



Filling of the suggestion box. Tumbes, July 2025. Source: IFRC

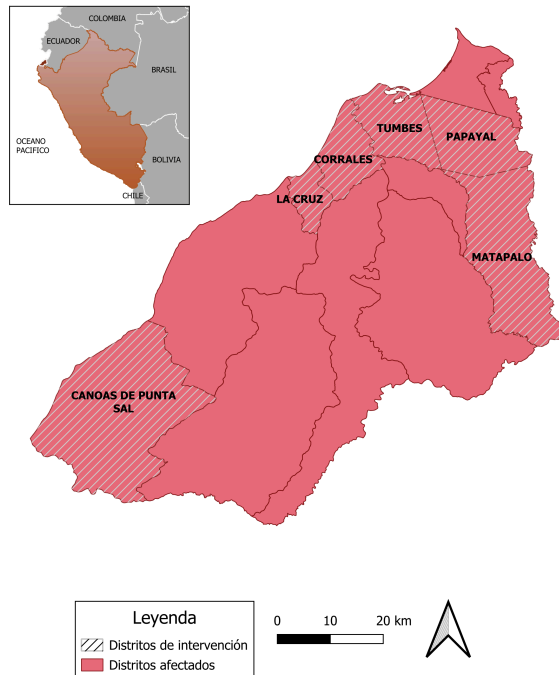
Appeal: MDRPE014	Total DREF Allocation: CHF 176,008	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2025-000022-PER	People Affected: 7,966 people	People Targeted: 3,150 people	People Assisted: 4,341 people
Event Onset: Sudden	Operation Start Date: 15-03-2025	Operational End Date: 31-08-2025	Total Operating Timeframe: 5 months

Targeted Regions: **Tumbes**

The major donors of the Disaster Response Emergency Fund (DREF) include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO, Mondelez International Foundation and other corporate and private donors. The IFRC would like to extend thanks to all for their generous contributions.

Description of the Event

PERU
2025 | FLOODS DREF



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Produced by IFRC Andean Cluster, October 2025

Intervention areas

Date of event

05-03-2025

What happened, where and when?

During the first quarter of 2025, northern Peru experienced a significant deterioration of hydrometeorological conditions due to intensified rainfall along the Pacific coast. The department of Tumbes, located in the northernmost part of the country and bordering Ecuador, was particularly exposed due to the presence of the Tumbes and Zarumilla river basins, extensive low-lying areas and rural communities highly dependent on agriculture. These conditions increased the susceptibility of the area to flooding and river overflows, placing several districts at heightened risk as rainfall intensified.

On 5 March 2025, the Government of Peru issued Supreme Decree No. 026-2025-PCM, declaring a 60-day State of Emergency in several districts across the country due to the severe impacts caused by intense rainfall. In the department of Tumbes, the declaration applied to the districts of Corrales, La Cruz, Pampas de Hospital, San Jacinto, San Juan de la Virgen, Tumbes and Aguas Verdes, enabling national, regional and local authorities to implement urgent response and rehabilitation measures.

The declaration followed a rapid deterioration of conditions during the previous weeks. From 22 February 2025, increased atmospheric instability associated with the weakening of the South Pacific Anticyclone intensified rainfall along the northern coast of Peru, resulting in progressively rising river levels in the Tumbes and Zarumilla basins.

The situation escalated on 1 March 2025, when the Tumbes River overflowed, reaching a flow rate exceeding 2,139 m³/s. Floodwaters affected several communities including Cerro Blanco, San Juan de la Virgen, Oidor, Rica Playa, San Jacinto, Tacuaral, Pampa Grande and Aguas Verdes, damaging homes, crops and local infrastructure. Flooding also forced the closure of sections of the Pan-American Highway between Corrales and Tumbes and restricted access to the Tumbes Bridge, limiting mobility and complicating access to affected areas.



On 2 March, approximately 10 consecutive hours of intense rainfall triggered the activation of ravines across the department. These events caused water infiltration in the Regional Hospital JAMO and other health facilities, the collapse of sections of the sewage system and the interruption of water services in Tumbes city. In response to the scale of the impacts, the Regional Government declared a regional State of Emergency for 60 days, formalised through Regional Council Agreement No. 016-2025/GOB.REG.TUMBES-CR-CD.

On 3 March, the Zarumilla River also overflowed, affecting the district of Aguas Verdes and causing the overflow of the international canal. Additional severe rainfall occurred on 6 March, producing major flooding in Papayal and Matapalo, while thunderstorms persisted for approximately nine hours across both Tumbes and Zarumilla, further aggravating the emergency conditions.

Although rainfall intensity gradually decreased after the initial peak of the emergency, hydrometeorological risks remained present during the following months. Throughout March, April and June, the National Emergency Operations Centre (COEN) continued issuing alerts reporting additional episodes of intense rainfall and increases in river flow levels. On 2 April and 26 June, COEN reported further overflows of the Tumbes River, resulting in renewed flooding in previously affected areas. Forecasts issued by SENAMHI and the Multisectoral Commission ENFEN indicated a high probability of normal to above-normal rainfall along the northern coast, maintaining elevated risk conditions during the response period.

By the conclusion of the DREF operation in August 2025, rainfall intensity had decreased and river levels had stabilized, allowing the acute phase of the emergency to subside. However, the department of Tumbes continued to experience residual impacts, including damaged infrastructure, disruptions to essential services and ongoing needs related to water, sanitation, health and livelihoods.



Cleaning campaigns. Tumbes, 2025.
Source: IFRC



Hygiene kits distribution. Tumbes 2025.
Source: IFRC



Community feedback. Tumbes, August 2025. Source: IFRC





WASH workshops. Tumbes, 2025.
Source: IFRC

Scope and Scale

Continuous and intense rainfall during late February and early March 2025 generated significant humanitarian impacts across the department of Tumbes, affecting housing, public infrastructure, essential services and agricultural livelihoods. The scale and duration of the event placed considerable pressure on local response capacities and created urgent needs across multiple sectors.

According to the National Emergency Operations Centre (COEN-INDECI), as of 12 March 2025, a total of 7,966 people were affected in the department of Tumbes (6,400 affected and 1,566 severely impacted). Housing damage was extensive, with 2,954 houses affected, 112 houses destroyed, and 375 houses declared uninhabitable, forcing many families to temporarily stay with relatives or in partially damaged areas of their homes while awaiting assistance.

Flooding and intense rainfall also caused significant disruption to public infrastructure and essential services. In Tumbes city, sections of the sewage network collapsed and water services were temporarily interrupted, while thunderstorms generated power outages due to the collapse of electric poles and damage to electrical infrastructure. Floodwaters also affected key transportation routes, including sections of the Pan-American Highway, restricting mobility and access to several affected communities. Vehicular circulation across the Tumbes Bridge was also restricted due to increased river flow levels.

Critical public facilities were also affected. According to COEN-INDECI assessments, 21 health facilities reported structural damage, water infiltration and deterioration of equipment, including impacts to the Regional Hospital José Alfredo Mendoza Olavarría (JAMO). In the education sector, 26 educational institutions were affected by flooding, structural damage and the collapse of perimeter fences, disrupting educational activities in several districts.

During the peak of the floods, rapidly rising river levels created life-threatening conditions in several communities located near the riverbanks. The overflow of rivers and the expansion of flooded areas left five people trapped, illustrating the immediate risks faced by the population during the emergency.

