OPERATIONAL UPDATE

Colombia | Earthquake

Emergency Appeal N°: MDRCO036 **Emergency Appeal published:** 12/08/2026 **Operational Strategy published:** 22/08/2026	**Glide №:** EQ-2026-000146-COL
Operation Update # 2 **Date of issue:** 28/10/2026	**Period covered by this update:** From 12/08/2026 to 10/10/2026
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

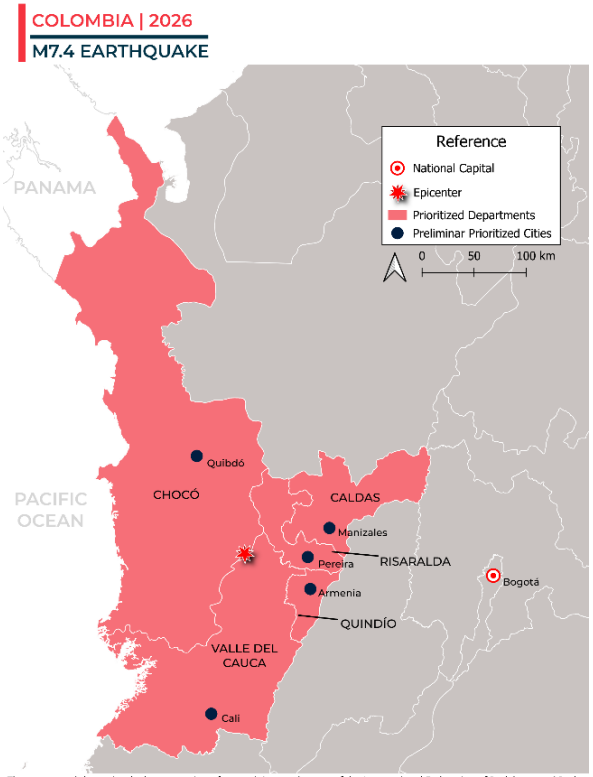
To date, the IFRC Secretariat funding requirement of CHF 10 million is 78.2% funded. This figure refers specifically to the Secretariat's funding ask and does not include funds raised through the Federation-wide appeal or collected directly by the National Society. Further funding contributions are needed 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. Source: Colombian Red Cross Society.

A. SITUATION ANALYSIS

Description of the crisis



On 10 August 2026, at 07:34 local time, a 7.4 Mw earthquake struck western Colombia. The epicentre was located in the municipality of San José del Palmar, Chocó Department, at a depth of 103 km. The earthquake was felt across much of Colombia, as well as in Ecuador, Panama and Venezuela. According to the Colombian Geological Survey (SGC), it was the strongest earthquake recorded in Colombia in the 21st century.

Subsequent seismic activity continues to be monitored by the SGC, which has identified two distinct patterns in Chocó Department. As of 29 September, 333 aftershocks associated with the main earthquake had been recorded, mainly concentrated in San José del Palmar, El Litoral del San Juan and Sipí, at depths ranging from 70 to 105 km. According to the SGC, this activity has progressively decreased in frequency and magnitude. In parallel, a separate seismic swarm remains active in the vicinity of Istmina, Medio San Juan, Sipí and El Litoral del San Juan, at depths ranging from 30 to 70 km.

According to the latest situation reports issued by the National Unit for Disaster Risk Management (UNGRD), the earthquake has affected 500 municipalities across 16 departments, with Valle del Cauca, Risaralda, Chocó, Quindío and Caldas among the most severely affected. The latest figures indicate that 489,862 people (305,791 families) have been affected, with 103 people reported missing. Significant damage has also been reported to housing, educational and health facilities, community infrastructure, water supply systems and transport networks, highlighting the widespread impact of the earthquake and the continued need for humanitarian assistance and recovery efforts.

The Single Registry of Disaster-Affected People (Registro Único de Damnificados – RUD) provides complementary figures, recording 778,279 people (364,670 families), as well as 104,037 uninhabitable houses, of which 19,143 are reported as destroyed, and a further 119,752 damaged houses. Differences between the two sources reflect their respective data collection and consolidation methodologies. While UNGRD figures are compiled from reports

submitted by territorial authorities, the RUD records households formally registered as disaster-affected and serves as the basis for accessing national government assistance. RUD figures remain subject to eligibility verification, data cross-checking and data cleaning processes. They may therefore include duplicate records and are subject to revision in subsequent updates.

Search and rescue operations have concluded. A total of 1,849 rescuers were deployed, including 16 accredited Colombian Urban Search and Rescue (USAR) teams comprising 779 rescuers; four international teams from the United States, Ecuador and Israel, comprising 138 personnel; and 34 additional support teams comprising 932 personnel. These operations resulted in the rescue of 356 people and the recovery of 259 bodies. International teams completed their missions and returned to their respective countries between 19 and 23 August.

The emergency is unfolding in a context of concurrent seismic, hydrometeorological and climate-related hazards. This evolving situation requires the continued provision of assistance to people with immediate humanitarian needs, while progressively integrating disaster risk reduction and resilience considerations into early recovery interventions.

The El Niño phenomenon represents an additional factor influencing the evolution of the emergency. According to an official communication issued by the Institute of Hydrology, Meteorology and Environmental Studies (IDEAM) on 8 October 2026, the conditions required to officially declare an El Niño event in Colombia had been met for five consecutive overlapping three-month periods. IDEAM also indicated a probability exceeding 80 per cent that the event would reach strong to very strong intensity during the first quarter of 2027, and a 75 per cent probability that it would rank among the strongest events observed since 1950. IDEAM further confirmed that Colombia's second rainy season would continue during October and November 2026, particularly affecting the Andean, Pacific and Caribbean regions, although rainfall levels were expected to remain below normal due to the influence of El Niño. Wildfires have already been reported in areas affected by the earthquake and prioritized for the response.

This situation may have differentiated impacts across earthquake-affected areas. Reduced rainfall and higher temperatures could increase the risk of water shortages and wildfires in some locations, while parts of the Pacific region may remain exposed to episodes of heavy rainfall and landslides. In this context, information published in September 2026 identified Valle del Cauca, one of the departments prioritized by the operation, among the areas under a red alert for wildfires issued by IDEAM. This highlights the coexistence of hazards that could further exacerbate the vulnerabilities of affected communities. Consequently, recovery and rehabilitation activities will need to consider multiple risk scenarios and the potential additional impacts on water systems, livelihoods, shelter, infrastructure and essential services. This requires a multi-hazard approach, with operational planning and implementation adapted to evolving conditions and risks at the local level.

The institutional context of the response has also evolved since the onset of the emergency. Through Decree 1261 of 2026, the National Government declared a State of Economic, Social and Ecological Emergency in response to the severe public calamity caused by the earthquake, with the aim of facilitating the adoption of extraordinary measures to address its impacts.

Response overview

Overview of the host National Society and ongoing response

The Colombian Red Cross Society (CRC) has been responding to the emergency since the first hours following the earthquake. In its role as auxiliary to the public authorities in the humanitarian field and as a member of the National Disaster Risk Management System (SNGRD), the National Society has mobilized its territorial and national capacities to address the needs of affected communities. The CRC has 31 branches nationwide, supported by 209 municipal units and support groups. Following the earthquake, it activated its National Response Plan for Natural Disasters, and the Emergency Operations Rooms at National Headquarters and in the affected branches remain operational.

The CRC maintains ongoing coordination with the National Unit for Disaster Risk Management (UNGRD), as well as Departmental and Municipal Disaster Risk Management Councils. This coordination takes place within the framework of the national disaster declaration established through Decree 1171 of 11 August 2026 and the Specific Action Plan (PAE) led by the UNGRD. This framework supports the transition of the national response from immediate emergency assistance towards recovery and reconstruction in affected areas, while humanitarian assistance to affected families continues.

To strengthen operational coordination, the CRC and the International Federation of Red Cross and Red Crescent Societies (IFRC) established a joint Earthquake Coordination Room, bringing together technical and operational teams from both organizations to plan, coordinate and monitor field activities. This mechanism supports the consolidation of information from CRC branches, the identification of needs and operational gaps, and timely decision-making. It also strengthens linkages between planning, implementation, monitoring and operational support. The joint coordination mechanism complements existing National Society and Movement coordination structures, helping to prevent duplication, improve information flows between national and field levels, and align support from the IFRC network with the priorities established in the CRC's Plan of Action.

The response has required a nationwide mobilization of resources and personnel. According to the CRC's deployed capacity dashboard, 1,844 volunteers and administrative and operational staff have been mobilized, including 47 health professionals, 94 Mental Health and Psychosocial Support (MHPSS) personnel, 25 Restoring Family Links (RFL) specialists, 168 search and rescue personnel and 28 canine search and rescue (K-SAR) team members. To support operations, 42 vehicles have been deployed, including 18 four-wheel-drive vehicles, six ambulances, three cargo vehicles, four passenger transport vehicles and one forklift. Telecommunications capacity comprises 78 pieces of equipment, including 67 handheld VHF radios and multiple Starlink internet terminals.

During the immediate emergency phase, saving lives was the primary priority. As part of the national search and rescue deployment, the CRC mobilized specialized search and rescue personnel and K-SAR teams from branches including Antioquia, Bogotá-Cundinamarca, Caldas and Quindío. In parallel, National Society teams provided pre-hospital care and first aid, psychosocial support and psychological stabilization, and conducted Damage and Needs Assessments (EDAN). Restoring Family Links (RFL) services were also activated, while telecommunications capacities supported the restoration of communications. The CRC further supported the affected hospital network by installing medical tents at four hospitals in Armenia and providing a generator to the hospital in Dosquebradas.

Since the onset of the emergency, the Colombian Red Cross Society has provided humanitarian assistance to the most affected communities. The figures presented below reflect the overall humanitarian response implemented by the National Society, including activities supported through its own resources and contributions from different partners, and are not limited to interventions financed through the IFRC Emergency Appeal.

The Colombian Red Cross Society (CRC) has distributed 10,687 food kits, 13,338 non-food item (NFI) kits, 15,764 litres of safe water and 524 water filters as part of its humanitarian response across the prioritized departments. The assistance delivered represents approximately 241 metric tonnes, with an estimated value of COP 4.207 billion. Risaralda (16,416 kits) and Valle del Cauca (12,298 kits) account for the largest volumes of assistance, followed by Chocó (6,442), Caldas (2,724) and Quindío (2,635). Key non-food items distributed include 10,540 family hygiene kits, 6,070 tableware kits, 5,662 overnight kits and 4,806 kitchen kits, alongside sleeping mats, blankets and other essential supplies. Food assistance included food kits and pet supplies.

In water, sanitation and hygiene (WASH), the CRC distributed 15,764 litres of safe water in Chocó, Caldas and Risaralda. In Chocó, 524 household water filters and two community water filters were also distributed, and one water storage tank was installed.

In the health sector, the National Society has provided 4,068 consultations, including 2,414 general medical consultations, 1,034 nursing consultations and 620 psychological consultations. These consultations were delivered

in Chocó (1,529), Risaralda (1,713) and Valle del Cauca (826). An additional 71 participations in community health activities were recorded. Mental Health and Psychosocial Support (MHPSS) has also been a significant component of the response, with activities concentrated in Caldas (1,757), Chocó (1,565), Risaralda (1,370), Valle del Cauca (606) and Quindío (427).

