved the distribution of more than 13 million litres of water, as detailed below:

Month	Quantity in litres	Trips by water tank trucks	Daily number of families reached
April	7,013,052	426	5,845
May	3,761,620	213	3,033
June	2,580,200	154	3,584
<b>Total</b>	<b>13,354,872</b>	<b>793</b>	<b>12,462</b>



**The CRCS purified water throughout the response operation.**  
Source: Colombian Red Cross Society

- **Delivery of cleaning kits**

The CRCS distributed 300 cleaning kits, which consisted of a plastic bucket (1), broom (1), mop (1), dustpan (1), laundry detergent (3), bottles of bleach (2) and a laundry brush (1). The following table provides details on the people and locations reached:

Neighbourhoods	Number of Hygiene Kits	Number of Cleaning Kits	Beneficiary families
Los Pinos	255	255	255
San José del Pepino	45	45	45
<b>Total</b>	<b>300</b>	<b>300</b>	<b>300</b>

- **Delivery of basic family and/or personal hygiene kits.**

The CRCS distributed 300 hygiene kits, which contained toothbrushes (4), toothpaste (2), personal soap (2), towels (2), deodorants (2), razors (2), packets of sanitary pads (2), laundry soap (2), cloth nappies and safety pins (1) and antibacterial gel (1). As the above table indicates, the hygiene kits were distributed to the same families that received cleaning kits.

### Challenges

- Heavy rain in the operation's first month made it difficult for the population to access the water supply points and collect purified water.

## Lessons Learned

- Local historical knowledge should be used for the installation of potable water sources in safe zones.

## Restoring Family Links

**Needs analysis:** After the emergency, thousands of concerned citizens eager to know the fate of their relatives sent more than 1,500 emails requesting information. However, most of these contained incomplete information and imprecise data. Protocols require that the National Society responds to every email and request the required information to be able to move forward with the search.

**Population to be assisted:** The Restoring Family Links programme managed a total of 724 cases.

Outcome 3: Contact restored between family members through reception, handling and response to requests received	Outputs		% achieved
	Output 3.1: Identification and provision of information to families regarding people with whom they have lost contact		100%
Activities	Implementation on time?		% of progress
	Yes	No	
Setting up of public service points in the municipality	x		100%
Coordination actions with Forensic Medicine and ICBF	x		100%
Strengthening of RFL-related advocacy and inter-agency coordination, networking with local authorities, institutions and organizations in the area	x		100%
Reception and sending of family messages and support in telephone communications	x		100%
Purchase of equipment for 2 RFL kits	x		100%
Reception of national and international requests by Red Cross branches and National Directorate	x		100%

## Achievements

### Setting up of public service points in the municipality

The CRCS established three service points to receive requests for Restoring Family Links; these service points were in the Colombian Red Cross Society's office in Mocoa, the ITP Collective Centre and the main cemetery, which was operating as the primary morgue for the city. On Day 5, the service point in the ITP Collective Centre was transferred to the city's central plaza, and it was later transferred to the offices of the judicial branch.

### Coordination actions with Forensic Medicine and ICBF

After the first day, the CRCS contacted focal points and delegated staff from these two public institutions, establishing effective synergies to achieve the planned objectives.

### Strengthening of RFL-related advocacy and inter-agency coordination, networking with local authorities, institutions and organizations in the area

The CRCS made contact all the relevant institutions that could contribute and provide information to help restore contact between family members. The Red Cross participated in the Inter-Institutional Committee for Disappeared Persons to support the re-establishment of family contact and share information, facilitating increased knowledge about the cases that were reported. A meeting, which the CRCS facilitated, was also held to socialize the RFL service, with the attendance of 16 people from the inter-institutional committee, whose members included the Public Prosecutor's Office,

the Departmental Government of Putumayo, the Municipal Council of Mocoa, the Civil Defence Brigade and the Ombudsman's Office.

