

Emergency Plan of Action (EPoA)

Ecuador: Earthquake

DREF Operation	MDREC019	Glide n°:	EQ-2022-000194-ECU
Date of issue:	12 April 2022	Expected timeframe:	3 months (From 7 April 2022)
		Expected end date:	31 July 2022
Category allocated to the disaster or crisis: Yellow			
DREF allocated: CHF 167,716			
Total number of people affected:	7,802 people (1,560 families)	Number of people to be assisted:	2,500 people (500 families)
Provinces affected:	Cotopaxi, Esmeraldas, Guayas, Imbabura, Los Ríos, Manabí, Pichincha, Santo Domingo de los Tsáchilas, Tungurahua.	Provinces/Regions targeted:	Esmeraldas
Host National Society(ies) presence (n° of volunteers, staff, branches):			
The Ecuadorian Red Cross (ERC) is present in 24 provinces in Ecuador through 24 province branches and 83 canton branches. It has 7,000 volunteers registered in the national database and 200 staff specialized in different lines of action.			
Red Cross Red Crescent Movement partners actively involved in the operation:			
As a key partner, the International Federation of the Red Cross and Red Crescent (IFRC) has been assisting with monitoring, evaluation and follow-up during the emergency as of 26 March. The whole process will be directly coordinated with the IFRC office in Ecuador and the Andean Country Cluster Delegation office in Lima.			
Other partner organizations actively involved in the operation:			
The local authorities with whom institutional work is coordinated are Cantonal Decentralized Autonomous Governments (GAD) of Esmeraldas, Atacames, and San Lorenzo, Esmeraldas Public Municipal Drinking Water and Sanitation Company PORTOAGUAS EP (EPMAPSE), National Sanitary Regulation, Control and Surveillance Agency (ARCSA), Ministry of Public Health (MSP), National Electricity Corporation (CNEL), National Risk Management Service (SNGRE), Ministry of Economic and Social Inclusion (MIES), Ministry of Urban Development and Housing (MIDUVI), Ministry of Tourism (MINTUR), Armed Forces (FFAA), National Police, Fire-fighters of Esmeraldas and Quito, Ministry of Transport and Public Works (MTOPE), Integrated Security Service (ECU 911).			

A. Situation analysis

Description of the disaster

On 26 March, a 6.0-magnitude earthquake was recorded in Ecuador at approximately 11:28 pm. According to Special Seismic Report 2022-001 issued by the Geophysics Institute (IGEPN¹), the epicentre was located off the coast of Esmeraldas at a depth of 28 km. The event is associated with the convergence zone of the Nazca and

¹ <https://www.igepn.edu.ec/servicios/noticias/1920-informe-sismico-especial-no-2022-001>

South American plates, to which the 8.6-magnitude earthquake that hit Ecuador in 1906 is attributed, as well as subsequent earthquakes in 1942, 1958, 1979, and 2016.

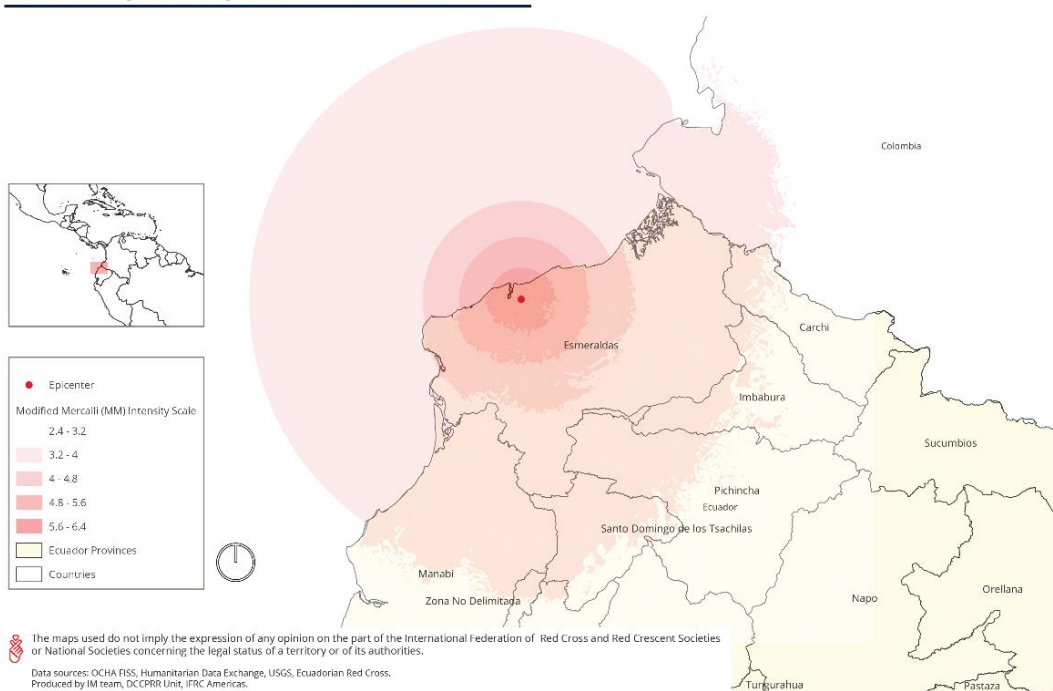
All the latter were of a magnitude greater than 7.7, making them major earthquakes. According to IGEPN and SNGRE reports, the earthquake was felt with different levels of intensity in 63 cantons across 11 provinces:

