Country Profiles

According to 2017 figures from the World Bank, Bolivia has a total population of 11,051,600 people; Ecuador's population is 17,084,357 people; and Peru's population is registered at 31,989,256 people. Life expectancy is 69.5 years in Bolivia, 76.6 years in Ecuador and 75.2 years in Peru. Bolivia has an infant mortality rate of 28 per 1,000 live births, with this figure being 12.5 in Ecuador and 11.6 in Peru. HIV prevalence in the population between 15 and 49 years is 0.3 in Bolivia, Ecuador and Peru (UNDP, 2017). The GINI coefficient in Bolivia is 44, 44.7 in Ecuador and 43.3 in Peru (World Bank, 2017).

With more than 4 million people having left Venezuela since the end of 2015, the repercussions in neighboring Andean countries will continue to be felt in 2020. According to the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), as of June 2019, there were 330,000 Venezuelans in Ecuador and 853,000 Venezuelans in Peru. Bolivia does not have a significant
population of Venezuelans in its territory; however, it is mainly a transit country for migrants en route to Southern Cone countries. The impact of this influx of migrants varies among countries.

In June 2019, the governments of Peru and Chile established new entry restrictions for Venezuelan nationals, only allowing entry to those with humanitarian visas in their passports. The Government of Ecuador has applied similar entry restrictions in August 2019. The political and economic situation in Venezuela is not forecast to experience dramatic changes in the upcoming months, thus the rate of migrants is expected to remain constant and continue to exert pressure on neighboring countries. Population movements through and into Ecuador and Peru, as well as the presence of migrants who have settled there, has increased humanitarian needs.

National Societies’ Profiles

Bolivian Red Cross (BRC) was founded in 1917. It has 981 volunteers in 24 branches. The BRC has national units in Administration and Finance, Communications, Development and Research, Youth, Health, Relief and Disasters, and Volunteering.

Ecuadorian Red Cross (ERC) was founded in 1910. It has 7,903 volunteers in 106 branches. The ERC has programmes in risk management in emergencies and disasters; Youth; Principles and Values (with restoring family links- RFL), Health and Community Development (with HIV component).

Peruvian Red Cross (PRC) was founded in 1879. It has 858 volunteers in 41 branches. The PRC has operative areas as Youth and Branch Development; Disaster Risk Management; and National Training School.

Role of the Cluster office

The IFRC country cluster support team (CCST) for Andean countries supports the National Societies in their work. The present plan details the support the CCST will provide in the following Areas of Focus:

- Disaster Risk Reduction (DRR)
- Livelihoods and basic needs
- Health
- Protection, Gender and Inclusion
- Migration.
Additional support will be provided in the four Strategies for Implementation:

- Strengthen National Society capacities and ensure sustained and relevant Red Cross and Red Crescent presence in communities.
- Ensure effective international disaster management
- Influence others as a leading strategic partner in humanitarian action and community resilience
- Ensure effective, credible and accountable IFRC.

**Movement Footprint**

Country-specific Movement cooperation is fostered in each country. In Bolivia, Movement partners include the Swiss Red Cross and the ICRC. In Ecuador, the Spanish Red Cross is a historic partner with whom the IFRC regularly coordinates. In Peru, the IFRC participates in coordination with the German Red Cross and Spanish Red Cross in support of the PRC.

The ICRC has a delegation for the Andean region in Lima, Peru. This delegation supports all three National Societies on National Society development (co-funding of organizational development actions). In Bolivia, the ICRC works with the National Society on Restoring Family Links (RFL), Safer Access Framework (SAF) and communication. In Ecuador, it supports RFL, SAF, water and habitability (WATHAB) and protection (Northern border with Colombia). In Peru, work in RFL and SAF is supported.
AREAS OF FOCUS

**AREA OF FOCUS**
**DISASTER RISK REDUCTION (DRR)**
8,125
PEOPLE REACHED BY ACTIVITIES RELATED TO FORECAST-BASED ACTION.

**AREA OF FOCUS**
**LIVELIHOODS AND BASIC NEEDS**
100
HOUSEHOLDS APPLY NEW ACQUIRED KNOWLEDGE TO STRENGTHEN, DIVERSIFY AND PROTECT LIVELIHOODS.