- **Reception and sending of family messages and support in telephone communications**

Through the purchase of cell phones, the CRCS made rapid progress in the monitoring of RFL cases and established contact with family members in a more direct manner. The CRCS also noticed improvement in the exchange of information with other institutions and the RFL programme's National Coordinator.

- **Purchase of equipment for 2 RFL kits**

The RFL kits included a standardized technological equipment component. In accordance with the emergency's specific requirements, the CRCS purchased technological equipment (computers and cell phones) and office materials for use in Mocoa, complementing the support provided by ICRC in the first weeks of the emergency.

- **Reception of national and international requests by Red Cross branches and National Directorate**

The CRCS received RFL cases in its 32 departmental branches, with each of these branches having volunteers and staff members trained in the RFL programme available to take requests for contact with relatives. More than 2,000 calls were received, and Red Cross branches across the country helped people re-establish contact with family members that had not been located.

### Challenges

- To raise awareness with relevant institutions about the usefulness of the RFL programme.
- The attention to the national-level demand for RFL.

### Lessons Learned

- Organizing awareness-raising actions with other humanitarian institutions and relevant State bodies facilitates the work of the Red Cross during emergencies.
- The training of volunteers and the involvement of local CRCS branches was essential to the RFL programme's success.

## Food Security

### Needs analysis:

The mudslide's partial or complete destruction of small and medium-sized businesses was one of the most significant effects on the municipality's and the region's socio-productive development and management. This was due to its displacement of a numerous vulnerable families, who engage in informal activities such as selling mobile phone products (data plans and phone equipment), small grocery and candy stores and street sales, among other income-generating activities, from the affected neighbourhoods.

**Population to be assisted:** At least 300 affected families, who are not being assisted by national government, through the provision of food kits.

Outcome 4: At least 300 affected families meet their food needs	Outputs		% achieved
	Output 4.1: At least 300 affected families have food rations.		3,309%
Activities	Implementation on time?		% of progress
	Yes	No	
Food collection campaign	x		100%
Food transport	x		100%
Food distribution	x		3,309%

## Achievements

- Food collection campaign and food transport**

As the outstanding response to its national-level campaign soliciting food donations, the National Society collected 1,010 tonnes of food products. These were transported from different locations around the country to Mocoa for distribution. This DREF operation financed a portion of transport costs to the affected area.

- Food distribution**

The CRCS satisfactorily distributed emergency food supplies to the affected population through scheduled deliveries to the communities. The recipients of these deliveries were verified using an information system based on the Disaster Victims Registry so that this assistance could be directly delivered to the affected family or individual. T

The goal was to distribute one food packet to 300 families. Due to the massive level of response, the CRCS could deliver 9,927 food packets, achieving 3,309 per cent of its proposed goal. A total of 9,927 families in 75 communities and 62 indigenous reserves in Mocoa received assistance.

In the first stage of the operation, the following neighbourhoods received assistance: Altos del Bosque, El Jordancito, La Esmeralda, 1 de Enero, Babilonia, Huasipanga, Condominio Norte, Los Prados, El Progreso, Las Vegas, La Unión, Obrero Primera, while assistance was delivered to families in the following neighbourhoods during the operation's second stage: San Fernando, San Miguel, Dorado, Los Pinos, Luis Carlos Galán, San Martín, Calima, Los Laureles, Villa Caimaron. Finally, affected families in the rural zones of San Antonio, Avenida Colombia, Vereda Campucana and Los Guadales also received assistance.

## Challenges

- Due to the massive outpouring of support, the classification and storage of the donated items in the different collection points became challenging.
- It was difficult to meet the needs of the affected population and effectively lead the distribution process.

## Lessons Learned

- Consider the impact of humanitarian assistance and food supplies on the local economy.
- With support from emergency response system agencies, local coordinators can facilitate the transfer and distribution of food supplies.

