EMERGENCY APPEAL

Colombia | Earthquake

Colombian Red Cross Society rescue volunteers conduct search and rescue operations in Valle del Cauca following the earthquake. Photo credit: Colombian Red Cross Society.

Appeal №: **MDRCO036**	IFRC Secretariat Funding requirements: **CHF 10 million** Federation-wide Funding requirements: **CHF 25 million**[1]	
Glide №: **EQ-2026-000146-COL**	People [affected/at risk]: **7,160,000 people**	People to be assisted: **24,000 people**
DREF allocation **CHF 1 million**	Appeal launched: **12/08/2026**	Appeal ends: **31/08/2028**

[1] The Federation-wide funding requirement encompasses all financial support to be directed to the Colombian Red Cross Society in response to the emergency. It includes the operating Colombian Red Cross Society's domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 15 million), as well as the funding ask of the IFRC secretariat (CHF 10 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.

SITUATION OVERVIEW

On 10 August 2026 at 07:34 local time, a magnitude 7.4 earthquake struck western Colombia, with its epicentre near the municipality of San José del Palmar in Chocó Department, at a depth of 96 km. The earthquake was followed by multiple aftershocks and was felt across much of the country, affecting densely populated urban centres and rural communities alike. By 11 August, authorities had recorded 25 aftershocks above magnitude 2.0. The departments most severely impacted include Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío, while significant impacts were also reported in Antioquia, Cundinamarca, Huila, Boyacá, Tolima, Cauca, Putumayo, Sucre and Santander. Official reports indicated impacts across 14 departments and 357 municipalities, while the earthquake was felt across much of Colombia and also reported in Ecuador, Panama, and Venezuela.

According to the latest official information available[2], the earthquake has resulted in significant loss of life, injuries, and widespread infrastructure damage. Preliminary reports indicate 176 deaths, 2,503 injured people, 195 missing persons, and 35 people rescued. Authorities have reported 7,436 damaged homes, 1,136 destroyed homes, 84 affected health facilities, 791 affected educational facilities, 377 affected community centres, 48 collapsed buildings, 69 damaged roads, and impacts to airport infrastructure. The most severe impacts are concentrated in Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío, which together account for almost all reported fatalities, injuries, missing persons, and housing destruction. These figures remain under consolidation and may change as assessments continue.

Critical disruptions to electricity, water supply, telecommunications, and health services have been reported in several affected areas. Airport closures, damaged roads, communication outages, and continuing aftershocks are affecting access to communities and delaying comprehensive damage and needs assessments, particularly in Chocó, where connectivity remains intermittent and some municipalities remain difficult to reach. Structural damage of health facilities, ranging from minor to partial or total collapse, has been reported mainly in Valle del Cauca, Caldas, and Chocó departments. While assessments are still ongoing, this is a particular concern in Chocó and the Pacific Coast of Valle del Cauca department, where pre-disaster population resilience, health status, and access to services were already highly precarious. Telecommunications disruptions continue to affect situational awareness, particularly in Chocó Department, where internet connectivity and communications infrastructure have been severely impacted.

In the main affected departments, the Colombian Red Cross Society (CRC) has 13 branches, including departmental branches, Municipal Units, and Support Groups. Most of these have reported earthquake-related impacts to their facilities, including severe damage in Quindío, Valle del Cauca, and Risaralda branches. This is putting the continuity of operations and essential services at risk, while also raising serious concerns about the safety of staff and volunteers working in these branches.

The Government of Colombia has declared a national disaster situation and activated national and departmental emergency management mechanisms.

176 deaths	**2,503** injured	**195** missing	**35** rescued
7,436 homes damaged	**1,136** homes destroyed	**84** health facilities affected	**791** education facilities affected

The CRC immediately activated its National Crisis Room and emergency response mechanisms, mobilising urban search and rescue (USAR) teams, health personnel, telecommunications specialists, and volunteers from multiple branches. National USAR teams from Antioquia, Quindío, and Caldas have been deployed to support operations in the most affected areas, while additional volunteers from Boyacá and Cundinamarca have been mobilised to support health, logistics, assessment, and coordination activities. The National Society has also activated its Restoring Family Links services, emergency communications systems, and blood donation campaigns in support of affected populations and authorities. Additionally, several mobile health units have been deployed to locations where branches have requested assistance.

