



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PERU
RAPID RESPONSE
FLOOD 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Maria del Carmen Sacasa

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

14 December, 2015.

Participated: UN Resident Coordinator, FAO Representative, Head of the National Civil Defense Institute (INDECI), Loreto Regional Governor, Mayor of Indiana District, Regional authorities of Health, Agriculture, Civil Defense, General Management; Project Coordinators of FAO, UNFPA, UNICEF and IOM; OCHA NDRA; management and project staff of NGO implementing partners: Caritas and CEDEC; UNDP Disaster Risk Management Officer and UNDP Development Programme Officer.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The report has been discussed with the Intercluster mechanism (07 March, 2016)

It will be shared with the Humanitarian Country Team, that includes UN agencies, national and international NGOs, Red Cross and Red Crescent movement, donors, state sectors, and INDECI. It has been shared also with Loreto Regional Government, and Municipalities where the activities were implemented.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 1,519,195		
Breakdown of total response funding received by source	Source	Amount
	CERF	914,395
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral) (agencies funds)	615,717 ¹
	TOTAL	1,519,195

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19-May-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-061	Water, Sanitation and Hygiene	384,623
UNFPA	15-RR-FPA-020	Water, Sanitation and Hygiene	163,679
IOM	15-RR-IOM-019	Shelter	182,827
FAO	15-RR-FAO-018	Agriculture	183,266
TOTAL			914,395

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	556,077
Funds forwarded to NGOs for implementation	269,500
Funds forwarded to government partners	88,818
TOTAL	914,395

HUMANITARIAN NEEDS

Loreto has high levels of poverty and malnutrition, as well as regional and local state limited financial resources. The poverty index in Loreto in 2014 was approximately 42 per cent but it is higher in peri-urban and rural areas in the region. Child malnutrition average 31 per cent in the 41 districts declared in state of emergency. State services have to overcome conditions like difficult access (rural

¹ UNFPA : US\$107,500 ; UNICEF : US\$ 130,000 ; IOM : US\$ 20,000 ; Caritas-EU : \$68,000 ; IFRC ; US\$ 220,217 ; UNDP : US\$ 80,000

population are connected only by fluvial transport and several hours even days of distance from urban locations) and dispersion of population in a large territory (surface: 368 851 km², density of population: 2,5 inhabitants/km²).

The recently elected Regional Government of Loreto and Municipalities took office in January 2015 and only began its records since then. The Regional Government and most Municipalities had new authorities that had to immediately face the rainy season emergencies with the difficulties of taking on their responsibilities without previous experience. The document with the lessons learned in the 2012 floods in Loreto was available and was used by the regional authorities to implement some timely and adequate measures at the beginning in the response but their resources were soon expended.

During the 2014-2015 rainy season in Peru, almost 700,000 persons were affected in 24 of the 25 regions of Peru. In that context, severe floods affected 205,505 persons in Loreto. In 09 April and 30 April the State of Emergency was declared for 41 districts in the Loreto region, which are located in 7 of its 8 provinces.

As of 30 April the Regional Government registered 7,081 persons hosted in collective shelters in the city of Iquitos. Persons affected but not displaced in peri-urban flooded areas in the Loreto region were approximately 23,745, and in rural areas 176,679 persons.

A rapid assessment mission was conducted by the Humanitarian Country Team and identified urgent needs in water, sanitation, hygiene, health, food security, shelter education, protection, and camp management. Limited access to safe water, deficiencies in sanitation, poor hygiene conditions, insufficient health services, loss of crops in rural areas and displacement to collective shelters were the main consequences of floods.

Affected families in peri-urban areas in Iquitos tried to stay as much as possible in their homes usually precarious wooden platforms raised on stilts, over meter and a half high, which are elevated as water levels rise. Wooden bridges averaging two meters in height were built as paths to walk on the streets of flooded peri-urban areas. Hygiene conditions in this areas were very poor due to sanitation problems. Some had to finally displace.

In rural areas, houses were less affected, although flooded, precarious platforms were built above water level to resist the high level of the river. Besides, rural affected families lost almost all their subsistence crops and health, water and sanitation conditions were also affected, especially during the receding phase of the water level.

The interventions with CERF funds targeted urgent needs in six districts of Maynas province to assist humanitarian needs in WASH, Health, Protection, Emergency Agriculture, Camp Management and Shelter in collective centers, peri-urban, and rural areas, strengthening the governmental response to improve quality and coverage.

II. FOCUS AREAS AND PRIORITIZATION

The Humanitarian Country Team, in coordination with the National Civil Defense Institute (INDECI) carried out a joint field Mission from 14 to 18 April. The results were presented to the Regional authorities in Loreto, and in the national technical meeting in Lima. The prioritized needs for peri-urban flooded areas in Iquitos were: WASH (safe water, sanitation, dignity kits), Health (health promotion including reproductive health), Protection (children safe spaces, gender-based violence prevention), Education (education kits, temporary modules). For rural areas: WASH (safe water, sanitation, dignity kits), Health (health promotion), Protection (children safe spaces, gender-based violence prevention), Education (education kits, temporary modules), Food aid, and Emergency agriculture.

More than 25,000 houses had been flooded, about 3,500 persons were displaced in collective centers in the capital city of the region, Iquitos. Protection in collective centers needed to be better organized and the following returning process demanded support.

Affected families had limited access to safe water and sanitation and endemic diseases could outbreak when water levels receded again. 883 schools had been flooded, 155 of which had no alternative space to start school classes. The Regional Government asked for international support to address urgent humanitarian needs especially for peri-urban and rural affected families, mainly in WASH, Health, Food Aid, Protection and Education.

The presence of endemic diseases (mainly: dengue, malaria and leptospirosis, with the risk that the chikungunya could appear) generates risk of outbreaks when the floods recede (time of "bailing") and favorable conditions for multiplication are created as vectors of these diseases.

Subsistence crops of around 8,000 extremely poor families (50,000 to 55,000 persons) had been lost (total loss: 14,119 hectares, and partial loss: 14,119 hectares), being at risk of moderate to severe food insecurity considering the vulnerability of these population, including the high levels of child malnutrition.

