OPERATION UPDATE

Colombia | Earthquake

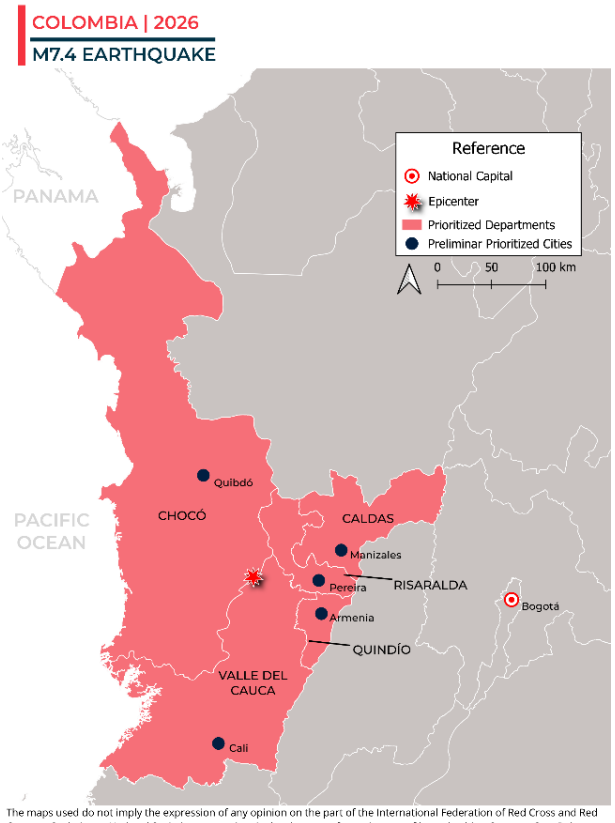
Emergency Appeal N°: MDRCO036 **Emergency Appeal launched:** 12/08/2026 **Operational Strategy published:** 22/08/2026	**Glide №:** EQ-2026-000146-COL
Operation Update #1 **Date of issue:** 22/09/2026	**Period covered by this update:** From 12/08/2026 to 07/09/2026
Timeframe: 24 months (10/08/2026 - 31/08/2028)	**Number of people to be assisted:** 42,900
Funding requirements (CHF): IFRC Secretariat Funding requirements: CHF 10 million Federation-wide funding requirements: CHF 25 million	**DREF amount initially allocated:** CHF 1 million

To date, this Emergency Appeal, seeking 10 million Swiss francs from the IFRC Secretariat, is 73.6% funded. This figure refers specifically to the Secretariat's funding ask and does not include funds raised through the Federation-wide appeal or collected directly by the National Society. Further funding contributions are needed to support the Colombian Red Cross Society in addressing the immediate, short- and medium-term needs of people affected by the earthquake.

Figure 1: Support activities for children affected by the earthquake in Quibdó, carried out by volunteers of the Chocó Branch, Colombia (Source: Colombian Red Cross Society).

A. SITUATION ANALYSIS

Description of the crisis



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: Cruz Roja Colombiana, IFRC. Produced by IFRC Americas, HDCC, IM Team. August 2026.

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 103 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 14 September, the National Disaster Risk Management Unit (UNGRD) reports indicate impacts across 16 departments and 500 municipalities, while the earthquake was felt across much of Colombia and reported in Ecuador, Panama, and Venezuela.

Search and rescue efforts were concentrated in these departments and, as of this date, operations have concluded. In total, 16 accredited Colombian USAR teams, 4 international support teams from the United States, Ecuador and Israel, as well as 34 other support teams were deployed, comprising a total of 1,849 rescuers. These efforts resulted in a total of 356 people rescued and 259 bodies recovered.

According to the UNGRD report of 10 September, in terms of human impact, 778,281 people were reported as affected (364,672 families), with 4,505 people injured and 331 deaths. In terms of infrastructure, 36,327 houses were destroyed, 758 buildings collapsed, and 6,047 buildings and more than 200,000 houses were damaged. Additionally, essential basic services remain in a critical situation, with 4,316 educational facilities and approximately 400 health facilities reported as affected. Likewise, according to the Ministry of Housing, City and Territory, 137 municipalities reported disruptions to water supply, sewerage and solid waste management services, of which 93 have not been able to restore these services. In addition, 286 Colombian Red Cross Society volunteers were themselves directly affected by the earthquake.

The impacts of the earthquake are estimated to have caused direct physical damage to structures amounting to COP 42.1 trillion (USD 13.2 billion), equivalent to approximately 2.3 per cent of Colombia's Gross Domestic Product (GDP). The damage is highly concentrated in Risaralda, Valle del Cauca, Chocó, Caldas and Quindío. (UNDP, 2026)[1]. Critical disruptions to electricity, 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

[1] https://www.undp.org/es/colombia/comunicados-de-prensa/evaluacion-rapida-terremotow-colombia-estima-danos-economicos-directos-estructuras-por-cop-421-billones-usd

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.
This response is unfolding against the backdrop of the El Niño phenomenon. The Institute of Hydrology, Meteorology and Environmental Studies (IDEAM)[2] confirmed that El Niño conditions are already present in the equatorial Pacific Ocean and atmosphere, with more than 95% probability of strengthening during the second half of 2026 and persisting into the first quarter of 2027, potentially reaching "very strong" intensity comparable to the most significant events recorded since 1950. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)[3], the phenomenon is expected to act as a multiplier of humanitarian risk nationwide, with an estimated 4.3 million people across 508 municipalities (45% of the country) facing severe impacts, particularly water shortages, increased wildfire risk, and rising food insecurity. For the departments already affected by the earthquake, these compounding hazards risk further straining water, health and shelter systems that remain damaged, delaying recovery, and deepening the needs of already vulnerable households.

Response overview

Overview of the host National Society and ongoing response

Figure 2. Debris removal efforts by the Colombian Red Cross Society in Cali, Valle del Cauca.

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. Coordination between the CRC and Movement partners has remained active since the onset of the emergency, including Movement coordination committees, partners calls, and joint missions to the most affected areas.

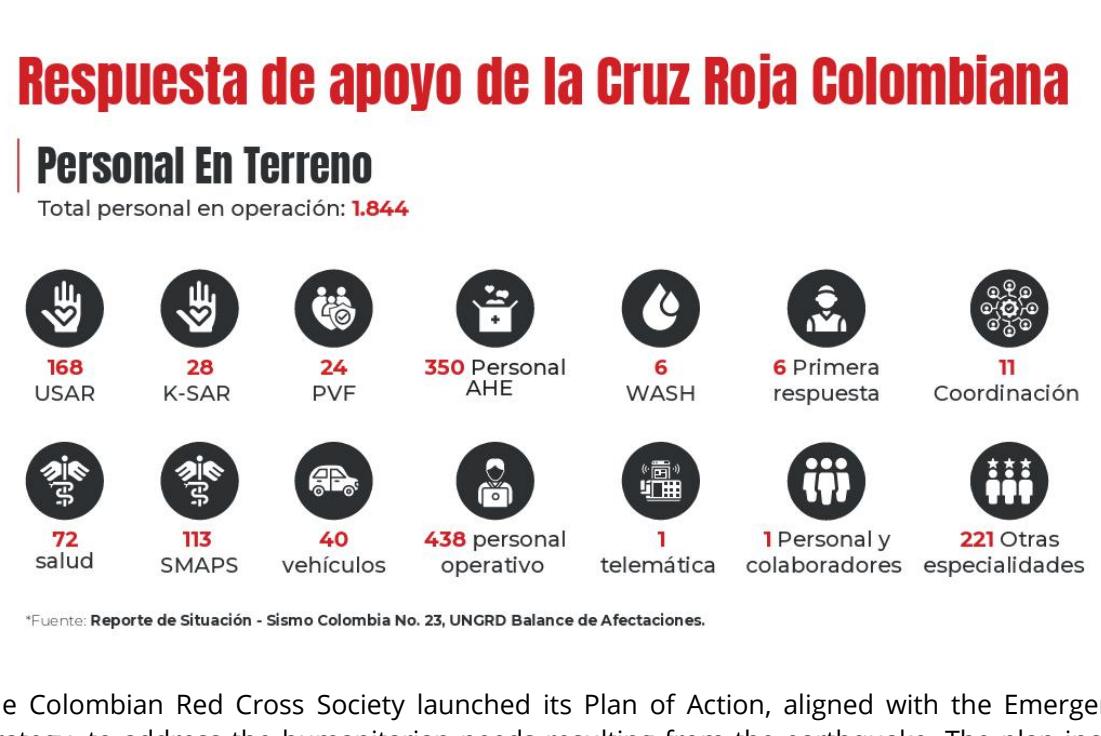
During the first weeks of the emergency, the main activities included search and rescue, medical care and first aid, psychosocial support and emotional stabilization interventions, damage and needs assessments, restoring family links, and telematics. For the search and rescue actions, the Colombian Red Cross Society deployed 168 members of Urban Search and Rescue (USAR) teams and 28 K-9 Search and Rescue (KSAR) binomials, which coordinated with other relief organizations, authorities, and institutions that were providing the first response during the period of highest operational demand in the emergency.

