



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT / HUMANITARIAN CORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS PERU

RESIDENT/HUMANITARIAN COORDINATOR

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	2,221,613
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	0
	OTHER (Bilateral/Multilateral)	5,012,869 ¹
	TOTAL	7,234,482
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	Rapid Response	
	Floods	2,221,613

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the 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
- b. 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, cluster/sector coordinators and members and relevant government counterparts)?
YES NO

UN agencies (sector coordinators and members) participated in the whole reporting process. Consultation meetings were carried out with the state responsible for emergency response in Peru, the National Civil Defence Institute (INDECI) and the Loreto Regional Government in Loreto.

¹ Includes Loreto emergency response and emergency response in other regions affected by rainy season in Peru in 2012. Includes bilateral, multilateral and other international organizations funds. Please refer to Annex 2 - Peru Floods 2012 response funds.

PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: 4,485,517</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,221,613
	OTHER (Bilateral/Multilateral)	728,849 ²
	TOTAL	2,950,462

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US\$)			
Allocation 1 – Date of Official Submission: 24 April 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-051	Health-Nutrition	201,845
UNICEF	12-CEF-052	Protection	141,775
UNICEF	12-CEF-053	Water and Sanitation	129,952
UNICEF	12-CEF-054	Health	104,860
UNICEF	12-CEF-055	Education	220,821
FAO	12-FAO-022	Agriculture	496,820
IOM	12-IOM-012	Shelter-NFIs	388,710
WHO	12-WHO-035	Water and Sanitation	379,111
WHO	12-WHO-036	Health	157,719
Sub-total RR Allocation 1			2,221,613
TOTAL			2,221,613

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	1,809,794
Funds forwarded to NGOs for implementation	159,463
Funds forwarded to government partners	252,356
TOTAL	2,221,613

² The complementary funds came mostly from UN agencies and other sources rather than bilateral or multilateral sources. This information is based on what is reported in section VI Project Results.

Last rainy season in Peru generated emergency situations from November 2011 with a greater negative impact in February and March in 2012. Floods and landslides were the main events. As of 23 April, INDECI reported 765,734 persons affected in 892 districts of the 24 departments of Peru.³

The Amazonian rivers exceeded their maximum historical level in April causing severe floods in Loreto region, even though floods were evident since January. The high flow level was maintained until May 2012. The State of Emergency was issued by the Ministers Council Presidency on 29 March for 24 districts of the 7 provinces of Loreto, and for 12 additional districts on 6 April. As of June 2012, INDECI reported 280,750 affected persons (209,213 totally affected and 71,537 partially affected). A later census carried out in October 2012 by the Regional Government of Loreto stated that 368,003 persons were affected in the 7 provinces of this region.

The Office of the UN Resident Coordinator issued three Situation Reports in February, March and April regarding the emergencies in the country during the rainy season based on INDECI and the National Humanitarian Network (Red Humanitaria Nacional⁴) information. In April, the analysis highlighted the situation in Loreto department which had worsened in an accelerated manner. This situation presented a very significant challenge to the local, regional and national authorities and called for the application for CERF funds to complement the national response efforts.

As of June 2012, 59,872 houses were reported damaged in Loreto. There were 123 collective centres registered in Maynas province where 15,122 persons were housed in tents, or in "maloca" houses (thatch roofed), as well as in schools and public areas. There were overcrowding and organizational problems in the collective centres. The rest of the affected families stayed close to their damaged houses to take care of what has been left of their goods. Some of them were hosted by relatives or friends, most of them in precarious conditions.

Livelihoods were also drastically affected in Loreto. This corresponds mainly to subsistence agricultural production along with small farm animals which affects the food security of small producers.

The health conditions worsened in Loreto with the increase of acute respiratory infections, acute diarrheal diseases and skin diseases. Twelve per cent of the public health infrastructure was affected as of April 2012. Two epidemic outbreaks were reported: malaria and leptospirosis. Dengue is also an endemic disease that finds conditions to spread with the floods.⁵

There were sanitation problems related to disposal of solid waste and excreta. The sewer system collapsed in sections of Iquitos city. In rural areas there were neither sewer systems nor water systems. Electrical service was cut preventively in flooded areas. Service to collective centres with displaced families was limited. Chemical latrines were used during the first weeks. Proliferation of vectors increased. Rodents control was also needed.

A total of 1,724 schools were damaged by the floods and collective centres were installed in 43 schools in urban areas. The start of school classes was postponed almost two months.⁶

The Loreto region had structural problems prior to the emergency: the prevalence of chronic malnutrition affected 29 per cent of children under age 5. A total of 57 per cent of children under age 5 have anemia, which is the second highest prevalence among regions in Peru. The emergency affected a very vulnerable population with high incidence of diseases, less access to nutrients, as well as less access to public services, such as health, transport and communication in a much dispersed populated region. It is also a region where sexual exploitation of children and adolescents, early pregnancy, sexually transmitted diseases, HIV/AIDS in adolescents is higher than in other regions. The proliferation of collective centres during the emergency created risk of conditions lacking protection measures.

II. FOCUS AREAS AND PRIORITIZATION

The United Nations Disaster Management Team (UNDMT) analyzed the humanitarian situation in Loreto. The results of an assessment carried out by the Peruvian Red Cross during the first week of April providing information on collective centres, water and sanitation, and health was taken into account. Panamerican Health Organization (PAHO) organized an assessment mission in coordination with health authorities. UNICEF had staff in Loreto department and the Emergency Coordinator visited the region to better support the regional authorities. FAO visited Loreto, and WFP coordinated with staff in Loreto to assess the humanitarian situation. Coordination was done

³ Information provided by the National Emergency Operations Centre from INDECI.

⁴ Humanitarian Country Team in Peru is named "Red Humanitaria Nacional"

⁵ Information provided by Loreto Regional Health Directorate.

⁶ Information provided by Loreto Regional Education Directorate.

with Peruvian Red Cross as well as the regional authorities and “Mesa de Concertacion para la Lucha contra la Pobreza” (MCLCP)⁷ and members of the National Humanitarian Network (Red Humanitaria Nacional). In order to prioritize interventions, UN agencies coordinated with state sectors at national and regional level as well as with NGOs and other partners and allies.

Health response interventions were aimed to reduce the risk of disease outbreaks and prevent the increase of diseases related to poor sanitary conditions in the collective centres and affected areas. Eleven persons died of leptospirosis and 254 were affected in Maynas province, which represented an increase of 135 per cent compared to 2011. The second outbreak was by malaria mainly in Ramon Castilla and Maynas provinces with 14,415 cases, representing an increase of 130 per cent compared to 2011. Health projects were implemented in the rural and peri-urban zones by PAHO and UNICEF in the provinces of Maynas, Requena and Ucayali.

Water, sanitation and hygiene (WASH) response was focused on access to safe water, hygiene practices and vector control in collective centres and in other affected areas. In Iquitos city 3,850 households were affected. WASH projects were implemented in the rural and peri-urban zones by PAHO and UNICEF in the provinces of Maynas, Requena and Ucayali.

Nutrition interventions were complemented with psychosocial support to children under age 5. There were 2,556 children under age 5 in 114 collective centres and tents in Iquitos city. High incidence of acute respiratory infections and acute diarrheal diseases were reported, as well as limited access to safe water and sewage systems. In peri-urban areas in Iquitos city (three districts), the nutritional status was evaluated finding: 1.3 per cent of children under age 5 with acute malnutrition, 36.2 per cent with chronic malnutrition, 56.5 per cent of children under age 3 with anaemia, and 59.3 per cent anaemia cases out of all pregnant women. The project was implemented in the provinces of Maynas (Belen, Iquitos, Punchana, and San Juan Bautista districts) and Loreto (Parinari district), reaching all Loreto region with vitamin A delivery.

The protection response intervention focused on preventing violence, access to safe and healthy spaces for children, birth registration and identity cards. There were limited protection conditions and safe spaces for children and adolescents and the lack of a civil register of children endangered their rights. The project was implemented in the province of Maynas (Belen, Indiana, Iquitos, Punchana and San Juan Bautista districts).

An education project aimed to re-establish education service and provide a temporary educational environment. As of July 2012, 1,724 schools were damaged by floods in the Loreto Region, affecting 92,077 school students. In addition, 43 schools were used as collective centres. The project was implemented in the province of Maynas (Belen, Indiana and Iquitos districts).

An agriculture project focused on the distribution of improved means of production (short-cycle crops, seeds, tools, animals, organic fertilizer among others), and provided technical assistance and capacity building to implement activities to reduce the vulnerability and manage the risks. The Ministry of Agriculture estimated that, on average, 50 per cent of the crops in Loreto were totally lost (21,405 ha). A total of 257 communities were selected in the province of Maynas in the Region of Loreto. This was done taking into consideration reference data (standard EDAN) presented by the Civil Defense, which provided the information of communities affected by floods in 2012. The project was implemented in the province of Maynas (Alto Nanay, Indiana, Iquitos, Las Amazonas, Mazan, and San Juan Bautista districts).

The shelter and NFIs response aimed to support immediate needs for displaced families and also to support the returning of people to their homes. There were 123 collective centres registered in Maynas province hosting a total of 15,122 persons. The project was implemented in: Belén, Iquitos, Punchana and San Juan Bautista districts, in Maynas province.

