**Colombia: Floods**

The Colombian Red Cross Society is providing assistance in Cauca. Source: CRCS.

<table>
<thead>
<tr>
<th><strong>Appeal:</strong></th>
<th><strong>Total DREF Allocation:</strong></th>
<th><strong>Crisis Category:</strong></th>
<th><strong>Hazard:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRCO022</td>
<td>CHF 499,988</td>
<td>Yellow</td>
<td>Flood</td>
</tr>
</tbody>
</table>

- **Glide Number:** -
- **People Affected:** 920,656 people
- **People Targeted:** 25,353 people

- **Event Onset:** Sudden
- **Operation Start Date:** 08-12-2022
- **Operational End Date:** 31-05-2023
- **Total Operating Timeframe:** 5 months

**Targeted Areas:** Cauca, Cundinamarca, Huila, La Guajira, Valle del Cauca

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.
Description of the Event

What happened, where and when?

On 1 November 2022, the national government, through Decree 2113, declared a national disaster situation, since, between 1 August 2021 and 28 October 2022, 21 of the 32 departments of the country and 390 municipalities had resorted to the declaration of public calamity, under Law 1523 of 2012, which adopts the National Policy of Disaster Risk Management and establishes the National Disaster Risk Management System (1).

In particular, the departments of Cundinamarca, La Guajira, Cauca, Valle del Cauca and Huila had registered high levels of affection in more than 70% of their territories, due to the persistence of the rainy season by the influence of the La Niña phenomenon, which cause heavy rains and floods throughout the national territory. This situation, together with the low level of humanitarian assistance given to people in need and the difficulty of access to their territories, aggravated food insecurity and increased health diseases.

At the close of this operation, the declaration of a National Disaster in Colombia was still open; however, the effects diminished considerably, given that on 10 March 2023, through Special Communiqué 019, the Institute of Hydrology, Meteorology and Environmental Studies (IDEAM) reported that the La Niña phenomenon had come to an end. This is in addition to, in June 2023, the first rainy season of the year came to an end, and that the materialization of the El Niño phenomenon in the second half of the year was announced.

The timeline of events on which the Declaration of Emergency in Colombia was based as a consequence of the rainy season and its actions was as follows:
- 1 August 2021 - La Niña phenomenon began.
- 7 July 2022 – MDRCO021 DREF Operation. Floods - La Mojana.
- October 2022 - IDEAM increased the probability of La Niña phenomenon continuing between December 2022 and February 2023. IDEAM reported excessive precipitation, particularly over large parts of the Andean, Caribbean and Pacific regions in the second half of 2022.
- 28 October 2022 - Director of the National Unit for Disaster Risk Management convened the National Risk Management Council to assess the emergency situation.
- 1 November 2022 - The National Council for Risk Management considered that a situation of disaster exists.
- 31 October 2022 - Declaration of Disaster Situation for a period of twelve months.
- 10 November 2022 – Colombian Red Cross Society’s Action Plan was updated and a donation campaign was launched.
- 15 November 2022 - Socialization of the Government's Strategy to address the situation.
- 18 November 2022 - Prioritization of areas and lines to be funded by the Government's Care Strategy.

Sources:

Communities receiving humanitarian aid in Cauca, February 2023.

Awareness raising sessions in Huila, April 2023.

**Scope and Scale**

According to official reports from the National Unit for Disaster Risk Management (UNGRD), the presence of the La Niña phenomenon, between 1 August 2021 and 21 April 2023, left the following effects in the country: 350 people dead, 417 injured, 61 people missing, 315,109 families and 920,656 people affected, 145,453 houses damaged and 7,273 destroyed, 3,886 roads affected, 461 vehicle bridges and 359 pedestrian bridges impacted, 627 aqueducts and 166 sewers affected, 83 health centres and 545 education damaged, 207 community centres impacted and 82,439 hectares of productive land affected.

**National Society Actions**

<table>
<thead>
<tr>
<th>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide a brief description of those additional activities</td>
<td>The 2022-2023 rainy season, under the influence of the La Niña phenomenon, generated so much damage in the Colombian territory that the national government declared a national disaster situation (Decree 2113). Due to the effects of these events, the Colombian Red Cross Society activated its National and Branches’ Contingency Plans for phenomena related to rainy season (floods, mass movements, torrential floods, flash floods, windstorms, among others). In view of the scale of the emergency, it became necessary to develop and implement an Action Plan for Response to the 2022-2023 Rainy Season for the whole country, with an installed capacity in operational services for Risk Management and Health in Emergencies and Disasters. This National Disaster Response Action Plan, implemented by the Colombian Red Cross Society, was financed by the National Society, IFRC, Partner National Societies and external donors, such as:</td>
</tr>
<tr>
<td></td>
<td>- International Federation of Red Cross and Red Crescent Societies</td>
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<tr>
<td></td>
<td>- German Red Cross</td>
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<tr>
<td></td>
<td>- Spanish Red Cross</td>
</tr>
<tr>
<td></td>
<td>- Amazon Web Services</td>
</tr>
<tr>
<td></td>
<td>- Ecopetrol</td>
</tr>
<tr>
<td></td>
<td>- Postobón Foundation</td>
</tr>
</tbody>
</table>
Thanks to this Response Action Plan, the Colombian Red Cross Society was able to aid throughout the national territory in the following lines of action:

- Emergency Humanitarian Assistance (food kits, kitchen kit, crockery kit, overnight kit)
- Water, Sanitation and Hygiene (family hygiene kits, hygiene kits -for men, women, children and babies- cleaning kits, water storage kits, water filters, drinking water)
- Health (comprehensive health care, oral hygiene kit, vector control and management kit).
- Livelihoods
- Multipurpose Currency Transfers
- Disaster Risk Reduction (Community Education)

These actions made it possible to reach remote parts of the country where not even the Colombian state could reach with humanitarian aid, which strengthened the image of the Colombian Red Cross Society, as it was the one in charge of the delivery of the assistance provided by external donors.

