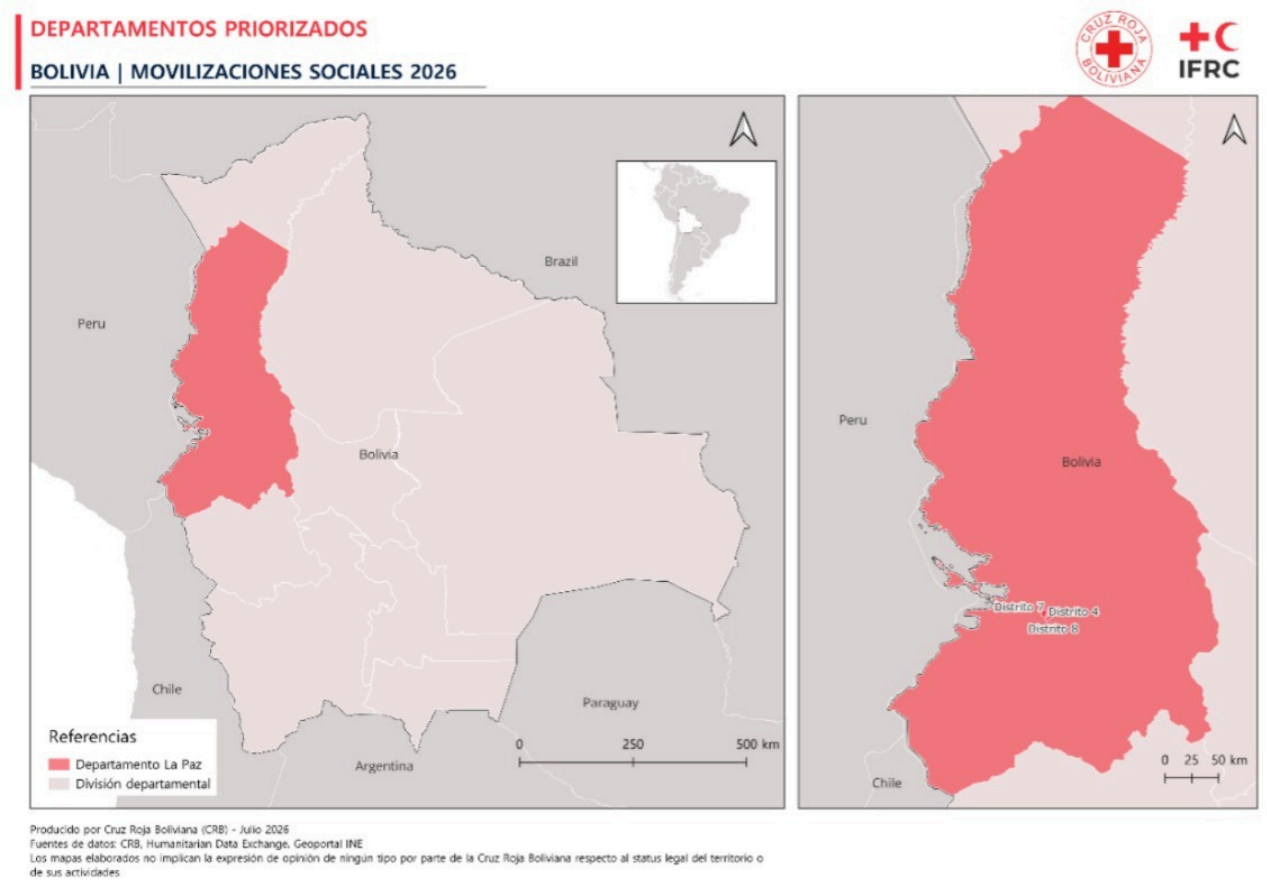
DREF Operational Update

Bolivia Civil Unrest 2026

Support from BRC during the roadblocks. 15 June, El Alto. Source: BRC.

Appeal: **MDRBO022**	Total DREF Allocation: **CHF 344,055**	Crisis Category: Yellow	Hazard: **Civil Unrest**
Glide Number: -	People Affected: **1,500,000 people**	People Targeted: **2,400 people**	
Event Onset: **Slow**	Operation Start Date: **18-06-2026**	New Operational End Date: **31-12-2026**	Total Operating Timeframe: **6 months**
Reporting Timeframe Start Date: **18-06-2026**		Reporting Timeframe End Date: **20-08-2026**	
Additional Allocation Requested: **189,371**		Targeted Regions: **La Paz**	

Description of the Event



Operation area. Source: BRC.

Date when the trigger was met

02-06-2026

What happened, where and when?

Since early May 2026, Bolivia experienced a period of social unrest characterized by road blockades, demonstrations, and prolonged restrictions on the movement of people and goods across different regions of the country. The protests originated from demands related to fuel supply, the rising cost of living, and the national economic situation, and subsequently incorporated political demands.

The intensity of the demonstrations increased progressively throughout May. By 1 June 2026, 90 active blockade points had been reported across different departments, affecting strategic transport corridors and restricting the movement of people and essential supplies. La Paz, Cochabamba, Oruro, and Potosí were among the most affected departments, with particularly significant disruptions in La Paz and El Alto and along routes connecting the department with other areas of the country and Peru.

The prolonged mobility restrictions disrupted supply chains and affected access to food, fuel, medicines, medical oxygen, and other essential supplies. In response to the deterioration of the humanitarian situation, on 2 June 2026, the Departmental Government of La Paz declared a health and humanitarian emergency based on technical reports from the Departmental Health Service (SEDES), which identified shortages of medical oxygen, medicines, and essential medical supplies. On the same day, the Bolivian Red Cross, in coordination with the Ombudsperson's Office, facilitated the transportation of a tanker truck carrying medical oxygen from Puente Arce to Sucre through corridors affected by the blockades to support health facilities facing critical supply constraints.

During the first days of June, the national Government promoted dialogue with protesting groups while operations were carried out to restore circulation along the country's main routes. On 8 June 2026, Law No. 1740 was enacted, regulating the states of exception

provided for under the Political Constitution of the State as a mechanism to respond to extraordinary situations affecting public order and the functioning of essential services.

The demonstrations formally concluded during the second week of June following agreements between the parties and the gradual lifting of blockade points. Traffic was progressively restored along the main interdepartmental corridors, allowing logistics and commercial services to resume. However, the prolonged disruption resulted in significant economic losses across transport, trade, industry, tourism, and exports, as well as damage to road infrastructure and reduced household income.

On 25 June 2026, the Departmental Government of La Paz, in coordination with the chambers of industry and commerce, presented an economic recovery plan aimed at supporting sectors affected by more than seven weeks of disruptions. As of the date of this update, the public order situation remains stable and circulation along the main routes has been restored. Nevertheless, the socioeconomic impacts of the crisis persist, particularly among households whose livelihoods and income were affected by the prolonged disruption.

BRC supports blockade clearance, Desaguadero–El Alto route. Source: BRC

BRC providing assistance at the roadblock. Source: BRC

BRC providing assistance at the roadblock. Source: BRC

Scope and Scale

According to information from the Ministry of Health, the Ombudsperson's Office, departmental authorities, and national organizations, the social unrest recorded between May and June 2026 had significant humanitarian and socioeconomic consequences, particularly in the department of La Paz. During more than 50 days of demonstrations, La Paz recorded the highest number of blockade points in the country, at times exceeding 20 simultaneous blockades. Strategic national and international corridors were affected, particularly the La Paz to Oruro, La Paz to Desaguadero, and La Paz to Copacabana routes, as well as roads connecting to the Yungas region, significantly disrupting domestic supply chains and trade flows with Peru and other parts of Bolivia.

In urban areas, impacts were concentrated in the La Paz and El Alto metropolitan area, where approximately 1.5 million people faced prolonged transport and supply chain disruptions and difficulties accessing essential goods and services. Fuel shortages, temporary food supply disruptions, and rising prices of basic food basket items particularly affected households dependent on daily income and informal trade. In El Alto, significant impacts were reported in Districts 4, 8, and 10, which host important logistics nodes, commercial centres, and interdepartmental transport routes. Recurrent blockades affected commercial activities, temporarily suspended educational activities, and contributed to supply shortages across areas with an estimated population of around 300,000 people. Furthermore, according to information provided by the local authorities in El Alto, through the Municipal Secretariats of Health and Human Development, District 7 was identified as one of the areas affected by the direct impacts of the blockades, particularly with regard to restrictions on mobility, access to basic services, and the impact on the population's livelihoods.

The impact on the health system was particularly significant. As of 7 June 2026, the Ministry of Health reported that 216 patients depended on medical oxygen, while seven of the country's 12 referral hospitals were in a critical situation due to reduced supplies. The national storage system held 743 empty oxygen cylinders compared with 201 full cylinders, while three of the country's six blood banks reported insufficient red blood cell stocks, with particularly severe shortages in Beni, Cochabamba, and Pando. Health authorities estimated that approximately 140,000 people faced direct health risks due to limited access to medical care, medicines, medical oxygen, and other essential supplies. People living with chronic diseases, oncology patients, pregnant women, older persons, and patients

requiring continuous or specialized treatment were among the most exposed groups.

