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DREF Final Report

Argentina: Salta Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation N° MDRAR015	DREF Final Report
Date of issue: 27 September 2018 Operation start date: 3 February 2018	Operation timeframe: 4 months; the operation end date was 11 June 2018
Overall Budget for the operation: 231,317 Swiss francs (CHF)	Number of people to be assisted: 6,000 people
Host National Society(ies) presence (n° of volunteers, staff, branches): The Argentine Red Cross (ARC) has 65 branches, 6,395 volunteers, and 1,845 staff members nationwide.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: National, state, provincial and municipal governments; Adventist Development and Relief Agency (ADRA)	
The Argentine Red Cross spent a total of 177,881 CHF. The remaining balance of 53,436 CHF will be returned to the Disaster Relief Emergency Fund.	

[<Click here for the final financial report. Click here to view the contact information.>](#)

A. Situation analysis

Description of the disaster

Starting on 31 January 2018, severe storms dropped more than 200mm of rain in the northern part of the Salta province in north-western Argentina, which coupled with rainfall in the upper basin of the Bermejo and Pilcomayo Rivers (Paraguay-Bolivia border) caused a rise in water levels; additionally, discharges from the already high Chimeo River in Bolivia in turn caused flooding in Salta areas along the banks of the Pilcomayo River. Water levels far exceeded historical levels, triggering an alert and a corresponding evacuation.

More than 17,000 people were affected, of whom 7,000 were displaced and 100 people were left isolated and uncommunicated.

Overflows from the Pilcomayo River flooded entire areas, especially the indigenous communities of Wichi, Chorote and Toba. Localities such as Santa Victoria Este were left isolated, as flooding compromised the city's containment rings. Flooding also affected communities' livelihoods such as small livestock production (mainly goats, sheep and pigs), subsistence agriculture and fishing.



02/04/2018: Families in the community of La Curvita in northern Salta receive cleaning and hygiene kits as well as water filters. Source: Argentine Red Cross

Water levels fell very slowly, making it difficult for families with flooded dwellings to return home. Some affected communities, especially indigenous ones had to relocate elsewhere as directed by their *cacique* (community leader), as is their custom; once they relocated, these communities were forced to identify other natural resources with which to resume livelihoods such as fishing, agriculture and animal husbandry.

Several stretches of Route 54 were damaged during the initial flooding and again around mid-operation, and national Road Service personnel were responsible for repairing the damage.

By the end of the operation, all the affected communities had returned to their places of origin, except for some Monte Carmelo and La Curvita residents who decided to resettle in a new location, and the government later installed basic services such as energy and water for these residents; some Santa María residents have chosen to resettle along stretches of Route 54.

Both the national and provincial governments are about to undertake infrastructural projects in affected localities to prevent future flooding from the Pilcomayo River; however, despite disaster prevention and preparedness efforts, indigenous groups from the Santa Victoria Este region and northern Argentina continue to be extremely vulnerable. According to government indicators, 89 per cent of the population report some type of unmet basic need; furthermore, only 30 per cent have access to education, housing conditions continue to be very precarious (especially for relocated communities that will not be returning to their lands), health services are scarce and do not provide full coverage, and animal husbandry, farming and fishing practices remain at a subsistence level.

Summary of Response

Shelter

People targeted: 2,897 in temporary camps

Male: 1,159

Female: 1,738

Health

People targeted: 6,000

Male: 2,400

Female: 3,600

Water, sanitation and hygiene

People targeted: 2,500

Male: 1,000

Female: 1,500

Protection, gender and diversity

People targeted: 2,897

Male: 1,159

Female: 1,738

Migration

People targeted: 2,500



02/02/2018: Argentine Red Cross assisted with evacuations and with first aid provision during relocations to Route 54. Source: Argentine Red Cross.

On 31 January 2018, the National Society declared a Category 2 Emergency and activated all national disaster response mechanisms as per its National Response Plan.

That same day, a team from the ARC's headquarters travelled to the field together with a team from the ARC Salta branch (some 400 km from the site of the emergency) to conduct a rapid emergency assessment that considered alerts, communications with the Civil Protection Sub-Secretariat and previous ARC assessments.

From the beginning of the emergency, the ARC worked with more than 600 families from the communities of La Curvita, Dixon, Cruces, Celia, Padre Col, Anglicana, Mistolar, Monte Verde, Dionicio Vilte and Paso de la Yegua. It is worth

mentioning that these communities, mainly made up of indigenous peoples, are dynamic communities whose numbers had usually changed after each assessment (groups split up, creating new permanent communities). In some cases, at-risk areas and land were occupied by these communities in a disorganized manner; however, since these settlements were self-managed and considered dynamic mostly due to livelihoods factors, the humanitarian aid distributions and medium or long-term planning of early recovery strategies were hampered.

On 10 March 2018, new floods hit the area while several activities were underway in the field. Temporary (and improvised) camps were once again set up along Route 54. No aid agencies provided assistance during this event, except for the Municipality of Santa Victoria Este and Salta province personnel.

The ARC's response focused on the following:

SHELTER

On 3 February 2018, the ARC intensified its efforts in temporary collective centres in Aguaray and assisted with managing them so that all actors could provide better care to the displaced population.

The ARC identified collective centres and improvised camps: The collective centres were precarious and did not meet minimum humanitarian aid standards (according to Sphere standards), and they have all since closed. Meanwhile, the improvised camps were set up by self-evacuees along Route 54, and some of these camps, which are self-managed, unsupervised and do not meet international standards, are still operating in the area.

DISASTER MANAGEMENT

The ARC set up an emergency operations centre (EOC) in the field to manage the information about the emergency and coordinate the various relief teams' efforts. In addition, a team at the ARC's headquarters compiled national information and monitored various events in the country.

RESTORING FAMILY LINKS (RFL)

The ARC implemented a RFL programme for emergency contexts, which handled any request related to the emergency.

FIRST AID

The ARC provided first aid care in collective centres, and it established two health posts on Route 54, near El Rosedal, to provide health care to families displaced by the floods and relief to personnel working in the area.

PSYCHOSOCIAL SUPPORT (PSS)

The ARC conducted PSS activities in 6 evacuation centres (in Tartagal, Aguaray and Campo Durán), in 2 camps (in El Rosado and La Curvita) and in a cross-cutting manner with other activities (such as distributions), reaching more than 700 families; the ARC also provided guidance to families returning home.

The response approach was a challenge for the ARC due to the multi-cultural nature of native and indigenous peoples, e.g. when addressing risk perception, family dynamics, livelihoods, health practices, hygiene habits and community organization, among others.

Overview of Red Cross Red Crescent Movement in country

The IFRC has an office in Argentina to provide assistance and support to Southern Cone countries. In the event of emergencies, South American National Societies can count on assistance and support from the IFRC's Disaster and Crisis Department.

The International Committee of the Red Cross (ICRC) has representation in the country; in addition to conducting actions specific to its mandate such as working with authorities to implement and disseminate International



Argentine Red Cross participates in the municipal emergency operations centre in Santa Victoria Este. Source: Argentine Red Cross

Humanitarian Law and international standards on the use of force, conducts actions to build the ARC's capacity to deal with emergency situations in contexts of violence and crises, and provides RFL services.

Argentina has Movement coordination mechanisms. In March 2015, a tripartite agreement was signed between the IFRC, the ICRC and the ARC to maximize the Movement's overall capacity to fulfil its humanitarian mission and strengthen the National Society's capacity.

Since the beginning of the emergency, the National Society maintained close contact and coordination with the IFRC through its country office and its Disaster and Crisis Department.

In coordination with the ARC, the IFRC deployed a General Regional Intervention Team (RIT) to support planned Disaster Relief Emergency Fund (DREF) operational and administrative management actions. The RIT, who arrived in Argentina on 10 February 2018, was initially supposed to provide support for one month; however, the IFRC extended his deployment for an additional month due to operational needs.



National Society personnel and a RIT deployed to Salta to distribute humanitarian aid. Source: Argentine Red Cross

Overview of non-Red Cross Red Crescent actors in country

The government deployed its resources at the municipal, provincial and national levels through various institutions (ministries, secretariats, under-secretariats and technical areas, among others.). Salta province's Under-Secretariat for Civil Defence worked in all the affected localities, coordinating the Emergency Committee and assisting as needed. Salta's Ministry of Public Health intensified its coverage of the collective centres in Aguaray and Tartagal and in Santa Victoria Este and its surrounding areas. The Ministry for Indigenous Affairs in Salta Province actively participated in the response and recovery activities in the affected area. The Municipality of Santa Victoria Este set up a Crisis Room and maintained communication via a WhatsApp group.

The Agro-industry Ministry issued resolution 42/2018, thusly declaring an agricultural emergency effective to 31 January 2019. On 13 February 2018, Salta's governor issued Province Decree 415, declaring a Water, Social and Health Emergency for the entire province.

Throughout the emergency, the Ministry of Security's Civil Protection Under-Secretariat coordinated the mobilization of national resources and the government's efforts in the field; likewise, the national Civil Protection Under-Secretariat coordinated deployments and efforts in the field involving national public agencies in the first weeks of the emergency.

Gendarmerie, Army, Civil Defence, specialized Ministry of Social Development personnel and provincial police officers and fire-fighters were deployed to the area; municipality staff was also deployed, especially to assist with affected families' evacuation and transport. Furthermore, the National Road Service cleared roads and highways in the area.

1 Volunteer firefighters from various agencies in Salta helped with rescue and evacuation and provided assistance to affected people. ADRA delivered water purifiers and cleaning kits in the second week after the floods, and it distributed 482 hygiene and water kits to families in collective centres in Aguaray, Tartagal, Mosconi and Campo Durán and the camps located at Km 89 and Km 101 along Route 54; these kits provided 347,000 litres of safe water to evacuees.

