



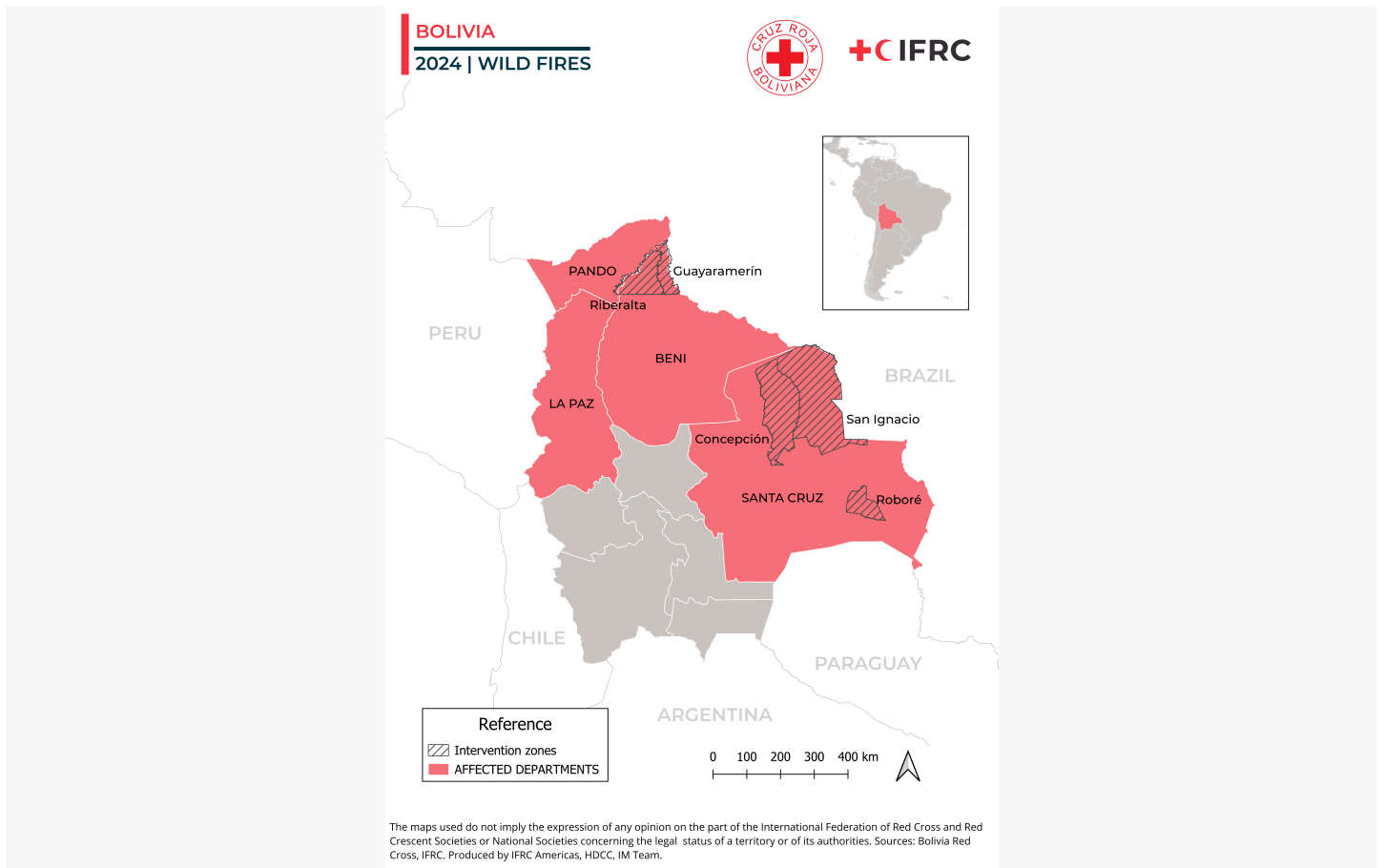
Impact of forest fires. Guayaramerin, September 2024. Source: BRC

Appeal: <b>MDRBO017</b>	Total DREF Allocation: <b>CHF 250,580</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Fire</b>
Glide Number: <b>WF-2024-000134-BOL</b>	People Affected: <b>25,335 people</b>	People Targeted: <b>2,500 people</b>	People Assisted: <b>2,575 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>21-09-2024</b>	Operational End Date: <b>31-01-2025</b>	Total Operating Timeframe: <b>4 months</b>

Targeted Regions: **Beni, Santa Cruz**

*The major donors of the Disaster Response Emergency Fund (DREF) include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO, Mondelez International Foundation and other corporate and private donors. The IFRC, on behalf of the Bolivian Red Cross, would like to extend thanks to all for their generous contributions.*

# Description of the Event



Affected Departments and Areas of Intervention. Source: IFRC

## Date of event

08-09-2024

## What happened, where and when?

Between July and November 2024, Bolivia faced one of the most severe forest fire emergencies in its history. The crisis escalated rapidly during August and September, when the number of heat spots tripled compared to the previous year, severely affecting the departments of Santa Cruz and Beni. Other regions, including Pando, La Paz, Cochabamba, and Chuquisaca, also experienced varying degrees of impact due to the widespread nature of the fires.

Given the magnitude of the emergency, the Bolivian government declared a national emergency on 8 September 2024 through Supreme Decree No. 5219, followed by the declaration of a national disaster on 30 September 2024. 67 municipalities were affected, of which at least 23 declared a state of disaster by October (OCHA). The national disaster declaration remained in effect until 29 May 2025, when it was officially lifted following the containment of fire activity and stabilization of conditions in the affected regions.

The fires primarily devastated forested areas, including large tracts of primary forest, as well as pasturelands and agricultural zones. By October, the surface area affected had exceeded 10 million hectares, marking one of the largest environmental disasters in Bolivia's history. The fires caused irreparable damage to ecosystems, biodiversity, and water sources, with long-term consequences for the region's natural resources and environmental recovery.

The humanitarian impact was equally severe. According to official reports, more than 25,000 people (approximately 5,000 families) were directly affected by the fires, suffering damage to their homes, livelihoods, and access to basic services. In addition, the widespread smoke and air pollution reached hazardous levels, especially in Santa Cruz, Beni, and Pando, significantly impacting public health and forcing school closures and the suspension of outdoor activities.

The scale of the disaster overwhelmed local response capacities, necessitating coordinated efforts at national and international levels to



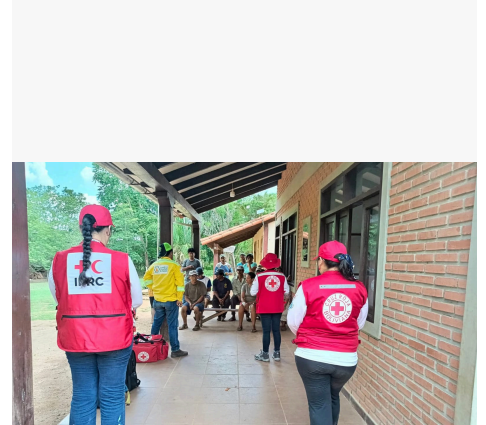
address the urgent humanitarian needs of the affected population. By early November, the onset of seasonal rains in eastern Bolivia and northern La Paz significantly reduced fire activity. On 4 November 2024, the Departmental Emergency Operations Centre (COED) of Santa Cruz officially reported that there were no active forest fires, marking the operational end of a prolonged and devastating emergency.



Psychosocial relief with affected communities. Santa Cruz 2024 Source: BRC



Provision of medical care to affected people. Beni 2024. Source: BRC



Community awareness with first responders. Santa Cruz, 2024. Source: BRC



Multipurpose cash delivery. Beni 2024. Source: BRC

## Scope and Scale

The forest fire emergency that affected Bolivia in 2024 was the most extensive and destructive recorded in recent years. According to the Ministry of Environment and Water and the Forest Fire Monitoring and Surveillance System (SIMB), more than 10.1 million hectares were affected across the country. This figure exceeded the levels registered during previous critical years, including 2019, 2020, and 2021. By comparison, the 2019 fires affected approximately 5.7 million hectares, primarily in the departments of Santa Cruz and Beni. Between 2001 and 2020, Bolivia recorded an average of 3.7 million hectares burned annually, highlighting the exceptional scale of the 2024 emergency.

