DREF Operations Update
Argentina: Salta Floods

A. Situation analysis

Description of the disaster

On 31 January 2018, heavy rains that fell in the northern part of Salta province in north-eastern Argentina, coupled with rainfall in the upper basin of the Bermejo and Pilcomayo Rivers (Paraguay-Bolivia border), caused a rise in water levels that flooded areas along the banks of the Pilcomayo River. Water levels far exceeded alert and evacuation levels, displacing more than 17,000 people and leaving 100 people isolated and incommunicado.

Total and partial damage to housing, principally in water and sanitation, were reported, which compounded the affected families’ vulnerability and augured a difficult return home. Power outages and damage to main and rural roads were also reported. Family farming activities, small livestock farming (mainly goats, sheep and pigs) and subsistence fishing, which are characteristic of indigenous and Creole communities in the area, were also affected.

Indigenous-creole multi-culturalism issues, such as risk perception, family dynamics, livelihoods, health practices, hygiene habits, community organizing, among others,
pose a challenge to the response approach because these conditions exacerbate feelings of anxiety, insecurity and stress in individuals, families and communities.

**Summary of the current response**

**Overview of Host National Society**

On 31 January 2018, a National Society monitoring team reported on the flooding affecting various sectors of Salta province. In accordance with its National Response Plan, the National Society declared a Category 2 Emergency and activated all its national disaster response mechanisms.

That same day, a team from ARC’s headquarters travelled to the field together with a team from the ARC’s Salta branch (some 400 km from the site of the emergency) to conduct a rapid emergency assessment that considered alerts, communications with the Civil Protection Sub-Secretariat and previous assessments conducted by Argentine Red Cross. The ARC intensified its efforts in the collective centres in Aguaray, where it delivered psychosocial support (PSS) and first aid and assisted with the centres’ management to provide better care to the displaced population.

The ARC set up an emergency operations centre (EOC) in the field to manage event-related information and coordinate field actions. A team at headquarters was responsible for gathering the information and monitoring the events reported in the country. In addition, the ARC established a Restoring of Family Links (RFL) programme to address any requests related to the emergency.

Additional flooding was reported on 10 March 2018 during field actions, forcing the communities that were on their way home to once again set up temporary (and improvised) camps along Route 54. No assistance agencies were identified during this last event, except for municipality of Santa Victoria Este staff and ARC Salta branch personnel. Currently, some communities are still unable to access their places of residence.

From the beginning of the emergency, ARC has worked with more than 600 families from the communities of La Curvita, Dixon, Cruces, Celia, Padre Col, Anglicana, Mistolar, Monte Verde, Dionicio Ville and Paso de la Yegua. It is worth mentioning that these communities, mainly made up of indigenous people, are fluid communities whose numbers have changed after each assessment (groups split up, creating new permanent communities). In some cases, at-risk areas and land are occupied by these communities in a disorganized manner; these settlements are self-managed, and they are changeable mostly due to livelihoods factors, which hinders humanitarian aid distributions and medium or long-term planning of early recovery strategies.

**Overview of Red Cross Red Crescent Movement in country**

In Argentina, the IFRC has an office to assist and support the Southern Cone countries, and in the event of emergencies and disasters, the South American National Societies can count on receiving assistance and support from the IFRC’s regional office for the Americas (ARO)’s Disaster and Crisis Department. Since the beginning of the emergency, the National Society has maintained close contact and coordination with the IFRC through the IFRC’s country office and its Disaster and Crisis Department.

The IFRC deployed a water and sanitation Regional Intervention Team (RIT) member to ensure close coordination between the National Society and IFRC; this RIT, who was from the Nicaraguan Red Cross, supported Disaster Relief Emergency Fund (DREF) operational and administrative management actions for two months.

In April 2018, a joint ARC-IFRC monitoring and follow-up mission was conducted, with the participation of the IFRC’s country representative and its IFRC’s disaster management coordinator for South America.

At the regional level, the ARC’s emergency director and IFRC’s disaster management coordinator participated in a technical meeting to review the Americas region’s emergency response mechanisms and procedures.

**Overview of non-Red Cross red Crescent actors in country**

The Argentine government, at its municipal, provincial and national levels, deployed its resources through various institutions (ministries, secretariats, sub-secretariats, technical areas, etc.). Salta province’s Sub-Secretariat for Civil Defence worked in all affected localities, coordinating the Emergency Committee and assisting as appropriate. Salta’s
Ministry of Public Health intensified coverage in the area, both in the collective centres in Aguaray and Tartagal and in Santa Victoria Este and surrounding areas. The Ministry for Indigenous Affairs in Salta province has actively participated in response and recovery activities in the affected area.