**AREA OF FOCUS**
**HEALTH**
4,500
PEOPLE REACHED BY HEALTH PROGRAMMES AND SERVICES.

**AREA OF FOCUS**
**WATER, SANITATION AND HYGIENE (WASH)**
100,000
PEOPLE REACHED WITH SAFE WATER.

**AREA OF FOCUS**
**PROTECTION, GENDER AND INCLUSION**
10,000
PEOPLE REACHED WITH PROTECTION, GENDER AND INCLUSION INTERVENTIONS.

**AREA OF FOCUS**
**MIGRATION**
10,000
PEOPLE REACHED WITH SERVICES FOR MIGRATION ASSISTANCE AND PROTECTION.

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**STRATEGIES FOR IMPLEMENTATION**

- STRENGTHEN NATIONAL SOCIETIES’ CAPACITIES
- ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT
- INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS
- ENSURE A STRONG IFRC
AREA OF FOCUS

DISASTER RISK REDUCTION

The Americas is the second most affected region in the world by disasters, both in number of events and in economic losses caused. Major disasters, inequality, poverty, lack of urban planning, rapid population growth, the effects of climate change, constant changes in the political and social environment, lack of investment in sustainable development models and the excessive exploitation of natural resources, are all determining factors that condemn people and their livelihoods to dwell and develop in high-risk areas.

**Situation in Bolivia:** This landlocked country is vulnerable to droughts, floods, earthquakes and landslides. According to the Inter-American Development Bank, from 1970 to 2016, the country registered 70 disasters that affected more than 7.7 million people. In 2019, Bolivia implemented two DREF operations: floods (MDRBO012) and forest fires (MDRBO013).

**Situation in Ecuador:** The particularities of the geographical location, climatic conditions and geological and tectonic factors, regularly lead to phenomena of hydrometeorological (storms, floods, droughts), geological (earthquakes, volcanic eruptions, landslides) and mixed origin (erosion, avalanches). ERC published its Forecast-based Action (FbA) Early Action Protocol (EAP) for volcanic ashfall in April 2019; as a five-year program, the preparedness activities will be on-going in 2020. By the end of 2019, another EAP will be published to attend to heavy precipitation.

**Situation in Peru:** Peru is one of the countries in the region with greater risk associated to natural disasters in specific months of the year. The El Niño Southern Oscillation (ENSO), avalanches, overflown rivers, frost, earthquakes
and tsunamis are the most frequent disasters as a result of climate change. The effects become more intense each passing year. PRC published its FbA EAP for extreme cold and snow in February 2019; as a five-year program, the preparedness activities will be on-going in 2020. By the end of 2019, two other EAPs are expected to require ENSO attention, as well as for floods in the Amazons.

With the support of international organizations, the Peruvian government has adopted measures to respond more quickly to natural disasters, however it is important to continue supporting the adoption of tools to reduce the vulnerability and degree of affectation of people living in target areas, as well as adaptation to climate change. Actions in Disaster Risk Reduction (DRR) will be combined with the SFI3 related to disaster law (DL) initiatives, which are expected to be continued in 2020. Additional actions can be strengthened in Ecuador.

The IFRC considers an imperative to generate awareness and motivate a decisive change in the development and risk management model. Investment is not just a question of funds, it is necessary to build partnerships and promote joint practical and scale solutions that build resilience and recovery with a vision of sustainable development. This should be a DRR model that generates initiatives to protect livelihoods that is respectful of the local ecosystem, strengthens social cohesion, recognizes diversity and motivates equality, especially among traditionally invisible or excluded groups, promotes good health and psychosocial well-being, encourages commitment to environmental actions and adaptation to climate change, generates social commitment and active participation of all the elements that make up the community conglomerate.

Actions in DRR are aligned with the Buenos Aires Commitment that identifies climate change related crises and disasters as regional challenges.

Peru and Ecuador were two of the first countries to use Forecast-based Financing (FbF) by DREF, as stated above.
Actions in this area will be coordinated with the Disaster Law (DL) agenda in Peru and possibly other countries (detailed in SFI3). The DL senior officer, hired in 2019 for the CCST, will contribute to coordination with this AOF.