### Environmental impact

The departments of Santa Cruz and Beni were the most severely affected, together accounting for 97 per cent of the total burned area. Estimates indicate that approximately 6.9 million hectares were affected in Santa Cruz and 2.9 million hectares in Beni. According to SIMB, the Bolivian Amazon registered around 25,000 heat spots in August 2024, a significant increase compared to the 5,000 to 7,000 heat spots recorded during the same month in 2023.

The fires caused extensive damage to ecosystems, including large areas of primary forest, protected reserves, and indigenous territories. According to the Fundación Amigos de la Naturaleza and the Inter-American Commission on Human Rights (REDESCA), some of the affected ecosystems may require 50 to 100 years to regenerate naturally. It was estimated that 58 per cent of the burned surface corresponded to forest, while the remaining 42 per cent affected grasslands, plains, and savannahs.



## Human impact

According to the Vice Ministry of Civil Defence, at least 25,335 people, equivalent to 5,067 families, were directly affected. The Humanitarian Country Team estimated that more than 124,000 people were exposed to the consequences of the fires. In Santa Cruz, the Departmental Emergency Operations Committee (COED) reported that 14 municipalities and 78 communities had been impacted, with the destruction of at least 7,000 crops and 22 homes. In Beni, the fires affected 13 municipalities and 139 communities, with more than 1,700 families impacted.

The fires also had a severe impact on indigenous and rural communities. Populations such as Tumichucua, Bella Flor, Cachuela, and Tacana Cavineño Chácobo in Beni, and Asunción de Guarayos, San Antonio de Lomerío, Palestina, and Santa Mónica in Santa Cruz experienced significant economic losses, displacement, and health complications resulting from prolonged exposure to smoke and airborne pollutants.

## Health, education, and protection

On 7 September, the Ministry of Health and Sports issued a national health alert in response to the deteriorating air quality. That same day, 6,053 cases of respiratory, ocular, and gastrointestinal conditions had already been recorded. Over the course of the emergency, more than 7,500 medical consultations were carried out in affected areas.

The Ministry of Education suspended in-person classes in the most affected departments and implemented remote learning modalities to safeguard student health. According to the United Nations Children's Fund (UNICEF), more than 145,000 children and adolescents were directly affected. Many of them faced barriers in accessing education, health care, protection mechanisms, and psychosocial support.

## Declarations of emergency and disaster

In response to the progression of the emergency, the Government of Bolivia declared a national emergency on 8 September 2024 through Supreme Decree No. 5219, followed by the declaration of a national disaster on 30 September. At that time, 54 municipalities had been officially identified as affected, including 23 with disaster declarations and 5 under local emergency status. Although fire activity diminished following the arrival of seasonal rains in November, the national disaster declaration remained in force until 29 May 2025, reflecting the extended period required for recovery and coordination.

## Source Information

Source Name	Source Link
1. South America: Wildfires Situation Report (Bolivia) - OCHA	<a href="https://reliefweb.int/report/bolivia-plurinational-state/south-america-wildfires-situation-report-8-october-2024">https://reliefweb.int/report/bolivia-plurinational-state/south-america-wildfires-situation-report-8-october-2024</a>
2. REDESCA Bolivia 2024 Report (Country Report on Environmental and Social Rights)	<a href="https://www.oas.org/en/iachr/reports/pdfs/2025/redesca_bolivia_2024_eng.pdf">https://www.oas.org/en/iachr/reports/pdfs/2025/redesca_bolivia_2024_eng.pdf</a>
3. Forest Information and Monitoring System of Bolivia	<a href="https://simb.siarh.gob.bo/simb/map_heat_source?">https://simb.siarh.gob.bo/simb/map_heat_source?</a>
4. Satellite map of the disaster: Bolivia is the country most affected by fire pollution	<a href="https://www.infobae.com/america/america-latina/2024/09/10/mapa-satelital-del-desastre-bolivia-es-el-pais-mas-afectado-por-la-contaminacion-de-los-incendios/">https://www.infobae.com/america/america-latina/2024/09/10/mapa-satelital-del-desastre-bolivia-es-el-pais-mas-afectado-por-la-contaminacion-de-los-incendios/</a>
5. Wildfires in Bolivia: A comparison of the years 2019, 2020, and 2021	<a href="https://piensaverdebolivia.org/2021/12/06/incendios-forestales-en-bolivia/">https://piensaverdebolivia.org/2021/12/06/incendios-forestales-en-bolivia/</a>
6. Supreme Decree No. 5219	<a href="http://gacetaoficialdebolivia.gob.bo/normas/buscar/5219">http://gacetaoficialdebolivia.gob.bo/normas/buscar/5219</a>
7. Bolivia declares national emergency and health alert due to wildfires; requests international assistance.	<a href="https://apnews.com/world-news/general-news-a4e29994c7e454f0e9f0ebae112edea0#">https://apnews.com/world-news/general-news-a4e29994c7e454f0e9f0ebae112edea0#</a>



# National Society Actions

<p>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</p>	<p>Yes</p>
<p>Please provide a brief description of those additional activities</p>	<p>In addition to the actions implemented through the DREF operation, the Bolivian Red Cross (BRC) carried out complementary activities to expand humanitarian coverage and strengthen community response capacities in the most affected areas.</p> <p>Through its departmental branch in Santa Cruz, the BRC deployed a team of four volunteers to provide first aid and basic health services in the municipality of Roboré between 23 and 31 August 2024. The intervention was conducted in coordination with the Hernán Vaca Díez Hospital and the local Incident Operations Center. Services were provided to both community members and volunteer firefighters, with approximately 150 individuals assisted. The care included wound and burn treatment, rehydration, vital signs monitoring, bandaging, and other emergency support.</p> <p>In Guayaramerín, on 7 September, the local BRC branch distributed face masks to the population. Additionally, in collaboration with the Municipal Disaster Response Unit, a needs assessment was conducted in two communities to identify immediate priorities.</p> <p>In Riberalta, BRC volunteers provided continuous support to displaced families between 30 August and 13 September, focusing on basic assistance and community outreach.</p> <p>To further sustain the humanitarian response, the Santa Cruz branch launched a local fundraising campaign on 20 September 2024, mobilizing over 20 volunteers across different areas of the city. Collected donations and supplies were directed toward reinforcing first aid services in affected communities.</p> <p>Subsequently, on 2 October 2024, the Bolivian Red Cross launched a nationwide campaign to collect medical supplies, safe drinking water, and financial donations. The resources mobilized through this initiative were used to support frontline response teams and affected populations.</p> <p>Moreover, the BRC actively participated in the Regional Emergency Committees in both Santa Cruz and Beni, and coordinated its national-level actions with the Humanitarian Country Team (HCT). This engagement helped ensure a coherent and timely response strategy aligned with institutional and governmental frameworks.</p>

# IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC Country Cluster Delegation (CCD) for the Andean Countries, based in Lima, covers operations in Bolivia, Ecuador, and Peru. The CCD maintains close and continuous coordination with the Bolivian Red Cross (BRC), as well as regular communication with all levels of the IFRC network to ensure coherent and timely support.</p> <p>In response to this emergency, the IFRC Secretariat provided technical and operational assistance as required, particularly in the areas of disaster risk management, planning and reporting, financial oversight, and logistics. This support was coordinated in close collaboration with the BRC to strengthen the effectiveness of the response.</p>
<p>Participating National Societies</p>	<p>No Participating National Societies were directly involved in the implementation of this DREF operation. However, the Swiss Red Cross continues to support the Bolivian Red Cross in strengthening its response structure through the development of policies in disaster risk management and health. It also contributes to the identification of strategic</p>



opportunities by supporting the development of the National Society's Improvement Plan.

## ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) maintains a permanent presence in Bolivia and supports the Bolivian Red Cross through various strategies, including the strengthening of the National Society's institutional capacity, the implementation of the Safer Access Framework, and the Restoring Family Links (RFL) programme.

