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# Emergency Appeal Final Report

## Peru: Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n° MDRPE012</b>	<b>Glide n° <a href="#">FL-2017-000014-PER</a></b>
<b>Date of Issue: 26 December 2018</b>	<b>Start date of disaster: December 2016- January 2017</b>
<b>Operation start date: 23 March 2017</b>	<b>Operation end date: 22 June 2018</b>
<b>Host National Society: Peruvian Red Cross (PRC)</b>	<b>Operation budget: 2.28 million Swiss francs</b>
<b>Number of people affected: 1.8 million people</b>	<b>Number of people assisted: 38,875 (planned as 50,000 people to be reached)</b>
<p><b>N° of National Societies involved in the operation:</b> 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).</p> <p>The Ecuadorian Red Cross (ERC), German Red Cross (GRC) and Spanish Red Cross (SRC) provided bilateral support to the Peruvian Red Cross (PRC).</p> <p><b>Other donors to this operation:</b> 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, VERT/WHO Voluntary Emergency Relief fund, WTO- World Trade Organization and an individual donor.</p> <p><b>Bilateral contributions through the IFRC:</b> Ecuadorian Red Cross</p> <p><b>The following donors have provided in-kind professional services and donations to the Peruvian Red Cross to support this operation:</b> Abbott Laboratorios SA, Agritop SAC, Albergue Ollantaytambo EIRL, Alston, Aserfex SA, Asociación Cultural Drama - Teatro La Plaza, Asociación Femenina Auxiliar al Instituto Americano de Ingenieros de Minas Metalurgia y Petroleo Sec, Asociación Señor de Los Milagros, Australian Embassy in Lima, Banco de la Nación, BASF Construction Chemicals Peru S.A., Bayer S.A., Brisbane United for Peru, Christ the Redeemer Catholic Church (Sterling, VA- USA), Clorox Peru S.A., Desarrollos Técnicos del Perú S.A.C., Diageo Perú S.A., DIRECTV Peru S.R.L., Electroandina Industrial S.A.C. (Indurama), El Colectivo Servicios Sudamericanos, El Pacífico SAS, Electroandina Industrial S.A.C. (Indurama), Embassy of Australia in Peru, Embassy of Finland in Peru, Financiera OH S.A., Fonpell S.A.C., Genfar Perú, Golder Associates Peru S.A., Harvard Association of Peruvian Students (HAPS), Heinz Glas Peru S.A.C., Jr Soriano International SRL, KBuena Radio Canada, Kromasol collaborators, Laboratorio Médico Biológico H. Colichon S.A.C., LAN Perú S.A., Francisco I. Crosby Masonic Lodge number 64, Medifarma S.A., Mifarma S.A.C., Nebraska Peruvian Association, Owen-Illinois Peru S.A., Pan American Silver Perú S.A.C., Peruvian-Austrian Society, Peruvian communities in: Christchurch (New Zealand), Ghent (Belgium), Oberösterreich (Austria), Palencia, Castilla-León (Spain), Rimini (Italy), Rome (Italy) St. Louis, MO with St. Joseph Parish of Manchester, MO (USA), Trent (Italy), Payless Shoesource Perú S.R.L., People's Republic of China, Perufarma S.A., Plasticaucho, Praxair Perú S.A., Procter &amp; Gamble Peru S.R.L, Responsabilty America Latina S.A.C., Río Pacífico S.A.C., Roche Farma Perú S.A., Sanofi-Aventis del Peru S.A., Saz Asociados S.A., S.C. Johnson &amp; Son del Perú S.A., Scotiabank Perú S.A.A., Soaint Peru, Solidarity zumbathon, Supermercados Peruanos S.A., Tecno Fast S.A.C, The Boston Consulting Group Peru S.R.L., Tiendas Peruanas S.A. (Oeschle and Oeschle Piura), Tiendas Peruanas Oriente (Oeschle), The Boston Consulting Group Peru S.R.L, Venus Peruana S.A.C, Volvo Peru, Willis Corredores de Seguros S.A. and individual donors in Peru and from abroad.</p>	

<Click [here](#) for the final financial report. Click [here](#) for the contacts.>

*As this Emergency Appeal was launched in March 2017, which was prior to the roll-out of the current reporting format, this final report uses the different sectors that were in effect at the time of issue.*

## A. SITUATION ANALYSIS

### 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](#) issued for 2,348,442 Swiss francs to support 35,000 people.
- **20 November 2017:** [Six-month Report](#) published.
- **23 February 2018:** [Operations update no. 3](#) published.



### Description of the disaster

The El Niño Southern Oscillation (ENSO) in Peru, which started in late 2016 and continued through early 2017, generated heavy rainfall, floods and landslides in the coastal departments (Tumbes, Piura, Lambayeque, La Libertad, Ancash, Lima and Ica) and the highland department of Cajamarca. This situation had an impact on approximately 1.7 million people, which includes 162 deaths, 500 people who were injured and 19 people who remain missing.

Of the 438,113 homes that were damaged due to this phenomenon, 38,728 were registered as collapsed and another 27,365 as uninhabitable. In the National Institute for Civil Defence (INDEC) regular reports on this emergency, Piura registered the highest number of affected population (528,651 people) and other coastal departments also experienced similarly high numbers: La Libertad: 465,940; Lambayeque: 183,946; and Ancash 150,737.

This disaster also had serious health impacts with the damage of public health infrastructure and the increase of illnesses and diseases. At the national level, a total of 64 health care centres were destroyed and 1,044 were damaged, of which 299 were in Piura and 157 in La Libertad. Vector-borne diseases and diseases associated with lack of access to clean and safe water increased. Over 44,000 cases of dengue were reported in flood-affected regions; Piura accounted for 60 per cent of this total. At the height of the disaster, State health authorities also registered cases of Zika, leptospirosis and anthrax. Faced with the disaster,

Due to the gravity of the impact generated by flooding and landslides, the central government declared a state of emergency in March 2017 in 11 departments. The progressive lifting of this declaration in some provinces in these departments was completed by September 2017. That same month, the Peruvian Council of Ministers announced an approximately 7.8 million Swiss francs (PEN 25,655) budget for its “Reconstruction with Changes Plan”, of which 78 per cent will be used in Piura, La Libertad, Ancash, Lambayeque, Tumbes and Cajamarca.

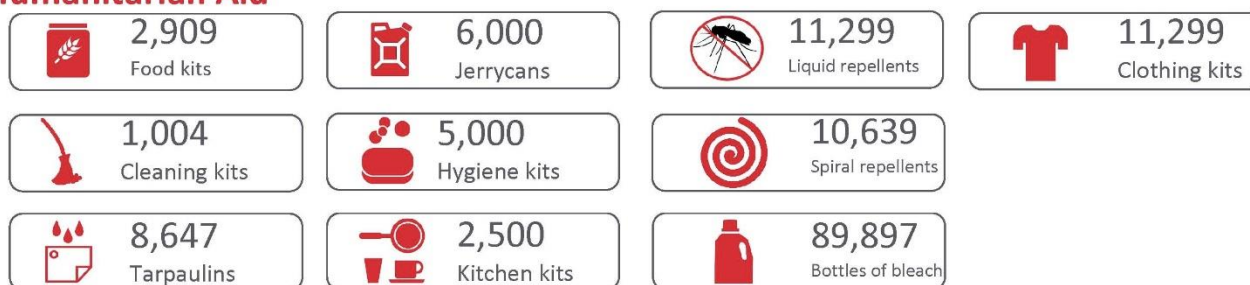
### Summary of response

In addition to the International Federation of Red Cross and Red Crescent Societies (IFRC), this Peruvian Red Cross-led operation was supported by the International Committee of the Red Cross (ICRC), the two in-country Partner National Societies (PNSs) -- German Red Cross (GRC) and Spanish Red Cross (SRC).

This operation efficiently and effectively reached 35,000 people in 6 regions (Tumbes, Piura, Lambayeque, La Libertad, Ancash and Lima) with needed humanitarian support.

The following highlights some of the central achievements of this operation:

### Humanitarian Aid



The PRC, with IFRC support, additionally distributed 850,000 litres of water (with Kits 2 and 5) during the emergency phase.

During the reconstruction phase, the Peruvian Red Cross built 535 transitional shelter units. This operation supported the paint, varnish, locks and other finishing products for these structures. Emergency Appeal funds provided 476 latrines and 475 handwashing stations for the transitional shelter units for which these were needed.



The PRC and IFRC worked together to provide a shelter, latrine and handwashing station in 8 targeted communities. Source: IFRC.

Using the same architectural design, the PRC also built 8 community health posts and 7 community centres (5 community centres with basic furniture, 1 multi-use centre and 1 day-care centre) in the targeted areas. This operation provided the equipment for the health posts and training for eight community brigades.

This operation additionally reached 999 families with a two-installment cash transfer of approximately 250 Swiss francs.

In addition to providing humanitarian aid during the emergency phase, this contributed to the strengthening of community and organizational networks by fostering the collective identification of challenges and responses to address these. Targeted communities raised their resilience with increased

awareness of safer hygiene practices, basic first aid, disaster risk management and psychosocial support. With PRC and IFRC support, communities formed community brigades for health and for disaster risk reduction. The actions with local governments to spur physical and legal remediation of property permitted the building of temporary shelter units with sanitation services. This contact also fostered communities interaction with local authorities for issues of concern.