- **HIGH:** 7 in Esmeraldas
- **MODERATE:** 24 in Santo Domingo, Cotopaxi, Pichincha, Guayas and Manabí
- **LOW:** 32 in Los Ríos, Pastaza, Guayas, Imbabura, Carchi and Bolívar



Delfina Torres Hospital patients evacuated to areas outside the

Intensity Shake Map
Ecuador | Earthquake GLIDE EQ-2022-000194-ECU



Intensity Shake Map for Ecuador Earthquake. Source: IFRC IM

The analysis of seismicity in the area indicated the occurrence of two small earthquakes (magnitude ≤ 2.0) hours before the 6.0 magnitude, local, using vertical displacement (MLv)-magnitude event at 11:39 pm TL on Saturday, 26 March. After the event, 15 earthquakes with magnitudes between 1.7 and 5.1 MLv were located. Likewise, a bulletin issued by the Navy Oceanographic Institute (INOCAR) indicated that the earthquake did not meet the necessary conditions to generate a tsunami along the Ecuadorian coastline and insular region.

Immediately after the event, response teams from relief entities such as the Red Cross, Firefighters, National Police, Armed Forces, and SNGRE were activated to perform search and rescue, pre-hospital care (PHC), evacuation, humanitarian assistance, psychosocial support (PSS), emergency shelter, and damage and needs assessment actions in the zones of impact, which generated the preliminary data regarding damages.

After a few days, it became evident that the number of affected families continued to increase in different neighbourhoods, as many houses already had previous structural damage from the 2016 earthquake which was worsened by this earthquake. Initial assessments were slow as teams on the field found it difficult to collect data

due to aftershocks. However, as of 7 April, daily situation reports are being published by SNGRE to update the situation generated by this local emergency.

The damage to housing infrastructure has been classified from slight to serious. The fact that damage has not been uniform across the territory has required a more specific damage identification process. Many of the houses found to have suffered slight damage during initial assessments were later found to have suffered considerable damage from the aftershocks. Therefore, multiple visits had to take place at different points in time to update the initial assessment data. This has generated a flow of changing information, meaning that estimates will take longer than in other emergencies.

According to the Situation Report No. 17 issued on 6 April 2022 by SNGRE², the main damages registered include:

Summary of People affected and damages	
Estimate of people affected	
People affected	4,097 (819 families)
People displaced ³	3,705 (741 families)
People injured	2
Deceased	1
Estimate of infrastructure damaged	
Houses with slight damage	3,300
Houses with moderate damage	1,428
Houses with severe damage	533
Health centers affected	15
Education centers affected	16
Government buildings affected	12
Private assets affected	6
Bridges affected	1

- Two emergency collective centres were opened by local authorities to provide comprehensive care to people with damaged homes:

Table 1: Emergency collective centres opened

Provincia	Cantón	Parroquia	Alojamiento Activado	Capacidad	Familias alojadas	Personas alojadas
Esmeraldas	Esmeraldas	5 de Agosto	UE Luis Vargas Torres	160 personas	57	181
	Esmeraldas	Esmeraldas	UE Margarita Cortes	192 personas	5	20
Total				352 personas	62	201

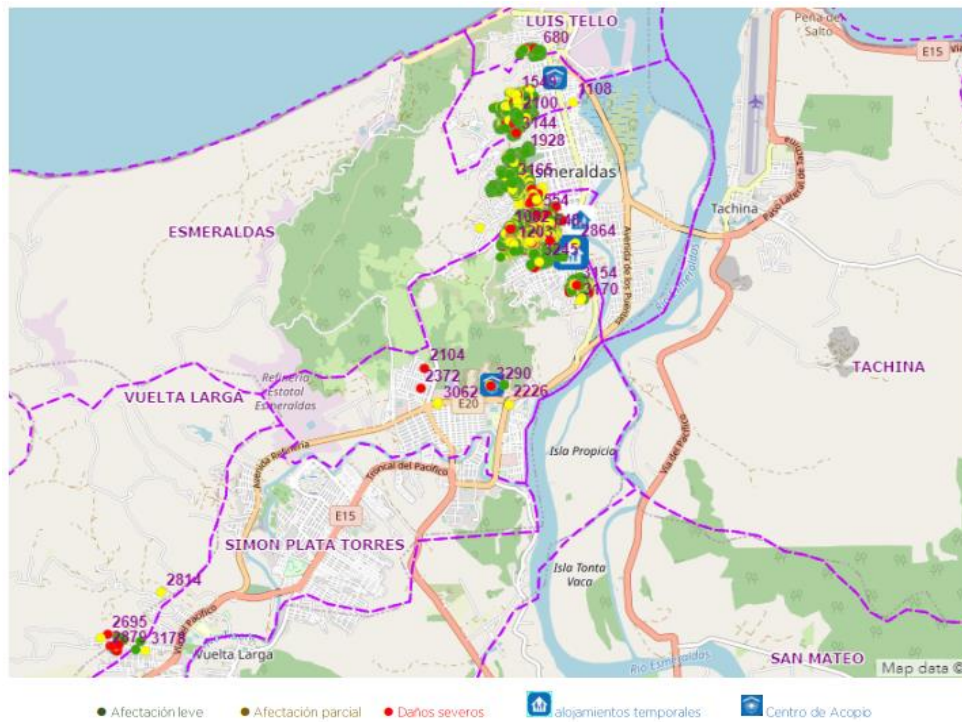
Fuente: PMU - SNDGR. 02/04/2022 11:00

The rest of affected families have been taken in by friends and families, while others have chosen to build informal shelters made of plastic sheeting and wood next to their homes to guard their belongings.

