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DREF Final Report

Argentina: Drought

 International Federation
of Red Cross and Red Crescent Societies

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| DREF n° MDRAR017 | |
| Date of issue: 29 October 2020 | GLIDE N°: DR-2020-000031-ARG |
| Operation start date: 21 February 2020 | Operation end date: 31 July 2020 |
| Host National Society: Argentine Red Cross | Operation Budget: 291,491 Swiss francs (CHF) |
| People affected: 35,000 people | People reached: 5,960 people |
| Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of the Red Cross and Red Crescent (IFRC) and Spanish Red Cross. | |
| Other partner organizations actively involved in the operation: Salta Civil Defence, Argentine Army, OCHA, ECHO, IOM, UNICEF, Office of the United Nations High Commissioner for Human Rights (OHCHR), Fundación Pata Pila and Fundapaz. | |
| The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions. ECHO and the government of Canada have replenished the DREF in the occasion of this operation. | |
| The Argentine Red Cross spent a total of 215,984 CHF. The remaining balance of 75,507 CHF will be reimbursed to the Disaster Relief Emergency Fund. | |

<For the final financial report, click [here](#). For Contacts, click [here](#).>

A. Situation analysis

Description of the disaster

A combination of the Social and Health Emergency ¹ declared on 20 January 2020 by the Salta provincial government and the COVID-19 emergency in Argentina, has increased the vulnerability and needs of the Wichis indigenous communities. The Salta provincial government's declaration of the Social and Health Emergency in its north-eastern regions responded to the death of 13 children and the hospitalization of 30 others due to malnutrition, including at the start of this operation figures of 855 registered cases and more than 10,000 at-risk cases especially in indigenous communities in the departments of Rivadavia, San Martín, and Orán. Dozens of other children were hospitalized due to gastrointestinal and respiratory illnesses aggravated by their acute state of malnutrition and dehydration. One of the origins of this situation is the seasonal drought that began in the last quarter of 2019 and intensified in February, which directly affected people's quality of life due to low food production, impact on livestock, and, consequently, a significant decrease in people's daily food consumption.



Providing safe water to the communities of Santa Maria. Source: Argentine Red Cross.

¹ [Declaración de estado de Emergencia Sociosanitaria, Salta 2020 - Boletín Oficial](#)

With COVID-19 containment measures, the movement was restricted across the country, which had an impact on access to food and to resources in general. This situation has increased the vulnerability of these drought-affected communities and their ability to reach nearby urban areas to purchase food. Before the pandemic-related travel restrictions, these communities used public transportation to reach other cities for food. It took a three-hour journey to Tartagal, which is no longer possible.

At the start of the operation, the Argentine Red Cross (ARC) Humanitarian Observatory conducted a field assessment and identified that 90 per cent of 325 children had a below-normal nutritional status, registering 45 percent for the "very underweight" indicator, using the Body Mass Index (BMI) scale of the World Health Organization². Also, 84 per cent of the children assessed had experienced at least one diarrhoea episode in the previous month linked to hygiene habits and access to safe water³.

The BMI improved thanks to work carried out through the operation, as now 70 per cent of children are 'below normal', and only 30 per cent fall within the 'severe very low weight' category. Furthermore, only 25 per cent experienced episodes of diarrhoea.

The COVID-19 pandemic, which is still ongoing at the closing of this report, has made access to health services more complex. The significant distance between communities and health centres has been compounded by the closing of access roads and decreased transportation. In addition to the reduced number of staff in health centres, prioritization is given to people with COVID-19 symptoms, and regular consultations remain suspended. As for the already limited water or electricity supply services, all municipal staff is working reduced hours, minimizing access and ability to solve problems. Regardless, the camp set up by the National Society in the area will continue to assist communities and populations with health, water, hygiene, and livelihood activities until early next year.⁴

Summary of the current response

Overview of Host National Society.

With support from the International Federation of Red Cross and Red Crescent Societies (IFRC), the Argentine Red Cross has responded to the emergency in the town of Santa Victoria Este, located 540 km from the city of Salta. A base camp was established in the Misión Grande area, approximately 15 km from Santa Victoria Este. ARC was able to respond to more than 50 indigenous Wichis, Chorotes, and Tobas communities, reaching a total of 800 families.

To this end, the National Society launched a fundraising campaign under the Salta 2020 Humanitarian Action Plan, raising 1,663,792 Argentine pesos (approximately 19,000 CHF). These funds were used to procure a structural tent, a mobile home, a shower system, furniture, and sleeping spaces.

The National Society established the first humanitarian camp in ARC's history, which the National Response Directorate activated an Emergency Operations Centre (EOC) to coordinate actions on the ground. Support was provided from Headquarters, both remotely and in-person, and on the field throughout the emergency.

The camp has an operations centre, a first-aid post, telecommunications, a logistics area, fleet, a rest area, kitchen, dining area, water supply, and sanitation for communities through the ERU (Emergency Response Unit) water treatment plant, located 500 metres from the camp.

Before rolling out the operation, the field team met with more than 35 chieftains (caciques) and community leaders to engage and inform the planned operational actions that ARC would implement and to explain the Movement's mission and fundamental principles. Community members expressed a high level of acceptance and demonstrated positive engagement in the pre-implementation processes.

The National Society provided support and care through:

- 1 base camp set up for ARC humanitarian personnel.
- 159 volunteers mobilized.
- 1 water treatment plant installed able to treat 60,000 litres of water per day.
- Open Data Kit (ODK) to conduct surveys, evaluations, and satisfaction surveys.
- 16 National Intervention Team members were mobilized.

² [WHO. Child growth standards.](#)

³ Field Study - Salta, Argentina, February 2020, Humanitarian Observatory. Argentine Red Cross.

⁴ Field Study - Salta, Argentina, February-July 2020. Humanitarian Observatory. Argentine Red Cross.

- 18 branches participated in the operation (Salta, Mar Del Plata, Villa Crespo, San Rafael, Santiago del Estero, Santa Fe, Necochea, Santos Lugares, Tucumán, Saavedra, La Plata, Rosario, Lujan, San Andres, Quilmes, Vicente López, Esperanza and Jujuy).
- Institutional vehicle fleet.

Since the beginning of the operation, Argentine Red Cross, together with OCHA, IOM, UNHCR, UNICEF, the Argentine Army and ECHO, has been part of the coordination working group, convened by the Office of the United Nations Resident Coordinator that create a Global Action Plan that unites the actions of all these organizations. The working group maintained joint work and regular meetings (online in the COVID-19 context) with the organizations, which were developing their specific action plans, especially with the Argentine Army on the ground to coordinate water distributions to expand coverage and reach all communities.

Within the Humanitarian Action Plan (an Argentine Red Cross initiative which the United Nations and ECHO agencies later joined), 200 additional household water filters (provided by ECHO) were delivered to expand drought response in affected communities. As the overall framework for the response strategy, the "Humanitarian Action Plan" encompasses the emerging actions applied by the DREF and includes development and post-emergency lines and areas.

Overview of Red Cross Red Crescent Movement in country

Before the approval of this DREF operation, a surge Water, Sanitation, and Hygiene Promotion (WASH) specialist was deployed to assess communities' water sources and identify factors to contribute to the WASH implementation strategy.

Due to significant price increases in Argentina, the IFRC Regional Logistic Unit (RLU) provided the acquired bladders, jerrycans, household and community water filters, and hygiene kits. The RLU also assisted with the quoting, purchasing, shipping and custom clearance processes.

The Spanish Red Cross also donated 25,000 Euros to implement the operation and set up the base camp. Within this operation's Plan of Action framework, the Spanish Red Cross sent an M15 Emergency Response Unit (ERU M15 with a purification line) to the country, which arrived in late April. It remains operative in the field.

The head of the IFRC Country Cluster Support Team (CCST) for the Southern Cone and Brazil provided direct and ongoing support to all planning and coordination processes by both the Red Cross and government (national and province) and external agencies. Also, the IFRC Disaster Management coordinator for South America, the CCST financial coordinator, and the Planning, Monitoring, Evaluation, and Reporting (PMER) officer provided support to the operation.

Overview of non-RCRC actors in country.

Since the beginning of the emergency, government organizations were mobilized to Salta to assist the drought-affected population and address the health situation. The COVID-19 pandemic has led to challenges and limitations for humanitarian assistance coverage.

The President of the National Society and the Head of the Southern Cone Cluster met with the Governor of the Province of Salta at a crisis table, which later led to the articulation between the Provincial Government and the Argentine Red Cross.

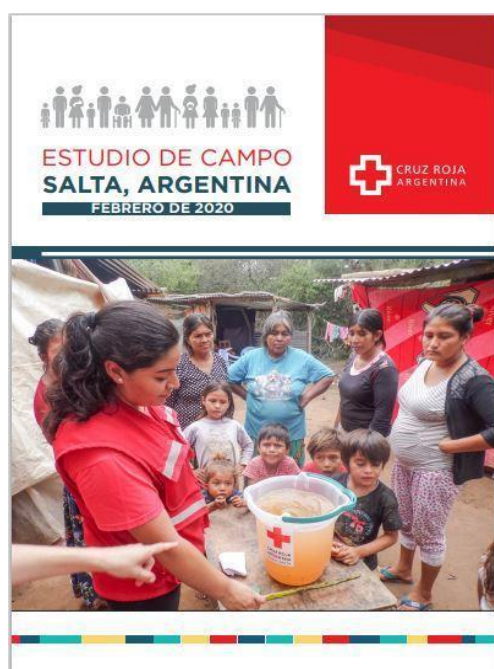
On 21 July, the provincial government issued Decree 443, ordering a 90-day extension of the social-health emergency declared in the departments mentioned above⁵. Therefore, the agencies and organizations listed in the table below will continue with their actions on the ground.

| | |
|------------------------------|--|
| <p>Argentine Army</p> | <p>The Argentine Army worked in Santa Victoria Este, specifically in the "El Rosado" area, with a commission of water specialists from the V Mountain Brigade's engineering battalion, which put into operation an M-11 water treatment plant with the capacity to produce 9,000 litres per hour, providing access to safe water in more than 15 communities in the area. Service continues to be provided despite the COVID-19 emergency.</p> |
|------------------------------|--|

⁵ [Extension, from its expiration and for a period ninety \(90\) days, of the declaration of a state of socio-health emergency in the departments of San Martin, Oran and Rivadavia, as stipulated in Law No. 8185.](#)

| | |
|---|---|
| <p>Salta Ministry of Public Health / National Ministry of Health</p> | <p>Assisted the Santa Victoria Este Hospital with medical/nursing personnel reinforcements, basic ward equipment, and a four-wheel-drive ambulance to provide health care access to communities in the area. Due to the quarantine measures, local basic service provision has been restricted. This remained in force throughout the entire quarantine period and continues to date.</p> <p>Began an influenza vaccination campaign in early April, distributing 3,550 doses to the Santa Victoria Este/Rivadavia area, which is being administered to targeted populations at their homes. On 3 April, the provincial government delivered six medium-complexity ambulances (ambulances have at least a vital sign monitor, AED, suction pump, and oxygen) to strengthen localities' efforts affected by the social and health emergency.</p> |
| <p>Salta Ministry of Social Development</p> | <p>Distributed monthly basic food kits to families affected by the emergency. However, movement restrictions related to the pandemic interrupted this activity, which to date, has not resumed.</p> |
| <p>UNICEF</p> | <p>Delivered 1,000 nutritional supplements to assist with the nutritional recovery of underweight and acutely malnourished children in northern Salta. Supplements are being distributed through five health posts, in compliance with UNICEF distribution standards.</p> |
| <p>OCHA</p> | <p>Sent two experts to support the UN Resident Coordinator's Office and strengthen coordination, needs assessment, and information management.</p> |
| <p>European Union</p> | <p>Received a donation of 200 family water filters from the United Kingdom.</p> |
| <p>Fundación Pata Pila</p> | <p>Assisted with access to communities near La Puntana during humanitarian aid deliveries and provided food security training to ARC volunteers. An ongoing exchange of information on nutritional surveillance of children and pregnant women was maintained. The organization experienced a reduction in personnel due to the COVID-19 context. Still, they continue to carry out their food security actions in the communities and anthropometric monitoring and nutrition workshops.</p> |
| <p>Hospital de Santa Victoria Este</p> | <p>Daily and weekly communications were maintained with authorities, doctors, and nurses. The transfer of people to the hospital was jointly articulated, and special attention cases were followed upon.</p> |

Needs analysis and scenario planning



Livelihoods and basic needs (including food security): Due to the COVID-19 emergency, families found it extremely difficult to reach urban centres to collect their pensions and subsidies and purchase food and supplies. The scarce transportation in the area before the pandemic had been suspended for over two months; travel to urban centres is no longer feasible. Movement restrictions affect the normal provision of services. In this case, ATMs' low availability has led to low availability of cash in Santa Victoria Este, for example, some 20 km from the intervention area.

