EMERGENCY APPEAL

OPERATIONAL STRATEGY

Colombia | Earthquake

Colombian Red Cross Society rescue volunteers conduct search and rescue operations in Chocó following the earthquake. 12 August 2026. Source: Colombian Red Cross Society.

Appeal №: **MDRCO036**	To be assisted: **24,000 people**	Appeal launched: **12/08/2026**
Glide №: **EQ-2026-000146-COL**	DREF allocated: **CHF 1 million**	Disaster Categorisation: **ORANGE**
Operation start date: **10/08/2026**	Operation end date: **31/08/2028**	

IFRC Secretariat Funding requirement: CHF 10 million
Federation-wide funding requirement: CHF 25 million[1]

[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'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.

Colombian Red Cross Society teams unload humanitarian aid at a logistics centre in Risaralda on 17 August 2026, set up for distributions in Quindío and Risaralda following the earthquake. Source: Colombian Red Cross Society.

TIMELINE

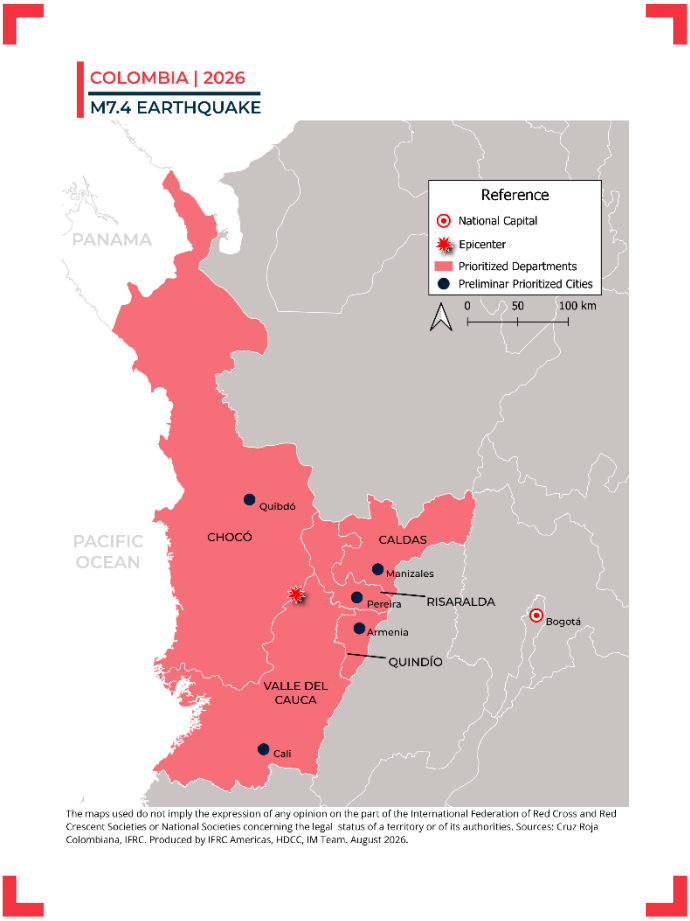
10 August 2026: A 7.4 Mw earthquake strikes Colombia, with its epicentre near San José del Palmar (Chocó), mainly affecting the departments of Chocó, Risaralda, Valle del Cauca, Caldas, and Quindío.

- The Government of Colombia declares a national emergency (State of Disaster and Public Calamity).
- The Colombian Red Cross Society activates its National Crisis Room and deploys 17 search and rescue teams to the affected areas. The National Society also begins providing emergency medical assistance, temporary shelter support, and restoring family links services.

11 August 2026: The IFRC allocates CHF 1 million from the Disaster Response Emergency Fund (DREF).

12 August 2026: The IFRC launches an Emergency Appeal seeking CHF 25 million in Federation-wide funding to support the Colombian Red Cross Society in assisting 24,000 people.

DESCRIPTION OF THE EVENT



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. 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. As of 18 August, the National Disaster Risk Management Unit (UNGRD) reports indicated impacts across 15 departments and 472 municipalities,[2] while the earthquake was felt across much of Colombia and reported in Ecuador, Panama, and Venezuela.

According to the latest official information available, the earthquake has resulted in significant loss of life, injuries, and widespread infrastructure damage. Preliminary reports by 18 August indicated 304 deaths, 4,548 injured people, 426 missing persons, and 356 people rescued. Authorities have also reported 134,342 damaged homes, 29,554 destroyed homes, 303 affected health facilities, 3,443 affected educational facilities, 3,905 affected community centres, 267 collapsed buildings, 413 damaged roads, and impacts to at least five airports.[3]

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. Pre-existing vulnerabilities, poor health outcomes, and limited access to health services already constrained the ability of communities to cope with additional shocks.

On the day of the earthquake, the Government of Colombia declared a national State of Emergency and activated national and departmental emergency management mechanisms.

The Colombian Red Cross Society (Cruz Roja Colombiana – CRC) immediately activated its National Crisis Room and emergency response mechanisms.

Severity of humanitarian conditions

1. Impact on accessibility, availability, quality, use, and awareness of goods and services.

Health services are among the most severely affected. The earthquake not only affected the availability of healthcare but also its timeliness and quality, as access to essential services has deteriorated due to the simultaneous loss of infrastructure, reduced operational capacity, and population displacement. As of 18 August, 303 health facilities were affected nationwide.[4] In Cali,

[2] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.
[3] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.
[4] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.

the hospital network reached full capacity, and a red alert was declared, while several health facilities were reportedly disabled.

The Hospital Universitario del Valle sustained structural damage affecting up to 45 per cent of the facility, according to officials, including its Intensive Care Unit (ICU) and paediatric wing. The hospital required patient evacuation and the use of external treatment areas, while other facilities in Valle del Cauca, Manizales, Pereira, and Chocó have evacuated patients, suspended procedures or referred cases elsewhere. In Chocó, where access to specialised healthcare was already limited by geographic isolation, dispersed rural populations, and weak infrastructure, local capacity is insufficient to absorb the earthquake caseload, and some patients need to be transferred to functioning healthcare facilities.

Access to adequate shelter is constrained by both extensive housing damage and an insufficient emergency-shelter response capacity. Reports from UNGRD on 18 August indicate that 29,554 houses were destroyed and 134,342 were damaged,[5] meaning thousands of people have lost their homes or cannot safely use structurally compromised buildings. **Shelter needs extend beyond housing,** as those displaced also require access to safe water, sanitation, lighting, healthcare, privacy, security, and mechanisms for identifying and referring people with specific needs. Nationally, 86 water or aqueduct systems have reportedly been damaged,[6] including confirmed disruptions in Armenia and Pereira. By 14 August, OCHA reported that safe and adapted shelters for families with children were needed, particularly in Quibdó, Bajo Baudó, Cali, and Buenaventura.

Disruption to markets and livelihoods is creating additional barriers to basic goods. Physical damage and precautionary closures have disrupted commerce in affected urban areas, while transport disruptions, displacement, and loss of income can reduce effective access to food for households even where markets remain supplied.

Information and communication disruptions are also affecting people's ability to access assistance and reconnect with family members. In areas where physical access and telecommunications remain constrained, particularly Chocó, information gaps may also limit awareness of available services, assistance mechanisms, and the status of missing relatives.

Impact on physical and mental well-being

The most immediate impact on physical well-being is the significant loss of life and large trauma caseload generated by the earthquake. The reported casualties indicate continued life-saving needs, while pressure on damaged and overwhelmed health facilities increases the risk that trauma patients experience delays in receiving appropriate care. **The impact is likely to be especially pronounced for people with existing health needs and those requiring continuous or specialised care.** Nationally, priority requirements include essential medicines, medical and surgical supplies, trauma kits, blood, oxygen, biomedical equipment, emergency medical transport, medical tents, and field hospitals.

Existing poor health outcomes in Chocó increase the potential consequences of service disruption for women and children. Before the earthquake, maternal and neonatal mortality in the department was approximately twice the national average, while mortality among children under five associated with respiratory infections, diarrhoea, and malnutrition was reported at substantially higher levels than the national average. Geographic isolation and limited availability of specialised services therefore leave pregnant women, newborns, and young children particularly exposed if referral systems, transportation or routine healthcare are interrupted.