The Colombian Red Cross Society continues responding to the immediate needs of the people in the most affected departments. In total, 1,844 operational staff members are providing direct support to the response. Operational assets deployed for emergency response include 31 vehicles (including 18 4x4 vehicles, 6 ambulances, three cargo vehicles, and four passenger vehicles). Urgent attention has been directed to the most affected departments, with priority response efforts focused on Chocó, Caldas, Risaralda, Valle del Cauca, and Quindío. In addition, 72 health

[2] https://www.ideam.gov.co/sala-de-prensa/noticia/ideam-indica-que-las-condiciones-tipo-el-nino-ya-se-encuentran-presentes
[3] https://www.unocha.org/publications/report/colombia/colombia-prediccion-impactos-por-desarrollo-de-el-fenomeno-del-nino-2026-2027-19-de-junio-de-2026

staff, 113 Mental Health and Psychosocial Support (MHPSS) specialists, and 27 Restoring Family Links (RFL) specialists are also providing services in the most affected departments.

Additionally, until 31 August 2026, the humanitarian response carried out by the CRC comprised the delivery of 10,687 food kits, 13,338 non-food kits, and distribution of 15,764 litres of safe water and 524 water filters, in addition 3,000 tonnes of humanitarian assistance were transported to the affected areas. At health level, of the 2,567 medical consultations provided 1,763 correspond to women and 804 to men, including 249 children and 34 pregnant women. These medical consultations include 1591 general medicine consultations, 559 nursing consultations and 417 psychology consultations, in addition to 3,600 MHPSS actions, 25 health workshops, and 5,042 RFL consultations received.



The Colombian Red Cross Society launched its Plan of Action, aligned with the Emergency Appeal's operational strategy, to address the humanitarian needs resulting from the earthquake. The plan includes an initial response phase covering the first three months, a stabilization phase lasting up to six months, followed by a recovery process, for a total Plan of Action duration of 24 months. The Plan of Action will guide the programmatic and financial allocation of resources supporting the National Society's response, with the aim of reaching 42,900 people across five prioritised departments through 11 areas of intervention: Water, Sanitation and Hygiene (WASH); Emergency Humanitarian Assistance; Health; Livelihoods, including Cash and Voucher Assistance (CVA); Temporary Shelter; Protection, Gender and Inclusion (PGI); Community Risk Reduction; Institutional Strengthening; Telecommunications; Search and Rescue; and Logistics in Operations. According to the Colombian Red Cross Society (CRC) operational reports, a total more than 25,000 people have been reached to date through the efforts of volunteers and staff in the field, with the support of Movement partners and the Colombian public, who have placed their trust in the CRC to reach the most vulnerable communities affected by the earthquake.

Needs Analysis

The humanitarian situation remains severe, with an estimated 778,281 people affected by the earthquake, according to official UNGRD figures.

Shelter, Housing, and Settlements: According to UNGRD's situational report of 11 September, more than 200,000 houses have been damaged nationwide, over 36,000 houses destroyed, nearly 6,000 buildings damaged, and 758

collapsed, in addition to significant damage to health, education, and community facilities. According to the most recent IOM report, at least 100 collective shelters have been mapped to date, housing approximately 6,600 people from 1,915 households across the departments of Valle del Cauca, Risaralda, Chocó and Caldas.[4]

In the department of Chocó, more than 26,000 houses have been reported as damaged and 5,184 destroyed, along with 90 health facilities, 314 educational facilities, and 175 community facilities affected. In addition, 10 collective shelters have been identified by IOM, located in the municipalities of Quibdó, Condoto, Istmina and Río Iró, housing a total of 612 people from 183 families, 6 further shelters located in the municipalities of Litoral del San Juan, Unión Panamericana, and Cantón de San Pablo remain pending verification by IOM. It is worth noting that, following a housing infrastructure assessment carried out by the Antioquia Branch of the Colombian Red Cross Society for volunteers of the Chocó Branch, it was identified that the homes of 15 Red Cross volunteers are uninhabitable. According to reports shared by field teams, there are also cases of people staying with neighbours and relatives, as well as people sleeping in front of their homes to protect their belongings, which creates a high risk of exposure to multiple risk factors for these affected people, who in recent weeks have also faced strong windstorms that caused moderate flooding in the area.

In the most severely affected departments of the coffee-growing region: Risaralda, Caldas and Quindío, IOM reports the need to support host families who have taken in affected people, as well as to restore the potable water supply and rehabilitate local administrative offices, which will help strengthen emergency response coordination and the delivery of humanitarian assistance. According to UNGRD, in the department of Caldas, more than 18,000 houses have been reported damaged and 2,652 destroyed, along with 23 buildings damaged and 4 collapsed, in addition to 18 health facilities, 485 educational facilities, and 237 community facilities affected. Based on this data, the National Society has identified that 63 Colombian Red Cross Society volunteers were affected. In the city of Manizales, 3 collective shelters have been identified, housing 208 people from 85 families.

In the department of Risaralda, close to 57,000 houses have been reported as damaged and 12,000 destroyed, along with 5,306 buildings damaged and 109 collapsed, in addition to 44 health facilities, 403 educational facilities, and 39 community facilities affected. Additionally, IOM has identified 19 collective shelters housing an estimated 2,251 people from 630 families. The Colombian Red Cross Society has identified that 43 of its volunteers were affected. The CRC's own branch headquarters in Pereira has also been directly affected by the earthquake and remains non-habitable, with similar impacts reported at branches in Valle del Cauca, Quindío, Chocó and Cauca.

Caldas and Risaralda departments require the response to incorporate a differential approach that addresses the specific needs of women, persons with disabilities, and older adults. This should also include multi-purpose cash transfers to support stabilization, as well as essential shelter supplies such as kitchen kits, access to essential water, hygiene and sanitation services, health care and psychosocial support.

In the department of Quindío, more than 32,000 houses have been reported as damaged and 3,088 destroyed, along with 4 buildings damaged and 115 collapsed, in addition to 29 health facilities, 202 educational facilities, and 1,219 community facilities affected. The Colombian Red Cross has identified that 65 of its volunteers were affected. According to IOM, 2 collective shelters have been identified, housing 186 people from 72 families.

