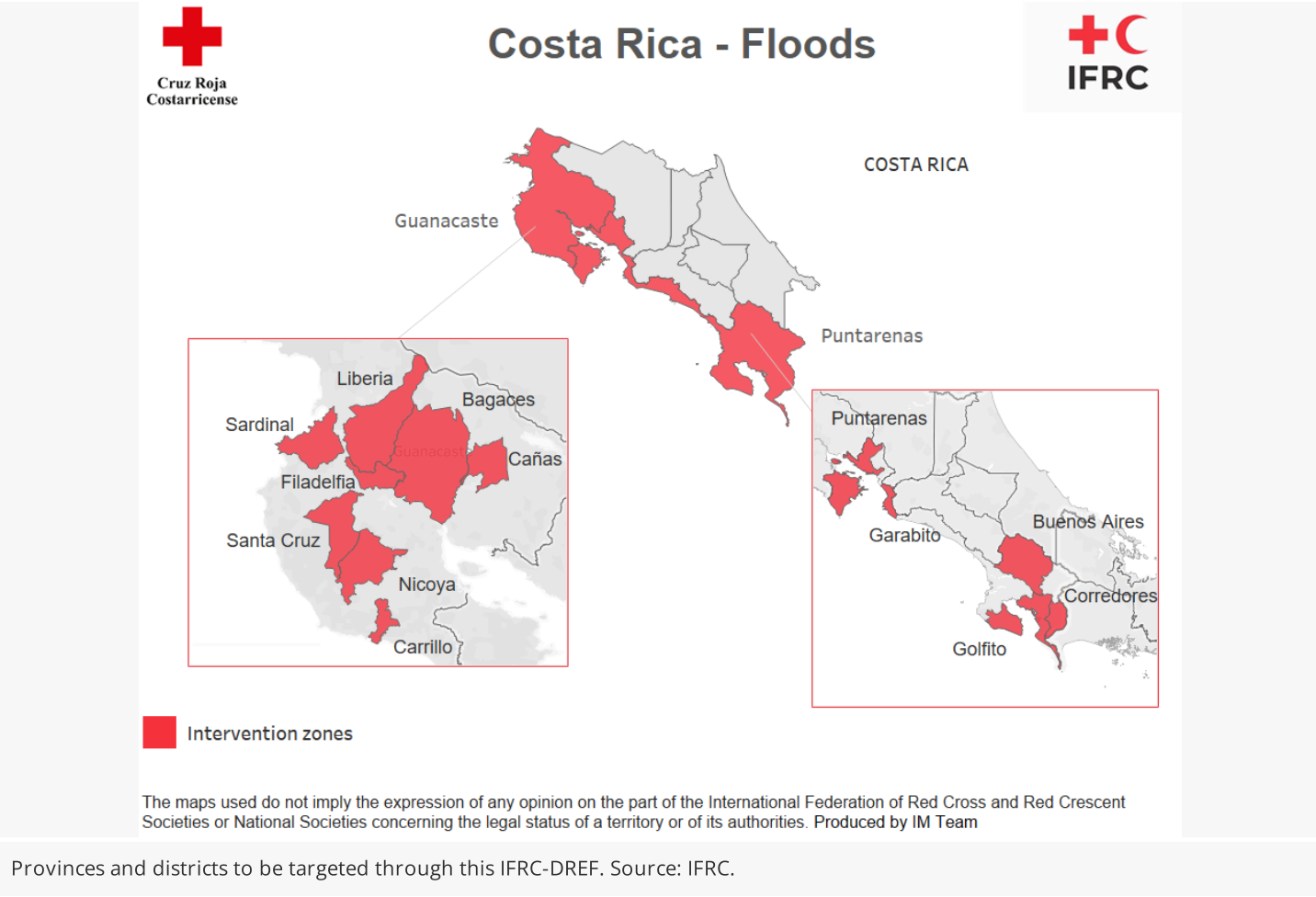




Cash assistance explained for flood-affected people. Nov 2024. Source: IFRC

Appeal: MDRCR026	Total DREF Allocation: CHF 458,959	Crisis Category: Yellow	Hazard: Flood
Glide Number: -	People Affected: 1,098,668 people	People Targeted: 7,500 people	People Assisted: 7,500 people
Event Onset: Sudden	Operation Start Date: 20-11-2024	Operational End Date: 31-03-2025	Total Operating Timeframe: 4 months
Targeted Regions: Guanacaste, Puntarenas			

Description of the Event



reach tropical storm status by the morning of Thursday, 14 November, and its trajectory was projected westward toward Honduras. PTC#19 was expected to promote a moisture flow toward Costa Rica, combined with the Intertropical Convergence Zone, maintaining unstable weather conditions across the country. It was also confirmed that high soil saturation levels had persisted in much of the country, ranging between 85% and 100% (4).

On 14 November 2024, Meteorological Report No. 23 stated that Tropical Depression #19 (TD#19) had reached tropical storm status around midday and was named Sara, with sustained winds of 65 km/h. At that time, Sara was located 105 km north-northwest of Cabo Gracias a Dios and was expected to continue moving westward, remaining off the coast of Honduras. This tropical cyclone's position caused an indirect influence over Costa Rica, with a consistent moisture flow from the Pacific Ocean entering the country.

Rainfall remained persistent across various regions of the country. Over the previous six hours, maximum precipitation levels had been recorded in Paquera (60 mm), Orosi Volcano (88 mm), La Cruz (69 mm), Ciudad Neily (55 mm), Santa Bárbara (30 mm), Laguna Fraijanes (38 mm), Cariari de Limón (35 mm), and Cutris de San Carlos (33 mm), among others.

During the night of Thursday and into the early hours of Friday, 15 November, rainfall activity was expected to intensify in the Pacific regions, with variable intensity and a likelihood of heavy downpours. The Central Valley was forecasted to experience intermittent rains, with greater intensity in the western sector. The rest of the country was projected to have variable cloud cover and occasional rains in mountainous areas and coastal zones of the Caribbean.

The rainfall pattern associated with this tropical cyclone's indirect influence was expected to persist from Thursday to Saturday in southern regions of the country and from Thursday to Sunday in the rest of the Pacific slope and parts of the Central Valley.

High soil saturation levels continued across much of the country, with saturation indices between 85% and 100%. Consequently, there was a high probability of flooding in vulnerable areas, particularly in the Pacific regions, and landslides in the mountains of the Pacific, western and eastern Central Valley, Northern Zone, and the Tilarán and Caribbean mountain ranges (5).

Initially, during the early stages of the emergency, the CNE had projected that approximately 1,500 families, or about 7,500 people, would be affected. This preliminary estimate was based on a quick assessment of the potentially impacted areas, as at that time, precise and detailed information on the extent of the damage had not yet been available.