**IFRC Network Actions Related To The Current Event**

**Secretariat**

Through IFRC funds complementary actions were developed in the country to assist affected communities by the rainy season. Among these, the MDRCO021 – Floods was implemented to address the floods in La Mojana, Department of Sucre.

Constant communication and technical assistance were maintained with the IFCR Country Cluster Delegation for the Andean Countries for the request and implementation of this DREF Operation. Also, support was provided by the regional and country office to address the Operational Update in order to have more clarity on the request for approval of the application.

**Participating National Societies**

The German Red Cross Country Delegation served as a strategic partner to respond to flood emergencies caused by the rainy season, supporting the response operation with technical and administrative staff, vehicles and logistics. Specifically, in late 2022 and early 2023, "MOFA Floods 1 and 2" and "MOFA GP1 and GP2" projects were implemented through their help. Also, in cooperation with the Spanish Red Cross and the German Red Cross, the ECHO HIP project was implemented. Additionally, the American Red Cross funded the "Mojana Clima y Vida" project. Finally, in cooperation with the Norwegian Red Cross, humanitarian and health assistance was provided.

**ICRC Actions Related To The Current Event**

In accordance with the lines of work established with the International Committee of the Red Cross, the Colombian Red Cross Society’s staff strictly complied with the security guidelines in the framework of Safer Access and the national regulation Series 1,000 that focuses on security in operations, in order to guarantee the accessibility of personnel to the different territories of the operation.
## Other Actors Actions Related To The Current Event

| Government has requested international assistance | No |
| National authorities | The National Unit for Disaster Risk Management (UNGRD) delivered food kits, monetary aid to heads of households, implemented the ‘community kitchens’ strategy which refers to providing food to prepare hot meals for those affected at specific points in the departments and, in conjunction with the Colombian Institute of Family Welfare (ICBF), delivered ‘popular baskets’ in the south of the country, which refers to products from the region that were distributed in areas that were isolated as a result of the rains. |
| UN or other actors | The Colombian Red Cross Society delivered Emergency Humanitarian Aid donated by partners such as Ecopetrol, drinking water donated by the Postobón Foundation, water filters and other items donated by Amazon Web Services. It also activated the agreement with the National Unit for Disaster Risk Management for the Humanitarian Logistics Centres, as well as distributed water, sanitation and hygiene items and Multipurpose Cash Transfers donated by the Swiss Agency for Development and Cooperation with the COSUDE project. In addition, the Colombian Red Cross Society carried out cooperation and resource mobilization efforts through donations, such as the virtual campaign #HazUnClicPorLaVida, which was broadcasted on the national channel RCN, which accompanied the deliveries of Emergency Humanitarian Assistance in different territories of the country. These donations contributed to the services of the mobile health brigades, prioritizing medical care, nursing, growth and development control, health promotion and disease prevention, deworming, delivery of medicines, dentistry and family planning, as well as the financing of food kits for emergency humanitarian assistance. |

### Are there major coordination mechanism in place?

Within the main coordination mechanisms that were carried out for this national disaster situation, the Colombian Red Cross Society, as a member institution of the National Disaster Risk Management System, participated in the different Unified Command Posts, Crisis Rooms and coordination meetings at the national, departmental and municipal levels, where decisions were made regarding emergency response strategies.

The Colombian Red Cross Society, being a participant in these spaces, and having its Response Action Plan active, put into consideration the different lines of action to respond to the disaster situation, prioritizing Emergency Humanitarian Assistance; Water, Sanitation and Hygiene; Health; Livelihoods: Multipurpose Cash Transfers and Disaster Risk Reduction.

The national, departmental and municipal governments thanked the Colombian Red Cross Society for its management and response in this national disaster, as it was able to provide assistance to families affected by the different emergency situations. This effort was appreciated by the municipality of Rosas, Cauca, where its mayor presented a public recognition to the institution.

Internally, the National Society kept its Crisis Room active and held coordination meetings with the branches in whose territories emergencies were recorded and responded to. The National Directorate accompanied the Branches’ directives in taking decisions to deal with the emergency situations in which the institution was involved.

## Needs (Gaps) Identified

### Livelihoods And Basic Needs

Due to the rainy season in the country, families' means of production and subsistence were lost. This was compounded by widespread food shortages in the territory as a result of major floods in different areas of the country that devastated thousands of productive hectares in the country.

On the other hand, the prices of food, supplies and transport increased, creating a gap for families to access basic food products.
response to this need, the Colombian Red Cross Society provided emergency humanitarian assistance to 5,033 families with the delivery of food kits to meet the basic food needs of families affected by the rainy season.

The NS also handed over equipment and elements corresponding to two Climate-Smart Livelihoods micro-projects, with the aim of reactivating the productive means of families who lost their businesses due to the effects of the disaster. These micro-projects enabled the productive units of 40 families to start up again, who are now generating their own income through environmentally friendly activities.

### Health

The rainy season in the national territory increased the demand for health services (primary health, mental health and promotion and prevention) especially in the departments of La Guajira, Valle del Cauca and Cauca, which were prioritized by this DREF operation to carry out the health intervention line.

In La Guajira, the passage of tropical storm Julia (which became a category 1 hurricane when it passed over San Andrés) and flood-related events led to an increase in cases of Acute Diarrheal Disease (ADI), Acute Respiratory Infection (ARI) and other illnesses affecting families, including malnourished children, pregnant women and newborns, who had to be transferred to health centres in the municipalities.

The same occurred in the departments of Cauca and Valle del Cauca, where the effects of the rains limited access to health centres due to damage to infrastructure, thus isolating communities, restricting access to medical care and medicines, and aggravating conditions related to chronic illnesses. The loss of belongings, the health problems and the lack of food security affected the mental health of the population.

In these departments, due to the increase of river levels, accessibility became difficult due to the destruction of roads and health centres; diseases resurfaced, such as hypertension, diabetes, among others; vector-borne diseases such as dengue, Chikungunya or Zika increased, and gastrointestinal diseases due to poor water quality and food handling became more frequent.

