

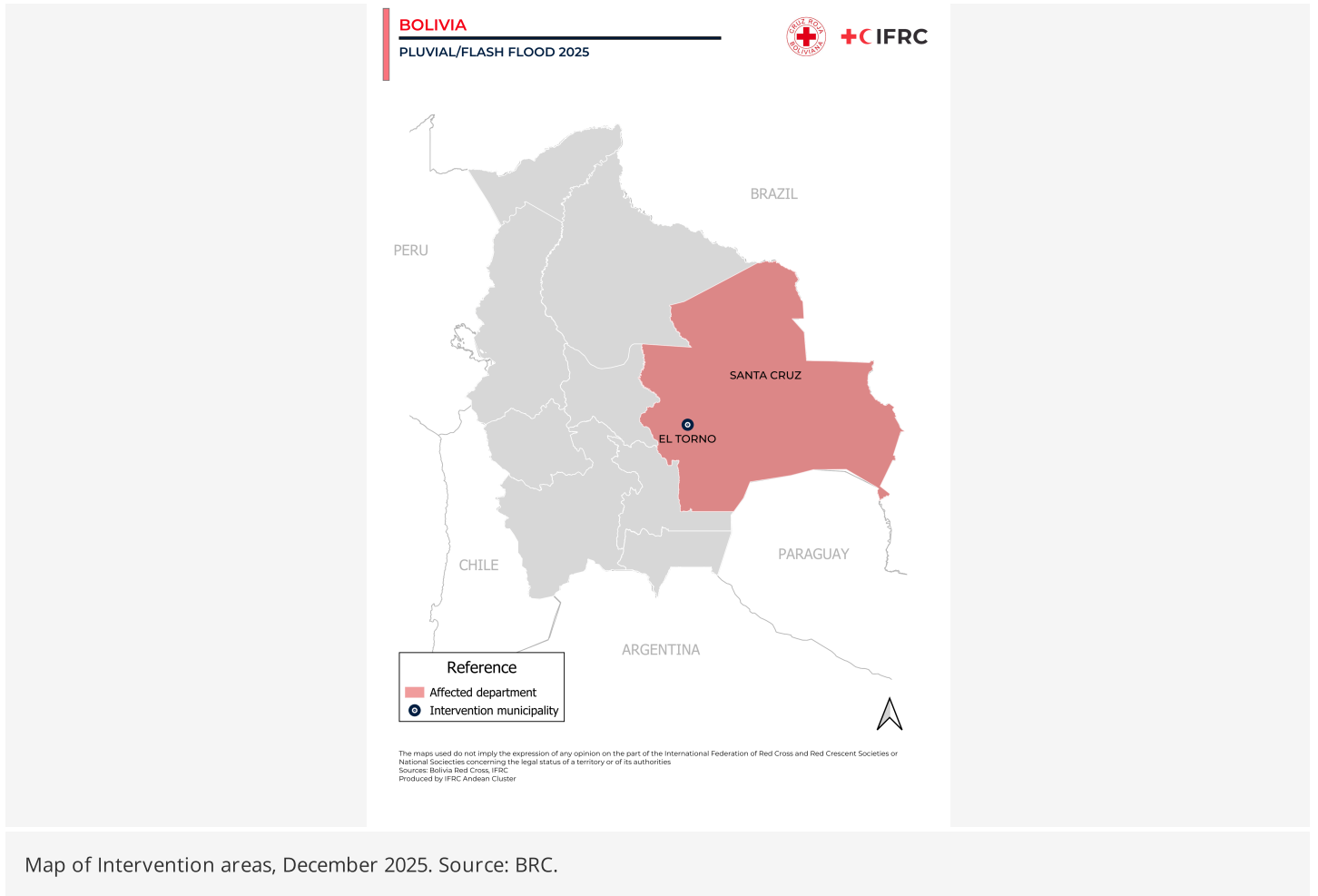


Community receiving WASH kits, Santa Cruz, April 2026. Source: BRC.

Appeal: MDRBO020	Total DREF Allocation: CHF 272,193	Crisis Category: Yellow	Hazard: Pluvial/Flash Flood
Glide Number: FL-2025-000235-BOL	People Affected: 12,102 people	People Targeted: 3,000 people	People Assisted: 3,000 people
Event Onset: Sudden	Operation Start Date: 24-12-2025	Operational End Date: 30-06-2026	Total Operating Timeframe: 6 months
Targeted Regions: 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



Date of event

13-12-2025

What happened, where and when?

On 17 November 2025, hydrological monitoring in El Torno Municipality recorded a river level of 3.15 metres, classified as an “Extraordinary Rise”, indicating an increased risk of flooding in the department of Santa Cruz, in eastern Bolivia.

On 13 December 2025, intense and prolonged rainfall caused the Piráí River and its tributaries to overflow, triggering severe flash floods across several municipalities, including El Torno, Porongo, Colpa Bélgica, Warnes and Montero. The floods swept away homes, damaged roads and bridges, and isolated rural communities. On 14 December, after the emergency exceeded the technical, operational and financial response capacity of the Autonomous Departmental Government of Santa Cruz, a Departmental Disaster was declared through Departmental Decree No. 512. Municipal emergency declarations were also issued in El Torno, Porongo and Warnes, enabling the mobilization of rescue operations, humanitarian assistance and temporary shelters.

The emergency remained active during the following months as rainfall persisted and access conditions continued to deteriorate. On 28 March 2026, intense overnight rainfall caused renewed flooding in El Torno. The new inundations affected areas where soils were already critically saturated, according to the National Meteorology and Hydrology Service (SENAMHI), further damaging access routes and temporarily isolating rural communities.





Community members using suggestion boxes, Cafetal, May 2026. Source: BRC.



Cleaning kit distribution, Junta Piraí, El Torno, July 2026. Source: BRC.



Disease prevention training, El Túnel, April 2026. Source: BRC



Water treatment kit distribution, El Torno, April 2026. Source: BRC.

Scope and Scale

The December 2025 floods were among the most severe recorded in the department of Santa Cruz in more than four decades. Updated official figures recorded 26 deaths, nine people missing and more than 3,500 families affected across El Torno, Porongo, Colpa Bélgica, Warnes, Montero and other affected municipalities. More than 360 people stranded by the floods were rescued through aerial and river operations.

El Torno was among the municipalities that sustained the most extensive damage. Floodwaters and accumulated debris destroyed homes, vehicles, roads and five bridges, leaving 11 rural communities without road access. The resulting isolation constrained search and rescue operations, delayed the delivery of assistance and disrupted access to essential services and markets.