In Valle del Cauca, more than 53,000 houses have been reported damaged and 13,000 destroyed, along with 556 buildings damaged and 481 collapsed, in addition to 103 health facilities, 1,390 educational facilities, and 3440 community facilities affected. The Colombian Red Cross has identified that 82 of its volunteers were affected. According to IOM, more than 40 collective shelters have been identified, housing 2,720 people from 639 families.

[4] https://3is.org/emergenciaslatam/terremoto_choco/

The process of identifying, characterizing, and updating official shelters and community self-settlements must be strengthened to ensure comprehensive assistance to the population. Support is needed to strengthen the capacity of municipal and departmental authorities to assess and plan durable housing solutions for affected families, including safe, voluntary and informed return where feasible, as well as relocation or other appropriate solutions for families whose homes have been destroyed or remain uninhabitable. As these solutions may require time to be defined and implemented, technical support is also needed for those managing temporary shelters to ensure dignity, respect and the protection of the rights of the entire sheltered population throughout the transition period.

There is also a need to increase the delivery of supplies such as mattresses, mosquito nets, and hygiene and sanitation items, and to ensure that families have access to timely and reliable communication networks, as well as connectivity points within these sites. In addition, water must be supplied for drinking and daily use, and health care and follow-up must continue for cases of Acute Diarrheal Disease (ADD) and respiratory infections.

Beyond temporary collective shelters, there is a need to diversify shelter modalities, support the application of minimum habitability and protection standards for properties enabled as temporary shelter, and expand the coverage of cash transfers. Critical needs persist for water, protection, and psychosocial support, along with the need to increase institutional presence in informal settlements established by communities. Information gaps remain in some areas, particularly in rural areas, ethnic communities, and households hosted by host families, and structural assessments must continue with the support of architects and engineers, not only for housing, but also for the restoration of heritage sites and the rehabilitation of educational and healthcare infrastructure.

Livelihoods and basic needs including Multi-purpose Cash: The scale of housing damage and the temporary displacement of affected households is generating simultaneous needs that may increase economic pressure on families. Households whose homes were destroyed or severely damaged need to maintain continuous access to essential goods and services while they find temporary shelter solutions or move toward conditions that allow for a safe return. This situation particularly affects families in dispersed rural areas, ethnic communities, and households remaining outside collective shelters, including people hosted by relatives or neighbors, for whom information and assistance coverage gaps persist.

In this context, it is necessary to ensure the continued delivery of emergency humanitarian assistance and to help households whose homes were destroyed or severely damaged meet their food and nutritional needs, particularly in dispersed rural areas that report not having received assistance. It is recommended that assistance be prioritized using a different and age-based approach, paying special attention to the nutritional requirements of children and older adults. It is also recommended that support be provided for the restoration of livelihoods and small business in urban areas and crops in rural areas, particularly among Indigenous communities for whom this practice is their main source of subsistence.

Given the above, cash and voucher assistance (CVA) can help cover the priority basic needs of affected households, if market assessments confirm the availability of essential goods and services, that markets continue to function, and that affected people can safely access transfer mechanisms. Multi-purpose cash transfers could allow households to prioritize their spending according to their specific needs, including food, transport, shelter, essential household items, and other basic needs arising from the emergency.

To determine the relevance and frequency of transfers, existing assessments will need to be complemented with information on market functionality and accessibility, prices of essential goods, provider capacity, available payment mechanisms, and potential access barriers, particularly in small municipalities and dispersed rural areas. In addition, the impact on livelihoods may progressively limit households' ability to meet their basic needs: in urban areas, further assessment will be needed of affected small business, commercial activities, and enterprises, while in rural areas, the impact on crops, tools, productive inputs, and other sources of subsistence will need to be analyzed.

Health and care, including MHPSS: The earthquake has had direct impacts on the health of the population and has simultaneously affected the health system's capacity to sustain essential service delivery in the most affected departments. In terms of mortality, of the 331 recorded deaths, 60.1% occurred in Valle del Cauca and 33.2% in Risaralda, together accounting for 93.4% of all deaths. According to UNGRD, 400 health facilities were affected, including 18 in Caldas, 90 in Chocó, 29 in Quindío, 44 in Risaralda, and 103 in Valle del Cauca. In addition, PAHO/WHO conducted a Public Health Situation Analysis to identify and prioritize the main public health risks anticipated over the following three months as a result of the earthquake, considering their potential effects on affected populations, health service delivery, critical infrastructure, and living conditions. The assessment classified the following as "very high" public health risks requiring ongoing surveillance, preparedness, and monitoring: injuries; acute diarrheal diseases; mental health and psychosocial conditions; measles; dengue; and chikungunya. Risks related to natural hazards, maternal mortality, whooping cough, vaccine-preventable diseases, influenza and other respiratory viruses, and malaria, among others, were classified as "high".

El Niño is expected to further amplify these public health risks. Studies on the relationship between the El Niño oceanic index and dengue incidence in Colombia have shown that El Niño episodes are associated with increased dengue transmission, linked to the effects of higher temperatures and altered rainfall patterns on mosquito breeding and viral replication cycles.[5] Irregular water supply can also lead households to store water in open containers, creating additional breeding sites for Aedes mosquitoes, further compounding the dengue and chikungunya risks already classified as "very high" by PAHO/WHO. In addition, public health experts have warned that rising temperatures associated with El Niño increase the risk of heat-related illness, particularly for older people and young children, groups already disproportionately affected by the earthquake's impact on health services and living conditions.

Structural damage to hospitals and other health facilities, combined with damage to water storage and supply systems, has created risks to the continuity and quality of services. Surveillance and diagnostic capacity have also been affected: public health laboratories in Quindío, Risaralda, and Caldas remained closed due to infrastructure damage, while public health laboratory activities in Valle del Cauca were temporarily suspended to assess infrastructure, safety, and equipment conditions. In this context, needs persist related to temporary health facilities, medicines, biomedical equipment, medical supplies, diagnostic capacity, and mechanisms to maintain the continuity of essential services.

Displaced people and those remaining in temporary shelters face additional public health risks associated with shelter conditions, access to safe water, sanitation and hygiene, food security, and exposure to disease vectors. PAHO/WHO has identified the need to maintain epidemiological surveillance and risk monitoring in temporary shelters. The public health situation analysis conducted by PAHO/WHO also identifies risks associated with respiratory diseases and communicable diseases, including dengue and malaria. These risks may increase in contexts of overcrowding, disruption of essential services, and inadequate water and sanitation conditions.

Additionally, geographic access difficulties in rural and dispersed communities may limit timely access to essential health services and referral mechanisms. This situation is particularly relevant in Chocó and rural areas of Valle del Cauca, where mobile teams and alternative service delivery mechanisms have been required to reach affected communities. The response must pay special attention to people with chronic illnesses, older people, people with disabilities, pregnant women, children, and other groups who may face additional barriers to accessing health services. The impact of the emergency is also generating mental health and psychosocial support (MHPSS) needs. The loss or damage of homes, displacement, prolonged stays in temporary shelters, injuries, the loss of family members or livelihoods, and uncertainty about return and recovery may increase psychosocial distress among affected people. One of the services in highest demand identified by the Colombian Red Cross team is psychosocial support, as

[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12755388/

affected people continue to experience panic and fear resulting from the multiple aftershocks felt since the earthquake.