In January 2015 the newly elected regional and the majority of municipal authorities assumed functions in Loreto and in the country. In many cases the transfer of functions was not adequate. In these circumstances, the previous work done by INDECI preparing officials

and disaster authorities in the country was not capitalized to deal with these emergencies. There was a high demand for technical assistance which represented a challenge for the management at all levels of government. The Regional Government worked taking into account the lessons learned of the floods emergency in the Loreto region in 2012 when CERF funds were also mobilized. This document was an important benchmark for the emergency management. In anticipation of heavy rains damage timber, fuel and other supplies were delivered for the population at risk in the city of Iquitos so they could build their attics and bridges. This has had a positive impact by reducing the demand for collective shelter by the population, the majority of those were built with wood and tin roofs, avoiding the use of schools, which has been an important lesson learned.

The prioritized sectors for the CERF projects were: Health, WASH, Shelter and Emergency Agriculture. The most vulnerable areas where the projects focused their intervention were peri-urban and rural areas. Targeting urgent humanitarian needs, protection and sustainability approach was incorporated.

One of the geographical focus was the most populated area, Iquitos city (420,000 habitants, 4 districts: Belen, Iquitos, Punchana and San Juan Bautista), where collective shelters had been installed for displaced families and most peri-urban areas were flooded. The risk of endemic diseases outbreaks could be activated because of the unhealthy conditions and deficient services jeopardizing the rest of the population in Iquitos city. When the CERF projects began their implementation the collective centers were starting to be dismantled and the returning process was initiating, so the activities were fully directed to the peri-urban areas where the displaced families came from and where other families were still living in flooded conditions resisting in their homes.

The second geographical focus were rural flooded areas in Maynas province. The most vulnerable families were in the rural areas because of the levels of poverty and malnutrition. Together with the loss of their crops and the limited access to safe water and sanitation, affected rural families suffered a severe impact. Two rural districts were targeted: Indiana and Las Amazonas.

The final matrix of the beneficiaries directly reached, by sex, age and geographical area is as follows:

		Children			Adults			Total (excluding overlaps)
		(below 18)			(above 18)			
		Sub-total	Rural	Peri-urban	Sub-total	Rural	Peri-urban	
UNICEF (Health and WASH) UNPFA (WASH) FAO (Agriculture) IOM (Shelter)	Female	5,254	4,203	1,051	6,423	5,138	1,285	11,677
		1,500	540	960	6,000	2,160	3,840	
		2,393	2,393	-	1,564	1,564	-	
		1,069	-	1,069	1,084	-	1,084	
UNICEF (Health and WASH) UNPFA (WASH) FAO (Agriculture) IOM (Shelter)	Male	4,660	3,728	932	5,695	4,556	1,139	10,355
		-	-	-	-	-	-	
		2,299	2,299	-	1,564	1,564	-	
		1,158	-	1,158	881	-	881	
								22,032

III. CERF PROCESS

The UN Resident Coordinator and the Head of INDECI, as co-chair of the Humanitarian Country Team (Red Humanitaria Nacional), agreed to the organization of the Multi-cluster rapid needs assessment mission after the State of Emergency was declared in the first 22 districts. Two other needs assessment missions were carried out by the Peruvian Red Cross and Plan International. The preliminary report, the Sitrep, and the coordination with the authorities led to the decision to mobilize funds for a coordinated response supporting the governmental efforts to meet the humanitarian needs of the affected people. The Regional Government made an explicit call for international cooperation and formalized this through a written communication to the UN Resident Coordinator.

The HCT Technical Team and the Intercluster Mechanism, led by OCHA, carried out two meetings to analyse the findings of the mission and to prioritize the humanitarian needs for a coordinated intervention based on the findings of the needs assessment mission. The UN cluster leads were in charge of coordinating the cluster strategy and coordinate with the NGOs and Peruvian Red Cross. A Strategic Response Plan was also drafted to provide an overall framework to the process. OCHA ROLAC Panama office supported the process, and a coordination process was established with the CERF Secretariat.

The criteria used to target geographical areas took into account vulnerability conditions, level and kind of impact of the floods and coming risks. The prioritization was made during the discussion sessions held by the Intercluster Mechanism.

Through the WASH Cluster, UNICEF and national authorities coordinated the monitoring of the implementation of actions. UNICEF has led this cluster during the emergency in Loreto in 2012 and will continue to provide technical support on both regional and national levels. PAHO and UNICEF experts will participate in the WASH Cluster coordination to ensure an effective response regarding water and sanitation, with the aim to reduce risks in public health. Furthermore, there will be professionals in the region of Loreto which will be responsible for reporting, communicating and coordinating with local authorities to monitor the implementation of actions undertaken. Safe water, sanitation and hygiene are major humanitarian needs in the urban and rural contexts. The high population concentration in Iquitos city raises the level of risk for dissemination of vectors and transmissible diseases.

PAHO could not participate in the Multi-cluster rapid needs assessment mission but maintained the coordination with the Intercluster Mechanism and the communications among the mission group. UNICEF undertook the most urgent issues to maintain the health status especially for children and the elderly being affected by the flooding and its consequences. PAHO continued coordinating at national level with the Ministry of Health and with UNICEF.

IOM leads CCCM cluster at national level and participates in the Shelter cluster led by CARE and Peruvian Red Cross in preparedness phase. Coordination with UNFPA and UNICEF on protection issues is intended to ensure proper design in interventions. As the stress in natural disasters leads to a rise in gender-based and sexual violence, unprotected sex and increases the risk of unwanted pregnancy and sexually transmitted infection (STD) including HIV as well as the infringement of sexual and reproductive rights. As such, it was necessary to include activities that ensure access to sexual and reproductive health (including prevention and care) of the population affected by floods. This CERF project contemplates the active participation of UNFPA to provide this necessary expert advice.

FAO, together with WFP and UNICEF lead the Food Security national cluster, especially focused in the agriculture and livelihoods issues. Food distribution was in charge of INDECI and the Regional and Local governments. Assistance for agriculture needed a timely response. The floods caused the loss of crops for self-consumption and local markets, and affected very vulnerable population. The findings of the HCT mission identified the rural families as the most vulnerable to food insecurity. FAO and Caritas, in coordination with Regional Agriculture authorities identified the most affected and vulnerable areas. Datem del Marañón and Alto Amazonas provinces were targeted together with the Ministry of Agriculture as provinces with high damages and less capacity to recover and to be assisted due to logistics limitations, and this area could not be included in the proposal to CERF. Further discussions led to decide to focus the emergency agriculture project with CERF funds in 2 rural districts of Maynas province that share similar indicators of poverty and malnourishment to work with greater synergy with WASH, Health and Protection interventions with CERF funds.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 205,505									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Water, Sanitation and Hygiene ²	5,254	6,423	11,677	4,660	5,695	10,335	9,914	12,118	22,032
Shelter	1,069	1,084	2,153	1,158	884	2,039	2,227	1,965	4,192
Agriculture	2393	1,564	3,957	2,299	1,564	3,863	4,692	3,128	7,820

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

The coordination among agencies was aimed to implement synergic interventions, complementing efforts to give a comprehensive assistance wherever possible. In the peri-urban areas beneficiaries were registered by IOM staff where most of the displaced families came from, through home visits to identify vulnerable families and confirm damages due to floods. The same registry was then used to organize the delivery of repair kits and mosquito nets, as well as the additional trainings provided by IOM. The lists of beneficiaries were shared with UNFPA and UNICEF in order to avoid double-counting or to complement the intervention if possible.