According to the Ombudsperson's Office, the consolidated toll of the unrest was 22 deaths, 88 injuries, and more than 580 arrests. Some deaths were associated with delays in, or inability to, access health services in a timely manner. Clashes were also reported during blockade clearance operations, creating additional risks for the population and temporarily affecting economic and social activities.

Livelihoods were significantly affected by the prolonged disruption of economic activity. Small scale traders, self-employed workers, transport operators, producers, and small businesses dependent on the daily movement of people and goods experienced reduced economic activity and income. In La Paz and El Alto, disruptions to markets, transport terminals, and supply centres further constrained household income and regular access to basic products.

Damage was also reported to roads, toll stations, and other strategic transport infrastructure. The La Paz to Oruro and La Paz to Desaguadero routes were among the most affected, with damage to road surfaces and impacts associated with barricades, excavation of trenches, and prolonged burning of tyres.

Overall, the crisis generated simultaneous impacts on public health, food security, mobility, livelihoods, and critical infrastructure. Low-income households dependent on daily economic activities, informal sector workers, people requiring continuous medical care, and families experiencing difficulties accessing food, medicines, and other essential goods faced the highest levels of vulnerability.

Source Information

Source Name	Source Link
1. Monitoring Access to Food and Its Impact on the Exercise of the Right to Food in Bolivia, La Paz. 2026. Ombudsman's Office. Plurinational State of Bolivia.	https://www.defensoria.gob.bo/uploads/files/monitoreo-del-acceso-a-alimentos-y-su-impacto-en-el-ejercicio-del-derecho-a-la-alimentacion-en-bolivia-la-paz,-2026.pdf
2. Bolivia: Social Conflict – Flash Update No. 01 (As of June 16, 2026). Country Humanitarian Team	https://reliefweb.int/report/bolivia-plurinational-state/bolivia-conflictividad-social-flash-update-no-01-al-16-de-junio-de-2026
3. Third Preliminary Report: Situation of Third Parties Affected by Social Unrest in Bolivia. May 1 to June 20, 2026. Office of the Ombudsman. Plurinational State of Bolivia	https://www.defensoria.gob.bo/uploads/files/tercer-reporte-preliminarsituacion-de-terceros-afectados-por-la-conflictividad-social-en-bolivia1%C2%B0-de-mayo-al-154-de-junio-2026-.pdf
4. Actions Taken in the Context of Social Conflict. May–June 2026. Ombudsman's Office. Plurinational State of Bolivia.	https://www.defensoria.gob.bo/uploads/files/informeacciones-realizadas-en-el-contexto-de-la-conflictividad-socialmayo-junio-2026la-paz,-3-de-julio-de-2026.pdf

Summary of Changes

Are you changing the timeframe of the operation	**No**
Are you changing the operational strategy	**Yes**
Are you changing the target population of the operation	**Yes**
Are you changing the geographical location	**No**
Are you making changes to the budget	**Yes**
Are you requesting an additional allocation?	**Yes**

Please explain the summary of changes and justification:

The operational strategy was revised based on continuous monitoring of the evolving context and the needs assessment conducted by the Bolivian Red Cross. Overall, the operation is shifting from an initial response focused primarily on health assistance and broad communication activities during the acute phase of the crisis towards a more targeted approach that prioritizes the socioeconomic recovery of vulnerable households through Multipurpose Cash Assistance (MPCA), complemented by strategic communication activities.

The assessment identified loss of household income, reduced purchasing power, and deterioration of livelihoods as the main remaining impacts among vulnerable households. Following the lifting of road blockades, the restoration of circulation, and the normalization of essential medical supplies, immediate health needs associated with the crisis decreased. Household economic recovery therefore became the main operational priority, leading to the incorporation of MPCA to support vulnerable families affected by the socioeconomic consequences of the crisis.

The geographical focus of the operation was also refined based on a detailed analysis of the situation and coordination with local authorities. Rather than covering the cities of La Paz and El Alto, both located in the Department of La Paz, as initially planned, the revised intervention concentrates on Districts 4, 7, and 8 of the Municipality of El Alto. These districts comprise an estimated 75,105 families, including 29,424 in District 4, 12,221 in District 7, and 33,460 in District 8, according to the Autonomous Municipal Government of El Alto (GAMEA). Based on the agreed vulnerability criteria and coverage analysis, 600 vulnerable families, equivalent to approximately 2,400 people, were prioritized for cash assistance in coordination with local authorities.

Other key changes by sector:

* Health: Indicators related to physical first aid, fixed and mobile care points, and support for medical oxygen transportation were removed, as these activities were designed to respond to immediate health needs during the acute phase of the crisis and were no longer considered priorities following the lifting of the blockades. The target for psychological first aid was reduced because immediate psychological first aid interventions were no longer identified as a priority need in the context, although targeted activities are still planned during some workshops and may be provided as needed. The indicator for refresher sessions on health referral pathways was revised to measure the number of people trained rather than the number of activities conducted. A target of 30,000 people was established for the mental health communication campaigns, with this number expected to be reached indirectly through audiovisual health messages.

* PGI: The indicator for the workshop on PGI and safe referral pathways was revised to measure the number of volunteers instead of the activity. The planned identification of referral pathways was replaced by communication campaigns promoting existing referral pathways for protection cases, including gender-based violence and child protection. Restoring Family Links (RFL) indicators were maintained with adjusted targets, as potential has been identified to reach individuals or families whose mobility and family connections may have been affected by displacement or migration linked to the roadblocks. The target for people indirectly reached with RFL messages was set at 3,000, based on the revised geographical scope of the operation.

* CEA: The community feedback mechanism was maintained through suggestion boxes and a dedicated corporate WhatsApp line, allowing communities to submit questions, suggestions, and complaints through both in-person and digital channels. Radio communication was revised from an indicator measured by months of implementation to the number of campaigns conducted. The target for people indirectly reached through campaigns on the auxiliary role of the Bolivian Red Cross was adjusted to 3,000, as in PGI.

* National Society Development (NSD): An Information Management Workshop has been added to strengthen the Bolivian Red Cross technical capacities across the information management cycle, including situational monitoring, risk analysis, evidence-based decision-making, and the production of information products. This activity responds to the need to strengthen institutional preparedness and information management capacities in a context of continued political and social tensions that may evolve into new emergency situations, as well as Bolivia's vulnerability to emergencies that require timely and high-quality information. Participants will be selected from branches affected by the emergency, preliminarily including La Paz, El Alto, Oruro, Potosí, Cochabamba, and Chuquisaca, as well as representatives from National Headquarters.

Finally, the target population was revised from 40,000 to 2,400 people to reflect the change in the operational strategy and the more focused geographical scope. The initial target was largely associated with broad communication campaigns and health assistance during the acute phase of the crisis. The revised target corresponds to the 600 vulnerable families that will receive MPCA as the operation shifts towards more targeted support for socioeconomic recovery. Communication activities remain an important component of the response and will continue to disseminate key Health, PGI, RFL, and auxiliary role messages to a wider population, with an estimated indirect reach of 30,000 people.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation (CCD) for the Andean Countries, based in Lima and covering Bolivia, Ecuador, and Peru, maintains close coordination with the Bolivian Red Cross throughout the ongoing operation. Technical support is being provided to strengthen operational planning, implementation, and monitoring as the response progresses. As part of this support, IFRC activated two virtual surge deployments starting on 26 June 2026 in Information Management (IM) and Security. IM support was provided for two months and focused on strengthening the collection, consolidation, analysis, and visualization of operational data. This included support for situation reports, monitoring dashboards, and other information products to facilitate operational decision-making, as well as the standardization and digitalization of information management tools, formats, and procedures. Security support was provided for one month, focusing on monitoring and analysing the evolving security context, identifying operational risks, and developing recommendations for the safe implementation of activities. The deployment also supported the strengthening of security protocols, monitoring of incidents and access conditions, and development of standardized risk management tools to contribute to a safer and more coordinated response for Bolivian Red Cross staff and volunteers.
Participating National Societies	The Swiss Red Cross maintains a permanent presence in Bolivia and continues to support the Bolivian Red Cross in strengthening its institutional capacities, as well as in the implementation of Disaster Risk Management and Health programmes. No specific actions were planned within the framework of this operation; however, the National Society and the Swiss Red Cross maintain ongoing dialogue to assess potential actions depending on the evolution of identified needs. For its part, the Norwegian Red Cross continues to support the strengthening of the Bolivian Red Cross's administrative and financial processes. This support includes strengthening institutional systems, the continuous improvement of procedures, and the development of organizational capacities.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) continues to provide ongoing support to the Bolivian Red Cross in strengthening its institutional capacities, particularly in the areas of Safer Access (SA) and Restoring Family Links (RFL), with a particular focus on contexts of human mobility and border areas.

The ICRC maintains close and continuous coordination with the Security and Protection Officer and the technical team of the Bolivian Red Cross National Headquarters. This support includes technical assistance for the analysis of the evolving context, the strengthening of risk management and access mechanisms, as well as guidance related to humanitarian diplomacy and institutional communications directed at authorities, communities, and other stakeholders relevant to the operation.

