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Emergency appeal operations update

Ecuador: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

Operations Update number 1	Operation no. MDREC012; Glide no. EQ-2016-000035-ECU
Date of issue: 10 May 2016	Date of disaster: 16 April 2016
Operation manager: Alberto Monguzzi, IFRC Head of Emergency Operations, Email: alberto.monguzzi@ifrc.org	Point of contact: Paola López, Ecuadorian Red Cross (ERC), National Technical Response Coordinator, Email: respuesta@cruzroja.org.ec
Operation start date: 22 April 2016	Expected timeframe: 12 months
Overall operation budget: 18,350,836 Swiss francs (CHF)	
Number of people affected: Estimated 1.2 million people affected	Number of people to be assisted: 100,000 beneficiaries
Host National Society presence: The Ecuadorian Red Cross has a national headquarters in Quito, 24 provincial boards, 110 local branches 200 staff members and for this operation has mobilized 1,567 volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, British Red Cross, Canadian Red Cross (with government of Canada funds), Colombia Red Cross Society, Red Crescent Society of the Islamic Republic of Iran, Mexican Red Cross Society, Norwegian Red Cross Society, Spanish Red Cross, International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC).	
Red Cross Red Crescent Movement partners financially supporting this operation: Hong Kong Red Cross, Japanese Red Cross Society, Korean Red Cross, Macau Red Cross, Netherlands Red Cross (with government of Netherlands funds), Peruvian Red Cross, Swedish Red Cross (with government of Sweden funds) and Swiss Red Cross.	
Red Cross Red Crescent Movement partners supporting the online donation platform (AMMADO): Other National Societies beyond those listed above include Australian Red Cross, French Red Cross, German Red Cross, Hellenic Red Cross, Maldivian Red Crescent, Nepal Red Cross Society, Palestine Red Crescent Society and Philippine Red Cross.	
Other donors: Airbus foundation, Canadian government (through the Canadian Red Cross), Dutch government (through the Netherlands Red Cross), Estonian government, Geosyntec, Italian government, iTunes, New Zealand government, OPEC Fund for International Development (OFID), Procter & Gamble, Swedish government (through the Swedish Red Cross), United States of America Government through USAID, and Western Union.	
Other partner organizations actively involved in the operation: The Ecuadorian Red Cross is coordinating its actions with the National Secretariat for Risk Management (SGR), Ministry of Public Health (MSP), Ministry of Urban Development and Housing (MIDUVI), Ministry of Social and Economic Inclusion (MIES), Armed Forces, National Police and the Public Prosecutor's Office.	

The disaster and the Red Cross Red Crescent response to date

- On **16 April 2016**, at 6:58 pm local time, a 7.8-magnitude earthquake (Richter scale) struck off the coast of northern Ecuador. The epicentre was closest to the area between Cojimíes and Pedernales (Manabí province) and near the Muisne canton (Esmeraldas province) in an area 170 kilometres northwest of the country's capital of Quito.
- **16 April 2016:** The Ecuadorian government declared a state of emergency with a red alert in six provinces: Manabí, Esmeraldas, Santo Domingo, Los Ríos, Santa Elena and Guayas. The area of Pedernales (Manabí province) has been declared a disaster zone.
- **18 April 2016:** Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF) 405,778 Swiss francs to provide humanitarian aid to 40,000 people
- **22 April 2016:** Emergency Appeal launched for **18,350,836 Swiss francs** to support 100,000 people for 12 months.

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The Ecuadorian Secretariat for Risk Management (SGR) reports that the 16 April earthquake caused 660 deaths and 28 people remain unaccounted for. The Ministry of Public Health provided emergency health care for 51,376 people, of whom 4,605 were injured. As of 2 May, 22,769 people were in collective centres and 166 of the 560 schools affected were registered with moderate and serious damage. Over six aftershocks of more than 6 on the Richter scale have been felt since the earthquake.

The Ecuadorian state has taken efforts to respond to this emergency through its technical working groups that respond to needs for water; health, sanitation and hygiene; infrastructure; comprehensive attention (economic and social inclusion); security; productivity and livelihoods; education and culture; strategic infrastructure (electricity, hydrocarbons, refineries, telecommunications); waste management; and volunteering. According to the information from the Ecuadorian Ministry of Economic and Social Inclusion (MIES), as of 22 April 2016, 37 previously-designated collective centres and temporary collective centres were activated in which 5,896 families (26,091 people) were living. On 26 May 2016, the Ecuadorian government created a Committee for Reconstruction and Productive Reactivation of Employment in the affected areas to implement State policy and actions in the affected areas.



Ecuadorian Red Cross volunteers provided pre-hospital care and implemented restoring family links programme to people affected by the earthquake. Source: ERC

Coordination and partnerships

Since the first moment following the earthquake, the Ecuadorian Red Cross (ERC) has launched an impressive and organized response effort in the affected areas of the country. The ERC activated all its provincial boards and a general alert was issued for response teams in the provinces of Esmeraldas, Manabí and Guayas, as well as immediately activating an emergency operations centre (EOC) in its national headquarters. The Ecuadorian Red Cross has a national headquarters in Quito, 24 provincial boards, 110 local branches, 8,000 volunteers and 200 staff members.

In the first 12 days of the emergency response, the ERC mobilized 1,567 volunteers and staff to the affected regions of the country. This figure includes 400 students from the Ecuadorian Red Cross Technical Institute (ISTCRE) who are specialists in medical emergencies and risk management.

The programmatic and support staff from the ERC national headquarters also has been rotating into the field to ensure the smooth functioning of this operation. It is noteworthy that at the start of the emergency, the National Society registered approximately 300 active volunteers in the areas of pre-hospital health care, rescue, damage and needs assessments (DANA), psychosocial support, evacuation support and telecommunications, thus demonstrating the National Society's effectiveness in convening more volunteers and working beyond its expected capacity. Notwithstanding the overwhelming volunteer support during this period, the emergency response will continue to identify more volunteers in the upcoming period, particularly to guarantee the rotation out of volunteers who have been tirelessly working on all aspects of the emergency response actions and the National Society has undertaken actions to strengthen the provincial boards located in Manabí and Esmeraldas.

In addition to the mobilization of its staff and volunteer human resources, the Ecuadorian Red Cross has mobilized its fleet of vehicles to support this operation. The following table provides details on the vehicles currently being used for this operation:

Vehicle type	Location				Total
	Pedernales	Portoviejo	Manta	Esmeraldas	
Ambulance	1	4	1	3	9
4x4 jeep	11	6		4	21

Truck	3			1	4
4x4 Truck	1		1		2
Pick-up	1	2			3
Other (Vitara car)		2			2
Other (in Santa Ana)	1				1
Health RRU	1				1
Total	19	14	2	8	43

Under the leadership of the Ecuadorian Red Cross, all components of the Red Cross Red Crescent Movement in the country are acting in a coordinated manner to best respond to the humanitarian needs during this emergency phase and strategically plan for the early recovery and reconstruction phases. During this reporting period, Movement coordination has been conducted in the ERC national headquarters as well as with the National Society in the areas of humanitarian response in the field.