As part of the CRC's overall response, its Restoring Family Links (RFL) services have recorded 5,335 cases handled and 2,063 services provided in the field. Through these services, 1,073 people have been located by their families, while 155 tracing requests remain open. In addition, 4,352 instances of guidance, information provision, referrals and other support services have been delivered. In 99 cases, families received confirmation of the death of the person they were searching for.

The earthquake also directly affected National Society volunteers. The CRC has identified and provided support to 286 affected volunteers, including 15 members of the Chocó Branch whose homes were declared uninhabitable. These impacts also pose challenges to operational continuity and the ability of branches to sustain the response and advance towards recovery. Supporting affected volunteers therefore remains an important component of ensuring the continuity of operations.

To sustain the response, the CRC established a 24-month Plan of Action structured around three phases: an initial three-month emergency response phase, a stabilization phase lasting up to six months, and a recovery phase. The Plan aims to reach 42,900 people across the prioritized departments and serves as the reference framework for the Federation-wide response, guiding the programmatic and financial allocation of resources contributed by the IFRC, Participating National Societies and other partners. This approach links immediate emergency assistance with recovery interventions, capacity strengthening and disaster risk reduction, while ensuring the leadership of the Colombian Red Cross Society throughout the operational cycle.

Needs Analysis

The humanitarian situation remains severe. According to UNGRD figures, **486,917 people (303,934 families)** have been reported as affected by the earthquake across 500 municipalities in 16 departments. These figures differ from those recorded in the Single Registry of Disaster-Affected People (Registro Único de Damnificados – RUD) due to differences in data collection, consolidation and updating processes. They should therefore not be interpreted as directly comparable estimates of the affected population.

Assessing the full extent of the impact remains a challenge. Registration through the RUD, which serves as the official reference for identifying disaster-affected people, has faced potential inclusion barriers related to difficulties accessing affected areas and connectivity constraints affecting the registration process. In addition, the displacement of many families into the homes of relatives or acquaintances may have reduced the visibility of certain affected households, potentially resulting in underreporting.

In response to these limitations, the Colombian Red Cross Society (CRC) is undertaking a comprehensive process of data systematization, analysis and triangulation, complemented by sectoral assessments and community-based identification mechanisms, to establish prioritization and selection criteria for people to be reached through each sectoral intervention. This approach aims to reduce exclusion risks, identify needs not captured in existing registries and ensure that assistance is guided by identified needs and vulnerabilities.

Shelter, Housing and Settlements: At the national level, available impact assessments as of October 2026 report 206,931 damaged houses and 36,478 destroyed houses as a result of the earthquake, alongside significant damage to buildings and social infrastructure, including health facilities, educational institutions and community centres. According to the latest available information attributed to from the International Organization for Migration (IOM), 32 collective shelters and 75 informal settlements were reported across Valle del Cauca, Risaralda, Chocó and Caldas, accommodating a combined total of 7,181 people from 1,998 households. However, these figures reflect reported

accommodation sites and do not necessarily capture the full extent of shelter needs, particularly among displaced households temporarily staying with relatives, friends or other support networks.

The scale of housing damage has created simultaneous needs for emergency shelter, support to host households, and transitional and recovery solutions. A key challenge is determining the actual extent of these needs, given the limited visibility of households relying on informal accommodation arrangements. Although these support networks have helped address immediate needs, their sustainability may become increasingly strained over time, generating additional assistance needs as families remain unable to return to their damaged homes.

This situation requires particular attention in urban settings and among households across different socioeconomic groups, including middle- and upper-middle-income households whose housing needs may not be adequately addressed through conventional shelter or rental subsidies. Interventions will therefore need to distinguish between households with repairable homes, those whose homes have been destroyed or remain uninhabitable, and families staying in collective shelters, spontaneous settlements or the homes of relatives and acquaintances. Strengthening the monitoring of these accommodation arrangements, identifying emerging needs and assessing housing assistance and recovery options adapted to household circumstances and local housing market conditions will be essential.

In **Chocó**, more than 26,000 houses have been reported damaged and 5,184 destroyed, alongside damage to 90 health facilities, 314 educational institutions and 175 community facilities. IOM has identified ten collective shelters in Quibdó, Condoto, Istmina and Río Iró, accommodating 612 people from 183 families, while six additional shelters in El Litoral del San Juan, Unión Panamericana and Cantón de San Pablo remain pending verification. In addition, a housing infrastructure assessment conducted by the CRC Antioquia Branch determined that the homes of 15 volunteers from the Chocó Branch were uninhabitable.

In **Antioquia**, people have also been identified staying with relatives or neighbours, while some households remain or sleep outside their damaged homes to protect their belongings, increasing their exposure to protection and security risks. Continued seismic activity further compounds these concerns. The Colombian Geological Survey (SGC) continues to record aftershocks associated with the 10 August earthquake, alongside a separate seismic swarm near Istmina, Medio San Juan, Sipí and El Litoral del San Juan. Although the frequency and magnitude of aftershocks associated with the main earthquake have progressively decreased, this activity must continue to be considered in habitability assessments and decisions regarding return, repair or relocation.

In **Caldas**, more than 18,000 houses have been reported damaged and 2,652 destroyed, alongside 23 damaged and four collapsed buildings, as well as damage to 18 health facilities, 485 educational institutions and 237 community facilities. The CRC has identified 63 affected volunteers. In Manizales, three collective shelters have been identified, accommodating 208 people from 85 families.

In **Risaralda**, approximately 57,000 houses have been reported damaged and 12,000 destroyed, alongside 5,306 damaged and 109 collapsed buildings, as well as damage to 44 health facilities, 403 educational institutions and 39 community facilities. IOM identified 19 collective shelters accommodating approximately 2,251 people from 630 families.

In **Quindío**, more than 32,000 houses have been reported damaged and 3,088 destroyed, alongside four damaged and 115 collapsed buildings, as well as damage to 29 health facilities, 202 educational institutions and 1,219 community facilities. The CRC has identified 65 affected volunteers. According to IOM, two collective shelters have been identified, accommodating 186 people from 72 families. The National Society is present in both facilities, directly managing one shelter and providing Mental Health and Psychosocial Support (MHPSS) activities in the other.

In **Valle del Cauca**, more than 53,000 houses have been reported damaged and 13,000 destroyed, alongside 556 damaged and 481 collapsed buildings, as well as damage to 103 health facilities, 1,390 educational institutions and 3,440 community facilities. The CRC has identified 82 affected volunteers. According to IOM, more than 40 collective shelters have been identified, accommodating approximately 2,720 people from 639 families.

In the **Coffee-Growing Region (Eje Cafetero)**, particularly Risaralda, Caldas and Quindío, IOM has highlighted the need to support host families, restore safe drinking water supplies and rehabilitate local administrative facilities to strengthen coordination and assistance delivery. Shelter needs also require a differentiated approach that addresses barriers faced by women, persons with disabilities, older people, children and adolescents. This should combine immediate assistance and essential household items with, where appropriate, cash assistance and complementary access to water, sanitation and hygiene (WASH), health and psychosocial support services.

The identification and profiling of official collective shelters, spontaneous settlements and host households remain a priority to address coverage gaps. Field assessments conducted by the CRC and IFRC have identified rural communities and remote settlements with limited access to assistance or where comprehensive assessments are still pending. Households hosting affected people, as well as those staying outside official shelters, may be excluded from conventional registration and assistance mechanisms, particularly in rural areas and ethnic communities.

In this context, the CRC continues to conduct assessments and collect primary data directly from affected communities to identify needs not reflected in available records, assess household conditions and strengthen the identification of people facing heightened vulnerabilities. This information is essential to inform the prioritization, planning and adaptation of interventions during the stabilization and recovery phases, while strengthening the monitoring of needs as the humanitarian situation evolves.

While longer-term housing solutions are being developed, there remains a need to strengthen the management of temporary shelters through technical assistance and the application of minimum standards for habitability, dignity, accessibility and protection. Priority needs include mattresses, mosquito nets, hygiene and sanitation items, safe water, adequate sanitation facilities, access to reliable information and connectivity points. Continued monitoring and response to public health risks, including acute diarrhoeal diseases and respiratory infections, are also required, alongside stronger institutional presence and psychosocial support in informal shelters and community settlements.

The transition towards housing recovery requires diversifying assistance modalities and strengthening municipal and departmental capacities to assess and plan sustainable solutions. These may include rental assistance through cash transfers, housing repairs, safe, voluntary and informed return, reconstruction or relocation, depending on each household's circumstances and preferences. Structural assessments conducted with the support of architects and engineers are essential to determine whether homes are safe for occupancy and to inform return and recovery decisions, preventing premature returns to unsafe structures. Such assessments should also consider the educational, health and community infrastructure required to restore essential services.

Consequently, the response must combine assistance to address immediate shelter needs with a progressive transition towards safe, dignified and sustainable longer-term housing solutions, avoiding unnecessarily prolonged stays in collective shelters and adapting assistance modalities to territorial conditions, existing risks and the specific needs of affected households.

Livelihoods and Basic Needs, including Multipurpose Cash Assistance: The scale of housing damage, disruption to employment and temporary displacement has increased the economic pressure on affected households, which are facing both the loss or interruption of income and the need to access food, shelter and other essential goods and services. This situation is particularly critical for families that have lost their livelihoods, as well as those facing greater barriers to assistance, especially in remote rural areas, ethnic communities and households staying with relatives or acquaintances. Field assessments have also identified affected people who are not included in the Single Registry of Disaster-Affected People (RUD), alongside gaps in household profiling in certain areas, making it difficult to fully assess needs and ensure adequate coverage.

In this context, maintaining emergency food and nutrition assistance remains a priority, particularly for households experiencing significant economic hardship and difficulties meeting their basic needs. The identification and prioritization of affected people should consider both the severity of the impact and barriers to accessing assistance,

applying a differentiated approach based on gender, age and disability, with particular attention to the nutritional needs of children, older people and other groups facing heightened vulnerabilities.

Support is also needed to restore livelihoods and small-scale economic activities in urban areas, as well as crops and other productive and subsistence activities in rural areas. This is particularly relevant for Indigenous Peoples and other rural communities whose food security and income depend directly on agriculture, livestock, fisheries, aquaculture and other local economic activities. The Ministry of Agriculture and Rural Development has established mechanisms to collect information on earthquake-related damage to livestock, fisheries and aquaculture production units. Various industry associations and cooperatives have also conducted their own assessments, reinforcing the need for further analysis of rural livelihood losses and damage before determining the modalities and scope of economic recovery assistance.

In this context, Cash and Voucher Assistance (CVA) can help affected households meet their priority basic needs, provided that market assessments confirm the availability of essential goods and services, the functioning of local markets and the ability of affected people to safely access cash transfer mechanisms. Multipurpose Cash Assistance (MPCA) can enable households to prioritize expenditure according to their specific needs, including food, transport, medicines, shelter, essential household items and other basic needs arising from the emergency.