The most urgent humanitarian needs identified to date include emergency shelter and temporary accommodation for families whose homes have been damaged or destroyed;

[2] As of 11 August 2026.

emergency health care, including trauma care, psychosocial support, and continuity of essential medical services, including care for communicable and non-communicable diseases, maternal/child health and mental health; access to safe drinking water and hygiene items; food assistance for displaced and affected households; and support for the restoration of communications and community services. In Chocó, identified needs include search and rescue, patient transfer, emergency telecommunications, infrastructure assessment, shelter support, and WASH assistance. A rapid health assessment by the Colombian Red Cross Society is underway in Chocó. In Valle del Cauca, priorities include patient evacuation and food assistance, while in Risaralda support is required for hospital operations, emergency medical infrastructure, and power supply.

The CRC has indicated that national search and rescue capacities currently remain sufficient and, at this stage, no request for international USAR assistance has been issued. International support is being coordinated through the Colombian Red Cross Society, with support from the IFRC, in accordance with existing Movement coordination mechanisms and the principles of the Seville Agreement and Seville 2.0 Agreement.

TARGETING

Through this Emergency Appeal, the IFRC aims to support the CRC in delivering timely, safe, and accountable assistance to people affected by the earthquake and its secondary impacts. The number of people to be assisted is provisionally set at 24,000, reflecting preliminary planning assumptions based on information currently available.

Initial targeting will follow severity, vulnerability, and access criteria, informed by branch assessments, official damage data, community feedback, and service gaps. Priority groups will include:

- People injured or requiring first aid, pre-hospital care, referral or continuity of essential health services, especially maternal/newborn care, treatment of infectious diseases, care for chronic diseases with risk of complications, and mental health support.
- People trapped, missing, or separated from family members, and families seeking Restoring Family Links support.
- Households whose homes are destroyed, structurally unsafe, or inaccessible, including people staying outdoors or in temporary accommodation.
- Communities with disrupted water, sanitation, health, electricity, transport, or communications services.
- People facing heightened protection risks and experiencing access barriers, including children, older people, people with disabilities, pregnant and breastfeeding women, migrants, and displaced people.
- Colombian Red Cross Society volunteers and staff directly affected by the disaster or exposed to sustained operational pressure.

Targeting will be adjusted as branch-led assessments and official data improve. Assistance will be delivered according to transparent criteria, supported by community engagement, feedback and complaints mechanisms, safeguarding, and protection referrals.

PLANNED OPERATIONS

The Operational Strategy is informed by ongoing assessments conducted by the CRC, government authorities, and Movement partners. Initial findings indicate significant humanitarian needs related to search and rescue, emergency health care, referrals and continuation of vital treatments, shelter, essential household needs, restoration of family links, access to basic services, and support to communities affected by infrastructure damage and displacement. Particular concern exists in Chocó Department, where high levels of vulnerability, geographic isolation, access constraints, and communications disruptions continue to hamper assessments and response operations.

The operation will initially prioritise Chocó, Valle del Cauca, Risaralda, Caldas and Quindío, based on the territorial needs identified to date, while retaining the flexibility to extend assistance to other affected departments as assessments confirm humanitarian needs and operational priorities

The Colombian Red Cross Society is leading the response in its auxiliary role to the public authorities and is leveraging its extensive branch network, emergency response structures, search and rescue capacities, pre-hospital care services, health programmes, volunteer network, Restoring Family Links services, and strong coordination mechanisms with national and local authorities. These capacities provide a solid foundation for immediate response actions while the IFRC and Movement partners provide surge support, technical assistance, and operational reinforcement where required.

