DREF Final Report

Costa Rica: Floods

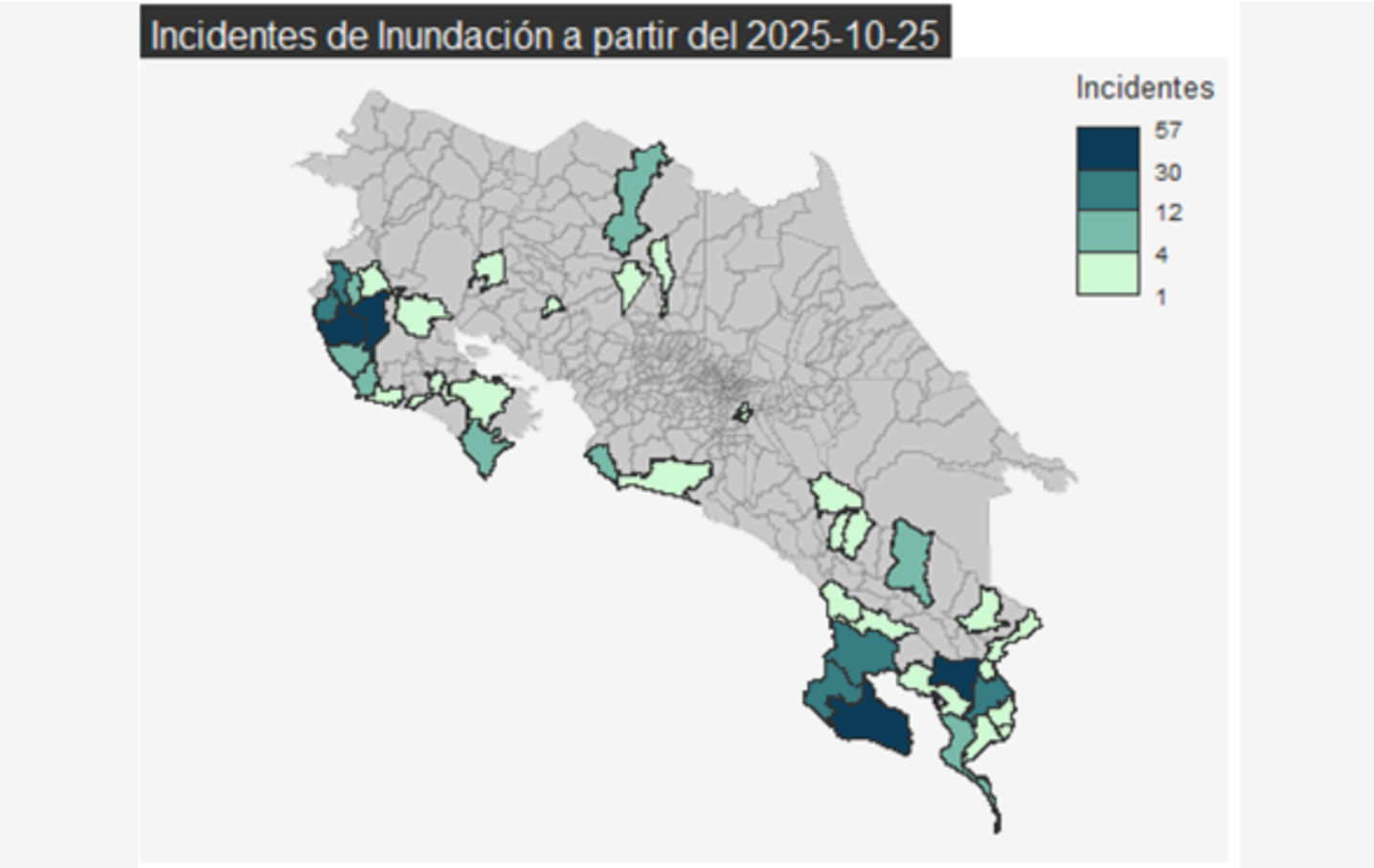
Feasibility assessment in Riyito, Osa Peninsula, Nov 2025. Source: CRRC.

Appeal: **MDRCR027**	Total DREF Allocation: **CHF 246,001**	Hazard: **Flood**	Crisis Category: **Yellow**
Glide Number: **-**	People Affected: **400,000 people**	People Targeted: **4,500 people**	People Assisted: **1,308 people**
Event Onset: **Sudden**	Operation Start Date: **20-09-2025**	Operational End Date: **31-03-2026**	Total Operating Timeframe: **6 months**

Targeted Regions: **Alajuela, Cartago, Guanacaste, Puntarenas**

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 Ecuadorian Red Cross, would like to extend thanks to all for their generous contributions.

Description of the Event



Flood incidents, 25 Oct 2025. Source: CECOE Info & Analysis.

Date of event

30-10-2025

What happened, where and when?

On 19 October 2025, the National Meteorological Institute (IMN) reported that Tropical Wave No. 40 was moving towards the Caribbean Sea, with potential for cyclonic development. Between 20 and 21 October, the IMN continued issuing updates on unstable conditions associated with Tropical Waves No. 39 and No. 40 and increased surveillance due to the high probability of cyclogenesis in the Caribbean. On 21 October, Tropical Wave No. 40 evolved into Tropical Storm Melissa.

As Melissa strengthened in the Caribbean, the IMN issued advisories on its indirect influence on Costa Rica, including persistent humidity, activation of the Intertropical Convergence Zone and unstable weather conditions, particularly affecting the South Pacific and the southern coast of the Central Pacific. Advisories issued between 24 and 26 October maintained warnings for intense rainfall, high waves and landslide risks in vulnerable areas.

In response to this situation, on 25 October 2025, the National Emergency Commission (CNE) issued Alert No. 36, declaring an Orange Alert for the Pacific coastal regions, a Yellow Alert for the Central and Northern regions, and a Green Alert for the Caribbean. Municipal and community emergency committees were instructed to monitor local conditions, activate preparedness mechanisms, maintain response capacities on standby and ensure permanent monitoring.

In line with the National Emergency and Disaster Response Plan, the Costa Rican Red Cross activated Response Level 3 for Guanacaste, Puntarenas and the Southern Region. This included concentrating personnel in auxiliary committees, suspending non-essential activities and trainings, activating Regional Operations Coordination Centres (CCOR), deploying National Intervention Teams (ENI) and specialized

units, and opening the Emergency Operations Coordination Centre (CECOE) under the National Directorate for Emergency Response (DINARE).

As rainfall intensified, response operations began on 25 October and continued throughout the week. Activities included rescues in mountainous areas affected by landslides, evacuations from flooded communities, transfers to shelters and pre-hospital care for people affected by incidents related to adverse weather conditions, with the highest impact reported in Guanacaste and Puntarenas. In the early hours of 30 October, intense rainfall also affected northern Alajuela and Cartago, increasing institutional response efforts, including evacuations in areas such as Pénjamo de Florencia and Cartago.

According to consolidated information from the Costa Rican Red Cross Emergency Operations Coordination Centre, 511 emergencies were recorded, including 504 flood-related incidents and seven landslides. The National Society provided pre-hospital care to 250 people, supported the evacuation of 116 people, and reported 540 affected homes.

Given that the forecasted event materialized and generated operational response needs, the National Society requested the transition of the Imminent DREF MDRCR027 to a response operation. Formal approval for this transition was received on 17 November 2025, allowing the operation to continue under an adjusted response framework. The response strategy focused on multipurpose cash assistance, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), Disaster Risk Reduction (DRR), National Society strengthening, and the progressive implementation of Health and WASH activities.

Some activities required schedule adjustments due to the overlap with major national and local events, including end-of-year holidays in December, the traditional festivities in Santa Cruz in January, and the presidential elections in February. These factors affected operational coordination, availability of logistical resources and activity planning in the areas of intervention, requiring the rescheduling of some activities to ensure adequate implementation.