² <https://www.gestionderiesgos.gob.ec/wp-content/uploads/2022/04/SITREP-No-17-Sismo-Esmeraldas-06042022.pdf>

³ Displaced people represent people affected whose houses are uninhabitable or exhibit moderate damage and they must stay in collective centers or with friends and/or relatives.

- The map below shows the most affected areas, areas where family censuses have been performed, the collection points set up, and the emergency collective centres opened:



Map showing the most affected areas, temporary collective centers and collection points. Source: SNGRE

- The number of people affected by the earthquake continues to increase on a daily basis. As per Situation Report No. 17, 4,097 people have reported to be affected mainly in rural parishes of Esmeralda including Tabiazo, Tachina, San Mateo, Vuelta Larga, Chinca, Camarones in Esmeraldas canton, as well as in Quingüe and Daule de Muisne, Súa Atacames. Additionally, people have been reported to be affected in nearby provinces including Cotopaxi, Guayas, Imbabura, Los Ríos, Manabí, Pichincha, Santo Domingo de los Tsáchilas, and Tungurahua.
- Humanitarian assistance donated by private companies (Nestle, Supermercados el Coral, Supermercados T.I.A, laboratorios Rocnarf), NGOs (Fondo Ecuatoriano Populorum Progression), and Foundations (Cecilia Rivadeneira) has been distributed by the SNGRE in different sectors as well as collective centers to affected families⁴, including:
 - 2,924 food rations and snacks.
 - 160 personal hygiene kits.
 - 1,000 blankets.
 - 224 medicines.
 - 211 gallons of water.
 - 2 mattresses.
- The Ministry of Public Health has engaged in actions involving:
 - Fumigation and delivery of tarps in the collective centre.
 - Health care and antigen tests for sheltered people.
 - Water quality monitoring and evaluation.
 - Epidemiological surveillance in the canton.

⁴ For more information on key actors supporting the distribution of humanitarian assistance, refer to the “summary of current response” section below

- The Operations and Emergency Province Committee led by the Governor of Esmeraldas has been activated, assessing damage and coordinating response actions with key actors, The ERC was the only institution that collect the data of the affected people by the earthquake. This database was shared with all the actors involved. The governor directly asked the ERC to move portable toilets to one of the two emergency collective centres. As part of the National Decentralized Risk Management System, Technical Working Tables⁵ 2, 4, and 7 and all three working groups have been activated as well.

Summary of the current response

Overview of Host National Society Response Action

As an auxiliary to authorities in humanitarian situations, the Ecuadorian Red Cross (ERC) carries out and implements emergency support activities in spaces such as the National Decentralized Risk Management System, which is currently providing coordinated and quality care to the population affected by the earthquake in Esmeraldas.

To provide urgent care, the ERC activated its provincial operational response team, deploying 48 technicians (including volunteers and hired staff) in one ambulance and two support vehicles to perform pre-hospital care, psychosocial support and evacuation support actions, as well as to provide humanitarian assistance (blankets and warm snacks) and collect information on the affected population. So far, 132 treatments have been delivered - 92 Psychosocial Support (PSS) and 40 Primary Health Care (PHC). This DREF will not be used to replenish any item that was provided to families the first 5 days after the event.

The ERC has an installed capacity of 48 volunteers and hired staff at the Esmeralda Provincial Board - one ambulance and two logistics vehicles. In addition, the operation has 23 national technicians at headquarters, as shown in the following table:

Line of Action	Esmeraldas	HQ
Pre-hospital care (PHC)	10	1
Water, sanitation and hygiene (WASH)	1	2
Restoring of Family Links (RFL)	1	1
Psychosocial support (PSS)	4	1
Institutional Communication	1	2
Safer Access	1	1
Information Management	0	3
Logistics and planning support	5	12
DANA	25	
Total	48	23

Available resources	Esmeraldas	HQ
Ambulances	1	0
Support vehicles	2	2

Overview of Red Cross Red Crescent Movement Actions in-country

Through its team in Ecuador, the IFRC is assisting with advice, crafting and implementation of the Esmeraldas earthquake operation funded through DREF and detailed in this plan of action. The IFRC office in Ecuador and the IFRC Americas Regional Office will provide support through technical guidance on disaster management; finance;

⁵ The working tables refer to national organized groups by areas. Table 2: Health, Table 4: humanitarian assistance and temporal shelter, Table 7: Essential Infrastructure.

and planning, monitoring, evaluation and reporting (PMER), among others, to implement the Emergency Plan of Action.

An ongoing flow of information is maintained with the International Committee of the Red Cross (ICRC). Given that situations of violence have been reported in this border province in recent months, especially in the San Lorenzo area, special care must be taken to implement activities within the Operational Security and Safer Access framework.

