

DREF Final Report

Paraguay: Floods

DREF N° MDRPY019	Glide n° FL-2018-000419-PRY
Date of disaster: 1 November 2018 ¹	Expected timeframe: 3 months
Date of issue: 7 June 2019	DREF budget: 156,596 Swiss francs (CHF)
Total number of people affected: 41,300 people (8,260 families)	Number of people to be assisted: 3,040 people
Host National Society(ies) presence: The Paraguayan Red Cross (PRC) has 11 branches, 10 sub-branches in the Central department, 1,000 volunteers and 15 staff members.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC) and Swiss Red Cross.	
Other partner organizations actively involved in the operation: National Emergency Secretariat (SEN), Ministry of Public Health and Social Welfare (MSPBS), Municipality of Asunción, Pan-American Health Organization (PAHO)	
The Paraguayan Red Cross spent a total of 125,671 CHF. The remaining balance of 30,925 CHF will be reimbursed to the Disaster Relief Emergency Fund.	

[Click here](#) for the final financial report and [here](#) for the contact information >

A. Situation analysis

Description of the disaster

Government authorities and Paraguayan Red Cross (PRC) implemented humanitarian actions to assist the population hit by the November 2019 floods that affected 30,225 people (6,085 families²). The affected population was evacuated to 109 temporary shelters set up by the Municipality of Asunción.

The National Emergency Secretariat reported that, as of the close of the operation at the end of February, the floods had affected a total of 8,260 families in Asunción. Operation Return Home was officially launched on 5 February given that Paraguay River water levels were expected to continue falling over the next 45 days. This event was attended by authorities from all institutions involved. Even though water levels will rise slightly in March (part of cyclical increases in water levels), these are not expected to be high.



Psychosocial support activities for children at the Chakarita community centre in Asunción. Source: Paraguayan Red Cross

According to the National Emergency Secretariat (SEN)³, families in collective centres received 95,000 fibre cement sheets, 70,000 wood struts, 55,000 sheets of plywood, 8,260 food kits, 7,000 tents and 540 chemical toilets. Some 200 field staff members took part in this effort worth approximately 7,321 million guaraníes.

¹ The difference between the date of the emergency and the issuance of this DREF is significant because the disaster dramatically worsened toward the end of November 2018.

² *Asunción Risk Management and Reduction Directorate.*

³ Secretariat for National Emergencies <http://www.sen.gov.py/noticia/2550-inicia-operativo-retorno-de-las-familias-desplazadas-por-la-inundacion-a-sus-comunidades.html#.XNWNZhRKjIU>

Summary of the current response

Overview of Host National Society

Paraguayan Red Cross coordinated the operation through its national headquarters in Asunción, specifically through its Programme and Operations Directorate, and the Asunción Branch, which managed operational aspects through its logistical, technical and human talent capacity.

Paraguayan Red Cross carried out psychosocial support (PSS) actions, participated and promoted coordination with the protection and sexual violence prevention tables, and assisted with production and distribution of health and hygiene promotion materials and activities. During the operation, the National Society guided and supported camp management actions in municipal Emergency Operation Centres (EOCs), including information management, operations and management. A cash transfer programme (CTP) was implemented for the first time during this operation, which was done through IFRC VISA cards and coordinated with local authorities and institutions.

Overview of Red Cross Red Crescent Movement in country

An on-site assessment was carried out with the Southern Cone Country Cluster, as well as interviews with the National Emergency Minister regarding the targeted municipal centres and the affected families. The ICRC has provided support to the on-site assessment, demonstrating the importance of installed capacity in its national headquarters. The IFRC has provided guidance to the PRC on its efforts to identify and prioritize actions and its communications with other Movement components. In addition, IFRC provided support through the Country Cluster by supporting missions, monitoring the response with the regional disaster management coordinator for South America and the regional CTP coordinator, and deployment of a General RIT member for the operation and a CTP RIT member for six weeks to assist the National Society with the operation's implementation.

Overview of non-Red Cross Red Crescent actors in country

A meeting was held with the humanitarian organization network at the beginning of the emergency in order to share information on the flood scenario. Paraguayan Red Cross, PAHO and UNFPA were present during the operation - PRC provided technical support to the health table led by the Ministry of Health and UNFPA helped SEN with the design of the operational plan for the national strategy to prevent sexual violence in collective centres.

- **Municipality of Asunción:** Through its Social Action and Risk Management Directorates, PRC assisted with the establishment of emergency operations centres in municipal centres; participated in the Health in Emergencies panel attached to the Municipal Local Health Council; and collaborated in the process of setting up an information management room attached to the Municipality of Asunción. At the end of the emergency, the Municipality reported shelter assistance in terms of shelter (provision of metal sheets, struts and wood), chemical toilets, as well as articulation of protection activities through the setting up of safe spaces in the seven centres affected by the flood.
- **Ministry of Health:** The emergency health action plan was planned, and health care activities were coordinated through the health region office. Health actions included medical assistance in collective centres and referral of serious cases to care centres.
- **Ministry of Childhood and Adolescence:** PRC assisted with the formation of the rights protection and violence prevention network.
- **National Emergency Secretariat (SEN):** Activities along four lines of work were articulated. According to SEN, assistance was provided through distribution of food kits and materials for relocation and construction of homes for 8,260 affected families
- **Ministry of Foreign Affairs:** Made situation reports available and reported on identified needs to act as a liaison for future cooperation.

Needs analysis, targeting, scenario planning and risk assessment

Water, sanitation and hygiene

Access to clean and safe water in collective centres/shelters/temporary settlements in Municipal Centres 5 and 7 in Asunción continue to be covered for the most part by Paraguay's Sanitary Services Company (ESSAP) through the taps installed. However, some shelters, albeit a smaller number, still lacked access to water as of the last monitoring performed in the first week of February 2019. Water samples were taken from returnees' homes and tested in order to

assess the water's quality and quantity, finding that both aspects were better in collective centres. Besides water supply, the common problem in all collective centres and households is water storage practices. SEN installed 540 chemical toilets to meet the population's sanitation demands.

