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Operations Update

Peru: Floods

International Federation of Red Cross and Red Crescent Societies

Emergency appeal: MDRPE012	GLIDE n°: <u>FL-2017-000014-PER</u>				
Operations Update no. 1: 26 April 2017	Timeframe covered by this update: 23 March to 24				
	April 2017				
Operation start date: 23 March 2017	Operation timeframe: 12 months (22 March 2018)				
Overall operation budget: 4.74 million Swiss francs	DREF initially allocated: 399,768Swiss francs				
Appeal coverage to date: <u>14%</u>					
Number of people being assisted: 50,000 people					
	actively involved in the operation: American Red Cross,				
•	national Committee of the Red Cross (ICRC), all located in				
the country, are supporting the Peruvian Red Cross with the					
	sh Red Cross are providing bilateral support to the Peruvian				
Red Cross (PRC).					
	ritish Red Cross, Canadian Red Cross (internal funds and				
	nch of China Red Cross, Japanese Red Cross Society,				
VERF/WHO Voluntary Emergency Relief fund and an indivi					
• • •	al services and donations to the Peruvian Red Cross to				
	SAC, Aserfex S.A., Asociación Cultural Drama (Teatro La				
	Nación, Bayer Peru, members of Christ the Redeemer blos Técnicos del Perú SAC, Diageo Perú S.A., DIRECTV				
	Financiera OH S.A., Golder Associates Perú S.A., Harvard				
	ada, Jr Soriano International S.R.L., Laboratorio Médico				
	A., Mifarma S.A.C., Nebraska Peruvian Association, Owen-				
Illinois Peru S.A., Pan American Silver Perú S.A.C., Payless Shoesource Perú S.R.L., People's Republic of China,					
Perufarma S.A., Peruvian Community in Rome (Italy), Peruvians in Palencia Castilla-León (Spain), Praxair Perú S.A.,					
	C., Roche Farma Perú S.A., Saz Associados S.A., S.C.				
	., Soaint Peru, Supermercados Peruanos S.A., Tiendas				
Peruanas S.A. (Oeschle), Venus Peruana SAC, Volvo Perú and individual donors.					

This Emergency Appeal seeks **4,740,589 Swiss francs** to deliver assistance and support to some 50,000 people affected by the floods in northern Peru over a 12-month period. The total amount received to date (674,882 Swiss francs) covers only 14% of the costs of the operation. The current funding gap is 4,065,707 Swiss francs.

Summary

December 2016: Impacts of El Niño Southern Oscillation (ENSO) begin to be reported in Peru.

31 February 2017: Heavy rain storms and flooding affect several coastal departments. Peruvian Red Cross (PRC) volunteers, with the support of International Movement components in country, are activated to provide emergency humanitarian aid.

22 February 2017: DREF operation launched for 238,054 Swiss francs to reach 3,500 people.

16 March 2017: In response to the increase in flooding and landslides, the Peruvian government declares a state of emergency in 11 departments.

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

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

6 April 2017: <u>Emergency Appeal Revision</u>, with a full Emergency Plan of Action, issued for 4,740,589 Swiss francs to support 50,000 people for 12 months.

Situation Analysis

Since December 2016, the El Niño Southern Oscillation (ENSO) has affected Peru, causing heavy rainfall, floods, landslides, hail and electric storms. Although the impact has been particularly serious in the northern coastal regions, levels of affectation are reported in all 24 of the country's departments. In March, the Peruvian government issued declarations of emergencies districts of the following 11 departments: Ica, Lima, Huancavelica, Arequipa, Tumbes, Piura, Lambayeque, Loreto, Ancash, Cajamarca and La Libertad. The government additionally declared a health emergency in seven of these departments: Lambayeque, Piura, Tumbes, Ica, Ancash, Cajamarca and La Libertad.

