

Consultancy for the development of the Project Baseline

"Wash Response to COVID-19 project in
Peru" (WCP), in the districts of San Juan de
Lurigancho and Callao

Final Report

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LIST OF ACRONYMS

ADRA	Adventist Development and Relief Agency - Peru
BHA	Bureau for Humanitarian Assistance
COVID 19	COVID-19 Disease 2019
Id	National Identification Document
INEI	National Institute of Statistics and Informatics
MEF	Ministry of Economy and Finance
MIDIS	Ministry of Development and Social Inclusion
MIMP	Ministry of Women and Vulnerable Populations
MINSA	Ministry of Health
NFIs	Non Food items
NGO	Non-Governmental Organization
PNUD	The United Nations Development Programme
SEDAPAL	Potable Water and Sewerage Service of Lima
SUNASS	National Superintendence of Sanitation Services
TOR	Terms of Reference
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WCP	Sanitation Coordination Project

EXECUTIVE SUMMARY

The COVID-19 pandemic has highlighted specific inequalities between the poor and the rich in cities. During the second semester of this year, unemployment in the urban area decreased by 44.3% compared to the previous year, that is, 6 million 135 thousand 700 people, which significantly affects the poor and the extreme poor¹. Lack of income means that buying soap and other implements to carry out hand and respiratory hygiene can be even impossible for many households.

In Lima, the urban poor pay 6 times more for water than a household connected to the SEDAPAL network². However, this more onerous payment made by poor households is not synonymous of continuous and quality service. On the other hand, public markets have been identified by the government as a high-risk point for COVID-19 transmission. An important barrier to controlling COVID-19 transmission in public markets is the lack of public handwashing facilities³.

As economies begin to reopen, the BHA and ADRA of Peru will establish measures to address the main obstacles to compliance with public health measures. The BHA and ADRA will address needs in the water, sanitation, and health sectors. WASH activities will provide the physical means to perform recommended hand and respiratory hygiene at home and in public markets. Health activities will reinforce WASH activities by disseminating life-saving information for vulnerable households, information necessary to protect themselves, and others from the virus. Close coordination with other agencies operating in the area will ensure consistency of information and language and prevent misinformation/rumors.

In this sense the project "WASH Response to COVID -19 in Peru (WCP) located in the Province of Lima, in the district of San Juan de Lurigancho; and in the Constitutional Province of Callao, the district of Callao", it has as its general objective to provide humanitarian assistance with a Community approach to vulnerable populations affected by COVID-19 in Peru, through interventions on water, sanitation, and hygiene (WASH) and health. Intervention takes place in two sectors: (a) water, sanitation, and hygiene; b) health.

The Baseline presented below collects and organizes the information in accordance with the expected performance indicators and scheduled activities of the project subsectors, approved by USAID/BHA, in coordination with the main actors and beneficiaries and the implementing entity ADRA Peru. The study used a mixed method approach to effectively triangulate the results, through two research components: the quantitative component, and the qualitative component. Also, a participatory design was optimized so that the population to be involved in the project is included as an active element of the evaluation. The Baseline study used the following data collection methods: desk review, semi-structured interview surveys, key informant interviews with local leaders and officials, among others. The random sample covered 194 respondents, also, 27 interviews were conducted. The main findings of the study are shown below:

- It is noted that the target population in Callao and especially in San Juan de Lurigancho are vulnerable groups, many families with low incomes, and others with no economic income.

¹ INEI (2020). *Informe Técnico: comportamiento de los indicadores de mercado laboral a nivel nacional*. July 2019 – June 2020. https://www.inei.gob.pe/media/MenuRecursivo/boletines/03-informe-tecnico-n03_empleo-nacional-abr-may-jun-2020.pdf

² SUNASS (2015). *Boletín Virtual de la Superintendencia Nacional de Servicios de Saneamiento*. June, 2015. <https://www.sunass.gob.pe/doc/Boletin/2015/junio/notacentral1.html>

³ ADRA (2020), Wash Response to COVID-19 in Peru (WCP).

Handwashing and COVID-19 prevention may not be a priority right now for them, given the concern to provide themselves with food and income.

- The random sample determined a majority number of women in the study (71%). The main cause is that there are more women registered in the list of beneficiaries. Of the total of women included in the sample, at least 80% of women stated that they were heads of household. According to interviews conducted, there are many single mothers in vulnerable situations.
- In general, in both districts there are homes with precarious water supply facilities, and there are limitations on access to water. 59% of respondents do not have a water connection in their home.
- The 73% of respondents have been unable to pay for their basic services (water, electricity, and telephone), in the last 3 months.
- In 16% of the households there is a family member who suffers from a mental and / or physical disability. During the pandemic, several of them would have been neglected.
- In 66% of the households no family member suffered from COVID-19. In contrast, there is a 34% of households where a member has suffered from COVID-19, 35% said that there are people with underlying health conditions, and they are not receiving medical care in all cases.
- 37% of the total respondents said they do not always have water to wash their hands, a dramatic result in the district of San Juan, where out of 99 respondents, 52 considered that sometimes there is, and sometimes there is not enough water to perform this practice.
- More than 50% of respondents expressed that they sometimes had and sometimes did not have enough soap to wash their hands, even one of the respondents manifested that he hardly ever had soap to wash his hands.
- 80% of respondents had not received any hygiene kits for the prevention of COVID 19 during 2020. Meanwhile, 20% responded positively to this question.
- The average age of community agents identified for the project is 40, with very young community agents (20), and others at the age limit to be considered vulnerable (62).
- Although the percentages of recall and information are high regarding the measures to prevent COVID-19, this is not consistent with the actual practice of these protection measures. Many of those interviewed can identify protective measures, but do not necessarily understand the impact on their health and the health of members of their household.
- Problems of representation of leaders are perceived. Residents do not feel fully represented, especially in Callao, and could be skeptical and distrustful of the intervention.
- Supply markets are not be complying with the minimum number of actions required for their operation. Not every market has a hand washing station. And if they do, they are not working at 100%, and / or they lack water, soap or paper towels.

Recommendations for project implementation are:

- Review, improve and update of beneficiaries list.
- Build joint intervention partnerships with other public and private institutions to provide families with care combos, such as health, food, and information, could be a possibility.
- Carry out the distribution of hygiene kits directly to beneficiaries according to the registry, at home and directly with ADRA personnel.
- Observe the possibility of providing hoses to some high areas of the San Juan de Lurigancho district, to facilitate the collection and water transfer. This will help to ensure that the buckets that will be delivered by the project are always supplied with water.

- Form the group of community health agents only with lower risk to COVID-19 people. In order to not expose vulnerable groups to situations of risk and contagion.
- Strengthen communication channels in a creative way during the training stage, since neither all beneficiaries are at the same level of knowledge regarding the prevention of COVID-19, nor do they have a cell phone, internet access and data.
- Strengthen the Health Self-Control Committees in supply markets to make the implementation of training actions and the operation of handwashing stations sustainable.

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CONSULTING FOR THE BASELINE OF THE "WASH RESPONSE TO COVID-19 IN PERU" (WCP) PROJECT, IN THE DISTRICTS OF SAN JUAN DE LURIGANCHO AND CALLAO

I. INTRODUCTION AND BACKGROUND OF THE PROJECT

1.1. BACKGROUND⁴

This pandemic has revealed specific inequalities between the poor and rich in cities that prevent the poor from carrying out hygiene practices that could save their lives and those around them. During the second semester of this year, unemployment in the urban area decreased by 44.3% compared to the previous year, that is, 6 million 135 thousand 700 people, which significantly affects the poor and the extreme poor⁵. The lack of a daily salary means that the income available to buy soap and other implements to carry out hand and respiratory hygiene may simply not be available.

In Lima, the urban poor pay 6 times more for water than a household connected to the SEDAPAL network⁶. Limited water supply forces low-income households to prioritize hand washing with this valuable resource. There is currently little commitment to low-income communities to remove barriers to public health implementation and action. Hygiene campaigns in the media have not addressed these barriers that poor and extremely poor households have. On a broader scale, as the economy breaks back, more people will interact in public spaces. Public markets have been identified by the government as a high-risk point for COVID-19 transmission. An important barrier to controlling COVID-19 transmission in public markets is the lack of public handwashing facilities.

As economies begin to reopen, the BHA and ADRA of Peru will establish measures to address the main obstacles to compliance with public health measures. The BHA and ADRA will address needs in the water, sanitation, and health sectors. WASH activities will provide the physical means to perform the recommended hand and respiratory hygiene at home and in public markets. Health activities will strengthen WASH's activities by disseminating life-saving information to vulnerable households that are necessary to protect themselves and others from the virus. Close coordination with other agencies operating in the area will ensure consistency of information and language and prevent misinformation/rumors.

1.2. JUSTIFICATION

⁴ ADRA (2020), Wash Response To COVID-19 in Peru (WCP).

⁵ INEI (2020). *Informe Técnico: comportamiento de los indicadores de mercado laboral a nivel nacional*. July 2019 – June 2020. https://www.inei.gob.pe/media/MenuRecursivo/boletines/03-informe-tecnico-n03_empleo-nacional-abr-may-jun-2020.pdf

⁶ SUNASS (2015). *Boletín Virtual de la Superintendencia Nacional de Servicios de Saneamiento*. June, 2015. <https://www.sunass.gob.pe/doc/Boletin/2015/junio/notacentral1.html>

ADRA Peru is an NGO with more than 50 years of presence in Peru, primarily dedicated to sustainable development projects for the benefit of populations in poverty, extreme poverty, or high social risk. Its strategic allies are public institutions, private institutions, international cooperation, and civil society.

At present, ADRA Peru is the implementing entity of the project "WASH Response to COVID -19 in Peru (WCP) located in the Province of Lima, district of San Juan de Lurigancho and the Constitutional Province of Callao, Callao district," which aims to provide humanitarian assistance with a community-focused approach to vulnerable populations affected by COVID-19, in two districts, through water, sanitation and hygiene (WASH) and health interventions. In this scenario, a consultant has been contracted to develop the Project Baseline document according to the indicators, expected results and scheduled activities in the USAID/BHA approved project.

The purpose of this document is to present the Baseline document of that project, which contains introduction and background of the project; methodology; findings; discussion and analysis of results; conclusions and recommendations; and appendices.

1.3. PROJECT DESCRIPTION

The project "WASH Response to COVID -19 in Peru (WCP) located in the Province of Lima, in the district of San Juan de Lurigancho; and in the Constitutional Province of Callao, the district of Callao", it has as its general objective to provide humanitarian assistance with a community approach to vulnerable populations affected by COVID-19 in Peru, through interventions on water, sanitation and hygiene (WASH) and health.

Intervention takes place in two sectors: (a) water, sanitation and hygiene; b) health. Expected results are considered by sector:

- *Sector 1: Water, Sanitation and Hygiene (WASH)*

To strengthen the practice of hygiene behaviors with an emphasis on safeguarding health and preventing the spread of COVID-19 in the target population.

- *Sector 2: Health*

To reduce the spread of COVID-10 through community-based interventions supporting leaders and health workers to improve respiratory and hand hygiene practices.

EACH SECTOR IS ALSO SUBDIVIDED INTO SUBSECTORS (ANNEX 1. LIST OF FIGURES

FIGURE 9). THE PROJECT INTENDS TO IMPACT A TOTAL OF 17,000 DIRECT AND INDIRECT BENEFICIARIES

(

y Table 1), developing a local strategy to reach a low-income population. This strategy seeks to contribute to the efforts of the Peruvian government to contain the spread of COVID-19 in accordance with the Resolution Nacional No. 003-2020-INACAL/DN and the recommendations of cleaning and disinfection of hands and surfaces of the National Institute of Quality (INACAL).⁷ These are project activities:

⁷ *Wash Response To COVID-19 in Peru (WCP), Technical Application, July 2, 2020.*

1. Promoting the most effective hand and respiratory hygiene practices to prevent the spread of the COVID-19.
2. The installation of hand washing stations in public spaces, such as food markets, which attract many of the population.
3. The provision of hygiene products and supplies to facilitate hand washing and respiratory hygiene.