On 1 April 2018, Salta's governor declared a water, social and health emergency throughout the province through Provincial Decree No. 415, and the Agriculture Industry Ministry issued resolution 42/2018 declaring an agricultural emergency effective to 31 January 2019.

The undersecretary for civil protection travelled to the area at the beginning of the emergency to coordinate the mobilization of national resources, coordinate government efforts and the deployment of and field work by the various national public entities that provided support during the first weeks of this emergency.

Gendarmerie, Argentine Army and specialized Ministry of Social Development personnel were present in the area, along with provincial police officers, Civil Defence and fire-fighters. Staff from the Santa Victoria Este municipal government is also present, especially to assist with families’ evacuation and transport, and the National Road authority has overseen the clearing of the area’s roads and highways.

In addition to the government agencies previously mentioned, volunteer fire-fighters from various agencies in Salta have helped with rescue and evacuation and aided the affected people. ADRA delivered water purifiers and cleaning kits during the second week after the flooding began.

To date, there are no civil society organizations conducting specific actions to address the current situation in the field.

**Needs analysis, targeting, scenario planning and risk assessment**

**Needs analysis**

There are several humanitarian gaps in all sectorial areas. It is worth noting that northern Salta province is a highly vulnerable area with very high poverty rates.

As previously mentioned, this flood has forced more than 7,000 people to relocate to collective centres and camps and left many isolated and incommunicado during the first weeks of the emergency.

Given the need for available resources and relief items to meet basic needs (mainly water and food), the initial challenges were achieving proper inter-institutional coordination and establishing an adequate logistical chain, since coordination between the various organizations and entities was ineffective and roads and access routes to the affected area were damaged and partially or totally blocked; furthermore, all roads were under water, which prevented access by land and made it necessary to use helicopters to reach isolated families. This proved to be a scarce resource, as there are only three of them, and they are used to transport supplies, airlift critically injured patients to hospitals and conduct evacuation tasks.

All the government-run collective centres have been closed; although, more than ten communities remain in self-managed temporary camps by the side of Route 54. Some of the people in these camps intend to settle permanently because their communities have been destroyed, their precarious housing has been filled with mud or because they are unable to return due to road conditions. Most of these settlements lack basic services (no water supply, electricity, sanitation service networks, etc.), and communities are living on what they can hunt, fish and, in rare cases, harvest.

ARC assessments reveal significant humanitarian needs and operational challenges in the region, including:

- The lack of access to safe water sources, coupled with the lack of water treatment methods and good water treatment practices. Currently, 80 per cent of the communities where the ARC works lack safe water sources.
- Cultural issues, mainly involving the Wichi, Toba and Chorote peoples, hinder needs assessment and survey efforts. Many communities are divided by internal problems and new communities are created, have new community focal points and occupy different geographical spaces.
- Temporary shelters (evacuation camps) do not meet minimum humanitarian standards, and there are no actors present in the region with the operational capacity to reverse this situation. Living conditions are extremely precarious, there are no sanitary systems (toilets, latrines, septic tanks, etc.), and the materials with which the camps are built are not sufficient to protect the self-evacuated families.
The distances and the conditions of the roads to the emergency area are challenging, which makes it difficult to transport relief items and raises operational costs.

Under current housing conditions, vulnerable groups are at high risk to diseases caused by the lack of basic water and sanitation. Social assistance centres are far away, sometimes over 50 kilometres, and assessments have found persons with disabilities, elderly people with mobility issues, pregnant women, and cases of diarrhoea and digestive problems, among others living in the affected communities.

**Targeting**

The plan of action’s initial strategy for the ongoing DREF proposed an intervention that focused on the most vulnerable evacuated families in the collective centres and the improvised self-evacuation camps along Route 54. It also prioritized providing first aid and psychosocial support assistance to ease the burden on hospitals and medical posts, considering the great demand in areas with self-evacuees and isolated communities.

Assessment and survey efforts in 15 communities have found that persons with disabilities account for 5 per cent of the affected population, children less than 11 years of age account for 38 per cent and older adults aged 61 and over account for 2 per cent. According to these and other data drawn from sectorial assessments that show the high degree of impact to housing and basic services, 97 per cent of the affected population belongs to a vulnerable group.