Most of the national and international response was oriented towards affected families located in urban contexts: collective centers and in peri-urban areas. In order to better understand and develop adequate recommendations to state authorities, there was a need to analyze the situation of the families who had been displaced. The International Federation of the Red Cross and Red Crescent Societies (IFRC) coordinated the support of the Shelter Cluster to assess the humanitarian situation in shelter sector. An assessment carried out by the Shelter Cluster in July 2012⁸ found that 3 per cent of families were still displaced as a result of floods, 66 per cent of the communities reported displacement, 9 per cent of the households used evacuation centers, 87 per cent of the families were living in their own homes at the time of the assessment, 95 per cent of the shelters were adapted by households as a flood mitigation measure (elevated / floating raft), 38 per cent of the shelters had minor flood related damages, 13 per cent of the shelters had major flood related damages or had collapsed, and 2 per cent of the shelters were not affected. The assessment also stated that a large number of those affected could be considered vulnerable households. Sixteen per cent of the families surveyed were single-headed households.

⁷ MCLCP is a consensus mechanism among state institutions and civil society institution to fight against poverty, with presence in all regions in Peru.

⁸ The methodology included primary and secondary data collection. 1032 households surveys in 287 locations, and key informant data collection in more than 40 locations were performed. The report and related documents can be consulted in : https://www.sheltercluster.org/Americas/Peru/Peru_Floods_2012/Pages/Documents.aspx

Pregnant and lactating women were present in 19 per cent of all affected households and mentally and/or physically disabled persons were present in 3 per cent of the cases. The recommendations and conclusions of the report were shared at regional and national level with state authorities and the international stakeholders.

III. CERF PROCESS

The UN Resident Coordinator announced to the National Humanitarian Network (Humanitarian Country Team in Peru) the decision, coordinated with INDECI and the Loreto Regional Government, to submit an application for funding to the USG/ERC based on the extent of humanitarian needs present in Loreto region and the response gaps observed. This followed discussions with the UNCT and information and recommendations prepared by the United Nations Emergency Technical Team (UNETT). The international coordinators of Mesas Tematicas (sector coordination groups in Peru) were recommended to develop a participative process with allies and possible partners. During the preparation of the projects, consultations with INDECI, Loreto Regional Government, other regional authorities, IFRC and Peruvian Red Cross were made. A meeting with the international coordinators of Mesas Tematicas was held coordinated by OCHA in order to support the process and encourage partnerships. Coordination with the General Direction for Humanitarian Aid and Civil Protection of the European Commission (ECHO) was also frequent at that point, and some UN agencies also planned proposals to apply to ECHO.

Prioritization of activities was decided taking into account the identified humanitarian gaps based on field information and consultations. The sectors decided were Health, WASH, Collective Centres and NFIs, Nutrition and Psychosocial support, Education, Protection and Agriculture.

The Health cluster, led by PAHO with participation of UNICEF, considered activities to strengthen epidemiological surveillance at the local health levels through the delivery of laboratorial kits and training of rapid response teams that would deploy in the local health networks, mobilization of medical brigades and improving of local capacity for diagnosis and treatment of communicable diseases, and training of community health promoters to increase the outreach of the intervention. The intervention aimed to help regional health authorities reduce the risk of outbreaks and prevent the increase of diseases, such as diarrheal, respiratory diseases, leptospirosis, malaria, dengue and others related with the poor conditions of sanitations in the shelters and affected areas. Focuses on children under age 5 and pregnant women's needs were also kept. The implementation of project activities was going to be carried out in alliances with regional and local authorities, NGOs and other clusters.

The emergency intervention in the WASH sector was led by PAHO (UNICEF is the national leader) and involved delivery of goods and supplies to ensure the production of chlorine, monitoring of quality of water, adequate disposal of waste, hygiene and vector control in shelters and affected areas. The interventions were intended to ensure access of the most vulnerable populations to safe water better sanitation conditions, especially in the rural and peri-urban zones in the selected provinces of the region of Loreto. The implementation of the activities was to be carried out in coordination with regional authorities and municipalities and with the involvement of other clusters as the health cluster.

The Food Aid and Nutrition sector led by UNICEF developed a strategy involving psychosocial support for children under age 5 addressing anaemia and malnutrition for more than 50 per cent of all children. This was to take place through the delivery of multi-micronutrients, vitamin A and zinc to overcome acute diarrheal diseases. The strategy was to involve health authorities and stakeholders.

The Protection sector led by UNICEF focused on measures to be urgently established in collective centres to prevent gender-based violence and any kind of abuse, violence or negligence towards vulnerable groups. Social communication strategies and psychosocial support were also needed to promote an adequate social coexistence and strengthen the overall response in alliance with UNFPA for its implementation.

The Camp Coordination and Camp Management sector led by IOM focused on the humanitarian conditions in the collective centres where the affected population was located, and it would also coordinate the strategy with the other clusters. Activities were organized in three phases: In the first phase, focus was on responding to needs during existence of collective centres, improving living conditions in collective centres and working on protection activities to prevent violence, sexual abuse and human trafficking in alliance with UNFPA. The second phase was focused on process needs, where the main delivery was NFIs. The third phase was focused on the return of the affected population to their homes. In this connection, return kits were delivered and basic repairs were performed.

The Agriculture and Food Security sector led by FAO in coordination with the Ministry of Agriculture prioritized activities to improve livelihoods in the agriculture sector. The intervention involved the distribution of improved means of production (seeds, tools, animals, organic fertilizer, among others), along with technical assistance and capacity building on local risk management, traditional agricultural

practices erosion control and other techniques. Implementation of project activities would also be carried out through community based organizations (CBOs) and international NGOs, such as Italian Cooperation (COOPI), in alliance with public institutions (INDECI, Agricultural decentralized offices, Regional Government and Municipalities). Identification of beneficiaries was intended to focus on female single householders.

VI. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 832,576⁹				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health-Nutrition	7,671	8,311	15,982
	Protection	6,610	6,806	13,416
	Water/Sanitation	40,157	41,456	82,613
	Health	16,316	16,174	32,490
	Education	5,202	4,255	9,457
	Agriculture	7,670	7,330	15,000
	Shelter-NFIs	14,301	10,005	24,306

Estimates were made per agency, calculating overlaps by geographical areas and age groups.¹⁰ First calculations were made among UNICEF's projects. Nutrition project beneficiary information was considered 100 per cent in the total beneficiary counting because of the focus only on children under age 5. The same goes for the education project as the majority of the beneficiaries are students mostly above five years. Protection, WASH or Health projects were considered 60 per cent. The IOM project was present in districts where UNICEF, and sometimes FAO, projects were active. Therefore, a 90 per cent overlap was estimated, whereby only 10 per cent of IOM's beneficiaries were included in the overall estimates. The FAO project was mostly focused on rural areas and a 70 per cent overlap with UNICEF was estimated in the districts where both were present. Both PAHO projects were considered to have an 80 per cent overlap with UNICEF, FAO and IOM projects in the Maynas province.

The nutrition and psychosocial project implemented by UNICEF delivered vitamin A supplements to 15,836 children under age 5 and multi-micronutrients to 2,790 children under age 3 during its period of implementation. However, multi-micronutrients and vitamin A were handed out to a total of 105,000 children under age 5, distributed by Loreto Regional Directorate of Health (DIRESA) to all affected zones in Loreto, finalizing the total distribution on February 2013. These additional beneficiaries are not included in estimates, but they should be considered as an impact of this project.

The protection project implemented by UNICEF had 13,416 beneficiaries. This number includes the direct participation of 5,276 people in emotional containment and psychosocial support activities, of which 4,850 were children and adolescents; the documentation of 3,115 children and adolescents and 2,620 adults; and capacity-building for 735 authorities and operators of the protection system. It is important to note that a campaign also was implemented for the dissemination of protection and the prevention of abuse and violence against children and adolescents, estimating that approximately 13,000 people were indirectly benefited.

Beneficiaries of health projects implemented by PAHO and UNICEF include health staff trained, promoters trained, the local population such as women, children and men that were attended by medical brigades, and families that received health information to prevent diseases. A total of 53 per cent of beneficiaries were women including pregnant women. PAHO reported 29,030 beneficiaries and

⁹ INDECI national reported through the National Emergency Operations Centre (COEN) in 25 May 2012 : 280,187 persons affected in Loreto region, and 552,389 in other 23 regions in Peru.

¹⁰ Annex 3 – Beneficiaries estimates

UNICEF 17,302 beneficiaries, which includes an overlap of 80 per cent and thereby a total of 32,490 beneficiaries in the health sector. The coordination role of PAHO in the Health Emergency Operations Centre led by the Loreto Regional Directorate of Health was key to reinforce the regional response in the health sector with the participation of UNICEF, Red Cross, national NGOs and other stakeholders, which generated a wider impact.

Beneficiaries of the WASH projects implemented by PAHO and UNICEF include families receiving safe water and waste disposal supplies and kits as well as technical advice, equipment and monitoring supplies for Loreto Regional Health Directorate to work on WASH. PAHO reported 77,982 beneficiaries and UNICEF 18,154 beneficiaries and an overlap of 80 per cent, resulting in a total of 81,613 beneficiaries for the WASH sector. The coordination role of PAHO in the Water and Sanitation Emergency Operations Centre led by the Loreto Regional Directorate of Health also generated a wider impact.

Besides direct beneficiaries of the education project implemented by UNICEF that included 9,457 persons, its contribution to the efforts helping 35,739 students to return to schools that were used as collective centres is also relevant to be pointed out. A dissemination campaign was implemented to reinforce teachers' responsibilities and parents' monitoring role to guarantee returning to schools and recovery of classes lost during the emergency, especially in rural areas.