The emergency also caused considerable damage to housing and local livelihoods. In Districts 6 and 7 of El Torno, 33 homes were rendered uninhabitable, forcing families to seek temporary accommodation in schools, community facilities or the homes of relatives. Agricultural losses in the 11 most affected communities ranged from 50 to 100 per cent, including extensive damage to citrus production, fish farming and beekeeping activities.

The renewed flooding in March 2026 further deteriorated roads and temporarily restricted access to communities already affected by the December floods, particularly in rural areas where mobility remained dependent on weather and road conditions.

Source Information

Source Name	Source Link
1. El Deber News. Local residents publish list of missing persons	https://eldeber.com.bo/santa-cruz/torno-identifican-cuatro-siete-fallecidos-reportan-20-desaparecidos-inundaciones_1765739976
2. Municipality of Warnes declares state of emergency	https://www.facebook.com/reel/1252477863606091/?app=fbl
3. Red Uno News. President issues statement on the emergency	https://www.facebook.com/share/r/17WSmjoJX9/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
---	----

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation for Andean Countries, based in Lima and covering Bolivia, Ecuador and Peru, maintained close coordination with the Bolivian Red Cross throughout the operation. The IFRC Secretariat provided regular technical support in key areas, including finance, reporting and logistics, as well as continuous guidance for the implementation of the multipurpose cash assistance programme.
Participating National Societies	No Participating National Society participated in or provided direct support to this DREF operation. However, the Swiss Red Cross continues to provide ongoing institutional support to the Bolivian Red Cross, including assistance with strengthening disaster risk management and health capacities, identifying institutional development opportunities, and preparing the Institutional and Operational Strengthening Plan.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) did not participate directly in this DREF operation. Its engagement with the Bolivian Red Cross forms part of its ongoing institutional support, particularly in strengthening National Society capacities related to Safer Access and Restoring Family Links. The ICRC also supports microprojects that contribute to operational preparedness and the cross-cutting integration of the Safer Access approach.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The National Government established a permanent Crisis Cabinet at the Presidential Palace on 14 December 2025 to coordinate the response and assess the need for further escalation. The Autonomous Departmental Government of Santa Cruz distributed more than 37 metric tonnes of food, activated four health brigades operating on a 24-hour rotation, and established a medical assistance post in El Torno. More than 150 rescuers, military personnel and volunteers were deployed, supported by two helicopters used to evacuate affected people and transport food and water to isolated areas.</p> <p>The Ministry of Health and Sports, through its Emergency and Disaster Risk Management Unit (UGRED), also responded to the isolation of the Junta Pororó Health Centre. Medicines and health personnel were deployed in coordination with El Torno Hospital and the health centres in Jorochito and Limoncito to provide services to evacuated and affected people.</p>
UN or other actors	<p>The United Nations Resident Coordinator activated the Humanitarian Country Team, with support from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), to facilitate a coordinated assessment of the situation and align the response of humanitarian actors operating in the affected areas.</p> <p>The Pan American Health Organization (PAHO) coordinated with the Ministry of Health and Sports' Emergency and Disaster Risk Management Unit following reports that the Junta Pororó Health Centre had been isolated by the floods. This coordination supported the deployment of medicines and health personnel through El Torno Hospital and the health centres in Jorochito and Limoncito.</p>

Are there major coordination mechanism in place?

At the departmental level, response coordination was conducted through the Santa Cruz Departmental Emergency Operations Committee (COED). The platform brought together the Vice-Ministry of Civil Defence (VIDECI), the Autonomous Departmental Government of Santa Cruz, the Ministry of Health and Sports through its Emergency and Disaster Risk Management Unit (UGRED), the Armed Forces and other response actors.

The Bolivian Red Cross actively participated in the COED from the onset of the emergency, with representation in its decision-making forums. This enabled the National Society to contribute to the prioritization and coordination of humanitarian assistance. In the field, the Bolivian Red Cross also supported VIDECI in collecting and consolidating information for the Damage and Needs Assessment (EDAN).

As part of subsequent information-sharing efforts, the Bolivian Red Cross served as an official source of shelter-related data for the International Organization for Migration (IOM), helping maintain consistent information among the institutions involved in the response.



Needs (Gaps) Identified



Shelter Housing And Settlements

In Districts 6 and 7 of El Torno, 33 homes were rendered uninhabitable following the December 2025 floods, forcing families to evacuate. Findings from the assessment of 667 households indicated that 50.0 per cent had sustained damage to their homes, including 19.3 per cent whose homes were completely destroyed and 25.3 per cent whose homes were fully inundated. In addition, 29.6 per cent of surveyed households reported having to leave their homes because of the floods.

During the initial weeks of the emergency, the municipality opened schools and community facilities as temporary shelters. Most affected families, however, stayed with relatives or found accommodation independently. As water levels receded between late December 2025 and January 2026, families gradually left the collective shelters and returned to their communities to clear their properties, resulting in their rapid dispersion from the initial evacuation points.

The temporary shelter in Fortaleza remained operational until May 2026 for a smaller group of highly vulnerable families who had lost all their belongings and lacked the resources to relocate. Occupancy gradually decreased as families settled with relatives, rented accommodation or found other places to live within the municipality.



Livelihoods And Basic Needs

The floods severely affected household livelihoods and income, particularly in the rural communities of El Torno, where many families depended on small-scale agriculture, livestock and related productive activities. The overflow of the Pirá and Grande rivers caused extensive losses of subsistence crops, animal feed and livestock. Across the 11 most affected communities, agricultural losses ranged from 50 to 100 per cent.

The impact was particularly severe in Monte Verde, Cafetal, Quebrada León and Forestal Playón, where approximately 188 farming families lost their entire production. More than half of the area's citrus production was affected, while 30 pacú fish farms were destroyed and beekeeping activities sustained significant damage. Some households also lost productive assets, vehicles and their homes, further reducing their capacity to recover independently.

Damage to roads and bridges restricted access to markets and storage facilities, preventing producers from selling their goods and disrupting the supply of essential items. These constraints were compounded by rising living and transportation costs following the removal of fuel subsidies in December 2025. Assessments therefore identified an immediate need for flexible assistance to enable affected households to cover essential expenses, restore productive activities and begin recovering their livelihoods according to their specific priorities.