In view of the above, the ARC's response targets 6,000 people, and it will prioritize actions in vulnerable communities that have not yet returned to their homes and on those that have done so but lack access to safe water and other basic services. Below is a list of the communities that will benefit from the main actions in the early recovery post-disaster phase:

- 7 Yegua I
- Pozo La Yegua II
- El Cruce
- Padre Col I
- Padre Col II
- Padre Col III
- 13 de Enero
- Mision Anglicana
- Anglicana Tewok
- Anglicana II
- Anglicana III
- Mistolar
- Monte Verde
- Mision Grande
- Mision Vieja
- Mision Santa Maria
- La Estrella
- El Palmar
- Mision Nueva Vida

**Operation Risk Assessment**

While access by land was initially hindered by damaged roads and landslides, the affected areas are now accessible; nevertheless, it is difficult to access the communities that have returned when rain levels exceed 10 to 15mm because of the damage the heavy rainfall causes to access roads.

Moreover, the great distance between Salta and the nearest ARC branches makes for a difficult and costly scenario.

Based on assessments, the following conditions may arise:

1. Increase in or outbreaks of communicable diseases (respiratory diseases, hepatitis, gastrointestinal infections, skin infections, among others).
2. Potential Zika outbreak due to the area and the various epidemiological warnings (18 cases have already been detected in areas located 180 km from affected areas).
3. Increased vector sites
4. Increased levels of stress among the population
5. Increased incidence of malnutrition and dehydration cases.

**B. Operational strategy**

**Overall Operational objective:**

Contribute to safeguarding the lives of vulnerable people affected by floods by reducing the impact caused by the flooding in northern Salta Province, Argentina and assist 6,000 people through the provision of psychosocial activities, support for the coordination of the evacuation centres and first aid, health promotion, water, sanitation and hygiene
promotion activities and the restoring family links programme; the ARC will ensure that gender, protection and social inclusion components are incorporated into its response.

The following operational strategy is considered in terms of lines of action:

**Shelter**
- Support evacuation centre management

**Health**
- First aid
- Psychosocial support
- Health promotion

**Water, Sanitation and Hygiene**
- Distribution of household hygiene kits
- Distribution of household cleaning kits
- Distribution of household water filters
- Distribution of community water filters
- Hygiene and water care promotion

**Protection**
- Gender, inclusion, violence prevention

**Migration**
- Restoring of Family Links

### C. DETAILED OPERATIONAL PLAN

**Shelter**

**People reached:** 2,897  
Male: 1,159  
Female: 1,738

**Outcome 1:** Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of assessments of evacuation centres</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Records of families in temporary shelters compiled</td>
<td>2,897</td>
<td>2,897</td>
</tr>
</tbody>
</table>

**Output 1.1:** Technical support, guidance and awareness raising in safe shelter management

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 evacuation centres coordinated by the ARC</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>12 volunteers trained in Shelter management</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**
The damage to housing was evident, as seen during beneficiary selection visits and emergency situational updates. Although much of it was pre-existing, the flooding made the homes’ and the settlements’ conditions even worse. The greatest impact to the affected housing was to roofs, walls and floors.

More than 400 families had to relocate to the side of Route 54, leaving their homes, which were swept away by the floods in many cases due to their precarious construction. The structures along this route are shoddy as well since they are built from plastic, canvas and sometimes metal sheeting. According to sector assessments, some families intend to settle here permanently because of the mud in homes and roads and the rotting dead animals throughout the area.

- **Identification and mobilization of volunteers for shelter intervention**

  At least 28 affected communities have been identified. Fifteen ARC volunteers were deployed to work specifically in temporary shelters used to house collective centres: Escuela María Agapita de Lahud N° 4.440 (Aguaray), Escuela de Educación Técnica N° 3.143 (Aguaray), Escuela Gauchos de Güemes Ex N° 222 (Aguaray), Colegio Secundario Mariano Moreno N° 5.006 (Aguaray), Escuela Rural N° 4.243 (Campo Durán) and Regimiento de Infantería Mecanizada N° 28 de Tartagal; the volunteers provided first aid, psychosocial support, RFL services, and assisted with the management and coordination of each centre. The displaced families (2,897 people in total) returned to their homes on 10 and 11 February 2018.