Aligned with actions in the AOF 7 Migration, in 2020, the regional DRR focal point will work with the CCST and National Societies to incorporate resilience-building actions, using the roadmap to resilience, in host and transit communities.

Further actions will be taken to identify funding for the application of the Climate Change Training toolkit, which includes the implementation of local climate change adaptation projects in the three countries.

**Key activities for IFRC support:**

- Implementation of green solutions
- Training of volunteers and community-based surveillance teams in protection and health at local and regional level
- Community-based climate change mitigation
- Implementation of Forecast-based Action (FbA), as a measure to focus on preparedness actions for extreme cold and rain (Peru) and volcanic ash and rain (Ecuador)
- Technical support for the national plans on climate change

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**OUTCOME**

Communities in high risk areas are prepared for and able to respond to disasters with environmentally-responsible values and practices.

**PEOPLE REACHED THROUGH RCRC PROGRAMMES FOR DRR AND COMMUNITY RESILIENCE**

3,000

**COMMUNITY EARLY WARNING SYSTEMS ESTABLISHED OR IMPROVED AND LINKED WITH LOCAL AND NATIONAL METEOROLOGICAL SYSTEMS**

**CONTINGENCY PLANS IN PLACE**

**PEOPLE REACHED BY CLIMATE CHANGE MITIGATION AND ENVIRONMENTAL SUSTAINABILITY AWARENESS RAISING CAMPAIGNS**

400
AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

The main livelihood needs in the three National Societies supported by this CCST are linked to the protection and rapid recovery of livelihoods in emergency situations or in climate change-related events that affect areas primarily engaged in mono-productive economic activities (livestock and/or agriculture).

The migratory context generates a challenge, as the migrant population, whether on the move or settling in, needs to integrate and generate livelihoods. The regional migration process and the need to protect livelihoods in the context of climate change requires a more market-oriented approach, based on a thorough analysis of the labor market and local economic dynamics to ensure that the skills taught match the needs of the market by promoting employability, sustainable livelihoods and action that does no harm.

With a holistic approach, National Societies will be supported to respond and cover the basic needs of the people in the highest level of vulnerability who are affected by crises or disasters. To continue these actions after an emergency, capacities need to be strengthened throughout the program cycle to design and implement sound livelihoods programs aligned with National Society recovery strategies, and livelihoods strategies if existing. The CCST, aligned with regional objectives, aims to create a sub-regional livelihoods strategy based on risks, local contexts and considering the distinct response capacities of these three National Societies.

At the programmatic level, the CCST will conduct activities related to the migratory context, facilitating the generation of sustainable livelihoods for the population on the move and supporting the maintenance of the minimum subsistence threshold for the population in the highest level of vulnerability.
Key activities for IFRC support:

- Strengthening of community-based productive initiatives and local markets
- Basic needs assistance for livelihoods security to the most affected communities
- Enhancing household livelihoods security through food production, increased productivity and post-harvest management.
- Technical support to the ERC Livelihoods department
- New training module for livelihoods programming course
- Support for the creation of a national livelihoods strategy
- Technical support for the BRC branch in Santa Cruz in livelihoods
- Multipurpose cash grants to address basic needs of households
AREA OF FOCUS

HEALTH

The health situation in these three countries has not significantly changed since 2018, notwithstanding the budgetary cuts and reduced human resources (Ecuador) and the impact of an increasingly large migrant population seeking healthcare from State, private and NGO services (Peru and Ecuador). Population on the move requires physical health and mental health services. The CCST will continue to support the National Societies in the provision of psychosocial support and referrals to professional psychologists, when required.

**Situation in Bolivia:** Despite significant improvements in Bolivia’s maternal and child health (MCH) indicators in recent years, the indicators remain low. The reduction of maternal and neonatal mortality is a priority. Indigenous women in rural areas are four times more likely to die from complications during pregnancy, childbirth or those related to postpartum stage compared to women of urban areas. They are usually poorer, live further away from health services, they have less access to information and probably not have received education. In late 2018, Bolivia experienced an influenza outbreak in Santa Cruz department. With a high lethality rate among at-risk population groups, 23 people died. The BRC implemented a DREF operation (MDRBO011) to support the community-based health education on the issues.