### Water, Sanitation And Hygiene

The water infrastructure in municipalities and rural areas was affected by the heavy rains, which generated a risk of shortages for the production and development of basic needs, such as food, hydration and implementation of personal and household hygiene practices. AFFECTED people were forced to find ways to access water for consumption, resorting to health risk practices such as drinking raw water with pathogens and chemical substances as well as exposure to diseases caused by the spread of vectors and the lack of basic sanitation.

According to the UNGRD, the constant rains affected 471 community aqueducts, 109 sewers and 743 sewage systems. 337 people experienced difficulties in accessing water suitable for human consumption and personal and household hygiene items, and their flood conditions affected their basic sanitation systems in their homes and communities; this had a negative impact on the health of these people, especially children, who suffered from gastrointestinal diseases, acute diarrhea, skin rashes and transmission of various vector-borne diseases.

Given the unhealthy conditions of the water being consumed by the community in the assisted territories, the diseases that this consumption caused, and the difficulties in accessing drinking water by their own means, the need was identified to provide assistance with the delivery of family hygiene kits and filters for home water treatment, in order to ensure the safe consumption of secure water.

### Operational Strategy

#### Overall objective of the operation

Through this DREF Operation, the Colombian Red Cross Society aimed to assist 25,353 people affected by floods and heavy rains in the departments of Cundinamarca, Valle del Cauca, Cauca, La Guajira and Huila. The operation concluded reaching 26,005 people affected by the emergencies, through response actions implemented in the areas of Livelihoods, Health and Wash.
Operation strategy rationale

This DREF operation was implemented between 8 December 2022 and 30 April 2023, with an allocation of CHF 499,988, in response to the emergency caused by floods. The operation strategy prioritized the delivery of humanitarian assistance to people in 48 municipalities in the departments of La Guajira, Cundinamarca, Valle del Cauca, Cauca and Huila, selected due to the level of destruction or damage to homes, productive hectares and others, as, according to reports from the National Unit for Disaster Risk Management, they were the most affected by the emergencies registered in the country. Natural events, such as flash floods, landslides, gales, torrential floods, among others, affected the most vulnerable communities, with floods and landslides being the phenomena that most affected people, housing infrastructure, road infrastructure, families' livelihoods, quality of water for human consumption, and personal and family hygiene.

The intervention contemplated the implementation of response activities to alleviate the human suffering that this emergency caused in the population of the departments of La Guajira, Cundinamarca, Cauca, Valle del Cauca and Huila. With the support of the Colombian Red Cross Society's branches in the same departments, specific actions were carried out to assist the affected population through three lines of action: 1) Livelihoods and Basic Needs, 2) Health, and 3) Water, Sanitation and Hygiene.

As part of the response strategy, the National Society carried out actions in:

**LIVELIHOODS AND BASIC NEEDS**
- Purchase of the elements of the micro-projects corresponding to Climate Smart Livelihoods.
- Food kits provision.

**HEALTH**
- Mass media campaigns in public health.
- Vector control kits distribution.
- Health services provision. Medical teams made long journeys to reach the most remote communities in La Guajira and Cauca to provide comprehensive health care.

**WASH**
- Development of teaching materials to raise awareness of water, sanitation and hygiene issues.
- Training for staff of Colombian Red Cross Society Branches Guajira, Cundinamarca and Bogota, Cauca, Valle del Cauca and Huila on water, sanitation and hygiene promotion.
- Training for communities in the correct use of the water filter and in good sanitation and hygiene habits.
- Delivery of Emergency Humanitarian Aid and development of awareness-raising and socialization on water, sanitation and hygiene promotion in the communities identified.
- Hygiene kits distribution.

**PLANNING AND COORDINATION**
- Identification, diagnosis and characterization of the communities to assist through Humanitarian Aid in Emergency, Water, Sanitation and Hygiene, Climate-Smart Livelihoods and Health.
- Participation in meetings of the Departmental Disaster Risk Management Councils and the Municipal Disaster Risk Management Councils in the departments of La Guajira, Cundinamarca, Cauca, Valle del Cauca and Huila, and their respective affected municipalities.
- Planning of activities to be carried out within the framework of the DREF operation.

**STRATEGIC ORGANIZATION AND IMPLEMENTATION OF ACTIVITIES**
- Deployment of volunteer National Intervention Team (NIT) delegates in Disaster Management and Information Management.
- Purchase, receipt, review and storage of Emergency Humanitarian Aid.
- Operational communication of Colombian Red Cross Society actions.
- Displacement of emergency humanitarian aid by land and river to the different communities.
- Strategies for the mobilization of emergency humanitarian aid to be delivered to communities, taking into account the difficulties of mobility and access to the territories.
- Follow-up visit and accompaniment of the activities and actions implemented and contemplated within the framework of the DREF's response.
- Preparation of updates in order to make the necessary adjustments to ensure the correct implementation of the DREF operation in terms of operational and budgetary issues.
- Partial progress reports on the operational and financial implementation of the operation to the IFRC.
- Development of different administrative activities from the National Directorate and the Guajira, Cundinamarca and Bogotá, Cauca, Valle del Cauca and Huila branches with the objective of carrying out the financial and execution closures within the established deadlines.
- Planning and execution of the Lessons Learned Workshop, with the participation of staff from the National Society's National Directorate, the Guajira, Cundinamarca and Bogotá, Cauca, Valle del Cauca and Huila branches, and community representatives from the five prioritized departments.
RESPONSE STRATEGY AND OPERATIONAL CHALLENGES

To carry out the deliveries of items, humanitarian aid and provide health care, the Colombian Red Cross Society staff in each of the branches identified the communities to be assisted and established a schedule, routes, means of transport and strategies to meet the goal of deliveries.

Due to flooding and other damage caused by the rains, the access roads to the communities to be assisted were in poor condition. In the municipality of Rosas, Cauca, where on 9 January 2023 a large mass movement occurred and covered the Pan-American Highway, National Society’s staff had to travel up to 16 hours by vehicle and on foot to reach the communities in the villages that were isolated in order to deliver humanitarian aid, as summoning these people close to the site where the emergency occurred meant a great risk for the population and the institution’s staff.

