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Operation Update

Peru: Floods



Emergency appeal: MDRPE012	GLIDE n°: FL-2017-000014-PER
Operations Update no. 3: 23 February 2018	Timeframe covered by this update: 15 October 2017 to 31 January 2018
Operation start date: 23 March 2017	Operation timeframe: 15 months (with a 3-month extension until 22 June 2018)
Overall operation budget: 2.28 million Swiss francs Appeal coverage to date: 73%	DREF initially allocated: 399,768 Swiss francs
Number of people being assisted: 35,000 people	
Red Cross Red Crescent Movement partners involved in the operation: American Red Cross, German Red Cross, Spanish Red Cross, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC).	
The Ecuadorian Red Cross, German Red Cross (GRC) and Spanish Red Cross (SRC) have provided bilateral support to the Peruvian Red Cross (PRC).	
Other donors to this operation: American Red Cross, Australian Red Cross (from Australian government), British Red Cross, Canadian Red Cross (with own funds and funds from the Canadian government), China Red Cross (Hong Kong branch), European Investment Bank Institute, Hewlett Packard Co. Foundation, ILO Staff Union, Intercontinental Hotels Groups (IHG), Italian Red Cross, Japanese Red Cross Society, Marriott International Inc., Red Cross of Monaco, Swedish Red Cross, The Canadian Red Cross Society (own funds and from Canadian government), The Republic of Korea National Red Cross, UN Staff Council/ UNOG, VERF/WHO Voluntary Emergency Relief fund, WTO-World Trade Organization and an individual donor.	
Bilateral contributions through the IFRC: Ecuadorian Red Cross	
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<Click [here](#) to view the financial report and [here](#) to view contact details.>

Summary

December 2016 – 31 February 2017: Impacts of El Niño Southern Oscillation (ENSO) begin to be reported in Peru. Heavy rain storms and flooding affect several coastal regions. Peruvian Red Cross (PRC) volunteers, with the support of International Movement components in country, are activated to provide emergency humanitarian aid.

22 February 2017: [DREF operation](#) launched for 238,054 Swiss francs to reach 3,500 people.

24 March 2017: [Emergency Appeal](#) launched for 3,997,679 Swiss francs to support 50,000 people for 12 months.

25 March 2017: First charter plane sent by the Regional Logistics Unit (RLU) in Panama with 34 tonnes of humanitarian aid arrives in Peru.

6 April 2017: [Emergency Appeal Revision](#) issued for 4,740,589 Swiss francs to support 50,000 people for 12 months.

27 April 2017 and 10 July 2017: [Operations update no. 1](#) and [Operations update no. 2](#) published.

26 September 2017: [Emergency Appeal Revision 2](#) published.

20 November 2017: [Six-month Report](#) published.



The Peruvian Red Cross held meetings with the people reached by the Cash Transfer Programme prior to the first instalment. Source: PRC

This Operations Update reports on the progress towards the achievement of this Emergency Appeal's outcomes and outputs. Additionally, the Peruvian Red Cross (PRC), with International Federation of Red Cross and Red Crescent Societies (IFRC) support, has requested a three-month extension of the operation through this update. The 2.28 million Swiss francs- budget remains unchanged. This operation will focus on completing all the community-based actions by 22 March 2018 and implement the National Society development actions in April and May 2018.

This extension will enable the PRC and the IFRC to continue their coordinated actions to support the eight target communities in Piura, Lambayeque and La Libertad during the reconstruction phase, as well as carry out the planned actions to contribute to the Peruvian Red Cross's internal capacities.

National Society volunteers and staff and IFRC personnel are engaged in the implementation of actions in health; water, sanitation and hygiene; shelter and settlements (and household non-food items [NFIs]); shelter coordination; food security; livelihoods; restoring family links (RFL); disaster risk reduction (DRR); National Society organizational capacity building and institutional preparedness; and quality programming/ areas common to all sectors.

Situation analysis

A year following the heavy rainfall, floods and landslides that affected 1.8 million people, the impacts of the El Niño Southern Oscillation (ENSO) are still present in Peru's coastal regions (Tumbes, Piura, Lambayeque, La Libertad, Ancash, Lima and Ica). According to the National Institute for Civil Defence (INDECI), this disaster led to 164 deaths, 505 people injured and 20 remain missing.

INDECI reported a total of 442,400 damaged homes: 377,372 affected homes, 37,108 collapsed homes and 27,920 were left inhabitable. Over a third (35 per cent) of all the country's uninhabitable and/or collapsed homes are in the operation's target regions: Lambayeque: 35 per cent; Piura: 33 per cent; and La Libertad: 10 per cent.

In mid-March 2017, the Peruvian government declared a state of emergency in 11 of the country's 24 regions. Over the past year, several declarations were extended in the most affected regions. As of 14 January 2018, states of emergency were declared in Tumbes, Lambayeque, La Libertad, Ancash, Cajamarca and Ica and 145 districts in Lima and 3 districts in the constitutional province of Callao considering the high existing risk of the 2017-2018 rainy season.

As mentioned in the six-month report, in September 2017, the Government of Peru modified its Integrated Reconstruction Plan. Through its Reconstruction with Changes Authority (ARCC for its acronym in Spanish), the government implements reconstruction actions in culture; education; labour and employment promotion; transportation and communication; and housing construction and sanitation. In 2018, ARCC announced 3,512 infrastructure projects will be implemented in 13 regions with a budget of nearly 2,000 million Swiss francs (7,000 million Peruvian soles). The government has announced that in 2018, more than 48,000 families will have new homes with a living room, dining room and two bedrooms, as well as a bathroom. This number includes the 5,209 housing vouchers provided in 2017.

According to the Peruvian Ministry of Health's Epidemiological Bulletin for week 4 (21 to 27 January 2018), only 66 per cent of the country's population has 24-hour access to water from a public water system. Piura, La Libertad, Tumbes and Ica are among the seven regions where 60 per cent of the population only has a few hours of daily access to public water networks. The lowest coverage of water is reported in five regions; three of these were affected by ENSO: La Libertad, Piura and Ica. The scarce access to clean and safe water sources, as well as proper sanitation, increase risks of vector-borne diseases, as well as zoonotic diseases. The disaster and its aftermath has increased the health risks in the flood-affected regions.

The Red Cross Red Crescent response to date

Almost a year after the launch of the operation, the IFRC, the International Committee of the Red Cross (ICRC) and the two in-country Partner National Societies (PNSs) -- German Red Cross (GRC) and Spanish Red Cross (SRC) have been essential to the Peruvian Red Cross-led operation. Coordination Movement action has reached vulnerable populations with needed humanitarian support.

Peruvian Red Cross volunteers are fundamental to the progress made during all phases of this operation. In addition to the distribution of non-food items during the emergency phase, these volunteers also distributed the donations from received from individuals, organizations and private sector within Peru. During the emergency phase, the PRC distributed 2,664 food packs and 6,253 clothing packs along with the standard NFIs.