Further details on these and other achievements are provided in the Detailed Operational Plan section below.

## Overview of Host National Society

The Peruvian Red Cross has 2,030 registered volunteers in its 40 recognized branches. More than 450 PRC volunteers, in addition to the spontaneous volunteers, participated in this response operation in the affected regions and in the capital city of Lima. Four PRC branches' facilities registered different levels of damage: Huarney (Ancash department), Trujillo (La Libertad department) and Piura and Paita (Piura department).

PRC volunteers and national staff actively engaged in the emergency response, including damage and needs assessments, prior to the launch of the DREF operation in late February 2017.

In mid-March, the PRC established a national emergency operations centre (EOC) to coordinate response actions with the Participating National Societies in the country (American Red Cross, German Red Cross and Spanish Red Cross), the International Committee of the Red Cross (ICRC) and the IFRC. The general goods for the implementation of the EOC were supported by this operation. During the emergency phase, the EOC met regularly (twice daily and then weekly as the situation evolved) until it was closed after the second month of the emergency response. Movement meetings enabled coordination during the recovery and reconstruction phases.

The PRC launched a successful national-level donation campaign in which it received food and non-food items, classified, dispatched and distributed these. During the emergency phase, the PRC distributed 2,664 food packs and 6,253 clothing packs from these donations.

The PRC also obtained national and international bilateral donations as well as those directly to the IFRC Emergency Appeal.

## Overview of Red Cross Red Crescent Movement in country

The IFRC country cluster support team (CCST) office is located in Lima. In addition to management, finance, administration and other support services, the decentralised positions of the disaster management coordinator for South America and the Programme Manager – Logistics, Procurement & Supply Chain Excellence, are also based in Lima. The latter two were instrumental in the first phase of this operation with the disaster management coordinator serving as operations manager until a Head of Emergency Operations (HeOps) was deployed.

Furthermore, the Americas Regional Office (ARO), particularly the disaster and crisis department and the Global Logistics Service for the Americas (GLSAM) were fundamental to the emergency phase response. A Head of Emergency Operations (HeOps) was deployed to coordinate this Emergency Appeal operation. From July 2017 to January 2018, an operations manager worked with the National Society to launch the recovery and response phase actions.

In March 2017, the IFRC activated its regional and global disaster response mechanisms to respond to this emergency. The Regional Intervention Team (RIT) members who were deployed added value to the operation with their skills and knowledge, often implementing in-the-field training to support the sustainability of actions and installed capacity at the PRC-branch level. The following table provides details on the 27 people who were deployed to support the Peruvian Red Cross in this operation:

Position	Home Office/ National Society	Quantity
Head of Emergency Operations	IFRC- Geneva	1
Operations Manager	IFRC	1
External coordination	IFRC- Country Cluster Support Team (CCST) Guatemala and El Salvador	1
Humanitarian Diplomacy	IFRC-Americas Regional Office (ARO)	2
Global Shelter Coordinator	IFRC- Geneva	2
Field Assessment Coordination Team (FACT) Shelter	German Red Cross	1
FACT Water, Sanitation and Hygiene (WASH)	Spanish Red Cross	1
Regional Emergency Team (RIT) Health & Psychosocial support	Colombian Red Cross Society (CRCS)	2
Public Health in Emergencies	IFRC-ARO	1
Logistics	IFRC-ARO	1
Emergency Response Unit (ERU) Logistics Team Leader	Danish Red Cross	1

RIT Emergency Communications	Ecuadorian Red Cross	1
RIT Logistics	CRCS and Argentine Red Cross	2
RIT General	Honduran Red Cross, Paraguayan Red Cross and Peruvian Red Cross (seconded from American Red Cross regional office), Chilean Red Cross	4
RIT WASH	Guatemalan Red Cross (2) and CRCS	3
WASH in Emergencies senior Officer	IFRC-ARO	1
RIT Information Management	Bolivian Red Cross	1
Cash Transfer	American Red Cross/ IFRC	1

At different moments in this operation, Emergency Appeal resources were employed to buttress National Society's human resources: operations coordinator, resource mobilization consultant, communications consultant and volunteer coordinator. During the recovery and reconstruction phase, the IFRC continued to support the operations coordinator, and a health coordinator, as well as short-term consultancies for information management and communications.

In addition to the support provided by the IFRC, Partner National Societies (PNSs) coordinated and supported the Peruvian Red Cross. The American Red Cross, German Red Cross and the Spanish Red Cross are present in the country.

The American Red Cross supported the PRC with the preparation of situational reports and its technical staff provided operational guidance during the early emergency.

With the PRC, the German Red Cross implemented two bilateral emergency response projects in Piura. In total, these projects enabled the distribution of 2,500 buckets and chlorine bleach; 2,500 hygiene kits; 3,600 long-lasting insecticide-treated nets; 1,230 mattresses; 650 kitchen kits; community first aid equipment; and 5 water bladders. Distributions were complemented with health promotion activities and a cash transfer programme for 420 families.

Through two projects with the National Society, the Spanish Red Cross (SRC) gave bilateral support to the National Society. The project in Huarmey assisted the PRC to distribute 500 cold weather kits and 1,200 hygiene kits, and built 12 temporary shelter modules. The SRC project in Lambayeque supported 400 households with cash transfers and the distribution of buckets for the treatment of safe water and cleaning kits, in addition to health promotion activities.

During the emergency phase, the International Committee of the Red Cross assisted the PRC in its restoring family links (RFL) programme. The support was provided for 88 cases, which entailed telephone calls, hotline calls, messages and search requests.

In January 2018, the Canadian Red Cross conducted a one-week field visit to assess Canadian contributions to this operation for learning and recommendations for improvements in future emergency responses and particularly identify areas in which the IFRC's cash transfer programmes can improve their procedures and implementation.

### **Overview of non-RCRC actors in country**

The PRC, as auxiliary to the state for humanitarian issues, works closely with authorities at both national and local levels. During the response to this emergency, the PRC and IFRC participated in national, departmental and provincial-level coordination spaces.

Upon activation of the cluster system, the IFRC assumed its designated role as shelter cluster lead agency. As detailed in the shelter coordination section below, the secretariat deployed a shelter cluster coordinator to support the government in the cluster coordination. The IFRC regularly participated in other sector meetings, particularly in water, sanitation and hygiene promotion, but when possible, also participated in other sectors such as health, protection, and food security. The IFRC operational staff and PRC attended United Nations-led coordination meetings, including regular participation in the Humanitarian Coordination Country Team (HCT).

In April, the United Nations issued a Flash Appeal for 38.3 million US dollars to support 320,000 people Ancash, La Libertad, Lambayeque, Piura and Tumbes. This appeal identified humanitarian needs in housing; water, basic sanitation and hygiene; health; food security and nutrition; protection, early recovery and livelihoods.

During the recovery and reconstruction phase, PRC worked closely with non-governmental organizations and local state institutions, particularly regional health directorates and INDECI, in the field. This coordination aimed to avoid duplication

of efforts, share technical advice on shelter and latrine construction, coordinate training sessions and plan community activities.

In August 2017, the UN Office for the Coordination of Humanitarian Affairs (OCHA) had registered 30 international and national institutions working in Piura, which include UN system agencies, international institutions and NGOs.

As mentioned, the Peruvian State has a comprehensive plan “Reconstruction with Changes”, programmed for four years and with a 25 million Peruvian sol (PEN) (approximately 7.3 million Swiss francs). The national authority responsible for this plan has established portfolios of reconstruction and prevention projects in the 13 regions affected by the El Niño Southern Oscillation. State investment primarily focuses on agriculture, transport and communication, education and health, as well as housing and sanitation. To increase its efficiency, in 2018 the government decentralized its plan and transferred more funds to the local level, which as of March 2018 made up 45 per cent of these funds.

The National Institute for Civil Defence (INDECI) reported that the regional, provincial and district governments distributed 705.37 metric tonnes (MT) of food; 1400.91 MT of housing materials; 173.85 MT of blankets; among other goods. In

In 2018, INDECI with the World Food Programme (WFP) and Save the Children presented a report on lessons learned from the response to the El Niño coastal phenomenon. This report indicated the need to strengthen the response and knowledge about the recurring phenomenon associated with climate change. This report provided recommendations regarding actions to raise public awareness of risk and vulnerability; strengthening the National Disaster Risk Management (SNGRD) through policy change and fortifying State capacities; coordination between all levels of government and with civil society and the private sector; establishment of funding for emergency response; strengthen communication and analysis systems to support decision makers; coordinate the preparation and response actions with the authorities and those engaged in the response; reconsider the damage and needs assessment analysis for an increase response; strengthen the humanitarian supply chain (includes improving donations provided from individuals and the private sector); incorporate good practices through innovative mechanisms that use the State’s social programmes.

## Needs analysis and scenario planning

During this operation, the Peruvian Red Cross, with IFRC support, conducted several assessments to identify the humanitarian needs of the population affected by the floods. Each of these framed the actions rolled out in particular areas.

The PRC had an initial focus on the Lambayeque department, where flooding initially was the most severe. As the heavy precipitation began to affect other regions, PRC and IFRC continued its assessments in a total of six departments (Ancash, La Libertad, Lambayeque, Lima, Piura and Tumbes) with 28,430 households. These assessments allowed PRC and IFRC to contribute to overall assessments being conducted by other humanitarian actors.