Population displacement and the loss of safe housing are creating secondary health risks beyond earthquake-related injuries. People unsheltered or in improvised collective shelters may face inadequate access to safe water, sanitation, and protection from weather, increasing exposure to respiratory illness, poor hygiene conditions, and other public-health risks if displacement persists.

Psychological distress is likely to be significant among affected populations. Sudden loss of relatives, destruction of homes and livelihoods, uncertainty regarding missing family members, and continued search and rescue operations are contributing to acute stress, anxiety, and grief.

[5] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.

[6] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.

Approximately 332 reported aftershocks[7] are also generating fear of returning to damaged buildings. Family separation and continued displacement may intensify these effects.

Access to mental health services is hindered by geographic isolation, damaged infrastructure, communication limitations, overcrowded shelters, and the high number of affected people requiring support simultaneously. Existing vulnerabilities, displacement, and the emotional strain experienced by both communities and responders further complicate service delivery and access to care.[8] UNICEF reports persistent fear and distress, difficulties sleeping, and renewed anxiety during aftershocks. Children and families themselves are requesting psychosocial support and safe, child-friendly spaces where children can play and regain a sense of normality.[9]

2. Risks and vulnerabilities

The earthquake is amplifying substantial pre-existing vulnerabilities. In Chocó, the earthquake overlaps with previous vulnerabilities, such as poverty, geographic isolation, weak infrastructure, recurrent flooding and landslides, displacement, and the presence of armed groups in parts of the department. Indigenous and rural communities in remote and riverine areas already experienced high transportation costs, intermittent mobility restrictions, and constrained access to markets, fishing, agriculture, and health services before the earthquake. These conditions reduce the capacity of households to absorb an additional shock and may delay both assistance and recovery.

Protection risks are likely to rise as displacement weakens existing household and community protection mechanisms in a pre-crisis context in which SGBV was already widespread in Colombia. Women, children, and other people facing pre-existing vulnerabilities may be at increased risk of violence, exploitation, and abuse when staying in collective shelters or public spaces without sufficient privacy, lighting, or security. LGBTQI+ individuals may face additional safety concerns in collective accommodation, while family separation creates specific protection risks for those who cannot locate or communicate with relatives.

The economic impact of the earthquake is expected to be severe, with the Global Earthquake Model (GEM), using data from the United States Geological Survey (USGS), estimating direct economic losses likely to be up to USD 2.68 billion. **Economic vulnerability may significantly influence the duration and severity of the crisis. Only around seven per cent of homes in Colombia reportedly have earthquake insurance, meaning that much of the cost of repairing or rebuilding destroyed and damaged housing will fall on affected households and public institutions**. For poorer households, the combined loss of housing, assets, and income can accelerate the use of negative coping strategies. This is of particular concern in areas such as Chocó, where crisis-level food insecurity under the Integrated Food Security Phase Classification (IPC 3)[10] was already expected before the earthquake. Displacement, transport disruption, and reduced livelihood opportunities could further constrain food access even if markets continue to have adequate supplies.

Climatic conditions may compound recovery pressures over the coming months. Strengthening El Niño conditions, with above-average temperatures and below-average rainfall expected across much of Colombia, may reduce water availability and negatively affect rainfed crops, pasture, livestock productivity, and associated income. Where these pressures overlap with earthquake-related livelihood losses, damaged water systems, and existing food insecurity, poor rural households may face a more prolonged deterioration in their capacity to meet essential needs.

Overall, **severity is likely to be highest among households experiencing several impacts simultaneously**, including loss of shelter or unsafe housing, displacement, injury, reduced income, disrupted access to water or healthcare, and limited family or community support. Remote Indigenous and Afro-Colombian communities in Chocó, women and children in inadequate collective shelters, people requiring specialised healthcare, households with limited financial resources, and people separated from their families are therefore among

[7] National Disaster Risk Management Unit (UNGRD), Situational Report No. 33, 18 August 2026.
[8] Defensoría del Pueblo, 17 August 2026.
[9] UNICEF, 17 August 2026

[10] Famine Early Warning Systems Network (FEWS NET), Colombia – Acute Food Insecurity Area-level Classification, https://fews.net/latin-america-and-caribbean/colombia.

those at greatest risk of a sustained deterioration in humanitarian conditions.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Colombian Red Cross Society has 31 branches across the country, supported by 209 municipal units and support groups, and has been responding since the onset of the emergency. The CRC has activated the National Response Plan for natural disasters, and National Crisis Rooms have remained operational between the National Directorate and Branches.

Nationwide, 190 members of Urban Search and Rescue (USAR) teams and 10 K-9 Search and Rescue (KSAR) binomials have been deployed, while 56 health staff, 17 Mental Health and Psychosocial Support (MHPSS) specialists, and 13 Restoring Family Links (RFL) specialists are also providing services in the most affected departments. In total, 538 operational staff members are providing direct support to the response. Operational assets deployed for the emergency response include 30 vehicles (including 17 4x4 vehicles, three response vehicles, six cargo vehicles, and three vehicles for passengers). Urgent attention has been directed to the most affected departments, with priority response efforts focused on Chocó, Caldas, Risaralda, Valle del Cauca, and Quindío.

The main activities taking place include search and rescue, medical care and first aid, psychosocial support and emotional stabilisation interventions, damage and needs assessments, restoring family links, and telematics. Search and Rescue teams have carried out 230 rescues, while RFL operations nationwide have registered 3,054 consultations and 232 search requests.[11] Additionally, the Colombian Red Cross Society has activated its #TodosPorColombia donation campaign to mobilise funds from private-sector enterprises and civil society.

1.2 Capacity and response at the national level

On 10 August, the Government of Colombia declared a State of Emergency. The National Disaster Risk Management Unit, UNGRD, which is leading the coordination of the response, deployed the following:

- Air Force: Support for the transport of personnel and cargo.
- National Police: Deployment of support units to Quibdó, Armenia, and Manizales.
- National Army: A total of 90 USAR teams to support Quibdó and 32 USAR teams to support Cali.
- Civil Defence: Support in search and rescue operations.

Continuous Unified Command Posts (PMU) meetings have been held at the national and departmental levels with municipal and departmental disaster risk management committees, relief agencies (Civil Defence, Fire Department, and the Colombian Red Cross Society), and other national entities.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

[11] Colombian Red Cross Society, Situation Report No. 10, 18 August 2026

The IFRC has a Country Delegation in Colombia and is working with the Americas Regional Office (ARO) and Geneva teams to support the CRC in the response. The IFRC is a member of the Humanitarian Country Team, along with the CRC and ICRC.

The Colombian Red Cross Society receives strong support from the PNS network, with four PNSs maintaining in-country presence: the American Red Cross, German Red Cross, Spanish Red Cross, and Norwegian Red Cross. In addition, three PNSs, the Italian Red Cross, Swedish Red Cross, and Canadian Red Cross Society, have active projects in Colombia that are being managed remotely, with the IFRC supporting coordination among the Membership.

The CRC is closely coordinating with PNSs and Movement components to support the response. PNSs have mobilised funds and launched national fundraising campaigns, with several National Societies already contributing to the Emergency Appeal. Support from National Societies is being coordinated and aligned through the CRC, in line with the priorities it has identified. The IFRC is supporting the CRC as needed to facilitate and coordinate international assistance.

The CRC, with support from the IFRC Logistics Unit in the Americas through the Panama Logistics Hub, will ensure a continuous supply chain to support the operation. Logistics support will include procurement, warehousing, transportation, fleet support, and the mobilisation of relief items from regional and global stocks. Prepositioned emergency supplies, local procurement mechanisms, and international sourcing options will be utilised to ensure the timely delivery of assistance to affected populations.

The IFRC is facilitating a humanitarian charter flight as part of Movement support for the operation to deliver shelter and household items at a value of USD 117,500 to the people affected by the earthquake. The shipment will include approximately 17 tons of humanitarian aid including tarpaulins, tents of different sizes (including warehouse tents), kitchen sets, water filters, and folding beds.

An Operations Manager from the Spanish Red Cross has been confirmed for deployment. In addition, IFRC technical staff from the Country Cluster Delegation (CCD) for Andean Countries, ARO, and Geneva, specialised in Planning, Monitoring, Evaluation, and Reporting (PMER), Human Resources (HR), Information Management (IM), Logistics, and Operations are providing remote support. Additional surge capacity has been mobilised through the American Red Cross, Netherlands Red Cross, and Spanish Red Cross, providing technical support in PMER, Humanitarian Information Analysis, Communications, ERP Project Management, Operations Management, and the Surge Information Management Support (SIMS) network.