During the emergency phase, the PRC, with IFRC support, distributed the following:

- Over 850,000 litres of water (with Kits 2 and 5)
- 7,541 jerry cans
- 4,807 water filters
- 965 buckets
- 5,013 kitchen kits
- 7,715 tarpaulins
- 2,443 blankets

During the reconstruction phase, this operation reached:

- 999 families with a two-installment cash transfer
- 476 families with a latrine
- 475 families with a handwashing station
- 6 communities with health posts
- 6 community health brigades created and trained
- 2 communities with community centres
- Paint, varnish, locks and other finish for the 535 transitional shelters built by the Peruvian Red Cross

Overview of Red Cross Red Crescent Movement in country

As mentioned in previous operations updates, the GRC provided bilateral support for emergency response actions in the Piura regions. A total of 2,000 families have been reached with hygiene kits and water kits (jerry cans and water purification filter). Additionally, five bladders were installed in five collective centres in Piura. These actions have been combined with an ongoing health prevention campaign in this same region.

The Spanish Red Cross support to the National Society included a cash transfer programme (CTP), which combined CTP with hygiene items (buckets, treatment of safe water and cleaning kits), reaching 400 households in Lambayeque and Ancash regions. Additionally, SRC support was provided to the National Society for the distribution of 500 cold weather kits and 1,200 hygiene kits, and built 12 temporary shelter modules in Huarney, Ancash region.

During the emergency phase, the ICRC aided with the restoring family links framework. RFL support was provided for 88 cases, which entailed telephone calls, hotline calls, messages and search requests. The ICRC also provided

communication support for the Movement response to this emergency, as well as coordination in protection and health issues.

In the current phase, Movement meetings are held to address ongoing response actions by the National Society, as well as other issues to strengthen the PRC's organizational development and governance and management bodies.

Coordination and partnerships

The PRC, as an auxiliary to the state for humanitarian issues and in line with the Fundamental Principles, continues to work closely with the authorities at national, regional and municipal levels. During the reconstruction phase, this has included coordination with the municipalities of Tambo Grande and Curi Mori (Piura region) and Jayanca, Pacora, Pimental and Pitipo (Lambayeque) regarding housing and water needs.

All the health activities, particularly the establishment of six health posts in the target communities and the training of the community health brigades, is done in coordination with the regional directorates of the Ministry of Health in Piura, Lambayeque and La Libertad regions, as well as initial coordination with the national headquarters of the Ministry of Health. The Peruvian Red Cross has an established agreement with the Ministry of Health, which will be extended in particular agreements with the regional health authorities in Lambayeque and La Libertad. Further details are provided in the Health sector below. The PRC health coordinator participates in coordination meetings with other humanitarian actors, such as UNICEF, IOM and Care, to address community-based health challenges and identify solutions.

The cash transfer programme was coordinated with other humanitarian organizations: Save the Children, Adventist Development and Relief Agency (ADRA), PREDES- Disaster Prevention and Study Centre and Caritas. The PRC-IFRC team for cash transfer coordinated with the municipalities of Ascope and Viru (La Libertad region) and in addition to the municipalities where houses were built, contact was made with local authorities in Catacaos (Piura region) and Salas, Tucume, Illimo, Morrope and Mochumi (Lambayeque region).

The PRC and all Movement components in the country coordinate with other humanitarian actors. The PRC, with IFRC support, participates in government-led national and regions level meetings, as well as those with non-governmental organizations (NGOs). The IFRC operational staff and PRC attend United Nations-led coordination meetings, including in the Humanitarian Coordination Country Team (HCT).

The sectors were activated in the emergency phase. As mentioned in previous operations updates, the IFRC and the government co-led cluster sector coordination during the emergency and reconstruction phases. Shelter cluster meetings are no longer regularly held at the national level. The IFRC regularly participated in other sector meetings, particularly in water, sanitation and hygiene promotion, health, protection, and food security.

Overall objective

Ensure that at least 35,000 people affected by the floods in the regions of Ancash, La Libertad, Lambayeque, Lima, Piura, and Tumbes receive appropriate assistance in a timely, effective, and efficient manner and that they are provided with the necessary support to recover with increased disaster resilience.

Proposed strategy

The strategy established in the second revised appeal remains valid. However, with the extension of this operation for three additional months, increased attention will be given to the National Society capacity development. As stated in the introduction, the secretariat and Movement components in the country are working in coordination to offer guidance, support and training to leadership, staff and volunteers of the Peruvian Red Cross.

In the last three months of this operation, particular support will be given to ensure National Society compliance with Movement norms and standards. The secretariat, in coordination with other Movement components, is working with the National Society to improve its governance and management bodies at the national and branch levels. This will be done through the branch organizational capacity assessment (BOCA) in the branches in the affected regions, as well as courses in leadership and integrity.

As will be mentioned below, this operation will also support the organization of a logistics course in the National Society, as well as a National Intervention Team training in water, sanitation and hygiene promotion.


As mentioned in the second revised appeal, this operation aims to strengthen community resilience and develop National Society capacity to prepare and respond to future disasters. The recovery and reconstruction phase is focused on the following eight communities:

Region	Province	District	Community
Piura	Piura	Cura Mori	Nuevo Chato Chico
		Cura Mori	Eleuterio Cisneros
		Tambo Grande	San Miguel de Malingas
Lambayeque	Ferreñafe	Pitipo	Tres Puentes A

	Lambayeque	Pacora	San Luis
			Santa Isabel
	Chiclayo	Pimental	Arenales

At least 500 families in 8 communities in the regions of Piura and Lambayeque will receive transitional shelters, with latrines and specific community-based risk reduction and health activities. Target communities and those in the surrounding areas will be reached with health promotion and psychosocial activities. The strategy aims to reach 1,000 families with unconditional cash transfers which will improve their food security and livelihood recovery.

Detailed progress on Operational Plan

 Health			
Outcome 1: The immediate and medium-term risks to the health of at least 15,000 people in the targeted affected regions are reduced.	Outputs		% of achievement
	Output 1.1: First aid and health promotion is provided to at least 15,000 people in the targeted affected regions		
	Output 1.2: Affected children, adolescents and other groups in situation of extreme vulnerability and people involved in operation receive psychosocial support		
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Provision of first aid	X		100%
2 first aid workshops per community (brigades and community teams)	X		100%
Provide pre-hospital health care, and referral (if needed), for people in extreme vulnerability	X		100%
2 combined training workshops for volunteers (CBHFA, first aid, Epidemic Control for Volunteers, Participatory Hygiene and Sanitation Transformation- PHAST)	X		100%
2 community-based disease prevention (CBHFA, EVC and PHAST health strategies) events for each of the 8 target communities	X		Over 100%
Psychosocial workshops for volunteers	X		100%
Psychosocial support for children and adolescents	X		100%
Psychosocial support for persons in situation of extreme vulnerability	X		100%
Psychosocial workshops for people involved in the operation	X		100%
Purchase, design and printing of psychosocial materials	X		100%
Psychosocial workshops for volunteers	X		100%
Psychosocial support for children and adolescents	X		100%
Psychosocial support for persons in situation of extreme vulnerability	X		100%
Achievements to date			

Emergency phase

During the emergency, PRC volunteers with IFRC support, engaged in a multi-pronged community-based health approach that offered first aid; psychological first aid and psychosocial support; and health promotion activities to the affected populations.

In the first weeks of the emergency, PRC provided first aid to those in need, as well as provided pre-hospital care and referral to 34 people in extreme vulnerability. A total of 68 PRC volunteers and 60 community members were trained during the emergency phase. During the recovery and reconstruction phase, an additional 20 volunteers were trained.



The PRC, in coordination with State health authorities, trained community health brigades. Source: PRC

As reported in previous operations updates, 34 people were referred to hospitals during the emergency phase.