Health

Flooding in Santa Cruz, particularly in El Torno, Colpa Bélgica, Porongo, Warnes and Montero, created critical health needs. Risks included acute respiratory infections, diarrhoeal diseases, and fungal infections linked to contaminated water, humidity, and inadequate shelter conditions. Immediate priorities were:

- Strengthening first aid and epidemiological surveillance in isolated communities.
- Ensuring access to basic medical services and essential medicines.
- Deploying ambulances and mobile health brigades to cut-off areas.
- Securing safe water and sanitation as preventive measures.
- Psychosocial support was essential for families facing loss of life and property, alongside training for volunteers and responders on health and protection protocols, with a focus on children, pregnant women, older adults, and persons with disabilities.

The ambulances and mobile medical brigades deployed by the departmental government and local authorities relieved overstretched health centers that were operating beyond their capacity and by bringing essential medical services closer to affected and isolated communities, improving access to health care during the emergency.





Water, Sanitation And Hygiene

Assessments in Districts 6 and 7 of El Torno identified significant constraints in access to safe water and basic sanitation. In District 7, communities including Jardín de las Delicias, La Rojiza, Monte Verde and Nuevo Surutú lacked consolidated water networks, requiring families to collect water from streams and wells and exposing them to the direct consumption of untreated water. In District 6, conditions varied across Espejo, Alto Espejo, Lomerío and Punta Piraí. Some sectors relied on intermittent systems connected to storage tanks or wells that had been damaged, while others had no operational water supply network.

Among the 667 households surveyed, 56.8 per cent reported problems with water quality. Unusual colour was the most frequently reported issue, affecting 35.0 per cent of households, followed by unusual odour at 23.2 per cent and unpleasant taste at 19.0 per cent. Regarding water sources, 29.4 per cent of households collected water directly from rivers or springs, 29.2 per cent had access to the public water network, 20.2 per cent used wells, 18.6 per cent relied on other sources and only 2.5 per cent consumed bottled water.

The combined use of potentially unsafe sources, reported changes in water quality and limited household water treatment practices increased the risk of waterborne diseases. Access constraints prevented immediate WASH assistance during the most critical stage of the emergency, while stagnant water and inadequate sanitation contributed to increased mosquito breeding and local chikungunya outbreaks.



Protection, Gender And Inclusion

The loss of housing, personal belongings and identification documents increased protection risks and created barriers to accessing services, completing administrative procedures and moving safely. These challenges were particularly relevant for displaced households and people with pre-existing vulnerabilities, including children, pregnant women, older people, persons with disabilities and migrants.

Most displaced families initially remained within El Torno, either with relatives or in temporary shelters. However, follow-up visits found that some families had migrated permanently after losing their homes and livelihoods. The loss of identification documents in floodwater and mud further affected the ability of some people to identify themselves formally, travel and access assistance during the most critical period.

These conditions highlighted the need for inclusive registration processes, accessible information, support for recovering personal documentation and effective referral pathways for people facing protection concerns. They also reinforced the importance of integrating protection, gender and inclusion considerations throughout the response to ensure equitable access to assistance.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the Bolivian Red Cross aimed to assist 600 families (approximately 3,000 people) affected by the floods in Districts 6 and 7 of El Torno Municipality, in the department of Santa Cruz. The response combined Multipurpose Cash Assistance, Health, Water, Sanitation and Hygiene (WASH), and Community Engagement and Accountability (CEA) activities. By the end of the operation, all 600 targeted families had been reached.

Operation strategy rationale

The response combined interventions in Livelihoods and Basic Needs, Health, and Water, Sanitation and Hygiene (WASH), supported by coordination with local authorities and community leaders.

A) Livelihoods and basic needs

Multipurpose Cash Assistance (MPCA) was selected as the principal modality to address the economic consequences of the floods. The assistance was intended to provide households with the flexibility to prioritize essential expenses according to their circumstances, particularly following damage to housing, interruptions in water services and the loss of crops. The strategy also included guidance on



accessing and using the assistance, together with information on services and recovery opportunities within the affected communities.

B) Health

The health strategy aimed to reduce the risks of communicable diseases, respiratory conditions, acute diarrhoeal diseases and vector-borne diseases associated with the floods. The approach combined community-based health promotion, disease prevention, support for healthy practices and psychosocial assistance for affected people and volunteers involved in the response. Preventive communication focused on influenza, respiratory infections, vector-borne diseases and mental health, in line with the epidemiological context.

C) Water, Sanitation and Hygiene

The water, sanitation and hygiene strategy aimed to improve access to safe water and reduce the risks associated with damaged and contaminated water sources. It prioritized safe household water storage and treatment, hygiene promotion, sanitation practices and the prevention of waterborne diseases. Planned assistance included hygiene kits, WASH kits, water purification tablets, and practical guidance on their correct use.

D) Community Engagement and Accountability

CEA was incorporated to ensure that communities received clear, timely and accessible information on targeting criteria, assistance modalities and implementation processes. The strategy included regular consultations with community leaders, local authorities and affected people, as well as channels through which communities could submit questions, suggestions and complaints. Feedback was intended to inform operational decision-making and support a transparent and accountable response.

E) Protection, Gender and Inclusion

PGI considerations were integrated into targeting, communication and the delivery of assistance to promote safe and equitable access. The strategy prioritized households that had lost homes or crops and those including children under five, pregnant women, older people, persons with disabilities or single parents. It also considered documentation-related barriers and the specific protection needs of displaced and migrant populations.

Targeting Strategy

Who was targeted by this operation?

The operation targeted approximately 3,000 people, corresponding to 600 families, across 17 communities in Districts 6 and 7 of El Torno Municipality. In District 6, 463 families were targeted in Junta Pirai, Tres Pozas, Espejos, Lomerío, Forestal, San Pedro, Limones, Tacuara, El Túnel, El Tigre and Quebrada León. In District 7, 137 families were targeted in Cafetal, Surutú, Monte Verde, La Rojiza, Jardín de las Delicias and Las Liras.

The 600 families were prioritized based on the findings of the needs assessment to receive complementary assistance across the different areas of the DREF operation. This integrated targeting approach enabled the operation to report its overall reach without double-counting families supported through more than one sector.

Targeting prioritised households that had lost their homes or crops and resided in the affected areas. Within this group, priority was given to single-parent households and families including children under five, pregnant women, older people or persons with disabilities.

Household information was collected through direct visits in coordination with the communities. To promote transparency and community acceptance, the resulting lists were reviewed and validated with community leaders before assistance was delivered.