As more data became consolidated and detailed assessments were conducted, the estimate was updated. It was determined that 1,098,668 people were directly or indirectly affected, mainly due to damage to essential infrastructure such as water, electricity, and communications. This larger figure was based on an internal report prepared by the CNE and shared with the National Society, which had relied on a more comprehensive analysis of the impacts recorded in the affected areas.



Community health fair. January 2025.
Source: CRRC



Vital signs check during health fair.
January 2025. Source: CRRC



Data verification of individuals reached
through CVA. April 2025. Source: IFRC

Scope and Scale

The floods in Costa Rica had a significant impact across various sectors of the country, exacerbated by the high saturation of soils and intense rainfall associated with the indirect influence of Tropical Storm Sara. This meteorological phenomenon generated a constant flow of moisture from the Pacific Ocean, intensifying precipitation across the territory, particularly along the Pacific slope. The combination of saturated soils, heavy rainfall, and geographic characteristics resulted in a wide range of impacts on different population groups and key sectors.

According to the National Meteorological Institute (IMN), as of 15 November 2024, accumulated rainfall had reached local maxima of up to 150 mm in the North Pacific and 130 mm in the Central and South Pacific, while the Central Valley and the Caribbean recorded peaks of up to 80 mm. These conditions, combined with soil saturation levels between 90% and 100%, significantly increased the likelihood of flooding in low-lying areas and landslides in mountainous regions such as the Tilarán Mountain Range, the Central Valley, and the Northern Zone (6).



As of 15 November 2024, the National Emergency Commission (CNE) reported 5,566 incidents related to the rains. Additionally, it was estimated that 1,098,668 people had been directly or indirectly affected due to disruptions in transportation, commerce, tourism, housing, mobility, and the suspension of activities in some businesses, among other impacts. The report also included 1,698 evacuated individuals, 4 fatalities, and 4 missing persons.

The vulnerability of certain population groups intensified in the context of this emergency. According to the CNE, 2,010 people had been displaced and were housed in 50 shelters across the country, 17 of which were educational centers. Moreover, 165 animals had been sheltered, highlighting the impact not only on individuals but also on their livelihoods (7).

Children and adolescents were particularly vulnerable, as floods directly disrupted operations at 343 educational centers nationwide. According to the Ministry of Public Education (MEP), 152 of these centers faced access issues, 66 lacked essential services such as water, internet, and dining facilities, and 61 reported infrastructure damage or latent risks (8).

Rural and remote communities faced additional challenges due to limited access infrastructure and high mobilization costs. Nationwide, there were reports of 1,432 affected homes and 209,215 people experiencing issues with their drinking water supply due to damage to 19 water systems.

Road infrastructure also suffered significant damage. Reports indicated that 45 bridges in the municipal road network had been affected, directly impacting the mobility of people, the transportation of goods, and access to productive areas. Additionally, 11 roads remained closed, and preventive measures were implemented on key routes such as Route 32, Cambronero, and Cerro de la Muerte, particularly after 6:00 p.m. These interruptions not only complicated mobility and emergency response but also hindered the transport of essential goods and services to the affected regions.

Source Information

Source Name	Source Link
1. IMN - Weather forecast November 7, 2024.	https://goo.su/sGNNFyh
2. CNE - Alert No. 43. Orange Alert.	https://goo.su/9MfOw0R
3. CNE - Alert No. 44. Red Alert for the entire Pacific slope.	https://goo.su/davq3e
4. IMN - Meteorological Report No. 20.	https://goo.su/ZvhoLH9
5. IMN - Meteorological Report N°23.	https://goo.su/AKGE8r
6. IMN - Meteorological Report N°26.	https://goo.su/8Q55Z
7. CNE - Summary of shelters in the country.	https://goo.su/bXuXjC
8. MEP - Closure of educational centers.	https://goo.su/LBtZC

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The Costa Rican Red Cross maintained constant communication with the IFRC through its Central America Country Cluster Delegation team. From the earliest hours of the emergency, this team provided technical support, which was crucial for the formulation of the IFRC-DREF proposal.</p> <p>Additionally, the National Society continued this collaboration throughout the</p>
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	implementation of the operation, ensuring effective monitoring through regular meetings to evaluate progress, adjust strategies, and guarantee the achievement of the established objectives.
Participating National Societies	The National Society did not anticipate receiving support from any PNS for the planning or implementation of this operation.

ICRC Actions Related To The Current Event

The National Society did not anticipate receiving support from the ICRC for the planning or implementation of this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>One of the priority actions of the Central Government was the implementation of a preventive mobilization operation for more than 800 people located in high-risk areas, in response to the increased rainfall. This operation was carried out on 9–10 November, relocating these individuals to safe temporary shelter locations. This measure was crucial for protecting the lives of families in vulnerable conditions due to the heavy rains.</p> <p>At the same time, significant efforts were made to clear roads affected by multiple landslides. Using specialized machinery, crews worked to remove debris, fallen trees, and displaced material to ensure access to main roads. However, conditions in these areas remained unstable due to the high saturation of the soil, requiring constant monitoring and ongoing work to maintain road safety.</p> <p>Additionally, teams of geologists from the National Emergency Commission (CNE) were deployed to assess areas of the country affected by landslides. During these evaluations, specific recommendations were provided to families living in the impacted zones to reduce risks and prevent further damage.</p> <p>The National Meteorological Institute (IMN) played a critical role in issuing constant weather advisories. Key recommendations included monitoring potential overflows of creeks and rivers with high water levels, remaining alert in areas prone to landslides, taking preventive measures during thunderstorms, and seeking safe shelter in the presence of strong wind gusts. These winds, which could reach up to 80 km/h in isolated cases, posed risks such as falling tree branches, power lines, and other hazards. The IMN also encouraged the population to stay informed through official social media channels for real-time updates.</p>
UN or other actors	Costa Rica received support from the Government of El Salvador, which sent a contingent of 300 rescuers from the Armed Forces, Fire Department, General Directorate of Civil Protection, and the Emergency Medical System. This team traveled with trained dogs specialized in locating missing persons, enhancing the rescue operations. In addition to the specialized personnel, El Salvador donated six tons of medical supplies and fifteen tons of food, providing critical support to the response and relief efforts in the most affected areas.

Are there major coordination mechanism in place?

The Emergency Operations Center (EOC) was a permanent coordination body under the authority of the National Emergency Commission (CNE). At the national level, it brought together all public institutions and non-governmental organizations involved in the response and rehabilitation phases of emergencies. Its primary responsibility was to plan and execute, through pre-established procedures, coordinated first-response actions to effectively and efficiently address emergency situations.

The EOC was composed of representatives appointed by the highest authorities of each participating institution, who held positions at



a directive or higher level. This ensured swift and effective decision-making during operations, allowing for structured coordination efforts with the backing of key authorities.

The Costa Rican Red Cross, under the provisions of Law 8477, was an integral part of the EOC structure, starting from its most basic level. This meant that coordination between the Red Cross and the EOC, beyond being necessary, became a routine and essential practice within national emergency management operations.