Livelihoods were also severely impacted, particularly in rural areas dependent on agriculture along the Tumbes River basin. Floodwaters affected 11,865.7 hectares of crops, with national reports indicating that approximately 5,000 hectares of crops were lost, significantly affecting agricultural production and household income.

At the national level, the United Nations system reported that heavy rains and floods affected more than 38,000 children and adolescents across Peru, highlighting the broader humanitarian implications of the climatic event.

Given the cumulative impacts on housing, public infrastructure, essential services, livelihoods and transportation networks, the scale of the emergency exceeded local and regional response capacities, requiring the mobilization of national authorities and the support of humanitarian partners to address urgent humanitarian needs.

Source Information

Source Name	Source Link
1. Supreme Decree No. 026-2025-PCM State of Emergency	https://busquedas.elperuano.pe/dispositivo/NL/2377686-1
2. Supplementary Report No. 3431 – 12/3/2025 / COEN – INDECI / 20:30 Hours (Report No. 19) Intense Rains in the Department of Tumbes	https://portal.indeci.gob.pe/wp-content/uploads/2025/03/REPORTE-COMPLEMENTARIO-N.%C2%BA-3431-12MAR2025-LLUVIAS-INTENSAS-EN-EL-DEPARTAMENTO-DE-TUMBES-24.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>Between 2018 and 2025, the IFRC Country Cluster Delegation (CCD) implemented a human mobility programme in Lima–Callao, Tumbes, La Libertad and Tacna, providing primary health care services and referrals to specialized medical care for people on the move, including individuals residing in or transiting through these areas. In Tumbes, this programme established operational presence, coordination links with local institutions and engagement with communities hosting refugee and migrant populations.</p> <p>Although the Peruvian Red Cross (CRP) currently does not hold active IFRC membership status, the response benefited from the community connections and coordination networks maintained by the Tumbes branch of the National Society, which facilitated engagement with local authorities and humanitarian actors during the emergency. The relationships developed through the programme also strengthened coordination with key regional institutions, including the Regional Health Directorate (DIRESA) and the Regional Government of Tumbes, particularly through the Regional Social Development Department.</p> <p>Following the floods, and outside the scope of the DREF operation, the IFRC organized a medical campaign in the community of Las Mercedes, one of the areas affected by flooding in Tumbes. The activity provided medical consultations to 34 people (18 women and 16 men). During the campaign, health promotion activities were also conducted, including the dissemination of information on the prevention of dengue and leptospirosis, aiming to reduce the risk of disease outbreaks in affected communities.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Country Cluster Delegation (CCD) for the Andean Countries, based in Lima, Peru, provides technical and operational support to the National Societies of Ecuador and Bolivia. In Peru, however, the CCD has been directly implementing programmes due to the current suspension of the Peruvian Red Cross (CRP). Within this context, the response to the floods in Tumbes represented the first DREF operation implemented directly by the IFRC CCD in the country.</p> <p>The CCD maintained operational presence in Tumbes through its field team, while the office in Lima provided continuous technical, strategic and operational support</p>
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	<p>throughout the response. This support prioritised operations coordination and information management, enabling the consolidation of situational data, monitoring of the evolving context and coordination of operational activities. Based on this information flow, the CCD provided technical guidance and operational oversight to support decision-making and ensure the effective implementation of the response. Additional Secretariat services were provided in logistics and procurement, finance and administration, human resources, and security and risk monitoring to support operational delivery. Planning, Monitoring, Evaluation and Reporting (PMER) support was also provided to ensure operational monitoring and reporting in line with IFRC standards.</p> <p>The CCD also ensured coordination with national and regional actors, participating in meetings convened by the Regional Emergency Operations Centre (COER) Tumbes, sectoral coordination meetings led by the Regional Health Directorate (DIRESA) and coordination exchanges within the Humanitarian Emergency Working Group of the GTRM. This engagement facilitated information exchange with humanitarian partners and public authorities and supported alignment of IFRC actions with the broader humanitarian response.</p> <p>At the Secretariat level, the CCD also served as the coordination link with the IFRC Americas Regional Office (ARO), facilitating access to additional technical support and ensuring alignment with regional operational standards. Through this mechanism, the implementation team received specialized technical guidance in areas such as Cash and Voucher Assistance (CVA), procurement procedures and other operational processes relevant to the response.</p>
<p>Participating National Societies</p>	<p>Due to the suspension of the Peruvian RC, there are not Participating National Societies in the country.</p>

ICRC Actions Related To The Current Event

The ICRC has a regional office in Peru and supports the Peruvian Red Cross mainly in capacity-building, safer access, and Restoring Family Links (RFL). However, this operation did not include joint action with the ICRC.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The Government of Peru mobilized national and regional resources to support the population affected by the floods in Tumbes. As part of the emergency response, the central government coordinated the delivery of four tons of humanitarian assistance, including essential supplies to support affected families.</p> <p>In response to the overflow of the Tumbes River and the temporary closure of sections of the main access road to the city, the government also deployed military personnel to support emergency operations. Military teams assisted residents trapped by rising waters and facilitated the crossing of flooded areas, enabling people to safely return to their homes in Tumbes, Corrales and other affected districts.</p> <p>At the local level, municipal authorities supported initial recovery efforts by providing motor pumps to remove water and mud from flooded houses and public facilities. Affected families also participated actively in cleaning and rehabilitation efforts using available tools such as shovels, buckets, brooms and dustpans.</p>



	Despite these efforts, the floods caused significant damage to housing and public infrastructure, and some homes, health facilities and educational institutions remained temporarily non-operational during the initial stages of the recovery process.
UN or other actors	<p>Several humanitarian organisations operating in the region carried out rapid damage and needs assessments in coordination with regional authorities to identify priority areas for assistance following the floods.</p> <p>As part of the immediate response, the Adventist Development and Relief Agency (ADRA) provided hot meal distributions in the district of San Juan de la Virgen, delivering 200 meals per day for five days starting on 1 March to support affected households. In parallel, World Vision Peru distributed drinking water in several affected communities to address urgent needs related to access to safe water.</p> <p>Other humanitarian organizations present in the region, including UNHCR, IOM, International Rescue Committee (IRC), Caritas, ADRA, Prisma and UNICEF, also contributed to ongoing needs assessments and response planning, supporting the identification of priority areas and the mobilization of humanitarian assistance for the most affected populations.</p>

Are there major coordination mechanism in place?

Humanitarian coordination in Tumbes during the emergency was structured around the Humanitarian Emergency Working Group of the Working Group on Refugees and Migrants (GTRM), a coordination platform that brings together humanitarian organisations operating in the region and facilitates information exchange and alignment of humanitarian interventions.

The mechanism maintained close collaboration with key government institutions responsible for disaster risk management and emergency response, including the National Institute of Civil Defense (INDECI), the decentralized office of the National Center for Disaster Risk Estimation, Prevention and Reduction (CENEPRED), the Regional Health Directorate (DIRESA) and the technical team of the Regional Emergency Operations Centre (COER) Tumbes.

