

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action (EPoA) Peru: Floods



International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRPE012	Glide n° FL-2017-000014-PER
Date of Issue: 05 April 2017	Expected end date: 23 March 2018 (12 months)
Appeal budget: 4,740,589 Swiss Francs	DREF allocated: 399,768 Swiss Francs
Total number of people affected: estimated more than one million	Number of people to be assisted: 50,000 people
Host National Society: The Peruvian Red Cross has a national headquarters office in Lima, 38 branches throughout the country and 2,030 volunteers (nation-wide based on FDRS data).	
Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, German Red Cross and Spanish Red Cross and the International Committee of the Red Cross (ICRC), all located in the country, are supporting the Peruvian Red Cross with the emergency response.	
The following donors have supported this Appeal: China Red Cross (Hong Kong branch), Canadian Red Cross Society (from the Canadian government), Japanese Red Cross Society and VERC/WHO. The PRC has also received bilateral support from the Ecuadorian Red Cross, German Red Cross and Spanish Red Cross.	
The following donors in Peru have provided in-kind professional services and donations to support this operation: Clorox Perú S.A., Desarrollos Técnicos del Peru SAC, Indurama, LAN, Naviera Bertling S.A.C, Perufarma, Pesquera Diamante, Plasticaucho, Río Pacífico, Roche Farma Peru SA, Saz Asociados SA, Soaint Peru, Volvo and Woll Corp.	

Click [here](#) to view the revised appeal budget, [here](#) for the map of affected areas, and [here](#) for contact details.

A. Situation analysis

Description of the disaster

Peru is experiencing severe flooding and landslides, associated with the El Niño Southern Oscillation (ENSO) in its coastal regions. Provoked by the unusually high rainfall and increased water levels starting in December 2016 and continuing through March 2017 have severely affected different regions in the country. Close to 1.027 million people, of which more than 300,000 are children and adolescents, have been affected by the floods and landslides.

In the past two weeks, the precipitation has increased



(according to SENAMHI reaching levels of 184.7 millimetres per square metre in 24 hours in Morropón province in the Piura department). The intense rains have caused outages in electricity, water and sanitation services and destroyed systems in many locations; downed bridges and wrecked roads; left communities incommunicado; and stopped the majority of local livelihood activities. Inadequate solid waste disposal has led to contamination of the flood waters and the increase of vectors.

As of 25 March 2017, the government has declared geographic-specific declarations of the state of emergency in 818 districts in 120 provinces and 12 of the country's 25 departments: Tumbes, Piura, Lambayeque, La Libertad, Cajamarca, Ancash, Lima, Callao (Constitutional province), Ica, Arequipa, Huancavelica and Loreto. Sanitary emergencies have been declared in eight regions. As of 30 March, the entire region of Piura has been declared in a state of emergency. This department makes up close to a third of the population affected by this emergency.

According to INDECI official figures from 29 March, the disaster has caused 97 deaths and 20 people who remain missing. A total of 954,474 require humanitarian assistance. INDECI classifies two levels of harm: 829,565 people who have been affected and 124,909 people whose homes have been affected. A total of 15,044 homes have been destroyed; 15,140 have been left uninhabitable; and 184,112 have been affected, 1,540 schools are severely damaged and 126 have collapsed and are inoperative; 548 health centres are affected, and 36 have collapsed; and 35,597 hectares of crops have been damaged and 13,197 more have been destroyed.

The most recent MINSA Epidemiological Bulletin (week of 5 to 11 March), reports a significant increase of dengue in the northern departments. 41.2 per cent of the dengue cases registered in the country are reported in Tumbes, Piura, Lambayeque, La Libertad and Ancash departments. Piura had 244 confirmed cases, of which 2 people died, and 1,257 probable cases during the reporting period. La Libertad has 271 confirmed cases and 196 probable cases of dengue. Additionally, Piura reports 51 cases of Zika (4 of which are native), 12 anthrax cases and 19 cases of leptospirosis (1 confirmed and 18 probable). In the same period, Tumbes registered 11 cases of leptospirosis.

Although the heavy precipitation has been particularly serious in the coastal regions, Amazon jungle and highland regions have also been hit with heavy precipitation and overflowing rivers and tributaries that have led to landslides. The National Institute for Civil Defence (INDECI) reported the first landslide in the landlocked northern department of Amazonas in mid-December 2016 and strong rainfall and electrical storms have been registered in areas of the Huánuco, Pasco, Junín, Ucayali and Cusco departments. To date, landslides and floods have been reported in 24 of the 25 departments in the country.

Heavy rainfall continues in the northwest regions. SENAMHI has forecast that the precipitation will surpass 100 millimetres per day in the north-western departments of Tumbes, Piura and Lambayeque.

Among the most affected provinces are those located in the Ancash department. Huarmey, Casma and Chimbote have been severely affected. Eighty per cent of Huarmey has been covered in mud and rocks due to the floods and landslides, effectively stopping all normal activities in the district and causing damages to the material goods, public and private infrastructure, including bridges. In Casma and Chimbote, the semi-urban and rural communities were the hardest hit.

Piura department has also been relentlessly affected by this disaster. The 27 March flooding in Piura, capital of the department of the same name, had registered water levels in the city centre reaching 1.80 metres. Unusually heavy precipitation is forecast until May in these regions with a similar scenario expected in the Southwestern Andes mountain range (Arequipa, Moquegua and Tacna departments) and the central departments of Lima and Ica.

The state's National Council on Risk Management (CONAGERD), the highest decision-making body for disaster risk management (DRM) in the country, has been activated. This Peruvian President has assigned the Ministry of Defence to lead the emergency response through INDECI. The National Disaster Risk Management System (SINAGERD), created in 2014, is providing technical support. The Joint Command, Ministry of Transportation and Communications, Ministry of Health and Ministry of Defence staff at the emergency operations centres (EOCs) are currently coordinating the sub-regional offices for response actions.

Due to concerns regarding potential domestic mishandling of emergency management, the Peruvian President stated that a nationwide declaration of emergency will not be issued and has reiterated that established state institutions have the responsibility for the response and reconstruction efforts. The government has solicited OCHA support in managing the international aid. The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) response protocol was activated on 18 March, which allows for a joint multi-sectoral rapid assessment and ensure complementarity of response actions.