The same happened in La Guajira, where the communities were distant from the urban centre, and the access roads, due to the rains, were not suitable for the entry of vehicles, so it was necessary to wait for conditions to improve, and to make great efforts to get there to deliver the aid. In other departments, such as Cundinamarca, Valle del Cauca and Huila, the community was summoned to the urban centres and the entire delivery of each municipality was carried out in one place.

Given the level of need found, in some cases it was decided to provide families in need with a complete package of help, meaning that each household received a food kit, family hygiene kit, vector control kit, home filters for water treatment and training in water, sanitation and hygiene.

In the case of livelihoods, the rainy season had a great impact on the livelihoods of the populations settled in urban and rural areas, affecting the peasantry and therefore increasing the cost of living in the municipal capital and population center’s. As a result, food security, nutrition and the livelihoods of the population were mainly affected by the loss of crops and livestock.

In this sense, in order to improve the livelihoods of communities and generate income for vulnerable families by strengthening the productive fabric and harnessing the capacities, skills and knowledge of the population, it was proposed to support economic and food security through the development of two activities:

1. The development of two Climate Smart Livelihoods micro-projects: The first one carried out in the municipality of Tello - Huila, with an association of beekeepers called ‘Apitello’ to which support was provided through the delivery of capital such as equipment for honey extraction, hives and protective equipment to recover and strengthen the production of honey and by-products. The second microproject was implemented in the municipality of Guadalajara de Buga in the department of Valle del Cauca, where work was carried out with a community and artisan association called Asobambú. The focus of this microproject was on food and nutritional security through the installation of home gardens for the production of food for self-consumption, but with the possibility of expanding production for the sale of surpluses.

2. In-kind humanitarian assistance through the delivery of food kits to address the food security needs of affected people.

Targeting Strategy

Who was targeted by this operation?

For the implementation of this DREF operation, the Colombian Red Cross Society prioritized the population of the departments of La Guajira, Cundinamarca, Cauca, Valle del Cauca and Huila, which were seriously affected by heavy rains, floods, mass movements of landslides, sudden river floods, falling bridges, destruction and damage to housing, aqueducts, sewage systems and public infrastructure during the 2022-2023 rainy season influenced by the La Niña phenomenon, and which have not benefited from other interventions by state authorities or humanitarian entities in the area. In the five departments, the following municipalities and communities were assisted:

La Guajira:
- Uribia: Tapajiao, Maishen, Bahia Honda, Irraipa, Cabo de la Vela, Carrizal, Cardon, Koshimana, Poportin, Kshipashi, Ouispa.
- Fonseca: Sitio Nuevo, El Confuso, Los Altos.
- Albania: Villa Reina.
- San Juan: Potrerito, Sabana Grande.
- Villa Nueva: Los Sanjones, Las Flores.
- Urumita: La Sierra, urban area.

Cundinamarca:
- Bogotá: Usaquén, Chapinero, Rafael Uribe.
- Granada: Santa Fe, Santa Helena, Barrios, Carrizal, El Hoyo, El Ramal, Granada Centro, Guasimal, La Playita, La Ventidos, Sabaneta, San José, San Raimundo.
- Guayabal de Síquima: Urban area, rural area.
- La Calera: Urban area, rural area.
- Pacho: Urban area, rural area.
- Quipile: La Argentina, Santa Cruz, Sinai Bajo, Santa Marta, urban area, Libano, La Sierva, La Unión, La Floresta, El Tiber, Paima, La Joya, Guadalupe, Oriente, San Miguel, Quipilíto, San Nicolás, Cartagenita, El Retiro, San Isidro, Arabia, Candelaria, La Hoya.
- Soacha: Urban area.
- Vianí: Urban area, rural area.
- Viotá: Urban centre.

Valle del Cauca:
- Palmira: Barrio Azul - Anaime
- Yumbo: Platanares.
- Dagua: Loboguerrero.
- Jamundí: Bocas del Palo, Timba.
- Cartago: Tierra del Olvido, El Guábano.
- Caicedonia: Barragan.
- Trujillo: Andinapolis.
- Zarzal: Quebrada Nueva, Guasimal, Alisal.
- Florida: Policarpa Salavarrieta School
- Guacarí: La Magdalena.
- Buenaventura: Zabaletas, La Plata, Guaimia, Agua Clara
- Buga: Loboguerrero.
- El Dovio: Jai Kera Wera, Embera Chamí

Cauca:
- Rosas: Porvenir, Santa Clara, Altos de la Hierba, La Florida, Bellavista, Soledad, Portachuelo, Párraga Viejo, Ufugu, El Jigual, La Laja, Pinzón, Loma Bajo, Peñas Blancas, Golondrinas, Pan de Azúcar, Chontaduro, Párraga.
- Silvia: Urban centre, Resguardo Guambia.
- Piendamó: Corrales
- Guachené: City centre
- Guapi: El Carmelo
- Morales: Resguardo Honduras (Agua Sucia)
- Cajibío: Corregimiento El Rosario (Campo Alegre)

Huila
- Neiva: La Isla Settlement
- Tello: San Isidro Bajo, Cerro El Castañal, San Andrés Tello.
- Pitalito: Brussels
- Baraya: Espinalosa Baja, Libertad, Naranjales, Arizona, San Pablo.
- Garzón: Vergel, Majo.
- La Plata: La Mesa, Villa de Leiva.

**Explain the selection criteria for the targeted population**

The departments of Cauca, Cundinamarca, Huila, La Guajira and Valle del Cauca were prioritized according to their level of affectation, the lack of humanitarian assistance in the area and the difficulty of access to the territory, which attenuated the institutional response capacity.
The families to whom humanitarian assistance was provided were identified by humanitarian actors and community organizations, as well as by local Disaster Risk Management authorities through the Damage Assessment and Needs Analysis (DANA). This information was validated by Colombian Red Cross Society’s staff in each of the territories, which allowed for the identification of families and individuals who were assisted by this DREF operation, and who were not assisted by the government or another institution during the national disaster, in order to avoid duplication of assistance. The criteria for the selection of the assisted population are set out below:

- Families with children under 5 years of age.
- Families with pregnant or breastfeeding women or adolescents.
- Families with members with disability (physical, mental, sensory or intellectual) or with chronic or degenerative illnesses that make them unable to work.
- Households with two or more dependents per adult of working age and able to work (dependency ratio of 2 or more): dependents are those under 18 and over 60, and persons with disabilities.
- Persons at protection risk (due to armed conflict)
- Adults, single heads of household with dependent children.
- Unaccompanied senior citizens (over 60 years old).