In the early recovery phase, the Peruvian Red Cross and IFRC identified the need to focus on dengue prevention. Actions were implemented based on the epidemic control methodology for dengue, chikungunya and Zika, leptospirosis, yellow fever, diarrheal diseases and acute respiratory infections. A total of 30 volunteers were trained in this methodology and 113 volunteers were trained in messages related to dengue, diarrhoea and leptospirosis prevention in Piura, Lambayeque and Ancash regions.

In this same period, educational talks were held concurrent with the distributions of water and sanitation non-food items. The National Society disseminated information on the prevention of dengue, diarrhoea disease and leptospirosis to 3,786 people.

The training in CBHFA and ECV was conducted in two comprehensive workshops; the first was held during the emergency phase and the second was held in Trujillo in the early recovery phase. Volunteers from the affected branches participated in these multi-sector training workshops.

Recovery and reconstruction phase

During the recovery and reconstruction phase, efforts focused on supporting community health promotion and prevention activities in the ten target communities in Piura and Lambayeque regions: San Martin de Malingas, Eleuterio Cisneros and Chato Chico (Piura region) and San Luis, Santa Isabel, Mirador, Matriz, Arenales de Pimental, Tres Puentes A and Patapon (Lambayeque region).

Six community brigades, composed of six to nine people each, were created in San Martin de Malingas, Eleuterio Cisneros and Chato Chico (Piura region) and Mirador, Patapon, Tres Puentes A (Lambayeque region). The brigades and a related health sub-committee were trained and received equipment. The formation and training of the brigades was conducted in coordination with the Ministry of Health's Regional Health Directorate.

This operation built community-level health posts in six communities (Piura: Eleuterio Cisneros, Nuevo Chato Chico, San Martin de Malingas and Lambayeque: Tres Puentes A, Patapon and Mirador) that were equipped with basic first aid items, including a stretcher, sterilization unit and common medications. Leaders in each community received a guide, created by the PRC, on the implementation and functioning of these posts, which were officially inaugurated from 11 to 13 January. In February, two more health posts are planned to be implemented in the La Libertad region and an additional post in Piura.

The PRC health coordination with local volunteers gave educational talks on safe water and hygiene promotion and epidemic prevention in the target communities. As this activity is also related to water, sanitation and hygiene promotion, further details are provided in the pertinent sector below.

Community health promotion and prevention activities during the recovery and reconstruction phase were focused in the ten communities in Lambayeque and Piura where the temporary shelters and latrines were built, as well as in neighbouring communities.

An initial health knowledge and practices (KAP) survey was conducted in these communities. The final KAP survey is planned for the end of the operation. The results of the initial survey indicated that few of those affected by the floods have participated in activities related to the prevention of vector-borne diseases, psychosocial support, first aid and hygiene promotion.



The PRC distributed preventative health kits in January 2018. Source: PRC

The PRC organized and facilitated community workshops focused on clean water, hygiene promotion and prevention of vector-borne diseases (dengue, chikungunya and zika). Materials on these topics, including posters and brochures, were designed and being distributed during the training sessions. A total of 1,730 people (886 people in Lambayeque and 884 in Piura) participated in the workshops. The following table details the participants by location:

Region	Province	District	Community	Total people reached	Men reached	Women reached
Piura	Piura	Cura Mori	Nuevo Eleuterio Cisneros	121	43	78
			Nuevo Chato Chico	64	19	45
			Cristo Viene	53	9	44
			Jesus de Nazareth	179	36	143
			Buenos Aires	55	16	39
			Tupac Amaru III	30	5	25
			Tupac Amaru I	91	20	71
			Nuevo San Martin	35	10	25
			Nueva Santa Rosa	81	7	74
	Catacaos	San Pablo	77	8	69	
Sullana	Tambogrande	San Martin de Malingas	58	33	25	
Lambayeque	Chiclayo	Pacora	Santa Isabel	55	22	33
			Bances	69	35	34
			Puente Machuca	65	17	48
			San Luis	75	22	53
		Pimentel	Los Arenales	295	114	181
	Ferreñafe	Pitipo	Tres Puentes A	85	17	68
			Batan Grande	198	91	107
			Tres Puentes B	44	19	25
Total				1730	543	1187

An PHAST workshop will be held in March in Piura. This workshop is aimed at PRC volunteers from the five affected branches (Piura, Chiclayo, Tumbes, Huarmey and Trujillo) and community brigade members.

The Peruvian Red Cross, through a bilateral donation, created and distributed preventative health kits composed of repellents, bleach, bucket covers and mosquito nets for households with someone infected and/or members who rest during daytime hours. These kits aim to decrease the risk of dengue, Zika and chikunguya. A total of 3,238 households (1,997 in Pura and 1,241 in Lambayeque) were reached with these kits, in addition to the 562 kits that the National Society will reposition. The following table provides information on the location of distributions:

Region	Province	District	Community	Households reached
Piura	Piura	Cura Mori	Nuevo Eleuterio Cisneros	110
			Nuevo Chato Chico	78
			Cristo Viene	97
			Jesus de Nazareth	131
			Tupac Amaru II	11
			Tupac Amaru III	32
			Tupac Amaru I	78
			Nuevo San Martin	4
		Catacaos	Molino Azul	285

				AA.HH. José Carlos Mariátegui	71	
				C.P. Pueblo Nuevo	12	
				AA.HH. Cristian Requena	78	
				AA.HH. José María	15	
				AA.HH. Nuevo Catacaos	1	
				AA.HH. Miraflores	4	
				Monte Suyon	396	
				Ampliación Los Tallanes	53	
				C.P. Pedregal Grande	66	
				Castilla	Villa Chulucanas	135
					Libertadores	84
					Villa Paz	77
					Tallanes	4
					Quebrada del Gallo	88
					Ciudad del Niño	9
		Tacalá	11			
		Sullana	Tambogrande	San Martin de Malingas	67	
		Lambayeque	Chiclayo	Tuma	Sector Aviación	308
					Sector Vivero II	81
					Sector Cruz del Calvario	122
					Sector Los Naranjos II	44
					Sector Narano I	134
				La Victoria	AA.HH. Antonio Raimondi	70
					AA.HH. Los Rosales	124
					Fundo San Lozano	11
					Ampliación V.R. Haya de la Torre	108
				J.L. Ortiz	C.P. Culpon	187
U.P.I.S. 1 Mayo	4					
Ferreñafe	Pitipo		Tres Puentes A	48		
Total				3238		

In addition to the informational material in the kit, PRC volunteers will conduct three rounds of house-to-house visits in February to follow-up on these distributions. A In the first round, volunteers will demonstrate healthier hygiene practices related to the use of the latrines and handwashing stations. The second round is a follow-up and monitoring visit (interviews and observation). The last visit reinforces skills learned.

Psychosocial support

In the emergency phase, training and/or refresher courses in psychosocial support were provided for 136 PRC volunteers (all from Piura, Lambayeque, La Libertad and Ancash). In addition, in response to different manifestations of violence, 30 PRC volunteers from Piura (Piura), Trujillo (La Libertad) and Chiclayo (Lambayeque) were trained in the CBHFA violence prevention module, which was implemented as a strategy within psychosocial support actions.

During the emergency phase, 2,967 children and adolescents and 2,346 adults living in a situation of extreme vulnerability (for example those living in collective centres or in communities not attended by other organizations) were reached with psychosocial support. Psychosocial support addressed healthy coping strategies in crises; loss and the grieving process; and psychological first aid. Additionally, 79 people involved in the response participated in psychosocial support workshops.