As part of this support, the ICRC Cooperation Coordinator from the Lima Office participated in the Workshop on Safer Access, Operational Security, and Preparedness and Response for Safer Access (PRSA), aimed at staff and volunteers involved in the operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	-Health During the crisis period, national and departmental authorities implemented various measures to mitigate the impact of the blockades on access to health services. According to official information, restrictions on movement hindered the timely transfer of patients to higher-level health facilities, affecting the continuity of treatments and the provision of emergency medical care. Among the reported cases, the death of an individual whose access to care was allegedly affected by mobility restrictions was highlighted, underscoring the importance of ensuring humanitarian corridors for patients, tourists, and people in transit during periods of social unrest. Likewise, the Ombudsperson's Office promoted inter-institutional coordination aimed at facilitating access for and delivery of humanitarian assistance in affected areas. Subsequently, it accompanied the distribution of food assistance and other support mechanisms directed at persons with disabilities and other groups in situations of vulnerability. -Mobility The Ombudsperson's Office played a humanitarian intermediary role during the blockade period, promoting temporary agreements that enabled the movement of transport operators, travellers, and people in situations of particular vulnerability. These efforts facilitated the transit of priority cases and helped reduce the humanitarian risks associated with the prolonged isolation of certain areas. -Livelihoods As a measure to address the economic impacts resulting from the social unrest and blockades, the Plurinational State of Bolivia enacted Supreme Decree No. 5630 on 8 June 2026, establishing an extraordinary framework for the refinancing and rescheduling of loans for individuals and productive units affected by reduced income. The regulation instructed financial institutions to assess refinancing requests based on borrowers' actual repayment capacity and, where appropriate, incorporate grace periods and adjustments to repayment schedules. This measure sought to support the economic recovery of households and small businesses affected by the prolonged interruption of productive, commercial, and service activities, recognizing that the economic effects of the crisis would extend beyond the duration of the blockades. Additionally, the Ministry of Health and Sports coordinated the receipt and distribution of humanitarian assistance with the support of the World Food Programme (WFP) and The Church of Jesus Christ of Latter-day Saints, contributing to strengthening the response capacity for affected populations.
UN or other actors	-Health and Food Security Various United Nations agencies and humanitarian organizations complemented the national response through technical assistance, the provision of critical supplies, and support to essential health and food security services. a. Pan American Health Organization / World Health Organization (PAHO/WHO): provided technical assistance for the management of the health emergency resulting from the blockades. It also supported the strengthening of the health system's

response capacity through the provision of 50 oxygen concentrators, the promotion of blood donation campaigns, and the supply of medicines for the treatment of cancer and diabetes.

b. United Nations Development Programme (UNDP): provided technical assistance to strengthen the medical oxygen supply infrastructure, including specialized support for defining the technical specifications of a booster plant in the municipality of El Alto and the development of terms of reference for procurement processes. Additionally, it coordinated with the Universidad Mayor de San Andrés (UMSA) mechanisms for the provision of between 10 and 30 oxygen cylinders per day, supported the response communication strategy, and contributed to efforts related to the procurement and distribution of liquid oxygen.

c. World Food Programme (WFP): distributed 42.5 metric tons of food, equivalent to approximately 2,500 essential food packages, to health facilities in the cities of La Paz and El Alto to support the continuity of services during the crisis.

d. World Vision Bolivia: donated six oxygen concentrators to the Ministry of Health and Sports to strengthen the response capacity of the Women's Hospital in the city of La Paz, helping to mitigate the supply challenges experienced during the emergency.

e. UNICEF: supported the Ministry of Health and Sports through the procurement of 20 primary health care kits, with the capacity to serve approximately 2,000 people per month, as well as through the provision of therapeutic supplies for the management of child malnutrition. It also facilitated the air transport of influenza vaccines and routine immunization vaccines to preserve the cold chain and prevent disruptions in supply. UNICEF further provided technical support to the health situation room to strengthen humanitarian response coordination and the consolidation of sectoral information. In addition, it contributed to strengthening the nutrition response through the procurement and distribution of nutritional supplements for children in 22 service centres located in departments affected by the blockades.

f. Inter-Agency Risk Communication Group: promoted information campaigns related to hygiene, disease prevention, well-being, and community capacity strengthening, helping to keep the population informed throughout the emergency.

g. United Nations Population Fund (UNFPA): initiated the procurement of carbetocin to strengthen the management of obstetric emergencies and reduce childbirth-related risks, with particular attention to challenges arising from logistical restrictions that affected timely access to maternal health services.

-Human Mobility

i. United Nations agencies and their partners implemented assistance and protection actions targeting refugees and migrants affected by the mobility restrictions generated by the blockades.

ii. The R4V Platform (Response for Venezuela) reported providing assistance to more than 1,000 refugees and migrants during May and June 2026.

iii. UNHCR and Fundación Munasim Kullakita supported the reception and assistance of refugees and migrants at the temporary shelter established at the La Paz Bus Terminal, in coordination with municipal authorities.

iv. IOM and World Vision, within the framework of the Shelter Sector of the Humanitarian Country Team (HCT), supported the coordination and management of temporary shelters in accordance with Camp Coordination and Camp Management (CCCM) standards.

v. UNHCR, UNICEF, and World Vision Bolivia, in the department of Oruro, coordinated actions with private accommodation providers to offer temporary lodging to refugees and migrants stranded due to the blockades, prioritizing families with children and

adolescents, as well as older persons.

vi. UNICEF supported child reception centres in coordination with the Vice Ministry of Equal Opportunities, helping to ensure minimum standards of protection and care during the emergency.

-Education

UNICEF supported the Ministry of Education in actions aimed at ensuring educational continuity during the period of restrictions. Key measures included strengthening remote learning modalities, supporting virtual education tools, and promoting initiatives to improve connectivity and access to digital resources, prioritizing areas most affected by the blockades.

Are there major coordination mechanism in place?

The Bolivian Red Cross maintains ongoing coordination with humanitarian actors and government institutions to ensure a complementary response and avoid duplication of assistance.

At the national level, it participates in the Humanitarian Country Team (HCT), coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), alongside United Nations agencies, non-governmental organizations, and members of the Bolivia Humanitarian Agencies Consortium (CAHB). This platform facilitates information sharing, joint needs analysis, and the coordination of humanitarian actions. Within this mechanism, the Bolivian Red Cross serves as co-lead of the Cash Working Group together with the World Food Programme (WFP), contributing to the coordination of cash-based interventions.

The National Society also maintains close coordination with public institutions responsible for emergency management, particularly with the Vice Ministry of Civil Defence (VIDECI), for information exchange, needs assessment, and response complementarity. It also coordinates with the Ministry of Health and Sports, as well as departmental and municipal authorities, to support the implementation of sectoral and territorial actions.

At the local level, the Bolivian Red Cross participates in the coordination mechanisms established by the Departmental and Municipal Committees for Risk Reduction and Disaster Management (CODERADE and COMURADE), contributing to needs assessments, operational information sharing, and the coordination of preparedness, response, and early recovery actions.

This coordination with authorities, humanitarian agencies, and Movement partners has strengthened the complementarity of interventions, optimized the use of resources, and facilitated a more coordinated response for the benefit of affected populations.

Needs (Gaps) Identified

Livelihoods And Basic Needs

This sector concentrates the most severe needs identified by the operation. Assessments conducted by the Bolivian Red Cross indicate that the main constraint is no longer related to the availability of food in markets, but rather to households' reduced economic capacity to access it. Loss of income, sustained price increases, and the exhaustion of coping mechanisms continue to affect food security and delay the recovery of the most vulnerable families.

The needs assessment conducted in 393 households across Districts 4, 7, and 8 of El Alto showed that 99 per cent of households were affected by the blockades. 30 per cent lost all of their income, 35 per cent lost three-quarters of their income, and 20 per cent lost at least half of their income. As a result, 76 per cent of households reported that their current income no longer allows them to access the same consumption basket as before the crisis. In addition, 42 per cent resorted to debt, and 17 per cent had to sell assets or belongings to meet basic needs.

The severity of the impact is closely linked to household economic structures. Nearly 44 per cent depend on commercial activities in fairs and markets, while others earn their income from temporary services (16 per cent), construction (11 per cent), transport (7 per cent), and agriculture (4 per cent). The prolonged disruption of these activities significantly reduced households' purchasing power, particularly among those who depend on daily income and lack savings mechanisms.

The impact on food security was significant. 87 per cent of households reduced the size or number of daily meals, 58 per cent reduced the quality of the food consumed, and 28 per cent reported having gone entire days without eating. Furthermore, 81 per cent had to search for food across different markets, and 73 per cent spent extended periods queuing to purchase basic products. At the time of the assessment, 46 per cent continued to rely on these coping strategies, and only 9 per cent considered that they had returned to normal conditions.

Market monitoring conducted by the Bolivian Red Cross (132 businesses) showed that 84 per cent of businesses temporarily reduced the variety of products available and that 43 per cent were still experiencing difficulties replenishing inventories at the time the blockades were lifted. At the same time, price monitoring (111 sellers monitored) estimated cumulative inflation of 85.9 per cent in the monitored basic food basket, with particularly high increases in protein products, fruits, and vegetables, further increasing economic pressure on the most vulnerable households.

These findings are consistent with monitoring conducted by the Ombudsperson's Office, which identified that 63 per cent of families were no longer able to adequately meet their food needs. The impact is particularly concentrated among female-headed households, households with children under five years of age, people living with chronic illnesses, persons with disabilities, and pregnant or breastfeeding women, who face greater difficulties in restoring their livelihoods and maintaining an adequate diet.

