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DREF Final Report

Colombia: Hurricane Iota

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRCO017
Date of Issue: 21 September 2021	Glide number:
Operation start date: 20 November 2020	Operation end date: 31 March 2021
Host National Society: Colombian Red Cross Society (CRCS)	Operation budget: 490,386 Swiss francs
Number of people affected: 228,000	Number of people assisted: 44,819
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, Norwegian Red Cross, German Red Cross and Spanish Red Cross.	
Other partner organizations actively involved in the operation: National Unit for Risk and Disaster Management (UNGRD), Firefighters, Colombian Civil Defense, Colombian Armed Forces (Navy and Air Force) and National Police.	
The Colombian Red Cross Society (CRCS) spent a total of 464,624 CHF. The remaining balance of 25,762 CHF has been reimbursed to the Disaster Relief Emergency Fund.	
The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the CRCS, would like to extend thanks to all for their generous contributions.	

<Click [here](#) for final financial report. Click [here](#) for contacts.>

A. SITUATION ANALYSIS

Description of the disaster

In November 2020, two hurricanes (Eta and Iota) evolved into category 4 and 5 storms. Hurricane Iota reached the San Andrés archipelago (San Andrés, Providencia and Santa Catalina) on 16 November 2020, also affecting the departments of Bolívar, Guajira, Atlántico, Magdalena and Sucre.

Based on figures from 17 November 2020 (OCHA Flash Update no. 3), Hurricane Iota affected 228,000 people. The Government of Colombia stated that 98 per cent of the infrastructure of the



Distribution of Humanitarian Assistance. Bolívar department, March 2021 Source: CRCS.

island of Providencia was damaged, including impacts on infrastructure, loss of property, belongings and road blockages.

On the island of Providencia, 95 per cent of the population was affected, between 1,900 and 2,000 houses were destroyed, water and sanitation infrastructure were weakened, health and education installations were left unsafe for use, and storehouses and medical equipment were damaged. This created an increasing social and economic impact on the island.

The number and strength of hurricanes in the 2020-2021 hurricane season is due to various causes: the absence of an El Niño event, increasing ocean temperatures, changing atmospheric patterns, and other climate change-associated phenomenon. As of March 2021, 321,000 people to be affected by floods, hurricane-force winds, and landslides in 11 departments of the country.

As of June 2021, the inhabitants of San Andrés and Providencia islands still require humanitarian support. Despite the government and donors' response, the lack of storage space is a challenge for food supplies on the island. With this disaster, the historical needs related to formal water and sanitation infrastructure are noticeable; local and national authorities are employing this opportunity to devise sustainable solutions.

With support from this DREF operation as well as other donors, the Colombian Red Cross Society (CRCS), with IFRC support, provided fundamental humanitarian assistance such as multipurpose cash transfers and water. Based on the results of lessons learned workshop, this operation has shown the importance to continue actions, to support resilience building with communities that face seasonal hydrometeorological risks and the implementation of forecast-based actions.

While the DREF operation has ended, the CRCS continues to implement recovery actions on the Islands of San Andrés, Providencia and Santa Catalina with interventions in Health, WASH, Livelihoods and Humanitarian assistance, mainly with funds from American Red Cross. Additionally, the National Unit for Disaster Risk Management (UNGRD)-led interventions, in which various organizations implement different actions, remain underway. Currently, the arrival of tourists on the islands of Providencia and Santa Catalina is prohibited; the only entries allowed are those of local inhabitants and authorized personnel of institutions engaged in the recovery work on the island. Tourism reactivation in the islands is planned for mid-July 2021.

Summary of response

Overview of Host National Society

In response to the emergency in the San Andrés and Providencia archipelago, the CRCS sought to strengthen and finance its response plan, through cooperation and strategic alliances with external Movement partners. This work was led by the National Society's Strategic Alliances unit, in charge of resource mobilization coordination and project office, aiming to obtain support through two mechanisms:

1. Earmarked donations through projects: in this modality, the National Society channelled external partners' funds through the presentation and creation of projects, with the specific aim of responding to the Hurricane Iota emergency in Colombia. Within this framework, donations were received from partners such as Coca-Cola, and two projects received support from the Johnson and Johnson Foundation.

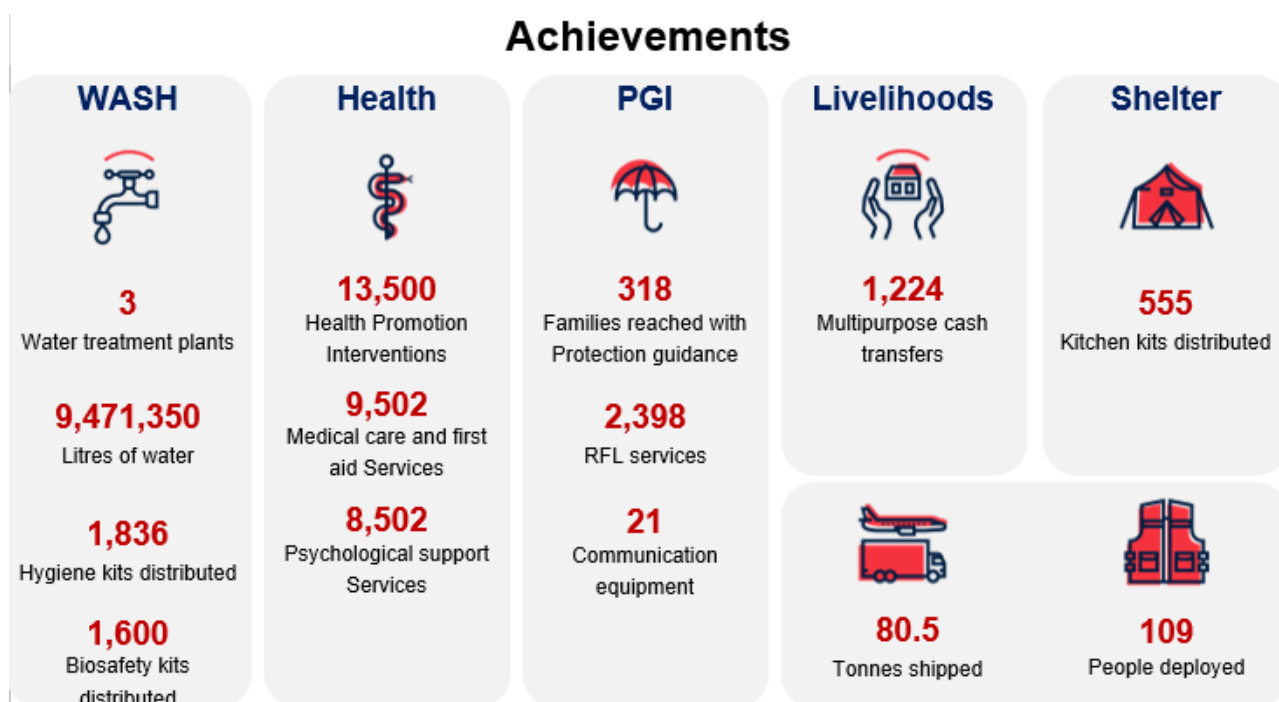
- In-kind and cash donations: the CRCS activated its different channels of collection for donations in cash that aimed to directly support the emergency response plan. Under this modality the National Society collected COP \$3,416,210,000 Colombian pesos (COP) (approximately 820,000 Swiss francs).