In rural areas FAO and Caritas identified beneficiaries in coordination with local and community authorities. Specific criteria was used in order to focus the assistance: having an affected subsistence crop land, having experience in rice or corn, or in both. Then families committed to prepare the land for sowing at time with the distribution of seeds.

UNFPA coordinated with IOM not to duplicate the support, and with FAO to complement the assistance with dignity kits to women and adolescents of families that received support from FAO and Caritas. UNFPA coordinated with UNICEF giving support to adolescents where UNICEF delivered psychosocial support. The project implemented by UNICEF benefited 22,032 individuals, reaching 110 per cent of the target population of their project. UNICEF intervention was implemented for approximately 80 per cent individuals in rural areas and 20 per cent in peri-urban areas. In peri-urban areas it coincided and complemented almost totally with UNFPA and IOM beneficiaries, covering with other WASH and health activities an additional number of affected persons. In rural areas it coincided almost totally with FAO and UNFPA beneficiaries, covering with other WASH and health activities an additional number of affected persons. So the beneficiaries reported by UNICEF are the best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	5,254	6,423	11,677
Male	4,660	5,695	10,355
Total individuals (Female and male)	9,914	12,118	22,032

² Including Health sector

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Health, Water, Sanitation and Hygiene response was led by UNICEF with the participation of UNFPA in the Hygiene component. Main goals were achieved and mobilized the participation of regional and local authorities, contributing to implement a more efficient and comprehensive response, 80 per cent of it was implemented in rural areas.

The project conducted by UNICEF with the implementation of the Regional Health Directorate of Loreto and two NGOs, CEDEC and IPSA achieved the following results: 10,369 people from 73 communities in the 6 targeted districts improved their access to safe water. 1,928 individuals benefited from the construction of 160 dry ecological sanitation latrines in 106 homes and 54 educational institutions. The dry ecological (compost) latrines, some of them with floating mechanisms were very valued by the Municipalities to be more widely disseminated as an effective solution for rural sanitation. Sanitation kits were distributed for 3,500 boys and girls along with health promotion activities. Healthcare through epidemiological/medical brigades providing immunization, laboratory services and medical assistance gave attention to 1,227 children and 2,109 women and adults. The initial goal for medical assistance was not achieved because the brigades were strongly focused on health promotion. 1,927 families and 93 schools (8,209 individuals) were benefited by fumigation services in rural areas. 5,038 mental health interventions enhancing state strategy for children (“Juguemos SonRIE”) were supported by the project, exceeding the projected goal of 3,000 interventions with the contribution of municipal authorities. 3,000 mosquito nets were distributed in rural areas exceeding by 20 per cent the expected goal. Social communication for health promotion messages was an effective strategy to prevent health deterioration, reaching more than 100,000 people information through broadcasting. Printed materials on hand washing, breastfeeding, anaemia, pregnancy care, nutrition, waterborne diseases, among other issues were distributed. Maternal, neonatal and child health information and training was provided to 13,569 individuals from 47 communities by 614 Community Health Agents to prevent diseases related to floods, malnutrition and pregnancy care, exceeding the projected 5,500 beneficiaries due to the close coordination with health sector and municipal authorities. Printed material was also distributed. Press coverage to disseminate this message was also promoted.

The project implemented by UNFPA was focused on hygiene and women health care and protection. Dignity kits for women in reproductive age were distributed to 5,000 women between 12 and 29 years old in peri-urban and rural areas, the dignity kits were partially adapted to the needs of women who were consulted (no hydrated tissues, more soap and tooth paste). 7,500 women in reproductive age received informative sessions on hygiene, prevention of gender-based violence, pregnancy risk symptoms and signs of childbirth.

The project implemented by IOM reached 1,000 families (4,192 individuals, 15 per cent more than projected) with repair kits and impregnated mosquito nets (comfort kits were not distributed due to local market limitations), with close supervision on the implementation of the repair kits.

The project conducted by FAO and implemented by Caritas achieved a sound result, reaching 1,564 families (7,820 individuals, 11 per cent more than projected), with close technical supervision in alliance with INIA (National Agricultural Research Institute) and the Regional Agriculture Directorate, and good quality adapted seeds, that yielded not only a higher quantity of rice and corn crops, but also better prices for the higher quality of the products. State entities valued the intervention and the strategy proved to be very effective.

All interventions were adequately coordinated with regional and local authorities which strengthen and complemented the state response. The coordination among local teams was led by UNICEF at regional level and monitoring was performed by OCHA at national level with national focal points of the responsible agencies. The limitations were mostly related with logistics issues due to the lack of effective providers, the high costs of transportation when items were purchased out of the region and customs barriers when imported, all which generated delays in delivery.

The results of the projects not only improved the situation of the affected families but also increased their resilience for future flood emergencies.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The designing process of the CERF proposal after the joint field assessment and the preliminary strategic planning of the HCT took more time than expected.

The availability of certain supplies stocked in UNICEF's warehouses, such as envelopes of oral rehydration salts, water purification tablets and comparators for monitoring the quality of the water, cylinders, and the presence of personnel in the emergency area, allowed operations to commence while local and international acquisitions were made.

Most of the activities were not implemented as prompt as expected although were pertinent and covered effectively humanitarian needs.

In some areas a more detailed identification of beneficiaries was necessary and took time.

Logistic limitations due to low capacity of local providers hindered operations. Purchasing in Lima (air transportation) and import (customs delays) was needed for mosquito nets and their distribution suffered delays.

Contracts with NGO based in Iquitos facilitated the operations.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

Delays on initiation of operations related to the emergency process were mentioned above. Collective shelters were starting a closing process when the CERF projects were approved.