During the recovery and reconstruction phase, psychosocial support activities were focused on the target communities. The volunteers from the PRC branch in Trujillo maintain an active psychosocial support team. With the support of the theatre-circus group La Tarumba, a workshop was carried out in Trujillo with 15 volunteers from La


Libertad, Piura and Lambayeque regions on how to provide psychosocial support to families affected by the floods using games and art. A replica workshop was held in Bello Horizonte community (Laredo district) in Trujillo region. The workshop reached 36 young people (12 boys and 24 girls). Trained volunteers continue to support the psychosocial activities in La Libertad, Piura and Lambayeque.

A total of 2,627 people participated in psychosocial activities focusing on decreasing stress levels, improving self-esteem, working through loss and grief, violence prevention and techniques for dealing with future emergencies.

Three psychosocial kits containing materials such as puppets, toys, games and office material were created and provide to the PRC branches in Piura, Lambayeque and La Libertad that have continued to implement psychosocial activities during the recovery phase.

In this phase, the PRC health coordinator is working with branch-level health focal points to incorporate violence prevention into the psychosocial support activities. As the Trujillo branch is already implementing these actions, additional support will be provided so the PRC volunteers can roll-out activities with children and youth from six target communities (Piura: Eleuterio Cisneros, Nuevo Chato Chico and San Martin de Malingas and Lambayeque: Patapon, Tres Puentes A and Matriz).

As part of the extension of the operation's timeframe, psychosocial support activities also will include playground equipment for children in four target communities: Patapon and Tres Puentes A in Piura region and Eleuterio Cisneros and nuevo Chato Chico in Lambayeque region. The playground equipment will consist of a six-person see-saw, two monkey-bars climbing frames and a three-person swing set. This equipment will be distributed to the communities by early March.

 Water, Sanitation and Hygiene Promotion			
Outcome 2: Access to safe water and sanitation, which meets Sphere and World Health Organization (WHO) standards, is provided to at least 7,575 households.	Outputs		% of achievement
	Output 2.1 Purification and distribution of water for at least 7,000 households.		100%
	Output 2.2: Adequate sanitation, which meets Sphere standards in terms of quantity and quality, is provided to at least 575 families.		82%
	Output 2.3: At least 3,500 households have information, knowledge and products for safe handling of water and hygiene		Over 100%
	Output 2.4: Community cleaning campaigns are conducted in affected regions.		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Acquisition and use Kit 5 for 5,000 people	X		100%
Acquisition and use of Kit 2 for 2,000 people	X		100%
Acquisition and installation of water purification supplies	X		100%
Acquisition, installation and distribution of water through 3 bladders	X		100%
Acquisition and distribution of 6,000 jerrycans and 1,700 buckets	X		Over 100%
Implementation of community water micro projects which improve access to water sources	X		0%
Construction and installation of 575 latrines	X		83%
Workshops in hygiene promotion for volunteers	X		100%
Workshops in hygiene promotion for communities	X		100%
Purchase and distribution of 3,150 hygiene kits	X		159%
Implementation of 500 hand-washing stations	X		95%

Community cleaning campaigns	X	60%
Acquisition and distribution of cleaning kits	X	50%

Achievements to date

During the emergency phase, the PRC distributed the following water and sanitation items:

Region	Water (litres)	Water filter*	Jerrycans	Buckets	Hygiene kit	Cleaning kit	Bleach	Soap
Tumbes		100	1089		494	500		312
Ancash	240600	597	1900		1550		30888	
La Libertad	3170	352	304		504			
Lambayeque		137	1361	965	292	504	28950	2283
Lima	312				28			
Piura	607000	3621	2887		2145		27352	
Total	851,082	4,807	7,541	965	5,013	1,004	87,190	2,595

In this same period, the WATSAN Kits 5 and 2, which had been sent from Panama, were installed in Piura (Kit 5) and in Ancash (Kit 2) regions. Ten bladders were installed in Ancash- 5 (Huarmey: 2 and Chimbote: 3) and Piura- 5 ("Kilometre 980" collective centre: 4 and Chato Chico collective centre: 1). Nine of these bladders are now stored in the PRC warehouse in Lima for use in future emergencies.

In the emergency phase, three training courses in water, sanitation and hygiene promotion for PRC volunteers were held and four latrines were constructed and installed in the collective shelter in Chato Chico.

Water and sanitation actions during the recovery and reconstruction phases focused on the construction of 476 latrines (295 in Piura and 181 in Lambayeque) and related hygiene promotion activities.

Latrine construction was adapted to the conditions in each target community where the Peruvian Red Cross built its transitional shelter units. The latrines were built 5 to 10 metres from each home. In Piura, the sandy terrain led to the use of metal cylinders to avoid the pits from filling up. A second design was used in the Malingas community, which has a rockier terrain. For the communities in Lambayeque, a third design was used. Community members participated in latrine construction. Families learned how to maintain their latrines and repair them, if needed. The community of Santa Isabel in Lambayeque, which received transitional shelters, did not receive latrines or handwashing stations since those provided by the State were in good condition.



This operation provided affected families with access to latrines and handwashing stations. Source: PRC

Furthermore, 545 latrine cleaning kits will be distributed for the households reached with this operation's actions: 295 in Piura and 250 in Lambayeque. The latrine kit consists of lime, a bucket, gloves, mask, rags, cleaning brushes and bleach. The tender process is planned for completion in February and by early March, distributions will be held in each community.

A total of 475 hand-washing stations (Piura: 294 and Chiclayo: 181) will be built next to the latrines. As of January, the sinks and related materials were delivered to the communities. As there is no piped water and sewage system in these areas, these stations have access to water in buckets with spouts above the installed sink and a two-meter discharge pipe is being installed.

Educational materials on the importance of hand-washing were distributed, in addition to the community-level workshops described in the health section above. The PRC health coordinator is working with branch-level volunteers to better respond to questions about the latrine and handwashing.

By the end of February, the following communities will be reached with latrines and handwashing stations:

Region	District	Community	Latrines	Handwashing stations
Lambayeque	Pitipo	Tres Puentes A	51	51
		Patapon	28	28
	Pacora	San Luis	26	26
		Matriz	23	23
	Jayanca	Mirador	15	15
Pimentel	Los Arenales	38	38	
Piura	Curi Mori	San Martin de	68	68


		Malingas		
	Tambogrande	Eleuterio Cisneros	141	141
		Nuevo Chato Chico	86	85
	Total		476	475

Community cleaning kits were distributed to communities in La Libertad (4 communities with 1 kit each) in November and to Piura (3 communities: 4 kits) and Lambayeque (4 communities with 1 kit each) in January. The kits contain two wheelbarrows, 2 shovels, 2 rakes, 4 brooms, 50 50-litre plastic bags, 4 pairs of heavy rubber gloves, 1 box of facial max, 1 box of latex gloves, 4 pairs of rubber boots and 2 pickaxes. Four community cleaning campaigns were held in communities in Lambayeque and others are planned to continue in all the target communities until early March.

Plans are underway for a National Intervention Team (NIT) training in water, sanitation and hygiene promotion. The IFRC will organize, facilitate and support this training. This week-long workshop, planned for 9 to 15 April in Huarmey, aims to provide the National Society with more specialized volunteers who can be deployed in future emergencies.