While the ICRC did not participate directly in the implementation of this DREF operation, it remained in communication with the Bolivian Red Cross throughout the emergency period. Coordination was maintained within the framework of the Movement's cooperation mechanisms to ensure complementarity and alignment with the operational response.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The national and departmental authorities concentrated their response on wildfire suppression and the protection of affected populations. The Government deployed eight aircraft, which carried out 1,176 aerial water discharges, and mobilized approximately 3,195 forest firefighters, who conducted 69 ground operations and 55 aerial interventions. Interministerial and multilevel coordination mechanisms were activated to facilitate joint actions among state institutions, and bilateral international assistance was requested, resulting in direct support from Chile, Brazil, Uruguay, Peru, and Venezuela, mainly for aerial firefighting operations.</p> <p>The Vice Ministry of Civil Defense (VIDECI) led national coordination efforts, conducted damage and needs assessments, and provided humanitarian assistance to more than 5,180 people through the delivery of 42 tons of relief supplies. In Santa Cruz, the Departmental Emergency Operations Committee (COED) distributed an additional 39.2 tons of food and water and formally requested support from the Santa Cruz branch of the Bolivian Red Cross to mobilize volunteers and provide first aid and health services to affected communities.</p> <p>The Ministry of Environment and Water monitored fire activity through the Forest Fire Monitoring and Surveillance System (SIMB), publishing regular updates on heat spots and affected areas. In parallel, the Ministry of Health and Sports reinforced its capacity by deploying medical brigades and distributing first aid kits. As of early September, more than 6,326 medical consultations had been provided to over 5,000 people in fire-affected areas.</p> <p>The national government also launched an emergency assistance programme through the Ministry of Public Works, Services and Housing, initiating early reconstruction efforts to restore housing and support the recovery of the most affected communities.</p> <p>Municipal governments also supported displaced populations by distributing humanitarian supplies and facilitating access to temporary shelter within their available resources.</p>
<b>UN or other actors</b>	<p>During the emergency, coordination between national authorities and humanitarian actors was carried out through the mechanisms of the Humanitarian Country Team (HCT). These platforms allowed for the alignment of response strategies and the exchange of operational information among participating organizations.</p> <p>In this context, several international actors mobilized resources to support national efforts. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA)</p>



initiated damage and needs assessments in the affected areas. Meanwhile, UNICEF and Save the Children pre-positioned water purification and hygiene supplies, anticipating increased needs in vulnerable communities. The World Food Programme (WFP) made its cash transfer programme available as a short-term solution to help cover basic needs. Additionally, the Pan American Health Organization (PAHO) supported the health response by providing medical equipment, communication materials, and technical training.

The International Organization for Migration (IOM), World Vision, Practical Action, and Red Helmets supported local governments and the COED in the assessment and management of temporary shelters, while also contributing technical assistance.

Regarding protection and health, the IOM and Red Helmets contributed to coordination and monitoring of assistance, while the Departmental Health Services (SEDES) and the Ministry of Health deployed mobile brigades that delivered both medical and psychosocial care. Civil society organizations such as Ayuda en Accion and World Vision Bolivia conducted campaigns to prevent violence against children and adolescents. Red Helmets also established a psychological support hotline for affected populations and frontline responders.

### Are there major coordination mechanism in place?

At the national level, the main coordination platform was the Humanitarian Country Team (HCT), led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). This platform includes UN agencies such as UNICEF, WFP, and UNFPA, as well as international NGOs like World Vision and Save the Children-CAHB, among others. Within this framework, the Bolivian Red Cross (BRC) co-leads the Health Working Group alongside the Pan American Health Organization (PAHO), actively contributing to joint planning, information exchange, and alignment of health-related response actions.

At the departmental level, the BRC maintained close coordination through its branches with the Departmental Emergency Operations Committees (COEDs) in Santa Cruz and Beni. In Santa Cruz, the branch also participated in emergency-related fundraising initiatives led by the COED.

At the municipal level, the BRC participated in the Municipal Committee for Risk Reduction and Disaster Management (COMURADE) in Guayaramerin (Beni), which provides technical advice to local authorities on disaster preparedness and response. In addition, the BRC coordinated directly with the municipalities of Robore, San Ignacio de Velasco, and Concepción in Santa Cruz, and Guayaramerin and Riberalta in Beni. These actions were facilitated by local BRC board members and DREF operation coordinators.

The BRC also collaborated with Municipal Risk Management Units and Units for Productive Development and Environment to strengthen local response strategies and ensure that community-level needs were integrated into response efforts.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

The 2024 forest fire emergency led to the evacuation of over 500 people, many of whom were temporarily sheltered in public facilities or hosted by relatives and community members. However, only 26 of the 64 municipalities that declared a state of emergency formally reported displacement figures to national authorities, indicating that the actual number of internally displaced persons was likely higher. The absence of standardized reporting mechanisms limited a full understanding of shelter needs at the national level.

Although the majority of evacuees eventually returned to their homes, at least 240 individuals remained unable to do so due to significant structural damage. In several municipalities, limited access to basic services, unsafe shelter conditions, and weakened local response capacities prompted some families to return prematurely to high-risk areas.

Local governments faced critical challenges in managing the shelter response, particularly in remote regions with poor communication infrastructure. In the municipality of Concepción, for example, 150 residents from the community of Palestina were evacuated to the local community center, where more than half continued to face barriers in accessing food, hygiene, and medical services. These conditions underscored the need for improved preparedness measures, including evacuation protocols and contingency planning. Nonetheless, limited access to isolated areas, weak early warning systems, and gaps in long-term reconstruction resources posed persistent challenges to the full restoration of safe housing.





## Livelihoods And Basic Needs

The 2024 forest fire emergency, aggravated by prolonged drought conditions, caused extensive disruption to livelihoods, particularly among rural and indigenous populations whose subsistence depends on agriculture, livestock and forest-based resources.

Agricultural production experienced widespread losses. According to data from the Departmental Emergency Operations Committee (COED) of Santa Cruz, at least 7,000 cultivated plots were destroyed in 14 municipalities, while in Beni, 1,705 families across 139 communities were affected. Subsistence crops such as maize, cassava, beans, and plantains were lost, reducing food availability and eliminating a key source of income for thousands of households. The limited availability of seeds, fertilizers and agricultural inputs hindered rapid recovery, requiring external support to restore production capacity.

The livestock sector was also severely affected. In the Chiquitania region, 20 per cent of the cattle population was classified in critical condition due to extreme water and forage scarcity. Livestock mortality, reduced productivity, and deteriorating animal health compounded the loss of agricultural assets, with cascading effects on food security and household resilience. The destruction of open forest pastures further reduced the availability of natural grazing areas.

The impact was particularly acute for indigenous communities, whose economies are closely tied to forest ecosystems. At least nine indigenous communities were identified within the affected zones. These groups rely on forest resources for hunting, gathering, medicinal plants, timber, firewood, and materials used in traditional crafts. In Beni, the destruction of extensive Brazil nut collection areas forced families to migrate in search of new harvesting zones. In Santa Cruz, forest reserves used for collecting small almonds, copaiba oil, and timber were severely damaged. The fires destroyed over 2,000 cubic metres of high-value timber species, representing a significant economic loss. Ecosystem regeneration in these zones is expected to require more than 20 years.

The fires also triggered the collapse of local agri-food systems, particularly in remote and hard-to-reach areas. Market disruptions, damage to natural resources, and reduced mobility further compromised food access. The loss of pollinating species, such as butterflies and bees, disrupted the reproductive cycles of numerous plant species, posing long-term risks to biodiversity and productivity.



## Health

The 2024 forest fire emergency had a severe impact on public health, particularly among vulnerable populations and first responders. Prolonged exposure to smoke, airborne contaminants and extreme heat led to a significant increase in respiratory and ocular conditions, dermatological reactions, and dehydration. Children, older adults and individuals with pre-existing conditions were especially affected, with health centres reporting numerous cases of acute respiratory infections and eye inflammation linked to environmental exposure.

Cases of undernutrition were observed among children, particularly in remote communities with limited access to safe water and adequate food. The interruption of local food systems and health services further compromised the nutritional status of pregnant women, infants and older adults. In many instances, families were unable to access health posts due to distance or isolation, delaying timely detection and treatment of health conditions.

The emergency also had a serious toll on first responders, including firefighters, police, military personnel and community response brigades. The absence of proper personal protective equipment exposed them to prolonged contact with smoke and high temperatures. As a result, several responders suffered from burns, respiratory complications such as asthma and bronchitis, and in some cases, temporary or permanent vision loss caused by direct exposure to flames and intense light. Community volunteers were particularly vulnerable, having to operate in precarious conditions with limited resources.

Psychological impacts were also significant. Individuals who participated in community fire brigades showed signs of acute post-traumatic stress due to the conditions under which they faced the flames and the fear generated by the proximity of the fires to their homes and crops. The uncertainty of how each day would end, combined with the risk of losing everything, created a lasting emotional burden. Similarly, children, adolescents and displaced families were exposed to high levels of stress and anxiety, requiring structured psychosocial support to address the emotional consequences of the emergency.