Explain the selection criteria for the targeted population

Households were selected based on the findings of the needs assessment, with priority given to families residing in the affected communities that had lost their homes or crops because of the floods. Within this group, priority was given to:

- Single-parent households.
- Households with children under five years.
- Households with pregnant women.



- Households with older people.
- Households including persons with disabilities.

Information was collected directly through household visits in coordination with the communities. The preliminary lists were subsequently reviewed and validated with community leaders to promote transparency, equitable targeting and community acceptance before assistance was delivered.

Total Assisted Population

Assisted Women	1,183	Rural	100%
Assisted Girls (under 18)	582	Urban	0%
Assisted Men	827	People with disabilities (estimated)	0.8%
Assisted Boys (under 18)	408		
Total Assisted Population	3,000		
Total Targeted Population	3,000		

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
Access to communities in District 7 was difficult due to poor road conditions and the initial lack of contact with community leaders.	Advance field visits were conducted to locate community leaders, establish contact and coordinate the team's safe access once the roads became passable.



As the operation coincided with the electoral period, there was a risk that humanitarian assistance could be associated with political party campaigns.	Local authorities and communities were informed that the Red Cross acts in accordance with the seven Fundamental Principles of the International Red Cross and Red Crescent Movement, with particular emphasis on Neutrality and Impartiality. Volunteers were required to wear uniforms and carry official identification, and distributions were conducted in locations free from political propaganda.
Limited or unavailable telephone and internet coverage in rural communities affected the coordination of activities.	Community focal points were identified in areas with reliable connectivity to coordinate activity dates, times and logistical arrangements.
Changes in community leadership affected coordination arrangements established at the beginning of the operation.	Induction meetings were promptly held with new community leaders to present the operation, explain the agreements already in place and secure continued support without delaying field activities.
Personnel and volunteers were exposed to mosquitoes and other vectors while working in rural communities.	Protective measures included the use of repellents, long-sleeved shirts, and equipment and materials suitable for fieldwork in tropical areas.
<p>Please indicate any security and safety concerns for this operation:</p> <p>The operation was implemented amid a sensitive political and social context following the 2025 general elections and the economic measures announced on 17 December. These developments generated demonstrations, transport strikes and road blockades that could affect staff and volunteer safety, interrupt supply routes, restrict access to communities and influence perceptions of the neutrality of the Bolivian Red Cross. Security planning therefore included continuous monitoring of access routes, coordination with local authorities and community focal points, the use of clearly identified Red Cross vehicles and uniforms, and consistent communication on the Fundamental Principles, particularly Neutrality and Impartiality.</p> <p>Despite the broader national context, the rural communities covered by the operation generally remained peaceful, safe and cooperative. A single localized incident of tension occurred because of an internal disagreement between a community leader and community members. When the situation became tense, the field team withdrew as a precautionary measure. Activities resumed only after the community confirmed that appropriate security conditions were in place for personnel and volunteers. The incident had no further consequences and did not affect the overall implementation of the operation.</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

Implementation



Multi Purpose Cash

Budget: CHF 86,761

Targeted Persons: 3,000

Assisted Persons: 1,630

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of families assisted through the Multipurpose Cash Assistance program (MPC)	600	326
Number of feasibility studies conducted	1	1
Percentage of households participating in the post-distribution survey	80	74

Narrative description of achievements

The Cash and Voucher Assistance (CVA) component reached 326 families, equivalent to approximately 1,630 people, including 831 women and 799 men.

I. Feasibility study and market assessment

A feasibility study and market price monitoring exercise assessed local market conditions and the financial service providers operating in El Torno. The assessment identified two local agencies connected to MoneyGram, confirming that families could collect their assistance within the municipality without incurring excessive transportation costs.

Considering inflation and the increased cost of living, the assessment determined that 2,400 Bolivian bolivianos (BOB) per family (approximately 280 Swiss francs) was an appropriate transfer value. The intervention was therefore adjusted from the initial design of BOB 1,200 (approximately 140 Swiss francs) for 600 families to BOB 2,400 (280 Swiss francs) for 300 families.

II. Volunteer capacity strengthening and community information

Before the transfers, volunteers were trained in CVA procedures and the application of post-distribution monitoring tools. The questionnaires were reviewed and discussed with volunteers to support accurate, respectful and consistent data collection.

Community information sessions explained the collection process, available communication channels and the procedures for receiving the assistance. These sessions helped families understand the process and access their transfers.

III. Multipurpose cash assistance

A total of 326 families received cash assistance, including 241 families in District 6 and 85 in District 7. The assistance reached approximately 1,630 people. The transfers were managed through RedRose and delivered through MoneyGram. IFRC provided continuous technical support for managing the platform and designing and validating the post-distribution monitoring tools.

IV. Post-distribution monitoring results

The findings showed high levels of satisfaction and positive perceptions of the delivery process. All respondents reported that they had been treated with respect and dignity and that the assistance was appropriate for covering their basic needs. A further 99.6 per cent considered that their opinions had been taken into account, 98.8 per cent were satisfied with the assistance and 97.5 per cent reported receiving sufficient and timely information.

Regarding targeting, 82.2 per cent understood why they had been selected and 80.9 per cent knew the selection criteria. All respondents reported that nobody had requested anything in exchange for the assistance and that they felt safe at the payment point.

Post-distribution monitoring was conducted with 241 transfer recipients, representing 74.0 per cent of the families reached. Of those surveyed, 145 (60.2 per cent) were women and 96 (39.8 per cent) were men. Most respondents were adults aged 30 to 59 (57.3 per cent), while 28.6 per cent were aged 60 or above. In addition, 90.9 per cent were the registered recipients who had collected the transfer directly.

Families used the assistance to meet a range of priority needs. Food was the most frequently reported expenditure, mentioned by 50.6 per cent of respondents. The transfer was also used for livelihoods and work-related expenses, including agricultural, livestock and



small-business inputs (28.6 per cent); housing repairs or construction (27.0 per cent); healthcare consultations, medicines and treatment (27.0 per cent); and essential household items (26.6 per cent). Meanwhile, 74.7 per cent of respondents reported changes in the prices of products they regularly purchased during the seven days preceding the survey, illustrating the continued pressure of inflation on household expenditure.