During the emergency response, coordination meetings were held at least once per week, bringing together humanitarian organisations and UN agencies operating in the region, including UNHCR, IFRC, IOM, IRC, Caritas, ADRA, Prisma and UNICEF. These meetings facilitated the sharing of situational updates, identification of priority needs and coordination of operational actions in order to avoid duplication of assistance.

In parallel, the Regional Emergency Operations Centre (COER) Tumbes remained active throughout the emergency and convened regular coordination meetings with representatives from government institutions, technical agencies and private sector actors. These meetings focused on analyzing the evolution of the emergency, consolidating damage assessments and defining priority response measures.

Needs (Gaps) Identified



Shelter Housing And Settlements

According to the National Emergency Operations Centre (COEN-INDECI), the floods caused significant damage to housing across the affected areas of the Tumbes Region. A total of 112 homes were destroyed, 375 homes were declared uninhabitable, and 2,954 homes were affected. Many of the affected houses were filled with mud and floodwater, which damaged living spaces and household belongings.

Families living in affected houses faced immediate challenges related to the removal of mud and debris, as well as the loss or deterioration of essential household items, including mattresses and bedding, which were damaged during the floods.

In addition to housing damage, the emergency created potential needs for temporary accommodation for families whose homes were destroyed or no longer safe to inhabit. However, no temporary shelters were operational during the emergency, as local authorities had not designated suitable areas and several potential spaces were themselves exposed to flooding risks.

The absence of operational shelters increased the vulnerability of families whose homes had been destroyed or rendered uninhabitable. Any temporary relocation would require the availability of basic services, including access to health care, food, lighting, safe water and sanitation, in order to ensure adequate living conditions and protect public health.



Furthermore, both temporary displacement and the process of returning to damaged homes created additional financial pressures for families already affected by the loss of income and livelihoods following the floods.



Livelihoods And Basic Needs

In the Tumbes Region, particularly along the right bank of the Tumbes River, agriculture and livestock are the main sources of income for the local population. Banana and rice cultivation are the primary agricultural activities, complemented by small scale livestock production. In this context, the overflow of the Tumbes River in March 2025 had a severe socioeconomic impact on local livelihoods and significantly disrupted household income and food security.

The event caused extensive damage to agricultural production. As of 3 March, a total of 5,295.7 hectares of crops were flooded, resulting in the loss of the ongoing harvest and affecting the next planting cycle in several areas. These losses affected both household income and local employment opportunities, particularly for families who depend on daily labour in rice fields and banana plantations.

The floods also led to the temporary evacuation of numerous families. However, many households expressed reluctance to leave their homes due to concerns about losing their belongings. As a result, several families returned only a few days after the initial displacement despite the persistence of flood related risks.

By August 2025, the effects on agricultural production were still evident. Flowering cycles had been delayed and fruit production remained slower than usual, prolonging income shortages and increasing the vulnerability of rural households dependent on agricultural activities.

Although the impact on livestock was comparatively lower, important constraints were also identified. Access to feed and veterinary supplies was reduced, affecting the adequate maintenance of animals. This reduced the availability of dairy products, meat and other livestock derivatives for household consumption and local markets.

The combined effects of crop losses, reduced livestock productivity and disruptions to agricultural labour opportunities contributed to a deterioration in household income and food security. Many families depend on agricultural production and seasonal labour for their daily income, therefore the loss of crops and reduced agricultural activity directly affected their purchasing capacity and access to food. At the same time, increases in the prices of basic food items further exacerbated the challenges faced by families already coping with housing damage and additional recovery expenses. These conditions prolonged the economic effects of the floods and reduced the capacity of affected households to restore their livelihoods in the months following the emergency.



Health

The extreme rainfall recorded in March 2025 caused widespread flooding across several areas of the Tumbes Region. This situation had a significant impact on public health and led to extensive damage to the infrastructure and equipment of multiple health facilities. In coordination with the Tumbes Regional Health Directorate (DIRESA Tumbes), which requested support due to limited staff and insufficient resources to meet the high demand for services, several critical gaps and needs were identified.

A. Gaps in primary and specialized health services

A total of twenty health facilities were affected, experiencing structural damage, water infiltration and deterioration of medical furniture. The most affected facilities included Corrales, Puerto Pizarro, Andrés Araujo Morán, Cruz Blanca, Garbanzal, Matapalo, Papayal, La Palma, Zarumilla, Tumpis and the JAMO Hospital. Some facilities, such as Cerro Blanco and La Choza, became isolated due to the destruction of access routes and recurrent flooding in surrounding areas. Power outages further compromised service delivery. In Garbanzal, disruptions in electricity affected the cold chain for medication storage, and in Puerto Pizarro, the collapse of the sewer system resulted in the accumulation of wastewater. The Community Mental Health Centre in Corrales also experienced wall detachment and water leaks, which reduced its operational capacity.

These damages substantially limited the ability of the health system to respond to increased demands at a time when river contamination with wastewater heightened the risk of water and foodborne diseases, particularly affecting children. Prior to the emergency, structural weaknesses in the health system were already documented. According to the Ministry of Health (MINSa, 2023), all fifty-seven primary-level facilities in the region had inadequate installed capacity, and this limitation extended to both hospitals and the only public laboratory. Although the IFRC had provided primary health services for refugee and migrant populations since 2018, the scale of the March crisis exceeded the response capacity of an already fragile system.

B. Proliferation of vector-borne and water-related diseases

The persistence of stagnant water created favourable conditions for mosquito breeding and increased the risk of dengue. Authorities also reported heightened risks of leptospirosis and other infections associated with contaminated water. According to MINSa, by



epidemiological week 9, a total of 418 dengue cases had been reported in Tumbes, including 263 in the capital district. While this figure was lower than the 1,198 cases recorded during the same period in 2024, authorities warned of the potential for a rapid escalation due to standing water and the lack of drainage systems. Health facilities also reported an increase in acute respiratory infections, diarrheal diseases, pharyngitis, fever and COPD-related complications, which placed additional pressure on their already limited resources.

Community health education became essential during the emergency. However, weaknesses in the community-based surveillance (CBS) structure in the region limited the overall effectiveness of preventive actions. After the floodwaters receded, targeted campaigns were carried out in isolated communities, which helped reduce the risk of new outbreaks and strengthened local awareness of disease prevention.

C. Identification of individuals with specific health needs

The intervention also made it possible to identify groups with specific health requirements. These included individuals with chronic conditions such as hypertension and diabetes, who faced challenges in accessing regular medication and treatment during and after the emergency. Families with members with disabilities experienced additional barriers to accessing services and community support due to physical constraints and the isolation of some affected areas.



Water, Sanitation And Hygiene

According to reports from the Emergency Operations Centre (COER), the floods recorded in March 2025 caused extensive damage to water and sanitation infrastructure across several areas of the Tumbes Region, significantly affecting the availability of safe drinking water and contaminating water sources used by both people and animals. The public water service remained interrupted for five days, from 1 to 6 March, which intensified the challenges faced by affected communities.

One of the most critical impacts occurred in the Cerro Blanco water intake system, where damage further limited water availability in surrounding areas following the overflow of the Tumbes River. According to Agua Tumbes, the private company responsible for water services in the region, the main water treatment plant remained operational during the emergency and was able to provide limited supply to parts of the population, including people staying in shelters and other high risk areas. However, several pumping stations were obstructed by mud and debris, which significantly reduced their operational capacity and affected the distribution of water to multiple communities.