**Situation in Peru:** According to the World Health Organization, 7 out of every 10 deaths that occur in the world each year are due to non-communicable diseases (NCD). Smoking, harmful alcohol consumption, unhealthy diets and physical inactivity contribute mainly to this. Each year more than 15 million people aged between 30 and 70 die from NCD, and half of these deaths “premature deaths” occur in low and middle income countries increasingly affected by NCD. The Sustainable Development Goals (SDG) of the United Nations have considered as one of the goals of Health (3.4): “By 2030 reduce by one third the premature mortality due to noncommunicable diseases through prevention and treatment and promote health mental and well-being”.

According to the Ministry of Health (MINSA), in Peru, NCD are one of the main causes of loss of healthy years and the increase in morbidity and mortality rates in the country. The regions of Lambayeque and Piura are the most affected by noncommunicable diseases in Peru, according to data from the National Institute of Statistics and Informatics. According to the Food and Agriculture Organization (FAO), Peru is the third country in Latin America with the highest rates of overweight and obese population, after Mexico and Chile. According to the Pan American Health Organization (PAHO) Peru is the country with the highest increase in childhood obesity in recent years.

Aligned with the global and regional strategies in health, the CCST will support the National Societies in health promotion, community awareness-raising activities, disease prevention, healthy lifestyles, and when possible support State-run vaccination programs by conducting dissemination and educational activities. As
mentioned, health activities will complement the Emergency Appeal Americas: Population Movement (MDR42004) that conducts health actions.

The CCST seeks to identify funds for the implementation of a mother-child health (MCH) project in 2020 once again, building on the BRC’s historic capacities in this field. This will be focused on the dissemination of messages, campaigns and further training of BRC volunteers.

In Ecuador, the CCST—with assistance from the Americas Regional Office health unit—will work with the ERC train volunteers in community-based health and first aid (CBHFA) and psychosocial support (PSS).

In Peru, a project with a focus on chronic NCDs in the north of the country will be expanded to other regions to reach a wider geographic scope. Community Based Health and First Aid (CBHFA) and Community Engagement and Accountability (CEA) tools will be used.

**Key activities for IFRC support:**

- Training and implementation in CBHFA: NCD
- Training and implementation in CBHFA: Maternal and Child Health (MCH)
- Development of the capacity to assess and provide relevant long term health care support to vulnerable households.
- Creation of health strategy
- Psychosocial support to people on move
- Outreach and promotion of vaccination campaigns
- Expand attention and programmatic focus on the critical health needs of populations living in complex settings

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### CBHFA Plans Developed to Address Identified Health Risks

- **5**

### Volunteers Mobilized by National Society for Health Activities

- **200**

### People Reached by NS with Services to Reduce Relevant Health Risk Factors

- **4,500**

### Volunteers Trained by NS in Health Risk

- **200**

**Outcome**

Vulnerable People’s Health and Dignity Improved through Increased Access to Appropriate Health Services
AREA OF FOCUS
WATER, SANITATION AND HYGIENE

Improvements in access to water and sanitation services continue in the sub-region. However, the progress is often uneven in each country due to location (rural versus urban), socioeconomic differences and even migratory status. Even now, many people face challenges to obtain access to affordable, equitable and sustainable access to WASH services, which contributes to undermine human health and dignity in both acute and chronic settings. The need for these services is particularly high for the population in transit or recently settled in destination or transit countries. Fewer than one in five people have access to sanitation facilities in Bolivia, although this country has experienced the largest decrease in open defecation since 2000 (PAHO/WHO, 2018).

The impacts of WASH disparities are registered in the spread of water-borne, as well as vector-borne diseases.

The actions in this Area of Focus will be implemented in Ecuador and Peru. The CCST will support the continuation of the provision of water to people on the move, in complement to the regional emergency Appeal. Additional actions will be supported in hygiene promotion.