- **Induction to volunteers participating in tasks to support coordination in evacuation centres**

  Fifteen ARC volunteers received at least one induction on temporary shelter management and administration during the week of work in the collective centres. All ARC volunteers involved in the operation received an induction on minimum shelter standards, with a focus on self-evacuated families.

- **Assessment of evacuation centre needs, capacity and gaps**

  One National Intervention Team (NIT) member specializing in temporary shelters and three volunteers from the Salta branch conducted one initial assessment and subsequent detailed assessments of shelter needs. The main needs covered by ARC in evacuation centres involved providing support to these centres' management and administration, delivering health care and reducing the gap between public health services and the displaced population, and conducting psychosocial containment, health promotion, reduction of security risks and protection and inclusion actions.

- **Coordination with other actors and the government for integrated programming**

  All Red Cross efforts have been coordinated from the EOC in Santa Victoria Este, with significant contributions from the EOC in Aguaray, the city that is housing 75 per cent of displaced families. The ARC also coordinated with the various public health services that managed the collective centres.

**Challenges and measures taken:** Although there are no collective centres open now (they closed the second week of February 2018), more than 400 families remain displaced and in self-managed camps along Route 54. These self-managed shelters lack proper infrastructure, and there are no organizations present in the area to support the communities that are living there.

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**Health**

People reached: 6,000
- Male: 2,400
- Female: 3,600

<table>
<thead>
<tr>
<th>Outcome 1: The immediate risks to the health of affected populations are reduced</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 People receive information about health measures</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>15 volunteers are trained</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
Output 1.1: The health situation and immediate risks are assessed using agreed upon guidelines

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 volunteers trained in epidemiological monitoring</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Conduct 1 epidemiological assessment of the situation</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Progress towards outcomes

- **A technician is mobilized to assess the epidemiological situation and provide an induction to volunteers**
  
The health NIT’s deployment included an assessment of the epidemiological situation. The ARC held an epidemiological control workshop with 15 volunteers, and its headquarters’ health team has been actively collaborating with epidemiological monitoring in the region during the operation.

- **A field assessment is carried out on the epidemiological situation**
  
The health NIT’s deployment included an assessment of the epidemiological situation. During the evaluations, conditions associated mainly with nutrition and water consumption were identified, such as diarrhea and malnutrition, as well as the likelihood of dengue, Zika and chikungunya spreading in the affected zone.

- **Train 15 volunteers in the surveillance of communicable diseases and epidemiology.**
  
An ARC volunteer specialized in community-based health and first aid (CBHFA) training of trainers (ToT) and a nurse from the Argentine Red Cross Institute delivered a training workshop to 15 Salta Branch volunteers that are participating in the response.

- **Trained volunteers assess and identify cases that endanger the health of affected populations in evacuation centres and when returning to their homes.**
  
ARC volunteers identified cases of communicable diseases in displaced communities and tried to limit the spread by linking them to health services in Santa Victoria Este and conducting health promotion activities. In addition, the volunteers provided first aid assistance during community visits and early recovery activities.

- **Distribution of 4,000 units of repellent**
  
The ARC delivered 4,000 units of repellent to communities displaced by the emergency to prevent the transmission of dengue, Zika and chikungunya.

Output 1.2: Target population is provided with rapid medical management of injuries and diseases through first aid provision

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Health posts provide pre-hospital care to people displaced by floods</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2,000 people receive pre-hospital treatment at Red Cross health posts</td>
<td>2,000</td>
<td>1,340</td>
</tr>
</tbody>
</table>

Progress towards outcomes

- **Set up two health posts to provide care in locations where large numbers of displaced people have congregated**
  
Argentine Red Cross volunteers worked for five days in two health posts in camps in La Curvita and El Rosado, reaching 1,340 people.

- **Pre-position one health post, ready to be deployed if necessary**
  
The ARC pre-positioned one deployable health post in Salta’s capital city, in addition to the two health posts that operated during the first weeks; its deployment was not required.

- **Purchase of first aid materials and supplies to replenish first aid posts**
The ARC purchased materials to replenish the supplies used for first aid assistance by the Salta, Córdoba and Corrientes branches.

### Output 1.3: Community-based disease prevention and health promotion is provided to the target population

#### Indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 people receive information on disease prevention and Health promotion</td>
<td>2,000</td>
<td>2,000</td>
</tr>
</tbody>
</table>

#### Progress towards outcomes

- **Health promotion workshops in evacuation centres for 2,000 people**
  
  The ARC held six health promotion workshops in temporary shelters, reaching more than 400 families (2,000 people) in affected communities in Santa Victoria Este. The ARC also complemented its distributions with health promotion workshops on washing, prevention of diseases in emergencies, dengue, Zika, chikungunya and first aid, among other topics.