Health

According to reports from the Ministry of Health's Health Region 18, a total of 4,895 people in 24 collective centres were provided medical attention. In addition to medical and dental care, services provided by Public Health teams in collective centres include the administering of anti-parasitic medicines, vaccination, gynaecological and prenatal controls, family planning, general treatment of wounds, nebulization and PAP smears. The Asunción area reported an increase in the number of cases of diarrhoea, skin problems and fevers. During this first emergency phase, health personnel were tasked with information assessment activities, which reduced the number of hours they had available to provide health services.

The emotional impact on the affected population was significant, particularly due to the large number of children, young people, elderly adults and people with disabilities living in collective centres. The feeling of helplessness and limited perspectives for the future made this situation extremely problematic. The risk of general and sexual violence was a permanent factor in collective centres.

Shelter

At the end of the operation, a total of 1,784 families have returned home on their own. Most evacuated families have dismantled their own dwellings to build temporary shelters elsewhere; however, these have been insufficient, leading to the occupation of public and private spaces such as town squares, sidewalks, sports fields, abandoned lots, and churches, among others to shelter evacuated people.

Livelihoods

Commercial activities in Asunción are functioning normally except in the affected areas or their neighbouring areas.

A large part of the affected population in Asunción engages in low-paying jobs or are self-employed (day labour or work in the informal economy), primarily in recycling, fishing, small-scale trade, day labourers or as carpenters, electricians, gardeners, cosmetologists and domestic workers. The forced displacement of those affected has had a negative impact on their daily incomes.

While those engaged in recycling can continue working, they often lack the space to store their items, and some small-scale merchants already have had to consider selling their products and items at a loss to subsist.

Small animals, which were used to supplement income in marginal areas, have had to be sold or died in the emergency.

Operation Risk Assessment

Rains continued in affected areas while the operation was underway, which sometimes hindered access and made it difficult to provide humanitarian services. No security incidents with volunteer teams were reported; nevertheless, they were provided with IFRC's accident insurance, personal protection gear and information. Humanitarian needs related to families' return home decreased as water levels fell.

The risk of outbreaks of waterborne diseases or vector-borne diseases is an important risk to consider in these type of intervention.

Vulnerability and beneficiary selection criteria

The PRC has established the following beneficiary selection criteria:

- Prioritization of most affected families that have received insufficient or no humanitarian assistance to date.
- The most vulnerable people, including female heads of households, the elderly, children and persons with disabilities.
- Damage of residences.
- Areas with low socioeconomic status.

The PRC's identification of affected households for the final selection of beneficiaries (and details on the level of impact) considered the vulnerability and selection criteria that was used at the time the detailed assessment was conducted.

B. Operational strategy

Target population

Assist at least 3,040 people affected by the floods in Asunción department through the provision of humanitarian aid in of health, WASH, livelihoods and basic needs and protection, gender and inclusion (PGI), as well as support on the management of the emergency as the rainfall continues.

Proposed strategy

The response strategy was based on need and complement the local response. Through the PGI, livelihoods, WASH and basic needs and health (PSS) and shelter (safe spaces), the PRC will implement a cross-cutting, rights-based protection approach to contribute to a response that was tailored to the vulnerable population's needs. As part of PGI, the PRC provided information on violence prevention and seeking care and disseminate key messages on violence prevention to the target population; the National Society also trained PRC volunteers in violence prevention and coordinate with other humanitarian actors; to reduce violence and contribute to the safety of everyone affected by this disaster.

Operational support services

Human resources

At the local level, the PRC hired a coordinator responsible for coordinating and implementing local-level activities and working with communities and local volunteers; the National Society also hired an administrator/financial officer to strengthen coordination in the target area and a driver. The IFRC provided insurance coverage to PRC volunteers through the operation, and the PRC their personal protective gear.

The IFRC deployed a General Regional Intervention Team (RIT) member with expertise in WASH and a Cash Transfer RIT to support the operation. The IFRC's country cluster office for the Southern Cone and its disaster management, finance and PMER teams supported the management of this DREF operation.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

RLU is under the coordination to export jerrycans and water filters, via air to Asuncion Airport, as the preliminary shipment for the operation.

A cash transfer programme using IFRC's VISA card was implemented for this operation. In addition, PRC distributed 23 cleaning kits using own resources, as well as 18 plastic tarps and 260 personal hygiene kits.

Information technologies (IT)

Paraguayan Red Cross made available computers, communication and telecommunications equipment for the operation. The data collection and people reached registration were done with Open Data Kit (ODK), and Mega V was used for distributions. To improve results, IFRC acquired cell phones exclusively for ODK.

Communications

PRC kept the affected population informed of the actions and services provided through its teams in the field and social networks. The National Society's press department provided coverage regarding the operation.

Security

The PRC possesses a document on National Security Policies and Procedures and field intervention, which it used as a reference document during this operation. As previously mentioned, no significant security problems were reported

in the targeted area. Volunteers had equipment, insurance, information about their mission, and applied Stay Safe and Safer Access procedures.

Planning, monitoring, evaluation and reporting

The Programmes and Operations Directorate followed up and monitored the operation implemented by the Asunción branch, which involved regular reports and meetings with the management team and staff involved in the operation as well as field visits. These actions were supported to the IFRC team through the regional disaster management coordinator, the country cluster and the CTP and Finance coordinators, who conducted missions to the field, as well as by the RIT members deployed.

Administration and Finance

The PRC's Administrative Department will be responsible for managing in-country funds in accordance with the IFRC's standard procedures and with requirements and provisions specified in the Letter of Agreement to be signed by the National Society and IFRC for the implementation of the project.