ICRC

Since the earthquake, the ICRC has worked closely with the CRC, IFRC, and other Movement partners to ensure a coordinated, complementary, and needs-based response, with particular attention to areas affected by the armed conflict and communities facing the compounding impacts of the earthquake and ongoing conflict.

Operational risk management: The main operational risks identified are potential unrest or public order incidents at service delivery sites, delays to humanitarian assistance by non-state armed groups, and access constraints in rural areas where armed groups are present. These risks are particularly significant in conflict-affected areas. Mitigation measures include close coordination and regular security information sharing among Movement partners. In addition to complying with IFRC security regulations, there is adherence to the CRC Security and Safer Access Strategy and Security Rules (Series 1000), respect for the Fundamental Principles, public communication, and ICRC support in negotiating humanitarian access where required.

Health: The ICRC provided around USD 20,000 to support the CRC in purchasing medicines based on identified needs and donated 15 rapid intervention packages for wound care, infusions, and emergency care. Several packages have already been used to support the health system in Buenaventura, Valle del Cauca. The ICRC also provided identification materials, including Medical Mission uniforms, to health teams supporting rural communities in Nóvita, Chocó.

Cash and Voucher assistance: On 15 August, the ICRC coordinated with the CRC to provide cash support to around 500 people already confined by the conflict and now also affected by the earthquake, resulting in a double impact, in Bajo Calima, Valle del Cauca. The implementation of cash transfer programmes in earthquake-affected areas can be constrained by several risks, including the concentration of aid in urban areas, difficulties in rural access, manipulation or exclusion of households, insufficient capacity of local markets, and limitations in financial service coverage and connectivity. To mitigate these risks, targeting and household profiling mechanisms will be strengthened with a focus on protection; coordination with authorities and community organisations will be enhanced; suppliers and distribution channels will be diversified; market assessments and continuous monitoring will be conducted; and operational alternatives will be established for areas with low connectivity, including offline tools, local partnerships, and contingency plans. Furthermore, traceability, auditing, independent monitoring, feedback mechanisms, and data protection will be strengthened, ensuring timely, safe, equitable, and accessible assistance. The CRC actively participates in the cash transfer group, which includes various humanitarian actors that provide cash assistance. This group collaboratively determines the transfer amounts based on the local context, the number of family members, and the cost of basic goods and essential needs.

WASH: Joint evaluations in the rural areas of Chocó are ongoing, with a special focus on safe water and hygiene.

Protection, Gender, and Inclusion: In coordination with the CRC, the ICRC is supporting Restoring Family Links (RFL) to prevent and address family separation, while the CRC hotline remains operational to provide information and guidance to those affected. The ICRC is also supporting multidisciplinary needs assessments in rural Chocó, with CRC specialists joining missions in Sipí, San José de Palmar, Nóvita, and Bajo Baudó, while facilitating humanitarian access in areas affected by armed groups. To strengthen CRC field operations, the ICRC provided 15 VHF handsets and two repeater systems. Separately, the ICRC supported government authorities by donating 150 body bags to the Cali Judicial Police for the forensic response and advocating with the Ministry of Health for people deprived of liberty to be included as a priority population in departmental emergency health monitoring.

Coordination and Partnerships: The ICRC is maintaining close coordination with the CRC, IFRC, and Participating National Societies to ensure complementarity across security, RFL, health, WASH, cash, forensic response, and Movement coordination. The ICRC participates in CRC coordination meetings and supports the Movement through security and context analysis, humanitarian access negotiations, and coordination with armed groups and authorities, particularly in conflict-affected and disputed areas. The ICRC also continues to support the CRC in promoting respect for the Fundamental Principles and International Humanitarian Law, and protection of the Red Cross emblem.

2.2 International Humanitarian Stakeholder capacity and response

The UN system and the Humanitarian Country Team in Colombia are supporting the government response in close coordination with the Foreign Ministry, UNGRD, and the Ministry of Health.[12] Rapid multi-sector assessments and sector-specific assessments led by the Health, Shelter, WASH, Food Security, Protection, and Education in Emergencies clusters, are shaping the response by identifying gaps and setting priorities.

UNHCR, UNICEF, UNFPA, IOM, WFP, the MIRE+ consortium (led by the Norwegian Refugee Council together with Action Against Hunger, Médicos del Mundo, and Pastoral Social) are delivering assistance in terms of preliminary assessments, coordination, shelter, health, WASH, psychosocial support, and protection across the affected departments. Assistance is organised by departments as follows:

Chocó
WFP, UNICEF-FLM, and the Interethnic Solidarity Forum of Chocó (FISCH) delivered food packages to 350 families in affected neighbourhoods of Quibdó. As for health, Fundación Barco Hospital San Raffaele is providing care in Docordó, while MSF is providing care at the municipal coliseum shelter in Quibdó. The ICRC, together with the Colombian Red Cross, is running joint medical brigades and distributing medicine in the rural area of San José del Palmar. As for WASH, UNICEF-FLM distributed hygiene kits to 350 families, while IOM, UN Women, UNHCR,

[12] UN System and Humanitarian Country Team Complement Colombia's Earthquake Response, ReliefWeb, 14 August 2026.

the OAS, and Plan International adapted showers and bathrooms for 191 people sheltered at the Quibdó Coliseum.

Valle del Cauca
The UN Resident Coordinator in Colombia noted that the UN system has local coordination teams in Valle del Cauca, and can support food security, health, water and sanitation, and protection for children and vulnerable families once needs are identified. Valle del Cauca is also one of the departments prioritised by the Central Emergency Response Fund (CERF).

Caldas
Regarding shelter, the Manizales municipal government and the Caldas departmental government maintain two temporary shelters (Coliseo Menor and Coliseo Mayor), housing 142 people. Both governments are also conducting a census of affected residents to inform and guide damage and needs assessments (DANA).
Risaralda
For WASH, AECID delivered 1,000 hygiene kits to the departmental government in Pereira. For shelter, AECID announced the upcoming delivery of 1,000 kitchen kits and 100 habitat kits, in line with UNGRD's Humanitarian Aid Standards Manual, to support the six temporary shelters operating in the city.

Quindío
For health, authorities in Armenia carried out preventive readiness measures at the highest-complexity hospitals. For shelter, the Quindío departmental government set up the Metropolitan Convention and Cultural Centre of Armenia as a collection centre. Through the national campaign "Colombia, un solo Corazón" (Colombia, One Heart), the Armenia municipal government has distributed food packages, water, kitchen kits, mattresses, and blankets to affected families in several areas.

3. Gaps in the response

At the time of publishing of this Operational Strategy, significant information and access gaps in affected areas are contributing to an evolving understanding of the full scale of humanitarian needs. Municipal-level emergency needs assessments (ENAs) have not yet been completed in several affected departments, limiting the identification of humanitarian needs, response gaps, and priority interventions. Access to rural areas in some affected departments is constrained by the presence of non-state armed groups (NSAGs), posing security risks and potentially hindering humanitarian access and assessment efforts.

Risaralda: There is currently limited information regarding self-settled and improvised shelters, as well as individuals hosted through informal support networks. There is also a lack of clear information on the availability and implementation of rental assistance or housing subsidy programmes for affected households.