Overview of non-RCRC actors' actions in country

Key actors have been activated at the national and local levels to respond to this emergency the most relevant of which are detailed below along with main actions:

Public institutions:

- **National Risk and Emergency Management Service (SNGRE):** Response coordination, information gathering and humanitarian assistance.
- **Integrated Security Service ECU 911 (SIS ECU 911):** Articulation and dispatch of emergency response resources.
- **Ministry of Public Health:** Provision of care to wounded people, epidemiological fence, health care, antigen tests, psychosocial support, and vector control actions in emergency shelters.
- **Ministry of Transport and Public Works:** Removal and clearing of debris.
- **CNEL:** Change and rehabilitation of electrical energy system.
- **MIES:** Identification of priority population, verification of access to solidarity bonus and recreational activities with children and adolescents.
- **Ministry of Production, Chamber of Commerce and BANEQUADOR:** Coordinate actions to facilitate potential loans to those affected, for economic reactivation.
- **MINTUR:** Assessment of damage to hotel infrastructure in the canton.
- **Armed Forces:** Transport of humanitarian assistance.
- **Fire-fighters:** Search and rescue, damage assessment and pre-hospital care actions.

Other partners:

- **Country Humanitarian Team:** Led by the UN, the country humanitarian team involves humanitarian agencies as well as governmental institutions who altogether are providing support with technical assessments of emergency shelters.

Needs analysis, targeting, scenario planning and risk assessment

Data collected through damage assessments and needs analyses carried out by the SNGRE identified that the main needs are especially linked to impacts to infrastructure, water, sanitation and hygiene, health care and basic needs coverage. Further details are provided below:

Needs analysis

- **Health**
 - The number of injured and deceased is low considering the characteristics of the event; however, as this province has high rates of health-related issues (dengue, zika, chikungunya and skin related issues) and limited resources, the evacuated families had to have their physical health assessed, including antigen tests for COVID. So far two positive cases of COVID have been put in isolation, requiring an epidemiological fence to prevent its spread.
 - People in general, especially older adults, children and adolescents, have reported a need for psychosocial assistance because the many aftershocks and the feelings of fear and uncertainty have disrupted their daily activities. Children do not want to stay home alone while their parents go to work.

- The Esmeraldas canton is in a tropical zone with high rates of vectors that transmit diseases such as dengue, zika, and chikungunya, among others. The fact that this region is currently in a rainy season explains why vector breeding sites have tripled as a result of the constant rains in the province. This threatens those affected by the earthquake as they have lost the items that they could use to protect themselves from mosquitoes, i.e. (tarps/mosquito nets). Therefore, a priority is the implementation of fumigation and community awareness actions, especially in temporary collective centres and neighbourhoods near low-lying areas, and as a complement, the distribution of mosquito nets, considering that, in the area, children and older adults are used to resting during daytime hours.
- **Water and sanitation**
 - The province of Esmeraldas has limitations in terms of public sewage, drinking water and sanitation system service coverage, which have been compounded by the earthquake. This is especially true in places where the affected population is currently living, such as the collective centres that have been opened in schools that lack the sanitation facilities or adequate water supply system for large groups. Therefore, one of the main issues identified in temporary shelters is the need to install safe water treatment and supply systems as well as bathrooms that include showers for both men and women.
- **Livelihoods**
 - While the greatest impact has been to shelter and housing, it is important to mention that within the affected area there is a population living in poverty that made their living by selling products from home (shops, hairdressers, restaurants, among others). Because of the emergency, they have lost much of their purchasing power or their homes or belongings, which means they will need to invest in recovering or rehabilitating their livelihoods. These people will need assistance to meet urgent needs related to access to food and hygiene and cleaning supplies for at least one month.
- **Shelter**
 - The effects of the earthquake are mainly seen in homes located in areas near ravines and mountain slopes and which have been previously affected by seismic events of a magnitude of up to 5.0 every year since 2016.
 - Up to now it has been identified 5,261 Houses with slight to high damage and 61 families are currently living in shelters.
 - The families whose homes suffered moderate to severe damage stay the night in emergency shelters and return to their homes during the day to try to recover some of their personal or household items. Those staying with friends and family do this as well.
 - In the short term the families that lost their houses depend on the help they are currently receiving and how fast the government formalizes the process to begin with the reconstruction of houses.
 - As per the situation report No. 17 by SNGRE, 44 public, and private assets and infrastructure have been affected. Although the damages are not considerable, response and emergency management needs are exceeding the resources available in state institutions that are already responding to multiple adverse events across the country related to the rainy season.

Targeting

The groups targeted for intervention include:

- Families whose homes were totally lost or suffered severe damage (living in collective centres or with friends and family).
- Families with elderly people.
- Families with people with disabilities.
- Single-parent families.
- Families who have lost their livelihoods (shops, hairdressers, restaurants, etc).
- Families who have not received any assistance from other humanitarian agencies or public programs.

Estimated disaggregated data for the population targeted.