During the hurricane - rainy season, the Colombian Red Cross Society activated its contingency plan, placing all its branches on permanent alert. With the impact of Hurricane Iota, the CRCS established a crisis room, continually monitoring the operation, mobilizing personnel and equipment from the different branches, providing support to San Andres, Providencia, Santa Catalina and Bolívar.

As soon as the storm made landfall, on 16 November 2020, a team of 15 professionals in emergency management, medicine, psychology, nursing, logistics, telecommunications, information, and WASH were mobilized to San Andrés. A second response team was deployed on 18 November.

The CRCS established a field hospital and deployed three water purification plants. The CRCS also offered logistical planning services, implementing a communication network for Restoring Family Links (RFL) and installed a Very High-Frequency (VHF) network in San Andrés. Finally, the CRCS livelihood unit conducted a rapid response assessment in Providencia. The assessment was the basis for the planning and implementing of cash-and-voucher assistance (CVA) programme that was implemented between January and March 2021.

Cumulatively during this DREF operation, which ended 31 March 2021, 109 people were deployed to the field to support the areas of WASH, Livelihoods, Health, Protection, Logistics, Telematics, Communications and others. In total, the following actions were carried out:



Overview of Red Cross Red Crescent Movement in country

After the passage of Hurricane Iota through the San Andrés and Providencia archipelago and the departments of the Caribbean coast, the CRCS initiated contacts with the different Movement partners, with the aim to strengthen

the activities established in the CRCS's plan of action for the response. In the context of this support, the following initiatives were financed:

1. "Humanitarian assistance and emergency help in communities affected by floods in Colombia" project. Financed by ECHO with the support of German Red Cross, the project aimed to provide a response to the basic humanitarian needs of the people affected by the floods.
2. Emergency Plan Iota- International Committee of the Red Cross (ICRC). With this project resources from lines supported by the ICRC in Colombia were destined to respond to humanitarian needs generated by the impact of Hurricane Iota. The lines prioritized by this project were Personal Protective Equipment (PPE) for response teams, telecommunications and logistics support for the operation, Restoring Family Links and equipment transportation.
3. Emergency Response: Hurricane Iota in San Andrés and Providencia islands, which was developed as a partnership with the American Red Cross, with USAID/BHA funding, and aims to respond to humanitarian needs on the islands, focussing on WASH solutions.

From 25 November to 31 December, the ICRC provided support for RFL, telecommunications, logistics and health. The American Red Cross, German Red Cross, Spanish Red Cross and Norwegian Red Cross supported the emergency response and recovery of affected communities with RFL, health, livelihoods, WASH and communication services.

The IFRC, through its programme office in Colombia provided continual support and coordinated activities with the National Society for this DREF operation. The technical teams in Colombia from the IFRC Emergency Appeal operations (Population Movement- MDRCO014 and COVID-19) have been accompanying the CRCS. The current DREF operation complements the IFRC Emergency Appeal operation for the impact of these hurricanes in the region: Eta and Iota ([MDR43007](#)).

Overview of non-RCRC actors in country

The Government of Colombia activated the National System for Disaster Risk Management (SNGRD), of which the Colombian Red Cross Society is an active member. The CRCS is part of the National Response System of Colombia (UNGRD), which has implemented response actions of shelter, water, sanitation and hygiene, livelihoods, health and inclusion and protection. The UNGRD provided support for 1,300 million Colombian pesos (Approximately CHF 325,443) to the Islands of San Andrés and Providencia. In December 2021, the UNGRD conducted a damage and needs assessment ([Evaluación de Daños y Necesidades- EDAN](#)).

The United Nations is present through multiple agencies. The Pan-American Health Organization has provided medical assistance, deployed an emergency medical team, and distributed hygiene kits. UN Women was active, distributing dignity kits. Finally, UNHCR (UN High Commissioner for Refugees) provided tents and shelters. International and local non-governmental organisations remain active on the ground. Save the Children implemented actions in safe spaces with children and adolescents in conjunction with the Colombian Institute for Family Welfare (ICBF). Doctors without Borders and the Aerial Patrol of Antioquia, and the San Rafael Hospital Boat deployed field teams to provide health services. Action against Hunger has provided WASH materials as well as COVID-prevention kits. The NGO World Central Kitchen distributed hot meals to the local population of Providencia between November 2020 and February 2021.

Needs analysis and scenario planning



Shelter

The challenges to shelter of inhabitants of San Andrés, Providencia and Cartagena have improved thanks to the specific activities of this DREF operation.

According to the Damage Assessment and Needs Analysis carried out by the National Society's first team to arrive on the island of Providencia, strong winds destroyed approximately 1,200 homes, and about 400 were damaged and were suitable for repair. Thanks to different humanitarian programmes, it has been possible to reduce the number of people living in uninhabitable conditions in unsuitable places. For the reconstruction, priority was given to rebuilding houses and roofs. Six months after the emergency, there are still doubts about the [actual number of houses](#) that were replaced or fixed. [Findeter](#), the government agency in charge of the reconstruction of the island, has designed two model houses that the affected population can select for their new home. This agency has designed the [Plan 100](#) (alluding to 100 days), which sets the roadmap for the reconstruction of motorways, commerce and housing facilities. The housing goal was to deliver 1,266 new houses by the end of April 2021, which has not been fully completed at the close of this report.