During the emergency phase, a cash transfer feasibility study, including the mapping of needs for the most vulnerable populations, was conducted in the Northern coastal departments.

As the situation evolved with the entry of more humanitarian actors, particularly the State, the PRC and IFRC conducted a follow-up assessment that identified the unmet needs during the recovery and reconstruction phases. This enabled an understanding of where the operation should focus its efforts and resulted in the September 2017 revision of the Emergency Plan of Action. The revised appeal modified actions to roll out a comprehensive strategy in eight communities, located in areas receiving less (or no) support from other institutions. The low level of Emergency Appeal coverage also spurred a decreased in the target population from 50,000 to 35,000 people.

The following eight communities were targeted for comprehensive recovery and reconstruction actions.

Department	Province	District	Community
Piura	Piura	Cura	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
		Jayanca	Mirador
	Chiclayo	Pimentel	Los Arenales de la Pradera

In addition to the Fundamental Principles and *The Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*, the following criteria were used to prioritize the population to be reached in all of the sectors:

- Female-headed households (i.e. widows, divorced or separated, women without income);
- Households that have not received any substantial humanitarian assistance from the government and/or other organizations;
- Households with one or more members with a disability;
- Households lacking available coping mechanisms and are in conditions of structural vulnerability;
- Households composed of vulnerable occupational groups and/or marginalized populations.

In addition to the above criteria, the shelter cluster has collectively established a criteria based on vulnerability that prioritizes the population that 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 5 people, particularly with children under 5 and/or more than one family in a single home); survivors of gender-based violence; pregnant or nursing women; households that currently receive State-sponsored social support; rural households; communities that have not been reached by aid; and families whose income-generation had been household-based.

This operation established a community-based and participatory approach. During the reconstruction phase, this was manifested in the collective identification of challenges, oftentimes with families who remained in collective shelters, tents or their damaged homes. In some cases, these communities accepted to be relocated from high-risk areas to legally accepted areas for construction. Through the participatory work of families, local technicians and professionals and PRC branch-level volunteers, community-based actions were implemented in health; water, sanitation and hygiene promotion; shelter; and disaster risk reduction.

### **Risk Analysis**

As part of the planning and implementation of this operation, the IFRC regularly analyzed the changing context to identify potential risks to the projected response actions.

During the emergency phase, the initial risks revolved around the structural conditions in the affected regions. Access to those severely affected by the flooding and landslides was difficult as land and air transportation was severely reduced.

When the response started, the government through INDECI coordinated military and assets for the response, which entailed incoming cargo being managed by the government. While the PRC and IFRC consistently coordinated with State agencies, the operation identified private companies that donated their transportation services. These companies were used to dispatch and transport goods to the PRC branches in the affected areas, which were then distributed to targeted communities. In this manner, the risk of not receiving the goods in the assessed areas was eliminated.

Faced with the massive need for shelter for the population in informal settlements and collective centres, the government originally aimed to build temporary housing. With time, this decision was transformed into a longer-term strategy for the construction of permanent housing. Organizations and people affected by the emergency were unclear about the implications of this change in strategy, which also generated challenges for the PRC-IFRC already working in some communities.

At some points during the response, tensions rose due to the prioritization of certain households and/or people in the collective centres. Although not directly in areas supported by the operation, the PRC-IFRC approach and coordination with other actors contributed to diffusing the tension. Coordination with other humanitarian actors was required to identify target populations and for the distribution of food and non-food items

## **B. OPERATIONAL STRATEGY**

### **Overall objective**

Ensure that at least 35,000 people affected by the floods in the departments 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 created for this operation was based on general and sector-specific assessments during the emergency and recovery phases in the departments of Ancash, La Libertad, Lambayeque, Lima, Piura and Tumbes.

Some 28,430 families (142,800 people) were assessed at the beginning of the operation. The PRC, the IFRC and the ICRC conducted assessments in the most affected departments of Ancash (covering 11 districts in the Huarney, Casma and El Santa provinces), Tumbes (2 districts in Zarumilla and Tumbes provinces), Lima (5 districts in the provinces of Lima, Huarochirí and Canta), La Libertad (3 districts in the Trujillo province), Lambayeque (1 district in the Chiclayo province) and Piura (5 districts in the Piura province). During the emergency phase, this operation focused on health; water, sanitation, and hygiene; shelter (including household non-food items and shelter cluster coordination); restoring family links; and National Society capacity building.

During the recovery and reconstruction phases, this operation focused on health; water, sanitation and hygiene; shelter and settlement; disaster risk reduction (DRR); and National Society capacity building. Additionally, an unconditional cash transfer programme (CTP). This was done through a comprehensive programme involving transitional housing units, latrines, handwashing stations combined with community-based risk reduction and health activities. Additionally, this operation assisted in the strengthening of Peruvian Red Cross's capacities to prepare and respond to future disasters.

This operation contained a Community Engagement and Accountability (CEA) component, which is further described in the Detailed Operational Plan section below. CEA was rolled out in the target communities to inform and promote joint efforts between the Red Cross and communities, but also to serve as a vehicle to receive feedback on the implementation of actions. During the recovery and reconstruction phases, visual materials for public outreach and information was created and disseminated. The cash transfer programme used a beneficiary communication system (telephone and face-to-face sessions) to respond to questions and receive feedback and complaints.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Health</b> Target: 15,000 People reached: 12,443</p>		
<b>Outcome 1: The immediate and medium-term risks to the health of at least 15,000 people in the targeted affected departments are reduced.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people who have received first aid	Not established (NE)	81
# of people that participated in epidemic prevention activities	NE	3,786
# of people reached with materials to prevent health risks	NE	3,241
# of volunteers trained in community health topics (CBHFA, first aid, epidemic control, PHAST)	NE	22
# of community members trained in first aid	NE	997
# of people who increased their knowledge in how to prevent epidemics of diseases that exist in their communities	NE	1,804
<b>Output 1.1: First aid and health promotion are provided to at least 15,000 people in the targeted affected departments</b>		
# of people reached with first aid*	NE	81
% of people reached with epidemic prevention activities	NE	Not available (NA)
<b>Output 1.2: Affected children, adolescents and other groups in situation of extreme vulnerability and people involved in operation receive psychosocial support</b>		
# of children and adolescents reached with psychosocial support in affected region	NE	2,967
# of adults reached with psychosocial support	NE	2,346
Narrative description of achievements		

During this operation, PRC volunteers with IFRC support offered first aid; psychological first aid and psychosocial support; and health promotion activities. 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).

In the health actions, the PRC coordinated with the Ministry of Health at the national level, as well as at the regional level in Piura and Lambayeque and in local health posts or centres. The PRC's actions aimed to complement the ministry's areas of implementation in the affected regions. The PRC also coordinated with UNICEF, Care, World Vision and the OIM regarding health-related issues in the target areas.

The figure of 12,443 people reached is the sum of the following actions: first aid, epidemic prevention activities, dissemination of materials on health risks, PRC volunteers trained in community health topics and adults and children reached with psychosocial support. Some of the indicators reported on above are not included in this calculation with the aim to avoid double counting. As will be mentioned below, the community health brigades were trained in first aid, but also received materials to prevent health risks.



PRC volunteers conducted vector-control campaigns. Source: PRC.

During the early recovery period (September- October 2017), a National Intervention Team (NIT) member was deployed to support the health activities in Chiclayo (Lambayeque region).

*Provision of first aid:* In the early emergency, PRC provided first aid and pre-hospital care. A total of 34 people were referred to medical centres. A total of 68 PRC volunteers and 60 community members were trained in first aid during the emergency phase. During the recovery and reconstruction phase, an additional 20 volunteers were trained.

At the community level, the PRC implemented 17 (Piura: 10 and Chiclayo: 7) workshops “Basic First aid and preparation for disasters”, which reached 1288 people (349 men and 939 women) in the targeted communities. This training was combined with the distribution of first aid equipment for six communities. This equipment included a first aid kit with bandages, gauze and other basic first aid material.

*Epidemic 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 epidemic control for volunteers (ECV) and 113 volunteers were trained in messages related to dengue, diarrhoea and leptospirosis prevention in Piura, Lambayeque and Ancash departments.

This training enabled PRC volunteers to share this information with the affected populations. For the workshops at the community level, the PRC planned to reach same population with an epidemic prevention workshop and a safe water and hygiene promotion workshop. Through coordination with community leaders, established dates were collectively chosen; on these dates, some of the PRC volunteers would facilitate one topic with part of the community while concurrently other volunteers were facilitating the second topic with another part of the community. The following tables provide details on the community participants in the two workshops: “Safe water and hygiene promotion” and “Prevention of dengue, chikungunya and Zika” in Piura and Lambayeque:

Region	Province	District	Community	# of participants	M	F
Lambayeque	Chiclayo	Pimentel	Los Arenales	314	116	198
	Lambayeque	Pacora	Santa Isabel	69	26	43
			Bances	82	39	43
			Puente Machuca	65	21	44
			San Luis	67	21	46

	Ferreñafe	Pitipo	Tres Puentes A	115	21	94
			Batan Grande	202	91	111
			Tres Puentes B	45	22	23
<b>Total Lambayeque</b>				<b>959</b>	357	602
<b>Region</b>	<b>Province</b>	<b>District</b>	<b>Community</b>	<b># of participants</b>	<b>M</b>	<b>F</b>
<b>Piura</b>	Piura	Cura Mori	Tupac Amaru I	91	20	71
			Tupac Amaru III	30	5	25
			Nuevo Eleuterio Cisneros	121	43	78
			Nuevo Santa Rosa	81	7	74
			Buenos Aires	55	16	39
			Jesus de Nazareth	179	36	143
			Cristo Viene	53	9	44
			Nuevo Chato Chico	64	19	45
			Nuevo San Martin	35	10	26
			Catacaos	San Pablo	77	8
	Sullana	Tambogrande	San Martin de Malingas	58	33	25
<b>Total Piura</b>				<b>845</b>	206	639

In total, these workshops reached 1,804 people (563 men and 1,241 women).

