



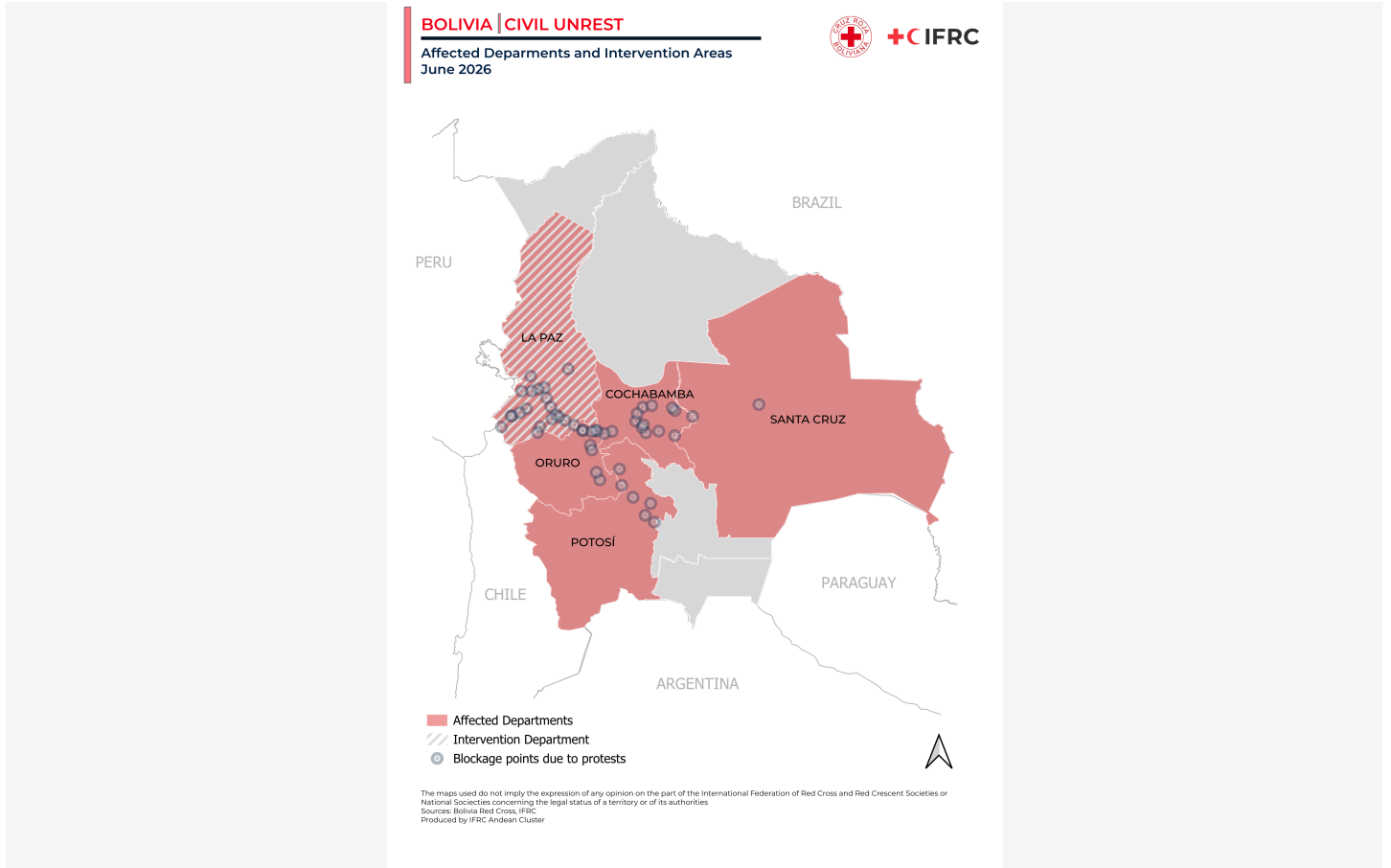
Clash amid the demonstrations. Source: Reuters. 24/05/2026

Appeal: MDRBO022	Hazard: Civil Unrest	Country: Bolivia	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 154,684	
Glide Number: -	People Affected: 1,500,000 people	People Targeted: 40,000 people	
Operation Start Date: 18-06-2026	Operation Timeframe: 6 months	Operation End Date: 31-12-2026	DREF Published: 23-06-2026
Targeted Regions: La Paz			

Description of the Event

Date when the trigger was met

02-06-2026



Passability map: 50 blockages. 15/06/2026, ABC Bolivia

What happened, where and when?

Since early May 2026, Bolivia has experienced widespread social mobilizations and road blockades, which have progressively disrupted mobility and access to essential services.

The situation escalated during the second half of May, when road blockades expanded across key national transport corridors, significantly restricting movement between departments. By 23–27 May 2026, the number of blockages increased substantially, affecting major routes and limiting access to and from the cities of La Paz and El Alto. During this period, attempts were made by public security forces to enable the passage of essential goods through route clearing operations, although circulation remained constrained.

The disruptions have primarily affected the western part of the country, including the departments of La Paz, Oruro, Cochabamba, and Potosí, with additional impacts reported in other regions. The effects have been most evident along interdepartmental corridors connecting these areas.

During the last week of May, disruptions to transport and supply chains resulted in reported shortages of food, fuel, and medical supplies. Health services in La Paz and El Alto reported constraints in the availability of critical inputs, including medical oxygen.

As of 1 June 2026, the situation remains ongoing, with approximately 90 roadblocks reported nationwide and continued restrictions to interdepartmental mobility. Access conditions remain variable, with partial openings in some areas and persistent restrictions in others.



On 2 June, the Government of La Paz declared a health and humanitarian emergency across the entire department due to road blockades that disrupted transportation and the regular supply of essential inputs for healthcare delivery. The decision was based on technical reports from the Departmental Health Service (SEDES), which indicate a critical shortage scenario, particularly affecting medical oxygen, medicines, and other essential supplies.

The declaration aims to streamline administrative procedures, strengthen coordination with the Ministry of Health, and facilitate the establishment of humanitarian corridors, as well as enable the reallocation of resources and the implementation of exceptional measures to ensure the continuity of health services and the provision of care to the population.

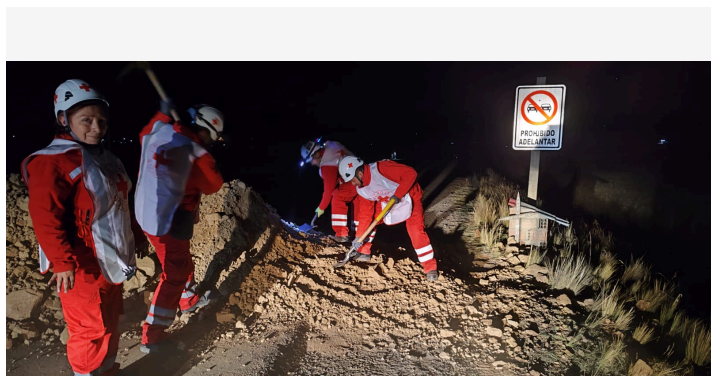
According to the “Second Preliminary Report on Social Conflict in Bolivia from May 1 to June 2, 2026” by the Ombudsman’s Office, a total of 365 people were arrested in the context of social unrest. Of these, 247 individuals (68%) were released, while 118 remain under active legal proceedings or with an unresolved legal status.

Within this group, at least 103 individuals were formally charged with offenses related to the conflict, including criminal association, public incitement to commit crimes, destruction of state property, and attempted homicide.

Regarding legal status, 50 individuals are facing proceedings while remaining at liberty, whereas 36 are subject to precautionary measures, including house arrest, pretrial detention, and alternative measures, resulting in significant restrictions on their freedom of movement and living conditions. Additionally, 17 individuals have already been sentenced under expedited procedures, all of whom were granted judicial pardon, while 15 individuals still do not have a defined legal status.