Key activities for IFRC support:

- Hydration points by purification systems or bottles for people in transit
- Providing knowledge and best practice on improving community-based management of water and sanitation facilities

OUTCOME
PEOPLE IN SITUATIONS OF VULNERABILITY HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES

PEOPLE REACHED WITH KEY MESSAGES TO PROMOTE PERSONAL AND COMMUNITY HYGIENE

5,000
AREA OF FOCUS

PROTECTION, GENDER AND INCLUSION

Based on several studies in different regions around the globe, there is clear evidence that women, girls and boys face higher levels of risk (including violence of all types) in the aftermath of disasters. Other factors—included but not limited to age, disability, sexual identity, sexual orientation, ethnicity-culture, educational levels, socioeconomic status—contribute to levels of vulnerability. The need for protection varies from context to context.

In slow onset disasters or ongoing crises, such as that occurring with the population movement in the subregion, protection needs include men traveling alone or in small groups, people with irregular migration status, indigenous people and those living with health conditions and/or disabilities that are often overlooked. Other areas of protection include actions to reduce gender-based and sexual violence (GBSV), prevent sexual abuse and exploitation (SEA), guarantee child protection, stop human trafficking, and ensure safe and secure settings for those working in the Red Cross Movement.

With an increased number of people (from Venezuela, other countries in the subregion, as well as inter-continental migrants) settling in Ecuador and Peru, actions to support inclusion are needed. Additionally, in times of rapid change, actions to reduce marginalization and discrimination contribute to reducing social polarization and the escalation into violence of all types.
In 2020, the CCST will continue actions to work with the population on the move and recently settled migrants in Ecuador and Peru to provide protection services and foster inclusion with the host populations. The CCST will work with the ERC and the PRC to train and support the roll-out of protection actions, by providing relevant information and orientation with the support of UNHCR in Peru and Geneva Secretariat funds in Ecuador. These actions complement those of the ongoing regional Emergency Appeal for Population Movement. In Peru, actions will continue with theatre-recreational activities with young adults from host communities and migrants.

In order to plan PGI-specific actions with each National Society, the CCST will support the Americas Regional Office Protection, Gender and Inclusion (PGI) Coordinator in the mapping of PGI capacities in the subregion.

Building upon actions conducted in 2019, further support will be provided to the ERC in protection issues and the use of the Dignity, Access, Participation and Safety (DAPS) framework in emergency and programmatic actions. With global and regional resources, the toolkit for PGI in Emergencies will be rolled out, based on a peer-to-peer methodology and in combination with planned regional actions in migration and CEA.

**Key activities for IFRC support:**

- Training in health care that considers differential needs based on gender and other diversity factors.
- Mapping of PGI capacities in National Societies
- Training on PGI in Emergencies
- Roll-out of PGI in Emergencies toolkit
- Protection by providing relevant and reliable information and orientation
- Advocacy initiatives to prevent and respond to all forms of violence
- Community activities for social inclusion

**IFRC-SUPPORTED NATIONAL SOCIETY ANNUAL PROGRAMMES ADDRESSING PREVENTION, RESPONSE AND MITIGATION VIOLENCE TOWARDS CHILDREN**

**OUTCOME**

Communities become more peaceful, safe and inclusive through meeting the needs and rights of the people in the highest level of vulnerability.
AREA OF FOCUS

MIGRATION

Currently, there are 330,000 Venezuelans living in Ecuador and approximately 860,000 Venezuelans living in Peru; and Bolivia is mainly a transit country for migrants to their country of destination. Each of the three countries are challenged to respond to the humanitarian needs of people on the move and those who have recently settled in these countries. Furthermore, Peru has become a destination country from other countries in the region, as well as intercontinental migrants. In addition to Venezuelans, Ecuador continues to receive Colombians, which is foreseen to increase in 2020 with the 2019 return to action of non-State armed actors who had previously demobilized.

Based on the IFRC regional assessment on the humanitarian needs of the Venezuelan population on the move or living in one of these countries, health (including psychosocial support), protection (information and knowledge on legal issues and on safe routes) and inclusion services are areas for humanitarian support. The majority of this population has settled in Peru and Ecuador, both prior and after the mid-2019 legal changes. This population typically encounters difficulties in obtaining access to health care, education and meeting their basic needs and fundamental rights. As mentioned in the PGI section, the vulnerabilities vary based on characteristics such as age, gender, legal status, socioeconomic characteristics, among others.