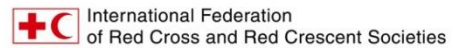
The government has announced a total of 4,000 million Peruvian sols (PEN) (approximately 12,092,400 Swiss francs and 12,165,200 US dollars) for emergency response that entails the planned reinjection of up to 4,400 million Peruvian sols in

supplementary credit for the public sector in 2017. The government also has announced that it will launch an economic reactivation programme that includes 5,500 million Peruvian soles for public works. Different ministries (health; education; and housing, construction and sanitation) have been provided an increased budget, which in cases such as the Ministry of Health (MINSA) have been supplemented more than once, to respond to sector-specific needs.

The Peruvian Red Cross (PRC) reports four affected branches: Huarney (Ancash department), Trujillo (La Libertad department) and Piura and Paita (Piura department). When the PRC branch in Piura was flooded on 27 March, the branch had to temporarily suspend first aid and psychosocial support activities that PRC volunteers and a Regional Intervention Team (RIT) member had been conducting in the already affected region.

Further details regarding the disaster response, including a map of affected areas, are available in real time in the [IFRC Peru floods dashboard](#).

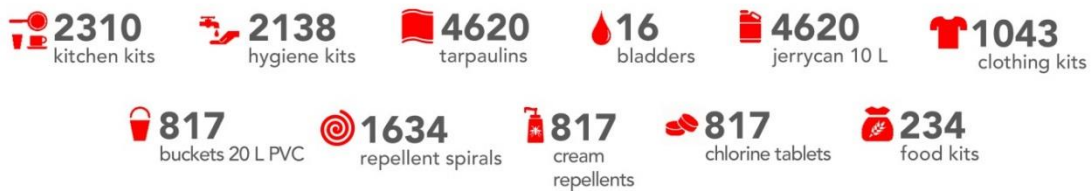
Summary of the current response



PERU FLOODS

DELIVERY OF HUMANITARIAN AID

Updated on 30 March 2017



Piura



Lambayeque



Ferreñafe



Chiclayo



Chimbote



Casma



Huarney



Lima



This map does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Sources: IFRC and the Peruvian Red Cross

Overview of Host National Society

Since the heavy rains and subsequent flooding and landslides began in late January, the Peruvian Red Cross has responded to the emergency needs with its own resources and with emphasis on branch-level response actions. As mentioned in the [DREF emergency plan of action](#), the PRC, through its local branches in the affected areas and the risk management department located in the national headquarters, has been conducting damage assessment and needs analysis (DANA). These actions have been stepped up since mid-March.

The Peruvian Red Cross in February launched a donation campaign for food and non-food items, with different reception points in Lima. PRC volunteers are delivering kits composed of these donated goods in the affected regions. Prepositioned humanitarian items, located in the PRC branch in Lima, also are being transported and distributed in affected regions.

PRC volunteers dedicated to resource mobilization have been instrumental in encouraging national and international donations to the National Society and the Appeal.

The PRC has extended its initial focus on the Lambayeque department, where flooding was initially the most evident, to now mobilize eight members of its National Intervention Team to the following affected areas: Tumbes, Piura, Lambayeque, La Libertad, Ancash and Lima departments.

On 17 March, the PRC established an emergency operations centre (EOC) to coordinate response actions with the Participating National Societies in the country (American Red Cross, German Red Cross and Spanish Red Cross), the International Committee of the Red Cross (ICRC) and the IFRC. The full EOC has been meeting twice daily in the PRC branch in Lima to coordinate the response efforts that are now implemented in six departments (Tumbes, Piura, Lambayeque, La Libertad, Ancash and Lima).

PRC volunteers, NIT members and deployed RIT members are conducting DANA to assist in identifying the most vulnerable people for humanitarian aid distributions. The extreme level of affectation in the north-western region in late March has also affected many local volunteers and loved ones and thus, diminished the local branches' full capacities to respond to this disaster.

As of 29 March, the Peruvian Red Cross has reported 961 volunteers mobilized as part of this operation. This includes 542 new volunteers who following the emergency registered to be volunteers. The following table provides details on the volunteers in the most affected Peruvian Red Cross branches:

Branch	Registered volunteers	New volunteers (without institutional training)	Total
Trujillo	23	481	504
Chiclayo	69		69
Chimbote	61	39	100
Tumbes	56		56
Piura	54		54
Casma	12	6	18
Huarmey	44	1	45
Lima	100	15	115
Total	419	542	961

Damage and Needs Assessments (DANA)

The following table lists the areas where damage and needs assessments have been conducted:

Department	Province	District	People assessed	Households assessed
Ancash	Huarmey	Huarmey	32,500	6,500

	Casma	Casma	1,645	294
	Casma	Buena Vista	200	40
	El Santa	Nuevo Chimbote	430	86
	El Santa	Tambo Real Viejo	350	70
	El Santa	Cascajal	200	40
	El Santa	Rinconada	250	50
	El Santa	Moro	250	50
	El Santa	Jimbe	400	80
	El Santa	San Jacinto	400	50
	El Santa	Bella Mar	400	80
Ancash subtotal			37,025	7,340
Tumbes	Zarumilla	Zarumilla	750	150
	Tumbes	Tumbes	9,250	1,850
Tumbes subtotal			10,000	2,000
Lima	Lima	Lurigancho-Chosica	1,050	210
	Huachirí	Ricardo Palma	1,280	256
	Lima	Puente Piedra	200	40
	Lima	Punta Hermosa	200	40
	Canta	Santa Rosa de Quives	135	27
Lima subtotal			2,865	573
La Libertad	Trujillo	Huanchaco	1,375	275
	Trujillo	Esperanza	3,500	700
	Trujillo	El Porvenir	1,980	396
La Libertad subtotal			6,855	1,371
Chiclayo	Chiclayo	Chiclayo	610	122
Chicalayo subtotal			460	92
Piura	Piura	Piura 5	9,250	1,850
	Piura	Catacaos	1,000	200
	Piura	Los Batanes	975	195
	Piura	Tambo Grande	1,350	270
	Paita	Paita	1,545	309
Piura subtotal			14,120	2,824
TOTAL			142,800	28,430

Logistics

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

On 25 March, the Regional Logistics Unit (RLU) in Panama organized a charter flight, with 34 tons of humanitarian aid that landed the same day at Lima Airport. This flight contained non-food items, plus water and sanitation goods for this emergency operation. A total of 1,801 kitchen kits; 4,000 tarpaulins; 4,000 jerrycans; one WATSAN Kit 5; and one WATSAN Kit 2. After the successful arrival in Lima, these goods were dispatched to the most affected regions ensuring

the logistics setup. Concurrently, a sea shipment was prepared and loaded into the vessel with additional 31.5 tonne of relief items, reaching a total of 72 tonnes of humanitarian goods in the first response to Peru.