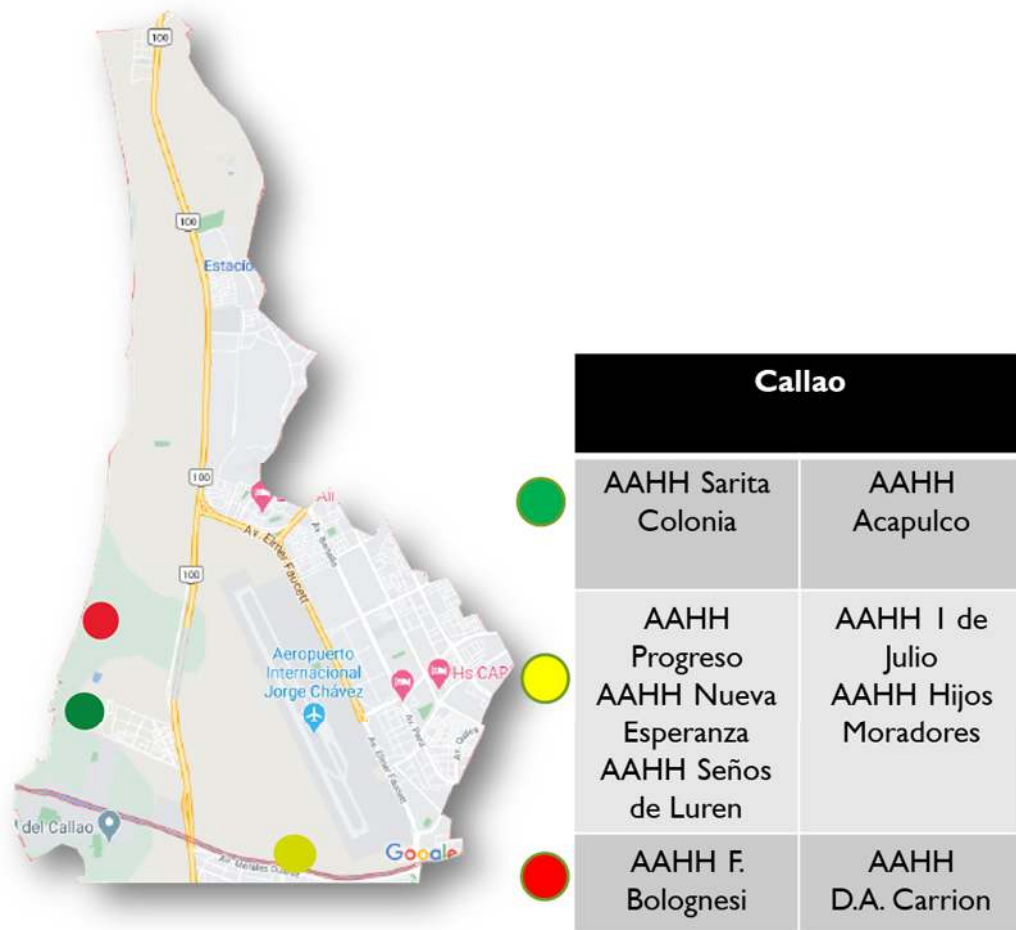
1.4. **STUDY OBJECTIVES**

GENERAL OBJECTIVE

Develop a Baseline of the "Wash Response to COVID-19 in Peru Project", in the districts of San Juan de Lurigancho and Callao, collecting and organizing the information according to the indicators of expected results and programmed activities of the subsectors of the project, approved by USAID / BHA in coordination with the main actors and beneficiaries of the project and the implementing entity ADRA Peru, and present the document duly ordered and edited, which should constitute a project management instrument for monitoring and evaluation, as well as its subsequent systematization and monitoring of obtaining objectives and products.

1.5. **LOCATION OF THE STUDY**

THE BASELINE WAS CONDUCTED IN THE DISTRICT OF SAN JUAN DE LURIGANCHO (FIGURE 11), IN THE CITY OF LIMA METROPOLITANA; AND THE CONSTITUTIONAL PROVINCE OF CALLAO (FIGURE 10. LOCATION OF THE STUDY IN THE CONSTITUTIONAL PROVINCE OF CALLAO



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1.6. RESEARCH TEAM

The Technical Team consisted of 6 individuals: 1 Coordinator of base line study; 1 Logistical support; and 4 Field researchers (Figure 12), with roles and responsibilities clearly defined (**Error! Reference source not found.**).

II. METHODOLOGY

The study used a mixed method approach to effectively triangulate the results, through two research components: the quantitative component, and the qualitative component. In addition, a participatory design is optimized so that the population to be affected by the project is included not only as a source of information but also as an active element of the evaluation. In this way, the participants are seen, not only as passive recipients of the assistance but as active agents in the response,⁸ because of the community approach to project intervention.

Considering the current scenario and the considerations of social isolation established by the State, the following work methods and techniques were estimated for the development of the Baseline (Table 3).

2.1. SAMPLING

For the collection of quantitative information, the sampling was of a simple random type, the sample was distributed proportionally by district (district of San Juan de Lurigancho, and the Constitutional Province of Callao). Information for contact with the population was provided by ADRA. Random selection of respondents was done considering this information. For the collecting of qualitative information, the type of sample was of an intentional type, because of the list of key informants identified by the ADRA technical team.

The universe of the study was the total of direct beneficiaries registered until the beginning of the Baseline study. A total of 6134 beneficiaries; 3,212 beneficiaries in the district of San Juan de Lurigancho and 2,922 beneficiaries in Callao. It should be noted that, although initially 9,000 beneficiaries were considered as the total universe, the size of the sample did not vary significantly. The sample calculation was carried out with a confidence level of 95%, and a margin of error of 7% (Table 4. Sample for baseline study).

The development of the Baseline was carried out through 4 complementary processes with each other, as shown in the following graphic (Figure 13. Processes for baseline), and described below:

2.2. IDENTIFY BASELINE DATA COLLECTION NEEDS

The collection, systematization, and analysis of local and regional secondary information was involved; as well as primary information related to the project indicators and produced in situ by the different actors. During this stage, the project's indicator matrix has been analyzed, designing

⁸ See: *Guide Evaluation of the Humanitarian Action*. ALNAP (2009). <https://www.alnap.org/system/files/content/resource/files/main/es-alnap-eha-guide-2016.pdf>

a matrix of indicators and questions for the evaluation (See Annex 1), the instruments for collecting information in the field have also been developed, and all of them have been reviewed in conjunction with the ADRA team (See Annexes). Technical meetings have also been held to observe the planning of the fieldwork and the execution schedule of the consultancy.

During this time, the beneficiary survey was also piloted, the results of which were shared with the ADRA Peru technical team.

2.3. FIELD RESEARCH

Fieldwork and data collection activities were carried out by qualified personnel with experience in the survey of qualitative and quantitative information. All activities were coordinated with ADRA Peru.

The information gathering was carried out through on-site observation, in-depth interviews, semi-structured interviews, and surveys. For this, the fieldwork included informed consent protocols through which the objective of the Baseline was explained, the anonymity condition of the testimonies, as well as the commitment of confidentiality and non-use of the information except for the purposes of the study.

2.4. SYSTEMATIZATION AND ANALYSIS OF INFORMATION

The ordering and systematization of the data was carried out as requested in the TOR. The final report uses citations in order to present the opinions and experiences of the actors addressed by the study, in their own terms and ways of expressing themselves, if necessary; and collects the observations and suggestions made by the Project team.

2.5. PRESENT AND COMMUNICATE RESULTS

At least one presentation of the results of the study has been planned, to be previously coordinated with the contractor. This will provide information on the main findings according to the sectors and subsectors of the Project, as well as conclusions and recommendations. The final report includes an executive summary of the study carried out.

2.6. Limitations on service development (Table 5. Limitations on service development)

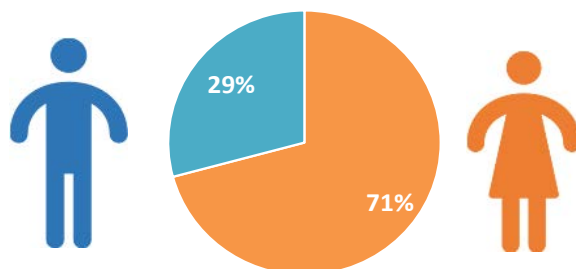
III. FINDINGS, DISCUSSION AND ANALYSIS

3.1. CHARACTERISTICS OF THE TARGET POPULATION

Gender disaggregation

Most of the beneficiaries surveyed in the Constitutional Province of Callao and the district of San Juan de Lurigancho are women (71%, 138 women), compared to 29% of surveyed men (58 men).

FIGURE 1. PERCENTAGE OF TOTAL POPULATION DESEGREGATED BY SEX



This trend can also be seen in each of the intervention zones. In the Constitutional Province of Callao, for every three women interviewed, a male has been interviewed. While in the district of San Juan de Lurigancho the proportion is 2 female for each male interviewed, as can be seen in the following figures:

FIGURE 2. PERCENTAGE OF BENEFICIARY POPULATION BY SEX IN THE CONSTITUTIONAL PROVINCE OF CALLAO



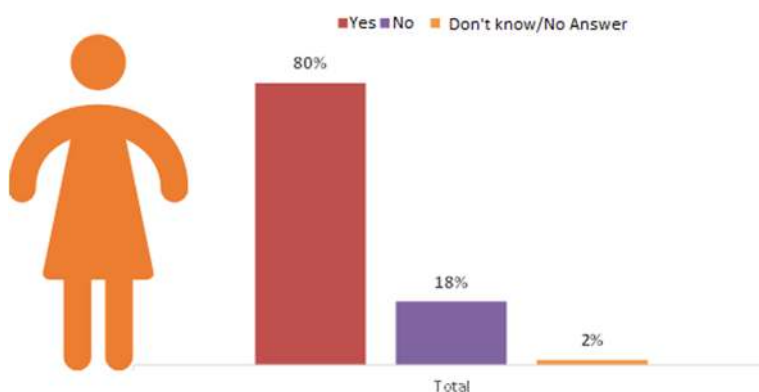
FIGURE 3. PERCENTAGE OF BENEFICIARY POPULATION BY SEX IN SAN JUAN DE LURIGANCHO DISTRICT



Head of household

Most households have a woman as head of household. Of the total number of women interviewed (138 women), 80% claimed to be heads of households (111 women); 18% do not express this condition (25 women); and 2% preferred not to answer or was not able to answer the question (2 women). This detail is relevant because, according to evidence, households that have a woman as head of household are more vulnerable. According to the UNDP, it is necessary to pay special attention to households headed by women, since poverty affects mainly households headed by women. This situation of the disadvantage of women becomes more evident if, also, variables such as residing in a rural area, having a mother tongue other than Spanish, if you are a girl, adolescent or elderly woman, are added, this in many cases triples the national average levels of poverty in Peru⁹.

FIGURE 4. ARE YOU HEAD OF HOME?

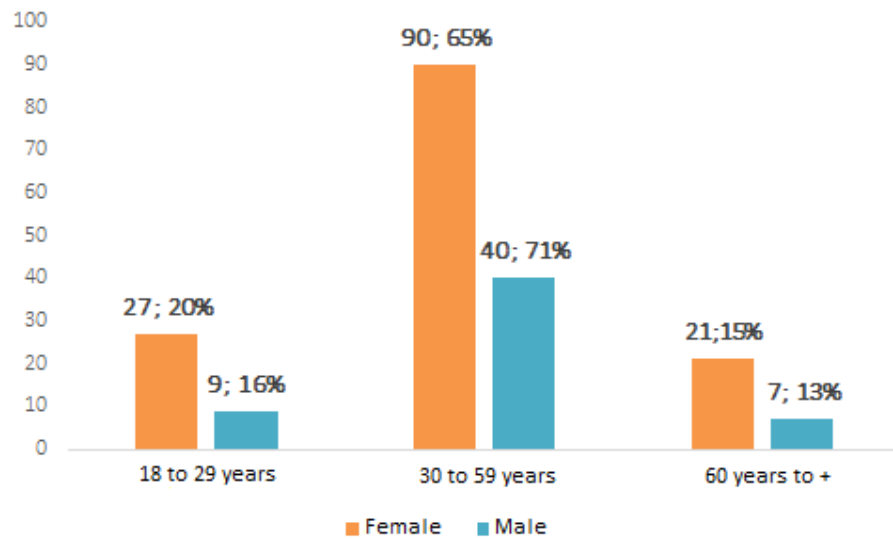


⁹ PNUD (2012). *Estrategia de igualdad de género*, PNUD Perú. August, 2012.

Age of beneficiaries

The highest number of respondents are adults between the age of 30 and 59 (130 beneficiaries); a second group corresponds to a young population between the age of 18 and 29 (36 beneficiaries); while the older adult population would correspond to a third group with only 28 beneficiaries. For all cases, most of the beneficiaries are women. It is also important to mention that at least 91% of the total population (176 beneficiaries) between the ages of 18 and 64 would be of working age, that is, would be able to carry out occupations or productive activities.