To inform the design of this assistance modality, the Colombian Red Cross Society (CRC) has benefited from essential technical support provided by a CVA specialist deployed through the IFRC surge mechanism. This support has been instrumental in conducting market assessments across the prioritized departments, analysing the feasibility of cash transfers, and identifying financial service providers and payment mechanisms suited to the operational context. It has also contributed to strengthening the National Society's technical capacities and planning for CVA implementation, taking into account access constraints, operational risks and the needs of affected communities.

Cash assistance should also be coordinated with existing social protection mechanisms and other humanitarian agencies to reduce duplication risks, identify gaps and promote complementarity across the response. Following the earthquake, Prosperidad Social introduced measures to ensure the continuity of payments under the Renta Ciudadana, Colombia Mayor, Renta Joven and VAT Compensation programmes for affected beneficiaries when the consequences of the emergency temporarily prevent verification of the conditions required to receive payments.

To determine the appropriateness, transfer value and frequency of cash assistance, existing assessments will need to be complemented by information on market functionality and accessibility, prices of essential goods and services, financial service provider capacity, available payment mechanisms and potential access barriers, particularly in smaller municipalities and remote rural areas. These assessments should also consider protection, safety and accessibility factors, including barriers related to connectivity, documentation, mobility, disability, age and physical access to payment points or digital transfer mechanisms.

Furthermore, the impact on livelihoods may progressively undermine households' ability to meet their basic needs. In urban areas, further assessments will be needed to understand the effects on small businesses, commercial activities and productive enterprises. In rural areas, assessments should examine impacts on crops, tools, productive inputs and other sources of subsistence. This analysis should distinguish between temporary income loss, damage to productive assets and the loss or interruption of economic activities, as each situation may require different assistance modalities, ranging from multipurpose cash assistance to meet basic needs to targeted support for the recovery of livelihoods and productive activities.

Health and Care, including Mental Health and Psychosocial Support (MHPSS) The earthquake has had a direct impact on the health of the affected population and has compromised the capacity of the health system to maintain essential service delivery. According to the figure reported in the crisis overview, 335 deaths have been recorded nationwide. According to the Colombian Red Cross Society (CRC) Health Damage and Needs Assessment (EDAN Salud), 397 health facilities were reported as affected nationwide, of which 284 are located in the five prioritized departments: 103 in Valle del Cauca, 90 in Chocó, 44 in Risaralda, 29 in Quindío and 18 in Caldas. The assessment

initially identified 49 healthcare service provider institutions (IPS) as critical or high priority, requiring continued monitoring through structural and functional assessments.

Damage to health infrastructure, water supply systems, electricity, medical gas systems, biomedical equipment and laboratories has reduced the operational capacity of health facilities, affecting the continuity and quality of care. These challenges are compounded by shortages of healthcare personnel resulting from family emergencies, cumulative fatigue, damage to their homes and transportation difficulties. Surveillance and diagnostic capacities have also been affected. Public health laboratories in Quindío, Risaralda and Caldas remained closed due to infrastructure damage, while laboratory activities in Valle del Cauca were temporarily suspended pending assessments of safety and operational conditions. In Chocó, particularly in rural municipalities, gaps persist in the availability of rapid diagnostic tests, portable laboratory equipment, point-of-care ultrasound, sample transportation and processing, and telemedicine. These disruptions have created needs for temporary healthcare facilities, medicines, medical supplies, biomedical equipment and the progressive restoration of diagnostic and healthcare service capacities.

The Pan American Health Organization/World Health Organization (PAHO/WHO) identified injuries, acute diarrhoeal diseases, mental health and psychosocial support needs, measles, dengue and chikungunya as very high public health risks during the three months following the earthquake. Risks classified as high include natural hazards, maternal mortality, pertussis, vaccine-preventable diseases, influenza, other respiratory viruses and malaria.

The occurrence of dengue cases in affected areas represents an additional public health concern, particularly in view of the potential effects of El Niño. Rising temperatures, changes in rainfall patterns and disruptions to water supplies, which may encourage water storage in uncovered containers, can create favourable conditions for the proliferation of Aedes mosquitoes. This situation reinforces the need to strengthen epidemiological surveillance, with support from specialized organizations, early case detection, and community-based vector prevention and control activities, particularly in temporary accommodation facilities and communities with limited access to healthcare services. Higher temperatures also increase the risk of heat-related illnesses, especially among older people and young children.

Continuity of treatment remains one of the main priorities during the transition towards early recovery. Difficulties have been identified in the supply of medicines and follow-up care for people living with diabetes, hypertension, chronic obstructive pulmonary disease, epilepsy, mental health conditions and kidney disease, including constraints in accessing dialysis and home oxygen therapy.

An increase in HIV cases has been reported in affected areas, against a backdrop of pre-existing vulnerabilities in early detection, access to diagnostic testing, antiretroviral treatment, and clinical follow-up. These gaps have been exacerbated by earthquake-related damage to health infrastructure, disruptions to service delivery, and difficulties with patient mobility and referral. In Calarcá, Quindío, a 30% increase in demand for laboratory services has also been reported, alongside the postponement of care for patients with chronic non-communicable diseases, particularly diabetes and hypertension. This situation increases the risk of treatment interruption and further compounds barriers to timely case identification and care. Ensuring the continuity of HIV services, access to antiretroviral medicines, and confidential, safe and non-discriminatory care and referral pathways is therefore essential.

Needs also persist regarding the uninterrupted supply and appropriate management of essential medicines and medical supplies, including batch traceability, expiry dates, storage and temperature conditions, consumption monitoring and actual stock availability. These challenges are particularly significant in rural and isolated municipalities, where transportation constraints can disrupt supply chains.

Effective access to healthcare services remains constrained by facility closures or restrictions, reduced bed capacity, damaged roads, communication disruptions, increased transportation costs and pressure on the hospital network. These challenges are particularly significant in Chocó and rural areas of Valle del Cauca, where dispersed populations, reliance on river transportation, risks associated with armed conflict, and cultural and linguistic barriers hinder access to care. Although mobile health teams have helped expand access to general medical consultations and nursing services, gaps remain in dental care, nutrition, psychological services and specialized healthcare. Referral and

counter-referral mechanisms also face constraints related to the availability of hospital beds, ambulances, road, air and river transportation, connectivity, and up-to-date information on hospital network capacity.

These barriers disproportionately affect older people, persons with disabilities, pregnant women, children, people living with chronic conditions, migrants and undocumented people, who may also face difficulties retrieving medical records or accessing established healthcare pathways.

Regarding maternal and neonatal health, information gaps persist, preventing a consolidated assessment of needs related to antenatal care, home deliveries, and maternal or neonatal complications. Identified needs include safe delivery services, emergency obstetric transportation, availability of blood components, contraception, breastfeeding support, nutrition, and antenatal and neonatal care. In Chocó and other areas of the Pacific region, traditional birth attendants represent an important community resource for identifying warning signs and facilitating culturally appropriate referral mechanisms.

Displaced people staying in temporary accommodation facilities, spontaneous settlements or host family homes face additional risks associated with overcrowding, inadequate water, sanitation and hygiene conditions, food insecurity, respiratory and vector-borne diseases, and difficulties maintaining medical treatment. These conditions require coordinated epidemiological and community-based surveillance, linked to primary healthcare and Water, Sanitation and Hygiene (WASH) interventions, particularly in the most severely affected areas.

Mental Health and Psychosocial Support (MHPSS) needs persist beyond the acute phase of the emergency. The loss of family members, homes and livelihoods, displacement, family separation, fear of further aftershocks, and uncertainty surrounding return and recovery continue to cause psychological distress and generate a need for psychosocial support. The Health Damage and Needs Assessment confirms sustained demand for these services, including more than 1,000 requests for remote psychological support during the first month. Higher-risk cases, including suicide risk, psychosis, exposure to violence and severe psychological crises, require early identification, individualized care and specialized referral mechanisms. Support is also needed for healthcare and emergency response personnel experiencing physical and emotional exhaustion.

In this context, the main priorities during early recovery are to restore the operational capacity of health facilities, ensure continuity of treatment and medicine supplies, strengthen primary healthcare and community outreach services in hard-to-reach areas, maintain epidemiological surveillance, and ensure access to MHPSS services and appropriate referral mechanisms. Prioritization should be regularly updated in line with evolving needs, the functionality of healthcare networks and the capacities available in each affected area.

Water, Sanitation and Hygiene: The earthquake has caused significant damage to drinking water supply and basic sanitation systems in the most severely affected departments, compromising the continuity and quality of essential services for the population. A total of 141 water supply systems have been reported as affected nationwide, including systems in Caldas, Chocó, Quindío and Risaralda, among the departments prioritized by the operation.

Colombia's Superintendence of Residential Public Utilities (Superintendencia de Servicios Públicos Domiciliarios) reported structural damage and damage to water conveyance infrastructure, including water intakes, sedimentation facilities, drinking water treatment plants and storage tanks in municipalities across Caldas, Risaralda and Chocó, as well as operational disruptions affecting service providers in Valle del Cauca. Disruptions to sewerage and solid waste management services were also identified, including delays in waste collection routes and restricted access to final disposal sites due to roads blocked by debris and landslides. The restoration of these services depends not only on infrastructure rehabilitation but also on the recovery of access conditions, electricity, transportation and the operational capacity of service providers, which may prolong service interruptions and the deterioration of sanitation conditions.

These disruptions are particularly concerning in temporary accommodation facilities, spontaneous settlements and host family households, where population concentrations place additional pressure on water and sanitation systems

that are already damaged or operating at reduced capacity. Priority needs include sufficient access to safe water, adequate sanitation facilities, hygiene supplies, cleaning of shared spaces and waste management. These conditions must also be assessed in host communities to ensure that assistance prioritization is not limited exclusively to collective accommodation facilities.

The Pan American Health Organization/World Health Organization (PAHO/WHO) has identified Water, Sanitation and Hygiene (WASH) as a priority area of the health response to the earthquake. Ongoing activities in temporary accommodation facilities include water quality monitoring, the provision of safe water and cleaning supplies, the promotion of food safety, and vector and pest control measures. Damage to water storage and supply systems in healthcare facilities has also been reported, potentially compromising the continuity of essential health services.

Disruptions to safe water supplies, deteriorating sanitation conditions, waste accumulation and overcrowding increase exposure to waterborne diseases and other public health risks. PAHO/WHO has identified acute diarrhoeal diseases among the priority health risks following the earthquake. These vulnerabilities may be exacerbated by episodes of heavy rainfall, flooding and strong winds in areas such as Chocó and Valle del Cauca, where limitations in the provision of certain services already existed before the disaster. Maintaining coordination between WASH, Health and Shelter interventions is therefore essential, particularly regarding water quality monitoring, epidemiological surveillance and the identification of risks in collective accommodation settings.