Needs (Gaps) Identified



Livelihoods And Basic Needs

The floods in Costa Rica had a severe impact on the livelihoods of affected families. Soil saturation, river overflows, and the rapid rise of water levels caused significant damage to homes, businesses, crops, and personal belongings. This situation considerably affected the physical, financial, and natural resources of households, compromising their food and financial security in both the short and medium term.

In this context, the Costa Rican Red Cross identified access to Cash and Voucher Assistance (CVA) as a key tool to help affected families meet their basic needs, including the purchase of food and essential goods. This type of support enabled households to avoid resorting to negative coping mechanisms that could have further exacerbated their vulnerability. Additionally, cash assistance helped sustain the local economy by minimizing adverse impacts on markets and fostering their recovery. This generated a multiplier effect that benefited both families and local businesses.

CVA also provided families with the flexibility to prioritize according to their most urgent needs, supporting the gradual revitalization of local markets. At the same time, the Costa Rican Red Cross recognized the importance of including migrant populations located in border areas affected by the emergency in the response. However, to ensure an inclusive and adequate response, it was essential to have disaggregated information about these populations, particularly those in the most vulnerable conditions.



Health

The Costa Rican Red Cross initially identified the significant impact that the floods had on public health. Among the main health effects were the prevention and control challenges of waterborne diseases, such as diarrhea and gastrointestinal infections, resulting from damage to water and sanitation infrastructure. Additionally, prolonged exposure to stagnant water increased the risk of vector-borne diseases, including dengue, Zika, and chikungunya. There was also a rise in respiratory illnesses caused by humidity and overcrowded conditions in temporary shelters. These circumstances affected health services, limiting timely access to care.

Moreover, a high demand for mental health support was identified among individuals, families, and communities affected by the emergency. The emotional impact of the ongoing situation highlighted the importance of providing psychosocial support to help those affected cope with the crisis and strengthen their resilience.

In addition, the Costa Rican Red Cross emphasized the need to ensure basic medical care for people displaced by the floods, particularly for those with chronic illnesses or special care needs, whose medical attention was disrupted by the emergency.

Finally, the National Society underscored the importance of promoting education on hygiene practices and disease prevention within affected communities. It also pointed out the need for constant monitoring to reduce long-term risks and prevent the deterioration of health conditions in the impacted areas.



Water, Sanitation And Hygiene

The Costa Rican Red Cross identified that one of the main needs following the floods was ensuring access to safe drinking water. The frequent contamination of water sources in affected areas significantly increased the risk of waterborne diseases, such as gastrointestinal infections and diarrhea, posing a serious threat to the health of communities.

Additionally, the need to implement practical cleaning mechanisms in temporary sanitation areas was highlighted to prevent the accumulation of wastewater and waste. If left unaddressed, these conditions could become sources of infection and foster the



proliferation of disease vectors. In this context, the promotion of hygiene practices was deemed essential, with particular emphasis on handwashing and proper waste disposal as key measures to reduce the risks of infectious diseases.

Regarding the specific needs of women, the Costa Rican Red Cross emphasized the importance of addressing menstrual hygiene. Many women in affected areas lacked access to adequate menstrual hygiene products or private and clean facilities, which directly impacted their well-being, dignity, and health.

Finally, the National Society underscored the necessity of providing accurate and timely information. The effectiveness of these actions depended on their contextualization, ensuring that both messages and resources were adapted to the cultural characteristics and practices of each community.



Protection, Gender And Inclusion

The lack of preparation and specific knowledge about appropriate actions in emergency situations significantly increased the exposure of vulnerable groups to risks that compromised their lives and dignity. In response to this reality, the Costa Rican Red Cross identified key priorities, including the protection of children, prevention of gender-based violence, specialized care for older adults and persons with disabilities, inclusion of migrants, and the strengthening of training for its staff and volunteers in protection, gender, and inclusion.

The protection of children was a fundamental priority, as during evacuations or in temporary shelters, unaccompanied children or those separated from their families faced situations of extreme vulnerability. This context exposed them to additional risks, such as abuse or exploitation, which could exacerbate their situation. Simultaneously, the prevention of gender-based violence was critical, as women, girls, and members of the LGBTQ+ community were particularly susceptible to various forms of violence, including sexual violence, which tended to increase in temporary shelter settings during crises.

For older adults and persons with disabilities, the need for specialized care was evident. These individuals often faced physical and mobility barriers that were not fully addressed in temporary shelters, making it difficult for them to access essential information and resources. This exclusion increased their risk of being left without necessary support services, endangering their safety and well-being.

Similarly, migrants faced specific challenges, such as linguistic and cultural barriers that limited their access to vital information and emergency services. It was crucial to ensure that they understood the risks and protection measures in their own language, as well as to establish effective coordination with authorities to facilitate their inclusion and access to available services.

In this context, the Costa Rican Red Cross prioritized the training and updating of its emergency personnel in Protection, Gender, and Inclusion topics. This approach aimed to equip the response team with the necessary skills to implement appropriate protection measures, identify and manage high-risk cases, and activate care pathways in coordination with authorities. By doing so, the exposure of affected individuals to additional harm was minimized, and re-victimization was prevented, ensuring an effective and people-centered humanitarian response.



Community Engagement And Accountability

The Costa Rican Red Cross identified as a priority the need to ensure that the affected population had access to accurate, relevant, and timely information that could save lives. Given the emergency context—characterized by variations in language, culture, and preferred communication channels—it was necessary to adapt messages to the specific characteristics of the situation. This included providing clear information to those affected about what actions to take, where to go, and how to protect themselves. Furthermore, it was essential to share this information through trusted community channels, maximizing its effectiveness and creating an environment of safety and support for vulnerable individuals.

Another key need identified by the National Society was the establishment of effective community participation mechanisms that allowed communities to express their needs, concerns, and suggestions in real time. This process was critical to ensuring that interventions aligned with the real priorities and demands of those affected, fostering a humanitarian response that reflected the specific needs of each community. The absence of such feedback mechanisms represented a limitation, as it reduced the ability to adjust and improve actions based on the experiences and direct knowledge of affected individuals.

Finally, the Costa Rican Red Cross identified the need to strengthen the internal capacities of its response teams to efficiently manage information from the community and adapt activities based on the feedback received. This approach not only enabled a more effective response but also reinforced transparency and fostered trust between humanitarian actors and the affected population. Ensuring that community opinions were valued and that accountability remained a central principle was essential for the success of emergency operations.



Operational Strategy

Overall objective of the operation

This IFRC DREF allocation aimed to support 7,500 people (1,500 families) affected by flooding through actions focused on Cash and Voucher Assistance (CVA), health, water, sanitation, and hygiene (WASH), protection, gender, and inclusion (PGI), and community engagement and accountability (CEA), in the most impacted districts of the provinces of Guanacaste and Puntarenas over a 4-month period.