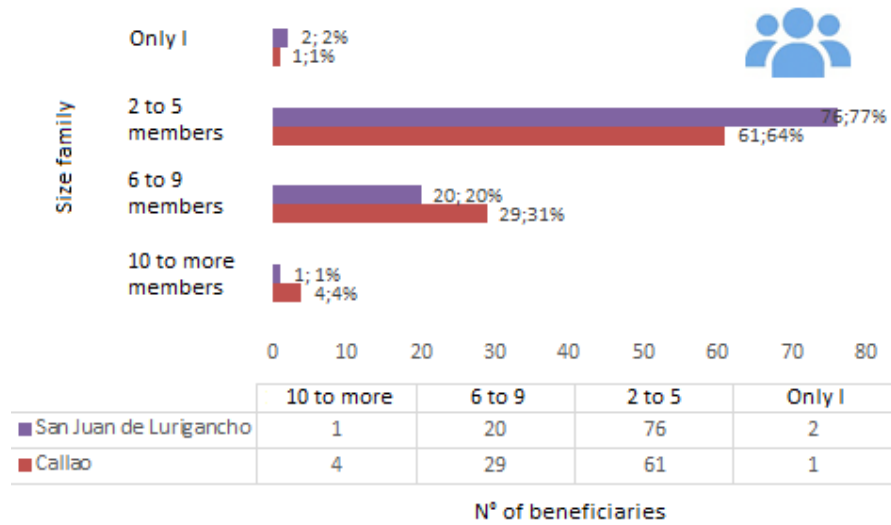
FIGURE 5. AGE OF THE BENEFICIARY POPULATION OF THE PROJECT BY STAGES OF LIFE, TOTAL AND PERCENTAGES



Household size

Since in both districts most households are made up of two to five people, substantial differences are observed in households with more than six people. In the case of Callao, for example, households with more than six people account for 35% of the total beneficiaries, while in the case of San Juan the correspondence is only 21% of the total district. In Callao, there is a higher percentage of households made up of more than six people than in the district of San Juan de Lurigancho.

FIGURE 6. INCLUDING YOURSELF, HOW MANY PEOPLE MAKE UP YOUR HOME? TOTAL AND PERCENTAGE PER DISTRICT



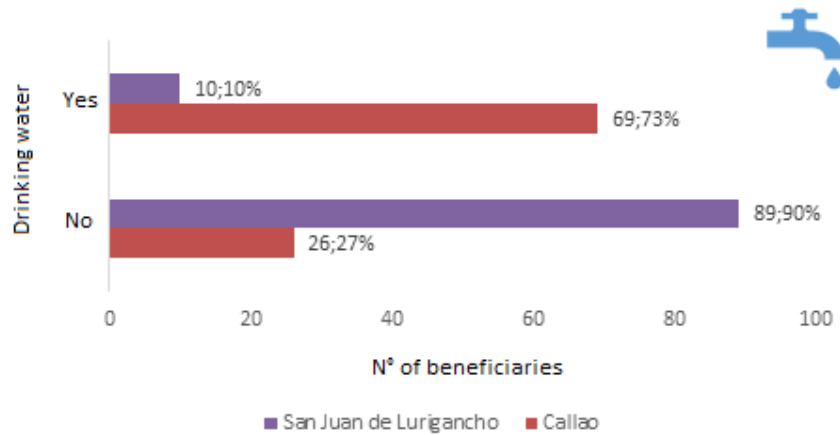
Criteria for inclusion of the project

The baseline measured eight present vulnerability criteria for the inclusion of beneficiaries to the project. These were: a) households that do not have drinking water in home; b) households that could not afford basic services (water, electricity, and telephone) during the last three months; c) older adults; (d) people with disabilities; (e) people with COVID-19 in its family nucleus; (f) people with underlying health problems, having had COVID-19; (g) women heads of household; and (h) victims of abuse or violence.

(a) Households that do not have drinking water in the home, 59% of the total beneficiaries (115 beneficiaries), expressed that they did not have the drinking water service with connection to the interior of the house. Critical factor in the district of San Juan de Lurigancho, where out of 100 %, 90% of beneficiaries (89 beneficiaries) does not have the service. The supply in this case is mainly done through a pylon for public use, and the collection of water through buckets and cylinders for storage and family use. The cost of water ranges between 2 and 4 soles per bucket depending on its size. Some neighbors who have had the possibility of acquiring a Rotoplast water tank, fill the tank through hoses, after coordinating with a neighbor in the lower part of the town who does have water service.

Particularly vulnerable areas are family groups: San Pablo, March 11, Virgen del Carmen, Praderas, Sons of Christ the King, Las Casuarinas de Casa Blanca, Sudario, Sons of the Sun, New Youth, 8 October, La Planicie, Los Angeles de Cantoral, March 28, and Los Jardines de Santa Rosa. Human settlements: February 9, New Progress, Jesus of Nazareth, El Salvador; and various expansions. It should also be noted that of the 10% who stated that drinking water (10 beneficiaries) was available, at least 4 of them expressed that they did not have the service 24 hours a day.

FIGURE 7. DO YOU HAVE DRINKING WATER SERVICE AT HOME? TOTALS AND PERCENTAGE BY DISTRICT?

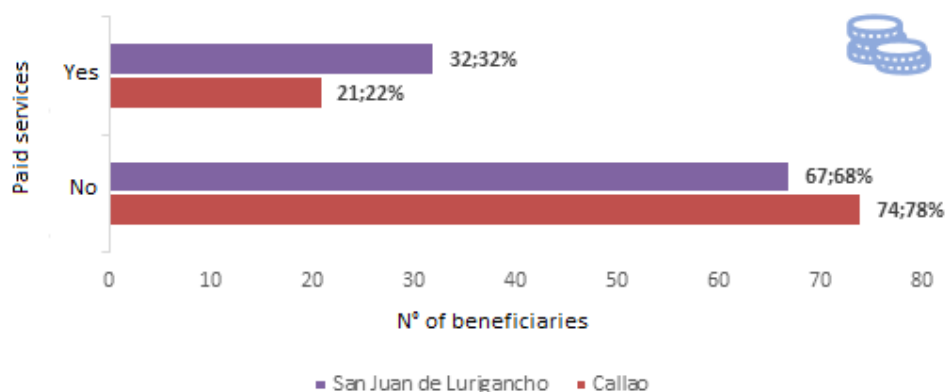


In Callao, on the other hand, 73% of the total beneficiaries expressed having the drinking water service with direct connection to the interior of the house. However, out of the total population that mentioned having the service (69 beneficiaries), 26 of them (27%) mentioned not having the service 24 hours a day every day. District leaders also state that, although they have potable water service connected to the interior of the house, the pressure of the service is not adequate throughout the supply network. Homes with more than one story may lack service on the upper floors.

The 27% of those interviewed in Callao who do not have direct connection of drinking water, are located in particularly vulnerable areas, such as the human settlements Sons of Moradors February 25, Daniel Alcides Carrión, El Progreso, and the Expansion of the Human Settlement Sarita Colonia.

b) Households that were unable to pay for basic services during the past three months, 73% of the interviewed population (141 beneficiaries) said they had had some difficulty or had not paid for household services (water, electricity, and telephone), in the last three months. The main cause of most respondents is due to a lack of employment due to the COVID-19 pandemic. The largest number of beneficiaries who had problems paying for their services were posted in Callao.

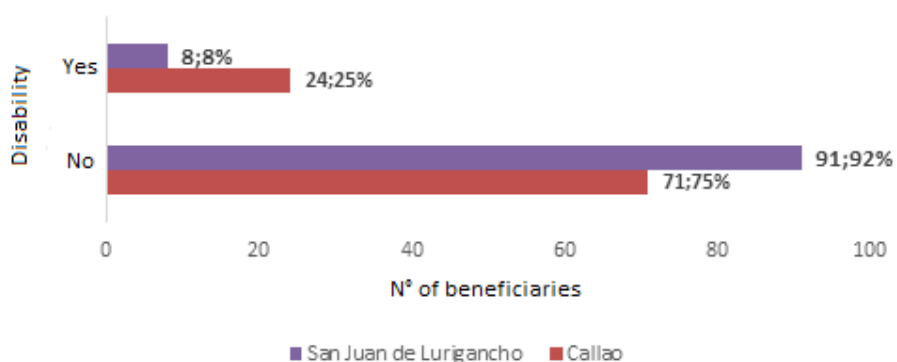
FIGURE 8. WERE YOU ABLE TO PAY FOR ALL THE SERVICES IN YOUR HOUSEHOLD DURING THE LAST THREE MONTHS? TOTALS AND PERCENTAGES PER DISTRICT



c) *Population of adults over 65 years of age and older*, only 8% of the study population (16 beneficiaries) are adults over 65 years of age. Of this total 11 are female and 5 are male.

d) *Persons with disabilities*, 16% of households have a person with mental or physical disabilities (32 households). Older adults who could not fend for themselves, people with difficulty walking, or intellectual disability. Most of the households that house a member of the household with some type of disability were found in Callao (24 registered households), in San Juan only 8 households have a person with some type of mental or physical disability.

FIGURE 1 DO YOU OR ANY HOUSEHOLD MEMBER SUFFER FROM ANY KIND OF MENTAL OR PHYSICAL DISABILITY? TOTAL AND PERCENTAGE BY DISTRICT

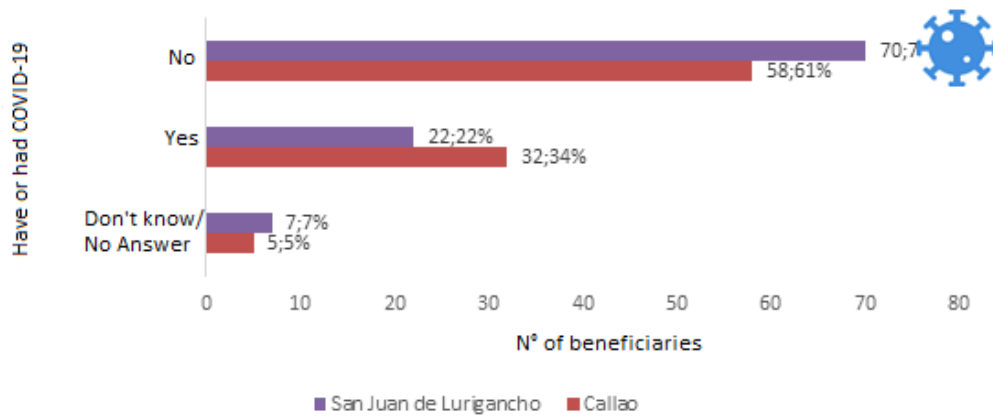


e) *People with COVID-19 and their family nucleus*, in 66% of households no family member has been infected by COVID-19 (128 households). While in 28% of households a family member had had COVID-19 (54 households). Most of the affected households were found in Callao (32 households). In 6% of remaining households (12 households), no contagion information was available. However, respondents expressed that they had had any symptoms of the disease, no tests were taken to confirm the infection, they only self-medicated and treated at home.

About the detection of the disease, there is greater action by the Municipality of Callao, who has made the purchase of rapid tests. In the case of the Municipality of San Juan de Lurigancho, local authority stated that some of the challenges for disease prevention were in the district's low budget to deal with

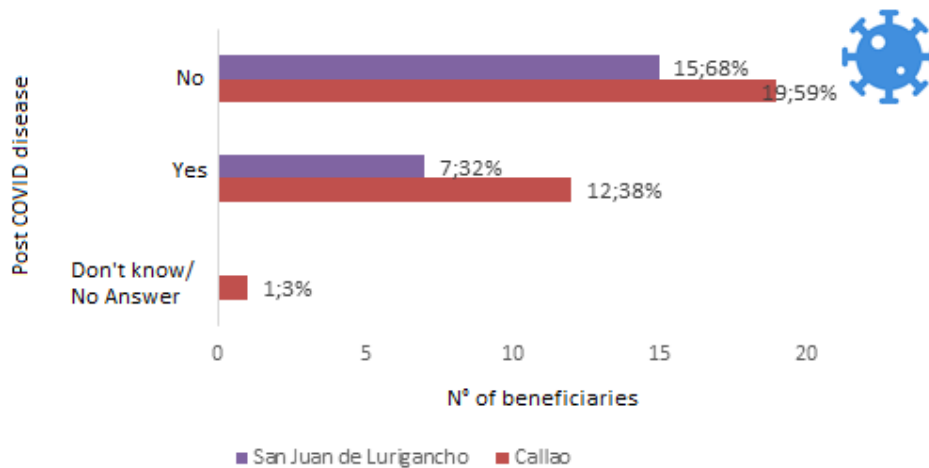
the disease, and limited health infrastructure. San Juan de Lurigancho has been one of the 7 most affected districts by the pandemic in the city of Lima Metropolitana.