Total Targeted Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>12,930</td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td>-</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Men</td>
<td>12,423</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total targeted population</td>
<td>25,353</td>
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</tbody>
</table>

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination by Weapons. Given the presence of armed actors in the area, and as a result of the floods, there may be a risk that some of these unexploded ordinances may have been removed by the rains, generating a potential risk to people.</td>
<td>- Awareness-raising campaigns and information management.</td>
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<tr>
<td></td>
<td>- Articulation with the ICRC and local organizations for identification and communication with related entities.</td>
</tr>
<tr>
<td>Environmental risks due to increased river flows and destruction of roads, bridges and public infrastructure limiting mobility and movement in some areas.</td>
<td>- Prevention actions and frequent monitoring of weather conditions.</td>
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<td></td>
<td>- Synergy with the National Unit for Disaster Risk Management and the Territorial Disaster Risk Management Councils.</td>
</tr>
<tr>
<td>Health risks due to situations related to COVID-19, as well as tropical, gastrointestinal and respiratory diseases. Bites and stings of animals and insects typical of the endemic area.</td>
<td>- Strict use of Personal Protective Equipment (PPE) for volunteers and staff that supported the operation.</td>
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<tr>
<td></td>
<td>- Attention to public health and self-care measures by National Society's staff.</td>
</tr>
<tr>
<td>Financial risks due to illiquidity, late disbursement or negative monetization.</td>
<td>- Planning of activities and timelines based on adequate provision of time for the preparation of letters of understanding.</td>
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<tr>
<td></td>
<td>- Request for extension at no cost.</td>
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<tr>
<td></td>
<td>- Request for recategorization of costs.</td>
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<tr>
<td></td>
<td>- Advice on calculating monetization.</td>
</tr>
<tr>
<td>Technical risks due to supplier non-compliance</td>
<td>- Performance policies subject to contracts, in terms of stock.</td>
</tr>
<tr>
<td></td>
<td>- Implementation of monitoring processes.</td>
</tr>
</tbody>
</table>
Financial risks due to ineligibility of expenditure
- Control of the invoicing, payment and legalization process with the financial team.
- Follow-up on the delivery schedules of the branches for the reporting of expenditures.

Exchange rate volatility risks
- Timely identification of surpluses to make a request for repurchase or extension at no cost for the execution of the surpluses.

Rains, hailstorms, mass evictions and overflowing rivers limit the mobility and movement of the field team, causing delays in the execution of some planned actions or activities.
- Transport and logistics projection according to the current characteristics of the territory.
- Coordination with authorities operating in the area.

Please indicate any security and safety concerns for this operation
Organized armed groups are present in the national territory, so all actions carried out were framed under the Framework for Safer Access and prior coordination with local authorities and communities, which ensured the safety of the personnel who participated in the activities and preserved the image of the Institution. Likewise, it was guaranteed that the personnel had the required personal protection elements, in order to avoid any situation that could generate any risk or expose their health in the development of the humanitarian actions. Additionally, monitoring was carried out by the Disaster Risk Management Team of the National Directorate, headed by the Operations Security Analyst, and the Peacebuilding and Institutional Doctrine Team.

Implementation

Livelihoods And Basic Needs

**Budget:** CHF 108,430
**Targeted Persons:** 13,609
**Assisted Persons:** 15,726

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers trained in the use of the NEAT+ tool</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Number of people reached with food kits</td>
<td>13,609</td>
<td>15,602</td>
</tr>
<tr>
<td>Number of people reached with microprojects in climate-smart livelihoods</td>
<td>124</td>
<td>124</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

- 5,033 families (15,602 people) were identified, characterized and assisted with 5,033 food kits, the delivery of which was in accordance with the Manual of Humanitarian Assistance Standards for Colombia of the National Unit for Disaster Risk Management, as well as with the National Emergency Decree 2113 of 1 November 2022 of the Presidency of the Republic of Colombia, which established in Strategy 1 the importance of the delivery of food as part of the strategy Zero Hunger due to the shortage situation in the regions where emergencies occurred.
- 5,033 food kits were distributed as follows: 1,521 in the department of Cundinamarca, 878 in La Guajira, 878 in Huila, 878 in Valle del Cauca and 878 in Cauca.
- The delivery of 5,033 food kits represented an execution of 115% (15,602 people = 5,033 families) in comparison to the planned target (13,609 people = 4,390 families). The delivery target was exceeded thanks to the authorization of the use of efficiencies for the purchase of food kits to extend the number of assisted families in the departments of La Guajira, Huila, Cundinamarca, Valle del Cauca and Cauca.
- The Climate-Smart Livelihoods micro-projects were carried out based on the identification of needs focused on food security, difficulties in accessing livelihoods and the possibility of recovering livelihoods. To this end, 20 volunteers from the Huila and Valle del Cauca...
branches (where the micro-projects were carried out) were initially trained in the use of the NEAT+ tool, which allows for the environmental assessment of projects in humanitarian contexts.

- Beyond supporting basic needs, it was necessary to promote the recovery of sustainable livelihoods and promote community resilience. Thus, an environmental livelihoods assessment was carried out to identify the specific impacts on the selected communities. Based on this assessment, the Colombian Red Cross Society implemented two specific micro-projects in the two communities of Buga, in Valle del Cauca, and Tello, in Huila, according to their needs.

- The delivery of emergency humanitarian aid was effective thanks to the actions carried out by the Colombian Red Cross Society, which made it possible to reach remote parts of the country where not even the Colombian state could reach.