These challenges are compounded by risks associated with El Niño, which could further restrict access to water during the recovery period. According to the territorial risk assessment updated by the Ministry of Housing, City and Territory on 12 September 2026, 558 municipalities and non-municipalized areas face High or Very High risk from the potential impacts of El Niño on drinking water supply and basic sanitation: 111 are classified as Very High risk and 447 as High risk. The main risks include reduced water availability, infrastructure damage caused by wildfires and deterioration in water quality. The combination of earthquake-related damage and potential future constraints on water availability and quality creates a compound risk that requires preparedness and resilience measures to be integrated into recovery processes. In this regard, the Ministry has recommended strengthening the identification of alternative water sources, water storage and treatment capacities, and contingency plans for water supply systems.

In this context, priority needs focus on ensuring continuous access to safe water for drinking, food preparation and hygiene; strengthening household-level water storage and treatment; improving sanitation, hygiene and waste management conditions in temporary accommodation facilities and affected communities; and ensuring the availability of essential hygiene items. These interventions should be complemented by hygiene promotion activities, community-based risk monitoring and the progressive rehabilitation of community water supply systems, prioritizing sustainable, technically feasible solutions adapted to the conditions of each affected area.

Protection, Gender and Inclusion (PGI) The physical conditions and management of temporary accommodation facilities pose protection risks for the affected population. According to the United Nations Population Fund (UNFPA), overcrowding and inadequate privacy, lighting, water and sanitation increase exposure to gender-based violence (GBV), including sexual violence, harassment, exploitation and abuse. These risks are not limited to collective accommodation facilities but may also arise in spontaneous settlements, host family households and communities where families remain close to their damaged homes. Therefore, Shelter, Water, Sanitation and Hygiene (WASH), Health, relief distributions and Cash and Voucher Assistance (CVA) interventions must incorporate safety and privacy measures, access to adequate sanitation facilities, and safe reporting and referral mechanisms.

Women, girls and adolescent girls face specific risks related to GBV, increased caregiving responsibilities and difficulties accessing essential services. According to UNFPA estimates as of 21 August, the affected population included approximately 76,330 women of reproductive age and 3,050 pregnant women, reinforcing the need to ensure adequate protection, hygiene and privacy conditions, as well as access to sexual and reproductive health services. In rural and hard-to-reach areas, pregnant women may face additional barriers to accessing antenatal care, skilled birth attendance and emergency obstetric services. In Chocó, UNFPA is working with the health system and

traditional ethnic birth attendants to strengthen the identification of obstetric risks and referral pathways, highlighting the importance of building on existing community capacities, including women community leaders and women's organizations.

The situation of children and adolescents also requires priority attention. The destruction of homes and educational facilities, together with disruptions to essential services, has limited their access to safe spaces and protection networks. One month after the earthquake, more than 4,268 educational facilities had been affected, compromising educational continuity and access to protective environments for more than one million students. UNICEF has warned of increased risks of violence, exploitation and emotional distress. In response, the Colombian Family Welfare Institute (ICBF) has deployed mobile units to assess needs, provide psychosocial support and activate protection referral pathways. There is a need to strengthen the prevention of violence, abuse, exploitation and family separation; promote safe and recreational spaces; progressively restore educational activities; and ensure appropriate mechanisms for case identification and referral. The participation of children and adolescents should also be promoted through age-appropriate methodologies that enable their concerns and priorities to be heard, with the necessary safeguarding measures in place.

Older people and persons with disabilities may face barriers related to mobility, physical accessibility, communication and access to sanitation facilities, distribution points, digital cash transfer mechanisms and feedback channels. These challenges can result in exclusion even when individuals are formally registered to receive assistance. Consequently, assessments and monitoring should identify both the people reached and the barriers limiting their effective access to assistance, incorporating reasonable accommodations and avoiding the assumption that these groups have homogeneous needs. Whenever possible, data should be disaggregated by sex, age and disability and complemented by qualitative information collected through participatory processes.

In Chocó and other areas with significant Indigenous and Afro-descendant populations, cultural, linguistic, territorial and organizational differences must be considered to ensure appropriate and inclusive humanitarian assistance. UNICEF has highlighted that, particularly in Chocó and Buenaventura, the impacts of the earthquake overlap with pre-existing vulnerabilities and inequalities. Field assessments in Chocó have also identified needs related to inclusive access to services and information, as well as the availability of safe spaces adapted to the specific needs of different population groups. It is therefore essential to engage community authorities and leaders, women's and youth organizations, persons with disabilities, and representatives of Indigenous Peoples and Afro-descendant communities, while also seeking to include individuals who are underrepresented within existing community structures.

Community participation must go beyond consultation and enable affected people to influence selection criteria, assistance modalities, distribution locations and schedules, accommodation conditions and recovery priorities. Risks of unintended exclusion also persist in registration and selection processes due to lost documentation, digital and language barriers, limited connectivity, reduced mobility, caregiving responsibilities and the absence of the person traditionally identified as the head of household. To reduce these barriers, identification and prioritization procedures must be transparent, accessible and flexible, complemented by community monitoring and feedback mechanisms.

Finally, all sectors of the operation must integrate measures to prevent sexual exploitation, abuse and harassment (PSEA/SEAH), ensuring safe, accessible and confidential feedback, complaints and reporting channels, with appropriate procedures for referring sensitive cases and coordination with existing protection referral pathways. It is essential that communities understand that humanitarian assistance is provided free of charge and that submitting a complaint or reporting a concern does not affect their right to receive assistance.

Risk Reduction, Climate Adaptation and Recovery:
The earthquake has generated impacts extending beyond immediate physical damage, highlighting vulnerabilities related to community preparedness, communication continuity, and the capacity of institutions and communities to exchange critical information during emergencies. These gaps are particularly relevant in small municipalities,

geographically dispersed rural areas and hard-to-reach communities, where connectivity and telecommunications systems are essential for maintaining response coordination, disseminating alerts, requesting assistance and facilitating access to information and services.

For the Colombian Red Cross (CRC), disruptions and limitations in telecommunications and information and communications technology (ICT) capacities represented a cross-cutting vulnerability affecting operational continuity in the impacted areas. Information technology and telecommunications systems enable the maintenance of local communication networks and the continuous flow of information among actors involved in an emergency through different technologies, including radio systems and satellite communications, depending on geographical and operational conditions. Field assessments identified critically limited connectivity, weak internet signals and recurrent power outages, alongside information gaps between affected municipalities and the information available at the consolidated level. These conditions constrain the ability to maintain continuous communications, collect and transmit operational information, and sustain coordination in hard-to-reach areas.

These gaps are also reflected in the institutional capacities available at the local level. The Chocó Branch currently lacks a fully operational Telecommunications and Information Technology Centre (CITEL) and has needs related to VHF and HF communications, internet connectivity, backup power supply and regional coverage. Dependence on vulnerable connectivity and power infrastructure therefore represents a constraint on operational continuity in the event of further emergencies or service disruptions. To help address these connectivity challenges, the IT/Telecommunications team played a key role in coordinating with Starlink/SpaceX, facilitating an agreement that resulted in the donation of 15 Starlink terminals to the CRC to support connectivity needs during the earthquake response.

Recovery is also taking place in a multi-hazard context. Communities affected by the earthquake remain exposed to seismic activity while simultaneously facing hydrometeorological and climate-related hazards that may exacerbate existing damage, further affect infrastructure and livelihoods, and cause additional disruptions to access and essential services. This overlap of hazards increases the vulnerability of households still living in temporary accommodation, damaged homes or precarious housing conditions.

The International Committee of the Red Cross (ICRC) and the Colombian Red Cross Society have worked jointly to respond to earthquake-affected communities in areas that are also affected by armed conflict and fall within the ICRC's operational areas. This joint work has primarily taken place in the municipalities of Nóvita, Sipí, Bajo Baudó and San José del Palmar in Chocó, and Dagua and Jamundí in Valle del Cauca, in accordance with identified humanitarian needs, particularly in humanitarian assistance and protection. Through joint efforts and dialogue with different stakeholders, it has been possible to facilitate humanitarian access to communities in hard-to-reach areas where security conditions and the presence of armed actors restrict access for other humanitarian organizations. This capacity to facilitate access and provide support represents an added value in ensuring a coordinated response tailored to the needs of affected communities.

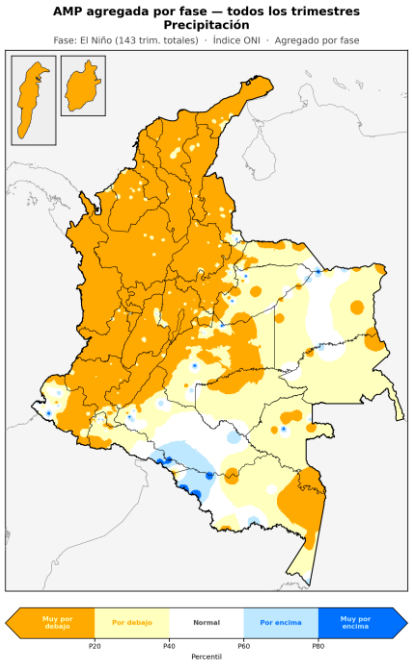
In addition, the ICRC has contributed to strengthening the Colombian Red Cross's field capacities, particularly in logistics, telecommunications and information technology, and the Safer Access Framework, enhancing its ability to operate in complex and hard-to-reach environments. It has also supported the health response, the strengthening of local hospital capacities, and efforts to address the humanitarian needs of the most severely affected communities in prioritized areas.

In Chocó, high-risk landslide alerts associated with intense or prolonged rainfall have remained in effect following the earthquake in municipalities such as Quibdó, Condoto, Río Quito, Medio Baudó, Alto Baudó and El Litoral del San Juan. These conditions may exacerbate existing damage, trigger further displacement, affect roads, and once again restrict communications and humanitarian access. Simultaneous exposure to seismic activity, landslides, heavy rainfall and flooding therefore represents an additional vulnerability for affected communities and for the recovery of infrastructure and essential services.

This situation is further compounded by the intensification of El Niño conditions. As of 10 September 2026, Colombia's Institute of Hydrology, Meteorology and Environmental Studies (IDEAM) confirmed the presence of El Niño conditions in both the atmosphere and the equatorial Pacific Ocean and indicated a probability exceeding 80 per cent that the phenomenon would reach "very strong" intensity. It also estimated a 75 per cent probability that, during the final quarter of 2026, its intensity would exceed that of events recorded since 1950. Its effects could extend into the first quarter of 2027, overlapping with the operation's stabilization and recovery phases.

The effects of El Niño will not be uniform across the country. IDEAM warns that the phenomenon does not imply a generalized absence of rainfall: while some regions may experience reduced precipitation, declining water levels and river flows, rising temperatures and conditions conducive to wildfires, others may maintain or even experience increased rainfall. This is particularly relevant for an operation covering departments with diverse climatic and geographical characteristics, ranging from the Coffee-Growing Region and Valle del Cauca to the Pacific region of Chocó.

The potential reduction in rainfall and water availability represents an additional concern for communities whose water supply systems have already been affected by the earthquake. The Ministry of Housing, City and Territory identified 558 municipalities and non-municipalized areas across the country facing High or Very High levels of risk from the potential impacts of El Niño on drinking water supply and basic sanitation (111 classified as Very High and 447 as High). These risks are primarily associated with reduced water availability, infrastructure damage caused by wildfires and deterioration in water quality.