Current quarantine measures to prevent the spread of COVID-19 continue to make it difficult for communities to access food. The suspension of provincial food distributions has further increased their vulnerability, although these slowly improved in July with PCR tests to people transporting merchandise.

The commercial sector in Santa Victoria Este, some 20 km from the intervention area, provides minimal goods and supplies to the population. It is currently able to respond to the demand of residents and certain communities.

The drought has negatively affected water availability to sustain food sources (livestock) maintained and produced by communities. The rivers' decreased flows have affected fishing, which communities engage in mostly to secure food. Current conditions caused by the COVID-19 pandemic have increasingly led to a shortage of resources and stocks for local businesses (roadblocks, limited transport), and people cannot go to work or sell their crafts. Day labourers can no longer work due to governmental restrictions on agricultural production activities.

Assessments conducted by the ARC in the field reveal that 65 percent of children went without food at least once during the week, and 53 percent could eat only once a day. Food distributions have been suspended due to the pandemic; the dining halls and canteens that usually operate in schools are closed. This has forced families to reduce their number of food rations, mainly affecting vulnerable groups such as children under five, pregnant women, older adults, and people with acute and chronic diseases. Movement restrictions have made it hard to find fresh produce (fruits and vegetables) and non-perishable foods (flour, cereals, legumes, oils, canned items).

This situation remains unchanged, as compulsory preventive isolation measures continue in the Province of Salta. Transportation is only allowed into Santa Victoria Este under a municipal escort and with prior authorization. This continues to affect the local market, where essential and fresh products, such as fruits or vegetables, continue to be scarce.

On the other hand, cash transactions can now be conducted normally, although the ATM in the area is the only source of cash. The cash transfer programme that had been planned was replaced by direct food assistance by distributing food kits to the population. ARC, which began to assist in the most affected areas immediately after the emergency declaration at the end of January, is authorized by the State to conduct its operational mobilizations and transport the food kits.

As of the closing of this operation, 1,020 anthropometric control surveys were carried out, concluding with follow-up to 785 people, including children, youth, adults, and older adults. The statistics stemming from these data, which were processed by ARC's Humanitarian Observatory, show the following:

| Range | Number |
|-----------------------|--------|
| Children (0-12 years) | 523 |
| Youth (13-24 years) | 123 |
| Adults (25-59 years) | 131 |
| Elderly (60+) | 8 |

Health: Three more children with symptoms associated with severe dehydration caused by diarrhoea and vomiting died during March. Like all the others, these deaths are closely related to acute malnutrition triggered by the lack of access to drinking water and food. Field assessment teams identified that 90 percent of the population assessed presents a below normal nutritional status, registering 45 per cent for the "very underweight" indicator (per the BMI scale). Also, 84 per cent of the children assessed have experienced at least one diarrhoea episode in the previous month.

So far, 13 deaths have been recorded. Improved nutritional and hydration conditions could be seen after the efforts carried out until July. The population presenting 'below normal' conditions dropped to 70 per cent and those with 'severe very low weight' dropped to 30 per cent (per the BMI scale established by the WHO). Furthermore, the number of diarrhoea episodes dropped to 25 per cent.⁶

While dengue cases have not increased significantly in the area, awareness has been raised about vector-borne diseases through ARC talks. Simultaneously, the municipality carried out clean-up campaigns in the area, and the mosquito's proliferation was controlled. Based on State figures, 2,201 positive cases of type 1 dengue were registered in Salta province, mostly in nearby municipalities. None of the cases registered resulted in death.⁷

The children's deaths have caused widespread emotional impact to area residents - both to the families of the children who have died as well as to the community at large given the community ties that unite them (families live in organized communities under a "*cacicado*" system where everyone is part of a "big family" structure). The families who experienced deaths were followed up with specialized psychosocial support (PSS), providing a space of greater containment and privacy. The specialized psychosocial support consists of the follow-up of people through personal sessions by mental health professionals.

In all activities conducted by ARC, linkages were established with the people who participate in them and those who came to the base camp for consultations or to receive treatment at the health post. In addition to providing first aid assistance, this post was the main space that people turned to daily for emotional containment, which is why the National Society, through the Humanitarian Action Plan, will continue to provide a health response using its own funds.

Because the COVID-19 context and the mandatory preventive isolation measures require physical distancing between people, ARC looked for ways to adapt the psychosocial assistance activities, generating individual and more comfortable

⁶ [Field Study - Salta, Argentina, February-July 2020. Humanitarian Observatory. Argentine Red Cross.](#)

⁷ [More than 2000 cases of Dengue in Salta - Telam - May 2020](#)

spaces for people as well as providing psychosocial support sessions to small groups of people through visits. This helped reduce the population's anxiety levels, who felt contained by this extra support provided by the National Society.

Daily activities (school, church) continue to be restricted as per mandatory preventive isolation measures, which has led to smaller gatherings of people who are trying to maintain their religious activities in daily life. One of the main mechanisms for expressing discontent with municipal authorities or conflicts between communities is roadblocks or restricting access to the roads that lead to their homes. ARC repeatedly attempted to mediate to help resolve conflicts by promoting dialogue and tolerance.

Water and sanitation: Access to safe water remains a need, which is why the National Society will continue to assist through the operation of the water treatment plant installed in the area.

Communities that previously did not have access to safe water due to wells or rivers' remote distance now have a weekly supply of drinking water through water distributions by a tanker truck managed by ARC. Distributions are scheduled based on communities' storage and consumption. This action is carried out in coordination with the Argentine Army, which led to greater geographic coverage of communities.

Communities with access to water have adequate containers to store and transport drinking water to their homes, reducing associated diseases (diarrhoea, dehydration, heatstroke, gastroenteritis, urinary infections, allergies, respiratory issues). The storage means are small (10-litre jerrycans and filters) and large (800- and 1000-litre tanks). The latter were provided to communities as part of a donation of 300 units installed in sites that lacked or had very few storage containers in proportion to the number of people. In any case, mandatory preventive isolation is an additional factor affecting people's ability to collect water.

In terms of sanitation, waste management is virtually non-existent, as improvised garbage dumps spring up around the very areas where these communities live; no community has a drainage network; and half use latrines. This is partly attributed to several communities' nomadic nature, which does not allow for long-term sanitation implementation. Furthermore, many communities' location far from paved roads hinders planning for a waste collection system. Regardless, training and talks on the importance of access to safe water and the ways to store it were provided and information on the importance of disposing of waste and maintaining sanitized and clean sites.

Operation Risk Assessment

While volunteer team rotations varied based on security provisions related to the pandemic, both in terms of length of stay and number of members, the communities' residents have expressed concern regarding these rotations and the people coming in from "the outside". This was dealt with through community awareness mechanisms, longer-term stays, and prioritizing local volunteerism, and eventually, their concerns decreased. In subsequent conversations with caciques and other community members, they expressed their approval for the ARC camp since they see Red Cross members as health agents who provide assistance to the population and contribute to their COVID-19 prevention actions.

During the operation, several ARC vehicles assisting with response suffered mechanical failures due to bad road and weather conditions (temperatures above 48°C on occasions).

| Scenario | Humanitarian consequence | Potential Response |
|---|--|--|
| <p>COVID-19. Increase in the number of confirmed cases in Salta province, potentially coming to assisted communities.</p> | <p>The high rate of contagion due to pre-existing precarious social and health conditions in communities significantly impacted operational activities. The provinces of Salta and Jujuy require PCR testing (swabbing) for transport and circulation, 15 days of quarantine prior, permits issued by the State along with institutional credentials, restrictions on shops' buying and selling, among others.</p> | <p>ARC has prepared an action protocol if a positive case of COVID-19 is detected in the area, which immediately reduces the possibility of transmission in communities and isolates the suspected case at the Santa Victoria Este hospital, internally, to the camp as well as to the communities.</p> <p>Execution of previous testing and consideration of quarantine days before people mobilized.</p> |
| <p>Overflowing of the Pilcomayo river</p> | <p>There was no significant overflowing of the Pilcomayo River, a nearby tributary.</p> | <p>Weekly monitoring and tracking of Pilcomayo water levels</p> |

| | | |
|---------------------------------------|--|--|
| Road closure and community perception | <p>Access routes were closed due to formal and informal checkpoints set up by security forces and communities, applying precautionary measures due to COVID-19.</p> <p>Travel to and from the provinces of Jujuy and Salta to relieve volunteers and transport humanitarian aid was delayed to the changing restrictions, according to the COVID-19 context, in each province.</p> <p>Access to the province of Salta was prohibited for people from Buenos Aires and the surrounding areas.</p> | <p>Dialogue and consensus measures were implemented with province communities and corresponding authorities to circulate ARC vehicles and volunteers during the operation. Each volunteer rotation was a challenge because of the COVID-19 context. Everyone adapted to restriction requirements, performing the necessary testing, and implementing a 15-day quarantine period before each individual's mobilization. Special priority was given to circulation by volunteers from neighbouring branches, including Salta and Jujuy. The mobilization of Headquarters staff was also reduced.</p> |
|---------------------------------------|--|--|

B. Operational strategy

Overall Operational Objective

To reduce the impact of humanitarian needs caused by the prolonged drought in Salta province through actions that reduce negative survival strategies, improve drinking water access, and nutritional surveillance with a gender perspective.

ARC's EPoA includes actions to support 4,000 vulnerable people in Santa Victoria Este and General Ballivian in northern Salta.

| | |
|--|--|
| Livelihoods | <ul style="list-style-type: none"> • Livelihoods and food security assessment • 300 families will receive assistance to meet their basic needs • Monitoring, follow-up and satisfaction survey |
| Health | <ul style="list-style-type: none"> • Nutritional surveillance • Surveillance and referral of acute malnutrition risk cases to health services • 800 families have health promotion to deal with the most prevalent vector- and water-borne diseases and other communicable diseases, with a CEA approach • 800 families receive psychosocial support |
| Water and hygiene | <ul style="list-style-type: none"> • 800 household water filters installed • 800 hygiene kits distributed • 1,600 jerrycans distributed • 16 community water filters distributed • 800 families receive hygiene promotion and water care, with a CEA approach • Distribution of drinking water through the installation of bladder systems • Distribution of PUR powders (ARC donation) • Water quality monitoring |
| Protection, gender, and inclusion | <ul style="list-style-type: none"> • Protection, gender and inclusion needs assessment • Procedures for establishing sexual violence protection and child protection |

Target population

The Argentine Red Cross has prioritized 4,000 people (800 families) from the municipalities of Santa Victoria Este and General Ballivián, province of Salta, in the departments of Rivadavia and San Martín, given that almost all child deaths were recorded in these areas and because the infant mortality rate in the Wichi community is 11.8 per 1000 children under one year of age - one of the highest in the country. ARC also considered areas that, in addition to these characteristics, did not have access to health centres, assisting communities that were not being reached by the State or other organizations regarding the proposed lines of intervention.

Community selection criteria

- Populations with the highest prevalence of acute malnutrition in children aged 0 to 5 years.
- Infant mortality rates have remained high in recent years.
- Presence of drought.
- Cases of death due to acute malnutrition.

- Rural communities.
- Presence and distance from health centres and water sources.
- Local branch access to communities and operational capacity.

| PROVINCE | DEPARTMENT | MUNICIPALITY | INDIVIDUALS | FAMILIES | MEN | WOMEN |
|--------------|------------|---------------------|--------------|------------|--------------|--------------|
| Salta | Rivadavia | Santa Victoria Este | 1,609 | 322 | 821 | 789 |
| | San Martín | General Ballivián | 2,391 | 478 | 1,219 | 1,171 |
| TOTAL | | | 4,000 | 800 | 2,040 | 1,960 |

Human resources: All deployed personnel had life and personal accident insurance in accordance with Argentine legislation, and institutional staff had work-risk insurance.

Sixteen national intervention team (NIT) members, 15 headquarters staff and 128 volunteers from branches in Luján, La Plata, Mar del Plata, Necochea, Rosario, Saavedra, Salta, San Andrés, San Juan, San Rafael, Santa Fe, Santiago del Estero, Santos Lugares, Tucumán, and Villa Crespo were deployed.

The COVID-19 context has generated extra documentation, requiring a health declaration stating that the person has not presented associated symptoms in the 14 days before deployment and another stating that the person has not come into close contact with suspected cases. Related protocols and procedures and a permanent surveillance system have been incorporated. The pandemic made it difficult to mobilize volunteers, requiring them to stay for longer periods of time to reduce the virus' circulation and prioritizing local volunteerism.

Volunteer rotations initially scheduled for every seven days were extended to every 15 days. On some occasions, and based on volunteers' time availability, missions could last up to one month. Rest days based on time spent in the field were always considered. Each group of mobilized volunteers received the necessary induction on the lines of action, on the base camp, operations, and the work system. Tasks were distributed equally based on the emergency phase and needs. Defusing sessions were provided to all volunteers who participated in the operation.

National Society volunteers have been equipped with personal protective equipment such as boots, vests, face masks, goggles, gloves, and COVID-19 protection materials.