Needs analysis and scenario planning

Needs analysis

Several humanitarian gaps were detected in all sectorial areas. According to damage assessments and needs analyses, northern Salta province is a highly vulnerable area with very high poverty rates.

This flood forced more than 7,000 people to relocate to collective centres and evacuation and self-evacuation centres and left people isolated and incommunicado in the first weeks of the emergency. The initial challenge was achieving proper inter-institutional coordination and establishing a good logistical chain given the requirement for available

resources and relief items to meet basic needs (mainly water and food); however, coordination between the various organizations and entities was ineffective and roads and access routes to the affected area were damaged and partially or totally blocked. Furthermore, all roads were under water, which prevented access by land and made it necessary to use helicopters to reach isolated families; nevertheless, there were only three helicopters available for use, and they were needed to transport medical emergencies and conduct evacuation tasks.

According to ARC surveys and assessments, the following were some of the main humanitarian needs and operational challenges in the region:

The lack of access to safe water sources combined with a lack of water purification methods and adequate water treatment practices was one of the operation's main challenges; a total of 80 per cent of the communities where the ARC worked did not have access to safe water sources.

Cultural issues hampered survey and needs assessment activities with the Wichi, Toba and Chorote communities. Internal problems within these communities led many members to break away, form new communities and to relocate to other lands.

Temporary evacuee camps did not meet minimum humanitarian standards, and there were no actors present in the region with the operational capacity required to resolve this situation. The camps' conditions were extremely precarious, there were no sanitary systems (toilets, latrines, septic tanks and so forth) and the materials with which the camps were built were not strong enough to protect the self-evacuated families.

The distances and roads to reach emergency areas were a challenge, making it difficult to transport relief items and elevating operating costs.

Targeting

The DREF emergency plan of action (EPOA)'s initial strategy proposed an intervention focused on the most vulnerable evacuated families in collective centres and the improvised self-evacuation camps along Route 54; it also prioritized the provision of first aid and PSS assistance to ease the burden on hospitals and medical posts given the great demand in areas with self-evacuees and isolated communities.

The evacuation and direct assistance activities, assessments and surveys in 15 affected communities revealed that persons with disabilities accounted for 5 per cent of the affected population, children less than 11 years of age accounted for 38 per cent and adults aged 61 and over accounted for 2 per cent. According to this information and the ARC's data drawn from sectorial assessments, there was a major impact on housing and basic services and 97 per cent of the affected population belonged to a vulnerable group.

In response, the ARC targeted vulnerable communities that had not yet returned to their homes and those that had done so but lacked access to safe water and other basic services. Below is a list of the communities that benefitted from the main actions in the Early Recovery Post-Disaster phase:

- | | | |
|--------------------|--------------------|----------------------|
| ✓ 27 Yegua I | ✓ Misión Anglicana | ✓ Misión Vieja |
| ✓ Pozo La Yegua II | ✓ Anglicana Tewok | ✓ Misión Santa María |
| ✓ El Cruce | ✓ Anglicana II | ✓ La Estrella |
| ✓ Padre Col I | ✓ Anglicana III | ✓ El Palmar |
| ✓ Padre Col II | ✓ Mistolar | ✓ Misión Nueva Vida |
| ✓ Padre Col III | ✓ Monteverde | |
| ✓ 13 de Enero | ✓ Misión Grande | |

Operation Risk Assessment

Access by land to the affected communities was initially hindered by damaged roads and landslides. The floodwaters eventually receded. It was also difficult to travel to the communities that had returned when rain levels exceeded 10 to 15mm because of damage from the heavy rainfall to access roads. Additionally, the considerable distance between Salta and the nearest ARC branches made for a difficult and costly response scenario.

Given the absence of early recovery strategies from other organizations and the government itself, ARC assessments indicated that the failure to take preventive actions in the medium and long-term could pose the following risks:

1. Increase in or outbreaks of communicable diseases (respiratory diseases, hepatitis, gastrointestinal infections and skin infections, among others).
2. A potential Zika outbreak due to the affected area's geographic location and the various epidemiological warnings (18 cases were detected in areas located 180 km from the affected areas).
3. Increase in the number of vector-breeding sites
4. Increased levels of stress among the population
5. Increased incidence of malnutrition and dehydration cases
6. Deaths from dehydration and malnutrition

Safe access for Red Cross volunteers and staff was actively observed throughout the operation; however, there was one security incident involving volunteers who providing first aid being stranded for a few hours when community leaders organized a protest and blocked the roads, preventing government and Red Cross personnel from delivering food and water. This situation was resolved through negotiation, and the affected ARC volunteers suffered no harm; nonetheless, all technicians travelling to the field were provided with an induction on Staying Safe after this occurrence.

B. Operational strategy

Proposed Strategy

The ARC considered the following points to ensure integrated programming for this EPoA, the transparency and accountability of the proposed strategy, safe working conditions for all participating staff members and proper materials consistent with the tasks to be carried out:

- The ARC has a branch in the capital city of Salta province, 517 kilometres away from the affected area by land. This is a heavily travelled and winding road, which meant that significant delays were expected when travelling between the branch and the affected areas (total transit time between the two areas was around seven hours).
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- The Federal Capital, where ARC's central headquarters and central warehouse are located, is 1,895 kilometres away from the affected area.
- Most of ARC's National Intervention Team (NIT) members were between 700 and 1,500 kilometres away from the affected area, except for one team member who was part of the Salta branch's management team.
- The most affected area could only be accessed by four-wheel drive vehicles or 4x2 trucks.
- No adequate services or infrastructure existed in affected or nearby areas to ensure the well-being of staff involved in this operation. There was no local hotel service, and camps could not be set up due to the high risk of flooding in the area. The closest and safest community with the necessary services to operate was the city of Aguaray, which is 130 km from the affected area.
- For communications, there was good internet and phone service in Tartagal; however, the services in Asorey were unstable, as there was no data network or phone service outside this city or closer to the field, requiring the use of satellite phones since very high frequency (VHF) and ultra-high frequency (UHF) equipment was not strong enough.

The ARC provided the following support services during the operation:

HUMAN RESOURCES

The ARC provided all its personnel involved in the operation with life and personal accident insurance in accordance with Argentine law. In addition, the ARC insured its headquarters staff through the Work Risk Insurance Company.

The ARC mobilized a total of 53 people throughout the operation, prioritizing the deployment of the following personnel during the first month of intervention:

- One team from the ARC's central headquarters, which was led by the national director for emergency and disaster response due to the complex scenario in respect to security, access and humanitarian demands.
- Three work teams from the branches in Córdoba, Corrientes, Salta and La Plata were tasked with the following:

- Providing support to collective centres.
- Setting up the EOC in the field
- Setting up the first aid health post in the field.

The ARC deployed 36 people in the first week of the emergency:

- 26 from the branch in Salta.
- 1 from the branch in La Plata.
- 5 from the branch in Córdoba.
- 2 from the branch in Corrientes.
- 2 from central headquarters

The following worked in the ARC's headquarters and its Salta branch during this emergency:

- 9 staff members from headquarters
- 2 NIT members
- 4 volunteers from the Salta branch.

In addition to the above, more than 90 volunteers actively participated in assembling kits at the ARC's central warehouse.

At the close of this operation, the National Society had no active alerts. When alerts were activated, the National Society had 58 volunteers on pre-deployment status in its branches in Villa Crespo, Quilmes, Santos Lugares, La Plata and Salta. The IFRC deployed a RIT mission for a two-month mission; during his mission, the RIT successfully assisted with administrative and operational activities at the ARC's headquarters and deployed to the field to support water and sanitation lines.

LOGISTICS AND SUPPLY CHAIN

The ARC's headquarters' Logistics and Systems Sub-Directorate remained available as required from the beginning of the operation as well as after the Red Alert and subsequent Category 2 Emergency declaration per the Response Plan. The ARC dedicated its entire ARC vehicle fleet and made its logistical resources available to this operation.

The ARC mobilized the following logistical resources to conduct its field actions:

Resource	Amount	Remarks
4X4 trucks, double cab	1	From headquarters (in the field from the beginning of the operation)
4x2 trucks, double cab	2	1 Córdoba branch and 1 Corrientes branch
Utility-type truck	1	Salta branch
Unmanned aerial vehicle (drone)	1	Headquarters (for rapid assessments)
First aid backpacks and kits	7	Headquarters, Córdoba, Salta, Corrientes and La Plata
VHF Communication equipment	8	6 hand-held, 1 base.
Multipurpose gazebo	2	1 Córdoba branch and 1 Corrientes branch; 6x3 metres each, both with health post equipment if required. Tents had electricity, security perimeter, lights and tools for quick repairs
Safety equipment for volunteers	30	Boots, hardhats and clothing (visibility)
Stationery supplies and assessment materials	1	Sundry
4x2 vehicle	1	Headquarters
Transit Cargo to transport materials	1	Headquarters (used in the field for distributions)

The ARC, in coordination with the IFRC, arranged for the purchase and delivery of 800 household water filters and 16 community water tanks, as well as the delivery of 700 cleaning kits, 700 hygiene kits and 200 survival kits, which were donated by the United Kingdom's Rotary Club.

Purchases in country	International purchases
700 hygiene kits	800 household filters
	16 community water tanks

It is important to stress that transport costs were high during the operation due to:

- The distance between the location from where resources were deployed and the affected area
- The difficult access and therefore, the need to have specific vehicles and equipment.
- The cost of fuel.
- The maintenance cost of cars and resources, considering the distances they must travel.
- Red Cross' own logistical processes, resulting in deliveries made at different times during the operation and having to dispatch trucks to make deliveries on unscheduled dates, which raised costs significantly.

COMMUNICATIONS

Through coordinated efforts by the Directorate for Emergency and Disaster Response, the ARC's Communications Department and its Salta branch, ARC personnel recorded beneficiary stories and pictures in the field were recorded with cameras and a drone.