*Materials to prevent health risks:* Hygiene promotion talks were held when water and water and sanitation non-food items. 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 chikungunya. A total of 3,238 households (2,000 in Pura and 1,241 in Lambayeque) were reached with these kits, in addition to the 562 kits that the National Society has prepositioned.

*Volunteers trained in community health topics (CBHFA, first aid, epidemic control, PHAST):* During this operation, PRC volunteers participated in a diverse range of trainings in community health. During this operation, 30 volunteers were trained in ECV (reported above) and 22 in PHAST. The training in CBHFA and ECV was conducted in two comprehensive workshops, one in the emergency phase and the second in the early recovery phase.

*Community members trained in first aid:* Eight community brigades, composed of six to nine people each for a total of 82 people, were created in the target communities. (The eighth brigade was formed after this operation ended.) 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 Directorates in Lambayeque and in Piura.

This operation built and equipped community-level health posts in eight communities (Piura: Eleuterio Cisneros, Nuevo Chato Chico, San Martin de Malingas and Nuevo Santa Rosa; Lambayeque: Tres Puentes A, Patapon and El Mirador;

La Libertad: Bello Horizonte), of which the majority were inaugurated in January and February 2018. These health posts have the aim to facilitate the provision of first aid and initial community response by community brigades in the case of emergencies and/or disasters until the arrival of a health professional, first response entities or transfer for attention to a State health centre. Coordination was established with the Regional Health Directorates in these jurisdictions to continue training for the brigades and enable their continuing functioning after this operation ended. The communities, with the support of the PRC, solicited that these posts obtain access to electricity and water once these services are established in these areas.

Since the selected communities did not have a health facility on site for immediate attention in the event of a health problem, emergency or disaster, these posts and training enables the communities to provide a first response. These posts were equipped with basic first aid items, including a stretcher, sterilization unit and common medications. Community leaders received guidance, including a PRC guide that detailed the workings and functioning of their respective health posts.

The training (workshops) were conducted in coordination with the Centre for Emergency and Disaster Prevention of the Regional Directorate of Health of Piura and Regional Health Management of Lambayeque, facilitated by volunteers of the Peruvian Red Cross and staff of the dependencies of the Ministry of Health. The workshops covered topics such as: community mapping, first aid, transport of victims, water, sanitation and hygiene, and mental health.

*Community knowledge to prevent epidemics:* The PRC health coordination and 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.

*Psychosocial support for children, adolescents and adults:* As part of the initial response, psychosocial training and/or refresher courses were given to 136 PRC branch-level volunteers (Piura, Lambayeque, La Libertad and Ancash). Furthermore, 30 PRC volunteers from Piura (Piura), Trujillo (La Libertad) and Chiclayo (Lambayeque) were trained in the community-based health and first aid violence prevention module that is a strategy within psychosocial support actions.

During the emergency phase, 2,967 children and adolescents and 2,346 adults 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.

In the recovery phase, psychosocial support focused on the targeted communities, as well as selected communities in La Libertad department. With the support of the theatre-circus group La Tarumba, a workshop was carried out with 15 volunteers from La Libertad, Piura and Lambayeque on how to provide psychosocial support through art and games.

During the last phase of this operation, 1,059 people in 7 communities in Piura 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. These were used in psychosocial activities during the recovery phase.

In the recovery phase, approximately 50 workshops for psychosocial support were organized.

In Lambayeque, the psychosocial support actions included workshops for 240 adults (56 men and 184 women) in 7 communities on violence prevention and strengthening one's self-esteem. The second workshop on violence prevention reached 59 people (6 men and 53 women) in 3 communities. Other activities with children also had this violence prevention focus. A total of 76 children and adolescents (29 boys and 47 girls) from 3 communities participated in these workshops.

In Piura, the recovery phase psychosocial support had the objective of supporting the recovery of socio-emotional equilibrium and violence prevention. Guidance on concepts such as resilience, self-esteem, stress, loss, grief, among others were conducted. This second workshop then focused on the community-based health and first aid (CBHFA)



Eight health posts were built and equipped in target communities. Source: PRC.

module on violence prevention. In Piura, the PRC reached 742 people (250 men and 492 women) in 12 communities, which included one collective centre (Santa Rosa).

In this same region, the PRC facilitated violence prevention workshops with 126 children and adolescents (59 boys and 67 girls).

Part of the psychosocial support activities in the last phase of the operation included the purchase and installation of playground equipment in four target communities (Patapon and Tres Puentes A in Piura region and Eleuterio Cisneros and nuevo Chato Chico in Lambayeque region). A six-person see-saw, two monkey-bars climbing frames and a three-person swing set were provided so the children in these communities for their recreation.

#### Challenges

- During the emergency, the demand for psychosocial actions focused on violence prevention and addressing cases of intimate partner violence and violence against children was larger than the identified needs.
- The psychosocial support programme in the PRC requires support to continue active at the community level and in non-emergency contexts.

#### Lessons Learned

- Strategic alliances with the State and non-governmental organizations in violence prevention and psychosocial support should be sought prior to emergencies.



## Water, Sanitation and Hygiene Promotion

Target: 38,875 people (7,575 households)

People reached:

**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.**

Indicators:	Target	Actual
# of families with improved water and sanitation conditions in the emergency, recovery and reconstruction phases	7,575	7,476
<b>Output 2.1: Purification and distribution of water for at least 7,000 households</b>		
# of families reached with sufficient quantity and Sphere- and WHO-standard quality water	7,000	7,000
<b>Output 2.2: Adequate sanitation, which meets Sphere standards in terms of quantity and quality, is provided to at least 575 families</b>		
# of newly-built latrines used by affected people in target areas	575	476
<b>Output 2.3: At least 3,500 households have information, knowledge and products for safe handling of water and hygiene</b>		
# of communities participating in hygiene campaigns	8	8
# of households with hand-washing stations	500	475
<b>Output 2.4: Community cleaning campaigns are conducted in affected departments</b>		
# cleaning campaigns implemented	Not established (NE)	4
# of cleaning kits distributed	NE	1,004

### Narrative description of achievements

*Improved water and sanitation conditions* in the emergency, recovery and reconstruction phases were met through a comprehensive intervention that included distribution of water, non-food items, infrastructure and training for community members and Peruvian Red Cross volunteers.

During this operation, the PRC distributed 4,807 water filters, 6,000 jerrycans, 965 buckets and 2,595 bars of soap. The 1,004 cleaning kits and 87,190 bottles of bleach were incorporated into both phases.

#### *Acquisition and use Kit 5 for 5,000 people and acquisition and use of Kit 2 for 2,000 people*

These two kits were dispatched from the Regional Logistics Unit in Panama during the early emergency response. They arrived in the chartered plane in March 2018. As mentioned above, both kits provided safe and clean water for 7,000 people. These kits were installed in Piura (Kit 5) and in Ancash (Kit 2) regions. During the emergency phase, 851,082 litres of safe and clean water were distributed.

#### *Acquisition and installation of water purification supplies*

PRC volunteers distributed 4,807 water filters as mentioned in the Six-month report. During the emergency and reconstruction phases combined, 87,190 bottles of bleach were distributed.

#### *Acquisition, installation and distribution of water through 3 bladders*

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). The PRC currently stores nine of these bladders in its warehouse in Lima for use in future emergencies. (The tenth was not returned to the PRC.)

These ten bladders, which were filled by tanker trucks and water purification units, were used to provide safe and clean water for the districts where they were located.

#### *Acquisition and distribution of 6,000 jerrycans and 1,700 buckets*

This operation purchased and distributed 6,000 jerrycans during the emergency phase. The number of buckets was reduced to 965, which were initially distributed with other NFIs during the emergency phase, and then provided as part of the handwashing stations in the reconstruction phase.

#### *Implementation of community water micro projects which improve access to water sources*

##### *Small-scale water projects.*

As the reconstruction phase wound down and with Peruvian Red Cross funds once the operation had ended, small-scale water project were built in four target communities: Eleuterio Cisneros, Nuevo Chato Chico, Malingas and Tres

Puentes A. In Eleuterio Cisneros and Nuevo Chato Chico and, the water network was extended to reach all the homes in these two settlements. In Malingas, the water system was installed. Previously, this area used river water, some wells and sporadic irrigation channels. The water system was repaired in a mixed manner with a water pump from the wells to the storage tanks and then through gravity flow to the community pylons.

#### *Construction and installation of 575 latrines*

This operation built 476 latrines (295 in Piura and 181 in Lambayeque). In the first phase of this operation, four latrines were built and installed in the collective shelter in Chato Chico. During the reconstruction phase, latrines were built as part of a comprehensive approach that included transitional shelter units, latrines and handwashing stations.