Table 3: Scope of application of the intervention proposal

Scope of the intervention		Direct		Indirect	
		Male	Female	Male	Female
Health	People sensitized regarding health promotion	1,250	1,250		
	Beneficiaries of fumigation actions and mosquito nets	1,250	1,250		
	Community psychosocial support	500	500		
	Psychosocial support to humanitarian response teams	75	75		
Livelihoods	Beneficiaries of multipurpose cash and voucher assistance (CVA)	1,250	1,250		
WASH	Beneficiaries of safe water and sanitation in emergency shelters	117	117		
	Beneficiaries of household water treatment kits	750	750		
Communication + Community Engagement and Accountability (CEA)				50,000	50,000
Total		10,384⁶		100,000	

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Best case scenario: Aftershocks decrease considerably in terms of recurrence, magnitude and intensity	- Families affected by previous events cannot reactivate their livelihoods or rebuild their homes in the short term. However, progress is seen.	- Monitoring and follow up of the situation. - Support to raise community awareness of dangerous events and disease prevention during winter continues in the most affected areas.
Most-likely case scenario: Aftershocks continue in Esmeralda but with shorter frequency and magnitude.	- Increased number of families affected. - Greater uncertainty and fear due to aftershocks. - Increased number of people that need to be sheltered.	- Monitoring and follow-up of the situation. - Activation of PHC, PSS, DANA, family census and humanitarian assistance teams. - Support in enabling emergency shelters and water and sanitation systems - Institutional communication. - Activation of first response units.
Worst case scenario: Aftershocks increase in Esmeralda with higher frequency and magnitude.	- Increased number of canton families affected with damage to homes. - Greater uncertainty and fear due to aftershocks. - Increased number of people that need to be sheltered.	- Monitoring and follow-up of the situation. - Activation of PHC, PSS, DANA, family census and humanitarian assistance teams. - Support in enabling emergency shelters and water and sanitation systems - Institutional communication. - Activation of first response units. - Activation of the crisis room and institutional coordination meetings. - Coordination with key actors. - Activation of the movement response system.

Operation Risk Assessment

- Aftershocks or new earthquakes of the same or greater intensity cause further damage to already weakened structures.

⁶ 10,384 represent the total number of services provided to the 2,500 people targeted.

- Given the winter season, intense rains cause landslides and flooding from rivers, potentially collapse bridges or damage roads, preventing access to earthquake-affected areas.
- Because it is an election year, there is a risk that people with political interests will try to get involved in distributions to attract votes before the election.
- Protests by the local population who consider that they have also been affected but no one has assisted them.
- SNDGR lacks the resources to serve the rest of the population under minimum need criteria and considers that the ERC should be responsible for this coverage.
- Demonstrations and/or protests in the affected sectors because they consider that the government's response to the emergency has been inadequate.
- The possibility that COVID-19 cases will increase once again across the country because of the withdrawal of all biosafety measures in some cantons, including Esmeraldas and Atacama, with the consequent pressure on the ERC teams to expand their actions.
- The population may hesitate to participate in face-to-face activities for fear of catching COVID.

B. Operational strategy

Overall Operational objective:

To provide care to at least 2,500 people (500 families) affected by the earthquake in urban areas in Esmeralda's canton through humanitarian assistance including cash transfer program (CTP), psychosocial support (PSS), water, sanitation and hygiene (WASH) actions, and information according to needs for three months.

For this emergency, the ERC has designed an operational strategy centered on the following sectors:

Livelihoods and humanitarian assistance

At least 500 families receive multipurpose cash and voucher assistance (CVA) to cover food, hygiene and cleaning items according to their needs.

Health

At least 500 families receive vector-borne disease control services.

- At least 500 families receive mosquito nets.
- At least 500 families are aware of vector prevention and control issues.
- At least 500 families receive MHPSS (one or more members).
- At least 100 volunteers receive personal protective equipment against COVID.
- At least 150 ERC humanitarian workers receive MHPSS.

Water and sanitation

- At least one collective centre is supported through the provision of bathrooms and showers.
- At least two collective centres are supported through the installation of safe water supply systems.
- At least 500 families receive household water treatment kits.

Operational Support

Human Resources

For this intervention, the ERC has a team of volunteers and hired staff specializing in the components and lines of action included in this plan. In addition, the Headquarters team will always provide technical advice to local teams through the following work team:

- A person responsible for the supply chain operation.
- PMER officer
- Finance officer
- Information management officer in the situation room
- Deployment of a surge, Operations Coordinator for 1 month.

- 100 volunteers and hired staff from the provincial board.

Table 4: ERC Volunteers	
Prehospital care	20
WASH	4
Restoring family links	2
MHPSS	8
Communication	2
Stay safe	2
Humanitarian assistance	22
Logistics and planning	15
Assessment	25
Total	100

Logistics and supply chain

All purchases will be made nationally through the SICRE system and arranged for through the ERC procurement department, ensuring compliance with standards approved in the letter of agreement signed and in line with IFRC purchasing procedures. Given the amount required, mosquito nets might be purchased through the Movement's logistics unit.

Communication

The Communication plan contemplates several actions focused on the different needs associated with the emergency whose particularity includes the management of public information focused on the needs of the population and the primary and secondary actors or public. The primary target audience is the general population, especially aimed at the family environment. The secondary target audience is aimed at journalists, opinion leaders, passers-by, tourists, health personnel, leaders of community organizations, and neighbourhoods.