The IFRC, through its Finance Department, provided the necessary operational support to review and validate budgets and bank transfers and technical assistance to the National Society on procedures to justify expenditures and review and validate invoices to report on the operation's progress.

C. Detailed Operational Plan

	Health People targeted: 3,040 Male: 1,520 Female: 1,520	
Health Output 1: The immediate risks to the health of affected populations are reduced.		
Indicators:	Target	Achieved
<i># of people who receive prevention information and care</i>	3,040	3,040
Health Outcome 1.1: The health situation and immediate risks are assessed using agreed upon guidelines.		
Indicators:	Target	Achieved
<i># of coordination meetings held with public health partners</i>	5	5
<i># of volunteers who receive vector-borne and water-borne diseases prevention training</i>	50	50
<i># of EOCs assisted with health intervention</i>	7	7
Narrative description of achievements		
<ul style="list-style-type: none"> Meetings with public entities for a detailed situation assessment A total of five meetings were held with institutions involved in the emergency, such as MoH, ADRA, INFPA, Municipality of Asunción and the National Society, mainly to address child-, adolescent- and health-related aspects. The initial meeting involved a presentation on the operation, later addressing the assistance to the affected population, the socialization of key protection, inclusion and gender messages with an emphasis on sexual violence in collective centres and the child and adolescent rights approach, and mappings and censuses in collective centres. In addition, PRC participated in weekly meetings convened by SEN, the Ministry for Children and the Ministry of Health to assess the context and analyse developments during the emergency in November and December. Rapid health assessment Rapid health assessments were carried out in seven municipal centres reaching 29 collective centres. PRC conducted interviews, meetings and tours, gathering information that led to the identification of sporadic cases of acute gastroenteritis. In terms of health, diseases related to poor hygiene habits and limited access to health services and medicines were identified in the collective centres. With PRC's guidance, community members and leaders developed actions to prevent future cases or outbreaks of vector-borne and water-borne diseases. PRC identified the need to conduct educational talks on vector control, first aid care, and early treatment of diarrhoea and vomiting. Volunteers trained in disease prevention and first aid care A total 50 volunteers (31 women and 19 men) were trained on CBHFA tool by carrying out two training workshops, one of them focused on CBHFA plus disease prevention, and the other one on CBHFA and community-based first aid. The trainings were divided into two sessions: <ul style="list-style-type: none"> Session 1: The teaching-learning approach was based on knowing the concepts, scope and, above all, the guidelines for community health-related work, i.e. fundamentally knowing of the CBHFA's community tools. Session 2: The priority was to expand knowledge in Community-Based First Aid and on how to reach communities, populations and people in order to communicate the importance of knowing basic actions that save lives. Support EOCs in establishing a situation room for follow-up and monitoring The EOCs from the seven municipal centres received support through provision of support items and materials. Seven introductory EOC management workshops based on the OFCOE methodology were provided to 66 local authorities (21 men and 45 women). The municipal centres reached were: Ita Yvate, Oñondivepa, Koeti, Jeruti, Marangatu, Nasaindy and Ñepytyvo Jovai 		

Health Output 1.2: Target population is provided with first aid for management of injuries.

Indicators:	Target	Achieved
# of first aid kits provided to the PRC team	7	7
# of people provided with first aid (disaggregated by age and sex)	600	574

Narrative description of achievements

- Equipping and provision of first aid kits to PRC team**

Seven first aid kits were purchased to provide care in communities, as well as other necessary supplies to monitor glucose levels (Hemoglucotest), high blood pressure (blood pressure metres) and treat injuries. The kits were delivered to the Asunción branch as a reinforcement for their teams and future interventions both during emergencies and in other contexts and were managed by trained staff.

- First aid care to the affected population**

A total of 574 people (427 women and 147 men) were provided with different services (see table below) in the 19 collective centres under the Municipal Centres #5 and #7.

Services provided	Total
Blood Pressure Controls	474
Cures of minor injuries and/or injuries	72
Attention to bumps	2
Basic medical inspections (control)	2
Blood glucose controls	55
Otitis	1
Fever	2
Asthma	1

Health Output 1.3: Community-based disease prevention, waterborne diseases, health promotion and vector control are provided to the target population.

Indicators:	Target	Achieved
# of people that receive printed materials	3,040	8,494
# of people reached with key messages	3,040	8,494

Narrative description of achievements

- Awareness-raising workshops (on vector control tool for volunteers, CBHFA approach) with involved stakeholders (community promoters, volunteers)**

The CBHFA tools used during the training mainly focused on vector-borne diseases. The workshop was attended by 51 volunteers (19 men and 32 women) from the Asunción branch.

Additionally, a community-based health promotion and prevention of vector-borne diseases training was carried out through information sessions to a total of 351 people (310 women and 41 men):

Subject	Women	Men	Total
Vector Control	184	25	209
Community-Based First Aid	126	16	142
Total	310	41	351

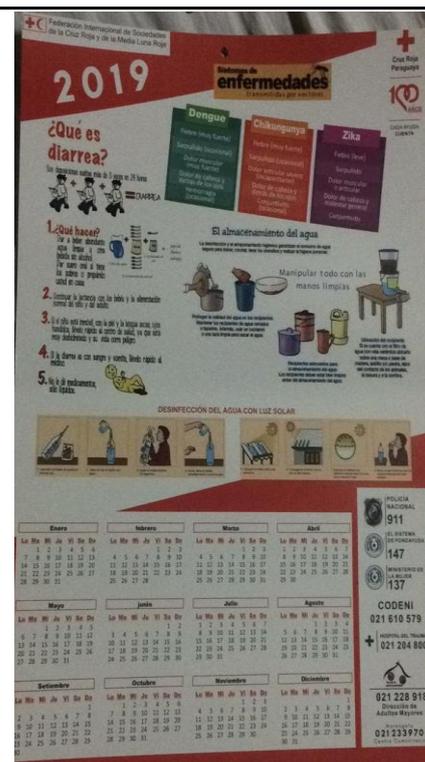
- **Communication materials are designed and implemented using the community engagement and accountability (CEA) approach (community engagement and accountability) to contribute to communication aimed at social and behavioural change.**

Communication materials were designed based on the target audience. The materials included: calendars, stickers for cell phones and labels for notebooks containing key information on vector-borne diseases prevention, water management and violence prevention. The design and distribution of the communication material took advantage of the start of the new school year.

