

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
PERU  
RAPID RESPONSE  
FLOOD 2017**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review was conducted on 13 November, 2017 in Piura. The activity, chaired by the UN Resident Coordinator had 88 participants from National Civil Defence Institute (INDECI), Piura Regional Government (General Manager and sector Managers), Province Municipality of Piura, District Municipality of Catacaos, 13 community and displaced organizations leaders from Cura Mori, Catacaos, Castilla, health promoters, Ministry of Women and Vulnerable Population, Ministry of Housing and Sanitation, Ministry of Development and Social Inclusion, Social Development Cooperation Fund (FONCODES), Woman Emergency Center (CEM), Ombudsman office, 8 NGOs, Peruvian Red Cross, 6 UN agencies and OCHA.

Besides this activity, FAO, Practical Action and the Regional Office of Agriculture of Piura, conducted an Evaluation of the project under FAO responsibility, between October 23 and 25.

- 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 was prepared with the participation of the responsible UN agencies, the implementing partners, integrating interventions by cluster/sector by coordinators based on mid-term review and After Action Review.

Preliminary draft was discussed in a technical meeting among UN agencies and OCHA on week 10.

A second draft was circulated with HCT heads of Clusters/Sector Groups (strategic level) on week 11 and discussed with INDECI as the main governmental partner.

The final version needs to be translated before sharing with in-country stakeholders, this is planned to do in the coming weeks.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 38.3 million (Flash Appeal), plus US\$ 4.7 million (IFRC)		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,167,962
	COUNTRY-BASED POOL FUND ( <i>if applicable</i> )	0
	OTHER (bilateral/multilateral) and other sources	21,057,964
	<b>TOTAL</b>	<b>26,225,926</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19/04/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-019	Agriculture	288,286
IOM	17-RR-IOM-013	Camp Coordination and Camp Management	1,140,181
UNDP	17-RR-UDP-004	Early Recovery	250,016
UNFPA	17-RR-FPA-022	Protection	384,494
UNICEF	17-RR-CEF-042	Nutrition	541,819
UNICEF	17-RR-CEF-044	Water, Sanitation and Hygiene	1,350,657
UNICEF	17-RR-CEF-040	Education	416,518
WHO	17-RR-WHO-016	Health	398,358
WHO	17-RR-WHO-017	Water, Sanitation and Hygiene	397,633
<b>TOTAL</b>			<b>5,167,962</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,334,963
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,818,140
Funds forwarded to government partners	14,859
<b>TOTAL</b>	<b>5,167,962</b>

## **HUMANITARIAN NEEDS**

The flash floods following the continued rains and the subsequent flooding caused major damage which has resulted in important humanitarian needs in the north and central coast in Peru. On 27 March, Piura river reached its maximum level in the city of Piura and flooded the streets of the capital and surrounding districts, this peak was reached after two months of heavy rainfalls. The last official balance indicates that 579,500 persons have been affected in Piura region (including more than 150,000 children), which corresponds to 30 percent of all the affected persons nationwide.

In Piura region: more than 15,000 houses were destroyed and more than 100,000 were affected; more than 8,700 hectares of crops were lost and more than 14,800 hectares were affected; about 28,000 persons were displaced in collective shelters and camps in the worst moment of the emergency, and most of the affected population looked for other solutions like being hosted in homes of relatives.

Evaluations carried out by IOM and other partners found that most collective centers lacked effective coordination and access to basic services, and did not have adequate basic safety and security measures in place in the temporary sites. There was lack of lighting and infrastructure in communal areas, adequate separation between cooking facilities and shelters, and limited basic prevention and protection measures to mitigate gender based violence. Local governments did not have enough resources to keep updated information about IDPs mobility in shelters and their ongoing needs for assistance and protection measures.

Both urban water networks and rural systems were damaged. Sewerage systems in urban areas were also damaged. Water and sanitation related humanitarian needs included: Limited access to the quantity and quality of water required, especially in shelters and temporary shelters as well as in rural areas with excessive turbidity and contaminated wells; poor hygiene conditions due to lack of water and resources; insufficient sanitation solutions in collective shelters and affected areas; collapsing drainage systems that polluted the environment; inadequate solid waste management; lack of monitoring the risk factors associated with water and sanitation.

The humanitarian health context worsened due to the dengue epidemic especially in Piura and Sullana, as well as the increased number of cases of leptospira, Zika and Chikungunya. The operation of several health care facilities especially at primary level affected the response capacity during the emergency. The interruption of essential health interventions such as women reproductive health, ante-natal, post-natal controls, as regular child checks, emergency services, vaccinations, vitamin A and micronutrients supplementation increased the risks of infant and maternal morbidity and mortality, including malnutrition among pregnant and, lactating women (PLW) and children under the age of 5. Overcrowded shelters and households without appropriate access to WASH services for personal hygiene and food preparation was also a threat to the health of affected population.

Emergency Food Security Assessment (EFSA) conducted by WFP showed that 59 percent of the affected people were food insecure, including 9 percent as severely food insecure. This high percentage was due to poor consumption of food (61%), high economic vulnerability due to increased spending in food (66%) and reliance on emergency and crisis survival strategies (31%). These strategies include the reduction in the quantity and quality of meals (86%), reduction in the number of food portions (75%), elders sharing food portions with their children (71%), and consumption of cheaper or less preferred food (81%).

Family farmers lost their crops of the main agricultural season, in addition to their jobs, affecting their livelihoods and making them vulnerable to severe food insecurity. They needed an immediate support for their productive capacity to guarantee food security. Urban livelihoods were also severely affected with worsening basic needs coverage.

Mud removal was an urgent need as the vast majority of the areas affected by the floods had a critical situation with accumulation of solid waste and contaminated mud in streets, homes and businesses, affecting their sanitary conditions, limiting their housing recovery, and limiting the affected population to access local markets and food provision places.

There was also a disruption of school and child protection systems. Around 740 education centers were affected. Psychosocial contentions needs were also identified, especially for children. Existing child protection services, which do not have universal coverage, were able to partially address these needs. There was loss of identity documents, including birth certificates. Displaced children and adolescents in shelters were highly exposed to lack of protection risks.

## II. FOCUS AREAS AND PRIORITIZATION

The Flash Appeal requested approximately US\$ 38.3 million to assist affected communities in the most affected regions. The breakdown of urgent funding needs by sector was:

- Water, Sanitation and Hygiene: US\$ 9.8
- Early Recovery and Livelihoods: US\$ 5.2
- Shelter: US\$ 4.7
- Food Security, Nutrition and Agriculture: US\$ 4.9
- CCCM: US\$ 4.3
- Education: US\$ 2.6
- Health: US\$ 4.4
- Protection: US\$ 2.1
- Coordination: US\$ 0.18

The prioritization of the geographical areas was agreed based on the number of people in temporary shelters, conditions of the vulnerable groups, level and type of impact of the floods and flash-floods and the health risks following the event. The projects were focused in the most affected districts of the provinces of Piura and Morropón, and through health activities, in Sullana province.

Data and information used to formulate this proposal, is based on MIRA Evaluation first draft, (March 27th, 2017), (SitReps) and information collected directly from visits to the affected areas by UNDAC and NGOs (CARE and Practical Action), UNFPA, HCT, and OCHA; in addition to reports from the National Institute of Statistics and the ones from the Ministries of Health, Housing, Work and Production.

In the aftermath of emergency, there was a notable increase in dengue, Zika, chikungunya and leptospira cases. The epidemic of dengue in Piura caused 41 confirmed fatal cases and more than 46 thousand patients which represents an increase of 560% with respect to the previous year. The districts with the highest number of cases were: Piura, Castilla, Sullana, October 26, Pariñas and Catacaos. The deterioration of water and sanitation increased the cases of diarrhea. The regional authorities in Piura reported a sustained increase on cases of diarrheal diseases from the epidemiological week 2 to 27, when compared to 2016. In this period, the number of diarrheal episodes of children under 5 years of age in Piura increased by 9.0% (15,067 episodes in 2016 vs 16,442 in 2017). Women reproductive health needed technical and logistic support to deliver service in collective shelters and more affected areas.

The emergency stressed the health of infants in particular. Before the emergency, 15.0% of children under 5 years old suffered from chronic malnutrition and 66.6% of children over 6 to 11 months suffered from anemia (ENDES 2016). The prevalence of chronic malnutrition in Cura Mori, Castilla, Catacaos, La Arena, La Unión, Las Lomas, Tambo Grande and Chulucanas was above the regional average (range from 30.7% to 15.0%). At the same time, the infant mortality in Piura was in the range of 13 to 22 deaths per 1000 live births, while neonatal mortality was 6 to 15 per 1000 live births. In children under 5 years old, the prevalence of diarrhoeal diseases was 11.9% and acute respiratory diseases was 17.9%.

Water, sanitation and hygiene (WASH) was prioritised as an area of urgent humanitarian need. Access to safe water was limited due to damaged infrastructure. Poor road access made water distribution by trucks difficult and there was limited capacity for monitoring water quality. Most of the sewage systems in the affected cities had collapsed, collection pipes were blocked, and wastewater had flooded streets and households, which was a serious threat to human health due to infections and proliferations of pests such as rodents and insects. Shelters lacked latrines and showers, which led to the widespread practice of open defecation. Waste management was identified as a serious issue. Due to the flooding of large areas, there was a risk of spreading waterborne and vector diseases, including Malaria, Dengue, Zika and Chikungunya. This situation was exacerbated by overcrowding conditions and inadequate sanitary conditions in shelters and houses. In addition, there was an increase in the rates of acute diarrheal diseases, acute respiratory infections and leptospirosis.

Almost 2 million children did not start the school term on time. Existing child protection services had difficulties accessing affected areas, lacked sufficient resources and did not have staff trained for emergency situations. The displaced children and adolescents in shelters were exposed to the risks of seriously falling behind in school, violence, sexual exploitation, abuse, and trafficking, as well as risks to their health. There were alarming levels of possible psychological trauma, deterioration of mental health, as well as the loss of identity documents, including birth certificates. Caregivers responsible for the wellbeing of children could not provide adequate counselling.

Large amount of toxic muds and solid waste were accumulated, preventing early recovery of housing and livelihoods, and increasing the risk of health in areas where chronic child malnutrition rates were already dangerously high.

In rural areas of Piura, the situation in the agricultural sector was extremely critical, since the affected areas were mainly agricultural. The Ministry of Agriculture and Irrigation (MINAGRI) reported 7,000 affected agricultural producers in Piura, of whom 80% are small farmers (5,600 families). The National Institute of Civil Defense (INDECI) reports 53,656 hectares of affected crops and 20,656 hectares lost. The estimated value of crop and infrastructure losses amounts to approximately S / .176 million soles (US \$ 55 million). An official evaluation in the San Lorenzo Valley, Tambo Grande district, points out that it was the most affected territory, losing according to INDECI, 1,330 hectares of crops, affecting 2,266 families. The targeted beneficiaries are family farmers who live in conditions of extreme poverty. It is important to mention that malnutrition levels, specifically in children, are higher in these areas in relation to the rest of the population.

Unhealthy environment, limited access to safe water and adequate sanitation conditions, limited health services, and the sudden loss of family livelihoods, increased the risk of malnutrition among pregnant women, lactating women and children under the age of 5.

Piura region had the highest number of displaced families living in official and spontaneous sites, reaching 28,000 persons, number that decreased through the months up to approximately 8,000 persons in December. Urgent needs in these contexts required specific coordination and management mechanisms liaising national, regional and local authorities, and humanitarian actors. There was a need to strengthen coordination in order to facilitate access to basic services, and to include basic safety and security measures. Shelter needs were identified to help displaced families to improve living conditions, taking into account the difficulties to shift from emergency shelter to temporary shelter state support, including technical advice to use shelter kits.

### III. CERF PROCESS

The Government declared the state of emergency in 12 regions and the maximum level state of emergency in Piura. The UN Resident Coordinator and the Chief of INDECI, as co-chair of the HCT (*Red Humanitaria Nacional*), agreed on the MIRA mission with UNDAC team support and involvement of sector groups, to assess humanitarian situation in five regions of the country. The scope of the emergency and needs reflected in the MIRA process, emergency food security in emergencies assessment (EFSA), Sitreps, and the coordination with authorities led to activate the financial mechanisms (Flash Appeal and CERF) mobilizing resources to complement governmental efforts in addressing the humanitarian needs of the affected people in the flooded areas.

Having people at the center of the approach, three urgent problems were tackled,: sanitary risk which is an extensive negative impact for the population (Health, WASH, Education, Early Recovery), emergency housing with collective centers or tent settlements in precarious conditions and families being hosted also in precarious conditions near their flooded houses, with low levels of security (CCCM, Shelter, WASH, Protection, Education), and food security/income generation, which impacts the most affected and vulnerable groups who have no resources left to satisfy their basic needs, having to use negative coping strategies to survive such as family disintegration, selling their few economic assets in rural areas, exposing themselves to risk conditions, among other negative situations (Food Security, Nutrition, Early Recovery).