- Dissemination of Information: Work is based on a Communication Plan within which the dissemination of information is considered using communication and traditional media at the local level with messages of prevention, ERC's humanitarian work and rumour management. Additionally, short-term issues of public information for the dissemination of messages associated with the prevention of diseases and promotion of healthy habits, use of alternative media such as giant screens, road advertising and loudspeakers.
- Capacity Development: This strategy consists of training internally (volunteers and operational staff of the Provincial Board) spokesperson and management of public information, as well as communicators from public and private institutions; journalists from local media on communication and information management in emergency situations.
- WEB 2.0 (CRE website and RRSS): Making ERC's work and humanitarian work visible at an institutional level using the National Society's official web platform and social networks and advertising on digital platforms, as well as the dissemination of press releases, stories of life and health promotion material, emergency response and prevention measures.
- Accountability: Socialization and positioning event with local actors, strategic allies, community leaders and the media on ERC's humanitarian work.
- The Communication strategy contemplates the integration of the communication team of Headquarters with the Communication focal point of the Board and the person in charge in order to articulate joint actions and production of adequate communication material.

Information technology (IT)

The National Society has a technological infrastructure that is ready for use. It will use technological tools such as ODK and KOBO to collect data and assessments performed for the different lines of action. The ERC adheres to the Organic Law on the Protection of Personal Data enacted in May 2021 which refers to the protection of personal data and its proper handling through adequate security processes, regulating access, rectification, updating, elimination, portability and limited queries and/or restricted access, considering the sensitive nature of the data. The Power BI platform will be used to publish general data (non-sensitive information).

Security:

Technical advice and support will be provided to volunteers and humanitarian personnel in matters of Operational Security (OS) through the socialization of guidelines for this context and use of the Booklet for rigorous enforcement of Operational Security and Safer Access Standards, which all activated humanitarian personnel must implement. The Ecuadorian Red Cross has security protocols, COVID-19 protocols, and equipment monitoring and follow-up mechanisms.

Planning, monitoring, evaluation and reporting

A monitoring methodology will be used for monitoring and evaluation. The planning and monitoring team will ensure the achievement of expected results. There will be a periodic review of technical and budgetary progress. A lesson learned workshop will be included as part of the operation.

Communication and coordination will also be maintained with the IFRC's disaster management coordinator for South America. Progress reports, reports, and a final report will be drafted on time. Visits and interviews will be carried out with beneficiaries, volunteers, and others who are part of the plan's implementation team to track progress and goal fulfilment and/or make needed adjustments to the plan. A beneficiary satisfaction survey will be conducted.

Administration and Finance

The ERC, through its Financial and Administrative Management, will assign an accountant to support the preparation of the budget, the allocation of funds, and the monitoring of expenses incurred during the execution of the plan, as well as the preparation of the financial report. In addition, the finance officer of the IFRC will support the operation.

C. Detailed Operational Plan



Livelihoods and basic needs

People targeted: 2,500 people (500 families)

Male: 1,250

Female: 1,250

Requirements (CHF): 57,500

Analysis:

In emergencies such as these, the impact on families is usually slow, as effects occur over different periods because of the aftershocks and the damage they cause to already weakened structures. This is in addition to the population's socio-economic and cultural conditions - an incidence of poverty of 50 percent, the third-highest in the entire area, according to official indices in the 2010 census with projections to 2020 and based on the Development Plan and Land Use Planning to 2022. This means that 50 percent of the population in the province is below the poverty line and had a per capita income below the minimum cost of a basket of goods and services that would allow them to meet their basic needs. This reality has not changed much in recent years; moreover, it has become worse after the COVID health emergency, as many businesses that were just recovering from the 2016 earthquake were affected by the pandemic and some were even forced to close.

To mitigate or reduce the effects of the emergency, the ERC's intervention and recovery services are aimed at reducing disaster risk, alleviating immediate suffering, and promoting recovery by supporting the restoration of livelihoods and therefore communities' increased capacity to overcome adverse situations.

Given the context - and under SNGRE's direct request to assist families in the area given its limited capacity because it is responding to other emergencies across the country - it is important to provide humanitarian aid through the implementation of programmes that ensure not only a direct impact on beneficiaries but also promote local reactivation in affected areas in the short term. This is proposed through a cash transfer programme that provides relief from the loss of livelihoods or family assets and allows affected people to cover their basic needs and invest their income in other areas.

The cash transfer amount was calculated based on:

- Delivery of a multipurpose CTP in the amount of US\$100 that will help a family of five to cover their basic needs for at least one month, meeting the minimum standards established for food kits (US\$40), hygiene kits (US\$30) and cleaning kits (US\$30) by the SNDGR and SPHERE. This decision allows families to choose what to purchase based on their priorities; furthermore, it reduces operating costs and implementation times because no purchase processes are required.

Risk analysis:

- Difficulty accessing banking services to distribute the CTP in rural and peripheral areas.

- Political actors' attempts to take advantage of ERC's work.
- Emotional impact on response teams from aftershocks and fatigue due to their recurrence.
- The risk of common crime in the city is high, which is why people could be victims of crime if they do not take the necessary precautions when carrying out their transactions.