Chocó: Available habitat kits do not include tents, which have been identified as a priority need for families currently exposed to the elements, while intermittent disruptions to communications, connectivity, electricity, and water supply services continue to limit the ability to fully assess needs across the affected municipalities. Further assessments are also required to determine the habitability of damaged infrastructure, including homes, hospitals, educational institutions, and government facilities that may pose risks to the affected population. Rural communities in Chocó are hard to reach, with many accessible only by river or unpaved roads, while the mountainous terrain is prone to landslides that can block roads and further isolate communities. The governor of the department of Chocó, Nubia Carolina Córdoba, said in a media statement that the department is facing a housing shortage, and that the most urgent response is to begin reconstruction, as financial assistance for rent may leave people unable to find suitable accommodation.[13]

In **Valle del Cauca**, humanitarian access is disrupted in three municipalities due to full or partial road closures in Dagua, Buenaventura, and La Unión. In addition, communication with municipal authorities remains limited, preventing the collection of preliminary information on the extent of the impacts and priority humanitarian

[13] Governor Nubia Carolina Córdoba interview, Radio France International, 19 August 2026.

needs. Targeted and culturally appropriate assistance is urgently needed for the 24 affected Indigenous reservations (resguardos) in the department.[14]

Multidimensional poverty in Buenaventura was approximately 42 per cent in 2024, the highest rate among municipalities in the department, compared with a departmental average of approximately 19 per cent. This affected an estimated 87,790 people in the municipality.[15] The earthquake has exacerbated existing poverty, inequality, and violence in Buenaventura, which is predominantly inhabited by Afro-descendant and Indigenous communities, further increasing vulnerabilities and placing additional strain on limited local response capacity.[16] The Hospital Distrital Luis Ablanque de la Plata in Buenaventura, one of the two hospitals in the municipality, collapsed entirely. As a result, patients, including critical, elderly, and infant cases, were being treated in tents in the streets without functioning sanitation facilities, increasing the risk of communicable diseases.[17]

The Government of Colombia announced rental subsidies for families whose homes suffered structural collapse, total loss, or damage that rendered them unsafe to inhabit. As of 16 August, the amount and duration of the subsidy had not yet been defined.[18] This support does not cover household goods, such as furniture, appliances, and kitchen utensils, which many families lost along with their homes. To complement the government's response, the CRC will provide multipurpose cash transfers to households that receive the rental subsidy and have lost their homes and household items completely, enabling them to purchase these essential goods and restore their living conditions in their rented accommodation.[19]

At the time of finalising this document, assessments were still ongoing in Caldas and Quindío.

OPERATIONAL CONSTRAINTS

Access and telecommunications: The road network has suffered significant damage, including debris, cracks, fallen trees, downed power lines, uneven surfaces, damage to bridges, and sections that are impassable to vehicles, including trucks carrying special equipment. Ambulances are also experiencing difficulty accessing several affected areas. In some locations, makeshift paths or trails have been cleared that are accessible mainly by motorcycles and 4x4 vehicles. These access constraints are hindering the evacuation of injured people, patient transfers, and the timely delivery of prehospital care. Telecommunications disruptions continue to limit situational awareness, particularly in Chocó Department, where internet connectivity and communications infrastructure have been severely impacted.

Impacts on National Society branches and volunteers: As of 18 August, the CRC reported 251 volunteers affected by the earthquake,[20] with the highest number reported in Valle del Cauca (86), Quindío (69), and Caldas (64). This figure remains under assessment, as communication has not yet been established with all municipal branches, and the number may therefore increase as additional information becomes available.

Preliminary assessments indicate damage to CRC facilities across Risaralda, Caldas, Chocó, Quindío, and Valle del Cauca branches, with varying impacts on safety and operational continuity. Risaralda and Caldas branches report cracks, masonry, and ceiling damage requiring further structural assessments, while the Chocó branch faces additional constraints related to connectivity, power, telecommunications, and vehicle capacity. Quindío branch reports damage across several facilities, although the main branch remains operational following electrical repairs. The Valle del Cauca branch presents the most severe impact, with significant structural damage and an estimated half of the headquarters potentially requiring demolition.

[14] OCHA Flash Update 006 - Impact of the Earthquake in Colombia, ReliefWeb, 14 August 2026.
[15] Gobernación del Valle del Cauca, Informe voluntario: Implementación de los Objetivos de Desarrollo Sostenible, 2024, https://colaboracion.dnp.gov.co/sites/CDDNP/Sinergia/ODS/Reporte_voluntario_ODS_Valle_2024_.pdf.
[16] UNICEF, A una semana del terremoto en Colombia, 17 August 2026.
[17] Project HOPE, Colombia Needs Assessment Report, August 2026 (via ReliefWeb)
[18] Infobae, Vicepresidente José Manuel Restrepo anunció subsidios de arrendamiento y evalúa congelar precios tras el terremoto, 16 August 2026, https://www.infobae.com/colombia/2026/08/16/vicepresidente-jose-manuel-restrepo-anuncio-subsidios-de-arrendamiento-y-evalua-congelar-precios-tras-el-terremoto/.
[19] Colombian Red Cross Society, Shelter Operational Strategy, internal document, 18 August 2026.
[20] Colombian Red Cross Society, Situation Report No. 10, 18 August 2026.

Due to the earthquake-related damage, the Risaralda Branch has had to relocate its headquarters to a temporary facility. Meanwhile, the Chocó Branch is currently operating from a government-loaned property, with the current agreement valid until 20 September, putting the continuity of operations of both branches at risk. As mitigation measures, Chocó is working with the Governor's Office to secure ownership or a long-term use agreement for its premises, while Risaralda is seeking to secure a temporary facility to maintain operations while the affected infrastructure is restored. These actions aim to turn post-earthquake recovery into an opportunity to strengthen response capacity, financial sustainability, and local humanitarian operations.

The earthquake also affected the main income sources of the five branches, due to infrastructure damage, a reduction in clients, and the diversion of capacities exclusively to emergency response activities. The impact is particularly critical in Risaralda and Chocó, where health and education services, which are essential to the branches' financial sustainability, are facing restrictions that threaten the continuity of their operations. In Quindío, Valle del Cauca, and Caldas, although some income-generating activities remain operational, financial sustainability risks persist. Measures are therefore urgently needed to maintain operational continuity and support the sustainable recovery of the branches, with priority given to addressing critical infrastructure gaps.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this emergency operation is estimated at CHF 25 million and comprises all support and funding to be channelled to the Colombian Red Cross Society for its response to the earthquake. This includes the Operating National Society's domestic fundraising efforts, the fundraising appeals of Participating National Societies, direct contributions and donations received by the National Society through its own channels, as well as the funding requirements of the IFRC Secretariat. The Federation-wide approach will support coordinated resource mobilisation, enhance complementarity among Movement partners, and provide a consolidated overview of the resources contributing to the operation.

OPERATIONAL STRATEGY

Vision

This Operational Strategy aims to address the immediate and medium-term humanitarian needs of people affected by the earthquake in Colombia, particularly in Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío. As this Operational Strategy is based on preliminary assessments, it will be further updated to ensure a more precise provision of assistance, fundamentally for the recovery of the affected population. This initiative will be conducted through integrated assistance to 24,000 people, combining shelter, livelihoods, and cash support with health and hygiene services, protection and community engagement, and strengthened institutional capacity for the CRC to sustain an effective and accountable response.

The operation will ensure that the CRC receives dedicated support from the IFRC Country Delegation in Colombia, coordinating and aligning efforts with the IFRC global network.

Anticipated climate-related risks and adjustments in the operation

Strengthening El Niño conditions, with above-average temperatures and below-average rainfall forecast across much of Colombia in the coming months, may reduce water availability, affect access to some communities, and increase the likelihood of wildfires. The occurrence of concurrent emergencies, including wildfire outbreaks, could divert operational resources and place additional pressure on humanitarian response capacities during the implementation of the earthquake operation.

To prevent or reduce these risks, the operation will integrate preparedness, contingency planning, and risk reduction measures, strengthening the capacity of the Colombian Red Cross Society and affected communities to respond to multiple and overlapping hazards without increasing their exposure to risk.

Targeting

1. People to be assisted

Through this Emergency Appeal, the IFRC will support the Colombian Red Cross in assisting 24,000 people in the departments of Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío, particularly impacted by the earthquakes and their secondary impacts, through a Federation-wide coordinated response over a two-year period. According to the 2018 National Population and Housing Census, the average household size in Colombia is 3.1 people.[21] However, for planning purposes, an average household size of three is being used.

The following eligibility criteria are proposed and will be verified through community participation processes:

- Households whose homes were destroyed or damaged by the earthquake.
- Households whose primary breadwinners died as a result of the earthquake.
- Households whose assets or livelihoods were destroyed or damaged by the earthquake.
- Host families taking in people displaced by the earthquake.
- Households with two or more children under five years of age who are unable to meet their basic needs.

Within this framework, the following vulnerability criteria will be used to prioritise the selection:

- Older people responsible for children in the household.
- Households with single mothers and young children.
- Households with members suffering from chronic illnesses.
- Households with members who have a disability.
- Pregnant and breastfeeding women.