On Monday, 8 June, Law No. 1740 regulating the State of Exception in Bolivia was enacted. Under this regulation, the Head of State may issue a supreme decree declaring a State of Exception, which must subsequently be submitted to the Plurinational Legislative Assembly for consideration. The Assembly is required to approve or reject the measure within a maximum period of 72 hours.

The Constitution establishes that a State of Exception may only be declared under three specific circumstances: (i) external threats, such as invasion or aggression; (ii) internal unrest, defined as serious public disturbances or situations such as blockades that exceed the capacity of regular security forces; and (iii) natural disasters, including epidemics, floods, or similar events.



BRC clears 1/40 blockades on Desaguadero–El Alto. Source: BRC



Marchers again try to enter Plaza Murillo; tear-gassed. Source:El Deber

Scope and Scale

The ongoing road blockades and mobility restrictions have significantly disrupted livelihoods, particularly in urban and peri-urban areas of the department of La Paz. The impacts are concentrated among populations dependent on informal employment and daily income, including small-scale traders, transport workers, and self-employed individuals, who have experienced reduced income due to interruptions in economic activity.

Disruptions to interdepartmental transport and supply chains have affected the availability and distribution of essential goods, including food and fuel. This has reduced market supply and contributed to increased prices, limiting access to basic goods for low-income households. Small-scale traders and distributors have been particularly affected due to restricted access to merchandise and reduced market activity. In parallel, mobility restrictions have resulted in populations being temporarily stranded or unable to move between areas, further limiting access to markets, employment opportunities, and basic services.

The transport sector has also been directly impacted, with reduced passenger and freight services due to mobility restrictions. Disruptions in fuel supply have increased operational costs and further constrained economic activity, affecting both urban and interdepartmental transport.

In the health sector, interruptions in supply chains have affected the availability of essential inputs in health facilities, including medicines and medical oxygen. This has increased pressure on health services, particularly in the cities of La Paz and El Alto, where access constraints have affected the continuity of care.

The impact extended across the entire department of La Paz, with a sustained confinement of the metropolitan areas of La Paz and El Alto, which together host approximately 1.5 million people. In these cities, there has been a significant disruption of interdepartmental, national, and international transport corridors, due to road blockades, transport strikes, fuel shortages, and the increased cost of essential goods.

Within this affected population, an estimated 140,000 people, according to data from the Ministry of Health, face direct risks associated with disruptions in access to health services and essential medical supplies. Populations with pre-existing vulnerabilities, including low-income households, informal workers, and people dependent on daily access to markets and services, are disproportionately affected due to reduced coping capacity.

Access conditions remain uneven across locations, with areas experiencing partial reopening of routes while others continue to face severe restrictions. This variability limits the predictability of access to goods, services, and assistance, particularly in areas with prolonged displacement of transport and supply flows.

According to the Ombudsman's Office, a total of 10 deaths were recorded as presumably linked to the social unrest. Of these, seven are associated with the consequences of road blockades, such as the inability to access or be transported in a timely manner to health services, while three are linked to police and/or military operations to clear roads. Among the deceased, two were minors. Additionally, a total of 37 individuals were reported injured in the context of road clearance operations and events related to the social unrest, including police personnel, journalists, demonstrators, and bystanders. The recorded injuries include trauma, multiple contusions, and wounds of varying severity.

On the other hand, on 2 June, humanitarian actions led by the Ombudsman's Office enabled the successful transport of a tanker carrying medical oxygen to the city of Sucre, intended to supply key hospitals facing the risk of shortages due to road blockades. The transport process faced significant mobility constraints, particularly in the department of Cochabamba, highlighting the limitations imposed by the context of ongoing unrest. In this context, the operation was supported by the institutional accompaniment of the Ombudsman's Office and the Bolivian Red Cross (BRC), ensuring the safe passage of this critical supply by overcoming blockades from Puente Arce to its arrival in the departmental capital.

The scale of the disruption reflects a widespread impact on livelihoods, access to basic goods, and essential services, with the most significant effects concentrated in areas with sustained mobility restrictions and limited alternative supply routes.

Source Name	Source Link
1. Ombudsperson Presents First Preliminary Report on Social Unrest in Bolivia and Reiterates Urgent Call for Dialogue	https://www.defensoria.gob.bo/noticias/defensor-del-pueblo-presenta-primer-reporte-preliminar-sobre-la-conflictividad-social-en-bolivia-y-reitera-llamado-urgente-al-dialogo
2. Paz Removes Limits on the State of Exception in Bolivia	https://www.dw.com/es/paz-promulga-ley-que-anula-l%C3%ADmites-al-estado-de-excepci%C3%B3n-en-bolivia/a-77320476
3. Rodrigo Paz Repeals Law Limiting the State of Exception in Bolivia	https://canaln.pe/actualidad/rodrigo-paz-anula-ley-que-limitaba-estado-excepcion-bolivia-n492303
4. The Office of the Ombudsperson Reports Seven Fatalities and 23 Injuries Since the Start of the Unrest in Bolivia	https://www.infobae.com/america/america-latina/2026/05/29/la-defensoria-del-pueblo-registra-siete-muertos-y-23-heridos-desde-que-empezaron-los-conflictos-en-bolivia/?outputType=amp-type
5. La Paz Department Prepares Health Emergency Due to Shortage of Supplies	https://larazon.bo/sociedad/2026/06/01/gobernacion-de-la-paz-alista-emergencia-sanitaria-por-falta-de-insumos/
6. Timeline of the Crisis: Protests, Road Blockades, and Violence Marked the Past Month in Bolivia	https://www.infobae.com/america/america-latina/2026/05/30/cronologia-de-la-crisis-protestas-bloqueos-y-violencia-marcaron-el-ultimo-mes-en-bolivia/



7. La Paz enacts Law No. 1740 regulating the State of Exception in Bolivia.	https://unitel.bo/noticias/politica/paz-promulga-la-ley-1740-que-regula-el-estado-de-excepcion-en-bolivia-BD21228922
8. Ombudsman presents second report on social unrest and warns of impacts on human rights and social coexistence in Bolivia.	https://www.defensoria.gob.bo/noticias/defensor-del-pueblo-presenta-segundo-reporte-sobre-conflictividad-social-y-alerta-sobre-afectaciones-a-derechos-humanos-y-convivencia-social-en-bolivia
9. 41 days of conflict: How much has the population been affected by the blockades?	https://eldeber.com.bo/pais/41-dias-conflicto-cuanto-ha-afectado-poblacion-bloqueos_1781143714
10. La Paz accounts for 84% of May's inflation due to supply problems.	https://larazon.bo/economia-y-empresa/2026/06/04/la-paz-concentra-el-84-de-la-inflacion-de-mayo-por-problemas-de-abastecimiento/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
<p>If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:</p> <p>-</p>	



Lessons learned:

The BRC has previously implemented several DREF operations to respond to emergencies of different natures, including floods, droughts, and wildfires. In recent years, the National Society has carried out two flood response operations, the most recent in March 2026 (MDRBO021). These interventions have contributed to strengthening technical and operational capacities in key areas such as Cash and Voucher Assistance (CVA), Health, Water, Sanitation and Hygiene (WASH), and Community Engagement and Accountability (CEA).

Based on the experience gained from these operations, relevant lessons learned have been identified and incorporated into the design of the present DREF request, with the aim of enhancing operational efficiency and addressing previously encountered challenges:

(1) Strengthening coordination for cash transfer programmes (CVA): The need to consolidate partnerships with local actors and social organizations is recognized in order to conduct more robust market assessments and feasibility studies. This will enable the design of more relevant cash interventions, oriented toward the recovery of livelihoods for families whose economic activities have been disrupted.