Population to be assisted:

- At least 500 families receive a multipurpose CTP to cover food, hygiene, and cleaning costs according to needs

Programme standards/benchmarks:

As a preparation measure, SNDGR has established standards for the contents of different food kits, as well as basic needs for each region in the country, based on SPHERE Manual standards for food security and nutrition. For Livelihoods, it will be carried out based on the assessments conducted by teams in the field in coordination with the affected communities, planning for a one-off cash distribution to boost livelihoods recovery.

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods										# of families reached with Livelihoods: Target: 500 families											
	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs										# of families reached with Multipurpose CTP: Target: 500 families											
	Activities planned Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16				
AP081	Identification of a CTP strategy (feasibility analysis, market study, bank risk assessment)																					
AP081	Multipurpose cash distributions																					
AP081	Community induction sessions on the Cash Transfer Program																					
AP081	Deployment of a national technician specializing in field operations and CTP																					
AP081	Post-distribution monitoring (i.e., Surveys).																					



Health

People targeted: 2,500 people (500 families)

Male: 1,250

Female: 1,250

Requirements (CHF): 18,450

Analysis:

The increase in rains in recent weeks in Esmeraldas has generated pockets of stagnant water on the outskirts of the canton and in rural areas. As in other areas in the coastal region, conditions in terms of provision of basic services such as drinking water and sewage, as well as socio-economic, environmental and ecological aspects, lead to an increase in diseases transmitted by *Aedes Aegypti* and *Ae Albopictus* mosquitoes, i.e., Zika, Dengue and Chikungunya.

The timely identification of cases is important, as symptoms caused by mosquito bites are similar to the symptoms caused by Sars-Cov-2 (Variants). It is therefore important to raise communities' awareness regarding the proper use of mosquito nets, as well as vector prevention and control actions through fumigation activities, cleaning spaces to prevent stagnant water, and the acquisition of mosquito nets.

Mental Health and Psychosocial Support (MHPSS) needs to be provided to families, as one of the most frequent aspects in this type of emergency is the psychological impact on the population that continues to live with the stress of the aftershocks felt in the area. This line of action generally requires the intervention of professionals who work with the population to help with adequate stress management in general.

Risk analysis:

- Emotional impact on response teams.
- Contracting COVID-19 during operations.
- Attacks on response personnel by people under stress.
- Target population does not want to receive MHPSS services.

Population to be assisted:

- At least 500 families receive disease control services.
- At least 500 families receive mosquito nets (with boys, girls, people with disabilities, people with chronic diseases and older adults).
- At least 500 families are aware of vector prevention and control issues.
- At least 500 families receive MHPSS (one or more members).
- At least 100 volunteers receive personal protective equipment against COVID.
- At least 150 humanitarian workers from the ERC and other local aid institutions receive MHPSS.

Programme standards/benchmarks: Sphere Manual, IFRC standards, Responder care and self-care manual.

P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of families reached with health services: Target: 500 families and 150 workers															
	Health Output 4.2: Vector-borne diseases are prevented	# of families reached with mosquito net distributions in the province: Target: 500 families # of families reached with awareness-raising strategy: Target: 500 families															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Procurement of mosquito nets (2,000).																
AP021	Distribution of mosquito nets.																
AP021	Community awareness-raising on vector control and disease prevention (<i>Mingas</i> , fumigation, others.)																
P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	# of people reached with MHPSS health services: Target: 500 families and 150 workers															
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	# of people reached with MHPSS: Target: 500 families # of ERC and outside staff provided with MHPSS: Target: 150 people															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Provide PSS to people affected by the crisis/disaster.																
AP023	Provide PSS to staff and volunteers.																



Water, sanitation and hygiene

People targeted: 2,500 people (500 families)

Male: 750

Female: 750

Requirements (CHF): 41,500

Analysis:

Esmeraldas gets its drinking water through a regional system. It captures its water from the Esmeraldas River through pumps, which send the water to the treatment plant located in the community of San Mateo on the banks of the Esmeraldas River. The treated water is then pumped to tanks and from there distributed to the city of Esmeraldas and surrounding areas through a 900 mm steel aqueduct. However, supply is currently intermittent and by sectors - 40 percent of the population receives water three days a week via tanker trucks, which means they must store the water in tanks to meet their water needs until the next delivery.

The sewer system in the city of Esmeraldas is managed by the San Mateo water and sewerage company. The main network covers the central part of the city (approximately 15 per cent), and the waters are collected at the Las Palmas pumping station, which is in the Las Palmas boardwalk sector, and from there the sewage is sent out to sea (600 metres). During the rainy season, the pumping station suffers damage from the floods and landslides that occur in the Las Palmas area. Around 60 per cent of the population has a sewer, but it is not incorporated into the system in operation. In some cases, the wastewaters are disposed of by independent collectors who discharge these directly into the Esmeraldas River; in other cases, the sewer is connected to the storm sewers.

As is evident, the province of Esmeraldas has serious issues meeting its minimum water and sanitation needs even in normal times. Given the effects of the earthquake, it is vitally important to solve, in one way or another, urgent water requirements for at least three months through the provision of safe water in collective centres and to at least 300 beneficiary families that lack the means to ensure even basic water storage after periodic distributions in communities.