Lessons Learnt

- The feasibility study and market assessment were essential for confirming the appropriateness of CVA, establishing a transfer value aligned with the cost of living and verifying the capacity of local financial service providers.
- The availability of two MoneyGram agencies within El Torno reduced the distance and transportation costs required for families to collect their transfers.
- Continuous IFRC technical support facilitated the effective use of RedRose, enabled operational issues to be resolved promptly and strengthened the National Society team's capacity to manage the platform.
- Reviewing and adapting post-distribution monitoring tools with volunteers before their application reduced interview times and supported more accurate, respectful and consistent data collection.
- Community information sessions and direct accompaniment at the financial agencies supported an orderly and safe collection process. Clear communication on procedures and available channels also contributed to the high level of satisfaction reported.
- Post-distribution monitoring (PDM) findings confirmed that flexible cash assistance enabled families to allocate resources according to their priorities, including food, livelihood recovery, housing, health and essential household items.

Challenges

- Recipient records required updates before the transfers, including the formal replacement of one deceased registered recipient and two people who had migrated to another country. Inconsistencies in the transcription of names and surnames, together with typographical limitations in the financial system, required rapid corrections to the database to prevent delays in accessing the transfers.
- One of the two MoneyGram agencies temporarily lacked sufficient liquidity to process the scheduled payments. The operation team and volunteers redirected affected recipients to the second agency, enabling them to complete the collection process.
- Although 82.2 per cent of PDM respondents understood why they had been selected and 80.9 per cent knew the selection criteria, some recipients still required further clarification. Community members who were not selected also expressed dissatisfaction, increasing the need for clear communication about targeting criteria and available resources.
- Repeated assessments and monitoring exercises created a risk of survey fatigue and confusion among participating households. Greater coordination was required to avoid duplicated questions and repeated requests for the same information.
- Continued inflation affected household purchasing power. A total of 74.7 per cent of PDM respondents reported changes in the prices of products they regularly purchased during the seven days preceding the survey.



Health

Budget: CHF 28,309

Targeted Persons: 3,000

Assisted Persons: 3,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of families receiving cleaning kits	600	600
Number of communities receiving training on prevention of ARIs and/or WDis	5	17
Number of people receiving psychosocial support	50	94



Number of responders receiving emotional support	20	23
--	----	----

Narrative description of achievements

The Health component combined volunteer capacity strengthening, community-based disease prevention, household cleaning assistance, and Mental Health and Psychosocial Support (MHPSS). Activities were implemented across the 17 communities covered by the operation, responding to the health risks identified following the floods.

I. Strengthening volunteer capacity for health response

Before field deployment, volunteers received training tailored to the health risks associated with the emergency. Ten volunteers were trained in community-based health surveillance to strengthen the identification and reporting of health risks. A further 10 volunteers were trained in Mental Health and Psychosocial Support (MHPSS), enabling them to provide appropriate support to affected people.

II. Psychosocial support for volunteers

Briefing sessions were conducted before deployment, followed by debriefing sessions after field activities, reaching 23 volunteers. The debriefings took place in safe and confidential settings and allowed volunteers to express emotions, share experiences and reflect on challenges encountered during needs assessments, satisfaction surveys and the monitoring of cash distributions.

Some volunteers reported a considerable emotional burden resulting from exposure to loss, distress and other consequences of the emergency. The sessions provided emotional containment, active listening and peer support, contributing to volunteer well-being and their capacity to remain engaged in the response.

III. Community health promotion and disease prevention

Community health sessions were conducted across all 17 communities in Districts 6 and 7. The sessions addressed the prevention of acute diarrhoeal diseases and acute respiratory infections, with particular attention to influenza due to the health alert and increased number of cases recorded during the implementation period.

Specific sessions on vector-borne diseases promoted the identification and elimination of mosquito breeding sites to reduce the risk of dengue, Zika and chikungunya. The activities also strengthened community knowledge of symptoms and warning signs to encourage timely access to health services.

Among the 453 people who reported participating in at least one health session, 430 (94.9 per cent) attended sessions on vector-borne diseases; 393 (86.8 per cent) attended sessions on acute diarrhoeal diseases; and 392 (86.5 per cent) attended sessions on acute respiratory infections. On a scale from 1 to 7, the sessions received an average rating of 6.64, indicating a high level of satisfaction with the topics covered.

IV. Distribution of household cleaning kits

A total of 600 household cleaning kits were distributed across the 17 communities with the support of local leaders. Each kit contained 1 kilogram of detergent, two 1-litre bottles of bleach, floor cleaner, three bars of laundry soap, a clothes brush, a broom, a mop, a floor squeegee, a dustpan, waste bags, rubber gloves, a pack of six sponges and a bucket for household cleaning.

In District 6, the distribution reached 463 families: Junta Piraí, 114; Espejos, 113; Tres Pozas, 8; Lomerío, 29; Quebrada León, 59; Forestal, 71; Limones, 5; San Pedro, 20; El Tigre, 20; Tacuara, 10; and El Túnel, 14.

In District 7, the distribution reached 137 families: Cafetal, 31; Monte Verde, 39; La Rojiza, 9; Surutú, 27; Las Liras, 13; and Jardín de las Delicias, 18.

Post-distribution monitoring was conducted with 297 people who received a cleaning kit. Of those surveyed, 99.0 per cent reported that the kit helped them mitigate the effects of the emergency, while 99.7 per cent considered that it had been delivered at an appropriate time. When asked which items should be provided in greater quantities, 42.1 per cent selected powdered detergent, 38.0 per cent selected liquid bleach and 23.6 per cent selected neutral laundry soap.

V. Psychosocial support for affected people

Psychosocial support activities reached 94 people and provided safe spaces for participants to express and exchange experiences related to the emergency. Participatory activities using music and ball games encouraged people to discuss how they felt at the onset of the



emergency, during its development and following the arrival of Red Cross assistance. Participants also reflected on the actions taken by their communities and their feelings after receiving support.

Children participated in age-appropriate recreational activities, including group games, drawing and painting, which supported emotional expression in a safe environment.

Lessons Learnt

- Technical inductions conducted before deployment reduced information gaps and strengthened volunteers' ability to communicate health messages and apply the required methodologies consistently. This preparation was particularly important because volunteer teams rotated between field visits.
- Briefing and debriefing sessions proved essential for operational risk management and volunteer well-being. They enabled teams to raise concerns promptly, reflect on field experiences and receive emotional containment, active listening and peer support after exposure to loss and distress.
- Coordinating schedules in advance with local authorities and community leaders reduced waiting times and contributed to stronger attendance at community health sessions.
- Conducting health sessions before distributing household cleaning kits helped families understand the preventive purpose of the assistance and the correct use of the items provided. Combining material assistance with health education promoted safer hygiene and disease-prevention practices.
- Simplified monitoring tools supported timely data collection without overburdening field teams. Reviewing these tools with volunteers before their use also improved the quality and consistency of the information collected.
- Despite the rotation of field teams, communities consistently recognized the respectful, empathetic and attentive conduct of volunteers. This demonstrated the value of standardized inductions and a shared approach to community communication.