During the decreasing phase of the river flow a decisive intervention was needed and CERF projects allowed to face Health, WASH, and Food Security problems in coordination with regional and local authorities.

Health activities and social communication activities were implemented permanently during the implementation period.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

UNICEF, IOM and UNFPA mobilized additional institutional resources. Other organizations such as IFRC and UNDP developed emergency and recovery projects respectively. FAO provided transitional funds to start operations with Caritas. It was difficult to mobilize other donors because the emergency was not so visible in the media and even there was an Emergency Declaration, there was not a national call for international assistance, only a regional request.

Loreto Regional Government and Local Governments (municipalities) mobilized complementary resources to implement activities in order to work together with CERF projects. The intervention also contributed to improve state response in health, WASH, shelter and emergency agriculture.

INIA and Caritas mobilized their resources to support agriculture activities during the emergency.

Local Governments provided support in transport, stocking, supplies and staff during distribution of humanitarian goods.

Local media also collaborated with the dissemination of communication messages.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Since the beginning of the emergency coordination among humanitarian actors was key to perform the inter-agency joint assessment mission, have a strategic approach to the emergency, and design the projects to be funded by CERF. UNICEF undertook the local coordination of activities by increasing its resources. Coordination of humanitarian response among the agencies responsible for CERF projects, NGOs and other development agencies, with the Regional Government of Loreto, ministries and Municipalities promoted synergies among the institutions that participated in the humanitarian response.

Resource optimization was possible through coordination.

³ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

A relevant impact was the strengthening of the state coordination structures such as the Civil Defense Platforms (emergency response coordination mechanisms led by regional or local authorities if regional or local).

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Without CERF contribution it would not have been possible to reach vulnerable populations at peri-urban and rural areas. State response would have been more limited. Most of affected areas in the region did not receive a multisector emergency response. The responsible agencies for CERF projects, the implementing partners and state partners strengthened their capacities improving their preparedness to face future emergencies.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Preparedness and previous coordination allowed to have procedures to respond in a timely and coordinated fashion.	Training on the use of CERF funds should be permanent because the tools and procedures change regularly.	OCHA ROLAC and CERF Secretariat
There is a need to adapt CERF criteria for slow-onset emergencies and floods.	Review criteria for these type of emergencies, having the flexibility to include protection and livelihoods components which can prevent deterioration of conditions.	CERF Secretariat
To be confident to include development and rights perspective to increase resilience with high quality interventions.	Maintaining the focus on saving-lives criteria, review them to allow the inclusion of strengthening of capacities and resilient strategies to prevent from immediate and future risks. Poverty is cause and consequence of emergencies, so response projects must address with a wider perspective to achieve strong results. The same with protection issues, rights-based approach should always be involved.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It is important to have a good coordination during identification of beneficiaries	Joint design of projects and joint field missions during identification of beneficiaries phase.	Humanitarian Country Team
The main achievements in agriculture were the result of close coordination with Municipalities, Regional Agriculture Institution and INIA to coordinate actions and give sustainability to the intervention. (Seed selection, technical assistance throughout the process of planting and harvesting, crop management which have joined local and government capacities,	Design and implementation of projects should promote participation of state responsible institutions in the affected area in order to guarantee sustainability of interventions.	Implementing agencies

especially INIA to achieve the target		
Local partners for the implementation of interventions contributed to improve quality and efficiency based in their presence and knowledge of the social context.	Identify local partners to implement components of the projects to improve efficiency and quality of the intervention	Implementing agencies
Strengthen clusters with the learning process of this and previous response projects,	Update cluster contingency plans immediately after an emergency response.	Cluster leads and Intercluster mechanism
The availability of pre-positioning material permits more timely action.	To map warehouses and pre-positioned humanitarian supplies among providers and humanitarian actors.	Cluster Leads and Humanitarian Country Team
Close technical and training support not only delivery is needed to guarantee good results	Ensure an adequate technical support during the project to achieve good quality results	Clusters
Carefully analyse logistics conditions to prevent delays in delivery	Previous analysis of logistics and providers should be carried out preferably as part of preparedness activities (contingency planning)	Humanitarian Country Team
The role of state entities at regional and local level is key to increase sustainability of the emergency response and to improve the intervention.	Close coordination with state technical partners as INIA, and Municipalities to develop synergies during emergency response	Humanitarian Country Team
Evaluations were not included as activities to maintain budget for direct results	Additional resources should be considered by the institutions, or joint evaluations could be planned.	Implementing agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	11/05/2015 – 10/11/2015		
2. CERF project code:	15-RR-CEF-061		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input type="checkbox"/> Concluded		
4. Project title:	Improve access to safe water, proper sanitation and hygiene practices as well as prevention of illness for children and adolescents affected by the floods					
7. Funding	a. Total project budget:	US\$ 664,608	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 454,623	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 180,125	
	c. Amount received from CERF:	US\$ 384,623	▪ <i>Government Partners:</i>		US\$ 82,310	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	4,770	4,230	9,000	5,254	4,660	9,914
<i>Adults (above 18)</i>	5,830	5,170	11,000	6,423	5,695	12,118
Total	10,600	9,400	20,000	11,677	10,355	22,032
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			20,000	22,032		
Total (same as in 8a)			20,000	22,032		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						

CERF Result Framework			
9. Project objective	Improve access to safe water, proper sanitation and hygiene practices as well as prevention of illness, protection and psychosocial support for children and adolescents affected by the floods.		
10. Outcome statement	Children and women have access to safe water facilities, sanitation and hygiene		
11. Outputs			
Output 1	9,000 affected people have access to safe clean water for bathing, cooking and cleaning at Maynas province		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of rural affected people who have access to safe drinking water and clean water for bathing, cooking and cleaning	1,500	5,280
Indicator 1.2	# of people that receive appropriate treatment supplies (water purification tablets, etc.) through UNICEF support in the affected areas	7,500	2,200
Indicator 1.3	# of families that receive UNICEF-procured collapsible water containers	1,500	1,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water purification tablets and bleach to disinfect drinking water at the sources in temporary settlements, selected schools, health centres and households, with instructions for safe usage provided	UNICEF	UNICEF DIRESA
Activity 1.2	Education in water management, disinfection of water and disposal of solid waste in temporary settlements, selected schools, health centres and households.	UNICEF Local Government, NGO: ACF, Caritas	UNICEF Local Government, NGO: CEDEC
Activity 1.3	Water quality is monitored and safe water is ensured for the affected population (50 shelters for one month)	Local Government, NGO: ACF, Caritas	Local Government, DIRESA NGO: CEDEC
Output 2	6,000 affected people (including families and school children and) have access to sanitary facilities appropriate to their community		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of families that have access to sanitary latrines and a clean environment	1,500	1,186
Indicator 2.2	# of affected schools that have access to sanitary latrines and a clean environment for school children	50	54
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Installation of ecological latrines in rural areas and school	Local Government, NGO: ACF, Caritas	Local Government, NGO: CEDEC
Activity 2.2	Training in the use of ecological latrines	Local Government, NGO: ACF, Caritas	Local Government, NGO: CEDEC