Accordingly, it is necessary to maintain and facilitate affected communities' access to essential health services, particularly in areas where health infrastructure has been damaged or geographic access barriers exist; strengthen health promotion and community-based surveillance of priority risks; facilitate the timely identification and referral of people requiring specialized care; and provide MHPSS interventions tailored to the needs of the affected population and responders. These actions must be coordinated with health authorities, the Health Cluster, and other response actors to complement existing services and avoid duplication. The Colombian Red Cross Society health team carried out a sectoral assessment, with the corresponding report still being prepared.

Water, Sanitation and Hygiene: The earthquake has caused significant damage to drinking water supply and basic sanitation systems in the most affected departments, compromising the continuity and quality of essential services for the population. According to UNGRD's report as of 6 September 2026, 141 aqueduct systems have been reported as affected nationwide. Among the departments prioritized by the operation, damage has been recorded in Caldas, Chocó, Quindío, and Risaralda, while assessments and system restoration efforts continue.

The damage is not limited to service interruptions. The Superintendency of Residential Public Utilities (Superintendencia de Servicios Públicos Domiciliarios) reported structural and conveyance damage to water intakes, sediment tanks, drinking water treatment plants, and storage tanks in municipalities across Caldas, Risaralda, Chocó, and Valle del Cauca. Damage was also identified in sewerage and waste collection services, including delays in waste collection routes and restricted access to final disposal sites due to road blockages, debris, and landslides. These conditions increase the risk of prolonged disruptions to the safe water supply and deteriorating sanitary conditions in affected communities.

The impact on drinking water and sanitation systems is of particular concern in temporary shelters, spontaneous settlements, and host households. As shown in the shelter needs assessment, thousands of people remain in collective shelters or other temporary solutions, while other families are being hosted by relatives and neighbors. This concentration of population increases demand on existing water, sanitation and hygiene systems and may make it difficult to guarantee enough safe water, adequate sanitation facilities, waste management, personal hygiene and the cleaning of shared space.

PAHO/WHO has identified water, sanitation, and hygiene as one of the priority areas of the health response to the earthquake. In temporary shelters, ongoing actions include water quality monitoring, the supply of safe water and cleaning products, food safety promotion, and vector and pest control measures. PAHO/WHO also reported damage to water storage and supply systems in health facilities, which may compromise the continuity of some essential health services. Current conditions also pose direct risks to public health. PAHO/WHO's Public Health Situation Analysis identifies acute diarrheal diseases among the risks classified as very high following the earthquake.

Disruptions to the drinking water supply, potential difficulties in ensuring water quality, deteriorating sanitation, waste accumulation, and overcrowded conditions in temporary shelters may increase exposure to waterborne diseases and other health risks. These risks may be compounded by episodes of rainfall, flooding, and windstorms reported in some affected areas, particularly in Chocó and Valle del Cauca, where service limitations already existed prior to the disaster.

These vulnerabilities are compounded by the risks associated with the El Niño phenomenon. According to a national vulnerability assessment issued by the Ministry of Housing, City and Territory (Ministerio de Vivienda, Ciudad y Territorio), 558 municipalities and non-municipalized areas across Colombia face a heightened probability of drinking water shortages during the current El Niño episode, with historical impacts concentrated mainly in the Andean an

Caribbean regions.[6] The Ministry has called on local authorities and water utilities to identify alternative water sources, review storage and treatment capacity, and prepare contingency mechanisms such as water-tank trucks. In departments already affected by the earthquake, where aqueducts systems, treatment plants, and storage infrastructure sustained direct damage, this combination of pre-existing disruption and anticipated water scarcity increases the urgency of restoring and reinforcing water systems before the effects of El Niño intensify.

Accordingly, there remains a need to ensure continuous access to safe water for drinking, food preparation, personal hygiene, and cleaning: support the safe storage and treatment of water where regular systems have been affected, strengthen sanitation and hygiene conditions in temporary shelters and affected communities, support adequate solid waste management, distribute essential hygiene items according to identified needs, and reinforce the promotion of hygiene practices and community-based monitoring of risks related to water, sanitation, and communicable diseases.

Protection, Gender, and Inclusion: The physical conditions and management of shelters can increase protection risks, UNFPA has identified that overcrowding and inadequate conditions of privacy, lighting, water and sanitation in temporary shelters increase exposure to gender-based violence, including sexual violence, harassment, exploitation, and abuse. In addition, some women and their families remain without adequate shelter, increasing their exposure to protection risks and creating additional barriers to accessing essential services. The emergency does not affect the entire population uniformly: women, girls, and adolescents may face greater risk of gender-based violence, an increased burden of caregiving responsibilities, and difficulties safely accessing basic services and assistance mechanisms. According to UNFPA, as of 21 August, an estimated 76,330 women of reproductive age and 3,050 pregnant women were among those affected by the earthquake, reinforcing the need to consider their specific needs regarding protection, privacy, hygiene, sexual and reproductive health, and safe access to care pathways.[7]

The situation of children and adolescents also requires priority attention. The destruction of homes and schools, along with the disruption of essential services, has reduced access to safe spaces and community protection networks. UNICEF has warned that children face growing risk following the emergency and has identified needs related to psychosocial support and safe spaces. In temporary shelters, protection measures need to be strengthened against violence, abuse, exploitation, family separation, and other risks, in addition to ensuring safe case identification and referral mechanisms. There is also a need to promote recreational spaces for children, resume educational activities, and ensure the continuity of essential basic services.

Older people and people with disabilities may face additional barriers related to physical accessibility, mobility, access to sanitation facilities, aid distribution, information, and feedback mechanisms. These conditions may be compounded when collective shelters lack accessible infrastructure or when services are organized without considering individual support needs. The response must avoid assuming that these groups are homogeneous and should identify specific needs through participatory assessments and registration and monitoring mechanisms.

In Chocó and other territories with a significant presence of Indigenous and Afro-descendant communities, the response must consider cultural, linguistic, territorial, and organizational differences that may influence access to assistance and community-based forms of protection. The participation of communities, local leaders, and representative organizations will be necessary to identify specific risks and ensure that the measures implemented are culturally appropriate and do not create new forms of exclusion. Next week, the Colombian Red Cross will be visiting the field to carry out a specific PGI assessment in the affected communities.

Risk Reduction, Climate Adaptation and Recovery: The earthquake has caused impacts that go beyond immediate physical damage, revealing vulnerabilities related to community preparedness, the continuity of communications,

[6] https://www.minvivienda.gov.co/sala-de-prensa/minvivienda-identifica-558-municipios-en-riesgo-y-orienta-acciones-de-preparacion-ante-el-fenomeno-el-nino

[7] https://colombia.unfpa.org/es/news/actualizacion-urgente-unfpa-sobre-el-terremoto-en-colombia

and the capacity of institutions and communities to exchange critical information during an emergency. These gaps are particularly relevant in small municipalities, dispersed rural territories, and hard-to-reach communities, where connectivity and telecommunications systems are essential for maintaining response coordination, transmitting alerts, requesting assistance, and enabling population access to information and services.

For the Colombian Red Cross Society, strengthening telecommunications and telematics capacities is a cross-cutting need to maintain operational continuity in affected areas. IFRC recognizes that IT and telecommunications systems make it possible to establish local communication networks and ensure a continuous flow of information among actors involved in an emergency operation, using various technologies, including radio systems and satellite communications, depending on geographic and operational conditions. In this context, it is necessary to access the coverage, functionality, energy autonomy, and redundancy of communication systems used by branches, municipal units, and deployed teams, particularly in territories with limited or intermittent connectivity.