Multi purpose cash grants

The market assessment conducted by the Bolivian Red Cross in July 2026 among 132 traders showed that the blockades significantly affected commercial activity and supply chains. During the most critical period, 97.7 per cent of traders reported direct impacts on their businesses, 83.7 per cent reduced the variety of products available for sale, and 54.5 per cent reported serving fewer than ten customers per day. In addition, 62.1 per cent relied primarily on wholesale suppliers, whose mobility was also restricted, amplifying the effects of shortages on local markets.

Following the lifting of the blockades, market recovery was gradual. A total of 42.6 per cent of traders still reported difficulties replenishing inventories, mainly due to increased costs (57.6 per cent) and limited supplier availability (12.9 per cent). Nevertheless, at the time of the assessment, markets had resumed normal operations, with products available and prices progressively stabilizing. Additionally, 65.2 per cent of traders had access to the internet and 62.1 per cent had QR code payment mechanisms, confirming the capacity of markets to efficiently and safely absorb a cash-based response.

These findings indicate that the main constraint currently faced by households is not the availability of essential goods, but rather their economic capacity to access them. This conclusion is consistent with the results of the needs assessment, which revealed widespread income losses, reduced purchasing power, and persistent difficulties in meeting basic needs.

The assessment also identified that only 4 per cent of households had received cash or in-kind assistance from the government or other organizations. When communities were consulted regarding the forms of assistance they considered most useful, 49 per cent indicated a preference for food or in-kind assistance, while 42 per cent preferred cash support.

Cash assistance mechanisms incorporate targeting criteria aimed at households that have experienced significant income losses, depend on informal economic activities, and include groups facing higher levels of vulnerability, including children, pregnant or breastfeeding women, older persons, persons with disabilities, and people living with chronic illnesses. The relevance of this modality is further reinforced by the official recognition of the economic impact generated by the crisis and by the extraordinary measures adopted by the State to support the recovery of affected households and productive units.

Health

Health needs evolved as the crisis prolonged. Initially, the main impacts were related to mobility restrictions, delays in the distribution of medicines, and difficulties in transporting patients. Subsequently, shortages of medicines, medical oxygen, fuel for ambulances, and medical supplies were reported, increasing the risk of disruptions to essential health services. The Humanitarian Country Team (HCT) reported that approximately 25 public hospitals faced challenges in ensuring the continuous supply of medical oxygen, with an estimated demand exceeding 500 cylinders per day.

The needs assessment conducted by the Bolivian Red Cross identified that 64 per cent of households have at least one person with a functional limitation and 57 per cent reported having a household member living with a chronic disease, primarily hypertension and diabetes. In addition, 3 per cent of households have members who depend on oxygen or permanent assisted breathing.

Information from the Autonomous Municipal Government of El Alto (GAMEA) records 5,153 people living with chronic diseases in the prioritized districts, including 1,974 with hypertension, 1,470 with type 2 diabetes mellitus, 1,033 with obesity, and 394 with rheumatoid arthritis. Cases of hypothermia, respiratory infections, gastrointestinal infections, and other health conditions associated with prolonged displacement and exposure to low temperatures were also reported.

In maternal and child health, 483 high-risk pregnancies, 9,011 infants under one year of age, and 21,576 children under five years of age were identified, representing a population requiring medical follow-up, nutritional monitoring, and timely access to health services. Additionally, municipal records reported 75 cases of child malnutrition, of which 59 corresponded to moderate malnutrition and 16 to severe malnutrition. The risk of nutritional deterioration remains associated with reduced household income, increasing prices, and the decline in dietary diversity observed during the crisis.

Mobility restrictions also affected preventive activities and epidemiological surveillance. 31 per cent of households reported spending additional time searching for medicines, while supply shortages created risks for the continuity of treatments and immunization programmes. Although the acute phase of the emergency has ended, health needs remain closely linked to the limited economic recovery of the most vulnerable households.

Mental health also emerged as a priority need due to the prolonged period of uncertainty, loss of income, difficulties in accessing food and medicines, and continuous exposure to social unrest. The Bolivian Red Cross assessment identified that 78 per cent of the population perceived high or very high levels of insecurity during the crisis. The predominant emotions reported were concern (95 per cent), fear (81 per cent), sadness (68 per cent), and anxiety (66 per cent).

The impact was particularly significant among children and adolescents. 55 per cent temporarily shifted to virtual learning modalities, 43 per cent reduced the number of daily meals consumed, 26 per cent assumed caregiving responsibilities within the household, and 17 per cent engaged in economic activities to contribute to household income.

These findings are consistent with reports from the Humanitarian Country Team (HCT) and the R4V Platform, which documented increased community tensions and emotional impacts associated with uncertainty, loss of economic resources, and mobility restrictions. The evidence confirms the need to maintain psychosocial support actions aimed at strengthening emotional recovery and resilience among affected communities.

Water, Sanitation And Hygiene

The primary impact on the WASH sector was the reduction in effective access to essential hygiene supplies as a result of lost household income and the widespread increase in the cost of living. Sustained increases in the prices of food, medicines, and other essential goods during the blockades forced many households to prioritize the purchase of items necessary for food consumption and health care, reducing their ability to allocate resources to basic hygiene and cleaning products. This reallocation of household expenditure is a common coping strategy during prolonged economic crises and progressively increases the risk of communicable diseases, particularly among households with young children, older persons, persons with functional difficulties, and individuals living with chronic illnesses.

According to data collected by the Bolivian Red Cross, 69 per cent of surveyed families (272 households) reported shortages of hygiene and cleaning products, including personal hygiene soap in 55 per cent of cases, cleaning supplies such as bleach and detergents in 55 per cent, laundry products in 49 per cent, and sanitary pads or menstrual hygiene products in 33 per cent. At the time of data collection, 21 per cent of families with available information reported that shortages of these items persisted in local markets and fairs. Hygiene products were also identified as one of the categories experiencing the most significant price increases according to community perceptions, ranking third among reported increases in the cost of goods.

Reports produced by the R4V Platform and the Humanitarian Country Team (HCT) highlighted that WASH needs were particularly critical among people stranded in bus terminals, reception centres, and temporary accommodation facilities. These populations faced limited access to safe water, sanitation facilities, showers, and adequate conditions for personal hygiene, increasing the risk of gastrointestinal diseases, skin infections, and other health conditions associated with prolonged stays in overcrowded environments. The Bolivian Red Cross identified that overcrowded living conditions further increased these risks, which continue to affect households whose purchasing power remains insufficient to replenish basic hygiene items.

Protection, Gender And Inclusion

Monitoring reports from the Ombudsperson's Office documented that one of the main consequences of the crisis was the impact on the fundamental rights of people not involved in the demonstrations, particularly regarding access to health care, food, freedom of movement, education, and employment. Verifications conducted in hospitals, reception centres, care homes for older persons, markets, fuel stations, and bus terminals identified challenges in ensuring the supply of food, medicines, medical oxygen, and other essential inputs for highly vulnerable populations. Older persons and individuals residing in care facilities faced particularly elevated risks due to their ongoing dependence on medicines, specialized nutrition, and health services.

The needs assessment conducted by the Bolivian Red Cross in 393 households confirmed that certain groups faced differentiated barriers during the emergency. 64 per cent of assessed households include at least one person with a functional difficulty, while 21 per cent of households reported the presence of pregnant women or breastfeeding infants. These groups experienced greater difficulties in moving around, accessing essential services, and maintaining continuity of medical treatments during the period of restrictions.

From a gender perspective, the crisis disproportionately affected women. In 79 per cent of surveyed households, domestic and caregiving responsibilities are primarily carried out by adult women, while in 61 per cent of households with children or adolescents, these responsibilities are assumed by a single individual. This unpaid care burden was compounded by activities related to searching for food, medicines, and other essential goods in a context of shortages and rising prices. Women, who represented 84 per cent of respondents, reported assuming the majority of these responsibilities during the blockade period.

The loss of income also had differentiated impacts on female-headed single-parent households, reducing their ability to meet basic needs and increasing their exposure to negative coping mechanisms. Likewise, reports from the Humanitarian Country Team (HCT) and the R4V Platform identified pregnant women as one of the groups facing the highest levels of vulnerability due to difficulties in accessing prenatal care and obstetric services in a timely manner during the emergency.

The findings highlight the need to ensure that assistance incorporates accessibility and inclusion measures for persons with disabilities, older persons, pregnant women, single-parent households, and other groups with specific needs, reducing access barriers and strengthening protection mechanisms throughout the implementation of the operation.

Migration And Displacement

The reports from the R4V Platform identified the La Paz–El Alto corridor as one of the main locations where populations in transit were affected by the blockades. The disruption of interdepartmental and international transport left refugees, migrants, and travellers unable to continue their journeys, forcing them to remain for several days in bus terminals, temporary accommodations, and improvised waiting areas. In many cases, people were required to walk long distances to cross blockade points and access alternative means of transportation, increasing their exposure to protection risks and health-related impacts.