Output 3	100,000 affected people in Maynas province have access to hygiene promotion messages and activities which address key behaviours and support the prevention ARI, ADD, malaria and skin infections		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of affected people receiving health care information	100,0004	100,000
Indicator 3.2	# clean hygiene messages elaborated and disseminated among the affected population	10	11
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Clean hygiene messages elaborated and disseminated among the affected population	UNICEF	UNICEF NGO: IPSA
Activity 3.2	2,500 hygiene kits for children distributed (1,500 in rural areas, 1,000 in peri urban)	UNICEF	UNICEF NGO: CEDEC 3,500 KIT
Output 4	Support the reduction of outbreaks and health risk in the population affected by the floods in the selected provinces of the region of Loreto.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# children and women assisted by medical brigades in the affected areas	5,000	3,425
Indicator 4.2	# families assisted by fumigation brigades.	1,000	1,927 families 93 schools
Indicator 4.3	# of distributed mosquito nets	2,500	3,000
Indicator 4.4	# children and women assisted by mental health brigades in the affected areas	3,000	5,038
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Organization and deployment of epidemiological brigades.	UNICEF DIRESA	UNICEF NGO: CEDEC DIRESA
Activity 4.2	Procurement of supplies and equipment for fumigation brigades, and deployment of the fumigation brigades.	UNICEF DIRESA	UNICEF NGO: CEDEC DIRESA
Activity 4.3	Deployment of medical brigades in the affected areas	UNICEF DIRESA	UNICEF NGO: CEDEC DIRESA
Activity 4.4	Deployment of mental health brigades in the affected areas	UNICEF DIRESA	UNICEF NGO: CEDEC DIRESA
Output 5	5,500 of affected children and pregnant/lactating women have access to emergency, preventive and curative services for maternal, neonatal and child health		

⁴ Will offer information through mass media such as radio. Listen to people from all districts of the region. We expect to reach 10 % of the entire population and 50 % of the affected population.

Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# Children and women apply healthy practices to prevent diseases	5,000	13,569
Indicator 5.2	# family assisted by medical brigades.	1,000	1,000
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Production and distribution of education material for prevention of disease in the affected population: Prevention of diarrhea and parasitosis. Prevention of Acute Respiratory Infections. Care of pregnancy. Prevention of skin diseases	UNICEF DIRESA	UNICEF DIRESA NGO: CEDEC
Activity 5.2	Train communicators, promoters and journalist in communication for development strategies in emergencies, specifically targeting children and pregnant women.	UNICEF DIRESA	UNICEF DIRESA NGO: CEDEC
Activity 5.3	Procurement of supplies and deployment for medical brigades	UNICEF DIRESA	UNICEF DIRESA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

There are no significant discrepancies. During the implementation of the response, decisions were made taking into account the characteristics of rural communities that are routinely flooded, so as to find emergency response solutions which will increase their resiliency in the face of future recurring events.

Output 1.1: 9,000 affected people have access to safe clean water for bathing, cooking and cleaning at Maynas province.

- 2,200 persons from rural and peri-urban communities received 50,000 water purification tablets, which enabled them to consume safe water conforming to international standards. The goal of 7,500 beneficiaries was projected considering interventions in homes served by DIRESA.
- 5,280 people from rural and peri-urban communities in 6 districts are able to consume safe water thanks to the installation of rain collection systems for 160 families and the distribution of water treatment kits to 500 families for purifying river water. The goal of 1,500 beneficiaries was exceeded through the implementation of these two actions.
- 10,369 people from 73 communities in 6 selected districts received information and training by 614 Community Health Agents on the treatment, use and conservation of the water.

Local Government	Beneficiary Communities	Individual Direct Beneficiaries
Maynas	16	1,794
Indiana	35	4,721
Las Amazonas	22	3,854
Total	73	10,369

- DIRESA was given 100 chlorine comparators for testing the water quality in affected target communities in 6 Maynas districts.

Output 1.2: 6,000 affected people (including families and school children) gain access to appropriate sanitary facilities for their community.

- 1,928 individuals benefited from the construction of 160 dry ecological sanitation latrines in 106 homes and 54 educational institutions. The floating latrine technology applied avoids faecal contamination of the water and permits to convert excrements into compost that can be used to improve their crops.

Distribution of Ecological Latrines

Local Government	Proposed latrines	Installed latrines	Meta en %
Maynas	10	16	160 %
Indiana	100	104	104 %
Las Amazonas	40	40	100 %
Total	150	160	107 %

- The means of sustenance of 22 families were improved by teaching to 22 carpenters the technology for building dry ecological latrines in the districts of Indiana, Amazonas and Iquitos.
- During the process of construction of the ecological latrines, training was imparted on the proper use and maintenance of the latrines; the families in beneficiary communities participated in the process of transfer and installation of part of the materials.

Output 1.3: 100,000 affected people in Maynas province have access to messages on hygiene promotion and activities that address key behaviours and contribute to the prevention of ARI, ADD, malaria and skin disorders.

- An estimated number of 100,000 affected individuals in all the region had access to information on health care, hand hygiene, healthy food, breastfeeding, anaemia in infancy and pregnancy, consumption of micronutrients for proper child nutrition, wastewater management, waterborne diseases, diarrhea, parasitosis, ARI, malaria and dengue. The following materials were produced to disseminate this information:
 - Printing of 72,000 leaflets on healthcare topics such as: waste management, latrines, nutrition during pregnancy and infancy, and water treatment methods to obtain safe water for shelters and homes.
 - Audio messages on prevention topics and healthcare were prepared and broadcast by the radio station “La Voz de la Selva”, and an agreement was signed with this station.
- 3,500 boys and girls received sanitation kits in 6 target districts. 1873 sanitation kits were distributed in 42 communities in rural areas of the districts of Indiana and Amazonas, and 1,627 kits were distributed in peri-urban areas. During the distribution of the kits, information was provided and proper hand washing, mouth cleaning, and personal hygiene methods were demonstrated.