The preparation of the Flash Appeal and of the CERF proposal was led by the UN Resident Coordinator, with support from UNDAC team and OCHA, as HCT Technical Secretary and the inter cluster mechanism. The strategic and technical level of the HCT, participated in meetings to analyze the results of the assessment mission and prioritize humanitarian needs, based on the MIRA results. The HCT Cluster/Sector leads were in charge of coordinating the sector strategies along with NGOs and the Peruvian Red Cross, coordinating with the responsible state sectors in order to determine main response gaps. The first strategic objective was to save lives by ensuring timely humanitarian assistance, and the second strategic objective was to kick-start early recovery through livelihood assistance and restoring community infrastructure. Particular conditions and requirements from men and women have been considered in the design of the work plan in order to assure a gender approach in the intervention, taking care of identify inequities and responsibilities relying on single households, mainly women, as well as protection risk situations to be addressed in all sectors.

Health CERF strategy responded to the most the urgent health needs identified in the three provinces of the Piura department, prioritized by the Ministries Health, Environment and Housing-Sanitation-Social Construction, and the WASH sector group in Emergencies.

The proposed WASH activities responded to the most urgent health needs identified in the three provinces of Piura Region, prioritised with the Ministry of Health, Ministry of Environment, Ministry of Housing, Construction and Sanitation and the National WASH Cluster. Emergency agriculture activities were oriented to complement the action of the Ministry of Agriculture and Irrigation and the Regional Office of Agriculture in Piura.

At the national level, the coordination mechanism of the education sector was activated, led by the Ministry of Education, UNESCO and UNICEF, and three working groups were established: socio-emotional support, communication and temporary space standards. At the local level, the Regional Department of Education in Piura and UNICEF led a working group to coordinate interventions.

The nutrition response was developed in close coordination with Health and Development and Social Inclusion authorities at the national, regional and local levels. With technical assistance from UNICEF, the Ministry of Health developed a work plan for service delivery during the emergency in Piura, which served as a framework for the response in the region.

The CCCM response was oriented by IOM in coordination of the Ministry of Development and Social Inclusion (MIDIS) which held the national responsibility, and District Municipalities with the territorial responsibility. In terms of protection, the coordination mechanism of the sector was activated, led by the Ministry of Women and Vulnerable Populations (MIMP) together with UNICEF and UNFPA.

The establishment of the protection working group in Piura facilitated coordinated work between the different institutions involved in the humanitarian response and was an important platform that helped shed light on protection issues, putting them on the local political agenda.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup></b>									
<b>Total number of individuals affected by the crisis: 1,927,721 at national level, 579,585 in Piura region<sup>1</sup></b>									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	1,680	1,960	<b>3,640</b>	1,610	1,750	<b>3,360</b>	3,290	3,710	<b>7,000</b>
Camp Coordination and Camp Management	5032	9719	<b>14751</b>	4792	9255	<b>14047</b>	9824	18974	<b>28798</b>
Child Protection	5,425	1,957	<b>7,382</b>	6100	402	<b>6,502</b>	11,525	2359	<b>13,884</b>
Early Recovery	6,643	8,455	<b>15,098</b>	6,505	8,278	<b>14,783</b>	13,148	16,733	<b>29,881</b>
Education	618	47	<b>665</b>	620	40	<b>660</b>	1,238	87	<b>1,325</b>
Health	17,806	32,261	<b>50,067</b>	17,906	31,538	<b>49,444</b>	35,712	63,799	<b>99,511</b>
Nutrition	3,198	2,502	<b>5,700</b>	3,300	115	<b>3,415</b>	6,498	2,617	<b>9,115</b>
Protection	1,826	7,665	<b>9,491</b>	0	0	<b>0</b>	1,826	7,665	<b>9,491</b>
Shelter	2,615	4,152	<b>6,767</b>	2,507	3,520	<b>6,027</b>	5,122	7,672	<b>12,794</b>

<sup>1</sup> Instituto Nacional de Defensa Civil, "Resumen Ejecutivo Histórico de la Temporada de Lluvias. Reporte EDAN al 99.5%", 10 de noviembre de 2017.

Water, Sanitation and Hygiene	3,909	6,132	<b>10,041</b>	3,877	6,082	<b>9,959</b>	7,786	12,214	<b>20,000</b>
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<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

## BENEFICIARY ESTIMATION

The estimation of beneficiaries in the health sector takes into account the following groups:

- Population displaced in collective shelters: 8,874 persons, which corresponds to the people who have stayed mainly in the shelters Km 975, Km 980 and San Pablo, which as part of the intervention of the project received attention from the initial intervention in the form of brigades that were equipped, educational materials, as well as visits by mental health personnel, and were part of the prioritized group for the epidemiological surveillance of diseases in the province of Piura. This includes 4,595 children under 5 years of age whose health situations were monitored by health and nutrition brigades that identified risks, provided counseling and referred cases to health care centers. The health care modules installed in the shelter areas by the regional health authority were equipped for the care of pediatric patients. This population was also reached by nutrition interventions detailed in the corresponding section. The mobile health brigade provided 6,249 obstetric services to 3,013 women in collective shelters. To avoid double counting, the estimation is taking the number of displaced persons in collective shelters.
- Population in the affected communities: 90,630 non-displaced persons, which correspond to people who received emergency care and consultation due to health problems associated with the disaster in hospitals and first level facilities where minor health issues were tended to and biomedical equipment was delivered to the provinces of Piura and Sullana. In addition, the priority population for disease surveillance was included in some of the most vulnerable localities in the Sullana province.

In Nutrition and Health, through the intervention by UNICEF, the main beneficiaries were children under the age of 5 identified and evaluated in the San Pablo, Km 975 and Km 980 shelters and in the prioritized home communities in Catacaos, Cura Mori, La Arena, La Unión and Tambo Grande. The adult beneficiaries include mothers trained in exclusive breast feeding, members of food preparation centers, health promoters and health workers trained in addressing acute malnutrition. In total, 9,115 children, adolescents and adults were reached.

The beneficiaries of Gender Protection intervention by UNFPA are considered under Protection sector.

Under Child Protection, Education, and WASH, beneficiaries were counted once per sector having been benefitted from different output areas in each sector.

To identify total beneficiaries and avoid duplication, the analysis was made to identify the highest number of displaced persons in collective shelters (CCCM: 28,798 persons), and add this to the highest number of **non-displaced** beneficiaries in other affected areas (WHO/PAHO Health: 90,630 persons as stated in the second paragraph), which represents 119,428 persons in total.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	21,249	39,101	60,350
<b>Male</b>	21,100	37,978	59,078
<b>Total individuals (Female and male)</b>	<b>42,349</b>	<b>77,079</b>	<b>119,428</b>

<sup>2</sup> 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



At least 99,511 were reached by health projects including people living in collective shelters and in affected communities in Piura and Sullana. The implementations of activities have contributed to protect the people at risk including pregnant women, children under 5 years of age, breast-feeding mothers and other vulnerable groups. The capacity of the health services to respond to the emergency was recovered and reinforced through basic treatment, delivery of medical devices and supplies, rapid training of health staff and distribution of treatment for some of the diseases. This was important to reduce the impact of the dengue epidemic and contribute to the survival and wellbeing of affected children. At present, 885 children of age 6 to 59 months have been supplemented with zinc for the treatment of diarrhea. The continuity of care was assured mainly in the first level facilities in the districts of Piura, Catacaos and Curamori, and hospitals in Piura and Sullana that received a great demand for people due to the dengue epidemic that especially affected the districts of Piura, October 26, Castilla and Sullana.

The reinforcement of public health surveillance system (epidemiological system and laboratory) was important to support early detection and timely management of disease outbreaks as Dengue, Leptospira, Zika and Chikungunya. Technical assistance was provided by the disease control center (CDC Ministry of Health). The increase in surveillance was centered on shelters km 975, km 980 and San Pablo; and in the province of Sullana the communities El Obrero, Villa Primavera Village and Healthy Community. Health brigades were deployed to the affected areas as part of the response to the emergency, and to carry out health actions in the shelters and affected communities. The project contributed with basic equipment and rapid training. Some brigades were mobilized to monitor the health and nutritional surveillance of children under 5 years of age, pregnant and lactating women; as a result, 4,954 children, 321 pregnant women and 1,368 lactating women were identified and sick people were referred to the corresponding health care facilities. This intervention was strengthened with support to the implementation of mental health strategy in emergencies in Catacaos health center. This strategy was supported with the implementation of the communication strategy and the mobilization of health promoters in shelter areas and affected communities which were recruited and trained to conduct activities to promote health. In terms of reproductive health services, a mobile health brigade provided 6,249 obstetric services to 3,013 women.

Gender-based violence prevention and assistance focused on women over 11 years of age was related to reproductive health interventions which increased the impact on protection. 4 Safe spaces were established for victims of gender violence and protection and health services were approached with the strategies of Emergency Centers for Women - CEM Itinerant and Mobile Brigades for sexual and reproductive health, respectively. Distribution of kits to women and girls was conducted jointly with information about warning signs during pregnancy and the puerperium, the high risk for a pregnant woman or a puerperal to acquire dengue and the consequences for them or their partners to acquire Zika, as well as awareness on the measures of prevention of gender violence.

The education interventions included reinforcing six temporary classrooms and constructing 19 new temporary classrooms in the shelters. There were 20 hand-washing stations and 26 latrines installed near the classrooms, benefiting 496 children. Additionally, 87 teachers were trained in delivering education in emergencies, with a focus on socio-emotional support and violence prevention. UNICEF helped track 19,109 students at 80 schools to help identify 805 out-of-school students, of whom 409 were placed in the temporary classrooms and 393 in other schools. Three students could not be located.

Six child-friendly spaces were implemented (four by Save the Children and two by the Ministry of Women and Vulnerable Populations), as well as three mobile child-friendly spaces, in Catacaos and Cura Mori, providing 3,820 children and adolescents with socio-emotional support. The installation of child-friendly spaces helped highlight the need for providing emotional and psychological support to children and adolescents and the importance of establishing one methodology approved by the Ministry of Women and Vulnerable Populations to standardize the intervention.

Specialized psychological support was provided, benefiting 4,858 children and adolescents. Of this total, 1,113 cases were identified with mental health issues, risk of domestic violence, maladjustment and problems in development of social skills. These cases were referred to specialized treatment in the Community Mental Health Center in Catacaos. The mobile mental health teams identified cases that pre-existed the emergency, cases that would not otherwise have been diagnosed.

Ten community protection committees were established and operated as mechanisms to prevent and respond to situations of violence, sexual abuse and trafficking. A total of 8,413 people received information about protection, including 6,054 children and adolescents and 2,359 parents, teachers and health workers. The development of 3 service pathways for cases of neglect, physical, psychological and sexual violence led to an increase in the number of complaints and reports.

Additionally, registration teams were deployed to replace the national identity documents of children, adolescents and adults that were lost as a result of the emergency.

The nutrition activities were aimed to protect the nutritional status of children, prevent nutritional deterioration and treat children with acute malnutrition. The intervention included strengthening food preparation in the food preparation centers by training their members in the preparation of safe and nutritionally adequate food for pregnant women, children under the age of 5 and their mothers. They also received cooking kits and informational material. As a result, 1,293 members were trained, including 513 mothers of children under the age of 3. Two food stands were donated to the national CUNAMAS programme, each with the capacity to serve 120 children and up to 240 children under the age of the 3. The food that the programme provides is nutritionally adequate and supplemented with multi-micronutrients to prevent anaemia.

At the same time, a strategy was implemented to monitor the health and nutritional status of children under 5. From May to September, health and nutrition teams were deployed to evaluate the health and nutritional status of children under five. They administered anthropometric evaluations and anaemia treatment to 3,098 children, identifying 291 children with, or at risk of, acute malnutrition. Those children received the therapeutic food, Plumpy'Nut, which was donated as a part of the nutrition intervention. As a result, 82.7% of the children recovered nutritionally. Regional health workers were also trained in treating children with, or at risk of, acute malnutrition and 90,000 doses of Plumpy'Nut to Piura Region.

These actions were complemented by interventions aimed at promoting healthy practices, preventing childhood illnesses as well as vector-borne diseases, and treating children with diarrhea. Community health workers were trained and health teams were deployed to monitor the health of children. Health workers were trained in treating diarrhea with zinc and 10,500 zinc tablets were donated for treatment.

In terms of the WASH sector, specifically water, the implemented interventions included quick fixing rural water supply systems, setting up water distribution points (a minimum of 15 litres/person/day with a free residual of 0.5 mg/l of chlorine) to IDPs located in camps in Catacaos and Cura Mori, and distribution of water filters and safe buckets for household water storage, ensuring access to safe water to 58,932 people. Moreover, to prevent further contamination at the household level and promote appropriate hygiene practices, the WASH intervention was complemented by hygiene promotion and vector control activities, distribution of hygiene kits and the construction of hand washing stations. Sanitation and solid waste management activities included the construction of latrines, with approximately 5,000 beneficiaries, and the establishment of a solid waste management system in coordination with the municipalities, which benefited more than 7,000 beneficiaries. In addition, 20,000 affected people had access to safe water in shelters, communities and health centers and benefited with sanitation, vector control and hygiene measures in impacted areas. A water quality monitoring plan was implemented at the shelter, community and health center level. WASH activities were carried out in coordination with the Executive Directorate of Regulation and Sanitary Inspections of the Ministry of Health, Ministry of Housing, Construction and Sanitation at the national and regional levels, municipalities, community and shelter camp leaders and the community.