The prolonged mobility restrictions generated increasing needs for shelter, food, medical care, hygiene items, and psychosocial support. According to the Humanitarian Country Team (HCT) and the R4V Platform, limited access to transportation and basic services particularly affected people stranded along strategic transport corridors and border crossings, where difficulties in accessing fresh food and other essential goods were also reported.

The Ombudsperson's Office reported that the restrictions on movement significantly affected individuals not involved in the social unrest, forcing many travellers to walk long distances to continue their journeys and resulting in the accumulation of people at bus terminals, which operated irregularly for several weeks.

The findings show that the impacts were not limited to populations on the move but also affected host communities by reducing the availability of essential goods and increasing pressure on existing response mechanisms. In addition, a growing number of families were identified whose continued stay in La Paz and El Alto became conditioned by the loss of economic resources, requiring support to meet basic needs while attempting to restore their livelihoods.

Community Engagement And Accountability

The assessment conducted by the Bolivian Red Cross (393 households) revealed considerable levels of institutional misunderstanding. Fifty-nine per cent of interviewed households indicated that they were unaware of the activities carried out by the Bolivian Red Cross;

more than 20 per cent identified it as a government entity, 6 per cent as a religious organization, and 3 per cent as a political organization. Only 31 per cent of the households surveyed recognized it as an independent humanitarian organization.

These perceptions were associated with the circulation of information and messages through traditional media and social networks that linked the institution to the implementation of humanitarian corridors during the crisis. As a result, expectations, misinterpretations, and varying levels of misinformation emerged regarding the mandate, functions, and scope of the actions carried out by the Bolivian Red Cross.

The findings therefore indicate a need to strengthen clear and accessible communication, rumour management, and accountability, particularly regarding the operation, targeting criteria, assistance modalities, and feedback channels. In the highly polarized social context, strengthening understanding of the Bolivian Red Cross auxiliary role and its adherence to the Fundamental Principles is also important to maintain community acceptance, humanitarian space, and safe access.

Any identified gaps/limitations in the assessment

The needs assessment in the city of El Alto was conducted in a post-crisis context following a prolonged period of social unrest, characterized by changes in access conditions, persistent mobility constraints, and varying levels of community acceptance. These conditions influenced the timeliness, coverage, and representativeness of the information collected.

Access restrictions and the persistence of certain logistical limitations hindered the implementation of extensive field verification activities. As a result, it was necessary to complement primary data with secondary information from humanitarian organizations, public institutions, and inter-agency monitoring mechanisms. This triangulation strengthened the analysis; however, some geographic areas and population groups remained underrepresented.

The post-crisis polarized environment also affected some individuals' willingness to participate in interviews or share information related to the blockades, economic losses, and coping mechanisms adopted. In certain cases, respondents expressed concerns about potential social or community repercussions, which may have resulted in underreporting or response bias on some sensitive topics.

Specific limitations were also identified in the collection of market and price information. Some traders and small-scale producers were reluctant to provide detailed information regarding price fluctuations recorded during the blockade period due to concerns related to possible control or inspection processes. This situation may have affected the accuracy of certain estimates regarding market behaviour during the emergency.

The assessment also revealed limited public understanding of the mandate, Fundamental Principles, and auxiliary and independent role of the Bolivian Red Cross. In some areas, this resulted in initial mistrust towards assessment teams and required additional awareness-raising efforts, community coordination, and institutional presentations to facilitate information collection.

Finally, gaps were identified in the availability of disaggregated statistical information on groups particularly affected by the crisis, including informal workers, small-scale traders, female-headed households, persons with disabilities, and households that experienced significant income losses. This limitation reinforces the need to complement quantitative data with qualitative information and to continue strengthening analysis and monitoring mechanisms throughout the implementation of the operation.

Operational Strategy

Overall objective of the operation

Through this IFRC-DREF Operation, the Bolivian Red Cross (BRC) aims to support 600 families (approximately 2,400 people) through activities under the areas of Multipurpose Cash Assistance (MPCA), Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), and Health. In addition, an estimated 30,000 people will be indirectly reached through communication campaigns promoting key messages on mental health, referral pathways for child protection cases, and public understanding of the role of the BRC in the response.

Operation strategy rationale

This IFRC-DREF Operation aims to contribute to the early recovery of the most affected households. The response strategy is based on the findings of the needs assessment conducted by the Bolivian Red Cross, which identified that the main impacts resulting from the crisis are not related to the availability of goods in markets, but rather to the loss of income and the reduced economic capacity of households to meet their basic needs. The findings showed that livelihood recovery constitutes the primary humanitarian priority. Accordingly, the operation seeks to implement an integrated response focused on strengthening livelihoods, restoring household and community capacities, and facilitating access to cash-based humanitarian assistance.

A) Cash Assistance

The operation will support 600 families, approximately 2,400 people, through Multipurpose Cash Assistance (MPCA). Each assisted family will receive a cash transfer of BOB 2,400 (approximately CHF 165), corresponding to 50 per cent of the basic food basket. The transfer value was established based on the findings and recommendations of the feasibility assessment, market assessment, and pricing study.

The cash assistance component will be implemented through agreements with RedRose, which will provide information management and registration services, and MoneyGram, which will serve as the Financial Service Provider (FSP) responsible for delivering the cash transfers.

The selection of families will be informed by the needs assessment conducted using KoBoCollect and complemented by the list of potentially vulnerable households provided by the Autonomous Municipal Government of El Alto. This information will be verified and validated by the Bolivian Red Cross. The selection and prioritization of the 600 families will follow the vulnerability criteria established for the operation, through a transparent verification and validation process aimed at ensuring that assistance reaches households most affected by the socioeconomic impacts of the crisis.

Although the assistance will be delivered through a multipurpose cash modality, the intervention is designed to support early recovery and livelihood restoration. Cash assistance will therefore be complemented by a cycle of three capacity-building sessions aimed at strengthening livelihoods, supporting income generation and diversification through microenterprise initiatives, and increasing understanding of the humanitarian mandate of the Bolivian Red Cross and the International Red Cross and Red Crescent Movement.

By combining financial assistance with capacity development, the intervention seeks to enable assisted families to address priority needs while identifying opportunities to strengthen or reactivate income-generating activities. This approach is intended to support household economic recovery and strengthen resilience and self-recovery capacities beyond the immediate use of the cash transfer.

B) Health

The intervention will prioritize community-strengthening actions through psychosocial support sessions, health promotion activities, and capacity development for emotional well-being and community resilience. Considering that the acute phase of the emergency has ended, the implementation of first aid services in the context of social unrest is no longer considered necessary. In this regard, the focus will be directed towards supporting the psychosocial recovery of affected families and strengthening community capacities for preparedness and response to future emergencies.

C) Protection, Gender and Inclusion (PGI)

The operation will continue implementing community workshops aimed at promoting access to information, reducing stigma, and strengthening appropriate self-care practices among women and adolescents in situations of vulnerability. These actions will continue to be linked to referral pathways and support mechanisms for cases requiring specialized attention, while mainstreaming protection, inclusion, and non-discrimination approaches throughout the operation.

D) Community Engagement and Accountability (CEA)

CEA will continue to be a cross-cutting component throughout the operation. Prior to the commencement of activities, coordination meetings will be held with authorities and community leaders to present the intervention, validate targeting criteria, and facilitate access to communities.

Throughout the operation, permanent mechanisms for information sharing, handling enquiries, receiving and managing complaints, and collecting feedback will be maintained through both face-to-face and digital channels, including the institutional WhatsApp line and suggestion boxes made available during community activities. In addition, information materials will be developed specifically for assisted families participating in the Cash transfer programme and for participants in community activities.

The operation's exit strategy is closely linked to the Public Communication and Community Engagement and Accountability components,

with the objective of ensuring a gradual, orderly, and well-communicated transition towards the closure of activities. Planned actions seek to mitigate potential adverse effects on communities, appropriately manage community expectations, and preserve trust and acceptance of the Bolivian Red Cross through clear, consistent, and timely messaging.

Targeting Strategy

Who will be targeted through this operation?

The estimated number of people to be reached is 2,400 people in the city of El Alto (La Paz Department). Based on the results of the needs assessment, the proposed distribution of beneficiary families by district is as follows:

DISTRICT 4
- Mercedario
- Villa Yunguyo
- 16 de Febrero
- Villa Cooperativa

DISTRICT 7
- San Roque
- Puerto Camacho

DISTRICT 8
- Atipiris
- Unificada Potosí
- Ventilla
- San Francisco
- Los Pinos
- Senkata

Households will be selected through a needs assessment using Kobo's digital data collection tools. The selection of beneficiaries will be based on the results of the assessment and supplemented with information on the vulnerability of specific families provided by the El Alto City Government. These sources will be used to identify priority communities and select households with the highest levels of need and vulnerability, in accordance with the established selection criteria and the severity of the socioeconomic impacts suffered as a result of the crisis.

Explain the selection criteria for the targeted population

The Bolivian Red Cross National Headquarters will work in close coordination with the La Paz Departmental Branch and the Autonomous Municipal Government of El Alto to identify and prioritize the most vulnerable families, particularly those facing significant barriers to accessing assistance. The targeting process will consider households with one or more of the following vulnerability criteria:

- Pregnant or lactating women;
- Children under five years of age;
- Older persons aged 60 years and above;
- Single-parent households;
- Persons with disabilities;
- Individuals living with chronic illnesses or critical health conditions;
- Families living in vulnerable or insecure housing conditions, including rented accommodation;
- Self-employed workers and households dependent on daily or informal income; and
- Households that experienced significant livelihood losses as a result of the road blockades.