IOM extended the number of families originally identified from 13,691 persons to 24,306 persons. IOM also assumed the international coordination role in "Albergues" (collective centres) Emergency Operations group which extended the impact of its work in alliance with UNFPA for protection and gender based violence issues. This was done in coordination with the Peruvian Red Cross, Plan International, UNICEF, Ombudsman Regional Office, Vicariate of Iquitos, Regional authorities and District Municipalities.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	31,197	65,221
Male	30,694	62,839
Total individuals (Female and male)	61,691	128,060
Of total, children <u>under</u> 5	10,001	27,058

The CERF nutrition and psychosocial project helped raise the visibility of chronic nutrition problems in the region that worsened due to the emergency, such as anaemia and malnutrition, and incorporated new and effective interventions in the zone, such as multi-micronutrient, vitamin A and zinc supplements. In addition, the need for differentiated care for infants was reinforced. A total of 2,790 children between 6 and 36 months received supplements with multi-micronutrients to reduce anaemia, 15,836 children under the age of 5 received vitamin A supplements. A larger quantity of multi-micronutrients and vitamin A was handed out to DIRESA to reach 105,000 children under age 5. A total of 59 community agents, leaders and authorities were trained in emergency response for the care of children under the age of 3, and 600 children and pregnant women received psychosocial support and recreational kits. Psychosocial support sessions were performed with families. DIRESA's monitoring systems were strengthened, giving attention to the emotional state of children under the age of 3. Manuals were also prepared for educational sessions with families, as well as the training of community agents along with leaflets on the comprehensive protection of children under the age 3.

Awareness was raised through dissemination campaigns on protection and prevention of abuse and violence against children and adolescents in collective centres and communities. Protection Mobile Units were promoted and a total of 4,850 children and adolescents had access to safe playtime programs through recreational activities. A total of 672 children and adolescents received psychosocial support, out of which 77 cases of violence were referred to protective services. Birth certificates and identity documents were provided in coordination with the regional office of the National Register for Identification and Civil Status (RENIEC), municipalities and community organizations. Operators involved in protection services were trained. Community authorities were informed on the rights of children and adolescents and the importance of preventing, detecting, and responding to violence. Protection protocols during emergency situations were developed with DEMUNA with the participation of the Ministry for Women's Affairs and Vulnerable Populations (MIMP).

The WASH project implemented by UNICEF benefited 14,493 persons in collective centres (2,568 were children) and 13,889 persons in rural communities receiving chlorine tablets to purify water. Three hundred community health promoters were trained on safe water and 2,500 children received hygiene kits in their communities through schools. A total of 227 community health promoters were trained on

disease prevention (acute respiratory infections and acute diarrheal diseases). In this same sector, PAHO benefited 77,982 persons (15,950 families). PAHO provided 12 chlorine production equipment sets for the health care establishments. A total of 10,000 affected persons received chlorine in Maynas, Requena and Ucayali provinces. Supplies were provided to Loreto DIRESA to monitor adequately water quality in 11 districts. Equipment, supplies and laboratory items were provided to the DESA which was responsible to test the water quality and prevent epidemic outbreaks in houses, markets and other areas. A total of 1,500 families received water containers with taps when they returned to their homes from collective centres. The “Mi agua” system for rural communities to filter river water was delivered to 1,000 families (3,232 persons) training them in coordination with the DESA and 200 families received solid waste containers in one district, and 5,000 families received garbage bags for solid waste in four provinces. Technical advice for rodents monitoring and control, and delivery of traps, rodenticide and personal protection equipment was carried out in Iquitos city (4 districts) to prevent leptospirosis. A total of 4,950 families (approximately 24,750 persons) received 9,900 impregnated mosquito nets. Educational material on hygiene measures and food handling were distributed to 10,000 families, and 42 community agents were trained to monitor water quality in their communities. A total of 78 community leaders were trained on safe water and hygiene practices. A regional WASH coordination group in Loreto was promoted by PAHO in coordination with regional authorities performing joint activities and supporting collective centres, as well as rural communities.

The health project implemented by UNICEF benefited 17,302 persons, of which 620 were pregnant women. A total of 9,313 persons received information on health care and prevention of diseases. Diarrhoea attention supplies were provided to attend 12,646 persons and 227 community health promoters were trained by 40 health professionals. Educational material on health prevention adapted to the cultural context was also produced. Vaccination, control of children growth indicators, prenatal attention, health attention for children were carried out by 17 brigades reaching 1,190 persons, mainly children and pregnant women. This project helped strengthen health services for women and children, especially pre-natal care during the emergency, as well as children under age 5. The PAHO health project supported epidemiological surveillance systems at local level to monitor malaria and leptospirosis outbreaks, as well as acute respiratory diseases and acute diarrhea diseases training 51 health professionals from 5 provinces in transmissible diseases, and microscopic techniques. PAHO gave technical advice to prevent epidemic outbreaks and transmissible diseases and 4,700 rapid tests for malaria diagnosis were delivered for health establishments of two provinces. Seven health brigades were equipped with transport and medical instruments and visited 150 communities in 4 provinces, attending 7,646 cases. Other brigades were mobilized to monitor malaria in 24 communities in 2 districts. A total of 95 community health promoters from 2 provinces were trained in prevention and control of metaxenic diseases, focusing in malaria and health care of pregnant women and children under 5, as well as community surveillance system (SIVICO). In 15 health networks in 4 provinces, prevention material was disseminated.

The education project implemented by UNICEF helped the Regional Directorate of Education (DREL) to prepare a response plan on the education sector taking into account INEE standards¹¹. Monitoring and surveillance activities were carried out to recover lost hour classes in 653 schools. An emergency curriculum was elaborated for all education institutions, training 1,787 teachers and specialists in 12 decentralized workshops. Support was provided for the evaluation and analysis of the needs of 242 schools in 10 educational networks. An inter-sector group was formed to address the issues of the progressive recovery of schools used as shelters and the recovery of class time lost. A total of 18 temporary classrooms were implemented, with the participation of the community. Furthermore, classrooms were repaired in seven schools. A communication campaign was conducted to promote the return to school, recovery of class time, and the presence of teachers, successfully mobilising the education sector and civil society around these issues. A total of 3,000 preschool, elementary, and high school students received educational, recreational and hygiene materials and 1,670 children and adolescents received attention in safe spaces in 40 educational Institutions, denominated “Kollpa del Huambriillo y Huambriilla”. Finally, 200 teachers were trained to provide healthcare for the emotional recovery of 6,000 students.

The agriculture project implemented by FAO worked in coordination with regional authorities and municipalities. Most of the project beneficiary communities grow crops on low lying land and along river beds, which during the months of December through March are exposed to swollen rivers and streams. The project worked to restore the productive capacity of 3,000 families in Maynas province helping them to increase and diversify their sources of food to improve their nutrition and reduce the vulnerability of their livelihoods. The crops and vegetable seed packages were designed according to the needs of rural people of the Maynas province. Seeds and tool kits along with technical training was delivered to 3,000 families in 257 communities, working to prepare crop fields for sowing. Family gardens were installed with vegetable seeds and materials needed for this strategy. Production of family gardens will supply vitamins and micronutrients for a period of six to seven months for an average family with three children. Half of the total production will be used for consumption and the difference will be sold in the local market and be used as seed input for the next season. The production obtained from the sowing of rice, corn and beans will ensure family food for about eight months and will, furthermore, allow the family to ensure income from the sale of surplus production. Technical support on planting, cultural practices and seed storage for future campaigns was carried out with all beneficiaries and 1,831 ha were rehabilitated.

¹¹ International Norms for Education in Emergencies: www.ineesite.org

The collective centres, shelter and NFIs project was implemented by IOM in coordination with state entities, civil society and international organizations, as well as with collective centres' leaders in 34 "albergues". The "Albergues" Emergency Operations group was supported by IOM with the lead of Loreto Regional Social Development Management Office, the participation of state and non-state organizations. In the collective centres, repairs were carried out to contribute to dignified conditions for displaced families. A total of 1,096 families were assisted in the collective centers with returning kits, comfort and hygiene kits and assistance for basic repairs in their homes. Verification of returning conditions of displaced families to their flooded houses was also carried out. Joint work in coordination with other institutions allowed moving displaced families from six schools through a positive dialogue, cleaning and repairing what was damaged in the infrastructure of schools due to the stay of affected families during the emergency. Protection activities were implemented in alliance with UNFPA. Forty five public officers were trained in collective centres management and human trafficking and a campaign on human trafficking, prevention and assistance on family and sexual violence was carried out, as well as training at community level in the returning process.

UNICEF assumed the delegated role from the Resident Coordinator to support Loreto Regional Government leading role in the response by coordinating the international cooperation agencies present in the region, participating in the Regional Emergency Operations Centre, monitoring the sector Emergency Operation groups established (Health, WASH, Collective Centres and Protection, Communications) as well as monitoring education and shelter issues. A Regional Communications group was established among all communications officers of state and cooperation organizations which was very important to standardize public messages from all sectors. UNICEF actively supported this coordination group.