CVA distribution in Portegolpe and Santa Cruz, February 2026. Source: CRRC.

CVA distribution in Vanegas, Osa Peninsula, January 2026. Source: CRRC.

Targeting assessment in Paraíso, Santa Cruz, January 2026. Source: CRRC.

Scope and Scale

According to consolidated information from the Costa Rican Red Cross Emergency Operations Coordination Centre (CECOE), a total of 511 emergencies were recorded during the event, including 504 flood related incidents and seven landslides. As part of the response, the Costa Rican Red Cross provided pre-hospital care to 250 people, supported the evacuation of 116 people, and reported 540 affected homes.

Although the direct emergency response reached people requiring immediate assistance, the overall impact of the floods extended beyond those directly assisted by response services. Approximately 2,500 people were directly affected by the flood events, while disruptions to economic activities, livelihoods, mobility and access to basic services had indirect effects on an estimated population of up to 400,000 people in the affected districts.

The highest number of reported incidents was concentrated in the canton of Santa Cruz, in the province of Guanacaste, particularly in

the districts of Santa Cruz, Veintisiete de Abril and Tempate, which together recorded 270 incidents. The southern group of cantons in Puntarenas province, including Puerto Jiménez, Golfito, Osa and Corredores, also reported significant impacts, with 182 incidents.

The spatial distribution of flood incidents, when cross-referenced with the Social Development Index, showed that many of the affected areas were located in districts with medium, low or very low levels of social development. This increased the likelihood that the impacts of the emergency would disproportionately affect households with limited recovery capacity and reduced access to resources and basic services.

Among the districts with the highest flood impact and relatively more unfavourable social development conditions, the following were identified:

• Sierpe de Osa, Puntarenas province: ranked 470 in the Social Development Index, with 19 incidents.
• Puerto Jiménez, Puntarenas province: ranked 449, with 59 incidents.
• Bahía Drake de Osa, Puntarenas province: ranked 436, with 19 incidents.
• Cuajiniquil de Santa Cruz, Guanacaste province: ranked 390, with 19 incidents.
• Corredor de Corredores, Puntarenas province: ranked 380, with 22 incidents.
• Guaycará de Golfito, Puntarenas province: ranked 378, with 44 incidents.
• Veintisiete de Abril de Santa Cruz, Guanacaste province: ranked 328, with 72 incidents.
• Nosara de Nicoya, Guanacaste province: ranked 282, with 17 incidents.
• Jacó de Garabito, Puntarenas province: ranked 214, with 15 incidents.
• Tempate de Santa Cruz, Guanacaste province: ranked 182, with 61 incidents.
• Santa Cruz de Santa Cruz, Guanacaste province: ranked 159, with 74 incidents.
• Tamarindo de Santa Cruz, Guanacaste province: ranked 153, with 39 incidents.

This increased the vulnerability of affected households and limited their capacity to recover without external support. The combination of flood impact, recurrent exposure and social vulnerability supported the prioritization of humanitarian assistance in the most affected districts of Guanacaste and Puntarenas, while also highlighting the need to strengthen community preparedness, disaster risk reduction and early recovery capacities.

The event also exceeded the scale of previous flood events in some of the affected areas. In Santa Cruz, particularly in the district of Veintisiete de Abril, flood events in 2024 led to the evacuation and sheltering of 29 people in one facility. During this emergency, evacuations were significantly higher and required the activation of multiple shelters, reflecting the exceptional intensity of the event and the increased demand placed on response services.

Source Information

Source Name	Source Link
1. Alert No. 36 – National Emergency Commission	https://www.cne.go.cr/preparativos_respuestas/alertas/2025/36-25%20ALERTA%20NARANJA%20AMARILLA%20Y%20VERDE%20-%20Efectos%20indirectos%20del%20Huracan%20Melissa.pdf
2. Emergency Operations Coordination Center of the Costa Rican Red Cross - Internal data base	https://cruzroja.or.cr/
3. La Teja – Hurricane Melissa causes major damage in Guanacaste and southern Costa Rica	https://www.lateja.cr/sucesos/huracan-melissa-deja-grandes-danos-en-guanacaste-y/4BJPBGAOJJAYJLEKJ5Y37IPCOQ/story/
4. CR Hoy – Hurricane Melissa causes 103 flood-related incidents across the country and leaves 210 people in shelters.	https://www.crhoy.com/huracan-melissa-provoca-104-incidentes-por-inundaciones-en-el-pais-y-deja-a-210-personas-en-albergues/
5. Ministry of National Planning and Economic Policy – Social Development Index	https://www.mideplan.go.cr/indice-desarrollo-social

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	The Imminent DREF enabled the early activation of the Emergency Operations Coordination Centre (CECOE), the pre-positioning of specialized units, and the deployment of personnel to conduct field emergency assessments. Building on these early preparedness actions, the Costa Rican Red Cross responded to the emergency with its own resources as a first responder. During the initial response phase, the most complex incidents were addressed through the National Society's own operational capacities, complemented by the resources pre-positioned through the Imminent DREF. This combination strengthened the Costa Rican Red Cross' ability to respond rapidly to the evolving emergency and ensured continuity between early action and response activities.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC supported the Costa Rican Red Cross through the Country Cluster Delegation for Central America, maintaining regular coordination and technical follow-up throughout the operation. Support focused on strategic guidance, operational monitoring, and technical accompaniment to help ensure timely implementation, quality assurance, and alignment with IFRC-DREF requirements. The Country Cluster Delegation held regular follow-up with the National Society to review operational progress, identify implementation challenges, and support adjustments required during the transition from the Imminent DREF to the response operation. This accompaniment was particularly relevant given the operational delays linked to local festivities, the use of digital registration tools, and the need to ensure neutrality during the presidential election period. Technical support was also provided in Community Engagement and Accountability (CEA), communications, and Cash and Voucher Assistance (CVA). In particular, IFRC regional and global CVA specialists provided tailored support for the AccessRC self-registration process. AccessRC is a digital platform that enables people to self-register and manage information for cash and voucher assistance programmes. This support helped the National Society address challenges related to digital registration, connectivity constraints, and data management. This support contributed to strengthening the quality and accountability of the CVA implementation. In addition, IFRC supported monitoring and coordination processes, including guidance on reporting, implementation follow-up, and operational adjustments required to complete key activities within the approved timeframe. IFRC also supported the facilitation of the lessons learned workshop, contributing to the identification of operational good practices, implementation challenges, and recommendations to strengthen future flood response and DREF operations. This support helped reinforce the National Society's capacity to manage the operation in line with IFRC standards and ensured continuity between early action, response implementation, learning, and final reporting.

Participating National Societies	No Participating National Society was directly linked to this emergency operation. However, the Costa Rican Red Cross continued to have regular cooperation with partner National Societies through ongoing initiatives not directly related to this IFRC-DREF response.

ICRC Actions Related To The Current Event

The National Society does not anticipate receiving support from ICRC for the planning or implementation of this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	National authorities responded to the emergency through the National Emergency Commission (CNE) and the National Risk Management System, ensuring inter-institutional coordination and activation of the relevant emergency response mechanisms. The National Emergency Operations Centre served as the main coordination structure, bringing together first responder agencies and public institutions to coordinate actions before, during and after the emergency.
UN or other actors	The National Commission for Risk Prevention and Emergency Response (CNE) responded to the situation with inter-institutional coordination. First response institutions supported evacuations and transfers to shelters, while public authorities worked to address the main consequences of the floods. The Ministry of Public Works and Transport supported the rehabilitation of interrupted roads, the water and sewerage authorities responded to incidents affecting drinking water supply, and the Joint Institute for Social Assistance provided support to people in shelters or without alternative accommodation.