Logistics and supply chain: All of the National Society's logistical resources were made available since the beginning of the operation; however, the COVID-19 action plan required sharing logistical support resources, such as transportation, to implement the operation.

Agreements were established with the Aeropuerto 2000 agency, which has provided storage space at Ezeiza International Airport to be used as an extra warehouse. The logistics team spent additional time on purchasing and acquisition processes for this action plan.

The assistance provided by the IFRC RLU to acquire the humanitarian aid that is currently being distributed in the field has been essential for the Plan of Action's implementation. Also, with their support, ARC has acquired 1,600 jerrycans (sent from Panama), 800 hygiene kits (sent from Panama), four bladders, and 800 household water filters, and 16 community water filters (sent from the United Kingdom). All of this was funded outside of DREF.

Also, the purchase of 850 food kits was concluded to ensure full compliance with IFRC purchasing procedures. These were acquired locally in the city of Salta, located 600 km from Santa Victoria Este.

Other important pandemic-related issues to consider were the closed roads, restricted transport of cargo, and border closures (both commercial and personal).

It is important to note that transportation costs were high due to:

- The distance between the location from which resources are deployed and the field.
- The difficult access, and therefore the need to have specific vehicles and equipment.
- Increased maintenance costs for cell phones and resources due to the distances travelled over rough terrain.

The following material resources were deployed to the field:

| RESOURCES | QUANTITY |
|------------------------|----------|
| 4x4 trucks, double cab | 4 |
| 4x2 trucks, double cab | 2 |

| | |
|--|----|
| Water tanker trailer | 1 |
| Utility truck | 2 |
| Unmanned aerial vehicle (drone) | 1 |
| Backpacks and first aid kits | 7 |
| VHF communication equipment | 20 |
| WASH kit (for Water source quality evaluation) | 1 |
| Safety equipment for volunteers | 30 |
| ATVs | 2 |
| Semitrailer | 1 |
| Motorhome | 1 |
| M15 Water Treatment Plant | 1 |
| Generators | 2 |
| Structural Tent | 3 |
| Field tents | 4 |
| Awnings | 3 |

Throughout the emergency, vehicles were the main resource used. These were kept inside the base camp and used only for the operation's activities. It is important to note that fuel was initially bought at the nearest service station, located in Santa Victoria Este some 10km from the base camp, and later in Tartagal, which was the place where the food, tools, medical supplies, protection equipment, books, etc. used by volunteers at the camp were bought. Based on the operation's dynamics, all activities involved fuel costs for vehicles, ATVs, and generators to a lesser or greater extent. Furthermore, sporadic power outages and rough terrain conditions damaged and caused the breakdown of several of our vehicles and material resources.

A 2,000-litre tanker truck was acquired during the last stage of the emergency to distribute drinking water. This activity will continue to be carried out with National Society funds through the Humanitarian Action Plan.

Information technology: Community assessments were carried out using the ODK platform. Satellite telephony was being used, like many areas in Argentina do not have telephone or communication services. A satellite internet antenna was installed at the camp to support the operation.

Communications: Images, videos, and testimonials were obtained in coordination with the national headquarters' communication area and volunteers and personnel deployed in the field, from which various materials have been created. These have been shared in the media, social networks and used in accountability documents to communities, the government, and strategic partners.

The following are links to media coverage on the ARC operation:

- [Cruz Roja ayudará a las comunidades Wichi y los pueblos indígenas en Salta con 2 millones de litros de agua - Diario Popular - Febrero 2020](#)
- [Organismos internacionales se suman a la agenda de intervención sociosanitaria en el norte salteño - El Tribuno - Febrero 2020](#)
- [Cruz Roja se suma a la ayuda en Salta para llevar agua segura - La Nación - Febrero 2020](#)
- [Cruz Roja brindará agua potable de 2 millones de agua potable a Salta - El Litoral - Febrero 2020](#)
- [Ante la emergencia, la Cruz Roja Argentina llevará agua potable a la comunidad Wichi de Salta - Minuto NQN - Febrero 2020](#)
- [La Cruz Roja repartirá 2 millones de litros de agua a pueblos indígenas de Salta - Ámbito - Febrero 2020](#)
- [La Cruz Roja brindará 2 millones de litros de agua potable a comunidades indígenas - Télam - Febrero 2020](#)
- [La Cruz Roja instalará un campamento en el Chaco salteño - Página 12 - Febrero 2020](#)
- [La ONU, la UE y la Cruz Roja intervienen en provincia argentina ante emergencia sociosanitaria - Mundo - Febrero 2020](#)
- [Cómo es la incansable tarea humanitaria que realiza Cruz Roja Argentina con las comunidades originarias en Salta - Infobae - Julio 2020](#)
- [Pese a la pandemia, el agua potable llegó a la comunidad Wichi de Salta - TN - Julio 2020](#)
- [Emergencia Sanitaria: La Cruz Roja observa mejoras en la salud de comunidades del norte- Aries Online- Agosto 2020](#)

Security: Argentine Red Cross ensures Safer Access in all its operations. All volunteers and staff are covered by life insurance, work under safety regulations and use the appropriate personal protection equipment. Considering the COVID-19 emergency, specific protocols for action and appropriate use of face mask, gloves, social distancing, etc. have been established.

The Red Cross has a good community acceptance and does not have major issues working in affected areas. The community actively participates in activities carried out by the institution.

A safety plan was prepared, which was sent to volunteers before deployment and reviewed during induction. Upon arrival, volunteers are provided work gloves, an institutional vest, and a biosafety kit consisting of a face mask, goggles, and gloves (COVID-19 kit).

There were no serious security incidents during the operation, thanks to the National Society's good community communication and coordination process.

Planning, monitoring, evaluation, and reporting: An Emergency Operations Centre coordinated the operation set up at the base camp. This EOC was coordinated by the National Response Directorate, which was responsible for planning the actions to be carried out in the field. This monitoring is carried out through spreadsheets and documents completed and shared daily and the reports prepared by operation leaders (usual members of the national team), which are systematized by the EOC. A Monitoring Plan was prepared to keep track of activities, targets, and indicators. A report was prepared for each activity by the person responsible for said activity. The operation's update and final report were prepared in conjunction with the sector technicians who supported the operation and belonged to the NIT.

Administration and finance: Fundraising was activated as soon as the emergency was declared through both conventional and new fundraising mechanisms. The full marketing team, web donation channels, and an advertising campaign over the main mass media were activated. On the other hand, a comprehensive and general plan was submitted to strategic partners such as large donor companies and the Chamber of Entrepreneurs for Sustainable Development (CEADS).

All funds raised, including this DREF, were consolidated into one single plan and unified budget called "Salta 2020 Humanitarian Plan of Action". It contains short- and medium-term goals, which will be the Response Directorate's responsibility, and long-term actions, which will be taken up by the National Directorate for Human Development team. The campaign, which is still underway, has raised 50 percent of the total amount necessary to complete its actions. ARC has private and individual donors collaborating with the operation, and the Spanish Red Cross contributed with 25,000 Euros.

The Argentine Red Cross has specific procedures for procurement and accountability in emergencies, which aim to guarantee transparency in the management of funds allocated to implement humanitarian aid actions. Also, the National Accounting and Administration and Finance Directorates will provide support to the operation through budget monitoring, procurement, expense reports, audits, and financial reports.

In addition, the National Society maintains annual accounting, which is presented through the Annual Report; an independent audit company audits the reports; and there is an internal oversight body.

C. Detailed Operational Plan



Livelihoods and basic needs

People reached: 4,250⁸

Male: 2,168

Female: 2,082

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:

Livelihood assessment and cash feasibility study

Target

Actual

1 assessment

1

800 families receive support for their basic needs (food kits) if the feasibility study so indicates

800 families

850

Satisfaction survey

800 people surveyed

120⁹

Progress towards outcomes

Livelihood assessment and cash feasibility study

During the first weeks of the emergency, the National Society carried out rapid assessments using the ODK tool to learn what the sector needs were. It was evident that food sources had been considerably affected by the droughts, as there was no water access for crops or livestock. A total of 37 individuals from the affected community were interviewed for this study. Eating habits collected by the assessment include:

| Livestock | Cereals and by-products | Vegetables | Fruits |
|-----------|-------------------------|--------------|----------|
| Goat | Rice | Potato | Tomato |
| Pig | Cornmeal | Sweet potato | Mandarin |
| Chickens | Noodles | Lettuce | Apples |
| Ducks | Wheat flour | Onion | Bananas |
| Fish | Semolina | Squash | |
| Cow | Frangollo | | |
| Rabbit | Lentils | | |
| Armadillo | | | |
| Deer | | | |

A feasibility study conducted in April and later updated in May, concluded that a cash transfer programme (CTP) was not possible due to factors related to the COVID-19 context, such as:

- Suspension of food deliveries by the State.
- Delay of the Prohuerta programme (so no access to farming materials).
- Food establishments (restaurants and dining halls) closed.
- Closest ATM not available to withdraw money.
- Roadblocks by the communities themselves.

⁸ [The division between men and women was made based on the following population study that reports 51% men and 49% women in the Santa Victoria Este area.](#)

⁹ Surveys were applied to a sample of 15% of the target population.

- Strict police checkpoints.

The new context does not allow for the methods proposed by cash transfer programmes because:

- People are not allowed to travel freely to make purchases or to access their pensions/subsidies.
- There is only one bank/ATM nearby that they can access, and it is saturated.

Considering that these factors have substantially reduced access to food, the possibility arose of applying the Livelihoods line through the delivery of food kits because:

- Agreements have been established with *caciques* so that all families have access to the kits delivered.
- Given the context and logistical challenges, delivering the kits directly to the targeted individuals is the most efficient way.
- Deliver food according to people's diet and nutritional needs based on survey results.

Distribution of food kits

As a result of the pandemic, communities lost access to ATMs for cash withdrawals, government food distributions were suspended, and buses were stopped in areas where families purchased their food. Therefore, it was decided to move from a cash transfer program to food delivery.

The National Society considered using this method to provide a speedy response. Household surveys were conducted to identify the appropriate foods for the target population, and it was also proposed to expand the target population under this line to be able to cover all families within this Plan of Action. The purchase process, per IFRC requirements, began once the feasibility study was approved.

Food kit

| Product | Quantity | Unit |
|-------------------------------------|----------|------------|
| Rice | 10 | kg |
| Fortified pasta, noodles or similar | 10 | 500 grs |
| Fortified wheat flour | 2 | kg |
| Salt | 2 | kg |
| Lentils | 10 | 500-gr bag |
| Chickpea | 10 | 600-gr bag |
| Tuna/Mackerel in oil | 8 | 380-gr tin |
| Tomato puree | 4 | 520 gr |
| Peas (priority) or <i>jardinera</i> | 4 | 300-gr tin |
| Sugar | 2 | kg |
| Mate sachets (infusion) | 2 | boxes x 50 |
| Mincemeat | 10 | 90-grs tin |
| Sunflower oil | 2 | 1.5 litres |



Assembly of food kits at the Salta Branch. Source: Argentine Red Cross

A total of 14 volunteers participated in this activity, who were supported by four others to transport the kits to the camp. Four deliveries were made, each time delivering around 200 food kits (received every 48 hours), for a total of 850 food kits delivered.



Food kit deliveries and Healthy Eating Training. Source: Argentine Red Cross


| COMMUNITY | KITS DELIVERED | COMMUNITY | KITS DELIVERED |
|-------------------------|----------------|-----------------------------|----------------|
| 27 de Julio | 16 | Monte Carmelo Nuevo | 12 |
| 3 de Febrero | 5 | Monte Verde | 5 |
| 6 Hermanos | 28 | Nueva Aarón | 2 |
| Agarrobal | 3 | Nueva Curvita | 142 |
| Algarrobal I | 7 | Nueva Vida | 10 |
| Anglicana | 69 | Padre Coll | 22 |
| Anglicana II | 14 | Padre Coll II | 4 |
| Anglicana III | 14 | Padre Coll Nuevo | 13 |
| Bendición (Vizcacharal) | 5 | Palmar | 12 |
| Bienvenido Santa María | 2 | Palo Santal | 5 |
| Cañada Larga | 6 | Pelícano | 5 |
| CIC | 9 | Pozo la Yegua | 17 |
| Cruce | 26 | Quebracho Blanco | 18 |
| Estrella | 6 | Retiro | 6 |
| Galatas | 7 | Santa María | 60 |
| Golondrina | 12 | Santa María Chica | 4 |
| Madre Nueva Esperanza | 5 | Santa María Comunidad Nueva | 4 |
| Magdalena | 12 | Silencio | 1 |
| Mecle | 15 | No community | 177 |
| Misión vieja | 13 | Tewook | 4 |
| Misión vieja I | 14 | TOTAL | 850 |
| Misión vieja II | 11 | | |
| Mistolar | 28 | | |

Satisfaction survey.

An anonymous satisfaction survey was prepared to learn the assisted communities' opinions of the actions conducted by Argentine Red Cross. It was applied to 15 percent of the total target population, i.e. 120 families.