Challenges

- Persistent rainfall, muddy and unstable roads, long distances between communities and limited access to suitable transportation required repeated adjustments to field schedules and affected the movement of personnel and supplies.
- Limited telephone and internet coverage restricted real-time coordination with field teams and community leaders, particularly when weather conditions required activities to be rescheduled at short notice.
- Volunteer rotation created challenges in maintaining continuity of information, facilitation methods and agreements established during previous visits. This required regular briefings and stronger handover arrangements between teams.
- Field activities exposed personnel and volunteers to mosquitoes, bees and other vectors. Following a bee-sting incident, the affected volunteer received timely medical care and follow-up, with no subsequent complications reported. The experience led the National Society to strengthen the early identification of personnel for deployment and coordination with the IFRC Country Cluster Delegation to facilitate timely insurance arrangements. This approach will support the earlier activation of insurance coverage in future deployments, together with appropriate protective equipment and reinforced vector-prevention measures.



Water, Sanitation And Hygiene

Budget: CHF 47,140

Targeted Persons: 3,000

Assisted Persons: 3,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of families receiving household hygiene kits	600	600
Number of people trained in hygiene and disease prevention	600	600



Number of families receiving WASH kits	600	600
Number of people trained in the use of water purification tablets	600	600

Narrative description of achievements

The Water, Sanitation and Hygiene (WASH) component reached all 600 targeted families, representing approximately 3,000 people, through the distribution of essential household water treatment and hygiene supplies, complemented by hygiene promotion activities and practical training on safe water treatment and storage.

I. Distribution of hygiene kits

A total of 755 hygiene kits were distributed to 600 families. Following the initial distribution of one kit per family, an additional 155 kits were provided to prioritized families with the greatest needs after changes in the river course and recurrent flooding further affected homes and contaminated water sources.

Each kit contained 10 bars of soap, two 1-litre bottles of shampoo, five hand towels, six packages of sanitary pads, five toothbrushes, two tubes of toothpaste, one package of 12 toilet paper rolls, two packages of wet wipes and one large reusable bag.

In District 6, the distribution reached 463 families: Junta Piraí, 114; Espejos, 113; Tres Pozas, 8; Lomerío, 29; Quebrada León, 59; Forestal, 71; Limones, 5; San Pedro, 20; El Tigre, 20; Tacuara, 10; and El Túnel, 14.

In District 7, it reached 137 families: Cafetal, 31; Monte Verde, 39; La Rojiza, 9; Surutú, 27; Las Liras, 13; and Jardín de las Delicias, 18.

II. Distribution of WASH kits

A total of 989 WASH kits were distributed to 600 families. Following the initial distribution of 600 kits, 389 additional kits for prioritized families were provided based on needs identified during implementation.

Each kit contained two 10-litre jerrycans, one package of water purification tablets comprising eight blisters with the capacity to treat up to 400 litres of water, and one 10-litre bucket.

III. Hygiene promotion and disease prevention

A total of 600 people participated in hygiene promotion and disease-prevention sessions, covering appropriate handwashing techniques and measures to prevent vector-borne diseases, strengthening household and community knowledge of preventive practices.

IV. Training on the use of water purification tablets

A total of 600 people received theoretical and practical training on the correct dosage and use of water purification tablets. Demonstrations were conducted alongside the distribution of supplies to ensure that families could apply the treatment correctly and safely at household level.

V. Post-distribution monitoring

Post-distribution monitoring confirmed that recipients considered the assistance relevant and timely. Among the 509 hygiene kit recipients surveyed, 98.6 per cent reported that the kits helped them cope with the effects of the emergency, while 99.0 per cent considered that they had been delivered at an appropriate time. No respondents reported quality problems with the items. When asked which additional items they would have preferred, 68.6 per cent selected insect repellent and 25.5 per cent selected deodorant.

Among the 498 household water treatment kit recipients surveyed, 98.6 per cent reported that the kits helped them cope with the effects of the emergency, 99.2 per cent considered that they had been delivered at an appropriate time and 99.6 per cent reported no quality issues. When asked about other useful items, 42.4 per cent indicated that they would have preferred the kit to include a cloth water filter and 35.9 per cent mentioned a funnel.



Lessons Learnt

- Integrating practical demonstrations into kit distributions was essential for ensuring that families understood the correct dosage and use of water purification tablets. Direct demonstrations and personalized guidance increased confidence in household water treatment and maximized the use of the supplies provided.
- Access to prepositioned WASH and hygiene supplies enabled the Bolivian Red Cross to provide initial assistance while new procurement processes were underway. This confirmed the operational value of maintaining contingency stocks in areas exposed to recurrent flooding.
- Reviewing data-collection and post-distribution monitoring tools with volunteers before their use improved the speed, consistency and quality of household interviews. It also supported a more respectful approach adapted to the realities of affected communities.
- Community feedback provided practical information for improving the composition of future kits. Frequently requested items included repellent and deodorant in hygiene kits, filters and funnels in WASH kits, and larger quantities of detergent, bleach and laundry soap in household cleaning kits.

Challenges

- Moderate rainfall and renewed river overflows recontaminated wells and other local water sources after the initial floodwaters had receded, demonstrating that WASH risks persisted throughout the rainy season. This required the team to reassess household needs, prioritize the most affected families and organize an additional distribution of hygiene kits, highlighting the importance of maintaining flexible response capacity to address recurring contamination.
- Some community members initially expressed concerns about changes in the taste of water after purification tablets were applied. Volunteers had to provide additional explanations, personalized support and live demonstrations to increase acceptance of chemically treated water.
- Persistent rainfall, unstable terrain and damaged roads complicated access to dispersed communities. Workshops and kit distributions had to be rescheduled on several occasions to protect teams and ensure that vehicles could enter safely.
- Procurement procedures delayed the availability of some hygiene and WASH supplies. This affected the timing of distributions and reinforced the importance of adequate prepositioned stocks and procurement arrangements adapted to emergency timelines.
- Limited connectivity and communication with remote communities made it difficult to confirm schedules and coordinate distributions, particularly when access conditions changed rapidly because of rainfall.