Timely support was given to 1,400 family farmers through: the installation of 700 hectares of crops of cowpea beans and hard yellow corn accompanied by technical assistance and toolkits (Shovel, Pickaxe and Dungeon Tool) and 20 chainsaws, 5,000 working days through the "Cash for work" system for the rehabilitation of 58.25 km of affected irrigation channels accompanied by 30 tool kits (Shovel, Pickaxe, Dungeon Tool and Wheelbarrow) and 20 chainsaws. Farmers indicate that the project improved their awareness of food security. Corn and bean crops temporarily replaced mango and lemon. Many of them pointed out that both corn and beans will not only serve to sell them in the market, but also for family consumption.

CCCM sector activities reached 28,708 displaced persons (18,974 adults and 9,824 children). Objectives and outputs were totally achieved. The pillar was the strengthening of community participation and communication with communities. With this approach 1,700 community leaders (785 men and 1,015 women) were trained to improve their organization. In addition, the coordination mechanisms between the IDPs and the government authorities responsible for the maintenance of the shelters were established and strengthened. Thanks to the implementation of the CCCM cluster at regional level and the development of the leadership capacity, 44 extremely vulnerable cases were identified and assisted to improve their life and health conditions. Monitors carried out daily monitoring of the population and the services of the collective shelters and supported the community organization process. It was also possible to deliver 1,080 shelter kits (materials and tools) to improve their habitability and quality of life of displaced families affected by floods. 28 training sessions were carried out with 1,002 displaced persons, in self-construction techniques for the best use of the shelter kits. Non-food items such as kitchen kits and other items were distributed because 100% of the population lost their basic household goods which improved their living conditions reaching 2,059 displaced families in the shelters of Cura Mori and Catacaos.

The results obtained through the implementation of early recovery project positively impacted the returning process of displaced families to their homes in better conditions of sanitation and access to safe water, improving their living conditions, accessing temporary housing to ensure their protection and security. The intervention also strengthened local authorities to lead the recovery of the affected territories through a coordinated action, communicated between the different levels and with the participation of local entities and the organized

population. This was a process-oriented intervention that started by saving and protecting the lives of the affected population by cleaning contaminated mud and debris, and was part of an overarching recovery strategy that links emergency response, early recovery and medium-to long-term recovery, favoring 3 lines of action: (i) Improving inter-sectorial coordination at different administrative levels; (ii) Promoting social and economic recovery; and, (iii) Resilient recovery of the affected territories with a vision of Building Back Better (BBB).

All interventions contributed to sector coordination at regional and local level with state authorities, and promoted the active participation of affected groups and communities.

### **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

The timely disbursement of CERF funds helped organize the implementing plan with partners and the direct implementation. It was among the first funding resources received in Plura, helping to kick-start the planned response. CERF funds allowed a timely delivery of humanitarian aid to the beneficiary population located in collective shelters, communities and health care facilities. Fast track procedures were applied to deliver goods.

Emergency agriculture intervention allowed a rapid recovery of crops of short vegetative period, which ensured a rapid supply of food, as well as the provision of tools and equipment that facilitated the work of recovery of plots and cleaning of 58 kilometers of irrigation channels.

The cash for work strategy also allowed a rapid income for the affected families both in rural and urban areas.

The CERF funds allowed for timely implementation of a strategy to prevent and treat conditions that typically affect children under the age of 5 in emergency situations. Immediately after the funds were allocated, treatment of acute malnutrition and anaemia was provided for the whole region of Piura. At the same time, health workers were trained in detection and treatment of possible cases.

**b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY  NO

Urgent needs were identified by all projects, so that negative sanitary consequences were mitigated, psychosocial contention was possible, protection mechanisms were better established, access to water, sanitation, non-food items and improvement of shelter conditions were provided, as well as urban and rural livelihoods improved. Specific needs of women and adolescents to improve their protection and reproductive health conditions.

One of the critical needs was the cleaning and desilting of irrigation channels to improve the access to water for crops, which was implemented in 17 days through Cash for Work, which also contributed to the income for the farmers. It was complemented with 50 hours of service of machine for the cleaning of 1,665 meters of irrigation channels.

Fast delivery of services to children and adolescents adversely affected by school disruption was possible, as well to support for their psychosocial activities.

Specific needs of women of childbearing age (11 years and older) were addressed. Protection-related items such as flashlights for people to move through the unlit camps, safety whistles, locks for tents and notebooks for drawing or noting important information as a socio-emotional support measure were very well appreciated. The hygiene kits also included sanitary products, underwear and personal hygiene items to strengthen self-esteem by preserving basic dignity.

Child nutrition was not adequately covered, and CERF project allowed to respond to protect the health of children under 5 who are most rapidly affected by living conditions in flood-affected areas.

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<sup>2</sup> 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.).

Immediate response such as quick fixing of rural water supply systems and the construction of latrines in IDP collective shelters was possible. A Community leader from Tupac 1, beneficiary of CERF-provided basic water supply services, access to adequate sanitation and hygiene items, said: "The situation was very desperate, for my wife and children. The community had limited access to water. Practically speaking, this intervention helped my family and our community. Without it, we'd have to be migrate to other areas. I'm very grateful for their assistance when we needed it most."

Intervention in collective shelters helped to improve living conditions, provide urgent material needs and protect displaced families.

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

YES  PARTIALLY  NO

CERF contributed to build synergic efforts with other interventions funded by other organizations such as OFDA, ECHO and the Canadian government.

The Ministry of Women and Vulnerable Populations and the Ministry of Health found that the direct interventions in sexual and reproductive health and protection were beneficial, and allocated funds to continue those services once the CERF project completed.

The CERF funds also contributed to mobilize resources from Irrigation User Commissions, through the financing of daily wages and machine services for the cleaning of irrigation channels, complementing the support provided by the CERF project.

After implementing the response with CERF funds, additional funding was received from other donors.

Lessons learned and best practices from the nutrition intervention in Piura contributed to the development of similar strategies in Lambayeque and La Libertad. These interventions were financed by other donors.

For WASH activities, both PAHO and UNICEF were able to implement the response programme using multi-donor funding that was received soon after CERF funding was received, particularly after the declaration of a state of emergency.

CCCM was mainly funded by CERF, but the cluster also received funds from other donors.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

Interventions implemented by CERF funding contributed to reinforce field coordination. The clusters and sector groups included national authorities and humanitarian organizations. Most UN agencies responsible for CERF projects were also Cluster or Sector Group Coordinators. Starting with the designing process, coordination was promoted among all actors involved.

The protection working groups at the national and local level ensured excellent coordination, prioritising activities and avoiding duplication, helping build close relationships between government representatives, UN agencies and NGOs. During the implementation process, having resources allocated to sexual and reproductive health and protection – issues that are not prioritised in the first response – helped address the specific needs of women.

Using the WASH cluster approach for prioritisation of needs and gap filling, and using cluster members as implementing partners, ensured the effective use of expertise and technical know-how. CERF provided a good opportunity for NGOs and UN agencies to collaborate closely in the implementation of emergency response interventions.

CCCM cluster provided technical support to coordinate and manage collective sites, improving humanitarian situation.

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

The CERF contribution not only allowed for a rapid and effective humanitarian response but also put protection on the local public agenda.

Rights-based approach of CERF interventions identified differentiated needs of the most vulnerable populations such as the elderly, people with disabilities, people with chronic diseases, as interventions that save lives, especially considering that these minority groups are the most affected in many cases having limited access to humanitarian assistance due to their conditions.

Another valued added by CERF was the opportunity to attend timely humanitarian needs and give a major time for the authorities to improve their management resources capacities. During this time, the interventions implemented in the field such as minor reparations and delivery of medical device contributed to keep on operation the emergency services in the local health networks.

Agriculture sector was not prioritized by other institutions, and the experience was very successful.

Without the CERF contribution, it would had been very difficult to provide effective humanitarian assistance. It increased capacities of humanitarian teams, national agencies and their partners, as well as regional and local authorities.

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT</b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The interagency negotiations for the allocation of the budget are draining if there are many intermediaries between the Secretary and the country agencies.	There is a need to establish a clearer process for the presentation of proposals, taking more into account the suggestions of the local agency teams to decide the priorities.	OCHA
Basic reparations of health centers were a key to improve timely operation of health services, contributing to health access during the aftermath of disaster, especially during the dengue epidemic period.	Interventions including personnel training, purchase of medical devices and reparations of health centers, are important to sustain the operation of health services and should be better included in CERF proposals.	OCHA
The sanitary surveillance and health care in collective shelters need a comprehensive approach coordinated with other cluster.	The intervention in collective shelters should have a comprehensive approach with specific activities included in the different projects proposed by the clusters (CCCM, nutrition, health, WASH, protection)	OCHA
Faced with an adverse weather event of the magnitude of the El Niño Costero phenomenon, the organization of activities and actors in the execution of an emergency project demand a longer implementation time.	Consider a period of implementation of the project near to 12 months, to achieve better results, as well as better monitoring of the crops.	CERF Secretariat, OCHA, United Nations Agencies (UN)
The immediate rehabilitation of the irrigation channels is essential for the early rehabilitation of agricultural plots.	Consider a larger budget for the immediate rehabilitation of the irrigation channels through the rental of machinery for the cleaning of channels.	CERF Secretariat, United Nations Agencies (UN)

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The situation of affected people living in collective shelters need a comprehensive strategy with the contribution of several clusters	The cluster leaders should prepare a unique strategic to reduce risk in people living in collective shelters	OIM, UNFPA, UNICEF, PAHO
The previous designing process of kits (equipment, supplies and materials) for medical brigades and health centers, facilitated the purchase and delivery process in the field	Kits for different scenarios should be included in the interventions financed by CERF.	Cluster/Sector leads
Relationships with counterparts in the field were close, horizontal and functional. This is not always the case.. In the case of regional health directorate, for example, cooperation was direct with cooperation agencies, rather than mediated by the MoH at the central level.	Systematize the management processes from the state and the decision-making processes in coordination with international cooperation institutions.	Ministry of Women and Vulnerable Populations - National Program against Family and Sexual Violence. Ministry of Health - Directorate of Mental Health
Logistics warehousing and distribution of MoH is hindered by beaurocracy and slows down (slows down) the timeliness and effectiveness of humanitarian aid.	Elaborate an Operational Guide for fast logistics procedures in emergency situations, including donations. Build capacity for storage, transport and distribution of MoH especially in areas of high vulnerability	Ministry of Health Supply management office and Warehouse management office
The cash for work urban brigades were composed mostly of women, and they have developed their work without inconveniences or limitations, improving their empowerment.	Advocate at the national level to include a gender approach in the cash for work mechanisms that are implemented through the Ministry of Work	UNDP, WFP, OCHA
Improve coordination among WASH humanitarian aid agencies.	Workshops on WASH response and coordination.	WASH Sector Coordinator
There is a need to have the same data collection system. This will facilitate the information sharing among institutions and within them, avoiding duplication of efforts.	Develop information management standards and procedures for the HCT.	OCHA and Cluster/Sector leads
The Municipality of Tambogrande District, the	Support Local Governments in the formulation of their risk and disaster management plans to develop actions to prevent	United Nations Agencies (UN), FAO, Tambogrande

<p>Water Users Board and the Commissions lack Risk Management Plans for agrarian disasters.</p>	<p>damage to plots and irrigation channels in the event of possible adverse climate events.</p>	<p>District Municipality, Water Users Board of the San Lorenzo Sector.</p>
<p>The active intervention of the Water Users Commissions in the activities of distribution of supplies, materials, installation of crops and cleaning of channels, was very important for the success of the execution of the activities of the project.</p>	<p>Carry out the coordinated work with the Water Users Commissions of each area of intervention of the project, to achieve an active participation of farmers and their families.</p>	<p>Tambogrande Agrarian Agency, UN Agencies and Water Users Board of San Lorenzo Sector.</p>
<p>An insurance against work accidents risks for the "Cash for Work" program was essential to ensure the care of the life and integrity of the farmers participating in the program, complying with the safety regulations and safety at work.</p>	<p>Include work accident insurance in Cash for Work programs or similar programs that include field work or manual work activities</p>	<p>United Nations Agencies (UN).</p>
<p>The use of geo-referenced maps that allowed to locate and prioritize the critical sections to be decoupled, was a valuable tool that can be used to generate a map of risks and reduction of vulnerability for other adverse weather events.</p>	<p>Consider the use of geolocation equipment to identify and accurately locate agricultural areas affected by adverse weather events.</p>	<p>Regional Governments, Local Governments and United Nations Agencies and NGOs executing emergency and recovery projects in agriculture</p>

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	26/04/2017 - 25/10/2017		
<b>2. CERF project code:</b>	17-RR-CEF-040		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Education			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Temporary learning and education spaces safe for the protection of displaced children in Piura					
<b>7. Funding</b>	a. Total funding requirements <sup>3</sup> :	US\$ 4,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>4</sup> :	US\$ 631,118	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 362,572	
	c. Amount received from CERF:	US\$ 416,518	▪ <i>Government Partners:</i>		US\$ 0	
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	2,255	2,245	4,500	6,043	6,720	12,763
<i>Adults (≥ 18)</i>	29	11	40	2,004	442	2,446
<b>Total</b>	<b>2,284</b>	<b>2,256</b>	<b>4,540</b>	<b>8,047</b>	<b>7,162</b>	<b>15,209</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>			0			
<i>IDPs</i>	4,500		8,872			
<i>Host population</i>			0			
<i>Other affected people</i>	40		6,337			
<b>Total (same as in 8a)</b>	<b>4,540</b>		<b>15,209</b>			
<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>	Initial estimations produced by MIRA and other rapid assessments, changed. Displacement increased to shelter areas between the time when CERF project was proposed and the arrival of the funds. The implementation of mobile child-friendly spaces and the deployment of mental health teams to affected home communities allowed for an increase in the number of beneficiaries. It is important to mention that there are no double counting of beneficiaries. Adults were also counted in indicator 2.2.					

<sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>4</sup> This should include both funding received from CERF and from other donors.



All activities were possible with the funds available.

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Ensure that girls and boys of the 2 most affected provinces have access to education, psychosocial support in temporal spaces in safe and protective environments.		
<b>10. Outcome statement</b>	Children and adolescents affected by the floods of the provinces of Piura and Morropón have access to temporary learning spaces and child friendly environments protecting them from violence, sexual abuse and trafficking, and receive psychological support.		
<b>11. Outputs</b>			
<b>Output 1</b>	4,540 children have access to temporary learning and education spaces; and are provided with psychological support, trauma counselling and child friendly spaces in selected shelters.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of agreements signed	2	2
Indicator 1.2	# of tents and other temporary socio educational and CFS spaces installed	29	40
Indicator 1.3	# of children and adolescents who received educational materials	2000	1,836
Indicator 1.4	#of boys and girls benefitting of temporary learning and education spaces and CFS.	2,000 Learning Spaces 2,500 CFS	1,238 Learning Spaces 3,820 CFS
Indicator 1.5	% of facilitators and teachers that received teaching and learning materials in education in emergency	40	87
Indicator 1.6	# of children receiving psychological support.	4,500	4,858
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Agreements with counterparts (Plan International, Save the Children)	UNICEF	Plan Internacional Save The Children
Activity 1.2	Provision of temporary learning and CFS spaces (tents)	UNICEF, Save the Children, Plan International	Plan Internacional Save the Children
Activity 1.3	Provision of basic school supplies and educational and recreational materials for children	UNICEF, Plan International, MIMP, MINEDU	Plan Internacional Save the Children
Activity 1.4	Training of facilitators and local teachers in education and child protection in emergencies that include coordinate and manage temporary socio educational and psychosocial facilities	UNICEF, Save The Children and Plan International, MIMP, MINEDU	Plan Internacional Save The Children
Activity 1.5	Implementation of temporary learning and CFS spaces	UNICEF Save The Children and Plan International, MIMP, MINEDU	Plan Internacional Save The Children
Activity 1.6	Diffusion of key messages	UNICEF, Plan International, Save The Children	UNICEF, Plan International, Save The Children

Activity 1.7	Follow up and monitoring	UNICEF, Plan International, Save The Children	UNICEF, Plan International, Save The Children
Activity 1.8	Deployment of emergency counselling mental health teams	UNICEF, MINSA, Save The Children	UNICEF, MINSA (DIRESA Piura)
<b>Output 2</b>	4,500 children displaced and living in temporary shelters with access to mechanisms to prevent and attend cases of violence, sexual abuse and trafficking		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# child protection community based or local committees and other mechanism in place	10	10
Indicator 2.2	# of children, family members and community leaders equipped with lifesaving information on self-protection, prevention, identification and referral mechanisms	4,500	6,054 NNA 2,359 Adults
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Set up detection, referral and protection through Community based protection mechanisms to address cases of violence, sexual abuse and trafficking	UNICEF, Save the children in coordination with MIMP, MINSA, MINEDU, local child protection services and community based organization	UNICEF, Save the children in coordination with MIMP, MINSA, MINEDU, local child protection services and community based organization
Activity 2.2	Life-saving messages dissemination to children in CFS on self-protection from violence, and to family members and community leaders on prevention and identification of violence, exploitation and trafficking.	Save the children in coordination UNICEF, with MIMP, MINEDU and Plan International.	Save the children in coordination UNICEF, with MIMP, MINEDU and Plan International

**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:**

In reference to indicator 1.3 (# of children and adolescents who received educational materials), all the students in temporary classrooms received educational supplies. The remaining stock was distributed to students in nearby schools that were also affected.

In reference to indicator 1.2 the implementation of mobile child-friendly spaces and the deployment of mental health teams to affected home communities allowed for an increase in the number of beneficiaries:

19 Temporary classrooms

6 rehabilitated classrooms

9 Child Friendly Spaces tents

6 School tutoring tents

The indicator refers to a combination of classrooms and tents. The over-achievement can be attributed to the cost difference between the different types of spaces. The tents cost less to build than the classrooms, which were built from wood. Given the lower cost, it was possible to set up additional tents. Additionally, our implementing partner, Plan International, provided 4 of the tents. Also, it was possible to reach more classrooms by rehabilitating some existing spaces.

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

Throughout the implementation process of CERF, UNICEF has kept in close contact with authorities, local leaders, children, adolescents and the general population so that they all know the origin of the project, its goals, and implementation process, working in close coordination at all times.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	02/05/2017 - 01/11/2017		
<b>2. CERF project code:</b>	17-RR-CEF-042		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health and Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improving the health and nutrition response to children, pregnant and lactating mothers affected, displaced or living in shelters in the Provinces of Piura and Morropon					
<b>7. Funding</b>	a. Total funding requirements <sup>5</sup> :	US\$ 9,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$ 573,319	▪ NGO partners and Red Cross/Crescent:		US\$ 302,364	
	c. Amount received from CERF:	US\$ 541,819	▪ Government Partners:		US\$ 14,859	
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	3,000	3,000	6,000	3,198	3,300	6,498
<i>Adults (≥ 18)</i>	2,500		2,500	2,502	115	2,617
<b>Total</b>	<b>5,500</b>	<b>3,000</b>	<b>8,500</b>	<b>5,700</b>	<b>3,415</b>	<b>9,115</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>			0			
<i>IDPs</i>	4,500		6,192			
<i>Host population</i>			0			
<i>Other affected people</i>	4,000		2,923			
<b>Total (same as in 8a)</b>	<b>8,500</b>		<b>9,115</b>			
<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>	There was no significant discrepancy					

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Improving health nutrition response for children, pregnant and lactating mothers affected displaced or living in shelters in the Provinces of Piura and Morropon		
<b>10. Outcome statement</b>	Mothers and children under three years of age affected by flooding receive adequate attention to avoid deterioration of their nutritional status.		
<b>11. Outputs</b>			
<b>Output 1</b>	3,500 children aged 6-35 months receive Ready-to-Use Supplementary Foods (RUSF) and zinc supplements for diarrhea treatment;		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Coverage of supplementation with RUSF for children aged 6-35 months.	100% (boys=1750; girls=1750)	38.5% (boys=648, girls=700, 1348=total)
Indicator 1.2	Coverage of Zinc supplementation for children aged 6-59 months with diarrhea	100% (boys=1750; girls= 1750).	25.3% (boys=478, girls=407, 885=total)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Purchase of RUSF and zinc supplement	UNICEF	UNICEF
Activity 1.2	Regular supervision of the delivery of food rations for children from 6 to 35 months in IDP camps distributed by the health personnel and the project monitors	Action Against Hunger	Save The Children, Action Against Hunger
Activity 1.3	Technical assistance to institutional platforms of Ministry of Health, CUNA MAS and others to ensure the organization, equipment and effective distribution of nutritional supplements to children from 6 to 35 months.	UNICEF, Action Against Hunger	UNICEF, Save The Children, Action Against Hunger
Activity 1.4	Preparation of health teams for zinc administration in the treatment of ADD and acute malnutrition	UNICEF	UNICEF
<b>Output 2</b>	20 food preparation and/or distribution centers (shelters, community dining spaces) will be supported with information on the utilization of the available food assistance to improve the adequacy of the diet of children under three years of age and pregnant and breastfeeding women and to disseminate key information on infant feeding at times of emergency, complementary feeding of children from 6 to 36 months of age and improved hygiene		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Coverage of food preparation and / or distribution centers advised to distribute nutritious food for children from 6 to 35 months of age.	100% (20 centers)	185% (37 centers)
Indicator 2.2	Coverage of food preparation and distribution centers that have materials and disseminate key practices in breastfeeding, complementary feeding and hygiene	100% (20 centers)	215% (43 centers)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Workshops in distribution centers for food	Action Against	Action Against

	preparation and composition and distribution of adequate food rations for children aged 6 to 35 months and lactating and pregnant women.	Hunger	Hunger
Activity 2.2	Production of educational materials for the dissemination of key messages on adequate food rations for children, pregnant and lactating women; breastfeeding practices; and complementary food and hygiene promotion.	UNICEF	UNICEF, Action Against Hunger
Activity 2.3	Purchase of kits for the preparation of nutritious foods for infants in food centers	UNICEF	UNICEF
<b>Output 3</b>	2000 families (6000 children) reached by key lifesaving interventions in health and nutrition (a) community outreach teams that identify immediate risks, provide immediate community care, and improve and enhance the referral system from IDP camps to MoH health centers b) Specialized nutritional surveillance system to monitor the nutritional status and referral of children in high nutritional risk or acute malnutrition to the health services, c) Information about key lifesaving health practices given by outreach teams and the network of community workers)		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of children reached by outreach teams identifying, treating and triaging children at immediate health or nutritional risk	3000	4,595 children
Indicator 3.2	Number of children reached by Specialized nutritional surveillance system to monitor the nutritional status and referral of children in high nutritional risk or acute malnutrition to the health services	1500	3,098 children
Indicator 3.3	Number of families reached with information about key lifesaving health practices given by outreach teams and the network of community workers	2000 families (6000 children)	3,812 families
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Preparation, equipment and deployment of community outreach teams for the identification, community treatment and triaging of children at immediate health risk	Save the Children and UNICEF	Save the Children, UNICEF
Activity 3.2	Technical assistance to health personnel and health promoters for the installation of nutritional surveillance in emergencies and reinforcement of the referral system and follow up cases of morbidity and nutritional deterioration by health promoters to the health center or health brigades.	Action Against Hunger	Save the Children, Action Against Hunger
Activity 3.3	Rapid mapping of family at increased health risk and community intervention: information campaign on healthy habits, home visits and contacts with families in IDP canters and appropriate referral to health canters. Preparation of health agents network basic intensive training, equipping with materials and supplies)	Save the Children	Save the Children, Action Against Hunger

**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:**

Indicator 1.1. At the early stages of the emergency, the nutritional strategy designed by the Ministry of Health (MoH) aimed to provide RUSF to all children affected by the floods. However, after conducting a field evaluation, the MoH changed the recommendation in order to provide RUSF only to those children with acute undernutrition or at nutritional risk, and increased the age of supplementation to children 6-59 months. This change of strategy from an extensive nutritional supplementary approach, to an intensive nutritional therapeutic approach has reduced the number of children reached with RUSF. This change in approach was not discussed with CERF. The Ministry of Health's national approach to acute malnutrition changed, influenced by information provided by UNICEF regarding extensive and intensive approaches. The extensive approach would provide RUSF to the entire under-five population. This approach included provision of two different RUSF: one for therapeutic use and the other as a supplement. In other countries, this approach has proven to cause childhood obesity in some cases. On the other hand, the intensive approach focuses on screening to target children with, or at risk of, acute malnutrition and only includes the therapeutic RUSF. Rather than providing supplementary food, UNICEF built capacity of families in food preparation centres. As such, the intensive approach more effectively treats malnutrition and avoids the unintended consequence of obesity.

Indicator 1.2. The arrival of zinc purchased by UNICEF to attend the emergency coincided with the launch of the Clinical Practice Guidelines for the Management of Diarrheal Diseases by the MoH. In this scenario, they recommended that the distribution and administration of zinc be carried out after the launch of the guidelines in Piura, all of which produced delays in the implementation of this strategy. However, at the moment zinc has been distributed to all health facilities of Piura and the health personnel has been trained in its proper use.