Recovery efforts must also incorporate risk reduction measures against secondary hazards and future events. In Chocó following the earthquake, high-threat alerts for mass movements associated with intense or prolonged rainfall have remained in place in municipalities such as Quibdó, Condoto, Río Quito, Medio Baudó, Alto Baudó, and El Litoral del San Juan. These conditions could worsen existing damage, generate new displacement, affect roads, and once again restrict communication and humanitarian access. Recovery efforts should therefore be risk-informed and consider the simultaneous exposure to seismic, hydrometeorological, and mass-movement hazards.

The risk-informed approach must also account for the compounding effects of the El Niño phenomenon, which IDEAM projects could become one of the most intense events recorded since 1950, with the highest probability of impact between November 2026 and January 2027. As of 12 September 2026, the National Disaster Risk Management Unit (UNGRD) reported 18 active wildfires across eight departments, including Valle del Cauca and Caldas, both already affected by the earthquake, underscoring how reduced rainfall and rising temperatures can further strain communities whose water systems, shelters, and productive assets remain damaged.[8] At the same time, IDEAM alerts on rising river levels in Chocó. El Niño's effects are not uniform across the departments affected by the earthquake: while the Andean departments face heightened drought and wildfire risk, parts of the Pacific region may continue to experience intense rainfall and associated mass-movement hazards. Recovery and reconstruction planning should therefore integrate both scenarios, ensuring that rebuilt infrastructure, water systems, and shelters are resilient to drought, wildfire, and rainfall-driven hazards alike.

Community Engagement and Accountability: Affected people need to receive clear, consistent, and timely information on available assistance, prioritization and selection criteria, distribution locations and schedules, health and protection services, cash transfer mechanisms, shelter conditions, structural assessments, return processes, and mechanisms for requesting support. This information must be updated as the operation evolves and communicated transparently, including the limitations and actual scope of the Colombian Red Cross response, as well as clear referral mechanisms.

The emergency also increases the need to manage rumours, misinformation, and expectations related to assistance. The circulation of unverified information about aid availability, registration processes, cash transfers, housing safety, or potential aftershocks can create confusion, undermine trust, and lead people to make decisions based on inaccurate information. It is therefore necessary to establish systematic community listening mechanisms to identify recurring questions, concerns, perceptions, and rumours, and to respond with verified information coordinated with relevant authorities and actors. In addition, accessible, safe, and confidential feedback and complaints mechanisms must be strengthened. These mechanisms should allow people to raise concerns about the quality, relevance, and timeliness of assistance; report possible exclusions or access barriers; ask questions about selection criteria; and communicate sensitive concerns related to protection, staff or volunteer conduct, and exploitation or abuse.

[8] https://www.eltiempo.com/colombia/otras-ciudades/alerta-por-incendios-forestales-en-colombia-18-siguen-activos-y-tolima-concentra-casi-la-mitad-segun-la-ungrd-3585657

Feedback must be systematically analysed to identify trends, shared with operational teams, and used to inform adjustments to household targeting, assistance modalities, communication channels, distribution schedules and locations, sectoral interventions, and other relevant aspects of the operation. This action should draw on the territorial network and volunteer base of the Colombian Red Cross Society, recognizing their proximity to and knowledge of the communities and should be coordinated with local authorities and other humanitarian actors.

Operational risk assessment

The IFRC is taking a proactive approach to risk management, implementing an optimal set of controls to maximize the effectiveness of the operation. The overall risk management structure and plan (in line with the IFRC Risk Management Policy and Framework) include:

- The risk management and risk reporting procedure for the Emergency Appeal (EA).
- A How to guide – risk management cycle in detail.
- Roles and responsibilities in managing risk.

The IFRC Colombia Delegation and operational teams are responsible for identifying, mapping, monitoring, and reporting risks inherent to the operational environment. This is facilitated by the Programs and Operations Coordinator, Operations Manager and members of the operation team. Risks are captured in the risk register, reviewed, and reported on, following an established process flow. Each month, the Americas Region Office will review the risk register and prepare a consolidated summary for relevant IFRC actors and partners.

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 conflicts 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	High	Medium	• Implement measures to support volunteer well-being, including psychosocial support, adequate rest and rotation, and duty of care measures.

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.			• 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, 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. • 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 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).	High	Medium	• Formulate and approve a dedicated budget allocation within the Emergency Appeal to rent 4x4 vehicles locally. • Establish specific contracts for river transport (boats/lanchas) to support rapid evaluations and aid delivery in the riverine areas of Chocó. • Coordinate with local civil defence and authorities to share transport resources and support joint operations.
The El Niño phenomenon is exacerbating the needs of families affected by the earthquake and more locations in the country, while also increasing the complexity of the operational context and creating additional challenges for the implementation of the operation.	Very High	High	• To support the measures planned in the response to the earthquake in the areas that will be most severely affected by the El Niño phenomenon, including preparatory measures to address water shortages, or wildfires, among other. • Strengthen the capacity of the CRCNS offices in the areas most affected by El Niño to coordinate and fluently communicate with the authorities and local communities.

			• Review contingency plans, with a focus on water, food, energy, fire and public health. • Strengthen epidemiological surveillance for dengue, Zika and chikungunya.

B. OPERATIONAL STRATEGY

Update on the strategy

Since publication of the Operational Strategy, the overall objectives and geographic focus remain unchanged. The strategy has, however, been refined to strengthen the recovery lens across the operation, including greater emphasis of health, water, hygiene and sanitation, and nutrition, resorting safe housing and essential services, supporting livelihoods and self-sufficiency, reducing future risks, and further reinforcing the Colombian Red Cross Society operational and preparedness capacity. This refinement aligns the Operational Strategy with the three phases of the National Society's two-year Plan of Action, an initial response phase, a stabilization phase, and a recovery phase, with this first Operational Update focused on the rehabilitation of community spaces, water systems, and livelihoods. The prioritization of municipalities within each of the five affected departments was defined in consultation with the National Society and based on field assessments: in Chocó, the municipalities of Quibdó, Istmina, and San Juan; in Caldas, Manizales, Chinchiná, and Villa María; in Risaralda, Pereira, Dosquebradas, and Santa Rosa de Cabal; in Quindío, Armenia, Quimbaya, and Calarcá; and in Valle del Cauca, Cali and Buenaventura.

The indicators and budget lines included below have been reviewed and updated for each strategic sector of intervention to better reflect the key interventions and progress achieved. Below is a summary of the update:

- **Target population:** The figure has been adjusted to reflect the total number of people to be reached with a revised target of 42,900 people for the response operation.
- **Shelter:** Considering the distributions carried out by the National Society as part of the initial response, the target for the indicator “Number of people reached with shelter supplies” has increased.
- **Multipurpose cash:** In light of the changes in the Shelter sector, the amounts of conditional cash transfers have been adjusted to increase the number of multipurpose cash transfers; as a result, the indicator now stands at 1,604 transfers.
- **Health:** Taking into account the interest of various donors in providing earmarked contributions to the health sector, an adjustment has been made to the corresponding budget lines (including initiatives in health services, community health, MHPSS, and WASH) in the amount of approximately 3.5 million CHF. The health services indicators have also been adjusted, resulting in a total of 20,000 people to be reached.