As part of the extension of this operation, a personal hygiene kit will be distributed to the families who received the transitional shelters and latrines. A total of 294 kits in Piura and 250 kits in Lambayeque will be concurrently distributed during more advanced hygiene promotion training sessions that the newly trained NIT members specialized in water, sanitation and hygiene promotion will provide at the community level. An additional 56 hygiene kits will be repositioned in the PRC warehouse in Lima.

As this reporting period came to an end, the PRC was working with communities and local authorities to identify the possibilities of implementing small-scale water projects. These projects aim to improve target communities' access to water sources. In one community, Eleuterio Cisneros in Piura, 2,500-litre water tanks will be purchased. In other locations, coordination is underway to determine if water systems can be extended to reach the newly settled communities, such as Chato Chico.

 Shelter			
Outcome 3: The immediate needs of target population on non-food items (NFIs) and shelter are met.	Outputs		% of achievement
	Output 3.1: 5,000 households are reached with essential non-food items.		Over 100%
	Output 3.1: 5,000 households are reached with essential non-food items.		Over 100%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Acquisition and distribution of 9,400 tarpaulins	X		82%
Acquisition and distribution of 2,501 kitchen kits	X		Over 100%
Build 500 temporary shelters (contribution)	X		Over 100%
Achievements to date			
<p>During the emergency phase, the Peruvian Red Cross distributed tarpaulins and kitchen kits in six regions. A total of 7,715 tarpaulins (2 per household) were distributed and four more were distributed in the recovery phase. A total of 7,719 tarpaulins have been distributed. The remaining tarpaulins are prepositioned in the PRC warehouse and will be used in future emergencies.</p> <p>A total of 2,501 kitchen kits were procured through the global logistics service in Panama and were distributed in the affected regions. Additional kits were purchased and distributed by PRC. A total of 4,562 kitchen kits were distributed.</p> <p>Using items prepositioned in its central warehouse, the Peruvian Red Cross organized and packed 60 non-standard shelter kits to send to the affected regions. These kits included basic tools for collective use that the PRC distributed to the most vulnerable communities.</p>			

In the first months of the emergency, PRC branches throughout the country received donations from individuals, community groups, organizations and institutions. The donated clothes were sorted and packed by PRC volunteers for distribution in the affected areas. A total of 6,253 clothing packets were distributed in the affected regions, along with shoes and rubber boots. PRC volunteers also distributed 2,443 blankets. The following table details the emergency phase distributions in this sector:

Region	Tarpaulins	Kitchen kit	Clothing packet	Blankets	Shelter kit
Tumbes	994	500		1159	
Ancash	1900	1147	3800		
La Libertad	304	504	54		
Lambayeque	1420	573	441	1284	60
Lima			1849		
Piura	3097	1838	109		
Total	7,715	4,562	6,253	2,443	60

Output 3.1 was surpassed with the distribution of 4,562 kitchen kits and the 535 transitional shelters. It should be noted that the target communities of the recovery and reconstruction phase were not necessarily reached by this operation in the emergency phase. Several of the current target communities are new settlements.

During the recovery and reconstruction phase, the Peruvian Red Cross built 535 transitional shelters in 10 communities in Lambayeque and Piura. These 18-metre squared homes are made of wood and were built on a 20-metre squared cement foundation. Each home has an inner wall, enabling the families to have separate rooms. Community members participated in the construction and finishing touches; the latter involved treating the wood against pests and varnishing the outer walls. The following table provides details on the families reached in each location with a transitional shelter:

Region	District	Community	Quantity
Piura	Cura Mori	San Martin de Malingas	67
	Tambogrande	Eleuterio Cisneros	140
		Nuevo Chato Chico	85
Lambayeque	Pitipo	Tres Puentes A	48
		Patapon	25
	Pacora	Santa Isabel	51
		San Luis	26
		Matriz	37
	Jayanca	El Mirador	14
	Pimentel	Los Arenales	42
Total			535

Furthermore, the PRC provided technical guidance to the target households for property issues. The local municipalities provided formal certifications demonstrating each families' land possession.

Additionally, the PRC built six health posts (18-square metres) and two community centres (36-square metres). The National Society used its bilateral donations for this construction.

This operation purchased accessories such as paint and varnish, paintbrushes, cement, plaster and locks for the transitional shelters, community centres and health posts. This finishing contributes to the longevity of the construction and resistance to rain and sun.


The selection of communities and families was carried out in close coordination with local municipalities and the shelter cluster to avoid duplication of efforts as well as ensure the support of the local municipality in the various components of this phase of the operation. Two architects (one in Piura and Lambayeque) compose the PRC


technical shelter team. This team participated in the design of the shelters, community organization, training community members and working with the company hired to build the shelters.


As part of the extension of this operation, plans are underway to build community centres in all off the target communities. In the case of the already existing community centres, this operation will provide a small budget so the communities can improve and equip these centres.

 Shelter Coordination			
Outcome 4: The shelter response of humanitarian actors is strengthened through enhanced leadership, coordination and accountability.	Outputs		% of achievement
	Output 4.1: Timely, predictable, and widely accessible shelter coordination services are provided to humanitarian shelter actors.		100%
	Output 4.2: Shelter coordination services in Peru provide a platform to integrate DRR into the shelter response of humanitarian actors.		20%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Support service delivery of humanitarian shelter actors	X		100%
Support the development and implementation of the shelter strategy	X		100%
Monitor and evaluate the humanitarian shelter response	X		100%
Support advocacy on behalf of the cluster	X		100%
Build national capacity in preparedness and contingency planning		X	20%
Achievements to date			
<p>As mentioned in previous operations updates, in agreement with the Humanitarian Country Team, the UN Resident Coordinator requested the official activation of the Shelter Cluster on 4 April 2016. The IFRC, as the designated shelter cluster lead agency, deployed a shelter coordination team (delegate and a technical advisor, who was supported by Habitat for Humanity and ShelterBox). Information management was initially supported by the Global Shelter Cluster support team, and then was carried out by IFRC interns in-country.</p> <p>The cluster provided technical guidance and coordination to further strengthen the government's overall leadership in the humanitarian response at the regional and national levels. At its height, 21 institutions participated in the national shelter cluster. Local organizations and institutions played an active role in the shelter cluster. All clusters in the country tapered off in December.</p> <p>Facilitated by the IFRC, Shelter Cluster partners created and implemented a shelter strategy, which included the development of several documents, specific strategies and tool kits. A list of prioritization criteria was created, which is based on vulnerability that focuses on the population who lives in areas with mitigatable risks; households with members with a disability or highly complex chronic conditions; elderly, adolescent or single heads of households, large households (more than five people, particularly with children under five and/or more than one family in one home); survivors of gender-based violence; pregnant or nursing women; as well as families who currently receive State-sponsored social support; rural households; communities that have not been reached by aid; and families whose income-generation was based within the household. In addition, a shelter strategy was designed, as well as a standardized shelter kit, standardized NFI kit, and criteria related to accessibility.</p> <p>The Shelter Cluster gathered technical solutions for temporary shelter planned by shelter cluster partners, established a technical library on the shelter cluster website and invited a university research team specialized in low-cost architecture in bamboo to give an informative session to the cluster. The Shelter Cluster also reviewed shelter designs of the participating organizations. Despite their substantial contributions to the response and reconstruction efforts, the shelter cluster did not fully implement a disaster management focus into its actions.</p> <p>As of the end of September, the shelter cluster delegate (coordinator) and technical advisor completed their missions. The Operations Manager took over the role of Shelter Cluster coordination at the national level until the clusters' actions tapered off. In Lambayeque, the shelter cluster continues to meet.</p>			

More information on the shelter cluster in Peru can be found at: <https://www.sheltercluster.org/response/peru-floods-2017>

 Food Security			
Outcome 5: Food insecurity of the affected population is reduced	Outputs		% of achievement
		Output 5.1: 2,000 households have sufficient food, based on the Sphere standards, to ensure food security	
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Distribute food packs to 2,000 affected families	X		Over 100%
Achievements to date			
The Peruvian Red Cross distributed 2,129 food kits in the affected regions. These items were collected at PRC branches throughout the country. This activity was completed in the emergency phase of the operation.			