Are there major coordination mechanism in place?

The main coordination mechanism was the National Emergency Operations Centre, activated under the leadership of the National Emergency Commission (CNE) as part of Costa Rica's National Risk Management System. This mechanism brought together first response institutions and relevant public entities to coordinate preparedness, response and follow-up actions during the emergency.

The Costa Rican Red Cross maintained an active role within this coordination structure, which facilitated access to official information, operational coordination with national and local authorities, and alignment of the IFRC-DREF response with government-led actions. Information obtained through the national coordination mechanism also supported the Costa Rican Red Cross Emergency Operations Coordination Centre (CECOE) in producing operational information products and informing response planning.

Coordination was also maintained with institutions involved in specific areas of the response. During the implementation of the multipurpose cash assistance, the Joint Institute for Social Assistance (IMAS) and liaison officers from the National Emergency Commission contributed technical inputs to help validate affected communities and identify households that had not received assistance from other institutions. In the WASH sector, coordination with the Ministry of Health supported community information activities on vector control and other public health prevention messages.

Needs (Gaps) Identified

Livelihoods And Basic Needs

Soil saturation, flooding of riverbeds and rapid rises in river levels damaged homes, businesses, crops and family belongings. Recovery was difficult, as families' physical, financial and natural resources were severely affected, which impacted household financial security and food security in the months following the emergency.

Emergency and recovery activities also considered the potential inclusion of migrant populations located near border areas, however, disaggregated information on the vulnerable populations affected was not fully available during the assessment phase.

Cash assistance was identified as an appropriate modality to help affected families cover basic needs, including adequate access to food. This assistance helped reduce the risk of affected households resorting to negative coping mechanisms and contributed to preventing adverse effects on local markets. Cash assistance also supported local businesses and contributed to the reactivation of the local economy, promoting faster recovery in affected communities.

Support during the early recovery phase was also considered relevant, as the recovery of harvests and household income required more time. An estimated 400,000 people were affected by the emergency, either directly or indirectly, due to the impact of flooding on homes, livelihoods, mobility and local economic activities.

State support provided by the Joint Institute for Social Assistance (IMAS) was limited mainly to lodging assistance for people who had no alternative accommodation after evacuating from flooded communities, particularly in areas where no shelter could be opened. Since 25 October, the Costa Rican Red Cross supported the evacuation of 116 people, provided services to 250 people and reported 540 affected homes.

Health

Floods generated potential public health risks due to several factors; therefore, immediate measures were required to protect health and prevent adverse conditions from affecting the well-being of the population. In areas where no direct impact was reported, but where indirect effects were identified, activities focused on the prevention of health problems. Preventive and monitoring actions were essential to ensure that the health of the population was not seriously affected, while promoting a rapid and effective response, education and community participation.

The Operations Coordination Centre of the Municipal Committee in Santa Cruz, through the initial assessment conducted by the Social Desk and shared with the Costa Rican Red Cross CECOE, interviewed 343 people in affected communities. Of these, 205 reported having some type of medical condition, mainly hypertension, diabetes, asthma and kidney-related conditions. It was noted that most people reporting medical conditions were adult women and men and women over 65 years of age, considering that this assessment only included the person providing the information and not the entire household.

Flood events saturated emergency services, and vulnerable populations with chronic diseases or older age did not always have timely access to emergency services through an ambulance. For this reason, it was considered essential for the Costa Rican Red Cross to transfer knowledge so that people in these communities could provide first aid while professional help arrived. Therefore, formal training processes that were efficient and easily understandable were identified as a need.

Water, Sanitation And Hygiene

Communities impacted by floods had to be addressed primarily by ensuring safe water and effective sanitation. This was addressed by the government sector; however, a gap was identified that needed to be promptly addressed through promotion, awareness-raising and community participation mechanisms related to hygiene promotion, vector control, menstrual hygiene and proper water use.

For example, the Operations Coordination Centre of the Municipal Committee in Santa Cruz, through the initial assessment conducted by the Social Desk and shared with the Costa Rican Red Cross CECOE, reported that, among the 343 people initially reached in affected communities, 19 reported damage to excreta disposal mechanisms, including latrines in more remote areas and septic tank overflows in

populated areas.

Community members needed to understand that floods severely affect water, sanitation and hygiene services through the contamination of drinking water sources with wastewater, mud and waste, increasing the risk of waterborne diseases. It was also necessary to raise awareness that sanitation systems, such as latrines and sewerage systems, may have been damaged or collapsed, causing excreta overflow and environmental contamination.

Communities also needed to understand that the limited availability of safe water and basic supplies, such as soap and chlorine, made personal hygiene and handwashing more difficult. At the same time, the increase in vectors such as mosquitoes and rodents raised the risk of dengue, zika, chikungunya, malaria, leptospirosis and other diseases, worsening the public health situation in affected communities.

The acquisition of knowledge on improved hygiene practices, safe water use, menstrual hygiene and vector control was therefore considered necessary to promote behaviour change and reduce the impacts of this type of emergency.

Protection, Gender And Inclusion

Floods generated a range of protection and health-related concerns, requiring specialized attention for certain demographic groups during the emergency. Limited preparedness and lack of specific knowledge on how to respond appropriately to imminent risks exposed several groups to significant vulnerabilities. Among the groups at greater risk were unaccompanied or separated children. Women and girls were particularly exposed to the risk of gender-based violence, including sexual violence, which tends to increase in emergency situations and even more in settings such as temporary shelters activated during crises.

Older adults and persons with disabilities also required specialized attention, as their physical and medical needs were not always fully met in emergency shelters or during evacuation processes. These groups faced additional barriers to accessing the information and resources needed to adequately protect themselves from the impact of the floods. Migrants were also identified as potentially disadvantaged due to linguistic and cultural barriers that limited their access to critical information and emergency services. Effective coordination and communication between authorities and these communities was therefore essential to ensure that all affected people understood the risks, available services and protection measures.

Emergency response personnel also faced challenges, including limited specific training on the Protection, Gender and Inclusion (PGI) framework. It was essential for these teams to be informed and equipped to carry out effective protection actions, identify and manage protection concerns, and activate referral pathways with authorities for the restoration of rights. These actions were designed to minimize exposure to harm or abuse, mitigate impacts that limited access to rights, and prevent revictimization.

Risk Reduction, Climate Adaptation And Recovery

For the Costa Rican Red Cross, it was therefore relevant to consider the increasing frequency and severity of extreme weather events in the Guanacaste Region, rising temperatures and the long-term impacts of climate change.

In this context, the need was identified to analyse the micro-basins contributing to flooding in the district of Veintisiete de Abril, Santa Cruz, Guanacaste. This required a diagnostic process using the Enhanced Vulnerability and Capacity Assessment (EVCA) methodology, with a climate change adaptation approach, to support the identification of climate-smart and environmentally sustainable actions for community planning.

This need was particularly relevant because the affected communities were located in flood-prone areas with recurrent exposure to hydrometeorological events. Strengthening local risk analysis, community preparedness and adaptation capacities was therefore considered essential to reduce future impacts and support early recovery.

Community Engagement And Accountability

Community Engagement and Accountability (CEA) was identified as a key need to ensure that affected people had access to timely, reliable and accessible information on the emergency, available assistance, safety measures and ways to protect themselves.

During the organization of community activities, including fairs, awareness sessions and the cash transfer programme, gaps were identified in the capacity to adapt institutional approaches to local community dynamics. These included limited knowledge on how to identify community leaders, understand preferred communication channels and ensure meaningful participation.