Latrines, of three designs suitable for the different terrains, were built in a participatory process with the selected communities that received transitional shelter units (except one community which had received these from the State).

A total of 545 latrine cleaning kits (295 in Piura and 250 in Lambayeque), composed of lime, a bucket, gloves, mask, rags, cleaning brushes and bleach, were also distributed. In Lambayeque, 3 of the kits were for the health posts and 4 for local community centres and in Piura, 2 were for health posts.



PRC volunteers led the community health promotion activities. Source: PRC.

#### *Workshops in hygiene promotion for volunteers*

In the emergency phase, three training courses in water, sanitation and hygiene promotion for PRC volunteers were held. Hygiene promotion activities were conducted at the community level.

A National Intervention Team (NIT) training in water, sanitation and hygiene promotion was held in April for 19 PRC volunteers from 10 branches. The Reference Centre for Disaster Preparation provided technical support for this week-long workshop. This training strengthened National Society's capacities for future national emergencies, particularly in water and sanitation.

A total of 34 PRC volunteers and project staff (6 men and 28 women), with the support of regional health authorities in Piura and Lambayeque, were trained in 4.5 hour workshops on latrine use and maintenance, as well as handwashing. The training reached 21 people from the Piura branch and 13 from the Chiclayo branch.

#### *Workshops in hygiene promotion for communities*

Following their training, PRC volunteers programmed three days of visits to the target communities in Piura (288 families in 3 communities) and Lambayeque (237 families in 7 communities). On

the first day, community members learned about the cleansing and maintenance of the latrines and handwashing. On the second day, PRC volunteers observed and interviewed community members about their new knowledge, including the reiteration of information, as needed. On the last day, the same actions were done, but this time with more focus on ensuring the information was properly understood.

The PRC and the Ministry of Health created guides for the household visits, formats to register these, as well as a poster on cleanliness that could be posted in each latrine, as well as a calendar and a pamphlet with handwashing information.

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). 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. Community cleaning campaigns were held in communities all the target communities.

Community cleaning campaigns were organized in Pacora district in Lambayeque (Santa Isabel and San Luis), Pitipo district in Ferrañafe in Lambayeque (Patapon) and Pimentel district in Chiclayo (Arenales de la Pradera). These locations were prioritized due the accumulation of rubbish, free-range animals, unmanaged brush and presence of vectors. Approximately 30 people participated in each of the 4 communities, in addition to the 6 local PRC volunteers.

*Purchase and distribution of 3,150 hygiene kits*

During the emergency phase, 3,150 hygiene kits were distributed in the following regions:

Region	Kits distributed
Ancash	1550
La Libertad	300
Lambayeque	292
Lima	28
Piura	980
Total	3,150

During the reconstruction phase, 545 (Piura: 295, of which 4 were for health posts and Lambayeque: 250, of which 7 were for community centres or health posts) hygiene kits were provided to the households that were reached with transitional shelters, latrines and handwashing stations. An additional 56 hygiene kits were prepositioned in the PRC warehouse in Lima. These kits contained 6 bars of soap, 2 soap dishes and 4 towels in a cloth bag.

*Implementation of 500 hand-washing stations*

A total of 475 hand-washing stations (Piura: 294 and Chiclayo: 181) were built next to the latrines. These stations have access to water in buckets with spouts above the installed sink and a two-meter discharge pipe. Educational materials on the importance of hand-washing were distributed, in addition to the community-level workshops described in the health section.

The following communities were provided 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	Cura Mori	San Martin de Malingas	68	68
		Eleuterio Cisneros	141	141
	Tambogrande	Nuevo Chato Chico	86	85
<b>Total</b>			<b>476</b>	<b>475</b>

**Challenges**

- During the first phase of the emergency, there were challenges to distribute water in all of the targeted communities due to the supply of bladders, coordination and needed logistics.
- Following the implementation, no monitoring was conducted to measure the perceived changes in water management, sanitation and hygiene practices.
- The small-scale water projects took more time than expected and extended beyond the time frame of this operation.
- Further actions were required to ensure the sustainability and maintenance of acquired goods (latrines)

**Lessons Learned**

- Emergency plans awareness raising for future disasters
- Decentralize response warehouses and plan for standardization
- Have previous studies and project feasibility
- Prepare a standard training plan for volunteer (and train volunteers)
- Seek strategic alliances with technical entities in masonry and carpentry



## Shelter

Target: 5,000 households

People reached: 5,004 households

**Outcome 3: The immediate needs of target population on non-food items (NFIs) and shelter are met.**

Indicators:	Target	Actual
# of households reached with NFIs	5,000	5,004
<b>Output 3.1: 5,000 households are reached with essential non-food items</b>		
# of households provided with tarpaulins	9,400	8,647
# of households provided with kitchen kits	2,501	5,004
<b>Output 3.2: 500 most vulnerable households within the target population have access to temporary shelter assistance</b>		
# of households that receive emergency shelter assistance (materials, vouchers or technical support)	500	535

Narrative description of achievements

During the emergency phase, the Peruvian Red Cross distributed tarpaulins and kitchen kits in six regions. Additional kits were also distributed in the target communities during the reconstruction phase.

### *Acquisition and distribution of 9,400 tarpaulins*

During this operation, a total of 8,647 tarpaulins (at least 2 per household) were distributed. Following these distributions, the tarpaulins that were not distributed were repositioned in the PRC warehouse for use in future emergencies.

### *Acquisition and distribution of 2,501 kitchen kits*

A total of 5,004 kitchen kits were distributed. This operation purchased 2,500 kitchen kits. The PRC used other resources for the remaining kits.

As the emergency received increased national attention, PRC branches throughout the country received donations from individuals, community groups, organizations and institutions. PRC volunteers sorted and packed 6,253 packs of donated clothes and 2,443 blankets for distribution in the affected areas.

Together with tarpaulins and kitchen kits and using materials in its national warehouse, the PRC and volunteers also distributed 60 non-standard shelter kits, 2,443 blankets in Ancash, La Libertad, Lambayeque, Lima and Piura departments.

### *Build 500 temporary shelters (contribution)*

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
<b>Total</b>			<b>535</b>

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.



Shelter construction was only possible with community participation. Source: PRC.

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.

#### Challenges

- The lack of information, including a database of suppliers, regarding these areas prior to the disaster caused delays.
- The State changed its plans for rebuilding homes, which had an impact on how the Red Cross would rebuild.
- In some locations, the municipal authorities were not as active as required for the construction of homes.

#### Lessons Learned

- Standard databases of suppliers at a national level (divided by geographical areas) should be established for future interventions
- Partnerships should be sought with technical entities in masonry and carpentry.
- Branches should create plans for the sustainability of actions to continue after the end of an operation. This includes follow-up actions with the community.
- and follow ups with the community. It is important to train the population for the permanence of the acquired goods.
- The selection of appropriate staff and training volunteers are necessary for a more efficient division of labour.



### Shelter Coordination

**Outcome 4: The shelter response of humanitarian actors is strengthened through enhanced leadership, coordination and accountability.**

<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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A coordinated and strategic response plan according to humanitarian minimum standards adopted by actors in support of government	1	1
<b>Output 4.1: Timely, predictable, and widely accessible shelter coordination services are provided to humanitarian shelter actors.</b>		
Shelter actors working together without duplication of services	Not established (NE)	21
Provision of timely information for decision making and operations	NE	100%
<b>Output 4.2: Shelter coordination services in Peru provide a platform to integrate disaster risk reduction into the shelter response of humanitarian actors.</b>		
# of shelter actors incorporating DRR elements into their technical advice and shelter programming	NE	21
Narrative description of achievements		
<p><i>Support service delivery of humanitarian shelter actors</i></p> <p>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) once the cluster was activated in April 2017. 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.</p> <p>At its height, 21 institutions participated in the national shelter cluster. Local organizations and institutions played an active role in the shelter cluster until December when most ended their regular coordination. The shelter delegate, funded by this operation, handed over her responsibilities to the operations manager when her mission ended in August 2017.</p> <p><i>Support the development and implementation of the shelter strategy</i></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 was 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><i>Monitor and evaluate the humanitarian shelter response</i></p> <p>Information management was initially supported by the Global Shelter Cluster support team, and then was carried out by IFRC interns in-country. The Global Shelter Cluster portal created a <a href="#">webpage</a> for this disaster.</p> <p><i>Support advocacy on behalf of the cluster</i></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.</p> <p><i>Build national capacity in preparedness and contingency planning</i></p> <p>The disaster management focus was demonstrated in the technical guidance and State decision, to not support reconstruction in flood-prone areas or other zones vulnerable to disasters.</p>		
Challenges		
<ul style="list-style-type: none"> <li>- The shelter cluster delegate's time in country was dependent on available funds, although the need continued after her departure.</li> </ul>		
Lessons Learned		
<ul style="list-style-type: none"> <li>- Resource mobilization for shelter cluster coordination should ensure IFRC presence for a longer period of time.</li> <li>- A disaster management focus in emergency response coordination could be further developed so it is more efficiently implemented.</li> </ul>		



## Food security

Target: 10,000 people (2,000 families)

People reached: 10,645 people (2,129 families)

### Outcome 5: Food insecurity of the affected population is reduced

Indicators:	Target	Actual
# of food packs distributed	2,000	2,129
<b>Output 5.1: 2,000 households have sufficient food, based on the Sphere standards, to ensure food security</b>		
# of households reached with food packs	2,000	2,129
Narrative description of achievements		
<i>Distribute food packs to 2,000 affected families</i>		
During the emergency response phase, PRC volunteers throughout the branch network received, classified and packed donated food products to distribute 2,129 food kits.		
Challenges		
<ul style="list-style-type: none"> <li>- The food security needs of the affected population received less attention following the emergency phase.</li> </ul>		
Lessons Learned		
<ul style="list-style-type: none"> <li>- Prior to launching a food donation campaign, it is essential to analyse the efficiency of receiving donated food items versus other options.</li> </ul>		



## Livelihoods

Target: 500 people

People reached: approx. 4,995 people (999 families)

### Outcome 6: Affected small business owners and entrepreneurs recover their livelihoods.

Indicators:	Target	Actual
# of business owners supported by CTP	Not established (NE)	Not available (NA)
6.1: # of cash transfers conducted	NE	999
Narrative description of achievements		



Community meetings were essential for the implementation of the CTP. Source: PRC.