Risk analysis:

- Limited access to the amount of water necessary for the provision to collective centres due to the local context.
- Population's resistance to using household water treatment systems due to local culture and customs.
- Changes in those responsible for or managers of collective centres, who might halt assessment and installation processes.
- Damage to bathrooms due to improper use by those sheltered.

Population to be assisted:

- At least one collective centre is provided with bathrooms and showers, as well as safe water supply systems.
- At least 234 sheltered people receive safe water and access to basic sanitation while staying in emergency collective centres.
- At least 500 families receive household water treatment kits.

Programme standards/benchmarks: Sphere standards, SNDGR sanitation guidelines, IFRC WASH references.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	<i># of families who receive awareness-raising regarding safe water handling, hygiene promotion and disease prevention: Target: 500 families.</i>															
	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	<i># of families who receive awareness-raising regarding safe water handling: Target: 500 families.</i> <i># of people who receive safe water in temporary collective centres: Target: 234</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Initial assessment of the WASH situation in beneficiary communities																
AP026	Provide safe water to people in targeted communities through the installation of two water treatment systems for temporary collective centres.																
AP026	Acquisition and delivery of household water treatment kits (500 kits).																
AP026	Monitor use of water through household surveys and household water quality tests (3 evaluations)																
AP026	Raise awareness among of targeted communities on safe water treatment and storage.																
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to the target population.	<i># of families who receive awareness-raising regarding hygiene promotion and disease prevention in temporary collective centres: Target: 234</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP028	Installation of two bathrooms in one emergency collective centre, transferred from the SC.																
AP028	Community awareness on disease prevention and hygiene promotion																

Strategies for Implementation
Requirements (CHF): 40,030

P&B Output Code	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, competencies and capacities to plan and perform																
	Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.	<i># lessons learned workshops</i> <i>Target: 1</i> <i># project technicians hired</i> <i>Target: 1</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Support to National Headquarters (office expenses).																
AP042	Response vehicle maintenance.																
AP042	Monitoring by the National Society.																
AP042	Implementation of community activities and personnel deployment.																
AP042	Lessons learned workshop with ERC and external key actors.																
AP042	National Society Ops Coordinator																
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured.																
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.	One monitoring and support mission by the IFRC.															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Operational support by IFRC																
AP046	Deployment of a SURGE, Operations Coordinator for 1 month																
P&B Output Code	Outcome 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.																
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues.	<i># of people indirectly reached by the ERCS public communication strategy.</i> <i>Target: 100,000 people</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Communication and dissemination strategy with a CEA approach.																

AP084	Visibility (T-shirts, banner, logos etc.)																	
P&B	Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability																	
	Output S4.1.4: Staff security is prioritised in all IFRC activities	# of volunteers insured Target: 100																
Output Code	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP066	Acquisition of insurance for volunteers.																	
AP066	Personal protective equipment for volunteers.																	

Funding Requirements

See Annex

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

In the Ecuadorian Red Cross:

- Juan Carlos Vizcarra, Secretary General; jvizcarra@cruzroja.org.ec
- Roger Zambrano, Risk Management Director General; rzambrano@cruzroja.org.ec

In the Bolivia, Ecuador and Perú IFRC offices:

- Rubén Romero, Head of the IFRC Country Cluster Support Team; ruben.romero@ifrc.org
- Roger Calabuig, Programme and Operations Coordinator- Ecuador; roger.calabuig@ifrc.org

In the IFRC Americas Regional Office:

- Roger Alonso, Head of the Disaster and Crises Department; roger.alonso@ifrc.org
- Gonzalo Atxaerandio, Coordinator of Continental Operations at the Disaster and Crises Department (Interim); Gonzalo.atxaerandio@ifrc.org
- Susana Arroyo, Manager of the Americas Communications Unit; email: susana.arroyo@ifrc.org

In IFRC Geneva

Antoine Belair, Senior Officer for Coordination of Disaster and Crises Operations (Prevention, Response and Recovery); email: antoine.belair@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting inquiries)

- María Larios; Planning, Monitoring, Evaluation and Reporting Manager; email: maria.larios@ifrc.org

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

MDREC019 - Ecuador Earthquake

12/4/2022

Budget by Resource

Budget Group	Budget
Clothing & Textiles	5,380
Water, Sanitation & Hygiene	24,500
Medical & First Aid	1,300
Teaching Materials	7,150
Cash Disbursement	50,000
Relief items, Construction, Supplies	88,330
Storage	540
Distribution & Monitoring	11,300
Transport & Vehicles Costs	6,600
Logistics Services	880
Logistics, Transport & Storage	19,320
International Staff	9,000
National Society Staff	14,600
Volunteers	17,350
Personnel	40,950
Workshops & Training	2,000
Workshops & Training	2,000
Travel	2,000
Information & Public Relations	800
Office Costs	1,800
Communications	1,380
Financial Charges	900
General Expenditure	6,880
DIRECT COSTS	157,480
INDIRECT COSTS	10,236
TOTAL BUDGET	167,716

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	61,238
AOF4	Health	19,649
AOF5	Water, Sanitation and Hygiene	44,198
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	22,610
SFI2	Effective International Disaster Management	16,721
SFI3	Influence others as leading strategic partners	1,917
SFI4	Ensure a strong IFRC	1,385
TOTAL		167,716