Output 2.1: Help to reduce disease outbreaks and health risks among the population affected by floods in selected provinces of the Loreto Region.

- 1,227 children and 2,198 women and adults benefited from the services of epidemiological/medical brigades consisting of a general practitioner, paediatrician, dentists, obstetrician, nurses responsible for controlling CRED and immunizations, and a laboratory technician, who provided general medical attention to all the population, i.e., immunization programs, oral health, dentistry, Papanicolaou tests, uterine cancer screening, control of CRED for boys and girls below 5 years of age, and pregnancy checks in the most affected communities, with the following outcomes:

District	Communities	Persons who received medical, dental and laboratory services	Programs for children: Immunizations, screening for anaemia and	Duration of intervention by brigades: number of days

			control of CRED	
Indiana*	09	1,076	202	10
Las Amazonas	33	1,122	1,025	25
Total	42	2,198	1,227	35
*Proper sanitation and hygiene practices were demonstrated in Indiana.				

The estimated goal of 5,000 individuals assisted by brigades was not reached because the intervention focused very strongly on health promotion.

- 1,927 families and 93 schools benefited from the interventions by insect extermination brigades in rural areas of the districts of Las Amazonas and Indiana, with the following outcomes:

District	Communities	Homes	Educational Institutions	Individual Beneficiaries
Indiana	34	1,023	54	4,355
Las Amazonas	22	904	39	3,854
Total	56	1,927	93	8,209

* CERF funds were used to pay the costs of fuel, boat rental, motorist, per diem, and acquisition of 20 disinfection units. The projected goal was exceeded because resources were mobilized by DIRESA.

- 5,038 Mental Health interventions were carried out, applying the “Let’s Play Smile” (Juguemos SonRIE) strategy. Mental health brigades were organized to provide psychosocial support to boys, girls and adolescents affected by the floods, giving priority to the most affected areas, in coordination with the Civil Defence and “DEMUNA” (Ombudsman’s office for Women and Children) offices in each municipal jurisdiction, with the following outcomes:
 - 35 communities served: 12 in Indiana and 23 peri-urban areas in Iquitos
 - 5,038 interventions carried out, including fixed-site and itinerant programs by health brigades composed of personnel from various institutions, DEMUNA, Health Centre and Volunteers.
 - Community organization fostered for the prevention, detection and alert of cases of boys, girls and adolescents affected by violence, child labour, possible trafficking, lack of documents, and other forms of rights violations. Thirty-six cases were detected and reported to the DEMUNA for timely assistance, coordinating actions with service operators and law enforcement agents to strengthen local protection systems in emergency contexts and regular situations.
 - It was also possible to recover public spaces for playing, strengthen the capacities of local actors and articulate interventions to provide socio-emotional support.
 - The projected goal of 3,000 interventions was exceeded by having municipal authorities contribute resources for the implementation of the “Juguemos SonRIE” program on a permanent basis.
- 3,000 Mosquito nets were distributed, taking into account the prevalence of dengue in the affected communities; the projected coverage was exceeded by 20 per cent thanks to cost-cutting efforts.

Output 2.2: 5,500 of affected children and pregnant/lactating women have access to emergency, preventive and curative services in the areas of maternal, neonatal and child health.

- 13,569 individuals from 47 communities in 7 selected districts received information and training by 614 Community Health Agents on the prevention of diarrhea, respiratory infections, parasitosis, conjunctivitis, skin diseases, pregnancy care, and treatment of malnutrition and anaemia. The projected goal of 5,500 beneficiaries was exceeded as a result of the work strategy articulated by the health sector, municipal authorities, and the community led by UNICEF, with technical assistance and materials furnished with CERF funds.
- 1,000 families had access through medical brigades to information on healthcare, hand hygiene, healthy nutrition, breastfeeding, anaemia in childhood and pregnancy, consumption of micronutrients for proper child nutrition, wastewater management, and diseases from the use of contaminated water, diarrhea, parasitosis, ARI, malaria and dengue. The following materials were produced to disseminate this information:
 - Printing of 7 flipcharts with messages on water, sanitation, the use and maintenance of ecological latrines, water treatment kits (Mi Agua), and healthcare topics.
 - Printing of 7,000 pamphlets with messages on water, sanitation, the use and maintenance of ecological latrines, water treatment kits (Mi Agua), and healthcare topics.
- Through journalists from major news media and with the materials used for responding to the emergency, press coverage was obtained, information about healthcare activities was disseminated by the written press, sanitation kits and mosquito nets were distributed, and hand hygiene methods were shown to boys and girls.
- The supplies distributed to the community in coordination with officers from the Regional Health Bureau in Loreto were:
 - 3,000 mosquito nets
 - 3,500 sanitation kits for children
 - Toy Kit and materials for 3 fixed-site modules and 35 itinerant modules
 - 500 water treatment kits (Mi agua)
 - 160 cylinders, each with capacity for 200 litres, for collecting rainwater
 - 50,000 chlorine tablets for water purification
 - 10,000 envelopes containing oral rehydration salts
 - 20 kits of fumigation equipment

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The strategy applied considered in all cases the opinions and participation of the community; the implemented solutions were consulted and validated with them, and their opinions were taken into account in the materials produced.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	12/06/2015 – 11/12/2015		
2. CERF project code:	15-RR-FPA-020		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input type="checkbox"/> Concluded		
4. Project title:	Improve access to hygiene supplies of women in reproductive age affected by the floods					
7. Funding	a. Total project budget:	US\$ 246,179	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 246,179	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 163,679	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	1,500		7,500	1,500		7,500
<i>Adults (above 18)</i>	6,000			6,000		
Total	7,500		7,500⁵	7,500		7,500⁶
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	1,770			1,770		
<i>Host population</i>						
<i>Other affected people</i>	5,730			5,730		
Total (same as in 8a)	7,500			7,500		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						

⁵ Adult, young and adolescent women in reproductive age.

⁶ Adult, young and adolescent women in reproductive age.