These targeting criteria, together with specific criteria related to other sectors, such as health, shelter, and cash, among others, will be further discussed with communities and relevant authorities within the National Disaster Risk Management System or international and national organisations involved in the response.

SECTOR	TOTAL	Female			Male		
		>18	<18	TOTAL	>18	<18	TOTAL
Shelter	5,200	2,028	624	2,652	2,080	468	2,548
Livelihoods	10,500	4,095	1,260	5,355	4,200	945	5,145
Multipurpose CASH	4,800	1,872	576	2,448	1,920	432	2,352
Health	14,000	5,460	1,680	7,140	5,600	1,260	6,860
Water, Sanitation and Hygiene	16,500	6,435	1,980	8,415	6,600	1,485	8,085
PGI	6,000	2,340	720	3,060	2,400	540	2,940
DRR	0	0	0	0	0	0	0
CEA	7,000	2,730	840	3,570	2,800	630	3,430
NSD	380	148	46	194	152	34	186

[21] National Administrative Department of Statistics (DANE), 2018 National Population and Housing Census – ¿Cómo vivimos?, https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-nacional-de-poblacion-y-vivenda-2018/como-vivimos.

2. Considerations for protection, gender, and inclusion and community engagement and accountability

The selection mechanisms for the targeted population will be communicated in a timely and transparent manner to the communities and families in the areas prioritised by the CRC, particularly in the municipalities of the five regional offices: Risaralda, Caldas, Valle del Cauca, Quindío, and Chocó. To achieve this, the coordination established with the National Disaster Risk Management System is essential to ensure that the humanitarian response is coordinated in accordance with the principles of shared responsibility and subsidiarity. At the local level, coordination has been established with Community Action Boards, grassroots social organisations, traditional authorities, and leaders who know the territory and maintain censuses of their communities; this helps mitigate the risks of inclusion and exclusion, and this local knowledge allows for special attention to be given to the most vulnerable groups in the communities, including breastfeeding and pregnant women, older adults, people with disabilities, children, and female or single-person heads of household responsible for economically dependent individuals.

The Colombian Red Cross Society implements an operational communication strategy that provides the community with information about the National Society, its fundamental principles, its sources of funding, and the "Cruz Roja Te Escucha" channel. Additionally, the CRC will strengthen the technical and operational skills of staff and volunteers to carry out a range of community engagement and accountability activities, such as post-distribution monitoring, satisfaction surveys, focus groups, and accountability forums that allow for analysis of the operational cycle and the implementation of improvements aimed at adapting the humanitarian response to the needs, contexts, and sociocultural conditions of communities, thereby ensuring relevant assistance and support for families and individuals.

Data collection will include disaggregation by sex, ethnicity, age, and disability, enabling robust demographic analyses of the response's reach. Likewise, the design of activities, support services, and the delivery of humanitarian assistance incorporates a protection and gender-sensitive approach, that is, ensuring "do no harm", identifying individuals or households at higher risk of protection violations, providing tailored assistance (for example, hygiene kits for proper menstrual cycle management), and referring individuals to protection pathways based on the mapping of services in the territory, taking into account institutional capacity and the presence of humanitarian organisations working in different sectors.

Finally, all management, technical, operational, and administrative teams will act in strict compliance with the principles of the PSEA policy, ensuring that all humanitarian actions are carried out from a safeguarding perspective.

PLANNED OPERATIONS

INTEGRATED ASSISTANCE

	**Shelter, Housing, and Settlements**	Female > 18: **2,028**	Female < 18: **624**	**CHF 788,336**
		Male > 18: **2,080**	Male < 18: **468**	**Total target: 5,200**
Objective:		*Support people severely affected by the earthquake with safe and dignified shelter, through the provision of essential shelter and household items, operational support to temporary accommodation, strengthened shelter response capacities, and conditional transfers for rent payments and the recovery or replacement of basic household*		

	goods, while contributing to early recovery, protection, and community resilience.
Priority Actions:	**1.** Conduct a preliminary assessment of affected temporary shelter facilities, in coordination with relevant authorities, to identify needs and support the safe and dignified functioning of shelters. **2.** Provide households accommodated in temporary shelters with 3,000 shelter kits and 100 hammocks, to support their basic needs and dignified living conditions. **3.** Deploy nine shelter administrative kits with tents, portable photovoltaic systems, protective transport cases, and 27 months of itinerant satellite internet connectivity, to support shelter operations and ensure operational continuity. **4.** Deploy shelter volunteers and an Emergency Needs Assessment (ENA) team to support the establishment, operation, monitoring, assessment, and technical supervision of temporary shelters. **5.** Improve water, sanitation, and hygiene conditions in temporary shelters by providing portable showers, portable sinks, portable washing stations, shelter/community hygiene kits, and community water filters for temporary shelters or community centres. **6.** Distribution of 700 conditional cash transfers intended to be given in two instalments, designed to support affected families that meet the condition of having suffered partial or total damage to their homes, with needs related to temporary housing, rent payments, and the recovery or replacement of basic household goods and furniture, in accordance with eligibility criteria and the specific circumstances of each family.

Livelihoods	Female > 18: **4,095**	Female < 18: **1,260**	**CHF 449,284**
	Male > 18: **4,200**	Male < 18: **945**	**Total target: 10,500**
Objective:	*Contribute to the early recovery and strengthening of the livelihoods of households and productive units affected by the earthquake, through food assistance, cash assistance for the recovery and reactivation of productive units, and capacity strengthening for productive units and the National Society, thereby facilitating the resumption of their economic activities and the generation of income.*		
Priority Actions:	1. Provide 3,500 households with family food kits. 2. Distribution of cash assistance to 200 affected productive units (families), aimed at the recovery and revitalisation of their livelihoods, replacement of productive assets or purchase of inputs. 3. Implement training workshops for communities participating in production units on the solidarity economy, financial education, business administration and management, productive transformation and		

	strengthening, and risk reduction and mitigation for livelihoods.

Multi-purpose Cash	Female > 18: **1,872**	Female < 18: **576**	**CHF 453,838**
	Male > 18: **1,920**	Male < 18: **432**	**Total target: 4,800**
Objective:	*Provide humanitarian assistance to affected households through the implementation of cash transfer programmes, such as multipurpose transfers to help meet basic needs and facilitate the early recovery and restoration of livelihoods.*		
Priority Actions:	**1.** Conduct five feasibility studies on financial markets and financial service providers (FSPs) in the prioritised areas, with the aim of determining the relevance, operational feasibility, and conditions necessary for the safe, efficient, and context-appropriate implementation of cash and voucher assistance **2.** Distribution of multipurpose cash transfers (MPCT) to 1,600 families, intended to help meet the priority basic needs of affected households, in accordance with the results of needs assessments and the targeting mechanisms established for the response.		

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

Health and Care (*Mental Health and Psychosocial Support/ Community Health/Medical Services)*	Female > 18: **5,460**	Female < 18: **1,680**	**CHF 2,529,462**
	Male > 18: **5,600**	Male < 18: **1,260**	**Total target: 14,000**
Objective:	*Mitigate the health impact of the earthquake in Colombia by providing complementary health services and mental health and psychosocial support for specifically affected groups.*		
Priority Actions:	**1. Mental Health and Psychosocial Support** a. Provide psychosocial support in priority intervention areas where friendly spaces for children and adolescents are installed. b. Implement a psychosocial support strategy for caregivers at the community level (healthcare workers, teachers, spiritual leaders, and others), strengthening practical self-care tools, coping strategies, psychological first aid, group-care and knowledge of when and how to access specialised care. c. Deploy MHPSS National Response Teams to strengthen the local response, supporting needs assessments,		

reinforcing local teams, providing technical support, and contributing to the organisation and continuity of response efforts for future emergencies.

d. Implement the MHPSS remote helpline, to expand access to psychological first aid, orientation, and safe referrals in areas where geographic access limits in-person care.

2. Community Health

a. Implement community-based health promotion and disease prevention activities, strengthening knowledge and practices related to self-care, hygiene, disease prevention, early identification of warning signs, and protective measures.

b. Provide community health kits to the prioritised population, accompanied by health education and guidance on their proper use, strengthening self-care capacities.

c. Strengthen sexual and reproductive health and family planning actions through information, education, and guidance on contraceptive methods and access to services, according to the needs of the affected population.

d. Strengthen institutional coordination and continuity of health care by coordinating with territorial health authorities and local institutions to identify needs, prioritise vulnerable populations, manage referrals, and contribute to an integrated and sustainable response.