All the overachievements in 2.1, 2.2, 3.2 and 3.3 were given by differences between initial estimations produced by rapid assessments, changes in the context such as displaced mobilization to shelter areas and the time between the CERF was proposed and the arrival of the funds. After the change in strategy for RUSF provision, there were savings. It was decided to use the savings to expand coverage to more food preparation centres, reaching more children and families. It was possible to reach more beneficiaries through the nutritional surveillance and health outreach through more efficient implementation strategies. Due to displacement dynamics, there were more children in target communities than expected that needed to be covered. We were able to reach more children with the same resources.

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

The project activities have been implemented in close coordination with the MoH, regional health authorities and health personnel during all phases of the project implementation. In the shelter settings and affected communities, close coordination with local authorities and community leaders preceded the implementation of activities.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	17/04/2017 - 16/10/2017		
<b>2. CERF project code:</b>	17-RR-CEF-044		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improving the provision of safe water, sanitation and hygiene services for flash floods affected people displaced or living in shelters in the Provinces of Piura and Morropon					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :	US\$ 4,450,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>8</sup> :	US\$ 100,000				
	c. Amount received from CERF:	US\$ 1,350,657				
			<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 1,025,822</li> <li>▪ <i>Government Partners:</i> US\$ 0</li> </ul>			
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,670	5,670	11,340	10,387	10,345	20,732
Adults (≥ 18)	3,780	3,780	7,560	19,138	19,062	38,200
<b>Total</b>	<b>9,450</b>	<b>9,450</b>	<b>18,900</b>	<b>29,525</b>	<b>29,407</b>	<b>58,932</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs	10,000		7,000			
Host population			0			
Other affected people	8,900		51,932			
<b>Total (same as in 8a)</b>	<b>18,900</b>		<b>58,932</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			Originally, the WASH cluster gave priority to about 18,900 people seeking immediate assistance on safe drinking water, sanitation and hygiene services in Piura province. Following detailed assessments with government partners, UNICEF was able to identify and implement quick fixing and the improvement of vital rural water supply systems, which covered a large number of people.			

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.



CERF Result Framework			
<b>9. Project objective</b>	Reduce the spread of diseases through the provision of safe water, sanitation and hygiene services for 19,800 individuals in two provinces Piura and Morropón.		
<b>10. Outcome statement</b>	Flood affected and displaced population have access to safe water, sanitation and hygiene services that ensure the privacy, dignity and security of women, children and people with disabilities.		
<b>11. Outputs</b>			
<b>Output 1</b>	Improved provision of safe water in temporary shelters, temporary learning spaces and communities in the districts of Piura and Morropón in the Piura Region		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people with access to 15l/day/person (minimum) of safe water in shelters, schools and affected communities.	18,900	58,932
Indicator 1.2	Number of households that receive small water (10-litros l) containers (2 per family) for water collection and for safe storage.	5,000	5,249
Indicator 1.3	Number of people accessing adequate water systems in communities, shelters, and schools.	15,000	58,932
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Quick fixing (activities that can be implemented in a very short time, i.e., days or weeks). These interventions do not involve significant engineering investment of water systems and distribution facilities	Implementing partners	Cooperazione internazionale, Action Against Hunger.
Activity 1.2	Reactivation and/or set up water production points	Implementing partners and UNICEF	Cooperazione internazionale, Action Against Hunger and UNICEF
Activity 1.3	Provision of small water containers (max. 10 l) to facilitate water collection and to allow safe water storage at household level	Implementing partners	Cooperazione Internazionale, Action Against Hunger and Plan International.
Activity 1.4	Ensure community engagement, and gender and age sensitive implementation of equipment and supplies for safe water and sanitation: adequate use, equal access, prevention of gender-based violence.	Implementing partners	Cooperazione Internazionale, Action Against Hunger and Plan International.
<b>Output 2</b>	Improve sanitation through the provision and use of solutions appropriate to the context (urban or rural).		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of men, women, boys and girls with access to a functioning, appropriate and safely managed	5,000	5,319

	toilet (gender sensitive and people with disabilities)		
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Installation and/or rehabilitation of toilets in shelters, temporary learning spaces and communities, Installation of semi-permanent latrines (considering gender, protection and disability issues).	Implementing partners/UNICEF	Cooperazione Internazionale and Action Against Hunger.
Activity 2.2	Construction of temporary showers and washing sinks according to the local context (considering gender, protection and disability issues).	Implementing partners	Plan International.
<b>Output 3</b>	Improved hygiene habits and community based vector control of affected population through face to face activities, community participation and supply of basic hygiene and vector control personal items		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of people adopting measures to reduce vector-borne disease risk.	18,900	28,402
Indicator 3.2	Number of women, men, girls and boys with access to appropriate hygiene items.	15,000	24,881
Indicator 3.3	Number of family hygiene kits distributed.	3,000	6,618
Indicator 3.4	Families in shelters, communities receiving community based vector control Information	1,500	3,146
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Face to face activities for women and men: personal hygiene, transmission of water-borne diseases.	Implementing partners	Cooperazione Internazionale, Action Against Hunger and Plan International.
Activity 3.2	Adaptation and reproduction of hygiene promotion materials to the emergency.	Implementing partners	Cooperazione internazionale, Action Against Hunger and Plan International.
Activity 3.3	Implementation of the Information, Education and Communication (IEC) activities in critical area with an emphasis on waterborne diseases and vector control (dengue, chikungunya, zika, etc).	Implementing partners	Cooperazione internazionale, Action Against Hunger and Plan International.
Activity 3.4	Preparation and distribution of family/school hygiene kits.	Implementing partners	Cooperazione internazionale, Action Against Hunger and Plan International.
Activity 3.5	Elaboration of protocols and reproduction of communicational material on the safe use of water and sanitation services for women and children: Equal access, prevention of gender-based violence.	Implementing partners	Cooperazione internazionale, Action Against Hunger and Plan International

<b>Output 4</b>	Solid waste management		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Shelters with an established and functional system for solid waste management.	12 shelters	12 shelters
Indicator 4.2	Number of people living in shelters with access to waste containers of an adequate volume for solid waste disposal	8,000	7,815
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Coordination with local authorities in the provision, installation and management of garbage containers and disposal	Implementing partners	Cooperazione Internazionale and Action Against Hunger
Activity 4.2	Toolkit for solid waste management in shelters and learning spaces	Implementing partners	Cooperazione Internazionale and Action Against Hunger
Activity 4.3	Installation and management of waste containers in strategic emplacements (shelters and temporary of urban and peri-urban affected area.	Implementing partners	Cooperazione Internazionale and Action Against Hunger

**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:**

. As noted above, UNICEF was able to identify and implement quick fixing of vital rural water supply systems for a large number of beneficiaries. Overall, response decisions were made taking into account the characteristics of rural communities and IPDs in camps, in order to provide tailor made solutions allowing them to strengthen their resilience in the face of future events that are recurrent, such as severe floods.

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

UNICEF ensured accountability to affected populations into processes and documentation, such as; assessments, project proposal, response, monitoring and evaluation, partnership agreements, reporting, and cluster performance framework.

During the assessments (before and during the implementation phase), a mix of primary research methods (e.g. self-observation and semi-structured interviews, surveys) were applied with active participation from affected people. Communities were informed in advance about the assessments and they actively participated in the processes. Government authorities at both, national and subnational level (province and district) and, affected communities were actively involved in the project design and implementation process.

Throughout the response, joint monitoring missions by Government, UNICEF, and Implementing Partners were undertaken regularly to project locations and it included monitoring activities of users' satisfaction in relation to services being provided, trying always to adapt and re-design the activities or services according to their needs and concerns. Moreover, UNICEF ensured that C4D tools and IEC materials were adapted to the local context

**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						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	28/04/2017 - 27/10/2017		
<b>2. CERF project code:</b>	17-RR-FAO-019		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency restoration of food security and productive capacity of affected family farmers of Tambo Grande District in the Province of Piura					
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :	US\$ 2,070,082	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>10</sup> :	US\$ 294,286	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 84,795	
	c. Amount received from CERF:	US\$ 288,286	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
<b>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).</b>						
<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 (&lt; 18)</i>	1,200	1,150	2,350	1680	1610	3290
<i>Adults (≥ 18)</i>	1,400	1,250	2,650	1960	1750	3710
<b>Total</b>	<b>2,600</b>	<b>2,400</b>	<b>5,000</b>	<b>3640</b>	<b>3360</b>	<b>7000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>				0		
<i>IDPs</i>	400			700		
<i>Host population</i>				0		
<i>Other affected people</i>	4,600			6,300		
<b>Total (same as in 8a)</b>	<b>5,000</b>			<b>7,000</b>		
<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 total number of beneficiaries, including men, women and children, was 7,000 people. This is higher than the 5,000 people programmed, due the lower price offered in the market for the equipment, materials and supplies acquired, that allowed the attention of a larger number of people.					

<sup>9</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>10</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Rehabilitation of 1,000 lost and affected hectares of crops caused by El Niño Floods in 2017		
<b>10. Outcome statement</b>	1,100 families have a short-term production of subsistence (staple crops)		
<b>11. Outputs</b>			
<b>Output 1</b>	Flooded family agricultural areas have been rehabilitated.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Agricultural areas have been rehabilitated	1000 ha	1400 ha
Indicator 1.2	Small holders or Family farmers have been supported	500 family farmers 2000 people	1,400 family farmers 7,000 people
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Liaison with local stakeholders: Agricultural Regional Office, Local Water Authority, Irrigation Users from the San Lorenzo Valley.	FAO and Caritas	FAO and Practical Action
Activity 1.2	Mapping of flooded family agricultural areas	FAO and Caritas	FAO and Practical Action
Activity 1.3	Selection and registration of beneficiaries.	FAO and Caritas	FAO and Practical Action
Activity 1.4	Pumping of flood water through special equipment (motor pumps, flexible hoses)	FAO and Caritas	FAO and Practical Action (equipment changed to chainsaws for weeding)
Activity 1.5	Preparation of land for sowing	FAO and Caritas	FAO and Practical Action
Activity 1.4	Procurement of seeds	FAO	FAO
Activity 1.5	Implementation of family gardens based on staple crops	FAO and Caritas	FAO and Practical Action
<b>Output 2</b>	Irrigation Channels desilted		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Irrigation Channels freed of flood sediments (desilted)	10 km	58.25 km
Indicator 2.2	Small holders of Family farmers have been supported	167 family farmers 668 people	972 family farmers 3888 people
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Mapping irrigation networks	FAO and Caritas	FAO and Practical Action
Activity 2.2	Preparation of work teams for removal of flood sediments from the irrigation network	FAO and Caritas	FAO and Practical Action
Activity 2.3	Procurement of tools and equipment	FAO and Caritas	FAO and Practical Action

Activity 2.4	Implementation of cash for work for the removal of flood sediments from the irrigation network	FAO and Caritas	FAO and Practical Action
<b>Output 3</b>	Technical assistance given to small farmers		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Small holders of Family farmers have been supported	1,000	1,400
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identification of crops and recognition of crop damage (viability)	FAO and Caritas	FAO and Practical Action
Activity 3.2	Coordination with Regional Agrarian Directorates and Agrarian Agencies	FAO and Caritas	FAO and Practical Action
Activity 3.3	Training the field staff.	FAO and Caritas	FAO and Practical Action
Activity 3.3	Technical assistance in phytosanitary controls for the prevention of pests and diseases	FAO and Caritas	FAO and Practical Action

**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 CERF project OSRO / PER / 701 / CHA managed the delivery of supplies and equipment for the rehabilitation of plots of 1400 family farmers with an approximately one hectare per beneficiary. 700 hectares of this 1400 were also supported with seeds to implement crops. The project also supported with the cleaning of 58,25 km of irrigation channels. The initial goal was implementing crops in 1000 hectares implemented, reaching 1000 family farmers and cleaning of 10 km of channels.

This increase in goals was due to the lower cost of seed available in the market, being able to serve a larger number of beneficiaries. In the case of canal cleaning, a greater number of kilometers achieved was due to the efficiency and organization of the work brigades and the collaboration of farmer's commissions that collaborated with the cleaning.

Beneficiaries also prioritized chainsaws for weeding instead of motor pumps and flexible hoses which were not needed at that time.

Regarding the implementing partner, initially it was proposed to be Caritas del Peru, but this partner owing to internal reason declined to continue with the project. Practical Action was selected to be the implementing partner due to its experience in agricultural and risk disasters management projects in the department of Piura.

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

During the formulation and implementation of the project, FAO had close coordination with the main stakeholders which helped to elaborate the need assessment, collect primary information, coordinate the implementation activities, and monitor. Some of these local actors included the Regional Government of Piura, the Regional Office of Agriculture of Piura and the Irrigation Users Board of San Lorenzo. The Ministry of Agriculture and Irrigation was an actor on the national level.