The National Institute for Civil Defence (INDECI), as of 21 April, reports a combined number of 1.2 million people (of which close to a third are children and adolescents) who have been affected and severely affected. This disaster, which has caused 114 deaths and 18 people who remain missing, continues to disrupt the normal activities of children, adolescents, adults and the elderly in the affected regions. While 59 schools have collapsed and 113 cannot be used, another 2,150 have been damaged. A combined total of 770 health centres have been damaged, collapsed or cannot be used.

In addition to health needs, livelihoods and food security issues are challenges. INDECI reports that 60,667 hectares of crops have been damaged and an additional 25,152 hectares have been destroyed, in addition to the uncounted numbers of independent workers whose livelihoods have been disrupted due to this disaster.

According to forecasts, the El Niño coastal phenomenon could continue in moderation until the end of April. This situation could cause an increase of the number of the people affected people as well as the continuation of the state of emergency.

Shelter; water, sanitation and hygiene; health; food security; and livelihoods continue to be pressing humanitarian needs.

The disaster and the Red Cross Red Crescent response to date

This appeal operation, based on full coverage of 4.7 million Swiss francs- budget, aims to provide humanitarian support to up to 10,000 households in a 12-month period. The operation is focused on six coastal departments: Ancash, La Libertad, Lambayeque, Lima, Piura, and Tumbes. Emergency phase actions have been started to ensure that the targeted population receives appropriate assistance in an effective and efficient manner with a focus on the sectors of health, water, sanitation and hygiene promotion, shelter (including non-food items- NFIs), food security, livelihoods, restoring family links and National Society capacity building. The strengthening of resilience to disaster is cross-cutting to all actions.

As of 24 April, this Emergency Appeal is 14% funded (675,220 Swiss francs). This extremely low level of response puts in jeopardy the ability to reach the targeted affected population. Now, the expenditures reflect the prioritization of emergency phase actions. More donations are strongly encouraged to support the still unmet humanitarian needs of the most vulnerable people in the affected departments.

In the first month of this emergency, the Peruvian Red Cross, the IFRC and other International Movement components have successfully provided essential humanitarian support to the affected population. This includes the distribution of non-food items (NFIs) for emergency shelter and water, sanitation and hygiene. Additionally, psychosocial support and pre-hospital health care has also been provided to children, adolescents and adults.

As of 24, the PRC, with IFRC support, has distributed 71.2MT of humanitarian aid, helping the assistance to 6,322 families with non-food items and more than 250,000 of safe water in Lambayaque, Piura and Ancash.

Further details regarding the disaster response, including a map of affected areas, are available in real time in the <u>IFRC Peru floods dashboard</u>.

At the outset of the heavy rains and subsequent flooding and landslides in late January, the Peruvian Red Cross (PRC) has responded to the emergency needs with its own resources and with emphasis on branchlevel response actions.

Since the start of the operation, more than 400 PRC volunteers in the affected departments and the capital city of Lima have participated in all phases of the emergency response. The facilities of four PRC branches



Distribution of humanitarian aid. Source: IFRC

were directly affected by the floods: Huarmey (Ancash department), Trujillo (La Libertad department) and Piura and Paita (Piura department).

The Peruvian Red Cross has successfully mobilized national and international resources to support the emergency response. As of 24 April, the PRC has collected approximately 457,000 Swiss francs from private companies, individual and collective donations within the country and abroad, as well as a donation from the Chinese Embassy in Lima. As part of the Movement plan of action, the National Society will employ these funds for sanitation and shelter activities in the Lambayeque and Piura departments.