FIGURE 2 DO YOU OR ANY HOUSEHOLD MEMBER HAVE OR HAVE YOU HAD COVID-19? TOTAL AND PERCENTAGE BY DISTRICT



(f) People with underlying health problems, after having suffered from COVID-19, of the 54 households where a member of the household had suffered from COVID-19, 35% (19 households) would have a relative with health problems resulting from the disease or its aftermath. Among the underlying symptoms identified would respiratory difficulty and shortness of breath, agitation when walking, and constant back pain. It should be noted that many of the respondents expressed not having attended a health center, have self-medicated and cared for at home, therefore, they do not receive medical follow-up for the aftermath of the disease.

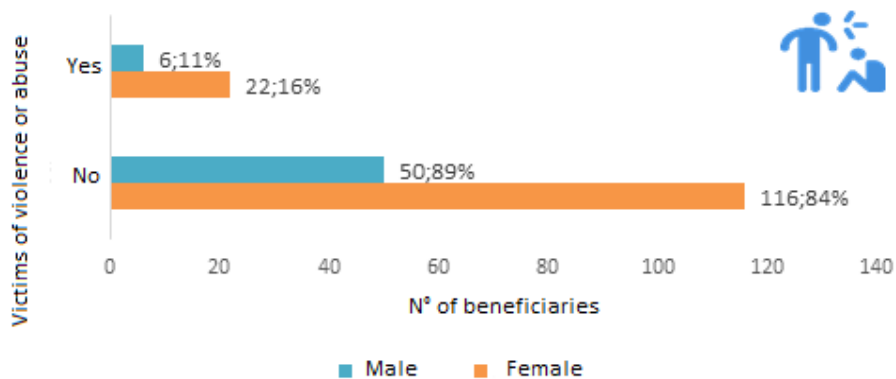
FIGURE 3. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY HAVE ANY SYMPTOMS OR ILLNESSES CAUSED BY COVID-19? TOTAL AND PERCENTAGE BY DISTRICT



(g) **Women heads of household**, of the total number of women surveyed (138 women), 80% said they were heads of households (111 women).

(h) **Victims of abuse or violence**, 14% of all respondents said that a member of their household had been the victim of abuse and/or violence (28 beneficiaries). This question was answered in the affirmative by 22 female and 6 males. Although this issue was not delved into further detail into this issue, some of the respondents reported having suffered domestic violence, assault by their neighbors, and even violence from theft. In one of the cases one of the respondents reported having suffered emotional violence, and being repeatedly insulted by his/her neighbors, for being from a provincial town.

FIGURE 4. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN THE VICTIM OF ABUSE OR VIOLENCE INSIDE OR OUTSIDE YOUR HOME?



3.2. **SECTOR 1. WATER, SANITATION AND HYGIENE**
SUBSECTOR 1. SANITATION

On May 21st, D.S. 011-2020-PRODUCE was promulgated, which approves the "*Guidelines for the Regulation of the Functioning of Supply Markets and Temporary Spaces Enabled for food Trade, within the framework of COVID-19 prevention and containment actions*", which aims to establish measures governing the action of food markets and temporary spaces enabled for food trade, within the framework of COVID-19 prevention and containment. The guidelines are of national scope and application for all entities and all personnel who perform in the operation of the supply markets, and in the temporary spaces located for the food trade, as well as the public who are in charge of making their purchases.

Minimum compliance requirements are then established for the operation of supply markets, such as: the creation of a Sanitary Self-Control Committee; the creation and implementation of a Plan for the surveillance, prevention and control of COVID-19; as well as the elaboration of a register that must record information of all the personnel of the food markets, including mention of any risk condition before COVID-19; among others. Details present in every one of the establishments considered by the project.

However, it was specified that the Committees were not fulfilling the functions assigned to them, according to these guidelines, that was made for the 10 collection centers that would be beneficiaries of the project (Table 6. 10 collection centers that would be beneficiaries of the project).

The Committees are fulfilling their role of disseminating and socializing the guidelines to traders or sellers, suppliers, and all personnel of the food market for the food trade, with the purpose of preventing the spread of COVID-19. However, the "Plan for surveillance, prevention and control of COVID 19" is not working at its required minimum 100%:

- **Regarding the minimum distance and the capacity of people:** It is observed that the distance between people is not always enforced, not less than 1 m. In addition, although entry and exit gates have been defined according of allowed capacity, in practice the entry and exit protocols at each gate are not always respected. The hiring of security personnel in charge of the doors is an expense that, although the establishments are assuming, it is not possible to do it for each of the entrance doors. It should be noted that the current capacity according to representatives of the supply centers is about 40% and 50% of the capacity in a situation prior to COVID-19.
- **Regarding cleaning and disinfection;** not all establishments have hand-washing stations at each entrance door. For this study, the spaces intended and suitable for this purpose are considered as handwashing stations, whether permanent and/or portable that have the indispensable factors for this task: a container with water, and soap. It is observed that not all stations, when they exist, are operating at their expected optimum. As it can be seen in the following table, it is possible that almost all hand washing stations need to be rehabilitated, and / or improved. In the Reynoso market in Callao, it was even observed that there were no hand washing stations at the entrance of the establishments (Table 7. Characteristics of hand washing stations) (**Error! Reference source not found.**, Photo 2, Photo 3, Photo 4, Photo 5, Photo 6, Photo 7, Photo 8).

It is also added that during the observation it was verified that not all the stations had, as required, a water, soap, and paper towel dispenser. And when they did, it was not always stocked, as can be seen in the following table (Table 8. Maintenance of hand washing stations).

SUBSECTOR 2. WASH NFIS

Poor hygiene is a major factor in the spread of infectious diseases. According to the evidence, COVID-19 spreads through respiratory secretions; therefore, hand hygiene is a central element to prevent its spread. Considering this, the baseline includes three factors allied and complementary¹⁰ to each other, these are the existence of facilities for the water supply, the provision of water, and the coexistence of soap for hand washing. In addition, at the request of ADRA, information is collected on the delivery of NFIs kits during 2020.

- **Analysis of allied factors for hand washing**

Surveys of direct project beneficiaries and local health managers generally show that in both districts there are homes with precarious water supply facilities, there are limitations on access to water, and it is not always possible for families to have hand-washing soap.

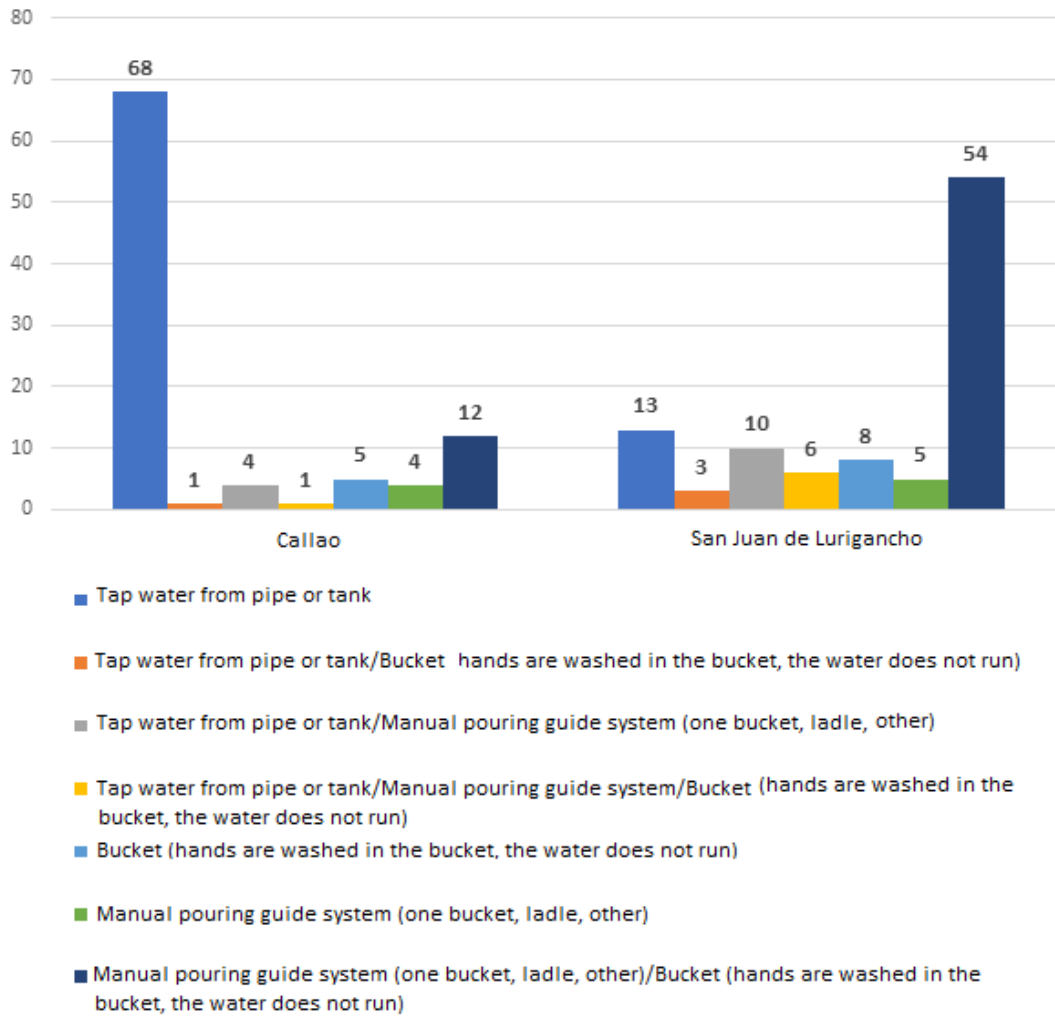
Home hand washing facilities, as can be seen in the following graphic (Figure 5) more than 50% of the beneficiary population of the project does not have optimal facilities for hand washing with soap and water. This is particularly evident in the upper parts of the district of San Juan de Lurigancho, where the houses do not have water and drainage services such as the Agrupación Familiar 25 de Marzo, and Virgen del Carmen, to name a few.

The facilities for water supply and hand washing are not safe, in addition, its use depends on the possibility of getting water and being able to pay for it. The population surveyed performs hand washing predominantly through two types of facilities: in the first the hand washing is done with the use of a bucket, a ladle, an empty container or any other bowl to collect water and pour it over the hands in order to perform the washing; in the second hand washing is done in a bucket, the hands are washed in the water of the bucket, the water does not run, and is likely to be used again for this purpose.

Only 81 of the beneficiaries in Callao and San Juan expressed that they have a supply of water and washed their hands only through running water from pipes or tanks. However, it is observed that even in some homes where the interviewees mentioned providing water through running water or tanks, they also mentioned that this is not the only facility used inside the home for hand washing.

¹⁰ *The Standards Sphere and the Response to the COVID-19* (Sphere, 2020)

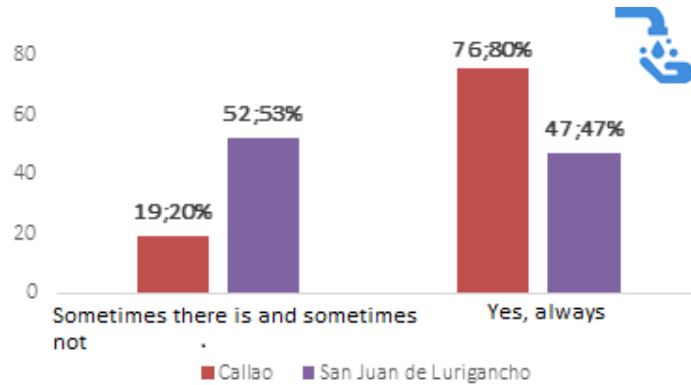
FIGURE 5. FACILITIES FOR WATER SUPPLY AND HAND WASHING INSIDE THE HOME



Households do not have enough water to wash their hands, out of 100%, 37% respondents said that they do not always have water to wash their hands, dramatic result in the district of San Juan, where 52 of the 99 respondents considered that sometimes there is, and sometimes there is not enough water to perform this practice. Particularly serious situation is evident in the upper areas of the district where there is no water or drainage. The water supply is made through tanker trucks, or hoses (depending on the possibility and distance).