The pictures helped with:

- Sharing information about the operation with the media. The ARC issued press releases and disseminated photos and videos that the media used and broadcast along with information regarding the institution's humanitarian actions.
- Generating pieces for social networks, which disseminated the ARC's actions to the public and publicized the ways in which cash donations could be made to support the operation.
- Designing and presenting an EPoA with photographic records of the emergency to communities, governments and strategic partners.
- Accountability: To communities, to national, provincial and national governments, donors (individuals and corporate) and the beneficiaries of the ARC's actions.
- Producing an audio-visual record of the emergency for general accountability regarding the National Society's efforts and for its historical archives.



Screen capture of a news interview with ARC's emergency director.
Source: Argentine Red Cross

Thanks to the work done through the production of images and their dissemination through the media and countless interviews with the national media, the institution's actions were massively disseminated. Moreover, the ARC provided visibility to the emergency through Argentina's most important media outlets (please see the [Annex](#) for some links to articles about the emergency and the ARC's operation).

ADMINISTRATION AND FINANCE

As with the emergency in Chaco, the ARC activated fundraising efforts in Salta on 20 January 2018 in accordance with the National Response Plan and the ARC's emergency declarations.

The ARC has specific procedures for procurement and accountability during emergency situations, which tend to guarantee transparency in the management of funds allocated for the implementation of humanitarian aid actions. The Administration and Finance Directorate provided support to the operation through budget tracking, purchasing, expense reports, audits and financial reports.

In addition, the National Society keeps information on its annual account, which the ARC shares with the Argentine government through its Annual Report and Balance; the government then reviews it and approves it. Furthermore, the ARC's accounts are audited by an independent auditing company, and there is an internal Supervisory Accounts Committee.

For this emergency, ARC branches that supported the operation made advance payments to their teams to expedite operational activities. All participating ARC branches followed National Society accountability procedures adapted to emergency contexts.

A total of 569,750.00 Argentine pesos (equivalent to approximately USD\$28,566) was raised through the National Society, which was used to pay for costs not covered by the Chaco and Salta DREFs, thus complying with the National Society's emergency funds allocation procedures.

SECURITY

Safer Access and Keeping Safe was ensured throughout all the field actions; all participating volunteers were insured through their respective branch, and the ARC established criteria to guarantee the volunteers' safety while in the field. The ARC provided personal protective gear consisting of rubber boots, helmets and institutional clothing to all participating ARC staff and volunteers.

Both the National Response Director and the local emergency coordinator carried out a joint assessment of the security situation throughout the operation to ensure the teams' protection.


The ARC was well received by the affected communities, and it therefore had no trouble working in the affected areas. The community actively participated in the activities conducted by the institution, especially in the collective centres, which enhanced acceptance and joint work.

The ARC drew up a series of safety recommendations and guidelines for volunteers based on the Stay Safe course and the Safer Access model, which were disseminated before each deployment and reinforced in the field.

Overall Operational objective:

Contribute to safeguarding the lives of vulnerable people affected by floods by reducing the impact and effects of heavy rains on northern Salta Province, Argentina and to assist 6,000 people through various PSS activities, supporting collective centre coordination and first aid, health promotion, gender, protection and inclusion, water, sanitation and hygiene, and RFL actions.

C. Detailed Operational Plan

 Shelter People reached: 2,897 people in temporary camps Male: 1,159 Female: 1,738		
Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicators:	Target	Reached
Assessments of evacuation centres	1	1
Records of families in temporary camps	2,897	2,897
Shelter Output 1.1: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households		
Indicators:	Target	Reached
Identification and deployment of volunteers for shelter intervention	1	1
Induction for volunteers participating in tasks to support coordination in collective centres	1	1
Assessment of collective centre needs, capacity and gaps	1	1
Coordination with other actors and the government for integrated programming	15 collective centres	15
Progress		
<p>Needs analysis: Given the weather forecasts and the overflowing of the Pilcomayo River that caused flooding and threatened to knock down defensive barriers near Santa Victoria Este communities, the ARC evacuated 10,000 people in the affected area. To this end, 100 buses from a private company were made available to transport residents to collective centres in nearby cities. Neither the municipal government nor the neighbouring municipalities that sheltered displaced families were aware of the minimum standards because families had not been displaced previously due to this type of event. Lastly, most of the assessed houses were found to be shoddily built, constructed by the homeowners themselves and have cracked mud/adobe walls.</p> <p>Population to be assisted: Since the day collective centres opened, the ARC conducted a rapid assessment and focused its efforts in Escuela María Agapita de Lahud N° 4.440 (Aguaray), Escuela de Educación Técnica</p>		

N° 3.143 (Aguaray), Escuela Gauchos de Güemes Ex N° 222 (Aguaray), Colegio Secundario Mariano Moreno N° 5.006 (Aguaray), Escuela Rural N° 4.243 (Campo Durán) and in the Regimiento de Infantería Mecanizada N° 28 de Tartagal. The ARC visited the remaining centres sporadically to provide RFL services, first aid care and PSS.

Programme standards/benchmarks: The ARC based its actions on the Sphere Manual, the Humanitarian Charter and the Shelter Cluster Camp Coordination and Camp Management Manuals

Main achievements/progress

Evident damage to housing was observed during the ARC's beneficiary selection visits and during the collection of information for situational updates. Although these conditions already existed, the floods exacerbated and worsened conditions in settlements and communities; in the affected communities, the most significant damage was to roofs, walls and floors.

More than 400 families had to be relocated to areas alongside Route 54, leaving behind homes which in many cases were washed away due to their shoddy construction. Makeshift shelters composed of plastic sheeting, tarpaulins and sometimes metal sheets can still be seen alongside Route 54. According to sectorial assessments, some families intend to remain there because they are unable to return home due to mud-filled roads and rotting animal carcasses in the area.

The ARC identified 28 communities living in the conditions described above (please see section on target population).

- **Identification and deployment of volunteers for shelter intervention:** The ARC deployed fifteen volunteers to work in the following collective centres: Escuela María Agapita de Lahud N° 4.440 (Aguaray), Escuela de Educación Técnica N° 3.143 (Aguaray), Escuela Gauchos de Güemes Ex N° 222 (Aguaray), Colegio Secundario Mariano Moreno N° 5.006 (Aguaray), Escuela Rural N° 4.243 (Campo Durán) and in the Regimiento de Infantería Mecanizada N° 28 de Tartagal; the volunteers provided first aid, PSS and RFL services, and they assisted with the management and coordination of each collective centre. The displaced families (2,897 people in total) returned to their homes on 10 and 11 February 2018.
- **Induction for volunteers participating in tasks to support coordination in collective centres:** Fifteen volunteers received at least one induction on temporary shelter management and administration during the week of work in the collective centres. All volunteers involved in the operation received an induction on minimum shelter standards, with a focus on self-evacuated families.
- **Assessment of collective centre needs, capacity and gaps:** One NIT member specializing in temporary shelters and three volunteers from the Salta branch conducted one initial assessment and subsequent detailed assessments of shelter needs. The main needs covered by ARC in the collective centres involved assisting with these centres' management and administration, providing health care and reducing the gap between public health services and the displaced population, psychosocial containment, health promotion, reduction of security risks and conducting protection and inclusion actions.
- **Coordination with other actors and the government for integrated programming:** The ARC coordinated the operation from the EOC in Santa Victoria Este and the EOC in Aguaray, the city that was housing 75 per cent of the displaced families; the ARC also coordinated with the various public health services that were managing the collective centres.

Challenges and steps taken: Although no collective centres remain open at the close of this operation (they all closed the second week of February 2018), more than 400 families are still displaced and in self-managed camps along Route 54; these self-managed shelters lack proper infrastructure, and there are no organizations present in the area supporting the communities living there. The gaps observed there are many, although the main needs are related to access to safe water and sanitation. The ARC prioritized these families' early recovery through the delivery of relief items (personal hygiene kits, cleaning kits and water filters) and health promotion actions.

The fact that evacuations and the opening of collective centres happened within a short period of time caused organizational and coordination issues. Furthermore, none of the centres managed to meet minimum humanitarian assistance standards.

Lessons learned

One lesson learned is the importance of having water treatment powders or plants available when setting up temporary collective centres. The ARC found that these were urgently needed to ensure safe water and reduce the risk of waterborne diseases. Another lesson learned was the importance of having previously developed tools to provide a more effective and timely response the next time ARC works in temporary collective centres.



Health

People targeted: 6,000 people
People Reached: 5,919¹ people

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.1: The health situation and immediate risks are assessed using agreed upon guidelines

Indicators:	Target	Reached
Train 15 volunteers on communicable disease surveillance and epidemiology.	15	15
Trained volunteers are able to identify cases that put the health of affected populations at risk in collective centres and when returning to their homes.	1	1

Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases through first aid provision

Indicators:	Target	Reached
Set up two health posts in locations where large numbers of displaced people have congregated to provide care.	2	2
Pre-position one health post, ready to be deployed if necessary	1	1
Purchase of first aid materials and supplies to replenish first aid posts	1	1

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Reached
Health promotion workshops in collective centres	6	6
Print dissemination materials and communication pieces	1	1
Assessments of emergency's impact on people's health when returning home	1	1

Health Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target	Reached
Deploy one technician to assess the epidemiological situation and provide an induction to volunteers	1	1
On-site assessment of the epidemiological situation	1	1
Distribution and delivery of repellent to 2,000 beneficiaries	2,000	2,000

Health Output 1.5: Psychosocial support provided to the target population

Indicators:	Target	Reached
PSS activities in collective centres and support to families on their return home. PSS provided in areas where large number of people congregate	2,897	3,886

Health Output 1.7: Human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV / AIDS) prevention and essential management provided.