Internally, logistics has mobilized 54 tonne / 186 m3 of standardized emergency items including hygiene kits, kitchen sets, 10,000- and 15,000-litre bladders, tarpaulins and jerrycans. The logistics team has worked together with the PRC resource mobilization and logistics team, as well as hundreds of volunteers and private donors (companies), who have loaded and discharged trucks, to dispatch the goods promptly.

Hygiene and food kits are being locally procured in line with IFRC standard procurement processes. All procurements managed by the operation will follow IFRC processes.

The Peruvian RC logistics team was reinforced with one logistics officer, current RLU delegate, to be replaced soon, one RLU logistics officer and two trained logistics RITs in the field. A logistics coordinator will be deployed to plan and organize country level IFRC logistics activities, including procurement, transportation and warehouse/stock management, ensuring adherence to IFRC procedures and standards, to provide a high-quality, efficient and cost-effective logistics service that meets the needs of affected people and the Peruvian Red Cross.

In the longer term, to enhance the existing capacity of Peruvian Red Cross, logistics will conduct a National Society Capacity enhancement strategy for this response and capacities for future emergencies.

The Peruvian Red Cross's main warehouse (with 400 square meters) is in Lima. Prior to the emergency, it had pre-positioned stock acquired with its own funds, which has since been dispatched to affected areas. The branches in Piura and Trujillo also have reported warehousing space is available.

During the initial phase, options were limited to maritime and air transport, mainly between Lima and the most distant regions on the north of the country. Some roads have since been repaired, but repair to roads to reach the most remote and affected areas remain pending. Internal air transport is the main option for mobilization of the goods within the country.

The Peruvian Red Cross has a small fleet of vehicles at the level of the national headquarters, consisting of one pick-up truck, one hardtop and one mini-bus for passenger transportation. Additionally, it has two box trucks (30 metres and 10 metres), one functioning forklift for the central warehouse (a second requires tires that are being imported). Two land cruiser vehicles are available in Piura and being currently used for the evaluation activities by the PRC.

Distributions

The PRC, with IFRC support, has started to establish the operational bases for distributions. As of 29 March, the Peruvian Red Cross has distributed humanitarian aid to 1,182 households. This includes hygiene kits; 628 kitchen kits; 1,200 tarpaulins; 1,200 jerry cans through this Appeal and 1,800 325-millilitres bottles of chlorine for water purification (3 per household); 3,443 clothing packs; and 334 food kits that have been donated by domestic donors to the Peruvian Red Cross.

The Peruvian Red Cross continues to receive individual donations at different points in Lima. PRC volunteers have classified and packaged clothing packs, food kits and water that is distributed along with the standard kits. Furthermore, the National Society has been packaging up donated hygiene items so they are the closest in possible to that contained in an IFRC-standard hygiene kit.

A total of 16 bladders have been mobilized for this operation. Two 15,000-litre bladders have been installed in Huarney and two more of the same capacity will be located in this municipality. Eight 15,000-litre bladders, currently on the ground, will be positioned in Casma (4) and Chiclayo (4). Four 10,000-litre capacity bladders are in Piura and operation team members will work with the affected communities to determine the most central location.

Ecuadorian Red Cross, in a bilateral support, is sending humanitarian aid directly to Tumbes. This aid will provide enough aid for 500 households: blankets, plastic cutlery and dishes, hygiene kit, kitchen kit, cleaning kit, powder soap, jerry cans (5 gallons), as well as 8-person tents, 100 water filters and a 142 10-litre water reservoir.

The damage and needs assessment conducted in Piura has indicated that standard humanitarian kits will be distributed to 3,000 households in Tambo Grande, Païta, Catacaos, Piura and Los Batanes in the last week of March and the first week of April. The distribution locations are being identified based on the strategy for this department. The complementary support of food packages and educational talks will be conducted in a coordinated manner with these distributions.

The following provides details on the distributions that the Peruvian Red Cross has conducted as of 29 March 2017:

Date	Department	Province	District	Location	Households reached	Description							
						Clothing kit	Water	Hygiene Kit	Food pack	Jerrycan	Tarpaulins	Kitchen kits	Chlorine 230ml
17-Mar-17	Lima	Metropolitan Lima	Lurigancho-Chosica	Carping	36		36		36				
18-Mar-17	Lima	Metropolitan Lima	Lurigancho-Chosica	Pte Caracul	21		74		74				
19-Mar-17	Lima	Metropolitan Lima	Lurigancho-Chosica	Carping	123		81	28	95				
20-Mar-17	Lima	Huachochiri	Ricardo Palma	Capuche	72	191							
20-Mar-17	Lima	Metropolitan Lima	Puente Piedra	Nuevo San Juan	40	148							
21-Mar-17	Lima	Metropolitan Lima	Punta Hermosa	Pampapacta	19	70							
21-Mar-17	Lima	Metropolitan Lima	Punta Hermosa	Santa Rosa	21	21			1				
21-Mar-17	Lima	Huachochiri	Ricardo Palma	Cupiche	112	443	80						
23-Mar-17	Lima	Canta	Santa Rosa de Quives	Yangas	15	50			15				
23-Mar-17	Lima	Canta	Santa Rosa de Quives	Leticia	12	111			11				
25-Mar-17	Lima	Huachochiri	Ricardo Palma	Cupiche	30				30				
25-Mar-17	Lima	Huachochiri	Ricardo Palma	Barba Blanca	42				42				
25-Mar-17	Lima	Metropolitan Lima	Lurigancho-Chosica	Pte Caracol	30				30				
26-Mar-17	Lima	Huachochiri	Santa Eulalia	El Palomar	9	9	9						
28-Mar-17	Ancash	Huarmey	Huarmey	Huarmey	600	2400	600	600		1200	1200	600	1800
Total					1182	3443	880	628	334	1200	1200	600	1800

The PRC, as well as the IFRC, participates in the United Nations-led Humanitarian Country Team (HCT) meetings and has requested participation in the national emergency operations centre.

Overview of Red Cross Red Crescent Movement in country

The IFRC has a country cluster support team (CCST) office in Lima in which the IFRC disaster management coordinator for South America and the logistics delegate for South America are based. From the start of the heavy rains in January, the disaster management coordinator has been providing support to the National Society. The logistics delegate had been providing technical support to the Peruvian Red Cross prior to the emergency, which was increased following the first wave of heavy precipitation in the northeast.