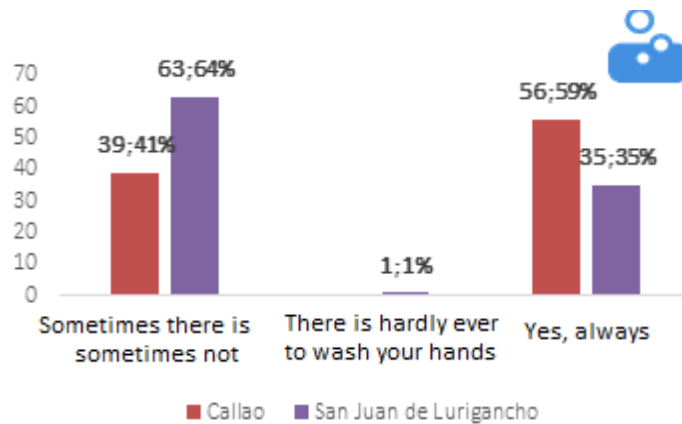
The opposite situation is observed in Callao where 76 of the 95 respondents expressed that they always had water to wash their hands, the rest of the respondents who stated that sometimes there is, and sometimes there is no water to wash their hands are from the shanty towns Daniel Alcides Carrión, Sarita Colonia, Hijos Moradores 25 de Febrero, and El Progreso, to name a few. In these areas the water supply is done through a public pylon.

FIGURE 6. IN YOUR HOME, IS THERE ENOUGH WATER TO WASH YOUR HANDS? TOTALS AND PERCENTAGES PER DISTRICT



Households do not have enough soap to wash their hands at home, more than 50% of respondents expressed that sometimes they had and sometimes did not have enough soap to wash their hands; while one of the express interviewees almost never counts on soap. One of the main causes should be expressed the lack of economic income, a situation that would have been aggravated by the pandemic.

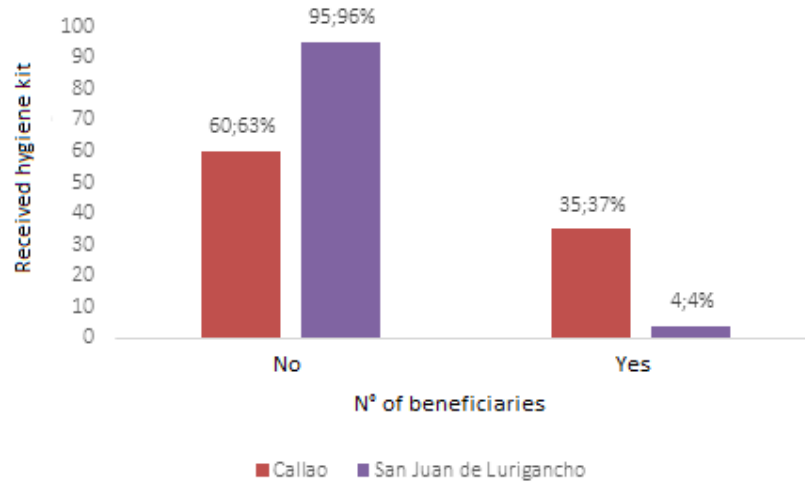
FIGURE 7. IN YOUR HOME, IS THERE ENOUGH SOAP TO WASH YOUR HANDS? TOTALS AND PERCENTAGES BY DISTRICTS



- **Delivery of NFI Hygiene Kits in 2020 for COVID-19 prevention**

In 80% of respondents had not received any hygiene kits for the prevention of COVID-19 during 2020. Meanwhile, 20% responded positively to this question and stated that the Kits were delivered by institutions such as: the Regional Government, the local municipality, and some parishes/churches. In all cases the delivery was accompanied by a few small talks with training on health care for the prevention of COVID-19.

FIGURE 8 HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVED A COVID-19 PREVENTION KIT DURING THE YEAR? TOTALS AND PERCENTAGES PER DISTRICT



When this same consultation was carried out with local health managers, out of 10, 3 respondents expressed having received hygiene kits for the care and prevention against COVID-19. Two had received the hygiene kits through local churches, because they are families in a vulnerable situation, and one of them stated that he had received them from MINSa and the local Municipality in Callao.

3.3. SECTOR 2. HEALTH

SUBSECTOR 1. INTERNATIONAL PUBLIC HEALTH EMERGENCIES AND PANDEMICS

This chapter presents information on the situation of community health agents; and information related to the total number of beneficiaries who remember, know about, and / or have received information on COVID-19 prevention.

- **Community Health Agents:**

For this baseline, 10 community health workers were interviewed, all of them volunteers for the project. Important differences were found between community agents in the district of San Juan de Lurigancho, and those of Callao. These differences lie on that all community agents in San Juan district are or have been community health workers formed by MINSa, in these cases there is an explicit interest in investigating the issue to be more informed. On the other hand, community health workers, Callao volunteers, have not been previously and explicitly trained in the prevention of COVID-19. The following are the main results of the survey:

Nine of the community health workers are Peruvian, and one is Bolivian. The average age of the group is 40, with community agents very young (20), and others at the age limit to be considered vulnerable (62). Nine of the respondents are female and only one is male. Regarding the position of community health manager, all the managers of San Juan de Lurigancho affirmed that they are currently holding this position in their district, regarding the time they have been carrying out this function, it ranges from two months to four and a half years. In Callao, on the other hand, none of the interviewees holds the official position of community health agents, four of the interviewees mentioned not exercising the

position, while one of them preferred not to comment on the matter, because she was not sure if the work she had been carrying out implied be a community health agent.

When asking the group if they had received any training on the prevention of COVID-19, four of them, in the district of San Juan, stated that they had indeed received training on the subject. However, of this total only three had completed the training process. The manager who did not complete the training process expressed that she perceived that the information provided had not been sufficient and did not feel fully trained. Regarding what to value most of the training received, they stated that:

- *I learned how to take care of myself and my family to prevent COVID-19.*
- *To identify symptoms a person may have with COVID-19, and care for people with disabilities.*
- *Received information about social distancing, hand washing, use of masks, disinfecting things when leaving and entering the house.*
- *I learned the right handwashing to prevent COVID-19, parasites and other diseases like conjunctivitis.*
- *The importance of hand washing, cleaning and not touching surfaces on public transport and if it is the case, washing your hands then to prevent disease.*

Details on whether they replicated the knowledge acquired, and trained other people on what they learned, was mentioned only by three of the community agents who had been trained. The training would have been provided in one of the cases to people from their community and / or the neighborhood; a second case to older adults and people with severe disabilities (use of wheelchairs, blind people, older adults with difficulty to move around, and bedridden patients), and a third case to children through Whats App, in health patrols promoted by a local church.

All received information regarding some of the protection measures for the prevention of COVID-19: use of masks (10 managers); social distancing (9); respiratory hygiene such as covering the mouth and nose when sneezing (8); hand washing and signs and symptoms of COVID-19 (6 managers for each preventive practice); and when to seek medical attention (4 managers). Regarding the channels through which the information was received, they primarily identified television (9 managers) through newscasts and the presidential message; social networks like Facebook; and others such as educational institutions, NGOs such as ADRA during the presentation of the project; and ministries such as the Ministry of Women and Vulnerable Populations (MIMP), the Ministry of Economy and Finance (MEF), the Ministry of Health (MINSa), and the Ministry of Development and Social Inclusion (MIDIS), identified by one of the managers through the Amachay Program, which has been serving older adults in conjunction with the district municipalities.

Considering that several community managers also exercise some form of leadership in the locations where they perform, or will perform their duties in the case of Callao's voluntary community workers, they were consulted on why some of the locals do not practice protective measures to prevent COVID-19, with the following answers received :

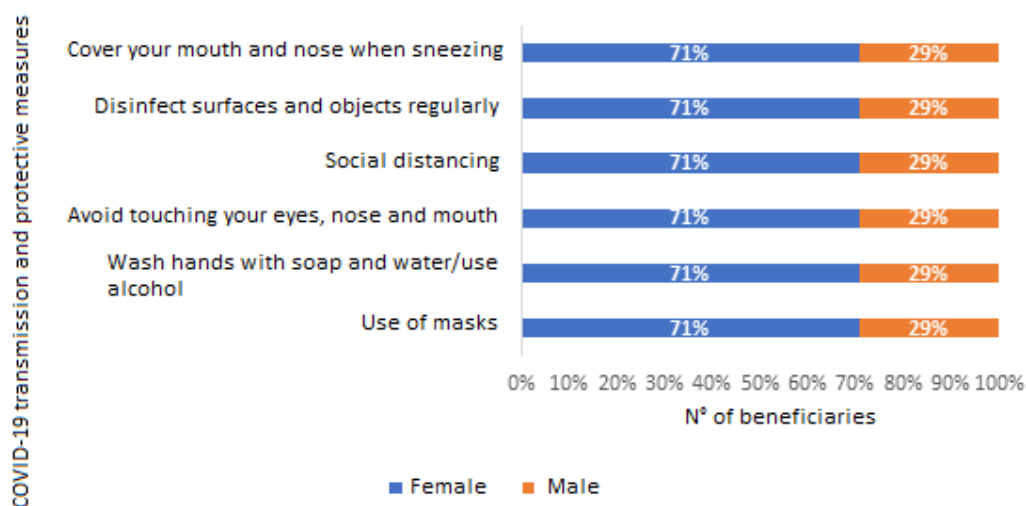
- *Young people by age think it's not going to affect them; people aren't taken care of.*
- *Lack of knowledge, and the economic situation*
- *Currently the inhabitants are no longer cared for as before they gave it more importance, the population is not well informed, no longer much fear of contagion, protocols are no longer performed, masks are no longer used.*
- *So far, the villagers do not become aware, they think it is a lie because they do not have a close relative who has become ill.*

- Lack of responsibility for their own body, also for the economy there is a lot of need in the area, lack of awareness of the population, they think it is a game.
- Irresponsibility, do not give importance to COVID-19, more knowledge is needed about the correct washing of hands and the correct use of the mask that should cover the nose and mouth
- Because people are irresponsible, lack of economy to buy a mask and soap, street vendors do not respect social distancing.
- Everyone knows why they report through various means, everyone has information, but people think they will not get the disease; they resent having the mask.
- People are irresponsible, lack of education, young people are on the corners.

- **Information on the total number of beneficiaries surveyed:**

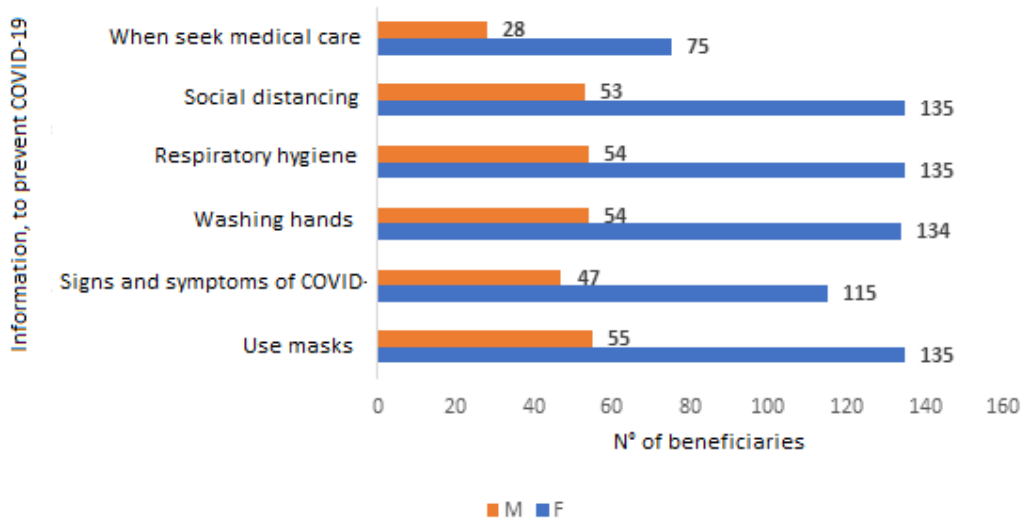
Regarding the protection measures that the total of respondents considered important for the prevention of COVID 19, as defined in the indicator, it is noted that all respondents were able to identify the 6 protective measures considered in the project, either by an immediate memory or with any question regarding a particular situation, for example, when you arrive from the street home what you *should do/or do to prevent COVID-19*. This situation is consistent with the question of whether beneficiaries received information regarding COVID-19 prevention, which is discussed lines below.