(2) Clarification of the Red Cross auxiliary role: The importance of reinforcing community awareness of the humanitarian, neutral, and impartial nature of the Red Cross is emphasized, in order to prevent misperceptions that may associate its actions with political or partisan interests.

(3) Strengthening community engagement and feedback mechanisms: It is essential to ensure that affected populations, particularly in contexts of civil unrest, have access to clear, timely, and consistent information regarding the intervention. This requires active socialization of the scope, objectives, and limitations of the operation, as well as the establishment of accessible, safe, and reliable community feedback channels. These mechanisms enable the collection of perceptions, complaints, and emerging needs, facilitating the continuous adaptation of the response and contributing to the reduction of tensions and risks for both communities and humanitarian personnel.

(4) Use of visual communication in contexts of civil unrest: The implementation of large-scale visual materials, such as billboards in strategic high-traffic locations, has proven to be an effective tool for disseminating key messages related to health, safety, and prevention. This strategy is particularly useful in settings with restricted mobility or where traditional communication channels are disrupted. Previous experience during the COVID-19 response demonstrated its effectiveness in strengthening public awareness and facilitating the acceptance of humanitarian interventions.

The Bolivian Red Cross has demonstrated significant added value in previous civil unrest contexts, notably during the 2020 protests, when it successfully supported the transportation of oxygen tankers of medical oxygen supplies. This experience reinforced the importance of community acceptance, humanitarian access, and effective coordination in complex operational environments. Furthermore, the presence of Safer focal points across branch offices represents an existing resource that can support context analysis, risk management, and acceptance-building efforts throughout the operation.

Overall, the incorporation of these lessons learned seeks to strengthen the effectiveness, relevance, and inclusiveness of the Bolivian Red Cross response in the current context, ensuring the provision of timely, appropriate, and needs-based humanitarian assistance to the most affected populations.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	Very High

Current National Society Actions

Start date of National Society actions

20-05-2026



<p>Health</p>	<p>The BRC is supporting the continuity of critical health services, with a focus on assisting operations related to the transport of medical oxygen and essential supplies under restricted mobility conditions. Actions include route assessment, coordination with relevant actors, and the transport of oxygen tanks.</p> <p>In addition, first aid services are being provided in the city of La Paz in verified locations where access conditions allow, in response to immediate health needs in affected areas.</p> <p>The BRC is also actively participating in the health sector situation room, in coordination with the Ministry of Health and the Pan American Health Organization (PAHO), contributing technical analysis, logistical planning, and monitoring of supply chains.</p>
<p>Protection, Gender And Inclusion</p>	<p>The BRC is providing mental health and psychosocial support (MHPSS) to its volunteers, including through structured debriefing sessions conducted in La Paz to support personnel exposed to prolonged operational stress.</p> <p>In parallel, Restoring Family Links (RFL) services have been activated in the branch of Oruro as a preventive and response measure, focusing on individuals affected by mobility restrictions, including people temporarily stranded or separated from family members.</p>
<p>Community Engagement And Accountability</p>	<p>The BRC mobilized teams to facilitate the transport of medical oxygen through blocked routes, deploying brigades of volunteers and staff who applied Community Engagement and Accountability (CEA) approaches to ensure safe passage and communicate the neutral and impartial nature of the intervention.</p> <p>In coordination with partners such as the Pan American Health Organization (PAHO) and Caritas, food assistance was also provided to populations stranded due to mobility restrictions, including drivers and individuals isolated on roads for extended periods. All actions were guided by the Fundamental Principles of neutrality, impartiality, and independence, promoting dialogue to secure humanitarian access.</p> <p>In parallel, strategic communication efforts were strengthened, including engagement with media outlets in coordination with IFRC and ICRC, as well as through the Humanitarian Country Team's communication working group, to reinforce the visibility and understanding of the humanitarian response.</p>
<p>Coordination</p>	<p>The Bolivian Red Cross From now forward -BRC- is implementing an ongoing response focused on maintaining essential humanitarian services under constrained and variable access conditions. The response is coordinated at national level, with operational involvement from branches in La Paz, El Alto, Oruro and Potosí, and with nationwide monitoring and coordination functions.</p> <p>All actions are implemented under an Operational Security approach, with deployments subject to continuous risk assessment and GO/NO-GO criteria, ensuring limited exposure and adaptation to evolving access conditions, and in the strict respect of its humanitarian principles, in particular the neutrality of the national Society.</p> <p>The BRC is currently mobilizing volunteer teams across key affected areas, including approximately 32 volunteers in La Paz, Oruro, and Potosí, supporting ongoing response activities in line with operational priorities and access conditions.</p> <p>The National Society is also implementing targeted public communication actions, strengthening its auxiliary role to public authorities while actively preventing and addressing misinformation and the misuse of the Red Cross emblem and identity during the emergency. This includes coordinated efforts led by BRC communication teams, to ensure coherent, principled, and accurate public messaging. In parallel, the BRC is engaged in sustained humanitarian diplomacy efforts to promote constructive dialogue with government stakeholders and communities, contributing to safer access</p>



for staff and volunteers and helping maintain operational continuity in a complex and sensitive environment.

The BRC maintains technical and humanitarian coordination with key actors, including the Ministry of Health, the Pan American Health Organization (PAHO), and Movement partners (ICRC and IFRC), to support decision-making, ensure alignment of response actions, and facilitate operational access.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC Country Cluster Delegation (CCD) for the Andean Countries, based in Lima, covers Bolivia, Ecuador, and Peru and maintains close coordination and collaboration with the Bolivian Red Cross. In addition, continuous communication is maintained with different levels of the IFRC, which have made technical support available to the Bolivian Red Cross for planning, implementation, and reporting, as required.

Since mid-May 2026, coinciding with the intensification of mobility restrictions and an increase in the number of road blockages, the IFRC has been accompanying the National Society in coordination with the ICRC. This support has included technical advisory in Humanitarian Diplomacy and Public Communication, specifically supporting the National Society in its dialogue with different stakeholders to help ensure respect for the Red Cross emblem and adherence to the Fundamental Principles, while facilitating safe and sustained operational access in a complex environment.

Participating National Societies

The Swiss Red Cross maintains a permanent presence in the country, supporting the Bolivian Red Cross in strengthening institutional capacities and in the implementation of Disaster Risk Management and Health programs. While no specific actions have been defined under the current response, potential support in subsequent phases, including response or recovery, will be assessed in coordination with the National Society as the situation evolves.

The Norwegian Red Cross supports the strengthening of the National Society's administrative and financial capacities, including the implementation of systems and continuous improvement processes that contribute to institutional performance and operational efficiency.

ICRC Actions Related To The Current Event

The ICRC (International Committee of the Red Cross) supports the National Society in strengthening its institutional capacity, promoting Safer Access, and facilitating the Restoring Family Links programme, particularly in border regions, and connectivity services are being deployed at blockade sites, particularly in Oruro, to help affected individuals maintain communication with their families and access essential information. In light of the current emergency, the ICRC is maintaining constant contact with the Bolivian Red Cross National Headquarters' Security and Protection Officer and technical team, supporting the analysis of the evolving situation, as well as the management of emergency funding activation. This support has contributed to response activities in key areas such as health, Restoring Family Links (RFL), and logistics for the transport of medical oxygen, through recently activated emergency funds.

In response to the current emergency, the BRC activated the Emergency Fund under the framework of the Cooperation Agreement to ensure the operational response capacity of its branches, particularly for the provision of first aid services, RFL and the transportation of oxygen tankers to facilitate the delivery of oxygen supplies to health facilities.



In addition, the ICRC, is providing technical advisory under the Protection, Respect and Safety (PRAS) of healthcare framework, strengthening the National Society's capacity to engage in dialogue with relevant stakeholders to help ensure respect for healthcare services, while supporting safe and sustained humanitarian access in the current context.