The response of sister National Societies to this emergency continues to grow. At the end of this reporting period, 8 Participating National Societies have mobilized 134 people in diverse specialities. The Spanish Red Cross is the only participating National Society that has a permanent delegation in Ecuador. The following table provides details on the National Societies that are on the ground in Ecuador, supporting the Ecuadorian Red Cross either through this Appeal and/or as bilateral support:

National Society	Areas of Intervention	People mobilized
American Red Cross	Evaluation	1
	Coordination	1
	Cash Transfer Programme – seconded to IFRC	1
Canadian Red Cross	Evaluation	2
	Coordination	1
	RRU Health* seconded to IFRC	10
Colombian Red Cross Society	Evaluation	31
	Water and Sanitation	3
	Shelter	7
	Information Technology	1
	Logistics	21
	Pre-hospital care	14
Iranian Red Crescent	Pre-hospital care and relief	3
Mexican Red Cross	Search and Rescue**	20
	Relief	2
Norwegian Red Cross	Water and Sanitation seconded to IFRC	1
Spanish Red Cross	Coordination***	3
	Evaluation/ Planning	1
	Logistics seconded to IFRC	1
	Livelihoods	1
	Communication seconded to IFRC	1
Total		134
* Three of which are seconded from the Colombian Red Cross Society		
** One of which remained for relief actions.		
***These three were in-country delegates prior to the emergency.		


The Americas Regional Office (ARO) in Panama, particularly the Pan-American Disaster Response Unit (PADRU) and the Global Logistics Service for the Americas (GLSAM) and the country cluster for Bolivia, Chile, Ecuador and Peru (CC-BCEP) in Peru, have contributed to the launch, rolling out and progress of this operation. These actions include the programmatic and support services (administration, finance and PMER), Movement cooperation, humanitarian diplomacy and deployment of personnel from these IFRC offices in the Americas. IFRC issued a Regional Intervention Team (RIT) alert and the ARO established direct coordination with the secretariat headquarters regarding the emergency response. The following table provides details on IFRC deployments during this reporting period:

Area of Intervention	People mobilized	Home Office or National Society
Head of Emergency Operations (HEOPs)	1	Secretariat headquarters
Humanitarian diplomacy	3	ARO; Country Cluster Bolivia, Chile, Ecuador and Peru (CC-BCEP)
Communication	1	ARO
Finance	1	CC-BCEP
Logistics	1	ARO
Shelter	2	ARO and Secretariat headquarters
Information Management/ Geographic Information System (GIS)	1	Seconded from the British Red Cross
Planning, Monitoring, Evaluation and Reports (PMER)	1	CC-BCEP
RIT Regional Support	1	Venezuelan Red Cross
RIT General	1	Argentine Red Cross
	1	Salvadorian Red Cross
RIT Relief	2	Mexican Red Cross
	1	Colombian Red Cross Society
RIT Information Technology Telecom	1	Belize Red Cross Society
RIT Logistics	1	Argentine Red Cross
	1	Dominican Red Cross
RIT Mega V and ODK	1	Mexican Red Cross
RIT PMER	1	Paraguayan Red Cross
RIT Water and Sanitation	1	Honduran Red Cross
Total	22	

The International Committee of the Red Cross (ICRC) deployed six delegates from their global roster to support to the Ecuadorian Red Cross in restoring family links (RFL) and the management of the human remains following the earthquake. The Colombian Red Cross Society (CRCS) provided forensic experts that coordinated directly with the ICRC coordinator for cadaver management. With the Ecuadorian Red Cross, the ICRC coordinated with the Public Prosecutor's office and the National Directorate for Crimes against Life, Violent Deaths, Disappearances, Extortion and Kidnapping (DINASED) to identify the cadavers recovered in collapsed structures and establish security parameters and good practices.

While many State and non-State institutions and actors have provided emergency response aid in urban areas and emergency shelters, less attention has been given to rural areas. The National Society has organized its current damage and needs assessments into three teams covering Manta and Pedernales in Manabí province and a third team in Esmeraldas province. Immediate assessments indicated an 80 per cent reduction in commerce in the affected areas, particularly as the affected coastal areas are tourist centres in which hotel, commerce and related services are one of the central components of the local economy. Other economic sectors affected by the earthquake include the prawn industry and agricultural production.

The following section provides details on the development and progress achieved during this reporting period for each of the areas of intervention:

 <h2 style="margin: 0;">Search and Rescue</h2>
<p>Outcome 1. Mortality and morbidity are reduced through search and rescue activities</p>
<p>Output 1.1 Search and rescue activities are developed in the emergency area.</p>
<p><i>Deployment of ERC search and rescue teams and coordination of regional search and rescue teams</i> Combined, the International Movement rescued 19 people in search and rescue efforts. Searches were conducted by representatives of Movement components in the cantons of Pedernales, Jama, San Vicente (and Canoa), Bahía, Manta and Chone in the Manabí province.</p> <p>Volunteers from the ERC canton boards were among the first responders in this emergency. In Portoviejo, the ERC started pre-hospital care and rescue operations with two fully-equipped ambulances. National teams and provincial boards were immediately mobilized.</p> <p>In the first 14 hours, 70 volunteers were mobilized. The ERC Technical Institute mobilized 171 volunteers in the immediate aftermath of the earthquake. The Ecuadorian Armed Forces provided air transportation for these volunteers to reach the affected regions.</p> <p>For search and rescue and related tasks, the Mexican Red Cross deployed a 20-person search and rescue team that joined its USAR team. The Colombian Red Cross mobilized 78 people; some of these contributed to the search and rescue labours particularly marking. While not part of a Movement response, three members of the Salvadorian Red Cross were deployed with their country's USAR team and three people from the Panamanian Red Cross were deployed with their respective USAR team.</p> <p><i>Coordination meetings</i> The ERC immediately began participating in the national emergency operations centre (EOC) with active participation by the ERC national intervention team (NIT) coordinator who also coordinates the psychosocial team. ERC deployments were thus fully coordinated with the response actions of national-level State and non-State actors.</p> <p>The Ecuadorian Secretariat for Disaster Management (SGR) coordinates ten technical working groups for each of the aspects in which impacts are generated following a disaster: water; sanitation and hygiene; infrastructure and rehabilitation; comprehensive care; comprehensive security; productivity and livelihoods; strategic infrastructure; education, culture and environment; waste management; and volunteering. The ERC has been participating in pertinent working groups related to the objectives of its plan of action for this emergency.</p> <p>Additionally, the ERC maintains permanent coordination with ECU 911 at the national level.</p> <p>Within the National Society, a crisis room was established that centralized decision-making, guaranteed organized monitoring of the emergency and provided input regarding deployments and movement of emergency response materials and goods.</p> <p>The Ecuadorian Red Cross immediately contacted the IFRC via the IFRC Disaster Management for South America and the Pan-American Disaster Response Unit. The former arrived in the country less than 24 hours following the earthquake to assist the National Society in the launch of a DREF operation, which was expanded to this Appeal.</p> <p>In the field, the ERC participates in multi-institutional working groups to avoid repetition of response efforts and to contribute to local-level strategy.</p>



Health and Care

Outcome 2. The health risks of the emergency on the affected population are reduced through the provision of curative and preventive health services and psychosocial support.