## Quality programming / Areas common to all sectors

Outcome 5: CRCS implements needs-based monitoring mechanisms.	Outputs		% achieved
		<b>Output 5.1</b> A monitoring and reporting for the plan of action is developed and implemented	
	<b>Output 5.2</b> 75 prioritized families receive financial support through the unconditional cash transfer programme (CTP) to meet their most pressing needs		<b>100%</b>
Activities	Implementation on time?		% of progress
	Yes	No	
Damage Assessment and Needs Analysis development	x		<b>100%</b>
Monitoring by the National Society	x		<b>100%</b>
Preparation and submission of project monitoring reports	x		<b>100%</b>

Staff recruitment	x		100%
Monitoring by the IFRC	x		100%
Beneficiary satisfaction survey	x		100%
Monitoring, follow-up and attention to beneficiary complaints	X		100%
Market study	x		100%
Beneficiary selection	x		100%
Talks on CTP use/objectives provided to beneficiary families	X		100%
Cash transfer delivery for USD\$300	X		100%

## Achievements

- **Damage Assessment and Needs Analysis development**

The CRCS branch in the affected area carried out the first damage assessment in the field. During the first days of the emergency, the National Directors for Aid and Health and national intervention team members travelled to Mocoa to support the assessments.

- **Monitoring by the National Society**

The CRCS' national directors and president, with National Society technical staff, conducted monitoring missions to the affected zones.

- **Preparation and submission of project monitoring reports**

The National Society published 14 situation reports on its institutional website to provide information about the operation's progress. The information provided by the teams in the field were the basis of these reports that were prepared by CRCS staff.

- **Staff recruitment**

The CRCS staff hired an operations coordinator, an administrative and financial assistant, a doctor, a nurse, an auxiliary nurse and one psychologist to provide support to the operation. This staff was in addition to the volunteers and staff that were mobilized during the early emergency phase.

- **Monitoring by the IFRC**

The IFRC's country cluster office in Lima organized an induction workshop for the finance and reports for this operation. The IFRC's disaster management coordinator for South America assisted in the creation of the emergency plan of action, which detailed each planned action in terms of support and contributions.

Following the EPoA's development, the disaster management coordinator conducted a first monitoring visit to Mocoa, supporting actions for the implementation of the cash transfer programme and the overall operation. He conducted a second monitoring visit at the end of the operation. The head of the country cluster and the integrated programmes coordinator also travelled to Colombia to provide support and strategic guidance.

- **Beneficiary satisfaction survey**

The CRCS carried out a satisfaction survey with 63 people that benefited from the cash transfer programme, which is equivalent to 84 per cent of this component's total number of beneficiaries.

The CRCS' analysis of the satisfaction survey indicated that 60 per cent of the beneficiary expenditures were used to purchase elements required to re-establish their livelihoods (purchases of machinery and supplies for small businesses such as a fast food stalls, production of chickens, sale of guinea pigs, sale of clothes, hair salon, tailor shop, etc.).

The survey showed that 30 per cent of families spent the cash they received on the purchase of perishable food items such as beef meat, eggs, vegetables, milk and other items, spending between 100,000 to 150,000 Colombian pesos (approximately 33 to 49 Swiss francs) on these types of expenses. Twenty-seven per cent of beneficiaries used the cash to pay their rent, as well as to pay off debts, with beneficiaries stating that they spent between COP 400,000 to 600,000 pesos (approximately 132 to 198 Swiss francs) on these items. Another 22 per cent purchased medication, 20 per cent used it for transportation and fuel costs, 13 per cent for education and 8 per cent for the purchase of water.

In response to the question in the satisfaction survey on whether the cash transfer they received was sufficient to satisfy their identified and prioritized needs, 59 per cent of the families indicated that this resource satisfied their needs and 41 per cent stated it had not. Many mentioned their heavy debts and difficulty to recover their livelihoods due to debts incurred and on-going lack of work.

When asked how long the money had lasted for them, 15 of the 63 respondents indicated that it was spent in one day, which was probably due to the need to purchase items for their small businesses or make urgent payments, 15 other families stated that they spent the funds over a period of 2 weeks, while 22 families stated that their money lasted for 1 week.