3. Medical Services

a. Deploy four health teams to provide primary health care to the affected population, comprising eight doctors, four nursing professionals, two dentists, and eight nursing assistants, prioritising needs identification, health care, detection of warning signs, and guidance or referrals. The services provided through these teams will be complemented by maternal, antenatal, and childcare services through the operation of the Smart Clinic.

b. Facilitate access to long-acting contraceptive methods through implant insertion when clinical conditions, qualified personnel, supplies, and informed consent requirements are met, ensuring prior counselling and follow-up.

c. Implement oral health actions through dental teams, including assessment, oral health education, identification of priority needs, and guidance or referrals.

4. Health facility support and recovery

a. Ensure in-kind support for 60 health facilities that have been damaged or compromised in the emergency.

	Water, Sanitation, and Hygiene	Female > 18: **6,435**	Female < 18: **1,980**	**CHF 446,065**
		Male > 18: **6,600**	Male < 18: **1,485**	**Total target: 16,500**
Objective:		*Contribute to comprehensive care for affected individuals by implementing water, sanitation, and hygiene (WASH) initiatives aimed at ensuring access to safe drinking water, providing hygiene supplies, and strengthening family and community capacities for accessing, supplying, safely managing, and treating water, thereby promoting adequate conditions for health and well-being.*		
Priority Actions:		1. Support the departments of Chocó, Risaralda, and Valle del Cauca by providing 5,500 family hygiene kits giving people access to essential supplies for basic hygiene and self-care, reducing the risk of acute diarrhoeal diseases, skin infections, respiratory infections, and other illnesses associated with poor hygiene conditions. 2. Deploy and operate a portable water treatment plant to support conventional water supply systems that were affected by the earthquake or are unable to provide the water needed by the population, providing the CRC with the resources and water quality equipment needed for its deployment and operation and supporting the volunteers involved. 3. Support the restoration and strengthening of community-based water access systems by establishing community-level water collection systems using various sources, such as water tankers, aqueducts, or rainwater, under safe conditions.		

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), RISK REDUCTION)

	Protection, Gender, and Inclusion	Female > 18: **2,340**	Female < 18: **720**	**CHF 394,137**
		Male > 18: **2,400**	Male < 18: **540**	**Total target: 6,000**
Objective:		*Ensure that people and communities affected by the earthquake live in conditions of greater protection, dignity, inclusion, and participation by strengthening their capacities to prevent risks, access protection services and mechanisms, and participate in recovery and resilience processes.*		
Priority Actions:		**1. Protection activities** a. Conduct a rapid community protection needs assessment in each of the prioritised departments. b. Facilitate inter-institutional coordination to address protection needs through institutional mapping, inter-		

institutional working groups, and capacity building workshops for local authorities.
c. Conduct a local Protection, Gender, and Inclusion (PGI) workshop for local authorities in each of the affected departments.
d. Allocate an emergency fund to support people facing protection risks and address urgent protection needs.

2. Children and Adolescents Protection

a. Adapt and strengthen child- and adolescent-friendly spaces with a psychosocial approach in priority areas, implementing the "Rescatando Sonrisas" (Restoring Smiles) initiative and coordinating, as appropriate, with Emergency Education initiatives.
b. Implement the "Tejidos que transforman" strategy to empower earthquake-affected communities to recover and build resilience by strengthening social cohesion, reducing risks, preventing and responding to SGBV, transforming conflicts, and promoting local protection initiatives, through 40 workshops in branches, with 20 people participating per workshop, for a total of 800 people.
c. Implement the "Nuestra escuela, nuestra voz, nuestro futuro" strategy, empowering educational communities to engage children and adolescents in creating safe, protective, and resilient schools by promoting risk management, safeguarding, educational continuity, and well-being, through 40 workshops in branches, with 20 people participating per workshop, for a total of 800 people.

3. Restoring Family Links (RFL)

a. Provide RFL services for 6,000 people through connectivity services, document printing, orientations, and case management.
b. Strengthen the National Society's technical and operational capacity for emergency response through the acquisition of equipment and support for case-management activities (charging stations, mobile devices, and computers for case management).

4. Cross-cutting PGI

a. Develop key messages for communities on the prevention and mitigation of protection risks.
b. Conduct local safeguarding workshops for volunteers from the prioritised branches.
c. Develop key messages for staff and volunteers on Operational Safety and Operational Communication protocols.

Risk Reduction, Climate Adaptation, and Recovery	Female > 18: **N/A**	Female < 18: **N/A**	**CHF 114,472**
	Male > 18: **N/A**	Male < 18: **N/A**	**Total target: N/A**
Objective:	*Strengthen the telecommunications capacity of the affected branches by providing and installing essential radio and satellite communication equipment and offering technical support to ensure reliable connectivity and improve operational coordination during the emergency response.*		
Priority Actions:	**TELECOMMUNICATIONS** a. Deploy the NIT (National Intervention Team) Telecommunications delegate to Quindío, Risaralda, and Caldas, with Chocó or Valle del Cauca to be considered based on identified needs. b. Procure base station, mobile, and portable radio equipment, as well as satellite internet services. c. Configure the equipment at National Headquarters and subsequently deliver to branches. d. Facilitate travel by the NIT Telecommunications delegate to branches to install the equipment and strengthen the telecommunications network.		

Community Engagement and Accountability	Female > 18: **3,570**	Female < 18: **NA**	**CHF 21,554**
	Male > 18: **3,430**	Male < 18: **NA**	**Total target: 7,000**
Objective:	*Develop internal and external participation mechanisms to listen to communities and technical staff to make reasonable adjustments during the operations, understand people's perceptions of the different types of assistance and support, ensure accountability, and promote safeguard measures.*		
Priority Actions:	**1.** Maintain and promote the "Cruz Roja Te Escucha" channels (the CEA mechanism) through the purchase of software licenses, printed materials, and Petitions, Complaints, Claims, Suggestions, and Congratulations (PQRSF) suggestion boxes to collect all feedback and requests from the communities served. **2.** Conduct needs assessments to identify the gaps in care and support required by communities across different service sectors, identify different population profiles, and understand the capabilities of individuals and families.		

	3. Conduct focus groups during the various phases of implementation to enable opportunities for community participation. **4.** Conduct post-distribution monitoring and satisfaction surveys focused on service delivery and the implementation of activities. **5.** Organise accountability workshops with communities, institutions, and within the National Society to strengthen the CRC's transparency, credibility, and standing. **6.** Disseminate helpful information, including available services and how to access assistance, to affected populations through "Cruz Roja te Escucha", social media, and temporary accommodation sites.

Enabling approaches

National Society Strengthening	Female > 18: **148**	Female < 18: **46**	**CHF 3,678,712**
	Male > 18: **152**	Male < 18: **34**	**Total target: 380**
Objective:	*Strengthen the safety, operational capacity, and resilience of the National Society, ensuring continuity of operations and essential services while protecting volunteers and staff, and enabling safe, accountable, and effective humanitarian assistance.*		
Priority Actions:	**1.** Ensure duty of care for volunteers and staff, including uniforms, personal protective equipment, safety and visibility items, identification emblems, and insurance coverage. **2.** Strengthen technical capacities through training in search and rescue, damage and needs assessment, and protection initiatives. **3.** Strengthen humanitarian warehouses and crisis rooms through the provision of essential equipment and supplies. **4.** Rehabilitate damaged National Society infrastructure to restore safe facilities and ensure continuity of operations and essential services. **5.** Implement safeguarding measures and strategies within the CRC to ensure that assistance and services are delivered safely and that people receiving support are protected from harm. **6.** Support the coordinated management of spontaneous volunteers through registration, orientation, and supervised participation, to complement trained Red Cross volunteers. **7.** Prioritise psychosocial support and well-being measures for volunteers directly affected by the earthquake, based on their needs and operational capacity. **8.** Strengthen technological capacity for an efficient emergency response, including the procurement of essential hardware and software to support communication, coordination, information management, and accountability, in line with previous technological capacity assessments and the Digital Transformation Strategy. **9.** Support affected branches whose income-generating activities have been disrupted, prioritising the restoration of		

	critical facilities and equipment to ensure financial sustainability and continuity of operations throughout the emergency and recovery phases. **10.** Ensure the meaningful participation of volunteers, particularly those from affected communities, in decision-making processes throughout the planning, implementation, monitoring, and adaptation of interventions, incorporating their operational experience and knowledge of community needs. **11.** Conduct structured post-operation debriefings and lessons learned sessions with volunteers, staff, and affected branches to document experiences, identify good practices and operational gaps, and integrate recommendations into future preparedness, response, and recovery planning.