To achieve the objectives of the Emergency Appeal, the operation will be structured around the following approach to ensure a comprehensive and integrated response to the evolving needs of affected populations:

Integrated Assistance (Shelter, Livelihoods, and Multi-Purpose Cash)

Preliminary assessments indicate significant housing damage and loss of household assets across several affected departments, with many families requiring support to meet immediate needs and begin recovery. Building on its experience in shelter and cash-based responses, the CRC will provide integrated assistance through emergency shelter support, essential household items, and Multi-Purpose Cash Grants (MPCG), where feasible, to help affected households address their priority needs while supporting local recovery.

Health and Care, including WASH

The earthquake has affected health infrastructure and created needs related to emergency medical care, referrals, psychosocial support, and continuity of essential services, while disruptions to water and sanitation systems may increase public health risks. Building on its strong emergency health, ambulance, and pre-hospital care capacities, the CRC will support continuity of health services through mobile health support, referrals, psychosocial interventions, temporary health infrastructure, and support to affected health facilities, including medical equipment. Complementary community health and hygiene promotion will also be included. Specific gaps identified in the initial phase include trauma care, blood supplies, hospital evacuation support, referrals and information about access to services, continuity of specialised services, and mental health needs among affected populations. In later phases, particularly among displaced populations in shelters and regions with pre-existing health system weaknesses and

high disease burdens, protracted support needs in health services, community health, and MHPSS are anticipated. WASH interventions will focus on access to safe water, hygiene promotion, and support to affected water systems and collective shelters.

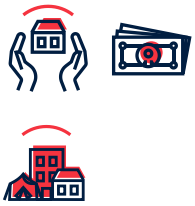
Protection and Prevention

Communication disruptions, displacement, and damage to community infrastructure have increased protection concerns and made it difficult for some families to communicate with relatives. In particular, telecommunications support has emerged as a priority operational need due to severe connectivity disruptions affecting coordination, assessments, Restoring Family Links services, and communication with affected communities. The operation will scale up Restoring Family Links services through connectivity support, search requests, active tracing, deployment of trained volunteers and the establishment of communication points in affected communities where connectivity has been disrupted. Child protection, safeguarding, and gender-based violence (GBV) prevention activities will also be integrated within community response activities.

Furthermore, the operation will support the restoration of critical telecommunications and coordination capacities through the re-establishment of radio communication links, deployment of emergency telecommunications specialists, provision of satellite connectivity for priority branches, procurement of Very High Frequency (VHF) equipment and backup power systems, and reinforcement of information management and operational coordination functions. These investments will enhance the National Society's ability to effectively coordinate humanitarian action, maintain operational continuity, and support affected communities in both the immediate response and the longer-term recovery period.

The planned response reflects the information available at the time of the launch and will continue to evolve as assessments progress and additional operational capacities are mobilised. Detailed targets, operational priorities, sector-specific interventions, implementation modalities, and resource requirements will be further refined and presented in the Operational Strategy. Quantified sector targets and the total financial requirements will be confirmed through the Operational Strategy and accompanying budget.

Recognising that the disaster has also affected the operational capacities of Red Cross branches in the impacted areas, the operation will include targeted support for branch recovery and rehabilitation to restore essential facilities, equipment, and systems necessary for the continued delivery of humanitarian services. Where feasible, recovery efforts will incorporate resilience-building measures to strengthen local branch capacities, enhance preparedness, and support sustainable service delivery to vulnerable communities in the years ahead.



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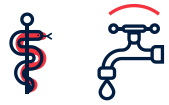
Integrated assistance

(Shelter, Livelihoods, and Multi-purpose Cash)

- Provide Multi-Purpose Cash Grants (MPCG) to earthquake-affected households based on vulnerability criteria and market assessments, as well as rental assistance to families requiring shelter support.
- Provide essential household relief items to people unable to safely return home, based on verified needs and the local context.
- Support households whose homes have been damaged or destroyed through safer shelter and housing recovery interventions, promoting innovative housing to improve the safety, resilience, and durability of repaired and reconstructed homes.
- Assess and support recovery needs.