By the end of the operation, a total of 7,500 people (approximately 1,500 families) had been reached through the planned activities.

Operation strategy rationale

The strategy proposed by the Costa Rican Red Cross focused on addressing the basic needs of the most affected populations, based on information obtained through coordination with the National Emergency Commission (CNE). To avoid duplication of efforts, communities and their needs were jointly identified in collaboration with the Emergency Operations Centers (EOCs) at the national, provincial, and municipal levels. The operation prioritized rural and remote areas, where mobilization costs were high due to long distances and logistical challenges.

In the Cash and Voucher Assistance (CVA) sector, feasibility studies and rapid market assessments were carried out to determine implementation conditions. Eligible families and individuals were identified, and cash transfer cards were procured and distributed. Orientation sessions were conducted to support beneficiaries in managing the funds and prioritizing their immediate needs. Additionally, post-distribution satisfaction surveys were applied, and feedback mechanisms were established to address inquiries, concerns, or complaints related to the program. Volunteers and staff from the National Society were trained in program processes and the Community Engagement and Accountability (CEA) approach.

The cash transfer value was set at USD 250 per family, considering the minimum expenditure basket and the monthly minimum wage in Costa Rica. This amount remained subject to adjustments based on feasibility and market assessment results. To ensure a timely response, prepositioned cards from previous interventions (MDR43008, MAA43002, and MDRCR024) were used while new cards were being procured.

In the health sector, actions focused on organizing community awareness campaigns to promote key hygiene practices such as handwashing, proper waste management, and food and utensil hygiene, aiming to prevent diarrheal diseases and other hygiene-related illnesses. These campaigns promoted behavior change through accessible messages tailored to the emergency context.

Health fairs were held to provide essential services, including vital signs monitoring, psychological first aid, and the promotion of adherence to treatment for pre-existing conditions. These fairs addressed the specific needs of affected communities, especially those with limited access to healthcare services due to the emergency. Special attention was given to vulnerable groups such as children, adolescents, older adults, and individuals with chronic health conditions.

In the Water, Sanitation, and Hygiene (WASH) sector, awareness sessions were conducted to promote safe drinking water, good hygiene practices, and dengue prevention. Safety equipment—including gloves, reflective vests, and cleaning tools—was procured and distributed for community cleanup campaigns. Household cleaning kits were delivered using prepositioned items from previous operations (MDRCR023), and supplemented with additional supplies to meet needs. Each family received two mosquito repellents and educational materials validated by the communities. Cleanup campaigns were implemented to improve sanitary conditions and reduce mosquito breeding sites.

In the Protection, Gender, and Inclusion (PGI) sector, community sessions were held to raise awareness and provide tools for identifying and addressing protection issues. Comprehensive mapping was carried out to identify key local stakeholders, followed by targeted meetings to strengthen partnerships and align response actions. To build the capacity of National Society staff and volunteers, a training session was held to enhance the application of the PGI approach in emergencies.

In the Community Engagement and Accountability (CEA) sector, sessions were conducted to ensure community perspectives were integrated into the response. Communication channels were mapped to identify effective platforms, and culturally appropriate materials were developed. A rapid context analysis was conducted to better understand local dynamics, and feedback mechanisms were implemented to collect and respond to community concerns, enhancing transparency and trust.

Accountability sessions and community-level lessons learned exercises were carried out with local representatives. These sessions enabled the collection of feedback, comments, and recommendations from the communities, which were then incorporated into the final lessons learned workshop. Additionally, National Society staff and volunteers received training to strengthen the application of the CEA



approach in emergency operations.

As part of institutional strengthening, key staff were recruited, including a project coordinator, technician, driver, and administrative assistant. Visibility materials were provided to staff and volunteers, and a Lessons Learned workshop was conducted. Training sessions were also held on the Incident Command System (ICS), Emergency Operations Center management using the MACOE methodology, and Civil-Military Relations. Safe Access manuals were developed and printed to support field operations.

Since 80% of the activities took place in remote rural areas, a significant portion of the budget was allocated to operational costs such as fuel and, in some cases, boat rentals. This ensured effective activity implementation despite logistical difficulties. To maintain accountability and operational quality, the National Society conducted regular virtual meetings and field visits with the IFRC Central America Country Cluster Delegation (CCD), ensuring close monitoring and efficient management throughout the operation.

Targeting Strategy

Who was targeted by this operation?

The operation targeted people residing in the most affected communities, where a red alert had been declared by the National Emergency Commission (CNE). This IFRC DREF intervention focused on the districts of Santa Cruz, Carrillo, Sardinal, Filadelfia, Cañas, Liberia, Nicoya, and Bagaces in the province of Guanacaste, as well as the districts of Golfito, Corredores, Puntarenas, Garabito, and Buenos Aires in the province of Puntarenas.

Explain the selection criteria for the targeted population

The Costa Rican Red Cross identified primary and secondary vulnerability criteria regarding affected families, which were later validated at the community level.

Primary Criteria:

- Families with housing damage.
- Single-parent families.
- Loss or reduction of income due to impact on livelihoods.
- Families whose drinking water sources have been affected.

Secondary Criteria:

- Families with children under five years old.
- Families with elderly members.
- Families with people with disabilities.
- Migrants without access to assistance.

Vulnerability and Capacity Analysis (VCA) Selection Criteria:

- Meet primary and secondary vulnerability criteria.
- Reside in the targeted affected area.
- Direct impact on livelihoods due to flooding from increased rainfall.

Total Assisted Population

Assisted Women	2,689	Rural	40%
Assisted Girls (under 18)	1,099	Urban	60%
Assisted Men	2,636	People with disabilities (estimated)	0%
Assisted Boys (under 18)	1,076		
Total Assisted Population	7,500		
Total Targeted Population	7,500		



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?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
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
Insufficient assistance to meet the demand of affected people.	Establish clear and transparent selection criteria to prioritize assistance, validated by the community, and implement Community Engagement and Accountability (CEA) mechanisms to manage expectations within the communities.
Limited or no access to affected communities.	Identify alternative routes or additional means of transportation to ensure the entry of teams and supplies into designated communities.
Increased rainfall causing the suspension of the operation.	Implement operation activities as quickly as possible and, if necessary, consider extending the operation's duration to address ongoing needs.
Additional meteorological events worsening the situation in communities.	Conduct continuous assessments of the affected areas and incorporate additional risk scenarios into the Emergency Plan of Action (EPoA) to expand the scope of the operation and prioritize the most vulnerable communities. Additionally, constant monitoring of weather conditions will be maintained through early warning systems, in coordination with meteorological services, to adjust response strategies based on forecasts and alerts.

Please indicate any security and safety concerns for this operation:

No additional security measures were anticipated. All personnel and volunteers were fully trained in safety protocols, ensuring their familiarity with security procedures specific to this type of event. Additionally, the National Society ensured that everyone involved in the operation was equipped with appropriate personal protective equipment, specifically designed to address the prevailing weather conditions.