### Conduct a cash feasibility study

The American Red Cross seconded a cash transfer programme expert to this operation for May and June 2017. A feasibility study, including a market analysis, 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. The feasibility study provided 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.

With the revision of the Emergency Appeal in September 2017, the plan to support business owners was modified and removed from this Area of Focus. **The CTP activities were incorporated into the Quality programming/ Common to all Sectors outcome, which is detailed below.**

### Challenges

- The internal process to select and coordinate with the commercial bank was time-consuming.
- The CTP was finally implemented during the reconstruction phase.
- The National Society required technical strengthening in the area of cash transfer.

### Lessons Learned

- Train PRC volunteers and the finance team in CTP trainings
- Adjust and update the amount of the CTP according to the geographical context, local financial culture and nature of the disaster
- A CTP requires raising multiple methods (radio, brochures, house visits, in addition to focus groups) to improve the community's understanding of this modality.



## Restoring family links

Target: Not defined

People reached: 88 cases

**Outcome 7: Contacts are re-established and maintained between family members separated by the disaster, within and outside the affected areas**

Indicators:	Target	Actual
% of individuals registered as separated who are reunified with their families	Not established (NE)	98%
<b>Output 7.1: People in affected areas and relatives outside these areas have access to appropriate means of communication to re-establish and maintain contact with loved ones</b>		
# of telephone calls with contact positively re-established	NE	86

### Narrative description of achievements

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

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 in Cura Mori district in Piura, which was a district in which people were displaced and the population resettled in another area. This RFL support 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 2 of the 88 messages (97.7 per cent) were unable to be presented.

*Dissemination of key messages, services available and follow up*

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.

Challenges

- The PRC coordinator for RFL noted that due to the demand for multiple humanitarian response actions, volunteers often were unable to assist with these activities.

Lessons Learned

- As this Area of Focus is led by the ICRC, it is useful for the IFRC and the National Society to meet to discuss the monitoring process.



**Disaster Risk Reduction**

**Target: 8 target communities**

**People reached: 1,272**

Male: 344

Female: 928

**Outcome 8: Communities are better prepared to mitigate and respond to disasters**

Indicators:	Target	Actual
% of targeted communities with a contingency plan and early warning system	Not established (NE)	100%
<b>Output 8.1: At least 8 communities have the knowledge and tools to better mitigate and respond to disasters</b>		
# of people reached that have an improved understanding of community-based risk reduction, of what drives exposure to threats, their increase and management	NE	1,272

Narrative description of achievements

*8 training sessions for community brigades (1 per community)*

This operation's community-based disaster risk reduction approach was rolled out during the recovery and reconstruction phases. DRR community workshops reached 1,272 people (344 men and 928 women) 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, as detailed in Operations Update no. 3.

*Conduct drills and simulations in the 8 target communities and Awareness-raising and preparedness- dissemination of key messages in communities*



Women were active in the collective identification of community risks. Source: PRC.

In six of the eight target communities, community-based DRR brigades were created. These six brigades, of 60 people in total, were trained in safe areas, evacuation routes and early warning systems. The brigades received equipment for their labours. As part of the brigades' actions, community-level simulacra were conducted in which 151 people participated.

The PRC supported trainings with the populations who had received homes as a part of the PRC response. A total of 119 people participated in the firefighters' training on domestic fire prevention.

*Training workshop for PRC volunteers on community preparedness*  
As mentioned, 56 volunteers participated in two multi-purpose workshops during this operation. These trainings included several topics, including DRR. This covered community map making and family emergency plans with INDECI reference materials.

Challenges

- DRR is often considered a recovery phase action, which makes its implementation in the emergency response phase a challenge.
Lessons Learned
- As mentioned above, the PRC recognizes the need to plan for post-operation planning that enables further support and monitoring at the community level. As DRR actions require continual refreshing, a longer-term perspective could be beneficial.



## 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.**

Indicators:	Target	Actual
# of branch leaders trained	Not established (NE)	79
# of volunteers trained	NE	136

**Output 9.1: Movement-wide emergency response effort led by the PRC and with the support of the IFRC, ICRC and PNSs.**

Single movement reconstruction plan created and implemented with all Movement components	1	0
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Narrative description of achievements

### *Equip emergency operations centre*

Like all emergency response operations, an effort was made to support the installation of capacities within the National Society. This was done through sector-specific training and technical guidance for the implementation of actions. Although planned, no specific training was provided to branch leaders per se. However, these leaders—all of who are also volunteers-- participated in many of the trainings offered to volunteers.

### *Provide support in repairing damaged branches*

The disaster caused damage to three Peruvian Red Cross branches in Chiclayo, Huarmey and Piura. This operation contributed to the PRC's own funds to rebuild these branches. With operation funds, in Chiclayo, the doors were changed; in Huarmey, the outside wall of the branch and the floor were installed; and in Piura, one part of the building (roof and structure) was rebuilt.

Additionally, support was provided for the PRC to ensure that structure of the national warehouse in Lima complied with building codes.

### *Provide staffing support to the PRC to support its emergency response, and recovery and reconstruction activities*

Due to organizational development challenges in the National Society, the IFRC hired and seconded to the PRC an operation coordinator, logistics coordinator and volunteer coordinator in May and June 2017. Three months after the operation was launched, this operation only supported the operation coordination and logistics coordinator, as the National Society successfully identified funds for the volunteer coordination position.

### *Support to PRC management team and staff including involvement in trainings*

At least 136 volunteers were trained during this emergency response operation. This number reflects the people who received training in the psychosocial workshops and/or refresher courses in Piura, Lambayeque, La Libertad and Ancash. This is the highest number of participants in one area of the trainings offered to PRC volunteers and ensures that this figure is not a result of double counting. As mentioned in the above sections, 23 volunteers were trained in DRR, 34 in latrine cleaning, 19 in WASH, 51 in resilience and 56 trained in vulnerability and capacity assessment.

This operation also contributed to the participation of leaders and volunteers from the branches in the areas of this disaster to participate in two PRC General Assemblies in May 2017 and March 2018. During the first assembly, branch leaders shared information on the damage and response in their regions. In the second assembly, representatives from these branches provided an update on the operation's actions and the pending tasks. In the 2018 assembly, special emphasis also was placed on support for the governance and management bodies at the branch level.

### *Coordination meetings*

As mentioned above, the Movement held coordination meetings, which were led by the Peruvian Red Cross. Additionally, the participation of leadership and volunteers from the affected branches in the general assemblies was part of the needed coordination during the period of this operation.



This operation helped the PRC to strengthen its response capacities.  
Source: PRC.

#### *Implementation of branch organizational capacity assessments*

This was not undertaken during the timeframe of this operation.

#### *National Intervention Team training (logistics, general)*

This operation supported the organization of a logistics work shop for 22 PRC volunteers (10 men and 12 women) in late May 2018. With the facilitation of the IFRC logistics delegate, based in Lima, and a logistics officer from the Ecuadorian Red Cross, this workshop aimed to strengthen knowledge of the manuals and procedures on acquisitions, reception, distribution and storage. This training had the end goal of creating a logistics team within the PRC. The first part of the workshop was conducted over three days with a

simulacrum on the last day. Based on the performance in the workshop, four volunteers were selected to conduct a practical internship in the PRC national warehouse for a four-day period. During this week, these volunteers participated in the preposition of 250 hygiene kits, as well as the administration and organization of the warehouse. The PRC noted the need to have a follow-up workshop and foster their skills to be logistics focal points in their respective branches. Other posterior actions to be rolled out included the establishment of a database of logistic focal points and the revision, updating and dissemination of the PRC logistics manual.

Additionally, a National Intervention Team training in water, sanitation and hygiene promotion was held from 15 to 22 April 2018. With the support of CREPD (via two facilitators from the Nicaraguan Red Cross), 19 PRC volunteers (12 men and 7 women) were trained in general aspects on the topic; water in emergencies; and sanitation and hygiene promotion through practical exercises, such as analysis of water, use of water pumps, water distribution, building latrines, among others. In addition to online courses on the IFRC Learning Platform required prior to the workshop, participants prepared by reading the reference manual on the issue and taking four tests during the course itself. This NIT training also enabled the National Society to repair and provide technical maintenance to the water, sanitation and hygiene promotion equipment. As in the logistics training, the recommendation from this course was that the PRC establish a water, sanitation and hygiene promotion team with focal points at the branch level.