As part of this appeal operation, the IFRC has activated its regional and global disaster response mechanisms. During this reporting period, the following people have been deployed to Peru:

Role	Home Office/ National Society
Head of Emergency Operations (HEOps)	IFRC- Geneva
External coordination	IFRC- Country Cluster Support Team (CCST)
	Guatemala and El Salvador
Humanitarian Diplomacy	IFRC-Americas Regional Office (ARO)
Humanitarian Diplomacy	IFRC-ARO
Regional Intervention Team (RIT) Communications	Ecuadorian Red Cross
Logistics	IFRC-ARO
Emergency Response Unit (ERU) Logistics Team Leader	Danish Red Cross
RIT Logistics	Colombian Red Cross Society (CRCS)
RIT Logistics	Argentine Red Cross
RIT Psychosocial support	CRCS
RIT Health	CRCS
RIT General	Peruvian Red Cross
RIT General	Honduran Red Cross
RIT General	Paraguayan Red Cross
Field Assessment Coordination Team (FACT) Water, Sanitation and Hygiene (WASH)	Spanish Red Cross
RIT WASH	Guatemalan Red Cross
RIT WASH	Guatemalan Red Cross
RIT WASH	CRCS
FACT Shelter	German Red Cross
Global Shelter Coordinator	IFRC- Geneva
Information Management	Bolivian Red Cross

These deployments are in addition to the direct support provided by the PRC staff and leadership at the national headquarters and branches in the affected areas and the immediate programmatic and support functions provided by the CCST in Lima. At the end of this reporting period, a resource mobilization consultant and a communications consultant were hired for temporary support to this operation. The call for application for an operations coordinator continues. The plans to hire a planning, monitoring, evaluation and reporting (PMER) consultant and a logistics assistant are dependent on the ability to mobilize increased funds for this operation.

The American, German and Spanish Red Cross Societies continue working in coordination with the National Society. The German Red Cross and the Spanish Red Cross are providing bilateral support to the PRC. The International Committee of the Red Cross (ICRC) has provided support to the PRC on restoring family links (RFL) including materials, and the costs of deployment of Peruvian Red Cross volunteers to the affected areas and communications.

Coordination and partnerships

The International Movement participates in national and local-level coordination mechanisms. This coordination involves State institutions and humanitarian actors. The International Movement maintains close contact with other international humanitarian actors, including the in-country United Nations (UN) system. In response to the floods, the UN Office for the Coordination of Humanitarian Affairs (UN-OCHA) deployed a UN Disaster Assessment and Coordination (UNDAC) team to Peru.

The UN resident coordinator requested the formal activation of the Shelter, Camp Coordination and Camp Management (CCCM) and water, sanitation and health (WASH) cluster. The IFRC, as the designated shelter cluster lead agency, deployed a shelter cluster coordinator from the secretariat in Geneva to support the government in the cluster coordination. Additionally, the IFRC has been taking part in sector-specific coordination meetings with the Government and other humanitarian actors through the Humanitarian Country Team (HCT).

On 9 April, the UN system has launched a flash appeal for 38.3 million US dollars to support 320,000 people on the northern coast (Ancash, La Libertad, Lambayeque, Piura and Tumbes).

Operational Implementation

Based on rapid assessments and ongoing analysis of the situation on the ground, this operation has the objective to ensure that at least 50,000 people (10,000 households) affected by the floods in the departments of Ancash, La Libertad, Lambayeque, Lima, Piura, and Tumbes receive appropriate assistance in an effective, and efficient manner and are provided with the necessary support to recover with increased levels of resilience to disasters.

Considering the extremely low donor response, detailed recovery interventions remain pending. As mentioned, the emergency appeal budget is currently focused on the emergency response; with the increase in funding, other actions will be planned and detailed.

The following section provides details on the development and progress achieved during this reporting period for each of the areas of intervention:

		% of achievement				
Outcome 1: The immediate and	Output 1.1. at least 50,0					
medium-term risks to the health of at least 50,000 people in the targeted departments are reduced.	groups in si	Output 1.2: Affected children, adolescents and other groups in situation of extreme vulnerability and people involved in the response receive psychosocial support.				
		Affected communities ad participate in their he				
Activities		Is implementa	ation on time?	% progress		
Activities		Yes	No	% progress		
Provision of first aid		х		8%		
First aid workshops for volunteers and communities (brigades or community teams)		Х		8%		
Care, and referral (if needed), of people in extreme vulnerability		Х		8%		
Training workshops on Community Based Health and First Aid (CBHFA), Epidemic Control for Volunteers (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST)			x	0%		
Community-based disease prevention activ CBHFA, ECV and PHAST strategies	ities with	Х		2.7%		
Community-based epidemiological monitori	ng		Х	0%		
Psychosocial support (PSS) workshops for	volunteers	Х		8%		
PSS for children and adolescents		Х		8%		
PSS for persons in situation of extreme vulu	nerability	Х		8%		
PSS workshops for people involved in the r	esponse	Х		8%		
Purchase, design and printing of psychosod promotion materials			x	0%		
Strengthen community committees in preve oversight and coordination of health activitie	es		x	0%		
Community plan of action in prevention, health promotion focused on priority health challenges and risks			x	0%		
Distribution of health promotion materials to communities			Х	0%		
Networking with the local, departmental and authorities to ensure the committees are vis supported to develop their tasks			x	0%		

During this first month of the 12-month operation (8% of the planned timeline), PRC volunteers with support from the IFRC has engaged in a multi-pronged community-based health approach that offers first aid; psychological first aid and psychosocial support; and health promotion activities to the affected populations.

The following table provides details the people reached with first aid and prevention activities during this reporting period:

Department	Province	First Aid	Care and referral	PRC volunteers trained in First Aid workshops	Community members trained in First Aid workshops	Prevention activities (dengue)	Prevention activities (diarrhoeal diseases)	Prevention activities (leptospiro sis)	PRC volunteers trained in key messages (dengue, diarrhoea and leptospiros is prevention)
Piura	Piura	41		39		401	216		13
	Chimbote			29	60	130	117		29
Ancash	Casma		3						9
	Huarmey	40	30			162	330	30	12
Lambaye que	Chiclayo								15
То	tal	81	33	68	60	693	663	30	78

With the support from two RIT members deployed for emergency health and psychosocial support, PRC volunteers were trained (or refreshed their knowledge) in psychosocial support. The following table provides details on the psychosocial support activities during this reporting period:

Department	Province	Psychological First Aid	PRC volunteers trained in psychosocial support (PSS)	Community members receiving PSS	Response workers trained in psychosocial support (workshops)	PRC volunteers receiving PSS
Piura	Piura	87	39	1015	19	11
Fluia	Catacaos		11			
La Libertad	Trujillo	10	30	997	60	
Ancash	Huarmey		14	86		
Tot	tal	97	94	2098	79	11

Community-based epidemiological monitoring and the other activities related to strengthening community capacities to prevent health risks will begin following the specific sectorial assessment. The communities that have been reached by this operation's health actions are those that received humanitarian relief items distributed by the Red Cross.

As part of the implementation of the actions undertaken in health, the operation team and PRC volunteers are identifying health issues in the affected communities. Actions to complement Ministry of Health (MINSA) actions could be useful. MINSA has focused on vector control. Although the technical protocol to respond dengue in Peru does not include the delivery of long lasting insect-treated nets, different agencies and local health personnel are requesting their urgent distribution, particularly in Piura and Lambayeque departments. Additional support could be given for MINSA actions in the application of larvacides prior to fumigation.

This operation plans to increase health promotion training and implementation of activities with vulnerable groups. At the different levels of coordination, advocacy will continue to prioritize cleaning campaigns and the application of larvacides prior to fumigation.

Mental health issues and violence prevention will be further incorporated into health actions during this emergency. Authorities have mentioned the increase of reported cases of domestic violence, violence against women and violence against children.