The operation therefore required strengthened CEA approaches, including trusted information channels, community feedback mechanisms and the use of tools such as AccessRC to support communication, registration, monitoring and accountability with affected communities.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to assist 4,500 people affected by floods caused by the indirect effects of Hurricane Melissa in Costa Rica. The response focused on addressing urgent humanitarian needs through multipurpose cash assistance, health and hygiene promotion, vector control and disaster risk reduction, while integrating cross-cutting approaches on community engagement and accountability (CEA), protection, gender and inclusion (PGI), and National Society strengthening.

Following the transition from an Imminent DREF to a response operation, the intervention supported affected communities in the prioritized provinces of Guanacaste, Puntarenas, Alajuela and Cartago, while contributing to early recovery, community preparedness and institutional learning for future flood-related emergencies.

Operation strategy rationale

To address the needs of the targeted population, the IFRC-DREF operation focused on the following sectors and cross-cutting approaches:

Following the materialization of the event, the operation transitioned from an Imminent DREF to a response operation. This adjustment allowed the Costa Rican Red Cross to move from early preparedness and pre-positioning actions to a broader response strategy focused on humanitarian assistance, early recovery, community preparedness and institutional strengthening.

Livelihoods and basic needs – Multipurpose Cash Assistance
The intervention aimed to support early recovery for flood-affected families whose homes, livelihoods, household items and income sources had been affected. Multipurpose cash assistance was identified as the most appropriate and dignified modality, given the accessibility of financial service providers, the diversity of needs among affected families, and the relevance of supporting local markets while providing timely relief.

Communities were identified through damage and needs assessments and prioritized using the Ministry of National Planning and Economic Policy (MIDEPLAN) Social Development Index. The selection of participants was based on transparent processes supported by AccessRC, complementary field verification and community engagement approaches to ensure inclusiveness, safety and accountability throughout the cash distribution process. The operation ultimately assisted 401 families, reaching 1,308 people through multipurpose cash assistance. Post-distribution monitoring was conducted with 124 families and confirmed high levels of satisfaction, with most respondents reporting that the assistance was useful, relevant and adequate to cover basic needs.

Health
The health component addressed the disruption caused by flooding to routine health check-ups and the increased health risks faced by affected communities. Health fairs were implemented to identify people requiring immediate attention or referral, support the resumption of routine medical follow-up and promote preventive health messages in coordination with local health actors. First aid trainings were also carried out to strengthen community response capacities, particularly in isolated or hard-to-reach areas where emergency services could be delayed. By the end of the operation, 496 people participated in health promotion and awareness fairs, and 117 people were trained in Community First Aid.

WASH
The WASH component aimed to reduce the risk of waterborne and vector-borne diseases through community-level knowledge transfer. Activities focused on safe water use, hygiene promotion, dengue prevention and vector control, using participatory methodologies adapted to the communities reached. These actions were prioritized in communities with lower Social Development Indexes, where persistent rains, sanitation challenges and exposure to vectors increased health risks. The operation exceeded the planned number of community sessions on safe water use, dengue prevention and hygiene promotion, carrying out seven sessions for each of these topics.

However, menstrual hygiene sessions were not implemented and should be reflected as a variance in the sectoral analysis.

Protection, Gender and Inclusion (PGI)
PGI was integrated as a cross-cutting approach to ensure that assistance was delivered in a safe, dignified and inclusive manner. The operation considered the differentiated needs of older adults, persons with disabilities, women, children and other groups facing increased vulnerability during emergencies. Specific measures included PGI awareness sessions for staff before community engagement activities, inclusive community dynamics, support to people with reduced mobility and the promotion of safe access to assistance. Four PGI awareness sessions for personnel and seven community activities with a PGI approach were completed.

Community Engagement and Accountability (CEA)
CEA was integrated to ensure that affected people received timely and accessible information, had opportunities to participate in the response and could provide feedback. The operation used community engagement approaches to support registration, targeting, communication and accountability processes. CEA also contributed to improving the implementation of AccessRC, strengthening communication with communities and informing operational decision-making. By the end of the operation, 70 people had been trained in CEA in Emergencies, a community media mapping guide was developed, and one communication video was produced and disseminated.

Disaster Risk Reduction (DRR) and Climate Change Adaptation
The DRR and climate adaptation component aimed to better understand local flood risks and strengthen community preparedness in flood-prone areas. The EVCA methodology was applied with a climate change adaptation focus in communities located in the micro-basin of the district of Veintisiete de Abril, Santa Cruz, Guanacaste. The EVCA process supported the identification of local hazards, vulnerabilities and capacities, and contributed to defining community-based actions for risk reduction, climate adaptation and future preparedness.

National Society Strengthening
The operation addressed operational gaps in information management, emergency coordination and institutional learning. Capacity-strengthening actions focused on improving the National Society's ability to manage information during emergencies, analyse humanitarian needs and support timely decision-making. A lessons learned and an information management in disasters and crises workshops were conducted, and an improvement plan was developed based on the findings. The operation also supported two flood response deployments, the hiring of two technical staff for the operation and the implementation of a feedback mechanism aligned with humanitarian assistance principles.

IFRC, through the Country Cluster Delegation for Central America and the Regional Office, provided technical support and operational follow-up throughout the implementation period. Support included guidance on DREF quality, monitoring, reporting, CEA, Cash and Voucher Assistance (CVA), AccessRC, Planning, Monitoring, Evaluation and Reporting (PMER), Health, Disaster Management and the facilitation of the lessons learned workshop.

Overall, the operation demonstrated the relevance of using an imminent DREF to support early preparedness and readiness actions, while also highlighting the operational adjustments required when the situation evolved into a response operation. The main achievements included the delivery of multipurpose cash assistance to affected households, the implementation of health and WASH activities, the integration of PGI and CEA approaches, and the strengthening of local operational capacities. The lessons learned process highlighted good practices such as territorial coordination, inter-institutional collaboration with health authorities, the use of participatory methodologies in community activities, the involvement of volunteers, and the adaptation of messages and materials to the local context.

At the same time, the operation faced limitations related to lower-than-planned participation in some community activities, limited availability of specialized staff and volunteers, logistical constraints, and gaps in coordination with auxiliary committees and community structures. The transition from anticipatory action to response also showed the need to review targets, indicators and implementation modalities early in the process, so that the monitoring framework remains realistic and aligned with the evolving operational context. Key lessons for future operations include strengthening early coordination between operational, administrative and technical areas; improving community-level preparedness and communication before implementation; ensuring clearer roles and responsibilities; and systematically integrating community feedback and lessons learned into operational adjustments.

Targeting Strategy

Who was targeted by this operation?

The operation targeted people from vulnerable flood affected communities in the provinces of Guanacaste and Puntarenas, as well as specific affected areas in Alajuela and Cartago. These areas were prioritized due to the impact of flooding caused by the indirect effects of Hurricane Melissa, the recurrence of flood events, and the presence of communities with lower Social Development Index scores.

The response focused on households whose homes, livelihoods, household items or income sources were affected by the floods, with particular attention to families with limited recovery capacity. Priority was also given to households that had been evacuated, single-parent families, pregnant women and new mothers, older adults, persons with disabilities, people with chronic diseases, and other groups facing increased vulnerability or barriers to accessing assistance.

Through the operation, the Costa Rican Red Cross assisted affected people through multipurpose cash assistance, health promotion and awareness activities, Community First Aid trainings, WASH and hygiene promotion sessions, Protection, Gender and Inclusion activities, Community Engagement and Accountability actions, and disaster risk reduction and preparedness activities.

Multipurpose cash assistance was targeted to the most affected households based on vulnerability criteria, field verification, AccessRC registration and complementary data collection through KoBo where needed. Health, WASH, PGI and CEA activities were implemented in prioritized communities, with coordination from local leaders and auxiliary committees to facilitate access and participation, including for people with reduced mobility or other specific needs.