- **Distribution of materials and sessions on CBHFA, health promotion and prevention of vector-borne diseases to the community**

Materials were distributed to affected communities in targeted areas, which also received health promotion information; including Municipal Centres, schools and high schools in the area; the Jurisdictional Commissioner's Office; and assistance centres (health centres, hospitals).

The *Abrazo* Programme led by the Municipality of Asunción was also included, since children are one of the main target audiences.



In the table below is listed the number of communication materials by type distributed in each of the key actors identified in the intervention area.

Actors	Calendar	Labels for notebooks	Stickers for cell phones	TOTAL
San Miguel Guerrero	38	200	103	341
Tablada	24	135	68	227
Tablada	12	30	40	82
Tablada	40	195	150	385
San Miguel Arcangel	22	15	2	39
Centro Municipal N° 5 Koeti	20	0	40	60
Escuela Basica Nª 10 Juan Ramon Dalquist	232	440	24	696
Colegio EMB Juan Ramon Dalquist	530	886	174	1590
Escuela Caacupemi de Fe y Alegria	210	380	40	630
Comisaria Quinta - Policia Nacional	100	0	200	300
Coleg Nacional EMD Vicepresidente Sanchez	450	700	200	1350
Escuela N° 4880 Priv. Subv Santa Catalina Laboure	436	820	52	1308
Hogar Juan Pablo II	22	28	16	66
Escuela Basica Nª 1787 San Viente de Paul	543	980	106	1,629
Programa Abrazo	57	100	14	171
Escuela Basica Priva Sun Nª 6090 Santa Cruz	322	610	34	966
Hospital Psiquiatrico	300	0	600	900
Instituto de Medicina Tropical	500	0	800	1,300
Centro de Salud N° 7 Virgen de Fatima	250	0	300	550
Centro Municipal N° 6 Jeruti	100	0	200	300
centro Municipal N° 1 Ita Ybate	100	0	200	300
Centro Municpal N° 10 Nepytyvo	100	0	200	300
Centro de Operaciones de Emergencias Centro 7	500	1,000	1,000	2,500
TOTAL	4,908	6,519	4,563	15,990

In summary, a total of 8,494 people received some type of information through the distribution of the materials mentioned above, which is broken down as follows:

Type of material	# of people (BGA-Adults- Heads of Households)
1 calendar/family	4,908
5 labels/BGA	1,304
2 stickers/adult	2,282
TOTAL	8,494

Health Output 1.4: Psychosocial support provided to the target population.

Indicators:

of people provided with PSS

Target

350

Achieved

702

Narrative description of achievements

- **PSS provided to the affected population**

Efforts in this area were coordinated with other actions as part of a comprehensive action framework, i.e. PRC provided guidance for community-based WASH, PGI and CTP training processes, managing to double the number of participants per targeted sector intervened and reaching 702 people who carried out PSS actions (364 men and 338 women) in 18 collective centres.

- **Coordination and referral of mental health cases to health centres.**

One case was identified in the Mbocayaty area, which was followed up and referred to the health network composed of health centers and hospitals of the Ministry of Health and the Ministry of Childhood and Adolescence. Other cases were identified during PSS and PGI activities, which were followed up but not referred as they were mostly attributed to the situation and living conditions in collective centres.

- **Emotional debriefing sessions provided to volunteers responding to the emergency**

A deactivation session was held with 21 volunteers (11 women and 10 men) from PRC.

Challenges

- PRC did not anticipate the purchase of medicines that were requested by the community.
- Articulation with local health actors for joint medical attention actions.
- Limited didactic resources.
- The impossibility of reaching all people in need.

Lessons learned

- Anticipate the kind of health issues that may arise in these situations (respiratory, etc.) and budget for medicines to cover such needs.
- We learned that it will be important to have more infrastructure and equipment, as well as didactic materials for PSS activities (for drawing and painting, etc.).



Water, sanitation and hygiene

People targeted: 3,040

Male: 1,520

Female: 1,520

WASH Outcome 2: Immediate reduction in risk of waterborne and water-related diseases in targeted communities.

Indicators:	Target	Achieved
# of people who reduce the risk of waterborne and water related diseases	3,040	3,040

WASH Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

Indicators:	Target	Achieved
# of communities in which assessments in water, sanitation and hygiene are conducted	7	7

Narrative description of achievements

- **Conduct initial assessments of the water, sanitation and hygiene situation in targeted communities**

Assessments were carried out jointly with the health team, since initially both were closely related. The assessments were conducted in the seven municipal centres reaching 29 collective centres. The water from taps and distribution points was found to be safe, although gaps were identified in terms of correct water treatment, storage and handling as well as hygiene habits and waste management.