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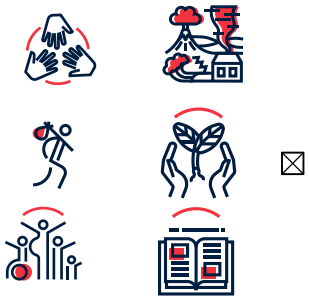
Health and Care including Water, Sanitation, and Hygiene (WASH)

(*Mental Health and Psychosocial Support/Community Health*)

- Support the search and rescue-related response within the mandate and capacities of the CRC, including branch USAR mobilisation and operational support.
- Provide first aid, pre-hospital care, triage, referral, and patient transport in coordination with health authorities and other responders.
- Conduct context-adapted health needs assessments in affected facilities and communities.
- Procure and deploy medical equipment to support CRC emergency health response operations.
- Support mobile and fixed health services in affected communities according to priority needs.
- Establish temporary health service delivery points through field-based emergency health facilities where required.
- Reinforce continuity of essential health services where facilities are damaged or inoperable, including temporary health infrastructure, generators, and equipment or supplies.
- Conduct community health and earthquake-safety messaging, including aftershock preparedness and safe access to buildings.

- Provide health information in affected communities on priority conditions, identify cases in need of care, and activate referral pathways for affected populations.
- Provide individual and group-based psychological first aid and MHPSS to affected people, families, volunteers, and responders.
- Assess and address safe-water, sanitation, and hygiene needs in affected communities and temporary locations, including hygiene promotion, vector control, and risk communication.
- Work closely across sectors, including cash, shelter, and protection, to ensure integrated interventions for persons with significant health needs.



Protection and Prevention

(*Protection, Gender, and Inclusion (PGI), Community Engagement and Accountability, Migration, Environmental Sustainability, Risk Reduction, Climate Adaptation and Recovery, Education)*

- Scale up Restoring Family Links, tracing, and connectivity services for separated families and people seeking relatives.
- Integrate protection, gender, and inclusion, safeguarding, and PSEA across all sectors, with safe referral pathways and accessible assistance.
- Provide timely information, and information as aid on services, selection criteria, safety measures, and feedback channels through community engagement and accountability mechanisms.
- Promote earthquake preparedness, aftershock safety, safer shelter practices, and community-based risk reduction.
- Monitor and mitigate operational security, access, and environmental risks throughout implementation.
- Implement community-based actions to prevent GBV.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

Coordination and Partnerships

- The Colombian Red Cross Society will coordinate with Colombia's National Unit for Disaster Risk Management (UNGRD) and relevant departmental and municipal coordination structures, including Unified Command Posts, to align assistance with the national response and avoid duplication.
- IFRC membership coordination will support a coherent Federation-wide response aligned with the priorities, capacities and requests of the Colombian Red Cross Society, while ensuring complementarity with the broader coordination arrangements established for the response, including regular coordination with the ICRC, as appropriate.
- External engagement with authorities, humanitarian partners, donors, and technical actors will promote complementarity, humanitarian access, and timely resource mobilisation.

IFRC Secretariat Services

- Provide tailored operational leadership, technical support, and quality assurance through the IFRC Colombia Delegation, Americas Regional Office, and Geneva teams.
- Deploy rapid response personnel to address jointly identified gaps. Initial information confirms a National Society request for an Operations Manager, while other technical profiles remain under assessment.
- Support information management, PMER, finance, resource mobilisation, communications, supply chain, logistics, security, legal, and technical services as required.
- Coordinate regional procurement and mobilisation through IFRC supply-chain capacities, with access and infrastructure constraints continuously assessed.