The results show that 59 per cent found the kit's content adequate, and while the remaining 41 per cent said that the food received was generally adequate, some said that it did not coincide with their usual diet; 76 per cent stated that the delivery process was fast; 56 per cent stated that the kits were very useful and 33 per cent stated that the kits were useful.

| Challenges |
|--|
| <ul style="list-style-type: none"> • COVID-19-related movement and transport restrictions. • Difficulty getting everything from wholesale markets, which delayed deliveries by the supplier. • New regulations for circulation and transport of merchandise. Transport providers require PCR tests to circulate in the province of Salta, which hindered the food kit distribution process. • Re-planning of healthy eating workshops together with food kit deliveries to avoid crowds, given the COVID-19 context. • Difficulty keeping one single registry of nomadic communities given the appearance and disappearance of communities in the area. • Adaptation of the Open Data Kit tool to nomadic communities. |
| Lessons learned |
| <ul style="list-style-type: none"> • Work on the ODK survey sheets with enough time to make as few changes as possible once in the field, along with training on the tool's use. • Work on a detailed initial assessment. • Conduct constant reconnaissance in and mapping of the communities. • Provide inductions and trainings on rapid and detailed assessments for the Livelihoods line of action. • Data systematization processes must be strengthened: monitoring plans, actions, surveys, training of volunteers on the subject. |

| | |
|--|---|
|  | <p>Health</p> <p>People reached: 5,960¹⁰</p> <p>Male: 3,039</p> <p>Female: 2,921</p> |
|--|---|

Health Outcome 1: Less severe cases of illness or malnutrition are treated at the community level and referral pathways are established for severe cases

| Indicators: | Target | Actual |
|---|---------------|--------|
| Training volunteers in healthy eating and nutritional surveillance | 60 volunteers | 66 |
| Identify procedures for referring children identified as potentially malnourished to health centres | 1 procedure | 1 |
| Families reached with nutritional surveillance and referral to the health centre | 800 families | 785 |
| Families reached with promotion and awareness of Healthy Eating | 800 families | 800 |

Health Outcome 2: Transmission of diseases with epidemic potential is reduced

| Indicators: | Target | Actual |
|---|--------------|--------|
| Visits by health personnel from headquarters to assess and monitor the health situation and coordinate with the authorities | 6 | 10 |
| Health promotion training to volunteers for their integration into the emergency response | 30 | 30 |
| Preparation and distribution of health promotion material | 800 families | 800 |

¹⁰ [The division between men and women was made based on the following population study that reports 51% men and 49% women in the Santa Victoria Este area](#)

| | | |
|---|---------------|---------------|
| Health promotion and vector-borne and communicable diseases | 800 families | 1,000 |
| Health Outcome 3: Psychosocial impacts of the emergency are reduced | | |
| Indicators: | Target | Actual |
| Provide psychosocial support (PSS) to people affected by the emergency with priority given to family of victims | 800 families | 1,192 |
| Provide psychosocial support to staff and volunteers | 120 | 209 |

Progress towards outcomes

Training volunteers in healthy eating and nutritional surveillance

Two trainings were conducted for this line: one provided internally by the National Society's Health Directorate and another with support from the Pata Pila organization.

Internal training

This training was conducted under the CBHFA methodology, providing volunteers with information on healthy lifestyles, specifically the issue of nutrition, to enable them to, in turn, communicate this knowledge to target communities. The workshop was carried out through the Meet platform and attended by 26 volunteers from branches in Salta, Jujuy, Quilmes, Vicente López, Esperanza, Villa Crespo and Headquarters. It dealt with:

- Basic concepts on healthy eating.
- CBHFA Methodology.
- Participatory teaching.

Training by the Pata Pila organization

This workshop, delivered by a Pata Pila nutritionist, was attended by 40 volunteers (face-to-face and virtually via the Zoom platform) from the branches in Esperanza, Jujuy, La Plata, Lujan, Rosario, Saavedra, Salta, San Andrés, Santa Fe, Santos Lugares, Vicente López, Villa Crespo and Headquarters.

The workshop dealt with:

- Definition of "Food" and "Feeding"
- Feeding stages in the first year of life
- Maturation patterns in children aged 0-12 months and their implications for feeding
- Required amount of complementary foods
- Food progression
- Allergies
- Gluten
- Complementary Feeding: Risks (before 6 months and after 8 months)
- Salt
- Hygiene in food
- Recommendations

| TRAINING | BRANCH | MEN | WOMEN | TOTAL |
|-------------------------------|---------------|-----------|-----------|-----------|
| DELIVERED BY PATA PILA | Villa Crespo | 1 | 0 | 1 |
| | Salta | 2 | 3 | 5 |
| | Quilmes | 1 | 0 | 1 |
| | Santa Fe | 1 | 0 | 1 |
| | La Plata | 1 | 1 | 2 |
| | Vicente Lopez | 0 | 1 | 1 |
| | Esperanza | 1 | 0 | 1 |
| | Jujuy | 1 | 0 | 1 |
| SUBTOTAL PATA PILA: | | 8 | 5 | 13 |
| INTERNAL TRAINING | Villa Crespo | 1 | 0 | 1 |
| | Salta | 16 | 19 | 35 |
| | Jujuy | 6 | 7 | 13 |
| | Vicente Lopez | 0 | 1 | 1 |
| | Esperanza | 1 | 0 | 1 |
| | Quilmes | 2 | 0 | 2 |
| SUBTOTAL INTERNAL: | | 26 | 27 | 53 |

Identify procedures for referring children identified as potentially malnourished to health centres

A procedure to identify at-risk children was developed, which includes criteria to assess the target population for this activity (e.g. age, height, weight, community, access to safe water and disabilities). The nursing staff is responsible for reporting and identification, supervised by base camp leaders. Children will be reported and referred to the Santa Victoria Este hospital, which is the main health facility in the region. The case must also be reported to the province's Ministry of Health, as agreed with the Ministry of the Interior (a reporting protocol and form exist).

Some key points in the protocol:

- Camp nursing and medical staff oversee performing this under the supervision of the camp leader.
- Identification: age, height and weight data are taken based on which a score is obtained that rates nutritional status.
- Referral: cases can be referred according to three variants (mild, moderate, and severe).
- The Physical Growth Assessment Guide is used¹¹.

Promotion and awareness of Healthy Eating with an CEA approach



Training on healthy eating in the community of Nueva Esperanza.
Source: ARC

Although for no more than ten people at a time, awareness visits were conducted as per COVID-19 safety recommendations regarding social distancing. The activity was adapted to meet and maintain established recommendations.

Volunteers used the CBHFA methodology to communicate the information to the communities. The talks dealt with eating habits and recommendations on types of food in the area and their properties.

These same talks were delivered during food kit deliveries. All members of the families, both children, and adults, received the talks after receiving the kits. A total of 800 families were reached in this way.

Nutritional surveillance and referral to health centres

This activity was carried out on an ongoing basis throughout the emergency and coupled with all other activities. An initial evaluation was performed in late February, which led to a preliminary field study with data processed by ARC's Humanitarian Observatory.

Height and weight measurements were taken at the base camp health post as a complementary activity to other activities. Volunteers apply the surveys in the field to an average of ten people a day. This survey not only collects information on age, weight, and height but also on access to and consumption of safe water to obtain more complete results.

It was carried out using paper spreadsheets, and later the ODK tool was used to facilitate data collection – 1,021 anthropometric controls were carried out, assisting a total of 785 people (some special cases were seen more than once during the operation as follow-up):

| Group | Female | Male | Total |
|--------------|------------|------------|------------|
| Adult | 84 | 47 | 131 |
| Elderly | 6 | 2 | 8 |
| Youth | 70 | 53 | 123 |
| Children | 250 | 273 | 523 |
| TOTAL | 410 | 375 | 785 |

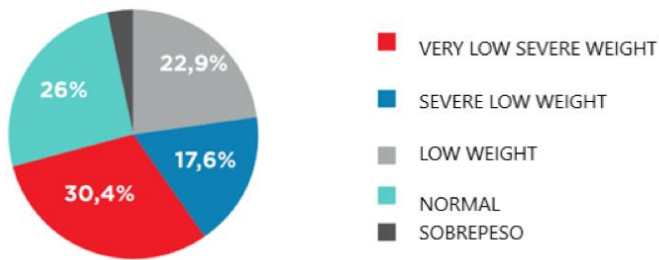
¹¹ [Physical Growth Assessment Guide – Argentine Paediatric Society 2013](#)

| REFERENCE RANGE | RANGE |
|------------------------|--------------|
| VERY LOW SEVERE WEIGHT | -16 |
| SEVERE LOW WEIGHT | 16 – 17 |
| LOW WEIGHT | 17 – 18.5 |
| NORMAL | 18.5 – 25 |
| SOBREPESO | 25 - 30 |
| TIPO I | 30 – 35 |
| TIPO II | 35 – 40 |
| TIPO III | + 40 |

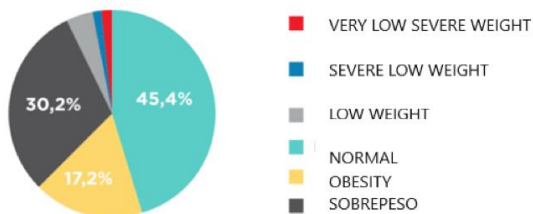
This activity provided the following statistics and conclusions:

- Diarrhoea is a recurring event in the area, which between February and July dropped from 84 to 22 per cent among children.
- Diarrhoea symptoms were detected and treated early with support from the base camp's health post located and nutritional surveillance.
- In February, 90 per cent of indigenous children in northern Salta had below normal BMIs, i.e. within the “low weight” category indicating malnutrition. These levels had dropped to 70 per cent by July.
- Currently, 47 per cent of people over 12 years of age have above normal BMIs, i.e. categorized as “overweight” and “obese”, which also indicates malnutrition and is detrimental to people's health.

BMI in children



BMI in people over 12 years old



Visits by health personnel from Headquarters to assess and monitor the health situation and coordinate with the authorities

Volunteer technicians and specialized health personnel were deployed at the beginning of the emergency to meet with province Ministry of Health authorities, directors of the Santa Victoria Este hospital, and representatives of the national Ministry of Health tasked with keeping records of the cases of malnourished children, to establish care, referral and reporting protocols. Argentine Red Cross shared its plan of action in the affected area during these meetings.



Meeting with Santa Victoria Este Hospital authorities to deliver one community filter. Source: Argentine Red Cross.

The direct engagement was maintained with key actors in the operation through frequent meetings and encounters throughout the operation. Actors include:

- UNICEF: exchange of information on nutrition and georeferenced map.
- Fundación Pata Pila: visits to communities on the way to Puntana; exchange of information on nutritional surveillance of children.
- Argentine Army "Paraje el Rosado": coordination of safe water distribution to communities.
- Santa Victoria Este Hospital: meetings with authorities for situational updates on health conditions in the communities and progress with nutritional surveillance of children and adults.

The Movement's actions and principles were always clearly expressed in all meetings with actors.

Health promotion training to volunteers for their integration into the emergency response

Technical teams on the ground provided training during all mobilizations. The individual in charge of the health post (member of nursing staff) provided an induction to newcomers to pass on as much information as possible. A total of 30 individuals were trained in health promotion in emergencies.

A participatory method, adapted to the COVID-19 context, was used for the trainings, which dealt with topics such as:

- Preparation of Rapid Response Units.
- Identification of work elements.
- COVID-19 and update protocols.
- Community First Aid.
 - Treatment of non-penetrating wounds.
 - Emergency and non-institutionalized delivery.

| Date | Branches | Men | Women | Total |
|--------------|---------------------------------|-----------|-----------|-----------|
| 8-Mar | Salta | 1 | 1 | 2 |
| 14-Mar | Necochea, Santa Fe | 1 | 1 | 2 |
| 26-Mar | Rosario, Saavedra | 1 | 1 | 2 |
| 9-Apr | Salta, Santos Lugares | 1 | 1 | 2 |
| 21-Apr | Saavedra, Salta, Santos Lugares | 1 | 2 | 3 |
| 5-May | Salta, Santa Fe | 1 | 1 | 2 |
| 18-May | Salta, Jujuy, Esperanza | 2 | 1 | 3 |
| 1-Jun | Salta, Jujuy | - | 2 | 2 |
| 18-Jun | Salta, Jujuy | 1 | 3 | 4 |
| 30-Jun | Salta, Jujuy | 2 | 1 | 3 |
| 15-Jul | Salta, Jujuy | 1 | 4 | 5 |
| Total | | 12 | 18 | 30 |

Preparation and distribution of health promotion material that considers the challenge of native peoples with a CEA approach

Two brochures on health promotion topics, such as vector-borne diseases and diarrhoea, were designed to complement the information provided in talks. These brochures were made in two languages (Spanish and Wichi), including the local culture.