In addition to the two regional positions in disaster management and logistics, the CCST programmatic and support staff based in Lima continues to contribute to ensuring an effective and efficient emergency response.

The IFRC has mobilized a total of 14 IFRC staff, including the Regional Director for the Americas Regional Office (ARO) and the Deputy Director, and Regional Intervention Team (RIT) members. At the end of this reporting period, the deployment process was underway for a logistics emergency response unit (ERU) team leader from Danish Red Cross and a field assessment coordination team (FACT) member in water, sanitation and hygiene from the Spanish Red Cross. The following table lists the IFRC mobilizations that have taken place since the start of the operation:

Role	Field Location	Home Office/ National Society
Head of Emergency Operations (HEOPs)	Lima	IFRC-Geneva
Humanitarian Diplomacy	Lima	IFRC-ARO
Humanitarian Diplomacy	Lima and field	IFRC-ARO
External coordination	Lima	IFRC-CCST Guatemala and El Salvador
Logistics	Lima	IFRC-ARO
RIT Logistics	Piura	Argentine RC
RIT Health	Huarmey	Colombia RC Society
RIT Psychosocial Support	Piura	Colombia RC Society
RIT General	Huarmey and Casma	Honduran RC
RIT General	Trujillo	Peruvian RC
RIT General	Lima	Paraguayan RC
RIT WATSAN	Piura	Guatemalan RC
RIT WATSAN	Casma	Colombia RC Society
RIT Communications	Lima and field	Ecuadorian RC

The American Red Cross, German Red Cross and the Spanish Red Cross, with presence in Peru, immediately coordinated with the National Society. The American Red Cross supported the PRC with the preparation of situational reports and its technical staff has provided operational guidance to the National Society.

The Spanish Red Cross will support an emergency bilateral project for 1,200 households in the district of Huarmey. This 107,921 euros project has water and sanitation and emergency shelter components for this metropolitan area, which was the first city flooded during this emergency. This project plans to distribute 1,200 20-litre buckets with lids and spouts; 1,200 hygiene kits; 2,400 water tablets (2 per household); and health promotion focused on water and sanitation which involved training PRC volunteers.

The German Red Cross has established a bilateral project with the Peruvian Red Cross to reach 2,000 households in Piura and Tumbes departments. With a budget of 250,000 euros, this project will provide 5 bladders; 2,000 hygiene kits; 2,000 20-litre buckets with lids and spouts; 2,000 containers of chlorine for water purification for one month; latrines for 2,000 families; cash transfer for 250 households; health promotion; psychosocial support and first aid.

The International Committee of the Red Cross is supporting the restoring of family links (RFL) with material support (satellite phones, volunteer deployment and a PRC staff person dedicated to this action). The ICRC is also supporting the costs related to the deployment of PRC volunteers to the affected areas. The ICRC is also providing communication support regarding the Movement response to this emergency, as well as coordination in protection and health issues.

Overview of non-RCRC actors in country

The National Society coordinates with various Emergency Operation Centre National (EOCN) actors and with the National Humanitarian Network.

The IFRC actively participates in the humanitarian network that includes the UN system (OCHA, OIM, UNICEF, OMS-PAHO), other international humanitarian agencies and non-government organisations.

On 18 March, the UN Resident Coordinator having consulted with the government, requested OCHA to deploy an UNDAC team to support the multi-sectoral needs assessment and information management in the context of the ongoing emergency. The team has been on the ground since 20 March.

The UN system resident coordinator has requested the formal activation of the Shelter, CCCM and WASH cluster and IFRC has been designated as shelter cluster lead agency. Plans are underway to have this support from the secretariat in Geneva. The IFRC and ICRC has been involved in three of the technical groups, which were activated into clusters, that have been activated: shelter-collective centres; early recovery livelihoods; and protection. Additionally, the IFRC has been participating in sector-specific coordination meetings with State and humanitarian actors (Humanitarian Country Team and OSOC meetings) in the areas of shelter, health and protection.

In support of the emergency response, the Head of the CCST for the Andean countries and the Liaison for External Relations, deployed from the CCST office in Guatemala have met with donors (ECHO, diplomatic representations of China, Canada).

Through the National Society and the IFRC, private donors have been mobilized to support this operation. The Disaster Response Team of DHL, with whom the IFRC maintains a support agreement, has been providing logistics support in the PRC central warehouse in Lima as well as the disposition to transfer humanitarian aid for a two-week period.

ECHO ERCC informed that they have received a formal request for assistance through the Permanent mission of Peru to the European Union. The ERCC is currently in contact with authorities to identify the most urgent needs.

Needs analysis, beneficiary selection, scenario planning and risk assessment

Health

Community-based health and first aid

The rains and floods have severely affected health services. Access to care has been affected by damaged health infrastructure as well as lack of available human resources. Although local and national health authorities have mobilized support brigades and prioritized health care in the hardest hit areas, the health needs continue to surpass these capacities. State support has been directed to Ministry of Health (MINSA) establishments as well as field hospitals established by the social security institution (EsSalud) and the Armed Forces. Technical specialists from MINSA's National Institute of Health and units in epidemiology, environmental sanitation, among others have also been deployed to provide assistance and monitor the situation.

Vector-borne diseases and those associated with lack of access to clean and safe water have increased. The MINSA epidemiological unit indicates the rapid escalation of dengue on the northern coast. According to the MINSA Epidemiological Bulletin (epidemiological week 10: 5- 11 March), the 50 cases reported in epidemiological week 3 have increased to approx. 500 cases by epidemiological week 10. While the incidence of dengue is primarily concentrated in the age groups of 30 to 59 followed by 18 to 29, the population in the age groups of 19 to 29 and 12 to 17 are at most risk of falling ill due to dengue.

Leptospirosis has increased in Piura, Tumbes and La Libertad. The MINSA report indicates this disease recently has expanded from the jungle regions to the northern and central highlands. Anthrax has also been reported in Piura. Although the animal transmission route (whether from contaminated soil, water or plants) has not been identified, all 12 of the anthrax cases in Peru are in Piura.

Sexual and reproductive health issues require attention. While there are no official figures about these issues are available for this emergency yet, particular attention is required to assist pre-and post-natal women and their children; prevent and manage sexually-transmitted illnesses; and prevent gender-based violence and violence against diverse sexual identities. The focus in these areas should guarantee dignity, access, participation and safety for all people, specifically those often challenged to have access to health services with these conditions.