## Water, Sanitation And Hygiene

The 2024 forest fire emergency caused widespread destruction of water infrastructure and significantly reduced access to safe water in the affected regions. Ash, sediment and burned debris contaminated surface and groundwater sources, while essential infrastructure such as catchment systems, wells and distribution pipelines was either damaged or destroyed. These conditions created a high risk of



waterborne diseases, particularly in communities already facing limited access to basic services.

In numerous field assessments, families reported a complete lack of potable water. Many affected communities did not have access to functional wells and relied entirely on weekly deliveries by tanker trucks arranged by municipal authorities. These deliveries were insufficient to meet daily consumption needs and did not guarantee water safety, further increasing the vulnerability of populations already exposed to health and environmental risks.

Local governments faced serious technical challenges in restoring water systems. Damage to pumping equipment and distribution networks limited their capacity to reestablish consistent supply. The prioritization of emergency response efforts over infrastructure rehabilitation delayed detailed assessments of water quality and system integrity, which were essential to plan and implement effective restoration.

The ecological impact of the fires also compromised the natural water cycle. In areas where forest reserves were destroyed, the loss of vegetation reduced the soil's capacity to retain moisture and destabilized local microclimates. This degradation threatened the sustainability of natural reservoirs, increasing the likelihood of water scarcity for both human and environmental systems in the medium term.



## Protection, Gender And Inclusion

The forest fire emergency exposed significant protection risks and deepened existing vulnerabilities across affected communities. Children, women, and displaced individuals faced heightened threats due to the breakdown of community protection mechanisms and limited access to basic services. In some areas, children were reportedly involved in firefighting activities without adequate protective equipment, exposing them to serious physical harm and psychological distress.

The disruption of communication systems further compounded protection challenges. In rural zones without mobile network coverage, families were often unable to contact one another, generating uncertainty and emotional strain. The lack of reliable channels also limited humanitarian actors' capacity to deliver timely information and assess emerging protection risks.

Evacuation procedures in several municipalities were uncoordinated, leading to the separation of family members and delays in reaching people with specific needs. Access to healthcare, safe water, and sanitation remained severely constrained throughout the response, particularly for people in remote and hard-to-reach areas.

Despite some organization's efforts, critical gaps persisted. Comprehensive, disaggregated assessments were limited, reducing the ability to tailor interventions to the differentiated needs of women, children, older persons, and persons with disabilities. The response highlighted the urgent need to strengthen local protection systems, improve risk communication infrastructure, and integrate PGI considerations into preparedness and recovery strategies to better safeguard at-risk groups in future climate-related emergencies.

# Operational Strategy

## Overall objective of the operation

Through this IFRC-DREF operation, the Bolivian Red Cross aimed to support 2,500 people, including first responders and communities affected by the fires in the regions of Roboré, Concepción, and San Ignacio in the department of Santa Cruz, as well as Guayaramerín and Riberalta in the department of Beni, by providing first aid assistance, delivering a Cash Transfer Program, and activating the Restoring Family Links service for affected families.

By the end of the implementation period, the Bolivian Red Cross reached the 500 targeted families (approximately 2,500 people) and provided additional assistance to 75 first responders, bringing the total number of people reached to 2,575.

## Operation strategy rationale

Through this operation, the Bolivian Red Cross sought to respond to the urgent needs of people affected by the forest fires through four main lines of action:

1. Providing humanitarian assistance through a multi-purpose cash transfer programme (CVA), enabling families to meet their basic needs, such as purchasing food, repairing homes and covering other essential expenses.
2. Delivering first aid to first responders (firefighters, volunteers, veterinarians and others) and affected communities.



3. Activating the Restoring Family Links programme to reconnect individuals who had lost contact with their families.
4. Offering psychological first aid and emotional support to both first responders and communities impacted by the fires.

The strategy included the deployment of volunteers from the departmental branches of Santa Cruz and Beni, with technical support from the Bolivian Red Cross headquarters and its National Units for Relief and Disasters, Volunteering, Health, and IT.

#### MULTIPURPOSE CASH (CVA)

The cash programme aimed to assist 500 families affected by the forest fires through direct transfers, with two specific objectives:

**Livelihood recovery:** The plan was to support 400 families with 2,500 Bolivianos (CHF 298) each, enabling them to recover subsistence crops such as plantain, cassava and rice, and to purchase seeds, tools, or small livestock. Priority would be given to families with pregnant women, children under five, older adults, single parents and people with disabilities.

**Home repair:** For 100 families, the programme proposed providing conditional cash assistance to support the reconstruction or rehabilitation of damaged homes. Based on experiences from similar emergencies, an initial transfer value of 1,850 Bolivianos (CHF 220) was proposed, with final amounts determined through detailed household-level assessments. This approach aimed to promote autonomy in decision-making, stimulate the local economy and accelerate recovery.

The strategy also included integrating the IFRC's Community Engagement and Accountability (CEA) approach into all phases of the CVA. Delivery methods were to be adapted to cultural and geographic contexts, with special consideration for indigenous communities, persons with disabilities and low-income households. Feedback mechanisms were expected to be implemented to ensure accountability and responsiveness throughout the operation.

#### HEALTH

To address the health impacts of the emergency, the strategy incorporated both physical and mental health components. It included the provision of first aid for people with injuries, burns and respiratory conditions, as well as the establishment of psychosocial support spaces for individuals experiencing stress and emotional distress. These services were intended for both community members and first responders, including firefighters and support personnel operating in high-risk environments.

The strategy also contemplated the coordination of referral pathways with local health services for individuals requiring specialized care, with the aim of ensuring comprehensive and continuous support.

The CEA approach was embedded in all health-related activities. Preferred communication channels were to be identified, and mental health messaging co-developed and translated together with affected communities. Special emphasis was placed on indigenous populations, ensuring that tools and techniques were adapted to local realities and languages.

#### PROTECTION, GENDER AND INCLUSION (PGI)

The plan included the establishment of three Restoring Family Links (RFL) service points in Riberalta and Guayaramerín (Beni), and Concepción (Santa Cruz), to assist individuals who had lost contact with their relatives during evacuations. The National RFL Coordinator from the Bolivian Red Cross headquarters was responsible for providing technical guidance and support for the implementation at branch level.

Additionally, awareness messages about access to RFL services were to be disseminated across communities, using accessible formats and considering literacy levels, cultural preferences, and local languages such as Guaraní and Moxeño.

#### COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

The CEA component was positioned as a cross-cutting element across all sectors. Planned actions included producing banners with essential messages, setting up a WhatsApp line for two-way communication, translating materials into indigenous languages, and holding accountability meetings with the participation of affected communities.

The strategy also called for sharing the findings from assessments and surveys through preferred local channels. Feedback collected from communities was to be used to inform and adapt the intervention continuously, strengthening transparency, trust and ownership throughout the operation.



# Targeting Strategy

## Who was targeted by this operation?

This operation sought to assist approximately 2,500 people who had lost part or all of their livelihoods, assets or homes due to the forest fires. The prioritization process was structured around two key indicators: level of vulnerability and degree of impact. These factors were considered essential for defining the final target population and ensuring that the assistance reached those in greatest need.

The selection process was informed by the ability of families to meet their basic needs, as well as by existing humanitarian access constraints identified by public authorities, United Nations agencies, non-governmental organizations and other international actors operating in the affected areas.

To guide the intervention, a rapid field assessment was planned by the Bolivian Red Cross, with technical support from the IFRC. This included the evaluation of shelter and livelihood impacts through standardized methodologies. The Global Shelter Cluster's Shelter Severity Classification System would be used to categorize the extent of housing damage, supported by key data indicators gathered during field visits. For the livelihoods component, a needs assessment aligned with IFRC guidelines would help determine the scope of losses and recovery needs, particularly in relation to income generation, access to essential goods and services, productive assets and market connectivity.

In parallel, recognizing the sustained emergency conditions and the prolonged dry season expected to continue through late October, the operation was designed to provide integrated support to first responders. This included the provision of both physical and psychological first aid to address the immediate health and mental wellbeing needs of those on the front lines of the response.

## Explain the selection criteria for the targeted population

The selection of the target population for the operation was guided by a structured set of criteria designed to prioritize families and individuals with the highest levels of vulnerability and exposure to the effects of the emergency. The goal was to ensure an equitable and effective humanitarian response, aligned with the principles of impartiality, inclusion, and accountability.