1,600 brochures have been printed and 1,181 brochures were handed out, one per family before and during hygiene kit deliveries. Furthermore, each hygiene kit contained both brochures. The rest of the brochures remain at the camp and will be handed out as long as ARC continues to work in the area.



Brochure on vector control, in the local language. Source: Argentine Red Cross



Health promotion and vector-borne and communicable diseases

Talks on vector-borne diseases and treatment of diarrhoea caused by unsafe water or bad hygiene habits in communities were delivered to a total of 1,000 people during hygiene kit deliveries. These talks were provided to small groups of community men and women near the delivery area.

Considering the current situation due to the Coronavirus pandemic, the response strategy in the area had to be re-evaluated to ensure the safety of both the communities and ARC members. Action protocols have been established in the event a positive case of COVID-19 is detected in the area, as well as safety-related documents on personal protection equipment and action to minimize the risk of infection.

COVID-19 related consultation spaces have been generated, providing precautionary measures and information to the community.

Brochure Health promotion and vector-born, in the local language. Source: Argentine Red Cross

| COMMUNITY | TALKS DELIVERED | COMMUNITY | TALKS DELIVERED |
|-------------------------|-----------------|---------------------|-----------------|
| 27 de Julio | 17 | Mistolar | 35 |
| 3 de Febrero | 6 | Monte Carmelo Nuevo | 12 |
| 6 Hermanos | 28 | Monte Carmelo Viejo | 94 |
| Agarrobal | 3 | Monte Verde | 5 |
| Algarrobal I | 7 | Nueva Aarón | 7 |
| Anglicana | 84 | Nueva Curvita | 133 |
| Anglicana II | 13 | Nueva Vida | 11 |
| Anglicana III | 14 | Padre Coll | 22 |
| Bendición (Vizcacharal) | 2 | Padre Coll II | 4 |
| Bienvenido Santa María | 2 | Padre Coll Nuevo | 13 |
| Cañada Larga | 6 | Padre Coll Viejo | 2 |
| CIC | 10 | Palmar | 13 |
| Cruce | 24 | Palo Santal | 5 |
| Estrella | 6 | Pelicano | 5 |

| | | | |
|-----------------------|----|-----------------------------|--------------|
| Galatas | 9 | Pozo la Yegua | 19 |
| Golondrina | 11 | Quebrachal | 8 |
| Madre Nueva Esperanza | 5 | Quebracho Blanco | 18 |
| Magdalena | 10 | Retiro | 8 |
| Mecle | 11 | Santa María | 123 |
| Misión Grande Puntana | 39 | Santa María Chica | 4 |
| Misión vieja | 24 | Santa María Comunidad Nueva | 4 |
| Misión vieja I | 14 | Silencio | 4 |
| Misión vieja II | 11 | No community | 89 |
| | | Tewook | 6 |
| | | TOTAL | 1,000 |

Provide psychosocial support to people affected by the emergency with priority given to family of victims.

Activities with children involving different types of games were carried out within the camp since the operation started.

The recreational and basic cognitive development activities conducted focused on water and sanitation. Many were worked on through art, seeking to use the artwork produced as reference inputs to socialize health actions indirectly with families.

Games using balls and hoops were organized for group integration and team play. The groups had an equal number of boys and girls, i.e., mixed groups for better integration. A volunteer technical team specializing in psychosocial support approached the immediate families of the children who had died from malnutrition to provide more personalized and targeted care. A total of 1,192 people received psychosocial support sessions during the emergency.

| COMMUNITY | PSS SESSIONS |
|-------------------------|--------------|
| 27 de Julio | 22 |
| 3 de Febrero | 16 |
| 6 Hermanos | 41 |
| Agarrobal | 2 |
| Algarrobal I | 7 |
| Anglicana | 86 |
| Anglicana II | 13 |
| Anglicana III | 17 |
| Bendición (Vizcacharal) | 7 |
| Bienvenido Santa María | 2 |
| Cañada Larga | 6 |
| CIC | 6 |
| Cruce | 46 |
| Estrella | 3 |
| Galatas | 11 |
| Golondrina | 24 |
| Madre Nueva Esperanza | 7 |
| Magdalena | 22 |
| Mecle | 39 |
| Misión Grande Puntana | 0 |

| COMMUNITY | PSS SESSIONS |
|---------------------|--------------|
| Mistolar | 23 |
| Monte Carmelo Nuevo | 18 |
| Monte Carmelo Viejo | 157 |
| Monte Verde | 3 |
| Nueva Aarón | 31 |
| Nueva Curvita | 192 |
| Nueva Vida | 12 |
| Padre Coll | 22 |
| Padre Coll II | 8 |
| Padre Coll Nuevo | 27 |
| Padre Coll Viejo | 0 |
| Palmar | 20 |
| Palo Santal | 1 |
| Pelicano | 17 |
| Pozo la Yegua | 9 |
| Quebrachal | 18 |
| Quebracho Blanco | 22 |
| Retiro | 11 |
| Santa María | 54 |
| Santa María Chica | 4 |

| | |
|-----------------|----|
| Misión vieja | 28 |
| Misión vieja I | 11 |
| Misión vieja II | 10 |

| | |
|-----------------------------|--------------|
| Santa María Comunidad Nueva | 12 |
| Silencio | 10 |
| No community | 89 |
| Tewook | 6 |
| TOTAL | 1,192 |

Provide psychosocial support to staff and volunteers.

At the end of each mission, a defusing and mission assessment is conducted with each volunteer who had been in the camp. Group sharing sessions on performance under a psychosocial support strategy are held, which can be done one-on-one if requested.

There is also a specialized team that will contact each volunteer who participated in field activities individually for a more in-depth and private chat. This allows monitoring the emotional state of participating volunteers.

In addition, spaces to socialize are provided daily in the evenings, especially if something out of the ordinary has happened during the day.

| Date | Branch | Men | Women | Total |
|--------------|---|------------|-----------|------------|
| 11-03 | Salta, San Rafael, Villa Crespo, Santiago del Estero, Headquarters | 9 | 3 | 12 |
| 15-03 | Salta, San Rafael, Villa Crespo, Santiago del Estero, Headquarters | 9 | 3 | 12 |
| 22-03 | Santa Fé, Necochea, Santos Lugares, Tucumán, Necochea, Salta, Headquarters | 7 | 5 | 12 |
| 27-03 | Santa Fé, Necochea, Santos Lugares, Tucumán, Necochea, Salta, Headquarters | 8 | 4 | 12 |
| 09-04 | Saavedra, Santos Lugares, La plata, Rosario, Salta, Headquarters | 5 | 6 | 11 |
| 25-04 | Saavedra, Santos Lugares, La plata, Rosario, Salta, Headquarters, Lujan | 7 | 4 | 11 |
| 04-05 | Santa Fe, San Andrés, Salta, Saavedra, Santos Lugares | 5 | 6 | 11 |
| 14-05 | Santa Fe, San Andrés, Salta, Saavedra, Santos Lugares, La Plata, Quilmes, Headquarters, Lujan | 11 | 7 | 18 |
| 15-05 | Santa Fe, San Andrés, Salta, Saavedra, Santos Lugares, La Plata, Quilmes, Headquarters, Lujan | 11 | 7 | 18 |
| 23-05 | Salta, Quilmes, Villa Crepo, Santa Fe, Vicente López, Headquarters, Esperanza, Jujuy | 8 | 6 | 14 |
| 01-06 | Salta, Quilmes, Villa Crepo, Santa Fe, Vicente López, Headquarters, Esperanza, Jujuy | 8 | 6 | 14 |
| 12-06 | Salta, Villa Crespo, Vicente López, Esperanza, Jujuy | 5 | 5 | 10 |
| 17-06 | Salta, Villa Crespo, Vicente López, Esperanza, Jujuy | 5 | 5 | 10 |
| 30-06 | Salta, Jujuy, Quilmes | 8 | 7 | 15 |
| 15-07 | Salta, Jujuy, Quilmes | 7 | 7 | 14 |
| 31-07 | Salta, Jujuy, Quilmes | 9 | 6 | 15 |
| TOTAL | | 122 | 87 | 209 |

Challenges

- Generating group spaces for families in a COVID-19 context.
- Instability of computer networks.
- The low flow of official information.
- Language barriers.
- Psychosocial support for women.
- Volunteers with expertise in the issue and tool use

Actions to overcome challenges:

- Virtual training spaces are established.
- Strategies for home visits and family micro-chats are initiated, respecting all COVID-19 biosafety measures
- The bandwidth of the camp's antenna is increased.
- The Red Cross Humanitarian Observatory is designing new research to be socialized with authorities.
- Pieces are produced in native languages, and contacts are established with community translators.
- Once COVID-19 precautionary measures end, the plan is to have protected, gender-differentiated spaces, agreed with *caciques* and community leaders.
- Strengthening volunteer training in specific areas and use of tools

Lessons learned

- Strengthening a psychosocial support strategy for National Society technicians and volunteers before any operation is proposed.
- Strengthen knowledge regarding customs and cultural aspects of target communities.
- Maintain an ongoing management table with all representatives of institutions within the territory to avoid having to deal individually with each institution.
- Including health professionals, such as doctors, psychologists, and nutritionists, is recommended in order to perform more cross-cutting and targeted work on each area, both remotely and in the field.
- Having a specific vehicle for medical transfers in the field is essential.



Water, sanitation, and hygiene

People reached: 5,000¹²

Male: 2,550

Female: 2,450

WASH Outcome 1: Immediate risk reduction of water-borne and water-related diseases in selected communities

| Indicators: | Target | Actual |
|---|--------------------|-----------|
| WASH Training for volunteers | 15 volunteers | 25 |
| Water quality assessments | 30 assessments | 40 |
| Distribution of drinking water through bladder system (litters) | 2,000,000 litters | 150,753.5 |
| Distribution of PUR powders | 75,000 PUR powders | 75,200 |
| Distribution of family water filters | 800 families | 1,000 |
| Distribution of community water filters | 16 water filters | 16 |
| Distribution of jerrycans (2 per family) | 1,600 jerrycans | 1,600 |

WASH Output 2: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

| Indicators: | Target | Actual |
|--|--------------|--------|
| Adaptation of WASH promotional materials with a CEA approach and in native languages | 1 material | 1 |
| Hygiene promotion, water care and sanitation sessions with communities | 800 families | 1,000 |
| Distribution of hygiene kits | 800 families | 1,000 |

Progress towards outcomes

¹² [The division between men and women was made based on the following population study that reports 51% men and 49% women in the Santa Victoria Este area](#)

WASH Training for volunteers

Volunteers deployed to the Argentine Red Cross Base Camp in the Santa Victoria Este area receive a quick induction, mainly on hygiene and sanitation strategies.

Topics include:

- Water (purification, analysis, plant management, monitoring and tracking of sources and networks),
- Sanitation (monitoring, waste treatment).
- Hygiene promotion (with a strong focus on handwashing and maintaining personal hygiene).

Once the ERU Water Treatment Plant was installed, induction was expanded to include training in its use and maintenance, including:

- Water Treatment Plant general processes, parts, and components
- Measuring instrument use and calibration
- Chlorine, pH, coliform and heavy metal measurement at the source and extraction points
- Filtration and chlorination processes.
- Water production and distribution planning
- Delivery records.

These inductions were provided at the beginning of each mobilization, usually to between two and four volunteers.

| PROVINCE | TRAININGS | BRANCH | MEN | WOMEN | TOTAL |
|----------|-----------|---------------------|-----------|-----------|-----------|
| SALTA | 11 | Jujuy | 1 | 1 | 2 |
| | | La Plata | 1 | 1 | 2 |
| | | Quilmes | 1 | 1 | 2 |
| | | Salta | 6 | 5 | 11 |
| | | San Andrés | 0 | 1 | 1 |
| | | Santa Fe | 1 | 0 | 1 |
| | | Saavedra | 0 | 1 | 1 |
| | | Santiago del Estero | 2 | 0 | 2 |
| | | Tucumán | 1 | 0 | 1 |
| | | Villa Crespo | 2 | 0 | 2 |
| | | TOTAL | 15 | 10 | 25 |

Water quality assessments

Water quality assessments were conducted. Diarrhoea is a recurring illness in the area, as 84 per cent of children have suffered an episode in the last month; only 40 per cent of people have access to a water network, and the rest lack the means to store water they obtain from other sources. The lack of access to and poor quality of the water causes symptoms of severe dehydration in the population.

Some water samples from the communities of Puntana, Monte Carmelo, Santa María, Nueva Curvita, Misión Grande, Padre Coll, Ruta 54 km 117 (laguna) and Santa Victoria Este were tested for nitrite, nitrate, pH, chlorine, sodium, conductivity values, temperature and turbidity. Water sources have been mapped, and water, especially that which is purified and consumed at the camp, is tested daily.

The following were performed throughout the operation:

- Initial assessments: during the first weeks of the emergency, the different water sources in communities were assessed.
- Assessments during the water treatment plant's installation: midway through the emergency: potential water sources were surveyed to determine the best site to set up the plant.
- Monitoring assessments: water samples were taken in the operation.