Water, Sanitation an	d Hygiene Promotion			
Outcome 2: Access to safe water, which meets Sphere and	Outputs		% of achievement	
World Health Organization (WHO) standards in terms of quantity and quality, is provided to at least 10,000 households.	Output 2.1 Purification and distribution of water for at least 10,000 households.			26%
	Output 2.2: Adequate sanitation standards in terms of quantity a at least 500 families.			0%
	Output 2.3: At least 10,000 households have information, knowledge and products for safe handling of water and hygiene.			25%
	Output 2.4: Community c campaigns are conducted in affe	leaning an ected departn		25%
Activit	es	Is implementation on time?		% progress
		Yes	No	
Acquisition and use Kit 5 for 5,000 pe	eople and Kit 2 for 2,000 people	Х		100%
Acquisition and installation of water p	urification supplies		Х	0%
Acquisition, installation and distribution	on of water through bladders	Х		75%
Acquisition and distribution of 20,000	jerrycans	Х		30%
Acquisition and distribution of 10,000	water filters		Х	0%
Construction and installation of 500 la	atrines		Х	0%
Workshops in hygiene for volunteers		Х		30%
Workshops in hygiene for communities		Х		10%
Purchase and distribution of hygiene kits		Х		20%
Community cleaning campaigns			Х	0%
Acquisition and distribution of cleanin	ig kits		Х	0%
Progress towards outcomes				

Immediate actions to mitigate the risk of water-borne diseases have been implemented in all the targeted areas. This operation has distributed 3,242 hygiene kits and 6,484 jerry cans for safe water storage.

In Piura and Ancash, access to safe water has been increased using the Kit 5 purification unit, the installation of flexible tanks for water distribution in collective centres and the provision of disinfectant sachets for water treatment at the household level. Trained PRC volunteers implemented hygiene promotion and activities to raise awareness of the safe handling and storage of water.

Sanitation facilities (latrines) are planned as part of the early recovery temporary shelters in Piura and Lambayeque.

Due to the high content levels of solid objects in water sources, the deployment of water purification units is deemed unsuitable for the target areas. This operation strategy is providing support to municipalities' water trucks by installing and monitoring distribution points.

Relter and settlements (and household non-food items)

	Outputs	% of achievement		
Outcome 3: The immediate needs of target population for non-food items (NFIs) and	Output 3.1: 10,000 househo essential non-food items.	25%		
shelter are met.	Output 3.2: 500 most vulnerable households within the target population have access to emergency shelter assistance.			0%
Activities		Is implementation on time?		% progress
		Yes	No	,
Acquisition and distribution of 20,000	tarpaulins	Х		25.77%
Acquisition and distribution of 10,000	kitchen kits	Х		25.77%
Build 500 emergency shelters			Х	0%
Acquisition and distribution of tarpaul	ins		Х	0%
Distribution of conditional cash grants for construction materials and tools	s (vouchers) for 500 households		Х	0%
Conduct a rapid market research (prices and suppliers) for essential shelter material prices			х	0%
Workshop on the construction of emergency shelters for volunteers			Х	0%
Preparation and dissemination of awareness on 'build back safer' techniques for the construction of emergency shelters			Х	0%
Progress towards outcomes				

As mentioned, the IFRC organized a charter flight (34 tonnes) with non-food items that arrived on 25 March and sent additional relief items by sea (31.5 tonnes). These NFIs were dispatched to the affected regions in the north of the country.

During the first month, the National Society reached 2,577 households. In the first month, 5,154 tarpaulins (two per household) were distributed in Ancash, Lambayeque and Piura. PRC volunteers transmitted key messages regarding their proper use and installation.

A total of 2,577 kitchen kits were distributed to the same targeted households. The following table details these distributions:

Department	Province	Households reached	Tarpaulins	Kitchen kits
Piura	Piura	920	1840	920
Lambayeque	Chiclayo	404	808	404
	Huarmey	600	1200	600
Ancash	Casma	350	700	350
	Chimbote	510	1020	510
Tota	al	2577	5154	2577

The rapidly changing environment has generated challenges to local measures to respond to the emergency shelter needs. Many people, whose homes had been damaged or even collapsed, are returning to these or their plots of land. However, the exact numbers are not stable and different actors report differing figures. Additionally, land tenure in peri-urban and rural areas does not always entail legal property documents. More detailed evaluation and coordination with local authorities and humanitarian actors is being carried out to define an adequate solution for the emergency shelter.