**Lessons Learnt**

- Technical-administrative meetings were held as an important way to plan the intervention in conjunction with the branches, while approaching the communities where the intervention was carried out.

- The operation considered the value of providing aid considering special attention to vulnerable populations. In this way, attention was given to indigenous, Afro-Colombian, peasant and migrant communities.

- Despite having the appropriate operational staff to carry out the operation, it was necessary to promote more coordination with the branches' teams.

- In order to achieve the results, actions were articulated with health care providers, indigenous peoples, community councils, peasant communities and the security forces.

- The start-up times of administrative processes and purchasing processes must be reduced, and the procurement processes for products or distribution aids must be optimized.

- Actions should be articulated with other donors for the procurement of medicines and biometric equipment, as well as deliveries of the items in plastic containers (dual-use).

**Challenges**

One of the most significant challenges faced was access to communities as heavy rains and landslides severely affected access roads or, in some cases, resulted in their total loss, requiring the assistance of heavy machinery to open the roads to allow the passage of institutional staff and transport teams mobilizing humanitarian assistance. As a mitigation strategy for this challenge, the Colombian Red Cross Society adopted contingency plans that have been prepared and analyzed by the regional branches, which take into account the different prevention recommendations for the type of natural event, as well as the coordination with relief agencies.

The operation required sustainable and practical materials for the packaging and delivery of humanitarian assistance kits, especially for those elements that had to be delivered and arranged in cardboard boxes, which, when in contact with humid or wet environments or soils, accelerate the process of degradation or deterioration. As a strategy to mitigate this challenge, within the terms of reference for the acquisition of the different kits, it was suggested to the suppliers to improve the packaging materials of the kits, with environmentally friendly materials, also it was requested that, in the case of food, these were protected against humidity, in this way preventing the food from deteriorating when transported by river.

Finally, an administrative challenge that appeared with the implementation of the operation was the harmonization of the implementation times of response operations with the times defined for the signing and finalization of agreements with IFRC and with each of the branches that participated in the operation, since these legally binding documents had to be validated by the respective bodies. As a mitigation strategy, the importance of streamlining the timing of these processes will be considered in the future.

**Health**

**Budget:** CHF 129,595

**Targeted Persons:** 7,200

**Assisted Persons:** 8,230

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of vector control kits delivered</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Number of health services provided</td>
<td>7,200</td>
<td>8,230</td>
</tr>
</tbody>
</table>
Narrative description of achievements

- In response to the effects generated by the emergency in the departments of Cauca, Cundinamarca, Huila, La Guajira and Valle del Cauca, 2,000 families were assisted with the delivery of vector control and management kits.
- Medical care was provided to 8,230 people with health problems requiring low complexity services in areas of difficult access, children at risk of malnutrition or diseases prevalent in childhood, older adults with comorbidities such as hypertension, diabetes, respiratory infections and pregnant women requiring low-risk prenatal care. This comprehensive health care was carried out as follows: 7,010 in La Guajira, 576 in Valle del Cauca and 644 in Cauca.
- The rainy season in the national territory increased the demand for health services (comprehensive medicine care, nursing, psychological care and health promotion and prevention), which led to an increase in health interventions, especially in the department of La Guajira, where 7,010 of the 8,230 health interventions were carried out.
- The medical care and support through kits delivered allowed the people assisted to reduce their risk of contracting diseases due to poor water quality, as well as the proliferation of vectors due to the stagnation of rainwater in outdoor areas.
- Institutional actions were made visible through the institution's social networks and strategic coordination spaces. Also, a communication agency was hired, whose objective was to promote self-care and a culture of prevention against health risks arising from the rainy season, as well as to address safety in the face of disaster risks. This was possible with a communication campaign where the protagonists were the citizens themselves under the hashtag #ActivaTusSentidos (ActivateYourSenses).

The results of the campaign were as follows:
- Digital and social media: 8 publications on TikTok, Instagram and Twitter.
- Publications and interviews: 90 publications on television, radio and digital. 54 national and 36 internationals.
- Dissemination of content: A mass mailing was sent to more than 400 media outlets in the country and one-to-one contact was made with around 70 media outlets.
- Newsletters: 6 newsletters managed.
- Total audience: 6,598,096 people reached indirectly (views).
- Interviews: 14 managed and 11 conducted.
- Infographics: 4 managed infographics.

Lessons Learnt

- Among the main conclusions drawn from the lessons learned workshop, the following stood out:
- It was a success to provide comprehensive health care, as the quality of the water made communities sick due to the proliferation of vectors, which led to an increase in mosquitoes that caused an increase in the spread of dengue, zika, chikungunya and related diseases.
- For the community, the Red Cross is an organized and transparent institution, and has human resources that alleviated the suffering of the people from the effects of floods and other natural phenomena.
- Community testimonies are a fundamental part of the humanitarian work carried out by the Colombian Red Cross Society in communities affected by the many emergencies and disasters that occur in the country.
- It was a good idea to characterize the population and then deliver humanitarian aid, as it was possible to have better control of the communities when delivering humanitarian assistance.
- The different contexts and ethnic approaches in the country's territories permitted to underline that planning must be targeted and differential according to the affection and the specific needs of the community.

Challenges

It was a challenge to recruit professional staff with knowledge of indigenous languages, considering the linguistic diversity of the Colombian territory, in which 66 ethnic or native languages of the indigenous communities persist. When it was possible, indigenous languages were used to provide closer and clearer medical and humanitarian assistance, based on territorial approaches and the communities' conceptions and ways of life.