A lessons learned process was carried out led by the Loreto Regional Government with the support of UNICEF and other agencies, with the participation of all stakeholders at national and sub-national. The systematization of the emergency response in Loreto has been translated to English, edited and published.¹²

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

YES PARTIALLY NO

CERF funds allowed for a rapid evaluation of the nutritional situation of children living in shelters. Equipment and materials were given to the DIRESA Loreto for nutritional evaluation. It also allowed for the quick shipment of vitamin A and zinc that UNICEF had stored in Lima to be handed out to affected children in the shelters of Maynas while the supplies were being imported. A large part of the goods for health attention were delivered timely to the beneficiaries because they were available in the national market. Safe spaces were organised for children and adolescents helping in their emotional recovery and providing services that timely offered security to them. Some of the interventions could be timely delivered depending on the availability of stocks or how fast purchase of goods was possible. CERF funds were used to provide technical assistance to the rapid elaboration of an emergency plan for the education sector. The rapid response allocation helped re-establish educational activities and ensure that the right of children and adolescents to education was not affected. Assistance to collective centres was also possible. Delays were encountered due to time consuming purchasing and importation processes. Transportation of goods and services also proved difficult and contributed to further delays. In general, CERF funds accelerated the delivery of assistance to beneficiaries.

b) Did CERF funds help respond to time critical needs¹³?

YES PARTIALLY NO

The timely presence of technical staff, contracted with the CERF resources, boosted a more active response of the public institutions during the most critical phase of the emergency and advocated for more visibility of the vulnerable situation among the most deprived and isolated communities. The time critical needs for collective centres were attended based on an active coordination from UN agencies and IOM working with CERF funds with regional authorities and other stakeholders. Protection, education, nutrition, psychosocial and agriculture activities would not have been adequately supported without CERF funds. Water quality monitoring needs were also timely supported. Solid waste disposal was another critical need in collective centres that could be better addressed with CERF funded projects. Health needs related to malaria and leptospirosis outbreaks could be timely attended. Social communication activities were

¹² The document can be consulted in Spanish and English at: <https://www.dropbox.com/s/05kmiwd6o7jq1py/Loreto%20-%20lecciones%20aprendidas%20EN.pdf>
<https://www.dropbox.com/s/2egkI5cumra73uc/Loreto%20-%20lecciones%20aprendidas%20ES.pdf>

¹³ 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)

performed on a timely basis providing technical and operational assistance, complementing the efforts of the public institutions, particularly the health sector.

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

YES PARTIALLY NO

The availability of CERF resources helped improve the planning and requests for public resources, both at national and regional (sub-national) level. In the case of the health and nutrition component, contributions were made to the management of financing care brigades consisting of health service personnel who provided healthcare in shelters and communities affected by the floods. These interventions reduced the impact on the health and nutrition of children and pregnant women, especially in the case of diarrhoea and acute respiratory infections prevalent among children. Public resources were mobilized for protection activities from National Register for Identification and Civil Status (RENIEC) and some municipalities. Other humanitarian actors also mobilized their institutional resources as in the case of Plan International and Caritas. IOM mobilized institutional funds to expand the coverage of attention to affected families in collective centres and for their returning process, but couldn't obtain other resources although efforts were made. FAO mobilized Belgian cooperation funds to assist agriculture needs of 2,500 families in other areas in Loreto, this subsequent project is still in the implementation phase. Other internal funds were requested by FAO to complement the activities and are still pending response. PAHO mobilized institutional resources to activate experts in the health sector. The national health sector contributed with a supplementary credit to finance the deployment of medical brigades in the shelters and communities affected by floods.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The coordination process was considered key since the initial response phase. Arrangements were agreed at the National Humanitarian Network by the Resident Coordinator delegating in UNICEF, taking into account their previous presence in Loreto region as well as their larger deployment for the emergency response. The humanitarian coordination at sub-national level and sector coordination was led by agencies responsible for CERF projects at sub-national level in Loreto, supporting Regional Government's leading role to coordinate all stakeholders present in the humanitarian response. UNICEF assumed the coordination role of the humanitarian response between the UN Agencies, NGOs, and other cooperation agencies, with the Regional Government of Loreto and the corresponding sectors. This coordination promoted a joint response, maximizing the synergies between the institutions that participated in the humanitarian response. The functioning of Emergency Operation Groups was also promoted and monitored led by the governmental sectors. PAHO contributed to the sustained functioning of the Health cluster, addressing nutrition issues, led by DIRESA, and to the WASH cluster led by DESA/DIRESA. IOM contributed to the coordination in the "Albergues" cluster led by the Regional Social Development Management Office improving the analysis of the problems that required an inter-sector approach to address the needs of the displaced families in collective centres. UNICEF also promoted coordination in Education, Protection and Communications issues supporting regional state institutions responsible for these sectors and activities. FAO coordinated with the Regional Directorate of Agriculture and later with international NGO CESVI working with ECHO funds to define targeting of beneficiaries to avoid duplication of activities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Having humanitarian goods and supplies in stock to speed up the response is a positive strategy.	To encourage UN agencies to have products in stock that can be used immediately which then could be replaced using CERF resources when needed.	CERF secretariat
Difficulties in the shipment of humanitarian goods to remote areas of the Amazonian jungle where the project was implemented.	Work on a joint logistical system of UN in case of emergencies that can facilitate the delivery of humanitarian goods and reduce cost of shipment to remote areas	UN system
Availability of humanitarian goods and supplies in the national market can be very limited during an emergency. For example, limited availability of supplies in the domestic market of mosquito nets,	To establish long term agreements with international suppliers in case of emergency. This could be promoted regionally by OCHA with the UN agencies.	OCHA and UN agencies responsible of humanitarian

PAHO identified a supplier in Panama that delivered these supplies at a lower cost and more quickly than the only domestic producer.		response
In emergency projects important response activities and strategies can be generated which should be systematized to be used in future emergencies.	It would be worth including systematization of activities of CERF emergency projects to contribute to quality improvement in future emergencies.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
Collective centres		
It becomes necessary to identify places that could serve as shelters and collective centers for emergency situations.	Map out possible areas that could be used as shelters and collective centers nationwide.	National Humanitarian Network
Capacity building activities are needed in the management of “albergues” (collective centers) but constant turnover of public officers hinders continuity of capacities.	Develop capacity building process at national level on collective centre’s management addressing the constant turnover issue in public administration.	National Humanitarian Network
Nutrition		
The rapid nutritional evaluation of children under age 3 affected by the emergency made it possible to identify the impact of the emergency as the increase in the prevalence of chronic malnutrition and differentiate it from chronic nutritional problems such as anaemia. This analysis helps establish a work plan in line with the nutritional impact of the specific situation.	Maintain an updated map of the zones with the highest nutritional and food safety vulnerability, and establish a protocol for rapid nutritional evaluation for emergency situations.	Regional Governments (DIREAS)
The emergency offered a chance to raise the visibility of the nutritional problems present prior to the emergency, such as anaemia, as well as a chance to implement effective and innovative interventions, such as the multi-micronutrient powder and zinc supplements for the treatment of acute diarrheal diseases.	Incorporate these two effective interventions as part of the comprehensive care package for children under the age 3.	Regional Governments (DIREAS)
In nutritional interventions during emergencies, monitoring is an essential mechanism to guarantee adequate implementation. This involves organizing a team of monitors from the health sector and other organizations, including community agents.	Standardize the methodology and instruments for the monitoring of nutrition interventions.	Loreto DIRESA, Municipalities, and cooperation agencies
Psychosocial issues		
The psychosocial support component helps improve the emotional state of children and their caretakers affected by the emergency via play actions adapted to the situation. During the emergency in Loreto, mothers made toys for their children, creating a warm and friendly atmosphere.	Incorporate the psychosocial support component for children under age 3 and their caretakers into the emergency healthcare plan and local government plans.	Loreto DIRESA, Municipalities, and cooperation agencies
Protection		
The creation of mobile units for the protection of children and adolescents was an appropriate	Systematize the support and psychosocial safety net strategy for interventions during flooding emergencies	MIMP, Regional Government of

strategy for the context of the Amazon region in an emergency situation due to flooding, making it possible to provide an emotional and psychosocial support program to children and adolescents from indigenous communities.	in the Amazon region (Mobile Protection Units and “Kollpas del Huambrillo y Huambrilla”). Based on the experience gained, prepare an intervention proposal, with special emphasis on care for children and adolescents who remain in their communities. This document may be used as evidence to influence the public budget allocated to the emergency, where the psycho-emotional intervention is not currently considered among the actions to be carried out and, thus, receives no financial support.	Loreto, Local Governments and Cooperation Agencies
A need to promote structured and adequate spaces in the communities was identified to foster playtime, integration and sports as well as providing psychosocial support as mechanisms for prevention of violence against children and adolescents.	It is suggested that the Loreto Regional Government and Municipalities strengthen and ensure the continuity of the team of protection promoters formed by the NGO CEDEC as key actors in the immediate protection response in case of emergency.	Loreto Regional Government, Municipalities
WASH		
The DIRESA had an emergency plan that included a water and sanitation response, which was established during the dengue epidemic in 2011. This plan became an essential element in the launching of the emergency response.	Keep the Emergency Plan updated, with emphasis on the water and sanitation component, due to the high possibility of new emergency situations.	DIRESA
There was a prompt and active response of the Water and Sanitation Emergency Operation group, and the Health group for the generation and socialization of information, coordination, decision-making, follow-up of reports, reception and consolidation of the state damage and needs assessment (EDAN), availability of safe water, daily monitoring of events, reports on shelters, epidemiological surveillance. A large part of the activities carried out in the project were made possible thanks to the fact that the intervention sought out strategic partners or allies to build alliances with, thus facilitating the identification of the sites affected and the prioritization of the supplies necessary to respond to the emergency.	Maintain the Water and Sanitation Emergency Operations group and the Health group functioning, with the participation of the DIRESA, NGOs and Cooperation Agencies.	DIRESA, NGOs, Cooperation Agencies
Due to insufficient availability of tank trucks with sanitary control, there were situations in which unsafe vehicles were used, which usually distributed river water without any water quality control, posing a health risk.	It is vital to establish water quality surveillance programs that include water distributors and monitoring of water supply sources to determine measures that guarantee reliable parameters for the drinking water. Measures for the cleaning and disinfection of the tank trucks and storage tanks to guarantee quality of the drinking water are also vital.	Loreto DIRESA, DESA/DIRESA
During the emergency difficulties were experienced in establishing an intervention program on the periphery of Iquitos because no or little information existed on whether or not many of the affected towns had water and basic sanitation services. The lack of a baseline made it difficult to quickly prioritize interventions in the affected zones.	Prepare a local and regional water and sanitation map to strategically facilitate the intervention without further complications.	Loreto Regional Government, Municipalities
Health		
The Loreto DIRESA had an emergency plan against dengue outbreak in the 2011. It was	Upgrade the emergency plan to include different kinds of emergencies and outbreaks taking into	Loreto DIRESA