Output 2.1 Adverse effects of the earthquake on the health of a population of 100,000 are limited through the provision of primary and secondary health care.

Output 2.2 Psychosocial support is provided to beneficiaries and staff/volunteers.

Provide first aid, pre-hospital care, and referral through health in emergency teams

ERC volunteers in the affected provinces immediately began to provide first aid and pre-hospital care. Volunteers established triage points, emergency referrals and provided transportation when possible to the closest primary or secondary care-level health centre in other locations. The National Society coordinated with the Ministry of Public Health (MSP) and shared resources with MSP and fire-fighters and other actors in the field. The Colombian Red Cross Society had pre-hospital specialists in its emergency response team deployed to Manabí province. As explained below, the Canadian Red Cross deployed a health regional response unit (RRU).

ERC volunteers set up a tent for pre-hospital care in the patio of ECU911 in Portoviejo. Medical professionals and paramedics and specialists in psychosocial support worked together to respond to the affected population's immediate needs. Medical care responded to paediatric, geriatric, gynaecological-obstetric, digestive and respiratory emergencies and care for hypertension and hypo- and hyper-glycaemia with referrals to the Verdi Cevallos Hospital in the same city or for serious cases and evacuation to Manta or for extreme cases to Guayaquil or Quito.

As detailed in the above table on the ERC fleet of vehicles, the National Society used its ambulances and other vehicles to respond to the immediate health needs of the affected population.

During this reporting period, the Ecuadorian Red Cross has provided care for 2,598 people and used its resources to transfer 163 people to primary- and secondary-level health centres, for a total of 2,761 people reached. The following table details the pre-hospital care provided:

Province	Canton/ Community	Persons provided with care	Transfers
Manabí	Chone	34	0
	Manta	115	12
	Portoviejo	944	0
	Montecristi	24	0
	Jaramijo	452	0
	Pedernales	809	136
Esmeraldas	Atacames	15	0
	Sua	10	0
	Esmeraldas	147	1
	Muisne	45	0
	Tonsupa	3	0
Pichincha (transfer to hospitals in Quito)	Quito	0	14
Total		2,598	163

Affected health services are supported through Red Cross emergency medical teams

The earthquake caused damage in varying degrees to the functioning of 35 health centres. The ERC, as previously mentioned, used its fleet of vehicles and human resources.

The Colombian Red Cross Society joined the ERC response effort with stabilization and triage unit composed of an emergency physician, an epidemiologist, three general physicians, two nurses, two psychosocial support specialists and three psychologists and one ambulance. At the end of this reporting period, the CRCS provided health care for 578 people, which included 157 people who received psychosocial support.

The Canadian Red Cross mobilized a health regional response unit (RRU), following the IFRC field assessments. These concluded the need for a basic health care RRU for four to six weeks. In line with the IFRC deployment order, the RRU has been deployed to Jama canton in Manabí province to provide auxiliary health support to the Ministry of Public Health in its on-going care of patients, recovery of facilities in the region and outreach activities in surrounding areas in coordination with ERC and the IFRC. Services provided include basic emergency obstetric care and transfer for complications, reproductive health services for men and women, outpatient care for adults and children with special attention to chronic illnesses like diabetes, hypertension and epilepsy and community-based surveillance through mobile clinics. The equipment and team departed from Manta, where it arrived, to Jama on 26 April.

Twenty ERC volunteers supported the set-up of the RRU and in coordination with psychosocial support, ordination with PSA. As of 28 April, the RRU has a fully functioning warehouse tent, tent for administration and staff quarters. RRU outreach teams conducted field assessments in communities, which entails assessments of the temporary camps set up in surrounding regions. At the end of this reporting period, the RRU team is composed of the team leader, 2 administrators (one from the CRC and one from the Colombian Red Cross Society); 3 health professionals (2 physicians and 1 nurse, the latter from the CRCS); and a psychosocial support expert from the CRCS.

The Ministry of Public Health has requested that the RRU register all its personnel and volunteers. As part of its plans to implement more outreach to outlying communities, the Canadian Red Cross Health RRU plans on hiring local staff and establishing a satellite health clinic in the fishing village of Matal. The arrival of a dentist and a psychosocial specialist in early May will contribute to the further rolling-out of health services in this canton. At the end of this reporting period, the Canadian Red Cross RRU in Jama has provided health care to 317 people.

The Red Crescent of the Islamic Republic of Iran based in a bilateral agreement with ERC, present in Ecuador with two doctors, has provided pre-hospital services, in combination with its relief actions, in the communities of Coaque and Chorrera in the Manabí province.

Epidemic prevention and control activities are developed for vector control activities, health and hygiene promotion and to limit the risk of diarrheal diseases, etc.

Within the first week following the emergency, the ERC created a health team in Manabí province to engage in epidemic prevention and control activities in the affected regions. Since a large portion of the affected area is classified in the Köppen system as a warm semi-arid climate or an equatorial climate, vector control activities are particularly important. The Ecuadorian Ministry of Public Health, since October 2015, has been monitoring the Zika virus and has an established preparation and response plan and technical guidelines, in addition monitoring on dengue and chikungunya.

The following lists the health and hygiene promotion actions by the ERC health team between 20 – 25 April in the Manabí province:

Canton	Community/ Location	People reached
San Vicente	Canoa	83
San Vicente	Sucre	882
Portoviejo	Reales Tamarindos collective centre	472
Total		1,437

Provide psychosocial first aid

The ERC has an established psychosocial support team with trained volunteers. The coordinator of the psychosocial area at the national level was in Esmeraldas province when the earthquake hit and immediately organized local volunteers to provide psychosocial support. This support was provided to families with family members who had died or remained missing; ERC volunteers worked with people waiting for search and rescue teams to find their missing family members. Work was coordinated with the Ministry of Public Health.