One hundred per cent of the families indicated that they received the expected amount of 800,000 Colombian pesos, and 61 people stated that they received the cash transfer on time.

Even though there are different modalities for the implementation of cash transfer programmes in Colombia, the surveyed population opined that depositing the funds in a bank, where they could then withdraw the cash by showing their identity card, was a convenient, rapid, well -organized and safe method of delivery.

Finally, this type of cash transfer mechanism meant that the heads of households were responsible for spending the money. In general, this method fulfilled the expectations of the population without generating any delays or problems within families.

- **Monitoring, follow-up and attention to beneficiary complaints**

A mobile phone number for complaints was provided to families during the awareness-raising process on the cash transfer programme. In addition, the CRCS also provided this telephone number in the commitment agreement signed by beneficiaries. The CRCS did not receive any complaints during the operation.

- **Market study**

The CRCS carried out a market study on livelihoods which involved collecting information and summarizing it in a needs assessment report; additionally, it conducted, a feasibility study on the implementation of the cash transfer programme, including an analysis of the impact of the floods and landslide. This study clearly identified the high levels of vulnerability in the region following the disaster and resulted in the creation of a map of actors, which facilitated the implementation of the livelihoods support system and the rehabilitation of economic activities in the zone of influence. Furthermore, it provided tools to enable autonomous and collective recovery and transformation of their territories.

- **Beneficiary selection**

In accordance with the lists of people affected by the emergency provided by the Municipal Council of Mocoa and the list of people impacted by this disaster, prepared at the start of the emergency by the Colombian Red Cross Society, the National Society selected beneficiaries based on the following criteria: families that required special protection such as indigenous and afro-descendent communities, families with disabled or elderly family members, single mother families, families with pregnant/breastfeeding mothers, families who had been adversely affected by the ongoing armed conflict, families with children aged between 0 and 5, and families with a large number of members.

Using this information, the CRCS selected 75 families for the cash transfer programme. After the families signed the delivery receipt and the commitment agreement, they received the funds.



**The CRCS implemented a cash transfer programme in Mocoa.**  
Source: Colombian Red Cross Society

- **Talks on CTP use/objectives provided to beneficiary families**

At the level of institutional coordination, the CRCS worked jointly with territorial agencies through the Municipal Council of Mocoa to have access to the lists of affected families.

The CRCS implemented awareness-raising activities during a meeting with the 75 beneficiaries that were selected for the cash transfer programme. The National Society informed participants about the accompaniment that would be provided for the visit to the bank to receive the cash transfer and on the purchase of products or the payment of services once they had received the cash transfer, as well as the criteria used in the selection process. The transfer was made on 6 and 7 June 2017.

The beneficiaries signed a commitment agreement during the awareness-raising meetings, which highlighted the purpose of the cash transfer programme and instructed the families on spending the funds they received on goods or services that could contribute to the well-being of the entire family.

- **Cash transfer delivery of USD\$300**

This project allowed for the provision of cash transfers to 46 women (61 per cent of the recipients) and 29 men (39 per cent of the recipients) for a total of 75 beneficiary families.

Of the 75 families that were selected for the transfer, 83 per cent of this group were residing in the urban zone of Mocoa and 16 per cent were living in the rural zone and 1 per cent were based outside the municipality at the time of the survey, as evidenced in the table below.

The CTP beneficiaries' location showed that the emergency's main impact was in the urban zone. For this reason, these families were staying with unaffected family members in the city of Mocoa.

Women, many of whom were single mothers, were a large majority of those who registered as having been affected by the emergency. The collected information demonstrated that due to the prevailing structure of the affected families. Based on a characterization exercise conducted during the operation, mothers were generally responsible for acquiring resources to cope with the emergency and contributed the most income to the satisfaction of their family's basic needs. In only 11 households surveyed, both parents jointly contributed to the income of their families.