important to response during the emergency due the floods in 2012.	account the high vulnerability of the region of Loreto.	
A pool of brigade members present at different levels of the health sector (regional, province, district) represented a key element in the pertinent response of health sector.	The DIRESA should maintain an identified pool of brigade members, establishing strategic points from which projection of brigades should be made.	Loreto DIRESA
The deploying of rapid emergency teams in the field was a key decision for the health response during the emergency.	The health sector should have more emergency teams that can be deploy in strategic points in case of an emergency situation.	DIRESA
The health sector took charge of many responsibilities including the management of shelters due to the fact that the municipalities had a limited participation during the emergency.	Clearly establish the scope and responsibilities of each one organizations especially of the municipalities in the response of a emergency. The local authorities should be responsible for the management and surveillance of shelters.	DIRESA, Municipalities
The activities of the local health promoters was important in the fight against the malaria outbreak, however the number of promoters was small taking into account the extension of the provinces affected by the emergency.	Enroll and train new health promoters in detection and management of common health problems associated with the rain season and floods.	DIRESA
The health staff has experience in the management of diseases associated with emergencies related to heavy rains and floods. However the high rotation of them delayed and complicated the timely control of health problems.	Train the health staff that has been enrolled in the last years to improve the diagnostic and treatment of cases.	DIRESA
Education		
The participative preparation of the Emergency Plan by the specialists of Loreto Regional Directorate of Education (DREL) with the technical assistance of experts in emergencies made it possible to implement a more committed intervention on the part of local authorities and recognize that education is a priority in emergency situations.	Keep the Emergency Plan updated, due to the high possibility of new emergency situations, considering the vulnerability of the Amazon region.	DREL
The delayed activation of the education working group made it impossible to receive timely information, ensure coordination, decision-making, reception, and consolidation of EDAN daily event monitoring, and reports on shelters.	Activate the education working group when the risk of flooding becomes evident, under the direction of the DREL, with the participation of NGOs and Cooperation Agencies.	DREL, NGOs, Cooperation Agencies
The distribution of school supplies, recreational materials, and toiletries effectively promoted a quick return to school.	Establish and formalise the list of materials to standardise this type of support.	Loreto Regional Directorate of Education (DREL), NGOs, Cooperation Agencies
It is necessary to consider temporary classroom models adapted to the affected zone in order to rapidly respond to this need.	Establish and formalise the temporary classroom model to standardise this type of support for these zones and the type of emergency.	Loreto Regional Directorate of Education (DREL), NGOs, Cooperation Agencies
Agriculture		
There is an ancestral knowledge to confront emergencies, but little is known on Disaster Risk	The issue of risk reduction management should be incorporated into the work at the regional, provincial	Regional, Provincial and Local

Management. The agricultural project promoted the use of local knowledge to deal with emergencies, but this needs to be linked to prevention techniques in their farming activities.	and local levels to prevent natural disasters again affecting the people of the region.	Governments. INDECI, CENEPRED
Families do not have a culture of seed storage.	Municipalities should support communities and form and support producer peasant associations to encourage the preservation of crop seeds, and fair direct product sales in local markets. Thereby producers can have an <i>in situ</i> seed crop rotation, combination of food and income from the production obtained.	Municipalities, Decentralized Agriculture Offices
There is good coordination between agencies in the region, but there is a lack of information from the Agriculture Sector, which makes field work and the timely support to needy families difficult.	Promote technical assistance in coordination with the Regional Government and the National Institute for Agriculture Research (INIA technicians, Loreto Regional Directorate of Agriculture, National Service of Animal Health (SENASA)), beneficiary families, to increase agricultural capacities, especially in areas such as post-harvest handling of horticultural crops, rice, corn and beans.	Regional Government, Decentralized Agriculture Offices
Information management		
Appropriate and prompt gathering of information through the EDANs (damages and needs assessment national tool) and other tools, prepared by the National Civil Defense coordinators. Based on this information, water and sanitation activities were established. Special note should be given to the daily report on the shelters.	Standardize and normalise the forms used to gather daily information on water and sanitation needs, especially in shelters.	DIRESA, Cooperation Agencies
Timely collection of information through EDAN and other tools. These tools included health and WASH activities. It was very important to have access to the daily report of shelters.	There is a need to have standard forms to be used for collect of diary information especially from the shelters	DIRESA, International cooperation
Vulnerability and Resilience		
Emergency situations help determine structural loopholes and weaknesses and help start processes to fill gaps and build capacities to improve resilience.	Recovery plans should analyse the impact of the emergency over structural weaknesses in order to effectively build resilience	Regional Governments, Municipalities, CENEPRED
Strengthening of community capacities on preparedness and responses should reduce their vulnerability to disasters.	Increase the capacity of communities to ensure knowledge about disaster risk reduction, preparedness and response.	Regional Governments, Municipalities, INDECI, CENEPRED, UN and other international cooperation organizations