FIGURE 9. TOTAL PERCENTAGE OF MALES AND WOMEN WHO REMEMBER TWO OR MORE PROTECTIVE MEASURES



The total number of respondents who reported receiving information on COVID-19 prevention, It can be seen in the following graph that in general all respondents expressed having received information on practices for the prevention of COVID-19, explicitly, through some communication channel. Information on the use of masks, respiratory hygiene, hand washing, and social distancing was recognized by 190, 189, and 188 respondents for the last two cases, respectively. Information that not all received was related to the signs and symptoms of COVID-19 (162); and information on when to seek medical attention (103 respondents). However, it is important to point out that, although the vast majority of respondent's mention having received information, it was not necessarily well understood, and they ask to be better informed. Respondents have a general idea about COVID-19 prevention practices, but not necessarily about the reason for these actions.

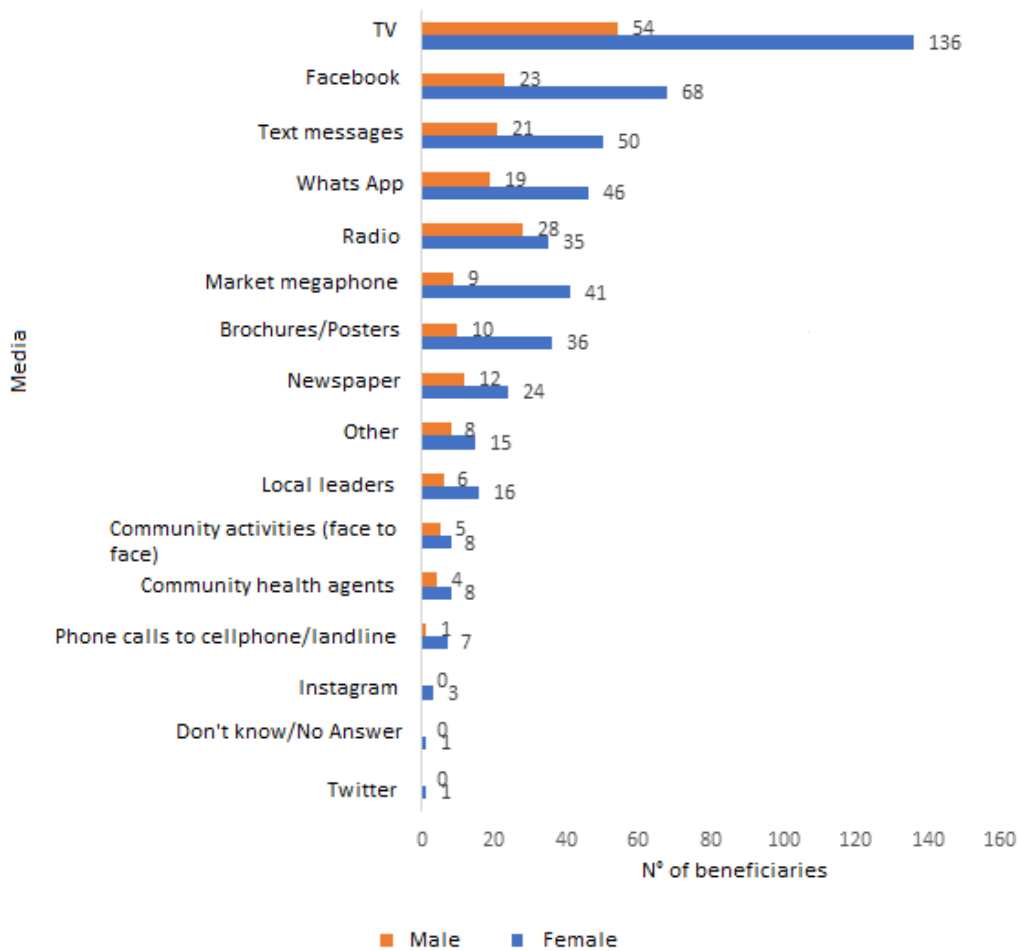
FIGURE 10. TOTAL NUMBER OF RESPONDENTS WHO RECEIVED INFORMATION ON COVID-19 PREVENTION PRACTICES



It should be noted that, while the recall and information rates are high with respect to measures to prevent COVID-19, this is not consistent with the actual practice of these protective measures. That is, many of the interviewees can identify protective measures, but do not necessarily understand the impact or implications of implementing them for their health and the health of their household members. During the monitoring phase you could perhaps go into detail into other types of questions to track and evaluate this scenario. A situation that is evident in asking volunteer health workers about whether everyone in their locality practiced COVID-19 prevention measures and the reasons why this situation was caused.

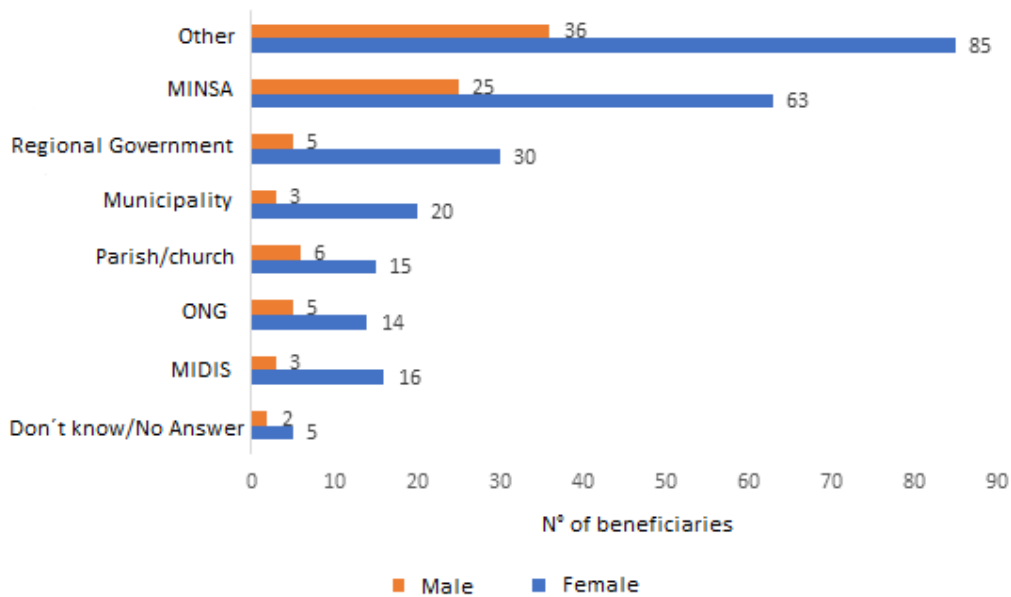
With regard to the communication channels through which the total number of respondents received information on COVID-19 protection measures, respondents stated that they had received information on COVID-19 prevention first through television (190); Facebook (91); text messages (71); Whats App (65); radio (63); megaphone (50); brochures and posters of various institutions (46); the newspaper (36); through local leaders (22); through face-to-face community activities (13); through community health workers (12); through phone calls to cell phone and/or landline (8); and social networks such as Twitter and Instagram (1 for each). In the other section (22 respondents), some noted that they used the Internet to search for information on their own, that they received information through their children's school virtual classes and/or the "I learn at home" program, through neighbors and/or family members, through advertising they can hear on public transport, among others (see figure 12).

FIGURE 11. CHANNELS THROUGH WHICH TOTAL RESPONDENTS RECEIVED INFORMATION ABOUT COVID-19 PREVENTION



On who provided information for the prevention of COVID-19 to the total of respondents, When asking the question about who provided them with information on the prevention of COVID-19, most of the interviewees (121) answered that the information was provided to a greater extent through the news of television channels such as América Televisión, Frequency Latina, ATV, Panamericana Televisión, RPP Noticias, and the presidential speeches, given by President Martín Vizcarra. In addition, in this category they also included MINEDU through the "I learn at home" program, educational institutions, and teachers who interact with their children. Other categories mentioned in the "others" section were the Internet, residents and local leaders, and institutions such as the General Volunteer Fire Department, youth centers, markets and *community canteens*, to name a few. In addition, as can be seen in the following graph, information was received from MINSAs (88 respondents); the Regional Government (35); the Municipality (23); parishes / churches (21); NGOs and MIDIS, 19 respondents respectively; and only 7 of the interviewees chose not to answer this question.

FIGURE 12. WHO PROVIDED YOU WITH THIS INFORMATION?



It is worth noting the work that MINSA has been doing in conjunction with promoters for health surveillance. Establishments have started working with local leaders. Similar work had been developed from municipalities to monitor iron consumption in early childhood. However, since February the Municipality of San Juan has stopped handing over incentives to local leaders and promoters, it has not been making payments on a regular basis. In the case of the Municipality of Callao it is observed according to interviews conducted that there has been some rapprochement with local leaders; however, it has not been strengthened during the pandemic.

IV. KEY FINDINGS AND RECOMMENDATIONS

The main finding of the baseline study is stated below:

- It is noted that the target population in Callao and especially in San Juan de Lurigancho are vulnerable groups, many families with low incomes, and others with no economic income. Handwashing and COVID-19 prevention may not be a priority right now for them, given the concern to provide themselves with food and income.
- The random sample determined a majority number of women in the study (71%). The main cause is that there are more women registered in the list of beneficiaries. Of the total of women included in the sample, at least 80% of women stated that they were heads of household. According to interviews conducted, there are many single mothers in vulnerable situations.
- In general, in both districts there are homes with precarious water supply facilities, and there are limitations on access to water. 59% of respondents do not have a water connection in their home.
- The 73% of respondents have been unable to pay for their basic services (water, electricity, and telephone), in the last 3 months.
- In 16% of the households there is a family member who suffers from a mental and / or physical disability. During the pandemic, several of them would have been neglected.

- In 66% of the households no family member suffered from COVID-19. In contrast, there is a 34% of households where a member has suffered from COVID-19, 35% said that there are people with underlying health conditions, and they are not receiving medical care in all cases.
- 37% of the total respondents said they do not always have water to wash their hands, a dramatic result in the district of San Juan, where out of 99 respondents, 52 considered that sometimes there is, and sometimes there is not enough water to perform this practice.
- More than 50% of respondents expressed that they sometimes had and sometimes did not have enough soap to wash their hands, even one of the respondents manifested that he hardly ever had soap to wash his hands.
- 80% of respondents had not received any hygiene kits for the prevention of COVID 19 during 2020. Meanwhile, 20% responded positively to this question.
- The average age of community agents identified for the project is 40, with very young community agents (20), and others at the age limit to be considered vulnerable (62).
- Although the percentages of recall and information are high regarding the measures to prevent COVID-19, this is not consistent with the actual practice of these protection measures. Many of those interviewed can identify protective measures, but do not necessarily understand the impact on their health and the health of members of their household.
- Problems of representation of leaders are perceived. Residents do not feel fully represented, especially in Callao, and could be skeptical and distrustful of the intervention.
- Supply markets are not be complying with the minimum number of actions required for their operation. Not every market has a hand washing station. And if they do, they are not working at 100%, and / or they lack water, soap or paper towels.

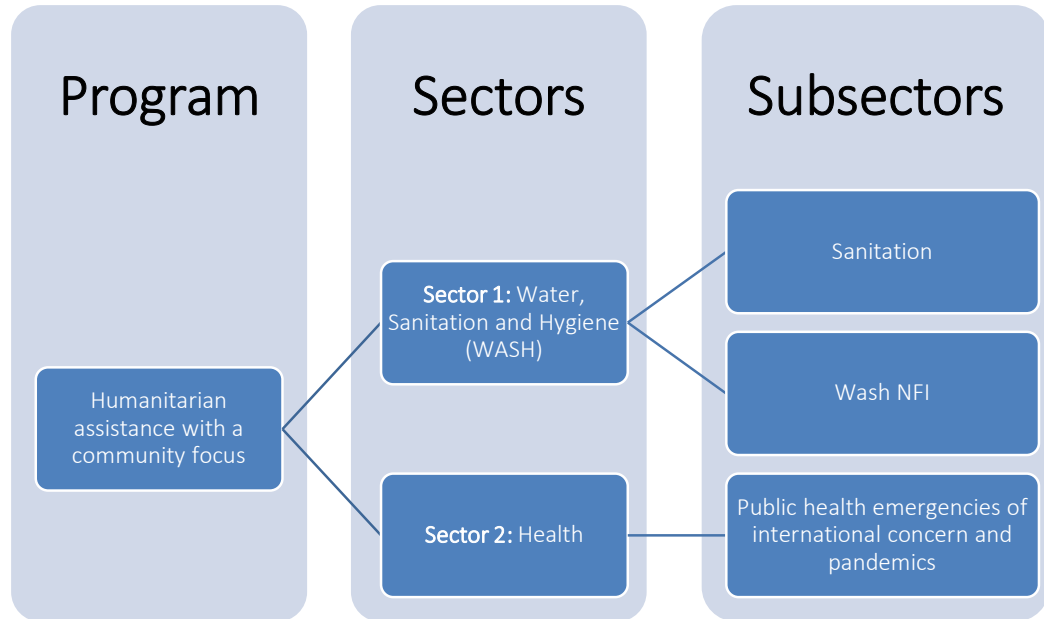
Recommendations for project implementation are:

- Review, improve and update of beneficiaries list.
- Build joint intervention partnerships with other public and private institutions to provide families with care combos, such as health, food, and information, could be a possibility.
- Carry out the distribution of hygiene kits directly to beneficiaries according to the registry, at home and directly with ADRA personnel.
- Observe the possibility of providing hoses to some high areas of the San Juan de Lurigancho district, to facilitate the collection and water transfer. This will help to ensure that the buckets that will be delivered by the project are always supplied with water.
- Form the group of community health agents only with lower risk to COVID-19 people. In order to not expose vulnerable groups to situations of risk and contagion.
- Strengthen communication channels in a creative way during the training stage, since neither all beneficiaries are at the same level of knowledge regarding the prevention of COVID-19, nor do they have a cell phone, internet access and data.
- Strengthen the Health Self-Control Committees in supply markets to make the implementation of training actions and the operation of handwashing stations sustainable.