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



Multi Purpose Cash

Budget: CHF 228,780

Targeted Persons: 4,000

Assisted Persons: 4,000

Targeted Male: 1,968

Targeted Female: 2,032

Indicators

Title	Target	Actual
Number of families reached through the CVA.	800	800
Number of satisfaction surveys conducted on the CVA process.	800	800
Number of staff and volunteers who participated in CVA training and updating processes.	50	50

Narrative description of achievements

As part of the flood response operation in Costa Rica, the Costa Rican Red Cross carried out a series of field visits to affected communities in the provinces of Puntarenas and Guanacaste. These visits included assessments, interviews, and direct observations that allowed the identification of response priorities and the shaping of the intervention strategy. Information was gathered through the Damage and Needs Assessment (EDAN), as well as through inputs provided by volunteers, regional technical staff, and community leaders.

During these assessments, it became evident that many families had been severely affected, both in terms of housing and livelihoods. Most households in these rural communities rely on subsistence farming, seasonal harvesting and packaging work, and informal jobs linked to the agro-productive sector. The floods caused the loss of crops, work tools, and job opportunities, compromising their food and financial security and increasing their vulnerability.

In response to this context, the Costa Rican Red Cross conducted a feasibility study to implement cash assistance through the Cash and Voucher Assistance (CVA) programme. The results indicated that the most appropriate and requested mechanism by affected people was the use of cards, which allow beneficiaries to withdraw money from ATMs. Initially, a one-time transfer of USD 250 per family was planned; however, following an operational review and to ensure full withdrawal through ATMs, the amount was adjusted to USD 300.

The intervention was implemented in eight communities—four in each of the provinces of Puntarenas and Guanacaste—reaching a total of 800 families (approximately 4,000 people). In Puntarenas province, distributions took place in the following communities: Islita (Puntarenas district, Puntarenas canton) with 36 families reached; El Encanto (Chacarita district, Puntarenas canton) with 7 families; Playa Azul (Tárcoles district, Garabito canton) with 79 families; and Pueblo Nuevo (Pavón district, Golfito canton) with 79 families. In Guanacaste province, assistance was delivered in: Ortega (Bolsón district, Santa Cruz canton) with 148 families; Las Palmeras (Carrillo district, Filadelfia canton) with 80 families; Buena Vista (Sámara district, Nicoya canton) with 15 families; and Bebedero (Bebedero district, Cañas canton) with 356 families.

The selection of recipients for CVA was conducted through digital forms using the KoboCollect tool, which enabled the collection of key information and the creation of a comprehensive beneficiary database. This process also helped identify cases that were not initially located, as some families were still staying with relatives due to the total or partial loss of their homes.

From the outset of the operation, telephone lines and an email address were established so that people could contact the technical team with questions, complaints, or suggestions. These communication channels remained active throughout the operation, with a service schedule from Monday to Saturday, 7:00 a.m. to 6:00 p.m.

As part of the implementation process, induction sessions were held for 50 volunteers and technical staff, covering topics such as the objectives of the IFRC-DREF, how CVA works, the origin of the funds, the beneficiary selection process, and frequently asked questions



that could arise during implementation. The operational flow for card distribution and the application of satisfaction surveys were also explained in detail.

The distribution of cards was carried out in coordination with community leaders, who supported the validation of selected individuals, the organization of venues, and community outreach. During each distribution session, strict procedures for identity verification, safety, and logistics were followed, including an information session where participants were briefed on the programme, humanitarian principles were reinforced, and people were sensitized about the free nature of humanitarian aid and the importance of reporting any solicitation of inappropriate favors.

Each selected individual was surveyed after receiving their card, resulting in a total of 800 satisfaction surveys completed. The results reflected high satisfaction with the process. Positive aspects most frequently highlighted included the respectful treatment by staff, efficiency and speed of distribution, clarity of information, and the quality of educational materials provided. Opportunities for improvement were also identified, such as the need to accelerate the card activation process and address technical issues more promptly through the financial institution. Only two individuals expressed a preference for cash over cards due to challenges in accessing ATMs.

Regarding the use of the assistance received, most respondents indicated they would spend the funds on food, essential household items lost during the emergency (such as beds, mattresses, pillows, bedding, stoves, gas cylinders, fans, refrigerators, and basic furniture like chairs and tables), and school supplies. This highlights that the cash support was critical to the immediate recovery of livelihoods and overall family well-being.

Finally, after each distribution session, a debriefing was conducted with volunteers and operational staff to review lessons learned, challenges, and potential adjustments. The Costa Rican Red Cross implemented this response with the support of the Banco Nacional de Costa Rica, a financial service provider previously identified through other projects. This partnership helped optimize resources and ensure efficient CVA implementation.

Lessons Learnt

- The experience in communities with high social conflict and elevated dengue incidence demonstrated that, through proper coordination, clear communication, and strict adherence to safety protocols, it is possible to implement effective humanitarian interventions even in complex settings.
- Having prepositioned humanitarian assistance cards made it possible to expedite the delivery of financial support once the targeted communities and selected individuals were validated, strengthening the immediate response capacity and operational efficiency of the Cash and Voucher Assistance (CVA) program.

Challenges

- Limited support from some Costa Rican Red Cross branches due to the low availability of volunteers, as most operational processes took place during weekdays when many volunteers were working or studying. This situation hindered their active participation in the different phases of the operation.



Budget: CHF 14,864

Targeted Persons: 3,000

Assisted Persons: 2,521

Targeted Male: 1,246

Targeted Female: 1,275

Indicators

Title	Target	Actual
Number of people reached through health promotion activities, including topics such as handwashing, food hygiene, and others.	2,000	1,509
Number of people reached at community health fairs, through services such as vital signs monitoring, psychological first aid, and others.	1,000	1,012



Narrative description of achievements

As part of the community-based health promotion activities implemented during the flood response operation, the Costa Rican Red Cross carried out 10 community awareness campaigns aimed at reducing health risks and strengthening preventive behaviors among the affected population. These campaigns focused on key topics such as hand hygiene, safe water use, mosquito breeding site elimination, identification of symptoms of diseases like dengue and diarrheal infections, and preparedness for future floods. Various communication channels were used to disseminate messages, including the distribution of brochures, social media publications, and door-to-door visits carried out periodically. Through these campaigns, a total of 1,509 people were directly reached—fewer than originally projected, mainly because many individuals were not at home during the door-to-door visits. However, the quality of community interaction enabled a clearer understanding of health risks and necessary self-protection measures.