The floods also caused contamination of water sources and soils. Stagnant water, damaged sanitation infrastructure and the interruption of regular water services increased the risk of waterborne and vector related diseases, including acute diarrhoeal diseases, leptospirosis and dengue. These risks were particularly elevated in areas where drainage systems were damaged or non operational.

As a result, many households experienced reduced access to safe drinking water and in some cases relied on untreated or potentially contaminated sources for domestic use. In addition, several families lacked adequate containers to safely store water during the interruption of public services.

Under these conditions, affected communities faced significant gaps in access to safe drinking water, adequate containers for safe household water storage, and knowledge and practices related to safe water handling and hygiene. These limitations increased exposure to water related diseases, particularly in areas where water services were disrupted and sanitation systems had been damaged during the floods.



Protection, Gender And Inclusion

The impacts of the floods increased protection risks for several population groups already facing social, economic and physical barriers. Damage to housing, disruptions to basic services and limitations in mobility heightened the vulnerability of individuals with reduced access to resources and support networks.

Assessments conducted during the emergency identified several groups experiencing heightened vulnerability, including:

- More than 45 older adults, several of whom lived alone and depended on external support for daily activities.
- Approximately 23 families with members with disabilities, including children, adults and older persons with physical or cognitive conditions that limited mobility and access to services.
- 31 people of other nationalities, whose migration status limited their access to public services and formal support mechanisms.

Many of the affected individuals lived in remote areas outside the urban centre of Tumbes, where access to health services, markets and institutional support was already limited prior to the floods. Damage to transport routes and flooding of surrounding areas further increased these access constraints, particularly for individuals with mobility limitations or chronic health conditions.





Education

According to the National Emergency Operations Centre (COEN-INDECI), a total of 26 educational institutions were affected by flooding and structural damage during the emergency in the Tumbes Region, including damage to school infrastructure and the collapse of perimeter fences.

These damages raised concerns regarding the structural safety of school facilities, particularly perimeter fences and access areas, which affected the ability of some schools to safely receive students and staff. As a result, authorities from the Regional Education Management reported delays in the start of the academic year in several affected areas.

In addition, flooding and damage to surrounding infrastructure created access constraints to certain educational centres, limiting the ability of students and teachers to safely reach school facilities.

Under these conditions, affected educational institutions faced needs related to the restoration of safe learning environments, including adequate structural conditions, safe access to school facilities and the removal of debris and flood related damage that affected the functioning of education services.



Community Engagement And Accountability

During the emergency, affected families faced significant uncertainty regarding both their immediate well-being and the recovery of their communities. This situation was aggravated by the damage to homes and essential public infrastructure, including health facilities and schools, which affected access to basic services and information about available support.

Under these conditions, the participation of community leaders became particularly important for facilitating communication between affected populations, local authorities and humanitarian actors. Community leaders often act as trusted representatives within their communities and play a key role in communicating needs, concerns and priorities during emergencies.

However, the situation also revealed challenges related to consistent community participation and access to reliable information. Not all community leaders were continuously available to engage in coordination processes, which at times limited the flow of information between communities and response actors. These circumstances highlighted the importance of strengthening communication channels and ensuring that affected populations have regular opportunities to express their concerns and feedback.

Through engagement with communities, several priority concerns were identified. These included the loss of livelihoods due to crop damage, rising prices of basic food items and difficulties accessing health services, particularly for individuals with heightened vulnerabilities such as children, older adults, people with disabilities and individuals living with chronic illnesses.

These conditions highlighted the need to strengthen community engagement mechanisms, ensure transparent communication about available assistance and facilitate channels through which affected populations could express their priorities, concerns and feedback during the emergency and recovery period.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the International Federation of Red Cross and Red Crescent Societies (IFRC) aimed to provide humanitarian assistance to 3,150 people (630 families) affected by floods caused by the overflow of the Tumbes and Zarumilla Rivers in the districts of Tumbes, Corrales, La Cruz, Matapalo, Papayal and Canoas de Punta Sal, in the province of Tumbes.

The objective was to address urgent needs through emergency response actions in the sectors of Health and Cash and Voucher Assistance (CVA), with a cross-cutting focus on Community Engagement and Accountability (CEA).

By the end of the operation, the IFRC reached a total of 4,341 people. Of this total, 3,448 people (approximately 1,014 families) were reached through Cash Based Transfers and the distribution of family kits. Additionally, 893 people participated in health promotion activities, including vector prevention sessions, hygiene sessions, the distribution of personal hygiene kits and community clean up campaigns supported with community cleaning kits.



Operation strategy rationale

The operational strategy aimed to address the most critical needs identified after the floods caused by the overflow of the Tumbes and Zarumilla rivers, particularly the loss of household income, damage to housing conditions and the increased risk of disease outbreaks in affected communities of the Tumbes Region.

The response targeted 3,150 people (630 families) across 12 communities in six districts, prioritizing households whose homes and livelihoods were directly affected by the floods. The strategy combined Multipurpose Cash Transfers, health risk reduction and Community Engagement and Accountability, linking financial assistance with community level prevention and information mechanisms to reduce humanitarian risks following the emergency.

1. Multipurpose Cash Transfers

Multipurpose Cash Transfers were selected as the main response modality to address the loss of income, damage to housing and loss of household assets identified during the needs assessments. Cash assistance was considered the most appropriate option due to the continued functionality of local markets and the need to allow households to prioritize their most urgent expenditures.

The initial strategy proposed two differentiated transfers: PEN 282 (approximately CHF 68.45) for 450 families to address immediate household needs, and PEN 1,130 (approximately CHF 274) for 180 families whose homes had sustained significant damage or loss of essential household items.

Following the feasibility analysis, the strategy was adjusted to consolidate both modalities into a single multipurpose transfer of PEN 526 (approximately CHF 127.77) for each of the 630 families targeted, ensuring a consistent level of assistance and simplifying delivery through a cash pickup modality supported by RedRose and MoneyGram, with technical guidance from the IFRC Americas CVA team.

2. Health and disease prevention

The health strategy focused on mitigating the increased risk of vector borne and water related diseases associated with flooding, stagnant water and environmental contamination. These conditions created favourable environments for the spread of diseases such as dengue, leptospirosis and diarrhoeal infections, which represented key public health risks in the affected communities.

To address these risks, the strategy prioritized community level prevention and household risk reduction measures, including the distribution of cleaning and vector control kits, community sanitation activities and health promotion actions focused on hygiene practices, safe water management and mosquito control.

The original design also contemplated the provision of essential medicines and referral pathways to health services to facilitate early treatment of flood related illnesses; however, this component could not be implemented during the operation. As a result, the strategy maintained a strong focus on prevention and community awareness as the primary approach to reducing health risks.

3. Community Engagement and Accountability

Community Engagement and Accountability was integrated as a cross-cutting component of the strategy to ensure that affected communities had access to accurate information, opportunities to provide feedback and safe channels to express concerns throughout the response. This was particularly important in a context where households faced uncertainty regarding assistance, recovery processes and access to essential services.

The approach relied on community leaders and local communication networks to facilitate dialogue with affected households and support the identification of priority needs. Feedback mechanisms such as informative hotlines and suggestion boxes enabled two-way communication with the population assisted. This strategy also supported Protection, Gender and Inclusion (PGI) objectives by helping identify barriers affecting vulnerable groups, including older adults, people with disabilities and people of other nationalities, ensuring that their concerns and access constraints were considered during the response.