Indicators:	Target	Reached
Printing of HIV awareness-raising material	1	1
Delivery of condoms in collective centres and dissemination of brochures	1	1

Health Output 1.9: Target population is reached with evacuation activities

Indicators:	Target	Reached
Provide equipment and human resources for safe evacuations. Assistance is provided with evacuation tasks	1	1

Progress

Needs analysis: The large number of people that relocated to Aguaray and Tartagal and those living in self-built shelters delayed the provision of health services, which made it necessary to deliver pre-hospital or first-aid care in the early days of the emergency. Once families had been relocated to self-managed camps or returned home, the lack of access to safe water combined with high temperatures (above 40° C), the appearance of snakes and rodents, the work related to construction of self-managed shelters (camps) and home cleaning efforts created a whole new set of health-related issues; these were compounded by the communities' extreme vulnerability, the difficulty in accessing food and

¹ The 5,919 people were mainly reached through training sessions, talks and sensitization activities.

water and the problems endemic to the area. An ARC report detailed pre-existing (Chagas-Mazza disease) and emerging diseases (diarrhoea, fever and coughs). The communities of La Puntana, Monte Carmelo and Santa María had a community centre, a school and a health centre prior to their displacement; however, after their displacement, the site they occupied in La Curvita did not have adequate government-provided infrastructure.

Population to be assisted: Initial Red Cross actions focused on contributing to first aid assistance in collective centres to safeguard people's lives, reduce the impact of injuries and prevent accidents. The ARC established two health posts in areas where large numbers of people congregated along Route 54, and it pre-positioned a third one, but it did not need to activate it. In addition, the ARC conducted PSS and health promotion and care actions in the temporary camps.

The ARC focused its efforts on PSS work, teaching good health practices and delivering community-based health and first aid (CBHFA) workshops in self-evacuee camps and to families returning home.

Programme standards/benchmarks: The National Society used its manuals, which it aligned with the IFRC's manuals and standards. For first aid, the National Society's First Aid Directorate and various ARC branches through official training courses certified ARC volunteers in this area. In addition, the ARC partially adapted the Health Coverage Manual for use during this emergency.

- **Train 15 volunteers on communicable disease surveillance and epidemiology:** The ARC provided training to 15 Salta branch volunteers participating in response, and the National Society deployed one NIT member to deliver this training in ARC branches.
- **Trained volunteers are able to identify cases that put the health of affected populations at risk in collective centres and when returning to their homes:** Five volunteers identified cases of communicable diseases among displaced communities and attempted to contain the spread by linking them to health services in Santa Victoria Este and through the implementation of health promotion activities. In addition, the ARC provided first aid assistance during five visits to the communities of 27 de Junio, 3 de Febrero, Huayacán and Nueva Aron. Additionally, the ARC's headquarters health team worked closely with the personnel conducting epidemiological monitoring in the region.
- **Set up two health posts in locations where large numbers of displaced people congregate to provide care:** ARC volunteers worked for 5 days in 2 health posts in camps in La Curvita and El Rosado, providing more than 130 treatments and reaching more than 200 families.
- **Pre-position one health post, ready to be deployed if necessary:** In addition to the two health posts that operated in the first weeks of the emergency, the ARC pre-positioned one health post and readied it for deployment in Salta's capital city; however, its deployment was not required.
- **Purchase of first aid materials and supplies to replenish first aid posts:** The ARC purchased materials to replenish supplies provided by the Salta, Córdoba and Corrientes branches and used for first aid assistance.
- **Health promotion workshops in collective centres:** The ARC held six health promotion workshops in the collective centres, reaching more than 400 families in affected communities in Santa Victoria Este. The ARC also complemented distributions with health promotion workshops for the community.
- **Print dissemination materials and communication pieces:** The ARC initially took printed materials from its stock; the ARC has since printed documents to replenish the stock it used (please see the [Annex](#) for some examples of the distributed materials).

The ARC conducted assessments of the emergency's impact on the health of the population during its journey home, and the National Society deployed lone NIT technician to conduct a health sectorial assessment and monitor the overall health situation.

The assessment results report provided the findings on the following communities' health status:

- Community of 27 de Junio
- Community of 3 de Febrero
- Community of Nueva Aron
- Community of Huayacán
- Misión Vieja 1
- Misión Grande
- Misión Vieja 2
- Community of Misión El Cruce
- Community of La Curvita
- Community of Monte Carmelo

- **Distribution and delivery of repellent to 2,000 beneficiaries:** The ARC delivered 2,000 units of repellent to communities displaced by the emergency to prevent the contraction of dengue, Zika and chikungunya. The Johnson & Johnson company donated the repellent to the ARC.

Province	District	Community	# of units of repellent	Families
Salta	Ministro Rivadavia	Monte Carmelo Anglicana	2,000	2,000

- **PSS activities in evacuation centres and support to families on their return home. PSS provided in areas where large number of people are congregated (2,000 people)**
The ARC provided PSS in six collective centres (in Tartagal, Aguaray and Campo Durán), two camps (in El Rosado and La Curvita) and in a cross-cutting manner with other activities (such as distributions), reaching more than 700 families and thus exceeding the target by 131 per cent.

Additional activities:

Printing of HIV awareness material: The ARC commissioned 1,200 copies of HIV leaflets to replace the HIV awareness materials that was delivered to approximately 200 families in the collective centres.

Condom distributions in collective centres and dissemination of brochures: The ARC distributed more than 1,000 condoms and HIV prevention brochures to the main health centres in the Santa Victoria Este area. The Argentine government provided the condoms through its national programme “Living with HIV is Possible”.

Additionally, the ARC made equipment and human resources to evacuate safely people, including two vehicles (one of which was a four-wheel-drive vehicle), to the municipality for possible evacuations and the technical team in the field. The ARC, the Argentine Army, the fire department and civil defence worked jointly to receive the families evacuated to Route 54.

Challenges and steps taken: The affected area is highly endemic to dengue, Zika and chikungunya. Affected families did not have a culture of healthy habits and general health care, which meant that health promotion and the prevention of emergencies and prevalent diseases had to be emphasized during the early recovery stage. Fortunately, the ARC overcame the main initial challenges associated with first aid provision, allowing it to work on CBHFA.

Lessons learned

Although the health response was effective either because the team of volunteers had prepared beforehand or due to the timely provision of equipment and supplies to health posts, health promotion could have been supplemented with more and better materials. This gap stems from cultural barriers with the targeted community, as communicating good health and hygiene practices was not easy to do; consequently, these actions could have been much more effective and comprehensive if there had been more time to prepare; nevertheless, the ARC still managed to carry out various health-related activities.



Water, sanitation and hygiene

People reached: 4,000 people

WASH Outcome 1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

Indicators:	Target	Reached
Provide safe water to communities	400 families	400
Deliver home water filters to 400 families	400 families	400
Determine the appropriate method of household water treatment for each community based on effectiveness and user preference	4,000 people	4,000
Distribution of water purification powders	800 families	1,600

Train population of targeted communities on safe water storage and on safe use of water treatment products	400	400
Train population of targeted communities in use of distributed hygiene kits	700 families	700
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Reached
Conduct training for ARC volunteers on carrying out water, sanitation and hygiene assessments and conducting field assessments after affected families have returned to their homes	15 volunteers	15
Continuously monitor the water, sanitation and hygiene situation in targeted communities	15 communities	15
Coordinate with other water and sanitation actors on target group needs and appropriate response.	3 meetings	3
WASH Output 1.2: Daily access to safe water, which meets Sphere and World Health Organization (WHO) standards in quantity and quality, is provided to target population		
Indicators:	Target	Reached
Provide safe water to two 150-family communities (subject to sector assessment)	300	300
Monitor use of water through household surveys	300 households	300
Deliver community water filters	8 filters	8
Determine the appropriate method of household water treatment for each community based on effectiveness and user preference. Safe water is provided to 4,000 people for one month	1	1
Distribute water purification powders (donated by P&G)	800 families	1,600
Train population of targeted communities on safe water storage and on safe use of water treatment products.	400 families	400
WASH Output 1.5: Hygiene-related goods (non-food items [NFIs]), which meet Sphere standards and training on how to use those goods, is provided to the target population		
Indicators:	Target	Reached
Determine the needs for hygiene NFIs for each community based on health risks and user preference in targeted communities	400	400
Distribute 700 personal hygiene kits and 700 cleaning kits to families in collective centres.	1,400 kits delivered	1,400
Train population of targeted communities in use of distributed hygiene kits	700	700
Determine whether additional distributions are required and whether changes should be made.	1	1
Monitor use of hygiene kits and user's satisfaction through household surveys	300 households	300
Progress		
<p>Needs analysis: The affected population did not have adequate access to safe water, as the few water wells in the area were not properly treated (if at all) and were difficult to access. Some of the assessed houses had water pumps and others were part of a water network connected to a tank on school premises; each assessed house was found to have a tap with leaking pipes and faulty connections, and neither the quantity nor the quality of the water was up to acceptable standards. Additionally, the affected families coexisted with various animals, which posed a risk of contamination to their water sources. In Santa Victoria Este and surrounding communities, 89 per cent of the population had some type of unmet basic need, especially regarding the availability of drinking water and excreta disposal.</p> <p>Population assisted: The ARC initially intended to provide water-related assistance to 2,500 people in collective centres and communities in self-managed, self-evacuee camps. As the recovery situation evolved, the ARC decided to expand the work strategy to serve 15 indigenous communities, which were mostly in self-managed camps alongside and near Route 54, through the delivery of water treatment powders and community and household water filters.</p>		

Programme standards/benchmarks: The ARC based its actions on the Sphere Manual and the Humanitarian Charter.