Marginal communities and groups in situations of vulnerability are further challenged to access health care due to difficulty to have access to functional and economically feasible transportation, physical challenged to travel to these locations, combined with many people's unwillingness to leave their few rescued material goods and damaged homes. This operation can address these challenges with training in first aid care and actions that foster the community-based health and first aid (CBHFA) approach. With the right capacity strengthening actions, Peruvian Red Cross volunteers can implement community-based disease prevention, epidemic control and prevention and health promotion, as well as Participatory Hygiene and Sanitation Transformation- PHAST.

Faced with severe challenges in health issues, affected communities need to strengthen their capacities in the prevention of diseases, engage in disease surveillance and coordinate health activities at the local level. Through

community-based plans of action, different groups within the population need to collectively identify and coordinate to address health challenges and risks. Support for this endeavour includes printed materials, technical guidance and facilitating networks between different stakeholders and the community (or neighbourhood-based) health committees.

Priority needs:

- Provide first aid to people with injuries deriving from the emergency
- Support the health care provided in health centres
- Epidemiological surveillance of post-disaster diseases (dengue, leptospirosis, diarrhoea and anthrax, among others)
- Address health needs of groups often challenged to dignity, access, participation and safety in health care
- Train PRC volunteers in the CBHFA approach, epidemic control for volunteers (ECV) and PHAST
- Facilitate and jointly implement actions that foster community-based plans of action in health
- Implement activities to raise awareness of methods to reduce post-disaster diseases, in coordination with the hygiene promotion component of this operation's Water, Sanitation and Hygiene Promotion area

Mosquito nets were not included in the plan of action because:

1. The delivery of mosquito nets is not in the technical regulation of the Ministry of Health. They prioritize cleaning houses, cleaning campaigns, albitization and epidemiological surveillance, promotion.
2. For this emergency PAHO has requested to MINSA the delivery of mosquito nets in hospitals (to be used by people with Dengue in the hospitals and when they go their houses to decrease the risk) They are also requesting to deliver mosquito nets to pregnant women and child in the zones that are already declared as endemic (Piura).
3. Mosquito nets in the zones of intervention of the emergency have not been delivered by authorities, people must buy them. Mosquito nets are not included in the response of the emergency of the authorities, not even in Piura.

Psychosocial support

Faced with the complete and partial destruction of their homes, displacement and loss of livelihoods, interruption of daily activities and uncertainty about their future, adults and children have a range of emotions that require psychosocial support. The situation is made more complex for the people who have lost family members, friends or neighbours. The psychosocial support programme requires a differential approach that considers age, gender, health conditions, economic situation, ethnic-cultural identities, among others.

The psychosocial needs of children and adolescents require immediate attention. In the north-western regions, 1.9 million children and adolescents are still unable to return to classes. The disruption of their daily activities added to the impact of displacement, emergency conditions and lack of certainty regarding recovery demands a focus on psychosocial support with children. Psychosocial support, including psychological first aid, will be provided to children and adolescents and other special population groups now in a situation of extreme vulnerability.

In compliance with Movement standards, psychosocial support is also required for PRC volunteers who are involved in the response effort, particularly those who have experienced loss due to the floods and landslides.

Priority needs:

- Psychosocial community-based support with children and adolescents
- Psychosocial community-based interventions with other groups in a situation of extreme vulnerability
- Psychosocial support for Red Cross staff and volunteers and other humanitarian actors involved in the emergency response

Water, sanitation and hygiene promotion

Flooding has damaged and destroyed water and drainage network infrastructure in the areas affected by the floods and landslides. The sewage system has collapsed in many locations in the affected departments, thus causing serious challenges for proper sanitation measures. In the rural and peri-urban areas, the damage has increased prior vulnerabilities. Alternative solutions are required for the sanitation of this population.

Local authorities and national government ministries have mobilized water trucks to meet the need. However, many areas remain difficult to access or are distant from water distribution locations. The increased water volume in rivers and greater amount of additional natural and human-made debris in the water source has significantly decreased water supply in other areas not directly affected by the floods.

As mentioned in the health section above, the increase in illnesses related to the difficult or lack of access to clean and safe water and the lack of sanitary conditions demand urgent actions. Needs assessments indicate that the lack of clean and safe water can be addressed with specific supplies (liquid chlorine, chlorine tablets and water purification units) for its production. Additionally, the affected population requires jerry cans, strategically located bladders and other appropriate materials to safely receive, store and use water provided by water trucks.

The PRC does not have a specific area focused on water, sanitation and hygiene promotion. It will be necessary to train community members and PRC volunteers to install, supervise and maintain the equipment and water quality.

Activities to raise awareness and improve health hygiene practices can be implemented at a community level. These actions combined with the distribution of hygiene kits and the building of latrines will enable affected populations to collectively identify and diminish current health risks and illnesses. Printed materials and other medium can be used for raising awareness on the importance of handwashing. Cleaning kits can be provided to permit household and community cleaning.

Priority needs:

- Provision of water purification materials to communities
- Distribution of water
- Train PRC volunteers in water, sanitation and hygiene promotion
- Train community members in water, sanitation and hygiene promotion
- Provide materials and information for safe water handling
- Build latrines
- Distribute community cleaning kits

Hygiene Promotion

The stagnant water in the flooded areas are favourable for the propagation of the *Aedes aegypti* mosquito, which transmits the vector-borne diseases of dengue, chikungunya and Zika, which were all reported in these departments prior to the emergency. The cases of dengue have increased in endemic areas. A total of 41.2 per cent of the dengue cases registered in the country are reported in Tumbes, Piura, Lambayeque, La Libertad and Ancash departments.

Given the magnitude of this disaster, sanitation needs continue to grow. MINSA is emphasizing awareness actions to reduce the spread of dengue and other vector-borne diseases. Health authorities have initiated educational information campaigns (radio spots, social networks, SMS, recorded phone messages and television). Since communities without electricity or damaged goods often do not have access to these methods, the PRC in the affected areas are coordinating with MINSA and the Ministry of Defence for household visits to educate on manners to reduce vector-borne diseases. Twelve PRC volunteers in Huarmey already have been trained in the key messages.

As mentioned above, vector-borne illnesses as well as leptospirosis and anthrax are on the rise in the north-western regions. While the most recent MINSA epidemiological report does not list the increase of diarrheic illnesses, information gathered by the Red Cross in the field indicates that the cases have increased.