National Society Strengthening

- Support the early recovery and reconstruction of critical CRC operational infrastructure, including the rehabilitation and reconstruction of affected branch facilities, prioritising those essential for the continuity of humanitarian operations.
- Strengthen emergency telecommunications and digital infrastructure capacities at the national and branch levels.
- Provide information technology and telecommunications equipment required for coordination, assessment, and response operations.
- Strengthen safeguarding knowledge among staff and volunteers responding to the emergency and supporting affected communities.
- Reinforce branch and headquarters capacity for emergency coordination, assessment, information management, communications, and volunteer management.
- Provide duty-of-care measures for volunteers and staff, including protective equipment, insurance, rotations, psychosocial support, briefings, and debriefings.
- Strengthen the logistics, fleet, telecommunications, digital systems, financial controls, risk management, and reporting capacities required for the response.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the Operational Strategy, which will be released in the coming days. The Operational Strategy will also provide further details on the Federation-wide approach, including the response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 31 August 2028, the response activities to this disaster will continue under the IFRC Network Colombia Country Plan for 2028. IFRC Network Country Plans provide an integrated view of ongoing emergency responses and longer-term programming tailored to the needs of the country, as well as a Federation-wide view of the country's actions. This aims to streamline activities under one plan, while continuing to ensure that the needs of those affected by the disaster are met in a way that is both accountable and transparent. Information will be shared in due course should there be a need to extend the crisis-specific response beyond the above-mentioned timeframe.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Colombian Red Cross Society

Core areas of operation	
• National USAR capacity • Ambulance and emergency health services • Restoring Family Links network • Emergency telecommunications capacities • Cash and voucher assistance programming • Strong participation in national disaster management mechanisms • WASH and sanitation	
Number of staff:	**2,900**
Number of volunteers:	**22,200**
Number of branches	**31**

The Colombian Red Cross Society (CRC), founded in 1915, is one of Colombia's largest humanitarian organisations and serves as an auxiliary to the public authorities in the humanitarian field. Through its network of 31 branches, 2,900 staff, and more than 22,200 volunteers, the National Society maintains a nationwide presence and extensive operational reach across urban, rural, and hard-to-access areas. The CRC has well-established capacities in disaster management, search and rescue (USAR), emergency health and ambulance services, water, sanitation and hygiene (WASH), cash and voucher assistance (CVA), Restoring Family Links (RFL), telecommunications, community engagement, and volunteer management.

The National Society has extensive experience leading and coordinating responses to floods, population movements, epidemics, volcanic activity, civil unrest, and other complex emergencies, including operations in the Pacific region and Chocó Department. Previous operations have demonstrated the importance of the CRC's branch network, local volunteer base, emergency telecommunications systems, community acceptance, and ability to operate in areas affected by access constraints, connectivity challenges, and insecurity.

Following the earthquake, the CRC activated its National Crisis Room, emergency telecommunications systems, and national response mechanisms, mobilising USAR teams, health personnel, telecommunications specialists, and volunteers from multiple branches. The National Society is actively participating in national and territorial coordination mechanisms, including the National Disaster Management Committee and Unified Command Posts (PMUs), while leading Movement coordination within the country.

IFRC Membership coordination

The CRC works in close coordination with Partner National Societies supporting the response. At the time of this Appeal, active support and coordination involve the German Red Cross, American Red Cross, Spanish Red Cross, Norwegian Red Cross, Canadian Red Cross and Italian Red Cross, among others. Additional expressions of support have also been received from neighbouring National Societies, including Ecuador and Mexico. Support provided by Partner National Societies will be coordinated and aligned through the Colombian Red Cross Society, in accordance with established coordination arrangements and the priorities identified by the National Society.

The IFRC will support the CRC, as required, in facilitating and coordinating international assistance.

Red Cross Red Crescent Movement coordination

The CRC is leading the Movement response to the earthquake in its capacity as the Host National Society and auxiliary to the public authorities in the humanitarian field. Movement coordination is taking place through regular coordination meetings involving the CRC, the IFRC, the ICRC and Partner National Societies engaged in the response. These arrangements support shared analysis, complementarity of action and the alignment of available Movement capacities and resources with the priority needs identified by the Colombian Red Cross Society.

External coordination

The CRC is participating in official disaster management coordination led by UNGRD at the national and subnational levels. The operation will maintain coordination with the authorities, health actors, search and rescue structures, and other humanitarian partners to identify gaps, sequence assistance, and minimise duplication.

Contact information

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

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- **Head of SCM Americas:** Stephany Murillo | stephany.murillo@ifrc.org

Reference

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