Coordination and Partnerships	Female > 18: **N/A**	Female < 18: **N/A**	**CHF 5,000**
	Male > 18: **N/A**	Male < 18: **N/A**	**Total target: N/A**
Objective:	*Ensure effective coordination among Movement partners, including Participating National Societies, the ICRC, IFRC, and Colombian Red Cross Society, to complement the response, strengthen membership and Movement coordination mechanisms, and enhance coordination with external actors, including UN agencies and the Humanitarian Country Team, while reinforcing the National Society's auxiliary role.*		
Priority Actions:	**1. Membership Coordination** a. Maintain regular coordination with PNSs present in Colombia and those supporting the response remotely to provide timely updates on the impact of the emergency, evolving needs, and the Colombian Red Cross Society's response, ensuring that partners remain informed and aligned. b. Coordinate a complementary response among Membership partners to maximise the collective impact, avoid duplication, and leverage the respective capacities and expertise of each partner, enhancing the Way of Working (WoW) approach in emergencies. **2. Engagement with external partners** a. Strengthen engagement with the new national government to position the CRC's auxiliary role and reinforce its contribution to the national emergency response. b. Ensure effective participation in the Humanitarian Country Team and other relevant coordination mechanisms to promote complementarity, identify gaps in the humanitarian response, and support the mobilisation of resources and capacities where needs remain unmet. **3. Movement Cooperation** a. Maintain regular tripartite coordination among the CRC, ICRC, and IFRC, guided by the Seville 2.0 principles, to leverage the respective mandates and ensure a coordinated and complementary emergency response.		

	b. Maintain a continuous flow of information with the ICRC and IFRC on security risks, access, and operational developments in the field, particularly in areas experiencing the double impact of the earthquake and armed conflict. c. Coordinate, where relevant, with the ICRC on the protection needs of conflict-affected populations, including people affected by the earthquake who face additional protection risks linked to the armed conflict.

IFRC Secretariat Services	Female > 18: **N/A**	Female < 18: **N/A**	**CHF 1,119,140**
	Male > 18: **N/A**	Male < 18: **N/A**	**Total target: N/A**
Objective:	*Accompany the Colombian Red Cross Society's response by supporting the relief and logistics system and providing technical expertise to strengthen operational plans and ensure effective humanitarian assistance.*		
Priority Actions:	**1.** Develop monitoring missions to the affected departments and support the National Society in the identification of needs. **2.** Deploy Rapid Response Personnel to provide technical support to the response operation. **3.** Develop a communication strategy targeting local and international media, including systematic operational communication. **4.** Support the development of the Operation Strategy, through personnel with technical expertise in large-scale operations. **5.** Support the response through the timely availability and delivery of essential relief items from the IFRC Logistics Hub in Panama. **6.** Provide field-level support to affected branches in the development of situation reports, deployment of assistance, and information management. **7.** Support resource mobilisation and the management of cash and in-kind donations to address the priority needs identified in the required items and Appeal funding tables. **8.** Support to the CRC in developing and pursuing tailored strategies to support advocacy efforts with the public authorities to strengthen their auxiliary role and enhance coordination of international humanitarian assistance. **9.** Support Membership and Movement coordination efforts to ensure strategic alignment and complementarity across the response. **10.** Comply with IFRC security protocols, ensure staff and volunteer safety through area-specific Security Risk Assessments, mandatory completion of IFRC Stay Safe e-learning courses, and insurance coverage for volunteers. Maintain continuous security monitoring and tracking of personnel, pre-deployment and security briefings, and close coordination between security focal points at the IFRC, CRC, local authorities, and humanitarian actors.		

Risk management

Risk	Likelihood	Impact	Mitigating actions
Continued aftershocks, unsafe structures and limited temporary shelter options may increase protection and shelter risks, particularly in areas exposed to flooding and landslides.	High	High	• Promote adherence to official safety guidance on damaged and potentially unsafe buildings. • Coordinate with authorities to monitor structural assessment findings and access restrictions. • Support the identification of temporary shelter and safe accommodation options. • Prioritise shelter assistance for the most vulnerable households unable to safely return home. • Monitor weather conditions and secondary hazards, including flooding and landslides, to inform planning. • Continuously assess access and shelter needs to adapt operational priorities as conditions evolve.
Security risks due to the presence of armed actors in the area.	High (in some affected areas)	Medium	• Activation of volunteer insurance before deployment to the field. • All IFRC personnel must complete, and Red Cross Red Crescent staff and volunteers are encouraged to complete, the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Level 1-3. Volunteers involved in the operation should be insured. • Security analysis and monitoring with support from the ICRC, at the local and national levels, backed by NIT teams. • Ensure institutional visibility through Red Cross flags on all operational vehicles and "No Weapons" stickers on institutional vehicles. • Continuous reporting of possible security incidents and monitoring during the development of humanitarian intervention activities.
Occupational, environmental, and psychosocial risks: Response personnel may be exposed to environmental, occupational and psychosocial hazards, including unsafe terrain, adverse weather conditions, chemical and biological hazards, physical injuries, stress and fatigue.	Medium	Medium	• Ensure the use of appropriate personal protective equipment (PPE) by staff and volunteers. • Disseminate and enforce health and safety protocols. • Conduct safety assessments of operational areas before deployment. • Ensure proper management and disposal of biohazardous waste. • Implement staff and volunteer well-being and duty-of-care measures, including PSS, emotional debriefings, active breaks, appropriate shift scheduling, mandatory rest periods and staff stand-down arrangements, to prevent fatigue, stress, and burnout.
Administrative and supply-chain risks: Access constraints, transport disruptions, and market pressures may delay the procurement, delivery, and distribution of relief items and increase operational costs.	Medium	Low	• Conduct early supplier assessment and market verification. • Implement phased procurement planning. • Identify alternative transport routes and local suppliers. • Coordinate with UNGRD and territorial authorities. • Regularly review delivery schedules and contingency stocks. • Confirm transport, storage, and distribution arrangements before finalising procurement commitments.

Operational HQ Infrastructure Damage and Duty of Care concerns. Severe structural damage and compromise of CRC facilities (specifically across Risaralda, Caldas, Chocó, Quindío, and Valle del Cauca branches) coupled with ongoing aftershocks and landslides, putting personnel safety and operational continuity at immediate risk.	Medium	High	• Implement detailed structural and constructive studies of compromised headquarters (e.g. Risaralda HQ). • Temporarily relocate the Emergency Communications Centre. • Coordinate with local governments to secure formal long-term use agreements or ownership for alternative operational spaces (e.g. Chocó branch). • Ensure dedicated budget lines for volunteer safety equipment and comprehensive insurance.
National Society Exhaustion and Financial Sustainability Risks. Severe disruption to essential income-generating activities due to infrastructure damage and emergency mobilisation, leading to operational overstretch, volunteer burnout, and long-term financial insolvency.	High	High	• Allocate National Society Development (NSD) and Emergency Appeal resources specifically to address critical branch infrastructure gaps and support operational recovery. • Deploy volunteer well-being programmes, including emotional debriefings, mandatory rest cycles, and active psychosocial support. • Conduct a systematic assessment of volunteers affected by the emergency, recognising that volunteers may themselves be members of affected communities. Identify impacts on their lives, families, homes, livelihoods, and well-being, and ensure that affected volunteers and their households are appropriately prioritised for assistance based on needs and vulnerability. • Provide robust volunteer accident and life insurance before operational deployments.
Prolonged emergency operations may lead to volunteer fatigue, emotional distress and reduced availability, particularly as many volunteers have themselves been affected by the earthquake, including damage to their homes and livelihoods. This may reduce the capacity of branches to sustain operations over the emergency and early recovery phases.	High	Medium	• Implement measures to support volunteer well-being, including psychosocial support, adequate rest and rotation, and duty of care measures. • Bring targeted assistance for volunteers directly affected by the earthquake. • Ensure sufficient surge capacity to maintain operational continuity.
Critical Telecommunications Breakdown and Data Blackout. Severe physical damage to cellular, electrical, and digital networks leading to a vital information blackout, hindering rapid damage and needs assessments (DANA), and delaying RFL operations.	Low	High	• Deploy specialised telecommunications surge delegates and NIT teams to key branches. • Install autonomous solar power systems and replacement batteries on primary VHF repeaters located on Cerro Campanario and Planadas. • Procure and dispatch high speed satellite internet terminals (Starlink) and portable VHF radio equipment to prioritised branches.