Priority needs:

- Implement information and awareness activities for disease prevention and adequate water, sanitation and hygiene management, in coordination with the health sector

Shelter (including household non-food items)

The combination of heavy rains, floods and at times strong winds led to the collapse, destruction and damage to over 190,000 homes. As of 28 March, 13,896 homes have been destroyed; 14,498 have been left uninhabitable; and 162,216 have been affected. The lack of urban and territorial planning deepened the effects of this disaster. A large portion of destroyed areas were located along the embankments of waterways with insufficient or eroded channels or slopping, natural watercourses and dry gullies that had been rerouted or occupied for private interests (economic activities and human settlements) and dam reservoirs that had overflowed.

Many of the destroyed and severely damaged homes were made of traditional construction techniques, which were not reinforced with modern materials. The prevalence of adobe (mud and sand sun-dried bricks), quinche (cane or reed mixed with mud) and wood homes were precarious due to their proximity to waterways, affectation by seasonal rains and regular humidity levels.

National and local governments are distributing national and international donations that included food, clothing, kitchen kits, tools and shelter support.

Although the current information shows that most affected households are lodged in homes in their social network, collective centres are being set up in the northwest regions that have been hard hit by the floods. INDECI reports that as of 29 March, there are 42,203 people in 171 collective centres that are registered by the government. Spontaneous collective centres have not been registered. State institutions have provided tents for these locations. The following table indicates details of these collective centres:

Department	Number of collective centres	Tents	People (per centre)
Piura	10	839	4195
Lambayeque	25	543	2601
Ancash	4	21	113
Lima (metropolitan)	38	5230	26145
Callao	1	33	165
Lima (provinces)	5	110	550
Ica	14	229	1059
Junín	1	50	250
La Libertad	73	1302	7125
Total	171	8,357	42,203

In addition to working towards home clean-up and repair that allows the affected population to return to their homes, shelter assistance also has health benefits since it contributes to reducing the risk of certain diseases caused by exposure to the elements. Shelter will be combined with livelihoods and disaster risk reduction (DRR) strategies.

The IFRC has met with the Presidential Council of Ministers (PCM) to discuss IFRC support for shelter activities. The IFRC, as Global Shelter Cluster lead agency for natural disasters, is planning the deployment of a shelter coordination team to support the government of Peru and engage in inter-agency discussions regarding emergency shelter. This team will assist in the coordination of technical standards, the implementation of appropriate immediate shelter interventions and assist in the planning for gaps in the shelter and settlements sector as required and requested by the government.

Priority needs:

- Management guidance and support in shelter solution
- Kitchen kits
- Materials and tools for repair (in coordination with tools provided under the water and sanitation area)
- Technical support in build back safer methods for repair and reconstruction of damaged homes

Livelihoods; Nutrition; Food Security

The floods and landslides have destroyed homes and livelihoods. Volunteers from civil society as well as the State began distribution food, primarily non-standardized rations in communities. More remote areas are still challenged to have access to the scarce food items that are available.

Given the serious impact on livelihoods in the affected regions and the need to ensure funding for this area, the livelihoods component of this operation is not yet defined. However, any livelihoods support planned will directly respond to the needs of the most vulnerable population in selected affected areas.

Priority needs:

- Delivery of food kits for one month
- Cash transfer programme to select households

Restoring Family Links

As part of this operation, the ICRC is assisting with Restoring Family Links in areas where people have lost contact with their loved ones. The RFL Focal Point at the Peruvian Red Cross, with direct support from the IFRC, has conducted rapid evaluations in affected areas in Piura and Lima, which entail interviews with at least 100 people (community leaders and authorities from the EOCs).

Since 16 March, the Peruvian Red Cross RFL focal point and some volunteers from the Piura and Lima branches have helped people restore the contact with their loved ones. A satellite phone was used when telephone coverage was unavailable, as well as mobile phones. Also, "Safe and well" messages were made available for people in the affected areas.

Due to the recent increase of floods in Piura and the limitations regarding communication services in the area, the RFL focal point is being deployed to the affected regions again to provide RFL service to the people in need. In Piura, one of the priority groups is the group of people attempting to cross the flooded city. Many of them are stranded due to road interruptions and have waited for several days next to the Peruvian Air Force airport for flights out of the region, which the government has made available free of charge. necessary, other RCF services may be included.

Disaster Risk Reduction

It is critical that communities are better prepared to mitigate, and respond to, future disasters. Selected communities will be supported with community-based risk reduction activities. Furthermore, all recovery interventions will aim at building community resilience considering future disasters and community-based risk reduction will be embedded in all programmes. Integrated community-based risk reduction projects will be designed that support community efforts to increase their own disaster resilience and allowing them to better withstand the impacts of disasters. As part of this strategy a disaster risk reduction campaign for community resilience will be developed to build awareness.

As soon as the conditions are established, an impact analysis will be carried out to identify specific needs for community preparedness and risk reduction, generate lessons learnt and document good practices. Additionally, an assessment is planned to address future risks and vulnerabilities, existing capacities and needs for improvement and strengthening community resilience. Adaptation and revision of some tools will be included in the National Society's Plan of Action using the flood modules and tools for community early warning systems.

National Society Capacity Building

In addition to the direct support required for the four branches whose installations have been damaged by the disaster, this operation aims to work with the Peruvian Red Cross to strengthen its institutional and organisational capacities. A special focus will be given to organisational development, including compliance with Movement standards for its governance body. These actions will build upon the ongoing accompaniment provided by the ICRC and the IFRC.

Further attention will be given to scaling up institutional preparedness for future disasters.

Community Engagement and Accountability (CEA)

CEA will be an essential priority that is essential to operational success; community and public acceptance; and trust and building long-term community resilience. CEA ensures communities are equal partners in the humanitarian response. It will enhance programme quality by increasing the reach, impact and levels of accountability to communities. The main aim of the communication and engagement efforts is to ensure community understanding, engagement, ownership and implementation of programs, measured through effective social mobilization, communication and engagement interventions.

Community Engagement and Accountability recognizes that communities affected by disasters are uniquely positioned to inform prevention and response measures. The efficiency and effectiveness of any emergency operation is greatly enhanced by pre-positioned or rapidly-deployed systems that allow two-way communications and sustained dialogue between those caught up in disasters and those who seek to assist them. In this sense CEA is also an important component of early-warning systems and disaster preparedness.