The complementarity between the actions supported by the ICRC and those financed through this DREF is essential to ensure a comprehensive and coordinated response. In this regard, the ICRC is supporting activities aligned with the proposed intervention, including the deployment of brigades to provide first aid services, the implementation of RFL services, and the facilitation of medical oxygen transport to health facilities. Furthermore, there is clear alignment in communication strategies, particularly in the development and implementation of campaigns aimed at promoting the PRAS framework for healthcare services, reinforcing the auxiliary role of the Red Cross, and integrating cross-cutting approaches such as PGI.

The ICRC has no office in Bolivia but covers the country from its Mission in Lima, Peru, with constant contacts with the BRC. Depending on the evolution of the context, the ICRC may develop dialogue with the different actors in order to address the humanitarian consequences of use of force and the situation of violence.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>In the context of the emergency response, national authorities, through the Ministry of Health and the Departmental Health Services (SEDES), activated their emergency plans to ensure the continuity of healthcare delivery. These actions included the implementation of information management tools to support decision-making, prioritizing operational coordination and continuous monitoring of the situation.</p> <p>Efforts were also undertaken to secure the supply of critical inputs, particularly medical oxygen and medicines, in a context characterized by supply shortage alerts. At the same time, measures were adopted to maintain the continuity of essential health services, with a focus on emergency care, priority surgeries, and the follow-up of patients with chronic conditions, despite constraints related to staffing and the operational capacity of health facilities.</p> <p>These actions were complemented by continuous monitoring of critical needs through daily assessments conducted in situation rooms, as well as by strengthening inter-institutional communication to facilitate response efforts. Within this framework, coordination among actors was promoted, and mechanisms were managed to ensure the passage of ambulances and the operational continuity of emergency services.</p> <p>Additionally, the Ministry of Health activated the national-level situation room, with scheduled meetings and daily updates involving humanitarian actors and, progressively, health authorities at departmental and municipal levels, thereby strengthening multisectoral coordination in crisis management.</p>
<p>UN or other actors</p>	<p>Actors within the United Nations system and other humanitarian partners oriented their interventions toward technical support, needs assessment, the provision of humanitarian assistance, and risk communication in the context of the emergency.</p> <p>The World Food Programme (WFP), in particular, deployed specialized technical teams in nutrition to assess the situation in health facilities, including hospitals, contributing to the identification of gaps in care and priority needs. WFP also announced the mobilization of essential food items, such as rice, flour, and lentils, with distribution planned via air transport to the department of La Paz, given the continued restrictions</p>



on land routes.

The United Nations system, through agencies such as UNICEF and UNFPA, has provided support in specific technical areas, including the strengthening of immunization programmes and sexual and reproductive health services. These agencies have also contributed to the alignment of key messaging for emergency management, promoting consistency in risk communication and access to information for affected populations.

Finally, other international partners, such as the Inter-American Development Bank (IDB), provided strategic support through technical assistance and inter-institutional coordination, particularly in areas such as information management, sectoral assessments, and response monitoring. These actions contributed to strengthening decision-making processes and the overall effectiveness of the response in the context of the crisis.

Are there major coordination mechanism in place?

The Humanitarian Country Team (HCT), led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and comprising agencies of the United Nations system such as UNICEF, the World Food Programme (WFP), and the United Nations Population Fund (UNFPA), together with non-governmental organizations including World Vision, Save the Children, Helvetas, ChildFund, Practical Action, and others forming the Consortium of Humanitarian Agencies in Bolivia (CAHB), promotes inter-institutional coordination and information sharing to strengthen a coordinated humanitarian response to the emergency. Within this platform, the Bolivian Red Cross plays a key role as co-lead in coordination with WFP.

At the territorial level, the Bolivian Red Cross actively participates in Departmental and Municipal Risk Reduction and Disaster Response Committees, contributing to the coordination of response actions, damage assessments, and the implementation of mitigation measures. Its actions are focused on assisting affected communities and addressing, in a sustained manner, the impacts arising from emergencies.

In addition, the Bolivian Red Cross participates in the health sector situation room, in coordination with the Ministry of Health and the Pan American Health Organization (PAHO), contributing technical input to operational planning, logistics coordination, and the monitoring of critical supply chains, including those related to medical oxygen.

Needs (Gaps) Identified



Livelihoods And Basic Needs

In the context of the road blockades and ongoing mobilizations recorded in May 2026 in the city of El Alto, particularly in the areas of Senkata, Río Seco, and Ventilla (Districts 4, 8, and 10), significant impacts on livelihoods were identified, primarily linked to disruptions in trade, transport, supply chains, and daily income generation.

The prolonged blockades limited the regular functioning of markets and local fairs, reducing both customer flow and the inflow of goods. This directly affected the income-generating capacity of households dependent on these activities, particularly informal sector workers and small-scale traders, increasing their economic vulnerability.

Furthermore, the establishment of blockades at strategic points created conditions of intermittent isolation for the city, affecting the inflow of food, fuel, and basic goods. This disruption in supply chains impacted both consumers and local economic actors, limiting access to inputs necessary for the continuity of productive and commercial activities. In addition, impacts were observed on urban service systems, including waste management, which indirectly affected working conditions and local economic dynamics in the affected areas.

Based on statements made on June 10 by José Espinoza, Minister of Economy, there is clear evidence of a significant deterioration of livelihoods, considered a priority need, reflected in macroeconomic losses estimated at around USD 1 billion in exports over these 40 days, with direct impacts at the household level. In particular, informal workers have reported losses of up to 9,000 bolivianos monthly, while workers in the transport sector face losses close to 6,000 bolivianos if we count 30 lost working days, in a context where household food spending has increased to 3,000–3,500 bolivianos in cities such as La Paz and El Alto.

This situation is mainly the result of prolonged disruption to mobility and supply chains caused by the blockades, which has affected key



sectors such as commerce, transport, and tourism, while also generating shortages and price increases for basic goods. This double impact — reduced incomes and higher cost of living — significantly limits households' ability to meet their basic needs. This occurs in a context in which the National Institute of Statistics (INE) reports that, at the regional level, the La Paz conurbation was the area most affected by price increases in May, recording a monthly variation of 5.41%, more than double the national average. Temporary shortages of certain products and increases in logistical costs particularly affected the prices of basic foodstuffs included in the household basket.

Taken together, these conditions indicate a sustained disruption of livelihoods and local economic activity, particularly in areas with prolonged mobility restrictions and limited access to supply routes.

Health

The situation revealed critical humanitarian needs related to the supply of essential inputs, the continuity of care services, and the operational capacity of the health system under conditions of heightened pressure. A high risk of shortages of medical oxygen was identified, with limited reserves and significant challenges for replenishment due to mobility restrictions, thereby compromising the treatment of critically ill patients. In parallel, stockouts of essential medicines were reported, affecting both emergency response capacity and the routine treatment of diseases.

Significant limitations were also observed in the operational capacity of health facilities, several of which operated at reduced capacity or faced the risk of service disruption. This resulted in the prioritization of critical services, restricting general care and particularly affecting the continuity of treatment for patients with chronic conditions, including those requiring dialysis, oncological care, or post-transplant follow-up.

Regarding human resources, mobility restrictions affected the availability of health personnel, leading to absenteeism and reducing service capacity in key areas.

Additionally, the need for strengthened real-time monitoring systems became evident, in order to promptly identify gaps in the availability of supplies, the status of hospital services, and the number of unattended patients, including postponed surgeries and critical cases. Limitations were also identified in the availability of consolidated information on essential services, such as blood banks, ambulances, and the provision of medical supplies.

According to information from the Situation Room of the Ministry of Health and Sports, as of 7 June there is a critical situation in the supply of medical oxygen. In the department of La Paz, the 12 health facilities that reported data account for a total of 216 patients dependent on oxygen. Of these facilities, seven are in a critical supply status, directly affecting 174 patients. Additionally, 743 empty oxygen cylinders were reported compared to 201 filled cylinders, highlighting a significant gap in the health system's response capacity. Notably, the Children's Hospital reports 26 hospitalized minors in critical condition, further exacerbating the severity of the situation.