 Livelihoods			
Outcome 6: Affected small business owners and entrepreneurs recover their livelihoods.	Outputs		% of achievement
		Output 6.1: Small business owners and entrepreneurs are supported with a cash transfer programme	
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Conduct a cash feasibility study	X		100%
Achievements to date			
<p>The American Red Cross seconded a cash transfer programme expert to this operation for May and June 2017. A feasibility study was conducted based on visits to 20 rural, peri-urban and urban communities in Peru's coastal plains from Piura in the north to the capital city of Lima. This study identified the most appropriate and efficient methods to implement a CTP with the affected population.</p> <p>As part of this study, a market analysis to gauge the impact of the disaster on basic consumer goods—particularly food staples—was also conducted. The feasibility study, thus, provides an analysis of the technical, economic, logistic, political, and practical challenges to conducting a CTP. The study additionally offered recommendations regarding modality, beneficiary targeting and strategies to mitigate risks.</p> <p>Following the revision of the Emergency Appeal in September, the remaining CTP activities were incorporated into the Quality programming/ Common to all Sectors outcome.</p>			

 Restoring Family Links			
Outcome 7: Contacts are re-established and maintained between family members separated by the disaster, within and outside the affected areas	Outputs		% of achievement
		Output 7.1: People in affected areas and their relatives outside these areas have access to appropriate means of communication to re-establish and maintain contact with loved ones.	

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Attention in RFL cases for the affected population, particularly children and the elderly, and especially those at risk of being unattended.	X		100%
Dissemination of key messages, services available and follow up	X		100%

Achievements to date

The International Committee of the Red Cross provided support to the PRC to implement actions in this sector during the emergency phase. RFL support was provided for 88 cases, which entailed telephone calls, hotline calls, messages and search requests. The PRC focal point conducted two missions to the affected regions. At the end of the intervention, only two messages were unable to be presented.

With ICRC technical guidance, the National Society strengthened its response capacity in RFL. A total of 23 volunteers at the national level were trained in RFL; these volunteers were responsible for transmitting basic knowledge in RFL to volunteers throughout the branch network. As part of this process, 32 branch volunteers and local authorities in Piura increased their knowledge of the restoring family links framework.

Disaster Risk Reduction

Outcome 8: Communities are better prepared to mitigate and respond to disasters	Outputs	% of achievement
	Output 8.1: At least 8 communities have the knowledge and tools to better mitigate and respond to disasters	

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
8 training sessions for community brigades (1 per community)	X		75%
Training workshop for PRC volunteers on community preparedness	X		100%
Conduct drills and simulations in the 8 target communities	X		0%
Awareness-raising and preparedness - dissemination of key messages in communities	X		0%

Achievements to date

In October, 20 volunteers participated in a multi-purpose workshop in Trujillo. Disaster risk reduction was one of several topics taught. PRC volunteers were trained in the making of community maps and working with the population to create family emergency plans, based on reference materials from INDECI.

During the reconstruction phase, 39 volunteers (Piura: 18 and Lambayeque: 21) were trained in two DRR workshops.

DRR community workshops that reached 1,272 people were held in Piura and Lambayeque regions. These trainings were a follow-up to the community trainings mentioned in the health and water and sanitation sections above. The following table provides details on the participants per community:

Region	Province	District	Community	People reached	Men reached	Women reached
Piura	Piura	Cura Mori	Nuevo Eleuterio Cisneros	90	38	52
			Nuevo Chato Chico	38	11	27
			Cristo Viene	133	14	119
			Jesus de Nazareth	211	66	145
			Buenos Aires	74	30	44
			Tupac Amaru III	31	4	27

			Tupac Amaru I	86	30	56	
			Nueva Santa Rosa	80	5	75	
			Nuevo San Martin	19	4	15	
		Catacaos	San Pablo	174	33	141	
	Sullana	Tambogrande	San Martin de Malingas	30	14	16	
	Lambayeque	Chiclayo	Pacora	Santa Isabel	70	31	39
				San Luis	27	9	18
			Matriz	41	20	21	
		Lambayeque	Mirador	16	3	13	
		Pimentel	Los Arenales	28	2	26	
Ferreñafe		Pitipo	Tres Puentes A	68	6	62	
			Patapon	56	24	32	
Total				1272	344	928	

In February and March, trainings will continue. The PRC will work with the firefighters in six training sessions (3 in Piura and 3 in Lambayeque) so the families who have received the transitional shelters are knowledgeable about fire prevention and strengthen their response capacities were one to occur.

The drills and simulations are planned for early March.



National Society Capacity Building

Outcome 9: The operation is supported through the protection and promotion of the National Society's development, capacities and future sustainability.	Outputs	% of achievement
	Output 9.1: Movement-wide emergency response effort led by the PRC and with the support of the IFRC, ICRC and PNSs	100%

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Equip emergency operations centre	X		50%
Provide support in repairing damaged branches	X		50%
Provide staffing support to the PRC to support its emergency response, and recovery and reconstruction activities	X		100%
Support to PRC management team and staff including involvement in trainings	X		100%
Coordination meetings	X		100%
Implementation of branch organizational capacity assessments	X		0%
National Intervention Team training (logistics, general)		X	0%

Achievements to date

The Peruvian Red Cross mobilized more than 400 volunteers and personnel during the emergency phase. Their support was essential for the efficient and effective distribution of humanitarian goods and provision of support. In addition, the regional intervention team members trained volunteers as needed in specific activities and areas.

As mentioned, in November, a multi-purpose workshop was held. PRC volunteers were trained in first aid; community-based health and first aid; epidemic control; and water, sanitation and hygiene control.

This appeal has supported the National Society's human resources for this operation. During the emergency phase, consultants were hired in resource mobilization, communications and volunteering, as well as the operations

coordinator. The operations manager and the health coordinator are currently funded by this Emergency Appeal. Support for these human resources will continue until the end of the operation.

The plans to equip an emergency operations centre in the PRC national headquarters and the repair to damaged branches have not yet started. As mentioned in the introduction, the National Society internal strengthening will be implemented following the completion of the community-based actions in late March. The extension of this operation will enable the IFRC, alongside other Movement components in the country, to assist the National Society in a wide range of organizational development issues.

The secretariat is providing technical guidance, as well as material support, for a series of important National Society development activities planned for late March in Lima. The head of the country cluster is working with the National Society's governance board and management board for its National Council meeting, planned for 24 March, and its National Assembly that will be held the following day. These actions also are aligned with the German Red Cross, which has planned a one-day meeting with the branch presidents on 24 March. Concurrently, the PRC has organized a national level volunteer camp.