Livelihoods

The livelihood situation of people in San Andrés, Providencia and Cartagena improved thanks, in part, to the action taken through this DREF operation.

The sudden halt in economic activities was aggravated by the impact of COVID-19 on tourism and commerce. The population had very few mechanisms to cope with the economic downturn. The CRCS identified three critical sectors and areas on the island of Providencia where livelihoods were especially lacking:

- Tourism: The main tourist zone is located in the Agua Dulce area, where the hotels, native inns, diving centres, and beaches are concentrated.
- Trade: Although small shops can be found throughout the island, commerce and services are located to a greater extent in the Central Zone and Pueblo Viejo. There is a strong affectation in two supermarkets, vehicle rentals (motorcycles and buggies), hardware stores, and other businesses.
- Agriculture: Plots between ½ to 1 hectare are located throughout the island. According to the Ministry of Agriculture, the valley area is an agricultural zone, with several freshwater aquifers optimal for planting. Due to the closure of roads caused by falling trees.

The multipurpose cash transfers provided through this operation, allowed the selected households to reach the survival threshold, which contributed to the protection and restoration of its livelihoods. However, the strong impact generated by the hurricane on livelihoods hindered early recovery, given the high dependency on the tourism sector (impact on native inns, hotels, restaurants and beaches) and the weak presence of other income-generating sectors (commerce, agriculture and fishing). The high risk of food insecurity remains if the State withdraws the distribution of food assistance through vouchers. Work has been done in identifying financing opportunities for projects which contribute to the recuperation of livelihoods through the distribution of capital, the development and strengthening of capacities, the diversification and strengthening of alternate sources of income adapted to the vulnerability conditions of the island.



Health

At the end of this operation, the health emergency in Providencia, San Andrés and Cartagena has receded, due in part to the support that the CRCS received through this DREF operation.

The heavy rains led to floods and landslides, with the consequent loss of assets, which increased the populations' vulnerabilities, facilitating the emergence of respiratory diseases, skin diseases, respiratory infection and acute diarrheal disease. Even after the end of this DREF operation, more epidemiological monitoring and surveillance was required in the affected areas. The displacement of communities and the use of temporary shelters increased respiratory diseases and COVID-19.

The destruction of the Providencia hospital coupled with San Andrés hospital's low capacity, increased the needs for health care and the continuity of the specific promotion and protection programmes for the most vulnerable groups. Along with the increasing prevalence of COVID-19 and the persistence of unattended chronic diseases, future morbidity and mortality indicators may indicate the larger impact of this hurricane on the population. The emergency situation increased mental health needs.

Currently the health service provision in Providencia is managed by the government's public hospital in San Andres. After the withdrawal of the CRCS Emergency Medical Team's health support, the field hospital had three doctors in the emergency room and one doctor for outpatient appoints and provides laboratory and X-ray services, amongst others. The Secretariat of Social Development leads the mental health actions, mainly at a community level. In terms of infrastructure, the hospital continues operating through the Field Hospital. The rebuilding efforts have been hindered by financial delays from the central government, which have not yet started the rebuilding at the time of this report.



Water, Sanitation and Hygiene (WASH)

This operation supported the CRCS to provide water and hygiene services that reduced people's exposure to different risks.

The island of Providencia is one of the country's insular regions with the most significant challenges to obtain access to drinking water, basic sanitation, and disposal of solid waste. As Hurricane Iota damaged 98 per cent of the Archipelago's infrastructure, this had a major impact on the municipal equipment and systems that the population used for access to these essential services. In addition to the damage to domestic water connections and internal piping, the destruction of domestic bathrooms, showers, washing items (dishwashers and laundries), sinks, and toilets generate risks to the island population. These circumstances implied an increase in health risks due to dehydration, problems in the management of excreta, the spread of vectors, difficulty in implementing hygiene habits, and a high possibility of contracting diseases associated with the lack of sanitation and water suitable for human consumption. In the quest to guarantee access to drinking water to the island community, it was a priority to evaluate the need to prolong the Water and Sanitation actions within the operation framework until local public agencies restored the service. To date, the actions in WASH are still ongoing with other donors, such as American Red Cross.

Following the completion of the CRCS WASH response, The UNGRD financed actions continued carrying out water treatment for human consumption. Likewise, interventions will continue for the distribution of water (tanker trucks and in large bottles), the municipal de-salinization plant and the management of the wood chipping machine that is reducing wood residue in the water available for distribution. The CRCS with American Red Cross support, continues the distribution of water filters and undertaking community workshops on hygiene preservation.



Protection, Gender and Inclusion (PGI)

A Rapid Needs Analysis in PGI was conducted by the CRCS at the early onset of the emergency. The team in the field visited all the shelters and did a characterization of the population and their PGI needs. This allowed the early implementation of protective spaces on the Island.

Risk Analysis

COVID-19 pandemic: The National Society implemented operational actions with consideration of the risks related to the current COVID-19 pandemic and aligned them with the IFRC's global Emergency Appeal that supports National Societies to provide assistance and support to communities affected by the COVID-19 virus. The CRCS ensured, even while responding to the Hurricane Iota emergency, that prevention measures against COVID-19 were followed, in line with the regional action plan and its national response plan for COVID-19.

Hurricane season and winter period: The hurricane season ended on 30 November 2020. However, there was a risk of cyclonic formations that could have affected communities impacted by Hurricane Iota and other areas. The rainy season and winter period, in which the La Niña phenomenon, continued. Fortunately, there were no cyclonic or major hydrometeorological events during the implementation of this DREF operation.

Commerce and banking: The banking sector in the island collapsed, making cash and voucher assistance a challenge to launch early in the operation. Multipurpose Cash Transfers were implemented. The provision of food and materials to the island is limited. So even when cash is available, the possibility of acquiring all needed goods to restore living conditions to normality remains scarce.

Target population

The Colombian Red Cross Society implemented this operation to reach at least 3,000 families (12,000 people) who were in the areas affected by Hurricane Iota and the increased intensity and frequency of rainfall in the departments of Bolívar and San Andrés. The prioritization of communities and households was conducted in coordination with SNGRD management and coordination bodies to generate synergies and complementarity of humanitarian assistance.