Shelter coordination					
Outcome 4: The shelter response of humanitarian actors	Outputs	5		% of achievement	
is strengthened through enhanced leadership, coordination and accountability. Output 4.1: Timely, predictable, and widely accessit shelter coordination services are provided humanitarian shelter actors.				20%	
	Output 4.2: Shelter coordina provide a platform to integrate response of humanitarian actors	0%			
Activit	ies	Is impleme tim	entation on ne?	% progress	
		Yes	No		
Support service delivery of humanital	rian shelter actors	Х		25%	
Support the development and implement	Support the development and implementation of the shelter strategy			50%	
Monitor and evaluate the humanitarian shelter response		Х		50%	
Support advocacy on behalf of the shelter cluster		Х		40%	
Build national capacity in preparedne	ss and contingency planning	Х		5%	
Progress towards outcomes		1	1		

As of 21 April, INDECI reported a total of 41,632 houses destroyed (collapsed or uninhabitable) and 242,433 houses affected due to this emergency. In view of the significant impact of the floods in the shelter sector, the Government of Peru specifically requested the support of the international humanitarian community in temporary shelter solutions. Following wide consultation in country with the government and humanitarian partners as well as the analysis of existing capacity and coordination needs, the Resident Coordinator, in agreement with the Humanitarian Country Team, requested the official activation of the Shelter Cluster on 4 April. This activation was requested to provide technical advice and dedicated coordination capacity to further strengthen the government's overall leadership for the humanitarian response.

IFRC was designated as the shelter cluster lead agency in support of the government's headship, which includes INDECI for emergency shelter and the Ministry of Housing, Construction and Sanitation for temporary shelter. To coordinate the shelter cluster at the country level, the IFRC deployed a shelter coordination team (SCT), which serves as a 'secretariat' of the shelter cluster. Its full-time staff work exclusively on coordination services to shelter agencies. The SCT does not engage in any IFRC operational activities, and thus can provide independent and neutral coordination services to the shelter cluster members. The IFRC establishes a firewall between its role as shelter cluster convener and its operational role as shelter implementer.

A shelter cluster coordinator arrived in Peru on 2 April, in anticipation of the official cluster activation. A technical advisor was also made available to the SCT by Habitat for Humanity and ShelterBox and began labours on 3 April. Information management services have been provided remotely until an information manager is identified and recruited locally.

The main activities during the first month have focused on establishing the coordination structure and tools, including the convening of regular meetings, arrangements for local or hub-level coordination in the most affected areas, identification of partners and liaison with government authorities. In addition, much of the work in the beginning included supporting the inter-agency Flash Appeal and CERF processes, with the drafting of the shelter component of the Flash Appeal and supporting partners in submitting projects for vetting and inclusion. This also included supporting the development of the overall response strategy and a preliminary strategy for the cluster, which will be further developed and expounded in the next few weeks when there is further clarity regarding damage and government plans.

An initial 4W (who is doing what, where and when) template has been developed and disseminated. Information is already being collected to track and monitor the response, map damage and identify gaps. A page in the sheltercluster.org website has been created for this response. Information is regularly uploaded and disseminated through this website as a single point of entry for partners. A contact list of partners and government officials has been created and is constantly updated to ensure those working in the shelter response are included and informed through the coordination system.

The Shelter Cluster has also started to collect technical solutions for temporary shelter and established a technical library on the shelter cluster website. A technical working group has been established to develop a catalogue of

technical designs and reach agreement on common standards for the response.

The shelter cluster in Peru is receiving financial or in-kind support from the British Red Cross, the Australian Red Cross, the Swedish Red Cross, CARE, Habitat for Humanity, ShelterBox and IFRC.