The secretariat is working with the National Society to guarantee compliance with Movement norms and standards. The ICRC and IFRC are providing legal support to the National Society so its assembly can have the expected results that will enable the PRC to continue its extended institutional recovery. Additionally, a branch organizational capacity assessment will be implemented in the northern branches in April. The BOCA is a follow-up action to the OCAC process initiated prior to this operation.

Movement coordination is fundamental to the achievement of these objectives. The ICRC will support volunteering and RFL programme. The Spanish Red Cross will support the creation of a new PRC Strategic Plan. The German Red Cross will provide branch-level support to branches outside the area of influence of this operation. Movement components not only meet on a regular basis, they maintain fluid communication that ensures complementarity in the actions with the Peruvian Red Cross.

With the extension of this operation, the secretariat has programmed various organizational development activities following the assembly meeting. From April to June, programmed actions include an integrity workshop and a leadership workshop with selected branch-level leaders, in addition to other sector-based workshops and trainings.



Quality Programming / Common to All Sectors

Outcome 10: Communities and people in the targeted areas have access to timely, accurate and reliable information that enable them to access services, prevent diseases and act on health, safety and well-being issues and engage with the PRC and other Movement components to influence and guide decisions.	Outputs	% of achievement
	Output 10.1: Community Engagement and Accountability (CEA) is strengthened in all operation interventions.	100%

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Development of visual material for public communication and community engagement	X		100%
Development of tools for community engagement and accountability	X		100%

Achievements to date

Since the start of this operation, the Peruvian Red Cross, with IFRC and ICRC support, has produced communication materials to work with communities and the general public.

When the transitional shelters were inaugurated in December, the PRC invited the press. In addition to local authorities, the vice-president of the IFRC accompanied the National Society president and the head of the country cluster.

In addition to the emergency phase actions, two articles on the recovery phase were published on the IFRC website.

This operation has supported the publication of visual materials for community engagement, particularly in health and disaster risk reduction.

As part of the cash transfer programme, an inquiry telephone number was created for community members to communicate their concerns and/ or request assistance. Additionally, community meetings were held to inform the communities about the selection process, in which community leaders participated.

In mid-December, a tender process was launched to produce two short documentaries. In January, a communications producer was selected to produce a 6-minute documentary and a shorter 3-minute version. Both videos will have testimonies of the people affected by the floods in Piura and Lambayeque. As this reporting period came to an end, the production team had travelled to the target communities. Both videos are programmed for completion and delivery in early March. These videos will be show in the communities, as well as for accountability purposes at the regional and national levels.

Outcome 11: An integrated management and support system is used for the implementation of the operation	Outputs	% of achievement
	Output 11.1: The monitoring of the operation is informed by a comprehensive monitoring and evaluation team.	100%

Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Hiring of National Society staff to support the operation (communication, resource mobilization, volunteering, operation coordinator, health).	X		100%
Development of a monitoring and evaluation plan for this operation	X		100%
Deployment of Regional Intervention Team members	X		100%
Monitoring visits by the IFRC	X		100%
Lessons learned workshop	X		0%

Achievements to date

As mentioned in the National Society Capacity Building section above, the IFRC contributed to the hiring of key support and operational staff during the emergency phase and some that continued to the present. Support has been provided for human resources in communication, resource mobilization, volunteering, operation coordinator and health coordinator. Appeal funds will continue to be used to support the operation coordinator and health coordinator until this 15-month operation is completed.

The IFRC operations manager created a monitoring and evaluation plan for the recovery and reconstruction phase. With her departure at the end of January, the head of the country cluster, the operation team and the regular country cluster staff have been responsible for the monitoring of planned actions.

As mentioned in previous operations updates, 13 regional intervention team members, with diverse specialties, were deployed to support this operation.

The IFRC team continues to conduct monitoring visits to the field. In December, the head of the country cluster accompanied the IFRC vice-president and the PRC president to the communities in Piura and Lambayeque where the transitional shelters were inaugurated. The operations manager and operations assistant have made monthly visits.

In January, the PRC operations manager, IFRC operational team and the planning, monitoring, evaluation and reporting (PMER) senior officer accompanied a two-person monitoring team from the Canadian Red Cross. As a central donor to emergency operations in the Americas, the Canadian Red Cross aimed to assess the impact of Canadian contributions and their impact on the operation to capture general learning and recommendations for continuous improvements, as well review the cash transfer programming to capture learning and identify how to strengthen Federation procedures and application in emergencies. The latter is planned to be shared with the Movement Cash Working Group to draft recommendations to inform and strengthen the review of cash standard operational procedures. The Canadian Red Cross team met with community members, community leaders, PRC branch volunteers and leadership in Piura and Lambayeque.

Outcome 12: The most vulnerable households receive unconditional financial support for self-prioritized activities	Outputs		% of achievement
	Output 12.1: 1,000 households receive unconditional cash transfers (in two instalments)		100%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Training for PRC volunteers in CTP and ODK	X		100%
Registration of beneficiaries in accordance with the study	X		100%
Creation and publication of materials for CTP	X		100%
Cash transfer to 1,000 households	X		100%
Entrance, monitoring and exit surveys on CTP use	X		100%

Achievements to date

The cash transfer programme was conducted in four phases: identification of communities; introduction of the CTP to community leaders and members; participatory selection and registration of families to be reached; and the two instalments of the bank transfer and communication with the community. The amount of the transfer (approximately 130 US dollars) was established based on actual market prices for the monthly basic food basket for a family of five. Each of the two (2) instalments will provide the same amount as the cost of the official food basket, based on the 2015 "Food and Nutrition Needs in Emergencies" report published by the UNHCR, UNICEF, WFP and WHO.

Based on the CTP feasibility study and the populations' needs, the selection of target families prioritized those without a home (in temporary shelter or tent); with a member who is pregnant or breastfeeding; with a member who has a disability or a chronic disease; with members who are under the age of three or elderly; led by a single-parent or people caring for orphans. Information was cross-referenced with data from State institutions such as municipalities, Ministry of Housing, Ministry of Women and Ministry of Education, as well as INDECI and the regional EOCs. Other humanitarian organizations also shared information. In Piura, these included the OIM, UNICEF, Save the Children, Action Against Hunger, COOPI, Plan International and in Lambayeque, Predes, Caritas, Save The Children, Plan International, World Vision and ADRA also provided information. In the La Libertad region, Save the Children was a productive and supportive partner for the CTP implemented in this region.

The following table details the location and numbers of families reached with the CTP:

Region	Community	Households reached	Subtotal	Total
La Libertad	Paijan	10	94	999
	La Gloria	28		
	Zaraque	56		
Lambayeque	Jayanca	44	287	
	Illimo	84		
	Mochumi	8		
	Morrope	31		
	Pacora	51		
	Pitipo	12		
	Salas	53		
Tucume	4			
Piura	Tambogrande	48	618	
	Cura Mori	373		
	Catacaos	197		

In Piura, the selected communities also receive PRC support in shelter, water, sanitation and health promotion and health. In Lambayeque, the PRC is implementing activities in seven communities, of which four were selected for the cash transfer programme. As mentioned, coordination in La Libertad was done with Save the Children to identify the communities.

In all the communities, PRC volunteers, with IFRC support, registered targeted families with open data kit (ODK). The two instalments of bank transfers were communicated to the community leaders. In the case that the designated family member was unable to go to the bank, they could designate a representative via a signed document. A phone line for inquiries was established to respond to issues that might arise in the reception of funds. Overall, few calls were received from the targeted households; in La Libertad, more calls were received from communities that were not selected for cash transfer.