The water samples were taken in Anglicana, Pozo la Yegua, Pelicano, Mistolar, Retiro, Misión Vieja, Santa María were tested, finding very residual chlorine, pH between 7.7 to 8.3, turbidity levels greater than 1 in 10 per cent at room temperature. After the intervention, the water distributed has met water quality parameters and significantly improved at the community level using water filters.

The assessment of water, sanitation, and hygiene promotion conditions in targeted communities carried out in early February indicated that the majority of communities get their water from the Argentine Army's weekly distributions, while others get their water from wells located near their communities; mainly use the water to wash clothes, clean and cook; and that most communities were unaware of water treatment methods.

Throughout the operation, and especially by the end of it, families began to habitually treat the water they used for consumption and cleaning, which in most cases is stored in closed, two- or three-ply tanks located near their homes or in 200-litre barrels.

Distribution of drinking water with a distribution system with installed bladders

The water treatment plant donated by Spanish Red Cross was installed in mid-May about one kilometre from ARC's base camp. Assessments concluded that the best water source was that in Santa María, from which the National Society extracts the water and pipes it to onion-type tanks at the water treatment plant.

This plant uses a triple filtering system that removes substances, such as heavy metals, that make the water unsafe for consumption. Once filtered, the water is chlorinated for subsequent storage and distribution. The water is stored in three bladders, with the combined capacity to store 15,000 litres of water, and later distributed to target communities. Initially, the water was distributed using National Society vehicles, but a 3,000-litre tanker truck has been acquired since then, which has considerably facilitated distribution logistics.

This activity was carried out in coordination with the Argentine Army stationed at the El Rosado area, located 10 km from the base camp. The geographic coverage area was scaled up, which allowed the supply of all communities in the area and joint actions. However, the proposed objective in this regard was not met, as the tanker truck was acquired close to the operation's end and the institutional vehicles' cargo capacity limited water deliveries.

The table below shows the total number of litres distributed to communities using the ARC vehicles at the end of the period under review. In any case, the Argentine Red Cross will remain in the territory and continue distributing water to the communities.



Testing water pH for production of safe water, ERU. Source: Argentine Red Cross.

Additional 570,000 litres of water were distributed in coordination with the Argentine Army through their tanker trucks. Both ARC and the Army will continue to provide this support.

Distribution of PUR powders

This activity is part of the National Society's Humanitarian Action Plan. The water treatment powders were donated by P&G, which were transferred from the Central Warehouse to Salta. Delivery is partly due to the rules and recommendations of the COVID-19 context; therefore, powders cannot be delivered to more than ten people at a time. The families that receive this humanitarian aid also receive training on its use.

One PUR powder sachet treats 10 litres of water, and each family received 20 sachets. Sachets were delivered together with household filters and during community water, sanitation, and hygiene promotion trainings.

| COMMUNITY | LITRES PER COMMUNITY |
|-----------------------------|----------------------|
| 6 Hermanos | 20,700 |
| Anglicana | 4,500 |
| Anglicana II | 4,600 |
| Anglicana III | 6,650 |
| Base Camp | 17,138 |
| Bendición (Vizcacharal) | 15,860 |
| Bienvenido Santa María | 1,850 |
| CIC | 10,520 |
| Cruce | 2 |
| Golondrina | 14,190 |
| Madre Nueva Esperanza | 1,000 |
| Mecle | 800 |
| Misión Grande Puntana | 600 |
| Misión vieja | 5,800 |
| Monte Carmelo | 1,000 |
| Padre Coll | 1,800 |
| Padre Coll II | 3,850 |
| Padre Coll Nuevo | 1,750 |
| Palo Santal | 300 |
| Pelícano | 6,250 |
| Pozo la Yegua | 3,500 |
| Quebrachal | 11,000 |
| Quebracho Blanco | 200 |
| Retiro | 4,100 |
| Santa María | 2,243.5 |
| Santa María Chica | 1,200 |
| Santa María Comunidad Nueva | 5,900 |
| Silencio | 300 |
| No community | 3,150 |
| TOTAL | 150,753.5 |

| COMMUNITY | NUMBER OF PUR SACHETS | LITRES TREATED |
|------------------------|-----------------------|----------------|
| 3 de Febrero | 20 | 200 |
| Anglicana | 840 | 8400 |
| Anglicana II | 120 | 1200 |
| Bienvenido Santa María | 40 | 400 |
| Cañada Larga | 120 | 1200 |
| CIC | 180 | 1800 |
| Cruce | 100 | 1000 |
| Estrella | 20 | 200 |
| Madre Nueva Esperanza | 20 | 200 |
| Magdalena | 260 | 2600 |
| Mecle | 220 | 2200 |

| | | |
|-----------------------------|--------------|---------------|
| Misión Grande Puntana | 760 | 7600 |
| Misión vieja | 380 | 3800 |
| Misión vieja I | 40 | 400 |
| Misión vieja II | 220 | 2200 |
| Mistolar | 360 | 3600 |
| Monte Carmelo Viejo | 2100 | 21000 |
| Monte Verde | 20 | 200 |
| Nueva Vida | 20 | 200 |
| Padre Coll Viejo | 40 | 400 |
| Palmar | 260 | 2600 |
| Palo Santal | 100 | 1000 |
| Pozo la Yegua | 40 | 400 |
| Quebrachal | 20 | 200 |
| Retiro | 20 | 200 |
| Santa María | 600 | 6000 |
| Santa María Comunidad Nueva | 20 | 200 |
| Silencio | 60 | 600 |
| No community | 460 | 4600 |
| Tewook | 60 | 600 |
| TOTAL | 7,520 | 75,200 |

Distribution of family water filters

This activity was carried out in early April. Because of the COVID-19-related restrictions regarding the number of people allowed to gather within the same physical space, specialized technicians delivered the filters directly to beneficiaries' homes and while there provided the water, sanitation, and hygiene promotion trainings.

Family filters came with their respective use and assembly manuals, translating into the communities' indigenous language. A total of 1,000 family filters were delivered to the communities, of which 800 kits were purchased with DREF funds and 200 with National Society funds.

| COMMUNITY | FAMILY FILTERS | COMMUNITY | FAMILY FILTERS |
|-------------------------|----------------|---------------------|----------------|
| 27 de Julio | 17 | Monte Carmelo Viejo | 94 |
| 3 de Febrero | 6 | Monte Verde | 5 |
| 6 Hermanos | 28 | Nueva Aarón | 7 |
| Agarrobal | 3 | Nueva Curvita | 133 |
| Algarrobal I | 7 | Nueva Vida | 11 |
| Anglicana | 84 | Padre Coll | 22 |
| Anglicana II | 13 | Padre Coll II | 4 |
| Anglicana III | 14 | Padre Coll Nuevo | 13 |
| Bendición (Vizcacharal) | 2 | Padre Coll Viejo | 2 |

| | | | |
|------------------------|----|-----------------------------|--------------|
| Bienvenido Santa María | 2 | Palmar | 13 |
| Cañada Larga | 6 | Palo Santal | 5 |
| CIC | 10 | Pelicano | 5 |
| Cruce | 24 | Pozo la Yegua | 19 |
| Estrella | 6 | Quebrachal | 8 |
| Galatas | 9 | Quebracho Blanco | 18 |
| Golondrina | 11 | Retiro | 8 |
| Madre Nueva Esperanza | 5 | Santa María | 123 |
| Magdalena | 10 | Santa María Chica | 4 |
| Mecle | 11 | Santa María Comunidad Nueva | 4 |
| Misión Grande Puntana | 39 | Silencio | 4 |
| Misión vieja | 24 | No community | 89 |
| Misión vieja I | 14 | Tewook | 6 |
| Misión vieja II | 11 | TOTAL | 1,000 |
| Mistolar | 35 | | |
| Monte Carmelo Nuevo | 12 | | |

Distribution of community filters

Sixteen community filters have been delivered to health centres, schools, and community centres in Santa María, Monte Carmelo, La Puntana, and Santa Victoria Este, to provide access to safe water in places where people gather, i.e., strategic places where communities tend to meet or go to daily. During deliveries, authorities were briefly instructed on the filters' maintenance, use, and the best place to install it. Also, the importance of communities' responsibility in replicating these care measures was stressed.

Delivery of community filters. Source: Argentine Red Cross

| COMMUNITY | FILTERS |
|--|-----------|
| Santa María Elementary School | 1 |
| Nueva Curvita Health Post | 1 |
| La Puntana Health Centre | 1 |
| Santa María Health Centre | 1 |
| Monte Carmelo Health Centre | 1 |
| Escuela Primaria Santa Victoria | 1 |
| Primaria Monte Carmelo Elementary School | 1 |
| Núcleo Educativo 7185 | 1 |
| Pozo La Yegua Elementary School | 1 |
| Santa Victoria Este Hospital | 1 |
| Alto La Sierra Hospital | 1 |
| La Puntana Elementary School | 1 |
| Community Magdalena | 1 |
| Community El Silencio | 1 |
| School N° 4123 ISI NLATAJ | 1 |
| (to be delivered) | 1 |
| TOTAL | 16 |

Distribution of jerrycans

1,600 10-litre jerrycans were delivered to communities - two per family. A safe distribution protocol, including social distancing and safety barriers was designed. On several occasions, jerrycans were delivered together with family filters, and safe water workshops were provided.

| COMMUNITY | JERRYCANS DELIVERED | FAMILIES REACHED |
|-------------------------|----------------------------|-------------------------|
| 27 de Julio | 34 | 17 |
| 3 de Febrero | 10 | 5 |
| 6 Hermanos | 52 | 26 |
| Algarrobal | 0 | 0 |
| Algarrobal I | 14 | 7 |
| Anglicana | 160 | 80 |
| Anglicana II | 30 | 15 |
| Anglicana III | 26 | 13 |
| Bendición (Vizcacharal) | 6 | 3 |
| Bienvenido Santa María | 4 | 2 |
| Cañada Larga | 12 | 6 |
| CIC | 20 | 10 |
| Cruce | 46 | 23 |
| Estrella | 6 | 3 |
| Galatas | 18 | 9 |
| Golondrina | 16 | 8 |
| Madre Nueva Esperanza | 6 | 3 |
| Mecle | 16 | 8 |
| Misión vieja | 44 | 22 |
| Misión vieja I | 26 | 13 |
| Misión vieja II | 20 | 10 |
| Mistolar | 60 | 30 |
| Monte Carmelo Nuevo | 24 | 12 |
| Monte Carmelo Viejo | 166 | 83 |
| Monte Verde | 10 | 5 |
| Nueva Aarón | 24 | 12 |
| Nueva Curvita | 256 | 128 |
| Nueva Vida | 20 | 10 |
| Padre Coll | 40 | 20 |
| Padre Coll II | 8 | 4 |
| Padre Coll Nuevo | 30 | 15 |
| Padre Coll Viejo | 4 | 2 |
| Palmar | 20 | 10 |
| Palo Santal | 10 | 5 |
| Pelícano | 10 | 5 |
| Pozo la Yegua | 30 | 15 |
| Quebrachal | 10 | 5 |
| Quebracho Blanco | 34 | 17 |
| Retiro | 12 | 6 |
| Santa María | 66 | 33 |
| Santa María Chica | 8 | 4 |

| | | |
|-----------------------------|-------------|------------|
| Santa María Comunidad Nueva | 6 | 3 |
| Silencio | 8 | 4 |
| No community | 166 | 83 |
| Tewook | 12 | 6 |
| TOTAL | 1600 | 800 |



Adaptation of WASH promotional materials with a CEA approach and in native languages

The instruction manual for the household filters was translated into Wichi, which was done in conjunction with community leaders and individuals who offered to translate.

These instructions were delivered along with these water filters and explained during the community water and sanitation workshops. The pieces on safe water and handwashing were also designed, translated, and printed (1,000 copies of each). 1,800 were handed out to families during family filter and jerrycan distributions.

Hygiene promotion, water care and sanitation sessions with communities

Workshops on proper water use, under a CEA approach, have been held in communities, engaging the women and community leaders' support. A community workshop precedes each filter and jerrycan distribution on the filters'/jerrycans' proper use, including overlapping aspects of proper water care and use and sanitation and hygiene measures.