Food Security						
Outcome 5: Food insecurity of	Outputs	Outputs				
the affected population is reduced.	Output 5.1: 10,000 households have sufficient food, based on Sphere standards, to ensure food security.			20%		
Activit	Is implementation on time?		% progress			
		Yes	No			
Distribute food packs to the affected	families	х		20%		
Progress towards outcomes						
In February, the Peruvian Red Cross launched a donation campaign for food and non-food items for the people affected by this emergency. Different reception points were established in Lima where PRC volunteers organized, classified and packaged the food items. As of 24 April, the Peruvian Red Cross has distributed 954 food kits in Ancash, collected through the branches.						

Livelihoods				
Outcome 6: Affected small	Outputs Output 6.1: Small business owners and entrepreneurs are supported with a cash transfer programme (CTP).			% of achievement
business owners and entrepreneurs recover their livelihoods.				0%
Activit	Activities Is implementat time?			% progress
		Yes	No	// progress
Conduct a cash feasibility study		Х		0%
Registration of beneficiaries in accordance with the study		Х		0%
CTP for 500 small business owners		Х		0%
Progress towards outcomes				1

To the initial response the Spanish Red Cross has been provided support to support DANA and bilateral efforts. It is expected to have RIT TCP on May to evaluate and to establish what could be the possibilities to implement the activities planned in accordance with the availability of funds.

Restoring Family Links					
Outcome 7: Contacts are re- established and maintained	Outputs	Outputs			
between family members separated by the disaster, within and outside the affected areas.	Output 7.1: People in affected a outside these areas have access of communication to re-establis with loved ones.	iate means	33%		
Activities		Is implementation on time?		% progress	
		Yes	No	1 0	
Attention in RFL cases for the affected population, particularly children and the elderly, and especially those at risk of being unattended		х		33%	
Dissemination of key messages on services available and follow up		х		33%	
Progress towards outcomes					

In a context in which some families have separated and lost contact with their loved ones due to the unorganized movement of people following the floods and landslides, restoring family links services were essential. Displaced people need to maintain contact and communication with their relatives who are in different collective centres and other locations. Many people do not remember the contact numbers of their relatives or were unable to charge their mobile phones where these numbers are registered. The International Committee of the Red Cross has supported the Peruvian Red Cross in the provision of RFL services during the emergency. Actions in the field are concentrated in Piura, where a specialized RFL team was deployed in two missions to visit shelters and hospitals.

The services provided include phone calls, registration of vulnerable people, battery charging, search requests, "safe and well/I am alive" messages, and the activation of a hot line dedicated to RFL during the emergency. As of 24 April, 87 RFL services have been delivered and 52 families have restored contact through these services. The ICRC delegation continues to provide technical assistance and logistical support to the Peruvian Red Cross to follow up on the process.

As part of its protection functions, the ICRC also is involved in actions to identify, register and assist vulnerable people, particularly the elderly, single mothers and minors.

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Outcome 8: Disaster Preparedness and early warning	Outputs			% of achievement
actions are implemented for response at the community and institutional level.	Output 8.1: At least 5,000 families at risk of floods and landslides and people that have been evacuated to shelters are prepared and on alert.		0%	
Activities		Is implementation on time?		% progress
		Yes	No	, progress
Understanding community risk and resilience		х		0%
Home visits to develop emergency family plans and preparation of emergency backpacks		х		0%
Acquisition and distribution of kits for	first response brigade	Х		0%
Training for community brigade staff		Х		0%
Vulnerability and Capacity Assessment (VCA) training workshops for PRC volunteers		х		0%
Implement VCA result in target communities / Develop Resilience Plan		х		0%
Map stakeholders		Х		0%
Prepared family training workshops for PRC volunteers		Х		0%
Preparation of family response plans		Х		0%
Community organization for disaster risk reduction, including early warning systems (EWS)		х		0%
Conduct drills and simulations in communities		Х		0%
Disaster Risk Reduction activities at school level		Х		0%
Conduct drills at the community and school level		Х		0%
Training for local branch volunteers on EWS and Disaster Response tools		х		0%
Awareness-raising and preparedness - dissemination of key messages in communities and schools		Х		0%
Design and preparation of contingency plans at the community level		Х		0%
Increase the level of preparation of the Peruvian Red Cross in Disaster Risk Management		х		0%
Training of volunteers and staff on EOC management		Х		0%
Training of National Intervention Teams, especially on Disaster Management, Health, Water and Sanitation		х		0%
Revision and update of the contingency and response plans		Х		0%

Disaster risk reduction (DRR) activities were not planned for this period. However, given the extremely low level of funding, this outcome will not be possible if further funding is not identified and obtained.