The criteria used to guide the targeting process were as follows:

1. Families directly affected by the fires: Households that suffered direct impacts from the forest fires, including loss of assets, housing, or productive land, were prioritized due to their immediate need for recovery support.
2. Families with destroyed or severely damaged homes: Those whose homes were partially or completely destroyed by the fires required urgent assistance to restore safe and dignified living conditions.
3. Families affected by the loss of crops or livelihoods: Households dependent on subsistence farming or livestock, whose primary sources of income and food security were compromised, were prioritized for livelihood recovery assistance.
4. Displaced families: Families who were forced to evacuate due to the proximity or intensity of the fires were identified as a critical group. Many of them found temporary refuge in shelters or with host families, facing disrupted living conditions, increased health risks, and limited access to services.
5. Families with members in vulnerable conditions, including:
  - Pregnant or lactating women
  - Single-parent households
  - Children under five years of age
  - Older adults
  - Persons with physical or cognitive disabilities
  - School-aged children affected by disruptions to education
6. First responders: Firefighters, health workers, volunteers, and members of community response brigades were prioritized due to their exposure to hazardous conditions during emergency response operations. Many of them experienced physical injuries and psychological stress, requiring targeted support.

The Bolivian Red Cross applied a community-based approach to the identification of eligible households, relying on its local branches and established relationships with community leaders and authorities. This enabled the inclusion of families with limited access to public services or humanitarian aid, especially in remote and underserved areas.



The targeting strategy was complemented by the integration of the Community Engagement and Accountability (CEA) approach to ensure community participation, cultural relevance, and transparent communication throughout the intervention.

## Total Assisted Population

Assisted Women	695	Rural	88%
Assisted Girls (under 18)	592	Urban	12%
Assisted Men	644	People with disabilities (estimated)	1%
Assisted Boys (under 18)	644		
Total Assisted Population	2,575		
Total Targeted Population	2,500		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
High temperatures and health impacts on responders due to smoke inhalation	<p>Personal protective equipment was provided to volunteers, including sunscreen, long-sleeved shirts, hats, hydration supplies and face coverings (buffs) to reduce exposure to high temperatures and airborne pollutants.</p> <p>Regular health checks and hydration breaks were scheduled to safeguard volunteer wellbeing during field activities.</p>
Limited road accessibility	<p>Alternative routes were identified, and community members accompanied the teams to help navigate difficult access points.</p> <p>Four-wheel drive vehicles were used to ensure access in challenging terrain.</p> <p>Coordination with local communities enabled basic maintenance of critical paths to ensure access throughout the operation.</p>
Onset of the rainy season	<p>Continuous monitoring of weather conditions was conducted to anticipate heavy rainfall and plan deployments accordingly.</p>



	Field visits were scheduled based on meteorological information to avoid disruptions.
Fuel shortage	<p>Agreements were made with fuel suppliers to ensure availability during key stages of implementation.</p> <p>Transport logistics were optimized to minimize fuel use and avoid unnecessary trips.</p> <p>Forecast-based fuel purchasing was implemented, and accessible points for acquiring fuel in gallons or canisters were verified in advance.</p>
Road blockades	<p>Local authorities were engaged to reschedule community visits as needed to avoid disruption of project activities.</p> <p>Alternate entry and exit routes were planned to ensure continuity.</p> <p>Real-time monitoring of main access routes was maintained to adapt logistics in case of unexpected blockades.</p>
Disclosure of confidential information	<p>Direct and transparent communication was maintained with assisted families to clarify any misunderstandings.</p> <p>A direct phone line with the project coordinator in Beni and Santa Cruz remained available to ensure secure and professional information handling.</p>
Difficulty in the survey and needs analysis process	<p>Cellular equipment kits acquired under operation MDRBO015 were made available to support data collection in the field.</p> <p>These kits were allocated to the Beni and Santa Cruz branches to strengthen information-gathering processes and ensure the continuity of monitoring activities in remote areas.</p>

**Please indicate any security and safety concerns for this operation:**

Given the health emergency declared by the Ministry of Health and Sports due to the forest fires, comprehensive safety protocols were developed and implemented to safeguard the wellbeing of all staff and volunteers involved in the operation. These protocols established essential health and safety measures to mitigate the risks associated with fieldwork in high-risk environments. All personnel deployed in the affected areas were covered by IFRC insurance, ensuring protection in the event of accidents or health-related incidents.

During the implementation of the DREF Wildfire Response Operation 2024 in the departments of Beni and Santa Cruz, fuel shortages posed operational challenges that required continuous logistical adjustments. Despite these limitations, planned activities were successfully carried out through flexible operational planning.

Furthermore, social tensions, road blockades and demonstrations were reported in several regions of the country. To mitigate these risks and ensure the continuity of humanitarian assistance, the Bolivian Red Cross implemented tailored security strategies. Close coordination with local authorities, community leaders and branch coordinators enabled safe access to affected areas and safeguarded humanitarian personnel throughout the response.

Has the child safeguarding risk analysis assessment been completed?

**Yes**



# Implementation



## Multi Purpose Cash

**Budget:** CHF 161,232

**Targeted Persons:** 2,500

**Assisted Persons:** 2,500

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Feasibility study	1	1
Market study	1	1
Number of families assisted with cash for livelihood restoration	400	500
Number of families assisted with cash for home repairs	100	0
Number of volunteers trained in CVA	30	49
Percentage of households covered by post-distribution surveys	80	66

## Narrative description of achievements

### I. Feasibility and market assessment

In November 2024, a feasibility and market assessment was conducted in Beni and Santa Cruz with support from IFRC and a CVA specialist. The study confirmed that markets were functioning, financial service providers were operational, and MoneyGram services were available, ensuring safe and effective implementation of cash assistance.

### II. Volunteer training

In December 2024, 49 volunteers were trained in CVA: 34 in Beni (Guayaramerín and Riberalta) and 15 in Santa Cruz. The sessions strengthened branch capacities and equipped volunteers to support the process effectively.

### III. Community workshops

Workshops were held in all targeted municipalities to explain the objectives, use, and delivery mechanisms of cash assistance. For security reasons, transfer amounts were not disclosed in advance. A total of 393 people participated:

- Beni: Guayaramerín (4 workshops, 97 participants), Riberalta (3 workshops, 48).
- Santa Cruz: Robore (5 workshops, 106), Concepción (3 workshops, 48), San Ignacio de Velasco (5 workshops, 94).

### IV. Cash distribution

The original CVA strategy envisaged two types of transfers: 400 families would receive multipurpose cash of BOB 2,500 (equivalent to approximately CHF 293.50 in 2024), while 100 families would receive BOB 1,850 (approximately CHF 217) for housing repairs. However, the latter was cancelled once the Bolivian Government assumed responsibility for housing reconstruction. Consequently, the strategy was revised to provide multipurpose cash transfers to all 500 targeted families, aiming to support basic needs and restore livelihoods. Each family was initially planned to receive BOB 2,500, leading to an increase of around BOB 65,000 (CHF 7,631) in the CVA budget line, as confirmed through monitoring of available funds.



Despite this adjustment, several constraints arose during implementation. In particular, exchange rate fluctuations between CHF, EUR, and BOB hindered full delivery of the revised transfer value. As a result, 100 families in the municipality of Riberalta received a reduced transfer of BOB 1,650 (CHF 193.71). This modification was necessary to align the intervention with available financial resources while ensuring meaningful support to the most affected households.

Thus, 500 families received multipurpose cash transfers: 400 families received BOB 2,500 and 100 families received BOB 1,650. Distribution was as follows:

- Santa Cruz (300 families): Concepción (66), Robore (118), San Ignacio de Velasco (116).
- Beni (200 families): Riberalta (100, BOB 1,650), Guayaramerin (100).

Delivery was made through MoneyGram, with Bolivian Red Cross volunteers accompanying the entire process to guarantee safety, trust, and immediate support.

#### V. Post-distribution survey

331 people assisted (170 women, 161 men) participated in satisfaction surveys. Results showed:

- 99.4% felt safe at the cash-out point.
- 96.37% reported no difficulties receiving funds. The few challenges identified included name mismatches in the registration system, visual impairments among some recipients, and occasional cash shortages at financial institutions.
- 99% were satisfied with the amount and delivery method.
- 98% confirmed support from Bolivian Red Cross staff.
- 99.4% stated they were treated with respect and dignity.
- 77.64% rated the service as excellent, 21.15% as very good, 0.91% as good.