- **Continuously monitor the water, sanitation and hygiene situation in targeted communities**

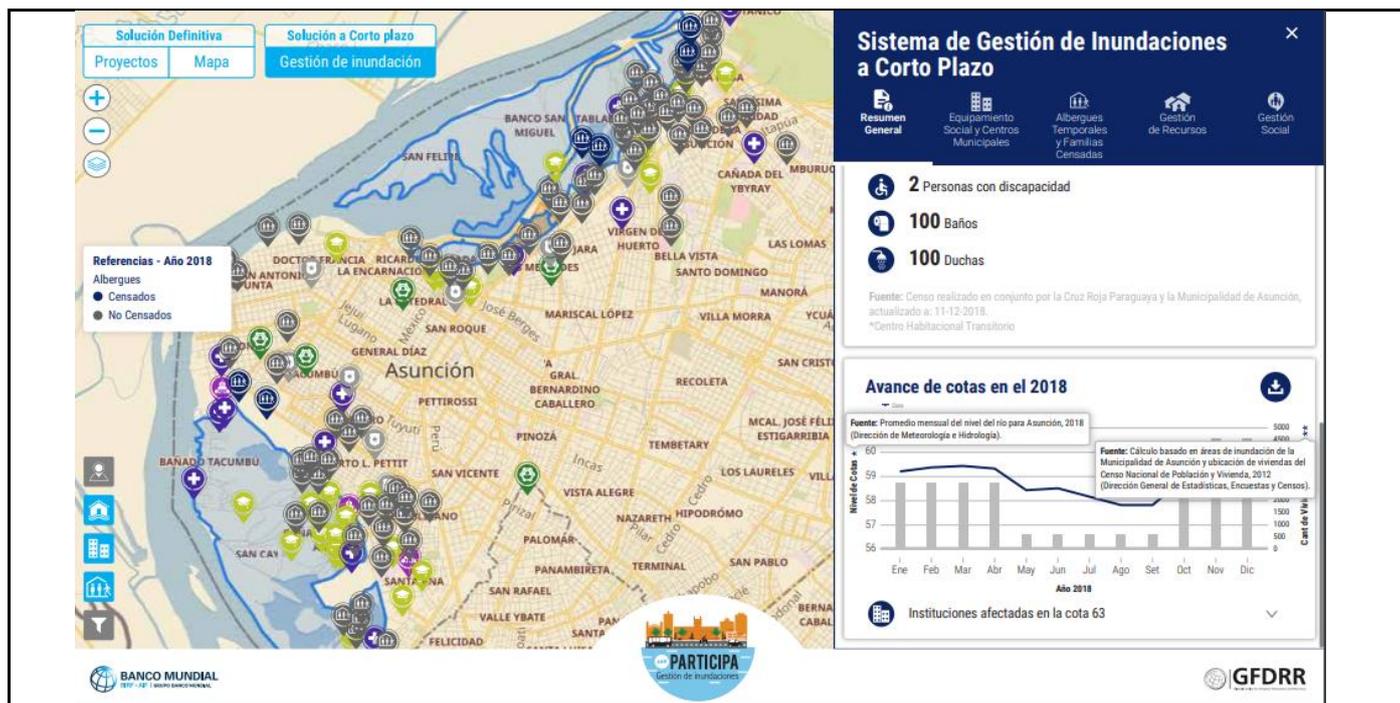
Water quality, hygiene and sanitation were monitored in order to assess the initial situation. The water chlorine and pH levels in the majority of the 30 collective centres evaluated were within normal ranges, although some showed excess chlorine during the mornings. Sanitation, hygiene and water distribution was also monitored.

- **Coordinate with other WASH actors on target group needs and appropriate response**

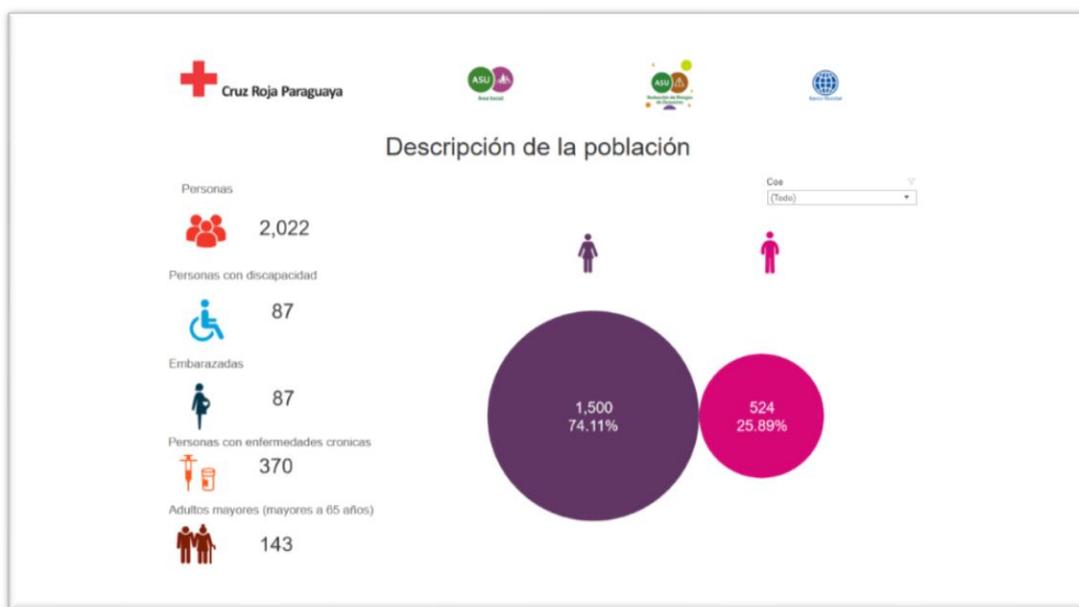
The MoH, ADRA, INFPA, the Municipality of Asunción and the National Society were also involved in WASH actions. The guidelines received during meetings, and especially the conclusions reached for an appropriate response, helped to identify that the main action required was awareness-raising and/or training on proper water management.

- **Map and identify collective centres or community areas to be assisted with water management and hygiene promotion activities.**

Through actions conducted by PRC teams in support of the Municipality's actions, as well as through a joint project with the World Bank, an online platform was designed to provide public access to information on the affected areas, at risk and/or flooded, and a description of the population in collective centres. The PRC conducted census in the collective centers to carry out a need assessment used in the implementation design. The maps produced within this initiative are available at: <http://asuparticipa.cds.com.py/map?ver=refugios>



Dashboard developed with key data from the assessments carried out in the collective centres. Available at: https://public.tableau.com/profile/cesar4738#!/vizhome/resumen_datos/Historia1



WASH Output 2.2: Hygiene promotion activities, which meet Sphere standards in terms of the identification and use of hygiene items, provided to target population.