CERF Result Framework			
9. Project objective	To empower women in reproductive age to live safe and with dignity even during humanitarian crises through the access to prevention and attention system of gender based violence (GBV) and hygiene supplies.		
10. Outcome statement	Adult, young and adolescent women's access to security and dignity are promoted and sustained.		
11. Outputs			
Output 1	Deliver of hygiene kits to 5,000 adult, young and adolescents women in reproductive age affected by the floods		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women receiving hygiene kits	5,000	5,000 Additional 2,500 women and adolescents received information on hygiene, reproductive and sexual health and gender-based violence prevention
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Visit communities to update information of women situation	UNFPA	UNFPA
Activity 1.2	Purchase and armed of kits	UNFPA	UNFPA
Activity 1.3	Delivery of hygiene Kits including communication activities about hygiene and gender based violence prevention	UNFPA –Ministry of the Woman and Populations Vulnerable	UNFPA –Ministry of the Woman and Populations Vulnerable
Activity 1.4	Monitoring visits	UNFPA country team	UNFPA country team

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

For informative sessions, 7,500 women were targeted, and 5,000 women received Dignity Kits. During the informative sessions women over and under the age range prioritized attended to learn about hygiene, prevention of gender-based violence, the risk symptoms during pregnancy and the signs of labor.

The identification of women in reproductive age (12 to 49 years old) was made in coordination with other agencies.

Given the similarity of the kits provided by IOM and provided by UNFPA, it was decided not coincide in urban areas with this agency not to double aid unnecessarily.

As to rural areas it was coordinated with FAO so that women in the target areas selected by FAO would receive aid delivered by UNFPA, being the most affected. In Amazonas district the operation included affected communities not reported previously by the authorities, that were identified by Caritas, FAO's implementation partner.

The activity schedule required some changes because there were difficulties in getting the quantity of products needed for the

5,000 Dignity kits. For example, the local supplier had to buy alcohol gel in Lima, but the difficulty was the transfer to Iquitos, as commercial aircraft demanded many requirements being a flammable product. I took several procedures and an overload in the price due to transportation with 10 days of delay.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the project design phase, provincial and municipal authorities were consulted in order to determine needs of beneficiaries and their location.

The intervention was coordinated with officials of the municipalities of Indiana and Amazonas, being very active Office of International Cooperation, the Office of Civil Defense, Children and Adolescent Municipal Ombudsman (DEMUNAS), and Managers of Social Development of each of the district municipalities, who provided information about access, distance between communities and other aspects to consider. Information of the standards of each municipality were harmonized with the standards of Regional Emergency Operation Centre.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	15/06/2015 – 14/12/2015		
2. CERF project code:	15-RR-IOM-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input type="checkbox"/> Concluded		
4. Project title:	Provision of repair kits and NFIs to vulnerable populations and returning families affected by floods in Iquitos					
7. Funding	a. Total project budget:	US\$ 259,220	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 202,827	▪ NGO partners and Red Cross/Crescent:	US\$ 0		
	c. Amount received from CERF:	US\$ 182,827	▪ Government Partners:	US\$ 0		
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	700	700	1,400	1,069	1,158	2,227
Adults (above 18)	1,100	1,100	2,200	1,084	881	1,965
Total	1,800	1,800	3,600	2,153	2,039	4,192
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	3,600		4,192			
Host population						
Other affected people						
Total (same as in 8a)	3,600		4,192			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			There were some logistical problems related to local providers that were not able to supply kitchen kits and mosquito nets part of the comfort kits. Only mosquito nets from the comfort kit were distributed which were critical taking into account the risk of mosquito-borne diseases having to purchase them in Lima with costs higher than planned. IOM staff in Iquitos in coordination with local authorities and collective centre coordinators identified a large number of additional families in need for support to rebuild their homes. It was decided, in consultation with OCHA ROLAC, that remaining			

	funds originally earmarked for NFIs would be used to purchase repair kits for 300 additional families.
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CERF Result Framework			
9. Project objective	Support the return process for 700 families with especially vulnerable members leaving collective centres and returning home.		
10. Outcome statement	Families with especially vulnerable members will be better prepared to cover their most urgent needs and ensure a safe and secure return to their damaged homes.		
11. Outputs			
Output 1	Families from selected collective centres are able to return to their homes in safe and secure conditions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of families that receive and use repair kits,	700	1,000
Indicator 1.2	Number of families that receive and use kitchen kits and/or comfort kits	700	1,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify families' needs	IOM	IOM
Activity 1.2	Coordinate purchase and distribution of materials, repair kits and non-food items	IOM	IOM
Activity 1.3	Support use of family repair kits	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project's outcome was achieved and with the support provided, beneficiaries were able to return to their homes once the water receded. One of the challenges faced by IOM staff during the registry of beneficiaries and the supervision visits was the geographical distribution of the families in the four districts of Iquitos city, which often required long walking displacements and moving around partially flooded neighbourhoods.

Although there was no significant discrepancy between planned and actual outcomes and outputs, there was a modification in the number of beneficiaries and the composition of comfort kits. There was only one main provider of household goods in Iquitos and didn't have the capacity to import most of the comfort kits' items in a timely manner due to climate conditions, and also presented much higher costs than previously consulted. Mosquito nets were prioritized because of the risk conditions to mosquito-borne diseases, and they were purchased in Lima with additional transport costs. Having a remaining budget line for the comfort kits in view of these logistical difficulties, an increase in the number of beneficiaries was agreed upon with local authorities, collective centre coordinators, previously consulted with OCHA ROLAC to meet the needs of more families during their return to their damaged houses with repair kits.

IOM carried out several visits to each beneficiary to confirm the use of the repair kits and mosquito nets, and identify any additional needs. This visits took place one month after the distribution of repair kits. The result was that the majority of beneficiary families had been able to repair their homes and several of them were able to further elevate their homes in preparation for the next floods. IOM staff also spoke with families who had received support from an IOM CERF-funded project in 2012. It was found that during the 2015 floods, practically none of these families went to the shelter which is a positive impact of the previous humanitarian intervention preventing a new displacement in 2015. It was also observed that around 26 per cent of the families were not able to use the repair kits due to insufficient materials or because the wood was not dry enough. The list of families that did not use the repair kits was shared with municipal authorities in order to find some alternative source for the materials. Additional interviews were carried out with 290 beneficiary families to also inquire about their capacity to face floods in the future.

The large majority of interviewees explained that even if the repair kits did allow them to further elevate their homes, they didn't feel prepared to face the next floods and might end up in shelters again. Most of the families also said that they hadn't received other assistance besides that which was provided by IOM.