V. ANNEXES

ANNEX 1. LIST OF FIGURES

FIGURE 9. PROJECT SECTORS AND SUBSECTORS



SOURCE: OWN ELABORATION.

FIGURE 10. LOCATION OF THE STUDY IN THE CONSTITUTIONAL PROVINCE OF CALLAO

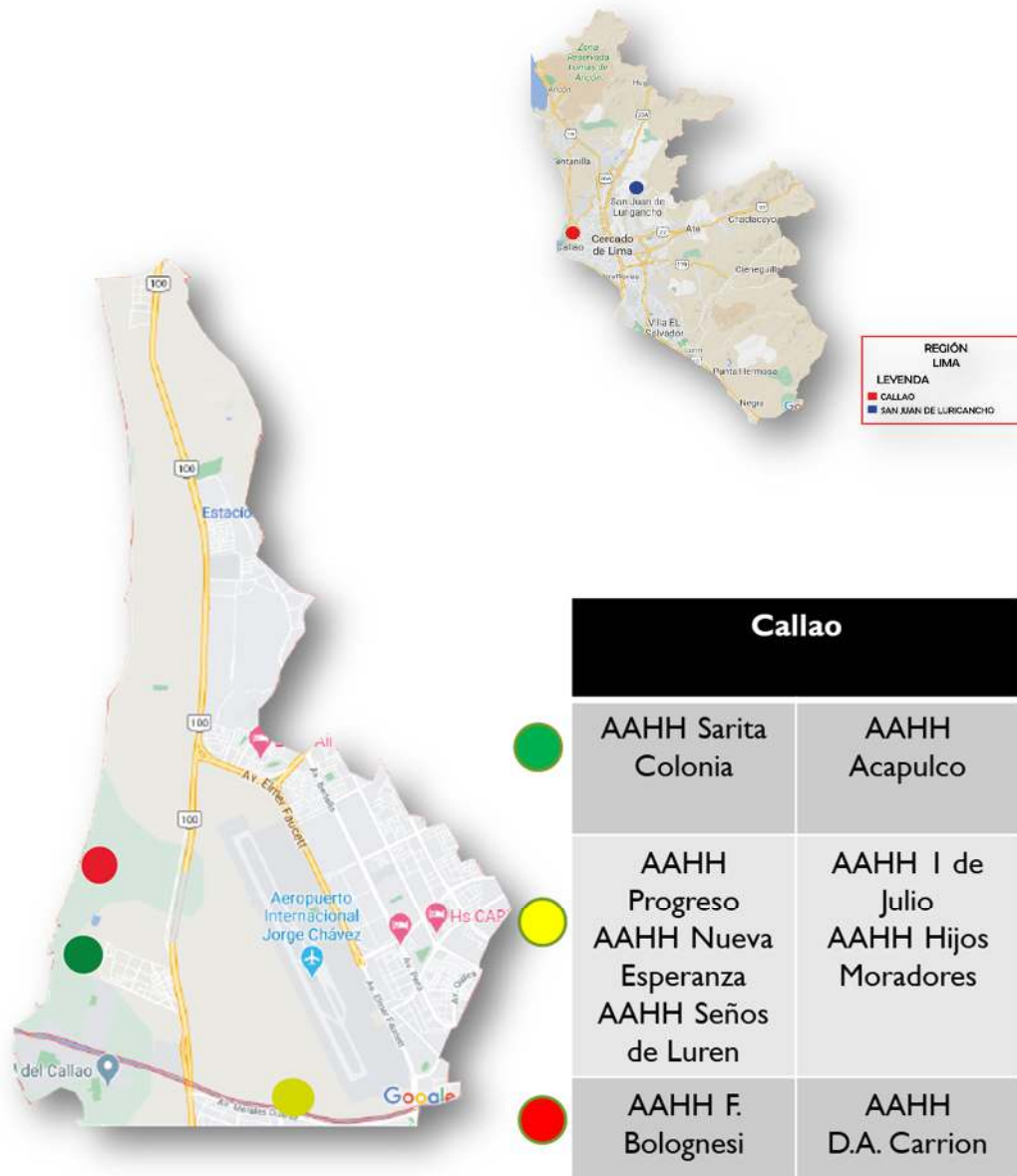


FIGURE 11. LOCATION OF THE STUDY IN THE DISTRICT OF SAN JUAN DE LURIGANCHO

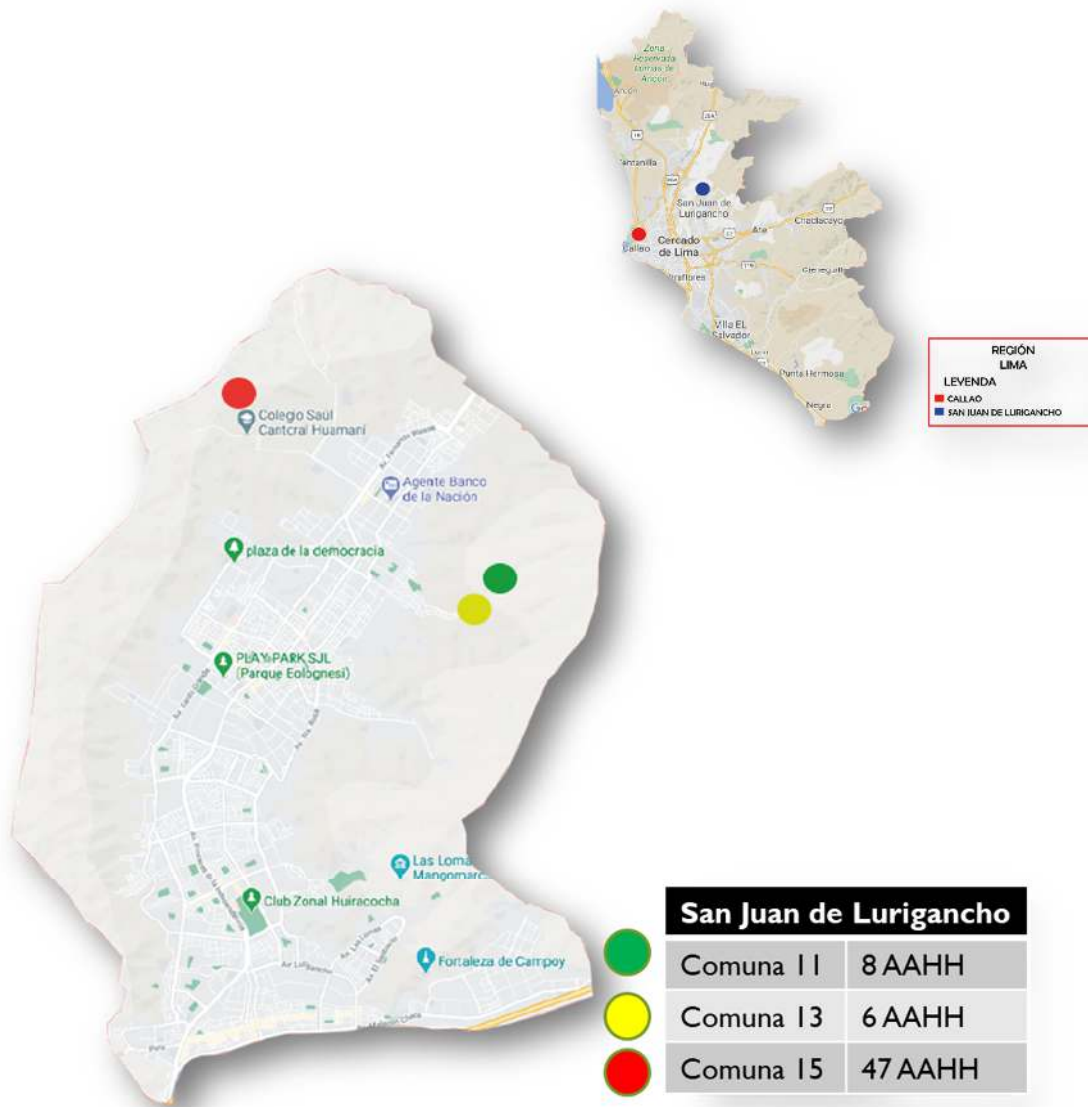


FIGURE 12. TECHNICAL TEAM OF THE BASELINE

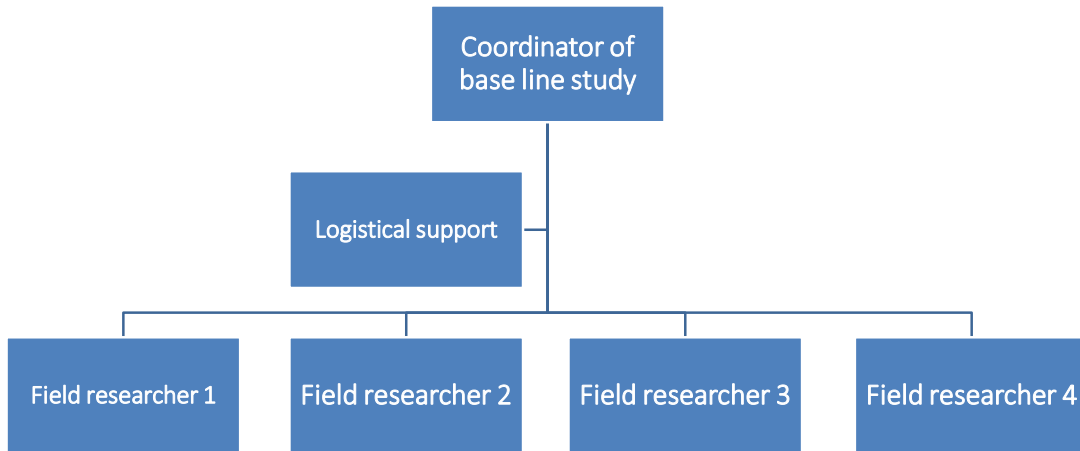
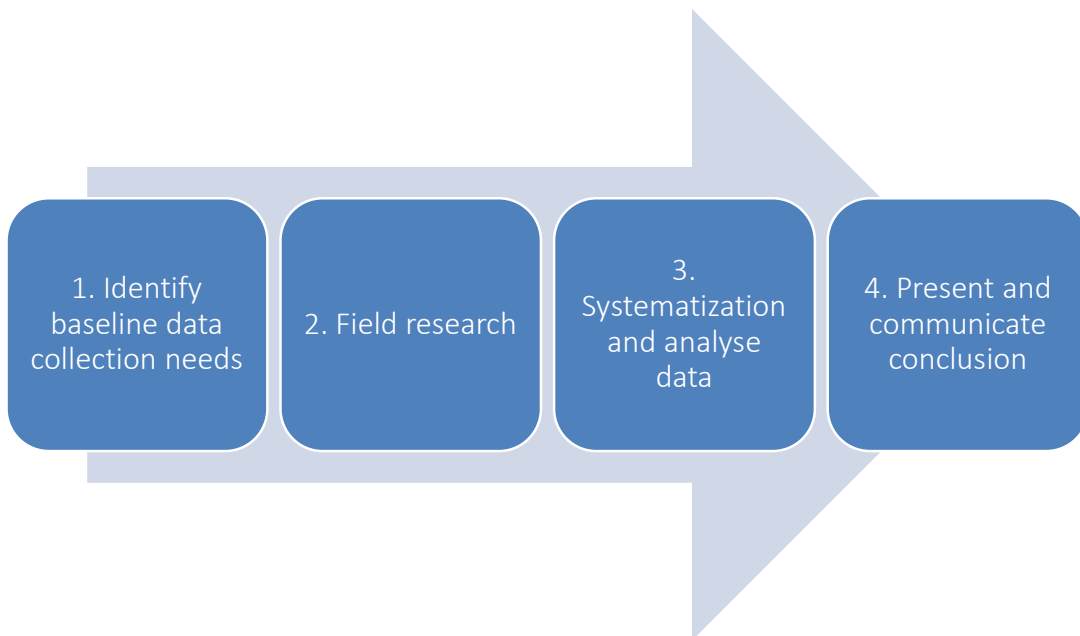