Indicators:	Target	Achieved
# of households reached through water management and hygiene promotion activities	608	629

Narrative description of achievements

- **Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).**

Target groups were selected based on results obtained from the rapid health survey and the water quality assessment. PRC took advantage of the protection spaces created by the Municipality, making sure to prioritize target groups such as BGA in collective centres and female heads of households. The latter are those who are

culturally responsible managing resources such as water and food. Furthermore, the census conducted by the National Society indicated that most heads of households in collective centres were female.

In this regard, the key message focused on personal hygiene and on proper water management based - basic storage and treatment using the Sodis method.

Key messages aimed at BGA are delivered through games, theatre and demonstrations, whereas the adult population is reached through talks and demonstrations of procedures. PRC has distributed PHAST posters and drawings illustrating good and bad habits.

- **Develop water management and hygiene promotion activities during talks with women and recreational activities**

Hygiene promotion activities included talks on topics such as handwashing, correct water treatment and storage and the cleaning of water sources. These training sessions were carried out in the ten collective centres under the Municipality of Asunción and reached 629 members of affected families, including children, adolescents, adults and seniors.

Challenges

- Having to depend on other local actors to plan activities according to the project's schedule.
- Having safe water available for hygiene promotion.

Lessons learned

- Strengthen thematic leadership (management, administration, reporting, health, cash transfers, etc.) to assume responsibilities in future emergencies.
- Embed hygiene promotion techniques through theatre.

	<h2>Livelihoods and basic needs</h2>	
<p>People targeted: 1,520</p>		
<p>Male: 760</p>		
<p>Female: 760</p>		
<p>Livelihoods and basic needs Outcome 3: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Achieved</p>
<p><i># of assisted households that manage to meet their minimum basic food basket needs (including food and non-food security items)</i></p>	<p>304</p>	<p>304</p>
<p>Livelihoods and basic needs Output 3.1: Households are provided with unconditional/multi-purpose cash grants to address their basic needs</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Achieved</p>
<p><i># of families that receive CBI</i></p>	<p>304</p>	<p>304</p>
<p><i># of people that receive CBI training</i></p>	<p>-</p>	<p>8</p>
<p>Narrative description of achievements</p>		
<ul style="list-style-type: none"> • Implementation of a feasibility analysis <p>IFRC's Regional Cash Transfer Coordinator provided technical support for implementation of the CTP, and conducted a field mission that included the preparation of a feasibility study and rapid market assessment confirming the grant amount and modality of the selected delivery mechanism that informed the validation of the implementation mechanism and use of the IFRC VISA card.</p> <ul style="list-style-type: none"> • Beneficiary selection and registration <p>A total of 366 households were assessed from 12 affected communities. According to the eligibility criteria approved by the PRC, 296 households were identified as beneficiaries of the cash-based intervention. Eight additional households were identified when the first round of distributions was under process.</p>		

Eligibility criteria for the implementation of the cash-based intervention

Essential criteria	Additional criteria
Families currently housed in collective centres belonging to Municipal Centre 7 at the time the census was conducted.	Households with pregnant or breastfeeding women
Families whose heads of household are unemployed, are informal workers, and their income is under the official monthly minimum wage	Households with people with disabilities
	Households with people with chronic diseases (diabetes, HIV, cancer, hepatitis, hypertension)
	Households with adults over the age of 65
	Single-parent households (single mother or father or led by grandparents/direct relatives.
	Households with children under the age of 18

- **Cash transfer distribution**

A first round of cash distribution took place, providing all beneficiaries with their debit cards loaded with 75 USD and after 10 days the cards were reloaded with the same amount, thus completing the total grant amount. The distribution modality was convened with the PRC as a result of the feasibility analysis and the outcomes of the focus group done with different community leaders, where it was emphasized that households had a bi-weekly management system of their income and expenditures. A total of 304 families were directly evaluated and assessed. 296 invitations were initially issued, and eight extra families were added after delivery.

- **Post-distribution monitoring – beneficiary satisfaction survey**

The satisfaction survey was conducted one month after 81 household representatives received the cards. The approach used was based on consultations on how the funds were used. Most stated that the funds were used to purchase school supplies and uniforms, food, and, in some cases, construction supplies and materials (nails, cement, hammers and others). The survey also asked about the ease of using the cards. Most expressed that, while useful, 7 per cent said they had trouble activating the cards and that they were not given enough guidance, for example on the discount for consultations in the system, which was the most mentioned. 98 per cent of respondents said that it was provided in a timely manner.

- **Development and implementation of CEA strategy for cash transfers**

To conduct the cash transfer component, the communications area developed was based on the circuit of information necessary for effective use of the cards to access services.

Considering that the beneficiary population was mainly Guaraní-speaking, PRC looked for volunteers fluent in the language to explain the process in simple terms. In addition, an information leaflet with pictures was prepared to be used as a memory aid.

A circuit of information and access to cards was set up, consisting of four stations: the first involved finding the beneficiary in the general list; followed by an informational talk; the card's delivery, reinforcing key messages on care, handling and use thereof; and ending with an individual interview during which beneficiaries were given the opportunity to ask questions and clear doubts regarding the process.

After the process was completed, an accountability meeting was held in Municipal Centre 7 to inform the community about the process and the mechanisms used.

Red Cross held an induction to volunteers in guide and support the process CEA. PSS and Health areas were available to provide support in case it was needed as a safety and containment measure.

In addition, a space for complaints and comments was set up so that families or sectors that were not involved in the intervention could obtain information on the procedures used and to provide advice to families who had claimed their cards and had trouble using them.