Water, Sanitation And Hygiene

| Budget: CHF 219,974 |
| Targeted Persons: 13,609 |
| Assisted Persons: 16,817 |
### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of home water filters distributed</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Number of people reached with family hygiene kits</td>
<td>13,609</td>
<td>15,602</td>
</tr>
<tr>
<td>Number of people trained in hygiene measures, water care and basic sanitation</td>
<td>2,000</td>
<td>2,000</td>
</tr>
</tbody>
</table>

### Narrative description of achievements

- Priority was given to implement actions that enabled affected communities to improve their capacity to carry out domestic water treatment and implement hygiene practices.
- Considering the effects generated in the five departments, 5,033 families were assisted through the delivery of family hygiene kits (La Guajira 878, Huila 878, Cundinamarca 1,521, Cauca 878, Valle del Cauca 878), and 2,000 families through the delivery of filters for home water treatment, who were also trained in water, sanitation and hygiene (400 kits in each department).
- Given the need found in the communities some families received both family hygiene kits and water filters, while others just received kits or water filters. At the end, a total of 5,425 families were assisted, avoiding duplication of data, as follows: Huila 878, Cauca 878, La Guajira 878, Cundinamarca 1,613 and Valle del Cauca 1,178 = 5,425 families (16,818 people).
- The people, leaders and municipal administrations expressed their infinite gratitude to the Colombian Red Cross Society for the aid received.

### Lessons Learnt

Among the lessons learned, the Colombian Red Cross Society identified the need to rely on larger means of transport and cargo to carry all the humanitarian aid to be delivered in a single journey.

It was a success to deliver homemade water filters, as this had a positive impact on the community, especially in La Guajira, where the lack of safe drinking water still is one of the main problems, with children constantly suffering from gastrointestinal diseases as a result. This was one of the biggest thanks from the community. Thus, for a future DREF operation or any project to be formulated, it is important to consider the need of the community for water filters in this area of the country, as it represents one of the greatest benefits for families, both in the line of water, sanitation and hygiene, as well as health.

### Challenges

The transport of humanitarian aid and the development of activities in the communities were complex due to the difficult access to reach the communities prioritized. Raising awareness on drinking safe water and promotion of sanitation and hygiene was not easy due to the conditions in which the communities are currently exposed; however, the community was very participative and receptive.

On the other hand, at the time of deliveries, many more families presented than those who were expected to be assisted, so many of them demanded to be included in the delivery of the home water filters or to be extended to a second phase in order to take them into account, because they had the same needs. However, the selection of the assisted families was made maintained on the initial characterization. This allowed the communities to be informed of the activities that would be carried out and the kits to which they would apply, together with the sensitization of the communities.
Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
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<tbody>
<tr>
<td>National Society Strengthening</td>
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<tr>
<td>Budget: CHF 36,690</td>
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<tr>
<td>Targeted Persons: 56</td>
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<td></td>
</tr>
<tr>
<td>Assisted Persons: 56</td>
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<td></td>
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Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers strengthened in terms of knowledge and equipment</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Lessons Learned Workshop</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Narrative description of achievements

56 uniforms were given to volunteers from the five branches involved in the operation, as part of the institutional equipment and visibility elements to carry out activities in the field. This ensured the uniformity and visibility of the institution in the territories where the communities were assisted after the national disaster.

Although only 56 uniforms were issued, more than 100 volunteers from the five branches participated in the implementation of the operation, given the need for staff rotation and the multiple activities to be carried out due to the scale of the Natural Disaster.

Lessons Learnt

The Lessons Learned Workshop was held on 25 April 2023 in the city of Bogotá. It was attended by 25 people including volunteers, staff and managers of the National Directorate of the Colombian Red Cross Society and the Guajira, Cundinamarca and Bogota, Valle del Cauca, Cauca and Huila branches, as well as representatives of the communities assisted through the DREF operation, and IFRC’s regional and country representation staff.

The lessons learned workshop was carried out through an active methodology of reflection and action, in which a series of instruments were applied to measure the impact, efficiency and effectiveness of the operation divided into six moments of reflection, as follows: a) First moment: context of the operation. b) Second moment: presentation of results by each of the branches. c) Third moment: individual work related to personal contributions to the actions. d) Fourth moment: working groups related to the role played within the operation. e) Fifth moment: link to evaluate the protocols and procedures of the operation. f) Last moment: elaboration of posters related to the efficiency and effectiveness of the actions.

The objectives of the workshop were to identify recommendations based on the experience of the operation in the departments of Cauca and Cundinamarca, Huila, La Guajira and Valle del Cauca. Likewise, to point out the reflections of the actions derived from the working tables and to collect the conclusions of the workshop through annexes according to the moments of work.

Considering the above, among the conclusions it is worth highlighting that the aid deliveries were carried out in accordance with the community and the organization that was established; also, ethnic and territorial approach should be taken into account when carrying out activities, with translators of indigenous languages to generate a link with traditional medicine and culture. In terms of administration, it should be noted that, given the different contexts and ethnic approaches in the country’s territories, planning should be focused and differential.

Finally, in terms of recommendations, it is important to rotate coordinators or administrators as little as possible from one emergency to the next, in order to reduce the time required for learning curves in the different branches, as well as to achieve a greater reduction in the time required for administrative procedures between the national headquarters and the branches.
Challenges

Among the most significant challenges in the implementation of the operation, aspects such as the following resulted complicated: obtaining official information on the number of people affected, people to be assisted, data about government actions and other actors', among other details related to the event.

Access to some of the territories was challenging, given the state of the roads, the type of transport or availability of transport to be used, the distances between urban centres and the communities to be attended, security conditions linked to other anthropic events, among other conditions.

The implementation of activities in a short period of time was defiant, due to different factors in the execution of activities, security conditions in the areas to be intervened, climatic factors, among others.

Despite the fact that some of the legalizations of the branches took longer than expected, the coordination and the Disaster Risk Management Team of the National Society of the Colombian Red Cross Society took the respective steps to accompany this process and obtain the necessary information to carry out the respective surrender.

Due to the fact that the information provided by the branches on the implementation of the activities did not arrive in a timely and clear manner, it was necessary for the National Directorate to use follow-up mechanisms via email, telephone or virtual meetings directly with the executive directors of the branches, as well as through visits by the technical team to the field, to obtain the information and support the preparation of the final implementation reports.
**Financial Report**

**Please explain variances (if any)**

The Colombian Red Cross spent CHF 459,363 from a total budget of CHF 499,988. The remaining balance of CHF 40,625 will be returned to the Disaster Response Emergency Fund.