In addition, the National Society organized 20 health fairs in affected communities as a strategy to provide basic health services, promote physical and psychosocial well-being, and strengthen the prevention of common post-emergency diseases. These fairs included activities such as educational talks on disease prevention and essential care, distribution of educational materials, identification of risk factors, clarification of myths related to health, and playful health-related activities for children. Services such as vital sign checks, electrocardiograms, and blood glucose tests were also offered. Due to the high demand for these services—particularly for vital signs and electrocardiograms—the number of people served exceeded initial expectations, reaching 1,012 individuals. The health fairs were held in specific communities in the provinces of Puntarenas (Kilómetro 24, Los Castaños, Pueblo Nuevo, La Campiña, Paso Higuerón, Isleta, El Encanto, Playa Azul, Proyecto Josué, Garroberos, Bella Vista, and Valle Azul) and Guanacaste (Agua Caliente, Cangrejal, Buena Vista, Ortega, Bolsón, Bebedero de Cañas, Bebedero de Bagaces, and Filadelfia).

Recognizing that communities are key agents in their own recovery process, each of these activities was planned in direct coordination with local leaders, who supported the identification and use of safe and accessible community spaces for hosting the campaigns and fairs. This collaboration not only improved logistics but also enhanced local ownership of the process.

During implementation, the approaches of Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA) were systematically applied. The PGI approach was operationalized by adapting messages to ensure they were understandable and culturally appropriate for all individuals, considering the specific needs of women, older adults, persons with disabilities, and children. Equal access to information, services, and physical spaces was promoted throughout. Meanwhile, the CEA approach was integrated through the use of direct communication channels such as house-to-house visits, prior engagement with community leadership, adapted printed materials, and the establishment of spaces to receive feedback, concerns, and suggestions from community members.

Lessons Learnt

- The importance of having more than one community leader as a point of contact. This practice facilitated logistical coordination, enabled broader dissemination of activities, and contributed to more effective outreach—especially in contexts where leadership availability may be limited or variable.
- Conducting loudspeaker announcements (perifoneo) before and during community activities was essential to strengthen outreach and ensure greater participation. This strategy proved particularly useful in rural or dispersed areas where access to formal or digital communication channels is limited.
- Advance planning of activities, carried out in direct coordination with communities, allowed for stronger local ownership of the process, reduced logistical barriers, and enhanced trust between the population and the Costa Rican Red Cross. This created a favorable environment for implementing both health-related and humanitarian assistance actions.
- Combining playful methodologies (especially with children) with technical content led to greater community engagement and better retention of key prevention messages. This demonstrated that educational approaches should be adapted to the cultural and age-specific characteristics of the target audience.

Challenges

- In some large communities, initial participation was low due to public distrust regarding the nature of the activity. This highlighted the importance of building trust from the outset through clear communication and the involvement of community leaders.



Water, Sanitation And Hygiene

Budget: CHF 30,651

Targeted Persons: 7,500

Assisted Persons: 7,500

Targeted Male: 3,706

Targeted Female: 3,794



Indicators

Title	Target	Actual
Number of community cleanup and awareness campaigns completed.	20	19
Number of community sessions conducted on safe water, hygiene, and vector prevention topics.	20	20
Number of families reached through the distribution of cleaning/protection supplies (brooms, water containers, and repellents).	1,500	1,500

Narrative description of achievements

As part of its comprehensive response to the flooding emergency, the Costa Rican Red Cross implemented community clean-up campaigns in coordination with local municipalities. These campaigns aimed to promote the elimination of mosquito breeding sites in residential areas and public spaces as a key measure to prevent the spread of dengue. Activities included the collection of tires, household waste, and debris accumulated in communal areas. Waste collection and transportation logistics were coordinated with local authorities, and the participation of Red Cross volunteers, community members, and local institutions was actively encouraged.

In total, 19 community clean-up campaigns were carried out—one fewer than initially planned. The reduction was due to security concerns reported by local authorities in one of the targeted communities, which made it impossible to carry out the activity. Because these concerns arose near the end of the operation's implementation period, the campaign could not be rescheduled within the established timeframe.

In response to suggestions from community leaders and local authorities, the Costa Rican Red Cross complemented the clean-up campaigns with workshops on solid waste management. These educational sessions were designed for two distinct target groups: children and youth on one hand, and adults on the other. Although the thematic content remained the same, the approach and methodologies were adapted to the cognitive characteristics and needs of each age group to ensure a meaningful learning experience.

The identification of priority communities was based on the findings of the Damage Assessment and Needs Analysis (EDAN) conducted by the Costa Rican Red Cross. Once the targeted communities were determined, community leaders or trusted contacts were engaged to support information dissemination, explain the nature of the assistance, and promote participation. Each distribution was carefully coordinated with the community to ensure smooth implementation.

For the distribution process, data was collected using KoboCollect forms, which facilitated the compilation of detailed information on the families reached. These distribution events also served as an opportunity to conduct community talks on dengue prevention, handwashing, and other relevant public health topics. These sessions helped to dispel myths, answer questions, and promote safe and healthy household practices. A total of 20 community educational sessions were conducted.

In addition, the Costa Rican Red Cross distributed 1,500 household cleaning and protection kits. Each kit included one broom, one water container, and two repellents. To complement this distribution, 200 brooms and 318 water containers were procured using funds from this IFRC-DREF. The remaining items came from the volcanic ash imminent DREF (MDRCR025), as some of the supplies from that operation had not been used due to the non-activation of early actions.

As part of complementary activities —funded through other sources— the National Society distributed 300 family hygiene kits donated to the Red Cross. These kits included essential items such as shampoo, body soap, deodorant, wet wipes, toothpaste, and toothbrushes, and were distributed to flood-affected families.

In the framework of dengue prevention, educational sessions were held with children in communities and schools. During these activities, a total of 2,474 child-friendly kits were distributed. Each kit included a health-themed coloring book, a pack of crayons, and a reusable bag with printed health messages that could also be colored. This intervention aimed to strengthen children's understanding of preventive measures through playful and engaging tools.

Lessons Learnt

- The implementation of community clean-up campaigns in coordination with municipalities and other local actors demonstrated that institutional collaboration can optimize resources, improve logistics, and strengthen community participation in disease prevention actions such as dengue control. This synergy increased acceptance of the interventions and promoted local ownership of public health



measures.

- The experience with solid waste management workshops showed that adapting methodological approaches based on the participants' age—children, youth, and adults—facilitated more meaningful learning. This differentiation in pedagogical strategies strengthened the understanding and adoption of healthy practices more effectively.
- During the distribution of cleaning and protection kits, informative health and hygiene sessions were conducted, turning a logistical process into an opportunity to promote healthy behaviors. This multidimensional strategy amplified the impact of the interventions by reinforcing key knowledge and practices at the moment of assistance.

Challenges

- The inability to implement a clean-up campaign in one prioritized community due to security concerns highlighted the need to establish contingency protocols and more dynamic context analysis. This challenge affected the achievement of planned targets within the available operational timeframe.