Two months later a second visit was carried out for the families who weren't able to use the repair kits at the time of the first visit. On this occasion, all families had been able to use the repair kits because they bought or received additional materials from their relatives or friends.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the project design phase, national and municipal authorities, as well as collective centre coordinators (community leaders), were consulted in order to determine needs of beneficiaries and their location. During the project implementation weekly meetings between IOM, the other implementing agencies and the local branch of the INDECI (National Institute for Civil Defence) were carried out. Municipal authorities and collective centre coordinators were also closely involved during the project's implementation phase in order to ensure that families included in the project, had effectively been sheltered, and were composed mostly by vulnerable populations (children and elderly). Local authorities also accompanied IOM staff during the follow up visits to advise beneficiaries on the use of the repair kits and evaluate the project's impact.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	15/06/2015 – 14/12/2015		
2. CERF project code:	15-RR-FAO-018		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input type="checkbox"/> Concluded		
4. Project title:	Emergency Agriculture support for families of Las Amazonas and Indiana districts in Maynas province					
7. Funding	a. Total project budget:	US\$ 920,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 183,266	▪ NGO partners and Red Cross/Crescent:		US\$ 93,798	
	c. Amount received from CERF:	US\$ 183,266	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	1,400	1,400	2,800	2,393	2,299	4,692
Adults (above 18)	2,100	2,100	4,200	1,564	1,564	3,128
Total	3,500	3,500	7,000	3,957	3,863	7,820
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	7,000			7,820		
Total (same as in 8a)	7,000			7,820		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The proposal was initially intended to reach 1,400 families (approximately 7,000 persons) in two districts. The prices of the seeds were lower than expected and it was possible to increase the number of families to 1,564. Each family received rice or corn (76 families received both) seeds for one hectare according to the crops they used to cultivate. This distribution was well coordinated with local authorities and beneficiaries.					

CERF Result Framework			
9. Project objective	To re-establish the short-term productive capacity of 1400 families devoted to subsistence farming in short term, increasing and diversifying their food sources and reducing the vulnerability of their livelihoods in front of natural disasters		
10. Outcome statement	1,400 families have a short-term production of subsistence crops		
11. Outputs			
Output 1	1,400 hectares reactivated for food production in the short term, increasing the diversity of food consumed and prepare the land to the next agriculture campaign in 2015		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of hectares which recovered its productive capacity	1,400 hectares	1,640 hectares
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of seeds	FAO and Caritas	FAO and Caritas with the technical contribution of INIA
Activity 1.2	Distribution of food security kits to vulnerable families	FAO and Caritas	FAO and Caritas with the participation of Local Governments
Activity 1.3	Preparation of the land	FAO and Caritas	FAO and Caritas with the technical contribution of INIA and participation of affected families
Activity 1.4	Planting of seeds	FAO and Caritas	FAO and Caritas with the technical contribution of INIA and participation of affected families
Activity 1.5	Provision of technical assistance to local farmers for recovering productive capacity	FAO and Caritas	FAO and Caritas with the technical contribution of INIA
Activity 1.6	Harvesting	FAO and Caritas	FAO and Caritas with the technical contribution of INIA and participation of affected families
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>The general terms of the Project were the same as planned. A re-assessment was carried out to confirm the targeted families and define what seeds would be provided to each family according to their previous experience, coordinated with local authorities, because there were discrepancies between the information provided by the regional level and what was registered by INDECI.</p> <p>The main achievements were:</p> <ul style="list-style-type: none"> ✓ Improvement in the yield by hectare, thus higher profitability due to the quality of the seeds. 			

Family average for rice by hectare:

- Increase from 2 MT (metric ton) to 3.5 MT per hectare (75 per cent more)
- Increase of incomes: from S/. 350 (approximately US\$100) per MT to S/. 600 (approximately US\$172) per MT (72 per cent more)
- In total, an average of 300 per cent more than expected income in previous normal conditions

Family average for corn by hectare:

- Increase from 2.3 MT (metric ton) to 3.2 MT per hectare (39 per cent more)
- Increase of incomes: from S/. 350 (approximately US\$100) per MT to S/. 500 (approximately US\$143) per MT (43 per cent more)
- In total, an average of 190 per cent more than expected income in previous normal conditions

- ✓ There was an increase of total hectares to sow due to the lower prices of seeds: from 1,400 to 1640
- ✓ INIA (National Agriculture Innovation Institute) was a key technical partner for the “field school” (FAO training methodology) to transfer the technology package to cultivate the new variety of seeds:
 - Rice variety: INIA 590 – La Esperanza
 - Corn variety: Marginal 28T
- ✓ There was a close coordination with Local Governments in Las Amazonas and Indiana districts which allowed to develop 18 agriculture training workshops and 12 disaster risk management workshops.

The families complied with their commitment to separate 25 kg (of their selected production) to use as seeds for future campaigns, and also to reserve 25 kg to organize a community solidary seed bank system. Caritas will support stocking in their warehouse these seeds to be used in the next campaign to ensure an adequate storage.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

- An adequate identification of localities and families was performed, using agreed selecting criteria with the participation of the beneficiaries based on their experience and commitment to recover from the emergency following the proposed conditions. This was well coordinated with social leaders, Local Governments, Regional Agriculture Directorate of Loreto and INIA.
- An Operative Plan with clear goals, objectives and methodology of intervention was agreed.
- The implementation of the project was timely done, in all its phases minimizing the obstacles during the purchasing of seeds, storage, training, distribution of seeds and supervision by Caritas, FAO and Community and Local authorities.
- Group and individual technical assistance (field school and field supervision) was delivered by Caritas with the support of INIA during all the process from the preparation of the land to the harvest and commercialization.
- Monitoring of processes and results was performed continuously and regularly by national level staff of Caritas and FAO to take measures to improve results and optimize resources available.
- There was close coordination with communities, Local Governments, INIA, Regional Agriculture Directorate of Loreto, FAO and Caritas during all phases of the project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$88,818
15-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	NNGO	\$175,702
15-RR-FAO-018	Agriculture	FAO	NNGO	\$93,798

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADD	Acute Diarrheal Disease
ARI	Acute Respiratory Infection
INDECI	Instituto Nacional De Defensa Civil (National Civil Defense Institute)
INIA	Instituto Nacional de Innovación Agraria (National Agriculture Innovation Institute)
CRED	NGO Crecimiento y Desarrollo
CEDEC	NGO Centro de Educación y Desarrollo Comunitario
DEMUNA	Defensoría del Niño y del Adolescente (Children and Adolescents Public Defender)
DIRESA	Dirección Regional de Salud (Regional Health Directorate)
IPSA	NGO Instituto de Promoción Social Amazónica