At the end of the project, in October 2017, a Closing Workshop was held, to share the results of the project at the San Lorenzo Agrarian Agency in Tambogrande, that was attended by the leaders and representatives of the seven irrigation commissions to which the farmers, who are beneficiaries of the project belong. The San Lorenzo Water Users Board and the Regional Office of Agriculture of Piura also participated in the workshop.

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

EVALUATION CARRIED OUT

An internal evaluation was completed at the end of the project.

EVALUATION PENDING

Relevant key findings:

- The beneficiaries of the project pointed out that it ran at an opportune moment.
- Beneficiaries showed that the support provided by the project is the only intervention or support they received after the floods.
- Wide territorial dispersion in rural areas made the task of monitoring the performance of the work of cultivation difficult.
- Project implementation time was insufficient to give continuity to the training or to assess whether the knowledge and practices are applied or not.
- Since there are no producer organizations in the District of Tambogrande, the project strengthened the Water Users Commission as an institution with which farmers can work and trust.
- Although the project priority was given to women's participation, the results showed limited participation. It is necessary to analyse the cause of this to improve future interventions.
- Farmers pointed out that the project improved their awareness of food security. Corn and bean crops replaced mango and lemon temporarily. This strengthened the idea of producing food for the family and thinking about food security. Many of them pointed out that both corn and beans will not only serve for family consumption but can also be sold in the market to make a profit.

NO EVALUATION PLANNED

Report is in Spanish, it can be downloaded in the following link:

<https://drive.google.com/open?id=1mPWsCeKf6UEICX3AU5x1TkXunQd5FS5s>



**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	17/04/2017 - 16/10/2017		
<b>2. CERF project code:</b>	17-RR-FPA-022		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection and Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	To provide life-saving protection services in response to Gender Based Violence and access to sexual reproductive health care for adolescents and women affected by the emergency					
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ 1,490,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>12</sup> :	US\$ 993,141	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 384,494	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,500		4,500	1826	0	1826
Adults (≥ 18)	5,500		5,500	7665	0	7665
<b>Total</b>	<b>10,000</b>		<b>10,000</b>	<b>9491</b>	<b>0</b>	<b>9491</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	10,000			9,491		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>10,000</b>			<b>9491</b>		
<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 discrepancy between planned and reached beneficiaries (509 adolescents/women, approx. 5%) occurred due to the difference in registration provided by health facilities in terms of women of reproductive age reached by mobile health brigades. UNFPA has preferred to place only those that count with all the data					

<sup>11</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>12</sup> This should include both funding received from CERF and from other donors.

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide protection against Gender Based Violence (GBV) and access to sexual reproductive health care for women in reproductive age affected by the emergency, with emphasis in Sexual Violence.		
<b>10. Outcome statement</b>	Contribute to improve the protection and access to reproductive health care of 10,000 women in reproductive age affected by the emergency, focused on those who are living in camps and temporary shelters, through referral initiatives to approach them to the GBV protection system.		
<b>11. Outputs</b>			
<b>Output 1</b>	Facilitate access to life-saving GBV services and setup of protection mechanism for women and adolescent girls affected by the emergency.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of community-based grassroots protection committees including women groups fully functional within the displaced locations	12	12
Indicator 1.2	Number of women and adolescent regularly participating in activities within the safe spaces	7,000	7,889
Indicator 1.3	Number of women and adolescents that have been timely assisted and referred to GBV specialized services based on their needs and international standards.	300	294
Indicator 1.4	Number of protection kits distributed to vulnerable adolescents and women	7,000	7,889
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Organise and orient train community-based and grassroots protection committees to set up safe spaces for women and adolescents in the camps and temporary shelters.	UNFPA (Ministry of Women and Vulnerable Populations - MoWaVP coordination)	UNFPA (Ministry of Women and Vulnerable Populations - MoWaVP coordination)
Activity 1.2	To facilitate socio emotional age-appropriate activities within the safe spaces to provide information and awareness about services to women and adolescents and improve their well being	UNFPA	UNFPA (MoWaVP and MoH coordination)
Activity 1.3	To provide socio emotional support, counselling, case management and appropriate referral to GBV survivors or women/adolescents at high risks of violence	UNFPA	UNFPA (Ministry of Women and Vulnerable Populations - MoWaVP coordination)
Activity 1.4	Procurement of protection kits	UNFPA	UNFPA (Ministry of Women and Vulnerable Populations - MoWaVP)

			coordination)
Activity 1.5	To distribute material assistance including protection kits to vulnerable women and adolescents to decrease their exposure to GBV risks as well as increase their perceptions of safety and dignity in order for them to fully participate in the community life	UNFPA	UNFPA (Ministry of Women and Vulnerable Populations - MoWaVP coordination)
Activity 1.6	To organise monitoring visits as well as to conduct safety audits in coordination with other sectors and stakeholders	UNFPA	UNFPA
<b>Output 2</b>	Pregnant women and women in reproductive age receive obstetric attention by mobile services formed by an obstetrician and a nurse in the most affected areas during the first 3 months, ensuring equitable and timely access to Emergency Primary Health Care.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of pregnant women and women in reproductive age receiving obstetric attention from brigades.	3,000	3,013
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Delivery of mobile services to pregnant women and women in reproductive age providing life-saving emergency obstetric care to identified pregnant women at risk by providing life-saving supplies. Control and follow-up of pregnancy, identification of high-risk pregnancies, referral plan for safe delivery and care for obstetric and neonatal complications during pregnancy, delivery and postpartum period.	UNFPA (coordinating with MoH)	UNFPA (coordinating with MoH)
Activity 2.2	Delivery of emergency SRH Kits and maternal health supplies with emphasis in safe delivery for pregnant women and delivery of supplies as anti-shock garments to the referral centers, in order to reduce the risk of death associated with bleeding in women who have to travel to referral centers	UNFPA (coordinating with MoH)	UNFPA (coordinating with MoH)
<b>Output 3</b>	Pregnant women have access to hygiene measures in order to avoid increased risk of maternal and fetal mortality in direct relation with increased risk of epidemic infectious diseases due to the emergency.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of pregnant women and women in reproductive age receiving key timely life-saving information.	7,000	7889
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of hygiene kits	UNFPA	UNFPA
Activity 3.2	Quick practical guidance on health promotion, safe sex during pregnancy, prevention of secondary infections that can complicate pregnancy and postpartum, and counseling to reduce health risks and delivery of Hygiene kits	UNFPA (local government support)	UNFPA

**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:**

Activities 1.1 and 1.2 were positively modified in terms of coordination, since the implementation was planned by UNFPA. However, MoWaVP was engaged, therefore achieving the sustainability of the intervention with its own resources, since there is evidence that once the UNFPA withdrew from the safe spaces, the Ministry continued with the intervention until the end of the year.

Another variation was in Activity 3.2 where the implementation was planned in coordination with local governments but, when in the field, UNFPA decided work directly with community leaders. In this way UNFPA provided a sense of transparency to the beneficiaries' selection and ensure the direct impact of the action.

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

Accountability was ensured during the project period because the affected populations participated in the process during the beneficiaries' selection, in the validation of information materials, in the design of the community-based and grassroots protection committees model and their implementation etc.

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

EVALUATION CARRIED OUT

Evaluation exercise is pending finalization. UNFPA will submit report once it is ready.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	03/04/2017 - 02/10/2017		
<b>2. CERF project code:</b>	17-RR-IOM-013		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Camp Coordination and Camp Management			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improvement of IDPs' conditions through the establishment and upgrading of shelters in Piura Region					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 7,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 1,494,409	▪ NGO partners and Red Cross/Crescent:		US\$ 824,948	
	c. Amount received from CERF:	US\$ 1,140,181	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,292	5,508	10,800	5,032	4,792	9,824
Adults (≥ 18)	8,428	8,772	17,200	9,719	9,255	18,927
<b>Total</b>	<b>13,720</b>	<b>14,280</b>	<b>28,000</b>	<b>14,751</b>	<b>14,047</b>	<b>28,798</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs	28,000			28,798		
Host population				0		
Other affected people						
<b>Total (same as in 8a)</b>	<b>28,000</b>			<b>28,798</b>		
<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 was no significant difference. For the intervention of the cluster CCCM, the number of population was taken according with the variations. The number of people moving between camps and original zones has been high for many reasons; one of being the lack of official information about the possible solutions for their conditions.				

<sup>13</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>14</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Support the Peruvian government's efforts in contributing to the improvement of living conditions for populations affected by heavy rain in northern Peru by providing immediate shelter and life-saving essential NFIs to displaced vulnerable people including those in collective centres and spontaneous sites.		
<b>10. Outcome statement</b>	Critical life-saving sheltering assistance provided to 28,000 displaced people.		
<b>11. Outputs</b>			
<b>Output 1</b>	IDP Site improvements and CCCM assistance		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of sites prioritized based on existing risks, density and access	15	16
Indicator 1.2	Number of IDPs access to better living conditions in improved collective shelters	20,000	20,492
Indicator 1.3	Number of IDPs access to better living conditions in the spontaneous sites	8,000	8,300
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Improvement of existing IDP site and collective centers	IOM / Save the Children, COOPI, Ayuda en Acción	IOM / Save the Children, COOPI, Ayuda en Acción
Activity 1.2	Installation of planning IDP site considering Sphere minimum standards	IOM	IOM
Activity 1.3	CCCM Support to local governments	IOM, Save The Children, Coopi y Ayuda en Acción	IOM / Save the Children, COOPI, Ayuda en Acción
<b>Output 2</b>	Shelter assistance and NFIs provided		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of host family households receiving non-food items	1,500 families	2,059
Indicator 2.2	Number and percentage of IDP households having received emergency shelter materials	1,000 families	1,080
Indicator 2.3	Number of IDP households receiving core relief items	1,000 families	1,080
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement and distribution of non-food items	IOM, Save the Children, Ayuda en Acción, COOPI	IOM, Save the Children, Ayuda en Acción, COOPI
Activity 2.2	Procurement and distribution of emergency shelter kits	IOM, Save the Children, Care,	IOM, Save the Children, Care
<b>Output 3</b>	CCCM Humanitarian needs, gaps and responses as well as displacement trend and dynamics are regularly shared with relevant clusters allowing for an adequate and timely response through the DTM mechanism for an initially estimated 28,000 displaced persons		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of DTM information products shared with humanitarian community	40	66
Indicator 3.2	% of CCCM and Shelter/NFI partners who confirm utility of DTM information for operational adjustments	90% partners	56%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of prioritized sites based on results obtained by DTM and inter-sectorial coordination	IOM	IOM
Activity 3.2	Regular exchange of information and DTM products after analysis and recollection of reports including reference of cases and needs of IDPs (IOM in coordination with INDECI and MIMP).	IOM	IOM
Activity 3.3	Assistence of partners in management of IDP site information and CCCM (INDECI, MIMP and Regional Government)	IOM	IOM

<b>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:</b>	
The lack of official information about IDPs raised great interest among state and non-state organizations about the DTM results. State organizations wanted to use sensitive information with names to back their decisions, but this was not the aim of the DTM report. Furthermore, it was a survey, not a census. Further discussions took place to explain the adequate use of the information.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
The principal focus and efforts of the CCCM Cluster has been the community work and the empowerment of the local leaders (presidentes de los comites de gestion de albergue). We focused on ensuring an important level of participation of the IDPs on key issues such as: program activities, selection of beneficiaries, work schedules, participation in training. They have been permanently informed of the progress of the project.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	15/04/2017 - 14/10/2017		
<b>2. CERF project code:</b>	17-RR-UDP-004		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Early Recovery			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Contaminated mud removal to support the delivery of emergency/humanitarian response for the Government of Peru, UN Agencies and NGOs including the spontaneous return of families					
<b>7. Funding</b>	a. Total funding requirements <sup>15</sup> :	US\$ 1,250,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>16</sup> :	US\$ 300,016	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 217,638	
	c. Amount received from CERF:	US\$ 250,016	▪ <i>Government Partners:</i>		US\$ Fill in	
Beneficiaries						
<b>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).</b>						
<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 (&lt; 18)</i>	4,234	4,166	8,400	6,643	6,505	13,148
<i>Adults (≥ 18)</i>	5,846	5,754	11,600	8,455	8,278	16,733
<b>Total</b>	<b>10,080</b>	<b>9,920</b>	<b>20,000</b>	<b>15,098</b>	<b>14,783</b>	<b>29,881</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>				0		
<i>IDPs</i>				0		
<i>Host population</i>	20,000			29,881		
<i>Other affected people</i>				0		
<b>Total (same as in 8a)</b>	<b>20,000</b>			<b>29,881</b>		
<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 total number of beneficiaries increased because more locations than originally planned were included to reach the target number of beneficiaries of indicator 1.4. Mud removal was not only implemented in houses but also in health services and public infrastructure, so the indirect beneficiaries included the total population of the locations reached.					

<sup>15</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>16</sup> This should include both funding received from CERF and from other donors.