These indicators will be further revised with the National Society for Operational Update 2 to ensure they reflect the changing reality of the earthquake’s response, the targets were adjusted according to the actual actions reported by the National Society. Furthermore, the response environment has continued to expand, with additional humanitarian actors operating in affected areas and increased interest from Participating National Societies in providing technical, operational, in-kind and financial support. This requires continued coordination, contribution tracking and alignment with priorities identified by the Colombian Red Cross Society through the Federation-wide approach.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	**Shelter, Housing and Settlements**	Female > 18: 1,755	Female < 18: 540
		Male > 18: 1,800	Male < 18: 405
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.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of shelter assessments conducted	0	1
	Number of people reached with shelter supplies	895	3,900
	Number of communities/sites provided with shelter-related response	0	40
	Number of conditional cash transfers for rent or housing restoration	0	605

The Colombian Red Cross Society and IFRC teams continue monitoring and supporting temporary accommodation sites to identify shelter needs and cover the most urgent cases during the response phase in the prioritized departments. Coordination processes have been carried out with departmental and municipal governments, as well as with the Shelter Cluster Working Group in Colombia, United Nations agencies, and humanitarian partners, to strengthen the emergency response at the local level.

In Chocó, Risaralda, Quindío, Caldas, and Valle del Cauca, the Colombian Red Cross Society has supported at least 15 shelters by providing water and food kits, delivering health care and psychosocial support, and setting up mobile recreational spaces for children and adolescents. Currently, the National Society registered 498 sleep kits delivered in Risaralda and 397 sleeping mats in Chocó. Therefore, priority will be given to Colombian Red Cross Society volunteers, volunteers from other emergency response organizations, and people who have lost their livelihoods. The Colombian Red Cross Society has sent overnight kits to its branches to help meet the need for safe and dignified accommodation. Additionally, until 31 August 2026, the humanitarian response carried out by the CRC comprised the delivery of 10,687 food kits, 13,338 non-food kits, and distribution of 15,764 liters of safe water and 524 water filters.

Likewise, technical guidance has been provided for shelter management, along with support for assessment processes and Restoring Family Links (RFL) services. Support has also been provided in unofficial community shelters, ensuring that the most urgent needs can be met.

At this stage of the operation, a temporary reallocation of conditional funding has been made towards the Health sector, which has led to an adjustment in the cash-based assistance initially planned for shelter. It is expected that, as funding allocations are revised, the next Operations Update will reflect an increase in cash-based assistance for shelter, including support for rental fees, in line with identified needs.

	Livelihoods	Female > 18: **15,912**	Female < 18: **4,896**
		Male > 18: **16,320**	Male < 18: **3,672**
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.*		
Key Indicators:	**Indicator**	**Actual**	**Target**
	Number of people who receive food items through the National Society response	10,189	13,600
	Number of conditioned cash transfers for productive units (families)	0	200

	Number of workshops for communities on livelihoods and productive units	0	1

During the first month of the emergency response, the Colombian Red Cross Society (CRC) distributed family and community food kits in areas affected by the earthquake. This assistance was made possible through donations received from the Colombian public and from CRC branches across the country that have contributed to the response. The food assistance provided to affected families has enabled them to meet their nutritional needs for approximately one week, based on the average household size of three people.

In this context, the CRC is currently procuring food kits containing a range of food groups and nutritional components, including proteins, sugars, fats, carbohydrates and fiber, with the aim of supporting the food security of affected families over a sustained period. As part of the overall response effort, a total of 3,609 tonnes of humanitarian assistance has been mobilized, and 10,189 food assistance kits have been distributed to affected families.

The composition of the food kits being procured is aligned with the food assistance provided by the National Unit for Disaster Risk Management (Unidad Nacional para la Gestión del Riesgo de Desastres – UNGRD). This will ensure that the humanitarian assistance provided by the CRC is harmonized with the broader institutional response. The distribution of this assistance will also prioritize households facing greater socioeconomic vulnerabilities.

	Multi-purpose Cash	Female > 18**: 1,877**	Female < 18: **577**
		Male > 18**: 1,925**	Male < 18: **433**

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.*		
Key Indicators:	**Indicator**	**Actual**	**Target**
	Number of multipurpose cash transfers	38	1,604
	Number of feasibility studies conducted	0	5
	Number of people participating in post-distribution interviews	0	960

The Colombian Red Cross Society (CRC) assessed the operational capacity of the two financial service providers in the departments affected with which it already has Framework Agreements in place (Efecty and SuperGIROS), to determine whether they currently have sufficient capacity to provide the required services in the most affected areas. The results of the assessment were satisfactory, enabling the CRC to make initial payments to these financial service providers and initiate the first cash transfers to affected people. In parallel, and to avoid overburdening the existing financial service providers, the CRC has engaged in discussions with other financial service providers operating in the country that offer the possibility of delivering cash transfers through digital wallets, including Nequi and DaviPlata.

To date, the Colombian Red Cross Society (CRC) has made progress in the targeting and profiling of 286 volunteers affected by the earthquake, with the aim of providing them with support through multipurpose cash transfers. This profiling is being conducted through the AccessRC platform, with support from the IFRC and the American Red Cross. To date, a total of 38 multipurpose cash transfers has been provided to affected Colombian Red Cross Society volunteers across the five prioritized branches. Additionally, the decision was made to conduct the feasibility assessment in the Risaralda branch, considering that, as part of previous DREF operations, the Colombian Red Cross Society (CRC) has already implemented multipurpose cash transfers in the department of Chocó.

To further strengthen the CVA response, a CVA Coordinator surge deployment, supported by the American Red Cross, will be joining the operation. This role will provide technical and strategic support to the National Society across all stages of the project cycle, helping to scale up cash and voucher assistance from the emergency response through to early recovery, while ensuring coordination with relevant external stakeholders to maximize the impact of the overall response.

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18**: 7,800**	Female < 18**: 2,400**
		Male > 18**: 8,000**	Male < 18: **1,800**

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.*		
Key Indicators:	**Indicator**	**Actual**	**Target**
	Number of people reached with psychosocial support (children and adolescents, caregivers at the community level) in person and through remote helpline	3,600	5,400
	Number of people reached with community-based health promotion and disease prevention activities	338	9,000
	Number of community health kits delivered	0	4,400
	Number of people receiving primary health services	5,351	19,000
	Number of volunteers deployed for search and rescue (SAR) activities	168	100
	Number of health needs assessment carried out	3	5
	Number of hospitals/health facilities supported by the NS	0	30

The Colombian Red Cross Society (CRC) specialized teams have supported search and rescue operations in the affected areas, particularly in Chocó, Risaralda and Caldas, in coordination with the agencies that comprise the National Disaster Risk Management System (SNGRD). A total of 168 Urban Search and Rescue (USAR) specialists and 28 K-SAR canine teams of the National Society were deployed. These teams also supported structural assessments, the demarcation of risk areas, and search operations for people trapped or reported missing. Their

work was coordinated with Colombia's USAR team, and together with international support teams, they rescued 356 people and recovered 259 bodies, according to figures from the UNGRD.

Additionally, 5,351 comprehensive health consultations and interventions have been reported, while 3,600 people have been reached through direct Mental Health and Psychosocial Support (MHPSS) activities. A total of 25 community health workshops have also been conducted, reaching 338 people with sessions on mental health, hygiene and stress management. These results have been achieved through coordination between the Colombian Red Cross Society (CRC) and its branches, with the support of Movement partners.

Thanks to the cooperation with the Norwegian Red Cross, the German Red Cross, and the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), Mobile Health Units have been established and strengthened to bring primary care to affected rural areas, including isolated communities with difficult geographic access. These units have made it possible to provide medical consultations, psychosocial support, and health prevention activities to the most vulnerable populations, consolidating this strategy as a reference point for the Colombian Red Cross Society in bringing the humanitarian response closer to territories where access to health services is limited by geographic, economic, and security factors.