The following table details the number of households reached by the CTP per urban neighbourhood:

Neighbourhood	Households	Household members
San Agustín	2	9
Pablo VI	3	12
Av 17 de Julio	1	3
La Floresta	2	17
José Homero	3	15
La Loma	1	6
La Peña	2	6
Olímpico	1	4
Independencia	1	4
7 Julio	1	2
Sauces	1	3
Bolívar	1	4
Los Laureles	5	20
San Fernando	13	45
San Miguel	1	3
5 Enero	1	5
Unión	2	12
Obrero	1	6
Miraflores	2	7
Villa Norte	1	3
Cinay	1	3
Esmeralda	2	5
1 de Enero	4	19
Villa Colombia	1	2
Nueva Esperanza	2	6

José María Hernández	1	4
Alto Afán	1	4
Pablo Sexto Alto	1	4
El Jarán	1	3
<b>Total</b>	<b>59</b>	<b>236</b>

The following table details the number of households reached by the CTP per rural zone:

Rural Zone	Households	Household members
El Líbano	3	16
Alto del Bosque	1	1
El Paraiso	1	5
San Antonio	4	22
Planadas	1	3
Campucana	1	8
San José de Pepino	1	4
Pueblo Viejo	1	3
Pepino	2	5
<b>Total</b>	<b>15</b>	<b>67</b>

One family with four members was reached in the Castellana neighbourhood in the Villa Garzón municipality.

### Challenges

- Due to the diverse demands and needs of the affected population, particularly vulnerable groups had to be prioritized during the selection process.
- The best CTP strategy and application mechanisms had to be created to ensure its utility to the prioritized group in the affected population.

### Lessons Learned

- A multi-disciplinary team is required to conduct the needs assessment, market study and feasibility of cash transfers and actions to this end should start in the first days of an emergency. the monitoring of changes in the local economy and strengthening of inter-institutional coordination are required to make the needed adjustments.
- To optimize field operations and allow for a smoother implementation of the cash transfer programme, the CRCS should create protocols and procedures to enable the efficient and effective replication of CTP in future emergencies in other locations in the CRCS branch network.
- CRCS staff and volunteers should increase their capacities in CTP and livelihoods during the different phases of an emergency response operation. This capacity strengthening will contribute to increasing effectiveness and provision of support in the national emergency response networks.

## 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 Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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

[www.ifrc.org](http://www.ifrc.org)  
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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 nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

## Contact information

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

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## Annex

Press releases and situation reports:

<http://www.cruzrojacolombiana.org/noticias-y-prensa/acciones-de-la-cruz-roja-colombiana-en-mocoa>  
<http://www.cruzrojacolombiana.org/noticias-y-prensa/cruz-roja-colombiana-contin%C3%BAa-en-mocoa-implementando-fase-de-recuperaci%C3%B3n>  
<http://www.cruzrojacolombiana.org/noticias-y-prensa/cruz-roja-colombiana-realiza-visita-mocoa-junto-la-comisi%C3%B3n-integral-de-gesti%C3%B3n>  
<http://www.cruzrojacolombiana.org/noticias-y-prensa/cruz-roja-colombiana-trabaja-en-restablecimiento-de-contactos-entre-familiares-por>  
<http://www.cruzrojacolombiana.org/noticias-y-prensa/reportes-de-situaci%C3%B3n-emergencia-mocoa>

Links to media reports:

<http://cnnespanol.cnn.com/2017/04/02/asi-puedes-ayudar-a-las-victimas-y-damnificados-de-la-tragedia-de-mocoa-en-colombia/>  
<https://www.laprensagrafica.com/internacional/Cifra-de-muertos-por-avalancha-en-Mocoa-asciende-a-320-20170412-0008.html>  
<https://noticias.caracoltv.com/colombia/colombia-de-luto-tercer-dia-de-la-tragedia-en-mocoa>  
<https://reliefweb.int/report/colombia/emergencia-mocoa-putumayo-cruz-roja-colombiana-reporte-de-situaci-n-10-abril-12-de>  
<http://prensalibrecasanare.com/casanare/25858-durante-3-meses-voluntario-casanareso-de-la-cruz-roja-apoyu-emergencia-en-mocoa.html>  
<https://gustavocalume.wordpress.com/2017/04/06/dimayor-y-cruz-roja-colombiana-se-unen-por-mocoa/>  
<http://www.postobon.com/sala-prensa/noticias/postobon-esta-mocoa>