- **Provide safe water to two 100-family communities.** The ARC assisted with water source treatment in 15 communities. Because of its joint efforts with the national Civil Defence Secretariat, the Naval Prefecture and the municipality of Santa Victoria Este, the ARC provided 10 isolated communities (300 people) with Proctor and Gamble (P&G) powders and 10,000 litres of bottled water per week in the first two weeks of the operation.
- **Provide water filters to 400 families.** The ARC delivered 400 household water filters to the communities of El Cruce, La Curvita, 13 de Enero, Padre Col I, Padre Col II, Padre Col III, La Golondrina, Anglicana III, Pozo La Yegua and El Retiro. As the distribution process is on-going, 400 additional filters were purchased by the National Society.

Province	District	Community	# of filters	Families
Salta	Ministro Rivadavia	Communities of Padre Col Nuevo, Celia (or Dixon), La Puntana, La Curvita, Monte Carmelo, El Cruce, Santa María.	400	400

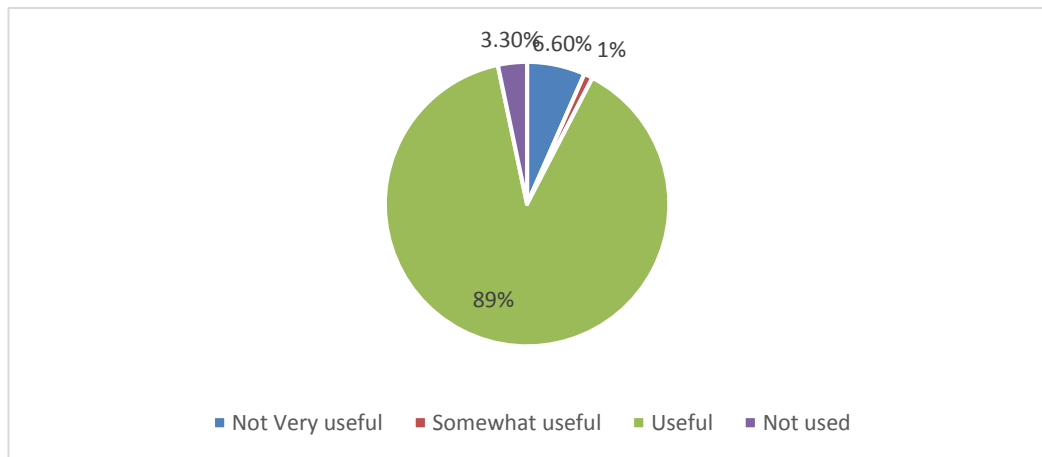
- **Determine the appropriate method of household water treatment for each community based on effectiveness and user preference.** The ARC based its distribution of water treatment powders, household filters and community filters on affected people's access to water sources, the distances to reach them and water conditions.
- **Distribution of water purification powders (donated by P&G).** The ARC delivered more than 34,000 water treatment powders to 15 communities, thereby treating 340,000 litres of water.
- **Train population of targeted communities on safe water storage and on safe use of water treatment products.** The ARC delivered 15 community workshops on safe use of household and community water treatment, reaching more than 3,000 people in the communities of Padre Col Nuevo, Celia / Dixon, La Puntana, La Curvita, Monte Carmelo, El Cruce and Santa María.
- **Train population of targeted communities in use of distributed hygiene kits.** The ARC held training sessions on the use of hygiene kits during the distributions and workshops on general sanitation, reaching 700 families (heads of families participated in the sessions). The ARC reinforced CBHFA, sanitation and hygiene concepts during later visits.
- **Conduct training for ARC volunteers on carrying out water, sanitation and hygiene assessments and conduct field assessments after affected families have returned to their homes:** Thanks to the deployment of a general RIT member specializing in water, the ARC provided water, sanitation and hygiene workshops to 31 volunteers, which allowed the National Society to conduct immediately two on-site assessments.
- **Continuously monitor the water, sanitation and hygiene situation in targeted communities and the collective centres:** After specific equipment was purchased through the DREF and the National Society's own funds, the ARC carried out 1 rapid and 1 detailed assessment on the water, and sanitation and hygiene situation in 15 communities.
- **Coordinate with other water and sanitation actors on target group needs and appropriate response:** The ARC held three coordination meetings with the Municipality of Santa Victoria to plan the water strategy to be used during and after the emergency
- **Monitor use of water through household surveys.** The ARC conducted household surveys on water and household water treatment use, and the National Society used the assessment items it purchased such as turbidity metres and chlorine reagents, among others to carry out the surveys. Monitoring water use showed the ARC how communities were using their water treatment supplies, allowing the National Society to correct behaviours in places where water filters were not being properly used.

Satisfaction Survey results:

HOUSEHOLD WATER TREATMENT

How useful do you think the household water treatment is?

- Not very useful (6.60 per cent)
- Somewhat useful (1 per cent)
- Useful (90 per cent)
- Did not use water treatment (3.3 per cent)

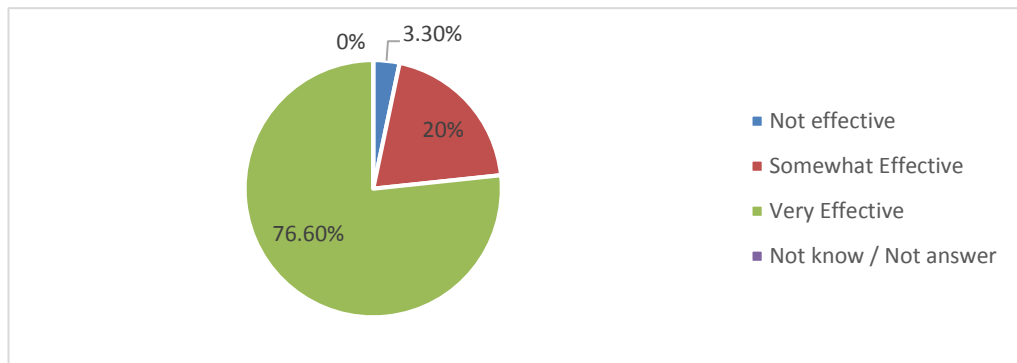


Did you have trouble assembling the water filter?

Some families were unable to assemble the filters, especially those who had not used them before; however, the ARC resolved this by reinforcing the instructions for using the filters.

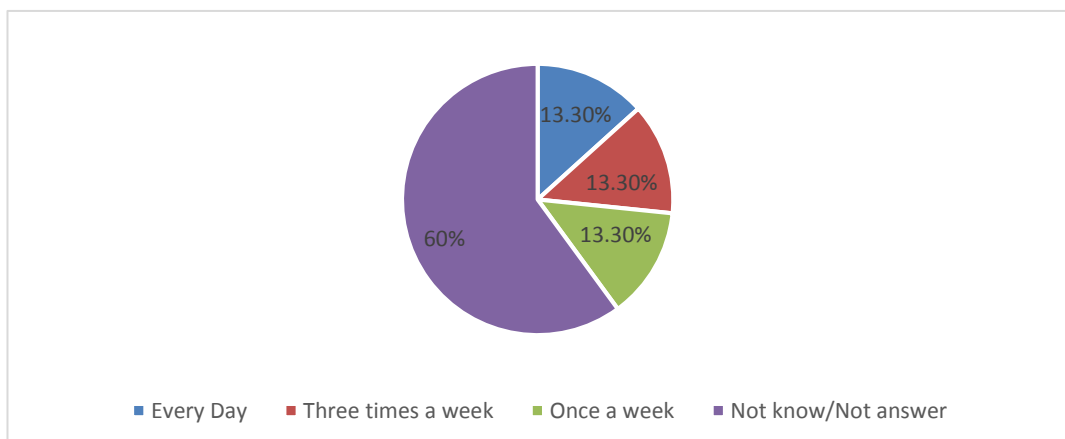
Do you consider that the training provided by Red Cross staff on using the filter was effective?

- Not effective (3.30 per cent)
- Somewhat effective (20 per cent)
- Very effective (76.6 per cent)
- No opinion (0 per cent)



How often do you treat water with the filter?

- Every day (13.3 per cent)
- Three times a week (13.3 per cent)
- Once a week (13.3 per cent)
- No opinion (60 per cent)



Where do you get the water for the filter?

- Lagoons
- A well
- Distributed by the Municipality

- **Train population of targeted communities on safe water storage and on safe use of water treatment products:** The ARC trained 15 communities in safe water storage: Misión Vieja 1, Anglicana, Anglicana 2, Mistolar, Paso de la Yegua, Misión Vieja 2, Celia, Dixon, Monte Carmelo, La Curvita, La Curvita 2, 27 de Junio, La Nueva Aron, Guayacan and 3 de Febrero
- **Distribute 700 personal hygiene kits and 700 cleaning kits to families in evacuation centres:** The ARC distributed 699 hygiene kits and 700 cleaning kits to families in 15 communities that were displaced during the flooding caused by the Pilcomayo River While the ARC transported all the hygiene kits to Taragal, one affected family did not claim its hygiene kit; therefore, the ARC delivered 699 hygiene kits instead of the planned 700 kits.