After 72 hours, emotional contention spaces and psychosocial interventions to address the mourning needs were initiated in the Pedernales satellite health centre, childcare centres used as collective centres and other temporary shelters, and private homes receiving affected individuals.

Following this immediate phase, the ERC psychosocial team has focused on providing psychosocial support to families returning to their communities, supporting the distribution of humanitarian aids, conducting home visits and age-specific

activities with children and adolescents.

Team members have also facilitated group activities for emotional contention for people engaged in first response actions, which has generated physical, emotional and social fatigue. Techniques of briefing, debriefing and diffusing are used with ERC volunteers and staff in base camps as well as other humanitarian actors in the field such as those in the EOCs.

During this reporting period, more than 150 people from the ERC, the ERC Technical Institute, Colombian Red Cross Society and the State University of Bogota provided psychosocial care for 2,643 children, adolescents and adults in the cantons of Esmeraldas, Muisne, Quinindé, Atacames, Eloy Alfaro (Esmeraldas province) and in the cantons (or parishes) of Manta, Portoviejo, Pedernales, Jama, San Vicente, Chone, Montecristi, Jaramijó, Sucre and Santo Domingo. The following table provides details on the communities/ locations where this psychosocial support was provided:

Province	Canton	Community/ Location	People reached		Total by canton	
			Adults	Children and adolescents	Adults	Children and adolescents
Manabí	Pedernales	Collective centre in Ciudad Pedernales school	345	55	985	574
		Collective centre in 13 de abril school	40	120		
		Collective centre in Don Carlo Magno Puertas	40	35		
		Collective centre in Milenio school	16	19		
		Firefighters and community in firehouse	178	50		
		Response institutions (Armed Forces, Firefighters and National Police)	40	0		
		Cuaque community	0	42		
		Collective centres	25	25		
		Vigua community	57	44		
		Estero seco community	100	35		
		31 de Marzo school, Technical School, Nuevo Terminal and Villegas	144	149		
	Portoviejo	Reales Tamarindo (former) airport	67	67	177	134
		Parque Mamey shelter	15	2		
		ECU 911 collective centre	30	15		
		ECU 911 collective centre	11	25		
		ECU 911 base camp	23			
		Virgen Guadalupe	31	25		
	Manta	Collective centre in Colegio Manta school	11	22	36	67
		Base camp (self-care interventions)	7	0		
		Tarqui parish- Geranios collective centres	18	45		
	Esmeraldas	Muisne	Delfina Torres de Concha Esmeraldas Hospital, Atacames canton board, Esmeraldas	70	15	87
Muisne collective centre			0	74		
El Salto community				64		
Esmeraldas		Delfina Torres Hospital	17			


Total	1,285	928
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Develop psychosocial activities with focal groups in the communities
The ERC psychosocial team provided psychological first aid in the immediate aftermath of the earthquake. The focal groups included people waiting for search and rescue teams to find their family members, collective centre residents, first responders from humanitarian institutions. These actions are combined with the activity reported on above.

Provide psychosocial support to the caregivers
The ERC is committed to ensuring that its volunteers and staff receive appropriate psychosocial support in the field as well as upon their return, as required. The psychosocial support team not only provided self-care activities in the base camp, it also provided services to other humanitarian actors in the field. These actions are combined with the activity reported on above.

It is planned that these actions be continued, particularly focused on strengthening ERC volunteers' knowledge and practice of self-care.

Establish and develop a referral system to special cases
The ERC psychosocial team provided referrals for cases requiring specialized attention. These actions are combined with the activity reported above.



Water, Sanitation and Hygiene Promotion

Outcome 3. The risk of waterborne and water-related diseases has been reduced through the provision of safe water and adequate sanitation and hygiene promotion.

Output 3.1 20,000 families receive safe drinking water.

Output 3.2 20,000 families participate in hygiene promotion and sanitation activities.

Following the earthquake, the information indicated that water systems had not been severely affected; however, the problems arose due to water plants requiring electricity to operate. Government authorities began water distribution in water trucks and the water company undertook the needed repairs. Assessments indicate that current challenge is no longer the general water system, but rather the connection to private homes or locations and specific breaks in the water lines. The National Society maintains coordination with the relevant authorities and non-governmental organizations in this area. The plans for this area are based on the results of the damage and needs assessments, with the recognition that further technical assessments are required. The ERC, with IFRC support foresees to link water and sanitation activities with those planned for shelter.

The Ecuadorian Red Cross has an established area in water and sanitation with a roster of qualified volunteers throughout the country. These were activated and deployed in the 48 hours following the earthquake.

Deployment of water purification plants and equipment for water distribution in the communities.
The Ecuadorian Red Cross began distributing water within days of the earthquake. With bilateral support from the Spanish Red Cross and through a contribution to this Appeal from the Colombian Red Cross Society, National Society volunteers set up two water treatment plants. Both of these plants can daily produce up to 35,000 litres of clean water.

One of these was installed on 21 April in the collective centre established in the Pedernales Technical School.

As of 2 May, the IFRC Kit 5, which can produce up to 75,000 litres of water a day, has arrived in the country and is planned for installation in the Manabi province.

In combination with the distribution of food kits, as will be detailed in the relevant section below, the ERC distributed 32,800 bottles of water that had been donated through its national-level campaign. The following table provides details on this distribution:

Province	Canton	Bottles of water
Esmeraldas	Atacames	150

	Muisne	150
Manabí	Pedernales	32,500
Total		32,800

Initial assessments of the water, sanitation (including sewage systems) and hygiene situation in targeted communities
As mentioned, ERC volunteers were deployed to the affected regions to conduct initial WASH assessments.

Continuous monitoring of the water, sanitation and hygiene situation in targeted communities

This activity was the step following the initial assessments. ERC volunteers and the IFRC regional intervention team member specialized in water and sanitation deployed to the Manabí province have been monitoring the water, sanitation and hygiene situation. The decisions on where to place the Kit 5 water treatment plant is based on this monitoring.

Coordinate with other water, sanitation and hygiene (WASH) actors on the needs of target groups and appropriate response.

During this reporting period, the IFRC RIT alongside ERC volunteers collected data through water, sanitation and hygiene assessments and evaluated the risks in basic water and sanitation in the intervention areas, including vector control and monitoring epidemic risk in coordination with State authorities, other humanitarian actors and community stakeholders. The complete results of these assessments are planned to be complete in mid-May.

Hygiene and sanitation activities with affected communities

As stated above, the ERC health team in Manabí province conducted health and hygiene promotion actions between 20 – 25 April, reaching a total of 1,437 people of which 83 were in Canoa (San Vicente canton), 882 in Sucre (San Vicente canton), and 472 in Reales Tamarindos collective centre (Portoviejo canton).