These criteria are also incorporated into the needs assessment survey and will guide the selection and prioritization of the 600 families to receive Multipurpose Cash Assistance (MPCA). Particular consideration will be given to households presenting multiple or compounded vulnerabilities, including those whose livelihoods are highly exposed to disruptions in economic activity and those with limited capacity to absorb or recover from the socioeconomic impacts of the crisis.

Total Targeted Population

Women	934	Rural	0%
Girls (under 18)	377	Urban	100%
Men	638	People with disabilities (estimated)	6%
Boys (under 18)	451		
Total targeted population	2,400		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Security risks for staff and volunteers • Potential social tensions, confrontations, or unrest at blockade points. • Risk of detention, aggression, or restrictions on the movement of response teams.	• Apply operational security protocols and conduct daily context analysis. • Coordinate in advance with community leaders and social actors. • Ensure humanitarian personnel display visible identification. • Restrict movements during high-risk periods or in high-risk areas. • In the case of night movements, apply the corresponding authorization procedures.
Disease outbreaks and deterioration of sanitary conditions • Disruptions in waste collection and access to safe water. • Risk of infectious diseases in peri-urban areas.	• Promote community hygiene practices. • Activate community-based and branch-level health surveillance mechanisms.

Psychological impact on the population and response teams • Stress, anxiety, and uncertainty due to prolonged blockades. • Increased pressure on humanitarian personnel.	• Implement psychosocial support (PSS) and community-based psychological first aid activities. • Establish staff and volunteer rotation mechanisms. • Create emotional support spaces for volunteers. • Disseminate community coping and well-being messages.
Misinformation and lack of community trust • Circulation of rumours regarding humanitarian assistance or humanitarian presence. • Potential rejection of, or resistance to, interventions.	• Implement clear risk communication strategies through the Community Engagement and Accountability (CEA) approach. • Engage community leaders. • Establish community feedback mechanisms through the institutional WhatsApp line and suggestion boxes. • Monitor social media.
Exclusion of vulnerable groups • Barriers to access for persons with disabilities, older persons, children, and people living with chronic illnesses. • Exclusion of vulnerable groups by community leaders.	• Identify and prioritize vulnerable populations within the response. • Adapt distribution mechanisms to ensure physical and communication accessibility. • Conduct household visits only when necessary. • Raise awareness among community leaders on humanitarian principles and action.
Logistical and access restrictions due to blockades • Disruption of main transport routes, closure of strategic roads, and limitations on urban mobility. • Difficulties in the movement of humanitarian personnel and essential supplies. • Partial isolation of peri-urban areas and vulnerable neighbourhoods.	• Identify and use alternative routes (secondary and community roads). • Coordinate with local stakeholders, community organizations, and control points to facilitate humanitarian access. • Implement decentralized logistics and the use of temporary storage facilities.
Disruption of the supply of critical items • Shortages of supplies required for the operation.	• Establish agreements with multiple local suppliers. • Prioritize short and local supply chains. • Regularly monitor critical inventories.

Please indicate any security and safety concerns for this operation:

At the time of this update, the social mobilizations in Bolivia had already concluded; however, the operational context in the city of El Alto remains characterized by a highly sensitive social and political environment. Although the main transport routes and supply chains had been restored, a degree of uncertainty persisted among various social sectors regarding the implementation of the agreements reached between the National Government and the organizations that had led the protests. This situation maintained a latent risk of renewed pressure measures, localized blockades, or spontaneous demonstrations that could rapidly affect humanitarian access conditions and disrupt the implementation of planned activities.

From an operational perspective, the primary concerns are no longer associated with sustained mobility restrictions, but rather with the volatility of the context and the potential for new episodes of social unrest to generate temporary disruptions in access to prioritized communities. Recent experience demonstrated that demonstrations could emerge rapidly at strategic locations across the city, affecting the movement of humanitarian personnel, the transportation of supplies, and the continuity of community-based activities. Consequently, the operation maintained continuous context monitoring, conducted regular security analyses, and preserved the flexibility required to adapt activities to changing operational conditions.

Community acceptance also remains an important consideration. The needs assessment conducted by the Bolivian Red Cross revealed that part of the population continued to display heightened sensitivity regarding issues related to the blockades and their economic consequences. In addition, knowledge of the humanitarian mandate, independence, and Fundamental Principles of the Bolivian Red Cross remained limited in some sectors. This occasionally generated mistrust towards field teams and, in some cases, negative perceptions based on the mistaken assumption that the institution represented governmental, political, or other external interests. In a context still marked by social polarization and the circulation of rumours and unverified information, these perceptions have the potential to affect operational acceptance and hinder access to certain communities.

From a protection perspective, differentiated risks continue to affect vulnerable groups, particularly older persons, people living with chronic illnesses, persons with disabilities, pregnant women, children, and households that had experienced significant livelihood losses during the emergency. Although access to basic services progressively improved, economic recovery remains uneven, and many families continue to face challenges in accessing food, medicines, transportation, and other essential goods. In the event of renewed social unrest, these groups would likely be among the most exposed to disruptions in essential services and humanitarian assistance.

Psychosocial well-being also remains a relevant protection concern. The prolonged crisis, economic uncertainty, and persistence of social tensions left emotional impacts on both communities and Red Cross personnel and volunteers. Concerns regarding a possible resurgence of unrest, combined with the cumulative economic impact on households, contribute to sustained levels of stress and uncertainty that could influence community interactions and perceptions of humanitarian interventions. In response, the operation incorporates staff and volunteer self-care measures, while ensuring the availability of psychosocial support mechanisms whenever operational conditions required.

In this context, the operation focuses on ensuring safe and sustained humanitarian access to prioritized communities, safeguarding the physical integrity and well-being of staff, volunteers, and institutional assets, maintaining operational continuity despite potential changes in the social environment, preventing exclusion risks among the most vulnerable groups, and strengthening community acceptance through transparent communication on the neutral, impartial, and independent nature of the Bolivian Red Cross. To support these objectives, the operation maintains close coordination with local authorities and community leaders, strengthened community engagement and accountability mechanisms, and implements continuous monitoring of the evolving context throughout the response.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Multi Purpose Cash

Budget: CHF 194,038
Targeted Persons: 2,400

Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of feasibility studies conducted	1	1
Number of communities surveyed	12	10
Number of families receiving cash assistance	600	0
Number of communities participating in workshops on livelihoods, economic recovery, and the Red Cross mandate (3 sessions per community)	12	0
Number of communities partcipating in workshops on the Cash Transfers modality	12	0
Percentage of households participating in post-distribution survey	70	0

Progress Towards Outcome

-Feasibility Study

A feasibility study was conducted to assess the viability of implementing a cash transfer programme in Districts 4, 7, and 8 of the city of El Alto. The analysis examined the functionality of local markets, the availability of essential goods, supply conditions, price trends, and the operational capacity of financial service providers.

The findings confirmed that supply chains were recovering and that markets maintained sufficient availability of food, hygiene items, medicines, and other essential goods. The study also verified the existence of safe and accessible cash distribution mechanisms, including digital payment options and authorized cash withdrawal points. These findings validated the relevance and operational feasibility of implementing a Multipurpose Cash Transfer response in the area of intervention.

-Number of communities participating in workshops on livelihoods, economic recovery, and the Red Cross mandate (3 sessions per community)

The BRC has completed the design of the training package that will form part of the Cash transfer programme strategy. The content includes three main modules:

*Basic concepts on livelihoods and their importance for household recovery.
*Economic recovery and strengthening family resilience, including basic tools for planning and resource management.
*The Bolivian Red Cross and the International Red Cross and Red Crescent Movement, addressing the auxiliary role of the National Society, the Fundamental Principles, and the proper use of the emblem.

-Number of communities that participated in the workshops of the cash transfer program

The sessions will include information on how the cash transfer program works, documentation requirements, protection mechanisms, procedures for withdrawing financial assistance, and channels for inquiries and feedback.

Health

Budget: CHF 6,265
Targeted Persons: 30,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people who received psychological first aid	10	0
Number of supportive debriefing sessions provided to volunteers and staff	5	2
Staff and volunteers who strengthen their capacities on institutional referrals for health care	25	27
Number of people indirectly reached through health campaigns	30,000	0

Progress Towards Outcome

- Number of people who received Psychological First Aid (PFA)

As the emergency evolved from an acute phase of social unrest and movement restrictions towards a more stable recovery phase, the need for immediate Psychological First Aid (PFA) interventions decreased. In response to this change in context, the target for this indicator was adjusted to 10 people. PFA remains part of the operational strategy and will be provided as needed, including through the community workshops planned under the revised DREF operation.

- Number of supportive debriefing sessions provided to volunteers and staff

Two debriefing and support sessions were held for the staff and volunteers participating in the operation. The first took place after the conclusion of the market price monitoring activities conducted as part of the update to the feasibility study for Cash Transfers. The second session took place once 50% of the needs assessment surveys had been completed, and it also included a review of content related to operational safety, self-care, and the health of the staff and volunteers involved in the operation.