Explain the selection criteria for the targeted population

The targeted population was selected based on the following criteria:

-Households located in communities affected by flood incidents in Guanacaste, Puntarenas, Alajuela and Cartago.
-Communities located in districts with lower Social Development Index scores and recurrent exposure to flooding.
-Families whose homes, household items, livelihoods or income sources were affected by the floods.
-Families that had been evacuated or temporarily displaced due to flooding.
-Households that had not received similar assistance from government institutions or other actors.
-Single-parent households.
-Pregnant women and new mothers.
-Older adults.
-Persons with disabilities.
-People with chronic diseases or specific health conditions.
-Households with limited recovery capacity or reduced access to basic services.

For multipurpose cash assistance, the selection process was supported by AccessRC registration, complementary KoBo data collection where needed, field verification, coordination with community leaders and cross-checking with relevant institutions to reduce duplication and prioritize families with unmet needs.

Total Assisted Population

Assisted Women	705	Rural	100%
Assisted Girls (under 18)	478	Urban	-
Assisted Men	80	People with disabilities (estimated)	0%
Assisted Boys (under 18)	45		
Total Population Assisted	1,308		
Total Targeted Population	4,500		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
Contextual: Extent of damage in prioritized communities is less than originally identified.	Identify other affected communities not originally detected and adapt response. Damage and needs assessment information cross-checked with monitoring visits to prioritized communities.
Programme delivery: Lack of access to affected areas due to infrastructure damages or interruptions.	Identify alternative access routes Close coordination and communication with Regional Operations Coordination Centers and auxiliary committees (branches) to verify the condition of roads and access.

Programme delivery: Increased or continued rains delay implementation of activities at community level or suspension of activities.	Identify fast track options for priority activities. Consider extending the operation to 6 months.
Contextual: Increased needs and increased affectations due to a new meteorological event.	Prepare an Ops Update to scale up the operation in new areas.
Reputational: The assistance provided is considered insufficient by assisted population.	Establish clear targeting criterias Establish CEA mechanism with communities during operation implementation.

Please indicate any security and safety concerns for this operation:

No additional security issues are expected. At all times, staff and volunteers will be fully trained in safety, ensuring their familiarity with the specific safety protocols for this type of event. Furthermore, the National Society has been assured that all individuals involved in the operation will have appropriate personal protective equipment, specifically designed to cope with the expected weather conditions. The Costa Rican Red Cross has an operational safety department that ensures staff compliance with safety measures, remains vigilant for any incidents, and promotes safer access practices.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Multi Purpose Cash

Budget: CHF 124,247
Targeted Persons: 2,000
Assisted Persons: 1,308
Targeted Male: 330
Targeted Female: 978

Indicators

Title	Target	Actual
Number of families reached through Cash and Voucher Assistance (CVA)	400	401
Number of feasibility studies developed	1	1
Number of families reached with Post distribution monitoring	400	124

Narrative description of achievements

The feasibility study was carried out from 6 to 22 November 2025. The process included a field visit, consultations and the collection of secondary information. Through this study, the transfer amount, delivery mechanism, assistance modality and priority communities were validated.

The National Society used AccessRC as the main registration tool for the cash assistance programme. A total of 365 applications were received through AccessRC, while 122 applications were collected through Kobo Collect app as an alternative for people who did not have a mobile phone, had no internet connection, or whose phones were not compatible with the application. These applications were collected in one district of Osa canton, one district of Puerto Jiménez canton, and three districts of Santa Cruz canton, according to the communities previously identified.

The identification process included a profile verification chain with two reviewers and an approval process for applications to the programme. This process advanced during the first week of January, allowing the National Society to proceed with the planned distributions.

Distributions were strategically scheduled over 11 dates to achieve the target of assisting 400 families. By the end of the operation, the National Society reached 401 families, corresponding to 1,308 people, with multipurpose cash assistance to support post-disaster recovery. A total of 87 applicants did not qualify for assistance because they did not meet the selection criteria established in AccessRC.

Each assisted household received 155,000 Costa Rican colones (CRC) through a prepaid card. Post-distribution monitoring showed a high level of satisfaction among assisted households. The overall satisfaction score reached an average of 9.92 out of 10, indicating an extremely positive perception of the programme. At least nine out of every ten respondents reported being very satisfied with the support received, while the remaining respondents maintained positive or neutral perceptions.

The post-distribution monitoring assessed several aspects of the process, including the call for participation and delivery process, clarity of information, staff treatment, relevance of the financial support, use of the card, institutional trust, communication and feedback channels, and use of digital tools. The results showed a high perceived impact and strong acceptance of the programme among assisted households. For more information, please refer to the CEA sector.

Several assisted people expressed appreciation for the assistance received, highlighting the support provided throughout the process, the relevance of reaching remote communities that are not frequently prioritized, and the usefulness of the assistance to purchase essential household items such as mattresses and gas stoves.

Although the operation exceeded the household target, reaching 401 households against the planned 400, the final number of people reached was lower than the initial estimate because the actual household size was smaller than originally assumed during planning. The planning figure was based on an estimated average household size, while the final figure was based on the actual household members registered during implementation.

Lessons Learnt

• The initial target of reaching 2,000 people through 400 cash assistance cards was calculated using an average of five people per household. This was based on the most recent institutional planning reference available and followed a methodological approach used in previous formulations. However, during the identification of assisted households, household size was not used as a vulnerability criterion. As a result, although the target of 400 cash assistance cards was achieved and slightly exceeded, the actual number of people reached was lower than initially estimated. This should be adjusted in future formulations to better reflect the current household composition in the country context.

• The operation also highlighted the need to allocate additional support personnel from headquarters to advance simultaneously with profile verification in AccessRC. This would help reduce delays and improve the efficiency of the approval process.
• Alternative tools should continue to be available for people who do not have a mobile phone, whose devices do not support the application, or who live in areas with limited connectivity.

• Maintaining strong community engagement before and during registration processes was also identified as essential. Community leaders can help promote the use of AccessRC and support follow-up with people who were not present during initial registration visits.

• The experience also showed the importance of strengthening staff capacities during non-emergency periods on sectoral tools and approaches, in order to reduce the learning curve during emergency operations.

Challenges

• The learning curve related to AccessRC slowed down the process of identifying people to be assisted.

• The digital divide among some affected people increased the time required to explain how to use the application, complete the profile and apply to the programme.

• In some cases, the registration process took significantly longer per person, increasing operational time and costs.

• In communities with limited connectivity, progress was affected by the need to rely on satellite internet. The weight of the application made it difficult to advance efficiently with data collection.

• Excessive use of mobile data by vulnerable people was identified as a potential “do no harm” concern.

• Implementation was also delayed by local contextual dynamics and the overlap with sociocultural activities and relevant national processes in the intervention areas.

Health

Budget: CHF 26,520
Targeted Persons: 1,500
Assisted Persons: 612
Targeted Male: 145
Targeted Female: 467

Indicators

Title	Target	Actual
Number of people participating in health promotion and awareness fairs	1,200	496
Number of people from targeted communities trained in Community First Aid	300	116

Narrative description of achievements

Seven health fairs were carried out as part of the operation. One took place in the canton of Puerto Jiménez, in Puntarenas, and six were implemented in the canton of Santa Cruz, in Guanacaste.

The fairs were coordinated with community leaders from the targeted communities, and neighbouring communities with easier access to the activity sites were also invited. The activities were held in the facilities of the Community Development Associations in each community.

The health fairs included personnel responsible for vital signs monitoring, first aid support through basic and advanced ambulances, and a practical demonstration station on “hands-only” cardiopulmonary resuscitation (CPR). The fairs also included differentiated spaces for participant registration, health screening and basic monitoring, and attendance lists were used to ensure traceability of the assistance provided.