Distribution of jerry cans, hygiene kits and cleaning kits

Once the ERC plan of action was complete, the Global Logistics Service for the Americas began the process to send a charter plane with essential humanitarian non-food items that were in stock in the IFRC warehouse in Panama. The charter plane with a logistics specialist and the communications officer for the Americas arrived on 20 April to Quito airport with 64 tonnes of NFIs. A portion of these NFIs, as described below, were donated by the Norwegian Red Cross (NRC) and Canadian Red Cross (CRC), as well as the International Committee of the Red Cross and USAID. The following table details the contents of this charter flight:

Non-food items	Quantity
Cleaning kits	1,000
Hygiene kits	1,000
Household kits	600
Tarpaulins	3,000 (1,000 donated by Norwegian Red Cross- NRC)
Jerry cans	2,000
Shelter tool kits	1,500 (500 donated by NRC)
Blankets	6,000 (all donated by the Canadian Red Cross)
Cadaver management kits	3 directly acquired by the ICRC

Upon arrival in Quito, these NFIs were transported to the warehouses close to the affected areas. At the end of this reporting period, distributions were just starting. As of 2 May, the following items had been distributed in three provinces:

Province	Canton	Hygiene kit	Cleaning kit	Jerry cans	Total by canton
Esmeraldas	Atacames	350			350
	Muisne	942	164		1106
Manabí	Chone	400			400
	Jama			355	315
	Manta	639	639		1278
	Pedernales	209	80	115	404

Santo Domingo de los Tsachilás	Santo Domingo	5			5
Total		2,545	883	470	3,858

After analysing local needs, the contents of the hygiene kit and the cleaning kit were determined. The hygiene kit contains: 12 rolls of toilet paper, 5 bars of soap, 5 tubes of toothpaste; 6 toothbrushes (3 for adults and 3 for children), 3 packages of sanitary pads, 3 boxes of condoms, 3 combs, 3 razors and 1 15-litre bucket. The ERC volunteers, with support from participating National Societies and the IFRC, distributed 2,545 hygiene kits. The cleaning kit contains: 1 broom, 2 bags of detergent, 1 gallon of liquid disinfectant, 3 sponges, 1 brush for laundering clothes, 3 bars of laundry soap, and 6 packages (3 red and 3 black) of plastic bags.

Within the area of water and sanitation, the Spanish Red Cross has plans to implement a bilateral project with the ERC to improve water supply to the population that will live in the progressive shelters, which it also aims to support.



Shelter

Outcome 4. The shelter response of humanitarian actors is strengthened through enhanced leadership, coordination and accountability (Shelter Coordination)

Output 4.1 Timely, predictable, and widely accessible shelter coordination services are provided to humanitarian shelter actors

Output 4.2 Shelter coordination services in Ecuador provide a platform to integrate Disaster Risk reduction into the shelter response of humanitarian actors.

Support service delivery of humanitarian shelter actors

The IFRC is co-leading the shelter cluster with the Ecuadorian Ministry for Urban Development and Housing (MIDUVI), the State counterpart in shelter and settlement issues. The shelter cluster is currently composed of 24 organizations. An IFRC delegate was deployed to conduct the cluster work for the first 15 days and as the reporting period came to a close, a hand-over period had begun with the delegate who will continue these actions for the duration of the operation.

Support the development and implementation of the shelter strategy

Sectorial coordination meetings in shelter at the national level are co-chaired by the Vice-minister of MIDUVI and at the field level, meetings are jointly held with the camp coordination and camp management cluster. The cluster is working on a shelter strategy that responds to the needs of the affected population and respects State plans and policy for recovery and reconstruction of these areas. The government is interested in full construction.

The State has been creating its recovery and reconstruction planning and these were expected to be finalized after the end of this reporting period. These plans will expedite and assist the shelter sector in providing more substantial shelter options: which will include repairs to housing to allow return, transitional shelters in urban and rural areas, technical support and capacity building to those already rebuilding housing as well as financial cash grants to build temporary shelters and support rental of housing.

Monitor and evaluate the humanitarian shelter response

The IFRC delegate leading the shelter cluster recognizes that the needs and priorities of displaced persons have not yet been fully assessed. The current level of humanitarian assistance can meet some of the needs, end displacement for some of the population, and offer temporary solutions to stabilize the situation.

Support advocacy on behalf of the cluster

In addition to participating in the shelter cluster, the IFRC delegate deployed for this area of intervention is working together with other national and international institutions and agencies to contribute and strengthen State plans and policy regarding shelter reconstruction. The preliminary State plans indicate that shelter response in urban areas will be implemented in the context of urban planning to avoid the creation of informal settlements without access to basic services, minimize multiple relocations of affected communities and individuals and minimize reconstruction on highly hazardous land or land that does not allow for tenure security.

Within this context, the shelter sector advocates in favour of:

- as many people as possible remaining on their own land/property;
- people remaining as close as possible to their means of livelihood (no forced relocations);

- the use of local materials and local suppliers in the provision of shelter to assist the recovery of the local economy;
- the provision of temporary sheltering solutions that will last at least for two years;
- temporary shelter solutions that support reconstruction efforts of affected families by ensuring that materials are of good quality, movable and re-usable in permanent housing;
- capacity-building and technical support to be rolled out urgently to assist those families who are already undertaking repairs and reconstruction; and
- mass information campaigns to ensure that affected communities are informed of policies and assistance and are able to make informed decisions.

This strategic advocacy on behalf of the cluster will continue throughout the remaining emergency phase and continue through reconstruction.

Outcome 5. The immediate shelter and settlement needs of the target population are met (Emergency Phase)

Output 5.1 Essential household items are provided to the target population

Output 5.2. Target population is provided with emergency shelter assistance

The damage and destruction to housing has generated an immediate need for shelter solutions. The population in affected areas have employed a range of short-term strategies that include established and spontaneous shelters, informal collective and individual settlements, as well as receptor homes and communities. State authorities, heading up by MIDUVI, as well as different national and international non-governmental institutions are attempting to attend to the population in these distinct locations, although gaps still exist.

The IFRC and the ERC have a strategy that combines the humanitarian response for shelter with water, sanitation and hygiene, and livelihoods. It entails the distribution of essential non-food items to cover the same cantons as well as medium-term strategies for a focalized humanitarian response.

During this reporting period, the National Society, with IFRC support, began detailed assessments on shelter and livelihoods, particularly in the rural areas in the Manabí province between Pedernales and San Vicente. This information is being complemented by the preliminary results of the damage and needs assessments in process. Preliminary findings indicate that the wood houses of the rural areas were not as damaged as the concrete structures in the urban and rural areas. However, assessments are still lacking in many of the rural areas of the affected provinces of Manabí and Esmeraldas. The IFRC and ERC will continue to gather this information over the short-term.