In Chocó, needs assessments were conducted at San Francisco de Asís Hospital and Ismael Roldán Hospital, both located in the municipality of Quibdó. Similar assessments were also carried out in Buenaventura, Valle del Cauca, and Pereira, Risaralda. The Colombian Red Cross Society (CRC) is currently preparing a needs assessment report covering the five most affected departments. The IFRC country office is supporting the procurement of medical items under the United States government grant, including validation of purchase agreements and the definition of final supplies together with the National Society.

	**Water, Sanitation, and Hygiene**	Female > 18**: 9,945**	Female < 18**: 3,060**
		Male > 18**: 10,200**	Male < 18: **2,295**

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.*

	Indicator	**Actual**	**Target**
Key Indicators:	*Number of water treatment plants deployed*	0	1
	Number of interventions of community level water access systems implemented	0	3
	Number of interventions of family level water access systems implemented	0	150
	Number of family water kits delivered	0	500

	Number of families reached with hygiene kits	3,022	8,500

The Colombian Red Cross Society (CRC) has distributed more than 15,000 litres of treated and bottled drinking water in the departments of Chocó, Caldas and Risaralda, as a result of in-kind donations from the Colombian population and Red Cross Branches actions in the field.

In addition, a total of 3,022 family hygiene kits have been distributed (2,109 in Caldas, 713 in Chocó and 200 in Risaralda). The hygiene kits contain essential items for personal and household hygiene, as well as menstrual health and hygiene, and are designed to meet the needs of an average household of three people for approximately one week, as the items are intended for daily use.

It is important to highlight that Chocó is among the departments forecast to face the highest risk of impacts from the El Niño phenomenon this year. This may affect earthquake recovery efforts and require preparedness strategies to address water shortages, disruptions to power generation, forest fires and other associated risks. The period of greatest intensity is expected to begin in October and continue until April 2027.

	Protection, Gender and Inclusion	Female > 18: **2,340**	Female < 18: **720**
		Male > 18: **2,400**	Male < 18: **540**
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.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of RFL points installed	5	12
	Number of people reached with RFL services	1,348	6,000
	Number of strategies on protection, gender and inclusion in emergencies implemented	0	5
	Number of people reached with strategies of protection for children and adolescents	0	1,600
	Number of target locations where a National Society has established safe spaces for people at particularly high risk	1	4

Following the earthquake and considering the scale of the disaster in the capital cities and surrounding areas, Restoring Family Links (RFL) activities were activated to complement search and rescue operations. These activities included the active tracing of family members and the restoration of family links through visits to temporary shelters and affected areas. A total of 1,262 services have been provided through the Colombian Red Cross Society Restoring Family Links (RFL) network, with an additional 86 services provided through the global Family Links Network, bringing the overall total to 1,348 services.

Additionally, various connectivity tools and services were made available to enable affected people to maintain contact with family members and friends, including internet access and charging points for mobile phones. Furthermore, volunteers and Restoring Family Links (RFL) focal points from each CRC branch have provided protection-related guidance, including information on registration in the Single Registry of Disaster-Affected People, access to information on rights, and referrals to relevant institutional services, including health services and the issuance of identification documents.

	**Risk Reduction, Climate Adaptation, and Recovery**	Female> 18: **N/A**	Female < 18: **N/A**
		Male > 18: **N/A**	Male < 18: **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.*		
	Indicator	**Actual**	**Target**
Key indicators:	*Telecommunications systems repaired*	4	4
	Branches connected via high-speed satellite data	2	4

As a result of the earthquake, communication systems used for emergency reporting and risk reduction activities across several Colombian Red Cross (CRC) branches were affected. Antennas and repeaters sustained damage, while the deterioration of branch facilities also resulted in the loss of communication equipment. In response to the above, the procurement of various technological and telecommunications equipment was proposed to support the repair and restoration of the communication systems of the Valle del Cauca branch. To date, 15 handheld radios, one repeater, one VHF dipole antenna and ½-inch Heliax cable have been procured. Additionally, the National Society received a donation of 40 radios from Hytera and 30 radios from Motorola, which are currently strengthening the Colombian Red Cross's telecommunications capacity at both national and branch levels.

At the local level:

- The Chocó branch received five handheld radios and one Starlink antenna.
- The Risaralda branch received support from an ENI volunteer specialized in telecommunications, including the configuration and delivery of handheld radios donated by Motorola. A Starlink antenna was also provided to the branch.
- The Quindío branch also received support from an ENI volunteer specialized in telecommunications. This support included the repair of the repeater located on El Campanario hill, installation of a satellite antenna at the Tacurrumbí Operations Centre, and configuration and delivery of 10 handheld radios.

These interventions enabled the restoration of connectivity services across the branches, which in turn facilitated the collection of information on community needs and strengthened the ability of the CRC National Directorate to provide support to the affected branches.

Community Engagement and Accountability

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 safeguarding measures.*

	Indicator	Actual	Target
Key indicators:	*Number of community engagement and accountability mechanisms developed*	1	1
	Number of people reached with timely information on services, safety, assistance criteria and feedback	TBD	500
	Number of needs assessments developed to identify the gaps in care and support required by communities	5	5
	Number of focus groups conducted	TBD	25
	Number of accountability workshops with communities and institutions developed	0	1

The Colombian Red Cross (CRC) has activated its "Cruz Roja Te Escucha" feedback mechanism to provide the public with information on the services and support available to affected communities. The mechanism also serves as a channel for receiving requests, complaints, enquiries and feedback regarding the activities carried out by the CRC. This channel facilitates community participation and provides a safe and trusted mechanism to help mitigate Protection from Sexual Exploitation and Abuse (PSEA) risks and promote the safeguarding of all people and communities reached by the CRC.

The number of people reached with information and those who have provided feedback on the services received is currently being validated as well as the number of focus groups. The "Cruz Roja Te Escucha" feedback mechanism enables the CRC National Directorate and its branches to identify good practices and introduce appropriate adjustments during the operational implementation of humanitarian response activities.

Enabling approaches

National Society Strengthening

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.*

	Indicator	Actual	Target
Key indicators:	*Number of policies, procedures, and activities developed and implemented by the National Society related to staff and volunteer care*	0	380
	Number of National Society Branches rehabilitated/reconstructed	0	5
	Number of ENI volunteers deployed	3	12
	Number of volunteers supported with uniforms and equipment	250	450
	Number of monitoring visits conducted by the National Society	5	20

The Colombian Red Cross, from its headquarters, has provided ongoing support to the emergency response, with 1,844 staff members and volunteers directly involved in the operation. Among them, three deployments of National Intervention Teams have been completed (two in telecommunications and one in CASH). In addition, regular staff from the CRC headquarters have been deployed to the five most affected branches and have provided ongoing support for operational and coordination efforts. Additionally, the National Society's staff structure for the earthquake response has been strengthened through the hiring of technical and administrative teams at the national and local levels.

At the same time, regarding efforts to care for volunteers, a profile and registry have been created of all volunteers directly affected by the earthquake, and various lines of intervention of the Emergency Appeal have been adjusted to provide direct support to affected volunteers. These include 536 multipurpose cash transfers to affected volunteers and the distribution of 250 uniforms, as well as providing mental health services and psychosocial support to volunteers who were affected or directly involved in the response, these activities are being tracked by branch, and progress will be reported in the next Operational Update.

In addition, plans have been made to conduct specialized habitability assessments of the branches whose operational headquarters were most severely affected, and measures are currently being taken to mitigate damage and adapt workspaces in the branches (through renting of spaces and installment of temporary operational tents), in order to ensure that response efforts continue uninterrupted and that volunteers and staff can operate from safe and suitable locations.