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	25 April - 30 Nov 2012
2. CERF project code:	12-CEF-051	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Nutritional protection and psychosocial support for children below the age of 5 affected by the floods in Loreto		
7. Funding	a. Total project budget:	US\$ 500,000	
	b. Total funding received for the project:	US\$ 243,746	
	c. Amount received from CERF:	US\$ 201,845	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,000	7,671	
b. Male	7,000	8,311	
c. Total individuals (female + male):	15,000	15,982	
d. Of total, children <u>under 5</u>	3,000	15,982	
9. Original project objective from approved CERF proposal			
Contribute to the protection of the nutritional status and emotional well-being of children under age 5 and pregnant women in the temporary shelters in the peri-urban and rural areas of Loreto affected by the flooding.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 90 per cent of children in shelters under the age 3 have access to adequate nutritional complements and to multi-micronutrient supplements; 90 per cent of children in shelters under the age 5 have access to Vitamin A and zinc supplements for the treatment of acute diarrhea. 80 per cent of children, caregivers and pregnant women receive psychosocial support and recreational kits. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 55 per cent of children under the age 3 have been provided multi-micronutrient supplements, and 100 per cent of children under age of 3 from Parinari have been provided Nutributter – a nutritional complement. The quality of multi-micronutrient supplements was higher than usually found in the country for treatment of anaemia in children. 100 per cent of children under five in the focused area received vitamin A supplement. 1,867 children under age 5 diagnosed with acute diarrheal disease (ADD) received zinc supplements. Zinc supplementation was a new intervention in the zone, due to the fact that the Ministry of Health had not included it as part of the care package for the treatment of ADDs. Training activities for health staff and community health promoters were included 75 per cent of children, caregivers and pregnant women received psychosocial support and recreational kits. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy between planned and actual outcomes, except from 55 children under age 3 receiving multi-micronutrient supplements due to delay of the arrival of these supplements that were imported. However, the Loreto Regional Directorate of Health continued to deliver both multi-micronutrients and Vitamin A, which were purchased at significant lower price than planned until February 2013 benefitting 105,000 children and extending the coverage to all provinces affected by floods.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The intervention was focused on children under age 3 and under age 5. No gender considerations were made for this population group.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting arranged to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, the Health sector, the Education sector, municipalities, the UN system and humanitarian organizations. Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uogd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings on mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • There was a positive political will among state authorities to assist in the protection of infants' nutritional status and the community surveillance system facilitated the implementation process of the actors. • Delays in the intervention were caused by low preparation of regional and local health staff to deliver Vitamin A and Zinc. • Endemic malaria and delay of infants' porridge by the National Programme of Food Assistance were negative factors for nutritional and health status. • To improve state health staff capacity, technical tools and monitoring instruments were designed in order to sustain beneficiary monitoring. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	30 April - 30 Nov 2012
2. CERF project code:	12-CEF-052	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection		
4. Project Title:	Children and Adolescents Protection in the emergency floods in Loreto		
7. Funding	a. Total project budget:	US\$ 300,000	
	b. Total funding received for the project:	US\$ 226,840	
	c. Amount received from CERF:	US\$ 141,775	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,000	6,610	
b. Male	7,000	6,806	
c. Total individuals (female + male):	15,000	13,416	
d. Of total, children <u>under 5</u>	3,000	1,224	
9. Original project objective from approved CERF proposal			
The goal of this component is to provide psychosocial assistance to children and adolescents affected by the flood and to enhance mechanisms to protect and to prevent situations of violence, abuse and exploitation of children and adolescents.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 90 per cent families in shelters and displaced communities have information on how to protect and to prevent situation of abuse and violence against children, including the effects of stress on them. 90 per cent of affected children have access to safe play and child friendly spaces to restore normalcy to their lives. 90 per cent of children in shelters have their birth registration and identity card. 90 per cent of service providers are mobilized and sensitized on how to protect children during the emergency. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 87 per cent of families in shelters and displaced communities receive information on how to protect and avoid situations of abuse and violence against children, including the effects of stress. 73 per cent of children affected gain access to safe playtime and spaces apt for children in order to re-establish normality in their lives. Two hundred and seventy seven children in shelters and displaced communities gain access to birth registration and identity documents. 139 service providers learn about how to protect children during the emergency. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The original plan was for 6,626 children and adolescents to gain access to emotional containment and psychosocial support activities. A total of 73% of the planned goal was achieved. One of the factors that made it difficult to achieve the original goal was the constant displacement of families to other communities where the effects of the flooding were less severe compared to where they lived. Another factor was the prolonged periods necessary to obtain a commitment from municipal and community authorities in setting aside spaces for the Community "Kollpas del Huambrillo y Huambrilla".</p> <p>In relation to access to birth registration and identity documents, the goal was largely superseded. The region of Loreto is one of the zones with the highest undocumented population, taking into account factors such as distances and costs involved in travelling to the "nearest" registration centre. Thus, the strategy established of bringing the service to the communities, prior coordination among the three key actors—the National Register for Identification and Civil Status Office (RENIEC), the local government, and the community authority—was extremely well-received and the population took advantage of this opportunity.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The regional emergency operation group on protection recommended that other committees take into account aspects such as safety and privacy in the shelters, considering the needs of young girls and adult women, such as the use of restrooms and surveillance brigades to prevent sexual abuse and human trafficking.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings on mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • It was possible to rapidly gather the main responsible institutions around the Regional Protection Emergency Operations group to ensure protection in collective centres. Prevention of violence, sexual abuse and early pregnancy were issues agreed to be prioritized. • Need to maintain this articulation to consolidate protection work in Loreto. • Community level needs to be reinforced to sustain the process. • Legal norms are needed to maintain "Kollpas del Huambrillo y Huambrilla" 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	30 April - 30 Nov 2012
2. CERF project code:	12-CEF-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project Title:	Access to safe water and improvement of hygiene practices in population affected by flooding in Loreto		
7. Funding	a. Total project budget:	US\$ 185,000	
	b. Total funding received for the project:	US\$ 144,985	
	c. Amount received from CERF:	US\$ 141,775	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,500	9,730	
b. Male	8,500	8,424	
c. Total individuals (female + male):	18,000	18,154	
d. Of total, children <u>under 5</u>	2,500	2,500	
9. Original project objective from approved CERF proposal			
To help improve access to safe water and hygiene in households and rural communities affected by flooding of rivers in the Amazonian region of Loreto.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 90 per cent families in households and displaced communities have access to safe water consumption for drinking, food preparation and personal hygiene. 95 per cent of affected children have conditions of personal hygiene for children and children placed in households and affected communities. 90 per cent of children and mothers affected adopt appropriate hygiene practices (hand washing, dental hygiene). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 92.5 per cent families in households and displaced communities have access to safe water consumption for drinking, food preparation and personal hygiene. 100 per cent of affected children have conditions of personal hygiene for children and children placed in households and affected communities. 85 per cent of children and mothers affected adopt appropriate hygiene practices (hand washing, dental hygiene). 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy between planned and actual outcomes			
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The project benefited more women due to a greater presence of women in the collective centres. Hygiene practices targeted children as most vulnerable group and mothers to ensure sustainability of the strategy.

14. M&E: Has this project been evaluated?

YES NO

A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.

Meeting report is in Spanish, the electronic link is:

<https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m>,

Annexes of the meeting report: <https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m>

Main findings on mid-term evaluation for this project were:

- The formation of the Regional Water Sanitation and Hygiene Emergency Operations group was fundamental to ensure a more efficient intervention led by the Regional Directorate of Health (DIRESA) through the Executive Directorate of Environmental Health (DESA-DIRESA) and the technical assistance of PAHO and UNICEF.
- The greater weakness is the limited participation of Municipalities and little involvement of community in hygiene and access to safe water.
- The project strategy stressed the monitoring of water quality and to promote the participation of Municipalities and the community.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	30 April - 30 Nov 2012
2. CERF project code:	12-CEF-54	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Prevention of illness in children and pregnant mothers affected by flooding		
7. Funding	a. Total project budget:	US\$ 184,655	
	b. Total funding received for the project:	US\$ 129,470	
	c. Amount received from CERF:	US\$ 104,870	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,500	10,537	
b. Male	6,500	6,765	
c. Total individuals (female + male):	15,000	17,302	
d. Of total, children <u>under 5</u>	1,800	2,613	
9. Original project objective from approved CERF proposal			
Contribute to the prevention of prevailing illnesses such as Acute Respiratory Infections and Acute Diarrheal Diseases as well as skin and eye infections that occur in children and pregnant women as a consequence of flooding in the Loreto Region.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 90 per cent of families and pregnant women located in shelters, displaced from their homes and in rural communities receive information for the prevention of ARI, ADD and skin infections. 90 per cent of mothers and families are able to detect the signs and seek attention from a health facility in a timely manner. 90 per cent of children and mothers in shelters seek health services for vaccination and prevention of diseases prevalent in flooding emergencies. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 84 per cent of families and pregnant women located in shelters, displaced from their homes and in rural communities receive information for the prevention of ARI, ADD and skin infections. 78 per cent of mothers and families are able to detect the signs and seek attention from a health facility in a timely manner. 100 per cent of children and mothers in shelters seek health services for vaccination and prevention of diseases prevalent in flooding emergencies. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy between planned and actual outcomes.			

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project has benefited more women because women in reproductive age, in particular pregnant women were mainly targeted to address their health vulnerabilities.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m,</p> <p>Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings on mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • There was a very positive response from Health regional authorities • Capacity of Diresa to form competent groups to develop planned activities. • Traditional role of community health promoters was to address diseases more than work in prevention, and overburden of functions didn't help at the beginning. Need to position them as change agents towards healthy habits. • Little involvement of Municipalities in community health work. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	30 April 2012 - 30 Nov 2012
2. CERF project code:	12-CEF-055	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Education		
4. Project Title:	Education Emergency Response in Loreto		
7. Funding	a. Total project budget:	US\$ 357,888	
	b. Total funding received for the project:	US\$ 255,061	
	c. Amount received from CERF:	US\$ 220,821	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,400	5,202	
b. Male	1,600	4,255	
c. Total individuals (female + male):	4,000	9,457	
d. Of total, children <u>under 5</u>	4,000	6,000	
9. Original project objective from approved CERF proposal			
<p>Promote the re-establishment of the educational service in order to comply with the right to education by mobilizing the education community, authorities and sectors and guaranteeing equal opportunities for girls, boys and adolescents of both genders while taking into account the socio-cultural context.</p> <p>Provide a temporary protective educational environment to the most vulnerable population being affected by the emergency situation.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>Restored educational services:</p> <ul style="list-style-type: none"> • Emergency response plan at regional level is carried out in coordination with the national level, specifying the roles and functions of each level of government. • 500 schools are monitored. • 500 schools affected are evaluated using official tools and 5% use National Police records. • At least 1 regional law serves to resolve obstacles that would otherwise prevent the attendance to schools and the reactivation of educational services. • 80 per cent of the schools affected use emergency curricula to develop the capacity of students based on the context and the temporary nature of the emergency. • 25 temporary classrooms fabricated with non-traditional materials are set up with the participation of the community and the local government. • 1 comprehensive communication plan is established at regional level. • 4,000 students of pre-schools primary and secondary schools receive school supplies. 			