The ERC and IFRC using local materials have started teaching the affected population to build emergency shelters in Coaque, Manabí. Source: Spanish Red Cross

This area of intervention also includes the distribution of non-food items, which include materials and vehicles to support this operation. These NFIs would not have been available were it not for the efficient work of the logistics teams in Ecuador (Manta and Quito airports and in the field), the GLS America in Panama and the Peruvian Red Cross and the generous donations of the American Red Cross, British Red Cross, Canadian Red Cross, Norwegian Red Cross and Peruvian Red Cross and the USAID. During this reporting period, logistics actions have included:

- Immediate release of IFRC pre-positioned stock in the Ecuadorian Red Cross premises for 1,000 families
- First charter plane loaded with relief items departed from Panama to Ecuador on 20 April.

- Deployment of RLU Panama Warehouse Officer to support the Charter unloading process and set up of the logistics systems and processes for the operation
- Mobilization of pre-positioned stock in the Peruvian Red Cross for 500 families to Ecuador, via land
- Support with one helicopter through the IFRC and Airbus Foundation's partnership for 12 hours of flight for field assessments by air
- Sea shipment of 2x40st containers to Esmeraldas ports for 500 families (arrival 1 May)
- Planning for the coordination for 5x40st containers to Esmeraldas ports, donated by American Red Cross (planned to be shipped on 11 May with arrival on 13 May)
- Export coordination of 1 wikhall (large mobile storage tent) to Quito Airport, donated by British Red Cross
- Export coordination of 1x20st and 2x40st containers to Ecuador, donated by Canadian Red Cross
- Vehicle preparation for dispatch of 4 units from Panama fleet to the field
- Management and support of the IFRC mobilization table
- Technical support for quotations and prices of humanitarian goods
- Coordination with the OPS Coordinator and disaster management team
- Sourcing of goods for regional procurement
- Deployment of two Logistics RIT to support the Ecuadorian Red Cross

Mobilize volunteers and provide orientation on distribution protocols

As previously mentioned, the ERC immediately mobilized volunteers following the earthquake. Some of these were incorporated into logistics and distribution tasks in order to respond to the most basic humanitarian needs in a timely manner. The National Society has established a distribution protocol that is based on its assessments and registries in each area of intervention and that considers the most vulnerable populations. Priority is given to families that have lost their homes or have homes that cannot be repaired with particular focus given to female heads of household, people with a disability and elderly people.

Identify, register, verify and mobilize beneficiaries for relief distributions

With the support of several regional intervention team members in the Manabí and Esmeraldas provinces, the National Society began organized and registered distributions in late April. The numbers of distributions, as stated above, have increased substantially since the last few days of April and are planned to increase in the upcoming weeks.

Distribute non-food items (blankets, tarpaulin, shelter kit and kitchen sets) to 20,000 households

The IFRC, at the request of the National Society, has started the process to provide essential non-food items to the most affected population. As of 2 May, the ERC had distributed 1,215 kitchen kits; 526 tool kits; 2,406 blankets and 1,629 tarpaulins. These distributions were mainly focused in the Manabí province, but are planned for the Esmeraldas province in May. The following table provides details of the location of the distributions during this reporting period:

Province	Canton	Kitchen kit	Tool kit	Blankets	Tarpaulins
Manabí	Chone	400			
	Jama		355	1168	206
	Manta	639		639	639
	Pedernales	171	171	599	784
Santo Domingo de los Tsachilás	Santo Domingo	5			
Total		1,215	526	2,406	1,629

Distribute 1,100 household kits

While the household kits were received in Ecuador, their distribution was planned to begin in early May after this reporting period had ended.

Monitor and report on distributions

The Ecuadorian Red Cross, with the support of the IFRC RIT in PMER in the field and the IFRC information management specialist, have created a database to track and report distributions. This database, culled from distribution reports from different cantons, is in the process of being adjusted to better respond to the reporting needs and to be used in the ERC national headquarters as well as in the field. The distribution reports have been used to calculate the figures cited above. The ERC and IFRC are also using photos to monitor distributions.

Identify and mobilize volunteers and staff to support the operation and provide orientation on revalidation processes and distribution protocols

As mentioned above, the ERC has established priorities for distributions. The protocol used for distributions is the standard IFRC protocol, which provides written reports of the people reached with these distributions. Additionally, the database is being adjusted to guarantee the control of every NFI distributed, aiming to detail distribution locations within each canton.

Due to the multiple needs in this emergency phase, many ERC volunteers have been mobilized to support other areas but once in the field were requested to support distributions. While this situation is due to the constant need for more volunteers, it has generated a positive situation in which the operation's strategic intervention areas are better integrated and enable a more comprehensive humanitarian response from the National Society and the IFRC.

Provide technical orientations for volunteers and beneficiaries in the construction of emergency shelter

During this emergency period, the IFRC shelter delegate in the field assessed shelter needs and researched potential designs that could be used for emergency shelter. With the assistance of a local artisan (who will be hired as a short-term technician by the National Society), ERC volunteers and the IFRC shelter delegate built two prototypes of a domed bamboo structure covered by a tarpaulin that could be used as a safe emergency shelter alternative. The simple and ingenious design might be possible to build in rural areas solely with local materials.

The shelter delegate in the field coordinates with the IFRC delegate co-leading the shelter cluster. As such, future actions in temporary shelter will reflect decisions taken by MIDUVI in this cluster.

In addition to the actions framed within this Appeal, other Movement components have been actively supporting shelter needs of the affected population and in coordination with the Ecuadorian Red Cross.

The Spanish Red Cross, in addition to its bilateral donation of 15,000 euros to the ERC for the first response in Pedernales, also dispatched on 18 April 3,808 blankets and 450 tarpaulins in a Spanish Agency for International Development Cooperation (AECID) charter flight from Spain. ERC volunteers began distribution of these NFIs during this reporting period.

The Red Crescent of the Islamic Republic of Iran communicated that it will provide tents as bilateral support to the Ecuadorian Red Cross. The Iranian government plans on providing bilateral support directly to the Ecuadorian government.

Outcome 6 The target population has safe and adequate shelter (Recovery Phase)

Output 6.1 Shelter that meets agreed standards is provided to at least 500 families

Output 6.2 Orientation/awareness raising sessions on safer shelter provided to target communities

As this is a reconstruction phase objective, none of these actions were implemented during this period. However, the foundation and framework that will be used by the IFRC are based on actions undertaken by the IFRC shelter delegate co-leading the shelter cluster and the IFRC shelter delegate in the field. During this reporting period, the IFRC Shelter Programme Senior Officer was also in Ecuador to participate in discussions with State and non-governmental actors, as well as the Ecuadorian Red Cross, regarding future shelter objectives and their combination with livelihoods interventions. She additionally travelled to the field to assess potential IFRC interventions.