Referral protocols were established for cases requiring specialized care or clinical follow-up. This helped ensure that people requiring additional attention could be referred to the formal health system.

Despite the relevance of the topics addressed and the use of different channels to invite the wider community, participation was influenced by whether the activity was linked to the provision of direct assistance. People who were not convened for assistance-related activities were less likely to attend the fairs.

The health fairs reached the following communities:
-La Palma, Puerto Jiménez, Puntarenas: 1 person reached.
-Culiacán, Santa Cruz, Guanacaste: 46 people reached.
-Paraíso, Veintisiete de Abril, Santa Cruz, Guanacaste: 112 people reached.
-La Garita, Tamarindo, Santa Cruz, Guanacaste: 96 people reached.
-Bejuco, Tempate, Santa Cruz, Guanacaste: 72 people reached.
-El Llano, Santa Cruz, Guanacaste: 62 people reached.

-Portegolpe, Tempate, Santa Cruz, Guanacaste: 107 people reached.

In total, 496 people participated in health promotion and awareness fairs.

As part of the Community Engagement and Accountability approach, feedback mechanisms were implemented to collect participants' opinions on their satisfaction with the health fairs. Feedback was voluntarily provided by 39 participants. The results showed a high level of overall satisfaction, with more than 92 per cent of respondents reporting that they were very satisfied. Almost 95 per cent felt that they had been listened to and taken into account, and more than 97 per cent considered the information provided useful for their daily lives.

The feedback also showed a high level of interest in participating in similar training processes in the future. However, participation in tools such as AccessRC remained limited, highlighting the need to strengthen communication and community accompaniment strategies to promote greater uptake and follow-up on priority topics identified by the population.

The operation also strengthened community capacities through Community First Aid training processes implemented in prioritized communities. These trainings aimed to provide participants with basic knowledge and skills to respond to common emergencies, increasing survival opportunities in rural contexts or situations where emergency services may be saturated or interrupted due to disasters or crises.

Five eight-hour Community First Aid workshops were delivered by facilitators certified by the Reference Centre for Community Resilience and Environment. The trainings included theoretical and practical sessions on the importance of first aid, scene assessment, personal protection, victim assessment, wounds, haemorrhages and bleeding, bandages, fractures, burns, poisoning, insect bites and animal bites, seizures, fainting, fever, airway obstruction and first aid kits.

Attendance lists were used to register participants and ensure traceability of the training process. A total of 117 people from targeted communities were trained in Community First Aid.

Lessons Learnt

• The first health fair, implemented in Puerto Jiménez, did not achieve an effective community turnout, showing that the National Society did not yet have a sufficiently consolidated presence in that community. Based on this experience, the need to strengthen community engagement prior to interventions was identified, including more systematic outreach processes. As an improvement measure, a more detailed community mapping process was initiated. This helped identify key actors, local dynamics and more effective communication channels for future activities.

• The operation also showed that participation increased when activities were linked to issues of direct interest to the community, such as multipurpose cash distributions. This highlighted the importance of aligning outreach and mobilization strategies with local priorities.

• For Community First Aid trainings, it was identified that Auxiliary Committees needed stronger knowledge of existing community capacities and better tools to convene local organizations for training processes. This limitation affected the full achievement of the planned target.

• The operation also confirmed the importance of planning activities with greater anticipation and stronger understanding of the local context, including sociocultural calendars and other factors that may affect attendance. Finally, the experience reinforced the value of inter-institutional coordination, particularly with the Ministry of Health.

Challenges

• Low community response to invitations when activities were not linked to multipurpose cash distributions.

• Limited availability of specialized personnel to support health-related activities.

• Need for stronger prior community engagement and mapping to identify key actors, local communication channels and community priorities.

• Limited capacity of some Auxiliary Committees to convene community organizations for training processes.

• Delays and adjustments in activity planning due to local dynamics, holidays and other contextual factors affecting participation.

Water, Sanitation And Hygiene

Budget: CHF 8,784
Targeted Persons: 480
Assisted Persons: 950
Targeted Male: 230
Targeted Female: 720

Indicators

Title	Target	Actual
Number of community talks on hygiene promotion	6	7
Number of community talks on prevention of dengue transmission	6	7
Number of community talks on menstrual hygiene	6	0
Number of community talks on adequate use of water	6	7

Narrative description of achievements

During the operation, WASH activities were integrated into the community health fairs implemented in the prioritized communities. These activities focused on hygiene promotion, prevention of vector-borne diseases, and the adequate use of water, responding to the risks identified after the floods, including possible contamination of water sources, damage to sanitation systems and increased exposure to mosquitoes and other vectors.

The operation reached 950 people through WASH-related activities. Seven community talks were conducted on hygiene promotion, seven on dengue prevention and seven on adequate use of water, exceeding the initial target of six sessions for each of these topics.

The WASH component was implemented with active and sustained participation from volunteers throughout the process. Community linkages were established mainly through Development Associations and other local organizations, which supported the dissemination of invitations through community communication channels. Each fair had a clear organizational structure, with specific roles that helped improve the flow of activities and the attention provided to participants.

Information materials were adapted to different age groups, and community participation was promoted through the use of “passports”, which helped organize and encourage participation across the different stations. This methodology was implemented during the multipurpose cash distribution days, taking advantage of the attendance of assisted households to organize participants through different thematic stations. The passport mechanism helped guide participants through each station and verify their participation in the different information sessions. Safe spaces were also maintained for the development of the information sessions, and no security incidents or incidents of a sexual nature were reported.

Coordination with the Ministry of Health was a key factor in the implementation of WASH activities in Guanacaste. This coordination enabled the provision of oral and printed information on vector-borne diseases and facilitated free malaria testing during the health fairs.

The operation also developed a tool to measure participant satisfaction during the health fairs and maintained community feedback channels to manage complaints, reports, comments and expressions of appreciation related to the activities.

Menstrual hygiene sessions were not implemented. This was due to the lack of availability of trained personnel for this specific topic at the time the activities were scheduled. This represented a variance against the planned target and highlighted the need to decentralize technical capacity on menstrual hygiene and develop clearer materials and procedures for future interventions.

Lessons Learnt

• The operation highlighted the importance of developing relevant communication and information materials on hygiene promotion, prevention of associated diseases, vector-borne diseases and adequate use of water.

• Materials should be adapted to different groups, including children, persons with disabilities and people with low literacy levels. The experience also showed the value of visible, accessible and inclusive mobile stations for each topic, as well as the use of playful and educational methodologies to improve learning.

• The distribution of time and participant flow within the information spaces should be improved to ensure effective facilitation and a satisfactory experience for participants.

• The operation also showed the need to build installed capacity within local and regional structures, so that specific training processes do not depend exclusively on centralized facilitators. This was particularly relevant for menstrual hygiene, where the absence of trained personnel prevented implementation of the planned activities.

• Future interventions should diversify strategic partnerships to increase the reach of community activities. They should also identify the availability of different interest groups in advance, in order to increase participation without creating dependency on other processes, such as cash distributions.

• In Puerto Jiménez, the operation depended mainly on the Auxiliary Committee for community mobilization, which resulted in very limited participation. This showed the need to establish links with at least two or more community contacts before carrying out community activities.

• Prior rapid assessments should also be conducted before community interventions to identify social actors, daily community activities, available schedules and preferred participation modalities.

Challenges

• Low community response to invitations when activities were not linked to multipurpose cash distributions.

• Menstrual hygiene activities were not implemented due to the lack of availability of trained personnel at the time the sessions were scheduled.

• Limited availability of information materials and procedures for implementing specific WASH-related activities.