Targeting Strategy

Who was targeted by this operation?

The operation targeted 3,150 people (approximately 630 families) in the districts of Corrales, Tumbes, La Cruz, Canoas de Punta Sal, Matapalo and Papayal, located in the province of Tumbes. These districts were prioritized due to the severe impacts caused by the overflow of the Tumbes and Zarumilla rivers, which damaged housing, disrupted livelihoods and affected access to essential services.

Within these districts, the response focused on 12 communities: Pueblo Nuevo, Rodeo, San José, Puerto Pizarro, 1 de Febrero, Las Gardenias, Los Ángeles, Pajaritos, Negritos, La Isla, Los Olivos and La Palma. These communities were identified as among the most



affected areas following the floods, where households faced significant challenges in restoring basic living conditions and accessing essential services.

By the end of the operation, a total of 4,341 people were reached. Of this total, 3,448 people (approximately 1,014 families) were reached through the Multipurpose Cash Transfer programme and the distribution of family kits, supporting households in addressing urgent needs related to food, household items and the recovery of basic living conditions.

An additional 893 people participated exclusively in health promotion and disease prevention activities, including vector prevention sessions, hygiene promotion sessions, the distribution of personal hygiene kits and community clean up campaigns supported through the provision of community cleaning kits.

Technical note: The original DREF application estimated an average of five people per family to project the target population. Household data collected through the Multipurpose Cash Transfer programme later indicated an average household size of 3.4 people per family. This updated figure was therefore used to calculate family-based indicators in the final report.

Explain the selection criteria for the targeted population

The selection of intervention areas was based on the level of damage reported by the Regional Emergency Operations Centre (COER) following the floods. These reports were complemented by verification visits conducted by the IFRC field team, which confirmed the severity of impacts across districts and helped identify the communities with the highest humanitarian needs.

Field assessments also supported the identification of priority households within the selected communities, ensuring that assistance was directed to those facing the greatest difficulties in restoring basic living conditions after the floods. Coordination with community leaders and local authorities helped validate the information collected and ensured that the targeting process reflected the realities of each community.

Within the selected communities, the operation applied vulnerability-based criteria to prioritize households most affected by the emergency. The main criteria included:

- Families whose homes were destroyed, uninhabitable or severely damaged by the floods.
- Communities that experienced temporary isolation or reduced access to basic services during the emergency.
- Households with members facing heightened vulnerabilities, including:
 - Children under five years of age.
 - Older adults.
 - People with disabilities.
 - Pregnant or lactating women.
 - People with chronic illnesses.
- People in situations of human mobility (migrants and refugees) facing barriers to accessing health services.

This targeting approach ensured that assistance prioritized households experiencing the greatest levels of impact and vulnerability, while maintaining transparency and coordination with local stakeholders during the response.

Total Assisted Population

Assisted Women	1,337	Rural	50%
Assisted Girls (under 18)	901	Urban	50%
Assisted Men	1,150	People with disabilities (estimated)	2%
Assisted Boys (under 18)	953		
Total Assisted Population	4,341		
Total Targeted Population	3,150		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Humanitarian staff security in affected areas	Training in security protocols, identification of evacuation routes, and implementation of IFRC security protocols.
The persistence of heavy rains and new flooding in the intervention areas	Continuous meteorological monitoring and flexible response planning based on real-time data.
Difficulties in accessing affected areas due to the destruction of road infrastructure	Coordination with authorities to ensure safe transportation and access routes



Please indicate any security and safety concerns for this operation:

The security context in Tumbes during the final months of the operation reflected dynamics commonly associated with border areas. Authorities increased border control measures, particularly at the International Bridge connecting Aguas Verdes (Peru) and Huaquillas (Ecuador), where drones were deployed to monitor cross-border activity. In parallel, the National Police of Peru conducted targeted operations to dismantle criminal networks, leading to several arrests linked to illicit activities. These developments required continuous monitoring of the security environment throughout the operation.

Security concerns in the intervention areas included the presence of criminal activity associated with border dynamics and incidents that affected public safety. During the period of the operation, an explosive device detonated in the area, causing injuries and damage to several homes. This incident reinforced the need to maintain strict security measures and close monitoring of the operational context.

Operational safety considerations also included risks associated with mobility and field activities in flood affected areas, where damaged infrastructure, debris and unstable terrain created hazards for staff, volunteers and community members during distributions and community activities.

To address these conditions, the operation applied IFRC security protocols and maintained regular coordination with the IFRC Americas Regional Office Security Unit. Key measures included:

- Continuous monitoring of the security situation and regular review of IFRC security procedures.
- Use of vehicles that ensured safe mobility for staff during transfers to and from intervention areas.
- Clear identification of all field personnel to strengthen institutional visibility during activities.
- Coordination with community leaders, with the agreement that any indication of security risk would trigger the immediate suspension of field activities in line with IFRC protocols.

These measures helped ensure safe access to communities and allowed the operation to be implemented without compromising the safety of personnel, volunteers or the people assisted.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Multi Purpose Cash

Budget: CHF 88,822

Targeted Persons: 3,150

Assisted Persons: 2,173

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of families assisted with multipurpose cash for basic needs	450	639
Number of families assisted with multipurpose cash for shelter	180	0
Number of community workshops on cash transfer program	6	6



Narrative description of achievements

I. REACH

A total of 639 families (approximately 2,173 people) were reached through the Multipurpose Cash Transfer programme, slightly exceeding the initial target of 630 families. The increase resulted from the registration and verification process, which identified additional households within the targeted communities that met the established vulnerability criteria.

Cash assistance was provided through a single transfer of PEN 526 per family (approximately CHF 127.77), delivered through a cash pick-up modality using Banco de la Nación (National Bank) through the MoneyGram payment system. This modality enabled families to access the transfer safely and efficiently within their local areas.

II. REGISTRATION AND TARGETING

Household registration and verification were conducted through the AccessRC application, which enabled the consolidation and validation of a database aligned with the eligibility criteria established for the DREF operation. The targeting criteria prioritised households facing heightened vulnerability, including families affected by displacement, housing damage caused by the emergency and households with members with specific protection and health-related vulnerabilities.

The profile of the families assisted confirmed the relevance of the targeting approach. Among the households reached, 26% included at least one person with a chronic illness, 17.53% included an older adult, 13.15% had at least one child and 11.74% had a pregnant household member, indicating that assistance was effectively directed toward households experiencing the highest levels of vulnerability.

To ensure inclusion, the RedRose platform was also used to register families who were unable to complete their application through AccessRC due to limited internet connectivity or limited familiarity with digital tools. IFRC personnel supported families directly during the registration process, assisting them in completing their applications and reducing barriers to participation for households with limited digital access.

III. COMMUNITY ORIENTATION AND SELECTION FOLLOW-UP

Orientation sessions were conducted in the intervention areas to explain the use of the AccessRC application and the steps to be followed after registration, including how families could verify whether they had been selected to receive assistance. These sessions also informed households about the subsequent stages of the process and the procedures required to access the transfer if selected.