Province	District	Community	# of hygiene kits	Families	
Salta	Departamento Rivadavia	La Curvita	200	200	
		Anglicana III	38	38	
		La Golondrina	16	16	
		Ex Pozo La Yegua	6	6	
		Padre Col III	18	18	
		El Cruce	22	22	
		Padre Col Nuevo	20	20	
		El Cruce II	13	13	
		Padre Col Santa María	26	26	
		Mateo Torres	12	12	
		Santa María	Anglicana	61	61
			Mistolar	25	25
			Monteverde	11	11
			Pozo La Yegua	25	25
			Anglicana II	7	7
Monte Carmelo	Misión Anglicana	26	26		
	Monte Carmelo	106	106		
	La Puntana	27 de Junio	13	13	
		La Nueva Aarón	14	14	
Huayacán		32	32		
	3 de Febrero	8	8		
Total			699	699	

Province	District	Community	# of cleaning kits	Families	
Salta	Departamento Rivadavia	La Curvita	200	200	
		Padre Col III	18	18	
		El Cruce	22	22	
		Padre Col Nuevo	20	20	
		El Cruce II	13	13	
		Padre Col Santa María	26	26	
		Mateo Torres	12	12	
		Santa María	Anglicana	61	61
			Mistolar	25	25
			Monteverde	11	11
			Pozo La Yegua	25	25
			Anglicana II	7	7
		Misión Anglicana	Misión Anglicana	26	26
			El Palmar	9	9

		La Estrella	10	10
		Misión Nueva Vida	11	11
		Misión Vieja	67	67
		Santa María	137	137
Total			700	700

Challenges and steps taken: The main challenges were related to water and sanitation, due mainly to:

- Polluted or damaged community water sources. Many hand pumps (and some electric pumps) were buried in mud and rendered unusable.
- At the time of the emergency, water sources were not safe and came from polluted rivers or stagnant water left by floods or rains.
- The absence of a strategy to distribute safe water to all the affected communities.
- In some self-evacuee camps, water for drinking and cooking was delivered by tanker trucks; however, the water was not chlorinated or otherwise treated.

Lessons learned

Two lessons learned can be drawn from the satisfaction surveyed applied to 200 families: People were asked **which items they considered useless**, and many replied that they were not very satisfied with the mops. They were also asked **what other items the kits should contain**, and respondents answered that they wanted greater quantities of the distributed items.



Protection, gender and diversity

People reached: 2,897

Male: 1,159

Female: 1,738

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other violations of their human rights and address their distinct needs

Inclusion and Protection Output 1.1: Beneficiaries have equitable access to basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Reached
Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity	1	1
Support sectorial teams on the inclusion of measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities) in their planning	1	1
Support sectorial teams to ensure collection and analysis of sex, age, and disability-disaggregated data (please see guidance in revised Minimum Standard Commitment [MSCs])	1	1

Progress

Needs analysis:

After humanitarian displacements, different communities were relocated to collective centres where people shared common spaces such as bathrooms, sleeping quarters and recreation areas. This included various indigenous and Creole communities; in some cases, affected people with different cultural backgrounds were housed in the same collective centre.

The affected communities included Criollas, Wichi, Chorotte, Guaraní, Tapiete and Toba, and many indigenous missions were damaged by the flooding; consequently, making community inclusion, assistance and support available and open to all represented a humanitarian challenge in terms of, protection, gender and inclusion (PGI).

Population assisted: The PGI line of action cut across all activities developed by the ARC in the collective centres and in its work in the affected communities.

The ARC's activities carried in the collective centres focused strongly on protecting the rights of the most vulnerable people and groups while seeking equal rights among the beneficiaries during all interventions; this was the programme's target population.

- **Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity:** The teams that deployed to the field received minimum gender and diversity policy induction from ARC's Directorate. NIT members also provided induction to volunteers on the importance of this matter, and the ARC considered gender and diversity needs during its initial assessment.
- **Support sectorial teams on the inclusion of measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities) in their planning:** The National Society's Emergency and Disaster Response and Health Directorates jointly prepared key messages for teams in the field, with active involvement from the Salta Branch. In addition to key messages, the ARC provided guidance to ARC volunteers on ways to support female victims of violence and information on state policies to manage domestic violence cases. The ARC considered women, men, youths, girls, boys and persons with disabilities during the planning of this activity.
- **Support sectorial teams to ensure collection and analysis of sex, age, and disability-disaggregated data (please see guidance in revised MSCs):** The ARC reviewed sample reports for specific National Society activities, which included gender and diversity indicators to be completed. Survey teams compiled the following disaggregated data: 38.05 per cent of the affected population was under 11 years of age; 27.03 per cent was between 12 and 22 years of age; 32.10 per cent was adults (over 23 years of age); 2.82 per cent was elderly; 48.37 per cent was male; 51.63 per cent was female; and 2.19 per cent was persons with disabilities.

Challenges and steps taken: This was the first time the National Society was involved in an emergency response operation that formally included gender and diversity lines. Although volunteers received inductions and sample reports included data collection and analysis in this regard, there were no procedures in place to collect it. The ARC is currently processing the data obtained from surveys and reports from specific activities to generate new tools and procedures.

Lessons learned

Since the team of volunteers from the Salta Branch had the basic tools to address the community in protection, gender and diversity, they could carry out interventions where all beneficiaries were treated equally, and vulnerable people had equal access to the services provided.



Migration

People reached: 2,500

Migration Output 1.3: Family links are restored for people separated from or without news of their loved ones as a result of the disaster

Indicators:	Target	Reached
Initial assessment to detect RFL needs of the affected population and identification of vulnerable groups who have been separated from or who have no news of their relatives	1	1
Coordinate RFL support and sharing of data with local authorities	1	1
Provide service through the reception of requests and active searches	6	6
Provide satellite phone service	1	1
Provide service through the use of other tools in the event the previous ones cannot be applied (For example: publication of lists in collective centres)	6	6

Progress

Needs analysis: The mass evacuation of people from Santa Victoria Este and neighbouring communities to collective centres in regional capitals caused many families to lose contact with their family members. Many people in the collective centres were asking to return to their homes, mainly to get news regarding relatives. Communication was difficult between the cities where the collective centres were located and the isolated

communities. Displaced communities were also living along National Route 54, and they had no phones or internet or any other way to contact their relatives.

Population assisted: The ARC's RFL service was available to all who required it and provided in collective centres through various actions. Satellite phones were available in specific areas where affected communities had relocated along Route 54.

Programme standards/benchmarks: According to international law, everyone has the right to know the whereabouts of missing relatives and to communicate with family members from whom they have been separated. The ICRC's guidelines were used to implement this line of action.

- **Initial assessment to detect RFL needs of the affected population and identification of vulnerable groups who have been separated from or who have no news of their relatives:** Since the beginning of the operation, ARC teams were asked to pay special attention to the identification of families that had been separated during evacuation and rescue processes. Volunteers reported that a small number of women and children were arriving at temporary camps with no husbands or fathers because the men had stayed behind to guard their possessions. As the situation worsened, these men were forced to leave their homes as well, and they relocated to other centres, losing touch with their relatives; the National Society's activated its RFL service at this time.
- **Coordinate RFL support and sharing of data with local authorities:** The ARC held meetings with authorities in Aguaray (the city with the most collective centres) and with municipal point persons for the various centres to exchange information and agree on joint RFL lines.
- **Provide service through the reception of requests and active searches:** The ARC received six search requests following agreements with the government and the work in the temporary camps. An ARC volunteer who received a virtual induction from the ICRC and an induction by the National Society's Emergency Response Directorate handled the requests.
- **Provide satellite phone service:** The ARC attempted to rent a satellite phone for the operation; however, by the time the ARC completed the rental process, families had already found and restored contact with their loved ones. Regardless, the ARC still offered satellite phone use in eight communities once it acquired the phone.

Challenges and steps taken: The National Society's RFL procedures needed to be revised to allow for quicker activation, and it will develop tools and train volunteers in this regard.

Lessons learned

It is necessary to have volunteers trained specifically in RFL that can devote their time exclusively to this task.

Strategies for Implementation

Strengthen National Society

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

Indicators:	Target	Actual
Lessons Learned Workshop conducted	1	1
# of National Society monitoring visits	4	7
1 IFRC monitoring visit conducted	1	1
1 RIT deployed	1	1

Progress towards outcomes

- **Initial operational start up support implemented by the IFRC for the host National Society and participating national societies and other common services such as accommodation**

The IFRC's provided support throughout the operation through its country office, its regional office for the Americas (ARO)'s Disaster and Crisis Department and its Regional Logistics Unit (RLU).

- **Lessons Learned Workshop**

The ARC held the lessons learned workshop in June 2018.

- **National Society monitoring visits**

The ARC's national headquarters conducted monitoring missions every month since the operation began. In April 2018, the presidents of ARC and ARC's Salta branch visited the affected areas to support the field teams' actions.

- **IFRC monitoring visit**

The IFRC's Representative in Argentina and the IFRC's disaster management coordinator for South America travelled to the affected areas to support and guide the National Society's actions; additionally, a water and sanitation RIT provided support to the ARC for two months.

- **RIT deployment**

The IFRF deployed a water and sanitation RIT from the Nicaraguan Red Cross for two months.

Output S4.1.4: Staff and volunteer security is prioritized in all IFRC and National Society activities

Indicators:	Target	Actual
Stay Safe (Security) Training for Volunteers and National Staff	1	1
Safer Access Training for Volunteers and National Staff	1	1

Progress towards outcomes

- **Stay Safe (Security) Training for Volunteers and National Staff**

The ARC required all its volunteers and staff to complete the IFRC's Stay Safe training prior to conducting field actions.

- **Safer Access Training for Volunteers and National Staff**

The ARC conducted a Safer Access training workshop for 20 volunteers and 5 staff from its national headquarters.

- **Determine Support with Civil-Military and Defence Assets**

For the first response actions, the ARC assisted with the evacuation process and the management of the collective centres, with support from military response teams.

Challenges:

The National Society needs to review the Security Operational Plan and his application in the Basic Course for volunteers.

Lessons learned:

It is necessary to ensure that staff and volunteers have made the Stay Safe training before the operation.