The CEA approach recognizes that people affected by disasters are not 'victims' but a significant force of first responders who need to be empowered and engaged as part of the overall aid effort. After all, it is their recovery, their future, their lives and livelihoods at stake. CEA is therefore a pivotal platform upon which disaster-affected communities and aid agencies can collaborate and exchange information to promote partnership, understanding and, above all, a fully accountable and effective aid operation.

Human resources:

PRC headquarters staff, supported by the programmatic and support staff from the CCST in Lima, will provide technical support throughout the operation. Peruvian Red Cross National Intervention Team members will be deployed for and relief, psychosocial support and shelter activities.

Beyond the Peruvian Red Cross volunteers who are essential to this operation, the following additional human resources are required:

- 1 Operations coordinator
- 1 Logistics assistant
- 1 Communication coordinator
- 1 PMER consultant
- 1 Finance coordinator

The operation covers insurance costs for participating volunteers from the National Society.

Logistics

This operation is following Federation procedures for procurement and fund management procedures. When acquisitions are made locally, the IFRC Logistics Unit will provide support on the purchase and standards (Sphere and Federation-level).

Donors are encouraged to give un-earmarked cash donations. The mobilization of relief goods including In-kind donations will be coordinated through the IFRC's Regional Logistics Unit (RLU). A mobilization table has been launched by the RLU and shared with the relevant parties. All donors interested in supporting the in-kind donation have been kindly asked to coordinate with the RLU.

In Peru, the operation has received in-kind donations from private companies for the transport (by sea and air) to Paita, Chiclayo and Trujillo. These donations have been essential to efficiently transporting non-food items to the most affected northwest regions.

Information technologies (IT)

This operation has provided mobile phones to the field coordinators and RIT members deployed to the field. Additional IT expenses include the need for communication costs in the EOC located in Lima and in the National Society branches in the affected regions.

The Mega V tool is being used for damage and needs assessments and will continue to be employed in the distribution process.

Communications

The National Society is disseminating information regarding the actions conducted through its headquarters and its social networks. PRC has uploaded information to the institutional webpage and social media accounts. The dissemination of PRC actions over these channels provides visibility and in the emergency phase has been fundamental to increase domestic individual and corporate donation. The regularly updated information is also contributing to improve the National Society's positioning at the national and international level. Additionally, press releases have been sent to national media outlets to publicize the most important activities in the emergency phase.

A beneficiary satisfaction survey is also planned for the last quarter of the operation.

Security

A security plan will be drawn up that assesses the risks in the intervention areas. Protective items for volunteers have been considered, such as bibs/ shirts, boots, sunblock and mosquito repellent. Furthermore, Movement components will continue to train new volunteers and update capacities of others. The ICRC, IFRC and PRC have planned a combined training in Stay Safe, Code of Conduct and technical areas. The PRC additionally provides insurance for all its regular volunteers involved in the response efforts.

Planning, monitoring, evaluation, & reporting

The Peruvian Red Cross health, volunteer, administration and finance coordinators and executive management will provide support and monitoring of the plan of action. Communication and coordination will also be maintained with the IFRC Head of Operations and technical support will be provided from the planning, monitoring, evaluation and reporting (PMER) regional unit and senior officer based in Lima as required in the Americas.

Standard regular operations updates, a six-month report and a final report will be produced and published. With appropriate planning, the Peruvian Red Cross is available to visit field sites with donors during the early recovery period and beyond.

As mentioned above, this operation will implement a community engagement and accountability approach, which will enable adjustments to the planned actions, if required. The planned beneficiary satisfaction survey will contribute to monitoring and evaluation actions. A final evaluation will also be conducted.

Administration and Finance

The finance team in the country cluster support office for the Andean countries will work with the National Society's financial department to ensure the proper use of financial resources. The combined finance team will coordinate with the head of operation regarding expenditures and acquisitions during the operation. Resource use will be in accordance with the procedures of the IFRC; efforts will be made to ensure that National Society's procedures comply with these procedures.

B. Operational strategy and plan

Based on initial rapid assessments and considering the continual precipitation, this operation seeks to provide immediate support to the communities most affected by the floods. Subsequent recovery interventions will be detailed following further assessments. The emergency appeal budget is focused on the emergency response and will extend its actions as the funding increases.

Overall objective

Ensure that at least 50,000 people (10,000 households) affected by the floods in the departments of Ancash, La Libertad, Lambayeque, Lima, Piura, and Tumbes receive appropriate assistance in an effective, and efficient manner and are provided with the necessary support to recover with increased levels of resilience to disasters.

Proposed strategy

The emergency response phase focuses on the sectors of health; water, sanitation and hygiene promotion; shelter (including non-food-household items); food security and livelihoods; restoring family links; National Society capacity building; and cross-cutting and context-specific issues.

In any emergency, the following cross-cutting issues should be considered in developing a holistic response: the inclusion of vulnerable groups, such as persons with disabilities, older persons and single-headed households, etc.; consideration of gender issues; disaster risk reduction practices; and communication with the target population.

As mentioned above, accountability to affected people is a cross-cutting component of this operation. Engagement with and accountability to affected people are critical. Affected people need to be kept informed about available services as without access to reliable, timely, and accurate information. Affected people should have access to information and channels to provide systematic feedback to influence the strategic direction of the humanitarian response.

Timely and standardized needs assessments are another important way to help ensure accountability to affected populations. An effort should be made to share assessment findings with community leaders and relevant government authorities. Targeted assistance also helps ensure accountability to different stakeholders. Needs-based programming enables improved services to the affected populations through the identification of vulnerabilities followed by the delivery of appropriate assistance. The Red Cross Movement is committed to the humanitarian principles and other international best practice initiatives that included, but are not limited to, Sphere Project Humanitarian Charter and Minimum Standards and Code of Conduct for the International Red Cross and Red Crescent Movement.

C. DETAILED OPERATIONAL PLAN

Health

Needs analysis: As mentioned in the needs analysis section above, this operation -- in support of State efforts, -- will provide first aid; conduct epidemiological surveillance and response to post-disaster diseases; address health needs of groups often challenged to dignity, access, participation and safety in health care; train PRC volunteers in CBHFA, ECV and PHAST; and implement community-based health actions. As pertinent, this sector will coordinate and work together with the hygiene promotion component associated with the Water, Sanitation and Hygiene Promotion sector.