In 2020, CCST actions in support of National Societies complemented with other AOF, will continue to provide actions in protection issues.

630,000 SWISS FRANCS FUNDING REQUIREMENT
In all three countries, the IFRC will work with the three National Societies to support their actions with migrants, people on the move and host communities in the areas of basic health assistance, coordination with public institutions and local actors, vulnerability, stigma, discrimination and xenophobia. These actions are based on the Americas regional migration strategy, as well as the global migration strategy (2018–2022). The IFRC will roll out mobile health services in locations for the new composition of communities, which includes Venezuelan migrants and members of the host communities. The IFRC, with the Peruvian Red Cross, will extend the scope of its actions to the main locations where migrants live.

**Key activities for IFRC support:**

- Basic health, PSS and protection (information) assistance through Humanitarian Service Points (HSPs) and community-based services
- Provide reliable based-need information to people in the new composition of communities
- Training and implementation on migration issues
- Development of a migration strategy, a portfolio of activities and an advocacy plan
- Restoration of Family Links for people separated from, or without news of, their loved ones

### NATIONAL MIGRATION STRATEGIES

- **Migrants safely accessing appropriate services that address their basic needs, enhance their resilience and protect their rights**: 10,000
- **People that have access to reliable on-line information provided by National Societies/IFRC**: 10,000
- **Volunteers trained on migration issues**: 250

### OUTCOME

Communities support the needs of migrants and their families and those assisting migrants at all stages of migration
STRATEGY FOR IMPLEMENTATION

STRENGTHEN NATIONAL SOCIETIES’ CAPACITIES

The IFRC will work with each of these three National Societies to build their strength and ensure capacities to respond to the new humanitarian challenges in the subregion. This will be done through tailor-made technical support.

Additionally, the CCST will continue to provide guidance and coaching for the organizational development of these National Societies. The CCST will continue to provide orientation to the governing and management boards in the National Societies of Ecuador and Peru. In Bolivia, work will be undertaken to sign the pending tripartite agreement (BRC-ICRC-IFRC). Actions in 2020 will continue to build on the support provided to the governing and management boards, as well as volunteers and staff.

The IFRC is committed to providing training opportunities and the needed security so its volunteers can implement these activities. Volunteers are the center of the Movement’s actions.

With a combined figure of over 9,742 volunteers in the three National Societies, the Geneva Secretariat will work with each National Society to ensure that 100% of volunteers active in operations and programs have insurance. Thus, this support aims to reach approximately 60% of the total number of volunteers registered.

OUTCOME

NATIONAL SOCIETIES HAVE THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCES AND CAPACITIES TO PLAN AND PERFORM

220,000 SWISS FRANCS FUNDING REQUIREMENT

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

As this SFI is directly related to the role of each of the National Society in disaster management in other countries, the actions planned focus on capacity building to make each of them more competent and able to respond to disasters and crises in their own countries, as well as those abroad.

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE IS ENSURED

50,000 SWISS FRANCS FUNDING REQUIREMENT
STRATEGY FOR IMPLEMENTATION

INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS

The IFRC’s CCST will work with the Peruvian Red Cross to support the updating and passing of the disaster law in Peru. This multi-year process requires a new kick-start to move the issue forward at the national level. With new human resources, trainings in advocacy will be provided to volunteers from all three National Societies.

The IFRC maintains an agreement with the Andean Community of Nations for technical support for the creation and roll-out of the new humanitarian assistance guide in Bolivia, Ecuador, Peru, as well as Colombia.

OUTCOME

POSITION USED TO INFLUENCE DECISIONS AT LOCAL, NATIONAL AND INTERNATIONAL LEVELS THAT AFFECT THOSE IN THE HIGHEST LEVEL OF VULNERABILITY

OUTCOME

THE IFRC ENHANCES ITS EFFECTIVENESS, CREDIBILITY AND ACCOUNTABILITY

20,000 SWISS FRANCS FUNDING REQUIREMENT

80,000 SWISS FRANCS FUNDING REQUIREMENT
Contact information of the IFRC Country office, for partners who wish to find out more

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