CERF Result Framework			
<b>9. Project objective</b>	To facilitate safe and quick return of the affected families to their home towns through live saving and time critical contaminated mud removal interventions including emergency employment.		
<b>10. Outcome statement</b>	Sanitary and health risk reduced among affected communities.		
<b>11. Outputs</b>			
<b>Output 1</b>	Contaminated mud removed in at least 5 areas affected in Piura using sound occupational practices and cash for work mechanisms to create emergency jobs.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of brigades organized, trained and working in the six months of Project implementation, (Each brigade would comprise between 10 to 15 beneficiaries)	170 brigades	234 brigades
Indicator 1.2	COER (Regional Emergency Operations Committee) counts on a protocol to conduct contaminated mud removal and cleaning in a safely manner.	1 protocol	1 protocol
Indicator 1.3	Number of people benefitted from cash for work mechanisms in 4 months of Project duration.	7,500	7,774
Indicator 1.4	Number of people benefitted from mud cleaning that have better access to humanitarian assistance or have returned to their homes in a safely manner. Baseline information will be collected before the intervention and compared to the report once the intervention is completed)	12,500	12,500
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Selection of areas of intervention and beneficiaries, in agreement with the COER and local government. This includes the definition of protocols and methodological approach.	UNDP, ILO, CARE, Soluciones Prácticas (Practical Action)	UNDP, CARE, Soluciones Prácticas (Practical Action)
Activity 1.2	Awareness raising on risk and good practice for safely removal of contaminated mud.	UNDP, ILO, CARE, Soluciones Prácticas	UNDP, CARE, Soluciones Prácticas (Practical Action)
Activity 1.3	Prioritization of beneficiaries, agreements for payment procedures according to national regulations, definition of working days, incorporation of women and population in need in this initiative.	UNDP, ILO, CARE, Soluciones Prácticas	UNDP, CARE, Soluciones Prácticas (Practical Action)
Activity 1.4	Setting up of working groups, distribution of tools for cleaning and gear for protection.	UNDP, ILO, CARE, Soluciones Prácticas	UNDP, CARE, Soluciones Prácticas (Practical Action)
Activity 1.5	Implementation in pre-identified areas.	UNDP, ILO, CARE, Soluciones Prácticas	UNDP, CARE, Soluciones Prácticas (Practical Action)
Activity 1.6	Monitoring and evaluation	UNDP	UNDP

Activity 1.7	Output report	UNDP	UNDP
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**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 was implemented by UNDP, Practical Solutions and CARE in the following locations: AH Cuatro de Mayo (District of Castilla), the towns of La Encantada and Batanes (District of Chulucanas), La Huaquilla (District of Morropón), Monte Sullón, Pedregal Chico, Pedregal Grande, Caserío Santa Rosa (District of Catacaos), Cucungará, Pozo de los Ramos, Chato Grande, Chato Chico (District of Cura Mori). In summary, the achievements are as follows:

- a) In the organization, training and work of the brigades in the removal of contaminated mud and debris:
  - One person per beneficiary family was selected to form the brigades (cash for work). The call was made with the support of community radio stations.
  - 234 Brigades were organized and trained (out of 170 provided by the Practical Solutions and CARE Peru interventions), involving 1,623 people who were direct beneficiaries of the payment for work in the removal of contaminated mud and debris. The number of brigades was higher than planned but the number of people was almost the same in total.
  - The brigades elected a General Coordinator in each zone to coordinate the activities between the beneficiaries and the Project. This helped to strengthen the neighborhood organization of the intervention areas.
  - The brigades were equipped with personal safety kits (boots, helmets, gloves, masks and distinctive vests), they were also covered with accident insurance during the work period.
  - The brigades were trained in topics of: a) first aid in works; b) debris and mud removal techniques; c) use of personal protective clothing; d) techniques and management of tools to compact land and fumigate; house disinfection techniques, business entrepreneurship.
- b) A protocol for the safe cleaning and disposal of contaminated sludge and debris, for use by the Regional Emergency Operations Center (COER):
  - The protocol has been developed gradually in accordance with progress made with the execution of the project. It included: recognition of the degree of accumulated sludge and debris, level of contamination, determination of the necessary equipment and tools, organization and training of brigades according to the specialization needs, adequate protection to avoid accidents, the contracting of accident insurance, the definition of roles in field work, the use of equipment and tools, the planning and supervision of field work, the final disposal of waste.
- c) Implementation of contaminated mud and debris removal:
  - 7,774 people benefited under the cash for work mechanism after 4 months of project implementation (considering 1,623 people, one per family, 4.79 members per family on average).
  - The selection of beneficiaries was based on participatory processes with the affected population (community assemblies), verification of the situation of families and their homes, checking in the field the results of the KOBO Collect tool, and using vulnerability criteria:
    - i. Household damage caused by contaminated sludge, level of damage.
    - ii. Families with people in situations of vulnerability (young children, pregnant women, seniors, people with physical or mental disabilities, homes headed by women alone).
    - iii. Predominant material in the house.
    - iv. Participation of family members in social programs (SISFOH criteria).
  - All the beneficiaries have registered in spreadsheets and databases, achieving an orderly data.
  - Monitoring of the work carried out by the brigades was carried out in the intervention areas, verifying the progress levels and solving any difficulties that may arise.
  - The payment of wages was made in a timely manner using the financial system, as well as through direct payment to the beneficiaries. The weekly payment of wages according to the number of days worked by the brigade members followed the guidelines of the Trabaja Perú Program of the Ministry of Labor.

In the intervention areas, synergies were generated with other projects that UNDP, Practical Action and CARE implemented in support of the affected families. These synergies have allowed the intervened communities to recover their basic conditions of habitability in their territories of origin: their homes were rehabilitated, disinfected, the contaminated sediments were eliminated

and the economy of the families was improved through the payment of wages. The ECHO Project executed by UNDP, CARE, CESVI, CIPCA and OCHA has complemented the intervention of the CERF Project, in terms of improvement of housing conditions, water and sanitation, and recovery of livelihoods of the population.

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

The implementation of the Project has considered an important level of participation of the affected populations (who have benefited from the project) on key issues such as the selection of beneficiaries, establishment of work schedules, participation in training. They have been permanently informed of the progress of the project, since they were the ones who carried out the cleaning and removal of contaminated mud and debris.

Project staff members have been monitoring the development of the activities. At the institutional level, regular meetings have been held with officials of the Regional Government of Piura and with the district municipalities of the intervention zones, with the purpose of coordinating the selection of the specific areas of intervention and reporting the progress of the project and the results achieved.

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

EVALUATION CARRIED OUT

The UNDP follow-up and monitoring of field activities made it easy to assess the compliance of the activities and whether the objectives were achieved. Evaluation is pending completion because of administration.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	01/04/2017 - 30/09/2017		
<b>2. CERF project code:</b>	17-RR-WHO-016		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Response to public health emergencies caused by flooding related to El Niño phenomenon					
<b>7. Funding</b>	a. Total funding requirements <sup>17</sup> :	US\$ 1,810,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>18</sup> :	US\$ 598,358	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 398,358	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	17,505	17,362	34,867	17,806	17,906	35,712
Adults (≥ 18)	27,457	27,233	54,690	32,261	31,538	63,799
<b>Total</b>	<b>44,962</b>	<b>44,595</b>	<b>89,557</b>	<b>50,067</b>	<b>49,444</b>	<b>99,511</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	8,000			8874		
Host population						
Other affected people	81,557			90,637		
<b>Total (same as in 8a)</b>	<b>89,557</b>			<b>99,511</b>		
<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 number of beneficiaries reached increased by ten thousand people (especially those older than 18 years of age) due to the inclusion of a local hospital in the intervention. This hospital received medical device for diagnoses and treatment of dengue fever in provinces of Sullana.					

<sup>17</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>18</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Support the health emergency response to ensure continuity of health services, epidemiological surveillance, and reduction of the public health consequences of the flood emergency in the provinces of Piura and Sullana.		
<b>10. Outcome statement</b>	People affected by the disaster -located in temporary shelters and affected communities- are protected from acute medical problems and outbreaks associated with deteriorating environmental and housing conditions in the affected areas.		
<b>11. Outputs</b>			
<b>Output 1</b>	Ensure the operational continuity of health care services in the areas of intervention by restoring the operational capacity of the most affected health facilities.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of damaged health facilities providing health care to the affected population	8	8
Indicator 1.2	Number of healthcare facilities with operational basic emergency care, as well as diagnosis and treatment of waterborne, foodborne and vector-transmitted diseases, and non-transmissible diseases.	8	8
Indicator 1.3	Number of Hospitals with operational basic emergency care, as well as diagnosis and treatment of waterborne, foodborne and vector-transmitted diseases, and non-transmissible diseases.	2	3
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Basic, rapid repairs to ensure medical facility functionality to re-establish operational functionality of essential services.	PAHO/WHO	PAHO/WHO
Activity 1.2	Procure essential emergency medical equipment and supplies to emergency wards in hospitals and first-level health centers, to re-establish operational functionality of essential services	PAHO/WHO	PAHO/WHO
Activity 1.3	Distribute essential emergency medical equipment and supplies to emergency wards in hospitals and first-level health centers, to re-establish operational functionality of essential services	PAHO/WHO	PAHO/WHO
Activity 1.4	Provide rapid on-site refreshers training to health staff and field investigations teams to address life threatening conditions related to waterborne, foodborne and vector-transmitted diseases	PAHO/WHO	PAHO/WHO
<b>Output 2</b>	Support the delivery of basic and emergency healthcare and disease prevention actions in shelters and affected communities, including the promotion of healthy habits in emergency settings and mental health support.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of health brigades equipped and deployed to provide essential medical care in shelters and affected communities	10	10

<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Rapid training of national and international health brigades in support of health structures to ensure medical care and mental health support according to MoH standards (Surge capacity)	PAHO/WHO	PAHO/WHO
Activity 2.2	Deployment of national and international health brigades in support of health structures to ensure medical care and mental health support according to MoH standards (Surge capacity)	PAHO/WHO	PAHO/WHO
Activity 2.3	Procurement of essential medical supplies and equipment for emergency and basic health care, including diagnosis and treatment supplies for use of the deployed health brigades	PAHO/WHO	PAHO/WHO
Activity 2.4	Distribution of essential medical supplies and equipment for emergency and basic health care, including diagnosis and treatment supplies for use of the deployed health brigades	PAHO/WHO	PAHO/WHO
Activity 2.5	Provide health institutions and shelters with key supplies and time critical information for patients and residents for the detection and prevention of diseases at primary healthcare, shelters and community levels, focusing on the most vulnerable affected population	PAHO/WHO	PAHO/WHO
<b>Output 3</b>	Increase epidemiological surveillance to support early detection and timely management of disease outbreaks, with emphasis in Dengue, Chikungunya, and Malaria surveillance		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of shelters or communities where health surveillance is implemented to identify health risks	6	6
Indicator 3.2	Number of laboratories with surge capacity for the detection of waterborne, foodborne and vector-transmitted diseases	1	1
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide rapid on-site refreshers training to health staff and health brigades to implement health surveillance to identify health risks in shelters or communities	PAHO/WHO	PAHO/WHO
Activity 3.2	Procurement of essential epidemiological surveillance equipment and supplies for the regional public laboratory	PAHO/WHO	PAHO/WHO
Activity 3.3	Distribution of essential epidemiological surveillance equipment and supplies to the regional public laboratories	PAHO/WHO	PAHO/WHO

**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:**

Output 1: Ensure the operational continuity of health care services in the areas of intervention by restoring the operational capacity of the most affected health facilities

The operational continuity of health care services was assured through interventions in the selected health facilities mainly at the first level in the districts of Piura, Lima and Curamori, and the hospitals in Piura and Sullana which received a high demand of people due to the epidemic of dengue fever, which affected especially the districts of Piura, "26 de Octubre", Castilla and Sullana.

The delivery of biomedical equipment and minor repairs in the health facilities contributed to the services of diagnosis and treatment of diseases associated with the natural event (dengue, zika, chikungunya, leptospirosis and acute diarrheal diseases) were available in the aftermath of disaster. Due to environmental conditions associated with the natural event, a significant increase in the cases of dengue and zika especially in pregnant patients were reported in several districts of Piura and Sullana. Therefore, in coordination with regional health authorities, it was considered important to reinforce the care of pregnant and newborn babies in hospital Santa Rosa, which received a great demand of complicated cases. Cayetano Heredia Hospital (under the administration of Social Security) was also included due to that by Decree of urgency, the Government Peruvian established that any people could attend them free of charge in any establishment.