Cash Flow Blockages and Streamlined Administrative Constraints. Administrative bottlenecks and cash flow delays resulting from the rapid launch of large-scale operations under new or unfamiliar fast-track protocols (Immediate Response Protocol – IRP), leading to delays in local emergency procurement and cash transfer programmes.	Low	Medium	• Set up Project Expenditure Approval Requests (PEAR) and validate a comprehensive operational budget early in the cycle. • Convene bilateral finance alignment sessions ("cafecito bilateral") to harmonise accounting timelines and reporting requirements between the IFRC and CRC teams. • Request temporary, justified risk-appetite adjustments from regional management to bypass administrative delays.
Protection, Gender, and Safeguarding (PSEA/SEAH). Risks in shelters, vulnerabilities related to overcrowding, lack of privacy, and sanitation constraints in temporary collective shelters, combined with the rapid scale-up of unvetted volunteers, increase the risk of sexual exploitation, abuse, or violence.	High	High	• Establish, promote, and maintain active, safe, and confidential community feedback and complaints mechanisms, such as the "Cruz Roja Te Escucha" helpline. • Enforce strict vetting, safe recruitment, and mandatory safeguarding and Code of Conduct briefings for all deployed personnel. • Map and safely utilise response-specific protection and referral pathways at the local level.
Severe Transport and Local Vehicle Fleet Constraints. Critical shortage of suitable operational vehicles (such as 4x4 vehicles and water/river transport) to access isolated, geographically dispersed rural communities and indigenous reservations (particularly in Chocó and Valle del Cauca).	Medium	Medium	• Formulate and approve a dedicated budget allocation within the Emergency Appeal to rent 4x4 vehicles locally. • Establish specific contracts for river transport (botes/lanchas) to support rapid DANA and aid delivery in the riverine areas of Chocó. • Coordinate with local civil defence and authorities to share transport resources and support joint operations.
Surge Accommodation Safety and Storage. Extreme infrastructure damage, housing shortages, and limited commercial facilities in highly impacted areas pose risks to the safety of deployed rapid response personnel and may lead to the degradation of humanitarian aid kits.	Medium	Medium	• Conduct exhaustive structural damage audits of local housing and potential storage facilities prior to staff deployment. • Coordinate closely with UNGRD and local authorities to secure spaces within structurally safe municipal or public buildings. • Adjust deployment schedules of specialised rapid response profiles to match certified safe accommodation capacities.

Quality and accountability

The operation will use a Results-Based Management (RBM) approach. This means that all activities will be planned, monitored, evaluated and adjusted based on evidence, with a strong focus on accountability to the people affected by the earthquake. The CRC will apply IFRC PMER standards and tools, with technical support from the IFRC Secretariat and Movement partners, to guide the response and early recovery process.

Planning

Planning will set the results framework for the operation, including outcomes, outputs, indicators, and targets in line with the Emergency Appeal. Planning will be based on needs assessments, context analysis, and considerations of access, inclusion, and protection.

Monitoring

Progress against indicators and targets will be tracked on an ongoing basis. This will include verifying that affected people are reached by the response, with data disaggregated by sex, age, disability, and other relevant factors; identifying access constraints and risks of exclusion; and monitoring how needs evolve over time. Monitoring will draw on information from field reports, operational records, and community feedback mechanisms.

Reporting

Reporting will compile verified information from different stakeholders. This includes regular situation reports, donor reports in line with Emergency Appeal requirements, and updates on indicators against their respective targets, among other important sources.

Evaluation

The relevance, effectiveness, and quality of the response will be evaluated separately from routine monitoring, guided by the IFRC Framework for Evaluations. This may include rapid or sectoral assessments, baseline data collection for recovery activities, post-distribution monitoring (PDM) to check how assistance was used, and a final evaluation to review results and identify lessons learned. Affected communities, volunteers, and other stakeholders will take part in the evaluation process.

Learning

Evidence will be used from the monitoring and evaluation process to improve the operation. This includes periodic review sessions, recording good practices and challenges, and a lessons learned workshop. Learning will help the CRC strengthen its own capacity for future emergencies.

SECTOR	INDICATOR	TARGET
Shelter, Housing, and Settlements	Number of shelter assessments conducted	1
	Number of people reached with shelter supplies	3,100
	Number of communities/sites provided with shelter-related response	40
	Number of conditional cash transfers for rent or housing restoration	700
Livelihoods	Number of families who received food items through the National Society response	3,500
	Number of workshops for communities on livelihoods and productive units	1
Multipurpose Cash Transfers	Number of multipurpose cash transfers	1,600
	Number of feasibility studies conducted	5
	Number of people participating in post-distribution interviews	960
Health	Number of people reached with awareness-raising sessions focused on	1,800

	promotion of positive mental health and psychosocial well-being	
	Number of people receiving emergency health services	14,000
	Number of people reached with key community health messages delivered by volunteers	9,000
Water, Hygiene, and Sanitation	Number of water treatment plants installed	1
	Number of people reached with contextually appropriate water, sanitation, and hygiene services	16,500
	Number of families receiving hygiene kits	5,500
Protection, Gender, and Inclusion	Number of RFL points installed	12
	Number of people reached with RFL services	6,000
	Number of strategies on protection, gender, and inclusion in emergencies implemented	5
	Number of target locations where a National Society has established safe spaces for people at particularly high risk	TBD
Community Engagement and Accountability	Number of community engagement and accountability mechanisms developed	1
	Number of people reached with timely information on services, safety, assistance criteria, and feedback mechanisms	500
National Society Strengthening	Number of policies, procedures, and activities developed and implemented by the National Society related to staff and volunteer care	380
	National Society has a digital transformation strategy	1
	Number of National Society Branches rehabilitated/reconstructed	5
	Number of affected National Society Branches supported with a digital transformation strategy	5
	Number of volunteers supported with uniforms and equipment	200
	Number of monitoring visits conducted by the National Society	20
Secretariat Services	Number of monitoring visits conducted by the IFRC	10
	Number of SURGE personnel deployed to support the response	6

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation-wide Funding Requirement, including the National Society domestic target, IFRC Secretariat and the Participating National Society funding requirement	IFRC Secretariat Funding Requirement in support of the Federation-wide funding ask
CHF 25 million	CHF 10 million

**For more information on Federation-wide funding requirement, refer to section: Federation-wide Approach*

Breakdown of the IFRC secretariat funding requirement

IFRC

DREF OPERATION

MDRCO036 - Colombian Red Cross Society
Colombia: Earthquake

Operating Budget

Planned Operations	**5,197,149**
Shelter and Basic Household Items	788,336
Livelihoods	449,284
Multi-purpose Cash	453,838
Health	2,529,462
Water, Sanitation & Hygiene	446,065
Protection, Gender and Inclusion	394,137
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	114,472
Community Engagement and Accountability	21,554
Environmental Sustainability	0
Enabling Approaches	**4,802,852**
Coordination and Partnerships	5,000
Secretariat Services	1,119,140
National Society Strengthening	3,678,712
TOTAL BUDGET	**10,000,000**

all amounts in Swiss Francs (CHF)

Contact information

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

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- **Regional Operations, Evolving Crises and Disasters Manager:** María Martha Tuna, maria.tuna@ifrc.org
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For IFRC Resource Mobilisation and Pledges support:

- **Regional Head of Strategic Partnerships and Resource Mobilisation**: Monica Portilla, monica.portilla@ifrc.org

For In-Kind Donations and Mobilisation table support:

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

Reference

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Click here for:

- Link to IFRC Emergency landing page on IFRC.org
- Link to IFRC Emergency landing page on IFRC GO