Regarding access to blood products, monitoring of the public system indicates a critical shortage of blood and its derivatives. Data from six blood banks show that three are operating with insufficient levels of red blood cell units, compromising the health system's ability to respond to emergencies. At the departmental level, severe deficits are observed across multiple blood types, particularly in Beni, Cochabamba, and Pando, where several types report zero availability of red blood cell units and platelet concentrates, all classified as being in an "insufficient" state.

A critical gap exists in public and community communication strategies aimed at ensuring safe and timely access to health services, particularly in areas affected by road blockages, misinformation, and social resistance. The limited cultural, ethnic, and linguistic adaptation of awareness messages undermines community understanding of the importance of allowing the movement of patients, healthcare personnel, and medical supplies, directly impacting the continuity of care and placing lives at risk.

This challenge is further exacerbated by the absence of targeted operational communication mechanisms and the insufficient use of mass and community-based channels—such as radio, social media platforms, loudspeakers, television, and locally adapted printed materials—to effectively address community concerns, strengthen trust, and ensure uninterrupted access to essential health services.

Finally, the need to improve the integration and standardization of health information across different levels of the health system was highlighted, in order to facilitate decision-making and ensure a timely and coordinated response to emerging needs. Overall, these needs reflected a health system under considerable strain, with urgent requirements to ensure continuous and equitable access to essential services, particularly for the most vulnerable populations.



Migration And Displacement

In the context of migration, the situation resulting from road blockades and ongoing mobilizations in the cities of La Paz and El Alto generated humanitarian concerns associated with internal population movements driven primarily by economic constraints. Households dependent on daily income were observed to relocate to other cities following the prolonged disruption of trade, mobility, and supply chains. These movements took place under unplanned conditions and with limited resources, increasing vulnerability both during transit and at destination.

Affected populations experienced a deterioration in their well-being, reflected in the loss of income sources, increased economic insecurity, and disruptions to family and social networks. Access to basic services was also constrained, including healthcare, food, and shelter, both during displacement and upon arrival in host locations.

In addition, specific protection risks were identified among groups in situations of heightened vulnerability, including children, older persons, and individuals with specific needs. The arrival of displaced populations in new areas contributed to increased pressure on local services and markets, as well as higher reliance on informal livelihood strategies.

Taken together, these conditions indicate dynamics of economically driven internal mobility with humanitarian implications, particularly in relation to access to basic services, protection risks, and the disruption of livelihoods.



Community Engagement And Accountability

Significant gaps were identified in the population's perception and understanding of the role of the Bolivian Red Cross, with direct implications for community acceptance and the effectiveness of humanitarian action. The circulation of information in traditional media and social media linking the institution to the implementation of a "humanitarian corridor" generated varying expectations and perceptions among communities. Subsequently, the presence of messages perceived as inconsistent in the public space reflected levels of confusion and misinformation regarding the institution's actions.

In response, the Bolivian Red Cross strengthened the work of its communication teams, focusing on the management of misinformation and the dissemination of clear and consistent institutional messaging. These efforts were complemented by actions in humanitarian diplomacy, supporting engagement with different stakeholders to reinforce understanding of the National Society's mandate and operational approach.

This context highlighted the importance of maintaining clear, timely, and coherent communication processes, ensuring that institutional information reaches communities in a direct and understandable manner, while reducing the risk of misinterpretation and misinformation. It also underscored the need to strengthen capacities for rumour management, particularly in a context of high social polarization.

In contexts of social unrest like those recorded in Bolivia —characterized by prolonged blockades (more than 40 days), disruption of food supply chains, and restrictions on mobility— there is a critical operational need to strengthen neutral, timely, and wide-reaching humanitarian actions. Traffic restrictions and the risks associated with clashes have direct impacts on the population, including the separation of family members, difficulties accessing reliable information, and disruption of community support networks. In this scenario, it is a priority to position the auxiliary role of the Red Cross as a key actor in the humanitarian response, with the capacity to operate in highly sensitive environments guided by the principles of neutrality, impartiality, and independence.

In such environments, characterized by increased risks of politicization of humanitarian action, reinforcing key messages on the auxiliary role of the National Society to public authorities, as well as adherence to the Fundamental Principles, is essential to maintain community acceptance, operational space, and safe access to affected populations.

Any identified gaps/limitations in the assessment

In the city of El Alto, the humanitarian needs assessment faced significant operational, logistical, and access-related constraints, which affected the quality, timeliness, and representativeness of the information collected. Mobility restrictions resulting from blockades on strategic roads hindered the deployment of assessment teams to critical areas, limiting direct access to affected communities. This situation reduced the capacity for on-site verification and increased reliance on indirect sources, secondary data, and remote monitoring mechanisms.



The context of insecurity and social unrest, characterized by clashes, the use of tear gas and other crowd control agents, and a highly polarized environment, heightened risks for field personnel, thereby restricting geographic coverage and limiting the time spent in assessment areas. These conditions also affected the willingness of communities to participate in data collection processes, influencing trust levels and the overall quality of the information gathered.

Additionally, the rapidly evolving nature of the context—where blockade points, supply conditions, and the operational status of services changed continuously—posed challenges for maintaining up-to-date information, reducing its validity over short periods and complicating the development of a consolidated analysis for decision-making.

Gaps were also identified in the availability and quality of disaggregated data, particularly concerning groups in situations of increased vulnerability, which limited the precision in identifying specific needs. This was compounded by the fragmentation of information from multiple sources, without fully consolidated mechanisms for integration and validation.

Finally, the circulation of misinformation and rumors, along with diverse perceptions of humanitarian actors, affected the credibility of assessment processes and the consistency of the responses provided, introducing potential biases into the data collected.

Overall, these limitations highlighted the need to strengthen adaptive methodological approaches, improve information management systems, and ensure conditions for access and community acceptance that enable a more accurate understanding of needs in contexts characterized by high volatility.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

Through this DREF allocation, the Bolivian Red Cross aims to provide timely humanitarian assistance to a total of 40,000 people in the cities of La Paz and El Alto, (La Paz Department), who have been affected by civil unrest and road blockages. The intervention seeks to contribute to the protection of life, health, and dignity through integrated actions in the areas of health, protection, and community engagement, while strengthening its auxiliary role and public communication initiatives.

Operation strategy rationale

During the implementation of the DREF operation in the municipalities of La Paz and El Alto, the Bolivian Red Cross will adopt a context-sensitive and flexible approach, guided by the evolution of civil unrest, road blockades, and humanitarian access constraints. The operation will prioritize safe access, community acceptance, and the continuity of essential humanitarian services in a highly volatile environment.

(1) Enabling conditions for safe access and operational readiness

The operation will focus on establishing and maintaining the conditions required for a safe, accepted, and effective response. This includes strengthening the positioning of the Bolivian Red Cross in its auxiliary role, reinforcing acceptance among communities and stakeholders, and enhancing operational readiness under constrained access conditions.

Key actions include:

- Dissemination of public communication campaigns promoting the auxiliary role of the Red Cross and respect for health services
- Dissemination of key messages on the protection of health services
- Identification of ambulances and Red Cross personnel to enhance visibility and protection in the context of unrest
- Implementation of refresher sessions for staff and volunteers on Protection, Gender and Inclusion (PGI), safe referral mechanisms, and safer access in emergency response contexts
- Capacity strengthening on operational security and safer access practices
- Coordination with health authorities, including engagement around oxygen supply logistics and critical infrastructure (e.g., La Paz oxygen plant)

These actions aim to facilitate secure humanitarian access, reduce operational risks, and ensure readiness for service delivery in a highly dynamic and constrained environment.