The following activities were carried out:

- Minor repairs in Hospital de Apoyo Sullana and Hospital EsSalud Sullana; and in health facilities at the first level under administration of DIRESA: Catacaos, Monte Suyon, Cesamica, Pozo de los Ramos, Tacalá and Comunidad Saludable. These interventions consisted of recovery of water and electrical systems, changes of doors, cleaning and painting of rooms, and changes in systems of air conditioning in the cold chain and emergency unit.
- Purchase and delivery of medical devices based on kit established in the proposal, for health facilities at primary level under administration of DIRESA: Catacaos, Monte Suyon, Cesamica, Pozo de los Ramos, Tacala and Cura Mori; and under administration of EsSalud: Catacaos and Metropolitano.
- Purchase and delivery of medical devices based on kit established in the proposal for hospital Cayetano Heredia (EsSalud) y de Apoyo Sullana (DIRESA). An additional kit was delivered to centro de salud Catacaos (DIRESA) because it is the major center in Bajo Piura (local population: 50,000) with operation theater and capacity to attend pregnant women and newborn. An assessment mission carried out by UNFPA and PAHO highlighted the importance of reinforcing the care of pregnant women and newborns in the hospital Santa Rosa, based on this evaluation, medical devices were purchased for these units.
- Six national experts from Loreto were deployed in Piura, to train health personnel in diagnoses and treatment of dengue with alarm signs and severe cases. This rapid training was carried out in the health facilities at the primary level, and hospitals in Piura and Sullana. Experts from MOH and PAHO supported this initiative.

82,291 local population were estimated as beneficiaries in the provinces of Piura: Piura, Castilla, Catacaos y Curamori; and the province of Sullana.

Output 2: Support the delivery of basic and emergency healthcare and disease prevention actions in shelters and affected communities, including the promotion of healthy habits in emergency settings and mental health support.

Ten brigades of initial intervention (60 people) were equipped in the DIRESA Piura, that were mobilized as part of the response to the emergency, and to perform actions of health in shelters and affected communities. The goods included basic medical devices, materials and supplies that were pre-set in the proposal. It was supported with the training of the personnel forming part of the brigades. PAHO experts were continuously mobilized to the field to assist the regional authorities in response actions.

A psychologist was hired for working in the field with health centers at the primary level in the Bajo Piura. In coordination with MOH

and UNICEF, PAHO fostered a mental health communitarian strategy based in Catacaos center and working with shelters (Km 975, Km 980 and San Pablo). This strategy was supported with distribution of mental health prepared material in coordination with MOHS. National and international experts from PAHO and MOH were deployed to support the implementation of this communitarian strategy in shelters and affected communities in Catacaos and Curamori.

A communications professional was hired to bring technical support to DIRESA Piura, in the implementation of the risk communication strategy, and the design of the material to be handed out in the shelters and affected communities. As part of the intervention, were prepared, designed and printed material that included poster for prevention of Zika, a comic in two versions (one for coloring) on general measures to deal with the health consequences of El Niño. These materials were delivered in shelters, affected communities and schools in Bajo Piura. In addition, this material was also distributed in other affected provinces including Sullana, Morropon, Paita and Talara. It was prepared, designed and printed as a guide for risk communication to be handed over to the health personnel. It is estimated that through the delivery of broadcast material and 20 socio-cultural animations carried out in the affected area, at least 114,000 people was reached as beneficiaries.

Thirty-five people from health centers under administration of DIRESA Piura were trained in risk communication; as well as 83 health staff from health facilities from Bajo Piura and health promoters from shelters in Catacaos and Curamori.

Output 3: Increase epidemiological surveillance to support early detection and timely management of disease outbreaks, with emphasis in Dengue, Chikungunya, and Malaria surveillance

The epidemiological surveillance was reinforced in Piura and Sullana provinces, with two professionals who worked together with the DIRESA Piura and the sub region Luciano Castilla (Sullana). The Center of Diseases Control (CDC MOH) supported the epidemiological surveillance in the shelters especially Km 975, 980 km, San Pablo. It is estimated that 8,874 beneficiaries were reached. The surveillance was also strengthened in the province of Sullana. Three communities were selected based on the number of dengue cases and malaria risk. These communities were Villa Primavera, El Obrero y Comunidad Saludable. It is estimated that 8345 beneficiaries were reached in these affected communities. As part of the intervention, 275 health staff were trained in epidemiological surveillance focused on dengue, zika and chikungunya. An international expert was mobilized to support vector control, and bring technical cooperation to develop basic procedures to management *Aedes aegypti* in the affected areas.

The capacity of Public Health Laboratory (LARESA) was also reinforced with delivery of kits for diagnoses and purchase of one microscope for vector study. This laboratory reached the following capacity: 2,244 tests for leptospira, 435 for zika, 1,056 for Chikungunya, 5,662 Elisa IgM Dengue, 490 PCR Dengue and 9,071 Elisa Ns1. The National Health Institute (INS) supported the intervention in coordination with PAHO. National experts were mobilized to bring technical cooperation.

The only discrepancy between planned and reached is in indicator 1.3. Two hospitals were proposed and three were reached. The third hospital was included because of the extension of the dengue outbreak; it was possible with the planned budget.

One kit was delivered to Cayetano Heredia and Hospital de Apoyo Sullana. Another kit was delivered to Centro de Salud Catacaos (under DIRESA administration) for strengthening its capacity to face a high health demand due it was one of the most affected areas and it is the referral center for people living in shelters in Catacaos and Curamori.

It is also delivered medical devices to hospital Santa Rosa for reinforcing pregnant women and newborn care because it is the regional referral health center for maternal complications.

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

Two meetings of the progress and results of the implementation of the project were carried out in Piura. The first meeting took place in August with the participation of regional authorities and the other meeting in October with the assistance of the local authorities and the staff members in the health networks. PAHO supported the final meeting in coordination with DIRESA and EsSalud. In addition, United Nations agencies carried out a workshop in November about results and lessons learned.

During the implementation of the project, PAHO reported results and activities in EsSalud, DIRESA Piura and subregion Luciano



Castilla; and the same was done during regular visits to health facilities selected as part of the intervention. A permanent professional was deployed in the field for coordination with the regional authorities, following up the implementation of the activities as well as the verification of the delivery of the purchased goods.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	01/04/2017 - 30/09/2017		
<b>2. CERF project code:</b>	17-RR-WHO-017		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Increase access to safe water and sanitation in communities, shelters and health facilities affected by flooding					
<b>7. Funding</b>	a. Total funding requirements <sup>19</sup> :	US\$ 397,633	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>20</sup> :	US\$ 389,738	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 397,633	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,909	3,877	7,786	3,909	3,877	7,786
Adults (≥ 18)	6,132	6,082	12,214	6,132	6,082	12,214
<b>Total</b>	<b>10,041</b>	<b>9,959</b>	<b>20,000</b>	<b>10,041</b>	<b>9,959</b>	<b>20,000</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs	12,000			12,000		
Host population				0		
Other affected people	8,000			8,000		
<b>Total (same as in 8a)</b>	<b>20,000</b>			<b>20,000</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:						

<sup>19</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>20</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Increase urgent access to safe water and proper sanitation in health facilities and for people living in shelters and communities affected by the flooding in the provinces of Piura, Sullana, and Morropon		
<b>10. Outcome statement</b>	Communities and health personnel protected against increased risk of water, food and vector borne diseases due to changes in environmental health conditions caused by flooding, through safe water, sanitation and hygiene interventions in communities, shelters and health facilities.		
<b>11. Outputs</b>			
<b>Output 1</b>	Access to safe water restore for people living in shelters and affected communities and health facilities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of shelters, communities and health facilities implementing measures for monitoring water quality. The action will seek to reach 12 shelters, 10 health facilities and 8 communities.	30 (benefitting an estimated 20,000 direct beneficiaries)	30
Indicator 1.2	Number of affected shelters, communities and health facilities implementing measures for water treatment	30 (benefitting an estimated 20,000 direct beneficiaries)	30
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Purchase and distribution of equipment for water quality surveillance	PAHO/WHO	PAHO/WHO
Activity 1.2	Purchase and distribution of supplies for water treatment in shelters, communities and health facilities	PAHO/WHO	PAHO/WHO
Activity 1.3	Rapid training of service providers, health personnel, and families at shelters and affected communities in the use of water monitoring and treatment supplies and equipment	PAHO/WHO	PAHO/WHO
<b>Output 2</b>	Vector-control and protective sanitation and hygiene measures intensified in impacted areas		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of health facilities, shelters and affected communities implementing safe emergency measures for temporary storage of solid waste	30 (benefitting an estimated 20,000 direct beneficiaries)	30
Indicator 2.2	Number of affected families with information about safe water, waste disposal and vector control	30 (benefitting an estimated 20,000 direct beneficiaries)	30
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Purchase and distribution of supplies for vector and rodents control, and waste disposal containers, trash bags and other waste disposal solutions for the adequate storage of solid waste.	PAHO/WHO	PAHO/WHO
Activity 2.2	Elaboration and printing of education material on safe practices for water management, proper	PAHO/WHO	PAHO/WHO

	sanitation and hygiene and vector control in emergency situations and dissemination in shelters, health facilities, and affected communities		
<b>Output 3</b>	WASH surveillance system for information management and monitoring of interventions in communities, shelters and health facilities		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Information system on water and sanitation sectoral group in place at the regional level	1	1
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Support the rapid establishment of surveillance systems for monitoring of water quality and other environmental health indicators to allow early detection of risk factors during the response period	PAHO/WHO	PAHO/WHO
Activity 3.2	Provide rapid on-site training to field investigation teams on standardizing data collection and prompt reporting, on strengthening the continuous risk assessment and on implementing an adequate response through mitigation and control measures.	PAHO/WHO	PAHO/WHO

**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.

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

All the technical cooperation provided was carried out in strict coordination with the health authority. The support provided was made through delivery documents signed by the holder of the health authority and PAHO. In these minutes the specific products delivered and the cost of said products were recorded, which coincide with the purchase orders and invoices of the supplier.

**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\$
17-RR-UDP-004	Early Recovery	UNDP	INGO	\$127,587
17-RR-UDP-004	Early Recovery	UNDP	INGO	\$90,051
17-RR-FAO-019	Agriculture	FAO	NNGO	\$84,795
17-RR-IOM-013	Camp Management	IOM	NNGO	\$314,948
17-RR-IOM-013	Camp Management	IOM	INGO	\$130,000
17-RR-IOM-013	Camp Management	IOM	INGO	\$130,000
17-RR-IOM-013	Camp Management	IOM	INGO	\$250,000
17-RR-CEF-040	Education	UNICEF	INGO	\$192,316
17-RR-CEF-040	Education	UNICEF	INGO	\$170,257
17-RR-CEF-042	Nutrition	UNICEF	INGO	\$59,356
17-RR-CEF-042	Nutrition	UNICEF	INGO	\$243,008
17-RR-CEF-042	Nutrition	UNICEF	GOV	\$14,859
17-RR-CEF-044	Water, Sanitation and Hygiene	UNICEF	INGO	\$387,137
17-RR-CEF-044	Water, Sanitation and Hygiene	UNICEF	INGO	\$321,490
17-RR-CEF-044	Water, Sanitation and Hygiene	UNICEF	INGO	\$317,196

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BBB	Building Back Better
CCCM	Camp Coordination and Camp Management
CFS	Children friendly spaces
COOPI	Cooperazione Internazionale
CEM	Woman Emergency Center ( <i>Centro de Emergencia Mujer</i> )
COER	Regional Emergency Operations Center ( <i>Centro de Operaciones de Emergencia Regional</i> )
CESVI	CESVI Fondazione Onlus (Cooperazione-e-Sviluppo)
CIPCA	Peasant Research and Promotion Center ( <i>Centro de Investigación y Promoción del Campesinado</i> )
CDC	Disease Control Center
CUNA MAS	Social Program for Day Care Centers
DTM	Displacement Tracking Matrix
DIRESA	Regional Health Directorate ( <i>Dirección Regional de Salud</i> )
EDAN	Damage and Needs Assessment ( <i>Evaluación de Daños y Análisis de Necesidades</i> )
EFSA	Emergency Food Security Assessment
ECHO	European Civil Protection and Humanitarian Aid Operations
ENDES	Demographic and Family Health Survey ( <i>Encuesta Nacional Demográfica y de Salud Familiar</i> )
FONCODES	Social Development Cooperation Fund ( <i>Fondo de Cooperación para el Desarrollo Social</i> )
IDP	Internally Displaced Population
IEC	Information Education and Communication
INDECI	National Civil Defense Institute ( <i>Instituto Nacional de Defensa Civil</i> )
ILO	International Labour Organization
INS	National Health Institute ( <i>Instituto Nacional de Salud</i> )
KOBO	KoBo Toolbox (Data collection electronic application)
LARESA	Public Health Laboratory ( <i>Laboratorio Referencial de Salud Piura</i> )
MIMP	Ministry of Women and Vulnerable Population
MIDIS	Ministry of Development and Social Inclusion
MINAGRI	Ministry of Agriculture and Irrigation
MIRA	Multisector Initial Rapid Assessment
MINEDU	Ministry of Education
MINSA	Ministry of Health
MoH	Ministry of Health
OFDA	Office of U.S. Foreign Disaster Assistance
PLW	Pregnant and lactating women
PCR	Polymerase Chain Reaction
RUSF	Ready-to-Use Supplementary Food
SISFOH	Households Targeting System ( <i>Sistema de Focalización de Hogares</i> )
WASH	Water Sanitation and Hygiene