<ul style="list-style-type: none"> 4,000 pre-school and primary school students receive toiletry kits. <p>Students in protective educational spaces:</p> <ul style="list-style-type: none"> 1,000 students of both genders participate in non-formal education activities within a period of 30 days and receive recreational kits as well as socio-emotional support. 1,000 students of pre-schools and primary and secondary schools receive school supplies. 1,000 pre-school and primary school students receive toiletry kits and participate in health activities. 	
11. Actual outcomes achieved with CERF funds	
<p>Restored Educational Services:</p> <ul style="list-style-type: none"> Loreto Regional Directorate of Education (DREL) prepared an emergency response plan for the education sector, through which actions were implemented for the restoration of educational services, taking into account INEE standards. A total of 653 schools recovered class time, ranging from 30 to 187 per school. The goal established by the monitoring program was exceeded by 13%. An emergency curriculum was prepared for all educational institutions in the region, training 1,787 teachers and specialists in 12 decentralised workshops. Support was provided for the evaluation and analysis of the needs of 242 schools in 10 educational networks. These schools were subsequently visited on up to three occasions each. An inter-sector thematic group was formed to address the issues of the progressive recovery of schools used as shelters and the recovery of class time lost. A total of 18 temporary classrooms were implemented, with the participation of the community, using materials from the zones. Furthermore, classrooms were repaired in seven schools which suffered deterioration due to use as shelters. A communication campaign was conducted to promote the return to school, make-up of class time, and the continuance of teachers, successfully mobilising the education sector and civil society around these issues. 3,000 preschool, elementary, and high school students received educational, recreational and hygiene materials. <p>Students in Protective Educational Spaces:</p> <ul style="list-style-type: none"> 1,670 children and adolescents received attention in safe spaces in 40 Educational Institutions, denominated "Kollpa del Huambriillo y Huambrilla," set up in shelters. 200 teachers trained to provide healthcare carried out actions for the emotional recovery of 6,000 students. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy between planned and actual outcomes.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project benefited more females than males, due to the fact that the intervention was carried out in the schools, and in this age group, the percentage of girls and female adolescents is higher.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations. Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings on mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> Municipalities worked exclusively and in a coordinated manner in the emergency response, establishing synergies with the Regional Ombudsman office, the Human Rights Commission of the Apostolic Vicariate of Iquitos, and the civil society. The greater difficulty in this sector was the lack of statistical information, the little knowledge about Disaster Risk Management and the unjustified and reiterative absence of teachers in schools. The implemented strategy was centered in generating social surveillance mechanisms to ensure the resumption of classes and the recovery of time lost. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	16 May 2012 – 09 Nov 2012
2. CERF project code:	12-FAO-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency support to the communities most affected by the floods in the Loreto region		
7. Funding	a. Total project budget:	US\$ 1,796,280	
	b. Total funding received for the project:	US\$ 1,024, 820	
	c. Amount received from CERF:	US\$ 496,820	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached</i>
a. Female	7,434	7,670	
b. Male	7,566	7,330	
c. Total individuals (female + male):	15,000	15,000	
d. Of total, children under 5	1,918	1,800	
9. Original project objective from approved CERF proposal			
To re-establish the productive capacity of 3,000 families devoted to subsistence farming in short term, increasing and diversifying their food sources and reducing the vulnerability of their livelihoods due to natural disasters.			
10. Original expected outcomes from approved CERF proposal			
Rehabilitate and ensure food production in the short term, increasing the diversity of food consumed and prepare the land to the next agriculture campaign in 2012.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • With support from FAO, toolkits were delivered in 257 communities to work in an organized manner to prepare crop fields, so that soils would be ready for planting in the next cropping season. • For work in family gardens, FAO distributed 3,000 modules of vegetable seeds and materials needed for implementation. It took an average area of 200 m² per sowing period, which was seeded in three periods. Production of family gardens will supply vitamins and micronutrients rich food for a period of 6 – 7 months for an average family with 3 children. Vegetables produced by each family were staggered according to periods or growth and therefore, half of the total production will be used for consumption and the difference will be used to sell in the local market and as seed input for next season. • The production obtained from the sowing of rice, corn and beans, will ensure family food for about eight months, and will allow the family to have some income from the sale of surplus. Also promoted during delivery of technical support were trainings on planting and cultural practices and seed storage for future campaigns. • 1,831 ha were rehabilitated (1,055 ha. maize and 776 ha associated rice with beans). • At least 2,500 gardens for vegetable production were installed in the selected districts. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy between planned and actual outcomes.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Single women householders were prioritized in the intervention. The project targeted 1,543 women householders (all single head of family) and 1,466 men householders (most of which were not single head of families).</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings on mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • Close collaboration with regional agriculture authorities and municipalities to target beneficiaries of the project and to agree the strategy was very positive. • There is a need to identify adequate areas for agriculture combining access to water but enough altitude not to be vulnerable to further flood events. • Difficulties during the purchasing process as well as logistic difficulties related to the distribution of agricultural items in a very dispersed area without land transport, mainly connected by the rivers, required longer time to mobilize items. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	15 April 2012 – 15 Oct 2012
2. CERF project code:	12-IOM-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Shelter and NFIs		
4. Project Title:	Support for collective centre management, shelter and NFIs		
7. Funding	a. Total project budget:	US\$ 483,060 (amount presented in the project application)	
	b. Total funding received for the project:	US\$ 388,710 (additionally, IOM mobilized US\$ 40,000)	
	c. Amount received from CERF:	US\$ 388,710	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,944	14,301	The project was expected to attend twenty shelters. However, the need was much greater. IOM was able to reach additional beneficiaries because it was able to make better deals with local providers in order to get better prices. For example, the wood was bought directly from suppliers. In addition, IOM mobilized institutional additional funds.
b. Male	6,747	10,005	
c. Total individuals (female + male):	13,691	24,306	
d. Of total, children <u>under 5</u>	2,455	889	
9. Original project objective from approved CERF proposal			
<p>To provide appropriate living conditions for evacuated families temporarily residing in “Albergues” (collective centres) by improving management and attention to basic conditions for 750 families and to facilitate reintegration into homes for 150 families. Improved capacity will allow for the identification of vulnerabilities and special needs and measures will be taken to improve the living environment which will afford greater dignity to families. A selection of NFIs will be distributed to 750 families. The design and contents of the kits was coordinated with other actors, including the Peruvian Red Cross that attended to the needs of 1,800 families, to ensure that similar standards were maintained between agencies. Counting on CERF, IOM could cover, most of the remaining families to ensure provision of basic NFIs to improve conditions during the period of displacement. Additionally, support was available to a number of families to facilitate the return to homes in the shortest possible delay, through the provision of Shelter and Cleaning Kits.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • During the first two weeks, a minimum of 20 selected collective centres will begin benefitting from improved management and better living conditions that take into consideration, gender focus, vulnerable persons and special needs. • During the first two weeks, women in collective centres receive educational and informative materials to prevent and attend to gender based violence cases. • During the first two weeks selected collective centres receive attention on reproductive health. • During the first three weeks, selected collective centres will begin benefitting from improved infrastructure. • During the first two weeks, selection will begin for 750 families who will receive Hygiene Kits to assist them during the period of displacement. • During the first two weeks, selection will begin for 750 families will receive Comfort and Kitchen kits to assist them during the period of displacement. • During the first two weeks, balls and toys will be distributed in 20 collective centres to provide some relief for children. • During the first four to six weeks, selection will begin for 150 families who will receive shelter and cleaning kits to facilitate the reintegration into homes that have suffered minimal damage. 			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> A total of 34 collective centres were supervised by IOM in terms of coordination with local authorities and partners to ensure proper management of each collective centre. In addition, infrastructural improvements were made at each collective centre. In some cases, kitchens, bathrooms and water reservoirs were built. In other cases, repairs were made to walls and roofs. The United Nations Population Fund conducted, in partnership with IOM, workshops and informational campaigns against gender violence, reproductive health and human trafficking for the 1,096 families that resided in collective centres. Infrastructure of all 34 collective centres was improved. 1,096 families received hygiene kits. 1,096 families received comfort and kitchen kits. 1,096 families received toys. 1,096 families received reintegration kits as well as technical assistance to repair their homes. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Complementary funds were mobilized by IOM in order to assist more families than planned.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): This project attended gender based violence in its strategy, as well as domestic violence, sexual</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings in mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> Beneficiaries were not only assisted in their immediate needs but also informed about disaster risks and repairs. The project helped to strengthen public officers' capacities in collective centers management and protection against human trafficking. Prevention against sexual and family violence as well as assistance activities were carried out with social organizations and affected families in alliance with UNFPA. Regional authorities have been recommended to identify alternative places to be used in future emergencies as collective centers in order to avoid using schools. It has also been recommended to regional authorities to implement flood risk mapping to help decision making processes on mitigation measures or definitive relocation for population at risk. Positive coordination and synergies were possible during the intervention. IOM actively contributed to the coordination in "Albergues" (collective centres) and Reintegration regional group, and participated in general coordination of humanitarian response during their intervention. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	PAHO	5. CERF Grant Period:	16 May 2012 – 16 Nov 2012
2. CERF project code:	12-WHO-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project Title:	Improve access to safe water and proper sanitation of the population affected by the floods in the department of Loreto in Peru		
7. Funding	a. Total project budget:	US\$ 479,218	
	b. Total funding received for the project:	US\$ 379,311	
	c. Amount received from CERF:	US\$ 379,111	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,730	38,211	Number of beneficiaries increased because lower prices of imported supplies allowed redirecting resources to cover needs related to malaria outbreak and diarrheal diseases.
b. Male	6,170	39,771	
c. Total individuals (female + male):	11,900	77,982	
d. Of total, children <u>under 5</u>	1,666	9,358	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Provide access to safe water and adequate sanitation in shelters and households to the affected population. Protect the people affected by floods against the proliferation of vectors and disease outbreaks. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Capacity to production chlorine at the local level in at least 15 selected areas. 2,500 families in shelters and affected areas have chlorine for water disinfection. The health authority carries out water quality monitoring in shelters and homes in the affected areas. At least residual chlorine 0,5 ppm in the points under surveillance by local authorities. 1,500 families have containers for water collection (20 liters, closed and tap). "Mi Agua" system is available for 500 families to purify water. 200 families have containers for management of solid waste in the shelters. 2,500 families have garbage bags for solid waste disposal in the affected areas. Monitoring and control of rodents is available in peri-urban areas of the city of Iquitos. 2,500 families have mosquito nets in the affected areas. 2,500 families apply water and sanitation safe practices and adopt good hygiene measures. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Capacity to product chlorine at the local level in at least 12 selected areas. 10,000 families in shelters and affected areas have chlorine for water disinfection. 			