- **Print dissemination of 2,000 materials and communication items**
  
  The ARC initially used prevention materials on dengue, Zika, chikungunya, diarrhea and Chagas from its stock; the ARC later replenished its stock.

- **Assessments of emergency’s impact on people’s health when returning home**
  
  The ARC deployed one NIT technician to perform a health sector assessment and to monitor health conditions. The assessments and conditions associated with nutrition and water consumption were identified, such as diarrhea, as well as the likelihood of dengue, Zika and chikungunya spreading in the affected zone. There are still families living in temporary shelters because they do not want to return to the areas they lived in previously due to fears of further flooding.

### Output 1.5: Psychosocial support provided to the target population

#### Indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 people receive psychosocial support</td>
<td>2,000</td>
<td>3,500</td>
</tr>
</tbody>
</table>

#### Progress towards outcomes

- **PSS activities in evacuation centres and support to families on their return home. PSS provided in areas where large number of people are congregated (2,000 people)**
  
  The ARC has conducted PSS activities in evacuation centres and provided guidance to families returning home; it provided PSS assistance in sites with large gatherings of displaced people in six evacuation centres and in two camps in a cross-cutting manner with other activities (such as distributions), reaching 3,500 people.

### Output 1.9: Target population is reached with evacuation activities

#### Indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 team of volunteers from the ARC</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Support safe evacuation of people displaced by flooding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Progress towards outcomes

- **Provide equipment and human resources for safe evacuations. Assistance is provided with evacuation tasks**
  
  The ARC delivered 40 personal protective equipment, including boots, helmets, gloves, visibility elements and earplugs to 40 of its volunteers.

#### Challenges and measures taken

**The affected area is endemic to dengue, Zika and chikungunya. Since the affected families have inadequate hygiene habits, health promotion and prevention of emergencies and prevalent**

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1 The volunteers needed earplugs because helicopters were used for the evacuations.
diseases play a key role during the early recovery stage. The main initial challenges associated with first aid provision have been overcome, which means that now it is necessary to work on the CBHFA lines in general.

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**Water, sanitation and hygiene**

People reached: 4,200

Male: 2,520
Female: 1,680

Outcome 1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,200 people reduce their risk of waterborne and/or water-related diseases</td>
<td>4,200</td>
<td>4,200</td>
</tr>
</tbody>
</table>

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 volunteers are trained in the development of water, sanitation and hygiene promotion (WASH) evaluation reports</td>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>5 coordination meetings with other WASH actors</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Progress towards outcomes

- **Conduct training for Red Cross volunteers on carrying out water, sanitation and hygiene assessments and conduct field assessments when affected families have returned to their homes**

  The water and sanitation RIT provided WASH workshops for 31 volunteers, allowing for the realization of two on-site evaluations and hygiene promotion activities.

- **Continuously monitor the water, sanitation and hygiene situation in targeted communities and evacuation centres**

  After ARC purchased water quality control equipment, it carried out technical evaluations on water, sanitation and hygiene; it has already conducted two evaluations.

- **Coordinate with other water and sanitation actors on target group needs and appropriate response.**

  The ARC held three coordination sessions with the authorities from the affected municipality.

Output 1.2: Daily access to safe water which meets Sphere and World Health Organization (WHO) standards in terms of quantity and quality is provided to target population

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 families receive drinking water daily</td>
<td>100</td>
<td>1,360</td>
</tr>
<tr>
<td>400 families receive water purification filters</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>4,000 people receive water treatment supplies donated by Procter and Gamble (P&amp;G)</td>
<td>4,000</td>
<td>3,200</td>
</tr>
</tbody>
</table>

Progress towards outcomes

- **Provide safe water to two 100-family communities (subject to sector assessment)**

  ARC assisted with the municipal government’s water source treatment actions in 15 communities, reaching 10 isolated communities (680 people/136 families) in the first two weeks of the operation; through their joint efforts, the municipal government and the ARC delivered P&G powders and bottled water to the affected communities.

- **Monitor water through household surveys**
The ARC is currently surveying affected 80 households on their water use and treatment; it will share the survey’s results in the DREF final report.