- Number of training sessions for volunteers on institutional referrals for health care

On 24 July 2026, a training session on institutional health referral mechanisms was held for volunteers participating in the operation. The activity was attended by 25 volunteers and 2 staff members of the Bolivian Red Cross and was facilitated by the Bolivian Red Cross's National Health Director, with the goal of strengthening capacities to identify health needs and appropriately refer cases to available services.

- Number of mental health campaigns

The contracting process for the vendor responsible for implementing the health and institutional positioning campaign has been completed. Currently, the audiovisual materials are in the production and technical review phase. Once the validation process is complete, they will begin to be shared on social media and in community spaces. The campaign will include content aimed at promoting emotional well-being and mental health, as well as institutional messages related to the Bolivian Red Cross's role and humanitarian mandate.

Protection, Gender And Inclusion

Budget: CHF 13,358
Targeted Persons: 3,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers trained in PGI and safe referral	30	30
Number of communication campaigns to publicize referral pathways for protection cases (gender-based violence, child protection, etc.)	1	0
Number of RFL (Restoring Family Links) cases assisted	10	0
Number of people indirectly reached with messages about RFL	3,000	0
Number of blended learning workshops conducted on safer access and protection of health services	1	0

Progress Towards Outcome

- Number of volunteers trained in PGI and safe referral

On 1-2 August 2026, a blended-learning workshop on Protection, Gender, and Inclusion (PGI) and safe referral mechanisms was held for volunteers participating in the operation. The event was attended by 30 volunteers from the La Paz Departmental Branch and the El Alto Municipal Branch, representing the full number of invited participants. The workshop was facilitated by the Bolivian Red Cross's National PMER Coordinator and aimed to strengthen volunteers' capacities to identify protection risks, act safely, and activate available referral pathways for cases requiring specialized care.

Strengthening these capacities is particularly important given the ongoing sensitive social context and the possibility of new protests in the coming months, which could once again increase the need for protection and referrals to specialized services for vulnerable populations.

- Number of RFL (Restoring Family Links) cases assisted

As the emergency transitioned from its most acute phase, urgent protection needs related to Restoring Family Links (RFL) decreased. Accordingly, the target for this indicator was adjusted to reflect the evolving context. RFL remains part of the operational strategy, as monitoring has indicated that cases may exist involving individuals or families whose mobility and family connections were affected by displacement or migration associated with the road blockades.

- Number of communication campaigns to publicize referral pathways for protection cases (gender-based violence, child protection, etc.)

The BRC will launch a campaign to promote referral pathways and available support services for protection cases, including gender-based violence, child protection, and other situations requiring specialized referral. The modality is currently being defined in coordination with the PGI and Communications focal points.

Community Engagement And Accountability

Budget: CHF 32,864
Targeted Persons: 3,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of community feedback mechanisms established	2	0
Number of community meetings conducted	12	0
Radio campaigns on the auxiliary role	1	0
Number of people indirectly reached through campaigns focused on the auxiliary role of the Red Cross	3,000	0

Progress Towards Outcome

-Number of community feedback mechanisms established

During the reporting period, progress was made in implementing the feedback mechanisms outlined in the operation. The contracted vendor is currently manufacturing 10 community drop boxes for receiving inquiries, suggestions, and complaints, which are scheduled for delivery in September 2026. The drop boxes will be installed in community centers and health facilities in the prioritized communities. Because some communities share health infrastructure, certain drop boxes will serve as a feedback mechanism for more than one community.

In addition, the operation will strengthen the use of digital communication and feedback channels. During community activities and training sessions, the organization's WhatsApp Business line will be promoted, along with a QR code designed to facilitate the submission of inquiries, comments, suggestions, and complaints by participating residents. These mechanisms aim to expand communities' access to secure and accessible channels of communication with the Bolivian Red Cross.

-Radio campaigns on the auxiliary role

The process of contracting the company responsible for implementing the operation's community and institutional communication campaign has been completed. The strategy includes broadcasting radio messages through local stations in the city of El Alto, in both Spanish and Aymara, with the goal of reaching a broad and diverse audience.

The content will address topics related to the Bolivian Red Cross's auxiliary role, the Fundamental Principles of the International Red Cross and Red Crescent Movement, and the institution's humanitarian mandate. These efforts aim to strengthen the community's understanding of the Red Cross's role, reduce the risk of misinformation, and contribute to acceptance and humanitarian access in the communities where the operation is taking place.

Secretariat Services

Budget: CHF 32,995
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of surge personnel deployed	2	2
Number of monitoring visits by the CCD	4	0
Number of monitoring visits by ARO	1	0

Progress Towards Outcome

-Number of surge personnel deployed

*Information Management (IM) Coordinator - 2 months (July - August)
The Information Management Coordinator provided technical support to strengthen the operation's information management systems. Responsibilities included supporting the preparation of situational reports, the design and updating of dashboards, the monitoring of trends relevant to decision-making, and the development of digital tools for data collection and management. The role also contributed to the standardization of information management processes and products, thereby strengthening the operation's monitoring, reporting, and analytical capacities.

*Security Officer - 1 month (July)
The Security Officer provided technical support for the analysis and monitoring of the operational context through the preparation of periodic updates on the evolution of the emergency and the risks associated with the implementation of activities. Responsibilities included supporting the review and strengthening of institutional security protocols, monitoring operational risks, and assisting the Head of Security and Protection of the Bolivian Red Cross in the development and standardization of security management tools. These actions contributed to the monitoring, control, and continuous improvement of operational security throughout the implementation of the response.

- Number of monitoring visits by the CCD / ARO

Monitoring visits by the CCD and ARO could not be conducted during the initial phase of the operation due to security and access conditions. Technical support and operational monitoring have nevertheless continued remotely throughout the implementation period. With improved access conditions, monitoring visits are expected to take place during the remaining implementation period.

National Society Strengthening

Budget: CHF 64,534
Targeted Persons: 40
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers trained in MHPSS	30	30
Number of Lessons Learned workshops conducted	1	0
Number of volunteers mobilized for the operation	40	40

Number of staff and volunteers who strengthened their capacities through operational security refresher sessions	30	30
Number of Information Management workshops conducted	1	0

Progress Towards Outcome

-Number of volunteers trained in MHPSS

On July 25 and 26, 2026, a training session on Mental Health and Psychosocial Support (SMAPS) was held for volunteers participating in the operation. The activity helped strengthen their knowledge and skills in identifying psychosocial needs and providing basic support.

-Number of staff and volunteers reached through operational security refresher sessions

On July 11 and 12, 2026, the Bolivian Red Cross, in coordination with the International Committee of the Red Cross (ICRC), held a workshop on Safer Access (AMS) in the city of La Paz. The activity was aimed at building capacity in operational safety, risk management, community acceptance, and safe humanitarian access for staff and volunteers involved in the operation.

The procurement process for personal protective equipment intended for operational volunteers is currently underway. The purchase includes 12 protective helmets, 12 gas masks, and 12 eye protectors (goggles), with the goal of enhancing safety conditions for personnel deployed in the field.

- Information Management Workshop

An Information Management Workshop will be conducted to strengthen the Bolivian Red Cross technical capacities across the information management cycle, supporting situational monitoring, risk analysis, evidence-based decision-making, and the production of information products for humanitarian operations.

About Support Services

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

A total of 45 personnel will participate in the operation, comprising five contracted staff members and 40 volunteers from the Bolivian Red Cross branches of El Alto and La Paz.

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

* Project Coordinator (100%, 4 months): Responsible for the overall coordination and implementation of the operation. This includes leading operational planning, coordinating with local authorities and humanitarian partners, and ensuring the effective integration of Health, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), and Cash and Voucher Assistance (CVA) activities. The position will also oversee volunteer management, support community engagement processes, facilitate volunteer briefing and refresher sessions, and ensure the systematic collection of information to inform assessments and CEA-related activities.

* Administrative and Financial Coordinator (100%, 2 months): Responsible for overseeing the administrative, logistical, and financial management of the operation. This includes ensuring the timely and efficient procurement and distribution of supplies and materials, budget management and expenditure tracking, inventory control, and compliance with financial procedures and IFRC standards. The position will also support operational planning, coordinate with technical teams, and ensure adherence to implementation timelines, contributing to overall operational efficiency.

* Accounting Assistant (100%, 3 months): Responsible for supporting the financial and administrative management of the operation through the accurate and timely recording of financial transactions in accordance with applicable regulations and procedures. This includes processing and filing financial documentation, maintaining accounting records, conducting bank reconciliations, monitoring

financial movements, and supporting the preparation of periodic financial reports, budget monitoring, and expenditure control.

* Communications Intern (100%, 4 months): Responsible for supporting the visibility, communication, and documentation of the operation. Tasks include the development of communication materials (such as posters and digital content), documentation of activities through photographs and audiovisual materials, and the preparation of news articles and human-interest stories. This position will contribute to strengthening public communication efforts and promoting the auxiliary role of the Bolivian Red Cross.

* Field Technician / MPCA (100%, 4 months): Responsible for implementing and monitoring field activities, ensuring timely and appropriate assistance to beneficiary communities. In addition, they will coordinate efforts with local authorities, community leaders, and volunteers; collect and organize information; identify humanitarian needs; and periodically report on progress and results achieved. Their work will help ensure an efficient and transparent humanitarian response that is aligned with institutional standards, procedures, and principles.