The Spanish Red Cross has plans to support the Ecuadorian Red Cross with progressive shelter interventions. This support, like that provided by the IFRC as mentioned above, is aligned with the State priorities and standards. All Movement components and their plans respect Ecuadorian government decisions regarding the specificities of the shelter support required.



Livelihoods and Food Security

Outcome 7 Livelihoods are protected, restored and strengthened and the negative coping strategies among the affected population are reduced

Output 7.1 Detailed assessment on the impact on livelihoods

Output 7.2 A Cash Transfer Programme is implemented for 5,000 families for 3 months in order to protect the household economic security and livelihoods

Output 7.3 Restore and strengthen the livelihoods of 5,000 families affected by the disaster

Deploy a livelihoods assessment team to the affected areas

The Ecuadorian Red Cross has previously experience in livelihoods. Following the earthquake, the specialist in this area has been focused on inter-institutional coordination with State and non-government organizations. The ERC livelihoods coordinator has undertaken a study of the local labour market in Manabí and Esmeraldas, contacting local workers in export prawn companies, market associations and construction industry. The National Society is currently drafting a livelihoods strategy that is based on invigorating the local economy and avoiding actions that could potentially disrupt or damage local economic recovery.

The Ecuadorian Red Cross is also engaging in local and rapid livelihood strategies. The ERC board in Guayas in coordination with the local private sector and the municipal government supported market vendors to return to work. Due to the destruction of the market, vendors were unable to return to their place of employment and sell their goods. With ERC coordination, a local company donated free-standing open tents for a market in the Bahía de Caraquez in the Sucre canton (Manabí province), which by the end of this reporting period was operational.

Additionally, the IFRC and ERC are coordinating to integrate livelihoods into a comprehensive recovery strategy that encompasses shelter and livelihoods.

As mentioned in the introduction, the Spanish Red Cross has deployed a livelihoods delegate. This bilateral support to the Ecuadorian Red Cross aims to implement a livelihoods project that is interrelated with its progressive shelter and water and sanitation interventions in the affected region.

Outcome 8. Immediate food needs of the disaster-affected population are met

Output 8.1 Appropriate food rations are distributed to vulnerable households

Output 8.2 Food kits are provided to households to 20,000 families for 2 months

Establish food recollection centres in branches

The ERC organized a donation campaign within the country for food and water for the affected population in Manabí and Esmeraldas provinces. This campaign has been highly successfully allowing the National Society to assemble and distribute food kits that had been collected in ERC branches throughout the country.

The following include some of the institutional distributions that were received in ERC collection centres in the first days after the earthquake: 1,000 litres of water from the Salinas Yacht Club; 120 bottles of energizing beverage from the Ministry of Social Inclusion (MIES); bread from Santo Domingo Solidario; and snacks and hygiene items from the Universidad Estatal de Quevedo. The El Empalme canton branch received food kits, clothing, medical supplies and coffins.

Transportation of food from headquarters to affected areas

The items received in ERC branches have been progressively transported to the most affected cantons. The National Society is coordinating this transportation, but the transportation itself often is managed directly by the local ERC provincial board and/or canton board.

Targeting of families using ODK and Mega V

Within the first ten days following the earthquake, as reported in ERC situation report number 10 (27 April 2016), ERC volunteers and staff conducted damage and needs assessments for 10,207 families. Of these, 9,568 were conducted in the cantons of Pedernales, Portoviejo, Manta, Jama, Sucre, San Vicente (Manabí province) and 549 in the cantons of Muisne, Eloy Alfaro and Quinindé (Esmeraldas province). While these needs assessments have not been specifically targeted to livelihoods issues, these findings will be useful in the drafting of an integrated and multi-sector livelihoods approach.

Distribution of food parcel to the families

As part of the national-level donation campaign, the Ecuadorian Red Cross distributed food kits in three affected provinces. The table below provides details on these distributions:

Province	Canton	Food kit
Esmeraldas	Atacames	550

		Muisne	1000	
	Manabí	Chone	400	
		Jama		
		Manta	639	
		Pedernales	568	
		Portoviejo	49	
	Santo Domingo de los Tsachilás	Santo Domingo	5	
	Total		3,211	



Restoring Family Links

Outcome 9. Family links are restored whenever people are separated from or without news of their loved ones as a result of the disaster

Output 9.1 Attention in cases of restoring family links.

Attention in RFL cases for the affected population, particularly children and the elderly, and especially those at risk of being unattended

The Ecuadorian Red Cross has a specific programme area for Fundamental Principles and Humanitarian Values. This area was activated to implement the restoring family links programme immediately after the earthquake. With the support of the International Committee of the Red Cross, work began on 17 April in the Manabí province. The IFRC deployed three delegates (2 in the affected areas and 1 in the national headquarters) and provided two RFL kits to support these actions.

This first phase, lasting ten days, involved the reception of requests to locate missing family members and the use of satellite and cellular phones to attempt to locate these people, as well as constant communication with the relevant National Police, Public Prosecutor's Office, and relevant ministries.

The Colombian Red Cross Society also implemented RFL actions, which entails bi-national support for Colombian nationals in the earthquake-affected areas. The CRCS facilitated phone calls in Canoa and Pedernales in the Manabí department. Of the 130 cases that the CRCS has reported as resolved, 12 had died in the earthquake. The CRCS actions in coordination with the Colombian Ministry of Foreign Relations also included the repatriation of 493 Colombian nationals.


The following table provides information up to 2 May on the work conducted in restoring family links in the aftermath of the earthquake:

National Society	Province/ Location	Canton	Attention	
			Requests	Cases resolved
Ecuadorian Red Cross	Manabí	Pedernales, Manta, Portoviejo and surrounding areas	81	13
	National headquarters		496	53
Colombian Red Cross Society	Manabí and in Colombia	Canoa and Pedernales	493	130
TOTAL			1,070	196

The ERC principles and values programme area continued a second phase from ERC national headquarters. This involves follow-up to open cases through phone calls and emails and the crosschecking of different lists of people in collective centres, deceased, among others.

Production of dissemination materials on RFL for beneficiaries

As part of the RFL actions described above, the ERC published information on its institutional social networks regarding this programme and actions to be taken to reconnect with loved ones. Additionally, the ICRC delegates in the field supported the National Society to disseminate information not only to beneficiaries but other humanitarian actors in the affected cantons.

 **National Society Organizational Capacity Building and Institutional Preparedness**

Outcome 10. National Society's level of preparedness for future disasters and capacity to deliver sustainable programming and services are strengthened.