Department	Zone	Families	People	Men	Women
San Andrés Archipelago	San Andrés and Providencia	1,000	4,000	2,000	2,000
Bolívar	Cartagena	2,000	8,000	4,000	4,000
Total		3,000	12,000	6,000	6,000

The criteria for the cash transfer programme were based on households affected by Hurricane Iota with the prioritization of those with:

- Children under 5 years of age
- With pregnant women

- With people with disabilities
- With two or more dependents per adult of working age and suitable for work (dependency ratio of 2 or more); people under 18 and over 60 years of age and people with different abilities are dependent
- Classified in socioeconomic stratum 0, 1 and 2
- Homes located in high-risk areas due to natural phenomena other than the generating event
- With adults, single heads of household with minors in their care
- With people who are assuming negative survival strategies

B. OPERATIONAL STRATEGY

Proposed strategy

Provide emergency care to 3,000 families (12,000 people) affected by Hurricane Iota in the departments of Bolívar and San Andrés, through the implementation of humanitarian assistance in health, WASH, livelihoods, shelter, protection, gender and inclusion and restoring family links.

A CRCS needs assessment conducted in the middle of the operation motivated the National Society to request a one-month non-cost extension and a revision of the initial targets.

Shelter

A total of 555 households were reached with kitchen sets. The original strategy of delivering food kits to 900 families was updated to provide multi-purpose cash transfers (324 families in Providencia). This is explained above (page 4).

Health

Health promotion: 13,500 people received information on disease prevention and health care and 9,502 people received medical and first aid care, through the Emergency Medical Team activation. A total of 200 disinfection kits were distributed. A total of 8,502 people from the community and first responders received psychological and psychosocial support.

Water, Sanitation, and Hygiene

The CRCS installed 3 water treatment plants with an average daily output of 80,894 litres, reaching 5,539 people on Providencia Island, distribution of 1604 (20-litre) jerrycans and 863 filters to affected families, in addition to the support of 29 water tanks for sheltered families. The CRCS provided hygiene promotion and water safety kits that include hand-washing station.

Livelihoods

Multipurpose cash transfers were provided to 1,224 families in Bolivar and Providencia.

Protection, Gender and Inclusion

The National Society provided guidance for assistance and accompaniment of families at risk of violence (including gender-based violence- GBV) and provided access to Restoring Family Links services.

Additional considerations

- The Colombian Red Cross Society, through the support of mobilized volunteers, constantly monitored and verified the different lines of action such as livelihoods, water, sanitation and hygiene, health, and

psychosocial support, to identify evolving needs in the Providencia population. Thus, the CRCS responded to needs identified by its human resources in the field.

- As a participant of the Unified Command Post, the Colombian Red Cross Society was a key actors in the definition of the humanitarian lines of action. Since the beginning of the emergency, the assistance scope included distribution of safe water, psychosocial support, health promotion and prevention, RFL, reception and dispatch of emergency humanitarian assistance, livelihoods and logistical support to the SNGRD.
- The Colombian Red Cross Society conducted an initial assessment for the implementation of the livelihoods programme. This allowed to identify that the greatest degrees of affectation occurred in the *Vocación de la Isla* sector, whose economy is based on tourism and related services.
- The Colombian Red Cross Society, decided to not import or deliver food aid on the island. As the aid and kits provided by the government were sufficient to cover the needs of Providencia, the CRCS redirected this line to Cash Transfers or livelihoods support.¹ This decision was taking under close coordination with the Unified Command Posts, the UNGRD and the SNGRD's humanitarian aid management strategy.

Operational Support

Human Resources

This DREF operation supported following operative team:

- Operations Coordinator
- Field coordinator in San Andrés and Providencia
- Field Coordinator in Bolívar
- Administrative coordinator

This group was part of the CRCS's Disaster Risk Management Team, which led the emergency-phase implementation. The needs analysis conducted during the implementation period, identified the need of the deployment of a National Intervention Team (NIT) member specialized in WASH.

The CRCS's Health Unit deployed an Emergency Medical Team (EMT) to the island. This team was composed of a doctor, nurse, psychologist, pharmacist, nursing assistant and logistician/driver.

The emergency operation relied on the participation and transportation of specialized CRCS volunteers. The operational human resources consisted of a total of 109 people (51 volunteers and 58 staff) in the field, who undertook activities in WASH, livelihoods, communications, health and logistics.

Logistics

A collection and dispatch centre was established in the Naval Base in Cartagena, which enabled the first support to arrive in Providencia in the first 24 hours after the hurricane hit. The CRCS had presence in the logistics coordination for the transport of humanitarian assistance.

Information and Communication

As part of the National Response System, the CRCS maintained permanent communication and coordination with the UNGRD, as well as with the different donors that supported the emergency response in the departments

¹ The modification of the 1,200 food kits for 321 cash transfers was because of the high flow of food kits identified. The UNGRD requested no more food kits to be sent to the islands. This cash transfers stimulated the restart of the economic in target locations.

affected by Hurricane Iota. The CRCS also participated in the situation rooms at a local and national level, which allowed access to key information on all the emergency response actions

Community Engagement and Accountability (CEA)

CEA actions implemented during the emergency response included:

- In health, during the month of May there was a meeting with the whole community of Providencia, aiming to inform the community on all the services provided by the CRCS, as well as informing on the withdrawal of these services, as part of the closing of the health intervention
- For WASH and livelihoods, as of 27 May 2021, the CRCS continued meetings with the community, given that the CRCS still maintains actions in these areas.

IT

With the support of its donors, CRCS purchased communications equipment to respond to the emergency. This included equipment for RFL as well as computers and cell phones for the CRCS local response team.

Planning, Monitoring, Evaluation and Reporting (PMER)

The operation included the support of a PMER officer who contributed to the monitoring of the technical execution through activity monitoring tools, as well as generation of alerts on delays in the operation, which were then shared with the operation management. Additionally, there was a collaboration between the PMER officers of IFRC and CRCS for the consolidation of a single monitoring tool that allowed follow-up of operative, financial, logistical implementation until the closing of operations. A lessons learned workshop was held in late April with participation from the National Society team and the IFRC support, to address all resulting findings and challenges from the implementation of the operation. A report summarized the workshop conclusion making them available for reference future emergency operations.