Access to cash through the CVA programme allowed families to purchase essential household items, meeting their most urgent needs. The transfers also stimulated local markets by increasing demand for basic goods and services, generating a positive economic impact in the intervention areas. Also, the intervention contributed to financial inclusion. People assisted gained a better understanding of how to use banking services, which may support their ability to manage financial resources in the future.

#### VI. Use of funds

Respondents reported using funds mainly for:

- 86.71% basic household items.
- 37.16% other essential needs.
- 31.72% home repairs or construction.
- 30.51% medical consultations.
- 29% hygiene products.
- 18.73% education expenses.

Notably, 85.20% had not received assistance from any other organization in the 30 days prior to the survey, underscoring the critical role of the Bolivian Red Cross as a key actor in the field.

## Lessons Learnt

### a. From the operation:

- The delivery modality used in this operation proved accessible and user-friendly for people assisted. It enabled them to withdraw funds more quickly, efficiently, and safely, contributing to a positive overall experience.
- Establishing withdrawal schedules by community helped ensure orderly processes, reduced crowding at financial institutions, and created a calmer, more efficient cash-out experience.
- Security measures, such as arranging transport for people assisted and only disclosing the transfer amount upon arrival, helped reduce risks of theft or assault during the distribution process.
- RedRose faced limitations in recognizing the full names of some people assisted, which created difficulties when data in the system did not exactly match their identity documents.

### b. For future operations:



- Establish prior agreements with financial service providers in-country to ensure agility and reliability in DREF operations.
- Verify in advance that financial institutions have sufficient liquidity for large-scale cash-outs, to avoid situations where people assisted are forced to return on another day due to lack of available funds.
- Reinforce financial monitoring and management across all CVA phases, including access to exact transfer values in Swiss francs (rather than euros) through RedRose, to avoid discrepancies caused by exchange rate fluctuations.
- Consider covering meals and transportation costs for people assisted traveling to collect cash, especially for those from remote communities, as these processes can take a full day or longer.
- Continue using offline survey tools, as most intervention areas have limited or unstable internet connectivity, making online tools impractical for post-distribution monitoring and other data collection processes.

## Challenges

- During the registration process, photographs of each person's identification document were not considered. This later required requesting photos individually, resulting in inconsistent quality and repeated requests in some cases. Integrating photo capture directly into the Kobo registration form would improve accuracy and efficiency.
- In Guayaramerin, the limited service capacity of financial institutions significantly delayed withdrawals, as only 15 people could be served per day. This extended the overall timeline for cash delivery and created additional burdens for families.
- Not all financial institutions in the intervention areas offered MoneyGram services. In some cases, they required funds to be sent through private individuals rather than an institution, complicating the process and reducing efficiency.
- Rigid requirements from financial service providers created barriers for people assisted, particularly older adults who had difficulty signing documents. Some were unable to access funds until they updated their identification documents, highlighting the need for more flexible procedures, especially in emergencies.
- Political factors and rigid financial system regulations at times threatened to interfere with the delivery of humanitarian assistance. This underscored the need for advocacy to safeguard neutrality and ensure people can access support without restrictions.
- Post-distribution surveys could not always be applied in the field due to connectivity challenges. In areas with few families or adequate phone coverage, telephone surveys could be a more feasible alternative, suggesting the importance of flexible approaches.
- RedRose presented difficulties in recognizing the full names of some people assisted (first name and surnames), which created problems when data did not exactly match official documents.
- Although municipalities had initially offered transportation support for people assisted, this was not provided in practice. Communities decided to self-organize and cover their own transport costs to withdraw funds. This highlighted the need for formal agreements with local institutions to secure commitments before implementation.
- The liquidity of financial institutions was not always guaranteed, especially when other organizations were also delivering money. Continuous monitoring of cash availability and prior verification of withdrawal feasibility are essential before mobilizing communities.
- Transfers to RedRose were made in euros, while IFRC operated in Swiss francs. Combined with exchange rate fluctuations in Bolivia, this created a deficit that directly impacted transfers. While 400 families received BOB 2,500, 100 families in Riberalta received BOB 1,650 instead. This situation highlighted the importance of aligning currency management with IFRC standards and strengthening coordination between National Society and IFRC finance teams to anticipate and mitigate forex-related risks.
- The different transfer values created suspicions among local branch authorities. This emphasized the importance of reinforcing communication between the National Headquarters and branches to address potential incidents in a timely manner, and to engage IFRC's communications and risk management teams when issues risk affecting the reputation of the National Society and IFRC.



**Budget:** CHF 1,595

**Targeted Persons:** 350

**Assisted Persons:** 361

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of people receiving basic first aid assistance	350	361
Number of people reached through psychosocial support	150	358



## Narrative description of achievements

### I. Provision of first aid and medical care

As part of the health response to the forest fire emergency, the Bolivian Red Cross provided first aid and medical care to 361 people. This included 286 attentions to affected community members and brigades of community firefighters, and 75 attentions to external first responders such as firefighters, military personnel, and police.

The most frequent conditions addressed included headaches, dislocations, blood pressure issues, colds, infections, skin burns, and eye irritations. Each case was treated promptly, with priority given to urgent situations, ensuring timely and effective care.

Medical care was highly valued by communities, particularly because many health institutions were closed or located far from rural areas, and families often lacked the financial resources to access them. Without this support, many people would have been left untreated, allowing health problems to worsen.

#### a. Distribution of medical attentions to community members:

- Beni: Riberalta (16), Guayaramerin (55)
- Santa Cruz: Robore (78), Concepción (57), San Ignacio de Velasco (80)

b. Medical care provided to first responders: First responders received more than 300 attentions, with each of the 75 individuals receiving an average of three consultations during the intervention.

### II. Psychosocial relief

In addition to physical health services, the operation prioritized mental health and psychosocial relief. A total of 358 individuals participated in psychosocial support activities based on play, recreation, and community integration. These activities targeted children, adolescents, adults, and older persons, helping them release emotional stress and fostering community harmony.

#### Distribution of psychosocial relief activities:

- Beni: Riberalta (59), Guayaramerin (56)
- Santa Cruz: Robore (103), Concepcion (54), San Ignacio de Velasco (86)

Psychosocial relief was among the most appreciated aspects of the intervention. Focus groups revealed that communities valued the presence and accompaniment of the Bolivian Red Cross in moments of high stress. Children especially benefited from recreational activities, while adults expressed appreciation for community spaces that helped them cope with post-traumatic stress, uncertainty, and the loss of crops and livestock caused by the fires.

It is important to clarify that the service provided was psychological relief, not psychological first aid or specialized treatment, which requires certified professionals and methodologies.

## Lessons Learnt

- Communities expressed the need for better access to medical services and nearby health facilities, as timely care was often out of reach. The availability of essential medicines was also critical to ensure that consultations could translate into effective treatment.
- Medical attentions and psychosocial activities were prioritized in response to community-expressed needs during early assessments and continuous consultation.
- Deploying both male and female medical personnel increased trust and comfort among patients, particularly women, during health consultations.
- In psychosocial support, some cases required referral to a trained psychologist due to the severity of trauma caused by the fires.
- Recreational activities were well received by communities, fostering inclusivity and encouraging participation across all age groups.
- The high demand for psychosocial support highlighted the importance of prioritizing this component in future emergency operations.
- The experience emphasized the importance of providing staff and volunteers with more spaces and tools for emotional release, to help



manage stress and strengthen resilience for long-term engagement.

## Challenges

### a. Access and environmental challenges

- Limited road access and transport options in remote communities made it difficult for individuals requiring specialized medical care to reach health facilities in a timely manner. In this context, medical attentions provided by BRC teams were crucial.
- Extreme heat and prolonged exposure to smoke negatively impacted the health of communities and complicated the delivery of first aid, with many cases requiring specialized medical attention.
- Prolonged exposure to these conditions also resulted in cases of thermal keratitis, underscoring the need for preventive measures and specialized care.