- **Provide water filters to 400 families**

  The ARC has distributed 400 household water filters to the communities of El Cruce, La Curvita, 13 de Enero, Padre Col I, Padre Col II, Padre Col III, La Golondrina, Anglicana III, Pozo La Yegua and El Retiro. Since the IFRC’s Regional Logistics Unit (RLU) for the Americas purchased more water filters than the 400 that was originally planned, the ARC will distribute the extra water filters to additional families.

- **Determine the appropriate method of household water treatment for each community based on effectiveness and user preference.**

  The ARC’s based its distribution of water treatment powders, household filters and community filters on people’s access to water sources, the distances to reach them and the water conditions.

- **Distribute water purification powders (donated by P&G)**

  The ARC delivered more than 34,000 water treatment powders to 15 communities, sufficient to treat 340,000 litres of water.

- **Train population of targeted communities on safe water storage and on safe use of water treatment products.**

  The ARC trained nine communities (27 Yegua, I, Pozo La Yegua II, El Cruce, Padre Col I, Padre Col II, Padre Col III, Misión Anglicana, Misión Vieja, Misión Santa María) in safe water storage.

<table>
<thead>
<tr>
<th>Output 1.5: Hygiene-related goods (non-food items [NFIs]), which meet Sphere standards and training on how to use those goods, is provided to the target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
</tr>
<tr>
<td>700 families receive hygiene kits and cleaning Kit</td>
</tr>
<tr>
<td>700 families receive training on the proper use of distributed hygiene kits</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

- **Determine the needs for hygiene NFIs for each community based on health risks and user preference in targeted communities**

  The ARC carried out on-site evaluations and the adaptation of the cleaning and hygiene kits for the affected families from the indigenous communities.

- **Distribute 700 personal hygiene kits and 700 cleaning kits to families in evacuation centres.**

  The ARC distributed 700 hygiene kits and 700 cleaning kits to families in 15 communities that were displaced during the flooding caused by the Pilcomayo River.

- **Train population of targeted communities on the use of hygiene kits**

  During the kit distributions, the ARC provided workshops to 700 families on their use; it reinforced CBHFA, sanitation and hygiene concepts during later visits.

- **Monitor use of hygiene kits and user’s satisfaction through household surveys**

  The ARC surveyed 80 households on their use of the hygiene kits and their level of satisfaction; it will share the survey’s results in the DREF final report.

**Challenges and measures taken:** The main challenges have been related to water and sanitation due mainly to:

a) Polluted or damaged community water sources. Many hand pumps (and some electric pumps) were buried in mud and rendered unusable.

b) Current water sources are not safe and come from polluted rivers or stagnant water left by floods or rains.

c) Lack of a strategy to distribute safe water to all affected communities.

d) In some self-evacuated camps, water for drinking and cooking is delivered by tanker trucks; however, the water is not chlorinated or otherwise treated.
The ARC delivered the water filters, cleaning and hygiene kits and hygiene and water care promotion training to address these needs.

### Protection, Gender and Inclusion

**People reached:** 2,897  
**Male:** 1,159  
**Female:** 1,738  

**Outcome 1:** Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalized groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination mechanism</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Output 1.1:** Beneficiaries have equitable access to basic services, considering different needs based on gender and other diversity factors.

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<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weekly reports of the needs based in gender-based violence produced</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

- **Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity**

  The teams deployed to the field received minimum gender and diversity induction from ARC's Directorate. Five NIT members carried out volunteer work on the relevance of this subject. The initial assessments considered gender and diversity-based needs identification.

- **Support sectorial teams to include measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities) in their planning**

  The National Society's Emergency and Disaster Response and Health Directorates jointly prepared key massages for teams in the field, with active involvement by the Salta Branch. In addition to key messages, volunteers were given guidance on supporting female victims of violence and information on state policies regarding domestic violence cases. The ARC considered women, men, youths, girls, boys and persons with disabilities during the development of this activity.

- **Support sectorial teams to ensure collection and analysis of sex-, age-, and disability-disaggregated data (see guidance in forthcoming revised minimum standard commitments [MSCs])**

  The ARC reviewed sample reports for specific National Society activities, which include gender and diversity indicators that are still being developed.

- **Support through awareness-raising actions on diversity and prevention of violence, stigma and discrimination of vulnerable groups according to ethnic and gender diversity.**

  Through its PSS actions for the affected communities, the ARC has promoted a culture of non-violence.