Safe water brochure in the local language, Wichi. Source: Argentine Red Cross

| COMMUNITY | FAMILIES |
|-------------------------|----------|
| 27 de Julio | 17 |
| 3 de Febrero | 6 |
| 6 Hermanos | 28 |
| Agarrobal | 3 |
| Algarrobal I | 7 |
| Anglicana | 84 |
| Anglicana II | 13 |
| Anglicana III | 14 |
| Bendición (Vizcacharal) | 2 |
| Bienvenido Santa María | 2 |
| Cañada Larga | 6 |
| CIC | 10 |
| Cruce | 24 |
| Estrella | 6 |
| Galatas | 9 |
| Golondrina | 11 |

| | |
|-----------------------------|--------------|
| Madre Nueva Esperanza | 5 |
| Magdalena | 10 |
| Mecle | 11 |
| Misión Grande Puntana | 39 |
| Misión vieja | 24 |
| Misión vieja I | 14 |
| Misión vieja II | 11 |
| Mistolar | 35 |
| Monte Carmelo Nuevo | 12 |
| Monte Carmelo Viejo | 94 |
| Monte Verde | 5 |
| Nueva Aarón | 7 |
| Nueva Curvita | 133 |
| Nueva Vida | 11 |
| Padre Coll | 22 |
| Padre Coll II | 4 |
| Padre Coll Nuevo | 13 |
| Padre Coll Viejo | 2 |
| Palmar | 13 |
| Palo Santal | 5 |
| Pelícano | 5 |
| Pozo la Yegua | 19 |
| Quebrachal | 8 |
| Quebracho Blanco | 18 |
| Retiro | 8 |
| Santa María | 123 |
| Santa María Chica | 4 |
| Santa María Comunidad Nueva | 4 |
| Silencio | 4 |
| No community | 89 |
| Tewook | 6 |
| TOTAL | 1,000 |

Distribution of hygiene kits

The hygiene kits were transported from the National Society's central warehouse in Buenos Aires by Andreani, one of ARC's strategic partners. The kits were stored in a warehouse in Salta owned by this strategic partner.

The kits were distributed according to the time available to do so to adapt to the characteristics of each community, as follows:

- Two simultaneous distributions at fixed points in La Curvita and Santa María.
- One door-to-door distribution in an institutional vehicle to communities along Route 54.
- One distribution at a fixed point in the communities of La Puntana




*Distribution of hygiene kits in the community of Madre Nueva Esperanza.
Source: Argentine Red Cross.*

The first three distributions took place on the same day, and the third distribution took place on the day after. During the rest of the week, kits continued to be distributed from the base camp to those who had been unable to attend the previous distributions. This was done until all the people on ARC's list had been provided a kit. A total of 16 volunteers were involved in the delivery process. Of the total kits delivered, 200 were donated by the National Society, 800 were purchased with DREF funds, and 200 with national funds.

| COMMUNITY | KITS DELIVERED | COMMUNITY | KITS DELIVERED |
|-------------------------|----------------|-----------------------------|----------------|
| 27 de Julio | 17 | Monte Carmelo Viejo | 99 |
| 3 de Febrero | 4 | Monte Verde | 5 |
| 6 Hermanos | 26 | Nueva Aarón | 9 |
| Agarrobal | 2 | Nueva Curvita | 139 |
| Algarrobal I | 7 | Nueva Vida | 11 |
| Anglicana | 65 | Padre Coll | 23 |
| Anglicana II | 15 | Padre Coll II | 4 |
| Anglicana III | 13 | Padre Coll Nuevo | 14 |
| Bendición (Vizcacharal) | 5 | Padre Coll Viejo | 0 |
| Bienvenido Santa María | 2 | Palmar | 12 |
| Cañada Larga | 6 | Palo Santal | 3 |
| CIC | 8 | Pelícano | 5 |
| Cruce | 26 | Pozo la Yegua | 15 |
| Estrella | 6 | Quebrachal | 8 |
| Galatas | 9 | Quebracho Blanco | 17 |
| Golondrina | 12 | Retiro | 6 |
| Madre Nueva Esperanza | 6 | Santa María | 58 |
| Magdalena | 12 | Santa María Chica | 5 |
| Mecle | 17 | Santa María Comunidad Nueva | 4 |
| Misión Grande Puntana | 0 | Silencio | 1 |
| Misión vieja | 11 | No community | 225 |
| Misión vieja I | 15 | Tewook | 4 |
| Misión vieja II | 11 | TOTAL | 333 |
| Mistolar | 26 | | |

| | | |
|---------------------|----|--|
| Monte Carmelo Nuevo | 12 | |
|---------------------|----|--|

| Challenges |
|--|
| <ul style="list-style-type: none"> • Closing of customs offices and borders due to the COVID-19 context. • The delays in the entry of humanitarian aid items plus the closing of certain points between provinces in Argentina delayed their arrival or caused them to arrive in small batches, lengthening the supply chain between the capital and the affected areas. • Reorganizing distributions in emergencies to include protection measures. Having to comply with social distancing measures slows down the humanitarian aid delivery process. • Bans on mass public and community events, making it impossible to hold some community workshops. • The distance between Santa Victoria Este and the main urban centres in northern Argentina makes it difficult to acquire the items needed for activities and requires transporting enough supplies to the base camp and replenishing them weekly. • Achieving higher community engagement and responsibility in caring for the water treatment plant. • Difficulty travelling over dirt roads in bad weather conditions requires vehicles suitable for the terrain. |
| Lessons learned |
| <ul style="list-style-type: none"> • Scaling up water distribution capacity, as well as distribution of containers to store the water, is recommended. From the beginning of the operation, sensitize communities on caring for ARC materials and the collection of humanitarian aid. • Preparing a water treatment plant use and maintenance guide tailored to the country is recommended. |

|  | <p>Protection, gender and inclusion</p> <p>People reached: 4,000¹³</p> <p>Male: 2,040</p> <p>Female 1,960</p> | |
|--|--|--------|
| Indicators: | Target | Actual |
| Conduct assessments of the specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies. | 3 Assessments | 3 |
| Develop standard operating procedures for the protection from sexual and gender-based violence and the protection of children, including mapping of referral routes. | 1 Procedure | 1 |
| Conduct training in protection, gender, and inclusion for volunteers. | 15 Trainings | 30 |
| Support sector teams and ensure the collection and analysis of data disaggregated by sex, age and disability | 1 | 1 |
| Progress towards outcomes | | |
| Conduct an assessment of the specific needs of the affected population. | | |

¹³ [The division between men and women was made based on the following population study that reports 51% men and 49% women in the Santa Victoria Este area](#)



ODK survey applied to affected communities. Source: Argentine Red Cross

The attached image was taken during the evaluations carried out at the beginning of the operation before the COVID-19 outbreak, so the people or volunteers do not have masks.

Three protection, gender, and social inclusion assessments were conducted for this operation.

The survey conducted during the first weeks considered adolescents and youth (aged 13 to 24), adults (25 to 60), the elderly (60+); disabilities (using the Washington Group classification); ethnicity (reporting qualitative data on religious beliefs and customs) and stigma; and discrimination and violence (using indicators proposed by the International Violence Against Women Survey (IVAWS)).

A brief diagnostic report was prepared based on the information provided by this instrument, suggesting six specific lines of action on PGI:

1. Raise volunteers' awareness regarding gender, disability, and intercultural issues to enable them to detect indicators of discrimination, violence, and stigma.

2. Prepare protection, gender and inclusion procedural guidance that provides basic guidelines regarding informed

consent, gender violence, violence against children and adolescents, violence against the elderly, data construction and information management, and standards of coexistence with a PGI approach for volunteers involved in the emergency

3. Create spaces to raise community awareness on gender issues during kit and filter deliveries and health consults.
4. Promote spaces to raise awareness on disability, providing valid and scientific information.
5. Advise people about their rights and provide information about state entities specializing in the matter, especially with the right to identity, health, and education.
6. Establish a complaint mechanism, both internal and external, for the base camp.

Another assessment was conducted midway through the operation. Every meeting with the community constituted an opportunity to detect specific needs, prioritizing women, girls, people with disabilities, and older adults. The medical consults allowed detecting gender violence situations, so, given the obstacles to referrals and working in conjunction with other organizations posed by the pandemic, the women were supported through active listening and using key messages with a gender approach.

The last survey, conducted at the end of the operation, provided the following results:

- Of 51 communities in the locality, only 30 of the 619 people surveyed stated that they did not belong to any community. All communities have a *cacicado* system, and only five have female leaders.
- 75 per cent (464) of the groups that share a dwelling are made up of ten individuals. All cases report living with at least one older adult and two children. The remaining 25 per cent (155) are made up of between five and seven members.
- Most extended family households (75 per cent, i.e. 348) have at least one member who is more than 60 years old and two who are under the age of 12.
- 184 had at least one member with a pre-existing illness, most frequently: heart disease, diabetes, and respiratory and digestive illnesses.
- More than half of the people surveyed (52.5 per cent, i.e. 347) stated that they had felt discriminated against. The most frequently mentioned places where discrimination occurs were: health institutions (340), society in general (317), educational institutions (325), and work and family (both 312). The main reasons cited for this discrimination are socioeconomic level; health status; physical appearance (skin colour, weight), and early pregnancy.
- 13 per cent (79) of family groups reported that one of their members has a disability; however, when asked what type of disability, many people (41) stated that they did not know.

The attached image was taken during the evaluations carried out at the beginning of the operation, so the people or volunteers do not have masks.

Develop standard operating procedures.

During the first weeks of the operation, a series of procedures were designed to mainstream the PGI approach in all the operation's actions. These procedures were monitored and adapted throughout the operation, and the final version

of the document provides action guidelines on the management of informed consent in health practices; detection of indicators of gender violence (GBV) and procedures to address it; detection of indicators of violence against children and adolescents (VNNA) and actions to address it; detection of indicators of violence against older adults (VAM) and procedures to address it; as well as guidelines for the incorporation of referral, complaint and reporting mechanisms, guidelines for information management under PGI criteria, and a code of conduct for staff and volunteers participating in the operation. The document also includes the referral path, key messages, and the decision tree for GBV, VNNA, and VAM.

It should be noted that all lines of action, even those that were not specific to PGI, have incorporated the approach's minimum standards.

| Branches | Men | Women | Total |
|----------------|-----------|-----------|-----------|
| Saavedra | 1 | 1 | 2 |
| Santos Lugares | 3 | 2 | 5 |
| Rosario | 0 | 2 | 2 |
| Salta | 6 | 6 | 12 |
| Luján | 1 | 0 | 1 |
| Tucuman | 1 | 0 | 1 |
| Santa Fe | 0 | 2 | 2 |
| Quilmes | 1 | 0 | 1 |
| Villa Crespo | 1 | 0 | 1 |
| Headquarters | 0 | 1 | 1 |
| Necochea | 1 | 0 | 2 |
| TOTAL | 15 | 14 | 30 |

Conduct training in protection, gender and inclusion for volunteers

The National PGI Coordination carried out three virtual trainings between 12 May and 18 July, reaching 30 volunteers deployed to the base camp. These touched upon minimum guidelines for PGI in emergencies, prioritized populations, asymmetries of power and intersectionality, construction of the sex-gender binomial, widespread subjectivation myths, sex-affective orientations, cis- and transgender identities, disability and socio-environmental approach, domestic violence, and gender violence. These trainings were complementary to the procedures document.

Support sector teams and ensure the collection and analysis of data.

Three data collection instruments with a PGI approach were designed, almost all semi-structured interviews that included gender items, considering feminine, masculine, and other values. The latter value was descriptive in nature, and people were able to report their self-perceived gender identity. It also considered age range: disaggregated by less than 5 years of age, 6 to 15, 16 to 24, 25 to 60, and 60+; disability: using the six indicators proposed by the brief questionnaire of the Washington group (WG); ethnicity: collecting information on language spoken, community, community socio-political organization and religion; and stigma: discrimination and violence using items validated by IVAWS.

Three reports were prepared from these interviews: the survey report referred to initially, a progress report for monitoring the operation in terms of PGI, and a final impact report, which centralizes all PGI actions carried out throughout the operation.

Challenges

- Community participation in decision-making processes.
- Adaptation of gender awareness activities to the requirements of the COVID-19 context.
- Using the kit and filter deliveries as spaces for promoting community care and self-care practices - particularly for adolescent and adult women in the community.
- Meetings with community caciques, as opportunities to inquire into how they relate to women and girls in the community.
- Disabilities are not made visible in the targeted communities, so hard and constant work was required to transmit information about the different types of disabilities and the specific needs that each of them can generate. Emphasis was placed on what can be done at the community level to achieve inclusion, even when not all financial resources are available. At this point, the emphasis was placed on the need to treat disabled people well and tear down, daily, the prejudice and stigma against people with disabilities. The health space was the appropriate place for this work, which was constant throughout the entire operation.
- Preparing water filter-related materials in Wichí to ensure all people's inclusion and accessibility to the right to safe water.
- Mainstreaming of psychosocial support activities with a gender perspective.
- Mainstreaming of feedback activities, ensuring community engagement throughout the entire operation.

Lessons learned

- Even in the absence of institutions specializing in gender violence issues, timely, protocol-based interventions achieve an impact on people. Tracking key messages is just as important as having referral paths.
- Having specific advice on protection and gender issues benefits the target community and volunteers and allows generating spaces for reflection on and care to people whose role in the organization is to carry out care tasks.
- Health spaces are conducive to establishing closer contact with the communities' women. As caregivers, most of the time, they visited the health centre to address other family members' issues. These consults create windows of opportunity to intervene in pursuit of that woman's health. These are spaces that have allowed reflecting on and raising awareness about invisible issues and transmitting information on reproductive and non-reproductive sexual health (contraceptive methods, obstetric controls during pregnancy, etc.).
- The recreational activities used to craft hygiene promotion strategies are useful for building close ties with children and adolescents and provide an opportunity to listen to their voices and give them prominence throughout the intervention.
- Establish linkages with other organizations to implement activities better. A list of organizations that can support specific situations beyond the National Society's capacity could be used.
- Build teams' technical capacity in PGI issues.