Security

In the departments of Bolívar and the archipelago of San Andrés, there were no situations that compromised the security of the team. There were no reports of incidents that affected the operation. Additionally, the transport of staff and volunteers was undertaken in coordination with UNGRD, which offered transportation with the Colombian Air Force and the National Navy.

Administration and finance

For the required administrative tasks in this operation, an administrator, an accountant and a project coordinator were in place, to manage the administrative processes and the financial reporting of operational expenses.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 2,220

Women: 1,110

Men: 1,110

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and long-term resilience through shelter and settlement solutions

Indicators:	Target	Actual
# households provided with emergency shelter and settlement assistance	1,200	555

Housing Output 1.1: Affected families are provided with shelter, settlement, or basic household items.

Indicators:	Target	Actual
# households provided with household/shelter items (with at least one item).	300	555

Progress towards outcomes

The original purchase plan was to deliver 400 kitchen kits, but the favourable offer by the supplier selected made it possible to buy 155 additional kits and purchase and distribute 555 kitchen kits. Since at the time of acquiring the kits, the islands of Providencia and Santa Catalina had already received sufficient humanitarian assistance, distributions were conducted in the city of Cartagena, Bolivar department. The kitchen kits contain: 1 aluminium pot, 5 plastic dishes, 5 plastic cups and 6 stainless steel spoons.



*Distribution of kitchen kits. 18 March 2021.
Cartagena. Source: CRCS*

The bedding kits were not acquired because the State provided all the mats needed by the people in Providencia and Santa Catalina. People reached is calculated by multiplying by 4 the number of households reached with emergency shelter and settlement assistance.

The kitchen kits provided have shown to be a perfect complement of the food provided by the CRCS with support from another donor (outside the framework of this DREF operation). The quality of this kits suited the preparation of food in difficult conditions, which at times was outdoors.

Challenges

The most difficult challenges were related to the purchase and distribution of kits. The pipeline estimated for the provision of this kits did not consider the availability of transportation to the island. In addition, there was an insufficient pool of providers eligible of the required goods.

Lessons learned

The CRCS learned that the products offered by providers need to be tested and seen before their purchase, which often is a challenge when needed to be done rapidly. However, the CRCS identified that a more reliable and stable pool of providers for emergency operations need to be established. In the beginning, it will be necessary for these providers to show samples of all products offered. Hopefully, after some time working successfully, it could be possible once again to purchase products without prior testing.



Livelihoods and basic needs

People reached: 4,896 (1,224 families)

Women: 2,445

Men: 2,451

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of families receiving assistance and support	1,700	1,224

Output 1.2: Life-safety assistance, including food, is provided to the most affected communities

Indicators:	Target	Actual
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Output 1.5: Households received cash and coupon assistance to meet their basic needs

Indicators:	Target	Actual
# of families receiving multipurpose transfers	900	1,224
Cash feasibility study and rapid market assessment	1	1

Progress towards outcomes

An assessment was carried out according to groups and livelihood zones (see page 3) between 18 November and 2 December 2020. Intervention strategies were created between 16 January and 31 March. In parallel, permanent support was provided to the CRCS branches in Bolívar and San Andrés for the implementation of the Livelihoods and Basic Needs component.

Between 12 and 15 January, a rapid assessment of markets and financial services was conducted to determine the feasibility of implementing the Monetary Transfer Programme in Bolívar. In this field mission, the CRCS worked in coordination with the UNGRD to obtain data bases of people affected and with the potential profile to be reached with multi-purpose cash assistance. In a meeting with community leaders, databases were validated, and 780 families were selected to be reached with the CVA programme. The remaining 444 families were selected from the census conducted by the local government in San Andrés and Bolivar.

As part of this CVA programme, the CRCS was able to offer a comprehensive support to the San Andres and Bolivar Red Cross branches, guiding them through the stages of characterization of needs and target population, selection of people to be reached, money transfer procedures, monitoring and evaluation. After this process these branches have become strong allies for further implementation of CVA programmes in Colombia.

The original strategy of delivering food kits to 900 families was changed to providing multi-purpose cash transfers (324 families in Providencia).

Finally, 1,224 households (786 in the city of Cartagena, 332 on the islands of Providencia and Santa Catalina and 106 on the island of San Andres) were reached with multipurpose cash transfers.

Due to the unresponsive market and State forces in the provision of basic needs, the cash and voucher assistance would not have been timely and useful during the first days of the operation, or even for the first weeks of November and December. However, the CVA programme proved to be extremely useful starting in

January 2020 (when it was implemented) because by that time the island of San Andres already had recovered its levels of commerce. The CVA approach proved the myriad of personal preferences that cannot be correctly anticipated by donors; thus, the freedom of a cash or voucher transfer is ideal for people to address their self-defined needs.

Challenges

As the database provided by the local government was incomplete, the CRCS team, with IFRC support, solicited information from social leaders. This proved to be a very enriching methodological approach and showed the resourcefulness of the team. However, the incomplete information slowed the delivery process. Furthermore, there was a limited capacity of financial operators to deliver CVA programmes.

Lessons learned



The CRCS conducted surveys for the identification of people to be reached by CVA in Providencia, March 2021. Source: CRCS

The coordination with local and national authorities was necessary and very successful for the full implementation of the CVA programme. However, the operation also showed the importance of triangulating information using different survey and interview methodologies. In this sense, triangulation proved to be a key component for the selection of the targeted population. Finally, although the initial needs assessment and rapid market assessment shed some light on the emergency situation, the CRCS team identified an opportunity to strengthen the branch's capacity to engage in better assessment processes. The adoption of a Humanitarian Information Analysis framework was proposed

and could be a great input to enhance assessment quality.



Health

People reached: 13,500

Men: 6,755

Women: 6,745

Outcome 1: Immediate health risks to affected populations are reduced through better access to medical treatment

Indicators:	Target	Actual
# of medical consultations provided	1,600	9,502

Output 1.1: Better knowledge of public health issues

Indicators:	Target	Actual
# of people reached with prevention and promotion campaigns	12,000	13,500

Output 3.1: Psychosocial support provided to the target population, as well as to volunteers and staff

Indicators:	Target	Actual
# of people reached with psychosocial and mental health support	12,000	8,502

Progress towards outcomes

The CRCS has implemented actions to manage the public health risk generated by Hurricane Iota, strengthening response capacities in community health, first aid, vector control, medical care through an Emergency Medical Team and psychosocial support and mental health.