Source: Ideam

Estimated precipitation indices based on the most likely changes associated with the El Niño phenomenon
https://amp-enos.ideam.gov.co/#alteracion-mas-probable-del-enso-en-colombia

This situation may generate cumulative impacts on households that are still facing damage to their homes, disruptions to essential services, loss of or damage to livelihoods, and temporary displacement. Reduced water availability may place additional pressure on already affected water supply systems; higher temperatures and drier conditions may increase exposure to wildfires and affect agricultural activities and rural livelihoods; while episodes of heavy rainfall in certain areas may continue to trigger landslides, flooding and further access restrictions. Both flooding and drought-related water scarcity may also increase the risk of diseases, placing additional pressure on already strained health and WASH services.

Therefore, recovery needs cannot be assessed solely on the basis of earthquake-related damage. Simultaneous and varying levels of exposure to seismic, hydrometeorological and climate-related hazards may change community needs over the coming months and affect the sustainability of recovery efforts related to housing, water supply systems, community infrastructure, livelihoods and essential services.

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 Society 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.

Feedback collection should go beyond simply recording community concerns and suggestions. It will be necessary to systematically analyse feedback, identify trends, share share findings with operational teams, and use this information to inform adjustments to household selection criteria, assistance modalities, communication channels, distribution schedules and locations, sectoral interventions, and other elements of the operation. This process should build on the territorial network and volunteer base of the Colombian Red Cross Society, recognizing their proximity to communities and their knowledge of local contexts. It should also be coordinated with local authorities and other humanitarian actors.

Information and Coverage Gaps: As the operation transitions from immediate response towards stabilization and recovery, gaps persist in the identification and assessment of needs, particularly in municipalities with limited coverage, geographically dispersed rural areas and hard-to-reach communities. Field assessments conducted in prioritized municipalities identified disparities in the availability and consolidation of information, households that may be excluded from existing records, and areas that still require more comprehensive needs assessments. These gaps may limit a comprehensive understanding of humanitarian needs and affect the identification of households and communities requiring assistance during subsequent phases of the operation.

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 risks.

The IFRC Colombia Delegation and operational teams are responsible for identifying, mapping, monitoring, and reporting risks inherent to the operational environment, jointly with the NS. This is facilitated by the Programs and

Operations Coordinator, Operations Manager, and members of the operation team alongside the NS counterparts. 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.

Regular meetings have been established with the National Society's corporate risk unit to closely monitor identified risks and to identify new ones. This work will also be carried out with the technical teams so that they, too, can identify the risks specific to their areas of responsibility and take ownership of the resulting mitigation actions, implement them, and assess the residual risk. In this way, the goal is to be able to escalate those risks that require it in a timely manner.

Risk	Likelihood	Impact	Mitigating actions
Security risks due to the presence of the 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 National Intervention Team (NIT) teams. • Strengthen coordination with the ICRC Security team through a documented support arrangement, such as a letter or memorandum, to facilitate security information-sharing and technical support in operational areas, while ensuring that the IFRC retains its duty of care responsibilities for its personnel and personnel under its responsibility. • 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.
Delays in the disbursement of health funds and compliance with donor requirements Delays in procurement, agreement formalisation or donor approval processes may reduce implementation time, compromise planned results or lead to ineligible expenditure.	Medium	High	• Establish a detailed procurement and implementation timeline for health activities. • Coordinate regularly among Health, Operations, Logistics, Finance and relevant donor focal points • Monitor pending agreements, approvals and procurement processes • Identify potential delays early and implement corrective measures to ensure donor compliance.
Procurement, Supply Chain and Implementation Constraints: Delays or limitations in supplier validation, procurement, transportation, storage, traceability or delivery may prevent goods and services from reaching affected communities in a timely manner.	Medium	High	• Strengthen procurement planning and supplier management. Conduct early supplier assessments and market verification, prioritize previously validated suppliers where feasible, and ensure compliance with IFRC procurement and logistics procedures. • Strengthen procurement planning and supplier management, applying IFRC procedures. • Maintain an updated procurement and logistics tracking dashboard.

			• Conduct biweekly reviews of critical procurement processes and bottlenecks. • Monitor inventories, storage capacity and distribution arrangements. • Coordinate with CRC branches to verify receipt and delivery of goods.
Financial Management, Cash Flow and Administrative Bottlenecks. Delays in disbursements, budget preparation, ERP processes, expenditure validation or other administrative procedures may hinder operational implementation or lead to financial compliance issues.	High	High	• Strengthen coordination among Finance, Operations and Programmes. • Apply established financial controls and ERP procedures. • Conduct monthly joint reviews of financial and programmatic implementation. Monitor budget execution and identify under-expenditure risks. Establish biweekly follow-up on payments, transfers and critical administrative processes. Maintain an updated 90-day financial forecast.
Protection, Gender, Inclusion and Safeguarding (PGI, PSEA/SEAH). Inadequate safeguarding and protection measures, overcrowding, limited privacy and sanitation in temporary shelters, and the rapid mobilisation of personnel and volunteers may increase risks of sexual exploitation, abuse, harassment, discrimination, exclusion and other forms of violence. Gaps in reporting, complaints-handling and referral mechanisms could result in harm to affected people, volunteers and staff, loss of community trust, non-compliance with institutional standards and significant operational and reputational consequences.	High	High	• Apply IFRC and CRC safeguarding, PSEA and PGI policies and procedures throughout the operation, ensuring that relevant responsibilities and safeguarding focal points are clearly identified. • Ensure that all personnel and volunteers involved in the operation complete mandatory safeguarding and PSEA training, including Code of Conduct briefings and awareness sessions before deployment. Responsible: HR Manager and PGI Focal Point. • Establish, promote and regularly verify the accessibility, confidentiality and functionality of community feedback and complaints mechanisms, including the "Cruz Roja Te Escucha" helpline, ensuring that communities are informed about available reporting channels. Responsible: Protection and CEA focal points. • Map and maintain safe, confidential and survivor-centred protection referral pathways at the local level, including appropriate procedures for reporting and responding to safeguarding and PSEA concerns. Responsible: Protection Focal Point. • Integrate PGI and safeguarding risk assessments into operational planning, implementation and regular coordination and monitoring meetings. Responsible: CRC and IFRC Operations Managers and Protection Focal Point. • Conduct periodic reviews of compliance with safeguarding measures during field activities and monitoring visits, identifying gaps and implementing corrective actions as needed. Responsible: Protection Focal Point**.**
Severe Transport and Local Vehicle Fleet Constraints. Critical shortage of suitable operational vehicles (such as 4x4 vehicles and water/river transport)	High	Medium	• Formulate and approve a dedicated budget allocation within the Emergency Appeal to rent 4x4 vehicles locally.

to access isolated, geographically dispersed rural communities and indigenous reservations (particularly in Chocó and Valle del Cauca).			• 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, and associated public health risks among other. • Strengthen the capacity of the CRC offices in the areas most affected by El Niño to coordinate and maintain effective communication 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, as well as water-related diseases and potential outbreaks associated with flooding, drought, water scarcity and reduced access to safe water

B. OPERATIONAL STRATEGY

Update on the strategy

Since the publication of the Operational Strategy and Operational Update 1, the overall objectives, geographical priorities and 24-month implementation timeframe have remained unchanged. However, the strategy has been adjusted to reflect evolving humanitarian needs, progress reported by the Colombian Red Cross Society (CRC), and the gradual transition from emergency response towards early recovery.

In this context, the CRC has consolidated its National Response Plan as the overarching strategic and operational framework guiding the National Society's intervention and coordinating the contributions of Movement partners under a Federation-wide approach. The Plan integrates updated needs analysis, assistance provided to date and the identification of remaining gaps, with the aim of informing intervention prioritization, resource mobilization and coordination among the different stakeholders. The CRC is currently preparing its formal presentation and dissemination to Movement partners.

As part of this planning process, the CRC has increased its aspirational response budget to CHF 31 million, reflecting the estimated resources required to address the needs and gaps identified in the National Response Plan. This aspirational budget is separate from the currently approved funding requirements, which remain at CHF 25 million Federation-Wide, including CHF 10 million under the IFRC Emergency Appeal. At this stage, the increase in the CRC's aspirational budget does not constitute a formal revision of the Emergency Appeal or the Federation-wide funding requirement. Any adjustments to these funding requirements will be communicated in future updates. The main adjustments reflected in Operational Update 2 include:

- **Shelter:** Updated targets based on assistance already provided, establishing a target of 3,000 people reached with shelter supplies, alongside continued support for temporary accommodation facilities and a review of cash assistance for housing solutions.

- **Livelihoods and Multipurpose Cash Assistance:** Increased emphasis on household economic recovery, market assessments and the implementation of cash transfer programmes, including an updated target of 2,000 multipurpose cash transfers.

- **Health and WASH:** Continued prioritization of essential health services, mental health and psychosocial support, access to safe water, hygiene and sanitation, and the restoration of disrupted services, in line with needs identified through sectoral assessments.

- **Risk Reduction and National Society Strengthening:** Increased focus on preparedness, operational continuity, telecommunications and community resilience, particularly in light of ongoing seismic activity and additional risks associated with El Niño.

Furthermore, the Colombian Red Cross Society (CRC), with technical support from the IFRC, plans to review and harmonize the criteria used for registering, consolidating and calculating the number of people and households reached across the different areas of intervention. This process will seek to establish common criteria for results reporting, improve the traceability of assistance provided, and strengthen mechanisms to identify and prevent potential double counting across activities, sectors and funding sources. The review will contribute to more accurate and consistent consolidated figures by distinguishing between services delivered and the unique individuals and households reached, while enhancing the quality of information reported in subsequent Operational Updates.

The revised indicators reflect the progress reported by the National Society and the continued alignment of operational priorities with available resources. Implementation will remain aligned with the CRC National Response Plan and coordinated under a Federation-wide approach, ensuring that contributions from the IFRC and Participating National Societies respond to the priorities established by the Colombian Red Cross Society and support a coherent transition towards recovery.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	**Shelter, Housing and Settlements**	Female > 18**: 1,878**	Female < 18**: 578**
		Male > 18**: 1,926**	Male < 18: **433**
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 cash transfers for the purchase or replacement of essential household goods, while contributing to early recovery, protection, and community resilience.*		
	Indicator	**Actual**	**Target**
Key indicators:	*Number of shelter assessments conducted*	1	1
	Number of people reached with shelter supplies	2,518	3,000

	Number of conditional cash transfer programmes for the purchase of household items	0	605

Colombian Red Cross Society (CRC) teams, with support from the IFRC, continue to monitor and provide assistance to temporary accommodation facilities to identify shelter needs and address the most urgent priorities during the response phase in the prioritized departments. Coordination efforts have been undertaken with departmental and municipal governments, as well as the Shelter Cluster Working Group in Colombia, United Nations agencies and other humanitarian partners, with the aim of strengthening the response at the local level.