According to results, most queries involved the card's use, their activation, incorrect pin, and complaints because they were not selected as beneficiaries or because their community sector had not been included in the cash assistance

programme. Many of these were referred to the CTP RIT to obtain further information, while other situations were resolved by the volunteer staff trained for this purpose.

- **Cash-based intervention (CBI) and Rapid Assessment for Markets (RAM) trainings**

A workshop was delivered jointly to eight volunteers (four men and four women), who received all information regarding cash transfer programmes using eCash as a delivery mechanism as well as rapid market analysis training to assess feasibility actions. The workshop was facilitated by the CTP RIT.

Challenges

- Identification of the target population to receive the intervention since the cases were very varied (develop the assessment system).
- There were some initial issues with the cards' activation which were overcome.
- To designate a technical counterpart from the PRC to be coached by the CBI RIT and thus ensure the continuity and replication of the experience and knowledge gained for the NS' volunteers and staff.

Lessons learned

- It would be beneficial to establish a prior relationship with the community in order to create a rapport, which would facilitate communication and ensure safe access to communities. This should therefore be included in the planning process.



Protection, Gender and Inclusion

People targeted 3,040

Male: 1,520

Female: 1,520

Inclusion and Protection Outcome 4: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other violations of their human rights and address their distinct needs.

Indicators:	Target	Achieved
# of vulnerable people prioritized and reached through this operation's actions	3,040	3,040

Inclusion and Protection Output 4.1: PRC programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Achieved
# of Areas of Focus that include a gender and diversity approach	4	4
# of families informed about PGI prevention	608	608

Narrative description of achievements

- **Conduct an assessment of the affected population's specific needs based on criteria selected from the MSCs on gender and diversity**

The needs assessments, in which focal points at Municipal Centres, Asunción's Directorate for Women and Children and the Ministry for Children and Adolescents were involved, were carried out based on census data. The results have shown that there are no humanitarian response strategies that use a gender-based approach. There are no sexed toilets and there is no appropriate lighting. Regarding women's participation, there is a greater number of women in leadership positions in collective centres.

As for the issue of diversity, while the importance of incorporating a gender identity indicator into the survey has been recognized, this component is still absent. The Central Government, specifically through the National Emergency Secretariat, has a strategy in place to prevent sexual violence in collective centres; nevertheless, the gender and diversity issue needs to be reinforced.

- **Support sectorial teams on the inclusion of measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities) in their planning**

National Society interventions carried out during the DREF have included the identification of human rights violations such as sexual violence against women, female children, older women and women with disabilities. Volunteers, in close communication with community focal points, disseminated information regarding the protection path to the population during health- and water-related actions.

The census has made possible to identify individuals with disabilities in each collective centre is considered highly positive. This is the first time that we have open data shared with local actors, thus making information available that enables the local municipality to implement compensatory measures. Such measures included promotion of community care, installing toilets closer to and protected routes for people with disabilities.

- **Georeferenced territorial mapping of affected areas, with location of local resources and capacities and collective centres in the area, to facilitate service access is developed**

The first actions under the DREF were the mapping of health services, water access points, schools and security. The latter was the most generic element because of the identification of nearby police stations for dissemination of where to turn to. This information was previously shown in the mapping in the previous section dealing with water.

- **Dissemination of mapping and key information to affected population**

The mapping was disseminated first and mainly to the Ministry of Health, in order to share the generated information and disseminate the data's usefulness for planning actions in collective centres. Both the mapping and information have been shared with Municipal Centre focal points and key actors. The paths for intervention related to rights violation complaints were emphasized during community protection sessions.

Inclusion and Protection Output 4.2: Emergency response operations prevent and respond to sexual and gender-based violence (SGBV) and all forms of violence against children.

Indicators:	Target	Achieved
<i>A violence prevention strategy implemented</i>	1	1
<i>Child-friendly spaces are established</i>	3	3

Narrative description of achievements

- **Include messages on preventing and responding to SGBV in all community outreach activities**

Prevention messages were linked to the Ministry for Children's #TodosSomosResponsables campaign that encourages citizens to report cases of abuse. According to provisions in Article 5 of the Children and Adolescents Code, anyone who is aware of a violation of the rights of a child must report it to the appropriate authorities, whether police station, prosecutor's office, children's advocates, or at the 147 Fono Ayuda hotline.

While one group of volunteers worked with the children, another group worked with mothers or caregivers on community protection actions. Talks on violence and its various expressions are delivered to small groups, including sexual violence, making people aware that it is not normal and stressing reporting thereof. The guidelines for working with children, youths and adults were created collectively based on volunteers' knowledge of the communities' reality.

- **Map and make accessible information on local referral systems for any child protection concerns**

Materials that promote the reporting path were designed based on the mapping, which have been prepared in a calendar format so that families can have access to key information in their homes.

- **Establish child-friendly spaces and community-based child protection activities, including educational ones**

A total of 615 individuals (219 men and 398 women) participated in these three friendly spaces settled in Bañado Sur and Bañado Norte in Asunción in coordination with the Ministry of Children. In addition to participating in talks, people received a protection box that includes the circuits and concepts comprised in protection and violence prevention.

- **Train municipal centre staff and other key actors in the violence prevention path and community-based support**

A training workshop was delivered to volunteers focused on raising awareness around and, above all, complementing and organizing the concepts that refer to protection and violence prevention, considering the multiplier role in collective centres and establishing some strategic actions to address this component in communities or sectors. Fifteen Asunción branch volunteers responsible for the implementation of protection participated in the workshop.

The National Society provided training to seven focal points from Ministry for Children community protection centres, providing a general framework on risk management and an emphasis on protection (with the PRC Protection tool developed in 2017). PRC helped facilitate the Sphere protection component in trainings aimed at municipal officials and leaders of flood-affected communities in Asunción and organized by the Peace and Justice Service. Twenty people participated in this training.