The main variances in the expenditure vs original budget include:

643 additional food kits and 643 additional family hygiene kits were acquired after the authorization of the use of monetary efficiencies to assist more families in need in the departments of La Guajira, Huila, Cundinamarca, Valle del Cauca and Cauca. This made a total of 15,602 additional food kits and 15,602 additional family hygiene kits.

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### I. Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
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</tr>
<tr>
<td>Funds &amp; Other Income</td>
<td>499,988</td>
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<tr>
<td>DREF Response Pillar</td>
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<tr>
<td>Expenditure</td>
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<tr>
<td>Closing Balance</td>
<td>40,625</td>
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</tbody>
</table>

### II. Expenditure by planned operations / enabling approaches

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO01 - Shelter and Basic Household Items</td>
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<tr>
<td>PO02 - Livelihoods</td>
<td>108,430</td>
<td>123,718</td>
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</tr>
<tr>
<td>PO03 - Multi-purpose Cash</td>
<td>129,595</td>
<td>104,088</td>
<td>25,507</td>
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<tr>
<td>PO04 - Health</td>
<td>219,974</td>
<td>181,082</td>
<td>38,892</td>
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<td>PO05 - Water, Sanitation &amp; Hygiene</td>
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<tr>
<td>PO06 - Protection, Gender and Inclusion</td>
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<td>PO07 - Education</td>
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<tr>
<td>PO08 - Migration</td>
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<td>PO09 - Risk Reduction, Climate Adaptation and Recovery</td>
<td>797</td>
<td>-797</td>
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<td>PO10 - Community Engagement and Accountability</td>
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<tr>
<td>PO11 - Environmental Sustainability</td>
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<tr>
<td>Planned Operations Total</td>
<td>457,988</td>
<td>409,688</td>
<td>48,313</td>
</tr>
<tr>
<td>EA01 - Coordination and Partnerships</td>
<td>5,299</td>
<td>469</td>
<td>4,831</td>
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<tr>
<td>EA02 - Secretarial Services</td>
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<tr>
<td>EA03 - National Society Strengthening</td>
<td>36,090</td>
<td>49,209</td>
<td>-12,119</td>
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<tr>
<td>Enabling Approaches Total</td>
<td>41,990</td>
<td>49,678</td>
<td>-7,688</td>
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<tr>
<td>Grand Total</td>
<td>499,988</td>
<td>459,363</td>
<td>40,625</td>
</tr>
</tbody>
</table>

Click here for the complete financial report
people = 5,033 families assisted, in comparison to the planned target 13,609 people = 4,390 families.

NIT for activities x 3 months: $12,150,000 COP was budgeted, of which $1,890,000 COP was executed due to the fact that less time was required than planned, as an NIT was delegated for 14 days to carry out characterization activities of Livelihoods.

Livelihoods' volunteer support: $800,000 COP was budgeted, of which $400,000 COP was executed because the intervention was carried out in less time and the actions did not require more volunteers.

Mobilization of 2 NITs for evaluations and activities: $8,000,000 COP was budgeted of which $602,179 COP was executed since it was executed with the capacities of the branches' offices so the deployment of the NIT required less time.

Sustainable Productivity Workshops (volunteer feeding support activities): $1,100,000 COP was budgeted of which $781,630 COP was executed due to fewer volunteers attending than planned.

Sustainable Productivity Workshops: $8,000,000 COP was budgeted of which $5,738,199 COP was executed since the workshops were executed with less staff due to availability.

Health personnel (food): $68,647,920 COP was budgeted, of which $52,850,088 COP was executed because in the contexts where the health operations were carried out, being rural and remote sites, the costs that were initially budgeted for food were not sufficient. However, as the budget allocated to the branches has to be formalized through an operational agreement, it was not feasible to make a transfer between branches within the same line because this would imply the signing of new agreements between the affected branches. It was only after the final balances had been reconciled with the branches that it was possible to determine that some of them had not executed the entire amount of this budget line.

Volunteer support (food): $9,940,000 COP was budgeted, of which $4,118,000 COP was executed because it was not necessary to use all the volunteer support that had been contemplated, since the medical staff was sufficient for the planned consultations and medical services.

Health personnel (river mobilization): A budget of COP 22,930,000 was budgeted, of which COP 5,430,000 was executed because it was not necessary to use the entire budget, since the intervention areas could be accessed by land and not by river, thus reducing transport costs.

2 doctors for 3 months: A budget of $73,700,000 COP was foreseen, of which $65,549,000 COP was executed because the medical personnel had to stay more days in the territories carrying out their actions, which generated an increase in days of operation, but less transport expenses. The same occurred for the activities of 1 nurse for 3 months for which COP $20,300,000 was budgeted, of which COP $15,994,900 was executed, and 1 psychologist for 3 months for which COP $20,350,000 was budgeted, of which COP $17,444,900 was executed.

Health Personnel (Accommodation): $17,725,000 COP was budgeted, of which $8,224,660 COP was executed because the teams were initially going to move from Bogotá to various points, but the interventions were carried out in each municipality and therefore the resource was not fully used.

Costs of mobilizing volunteers for evaluation and activities (food and financial support Projection 50 volunteers for 60 days): The budget was $93,339,451 COP of which $50,732,342 COP was executed since the number of days of operation in the field was less than initially projected.

Implementation of WASH activities and needs assessment - Accommodation Volunteers: A budget of COP $48,000,000 was foreseen, of which COP $9,895,000 was executed due to the fact that the branches estimated fewer volunteers than projected and budgeted.

Volunteer mobilization costs for evaluation and activities (Hydration Projection 50 volunteers for 60 days): $9,738,150 COP was budgeted of which $5,088,550 COP was executed due to the fact that the branches estimated fewer volunteers than were projected and budgeted for availability.

Ground transportation for volunteers: $4,213,150 COP was budgeted, of which $1,942,850 COP was executed since the branches estimated fewer volunteers than projected and budgeted.

Follow-up and Monitoring Travel - Food - Accommodation National Team 2 visits x 5 days: $9,000,000 COP was budgeted of which $5,039,515 COP was executed because the visit was not carried out for the time foreseen.
Contact Information

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

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