In Chocó, Risaralda, Quindío, Caldas and Valle del Cauca, the Colombian Red Cross Society has supported at least 15 temporary accommodation facilities through the provision of water, food kits, health services and psychosocial support, as well as the establishment of mobile recreational spaces for children and adolescents. In Quindío, the CRC branch continues to conduct monitoring activities at the Santa Teresita and El Cacique temporary accommodation facilities, located in the municipality of Quimbaya, producing weekly reports that include population profiles, epidemiological information, identified needs and gaps, and observations on accommodation conditions. Furthermore, since the onset of the emergency, the National Society has distributed approximately 2,000 tonnes of bulk food assistance across the prioritized branches, the vast majority of which has been used to prepare meals through community kitchens in temporary accommodation facilities.

To date, the National Society has reported the distribution of 498 overnight accommodation kits in Risaralda and 397 sleeping mats in Chocó. In addition, 2,518 people have been reached through the distribution of shelter supplies in Chocó, Risaralda, Quindío and Valle del Cauca. In this context, priority will be given to Colombian Red Cross Society volunteers and volunteers from other emergency response organizations, as well as people who have lost their livelihoods. The Colombian Red Cross Society has also dispatched overnight accommodation kits to its branches, helping to address the need for safe and dignified shelter. Furthermore, as of 31 August 2026, the CRC humanitarian response included the distribution of 10,687 food kits, 13,338 non-food item kits, 15,764 litres of safe water and 524 water filters.

Technical guidance has also been provided on the management of temporary accommodation facilities, alongside support for needs assessment processes and Restoring Family Links (RFL) services. Assistance has also been extended to informal community accommodation facilities, with the aim of addressing the most urgent needs of affected people.

As budget allocations are reviewed, the next Operational Update is expected to reflect an increase in cash assistance for shelter, including rental assistance, in line with identified needs.

	**Livelihoods**	Female > 18: **5,031**	Female < 18: **1,548**
		Male > 18**:** **5,160**	Male < 18: **1,161**
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, thereby facilitating the resumption of their economic activities and the generation of income.*		

Key Indicators:	Indicator	Actual	Target
	Number of families receiving food kits	3,500	3,500
	Number of families reached through conditional cash transfer programmes to support productive activities	95	800
	Number of community workshops on livelihoods and productive activities	0	1
	Number of specialized livelihoods needs assessments conducted in the departments affected by the earthquake	0	5

During the initial phase of the emergency response, the Colombian Red Cross Society (CRC) distributed 13,437 family and community food kits across earthquake-affected areas, as part of the National Society's overall humanitarian response. Of these, 3,500 kits were financed through the IFRC Emergency Appeal, while the remaining assistance was supported by donations from the Colombian public and contributions from CRC branches nationwide. Based on an average household size of three people, the food kits were designed to cover basic food needs for approximately seven days, providing immediate support to affected households.

To sustain food assistance during the emergency phase, the CRC is procuring additional food kits containing a variety of food groups and essential nutrients, including sources of protein, carbohydrates, fats and dietary fibre, to support the food security of affected households. In parallel, more than 2,000 tonnes of food assistance have been distributed by the Colombian Red Cross Society, with a significant proportion directed to temporary shelters to support community kitchens (ollas comunitarias). These initiatives have contributed to addressing immediate food needs while maintaining community-based mechanisms for food preparation and distribution.

As the operation progressively transitions towards early recovery, the CRC is planning specialized livelihoods needs assessments across the affected departments. These assessments will help identify the impact of the earthquake on household income, employment and productive activities, as well as the capacities and barriers affecting livelihood recovery. Their findings will inform the design and targeting of conditional cash assistance aimed at restoring and strengthening household productive activities and small businesses, ensuring that recovery interventions are adapted to the needs and socioeconomic characteristics of affected communities.



Multi-purpose Cash

	Female > 18**: 2,340**	Female < 18: **720**
	Male > 18**: 2,400**	Male < 18: **540**

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 comprehensive Cash and Voucher Assistance (CVA) strategies developed and implemented	0	1

	Number of multipurpose cash transfers	268	2,000
	Number of feasibility studies conducted	0	5
	Number of people participating in post-distribution interviews	46	960
	Number of volunteers trained in Cash and Voucher Assistance (CVA)	18	30

The Colombian Red Cross Society (CRC) assessed the operational capacity of the two financial service providers with which it has existing framework agreements (Efecty and SuperGIROS) in the affected departments, to determine their capacity to deliver cash transfers in the most severely affected areas. The results were satisfactory, enabling initial payments to the providers and the initiation of the first cash transfers to affected people. In parallel, to avoid overburdening existing providers, the CRC initiated discussions with other financial service providers offering transfers through digital wallets, including Nequi and DaviPlata.

The Colombian Red Cross Society made progress in identifying and profiling 268 people affected by the earthquake, with the aim of providing them with Multipurpose Cash Assistance (MPCA). This process was carried out through the ACCESSRC platform, with support from the IFRC and the American Red Cross. To date, 268 multipurpose cash transfers have been made to affected people across the five prioritized branches.

With technical support from the Surge Cash and Voucher Assistance (CVA) Coordinator, working alongside two members of the National Intervention Team (NIT) and the Colombian Red Cross Society National CVA Coordinator, the CRC has strengthened the planning and implementation of its multipurpose cash transfer strategy through technical visits to branches in the five prioritized departments. These visits focused on defining the procedures for activating cash transfers. These efforts have enabled progress across the three departments of the Coffee-Growing Region, with technical support continuing in Chocó and expected to extend to Valle del Cauca by the end of October. Training sessions have also been conducted for volunteers on the use of Kobo for data collection and registration processes.

Within this framework, rapid market assessments have been completed in four of the five departments, while the remaining assessment is ongoing. Field visits were also conducted to identify the needs of the affected population, alongside volunteer capacity-strengthening activities and coordination meetings with national and local government institutions and other humanitarian actors, with the aim of promoting complementarity among interventions and avoiding duplication.

As a result of these efforts, community targeting and registration processes have begun in Quindío and Risaralda, with a total of 254 households registered to date. In parallel, the National Society, with support from the Surge CVA Coordinator, continues to consolidate the operation's comprehensive national cash transfer strategy. This process integrates Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) as cross-cutting approaches, alongside the establishment of operational arrangements and implementation schedules for each branch. These efforts have also been coordinated with the national CVA working group and other agencies implementing cash assistance interventions, including at the local level.

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18**:** **7,410**	Female < 18**:** **2,280**
		Male > 18**:** **7,600**	Male < 18: **1,710**

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 through awareness-raising sessions focused on promoting positive mental health and psychosocial well-being	6,603	8,500
	Number of people reached with key community health messages delivered by volunteers	530	6,000
	Number of community health kits delivered	0	4,400
	Number of volunteers deployed for search and rescue (SAR) activities	192	100
	Number of health needs assessment carried out	5	5
	Number of hospitals/health facilities supported by the NS	5	45
	Number of people reached through health services	TBD	19,000

Specialized Colombian Red Cross Society (CRC) teams supported search and rescue operations in the affected areas, particularly in Chocó, Risaralda and Caldas, in coordination with the entities comprising the National Disaster Risk Management System (SNGRD). A total of 168 Urban Search and Rescue (USAR) specialists and 28 canine search and rescue (K-SAR) teams from the National Society were deployed. These teams also supported structural assessments, the demarcation of high-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, contributed to the rescue of 356 people and the recovery of 259 bodies, according to figures from the National Unit for Disaster Risk Management (UNGRD).

According to the updated consolidated operational figures, a total of 11,587 health services and interventions were recorded, comprising 2,612 medical consultations, 1,113 nursing consultations, 729 psychological consultations, 530 community health interventions and 6,603 Mental Health and Psychosocial Support (MHPSS) activities. Of the total recorded interventions, 3,939 were supported by the European Civil Protection and Humanitarian Aid Operations (ECHO), 996 by the Norwegian Red Cross and 6,652 by the Colombian Red Cross Society. These figures reflect the cumulative volume of services and interventions delivered through different modalities and should be interpreted as services and activities provided, rather than necessarily representing the number of unique individuals reached.

Mental health and psychosocial support needs remain significant due to the loss of homes and livelihoods, displacement, bereavement, fear of further aftershocks and uncertainty surrounding recovery. In this context, 729 psychological consultations and 6,603 MHPSS activities were recorded as separate operational categories. The response continues to prioritize the identification of higher-risk cases, individual care where appropriate, community-based interventions, referrals to specialized services and psychosocial support for response personnel.

With support from the Norwegian Red Cross, the German Red Cross and the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), the Colombian Red Cross Society has strengthened the delivery of health services in affected communities through primary healthcare and mental health and psychosocial support interventions. In parallel, with funding from the IFRC Emergency Appeal, progress has been made in establishing and preparing three integrated mobile health teams to expand service coverage in rural and hard-to-reach communities. On 13 October, the first team began its in-person induction in Quibdó, including operational preparations, a review of patient care pathways and coordination with local stakeholders before commencing activities. Meanwhile, administrative and recruitment processes are ongoing for the second team in Chocó and the third team in Valle del Cauca. Their specific intervention locations and schedules will be determined based on identified needs and coordination with local stakeholders.

In coordination with the Quibdó Situation Room, comprising the Departmental Health Secretariat and the Pan American Health Organization (PAHO), Lloró and Atrato were prioritized for the initial deployment of the first team, with six-day interventions planned in each municipality beginning in the third week of October. Preliminary planning was also established to expand healthcare services during November to Sipí, through three service delivery points, and San José del Palmar, also prioritizing outlying communities. The teams will provide medical consultations, dispensing of medicines based on clinical diagnoses, mental health services, health promotion and disease prevention activities, as well as guidance and referrals for patients requiring higher levels of care. Final routes and dates will be adjusted in coordination with health authorities and local stakeholders.

The Colombian Red Cross Society also donated essential medicines to hospital facilities in the five prioritized departments: Chocó, Valle del Cauca, Risaralda, Caldas and Quindío. This intervention contributes to strengthening the availability of medicines in health facilities facing operational constraints, supply challenges and additional needs arising from the emergency, supporting the continuity and timely delivery of essential healthcare services to affected communities.



Water, Sanitation, and Hygiene

Female > 18**: 7,605**	Female < 18**: 2,340**
Male > 18**: 7,800**	Male < 18: **1,755**

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.*

Key Indicators:	**Indicator**	**Actual**	**Target**
	Number of water treatment plants installed	0	1
	Number of interventions implemented to improve community-level water access systems	0	3
	Number of interventions of family level water access systems implemented	0	150
	Number of family water kits delivered	500	1,000

	Number of families receiving hygiene kits	2,676[12]	5,500
	Number of community water, sanitation and hygiene (WASH) kits distributed	0	65

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, through in-kind donations from the Colombian population and activities carried out by Red Cross branches in the field.

In addition, a total of 2,676 hygiene kits have been distributed (566 in Chocó, 10 in Quindío, 1,050 in Risaralda and 1,050 in Valle del Cauca), along with 500 household water treatment kits (100 in Valle del Cauca, 300 in Risaralda and 100 in Chocó). The 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 three-person household for approximately one week, considering that the items are intended for daily use.