Department	Municipality	Item Distributed	# of people reached
San Andrés Archipelago	Providencia	Medical consultations	9,502 people
Bolívar San Andrés Archipelago	Cartagena Providencia Santa Catalina	Health promotion and prevention activities	13,500 people
San Andrés Archipelago Bolívar	Cartagena Providencia Santa Catalina	Mental Health and Psychosocial Support	8,502 people

Promotion and health prevention

Since the beginning of the operation there was a strong component driven by the promotion of safe behaviours and the reduction of risk factors. The mechanisms used were awareness campaigns, socialization of risk sessions, promotion of a self-care culture and distribution of PPE kits to volunteers, employees and members of the community with the corresponding campaign on how to use them properly. This was done in conjunction with the mayor of San Andrés' office. Moreover, with the help from the Ministry of Health, vaccination sessions for influenza, tetanus, among others were conducted. First aid medical sessions were also held throughout the operation in San Andrés and Santa Catalina.

Medical care

In the field, four doctors provided medical support. These doctors also helped the Providencia's city's Mayor to design and deploy extramural activities like home medical evaluation, screening of cardiovascular risk and diabetes, engage in minor procedures and provide required medicines or treatments. Furthermore, medicines were distributed; two Emergency Medical Teams (EMT) were deployed, which also provided mental health assistance. The two EMTs participated in the interagency medical information and coordination team created between State and civil society agencies to discuss the type and quality of interventions.

Mental Health and psychosocial support

An evaluation of the population's mental health status was conducted and made emphasis on the coping mechanisms from material and family losses. The EMT and all other staff members were reached with mental health and psychosocial support. The team deployed worked with the San Andrés branch to strengthen their capacity to create a listening centre and to implement a Psychosocial and Mental Health Working Groups. A total of 86 psychosocial kits were distributed.

Training in Psychological First Aid was undertaken with teachers and community leaders of Providencia island and with volunteers of the San Andrés and Providencia branch, which allowed the communities to replicate the psychosocial support activities and generate local capacity in psychosocial support.

The goal of reaching 12,000 people with psychosocial and mental health support was not reached because not all working-age population targeted attended the sessions. An important number of working-age people received psychosocial support at their own workplace.

Community First Aid



The CRCS provided health care provided to the population. Providencia, February 2021. Source: CRCS.

Several sessions were delivered using the Community-Based Health and First Aid (CBHFA) methodology. This included both community sessions and house-to-house field missions to promote safe behaviours, especially for the prevention of infectious diseases. Three community health committees, provided with first aid kits, were created and remained operational when this operation ended. The CRCS also distributed 123 kits for the prevention of vector-borne diseases. Finally, community leaders were identified and trained to spearhead safe behaviours and be the first respondents to any health emergency.

With the four medical doctors and the two Emergency Medical Teams, the operation was able to provide a substantial collaboration to the State-led humanitarian operation. The initial reluctance of people to access health care services, derived from past experiences with other health services, was rapidly shadowed by the good quality of health services provided. The medical team paired with other national and international actors, creating a network of health providers that contributed to a more timely and specialized intervention.

Challenges

In November and December 2020, it was difficult to engage in coordinated efforts with other health providers. It was also challenging to establish a location where the Red Cross medical teams could provide their assistance. This, combined with the lack of initial data on the affected population’s characteristics, the CRCS had to slow its pace to determine where to establish its service points. The critical juncture brought by COVID-19 also made the start of the intervention difficult, as there was no record of the number of people with confirmed cases or at risk. Finally, the geographical location of the San Andres and Providencia islands imposed a challenge for the recruitment of suitable personnel.

Lessons learned

The medical health team at the national and local level, require basic camp and rapid response equipment to install a medical health points more swiftly. The adaptative capacity of the Emergency Medical Team was outstanding given the challenging conditions. This performance should be highlighted and transferred to other branch and national level medical teams. Finally, partnerships with other organizations were beneficial, for reducing operational costs and providing more specialized and focalized services.



Water, sanitation and hygiene

People reached: 25,440
Men: 12,720
Women: 12,720

Outcome 1: Immediate risk reduction of water-borne and water-related diseases in selected communities

Indicators:	Target	Actual
# of needs assessments and monitoring missions	6	6
# of families reached with water solutions	1,200	2,501
<i>Output 1.1: Target population is provided with daily access to safe water that meets Sphere and WHO standards for quantity and quality</i>		
Indicators:	Target	Actual
# of families reached with solutions for access to safe water	1,200	2,489
<i>Output 1.4: Hygiene related assets (NFIs) that meet Sphere standards are provided to the target population and training is provided on how to use these assets</i>		
Indicators:	Target	Actual
# of needs assessments (WASH related)	1	3
# of families benefited with hygiene promotion activities	3,000	6,360
Progress towards outcomes		
<p>Water solutions for families includes all actions that guarantee access to clean and safe water for the population, such as water reservoirs, water filters and water tanks. The following items were distributed in the municipality of Cartagena: 1,604 jerrycans, 856 water filters and 29 500-litre water tanks. These three elements contributed to the positive impact of the 2,501 families, reached with solutions for access to safe water. Likewise, together with the access to drinking water, actions were carried out that contributed to hygiene, such as the installation of 9 hands-washing stations in the municipality of Cartagena (3,893 people reached) and hygiene promotion activities in the city of Cartagena and on the islands of San Andres and Providencia (6,360 people reached). The total number of people reached for this sector was calculated considering 4 people per family reached with hygiene promotion and safe water.</p> <p>Three monitoring and assessment missions were conducted. One to assess the physical and mental health conditions of people, another to assess the market conditions available for CVA, a third one to assess water and sanitation capabilities and a fourth to assess protection risks. All of these assessments underpinned the operational design on course. In addition to these assessments, two monitoring missions were carried out to supervise the implementation of the WASH solutions.</p> <p>Three water treatment plants suitable for human consumption were installed, with an average delivery of 80,894 litres per day, reaching 5,392 people on the island of Providencia. The CRCS guaranteed the quality of the water by conducting water quality control, with laboratory equipment for daily analysis of the parameters and with the collaboration of the Secretary of Health. As of 31 March 2021, 9,854,900 litres of water were provided to the communities and families in the Providencia and Santa Catalina islands.</p> <p>The remote geographic location of the islands from Colombia's mainland, made it difficult to mobilize the equipment, supplies and materials necessary for the proper operation of the water treatment plants. The CRCS staff managed to adapt quickly to this scenario and optimized the available resources, allowing the correct operation of the water-treatment systems, for the delivery of water suitable for human consumption, which is still undergoing and reaches the Providencia community supported by other funds.</p> <p>The WASH community assessment was used to identify the distribution needs for jerrycans and water filters. An meeting was held between the CRCS National Direction of Disaster Risk Management and the Bolívar branch since the start of the operation's final stage, which concluded that items for the population of San</p>		