#### Challenges

- At the start of the operation, the PRC's areas of logistics, administration and finance needed to be reinforced.
- At the departmental level, during the emergency, the PRC did not have the capacities to fully develop coordination with other organizations and state institutions.
- There was a lack of clarity of the reporting lines and presentation of reports when the deployed regional intervention team members departed from Peru.

#### Lessons Learned

- National Society volunteers and staff should have access to training in IFRC procedures in administration, finance and oversight.
- The PRC should consider having an emergency fund for damage and needs assessment, permitting it to mobilize its volunteers and staff before the launch of a DREF or Emergency Appeal.
- Establish a database of national and international costs for the basic non-food items
- Create supervision mechanisms for international deployments, which includes handover documents and performance evaluations by colleagues in country.
- Improve reporting system with clearer and systematized details

## Quality programming

**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.**

Indicators:	Target	Actual										
<b>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.</b>												
# and type of channels established that enable beneficiaries to receive information and feed their voices into programme design	Not established (NE)	6										
# of programme decisions made based on beneficiary feedback	NE	Not reported										
<b>Output 10.1: CEA is strengthened in all operation interventions</b>												
# and type of functional feedback mechanism in place	NE	3										
<b>Outcome 11: An integrated management and support system is used for the implementation of the operation.</b>												
# of assessment tools used in the emergency and recovery phases	NE	2										
<b>Output 11.1: The monitoring of the operation is informed by a comprehensive monitoring and evaluation system</b>												
Monitoring system created and implemented	NE	1										
<b>Outcome 12: The most vulnerable households receive unconditional financial support for self-prioritized activities</b>												
# of household reached by the CTP	1,000	999										
<b>Output 12.1: 1,000 households receive unconditional cash transfers (in two instalments)</b>												
# of cash transfers conducted	1,000	999										
Narrative description of achievements												
<p><i>Development of visual material for public communication and community engagement</i></p> <p>During this operation, a documentary film company was hired to produce two documentaries (one of six minutes duration and a summarized version of 2.5 minutes duration) on the damage due to this disaster and the PRC's provision of humanitarian aid and implementation of comprehensive recovery actions. These productions were used in different public events held by the Peruvian Red Cross.</p> <p>In the event to thank donors for their support, conducted on 1 June 2018, the Peruvian Red Cross showed the longer documentary to demonstrate how contributions were used.</p> <p>Additionally, this operation printed informational guidance materials that were provided to the population and others which volunteers used in their community-based actions. The following table details the materials distributed to communities:</p>												
<table border="1"> <thead> <tr> <th>Topic</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td>Safe and clean water – Handwashing</td> <td>5,000 pamphlets</td> </tr> <tr> <td>Dengue, chikungunya, Zika (Ministry of Health design)</td> <td>5,000 pamphlets</td> </tr> <tr> <td>Psychosocial support: violence prevention, stress, resilience</td> <td>Replaces materials used from the PRC</td> </tr> </tbody> </table>			Topic	Quantity	Safe and clean water – Handwashing	5,000 pamphlets	Dengue, chikungunya, Zika (Ministry of Health design)	5,000 pamphlets	Psychosocial support: violence prevention, stress, resilience	Replaces materials used from the PRC		
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<p>The following table details the materials used with and eventually by PRC volunteers:</p>												
<table border="1"> <thead> <tr> <th>Topic</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td>Elimination of vectors (dengue, chikungunya, Zika)</td> <td>10 (60x80 cm) banners</td> </tr> <tr> <td>Water, sanitation and hygiene promotion</td> <td>10 (60x80 cm) banners</td> </tr> <tr> <td>Basic first aid</td> <td>9 (60x80 cm) banners</td> </tr> <tr> <td>Preparation for disasters</td> <td>5 (60x80 cm) banners</td> </tr> </tbody> </table>			Topic	Quantity	Elimination of vectors (dengue, chikungunya, Zika)	10 (60x80 cm) banners	Water, sanitation and hygiene promotion	10 (60x80 cm) banners	Basic first aid	9 (60x80 cm) banners	Preparation for disasters	5 (60x80 cm) banners
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Preparation for disasters	5 (60x80 cm) banners											
<p><i>Development of tools for community engagement and accountability</i></p> <p>With the understanding that there is not a sole position responsible for CEA, the PRC and IFRC team incorporated this approach in its community-based actions. The shelter programme, for example, conducted informational talks on the criteria for selection. The CTP component started with open meetings with community members to discuss this option. The decision of what families and/or persons could be selected was taken in a participatory manner in the eight target communities during the reconstruction phase.</p>												



The PRC pamphlet provided information on safe and clean water management. Source: PRC.

In addition to informational talks, community bulletin boards were used to provide information. The CTP also used a feedback mechanism that included a mobile phone number to call to transmit problems or denunciations, if needed, as well as solicited feedback between the first and second instalment. This was done in focus groups in the communities, as well as through a satisfaction survey.

When certain actions to implement community-based programmes were rolled out, the communities' input was solicited. Many of the reconstruction activities would not have been possible without community participation, decision making, as well as manual labour.

*Hiring of National Society staff to support the operation (communication, resource mobilization, volunteering, operation coordinator, health).*

At different moments in this operation, this operation supported certain

PRC human resources: operations coordinator, resource mobilization consultant, communications consultant and volunteer coordinator. During the recovery and reconstruction phase, the IFRC continued to support the operations coordinator, and a health coordinator, as well as short-term consultancies for information management and communications.

As the Executive Director was hired during this operation, a consultant was hired to support the hand-over process. This consultancy was essential to contribute to the seamless continuation of the operation.

*Development of a monitoring and evaluation plan for this operation*

Following the start of the operations manager, a monitoring and evaluation plan was created that enabled tracking of operational and financial implementation.

*Deployment of Regional Intervention Team members*

During the period of this operation, 11 RIT members were deployed to support the response actions of the Peruvian Red Cross, as described in the table in the "Overview of Red Cross Red Crescent Movement in country" section above.

*Monitoring visits by the IFRC*

At all phases of the operation, different IFRC staff monitored the situation in the affected areas. This includes the head of operations during the recovery and reconstruction period, as well as other support staff from the IFRC's country cluster support team office in Lima.

*Lessons learned workshop*

A lessons learned workshop was organized, co-facilitated by the IFRC and the PRC and funded with PRC resources, on 24-25 August 2018. Including the facilitators, there were 34 participants (21 men and 13 women), which included the PRC's executive director and president. This workshop aimed to identify the main challenges and problems encountered during the operation and identify good practices to be applied in future interventions. The challenges and lessons learned mentioned in this workshop have been used in these sections in the final report.

In the lessons learned workshop, participants from the National Society indicated that not all deployed staff in the emergency phase transferred the knowledge to the National Society. It was recommended that their capacities as volunteers be considered useful for all needed tasks in the response (administration and finance, particularly) and not be circumscribed to certain areas such as receiving, dispatching and distributing goods.

The lessons learned workshop [report](#) is available on the IFRC's evaluation database.

*Training for PRC volunteers in CTP and ODK*

As stated in the livelihoods section above, the cash transfer programme was moved into this area of focus when the emergency plan of action was revised in September 2017. This modification reflected the change to a non-conditional cash transfer.

Volunteers in the three branches where the CTP was carried out were trained in ODK.

*Registration of beneficiaries in accordance with the study*

The household survey used to identify the selected population to receive cash transfers was done via a survey placed on ODK. This survey not only solicited information regarding potential purchases with a cash transfer, but also people's self-identification of vulnerabilities, household income and unemployment levels.

### Creation and publication of materials for CTP

In order to carry out this programme, the operation provided oral and printed information. Due to security issues, the lists of selected households was not published beyond the immediate community.

### Cash transfer to 1,000 households

The cash transfer programme reached 999 families. 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), these target families received a two instalment transfer of approximately 130 Swiss francs. This amount was established using the actual market prices for the monthly basic food basket for a family of five, based on the 2015 "Food and Nutrition Needs in Emergencies" report published by the UNHCR, UNICEF, WFP and WHO.



Community participation was an integral component of all phases of this response operation. Source: IFRC.

Target families prioritized those without a home (in temporary shelter or tent); having a member who is pregnant or breastfeeding; a member who has a disability or a chronic disease; members who are under the age of three or elderly; led by a single-parent or a household 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, as well as other humanitarian organizations.

This CTP reached 94 families in La Libertad, 287 families in Lambayeque and 618 families in Piura.

### Entrance, monitoring and exit surveys on CTP use

Feedback mechanisms were established, which included a phone number for complaints or to request assistance on the CTP. Following the completion of the transfers, 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. Despite the planned ideas for these funds, 69 per cent stated the cash transfer went to household repairs. Food and health were the second and third priorities.

Focus groups to solicit feedback on the timeliness and participatory focus of the process was also conducted. One of the major findings was the opinion that the CTP was implemented late in the response. It was implemented nearly ten months after the floods had occurred.

With regards to other interaction and feedback mechanisms for this emergency response operation, the PRC held meetings with the target communities for different sector-specific actions. The PRC established a telephone line, community suggestion/ complaint box and community boards. Additionally, a press conference was held in December and a public event to thank donors was organized in June 2018. Furthermore, two articles were published on the IFRC website, visual materials for community engagement (health and DRR) were produced. Two short documentaries were also produced and are available on the PRC YouTube channel.