### b. Medical resources and services

- The available stock of medical supplies at branch level, used to respond to the emergency, proved insufficient to cover the demand observed in the field.
- Empty first aid kits were purchased with the intention of being stocked during the emergency but were only filled with limited branch supplies. Without additional budget, they could not meet the range of medical conditions treated. This highlighted the importance of faster procurement processes for medicines and supplies, including the prior identification of local suppliers. Partnerships with Partner National Societies (PNS) or other actors that can be activated during emergencies to provide medicines and supplies could also be considered.
- Many cases during first aid interventions required specialized medical care that exceeded the capacity of responders, highlighting the need to ensure the presence of medical professionals in future deployments.
- Communities expressed the need for broader medical services, particularly medications for common conditions such as hypertension, acute respiratory infections (ARI), and acute diarrhoeal diseases (ADD), which remain difficult to access in remote areas.
- Many patients presented with pre-existing conditions and lacked treatment, complicating both their immediate care and recovery.

### c. Psychosocial support

The operation highlighted the need to establish referral pathways with institutions that can provide specialized psychological care free of charge, as some cases exceeded the scope of psychosocial support offered.

### d. Operational constraints

- Community members expressed the need for medical brigades to remain in the field for longer periods, as the limited time available during visits prevented some people from receiving care. In some cases, poor road conditions did not allow staff to return the same day, requiring them to arrange overnight stays. This emphasized the importance of reinforcing security measures for staff and volunteers in such contexts.
- Branches refrained from purchasing recreational materials for psychosocial activities, believing these might not be eligible under DREF funds. This highlighted the importance of clarifying DREF procurement rules with branches to avoid missed opportunities in future operations.



## Protection, Gender And Inclusion

**Budget:** CHF 3,005

**Targeted Persons:** 100

**Assisted Persons:** 0

**Targeted Male:** -

**Targeted Female:** -



## Indicators

Title	Target	Actual
Number of people accessing the RFL program	100	0
Number of RFL points activated	3	0

## Narrative description of achievements

• Although activities under the Protection, Gender and Inclusion (PGI) component, specifically those related to Restoring Family Links (RFL), were initially planned, they were not implemented. This was due to feedback from the communities, where families consistently reported that no separations persisted and that all household members remained in contact when the operation was initiating.

## Lessons Learnt

• The swift action taken by the National Society in reallocating the budget to another area enabled a timely and effective response to field needs.

## Challenges

• This situation highlighted the challenge of ensuring that planned interventions remain flexible and responsive to real-time community feedback, while still maintaining operational readiness for less frequent but potentially critical protection needs.



## Community Engagement And Accountability

**Budget:** CHF 1,461

**Targeted Persons:** 0

**Assisted Persons:** 2,500

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of banners produced with key messages	5	5
WhatsApp line implemented	1	2

## Narrative description of achievements

The Community Engagement and Accountability (CEA) approach was integrated throughout the operation. Communication and delivery methods were adapted to the sociocultural context of the intervention areas, ensuring meaningful inclusion of vulnerable groups such as indigenous communities, people with disabilities, and those living in poverty. Robust feedback mechanisms were established to ensure continuous accountability and responsiveness to community needs. These efforts were implemented through the following key actions:

### I. Strategic Messaging and Community Access to Information:

A total of five banners were produced and installed in strategic public locations: two in Beni (Riberalta and Guayaramerin) and three in Santa Cruz (Robore, Concepcion, and San Ignacio de Velasco). The banners addressed key topics relevant to the emergency context, based on community concerns raised during initial contact: medical orientation and forest fire prevention. Each banner was placed in high-traffic areas such as fairs and marketplaces, where foot traffic ranged between 100 and 300 people per day. Assuming an average exposure of 250 people per day over a two-week period (14 days), each banner potentially reached 3,500 individuals. To avoid overestimating reach due to repeated exposure of the same individuals, a correction factor of 1.5 was applied, yielding a final estimated



reach of approximately 2,500 people.

## II. Improved Feedback and Communication Channels:

Rather than implementing a single WhatsApp line as originally planned, two lines were activated: one for each operational department (Beni and Santa Cruz). These channels facilitated real-time communication with communities, allowing individuals to ask questions, offer suggestions, and submit complaints during the cash distribution process. The numbers were shared during community sessions, ensuring wide accessibility. Additionally, these channels served to relay important operational messages such as evacuation alerts and risk notifications. No special protection cases were reported through these mechanisms.

## III. Community Participation and Inclusion:

Community members actively contributed to the planning, implementation, and monitoring of the operation. CEA mechanisms such as community meetings enabled participants to provide feedback and validate decisions made during the response.

## IV. End-of-Project Feedback Sessions:

Two focus group discussions were conducted in the department of Santa Cruz (Concepción and Robore), engaging representatives from 11 communities. These sessions, supported by the PMER Senior Officer for the Andean countries, gathered valuable qualitative insights into the community's experience with the intervention. The information collected is expected to improve alignment with community needs and expectations in future operations.

## V. Leadership Participation and Respect for Community Structures:

The operation actively involved local leaders and respected existing community leadership structures, which played a critical role in building trust and facilitating coordination at the community level. This approach ensured that the most vulnerable individuals had equitable access to assistance, and that key messages were disseminated effectively across the targeted areas. Involving traditional and elected leaders also helped guarantee the successful organization of field activities and strengthened the legitimacy of the intervention among the affected populations.

## VI. Local volunteer advocacy:

The operation strategically engaged experienced adult volunteers from the intervention areas, including older adults and individuals with family responsibilities, whose strong reputation and negotiation skills were critical in establishing trust with both local authorities and communities. Even when they could not always be deployed directly to the emergency areas, their ability to advocate on behalf of the operation ensured that activities were implemented with institutional backing and community acceptance. In some cases, this trust-building process also facilitated agreements for logistical support, such as transportation, which expanded the efficiency and legitimacy of the response.

## Lessons Learnt

- Conducting introductory meetings and project briefings with local authorities and community leaders was instrumental in gaining community trust and acceptance. This approach demonstrated respect for local structures and facilitated an open dialogue, which in turn reinforced the credibility of the operation. The strengthened relationship fostered greater community support and active participation, proving that early engagement is a key factor for effective response.
- Establishing a dedicated WhatsApp line for each department proved to be a practical and responsive tool for communication. By tailoring the channels to local needs, the operation ensured that communities had direct and accessible means to express concerns, share suggestions, and request information. This localized approach not only improved two-way communication but also enhanced accountability by demonstrating that the feedback of communities was valued and acted upon.
- The experience highlighted the value of integrating volunteers with strong local advocacy capacity, even when they were older adults unable to participate directly in field activities within the affected areas. Their ability to influence and negotiate with authorities proved to be a critical asset, demonstrating that diverse volunteer profiles can play complementary and highly impactful roles in emergency response operations.
- Having access to standardized materials developed by the National Society, including integration games and community dynamics, supported branches in implementing DREF activities more effectively. These tools were especially important for engaging with children and addressing the emotional burden within the communities, providing tested and validated approaches already in practice within the National Society. This was particularly valuable for branches with less experienced personnel, as it offered practical guidance and



reinforced the importance of establishing a common repository to systematically document and share successful practices, ensuring consistency and strengthening institutional learning.

## Challenges

- A key challenge was ensuring direct communication with communities that had no access to mobile networks. This limited timely information sharing and participation. To address this, the team identified the need to use alternative methods such as in-person meetings and community messengers to improve outreach.

- Traditional communication channels, such as television and radio, were not applicable in the intervention areas due to lack of coverage. Communication strategies had to be adapted, prioritizing banners, WhatsApp messages, word-of-mouth dissemination through local leaders, and loudspeakers. For future operations, it is recommended to also consider budgeting for phone calls to maintain communication and to apply standardized tools such as post-distribution monitoring surveys.

- The experience showed the importance of adapting questionnaires to the local context and conducting field testing to identify necessary adjustments, as in the case of the needs assessment and post-distribution surveys. This process would help avoid repetitive or potentially sensitive questions and ensure that surveys were appropriate for the communities. Technical review by CEA experts would further strengthen this process, supporting the design of tools that are both reliable and respectful of community dynamics.



## Secretariat Services

**Budget:** CHF 59,320

**Targeted Persons:** 0

**Assisted Persons:** 0

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Number of monitoring visits and/or technical support visits performed	5	3
Surge deployments	2	2

## Narrative description of achievements

### I. Deployment of surge personnel:

Two specialists were deployed under the Surge mechanism to support the operation. An Operations Manager was mobilized from October to December 2024, and a Cash and Voucher Assistance (CVA) specialist from November 2024 to January 2025. The Operations Manager's expertise was instrumental in ensuring that activities were effectively implemented in alignment with IFRC guidelines and Central Office requirements. Their presence also contributed to building confidence among the mobilized teams and strengthening coordination across the operation.