Actions to support emergency operations centres (EOCs), especially Municipal Centre 5, whose COE has been the most frequent meeting site, include the delivery of protection manuals and sensitization of participants regarding the importance of the reporting path in situations of abuse.

Challenges

- Difficulty involving volunteers and institution representatives in this issue.
- Gap in the implementation of the gender-based violence prevention strategy established in the country.

Lessons learned

- Distribute the mappings through unconventional means.
- The ways in which violence is expressed are already being recognized, but not the protection mechanisms for people affected by this type of situation. These need to be incorporated into the community implementation process.

Strategies for Implementation

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.

Narrative description of achievements

- **Project Coordinator, Driver, Local administrator/financial officer**

The technical staff for the project were selected based on a merits-based system and hired based on their experience in and knowledge of emergency response operations. The salary was established according to the National Society's salary scale and budgetary framework.

- **Training on the response system plan of action for 50 volunteers from the Asunción branch**

The Asunción branch launched a call for new volunteers to help carry out DREF activities. Thirty volunteers participated in training, although 50 per cent had no previous experience in emergency operations. Training was delivered by HQ's internal training coordinator, allowing volunteers to learn about the project's framework and enhance their intervention in communities.

Outcome S2.1 Effective and coordinated international disaster response is ensured.

Output S2.1.1 Effective response preparedness and National Society surge capacity mechanism is maintained.

Narrative description of achievements

- **Initial operational start up support implemented by the IFRC for the host National Society**

Since the beginning of the operation, Paraguayan Red Cross has been assisted by IFRC with proper action implementation, both administratively and management twice. A permanent communication and coordination channel have been maintained at political, strategic and operational levels.

- **Monitoring visit by the IFRC**

In addition, IFRC provided support through the Country Cluster, support missions, monitoring by the regional disaster management coordinator for South America and the regional CTP coordinator

- **Deployment of a General RIT and a CBI RIT**

A General RIT member from Colombian Red Cross was deployed for the duration of the operation and a CTP RIT member from Costa Rican Red Cross was deployed for a month and a half to assist the National Society with the operation's implementation

Outcome S4.1 The IFRC enhances its effectiveness, credibility and accountability.

Output S4.1.4: Staff security is prioritized in all IFRC activities.

Narrative description of achievements

- **Insurance for volunteers participating in the emergency response**

All PRC volunteers from the Asunción branch who participated in operation activities were covered by IFRC's volunteer insurance, which protects 50 volunteers during the project's implementation.

- **Purchase and provision of protection and visibility materials for 50 volunteers participating in emergency response**

Volunteers who participated in DREF activities were provided the following protection and visibility materials:

- T-shirts
- Raincoats
- Caps
- Safety footwear

Challenges

- One of the main challenges has been achieving synergy between the Asunción branch and National Headquarters, considering that the Asunción branch has just recently been created.
- Communication and coordination have also been challenging due to the roles and responsibilities that were held at the operation's local, national and support levels.

Lessons learned

- Improve communication channels, through preparation of protocols and procedures
- Comprehensive understanding of the concept of the operation at all levels, in order to have a clear vision of the intervention
- Fulfil deadlines and processes established by National Headquarters, and not be governed only by IFRC processes.
- We will include these considerations in planning of future projects in order to implement lessons learned.

Contact Information

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DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/11-2019/04	Operation	MDRPY019
Budget Timeframe	2018/11-2019/02	Budget	APPROVED

Prepared on 31/May/2019

All figures are in Swiss Francs (CHF)

MDRPY019 - Paraguay - Floods

Operating Timeframe: 30 Nov 2018 to 28 Feb 2019

I. Summary

Opening Balance	0
Funds & Other Income	156,596
DREF Allocations	156,596
Expenditure	-125,671
Closing Balance	30,925

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	76,231	70,570	5,660
AOF4 - Health	15,666	9,279	6,386
AOF5 - Water, sanitation and hygiene	2,754	1,420	1,334
AOF6 - Protection, Gender & Inclusion	13,155	5,589	7,567
AOF7 - Migration			0
Area of focus Total	107,806	86,858	20,948
SFI1 - Strengthen National Societies	15,518	8,510	7,007
SFI2 - Effective international disaster management	30,505	27,792	2,713
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	2,767	2,510	257
Strategy for implementation Total	48,790	38,813	9,977
Grand Total	156,596	125,671	30,925

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/11-2019/04	Operation	MDRPY019
Budget Timeframe	2018/11-2019/02	Budget	APPROVED

Prepared on 31/May/2019

All figures are in Swiss Francs (CHF)

MDRPY019 - Paraguay - Floods

Operating Timeframe: 30 Nov 2018 to 28 Feb 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	79,963	68,393	11,571
Water, Sanitation & Hygiene		45	-45
Medical & First Aid	3,580	2,460	1,120
Teaching Materials	20,448	8,896	11,553
Cash Disbursement	55,935	56,992	-1,057
Logistics, Transport & Storage	3,934	1,965	1,969
Distribution & Monitoring	249	141	108
Transport & Vehicles Costs	3,183	1,324	1,859
Logistics Services	502	500	2
Personnel	37,209	20,536	16,673
International Staff	23,870	11,989	11,881
National Society Staff	6,664	3,788	2,876
Volunteers	6,676	2,476	4,200
Other Staff Benefits		2,284	-2,284
Consultants & Professional Fees		245	-245
Professional Fees		245	-245
Workshops & Training	4,625	3,965	659
Workshops & Training	4,625	3,965	659
General Expenditure	21,308	22,897	-1,589
Travel	8,255	12,918	-4,663
Information & Public Relations	2,586	729	1,857
Office Costs	5,967	6,030	-63
Communications	1,939	1,187	752
Financial Charges	2,560	2,032	528
Indirect Costs	9,558	7,670	1,887
Programme & Services Support Recover	9,558	7,670	1,887
Grand Total	156,596	125,671	30,925