**Challenges and measures taken:** This is the first time the National Society has been involved in an emergency response operation that formally includes gender and diversity lines; although volunteers have received inductions in this regard, the sample reports include data collection and analysis for which there are no procedures within the National Society. The ARC is currently processing data obtained from surveys and reports of specific activities.
Output 1.3: Restoration of family links for the people separated from their loved ones or without information about them due to the disaster.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people that have access to RFL services</td>
<td>2,500</td>
<td>2,500</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

- **Initial assessment to detect RFL needs of the affected population and identification of vulnerable groups who have been separated from or who have no news of their relatives.**

  Since the beginning of the operation, ARC teams were asked to pay special attention to the identification of families that had been separated during evacuation and rescue processes. Volunteers identified that a minimal number of women and children arrived at temporary shelters with no husbands or fathers, as the men had stayed behind to guard their possessions. As the situation worsened, these men were also forced to leave their homes, and they were relocated to other centres, thus losing touch with their relatives. In response, the National Society activated its RFL service at this time.

- **Coordinate RFL support and sharing of data with local authorities.**

  The ARC held meetings with authorities in Aguaray (the city with the most evacuee centres) and the municipal focal points for the various centres to exchange information and agree on joint RFL lines.

- **Provide service through the reception of requests and active searches.**

  The ARC received six search requests following the formation of agreements with the government and the work in temporary shelters, which were handled by a volunteer who received a virtual induction from the International Committee of the Red Cross (ICRC) and an induction from the National Society's Emergency Response Directorate.

- **Provide satellite phone service.**

  The ARC rented a satellite phone for the operation; however, by the time the rental process was completed, families had already been found and had restored contact with their loved ones; nonetheless, the ARC offered satellite phone use in eight communities.

- **Provide service using other tools in the event the previous ones cannot be applied (For example: publication of lists in evacuation centres)**

  The ARC posted the notice about the activation of the RLF service on its various social networks and disseminated it via the national media. The ARC did not use any other tools to conduct the RFL actions.

**Challenges and measures taken:** Initially, several reception centres were set up in different places, to which the ARC volunteers had to make several trips. Currently, there is no identified need to provide the RFL service; however, the National Society will review its procedures for earlier activation of the service, in addition to the training and generation of tools for volunteers.

**Strategies for Implementation**

Required (CHF) 58,252
**Strengthen National Society**

**Output S2.1.1: Effective response preparedness and National Society surge capacity mechanism is maintained**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lessons Learned Workshop conducted</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td># of National Society monitoring visits</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1 IFRC monitoring visit conducted</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 RIT deployed</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

- **Initial operational start up support implemented by the IFRC for the host National Society and participating national societies and other common services such as accommodation**
  
The IFRC’s support has been ongoing throughout the operation through its country office, its ARO Disaster and Crisis Department and its RLU.

- **Lessons Learned Workshop**
  
The workshop will be held in June 2018.

- **National Society monitoring visits**
  
  ARC’s national headquarters has conducted monitoring missions every month since the operation began. In April 2018, the presidents of ARC and ARC’s Salta branch visited the affected areas to support the field teams’ actions.

- **IFRC monitoring visit**
  
  The IFRC’s Representative in Argentina and the IFRC’s disaster management coordinator for South America travelled to the affected areas to support and guide the National Society’s actions; additionally, a water and sanitation RIT provided support to the ARC for two months.

- **RIT deployment**
  
  The IFRF deployed a water and sanitation RIT from the Nicaraguan Red Cross for two months.

**Output S4.1.4: Staff and volunteer security is prioritized in all IFRC and National Society activities**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay Safe (Security) Training for Volunteers and National Staff</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Safer Access Training for Volunteers and National Staff</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

- **Stay Safe (Security) Training for Volunteers and National Staff**
  
  The ARC requires all its volunteers and staff to complete the IFRC’s Stay Safe training prior to conducting field actions.

- **Safer Access Training for Volunteers and National Staff**
  
  The ARC conducted a Safer Access training workshop for 20 volunteers and 5 staff from its national headquarters.

- **Determine Support with Civil-Military and Defence Assets**
  
  For first response actions, through military response teams and with Red Cross teams supported the evacuation process and the collective centres.
Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.
Argentina, Floods: DREF Operation

13 February 2018 • MDRAR015

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: OCHA, WFP, ICRC, IFRC. DREF = Disaster Relief Emergency Fund.