(2) Delivery of integrated humanitarian assistance

Subject to access and security conditions, the operation will deliver integrated humanitarian services across health, protection, and community engagement, with a strong emphasis on community-based service delivery, safe access, and referral mechanisms.

HEALTH

Health interventions will focus on life-saving assistance, continuity of care, and community-level support through first aid, primary health care (PHC), and health orientation services delivered by Bolivian Red Cross staff and volunteers.

Key actions include:

- Provision of physical and psychological first aid in prioritized and safe locations
- Dissemination of key messages on mental health protection and self-care
- Referral of cases to existing institutional health services
- Continued logistical support for oxygen access, in coordination with health authorities where feasible
- Provision of psychosocial support to volunteers and staff involved in the response
- Deployment of fixed and mobile service points where access conditions allow

(* Health brigade composition and services

First aid, primary health care (PHC), and health orientation brigades will be deployed as mobile teams and fixed service points, operated by Bolivian Red Cross staff and volunteers, to provide basic assistance and orientation to affected populations.

Each brigade will be composed of at least four members, including:

- A brigade coordinator responsible for organization and coordination with local health services
- One or two brigadiers trained in basic first aid, biosafety, identification of warning signs, and timely referral
- One member responsible for health promotion and primary health care (PHC), focused on community education, prevention, and awareness
- One person responsible for orientation, case registration, and referral
- Additional logistical and communication support as needed

These brigades will focus specifically on:

- Providing safe and immediate first aid assistance
- Identifying warning signs and ensuring timely referral to health facilities
- Delivering basic primary health care orientation and prevention messages
- Supporting affected individuals with guidance on available health services and access routes
- Registering and orienting cases in coordination with the broader response

These brigades do not replace healthcare personnel or specialized medical services but provide initial assistance, orientation, and referral, particularly in areas affected by mobility restrictions and limited access to health services.

PROTECTION

Protection interventions will prioritize the restoration of family links, risk reduction, access to services, and the safe delivery of humanitarian assistance in contexts of civil unrest and restricted mobility.

Restoring Family Links (RFL) is a core component of the response, addressing one of the most recurrent impacts of the crisis: family separation and loss of contact.

Key actions include:

- Dissemination of key messages on the protection of family links
- Reception and management of RFL cases at prioritized and accessible locations
- Dissemination of information on referral pathways, including services related to gender-based violence (GBV) and public protection institutions
- Implementation of PGI refresher sessions and safe referral processes
- Continued strengthening of safer access and operational security practices

(* RFL brigade composition and services

RFL brigades will be deployed to support tracing, communication, and protection activities, operating through both fixed points and mobile outreach where access conditions allow.

Each brigade will be composed of at least four members, with defined roles including:

- Brigade lead (coordination and case oversight)



- Communication focal point
- Tracing and information management focal point
- Psychosocial support focal point

Their capacities include:

- Case registration, follow-up, and data management
- Family tracing and reunification support
- Restoration of communication between family members
- Provision of emotional support
- Data protection and confidential case handling
- Use of technological tools combined with field-based work

Services provided include:

- Search for missing persons
- Family reunification support
- Restoration of communication between relatives
- Registration of cases in emergency contexts
- Prevention of family separation
- Provision of information on safe referral pathways

All actions are implemented in accordance with the principles of humanity, neutrality, and confidentiality.

MULTI-PURPOSE CASH ASSISTANCE (CVA)

A feasibility study will be conducted to assess the viability of implementing a cash transfer programme in the current context, considering the significant access constraints and partial isolation caused by ongoing road blockades.

The assessment will analyse:

- Market functionality
- Availability of essential goods
- Supply chain disruptions
- Price volatility
- Capacity of financial service providers

The findings of this analysis will inform decision-making on whether cash assistance is an appropriate and feasible modality in the context. No cash transfers will be implemented under this operation unless operational conditions are deemed viable.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA) AND PUBLIC COMMUNICATION

Community engagement and communication will be implemented as cross-cutting components to ensure a people-centered, transparent, and accepted response, and to support safe humanitarian access.

In contexts of civil unrest, misinformation and access barriers may limit awareness of available services and undermine acceptance of humanitarian actors. Strategic communication is therefore essential to ensure effective outreach and facilitate access.

Key actions include:

- Implementation of public communication campaigns highlighting the auxiliary role of the Bolivian Red Cross
- Dissemination of key messages promoting the protection of health services
- Continuous sharing of relevant, timely, and accessible information to affected populations
- Strengthening of community feedback mechanisms to address misinformation and improve accountability

These efforts aim to enhance community trust, acceptance, and participation, which are essential to ensure safe access and continuity of services in a highly polarized and dynamic environment.

EXIT/TRANSITION STRATEGY

The exit strategy of the operation is closely linked to its communication and community engagement approach, ensuring a gradual and well-communicated transition out of activities. The primary exit-related actions are embedded within the Public Communication and Community Engagement and Accountability (CEA) components, aiming to mitigate potential negative impacts on affected communities and safeguard public perception of the Red Cross through clear and consistent messaging.

In parallel, the Swiss Red Cross and all Red Cross partners supporting the BRC under this emergency will maintain close coordination with the National Society to support post-DREF operational needs, if required, ensuring continuity and sustainability of key actions beyond the implementation period.



Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The estimation of the targeted population is primarily based on the projected number of people to be reached through risk communication and community engagement activities, particularly the dissemination of key messages related to the protection of family links and mental health and psychosocial well-being. This includes populations reached through fixed and mobile service points, public communication campaigns, and community-based outreach activities.

In addition, the calculation considers individuals directly assisted through first aid, health orientation, and referral services provided by mobile teams and fixed service points, as well as persons supported through Restoring Family Links (RFL) services, including case registration, tracing, and communication support. The targeting approach therefore combines both direct service delivery and indirect reach through communication and awareness-raising actions, ensuring coverage of populations affected by mobility restrictions, limited access to services, and heightened protection risks in the context of ongoing civil unrest.

Explain the selection criteria for the targeted population

The Bolivian Red Cross Headquarters will work in close coordination with the La Paz Departmental Branch and the local municipal branch in El Alto to effectively identify the most vulnerable families, particularly those facing significant barriers in accessing assistance. During the prioritization process, special attention will be given to households that include:

- Pregnant women
- Children under five years of age
- Older persons
- Single-parent families
- People with disabilities
- People with chronic illnesses or critical health conditions

Priority will also be given to households whose livelihoods are highly exposed to disruptions in economic activities, particularly those dependent on daily or informal income, such as small-scale traders, self-employed workers, and others in unstable employment conditions. Individuals and families living in precarious tenure arrangements or without home ownership will also be considered, given their higher levels of vulnerability in the context of protracted crises.

The duration and intensity of road blockades and civil unrest (measured in days or weeks) will also be considered as a key determinant of impact. The prolonged nature of these events leads to sustained income disruption, and by the end of the emergency, affected households are likely to have experienced a total or significant loss of their livelihoods, complicating their economic recovery and deepening their vulnerability in the post-crisis phase.

In parallel, the provision of first aid will be prioritized in locations identified as operationally safe and accessible, including areas where people affected by mobilizations are concentrated. This will allow the response to reach affected individuals in a timely manner while ensuring the safety of staff and volunteers and adherence to operational security principles.

These criteria will be applied in a cross-cutting manner throughout the beneficiary selection process to ensure an inclusive, equitable approach that prioritizes the protection of the most vulnerable groups.