Regarding the restoration and improvement of access to safe water, a National Intervention Team (NIT) specialized in Water, Sanitation and Hygiene (WASH), with support from the Risaralda Branch, is expected to be deployed to the municipality of San José del Palmar by 19 October. The team will conduct a needs assessment and technical feasibility study to determine the conditions for the potential installation of a water treatment plant to address the safe water needs of families affected by the earthquake in the municipality. In addition, through a bilateral contribution from the Spanish Red Cross, the implementation of two community-level water access systems is planned in the departments of Chocó and Valle del Cauca. Interventions under the Emergency Appeal will be defined based on technical criteria, identified needs and complementarity with bilaterally funded activities, with the aim of avoiding duplication and optimizing coverage among affected communities.

As part of community-level WASH interventions, the distribution and installation of designated waste collection and segregation points, along with community hygiene and sanitation kits, are planned to help maintain adequate hygiene, sanitation and public health conditions in communal spaces.

It is important to highlight that Chocó is among the departments expected to face a higher risk of impacts associated with El Niño this year. This situation could affect post-earthquake recovery efforts and require preparedness strategies to address water scarcity, disruptions to electricity generation, wildfires and other associated risks. The period of greatest intensity is expected to begin in October and continue through April 2027.

	Protection, Gender and Inclusion	Female > 18: **780**	Female < 18: **240**
		Male > 18: **800**	Male < 18: **180**

[2] The figure reported in Operations Update No. 1 was overstated due to a reporting error. Following a joint review and validation process with the Colombian Red Cross Society (CRC), the figure has been corrected in Operations Update No. 2 to reflect the verified data.

Objective:	*Promote strategies so 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 people reached with Restoring Family Links (RFL) services	1,742	2,000
	Number of Protection, Gender and Inclusion (PGI) strategies and actions implemented in emergencies	0	8
	Number of child-friendly spaces activated	8	60

Following the earthquake, Restoring Family Links (RFL) activities were activated to complement search and rescue operations through the active tracing of family members and the restoration of family connections in temporary accommodation facilities and affected areas. A total of 1,262 services were provided through the RFL network, along with 86 additional services through the Family Links Network, bringing the total to 1,348 services. These figures refer to services provided, whereas the indicator in the table above reports 1,742 people reached through RFL activities. Considering that these activities are primarily concentrated in the immediate response phase, which is currently being concluded, the indicator target was adjusted to 2,000 people reached, in line with evolving needs and the transition towards early recovery.

In Valle del Cauca, Caldas and Risaralda, RFL interventions were implemented through three complementary components: humanitarian connectivity, tracing and follow-up of people who had lost contact with family members, and guidance on access to services and protection mechanisms. To this end, internet access and mobile phone charging points were established, and standardized registration tools and the Family Links Answers (FLA) platform were used. Volunteers and RFL focal points also provided information on the Single Registry of Disaster-Affected People (RUD), rights and referral pathways to institutional services, including healthcare and documentation procedures.

In Valle del Cauca, connectivity was strengthened through equipment provided by Télécoms Sans Frontières (TSF), facilitating family contact in temporary accommodation facilities, informal shelters and assistance centres. In Caldas, connectivity points were established in temporary accommodation facilities, including El Oso and El Vergel, and guidance was provided to people completing procedures related to the RUD. In Risaralda, activities covered up to nine connectivity points in official and informal accommodation facilities, including sports facilities, reception centres and parks used by displaced populations. These interventions also facilitated the identification of protection needs and supported rapid assessments conducted in affected areas.

As part of the continued response, the deployment of a National Intervention Team (NIT) specialized in Protection to the department of Quindío is planned, at the request of the CRC branch. The planned intervention in Calarcá, Armenia and Quimbaya will include specific assessments of protection needs and risks; identification of people who have lost contact with family members, particularly unaccompanied children and adolescents and older people; establishment of mobile connectivity points; and strengthening the capacities of local volunteers to manage tracing requests using standardized tools and the FLA platform. Psychosocial support for families is also envisaged.

In parallel, the Colombian Red Cross Society conducted rapid protection needs assessments in Chocó, Caldas and Valle del Cauca. The findings are informing geographical prioritization and the adaptation of Protection, Gender and Inclusion (PGI) interventions to the specific risks identified.

In Chocó, the assessment conducted in September 2026 in Quibdó and surrounding areas, through 26 household surveys representing 299 people, identified significant protection risks. Among surveyed households, 80.8 per cent reported difficulties for children and adolescents to safely attend educational facilities; 61.5 per cent reported situations in which children had limited supervision during their caregivers' working hours; and 42.3 per cent perceived a risk of school dropout. In addition, 69.2 per cent reported being unaware of referral pathways for gender-based violence (GBV), while 76.9 per cent reported exclusion or incomplete registration in institutional assistance records. These findings highlight gaps in child protection, access to information and inclusive assistance mechanisms among the households assessed.

In Caldas, the assessment identified risks associated with the loss of safe spaces for children and adolescents, increased caregiving burdens and family tensions resulting from housing damage and economic uncertainty. Barriers to accessing mental health services and violence prevention referral pathways in rural areas were also identified, alongside difficulties in targeting geographically dispersed families and needs for adapted relief supplies for older people and persons with disabilities.

In Valle del Cauca, particularly in Buenaventura and Bajo Calima, the assessment highlighted the overlap between earthquake impacts and protection risks associated with armed conflict, including the recruitment and use of children and adolescents, sexual and gender-based violence, restrictions on movement and confinement. These findings underscore the importance of adapting interventions to security conditions and the cultural characteristics of Indigenous and Afro-descendant communities, while strengthening safe identification and referral mechanisms.

Based on these needs, the operation envisages eight areas of intervention under Protection, Gender and Inclusion (PGI): education in emergencies; promotion of social cohesion; establishment of child-friendly spaces; community-based protection; case management through identification and referral mechanisms; prevention of sexual violence in coordination with the International Committee of the Red Cross (ICRC); information as aid through a humanitarian messaging repository; and protection of family links. These areas guide the continuation of the response and aim to strengthen safe and inclusive access to services, information, and protection mechanisms.

The Colombian Red Cross Society has also supported the establishment of Child-Friendly Spaces through play-based, recreational, educational and psychosocial support activities. These spaces contribute to restoring protective environments, promoting emotional well-being and positive social interaction, and identifying potential protection risks, in coordination with Mental Health and Psychosocial Support (MHPSS) interventions.

	**Risk Reduction, Climate Adaptation, and Recovery**	Female> 18**:** **507**	Female < 18**:** **156**
		Male > 18**:** **520**	Male < 18: **117**

Objective:	*Strengthen community and institutional capacities for disaster risk management by promoting preparedness, vulnerability reduction, and resilience to potential aftershocks and future adverse events through participatory planning, capacity building, community equipment provision, and coordination with local disaster risk management systems.*		
	Indicator	**Actual**	**Target**
Key indicators:	*Number of branches with strengthened telecommunications systems*	6	6
	Number of satellite internet systems installed in the affected departments	23	33
	Number of people participating in workshops under the "Nuestra escuela, nuestra voz, nuestro futuro" strategy	0	800
	Number of community disaster risk management action plans developed through participatory processes	0	5
	Number of people trained in disaster preparedness and the development of family emergency plans	0	500
	Affected communities have conducted participatory disaster risk and community resilience assessments (AVCa)	0	5

As a result of the earthquake, the communication systems of several Colombian Red Cross Society (CRC) branches were affected, including damage to antennas, repeaters and telecommunications equipment. To restore and strengthen these capacities, 15 handheld radios, one repeater, one VHF dipole antenna and half-inch Heliax cable were procured. In addition, donations of 40 Hytera radios and 30 Motorola radios were received, strengthening the National Society's communication and coordination capacities at both territorial and national levels.

At the branch level, Chocó received five handheld radios and one Starlink antenna, in addition to three Starlink antennas donated by the Antioquia Branch. Risaralda received technical support from a specialized National Intervention Team (NIT) volunteer for the configuration and delivery of radios, as well as one Starlink antenna procured through the operation and another donated by Télécoms Sans Frontières (TSF). In Quindío, technical support enabled the repair of the repeater located on El Campanario hill, the installation of a satellite antenna donated by TSF at the Tacurrumbí Operations Centre, and the configuration and delivery of 10 Motorola and 15 Hytera radios. The International Committee of the Red Cross (ICRC) also donated a solar power system for the El Campanario repeater. In Valle del Cauca, 15 VHF radios procured through the operation were delivered, and two solar power kits are expected to be dispatched for the repeaters located on Modin and Tres Cruces hills. Meanwhile, Caldas received nine Motorola radios, one Starlink antenna donated by TSF, and a four-dipole VHF antenna with accessories donated by the ICRC, enabling the relocation of the repeater on El Recreo hill following earthquake-related damage.

These interventions contributed to restoring connectivity across affected branches, facilitating the collection of information on community needs, operational coordination and support from the CRC National Headquarters to affected areas. Strengthened communications also represent an important preparedness and response capacity for future emergencies by enabling the timely exchange of information among branches, operational teams and communities.

In parallel, the Colombian Red Cross Society is advancing the planning of preparedness activities to address the potential intensification of El Niño impacts, recognizing that earthquake-affected communities remain exposed to additional hazards. In this context, the National Society plans to strengthen local disaster risk management capacities through a participatory, multi-hazard approach aimed at improving risk identification, household and community preparedness, and coordination with territorial disaster risk management mechanisms.

As part of this process, participatory Vulnerability and Capacity Assessments (VCA) are planned in affected communities to identify hazards, vulnerabilities, existing capacities and local priorities for preparedness and resilience. The findings will inform the participatory development of community disaster risk management action plans, promoting community involvement in defining prevention, preparedness and response measures adapted to local contexts.

The operation also plans to implement activities under the "Our School, Our Voice, Our Future" programme, an initiative targeting children in educational settings that addresses protection and disaster risk management through age-appropriate participatory methodologies. The programme aims to strengthen children's understanding of risks in their surroundings, promote self-protection and emergency preparedness practices, and encourage their participation in creating safer school and community environments.

In parallel, the Colombian Red Cross Society continues to strengthen preparedness for the potential intensification of El Niño impacts, taking into account the additional risks this phenomenon may pose to earthquake-affected communities. Within this framework, the National Society plans to strengthen community disaster risk management capacities through participatory risk identification processes, the development of community and household emergency plans, the strengthening of community committees, and coordination with territorial disaster risk management mechanisms. These activities aim to improve communities' capacities to anticipate, prepare for and respond to the effects of El Niño, potential seismic aftershocks and other hazards, contributing to a more resilient recovery and reduced vulnerability to future emergencies. They will build on lessons learned and knowledge gained through previous projects implemented by the National Society with support from the IFRC, the American Red Cross, the German Red Cross and other Movement partners in the areas of community resilience to climate change, early warning systems and anticipatory action.

Collectively, these interventions aim to link the restoration of the National Society's operational capacities with strengthened community preparedness and resilience, contributing to reducing existing vulnerabilities and improving capacities to anticipate, prepare for and respond to future emergencies.