Following the second transfer, a satisfaction survey was conducted with 165 people (91 people from Piura and 74 from Lambayeque), of which 23 per cent were men and 77 per cent were women. Two-thirds were between the ages of 25 and 59. A total of 94 per cent rated the CTP as very good.

When asked about how they had planned to use the funds, in Lambayeque 26 per cent of those interviewed answered food, followed by household items and then health. In Piura, shelter repairs and housing were prioritized by 26 per cent. However, when asked how they eventually spent the funds 69 per cent stated that they used it for household repairs. Piura region has a larger number of people in collective centres and informal settlements. Food and health were the second and third priorities.

Additionally, focus groups were organized to receive feedback and recommendations on programme improvement. These focus groups enabled the PRC and the IFRC to listen to the target population's opinion regarding the timeliness and participatory focus of the process, as well as to identify the impacts at the household and community-levels.

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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**.

Disaster Response Financial Report

MDRPE012 - Peru - Floods

Timeframe: 22 Feb 17 to 23 Mar 18

Appeal Launch Date: 23 Mar 17

Interim Report

Selected Parameters

Reporting Timeframe	2017-2018/1	Programme	MDRPE012
Budget Timeframe	2017-2018	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		1,503,898	700,118			2,204,016	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		394,683				394,683	
Australian Red Cross (from Australian Government*)		22,768				22,768	
British Red Cross		94,374	32,318			126,692	
China Red Cross, Hong Kong branch			25,579			25,579	
European Investment Bank Institute		38,675	16,105			54,781	
Hewlett Packard Co. Foundation		23,155				23,155	
ILO Staff Union		2,705				2,705	
Intercontinental Hotels Groups(IHG)		9,366				9,366	
Italian Red Cross		2,108	38,000			40,108	
Japanese Red Cross Society		91,396				91,396	
Mariela Villanueva Pluess		16,600				16,600	
Marriott International Inc.			20,037			20,037	
Mondelez International Foundation		924				924	
Red Cross of Monaco			23,045			23,045	
Swedish Red Cross		143,774	176,920			320,694	
The Canadian Red Cross Society			72,873			72,873	
The Canadian Red Cross Society (from Canadian Government*)		157,877	67,453			225,329	
The Republic of Korea National Red Cross		4,146	26,902			31,048	
United States - Private Donors		832				832	
UN Staff Council / UNOG			30,062			30,062	
VERF/WHO Voluntary Emergency Relief			5,000			5,000	
WTO - World Trade Organization		6,010				6,010	
C1. Cash contributions		1,009,392	534,293			1,543,685	
Inkind Personnel							
The Canadian Red Cross Society		57,706				57,706	
C3. Inkind Personnel		57,706				57,706	
Other Income							
DREF Allocations		399,768				399,768	
C4. Other Income		399,768				399,768	
C. Total Income = SUM(C1..C4)		1,466,866	534,293			2,001,159	
D. Total Funding = B +C		1,466,866	534,293			2,001,159	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		1,466,866	534,293			2,001,159	
E. Expenditure		-1,348,917	-409,608			-1,758,525	
F. Closing Balance = (B + C + E)		117,949	124,685			242,635	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,503,898	700,118		2,204,016		
Relief items, Construction, Supplies								
Shelter - Relief	140,333		140,117			140,117	217	
Shelter - Transitional	120,549		46,395			46,395	74,154	
Construction Materials	9,969			19		19	9,950	
Food			9			9	-9	
Water, Sanitation & Hygiene	327,097		476	295,402		295,878	31,219	
Medical & First Aid	9,969		87	5,301		5,388	4,581	
Teaching Materials	185,056		2,362	12,184		14,546	170,511	
Utensils & Tools	86,584		47,844	26,929		74,773	11,811	
Other Supplies & Services	1,006		633			633	373	
Cash Disbursement	262,637		250,004			250,004	12,633	
Total Relief items, Construction, Sup	1,143,199		487,926	339,835		827,760	315,439	
Land, vehicles & equipment								
Computers & Telecom	7,285		10,261			10,261	-2,976	
Total Land, vehicles & equipment	7,285		10,261			10,261	-2,976	
Logistics, Transport & Storage								
Storage	8,399		8,029	367		8,396	3	
Distribution & Monitoring	142,970		120,416	9,059		129,475	13,496	
Transport & Vehicles Costs	30,640		29,661	1,581		31,242	-602	
Logistics Services	37,898		20,628	18,334		38,962	-1,064	
Total Logistics, Transport & Storage	219,908		178,734	29,341		208,075	11,833	
Personnel								
International Staff	243,414		262,155	3,502		265,657	-22,243	
National Staff	46,468		51,245			51,245	-4,778	
National Society Staff	51,014		25,199			25,199	25,816	
Volunteers	73,401		20,607			20,607	52,794	
Other Staff Benefits	4,313		27			27	4,287	
Total Personnel	418,610		359,232	3,502		362,734	55,876	
Consultants & Professional Fees								
Consultants	54,384		50,338	1,948		52,286	2,098	
Total Consultants & Professional Fees	54,384		50,338	1,948		52,286	2,098	
Workshops & Training								
Workshops & Training	69,394		4,794	6,951		11,744	57,649	
Total Workshops & Training	69,394		4,794	6,951		11,744	57,649	
General Expenditure								
Travel	64,278		69,220	511		69,731	-5,452	
Information & Public Relations	27,005		12,771			12,771	14,235	
Office Costs	7,899		3,798	969		4,767	3,132	
Communications	11,276		5,521	62		5,583	5,693	
Financial Charges	6,230		12,524	-335		12,189	-5,959	
Other General Expenses	831		1,374	-519		855	-24	
Shared Office and Services Costs	39,199		53,274			53,274	-14,076	
Total General Expenditure	156,718		158,481	689		159,169	-2,451	
Operational Provisions								
Operational Provisions			14,052			14,052	-14,052	
Total Operational Provisions			14,052			14,052	-14,052	
Indirect Costs								

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,503,898	700,118		2,204,016		
Programme & Services Support Recove	134,517		78,364	24,881		103,244	31,273	
Total Indirect Costs	134,517		78,364	24,881		103,244	31,273	
Pledge Specific Costs								
Pledge Earmarking Fee			6,422	2,075		8,497	-8,497	
Pledge Reporting Fees			314	386		700	-700	
Total Pledge Specific Costs			6,736	2,462		9,197	-9,197	
TOTAL EXPENDITURE (D)	2,204,016		1,348,917	409,608		1,758,525	445,491	
VARIANCE (C - D)			154,981	290,510		0	445,491	

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	1,148,924		1,158,297	1,158,297	1,068,145	90,152	
Shelter	354,974		308,569	308,569	280,772	27,797	
Subtotal BL2	1,503,898		1,466,866	1,466,866	1,348,917	117,949	
BL3 - Strengthen RC/RC contribution to development							
Health	68,388		52,400	52,400	26,035	26,364	
Water and sanitation	549,877		447,894	447,894	380,465	67,429	
National Society leadership development	81,852		34,000	34,000	3,108	30,892	
Subtotal BL3	700,118		534,293	534,293	409,608	124,685	
GRAND TOTAL	2,204,016		2,001,159	2,001,159	1,758,525	242,635	