<ul style="list-style-type: none"> • The health authority carries out water quality monitoring in shelters and homes in the affected areas. • At least residual chlorine 0,5 ppm in the points under surveillance by local authorities. • 1,500 families have containers for water collection (20 liters, closed and tap). • “Mi Agua” system is available for 100 families to purify water. • 200 families have containers for management of solid waste in the shelters. • 5,000 families have garbage bags for solid waste disposal in the affected areas. • Monitoring and control of rodents available in peri-urban areas of the city of Iquitos. • 4,950 families have mosquito nets in the affected areas. • 10,000 families apply water and sanitation safe practices and adopt good hygiene measures. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Some goods imported from Panama at significant lower prices than planned made it possible to increase the project coverage (for example: mosquito nets, water disinfection supplies).	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If ‘YES’, what is the code (0, 1, 2a, 2b):</p> <p>If ‘NO’ (or if GM score is 1 or 0): This project has not addressed specific gender needs.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m,</p> <p>Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings in mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • High demand of health assistance due to respiratory and diarrhea diseases, as well as parasitosis in collective centres and other affected areas. • Risk of outbreaks of dengue and malaria due to deterioration of environmental and sanitation conditions. • Limitations on mental health strategy and health promotion activities. • Difficulties for brigades mobilization and equipment to reach rural areas. • Malaria diagnose and treatment delays due to insufficient staff in high risk areas, and lack of supplies for rapid diagnose. • Effective coordination led by DIRESA supported by PAHO to gather other stakeholders made possible identification of limitations to reach planned activities. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	PAHO	5. CERF Grant Period:	15 May 2012 – 15 Nov 2012
2. CERF project code:	12-WHO-036	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Reduce the impact in the health of the people affected by floods in Loreto		
7. Funding	a. Total project budget:	US\$ 247,718	
	b. Total funding received for the project:	US\$ 157,719	
	c. Amount received from CERF:	US\$ 157,719	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,730	14,209	The number of beneficiaries increased due the inclusion of three more provinces to respond to a malaria outbreak and other health problems that appeared during the emergency intervention.
b. Male	6170	14,821	
c. Total individuals (female + male):	11,900	29,030	
d. Of total, children <u>under 5</u>	1,666	7,556	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Support the reduction of outbreaks and health risk in the population affected by the floods in the selected provinces of the region of Loreto. Cooperate with the MoH at the local level to ensure an effective health response to reduce morbidity and mortality caused by the floods, with an emphasis on the most vulnerable populations groups. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Epidemiological surveillance system functioning at local level. Medical brigade deployed in the field. Medical kits for laboratory diagnosis and other equipment and health supplies distributed. Health care services apply medical guidelines for diagnostic and treatment of diseases. Local population applies healthy practices to prevent diseases. Emergency health actions coordinated in the field. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The epidemiological surveillance in the regional and local levels was in operation during the emergency easing the timely detection of malaria and leptospirosis outbreaks. 7 medical brigades received basic equipment and 8 medical brigades were deployed to the field. 4700 kits for malaria diagnose were distributed to local health promoters. Health care facilities of 15 local networks received guidelines to manage malaria cases 6,000 families received information about health measures to prevent malaria, leptospirosis and acute diarrheal diseases (ADI) Emergency response actions were coordinated through the Emergency Operations Center of the Regional Health Office of Loreto with support of PAHO. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy between planned and actual outcomes.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): This project has not addressed specific gender needs.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A mid-term evaluation was conducted in July, and a meeting to analyse findings was held in Loreto on 9 August with the participation of regional authorities of Loreto, INDECI, Health sector, Education sector, municipalities, UN system and humanitarian organizations.</p> <p>Meeting report is in Spanish, the electronic link is: https://www.dropbox.com/s/3yu68o5ip2gaoif/INFORME%20DEL%20TALLER%20DE%20EVALUACION%20DE%20MEDIO%20TERMINO%2007%2008%2012.docx?m, Annexes of the meeting report: https://www.dropbox.com/sh/uoqd2bxqbuct757/ecie1oq6LA?m</p> <p>Main findings in mid-term evaluation for this project were:</p> <ul style="list-style-type: none"> • The initial situation found high demand for sanitation services in affected communities that previously were limited in urban areas or inexistent in rural areas. • There was a deficiency of water distribution and storage capacity in collective centres, and also in rural communities affected. • There were difficulties to maintain chemical latrines as a continued solution for collective centres. • There was an increasing proliferation of vectors increasing in communities located on the banks of Amazonas river and its affluent rivers. • There was an urgent need to control rodents to prevent leptospirosis. • An effective coordination was possible led by Loreto DIRESA supported by PAHO to gather other stakeholders making it possible to identify limitations to implement planned activities. 	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-CEF-051	Nutrition	UNICEF	Dirección Regional de Salud de Loreto	Gov	31,436.48	26.06.2012	25.04.2012	
12-CEF-051	Nutrition	UNICEF	Parroquia Santa Rita de Castilla	Civil society organization	26,604.68	03.07.2012	30.04.2012	
12-CEF-051	Nutrition	UNICEF	Red Innova	NNGO	31,615.79	05.09.2012	30.07.2012	
12-CEF-051	Nutrition	UNICEF	Asociación Kallpa	NNGO	3,333.32	09.10.2012	26.05.2012	
12-CEF-052	Protection	UNICEF	Gobierno Regional de Loreto	Gov	26,160.29	12.06.2012	30.04.2012	
12-CEF-052	Protection	UNICEF	Dirección Regional de Educación de Loreto	Gov	2,882.58	08.05.2012	30.04.2012	
12-CEF-052	Protection	UNICEF	Asociación Kallpa	NNGO	6,174.00	24.10.2012	18.10.2012	
12-CEF-052	Protection	UNICEF	Centro de Educación y Desarrollo Comunitario-CEDEC	NNGO	51,176.55	15.10.2012	01.06.2012	
12-CEF-052	Protection	UNICEF	Capital Humano y Social Alternativo-CHS	NNGO	2,825.00	05.09.2012	13.08.2012	
12-CEF-052	Protection	UNICEF	Centro de Estudios y Asesoría en Conductas de Riesgo Social y Promoción-CRE SER	NNGO	6,792.00	05.09.2012	15.08.2012	
12-CEF-053	WatSan	UNICEF	Dirección Regional de Salud de Loreto	Gov	19,350.78	18.06.2012	30.04.2012	
12-CEF-053	WatSan	UNICEF	Asociación Kallpa	NNGO	14,119.78	13.06.2012	16.05.2012	
12-CEF-054	Health	UNICEF	Dirección Regional de Salud de Loreto	Gov	19,350.78	18.06.2012	30.04.2012	

12-CEF-054	Health	UNICEF	Asociación Kallpa	NNGO	14,119.78	09.10.2012	01.10. 2012	
12-CEF-055	Education	UNICEF	Dirección Regional de Educación de Loreto	Gov	141,865.04	31.05.2012	30.04.2012	Training, materials, school kits, hygiene kits for students, transport, hiring of monitors.
12-CEF-055	Education	UNICEF	UGEL Loreto	Gov	8,040.21	31.05.2012	30.04.2012	Training for teachers
12-CEF-055	Education	UNICEF	Gobierno Regional de Loreto	Gov	3,270.00	31.05.2012	30.04.2012	Public officers' capacity development
12-CEF-055	Education	UNICEF	Kallpa	NNGO	2,702.00	31.05.2012	30.04.2012	Public officers' capacity development

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADD	Acute Diarrheal Disease
ARI	Acute Respiratory Infection
CBOs	Community based organizations
CEDEC	Education and Community Development Centre (Centro de Educación y Desarrollo Comunitario)
CENEPRED	National Centre for Risk Estimation, Prevention and Disaster Risk Reduction (Centro Nacional de Estimación Prevención y Reducción de Riesgos de Desastres)
CERF	Central Emergency Response Fund
CESVI	Cooperation and Development (Cooperazione e Sviluppo)
CHS	Alternative Social and Human Capital (Capital Humano y Social Alternativo)
COOPI	Italian Cooperation (Cooperazione Italiana)
CRE SER	Studies and Advice in Social Risk Behavior and Promotion Centre (Centro de Estudios y Asesoría en Conductas de Riesgo Social y Promoción)
CSOs	Civil society organizations
DEMUNA	Municipal Ombudsman for Girls, Boys and Adolescents (Defensoría Municipal de Niños Niñas y Adolescentes)
DESA	Executive Directorate of Environmental Health (Dirección Ejecutiva de Salud Ambiental)
DIRESA	Regional Directorate of Health (Dirección Regional de Salud)
DREL	Loreto Regional Directorate of Education (Dirección Regional de Educación de Loreto)
ECHO	General Direction for Humanitarian Aid and Civil Protection of the European Commission
EDAN	Damages and Needs Assessment (Evaluación de Daños y Necesidades)
FAO	Food and Agriculture Organization of the United Nations
IFRC	International Federation of the Red Cross and Red Crescent Societies
INDECI	Civil Defense National Institute (Instituto Nacional de Defensa Civil)
IOM	International Organization for Migrations
NFIs	Non Food Items
NGO	Non Governmental Organization
NNGO	National Non Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitaria Affairs
PAHO	Panamerican Health Organization
PCM	Ministers Council Presidency (Presidencia del Consejo de Ministros)
UGEL	Local Education Management Unit (Unidad de Gestión Educativa Local)
UN	United Nations
UNCT	United Nations Country Team
UNDMT	United Nations Disaster Management Team
UNETT	United Nations Emergency Technical Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USG/ERC	Under Secretary General / Emergency Relief Coordinator
WASH	Water, Sanitation and Health