• Limited staff knowledge of some of the technical topics to be addressed.

• Dependence on centralized training resources, particularly for menstrual hygiene facilitation.

• Need for rapid community assessments to identify specific local needs and additional risk factors derived from the floods.

• Delays associated with local contextual dynamics, sociocultural activities and relevant national processes in the intervention areas.

Protection, Gender And Inclusion

Budget: CHF 3,900
Targeted Persons: 200
Assisted Persons: 241
Targeted Male: 80
Targeted Female: 161

Indicators

Title	Target	Actual

Number of awareness sessions on PGI for National Society and volunteers before community activities	4	4
Number of community activities and dynamics integrating PGI approach	6	7

Narrative description of achievements

The operation implemented a PGI approach to promote safe, dignified and inclusive access to assistance and community activities. Four awareness sessions on PGI were conducted with National Society personnel before community-level activities, reaching key staff and volunteers involved in the response.

The internal sessions helped strengthen understanding of differentiated needs, safe community engagement and the importance of reducing barriers to participation for groups in vulnerable situations. The operation also coordinated the participation of personnel with relevant knowledge and skills to support PGI activities in the communities.

Seven community activities and dynamics integrating a PGI approach were implemented, exceeding the planned target of six. These activities were designed to complement other community interventions, particularly while adults were receiving assistance or participating in other sectoral activities.

The community activities promoted messages of solidarity, inclusion and a culture of peace. They also helped adapt the response to the needs of different population groups, including children, older adults, persons with disabilities and people with low literacy levels.

The PGI component contributed to reducing barriers to access information, assistance and support. It also reinforced the importance of ensuring that humanitarian assistance was delivered in a people-centred manner, with attention to dignity, safety, inclusion and equitable access.

Lessons Learnt

• The operation showed that PGI should be integrated from the planning stage of community activities, rather than treated as a separate or isolated component. Internal awareness sessions before field activities helped staff and volunteers apply PGI considerations more practically during implementation.

• Community activities with a PGI approach were more effective when integrated with other interventions, as this allowed different groups to participate while adults were engaged in assistance-related activities.

• The experience also highlighted the importance of adapting information and activities to different groups, including children, older adults, persons with disabilities and people with limited literacy, to ensure that messages are accessible and understood.

Challenges

• Limited availability of personnel with specific PGI expertise at local level.

• Need to continue strengthening practical understanding of PGI among staff and volunteers before community engagement activities.

• Need to plan PGI facilitation teams in advance, especially when activities are implemented simultaneously with health fairs, WASH activities or cash distributions.

• Need to further develop simple and accessible methodologies to reduce barriers to information, assistance and participation.

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 28,923
Targeted Persons: 275
Assisted Persons: 5
Targeted Male: 4

Targeted Female: 1

Indicators

Title	Target	Actual
Number of National Society staff and volunteers trained on information management during disasters and crises	50	9
Number of people participating in EVCA diagnosis at community flood prone and vulnerable to climate change areas	50	5
Number of lessons learned workshop during crises and disasters	1	1

Narrative description of achievements

The operation completed an Enhanced Vulnerability and Capacity Assessment (EVCA) in flood-prone communities located in the micro-basin of the district of Veintisiete de Abril, in the canton of Santa Cruz, province of Guanacaste. The process focused on identifying climate-related vulnerability factors, local capacities and risk dynamics associated with recurrent flooding.

The EVCA was implemented by the Reference Centre for Community Resilience and Environment of the Costa Rican Red Cross, in coordination with the Santa Cruz Auxiliary Committee. The process included secondary data collection, community engagement, field visits, mapping exercises, interviews with key stakeholders and participatory sessions to identify risks, vulnerabilities, capacities and territorial dynamics linked to flooding.

The implementation followed a participatory community-based approach, integrating Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) considerations. Initial engagement with community leaders and interested community members enabled the formation of a small community working group to accompany the process.

Although the direct number of people involved in the core EVCA process was limited to five participants, the assessment focused on a flood-prone community of at least 200 inhabitants. The process generated updated information on vulnerabilities and capacities in the targeted area and contributed to the ongoing work of the Auxiliary Committee under the Roadmap to Community Resilience.

The EVCA provided a basis for identifying climate-smart and environmentally sustainable actions that can inform community planning, strengthen preparedness and support local resilience to future flood-related events.

Lessons Learnt

• The operation showed the importance of strengthening community engagement before implementing technical assessment processes such as the EVCA. Stronger community linkage would facilitate future approaches for different purposes, including disaster needs assessments, application of AVCA/EVCA tools, accountability to communities and early warning system activities.

• The experience also highlighted the need to increase knowledge and practical capacity for applying EVCA tools at community level. Communities responded more effectively when they were approached in a timely and appropriate manner, with clear information on the purpose of the process and their expected participation.

Challenges

• Limited availability of personnel trained in EVCA who could start the information collection and community engagement process in a timely manner.

• Limited cross-sector coordination capacity to identify and mobilize trained personnel for the assessment.

• Personnel trained in EVCA were simultaneously supporting other critical activities of the operation, including multipurpose cash assistance distributions.

• Delays were associated with local contextual dynamics, sociocultural activities and relevant national processes in the intervention areas.

• At the time of reporting, the return of results to the community had not yet been completed; however, the local plan of the Auxiliary Committee included coordination for a community feedback session.

Community Engagement And Accountability

Budget: CHF 13,925
Targeted Persons: 60
Assisted Persons: 70
Targeted Male: 24
Targeted Female: 46

Indicators

Title	Target	Actual
Number of people trained in CEA in emergencies	60	70
Number of videos developed and published	2	1
Percentage of people reached through CEA tools that reflect a good and very good satisfaction level	80	99

Narrative description of achievements

The operation strengthened Community Engagement and Accountability capacities within the Costa Rican Red Cross, particularly among personnel involved in management, coordination and implementation roles at regional and auxiliary committee level.

The training process was supported by an effective call for participation through regional structures, particularly the Department of Services to Committees and regional operational coordination teams. This facilitated appropriate engagement with auxiliary committees through local and regional administrations and contributed to a better understanding of the CEA approach in emergency contexts.

A total of 70 people were trained in CEA in emergencies, exceeding the initial target of 60. The training strengthened the learning curve of regional CEA focal points and helped position them strategically within their regions. At the time of reporting, the National Society had seven regional CEA volunteer focal points at national level, reinforcing their role as reference persons for promoting CEA within response operations.

The training strategically incorporated two key components: the use of AccessRC for the identification of people of interest and their needs, and awareness-raising on the nature and implications of a DREF operation. This helped reinforce the application of minimum CEA actions in emergencies and strengthened understanding of the National Society's institutionalized community feedback mechanism, particularly in relation to humanitarian service monitoring.

The operation also helped increase the visibility and use of institutional communication channels for managing questions, suggestions, complaints, reports and expressions of appreciation through WhatsApp, phone calls and email. During the DREF operation, these channels were mainly used by affected people to confirm calls for participation, report issues affecting their attendance and verify the availability of cash assistance. Community feedback was continuously incorporated throughout the implementation of the operation. For example, during the health fairs, activities were adjusted based on community needs and feedback, including adaptations to schedules, the organization of activities, and other implementation arrangements. This ongoing dialogue helped ensure that activities remained relevant, accessible and responsive to the context and priorities identified by the communities.

The process included specialized technical support both in the field and during the trainings, including the participation of the National Society CEA Officer and the Central America Country Cluster CEA Officer. Remote support was also provided during different stages of the operation.

Support materials were shared, including posters and brochures on AccessRC, the CEA approach and humanitarian service monitoring. In addition, based on recommendations from previous training processes, an amplifier was purchased to improve audibility during sessions and ensure that information was clearly delivered to participants.