Andrés and Providencia, would be unable to reach the islands on time due to a maritime transportation limitations. Therefore, the National Direction determined that 1,604 jerrycans and 856 clay water filters would be distributed in Cartagena.

The distribution and delivery of the jerrycans and filters, conducted between 16 and 19 March in Cartagena reached the people in the districts of Recreo (256 jerrycans – 128 water filters), Leticia (236 – 118), Lomas de Matunilla (202 – 101), Bajo del Tigre (0 – 51) and Villa Rosa (920 – 460).

The hygiene promotion activities included the following actions:

1. Preparation of teaching material: flipcharts and calendars
2. Training of volunteers and National Intervention Team (NIT) members of the CRCS- Bolívar branch to undertake socialization activities in the communities and educational institutions
3. Meetings with different organizations and community leaders, authorizations were requested in various educative institutions to conduct the workshops with students
4. Volunteers and NITs in WASH worked together to organize and implement the hygiene promotion activities,
5. The calendars were distributed in the community and to students

In the city of Cartagena, 11 hygiene promotion workshops were held in the communities of Recreo, Leticia, Bajos del Tigre, Lomas de Matunilla, Villa Gloria, Marlinda, Villa Rosa, Caño del Oro and Ciénaga de la Virgen (Olaya Sector Fredonia). In the Islands of San Andrés, Providencia and Santa Catalina, the CRCS held five hygiene promotion activities in schools, and three with communities.



WASH kits delivered in Cartagena. 18 March 2021. Source: CRCS

Throughout the operation, the WASH team strengthened the understanding of water sanitation, concepts, and practices among the local CRCS staff, and the people reached. Educational campaigns on safe water use were launched in education institutions, government institutions and households. The CRCS coordinated with other humanitarian and government agencies.

Thanks to the rapid response of the WASH team, vulnerable communities of San Andrés and Santa Catalina were able to regain access to safe water. Similarly, the water plants were reached many different economic sectors and households in Cartagena. Finally, the CRCS Bolivar branch strengthened its capacity to implement emergency WASH solutions.

The mobilization of treatment plants to the island was a logistical challenge, for which the CRCS needs to further strengthen its capacity to use these plants. On the administrative side, the purchasing processes were in general delayed, slowing the acquisition of basic supplies and necessary equipment. Increased coordination between financial teams from CRCS and IFRC is required.

The initial deployment of staff from Cartagena to San Andres via a boat of the National Army, represented a logistical challenge to the operation, because the vessel ended up arriving several days late.

Challenges

The challenges identified are the same as those explained in the health section above.

Lessons learned

The CRCS has a well-prepared national-level WASH team. Increased effort should be made to transfer such capacities throughout the branch network. The purchasing process should be done differently in the next emergency, with more direct coordination with IFRC and a database of reliable providers for emergency deployments.



Protection, Gender and Inclusion

People reached 2,398

Outcome 1: Communities become more peaceful, safe and inclusive in meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
# of families receiving referral support and attention in restoring rights	90	318

Output 1.1: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster

Indicators:	Target	Actual
# of people who use the restoring family links service	1,600	2,398

Progress towards outcomes

The PGI emergency team started offering assistance by the second day of the emergency. This allowed the rapid installation of the Restoring Family Links service. As a general response mechanism, 21 branches activated specific channels for the reception of RFL cases and a national line was activated from the CRCS's national headquarters in Bogotá. During the response to the emergency, search requests were received from 12 branches.

The team carried out a rapid assessment of protection risk needs and surveyed all available shelters, focusing on families, most vulnerable groups, the exact location by sectors, data of community leaders in charge of the shelters. This information that was necessary to be shared with the island's Mayor Office, since only six shelters were officially registered, and this allowed prioritizing the response.

In the early days of the operation, the PGI team was able map the availability of institutional and social services, showing the infrastructure and social capabilities within the island. This mapping included data on social leaders that could cascade specific and critical messages in their settings. The work conducted by the CRCS PGI team enable the creation of the protection group in Providencia, with local authorities, organizations and NGOs present on the island.

Impact

The CRCS's PGI team was the first institutional team in the field to provide protection and inclusion services on the island. Thanks to this, the team was able to provide services to more than 2,500 people including RFL and restoring rights advice, mainly through orientation. Additionally, the PGI team's timely arrival contributed to the first independent humanitarian needs assessment. This assessment was critical for other sectoral teams of the CRCS to plan and deploy their own service provision strategy.

In the city of Cartagena and in Providencia, the operation undertook activities of institutional coordination with organizations focused on the protection of women and children. Workshops in safe spaces were conducted in Cartagena (20 participants) and in Providencia (30 participants). Participants worked together to learn about the rights of women and children and the pathways in case of SGBV. The session in Providencia was in Creole language of the population to facilitate exchanges.

CRCS mapped the institutional offer of services and identification of the protection referral pathways in case of violence, including gender-based violence. These were governmental institutions that are part of the official protection referral pathways, such as the Colombian Institute for Family Welfare (ICBF), Commissary for the Defence of the Family, the Children and Adolescents Police, directors of local public hospitals, education, health and the department's secretariats, among others.

Challenges

The social dynamics, dialect, cultural practices, and identities on the island are different from those on the Colombian mainland. The response to the needs of children and adolescents required participation of local actors, the Mayor's Office, teachers, and community leaders. The CRCS protection team coordinated with the Secretariat of Social and Community Development, the Secretariat of Government and OCHA for support, as well as a focal point from the island.