National Society Strengthening

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

S 1.1.4: National Societies have effective and motivated volunteers who are protected

| Indicators: | Target | Actual |
|--|---------------------|--------|
| Mobilization of the National Intervention Team | 12 Mobilizations | 12 |
| Follow-up visits by the National Society | 3 Visits | 3 |
| Distribution of personal protective equipment | 50 PPEs | 50 |
| Lessons learned workshop | 1 Workshop | 1 |

S2.1: Effective and coordinated international disaster response is ensured.

S2.1.1: Effective and respected surge capacity mechanism is maintained.

| Indicators: | Target | Actual |
|-------------------------------------|--------|--------|
| IFRC monitoring and support | 1 | 1 |
| Water specialist support (RIT WASH) | 1 | 1 |

S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

S3.1.1 IFRC and NS are visible, trusted and effective advocates on humanitarian issues.

| Indicators: | Target | Actual |
|--|--------|--------|
| Communication strategy for the operation | 1 | 1 |

Progress towards outcomes

Mobilization of the National Intervention Team

Twelve NIT members, from branches in Villa Crespo, Saavedra, Salta, Luján, Santos Lugares, Corrientes, Santiago del Estero, and Tucumán, were deployed on different occasions. The National Society's Operations Coordinator prepared their mobilizations, providing clear Terms of Reference and the necessary tools for their deployments. The mission objectives were related to base camp coordination and carrying out some specific plan of action activities such as: assisting with data collection tools, action reporting and monitoring, technical management of the ERU water treatment plant, planning and monitoring of humanitarian aid deliveries, articulation with local and community actors, ongoing support to the emergencies and disasters division, active local monitoring at the base camp's EOC throughout the operation, preparation of daily situational reports and infographics, among others.

Follow-up visits by the National Society

EPoA activities are constantly monitored through the Operational Coordination of the Emergency and Disaster Response Directorate, which communicates with the EOC at the base camp to obtain feedback to achieve the objectives. The deployments were carried out in conjunction with volunteer mobilizations, maximizing their mission time in the field to contribute to the operation's key objectives. These three visits were useful for monitoring progress and improving the performance and effectiveness of actions throughout the operation.

Distribution of personal protective equipment

Personal protection equipment was distributed during the operation; 50 were purchased with DREF funds, and the National Society provided more PPE from its stock. These include:

- Work gloves.
- Institutional vest.
- Biosafety equipment.
 - o Face mask
 - o Goggles
 - o Latex gloves.

Lessons learned workshop



Lecciones Aprendidas - Operación Sequías - Argentina

Este formulario es anónimo. Los resultados del mismo servirán de insumo para el desarrollo del Taller de Lecciones Aprendidas de la Operación DREF Sequías - Argentina

El Taller de Lecciones Aprendidas tiene como objetivo máximo el de identificar oportunidades de mejora en las operaciones de respuesta a desastres o crisis en las Sociedades Nacionales. Es una herramienta metodológica que pretende contribuir al mejoramiento en la calidad de nuestras acciones a futuro. Debe ser visto como una oportunidad de fortalecimiento institucional para mejorar la gestión de las operaciones.

*Obligatorio

The purpose of the Lessons Learned Workshop is to identify opportunities for improvement in the operation and contribute to improving the quality of future actions¹⁴.

The workshop was attended by 40 individuals representing:

- Technical sectors that worked in the operation.
- Representatives of branches involved.
- Management staff.
- Heads of Department (HR, admin., logistics, etc.)
- Volunteers who participated in the operation.
- Representative of the municipality
- NGOs
- Community leaders

ARC worked with four facilitators who were not directly related to the operation, including one representative from IFRC.

The methodology was adapted to meet the social distancing requirements demanded by the COVID-19 context, i.e. a remote, participatory methodology. To achieve objectives, the process was divided into three implementation stages. The first stage consisted of information gathering, followed by an analysis of the data collected and, finally, a stage of conclusions and recommendations to close the workshop.

Below is a description of the implementation stages, with methodological details in the next section.

Stage 1: Convening and information gathering.

- Sending of Terms of Reference and convening to the workshop.
- Dissemination of the survey to collect the necessary data used as input to develop the online workshop.

Stage 2: Data analysis and processing

- Facilitator team meeting for analysis and processing of data collected in the surveys carried out in Stage 1.
- Use of a matrix where the information used as input for the development of Stage 3 was processed.

Stage 3: Online workshop, sharing of collected data, development of conclusions and recommendations.

- Launch of the three-hour workshop over the Zoom platform, to reach conclusions based on the information gathered.
- Development of workspaces, both in plenary and in teams of up to ten people, with guidance from the facilitator team.

Positive aspects

- Being divided into smaller groups promoted participation.
- Survey results were used as triggers, allowing participants to focus on the points to be worked on quickly
- Participants were interested in working.
- The fact that the smaller groups were made up of a mix of volunteers, NIT members, and coordination personnel helped better understand the issues that needed improvement, resulting in outstanding recommendations.

¹⁴ Areas and recommendations for improvement are included in the challenges and lessons learned sections in this report.

Aspects to improve

- The presentation dynamics should be quick and to the point to keep it from running too long and losing the participants' attention.
- Look for ways to present results or operation summaries more dynamically, maybe a video in which participants can be recognized.
- Encourage participation by all departments and Headquarters areas.
- Find another application or interface that is friendlier than Excel to display and systematize on the screen while engaging in group work.

IFRC monitoring and support

Visits were not conducted during this operation. Countries closed their borders due to the COVID-19 pandemic; close and constant contact was maintained between IFRC and the National Society. The Head of the CCST for the Southern Cone and the Regional Disaster Management Coordinator for South America kept in constant communication with the National Society. They provided the necessary monitoring and technical support for the operation's proper development.



Intelligence meeting with the provincial government. Source: onu.org.ar

Water specialist support (WASH RIT)

As part of the initial assessment, a WASH specialist was deployed for one week for sector assessments. This assessment space was shared with United Nations agencies.

The highlights of the report include:

- Good intelligence coordination is necessary and between the national, regional, and provincial levels of the Government. The water and health tables will be reactivated, in which ARC must undoubtedly be involved.
- A great mobilization of agencies is underway, both from the UN and from the Third Sector, and the Argentine Government is mobilizing many resources and is planning to mobilize many more to the health and water sectors.
- There is an opportunity for ARC to collect accurate information through its volunteers, just as they did throughout this week.

Communication strategy for the operation

The communications team implemented a four-stage strategy. The first stage was directly related to the "problematization of the situation" and positioning the issue on the media's agenda; the second involved fundraising; the third stage consisted of visibility, following up on rumours and producing pieces for the community; and the fourth stage consisted of compiling elements that provide visibility to actions and which can be used for accountability to the community, the State and strategic partners.

The communications department put together a communications kit that contained the following documents, which can be used as tools by the operation's participants:

- Plan of Action.
- Communications kit:
 - Status of the Emergency.
 - ARC actions.
 - Reputational risk.
 - Registration of images
 - Key messages.
 - The ARC operation in numbers (key numbers regarding the operation).
- Reactive lines.
- Image copyrights session.

At the time of this report, a video summary of the operation and a video of community testimonials is close to being completed.

Challenges

- Correct use of and training on data collection tools, such as Open Data Kit.
- Fluidity of articulation between National Society areas of intervention throughout the emergency.
- Mobile and internet connection issues in the field due to geographical location.
- Lack of supplies due to the COVID-19 context.
- High maintenance costs for material resources such as vehicles, electronic devices, clothing, work materials, etc. due to the site's harsh conditions.
- Adaptation to virtual discussion and communication spaces due to the COVID-19 context.

Lessons learned

- From the beginning of the emergency, assign a team to be responsible for information management and processing and developing the data collected, ensuring the correct use of tools and minimizing the margin of error within operational processes.
- Carry out communications before each mobilization, providing more information about the context and possible activities to be carried out, using explanatory videos or video calls.
- Provide telecommunications training in the field to volunteers before deployment.
- Strengthen the psychosocial support network with someone from outside the operation and draw up a follow-up and activities plan for follow up on and monitor hired staff and volunteers.

D. Budget

Please see the attached [final financial report](#).

Contact Information

Click here for

- [DREF EPoA](#)
- [Operations Update no. 1](#)
- [Operations Update no. 2](#)

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

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How we work

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

DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters | | | |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2020/02-2020/09 | Operation | MDRAR017 |
| Budget Timeframe | 2020/02-2020/7 | Budget | APPROVED |

Prepared on 19/Oct/2020

All figures are in Swiss Francs (CHF)

MDRAR017 - Argentina - Drought

Operating Timeframe: 21 Feb 2020 to 31 Jul 2020

I. Summary

| | |
|---------------------------------|-----------------|
| Opening Balance | 0 |
| Funds & Other Income | 291,491 |
| DREF Allocations | 291,491 |
| Expenditure | -215,984 |
| Closing Balance | 75,507 |

II. Expenditure by area of focus / strategies for implementation

| Description | Budget | Expenditure | Variance |
|---|----------------|----------------|---------------|
| AOF1 - Disaster risk reduction | | | 0 |
| AOF2 - Shelter | | | 0 |
| AOF3 - Livelihoods and basic needs | 79,982 | 62,227 | 17,755 |
| AOF4 - Health | 18,850 | 21,447 | -2,596 |
| AOF5 - Water, sanitation and hygiene | 133,924 | 102,668 | 31,256 |
| AOF6 - Protection, Gender & Inclusion | 2,450 | 1,951 | 499 |
| AOF7 - Migration | | | 0 |
| Area of focus Total | 235,205 | 188,292 | 46,913 |
| SFI1 - Strengthen National Societies | 30,299 | 23,996 | 6,303 |
| SFI2 - Effective international disaster management | 22,259 | 3,695 | 18,564 |
| SFI3 - Influence others as leading strategic partners | 3,728 | | 3,728 |
| SFI4 - Ensure a strong IFRC | | | 0 |
| Strategy for implementation Total | 56,285 | 27,691 | 28,594 |
| Grand Total | 291,490 | 215,984 | 75,507 |

DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters | | | |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2020/02-2020/09 | Operation | MDRAR017 |
| Budget Timeframe | 2020/02-2020/7 | Budget | APPROVED |

Prepared on 19/Oct/2020

All figures are in Swiss Francs (CHF)

MDRAR017 - Argentina - Drought

Operating Timeframe: 21 Feb 2020 to 31 Jul 2020

III. Expenditure by budget category & group

| Description | Budget | Expenditure | Variance |
|---|----------------|----------------|---------------|
| Relief items, Construction, Supplies | 176,600 | 137,039 | 39,561 |
| Food | 69,000 | 48,850 | 20,150 |
| Water, Sanitation & Hygiene | 64,600 | 72,864 | -8,264 |
| Medical & First Aid | 4,400 | 3,053 | 1,347 |
| Teaching Materials | 14,600 | 9,696 | 4,904 |
| Utensils & Tools | | 2,576 | -2,576 |
| Other Supplies & Services | 24,000 | | 24,000 |
| Logistics, Transport & Storage | 33,800 | 32,095 | 1,705 |
| Storage | | 534 | -534 |
| Distribution & Monitoring | | 10,846 | -10,846 |
| Transport & Vehicles Costs | 28,300 | 14,131 | 14,169 |
| Logistics Services | 5,500 | 6,584 | -1,084 |
| Personnel | 33,350 | 17,351 | 15,999 |
| International Staff | 8,000 | | 8,000 |
| National Society Staff | 11,800 | 7,897 | 3,903 |
| Volunteers | 13,550 | 6,981 | 6,569 |
| Other Staff Benefits | | 2,473 | -2,473 |
| Consultants & Professional Fees | 350 | 357 | -7 |
| Professional Fees | 350 | 357 | -7 |
| Workshops & Training | 9,000 | 6,685 | 2,315 |
| Workshops & Training | 9,000 | 6,685 | 2,315 |
| General Expenditure | 20,600 | 9,275 | 11,325 |
| Travel | 10,000 | 1,594 | 8,406 |
| Information & Public Relations | 4,500 | 1,736 | 2,764 |
| Office Costs | 3,500 | 1,880 | 1,620 |
| Communications | 1,800 | 146 | 1,654 |
| Financial Charges | 800 | 3,919 | -3,119 |
| Indirect Costs | 17,791 | 13,182 | 4,608 |
| Programme & Services Support Recover | 17,791 | 13,182 | 4,608 |
| Grand Total | 291,490 | 215,984 | 75,507 |