Once selected, families received a confirmation code through AccessRC, which allowed them to verify their selection status and present the code when collecting the transfer at the bank. In cases where families could not be contacted through the application, field teams followed up directly through telephone calls or household visits to ensure that selected households received the necessary information and were able to access the assistance.

IV. CASH TRANSFER DELIVERY

The original strategy included two differentiated transfer modalities addressing basic needs and housing support. Following the feasibility analysis conducted during implementation, the approach was simplified into a single and equitable transfer of PEN 526 per family (approximately CHF 127.77), ensuring transparency and consistency across the intervention areas.

Cash transfers were delivered through a cash pick-up modality using Banco de la Nación through the MoneyGram system, supporting a safe, fast and transparent transfer process for the families assisted. The assistance contributed to addressing immediate household needs and supporting early recovery, while also allowing families to prioritise expenditures according to their most urgent needs.

V. POST-DISTRIBUTION MONITORING

Post-distribution monitoring surveys were conducted to assess the use and relevance of the cash assistance provided. Families reported that the transfer was primarily used for food purchases, medicines and continuation of medical treatments, transportation costs and basic home repairs, reflecting the urgent needs faced by households following the floods.

During focus group discussions conducted as part of the operation closure, families reported that the financial support arrived at a critical moment. Due to the emergency, many households had been unable to travel or continue their usual economic activities, which created uncertainty regarding how they would cover food expenses or meet the needs of their children. Participants indicated that the cash transfer helped them stabilize their household situation during this period.

Migrant households, particularly Venezuelan families, also reported that the transfer helped them cover pending rent payments that they had been unable to meet due to the emergency, as well as immediate health expenses and other essential household needs. For families living in peri-urban and remote areas outside the city of Tumbes, where access to services is more limited, the assistance contributed to reducing barriers to essential goods and services during the recovery phase.

For further details on the disaggregated results of the post-distribution monitoring survey, please refer to the Community Engagement and Accountability (CEA) section of this report.



VI. PROCESS REVIEW

During the review of the Cash and Voucher Assistance process, five duplicate payments were identified. Two cases originated from a parallel payment workflow using RedRose OneSolution for households registered in Kobo, which operated outside the unified AccessRC system and therefore bypassed automatic duplication controls.

The remaining three cases occurred during a prolonged verification period marked by multiple Surge team rotations, which created inconsistencies in the final approval flow. The duplicated amount totalled EUR 655.42 out of a CVA budget of EUR 85,600, representing an error rate of approximately 0.7%. As a result, 644 cash transfers were completed for 639 families. •

Lessons Learnt

- The decision to unify the transfer amount to PEN 526 per family simplified implementation and ensured equitable treatment among households. This approach proved clearer and more efficient than the original plan of using two different transfer values, as it avoided confusion regarding eligibility and allocation criteria. Future operations should consider simplified transfer structures when multiple assistance categories may create operational complexity or confusion among recipients.
- The introduction of AccessRC represented an innovative step that strengthened transparency and traceability in household registration and validation. However, as a new tool, it required an adaptation period for some groups, particularly older adults and individuals with limited experience using digital applications. A key lesson is the need to reinforce communication and provide practical guidance on how to use the platform, even when initial training is provided. Future operations should allocate additional time and resources for community orientation and digital support during the initial phases of registration.
- While AccessRC provides a secure and accessible database for IFRC programmes, its effectiveness depends on the quality and clarity of the information entered. The experience highlighted the importance of establishing a clear reviewer role or dedicated support for data cleaning. This should be complemented by awareness-raising with the population registering in the system, encouraging them to provide complete information such as full household composition and other relevant factors influencing eligibility for cash assistance.
- Although MoneyGram functioned effectively as a payment mechanism, relying on a single financial provider created operational limitations and increased vulnerability to system overload or temporary service interruptions. A key lesson learned is the importance of exploring more flexible payment options and diversifying payment points to reduce dependence on a single provider in future responses.
- Community workshops and information sessions played a critical role in guiding households on the use of the application for cash pickup and in promoting responsible use of the resources. These sessions helped ensure that the transfers were directed toward priority needs such as food, transportation, medication and basic home repairs. This experience reaffirmed the importance of accompanying cash assistance with financial literacy, community protection messaging and practical guidance during cash distributions.
- The people assisted consistently expressed appreciation for the flexibility of cash assistance, which allowed them to address their specific needs according to their own priorities. This reinforced the relevance of multipurpose cash transfers as an appropriate response modality in emergency contexts where markets remain functional.
- Clear and consistent communication strategies from the outset proved essential for explaining targeting criteria, transfer amounts and cash pickup procedures. Establishing these messages early helped manage expectations and reduced misinformation within the communities reached. Future interventions should prioritise early communication plans and community information strategies as part of the initial operational design.
- The experience also confirmed that system alerts alone are not sufficient to prevent operational errors. Even when AccessRC flagged potential duplication, staff proved to still have the possibility to manually override warnings. This highlighted the need for reinforced training in CVA processes and decision-making protocols, particularly during periods with multiple team rotations.
- The experience underscored the importance of prioritizing unified digital ecosystems in future operations. Ensuring that registration, verification and payment modules are integrated within a single platform can reduce fragmentation and improve the accuracy, speed and reliability of cash assistance workflows.

Challenges

- The AccessRC registration process required mobile devices with internet access, a camera, an email account and available documentation, which limited access for older adults, people with low digital literacy and households living in rural areas with poor connectivity. Some households in high-vulnerability conditions were also unable to enter their information correctly due to difficulties using digital tools. Because eligibility depended on the information entered in the application, incomplete or inaccurate responses could result in the exclusion of families who actually met the criteria. This highlighted the need for complementary verification mechanisms and closer support during registration to reduce this margin of error.
- The limited development of digital and financial systems in Tumbes created additional challenges for implementing cash assistance. Low



familiarity with banking procedures among both institutions and communities required closer support from the team to ensure that people could navigate the system safely and confidently. This experience reinforced the importance of adapting cash processes to the local context, including payment modalities and training efforts, so that people can use the platforms and complete transactions without major difficulties.

- Reliance on a single payment channel through MoneyGram at Banco de la Nación created operational vulnerabilities. Although the system functioned overall, dependence on one provider increased the risk of delays during periods of high demand or temporary system interruptions, which at times affected the continuity of payments. In addition, in some cases involving migrant households, the staff member attending the bank counter arbitrarily charged 1 Peruvian sol (approximately CHF 0.26) per transaction, despite the transfer being intended as a fee-free humanitarian payment. This situation highlighted the importance of having operational staff accompany payment processes when possible and systematically collecting incident reports, so that irregularities can be identified and addressed immediately.

- The use of multiple non-integrated platforms for registration and verification created structural weaknesses in data management and increased the complexity of the verification process. Because AccessRC did not have visibility over Kobo entries or separate OneSolution instances, duplication controls were limited to a partial dataset. With information captured at different stages and in different systems, the consolidation and approval of records became more vulnerable to inconsistencies, particularly during extended operational periods. The absence of an integrated digital tool at the start of the operation highlighted the need for stronger preparedness measures. With the Worker App now available, future operations should prioritize system integration from the outset to avoid fragmentation and reduce risks associated with human error and cross-platform inconsistencies.