Community Engagement And Accountability

Budget: CHF 6,481

Targeted Persons: 3,000

Assisted Persons: 523

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of planning and coordination meetings held with community representatives	3	3
Percentage of surveyed individuals reporting they received useful and applicable health information	60	99

Narrative description of achievements

The Community Engagement and Accountability (CEA) approach was integrated throughout the operation to promote transparent communication, community participation and access to feedback mechanisms. Activities combined direct engagement with community representatives, visual and digital communication channels, and perception and satisfaction surveys to assess the clarity, usefulness and relevance of the information provided.



I. Planning coordination and accountability meetings with community representatives

Three planning, coordination and accountability meetings were conducted with community representatives, meeting the established target.

Transparency and community interaction were further strengthened through banners containing key messages, which were installed at strategic and frequently visited locations. Suggestion boxes were made available during activities, while an institutional WhatsApp line provided a two-way channel through which community members could submit questions, opinions and suggestions throughout the operation.

II. Community perceptions of the Bolivian Red Cross

A total of 523 people participated in the community perception survey. Of these, 208 respondents (39.8 per cent) already knew the Bolivian Red Cross before the emergency, while 315 (60.2 per cent) became familiar with the organization through the operation.

Among respondents who already knew the National Society, 55.8 per cent described their previous perception as positive, 23.1 per cent as very positive and 20.2 per cent as neutral.

Following the intervention, 81.5 per cent reported that their perception of the Bolivian Red Cross had improved significantly and 16.8 per cent indicated that it had improved to some extent. Overall, 98.3 per cent reported an improved perception.

Furthermore, 93.7 per cent considered the Bolivian Red Cross a trustworthy organization, 92.5 per cent stated that it effectively supported communities and 92.4 per cent considered that it responded rapidly during emergencies.

III. People reporting that health information was useful and applicable

Surveys conducted during the community health sessions assessed the usefulness and applicability of the information provided.

Of the 393 respondents who participated in sessions on acute diarrhoeal diseases, 391, or 99.5 per cent, rated the information as useful or very useful. For acute respiratory infections and influenza, 389 of 392 respondents, or 99.2 per cent, provided the same rating. Among the 430 respondents who attended sessions on vector-borne diseases, 426, or 99.1 per cent, considered the information useful or very useful.

The average result across the three health topics was 99.0 per cent, exceeding the target of 60.0 per cent.

Lessons Learnt

- Combining several feedback mechanisms, including community meetings, suggestion boxes and WhatsApp, provided different options for people to submit questions, concerns and recommendations. A multi-channel approach was necessary because connectivity and communication preferences varied across communities.
- Banners with clear visual information helped maintain continuous communication, reduce rumours and align community expectations with the actual scope of the operation.
- Involving community leaders and affected people from the initial planning stages strengthened community ownership, facilitated the validation of information and contributed to trust in the Bolivian Red Cross.
- Rapid community surveys provided timely evidence on whether the information shared was understood and applicable. These tools were most effective when questions were concise, coordinated across sectors and directly connected to operational decision-making.
- Focus group discussions at the end of the operation generated qualitative information that complemented monitoring surveys and allowed communities to reflect more openly on the relevance and quality of the assistance.
- Communities consistently recognized the respectful, empathetic and attentive conduct of volunteers. This helped maintain trust despite the rotation of field teams between community visits.

Challenges

- Limited telephone and internet coverage in remote communities, together with the lack of mobile credit or data among some community members, restricted continuous use of the WhatsApp feedback line.
- Some participants were initially reluctant or unfamiliar with expressing their opinions during group meetings. Volunteers therefore had to use more dynamic and context-appropriate facilitation techniques to encourage participation.
- The geographical dispersion of communities and the need to avoid interfering with community members' working hours complicated the scheduling of meetings and feedback activities. This also required prior consultation with communities to agree on suitable dates and times, with at least 24 to 48 hours' advance notice before field visits.
- Feedback and complaints mechanisms were not equally visible from the beginning of the operation, requiring additional efforts to



explain their purpose and encourage their use.

- Changes in community leadership affected previously established coordination arrangements. Newly appointed leaders required prompt induction on the operation and agreements already reached.
- Multiple surveys implemented at different stages created a risk of consultation fatigue and confusion. Stronger coordination between technical areas was needed to consolidate tools and avoid repeated or unnecessary questions.



Secretariat Services

Budget: CHF 35,573

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of monitoring visits conducted	2	1
Number of rapid response personnel (Surge) deployed	1	0

Narrative description of achievements

Secretariat Services focused on providing technical and operational support to the Bolivian Red Cross during the start-up and implementation of the operation. This support covered administrative processes, recruitment, financial management, reporting, logistics and Cash and Voucher Assistance (CVA).

I. Technical monitoring and operational support

An IFRC technical monitoring visit was conducted at the beginning of the operation by the CCD Operations Officer. The visit supported the National Society in addressing initial administrative requirements and accelerating the recruitment of the field team, helping to prevent further delays in implementation. The accompaniment provided through this visit, together with regular remote coordination and ongoing security monitoring in the region, informed the decision to maintain technical support remotely throughout the operation.

Technical support continued throughout the operation and included financial and administrative processes, reporting, logistics, management of the RedRose platform, and the design and validation of post-distribution monitoring tools.

II. Rapid Response Personnel

No Rapid Response Personnel were deployed. During the first four months of implementation, the Bolivian Red Cross monitored the evolving operational context and determined that a deployment was not required, as the necessary technical accompaniment was being provided remotely by the IFRC Secretariat.

Lessons Learnt

- Early IFRC technical support was particularly valuable for resolving administrative bottlenecks and accelerating the recruitment and incorporation of field personnel.
- Regular coordination between IFRC, the National Office and the branch facilitated the resolution of operational and administrative issues throughout implementation.
- Continuous technical support for RedRose and post-distribution monitoring strengthened the National Society's capacity to manage cash assistance and address system-related issues promptly.
- Early clarification of administrative, financial and reporting requirements supported more consistent implementation and reduced the risk of delays during later stages of the operation.



Challenges

- Delays in forming the complete field team placed the initial implementation schedule at risk and increased the workload of personnel already assigned to the operation.
- Contract finalization, insurance activation and the provision of computers, telephones, credentials and other essential equipment were not always completed before field deployment.
- Internal administrative and financial procedures required considerable time for the approval of disbursements, expenditure documentation and review, affecting the speed of some operational processes.
- Only one of the two planned technical monitoring visits was completed, while the planned Rapid Response Personnel deployment did not take place.