Coordination and Partnerships

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.*

The earthquake response continues to benefit from a strong Federation-wide approach and significant support from across the Red Cross and Red Crescent Movement. The main efforts of coordination include the mission of IFRC Regional Director to the country. The visit included strategic meetings with the ICRC, Participating National Societies present in the country, Colombia's Ministry of Foreign Affairs and cooperation partners, with the objective of aligning partner capacities with the operational priorities established by the National Society. A field visit to the Chocó Branch of the CRC also took place with members of CRC leadership, with the purpose of assessing the main needs of the Chocó Branch, its staff and volunteers, and options for addressing these in the framework of the EA. Additionally, the CRC has taken on the important role of convening recurrent Multilateral Cooperation Committees, with participation of representatives from IFRC, ICRC, and PNs present in the country, where interests to contribute to the response and coordination efforts are discussed.

Additionally, Movement partners have directly supported the Colombian Red Cross's operational response in the field through ongoing cooperation projects. Further details on this support will be provided in the next Operational Update:

- **ICRC:** The ICRC has provided technical and financial support to the Colombian Red Cross in responding to the emergency, participating in coordination mechanisms at both national and local levels to support coordination processes and the implementation of response activities in the department of Chocó, particularly in the municipalities of Nóvita, Sipí, Bajo Baudó, Quibdó, Istmina and San José del Palmar, and in Valle del Cauca, particularly in the municipalities of Dagua and Jamundí. The ICRC has co-led multidisciplinary and community-based assessments, supported the preparedness, storage and mobilisation of humanitarian assistance, and directly implemented interventions in Protection, Water and Habitat (WatHab), Economic Security (EcoSec) and Health.

  In addition, the ICRC has provided field-level support to the National Society to strengthen its logistics, telecommunications and Safer Access capacities, enabling operations in complex and hard-to-reach contexts. It has also reinforced health response capacities, supported local health facilities, and provided assistance to communities requiring humanitarian support in the most affected areas.

- **American Red Cross:** The American Red Cross is providing technical support and assistance to the Colombian Red Cross at the national level.

- **German Red Cross:** At the national level, the delegation is providing technical support and assistance to the National Society. At the local level, through the ECHO-PP project, it is supporting the Chocó, Risaralda and Valle del Cauca branches with mobile health units providing primary healthcare, psychosocial support and nursing services. The deployed teams have also conducted community workshops with older people and children, focusing on recognising emotions and preventive psychoeducation. In addition, work has begun on the rehabilitation of health infrastructure in Risaralda, prioritising the municipalities of Pueblo Rico, Mistrató and Belén de Umbría.

- **Spanish Red Cross:** At the national level, its personnel are providing technical support and assistance to the National Society. At the local level, it is supporting the health response through a Smart Clinic operating in Pereira for six months. It is also supporting the Colombian Red Cross hospital in Caldas with pediatric supplies for the only health facility providing pediatric care in the area. In addition, its psychosocial support intervention provides services to Red Cross volunteers and people affected by the earthquake in Chocó, Caldas, Risaralda, Quindío and Valle del Cauca, covering five departments and 43 support groups. This intervention includes toolkits for community-based work and volunteer support. A cash assistance project for people affected by the earthquake is also being developed in Pereira and is currently undergoing a feasibility assessment. Furthermore, a six-month water, sanitation, and hygiene promotion intervention is being implemented, prioritizing areas in Chocó and Valle del Cauca.

- **Norwegian Red Cross:** The Norwegian Red Cross is providing technical assistance to the National Society and has deployed a health unit to the municipality of Tadó, Chocó, through the Protection and Access to Health project implemented in cooperation with the Colombian Red Cross. It has also supported affected-population registration processes with local health committees. In Pereira, it has deployed a rapid response medical team providing primary healthcare, psychological support and nursing services.

IFRC Secretariat Services

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.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of monitoring visits conducted by the IFRC	5	10
	Number of SURGE personnel deployed to support the response	6	7

The IFRC Country Delegation in Colombia has provided support to the Colombian Red Cross (CRC) since the onset of the disaster through its programmes and operations coordination, finance and PMER functions. During the first two weeks of the emergency, the PMER Officer was deployed to support field-level coordination, helping to alleviate the operational workload during the most demanding phase of the response. In parallel, the Country Delegation supported the National Society in launching the initial DREF operation immediately after the earthquake, which was subsequently scaled up into the Emergency Appeal to support the RCR response. During these visits, the personnel developed focal groups with volunteers and communities to orient the first response phase considering the most urgent needs.

At the regional level, the response included a visit by the IFRC Regional Director for the Americas, as well as support across several technical and operational functions, including Information Management (IM), Coordination, SPRM, Communications, Logistics, Finance and Security. Support was also provided by the IFRC Cluster Andean Delegation and the Global Office to facilitate the overall management of the operation.

In total, the IFRC has conducted 5 technical support and evaluation visits:
- 1 led by the PMER Officer in the department of Chocó to support on-the-ground coordination efforts.

- 1 led by the coordination support staff member from the Andean Cluster in the departments of the Coffee Region to support on-the-ground assessment processes.
- 1 led by the regional team headed by the Regional Director for the Americas and the regional support team, together with the Colombia Delegation, who visited the branch offices prioritized by the operation.
- 1 led by the Colombia Delegation's operations coordinator, together with the Operations Manager from the IFRC Global Office, assigned to the prioritized departments in the Coffee Region.
- 1 led by the Communications SURGE in the prioritized departments, which is still ongoing.

In addition, the IFRC has deployed six surge personnel with specialized expertise in Information Management (IM), SIMS and Communications.

During September, the Operations Manager supported the reception of an IFRC humanitarian flight from Panama, which arrived in the city of Cali carrying shelter items, kitchen sets, water filters, tents and folding beds, amounting to a total of 17 tonnes of humanitarian assistance.

D. FUNDING

The IFRC Secretariat funding requirement is CHF 10 million, as part of the Federation-wide funding requirement of CHF 25 million. As of 11 September 2026, CHF 7,359,393 has been raised toward the IFRC Secretariat funding requirement.

Funding coverage	Funding requirement (CHF)	Amount raised (CHF)	Funding gap (CHF)	Coverage (%)
IFRC Secretariat	**10,000,000**	**7,359,393**	**2,640,607**	**73.6%**

To date, in-kind contributions, hard and soft pledges total 73.6 percent of the funding requirements of the Emergency Appeal.

The IFRC expresses its gratitude to donors and partners that have contributed to the response. Additional and timely contribution are urgently needed to enable the Colombian Red Cross, with the support of the IFRC and other partners, to continue with humanitarian assistance efforts, address priority needs in affected communities and strengthen preparedness and response capacities.

Flexible and unearmarked funding is particularly valuable, as it allows resources to be allocated to the most urgent and underfunded areas of the operation as needs evolve.

Contact information

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

At the Colombian Red Cross Society:

- **Executive Director:** Juvenal Francisco Moreno, francisco.moreno@cruzrojacolombiana.org
- **Disaster Risk Management Lead:** Lina Dorado, lina.dorado@cruzrojacolombiana.org

At the IFRC:

- **Operations Coordinator, Colombia Delegation:** Edwin Armenta, edwin.armenta@ifrc.org
- **Regional Operations, Evolving Crises and Disasters Manager:** María Martha Tuna, maria.tuna@ifrc.org
- **Regional Head of Health, Disasters, Climate and Crises:** Marianna Kuttothara, marianna.kuttothara@ifrc.org
- **IFRC Geneva:** Antoine Belair, Senior Officer Operations Coordination, antoine.belair@ifrc.org

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

Click here for:
- Link to IFRC Emergency landing page on IFRC.org
- Link to IFRC Emergency landing page on IFRC GO
- Operational Strategy and Updates