With regards to the assessment tools used in the emergency and recovery phases, the operations manager followed a monitoring and evaluation plan. PMER support was provided by the CCST Lima team.

In January 2018, a two-person monitoring team from the Canadian Red Cross conducted a mission to Peru to assess impact of their contribution and impact on the operation, with a particular focus on the cash transfer programme. The CRC team met with community members, community leaders, PRC branch volunteers and leadership in Piura and Lambayeque, as well as Lima.

### Challenges

- There were delays in the CTP due to the tender procedures to select a commercial bank. The cash transfer delegate's contract had ended prior to the actual transfers.

### Lessons Learned

- Financial institutions should be included in the supplier data bank for the National Society and the Secretariat.
- More analysis is required to determine the moment in which CTPs have the most positive impact.

## Contact information

**For further information, specifically related to this operation, please contact:**

### **In Peru:**

- Merban López, Executive Director of the Peruvian Red Cross, phone +51 266 0481 ext. 4108, email: [director.ejecutivo@cuzroja.org.pe](mailto:director.ejecutivo@cuzroja.org.pe)
- Edwin Trujillo, Operations Coordinator for the Peruvian Red Cross, phone +51 266 0481, email: [coord.emergencia@cuzroja.org.pe](mailto:coord.emergencia@cuzroja.org.pe)
- Michele Detomaso, Head of IFRC Country Cluster Support Office in Lima; email: [michele.detomaso@ifrc.org](mailto:michele.detomaso@ifrc.org)

### **In IFRC Regional Office for the Americas:**

- Iñigo Barrera, Head of the disaster and crisis regions; mobile: +507 6679 3238; email: [ci.barrera@ifrc.org](mailto:ci.barrera@ifrc.org)
- Diana Medina, communications manager for the Americas, phone: +507 6780 5395; email: [diana.medina@ifrc.org](mailto:diana.medina@ifrc.org)
- Stephany Murillo, regional logistics senior officer, phone: +507 317 3050; mobile: +507 6679 9674, email: [stephany.murillo@ifrc.org](mailto:stephany.murillo@ifrc.org)

### **In Geneva:**

- Cristina Estrada, Response and Recovery Lead, phone: +41 22730 4529, email: [cristina.estrada@ifrc.org](mailto:cristina.estrada@ifrc.org)

### **For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries):**

- Paula Martes, planning, monitoring, evaluation and reporting coordinator, phone: +507 317 3050; email: [paula.martes@ifrc.org](mailto:paula.martes@ifrc.org)

### **For Resource Mobilization and Pledges:**

- Marion Andrivet, emergency appeals and marketing senior officer, email: [marion.andrivet@ifrc.org](mailto:marion.andrivet@ifrc.org), phone: +507 317 3050.

## 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.

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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**.

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## Disaster Response Financial Report

## MDRPE012 - Peru - Floods

Timeframe: 22 Feb 17 to 22 Jun 18

Appeal Launch Date: 23 Mar 17

Final Report

## Selected Parameters

Reporting Timeframe	2017/02-2018/11	Programme	MDRPE012
Budget Timeframe	2017/02-2018/6	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
<b>A. Budget</b>		<b>1,448,555</b>	<b>527,460</b>			<b>1,976,014</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
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)		9,977				9,977	
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*)		157,488	67,453			224,940	
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	
<b>C1. Cash contributions</b>		<b>1,009,614</b>	<b>534,293</b>			<b>1,543,907</b>	
<b>Inkind Personnel</b>							
The Canadian Red Cross Society		57,706				57,706	
<b>C3. Inkind Personnel</b>		<b>57,706</b>				<b>57,706</b>	
<b>Other Income</b>							
DREF Allocations		399,768				399,768	
<b>C4. Other Income</b>		<b>399,768</b>				<b>399,768</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>1,467,089</b>	<b>534,293</b>			<b>2,001,382</b>	
<b>D. Total Funding = B +C</b>		<b>1,467,089</b>	<b>534,293</b>			<b>2,001,382</b>	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		1,467,089	534,293			2,001,382	
<b>E. Expenditure</b>		-1,485,331	-512,056			-1,997,388	
<b>F. Closing Balance = (B + C + E)</b>		<b>-18,243</b>	<b>22,237</b>			<b>3,994</b>	

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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	
<b>BUDGET (C)</b>			<b>1,448,555</b>	<b>527,460</b>			<b>1,976,014</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	140,117		140,117			140,117		0
Shelter - Transitional	48,407		65,607			65,607		-17,200
Construction - Facilities	3,021		3,021			3,021		0
Construction Materials	7,033			9,989		9,989		-2,956
Food	9							9
Water, Sanitation & Hygiene	307,850		620	309,134		309,754		-1,903
Medical & First Aid	5,388		87	5,301		5,388		0
Teaching Materials	48,936		2,976	46,966		49,942		-1,006
Utensils & Tools	85,008		47,844	37,165		85,008		0
Other Supplies & Services	633		518			518		115
Cash Disbursement	250,004		250,004			250,004		0
<b>Total Relief items, Construction, Sup</b>	<b>896,405</b>		<b>510,792</b>	<b>408,554</b>		<b>919,346</b>		<b>-22,941</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	10,261		10,261			10,261		0
<b>Total Land, vehicles &amp; equipment</b>	<b>10,261</b>		<b>10,261</b>			<b>10,261</b>		<b>0</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	8,396		8,029	367		8,396		0
Distribution & Monitoring	130,069		123,888	9,695		133,583		-3,514
Transport & Vehicles Costs	41,146		38,250	2,802		41,052		93
Logistics Services	38,962		20,628	18,334		38,962		0
<b>Total Logistics, Transport &amp; Storage</b>	<b>218,573</b>		<b>190,795</b>	<b>31,198</b>		<b>221,994</b>		<b>-3,421</b>
<b>Personnel</b>								
International Staff	274,469		271,303	3,502		274,805		-337
National Staff	81,467		84,664			84,664		-3,198
National Society Staff	42,129		44,086			44,086		-1,957
Volunteers	22,580		23,159	421		23,580		-1,000
Other Staff Benefits	0		27			27		-27
<b>Total Personnel</b>	<b>420,645</b>		<b>423,240</b>	<b>3,923</b>		<b>427,163</b>		<b>-6,518</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	58,567		53,523	6,406		59,929		-1,362
Professional Fees	1,458		1,583			1,583		-125
<b>Total Consultants &amp; Professional Fees</b>	<b>60,025</b>		<b>55,107</b>	<b>6,406</b>		<b>61,512</b>		<b>-1,487</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	32,954		5,562	28,939		34,500		-1,546
<b>Total Workshops &amp; Training</b>	<b>32,954</b>		<b>5,562</b>	<b>28,939</b>		<b>34,500</b>		<b>-1,546</b>
<b>General Expenditure</b>								
Travel	78,096		77,910	558		78,467		-371
Information & Public Relations	21,415		21,415			21,415		0
Office Costs	4,813		4,369	969		5,339		-526
Communications	5,690		6,411	62		6,473		-782
Financial Charges	12,634		14,311	-1,650		12,661		-27
Other General Expenses	917		1,436	-519		917		0
Shared Office and Services Costs	65,883		68,130			68,130		-2,247
<b>Total General Expenditure</b>	<b>189,449</b>		<b>193,982</b>	<b>-580</b>		<b>193,402</b>		<b>-3,954</b>
<b>Operational Provisions</b>								
Operational Provisions	21,411							21,411

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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	
<b>BUDGET (C)</b>			<b>1,448,555</b>	<b>527,460</b>		<b>1,976,014</b>		
<b>Total Operational Provisions</b>	21,411						21,411	
<b>Indirect Costs</b>								
Programme & Services Support Recov	116,481		86,548	31,132		117,681	-1,200	
<b>Total Indirect Costs</b>	116,481		86,548	31,132		117,681	-1,200	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	9,110		7,066	2,097		9,164	-54	
Pledge Reporting Fees	700		1,978	386		2,365	-1,665	
<b>Total Pledge Specific Costs</b>	9,810		9,045	2,483		11,528	-1,718	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,976,014</b>		<b>1,485,331</b>	<b>512,056</b>		<b>1,997,388</b>	<b>-21,373</b>	
<b>VARIANCE (C - D)</b>			<b>-36,777</b>	<b>15,403</b>	<b>0</b>	<b>-21,373</b>		

## Disaster Response Financial Report

### MDRPE012 - Peru - Floods

Timeframe: 22 Feb 17 to 22 Jun 18

Appeal Launch Date: 23 Mar 17

Final Report

#### Selected Parameters

Reporting Timeframe	2017/02-2018/11	Programme	MDRPE012
Budget Timeframe	2017/02-2018/6	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
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster management	1,161,988		1,157,908	1,157,908	1,176,007	-18,099	
Shelter	286,566		309,180	309,180	309,324	-144	
Subtotal BL2	1,448,555		1,467,089	1,467,089	1,485,331	-18,243	
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Health	44,039		52,400	52,400	44,057	8,342	
Water and sanitation	447,001		447,894	447,894	426,812	21,081	
National Society leadership development	36,420		34,000	34,000	41,187	-7,187	
Subtotal BL3	527,460		534,293	534,293	512,056	22,237	
<b>GRAND TOTAL</b>	<b>1,976,014</b>		<b>2,001,382</b>	<b>2,001,382</b>	<b>1,997,388</b>	<b>3,994</b>	