Contact information

For further information specifically related to this operation please contact:

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Disaster Response Financial Report

MDRAR015 - Argentina - Salta Floods

Timeframe: 11 Feb 18 to 11 Jun 18

Appeal Launch Date: 11 Feb 18

Final Report

Selected Parameters

Reporting Timeframe	2018/1-2018/8	Programme	MDRAR015
Budget Timeframe	2018/1-2018/6	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		231,317				231,317	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		231,317				231,317	
C4. Other Income		231,317				231,317	
C. Total Income = SUM(C1..C4)		231,317				231,317	
D. Total Funding = B +C		231,317				231,317	

* 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		231,317				231,317	
E. Expenditure		-177,881				-177,881	
F. Closing Balance = (B + C + E)		53,436				53,436	

Disaster Response Financial Report

MDRAR015 - Argentina - Salta Floods

Timeframe: 11 Feb 18 to 11 Jun 18

Appeal Launch Date: 11 Feb 18

Final Report

Selected Parameters

Reporting Timeframe	2018/1-2018/8	Programme	MDRAR015
Budget Timeframe	2018/1-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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)			231,317			231,317		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	89,957		65,733			65,733	24,224	
Medical & First Aid	4,077		2,820			2,820	1,257	
Teaching Materials	4,843		1,679			1,679	3,163	
Utensils & Tools	29,453		18,832			18,832	10,621	
Other Supplies & Services	2,487						2,487	
Total Relief items, Construction, Sup	130,817		89,064			89,064	41,753	
Logistics, Transport & Storage								
Storage			4,996			4,996	-4,996	
Distribution & Monitoring	1,720		391			391	1,329	
Transport & Vehicles Costs	7,472		10,965			10,965	-3,494	
Logistics Services			3,000			3,000	-3,000	
Total Logistics, Transport & Storage	9,192		19,353			19,353	-10,161	
Personnel								
International Staff	14,960		10,844			10,844	4,116	
National Society Staff	11,522		9,944			9,944	1,579	
Volunteers	26,259		18,614			18,614	7,644	
Other Staff Benefits	1,403		1,674			1,674	-272	
Total Personnel	54,144		41,077			41,077	13,068	
Workshops & Training								
Workshops & Training	4,441						4,441	
Total Workshops & Training	4,441						4,441	
General Expenditure								
Travel	6,078		8,370			8,370	-2,292	
Information & Public Relations	2,852		3,233			3,233	-381	
Office Costs	5,018		2,381			2,381	2,637	
Communications	4,469		670			670	3,800	
Financial Charges	187		2,877			2,877	-2,690	
Total General Expenditure	18,604		17,531			17,531	1,074	
Indirect Costs								
Programme & Services Support Recove	14,118		10,857			10,857	3,261	
Total Indirect Costs	14,118		10,857			10,857	3,261	
Operational Forecasting								
Operational forecasting	0						0	
Total Operational Forecasting	0						0	
TOTAL EXPENDITURE (D)	231,317		177,881			177,881	53,436	
VARIANCE (C - D)			53,436			53,436		

Disaster Response Financial Report**MDRAR015 - Argentina - Salta Floods**

Timeframe: 11 Feb 18 to 11 Jun 18

Appeal Launch Date: 11 Feb 18

Final Report

Selected Parameters

Reporting Timeframe	2018/1-2018/8	Programme	MDRAR015
Budget Timeframe	2018/1-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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	231,317		231,317	231,317	177,881	53,436	
Subtotal BL2	231,317		231,317	231,317	177,881	53,436	
GRAND TOTAL	231,317		231,317	231,317	177,881	53,436	

Annex

Media links:

https://tn.com.ar/sociedad/inundaciones-en-salta-hay-mas-de-17-mil-evacuados-y-el-panorama-no-es-alentador_849452

<https://www.lanacion.com.ar/2106845-salta-ya-son-8500-los-afectados-por-la-crecida-del-rio-pilcomayo>

<http://www.lavoz.com.ar/ciudadanos/en-salta-la-situacion-humanitaria-es-muy-compleja-dijo-la-cruz-roja>

<https://www.tribuno.com/salta/nota/2018-4-17-0-0-0-preocupan-los-casos-de-diarrea-y-conjuntivitis-tras-las-inundaciones>

<https://www.lanacion.com.ar/2107053-como-ayudar-a-las-familias-que-perdieron-todo-en-salta>

<https://www.lagacetasalta.com.ar/nota/98778/actualidad/cruz-roja-recibe-donaciones-efectivo-te-explica-que.html>

<https://www.lagacetasalta.com.ar/nota/98632/actualidad/cruz-roja-escenario-para-vuelta-casa-complejo.html>

<http://www.lavoz.com.ar/ciudadanos/veinte-mil-afectados-por-las-inundaciones-en-el-norte-argentino>

<https://www.lagacetasalta.com.ar/nota/98563/actualidad/crecida-pilcomayo-cruz-roja-llego-para-colaborar-evacuacion.html>https://www.clarin.com/sociedad/inundaciones-golpean-norte-incendios-centro-pais_0_ryxUxzMlf.html



RECOMENDACIONES GENERALES

ENTRANDO EN CASA

- Verificar si no queda agua estancada dentro del hogar.
- Verificar que la electricidad este desconectada.
- Ventilar y airear todos los ambientes, abrir puertas y ventanas para ayudar al secado de la casa.
- Utilizar botas y guantes de goma para sacar agua estancada y comenzar la limpieza.
- Mantener a niños y mascotas alejados hasta que termine la limpieza.
- Realizar limpieza a fondo de pisos, paredes,

artefactos de cocina, baño y todos los muebles.

- Lavar la ropa, sábanas y toallas
- Lavar por separado también la ropa que estas utilizando para hacer la limpieza.
- Retirar y desechar los artículos que no se puedan lavar y desinfectar (ejemplo colchones, alfombras, almohadas, juguetes de peluche o trapo, artículos de cartón, libros y papeles entre otros).
- Lavarse las manos con agua segura y jabón después de cada acción que haga.

AGUA SEGURA PARA EL CONSUMO



- Hervir el agua durante 5 minutos y dejar enfriar.
- 2 gotas de lavandina por litro de agua tapar y dejar reposar durante 30 minutos antes de consumirla.
- Utilizar recipientes desinfectados.



ALIMENTOS

- Identificar y desechar todos los alimentos que estén en mal estado, y que puedan ser peligrosos para el consumo.
- Arrojar a la basura cualquier alimento que haya podido estar en contacto con el agua de inundación.
- Arrojar los alimentos que tengan olor, color o textura anormales.

- Arrojar los alimentos perecederos (incluidos la carne, el pollo, el pescado, los huevos y las sobras) que no haya estado conservado a temperatura adecuada.
- Arrojar todos los alimentos enlatados cuyos envases estén abiertos, dañados o inflados.



- Si las latas han estado en contacto con el agua de una tormenta o inundación, quiteles la etiqueta, lávelas y métalas en una solución de 1

taza de lavandina con 20 litros de agua.

- Identifique nuevamente las latas con un marcador.

LIMPIAR Y DESINFECTAR LAS SUPERFICIES QUE ENTRAN EN CONTACTO CON LOS ALIMENTOS EN CUATRO PASOS:

1. Limpiar con jabón, agua segura y tibia.
2. Enjuagar con agua segura.
3. Desinfectar el artículo sumergiéndolo por un

minuto en una solución de 1 cucharada de lavandina cada 5 litros de agua limpia.

4. Permitir que se seque al aire libre.

- Se recomienda arrojar a la basura las tablas de madera para picar alimentos que hubieran sido afectadas por las aguas, las tetinas de las mamaderas y los chupetes. Estos artículos no pueden ser desinfectados en forma apropiada después de tocar aguas contaminadas de una inundación.

de dónde viene el agua, debe hervirla o tratarla antes de usar.

RECOMENDACIONES PARA EL CONSUMO DE AGUA



Es posible que después de una emergencia como la causada por una inundación, el agua no esté en un estado adecuado como para beberla, limpiar o bañarse con ella. Durante una inundación y después de la misma, el agua puede contaminarse con microorganismos (como las bacterias), aguas negras (del alcantarillado), desechos agrícolas o industriales, productos químicos u otras sustancias que pueden causar una enfermedad o hasta la muerte.

- Siga medidas básicas de higiene. Lavase las manos con jabón y agua segura: antes de preparar o comer alimentos, después de usar el baño, después de haber participado en actividades de limpieza y después de manipular artículos contaminados por las aguas de la inundación o aguas negras.
- Si el agua no está en buen estado para su uso, siga las instrucciones de las autoridades locales de usar agua embotellada o de hervir o de obtener agua segura para cocinar, limpiar o bañarse.
- Si usa agua embotellada, asegúrese de que provenga de una fuente segura. Si no está seguro



RECOMENDACION PARA EL CUIDADO DE NIÑOS Y ADULTOS MAYORES



- Mantener, en lo posible, en un área protegida y adecuadamente hidratados a niños y personas mayores.
- Si los bebés están siendo amamantados, seguir haciéndolo. Para los bebés que toman leche de fórmula, se recomienda dar fórmulas ya preparadas. Para preparar leche de fórmula o concentrada es mejor usar agua embotellada. Sólo en caso de que no disponga de agua embotellada, utilice agua segura.
- Lavar las mamaderas y chupetes con agua embotellada o agua segura.

- Lavarse las manos antes de preparar los biberones y antes de alimentar al bebé. Usted puede usar un desinfectante de manos a base de alcohol para limpiarse las manos si no tiene agua suficiente.
- No permitir que los niños jueguen en lugares donde haya aguas de la inundación. Lavar frecuentemente con agua segura las manos de los niños, y no deje que manipulen juguetes contaminados por aguas. Puede desinfectar los juguetes con una solución de una cucharada de lavandina en 5 litros de agua.



RECOMENDACIONES PARA LA VUELTA A CASA

QUÉ HACER AL VOLVER A ENTRAR A TU CASA DESPUÉS DE UNA INUNDACIÓN

Cuando regresés a una casa que se inundó, tenés que saber que el agua que ingresó puede estar contaminada y ser una amenaza para tu salud.