- Successive staff rotations during the operation made it difficult to maintain a consistent verification standard. Each transition required renewed onboarding, which contributed to delays and increased the likelihood of errors during the final stages of payment approval. In addition, the approval architecture allowed manual overrides of system warnings, introducing variability into the process. Without stronger automation or validation parameters, systems such as AccessRC remain exposed to inconsistencies when operating under high workloads or evolving operational conditions.



Budget: CHF 51,186
Targeted Persons: 3,150
Assisted Persons: 2,119
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached through health promotion activities	1,000	1,405
Number of families who receive cleaning kits for vector control	630	630
Number of community training sessions on vector-borne disease prevention	6	12
Number of community clean-up days implemented	12	12

Narrative description of achievements

Vector control and basic sanitation activities

The operation strengthened vector control and basic sanitation actions in response to the increased risk of outbreaks associated with stagnant water. A total of 630 families (approximately 2,142 people, see Technical Note 1) were reached through the distribution of family cleaning and vector control kits that included gloves, brushes, garbage bags, insect repellent, insecticide and water-container covers to protect stored water. In addition, 1,000 personal hygiene kits were distributed containing hand sanitizer, liquid soap and wet wipes. Twelve community cleaning kits were provided across twelve communities, each containing brooms, mops, shovels, detergent, disinfectant and personal protective equipment. Community clean-up campaigns were carried out to eliminate mosquito breeding sites



and improve waste management practices, with the participation of 597 people.

Health education and sensitization

Health promotion efforts reached diverse groups across the intervention areas. A total of 255 people participated in awareness sessions focused on the prevention of vector-borne diseases such as dengue and leptospirosis, as well as acute diarrheal diseases and respiratory infections. Community workshops were carried out with 405 participants, emphasizing protection measures including covering water containers and adopting safe hygiene practices. Community surveillance capacities were strengthened by training local leaders in early symptom detection and timely referral to health facilities.

Strengthening continuity and community coordination

These actions ensured that the knowledge and resources provided could be replicated and sustained over time, contributing to the prevention of vector-borne and water-related diseases. The intervention was implemented in close coordination with DIRESA Tumbes to reinforce continuity of care in affected health facilities and to strengthen community preparedness for future health risks. The distribution of kits was organized jointly with community leaders, which facilitated a transparent process and encouraged active participation of the people assisted.

Lessons Learnt

- Doubling the number of training sessions showed that community interest in health education was higher than expected. This highlighted the importance of keeping schedules and budgets flexible so activities can expand when participation increases.
- Families shared that the information received during the sessions was later discussed and applied at home. This confirmed the value of participatory methods and the involvement of community leaders, as these approaches help extend key messages throughout the community.
- Providing practical supplies, such as cleaning kits and water-container covers, made it easier for families to put vector control measures into practice immediately. Combining information with concrete tools proved more effective than education alone.
- Community clean-up days strengthened collective responsibility and helped sustain preventive actions beyond the emergency phase. Working together created momentum and encouraged continued engagement in health practices.
- The participation of children, older adults and women leaders showed that each group requires tailored communication approaches. Adapting messages and materials to their needs improved understanding and adoption of preventive practices.
- Coordination with DIRESA and local health facilities was essential for giving legitimacy to the activities and ensuring continuity after the operation. Starting this coordination early and maintaining it throughout the response proved crucial for sustaining health outcomes.

Challenges

- The strong community interest in training and prevention activities created a higher demand than initially planned. While this was positive, it also placed pressure on available time, resources and personnel, requiring rapid adjustments during implementation.
- Sustaining preventive practices after the operation remained a challenge. Although clean-up campaigns and the distribution of supplies supported immediate action, long-term maintenance of vector control measures depends on community organization and continued follow-up from local authorities.
- Ensuring inclusive participation proved complex at times. Despite the involvement of children, older adults and women, there was a clear need to strengthen approaches tailored to specific groups, particularly older adults with mobility limitations and communities with reduced access to information.
- Weather conditions affected the effectiveness of some activities. Persistent rainfall in certain areas caused stagnant water to reappear shortly after clean-up efforts, making it necessary to repeat actions in several locations and delaying visible improvements.
- Coordination with local institutions varied throughout the operation. While support from health authorities was generally present, there were moments when coordination processes became slow or intermittent, which affected the timely implementation of joint health promotion activities.



Community Engagement And Accountability

Budget: CHF 1,499

Targeted Persons: 630



Assisted Persons: 1,612
 Targeted Male: -
 Targeted Female: -

Indicators

Title	Target	Actual
Percentage of individuals reached who actively express satisfaction with the assistance provided	80	90
Percentage of individuals reached who actively engage with the community feedback and response mechanism	80	256
Number of community meetings to share operation results and identify lessons learned	12	12
Number of suggestion boxes implemented	1	2

Narrative description of achievements

- The Community Engagement and Accountability component achieved results that in several cases exceeded the initial targets. Two suggestion boxes were installed, doubling the planned number and providing confidential spaces for collecting questions and recommendations from the community.
- Twelve community lessons-learned sessions were conducted, fully meeting the planned target and creating structured spaces where communities could share their perceptions of the operation and contribute to the analysis of what worked well and what could be improved.
- Engagement with feedback mechanisms far surpassed expectations. A total of 1,612 people used the channels made available, compared to an initial target of 630, reflecting strong trust in the systems created to communicate and provide feedback.
- Satisfaction monitoring also exceeded projections. Of the total of 1,612 people who participated, 1,443 (89.52%) indicated a high level of satisfaction with the assistance delivered.
- Multiple communication channels were activated and maintained throughout the operation, including the WhatsApp line (under development), the AccessRC messaging inbox (under development) and satisfaction tickets, with 1,559 entries recorded. These options ensured direct communication and strengthened the transparency of the response.
- A total of 534 post-distribution monitoring surveys were completed, exceeding 84 percent of the families reached through the cash transfer programme. Key spending trends identified in the surveys included:
 - 83.33% on food
 - 43.07% on health consultations
 - 28.09% on household items
 - 25.28% on materials and labour for repairing or rebuilding housing
 - 13.86% on household cleaning and hygiene products
 - 11.24% on education
 - 7.68% on public services
 - 2.62% on repair of household items
 - 2.06% on debt repayment
 - 1.87% on livelihood-related costs
 - 1.87% on clothing and similar items
- Spending priorities were as follows:
 - First priority among 534 families
 - 48.13% food
 - 20.97% health consultations
 - 13.3% household items
 - 13.3% education
 - 4.30% other needs (livelihoods, public services, cleaning supplies, repair of household items and miscellaneous)



Second priority among 381 families

- 33.6% food
- 22.31% health consultations
- 13.91% household items
- 10.24% home repair materials or labour
- 7.35% household cleaning and hygiene products
- 4.46% education
- 2.89% public services
- 5.24% other needs (debts, household repairs, clothing, livelihood-related costs and miscellaneous)

Third priority among 177 families

- 20.9% food
- 15.82% health consultations
- 15.82% household cleaning and hygiene products
- 12.99% education
- 10.73% household items
- 10.17% public services
- 7.91% home repair materials or labour
- 5.64% other needs (debts, livelihood costs, repair of household items, clothing and miscellaneous)

• Additional findings from the 534 families surveyed included:

- 92.51% were Peruvian and 7.49% Venezuelan
- 86.14% strongly agreed and 13.11% agreed with the treatment received from Red Cross staff during cash distribution
- 79.59% strongly agreed and 19.85% agreed that their views were taken into account
- 66.10% strongly agreed and 28.84% agreed that they received sufficient information about the assistance
- 79.21% strongly agreed and 19.85% agreed with the assistance received
- 82.21% knew the selection criteria; 17.99% did not
- 83.71% knew why they were selected; 16.29% did not
- 61.99% knew a phone number for suggestions or complaints; 38.01% did not

Lessons Learnt

- Diversifying feedback mechanisms through physical suggestion boxes, WhatsApp, AccessRC and satisfaction tickets proved effective, as it allowed the operation to reach different segments of the population, from communities with limited connectivity to users who were more comfortable with digital tools.
- The high level of participation in the feedback systems showed that communities not only trusted the process but also valued having their voices heard. This reinforces the importance of making these mechanisms a standard component in future operations.
- The community sessions were useful not only for gathering feedback but also for strengthening social cohesion and generating practical learning for the operational team. These spaces helped clarify expectations, validate approaches and identify areas for improvement.
- The use of digital platforms such as AccessRC offered clear advantages in terms of transparency and traceability. However, it also highlighted the need for stronger communication and prior training on how to use these tools so that all groups, regardless of digital literacy, can access information and participate without barriers.

Challenges

- Digital tools such as AccessRC and WhatsApp presented accessibility challenges for certain groups, including older adults and households with limited internet access. This highlighted the need to strengthen training efforts and ensure that inclusive alternatives remain available for people who cannot rely on digital channels.
- The WhatsApp line and the AccessRC messaging inbox remained in the process of consolidation, underscoring the challenge of keeping digital channels active, responsive and adequately staffed. Ensuring timely follow-up requires dedicated personnel and clear protocols.
- The high volume of feedback received generated increased expectations and a larger number of inquiries. This required additional efforts to provide timely responses and to prevent frustration among the population, demonstrating the importance of planning for adequate capacity when engagement levels are high.



Secretariat Services

Budget: CHF 34,501



Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of surge deployments	2	4
Number of lessons learned workshops	1	1

Narrative description of achievements

For this operation, the following Surge profiles were deployed to strengthen technical and operational capacity:

- 2 Operations Managers
- 1 Operations Manager (shadow modality)
- 1 Finance Coordinator
- 1 PMER Coordinator - Deployed with funding from the Icelandic Red Cross, so this cost was not charged to the DREF allocation.

Surge personnel worked along with a locally based focal point from the Andean Country Cluster Office. This strengthened operational management and ensured closer support throughout the response.

Additional key support personnel were also deployed across several areas, which reinforced the overall operation and improved coordination between components. This included:

- Finance and accounting staff, who ensured administrative control and proper management of financial resources
- An AccessRC implementation specialist, who supported household registration, data validation and the traceability of cash transfer processes
- A PMER Officer, responsible for establishing community communication mechanisms, facilitating feedback sessions and leading the lessons learned workshop
- An information management specialist, who oversaw the post-distribution monitoring survey and conducted data analysis to enhance accountability and inform decision-making.

Lessons Learnt

- The rotation of Operations Managers created some challenges in aligning processes, but it ultimately contributed positively to the continuity of the operation. Each transition helped maintain momentum and ensured steady progress toward planned indicators.
- Unlike other DREF operations, the IFRC directly implemented all activities in this response. This highlighted the value of deploying technical staff to the field, as their presence made it possible to address operational issues quickly and adjust processes with greater agility.
- The support from local daily workers proved to be a strategic asset. Their understanding of community dynamics and previous experience in emergency interventions helped accelerate implementation and maintain close engagement with the communities reached. Many had collaborated with the IFRC or other organizations in the past, which facilitated rapid implementation.
- Support from the Andean Country Cluster Office, both from the central team and from personnel based in Tumbes, was essential. The deployment of specialists in critical areas such as information management and PMER strengthened overall coordination and facilitated the achievement of planned results.
- In contexts where an active National Society is not present, it is important to strengthen local capacities and explore alternative partnership arrangements, so future implementations can rely on existing structures and reduce dependence on external staff.

Challenges

- The absence of an active National Society in Tumbes created a significant challenge for the implementation of the DREF. In DREF operations, National Societies typically provide local volunteers, territorial knowledge, established community networks and legitimacy with both the population and local authorities. Without this local counterpart, implementation relied entirely on the IFRC team.



- Assuming full responsibility for implementation placed additional operational, logistical and staffing demands on the IFRC, specially to the CCD. The absence of a formal local partner increased the administrative and coordination burden, as the team had to take on roles that are usually shared with the National Society.
- This gap was addressed through direct support from the Andean Country Cluster Office, which deployed specialists in technical areas such as operational coordination, information management and as PMER.
- Operational changes related to the rotation of Operations Managers, although helpful for maintaining continuity, also required internal readjustments at different points in the operation. These transitions demanded additional coordination to ensure alignment across field activities and, in some cases, cause delays.
- Expanding community-based processes beyond the migrant population traditionally served by IFRC programmes in Tumbes presented a significant challenge. While the hiring of local daily workers was essential due to their territorial knowledge and community relationships, the shift toward assisting local households required adapting engagement approaches and strengthening outreach strategies. This transition demanded a more direct implementation role from IFRC, including building trust with community leaders, reinforcing coordination with local authorities and maintaining consistent communication channels to ensure effective participation and acceptance among the broader population affected by the emergency.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRPE014 - Peru - Flood

Operating Timeframe: 15 mar 2025 to 31 ago 2025

Selected Parameters			
Reporting Timeframe	2025/03-2026/03	Operation	MDRPE014
Budget Timeframe	2025/03-2025/08	Budget	APPROVED

Prepared on 04/May/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	176.008
DREF Response Pillar	176.008
Expenditure	-156.072
Closing Balance	19.936

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	10.742	5.061	5.681
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	83.401	86.766	-3.365
AOF4 - Health	48.062	29.716	18.346
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	142.205	121.544	20.662
SF11 - Strengthen National Societies	1.408	2.556	-1.148
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	32.395	31.972	423
Strategy for implementation Total	33.803	34.528	-725
Grand Total	176.008	156.072	19.937

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 176,008 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 156,072. The unspent balance of CHF 19,936 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures include:

During the implementation of the Cash and Voucher Assistance component, a financial variation was required to revise the original



transfer scheme. The operation initially planned two differentiated transfer amounts for basic needs and housing; however, the feasibility analysis demonstrated that a unified transfer value would ensure greater equity, reduce operational complexity and strengthen transparency in the allocation process. As a result, the financial structure of the CVA component was adjusted to provide a single transfer of PEN 526 per family for the 630 households initially targeted. This modification optimized resource use and simplified both verification and payment procedures. Additionally, the reallocation of underspent funds from other budget lines made it possible to extend assistance to 14 additional households, resulting in a total of 644 cash transfers delivered through the operation.



Contact Information

For further information, specifically related to this operation please contact:

IFRC Appeal Manager: Melker Mabeck, Head of Delegation, melker.mabeck@ifrc.org

IFRC Project Manager: Julian Perez, Coordinator, Program and Operations, julian.perez@ifrc.org

IFRC focal point for the emergency: Julian Perez, Coordinator, Program and Operations, julian.perez@ifrc.org

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

[Click here for reference](#)