## Disaster Response Financial Report

MDRCO012 - Colombia - Mudslide

Timeframe: 06 Apr 17 to 06 Jul 17

Appeal Launch Date: 06 Apr 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/4-2017/11	Programme	MDRCO012
Budget Timeframe	2017/4-2017/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		114,534				114,534	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		114,534				114,534	
<b>C4. Other Income</b>		114,534				114,534	
<b>C. Total Income = SUM(C1..C4)</b>		114,534				114,534	
<b>D. Total Funding = B + C</b>		114,534				114,534	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		114,534				114,534	
<b>E. Expenditure</b>		-103,598				-103,598	
<b>F. Closing Balance = (B + C + E)</b>		10,936				10,936	

## Disaster Response Financial Report

MDRCO012 - Colombia - Mudslide

Timeframe: 06 Apr 17 to 06 Jul 17

Appeal Launch Date: 06 Apr 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/4-2017/11	Programme	MDRCO012
Budget Timeframe	2017/4-2017/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>114,534</b>			<b>114,534</b>		
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	9,018		6,325			6,325	2,693	
Medical & First Aid	7,515		7,595			7,595	-80	
Teaching Materials	12,825		12,721			12,721	105	
Utensils & Tools	12,024		12,947			12,947	-923	
Cash Disbursement	22,545		20,077			20,077	2,467	
<b>Total Relief items, Construction, Sup</b>	<b>63,927</b>		<b>59,666</b>			<b>59,666</b>	<b>4,261</b>	
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	5,010		3,240			3,240	1,770	
Transport & Vehicles Costs	3,006		2,473			2,473	533	
<b>Total Logistics, Transport &amp; Storage</b>	<b>8,016</b>		<b>5,713</b>			<b>5,713</b>	<b>2,303</b>	
<b>Personnel</b>								
National Society Staff	20,841		17,501			17,501	3,340	
Volunteers	5,711		4,484			4,484	1,227	
<b>Total Personnel</b>	<b>26,553</b>		<b>21,986</b>			<b>21,986</b>	<b>4,567</b>	
<b>General Expenditure</b>								
Travel	1,503		2,265			2,265	-762	
Information & Public Relations	3,156		957			957	2,199	
Office Costs	2,525		1,759			1,759	766	
Communications	1,563		1,730			1,730	-167	
Financial Charges	301		3,200			3,200	-2,899	
<b>Total General Expenditure</b>	<b>9,048</b>		<b>9,911</b>			<b>9,911</b>	<b>-863</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	6,990		6,323			6,323	667	
<b>Total Indirect Costs</b>	<b>6,990</b>		<b>6,323</b>			<b>6,323</b>	<b>667</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>114,534</b>		<b>103,598</b>			<b>103,598</b>	<b>10,936</b>	
<b>VARIANCE (C - D)</b>			<b>10,936</b>			<b>10,936</b>		

**Disaster Response Financial Report**

MDR0012 - Colombia - Mudslide

Timeframe: 06 Apr 17 to 06 Jul 17

Appeal Launch Date: 06 Apr 17

Final Report

**Selected Parameters**

Reporting Timeframe	2017/4-2017/11	Programme	MDR0012
Budget Timeframe	2017/4-2017/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster management	114,534		114,534	114,534	103,598	10,936	
Subtotal BL2	114,534		114,534	114,534	103,598	10,936	
<b>GRAND TOTAL</b>	<b>114,534</b>		<b>114,534</b>	<b>114,534</b>	<b>103,598</b>	<b>10,936</b>	