Protection, Gender And Inclusion

Budget: CHF 3,702

Targeted Persons: 190

Assisted Persons: 368

Targeted Male: 181

Targeted Female: 187

Indicators

Title	Target	Actual
Number of sessions conducted on topics related to PGI.	10	5
Number of mapping exercises and meetings with community stakeholders completed.	2	2
Number of community members who have participated in PGI sessions.	100	304
Number of staff and volunteers who have participated in PGI-related activities.	90	64

Narrative description of achievements

As part of its commitment to mainstream Protection, Gender, and Inclusion (PGI) across its emergency operations, the Costa Rican Red Cross carried out a series of training activities aimed at volunteers and technical staff involved in the flood response. To this end, an educational tour was originally designed to include ten in-person sessions across various regions of the country. However, due to logistical constraints and limited availability of participants—many of whom had work, academic, or personal commitments—only half of the planned sessions were implemented, resulting in five completed sessions.

These sessions provided a safe space for dialogue and reflection, addressing key elements of the PGI approach. Topics included core definitions, the humanitarian framework of the International Red Cross and Red Crescent Movement, and the pillars of dignity, access, participation, and safety. The activities employed participatory methodologies based on case analysis, which enabled the simulation of potential scenarios and strengthened participants' capacity to respond with an inclusive and protection-sensitive lens. A total of 64 individuals, including volunteers and operational staff, participated in these sessions—a number lower than initially projected due to the previously mentioned scheduling conflicts.

In addition to these training sessions, participatory community mapping exercises were carried out in two locations. These exercises supported local context analysis and helped identify organizations working on issues related to protection, gender, children, disability, and more. The process also yielded valuable inputs regarding priority needs identified by technical teams on the ground, contributing to more contextualized and coordinated planning with key community stakeholders.



In parallel, and in coordination with activities related to health, water, sanitation and hygiene (WASH), and Cash and Voucher Assistance (CVA), the Costa Rican Red Cross conducted targeted interventions for specific groups such as children, older adults, and persons with disabilities. These activities included inclusive and playful spaces with storytelling, games, popcorn sharing, and other participatory techniques designed to effectively communicate key messages on health, hygiene, protection, and community engagement. These initiatives reached a total of 304 individuals, exceeding the initial target due to high demand and strong community interest in these safe and accessible spaces.

Lessons Learnt

- The training sessions on Protection, Gender, and Inclusion (PGI), conducted in an environment of trust and open dialogue, facilitated the understanding of key concepts and encouraged critical reflection. This contributed to greater ownership of the approach by operational staff and volunteers, building capacities that go beyond the immediate emergency.
- Interventions targeting specific groups such as children, older adults, and people with disabilities demonstrated that the use of adapted participatory methodologies generates higher interest and acceptance within communities, facilitating the dissemination of key messages on health, protection, and hygiene.

Challenges

- Despite the interest shown, many of the invited participants were unable to attend the training sessions due to work, academic, or personal commitments. This affected the expected number of participants and highlighted the need to explore alternatives such as flexible schedules or virtual sessions.



Community Engagement And Accountability

Budget: CHF 2,594
Targeted Persons: 190
Assisted Persons: 411
Targeted Male: 203
Targeted Female: 208

Indicators

Title	Target	Actual
Number of people who participated in sessions on topics related to CEA.	100	308
Number of community mappings conducted to identify the most frequently used communication channels.	2	2
Number of feedback mechanisms designed and implemented at the community level	2	2
Number of staff and volunteers who have participated in CEA-related activities.	90	103

Narrative description of achievements

The Costa Rican Red Cross promoted community engagement spaces in the provinces of Puntarenas and Guanacaste with the objective of sharing the planned actions, selection criteria for individuals to be assisted, the importance of coordinated efforts between the community and the National Society, as well as clarifying doubts and gathering community perspectives. These meetings were held in the communities prioritized by the operation and allowed the organization to reach a total of 308 people—surpassing the initial target—due to the high level of interest expressed by the population in understanding the response actions and sharing their feedback.

During the implementation of these community sessions, two participatory mapping exercises were conducted to identify the primary communication channels used by people in the targeted communities. It was found that social media and printed materials were the most



widely used and effective means of disseminating relevant information. This insight allowed technical teams and volunteers to tailor key messages from the operation to these formats, ensuring communication that was contextualized, easy to understand, and culturally appropriate.

Furthermore, as part of the community engagement process, the most suitable and preferred feedback mechanisms were identified based on the local context: suggestion boxes placed in strategic community locations and a dedicated telephone/WhatsApp line for inquiries, comments, and complaints. Identifying these channels was key to establishing a two-way communication flow that enabled the community to actively interact with the operation.

To continue strengthening the capacities of volunteers and technical personnel in applying the cross-cutting approach of Community Engagement and Accountability (CEA), training and refresher sessions were conducted. These focused on feedback mechanisms and practical examples of how to apply the CEA approach in emergency flood contexts. One notable example was the work carried out during community talks, where tools were incorporated for rumor tracking through participatory analysis of community knowledge. A total of 103 people were reached through this initiative, exceeding the initial target due to the strong interest and availability of participants.

Lessons Learnt

- The high level of interest shown by people in attending community engagement sessions exceeded initial expectations. This demonstrated that when clear communication and participation channels are established, communities actively engage in humanitarian processes, reinforcing trust and increasing the effectiveness of response actions.
- Participatory mapping helped identify that social media and printed materials were the most commonly used and effective means of communication in the targeted communities. This allowed technical teams and volunteers to tailor key messages accordingly, ensuring clarity and cultural relevance.
- The integration of feedback mechanisms and rumor tracking tools during community sessions proved to be an effective strategy to strengthen trust, clarify doubts, and prevent misinformation, particularly in emergency contexts.

Challenges

- Although preferred channels such as suggestion boxes and phone/WhatsApp lines were identified, maintaining and monitoring these systems requires resources and coordination, particularly in remote areas or those with limited connectivity.
- Despite overall interest, strategies must continue to be strengthened to ensure that information and participation opportunities are accessible to people facing language barriers, mobility limitations, or restricted access to technology, such as older adults or persons with disabilities.



Secretariat Services

Budget: CHF 9,945

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of field monitoring visits conducted.	5	5

Narrative description of achievements

The IFRC Country Cluster Delegation (CCD) for Central American countries provided comprehensive support to the Costa Rican Red Cross throughout the entire IFRC-DREF cycle, from formulation to implementation and closure. This support was delivered through regular virtual and in-person meetings that helped strengthen technical coordination, resolve operational issues in real time, and ensure implementation aligned with DREF standards.

Initially, five field monitoring visits had been planned. However, to optimize resources, avoid overburdening the National Society's team, and ensure timely intervention, it was decided to conduct a single multidisciplinary visit at the beginning of the operation. This visit was



led by the CCD Disaster Management Coordinator, Senior Officer for Planning, Monitoring, Evaluation, and Reporting (PMER), Community Engagement and Accountability (CEA) Officer, and Health Assistant. During this mission, key technical recommendations were shared to enhance implementation quality, and procurement plans as well as technical and financial reporting guidelines were jointly reviewed.