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Basado en las recomendaciones suministradas por el Ministerio de Salud de la Nación:
Ministerio de Salud de la Nación y Manuel Estera



AGUA, SANEAMIENTO Y SALUD

Todos nos podemos prevenir



SIN MOSQUITOS NO HAY DENGUE, NI CHIKUNGUNIA NI ZIKA

SIMILITUDES Y DIFERENCIAS: DENGUE/CHIKUNGUNIA/ZIKA

¿Qué son estos virus?

Dengue: es una enfermedad viral transmitida por la picadura del mosquito de la especie *Aedes aegypti* al ser humano.

Chikungunia: es una enfermedad viral que transmiten los mosquitos de las especies *Aedes Aegypti* y *Aedes Albopictus* al ser humano.

Zika: se transmite por la picadura de un mosquito del género *Aedes*, que es el mismo que puede transmitir Dengue o Chikungunia y que está presente en zonas tropicales y subtropicales de América.

¿Cómo se transmiten estos virus?

CICLO DE TRANSMISIÓN

Mosquito infectado → Persona sana → Persona enferma → Mosquito sano

SÍNTOMAS FRECUENTES

ATENCIÓN!

Dengue: es grave si se producen hemorragias, en momentos avanzados de la enfermedad.

Chikungunia: puede provocar un fuerte dolor en las articulaciones durante semanas, en algunos casos el dolor puede permanecer por meses o años.

Zika: conlleva riesgo de malformaciones congénitas durante el embarazo. Si estás embarazada, extremá cuidados.

Por el momento no hay vacunas para estos virus, por eso es muy importante la prevención.

PREVENCIÓN:

- Evitar ser picados por mosquitos.

ANTE LOS PRIMEROS SÍNTOMAS:

- No auto medicarse.
- Consultar al médico.
- Evitar ser picados por mosquitos para prevenir la propagación del virus.

Los síntomas se manifiestan de 3 a 7 días luego de ser picados por un mosquito hembra infectado. La enfermedad puede durar de 2 a 12 días, aproximadamente.

En el caso del **Zika** el periodo de incubación es de 3 a 12 días y la infección puede no presentar síntomas.

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AGUA SEGURA Y SANEAMIENTO



El acceso al agua segura y a un saneamiento adecuado son los recursos más importantes de la salud pública para **prevenir enfermedades, proteger la salud de las personas y el medio ambiente**, además de ser esenciales para el desarrollo de las comunidades.

Vos y tus vecinos también pueden ayudar, realizando jornadas de limpieza, dejando la basura en los sitios adecuados, cuidando las fuentes de agua. Vos en lo personal, promocionando en tu casa hábitos de higiene.

Control de vectores

Es importante que las personas y comunidades tomen medidas tendientes a **cortar los ciclos reproductivos de insectos, y roedores transmisores de diferentes enfermedades.**

Importancia del agua

- Personas, animales y plantas necesitan agua dulce para vivir.
- El agua garantiza la salud y el bienestar de las persona.
- El 96% del agua del planeta es salada y se encuentra en mares y océanos.

Cuáles son las fuentes de agua dulce?

Agua de lluvia, aguas superficiales (ríos, lagos etc.) y aguas subterráneas

El agua se encuentra en tres estados:

- Líquido en ríos, mares, lagos.
- Sólido en glaciares, y en forma de granizo o nieve
- Gaseoso en el vapor, o en forma de nubes.



Necesitamos agua segura para

- Beber, preparar jugos, leche, remedios.
- Higiene personal.
- Higiene de la vivienda.
- Bañar las mascotas.
- Lavar ropa.
- Lavar frutas y verduras.
- Preparar alimentos .
- Regar.
- Industria.
- Curar heridas.

El agua se contaminar por tener contacto con

- Baños, letrinas, pozos ciegos.
- Residuos de hospitales y fábricas, basura.
- Sustancias químicas (mercurio, plomo) pinturas.
- las cañerías en malas condiciones, permiten que ingresen bacterias, virus y microorganismos.
- Por almacenarla o trasladarla en recipientes sin tapa/sucios.

Si tu barrio se inunda, tené en cuenta, que el agua trae basura, bacterias, virus, que pueden causar enfermedades a personas y animales.

CARACTERÍSTICAS DEL AGUA POTABLE Y EL AGUA SEGURA

Cuidar el agua es responsabilidad de todos no la derroches.



¡IMPORTANTE!
El agua no debe tener olor,
color ni sabor.

Potabilización

- Es el proceso durante el cual se eliminan del agua, las impurezas, microorganismos, (bacterias, virus etc.) que pueden causar enfermedades, garantizando de ésta manera, agua apta para consumo.
- Este proceso se realiza en sitios llamados plantas de tratamiento.
- El agua tratada es almacenada en tanques hasta su distribución.

Agua segura

Es el agua que no te enferma.

Si vas a consumir agua de lluvia, pozo, ríos debes:

- Si está turbia, filtrarla.
- Debés tratarla para eliminar bacterias y virus que pueden causar enfermedades (Diarreas, Hepatitis, Parasitosis).

Como tratar el agua en tu casa.

- Usando calor: hervi el agua s 5 minutos.
- Usando lavandina: lavá bien el recipiente, antes de llenarlo con agua. Agrega 2 gotas de lavandina por litro de agua. Antes de tomarla, dejala reposar 30 minutos.



No alcanza con tratar el agua,
además hay que conservarla.
No te olvides, tapá el recipiente,
déjalo en un lugar fresco o a la
sombra y lejos de los animales.

SANEAMIENTO

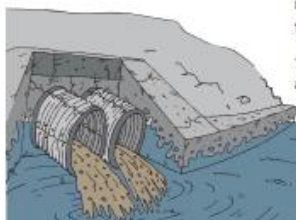
Las aguas residuales domiciliarias (conocidas como aguas negras o servidas) contienen bacterias y virus que de no ser tratados pueden afectar nuestra salud y la calidad del ambiente en que vivimos.

Cloacas

Son un conjunto de cañerías que recoge de las casas, el agua de los baños, inodoros, agua de lavaderos y de la cocina. Estos líquidos viajan por caños que se encuentran bajo las calles, y llegan hasta la planta de tratamiento. Además de agua, por éstos caños se traslada la materia fecal y papel higiénico.

Vos podés ayudar a que no se tapen las cloacas

- No arrojes en el inodoro restos de alimentos, medias, pañales, algodón, bolsas, preservativos, toallas femeninas.
- No arrojes en las piletas del baño o cocinas aceites, grasa, pintura.



Pozos ciegos

Es un pozo al que llega el agua de los baños y la materia fecal. Los líquidos son absorbidos por el terreno y los sólidos quedan ahí hasta que las bacterias lo descomponen.

No tires en el pozo:

- Ácidos y pinturas, porque contaminan el suelo y el agua.
- Los aceites y las grasas, porque forman una capa y el pozo pierde la capacidad de absorber los líquidos.

MANEJO DE LA BASURA

El adecuado **manejo de la basura**, te ayudará a **prevenir enfermedades, cuidar el medio ambiente** (suelo, aire, agua).

No tires la basura en cualquier lado, a averigua si en tu barrio hay sitios especiales donde dejarla (contenedores, volquetes) y los días que pasan a recogerla.

La basura se divide en:

ORGÁNICA

Se descompone en poco tiempo. Por ejemplo restos de comida, ramas, hojas.

INORGÁNICA

Su descomposición es lenta. Por ejemplo pañales, cubiertas de auto.

RESIDUOS PELIGROSOS

Son aquellos que pueden poner en riesgo tu salud o dañar el medio ambiente.

Por ejemplo pilas, restos de pinturas, remedios vencidos, insecticidas, plaguicidas, residuos de hospitales, industria minera.



En tu casa

Tené en cuenta que la basura debe estar en un recipiente (tacho, balde) con tapa o en bolsas cerradas. De ésta manera evitarás, olores y que se acerquen animales, moscas, cucarachas y ratas.

En lo posible, no quemes la basura, el humo y el olor pueden afectar tu salud y la de otros.

Generar menos basura es responsabilidad de todos

- Compra, si es posible, bebidas en envases de vidrio o retornarles.
- Reutilizá bolsas y envases plásticos. Reciclando podés, ahorrar y generar dinero.

Tu salud y la de tu familia es lo primero.

HIGIENE

Hábitos para una vida sana

Al rededor tuyo y de tu familia, se encuentran algunos organismos muy pequeños, llamados bacterias, virus, hongos que pueden causar enfermedades. **Vos podés prevenirlos.**

- Tomando agua segura
- Higiene personal/ lavado frecuente de manos
- Lavando frutas y verduras
- Eliminando el polvo de tu casa.
- Eliminando criaderos de mosquitos/ratas.

Quando tenés que lavarte las manos?

DESPUÉS DE
Ir al baño, de cambiar los pañales.

ANTES DE
Preparar la comida, comer, curar una herida.

EL CORRECTO LAVADO DE MANOS CON JABÓN TE AYUDA A

- Prevenir enfermedades entre ellas diarrea, hepatitis.
- Limita la transmisión de enfermedades respiratorias, gripe, infecciones en la piel y ojos.

- Mojate las manos, en lo posible usá jabón.
- Lavá las palmas, dorso y espacio entre los dedos.
- Lavá también tus muñecas y debajo de las uñas.
- Enjuagá bien.
- Secate, con toalla o papel limpio.



SIN MOSQUITOS

NO HAY DENGUE NI CHIKUNGUÑA



CRUZ ROJA ARGENTINA



El Dengue y la Chikunguña se transmiten por la picadura de mosquitos que se crían en nuestras casas, en recipientes con agua estancada.



Tapemos los recipientes donde reservamos agua .



Demos vuelta o eliminemos los objetos en desuso que acumulan agua.



Cambiamos el agua de los floreros.



Limpiemos los bebederos de animales.



Desmalecemos patios y jardines.