Total Targeted Population

Women	13,000	Rural	10%
Girls (under 18)	7,000	Urban	90%
Men	13,000	People with disabilities (estimated)	4%
Boys (under 18)	7,000		
Total targeted population	40,000		

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
<p>1. Logistical and Access Constraints Due to Road Blockades</p> <ul style="list-style-type: none"> -Disruption of main routes, closure of strategic roads, and limitations on urban mobility. -Difficulties in the movement of humanitarian personnel and essential supplies. -Partial isolation of peri-urban areas and vulnerable neighbourhoods. 	<p>Identify and operate alternative routes (secondary and community-based). Coordinate with local actors, community organizations, and checkpoint authorities to facilitate humanitarian access. Implement decentralized logistics and the use of temporary storage facilities.</p>
<p>2. Disruption of the Supply of Critical Inputs</p> <p>Shortage of supplies required for the operation.</p>	<p>Establish agreements with multiple local suppliers. Prioritize short, localized supply chains. Regularly monitor critical inventory levels.</p>



<p>3. Security Risks for Staff and Volunteers</p> <p>Potential social tensions, confrontations, or unrest at blockade points. Risk of detention, aggression, or restrictions on the movement of teams.</p>	<p>Apply operational security protocols and conduct daily context analysis. Establish prior coordination with community leaders and social actors. Ensure the use of visible identification for humanitarian personnel. Restrict movements during high-risk times or in high-risk areas. In the event of night-time movements, ensure the corresponding authorizations are obtained.</p>
<p>4. Disease Outbreaks and Deterioration of Sanitary Conditions</p> <p>Disruptions in waste collection and access to safe drinking water. Increased risk of infectious diseases in peri-urban areas.</p>	<p>Promote community hygiene practices. Activate community-based health surveillance systems and branch-level monitoring.</p>
<p>5. Psychological Impact on Affected Populations and Response Teams</p> <p>Stress, anxiety, and uncertainty due to prolonged blockades. Increased workload and pressure on humanitarian personnel.</p>	<p>Implement psychosocial support (PSS) and community-based psychological first aid. Establish team rotation mechanisms. Create emotional support spaces for volunteers. Disseminate community coping messages.</p>
<p>6. Misinformation and Community Distrust</p> <p>Circulation of rumors regarding humanitarian assistance or presence. Potential rejection or resistance to interventions.</p>	<p>Implement clear risk communication strategies through the CEA approach. Engage community leaders. Establish community feedback mechanisms through a WhatsApp line and suggestion boxes. Monitor social media.</p>
<p>7. Exclusion of Vulnerable Groups</p> <p>Access constraints for persons with disabilities, older persons, children, and individuals with chronic illnesses. Segregation of vulnerable groups by community leaders.</p>	<p>Identify and prioritize vulnerable populations in the response. Adapt distribution mechanisms (physical and communication accessibility). Implement home visits only when necessary. Raise awareness among community leaders on humanitarian action principles.</p>



Please indicate any security and safety concerns for this operation:

The operational context in the cities of La Paz and El Alto during May 2026 is characterized by a sustained process of social unrest, primarily manifested through urban and interdepartmental road blockades that have progressively intensified and expanded to at least five departments. This dynamic has generated a highly volatile environment that directly affects mobility, humanitarian access, and the safety of both personnel and affected populations.

In urban areas, blockades are concentrated on main roads, strategic access points, transport hubs, and around critical infrastructure (hospitals, supply plants, terminals), resulting in a de facto territorial fragmentation within both cities. This significantly limits the circulation of essential goods, emergency personnel, and basic services, leading to scenarios of progressive shortages (oxygen, medicines, fuel, and food) and increasing pressure on health services.

From a security perspective, elevated risks are identified in relation to interactions at blockade points, where the presence of mobilized actors may lead to tensions, confrontations, acts of intimidation, or restrictions on movement, including for humanitarian actors. Operational personnel may face the possibility of temporary detention, verbal or physical aggression, damage to vehicles, and arbitrary limitations on access.

Additionally, the expansion of pressure measures to other departments increases the risk of disruption to national-level supply chains, affecting procurement and the sustainability of the operation. The unpredictability in the evolution of blockades complicates operational planning, requiring dynamic decision-making based on continuous context analysis.

In terms of protection, the situation increases the vulnerability of at-risk groups, including individuals with chronic illnesses, populations dependent on medical supplies (such as oxygen), persons with disabilities, older persons, and children. Access barriers generated by blockades may result in treatment interruptions, delays in critical medical care, and limitations in access to humanitarian assistance, thereby exacerbating pre-existing conditions.

Furthermore, a significant risk of deterioration in psychosocial well-being is observed among both affected populations and response teams, due to uncertainty, accumulated stress, and exposure to contexts of social tension. The circulation of unverified information or rumors may also contribute to an environment of distrust and rejection toward external actors, including humanitarian organizations.

In this context, the operation faces key safety and protection concerns, including:

- Safe and sustained access to intervention areas
- Protection of staff, volunteers, and logistical assets
- Ensuring continuity of assistance to priority populations
- Mitigation of risks related to exclusion and access barriers
- Management of community acceptance in polarized environments

Consequently, the operational environment requires the implementation of an approach based on contextualized security, community acceptance, local coordination, and operational flexibility, prioritizing at all times the principle of “do no harm” and the continuity of humanitarian assistance under safe conditions.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Multi Purpose Cash

Budget: CHF 1,182

Targeted Persons: 0

Indicators

Title	Target
Number of feasibility studies conducted	1



Priority Actions

- Conduct a feasibility study



Budget: CHF 22,461

Targeted Persons: 550

Indicators

Title	Target
Number of people assisted with physical first aid	500
Number of people assisted with psychological first aid	50
Number of debriefing and/or psychosocial support sessions provided to volunteers and staff	5
Number of refresher sessions for volunteers on health referral pathways	1
Number of fixed physical first aid points	2
Number of mobile physical first aid service points	6
Number of tons of oxygen whose transport was supported by the BRC	24

Priority Actions

- Provide physical and psychological first aid in prioritized and safe locations
- Support oxygen transport and coordination with health services
- Disseminate mental health key messages
- Facilitate referrals to health services
- Provide psychosocial support to volunteers and staff
- Conduct refresher sessions for volunteers on health referral pathways
- Implementation of fixed and mobile physical service points
- Ensure identification of ambulances, staff, and volunteers



Protection, Gender And Inclusion

Budget: CHF 15,486

Targeted Persons: 40,000

Indicators

Title	Target
Number of semi-presential PGI and safe referral workshops conducted	1



Number of safe and accessible referral pathways identified and communicated to staff and volunteers	1
Number of RFL (Restoring Family Links) cases assisted	50
Number of people reached with messages about restoring family links	40,000

Priority Actions

- Provide RFL services, including case reception in prioritized points
- Disseminate key protection and family links messages
- Disseminate referral pathways (GBV, protection services)
- Deliver PGI and safe referral refresher sessions for BRC staff and volunteers



Community Engagement And Accountability

Budget: CHF 50,714

Targeted Persons: 40,000

Indicators

Title	Target
Number of community feedback mechanisms established	1
Number of community meetings conducted to establish focus groups and share operation results	12
Number of months of radio campaigns on the auxiliary role conducted	2
Number of billboards installed with Bolivian Red Cross key messages	3
Number of people reached through campaigns focused on the auxiliary role of the Red Cross	40,000

Priority Actions

- Broadcast radio messages on auxiliary role and protection and respect for health services.
- Install visibility materials (billboards, public displays)
- Implement digital and media outreach actions
- Conduct meetings and focus groups where feasible
- Produce and distribute communication materials
- Establish community feedback mechanisms (e.g., suggestion boxes, WhatsApp line among others)



Secretariat Services

Budget: CHF 22,253

Targeted Persons: 0



Indicators

Title	Target
Number of surge personnel deployed	2
Number of monitoring visits by the CCD	2
Number of monitoring visits by ARO	1

Priority Actions

- Provide technical support and monitoring missions from IFRC (regional and CCD)
- Deploy surge capacity for information management and security (virtual)
- Ensure financial services and oversight, including banking and transfer mechanisms
- Provide technical support on PGI, public communication, humanitarian diplomacy and operational quality.