Population to be assisted: 50,000 people

Objectives	Indicators											
Outcome 1: The immediate and medium-term risks to the health of at least 50,000 people in the targeted affected departments are reduced.	EMERGENCY PHASE # of people who have received first aid # of people that participated in epidemics prevention activities # of people reached with materials to prevent health risks											
	RECOVERY PHASE # of PRC volunteers trained in first aid # of community members trained in first aid # of people who increased their knowledge in how to prevent epidemics of diseases that exist in their communities.											
Output 1.1: First aid and health promotion is provided to at least 50,000 people in the targeted affected departments	% of people beneficiary of first aid attentions % of people beneficiary of prevention of epidemics activities											
Activities Month	1	2	3	4	5	6	7	8	9	10	11	12
Provision of first aid												
First aid workshops for volunteers and communities (brigades or community teams)												
Care, and referral (if needed), of people in extreme vulnerability												
Training workshops for PRC volunteers (CBHFA, ECV, PHAST)												
Community-based disease prevention activities with CBHFA, EVC and PHAST health strategies.												
Community-based epidemiological monitoring												
Objectives	Indicators											
Output 1.2: Affected children, adolescents and other groups in situation of extreme vulnerability and people involved in operation receive psychosocial support	# of children and adolescents reached with psychosocial support in affected region											
	# of adults reached with psychosocial support											
Activities Month	1	2	3	4	5	6	7	8	9	10	11	12
Psychosocial support for children and adolescents												
Psychosocial support for persons in situation of extreme vulnerability												
Psychosocial workshops for people involved in the operation												
Purchase, design and printing of psychosocial health promotion materials												
Output 1.3: Affected communities are strengthened and mobilized and participate in their health care	# of people participating in community mobilization activities											
Activities Month	1	2	3	4	5	6	7	8	9	10	11	12
Strengthen community committees in prevention, oversight and coordination of health activities												
Community plan of action in prevention, health promotion focused on priority health challenges and risks												
Distribution of health promotion materials to communities												
Network with the local, departmental and national authorities is done to ensure the committees are visible and supported to develop their tasks												

Water, sanitation and hygiene promotion

Needs analysis: As mentioned the destruction and damage to water and sanitation systems has created health challenges regarding contaminated water sources, absence of access water and insufficient sanitation services. The access to healthy and clean water will continue to be a central need during this emergency period. Furthermore, community and household cleaning requires support.

Population to be assisted: 10,000 households

Objectives	Indicators												
Outcome 2: Access to safe water, which meets Sphere and World Health Organization (WHO) standards in terms of quantity and quality, is provided to at least 10,000 households.	% de families improve their living conditions in line with water standards in emergency.												
Output 2.1: Purification and distribution of water for at least 10,000 households	# of families reached with sufficient quantity and Sphere- and WHO- standard quality water.												
Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12
Acquisition and use Kit 5 for 5,000 people													
Acquisition and use of Kit 2 for 2,000 people													
Acquisition and installation of water purification supplies													
Acquisition, installation and distribution of water through bladders (10,000 and 15,000 litres)													
Acquisition and installation of water distribution supplies for bladders													
Acquisition and distribution of 20,000 jerrycans													
Acquisition and distribution of 10,000 water filters													
Output 2.2: Adequate sanitation, which meets Sphere standards in terms of quantity and quality, is provided to at least 500 families	# of newly-built latrines used by affected people in target areas												
Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12
Construction and installation of 500 latrines													
Output 2.3: At least 10,000 households have information, knowledge and products for safe handling of water and hygiene	# of campaigns implemented # of cleaning kits distributed												
Workshops for volunteers in hygiene													
Workshops in hygiene for communities													
Purchase and distribution of hygiene kits													
Output 2.4: Community cleaning and hygiene campaigns are conducted in affected departments	#												
Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12
Community cleaning campaigns													
Acquisition and distribution of cleaning kits													

Shelter and settlements (and household non-food items)

Needs Analysis: In the emergency phase, the affected population needs non-food items. Tarpaulins and kitchen kits contribute to basic household needs during this period. Given the widespread damage and destruction to homes, described above, emergency shelter support is extremely urgent. Faced with a growing population in collective centres, technical guidance on shelter issues has been requested.

Further assessments in the recovery phase will enable a better identification of the contours of the second phase of support needed. The provision of assistance to those in extreme vulnerability is planned, enabling people to repair and return to their homes. This area will also entail technical assistance to repair or rebuild with 'building back safer' techniques. Technical support also includes coordination with local and national authorities to support the demarcation of high-risk areas and the prohibition of rebuilding in the risk areas.

Population to be assisted: At least 10,000 households will be reached with emergency shelter support.

National Society capacity building

Needs Analysis:

The Peruvian Red Cross has 39 branches throughout the country. In recent years, the PRC has been working towards the establishment of an operation model that responds to the humanitarian needs and demands in the country. The lack of stability of financial resources and institutional process to consolidate its functioning according to Movement standards are continuous challenges. The strengthening of the human resources and volunteer system deserve special attention.

The IFRC and the ICRC will continue to provide tailor-made support for the governance body, as well as the organizational development support provided to ensure its efficient and effective functioning.

The limited funding and transition to a project-based budget has affected the development and growth of the PRC. This operation has the potential of supporting the PRC organizational growth and contribute to activities that enable medium- and long-term sustainability.

Population to be assisted:

The support in this area aims to support the Peruvian Red Cross, particularly its volunteers, staff and leadership in the national headquarters, affected branches and the entire branch network.

Objectives	Indicators											
Outcome 9: The operation is supported through the protection and promotion of the National Society's development, capacities and future sustainability.	# of branches receiving support to rebuild their facilities # of branch leaders trained # of volunteers trained											
Output 9.1: The emergency response is a Movement-wide effort led by the PRC and with the support of the IFRC, ICRC and Participating National Societies	Response and reconstruction plan created and implemented with all Movement components											
Activities	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Training of branch leaders in the operational role, accountability and volunteer management												
Hiring process for a resource mobilization coordinator for the PRC												
Coordination meetings												
Repair of damaged PRC branches												
Output 9.2: The PRC uses its updated material and human resource management systems and tools	Resource Management System implemented and functional # of NIT members who have approved training courses Volunteer management policy created and functional											
Activities	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Development of management tools to manage the volunteer database (Resource Management System [RMS])												
Two missions from an expert for the development of the RMS												
National Intervention Team training- General												
National Intervention Team training- Logistics												
Provide basic training for new volunteers in the context of the operation												
Create or update volunteer management policy and system												

Quality programming /common areas for all sectors

In addition to the sectors above, the operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.