### II. Lessons learned workshop:

At the conclusion of the project, the PMER Senior Officer from the Andean Cluster was deployed to facilitate a lessons learned workshop and conduct focus groups in Santa Cruz. This process, which took place from 25 to 30 January 2025, enabled a structured assessment of the operation's impact and provided valuable feedback from staff and volunteers. The findings will serve to inform the design and implementation of future interventions, ensuring that good practices are replicated and challenges addressed more effectively.

## Lessons Learnt

- The presence of Surge personnel throughout the implementation of the project was fundamental to its success. Each specialist contributed expertise in their respective areas, providing targeted technical assistance that enabled the National Society to carry out the operation efficiently and effectively. Their continuous support during both the planning and implementation phases facilitated the



resolution of technical and operational challenges, ensuring that activities were conducted in line with established standards. This collaboration also contributed to strengthening the National Society's capacity to implement future interventions with greater effectiveness.

- Given that DREF operations involve a high volume of fieldwork, it is recommended that Surge deployments include, as a requirement, the presence of personnel in the intervention zones, even if the NS' central office is based in another province. Direct engagement in the affected areas maximizes the value of their expertise and enhances the effectiveness of field activities.

## Challenges

- While not a difficulty per se, it is important to anticipate that Surge personnel may need to travel back to their home countries during holidays. The related travel expenses, as well as the absence of technical support during this time, should be factored into deployment planning to avoid operational gaps.

- Strengthening internal coordination with the Surge team from the Regional Office and the Country Cluster Delegations remains essential to ensure close monitoring of deployment-related costs. Improved visibility of these expenses within the overall operational budget would allow for more accurate financial tracking and enhance budget execution monitoring throughout the operation.

- Surge personnel received their per diem in foreign currency from ARO, but Bolivia's de-dollarized system made it difficult to exchange money into Bolivianos during part of their stay. This created challenges in covering daily expenses and underscored the need to adapt financial arrangements for deployments in similar contexts.



## National Society Strengthening

**Budget:** CHF 23,967

**Targeted Persons:** 30

**Assisted Persons:** 30

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Lessons learned workshop	1	1
Number of monitoring visits carried out	6	3
Number of volunteers receiving basic personal protective equipment for the response	30	30
Number of personnel recruited to support the operation	2	2

## Narrative description of achievements

The operation applied a combination of strategies to reinforce the institutional and operational capacity of the Bolivian Red Cross (BRC) at national, branch, and community levels, which proved critical to the successful implementation of activities.

- Accompaniment, monitoring, and institutional presence: Three monitoring visits were conducted by the National Headquarters team to the intervention areas. These missions served to verify progress, ensure compliance with established guidelines, and provide technical support to branches, while also accompanying the deployment of Surge personnel. In addition, members of the National Board actively participated in the lessons learned workshop and in focus group discussions, allowing them to gain first-hand insights into how the operation was implemented, identify areas for improvement, and listen directly to the perspectives of the communities.

- Volunteer protection and capacity: A total of 30 volunteers who actively participated in the operation were equipped with personal protective equipment (PPE), ensuring safe conditions during fieldwork and contributing to sustained volunteer engagement throughout



the emergency response.

- Local management and coordination: Two local coordinators were hired, one in Beni and another in Santa Cruz, to strengthen project management closer to the affected communities. Their role improved the coordination of activities at the local level, ensured timely problem-solving, and enhanced the continuity of interventions.

- Institutional learning: The lessons learned workshop, conducted in Santa Cruz, enabled staff and volunteers to reflect on the experiences gained, identify good practices, and draw lessons to strengthen the design and implementation of future operations.

## Lessons Learnt

- The hiring of local coordinators proved essential. Coordinators with knowledge of the intervention areas, experience working with branches, and strong links with the National Headquarters were particularly valuable in facilitating and accelerating local implementation.

- Having dedicated finance staff for DREF operations would be essential in future interventions. This would help prevent the overload of the National Society's already limited human resources and ensure the quality of financial tracking and reporting processes.

- It is necessary to secure funding to maintain dedicated personnel for the DREF operation until the official closure and reporting of the operation. This guarantees continuity, consistency, and quality in both programmatic and financial follow-up.

- It is recommended that all stakeholders engaged in the operation be included in the lessons learned process. Their involvement fosters a holistic understanding of the response and supports the identification of practical improvements for future interventions.

- Mobilizing a larger pool of volunteers helps distribute workloads more evenly and reduces the risk of overburdening individuals who must balance their humanitarian service with academic or professional commitments.

## Challenges

- Regular recruitment processes proved to be lengthy, which limited the timely hiring of dedicated personnel. This underscored the importance of developing a human resources manual or establishing specific procedures for the expedited recruitment of staff required for DREF operations.

- Communication and information-sharing processes also presented challenges, as data from branches was at times received with delays. It is recommended to review and streamline these processes so that information flows more efficiently and continuously, without compromising formal requirements.

- Maintaining the active participation of volunteers and branch authorities at departmental and municipal levels was a challenge. The complexity of the operation, combined with their regular responsibilities, limited the time they could dedicate consistently to all stages of implementation.

- Although additional volunteers were trained, some were unable to participate in field activities. This created added pressure on the available team and highlighted the need for stronger planning and retention strategies to guarantee sufficient volunteer availability for all planned activities.

- Not all branches had the same logistical and human resource capacities, which limited their ability to mobilize to intervention areas or cover fuel and transport costs while awaiting IFRC disbursements. This created challenges in providing consistent accompaniment in the field.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRBO017 - Boliva - Wildfires

Operating Timeframe: 21 Sep 2024 to 31 Jan 2025

Selected Parameters			
Reporting Timeframe	2024/9-2025/9	Operation	MDRBO017
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 31/Oct/2025

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>250,580</b>
DREF Response Pillar	250,580
<b>Expenditure</b>	<b>-235,112</b>
<b>Closing Balance</b>	<b>15,468</b>

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

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health			0
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	250,580	232,748	17,832
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>250,580</b>	<b>232,748</b>	<b>17,832</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services		3,918	-3,918
EA03 - National Society Strengthening		-1,554	1,554
<b>Enabling Approaches Total</b>		<b>2,364</b>	<b>-2,364</b>
<b>Grand Total</b>	<b>250,580</b>	<b>235,112</b>	<b>15,468</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

A total of CHF 250,580 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 235,112. The unspent balance of CHF 15,468 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures were as follows:

A portion of the funds initially allocated to the RFL budget line was redirected to the Community Engagement and Accountability (CEA) component, which faced a shortfall of 500 Bolivianos (CHF 58.80 approx.) due to an increase in the unit cost of five banners. In addition,



2,872 Bolivianos (CHF 337.17 approx.) were reallocated to the NSD budget line to cover higher-than-anticipated costs of personal protective equipment (PPE). The remaining amount of 20,178 Bolivianos (CHF 2,432.17 approx.) was reserved to increase the value of the multipurpose cash transfer.

Adverse foreign exchange fluctuations between the Swiss Franc (CHF), the Euro (EUR), and the Bolivian Boliviano (BOB) resulted in a forex-related shortfall of CHF 24,000 in the CVA line. To mitigate this deficit and ensure full coverage of the targeted population within the eligibility period, funds were reallocated primarily from savings in Surge deployments and monitoring visits from the Secretariat.

Although the operation successfully reached all intended households, the forex impact affected the final transfer value in Riberalta. The planned increase to BOB 2,500 for 500 households, intended to meet additional needs beyond shelter repair, could not be fully implemented. Consequently, while 400 families received the full amount of BOB 2,500, the final disbursed amount was limited to BOB 1,650 per household for 100 families.



# Contact Information

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

**National Society contact:** Jorge Jhonatan Quino Soliz, Executive Director, dirección.e@cruzrojaboliviana.org.bo

**IFRC Appeal Manager:** Ruben Romero, Head of Country Cluster Delegation, ruben.romero@ifrc.org

**IFRC Project Manager:** Julian Perez, Coordinator, Programme and Operations, julian.perez@ifrc.org

**IFRC focal point for the emergency:** Julian Perez, Coordinator, Programme and Operations, julian.perez@ifrc.org

**Media Contact:** Susana Arroyo, Regional Communications Manager, susana.arroyo@ifrc.org

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