Outcome 9: The operation is supported through the Outputs		;		% of achievement
protection and promotion of the National Society's development, capacities and future sustainability.	Output 9.1: Movement-wide emergency response effort led by the PRC and with the support of the IFRC, ICRC and PNSs.Output 9.2: The PRC uses its updated material and human resource management systems and tools.			12%
				0%
Activities		Is implementation on time?		
		Yes	No	% progress
Training of branch leaders in the operational role, accountability and volunteer management		Х		0%
Hiring process for a resource mobilization coordinator for the PRC		Х		100%
Coordination meetings		Х		12%
Repair of damaged PRC branches		Х		0%
Development of management tools to manage the volunteer database and Resource Management System (RMS)		Х		0%
Two missions from an expert for the development of the volunteer database and RMS		Х		0%
National Intervention Team training- General		Х		0%
National Intervention Team training- Logistics		Х		0%
Provide basic training for new volunteers in the context of the operation		Х		0%
Create or update volunteer management policy and system		Х		0%

2

While the strengthening of the National Society is a fundamental aspect of this operation, few activities were planned for the first month of the operation.

The IFRC, with the input of the PRC, has hired a resource mobilization consultant to undertake these important labours during the emergency phase. It is expected that this role will eventually be incorporated into the National Society structure.

Coordination meetings with all Movement components in the country have been regularly organized since the start of the operation. In addition, the IFRC continues to meet several times a week with the Peruvian Red Cross national level leadership (management body and staff).

Quality programming/ Areas Common to All Sectors				
Outcome 10: Communities and people in the targeted areas	Outputs		% of achievement	
have access to timely, accurate and reliable information that enable them to access services, prevent diseases and act on health, safety and well-being issues and engage with the PRC and other Movement components to influence and guide decisions.	Output 10.1: Community Engagement and Accountability (CEA) is strengthened in all operation interventions.		25%	
Activities Is implementation on time?		% progress		
		Yes	No	,. p. egi 000
Development of visual material f community engagement	or public communication and	Х		25%

Implementation of social media campaigns	х	30%
Development and dissemination of targeted messages for media, volunteers, local leaders and other stakeholders to inform community debates	x	50%
Development of strategy, plan and tools for community engagement and accountability	Х	25%
Training in CEA for PRC (national headquarters and branch) staff and volunteers	Х	0%
Progress towards outcomes		

Progress towards outcomes

The PRC is disseminating information regarding its actions on its institutional social media accounts and is updating its institutional webpage. The dissemination of PRC actions provides visibility and in the emergency phase has been fundamental to increase individual and corporate donations within the country. The regularly updated information is also contributing to improve the National Society's positioning at the national and international levels. Additionally, press releases have been sent to national media outlets to publicize the most important activities conducted during the emergency phase. It is planned that the updated webpage integrate IFRC and PNSs' online platforms, as well as disseminate media relations activities, audio-visual production and other actions related to social media.

The IFRC, with the input of the PRC, has hired a communications consultant to undertake these labours during the emergency phase. It is expected that this role will eventually be incorporated into the National Society structure. This post contributes to highlighting the ongoing humanitarian needs and providing public information on the achievements of the National Society and Movement components working on the emergency response.

The primary actions related to Community Engagement and Accountability were not programmed for the first month.

Contact information

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:





Enable healthy and safe living.



Promote social inclusion and a culture of non-violence and peace.