Output 10.1 Having a clear evaluation of the organizational capacity weaknesses and challenges at national and branch level, especially in the affected areas

Output 10.2 Increased skillsets available for the National Society and its affected branches to respond to current and future disasters and deliver programmes and services.

Output 10.3 Increased material capacity is available for the National Society to respond to current and future disasters, deliver programmes and services

Output 10.4 Improved systems and processes in place for the National Society to respond to future disasters and deliver programmes and services

While this area of intervention has not been established as a priority area for the emergency response phase, the Ecuadorian Red Cross is taking steps to strengthen its institutional capacities. The National Society has an established Planning area that is responsible for the planning and monitoring of all ERC national-level projects and programmatic areas. Following the launch of this Appeal, the ERC planning area quickly coordinated with the management and government bodies to determine the manner to contribute to the effectiveness of the proposed actions.

During this reporting period, the Planning area with each programmatic area has established a year-long planning matrix that identifies financial requirements, acquisitions and material needs and volunteer mobilization. The IFRC policy, strategy and knowledge coordinator and the PMER senior officer deployed to the ERC have contributed to this planning process by offering input and opening a dialogue regarding possible modifications to planned actions. This process is not only timely, but also involves all programmatic and support areas of the National Society.

 **Disaster response preparedness; Early warning; Risk reduction**

Outcome 11. The affected communities are prepared and resilient enough to respond to earthquake through proper coordination with local authorities.

Output 11.1 Families, communities and municipalities at risk of earthquakes have the required level of preparedness to respond to the emergency and reduce their risks.

This area is planned for the early recovery and reconstruction phases.

 **Quality programming/ Areas Common to All Sectors**

Outcome 12. Continuous assessment and analysis is used to inform the design and implementation of the operation.

Output 12.1 Rapid needs assessments are conducted and there is effective operative management and operational security.

Output 12.2 Detailed assessment is developed.

Output 12.3 Planned actions respond to the needs of the beneficiaries.

Output 12.4 The management of the operation is informed by a comprehensive monitoring and evaluation system

Rapid Needs Assessments

As has been mentioned, the ERC immediately responded to this emergency. Beyond the volunteers deployed specifically for search and rescue, pre-hospital healthcare, psychosocial support, water and sanitation, and

humanitarian distributions, the ERC deployed staff and volunteers experienced in rapid needs assessments. Five assessment teams were in the field by 18 April.

The initial assessments in the Manabí and Esmeraldas provinces identified urgent needs for physical and mental health care; food; rehabilitation of basic services; rehabilitation of economy/ production; hygiene and sanitation areas; and water points. These assessments, alongside inter-institutional coordination, were the basis for the initial plan of action.

Initial Plan of action is written

Based on the preliminary reports from ERC volunteers and staff in the affected areas, as well as information shared from other humanitarian actors and State institutions, the National Society began the process to create a plan of action for a disaster response operation. With support from the IFRC (disaster management coordinator for South America, ARO, particularly PADRU, and the country cluster in Lima), the Ecuadorian Red Cross created an initial plan of action and requested funds through DREF to respond to the emergency. The initial plan of action served as the basis for the extension into an international appeal.

Detailed needs assessment

As previously stated, to 27 April 2016 ERC volunteers and staff conducted damage and needs assessments for 10,207 families. Of these, 9,568 were conducted in the cantons of Pedernales, Portoviejo, Manta, Jama, Sucre, San Vicente (Manabí province) and 549 in the cantons of Muisne, Eloy Alfaro and Quinindé (Esmeraldas province). These needs assessments will continue until mid-May.

A plan of action to respond to detailed needs assessment

The Ecuadorian Red Cross and the IFRC are working together to draft an adjusted plan of action that considers the findings of the needs assessments. As stated above, the ERC Planning area has been key to this process and is providing clear signposts that will help the National Society create a plan of action that can be measured and evaluated in real time.

Develop and utilize a comprehensive M&E system to support monitoring of the operation progress (including real time, midterm and final evaluation, training of staff on PMER and lessons learned activities).

This activity was not planned for this reporting period. However, as stated above, the ERC has a Planning area that is developing a planning matrix that will facilitate monitoring of operation progress.

As this reporting period came to a close, a dialogue was underway regarding the manner to support the ERC Planning area to take on the monitoring and reporting requirements of this Appeal and Federation mechanisms such as the Federation-wide Reporting System. The IFRC plans on providing PMER support from its regional PMER staff during the early phase of the emergency with the understanding that a local staff person can eventually be recruited for these responsibilities. In the following phases of this operation, PMER staff in the Americas will share and provide technical support on Federation tools and standards towards this objective.

Procure visibility items such as vests, polo shirts and caps

The Ecuadorian Red Cross has provided visibility items for its volunteers involved in the emergency response efforts. The ERC procurement area will determine and acquire items required in the future, in compliance with National Society procurement standards and procedures.



Community engagement and accountability

Outcome 13. Target communities and families have access to life-saving information and the ability to influence and guide decisions, enabling them to adapt to, withstand and recover from external and internal shocks.

Output 13.1 Information as aid: Target communities have access to information that helps them improve their well-being and engage in recommended practices.

Output 13.2 Dialogue and community engagement: Target communities dialogue with aid providers and are able to influence decisions that affect them

Output 13.3 Data collection and analysis for programmatic decisions: Utilize systems of data and information management to analyse feedback, inform communication with communities approaches and revise programmes regularly

While all of these activities are specifically geared to the post-emergency phases of this operation, it is important to note the outstanding results from the Ecuadorian Red Cross communications area with support from the IFRC communications coordinator for the Americas in the aftermath of the earthquake. The ERC-IFRC communications team has created media and communications products to inform the general public and humanitarian actors in and outside Ecuador, as well as State institutions and above all, affected communities, about the humanitarian actions of the

International Movement during the emergency. This has included interviews with the media and outreach to disseminate the actions of the Movement, as well as supporting the ERC management and governance bodies to identify potential donors and strengthen communication with them.

The ERC communications area, with IFRC technical support, has issued provided public information for print, audio and television media outlets, online media and social networks. Additionally, it has produced press releases, organized press conferences and press visits to affected areas, created news reports and stories on this operation, provided interviews to national and international media outlets, created and published life stories of people affected by the disaster, as well as taking photos, making videos and gathering testimonies in the affected population.

From 16 to 28 April, the ERC with its institutional accounts has issued 236 tweets on Twitter, produced 19 videos for social networks, published 32 news items on Facebook, updated its webpage 4 times, uploaded photos on Flickr of its actions, organized 2 photo shoots, and created and monitored the AMMAD web platform for donations. It is estimated that 8.1 million people have been reached by ERC communication productions on online social networks. Several of these communications pieces have been published on the IFRC website, drawing attention to the Movement response to the 16 April earthquake in Ecuador.

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