National Society Strengthening

Budget: CHF 42,587

Targeted Persons: 40

Indicators

Title	Target
Number of volunteers trained in MHPSS	30
Number of lessons learned workshops conducted	1
Number of volunteers mobilized for the operation	40
Number of staff and volunteers reached through operational security refresher sessions	40

Priority Actions

- Deploy dedicated operational staff to support implementation and coordination
- Conduct refresher sessions on MHPSS and operational response
- Deliver operational security refresher sessions for BRC staff and volunteers.
- Ensure operational mobility and logistics support, including vehicle rental, fuel, and communications systems
- Provide IT and office equipment to support coordination and information management
- Conduct field monitoring and technical support visits to branch level
- Organize a lessons learned workshop to capture operational learning
- Ensure provision of personal protective equipment (PPE) for safe operations
- Support volunteer well-being and duty of care measures



About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

To ensure effective implementation, the following positions will be recruited and fully dedicated to the operation:

Project Coordinator – 100% (4 months)

Responsible for the overall coordination and implementation of the operation. This includes leading operational planning, coordinating with local authorities and humanitarian partners, and ensuring effective integration across Health, CEA, PGI, and multipurpose cash assistance (CVA). The role will also oversee volunteer management, support community engagement processes, facilitate refresher sessions for volunteers, and ensure the systematic collection of information to inform assessments and CEA-related processes.

Administrative and Finance Coordinator – 100% (2 months)

Responsible for overseeing the administrative, logistical, and financial management of the operation. This includes ensuring the timely and efficient procurement and distribution of supplies and materials, budget management and expenditure tracking, inventory control, and compliance with financial procedures and IFRC standards. The role will also support operational planning, coordinate with technical teams, and ensure adherence to implementation timelines, contributing to overall operational efficiency.

Accounting Assistant – 100% (3 months)

Responsible for supporting the financial and administrative management of the operation by ensuring accurate and timely recording of financial transactions in line with applicable standards. This includes processing and filing financial documentation, maintaining accounting records, conducting bank reconciliations, and tracking financial movements. The role will also support periodic financial reporting, budget monitoring, and expenditure control.

Communication Intern – 100% (4 months)

Responsible for supporting the visibility, communication, and documentation of the operation. Tasks include developing communication materials (e.g. posters, digital content), documenting activities through photos and audiovisual materials, and drafting news pieces and human-interest stories. The role will contribute to positioning the auxiliary role of the Bolivian Red Cross and strengthening public communication efforts.

Human Resources Summary

Staff recruited (4 positions):

1 Project Coordinator

1 Administrative and Finance Coordinator

1 Accounting Assistant

1 Communication Intern

Volunteers:

40 volunteers from the Bolivian Red Cross

Branches of El Alto and La Paz

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

BRC volunteer team reflects the gender, age, and cultural diversity of the communities we serve. The NS prioritize inclusive recruitment to ensure representation of women, men, youth, and individuals from different cultural backgrounds. This approach helps us deliver culturally appropriate and gender-sensitive assistance.



Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

An Information Management (IM) Officer is expected to be deployed to support the operation, either remotely or in-country depending on security and access conditions. The profile requires strong skills in data collection, analysis, and information management in emergency contexts, including experience in monitoring media and social networks, verification of information, and production of analytical outputs.

The IM Officer will support real-time analysis of risks, rumors, and priority needs, as well as the systematization of data, development of reports, and strengthening of information flows between field teams and coordination levels, contributing to timely and evidence-based decision-making.

In parallel, a short-term virtual rapid response support focused on security will be deployed for an initial period of one month to strengthen the National Society's operational safety framework. This support will provide technical advice and guidance for the review, update, and implementation of security protocols, ensuring alignment with the evolving context of civil unrest and access constraints.

The security support will also contribute to risk analysis, incident tracking, and the development of practical mitigation measures, while reinforcing the application of the Operational Security Framework. Through remote accompaniment and continuous technical guidance, this function will strengthen decision-making processes, enhance staff and volunteer safety, and support the safe implementation of operational activities in a highly volatile environment.

If there is procurement, will it be done by National Society or IFRC?

The Bolivian Red Cross National Society will carry out all procurement processes in strict compliance with IFRC procedures, ensuring transparency, accountability, and efficiency in resource management. Furthermore, if necessary, the Country Cluster Delegation (CCD) and the Logistics Unit of the Americas Regional Office (ARO) will provide technical support to facilitate and oversee procurement processes. This will ensure that all acquisitions are conducted in accordance with IFRC standards and adequately respond to the operational needs of the response.

How will this operation be monitored?

The National Headquarters of the Bolivian Red Cross, through its National Disaster Risk Management Unit, will continuously monitor the operation to ensure its proper implementation and effectiveness. All actions will be carried out within the framework of the IFRC Operational Security approach, prioritizing the safety and protection of staff and volunteers at all times. This monitoring will be conducted through periodic field missions to the areas of intervention, with the aim of supervising the execution of activities, ensuring alignment with the response plan, verifying compliance with operational plans, and providing technical guidance and support to field teams as required.

For its part, the IFRC Country Cluster Delegation (CCD) for the Andean Countries will provide key support to the Bolivian Red Cross at both the administrative and operational levels, also in line with Operational Security principles. This support will include facilitating fund transfers and financial monitoring, providing in-person and remote support during the initial needs assessment to ensure data quality and informed decision-making, monitoring operational progress with the identification of improvement opportunities, and ensuring the timely and accurate submission of activity and financial reports, in compliance with IFRC standards.

Please briefly explain the National Societies communication strategy for this operation

This DREF operation will be implemented in accordance with IFRC-DREF communication protocols, with the objective of strengthening the visibility of the response and of Red Cross services directed at the most affected populations. In this regard, the relevance of disseminating the operation through the National Society's official channels and social media platforms will be assessed.

Continuous coordination will also be maintained with IFRC communications, and, if necessary, with ICRC communication teams, ensuring message coherence and alignment with Movement guidelines, while advancing humanitarian diplomacy actions aimed at facilitating access, promoting acceptance, and reinforcing the protection of the humanitarian mission in a highly sensitive context. This coordination



will enable the alignment of key messages, appropriate management of communication risks, and strengthening of the Movement's positioning.

The operation also envisages the contracting of communication and dissemination services aimed at strengthening institutional positioning and the visibility of the response. In this context, planned actions include airtime on local radio stations through strategic media placements to expand the territorial reach of humanitarian messaging, as well as the hiring of a specialized communication consultancy to develop multimedia content (including social media capsules and infographics) and implement digital communication campaigns.

To further strengthen acceptance and reduce risks of misinterpretation in a context of social tension, the operation will promote enhanced engagement with media actors through targeted capacity-building initiatives. This may include workshops or briefings for journalists and media outlets on the Red Cross and Red Crescent Movement's Fundamental Principles, the correct use of the emblem, and the auxiliary role of the National Society. These efforts aim to contribute to more accurate reporting, reduce misinformation, and reinforce trust in humanitarian action.

Given the communication-intensive nature of the operation, the acquisition of essential communication equipment and digital production tools will be prioritized to enhance the quality, timeliness, and reach of humanitarian messaging. This may include audiovisual equipment such as microphones, portable lighting kits, smartphone stabilizers, and photography and video equipment, as well as software licenses for content creation, editing, design, and monitoring. Strengthening these capacities at both headquarters and branch levels will support effective documentation, analysis, and dissemination of information during emergency response operations.



Budget Overview



DREF OPERATION

MDRBOxxx - Bolivian Red Cross
Bolivia: Disturbios civiles 2026

Operating Budget

Planned Operations	89,843
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	1,182
Health	22,461
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	15,486
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	50,714
Environmental Sustainability	0
Enabling Approaches	64,841
Coordination and Partnerships	0
Secretariat Services	22,253
National Society Strengthening	42,587
TOTAL BUDGET	154,684

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