In addition to the contracted staff, the operation will be supported by 40 volunteers from the Bolivian Red Cross branches of El Alto and La Paz. Volunteers will support community outreach, beneficiary identification and registration, needs assessments, community engagement activities, awareness-raising campaigns, psychosocial support activities, assistance distribution processes, and monitoring activities, playing a central role in the implementation of field operations.

Human Resources Summary:

- 1 Project Coordinator
- 1 Administrative and Financial Coordinator
- 1 Accounting Assistant
- 1 Communications Intern
- 1 Field Technician / MPCA
- 40 Bolivian Red Cross volunteers

Total: 44 personnel (4 staff and 40 volunteers).

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

The Bolivian Red Cross volunteer workforce reflects the gender, age, and cultural diversity of the communities it serves. The National Society prioritizes inclusive recruitment practices to ensure the representation of women, men, youth, and individuals from diverse cultural backgrounds. This approach contributes to the delivery of culturally appropriate, gender-sensitive, and inclusive assistance that is responsive to the specific needs of affected populations.

Will surge personnel be deployed? Please provide the role profile needed.

The two virtual surge deployments in Information Management (IM) and Security began on 26 June 2026 to provide specialized technical support to the Bolivian Red Cross during the operation. The Security deployment concluded in July, while the IM deployment remains active until the end of August. Both deployments were designed to strengthen National Society capacities and support operational decision-making within their respective technical areas.

1. Information Management (IM) Coordinator

This profile supports the establishment and strengthening of the operation's information management systems. Key responsibilities include:

- Implementing and operating a consolidated system for the collection, verification, and analysis of information from branches, operational reports, media outlets, and social media.
- Developing information flows, standardized formats, and reporting mechanisms between different levels of the organization.
- Designing and maintaining monitoring dashboards with key variables related to the operational context, humanitarian access, and the

evolution of the situation.
- Producing regular Situation Reports (SitReps), context analyses, and recommendations to support operational decision-making.
- Monitoring emerging risks, trends, incidents, and events that may affect the operation.
- Generating timely information alerts and supporting the digitalization of institutional tools, including needs assessments, SitReps, and other monitoring instruments.
- Strengthening branch capacities through technical mentoring aimed at improving the quality and timeliness of information reporting.

2. Security Officer

The Security Officer provided technical support to strengthen operational security and risk management during the deployment. Key responsibilities included:

- Conducting and regularly updating security context analyses, including blockade dynamics, stakeholder mapping, incidents, and access conditions.
- Producing periodic security updates with recommendations for operational decision-making.
- Reviewing and adjusting institutional security protocols and GO/NO-GO criteria in line with changes in the context.
- Establishing or strengthening security incident reporting and tracking mechanisms.
- Monitoring access conditions and risks in operational areas and providing practical guidance for movement planning.
- Supporting branches in the consistent implementation of security measures and risk management practices.
- Monitoring compliance with security protocols by staff and volunteers operating in the field.
- Documenting incidents, trends, and lessons learned related to operational security.
- Delivering at least one security orientation or refresher session for staff and volunteers.
- Producing practical guidance materials, including operational recommendations and quick-reference tools for work in blockade situations and highly volatile environments.
- Supporting the systematic integration of security analysis into operational planning and implementation.
- Supporting the Bolivian Red Cross Security and Protection Officer in developing and standardizing essential operational security tools, including:
-> Standardized incident reporting system
-> Security monitoring dashboard
-> Operational risk matrix
-> GO/NO-GO checklist
-> Compliance monitoring system

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

The Bolivian Red Cross is responsible for procurement under the operation, in compliance with IFRC procurement policies and procedures. Procurement is being conducted primarily through local suppliers to ensure the timely availability of required goods and services. If specialized procurement or additional sourcing is required, alternative options will be assessed in accordance with applicable procedures.

The IFRC Country Cluster Delegation (CCD) for the Andean Countries and the Logistics Unit of the IFRC Americas Regional Office (ARO) provide technical support, guidance, and oversight as needed. Procurement is intended to meet operational requirements and support planned activities, including goods and supplies required for assistance to affected populations. Where goods for distribution are required, quotation and supplier selection processes are conducted in accordance with applicable procedures, considering transparency, quality, cost-effectiveness, and timeliness.

How will this operation be monitored?

The Bolivian Red Cross National Headquarters, through its National Disaster Risk Management (DRM) Unit, is conducting continuous monitoring of the operation to ensure its effective implementation and overall performance. All activities are being carried out under the Safer Access (SA) framework, prioritizing the safety and security of both staff and volunteers throughout the response.

Monitoring activities are being conducted through regular field visits to the areas of intervention. These visits serve to oversee the implementation of activities, verify alignment with the response plan, monitor compliance with operational plans, and provide technical guidance and support to field teams when required. In addition, operational and financial progress is being tracked on an ongoing basis through the review of reports and information generated during implementation.

Overall responsibility for monitoring rests with the Bolivian Red Cross National Disaster Risk Management Unit and the Project Coordinator, who are responsible for tracking the progress of activities and the achievement of expected results. Complementing these

efforts, the IFRC Country Cluster Delegation (CCD) for the Andean Countries provides technical, administrative, and operational support throughout the operation.

The main indicators and milestones used to assess the progress and effectiveness of the intervention include the level of completion of planned activities, progress against operational plans, coverage of implemented actions, utilization of allocated resources, quality of information collected through assessments, and the timely submission of technical and financial reports in accordance with IFRC standards. A dedicated tool has been established to support biweekly monitoring and reporting of operational progress.

In addition, the IFRC Country Cluster Delegation for the Andean Countries is providing both in-person and remote support during the initial needs assessment and throughout the implementation of the operation. This support includes financial oversight, operational progress monitoring, identification of opportunities for improvement, and verification of the quality and timeliness of activity and financial reports.

The IFRC is also conducting, and will continue to conduct, monitoring visits throughout the operation. These visits are carried out both remotely and in person, depending on operational and access conditions. They provide opportunities to verify progress on activities in the field, deliver technical support to implementation teams, strengthen decision-making processes, and ensure compliance with IFRC standards and Safer Access principles.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy for the operation will be implemented in accordance with the International Federation of Red Cross and Red Crescent Societies (IFRC) communication guidelines for DREF operations, with the aim of strengthening community acceptance, ensuring transparent communication, and promoting awareness of the humanitarian mandate of the Bolivian Red Cross throughout the implementation of the response.

Given the socially sensitive context following the period of unrest, communications will prioritize clear messaging on the Fundamental Principles of the Movement, the scope of the operation, and the criteria for accessing assistance, thereby contributing to the reduction of misinformation, strengthening trust, and facilitating safe access to communities.

Coordination and information sharing among operational teams will be conducted through the institutional communication channels of the Bolivian Red Cross, ensuring the timely flow of information to support decision-making and operational monitoring. At the same time, engagement with local authorities, community leaders, humanitarian partners, and affected populations will take place through coordination meetings, community engagement activities, information materials, the institutional WhatsApp line, and the official channels of the National Society. These mechanisms will support information sharing, consultation, feedback, and accountability throughout the implementation cycle of the operation.

The external communication strategy will include the dissemination of relevant information about the operation through the institutional channels and social media platforms of the Bolivian Red Cross, whenever context conditions permit. Priority will be given to content that highlights the humanitarian response, strengthens institutional positioning, and promotes key messages related to livelihood recovery, Cash Transfers, and community preparedness. In addition, digital communication products, including audiovisual content, infographics, and other public information materials, will be developed through a specialized communications consultancy.

Throughout the operation, the Bolivian Red Cross will maintain close coordination with IFRC Communications teams and, where appropriate, with the International Committee of the Red Cross (ICRC), ensuring consistency of institutional messaging, appropriate management of communication-related risks, and alignment with the policies and principles of the International Red Cross and Red Crescent Movement. IFRC support will contribute to the development of communication products, the visibility of the operation, and the strengthening of humanitarian diplomacy and strategic communication efforts.

Budget Overview

IFRC

DREF OPERATION

MDRBO022 - Bolivian Red Cross
Bolivia: Civil Unrest

Operating Budget

Planned Operations	**246,526**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	194,038
Health	6,265
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	13,358
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	32,864
Environmental Sustainability	0
Enabling Approaches	**97,529**
Coordination and Partnerships	0
Secretariat Services	32,995
National Society Strengthening	64,534
TOTAL BUDGET	**344,055**

all amounts in Swiss Francs (CHF)

Internal 9/8/2026 #V2022.01

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Contact Information

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

National Society contact: Edgar J. Butron Ledezma, Executive Director- Bolivian Red Cross, edgar.butron@cruzroja.bo, +59167007300

IFRC Appeal Manager: Melker Mabeck, Head of Country Cluster Delegation, melker.mabeck@ifrc.org, +57 322 8307097

IFRC Project Manager: Julian Perez Reyes, Operations and Programs Coordinator, julian.perez@ifrc.org, +51 940679662

IFRC focal point for the emergency: Julian Perez Reyes, Operations and Programs Coordinator, julian.perez@ifrc.org, +51 940679662

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

Click here for the reference