	Community Engagement and Accountability	Female> 18**: 3,900**	Female < 18**: 1,200**
		Male > 18**: 4,000**	Male < 18: **900**
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 (CEA) mechanisms activated (Cruz Roja te escucha)*	1	1
	Number of people reached with timely information on services, safety, assistance criteria and feedback mechanisms	0	10,000

	Number of needs assessments conducted to identify gaps in the response required by communities	5	5
	Number of perception survey or mid-term evaluation reports completed in communities reached across the five CRC branches	0	1
	Number of accountability workshops conducted with communities, institutions and within the National Society	0	25

The Colombian Red Cross Society (CRC) activated its feedback mechanism, “Red Cross Listens to You”, to provide affected populations with information on available services and support. This mechanism also enables the collection of requests, complaints, enquiries and feedback on activities implemented by the National Society, facilitating community participation and providing a safe and reliable channel that contributes to mitigating the risks of sexual exploitation and abuse (PSEA) and promoting the protection of people and communities reached by the response.

In addition, the CRC, with support from the IFRC Surge Cash and Voucher Assistance (CVA) Coordinator, has made progress in conducting sector-specific needs assessments in Cash and Voucher Assistance (CVA), Protection, Gender and Inclusion (PGI), Health and Shelter, while the Water, Sanitation and Hygiene (WASH) assessment is scheduled for 19 October. These assessments help identify needs, priorities and barriers to accessing assistance, providing evidence to inform the planning and adaptation of interventions to the circumstances of affected communities.

Furthermore, the Colombian Red Cross Society is in the process of recruiting a Community Engagement and Accountability (CEA) specialist, who will coordinate with field teams to conduct additional needs assessments, intended to serve as perception studies or a mid-term evaluation, accompanied by an accountability workshop. The CEA specialist will collect and systematize the information to establish documented means of verification and improve the effectiveness of feedback boxes. Accountability workshops are also planned throughout the operation, using focus group discussions with affected communities, Colombian Red Cross Society and other Red Cross and Red Crescent Movement personnel involved in the operation, as well as external organizations participating in the response.

A dedicated toolkit for conducting focus group discussions has also been developed to facilitate the structured collection of community perceptions, needs and priorities, and to strengthen the integration of affected people's voices into response assessment, planning and monitoring processes.

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.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of policies, procedures and quarterly activities developed and implemented by the National Society related to staff and volunteer care and safeguarding	0	60
	The National Society has a digital transformation strategy in place	0	1
	Number of National Society branches rehabilitated/reconstructed	0	5
	Number of branches supported through a digital transformation strategy	0	5
	Number of National Intervention Team (NIT) volunteers deployed	6	12
	Number of volunteers provided with uniforms and equipment	50[3][4]	200
	Number of monitoring visits conducted by the National Society	5	20
	Number of people indirectly reached through visibility campaigns	200,000	1,000,000
	Number of field communication missions conducted	2	17
	Number of strategies implemented to document, preserve and disseminate the historical memory of the earthquake	0	1
	Number of lessons learned workshops conducted	0	5

The Colombian Red Cross Society, 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, six deployments of National Intervention Teams have been completed (two in telecommunications, two in CASH and two general). 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.

[4] Operations Update No. 1 inadvertently included uniforms that were not funded through the Emergency Appeal. This has been corrected in Operations Update No. 2 to reflect only the uniforms provided through the Appeal.

As part of ongoing efforts to ensure volunteer care and well-being, 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 268 multipurpose cash transfers to affected volunteers and the distribution of 50 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.

To ensure operational continuity and safe working conditions, 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 instalment 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. The Risaralda Branch has already received payment for one year's rent from the National Headquarters for a space in Pereira. The relocation of all the furnishings from the National Coffee Committee's Headquarters which served as a temporary office for the Branch temporarily affected the Branch's operational capacity, which is now being restored.

To further strengthen its operational logistics capacity, the Colombian Red Cross Society is planning to establish a logistics hub in Tacurrumbí, Quindío Branch, using a tent donated by the IFRC from Panama. This facility will strengthen the National Society's logistics capacity by providing dedicated space to support the coordination, storage and distribution of humanitarian supplies throughout the operation.

As part of its efforts to enhance operational communications and visibility, the National Society has strengthened its response strategy in the area of communications by planning on-the-ground communications missions throughout the 24-month response period. Two such missions have already been carried out in the departments of Chocó and Risaralda, and two more are scheduled to take place in those same departments during the last week of October. Furthermore, a goal has been set to indirectly reach 1,000,000 people through publications related to the Colombian Red Cross's response to the earthquake, via official social media channels and media placements. To date, 515 posts have been published, indirectly reaching 200,000 people. Finally, it is proposed that, through the Emergency Appeal, a strategy be developed to consolidate and disseminate the historical record of the earthquake, with the aim of using multimedia tools to inform the general public about the actions taken by the Colombian Red Cross Society during the 24 months of intervention and to promote recognition of the communities' resilience in the face of future adverse events of this magnitude.



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, Ministry of Health 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.

The CRC, with the support of the IFRC, is strengthening its coordination capacities and mechanisms for engagement with Movement partners, including the ICRC and Participating National Societies present in the country. These efforts aim to address existing coordination gaps, improve information-sharing and alignment of contributions to the response, and establish more regular and effective coordination arrangements, which are expected to be consolidated in the coming weeks.

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 and the Colombian Red Cross Society have worked together to respond to the needs of communities affected by the earthquake in areas that are also impacted by the armed conflict and are part of the ICRC's areas of operation. This joint effort has taken place primarily in the municipalities of Nóvita, Sipí, Bajo Baudó, and San José del Palmar in Chocó, and Dagua and Jamundí in Valle del Cauca, in accordance with the identified humanitarian needs, particularly in the areas of humanitarian assistance and protection. Thanks to this joint effort and dialogue with various stakeholders, it has been possible to facilitate humanitarian access to communities located in hard-to-reach areas, where security conditions and the presence of armed groups limit access for other humanitarian actors. This ability to access and accompany communities adds significant value to a coordinated and relevant response to the needs of affected communities.

  In addition, the ICRC has helped strengthen the Colombian Red Cross's capacities in the field, particularly in logistics, information technology, and "Safer Access," thereby enhancing its ability to operate in complex and hard-to-reach contexts. It has also contributed to the health response and the strengthening of local hospital capacities, as well as to addressing the humanitarian needs of the most affected communities in the prioritized territories.
- **American Red Cross:** The American Red Cross is providing technical support and assistance to the Colombian Red Cross Society at the national level, including the deployment of two surge profiles on Humanitarian Information Analysts for two months, in coordination with the activation of the Surge Information Management Support (SIMS) network, and a Cash and Voucher Assistance (CVA) Coordinator for six weeks. During late September, the AmCross Regional Director visited the affected areas and participated in a tripartite meeting together with IFRC and the CRC at local and national levels. Discussions are also ongoing regarding a potential increase in its financial contribution to the operation through the IFRC Emergency Appeal.
- **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 recognizing 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. Coordination between the CRC and the health teams supported by the German and Norwegian Red Cross has been particularly relevant in aligning ongoing health interventions with activities financed through the IFRC Emergency Appeal, promoting complementarity and avoiding duplication of efforts.
- **Canadian Red Cross:** As part of its efforts to support the emergency response operation, the Canadian Red Cross deployed a Health Surge specialist for a period of three months to provide technical and operational support to the Colombian Red Cross Society in responding to the needs of earthquake-affected communities.

- **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 Society hospital in Caldas with paediatric supplies for the only health facility providing paediatric 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, prioritising areas in Chocó and Valle del Cauca. The continuity of this support will be strengthened through complementary funding from the Spanish Red Cross and the Government of Japan, with activities financed by the Spanish Red Cross during part of the implementation period and by the Government of Japan during subsequent months. This arrangement reflects effective coordination among Movement partners, helping to ensure continuity of services, avoid funding gaps and support the sustainability of the Colombian Red Cross Society response.
- **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 Society. 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

Since the onset of the emergency, the IFRC Country Delegation in Colombia has provided continuous technical, operational and institutional support to the Colombian Red Cross Society (CRC), particularly in operations management, programme management, finance, procurement, Information Management (IM), Planning, Monitoring, Evaluation and Reporting (PMER), Health, Cash and Voucher Assistance (CVA), and communications. During the initial response phase, IFRC personnel supported field coordination, rapid needs assessments and operational planning, while also assisting the National Society in developing the DREF operation and the Emergency Appeal.

The operation has benefited from technical assistance in operations, information management, SIMS, communications, logistics, finance, security and resource mobilization. This support has progressively evolved from coordinating the immediate response towards strengthening operational planning, implementation, monitoring and accountability mechanisms, with the aim of supporting the stabilization and recovery phases.

The IFRC has conducted five technical support and assessment missions, including deployments to Chocó, the Coffee Region (Eje Cafetero) and other prioritized departments. These missions have contributed to field coordination, needs assessments, engagement with CRC branches, operational planning and communications. In parallel, specialized personnel have been mobilized through rapid deployment (Surge) mechanisms in areas such as Operations Management, IM, SIMS, communications, Health, CVA and PMER, complementing the technical capacities of the Country Delegation and the National Society.

During September and October, coordination mechanisms between the CRC and the IFRC were strengthened through joint operational working sessions, technical meetings and regular follow-up on implementation priorities. These mechanisms facilitated progress in reviewing the operational strategy, activity planning, financial agreements, procurement requirements and sectoral priorities. A joint operational risk matrix was also introduced, with periodic reviews aimed at identifying and addressing risks and constraints affecting implementation.

Significant progress was made in strengthening IM and PMER systems. Technical support focused on developing and adapting data collection tools using Kobo, improving the integration of operational information into Power BI visualization dashboards, supporting data collection and reporting by CRC branches, and establishing information management mechanisms to track assistance provided and sectoral activities. An operational monitoring dashboard was also made available on the IFRC GO platform.

From a PMER perspective, progress was made in preparing Operational Updates, developing and monitoring Implementation Plans, reviewing operational management and monitoring tools, and developing the operation's Monitoring and Evaluation Plan. Following the completion of the IM deployment in early October, efforts focused on the progressive handover of tools, guidance and system access to ensure the continuity of information management processes and strengthen National Society ownership.

IFRC finance and procurement teams provided technical assistance to facilitate financial agreements, budget revisions, procurement planning and compliance with applicable procedures. Specialized capacities in these areas were reinforced, and regular technical coordination meetings between the CRC and the IFRC were established to address implementation requirements and facilitate the timely delivery of assistance. In some cases, regional-level support was also engaged to help prioritize and advance key processes.

As the operation progresses, IFRC support will continue to prioritize joint implementation planning, technical assistance, monitoring and reporting, and the progressive strengthening of CRC capacities. This approach aims to ensure that operational decisions remain responsive to identified needs while maintaining National Society leadership throughout the response and recovery phases.

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 13 October 2026, CHF 7,822,879 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**	**7,822,879**	**2,177,121**	**78.23%**

To date, in kind contributions, hard and soft pledges total 78.2 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 Society, 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:

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For IFRC Resource Mobilisation and Pledges support:

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- **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