*Restoring Family Links. 17
November 2021. Barrio San Felipe
- Providencia. Source: CRCS*

In San Andres and Providencia, the population was unfamiliar with the safe use of personal protective equipment, which put all people at risk. The CRCS provided guidance on the processes of cleaning equipment, personal hygiene, proper use of personal protection element including face masks, which were permanently provided to the community members.

In the first two weeks of the intervention, the insufficient quantity of protection personnel in the field was a challenge and required attention so as to not affect their wellbeing due to prolonged support absence. The situation was improved with coordinated field missions with other teams, so that the protection personnel were accompanied by others. At the beginning of the response, the protection team did not have a complete emergency communications kit, with digital radios or satellite phones to carry out RFL activities in Providencia. The Norwegian Red Cross and German Red Cross in Colombia loaned their equipment to the CRCS. Subsequently, there were difficulties in obtaining sufficient credits for calls through satellite phones, to provide communication services to the affected population.

Lessons learned

The operation showed the importance of having a regular revision of the PGI protocols, particularly the restoring family links strategy. For example, it is necessary to revisit the forms to collect information, since the ones currently used are not adaptable for an emergency situation. Similarly, staff at the national level should be regularly trained and retrained in RFL frameworks. Also, when operations are finished, there is a need to have staff in charge of closing all cases and collecting all the institutional equipment. Finally, emergency RFL kits should always be available at the national headquarters.

In large-scale emergencies in which teams are mobilized to the field, it is important that at least six people are mobilized to respond to protection and RFL issues in the first response team. The team that addresses the RFL needs should have knowledge of psychological first aid, be related to the MHPSS team, or to carry out joint activities with that team to be able to provide a more comprehensive care.

Strengthen National Society

Outcome S 1.1: The objectives of capacity strengthening, and organizational development of National Societies are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and implement.

Indicators:	Target	Actual
# of insured volunteers	1,520	51

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of monitoring visits	3	3
One lesson learned workshop carried out	1	1

Progress towards outcomes

Throughout this operation the 51 volunteers that were deployed in Providencia and Bolívar were insured. The original target was 1,520, which was meant to cover volunteers in many different coastal regions affected by the hurricanes. The CRCS decided not to use the IFRC insurance, as it uses a national insurance for volunteers through the National Disaster Risk Management System.

A comprehensive lesson learned workshop was implemented at the end of the operation. This event gathered all CRCS field, planning, administrative, financing, and other staff members in a systematization and critical thinking activity to depict the positive and negative aspects of the operation. In general, the team agreed the operation could be deemed as an effective one, which in turn tested the CRCS capacity to react in a short lapse of time and with recognizable implementation quality. In addition, with each of the teams deployed by the National Society, feedback processes were conducted to reflect upon their performance and provide feedback on how to work in a COVID-19 context.

Throughout the operation, the IFRC PMER staff helped the implementation team, with the design of a monitoring tool that streamlined all information regarding the budget, operational activities, timeframe, and responsible staff per activity. This tool was central to the implementation of the operation's monitoring and evaluation framework. In addition, monitoring meetings were carried out on a weekly basis to follow-up on operational and financial implementation.

Overall, this operation has strengthened the response and recover capacities of the CRCS Bolivar and San Andres branches.

Challenges

The COVID-19-related restrictions have increased the logistics costs and limited the availability of CRCS branches to deploy emergency response teams.

Lessons learned

A more rigorous monitoring and evaluation process is required. The management team received the management tool for monitoring expenditure and programme compliance, when the operation was ending. The monitoring tool provided by IFRC should be adapted early in future emergency operations.

D. Financial Report

See [Annex](#) for the Final financial report.

Contact information

Reference documents

Click here for:

- [DREF Plan of Action](#).
- [Operation Update n° 1](#)

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How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/11-2021/08	Operation	MDRCO017
Budget Timeframe	2020/11-2021/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 21/Sep/2021

All figures are in Swiss Francs (CHF)

MDRCO017 - Colombia - Hurricane Iota

Operating Timeframe: 20 Nov 2020 to 31 Mar 2021

I. Summary

Opening Balance	0
Funds & Other Income	490,386
DREF Allocations	490,386
Expenditure	-464,624
Closing Balance	25,762

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	51,826	26,173	25,654
AOF3 - Livelihoods and basic needs	132,515	136,624	-4,109
AOF4 - Health	63,680	55,863	7,817
AOF5 - Water, sanitation and hygiene	111,378	111,358	20
AOF6 - Protection, Gender & Inclusion	3,610	5,670	-2,059
AOF7 - Migration	21,305	16,954	4,351
Area of focus Total	384,315	352,641	31,674
SFI1 - Strengthen National Societies	96,551	110,044	-13,493
SFI2 - Effective international disaster management	9,520	1,939	7,581
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	106,071	111,983	-5,912
Grand Total	490,386	464,624	25,762

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/11-2021/08	Operation	MDRCO017
Budget Timeframe	2020/11-2021/08	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 21/Sep/2021

All figures are in Swiss Francs (CHF)

MDRCO017 - Colombia - Hurricane Iota

Operating Timeframe: 20 Nov 2020 to 31 Mar 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	291,730	251,286	40,444
Clothing & Textiles	30,634		30,634
Water, Sanitation & Hygiene	78,087	82,143	-4,056
Medical & First Aid	17,577	20,808	-3,231
Teaching Materials	26,742	13,773	12,969
Utensils & Tools	24,106	14,824	9,282
Other Supplies & Services		322	-322
Cash Disbursement	114,584	119,417	-4,832
Logistics, Transport & Storage	29,881	21,520	8,361
Storage	7,031	2,616	4,415
Distribution & Monitoring	10,044	6,023	4,021
Transport & Vehicles Costs	12,806	12,881	-75
Personnel	109,073	137,919	-28,846
National Society Staff	39,280	39,758	-478
Volunteers	69,793	98,162	-28,368
Consultants & Professional Fees	301		301
Professional Fees	301		301
General Expenditure	29,471	25,541	3,930
Travel	7,232		7,232
Information & Public Relations	502	455	47
Office Costs	19,247	17,571	1,675
Communications	1,963	6,213	-4,250
Financial Charges	527	1,301	-774
Indirect Costs	29,930	28,357	1,572
Programme & Services Support Recover	29,930	28,357	1,572
Grand Total	490,386	464,624	25,762