Later, in response to a request from the Costa Rican Red Cross, the IFRC Regional Communications Officer based in the country was deployed to the field to support the visibility of the operation actions. The visit enabled the documentation of testimonies, photo collection, and the development of media content that illustrated the impact of the operation in the affected communities.

Finally, as part of the operation closure, the National Society requested technical support for the methodological design and facilitation of the lessons learned workshop. This request was fulfilled by the CCD Senior PMER Officer, who provided specialized assistance in structuring a participatory session aimed at reflecting on the intervention's achievements, challenges, and lessons learned, with the goal of strengthening future operations.

Lessons Learnt

- The implementation of a multidisciplinary visit at the beginning of the operation, instead of multiple visits spread over time, allowed for the optimization of resources, reduced the operational burden on the National Society, and enabled more timely and targeted technical support.

Challenges

- No challenges identified.



National Society Strengthening

Budget: CHF 65,202

Targeted Persons: 100

Assisted Persons: 126

Targeted Male: 62

Targeted Female: 64

Indicators

Title	Target	Actual
Number of technical staff specifically recruited for the operation.	4	4
Number of staff and volunteers who receive visibility materials and participate in training on the ICS, MACOE, and Civil-Military Relations.	100	126
Number of Lessons Learned Workshops conducted.	1	1

Narrative description of achievements

The Costa Rican Red Cross completed the recruitment of four key personnel to directly support the implementation of the flood response operation: an operations coordinator, an accounting assistant, an operations technician, and a driver. This team significantly strengthened the operational and administrative capacity of the National Society throughout the intervention. In parallel, visibility materials—including shirts, caps, and bandanas—were procured for volunteers and technical staff actively involved in the operation. A total of 126 individuals received these items, exceeding the initial target. This increase was due to the rotation of volunteers and staff during the operation, highlighting the importance of flexible planning in supply logistics.

Aligned with its institutional commitment to building the capacities of staff and volunteers, the National Society implemented a series of training processes during the operation, involving a total of 117 participants. One such activity was the “Emergency Operations Center Management (MACOE)” course, held over five in-person days. This training enhanced participants' knowledge on emergency coordination, information management, the structure and functioning of Emergency Operations Centers (EOCs) at institutional and national levels, and



the application of operational planning tools. A cross-cutting simulation exercise was conducted, allowing participants to manage a hypothetical emergency scenario through a three-sector model designed to improve decision-making and internal coordination.

Additionally, “Incident Command System (ICS)” courses were delivered at both basic and intermediate levels. ICS is the official emergency management model in Costa Rica and its reinforcement is essential to improving institutional response. These trainings took place both in the affected regions and at the National Society’s headquarters. Topics covered included ICS structure, leadership, operational management, and planning for expanding incidents. The basic course lasted two days, while the intermediate course spanned five days in person. Both levels included practical simulation exercises that strengthened participants’ preparedness for future emergencies.

In response to the need for improved coordination with state and military actors during complex emergencies, a “Civil-Military Relations” workshop was organized. This was particularly relevant given the deployment of an international task force, partially composed of military personnel, which supported the flood response. The workshop, facilitated by IFRC experts, covered key topics such as the Fundamental Principles of the Red Cross and Red Crescent Movement, emblem use, the legal framework of humanitarian assistance, international humanitarian law, and comparative experiences in civil-military coordination. Participants included individuals from various regions and from the National Directorate of Emergency Response (DINARE), allowing for valuable reflection on best practices and institutional boundaries when engaging with armed actors during emergencies.

To conclude the learning cycle of the operation, the Costa Rican Red Cross conducted a two-day in-person Lessons Learned Workshop. The workshop followed a two-phase structure. The first phase involved the use of a KoboCollect digital form distributed among volunteers and permanent staff to gather their perceptions and experiences throughout the operation. The second phase consisted of an in-person session with representatives from regional branches involved in the operation, along with staff from the administrative and procurement departments at headquarters. During the workshop, results from the digital survey were presented, regional teams shared presentations on their activities, and spaces for collective reflection were facilitated. This process enabled the identification of key learnings and areas for improvement, and the collective development of strategic recommendations to strengthen future response operations.

Lessons Learnt

- The implementation of courses such as Emergency Operations Center Management (MACOE), the Incident Command System (ICS), and the Civil-Military Relations workshop helped update and build the skills of volunteers and technical staff. This had a positive impact on the National Society’s ability to organize, coordinate, and execute actions in complex emergency contexts, ensuring a more structured and effective response.

Challenges

- The involvement of international military forces in the flood response revealed the need to strengthen institutional knowledge and skills in civil-military relations. Although this was addressed through a dedicated workshop, it became clear that this type of training should be integrated proactively and systematically into institutional preparedness plans.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRCR026 - Costa Rica - Flood

Operating Timeframe: 20 Nov 2024 to 31 Mar 2025

Selected Parameters			
Reporting Timeframe	2024/11-2025/5	Operation	MDRCR026
Budget Timeframe	2024/11-2025/3	Budget	APPROVED

Prepared on 15/Jul/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	458,959
DREF Response Pillar	458,959
Expenditure	-356,241
Closing Balance	102,718

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	217,811	228,780	-10,969
PO04 - Health	27,732	14,864	12,868
PO05 - Water, Sanitation & Hygiene	68,124	30,649	37,475
PO06 - Protection, Gender and Inclusion	6,800	3,701	3,099
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	28,012	508	27,504
PO10 - Community Engagement and Accountability	7,100	2,593	4,507
PO11 - Environmental Sustainability			0
Planned Operations Total	355,579	281,095	74,484
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	18,600	9,944	8,656
EA03 - National Society Strengthening	84,780	65,202	19,578
Enabling Approaches Total	103,380	75,146	28,234
Grand Total	458,959	356,241	102,718

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 458,959 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 356,241. The unspent balance of CHF 102,718 will be returned to the DREF.

The main variances between the approved budget and the actual expenditures of the operation are attributed to efficiencies achieved during implementation, without compromising the quality or intended scope of activities. One key factor was the optimization of procurement processes: significant discounts were obtained from suppliers, resulting in substantial savings in the acquisition of essential supplies.



Additionally, cost efficiencies were identified in the implementation of activities such as health fairs and community health promotion sessions. These savings were made possible through early planning, the use of pre-existing materials, adaptation of community spaces, and partial printing of materials based on actual demand, all of which helped reduce costs without affecting impact or coverage.

Furthermore, the integration of multisectoral visits—combining actions from different programmatic areas within a single operational day—helped optimize logistical, technical, and human resources. This approach avoided duplication of efforts and maximized the effectiveness of field presence.



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[Click here for reference](#)