Safe spaces were also promoted to identify administrative and operational challenges related to the comprehensive implementation of CEA. These spaces were reinforced through zero-tolerance banners addressing all forms of violence, including the prevention of sexual harassment, abuse and exploitation, as well as fraud and corruption. These messages were linked to humanitarian service monitoring as part of the institutionalized feedback mechanism.

The operation also developed a community media mapping guide and produced one communication video. While the target of two videos was not fully achieved, the video produced contributed to disseminating information on AccessRC and community–National Society communication channels.

Post-distribution monitoring was conducted to assess the satisfaction and experience of assisted households with the multipurpose cash assistance. A total of 131 people participated in the survey, of whom 130 confirmed having received a cash assistance card. Women represented 75.57 per cent of respondents, while men represented 24.43 per cent.

The monitoring results showed a very high level of satisfaction with the assistance provided. The overall satisfaction score was 9.92 out of 10, with a median and mode of 10. In relation to the call and delivery process, 129 out of 130 respondents reported being satisfied or very satisfied. The same number of respondents reported being satisfied or very satisfied with the clarity of the information received on the cash assistance and card use, the amount of assistance provided to cover priority needs, and the ease of using the card.

Satisfaction with the treatment received from Costa Rican Red Cross personnel was also very high, with 129 out of 130 respondents reporting that they were satisfied or very satisfied. In addition, 127 out of 130 respondents reported being satisfied or very satisfied with the trust generated by the support provided by the Costa Rican Red Cross through the cash transfer programme. Regarding accountability and feedback, 128 out of 130 respondents reported being satisfied or very satisfied with the information received on how to contact the Costa Rican Red Cross to submit a question, complaint, report or expression of appreciation related to the programme.

The monitoring also confirmed the relevance of the assistance for affected households. Open comments were mostly expressions of appreciation, with respondents highlighting that the support helped them cover concrete needs, including household repairs and the purchase of essential items such as a mattress and a gas stove. Some respondents also valued that the Costa Rican Red Cross reached remote communities that are not frequently prioritized for assistance.

AccessRC was used by 108 respondents to apply for the cash transfer programme. However, the monitoring also confirmed the need to maintain in-person accompaniment and alternative registration tools. Among AccessRC users, 79 reported having internet connection in their community, 21 reported having connection only sometimes, and 8 reported not having internet connection. In addition, while 88 out of 108 respondents reported being satisfied or very satisfied with their overall experience using AccessRC, only 47 out of 108 reported satisfaction with completing the application without support, while 57 provided a neutral response. This reinforced the importance of combining digital tools with field support and complementary mechanisms such as KoBo to ensure inclusive access to assistance.

Lessons Learnt

• The operation helped identify critical gaps in the induction process for administrative personnel, particularly regarding engagement with community actors.

• Auxiliary committee management teams identified practical methods to strengthen accountability to communities.

• The training process strengthened knowledge of institutional and global tools to guide effective community engagement.

• Linking CEA with other operational processes facilitated the implementation of response activities and strengthened accountability across sectors.

• The use of AccessRC, feedback channels and humanitarian service monitoring should be further integrated from the early stages of future operations.

Challenges

• Some staff had joined the institution without adequate induction on community-based work, which limited the integration of CEA from the early stages of the response.

• In some cases, personnel involved in community activities showed limited interest in strengthening community engagement processes,

reinforcing an operational focus centred on activity delivery rather than meaningful participation.

• This limited the ownership of CEA as a cross-cutting approach and showed the need to continue strengthening institutional understanding of affected people as active partners in the response.

• The target of two communication videos was not fully achieved, and only one video was produced and disseminated during the operation.

Secretariat Services

Budget: CHF 7,488
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of monitoring missions conducted by IFRC staff	1	1

Narrative description of achievements

Tailored technical support was provided for the implementation of AccessRC, with contributions from IFRC regional and global teams. This support helped the National Society address challenges related to digital registration, connectivity limitations, profile verification and data management for the cash assistance programme.

IFRC also supported the implementation of CEA in emergencies training, including technical accompaniment from the Country Cluster Delegation CEA staff. This contributed to strengthening the National Society's capacity to apply minimum CEA actions, improve communication with communities and reinforce feedback and accountability mechanisms during the response.

In addition, IFRC provided technical accompaniment for PMER, reporting and quality assurance, including support for the operational update process, monitoring of implementation progress and preparation of the final report. IFRC also supported the facilitation of the lessons learned workshop, helping identify good practices, implementation challenges and recommendations to strengthen future flood response and DREF operations.

National Society Strengthening

Budget: CHF 17,200
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual

Narrative description of achievements

A lessons learned workshop on information management in disasters and crises was conducted to identify operational gaps, good practices and areas for improvement in the management and analysis of emergency information. This process helped reflect on the challenges faced during the response, including the need to strengthen regional capacities for data collection, information processing and decision-making support during emergencies.

As a result of the workshop, an improvement plan was developed to guide future actions related to information management in disaster and crisis contexts. This helped translate operational learning into concrete recommendations for strengthening preparedness and response capacities.

The operation also supported information management training processes in the prioritized provinces of Alajuela, Puntarenas, Cartago and Guanacaste. A total of 51 people were trained, exceeding the planned target of 50. These trainings strengthened the capacity of staff and volunteers to collect, organize, analyse and use operational information during emergencies, contributing to more timely and evidence-based decision-making.

Two technical staff members were hired to support the implementation, monitoring and coordination of the operation. Their support contributed to the follow-up of sectoral activities, field coordination, information consolidation and timely implementation of planned actions.

An operation lessons learned workshop was also conducted, with the participation of relevant National Society personnel and IFRC technical support. The workshop provided a space to review the overall implementation of the operation, identify key achievements and challenges, and generate recommendations for future flood response and DREF operations.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 20 sep. 2025 to 31 may. 2026

MDRCR027 - Costa Rica - Flood Readiness

Operating timeframe: *Start date: 20-sep.-2025 End date: 31-mar.-2026*

Appeal launch date: *26-sep.-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**246.001**
DREF Response Pillar	246.001
Expenditure	-200.584
Closing Balance	**45.417**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash	124.247	129.170	-4.923
PO04 - Health	26.520	10.778	15.742
PO05 - Water, Sanitation & Hygiene	8.784	3.037	5.747
PO06 - Protection, Gender and Inclusion	3.900	2.858	1.042
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	28.923	19.381	9.542
PO10 - Community Engagement and Accountability	13.925	10.171	3.754
PO11 - Environmental Sustainability			
Planned Operations Total	**206.299**	**175.394**	**30.904**
	15.014	0	15.014
Total	**15.014**	**0**	**15.014**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	7.488	8.420	-932
EA03 - National Society Strengthening	17.200	16.770	430
Planned Operations Total	**24.688**	**25.190**	**-502**
Total	**246.001**	**200.584**	**45.416**

III. Expenditure by budget category & group

Prepared on 24-jun.-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

The total IFRC-DREF allocation for the operation was 246,001 Swiss francs. At the end of the operation, total expenditure amounted to 200,584 Swiss francs, resulting in a closing balance of 45,417 Swiss francs. The unspent balance will be returned to the DREF in accordance with IFRC financial procedures.

The overall variance was mainly due to lower than planned expenditure across several budget lines. This was linked to the partial

implementation of some planned activities, lower than anticipated participation in some community activities, the integration of several interventions into broader community events, and the use of existing National Society resources and capacities, which reduced direct operational costs. In particular, the variance reflects the non-implementation of the planned menstrual hygiene sessions under WASH, the production of one communication video instead of the two initially planned under CEA, and no recorded expenditure under Coordination and Partnerships, as coordination activities were covered through existing National Society and IFRC structures.

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Click here for reference