National Society Strengthening

Budget: CHF 51,316

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of lessons learned workshops conducted	1	1
Number of monitoring visits and technical support provided to branches by National Society staff	8	8
Number of National Society staff providing technical support and capacity strengthening during the operation	3	4

Narrative description of achievements

The National Society Strengthening component focused on reinforcing the operational, technical and institutional capacities of the Bolivian Red Cross and its Santa Cruz branch. Support included volunteer training, monitoring and technical assistance, operational staffing, documentation and institutional learning.

I. Volunteer and staff capacity strengthening

Volunteers involved in the response were trained in Primary Health Care, strengthening their capacity to support community health activities. The Headquarters also provided the DREF team with guidance on administrative procedures and the use of data-collection forms, helping improve the quality and consistency of operational records. Four National Society staff members provided technical and capacity-strengthening support in coordination, logistics, finance and field implementation.

II. Monitoring and technical support

Eight monitoring and technical support visits were conducted to the implementation areas. These visits involved the Headquarters staff, the Disaster Risk Management Unit and the National Society's Executive Directorate, and supported planning, implementation, monitoring and administrative management.

The presence of National Society leadership and technical personnel in the field strengthened coordination with the Santa Cruz branch and facilitated the resolution of operational and administrative issues.

III. Documentation and institutional learning



Operational activities were documented and reported to support accountability and institutional learning. At the end of the operation, one Lessons Learned Workshop was conducted, together with a session to share results with the Santa Cruz branch.

Volunteers participated directly in consolidating and systematizing the information collected during implementation. This process helped identify good practices, operational gaps and capacities strengthened through the response.

Lessons Learnt

- Monitoring visits and the presence of National Society leadership strengthened the branch's confidence and facilitated coordination between operational and administrative teams.
- Training volunteers in data-collection tools before deployment reduced registration errors and enabled them to participate actively in the final consolidation and systematization of information.
- Bringing together Headquarters personnel, branch staff and volunteers at the end of the operation provided an important opportunity to assess results, identify gaps and determine which capacities had been strengthened for future emergencies.
- The operation demonstrated the importance of clearly defined roles and sustained coordination among technical, logistics, finance and field personnel throughout implementation.
- Regular exchanges between the Headquarters and the branch supported problem-solving and helped maintain alignment between field implementation and institutional procedures.

Challenges

- Due to the security context and natural events, some activities became concentrated toward the end of the operation, creating tight timelines and requiring additional effort from the team based in Santa Cruz.
- Roles and responsibilities for personnel recruited during emergencies were not always sufficiently clear at the beginning of the operation, creating a need for more structured induction and role definition.
- Volunteer rotation complicated the continuity of field information and operational experience, requiring stronger handover processes and standardized briefings between teams.
- Contract finalization, insurance activation and the provision of computers, telephones, credentials and other essential equipment were not always completed before field deployment.
- Transportation capacity was not always suited to muddy roads, river crossings and other difficult access conditions, affecting the safe and timely movement of personnel and supplies.



Financial Report



DREF Operation

Final Report (CHF)

Date from: 1 Dec 2025 to 30 Sep 2026

MDRBO020 - Bolivia - Flash Floods

Operating timeframe: *Start date: 24-Dec-2025 End date: 30-Jun-2026*

Appeal launch date: *29-Dec-2025*

I. Summary

	Actual (CHF)
Opening Balance	0
Funds & Other Income	272,193
DREF Response Pillar	272,193
DREF Anticipatory Pillar	
Expenditure	-249,281
Closing Balance	22,912

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash	86,761	97,016	-10,255
PO04 - Health	28,309	30,500	-2,191
PO05 - Water, Sanitation & Hygiene	47,140	50,148	-3,008
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	16,613	153	16,460
PO10 - Community Engagement and Accountability	6,481	6,927	-446
PO11 - Environmental Sustainability			
Planned Operations Total	185,304	184,743	560
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	35,573	10,085	25,488
EA03 - National Society Strengthening	51,316	54,453	-3,137
Planned Operations Total	86,889	64,538	22,351
Total	272,193	249,281	22,911

III. Expenditure by budget category & group

Prepared on 16-Oct-2026

Page 1 of 2

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

Please explain variances (if any)

This IFRC-DREF operation had an approved budget of 272,193 Swiss francs, of which 249,281 Swiss francs (92 per cent) was spent. The remaining balance of 22,912 Swiss francs will be returned to the DREF Fund. The main financial variances are summarised below.

- Exchange-rate fluctuations affected the value of the funds received in local currency throughout the operation. The first transfer generated a favourable exchange-rate difference, while the second generated an unfavourable difference. The final transfer was received



at a higher exchange rate than initially projected due to the volatility of the Bolivian boliviano. A total of 136,026.40 Swiss francs was transferred to the Bolivian Red Cross in three instalments, equivalent to BOB 1,208,662.58, at exchange rates ranging from 8.6475 to 9.2239 BOB per Swiss franc.

- Recurrent flooding and the renewed contamination of water sources generated additional hygiene needs among families in Districts 6 and 7 of El Torno. Available balances within the same budget line were used to procure and distribute additional hygiene kits to prioritized families. This adjustment did not increase the approved budget or modify the operation's strategic objectives.
- The Lessons Learned Workshop conducted in Santa Cruz on 13 and 14 June 2026 cost less than initially planned due to favourable procurement conditions and supplier availability. The National Society proposed reallocating approximately 2,500 Swiss francs from the remaining balance under activity AP124 to produce a systematization video documenting the operation's results, good practices, impact stories and community perspectives.
- Financial adjustments were managed within the existing budget to respond to needs identified during implementation while maintaining the total approved amount in Swiss francs. After these adjustments, 22,979 Swiss francs remained unspent and will be returned to the DREF Fund.



Contact Information

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

National Society contact: Edgar J. Butron Ledezma, Executive Director, direccion.e@cruzrojaboliviana.org.bo, +59167007300

IFRC Appeal Manager: Melker Mabeck, Head of Country Cluster Delegation for Andean Countries, melker.mabeck@ifrc.org

IFRC Project Manager: Julian Pérez, Coordinator, Programs and Operations, julian.perez@ifrc.org

IFRC focal point for the emergency: Julian Pérez, Coordinator, Programs and Operations, julian.perez@ifrc.org

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

[Click here for reference](#)