FIGURE 13. PROCESSES FOR BASELINE



ANNEX 2. LIST TABLE

TABLE 1. DIRECT AND INDIRECT POPULATION BENEFITING FROM THE PROJECT, SECTOR 1: WATER, SANITATION AND HYGIENE

Subsectors	Target population	Total of beneficiaries	Sex		Age		
			Men	Women	Children (0-14)	Adult (15-64)	Elderly (>65)
WASH NFIs	Vulnerable households within human settlements	9,000	4,451	4,550	1,881	6,372	747
Sanitation	Residents of the area who use handwashing stations	5,000	2,473	2,528	1,045	1,045	415
Total:		14,000	6,923	7,077	2,926	2,926	1,162

TABLE 1. DIRECT AND INDIRECT POPULATION BENEFITING FROM THE PROJECT, SECTOR 2: HEALTH

Subsectors	Target population	Total of beneficiaries	Sex		Age		
			Men	Women	Children (0-14)	Adult (15-64)	Elderly (>65)
Direct beneficiaries	Households vulnerable within low-income neighborhoods objection	9,000 (100% superposition with WASHNFI)	4,451	4,550	1,881	6,372	747
Direct beneficiaries	Community workers in low-income neighborhoods	300	90	210	0	300	0
Indirect beneficiaries	Residents of the area used by the handwashing stations	2,700	1,335	1,365	564	1,912	224
Total:		12,000	5,876	6,125	2,445	8,584	971

TABLE 2. ROLES AND RESPONSIBILITIES OF THE TECHNICAL TEAM

Personal	Functions
Coordinator of base line study	<ul style="list-style-type: none"> • Coordination of the team. • Organizational and communication link function. • Properly plan and organize the tasks that the consulting team will perform. • Identification, review, and analysis of secondary information. • Drafting of preliminary and final report. • Attend coordination meetings. • Presentation of findings and results.
Support staff for data collection in the field	<ul style="list-style-type: none"> • Fieldwork as scheduled. • Apply instruments and protocols to carry out fieldwork. • Participate in the systematization of the information collected in the field. • Participate in the emptying of quantitative information. • Contribute in the argument on the findings found during fieldwork.

TABLE 3. METHODS AND TECHNIQUES FOR COLLECTING INFORMATION

Methods and techniques for collecting information		Actions to be considered
Documentation	Documentation review	<ul style="list-style-type: none"> • Complete project review. • Review of municipal management tools of the districts included in the project. • Review of general conceptual frameworks (livelihood frameworks for humanitarian emergencies); sectoral standards and guidelines of humanitarian action agencies (Sphere Standards, Core Humanitarian Standards); among others, to add specificity and detail in the development of Baseline instruments.
Interviews	Individual interviews	<ul style="list-style-type: none"> • Design of interview guides. • Identification of key informants. • Conducting interviews with: <ul style="list-style-type: none"> • ADRA team and technical staff. • Officials of the Municipalities of San Juan de Lurigancho and the Provincial Municipality of Callao. • Local and/or community leaders.
Semi-structured interviews	Semi-structured surveys	<ul style="list-style-type: none"> • Design of interview guides. • Application to Community Health Managers.
Numerical data analysis	Beneficiary surveys	<ul style="list-style-type: none"> • Survey design according to the project indicator matrix, to beneficiaries. • Pilot for the evaluation of the instruments to be applied during field work (survey of beneficiaries). • Compilation of surveys via telephone regarding the needs and satisfaction of the WASH NFIs, using an online application to collect the information.
	Checklists and observation	<ul style="list-style-type: none"> • Checklist design. • Application of on-site observation checklists in 10 stock markets.
Observation	Direct observation	<ul style="list-style-type: none"> • For obtaining primary data, supported by photographic registration, whenever possible, to affirm the key messages to be collected during the study. <ul style="list-style-type: none"> • Application of checklists for the evaluation of hand washing stations.

TABLE 4. SAMPLE FOR BASELINE STUDY

District	Beneficiaries registered	Sample distribution		
		Show by district	No answer (+10%)	Total
San Juan de Miraflores	3212	99	11	110
Callao	2922	91	11	102
Total	6134	190	22	212

TABLE 5. LIMITATIONS ON SERVICE DEVELOPMENT

Situation	Impact on job development
Late identification of the beneficiary population of the project	The total number of beneficiaries was not available at the beginning of the service, which significantly delayed the identification of the sample for the development of the baseline.
Outdated and non-neat beneficiary lists or registers	Delivered pads presented errors or gaps in beneficiary data, such as names and telephones.
Displacement of beneficiaries as a result of the pandemic	It was noted that the beneficiary lists or registers incorporated beneficiaries who did not live at baseline time in the target districts of the project. Some villagers had returned to the province in the absence of job opportunities because of the pandemic, others as older adults or vulnerable populations moved temporarily with other relatives.
High rejection rate and no response	High rejection rate, which exceeded the 10% initially expected, unexpectedly delayed collecting information during fieldwork, a new random draw of beneficiaries had to be made to identify replacements.
Distrust of beneficiaries in answering surveys or interviews	Beneficiaries rejected the surveys and / or interviews for fear of being victims of a criminal act that puts them in a vulnerable situation, for this reason identity verification questions were included in the last part of the survey as a solution strategy.

TABLE 6. 10 COLLECTION CENTERS THAT WOULD BE BENEFICIARIES OF THE PROJECT

Markets	Callao	San Juan de Lurigancho	Total
Asociación de Comerciantes "Su Santidad Juan Pablo II".		1	1
Asociación de Comerciantes del Mercado de Abasto "Primero de Setiembre" de Canto Grande.		1	1
Asociación de Comerciantes del Mercado Modelo 10 de Octubre.		1	1
Asociación de Propietarios "Plaza Mariscal Cáceres".		1	1
Asociación de Trabajadores del Mercado Huáscar - Canto Grande.		1	1
Mercado Inmaculada Concepción ACOMIC	1		1
Mercado Playa Rímac LTDA.	1		1
Mercado Reynoso LTDA	1		1
Mercado Señor del Cautivo	1		1
Mercado Virgen del Rosario	1		1
Total	5	5	10

TABLE 7. CHARACTERISTICS OF HAND WASHING STATIONS

Name of establishment	District	Current capacity	Average daily attention	It has hand washing station	Type of hand washing facilities	Number of stations	No stations / operation	Do you need rehabilitation (repaired)?	No grey water stations?
Asociación de Comerciantes "Su Santidad Juan Pablo II".	SJL	350	250	Yes	Running water from pipes or tank/ Bucket	6	6	6	6
Asociación de Comerciantes del Mercado de Abasto "Primero de Setiembre" de Canto Grande.	SJL	160	120	Yes	Running water from pipes or tank/ Bucket	2	2	2	2
Asociación de Comerciantes del Mercado Modelo 10 de Octubre.	SJL	1000	1500	Yes	Running water from pipes or tank	3	3	1	3
Asociación de Propietarios "Plaza Mariscal Cáceres".	SJL	360	300	Yes	Running water from pipes or tank/Bucket	2	2	1	2
Asociación de Trabajadores del Mercado Huáscar - Canto Grande.	SJL	500	450	Yes	Running water from pipes or tank	1	1	1	1
Mercado Inmaculada Concepción ACOMIC	Callao	185	200	Yes	Water system manually poured	2	2	2	0
Mercado Playa Rímac LTDA.	Callao	735	400	Yes	Running water from pipes or tank	1	1	1	1
Mercado Reynoso LTDA	Callao	381	381	Yes	Running water from pipes or tank	1	1	1	1
Mercado Señor del Cautivo	Callao	180	480	Yes	Running water from pipes or tank	2	2	2	2
Mercado Virgen del Rosario	Callao	300	250	No		0	0	0	0

TABLE 8. MAINTENANCE OF HAND WASHING STATIONS

Establishment name	How many handwashing stations is there a soap dispenser?	How many handwashing stations is there a paper towel dispenser?	How many handwashing stations is water available for as long as the observation is made?	Is soap available for as long as the observation is made?	Is there paper available for as long as the observation is made?	Does the property have a protocol and cleaning times of the station(s)?
Asociación de Comerciantes "Su Santidad Juan Pablo II".	6	0	6	Yes	No	Yes
Asociación de Comerciantes del Mercado de Abasto "Primero de Setiembre" de Canto Grande.	2	1	2	Yes	No	Yes
Asociación de Comerciantes del Mercado Modelo 10 de Octubre.	3	1	3	Yes	No	Yes
Asociación de Propietarios "Plaza Mariscal Cáceres".	2	0	2	Yes	No	Yes

Asociación de Trabajadores del Mercado Huáscar - Canto Grande.	1	0	1	Yes	No	Yes
Mercado Inmaculada Concepción ACOMIC	0	0	2	No	No	Yes
Mercado Playa Rimac LTDA.	1	0	1	Yes	No	Yes
Mercado Reynoso LTDA	1	1	1	Yes	No	Yes
Mercado Señor del Cautivo	2	0	2	No	No	Yes
Mercado Virgen del Rosario	0	0	0	0	0	0

ANNEX 3. LIST OF PHOTOS

PHOTO 1. HAND WASHING STATIONS OF "SU SANTIDAD JUAN PABLO II" MARKET IN SAN JUAN DE LURIGANCHO

Establishment has 6 hand washing stations. All installed to face the pandemic.



PHOTO 2. HAND WASHING STATIONS OF "PRIMERO DE SETIEMBRE" MARKET IN SAN JUAN DE LURIGANCHO

Establishment has two hand washing stations. The first has no direct connection to water or drainage. The second is a bucket with a lid and a spout. The water for hand washing in both stations is filled every day, the used water is discarded according to use.



PHOTO 3. HAND WASHING STATIONS OF "PLAZA MARISCAL CÁCERES" MARKET IN SAN JUAN DE LURIGANCHO

Has three hand washing stations. One has been donated by the Elite Group, which initially provided soap and paper towels to the establishment but is no longer doing so. The other two stations have been implemented by the merchants themselves. The water canisters are filled as the water is used.



PHOTO 4. HAND WASHING STATIONS OF "MODEL 10 DE OCTUBRE" MARKET IN SAN JUAN DE LURIGANCHO

Establishment has two hand washing stations, both built to deal with the pandemic.



PHOTO 5. HANDWASHING STATION OF " SEÑOR DEL CAUTIVO" MARKET IN CALLAO

There is only one handwashing station. This has been acquired by the set of partners of the establishment. However, it does not follow the characteristics requested by the technical standard established by the local municipality. The pipes do not store 1 meter, and only one is found in operation. Station has liquid soap and towel dispenser, but not towels for hand drying.



PHOTO 6. HAND WASHING STATIONS OF "INMACULADA CONCEPCIÓN-ACOMIC" MARKET IN CALLAO

Two stations are observed. Two buckets with pipe and lid full of water, for hand washing. Please note that the property has no water supply or water connection or drainage. The water is provided by each of the traders. The stations are for the particular use of their customers. There is no graywater treatment, the water used falls to the floor.



PHOTO 7. HAND WASHING STATIONS OF "PLAYA RIMAC LTDA. " MARKET IN CALLAO

Handwashing stations have been built and suitable by partners to respond to the COVID 19 pandemic. None of them was counted at the time of observation with soap or paper towel to dry their hands.



PHOTO 8. HAND WASHING STATION OF "VIRGEN DEL ROSARIO" MARKET IN CALLAO

Establishment only has an impromptu hand washing station to respond to the pandemic. For the water supply there is a hose placed informally. The grey waters are poured into a punt that is emptied several times a day by the security personnel who guards the entrance door. It was not observed that there was paper towel at the time of observation.



ANNEX 4. RESULT OF PROJECT INDICATORS MEASURED ON THE BASELINE

- Sector 1. Water, sanitation and hygiene

Subsector: Sanitation

Indicator	Calculation	BL
Indicator 1: Number of people directly using enhanced sanitation services provided with USAID/BHA funding	Total number of men and women making use of handwashing stations built, rehabilitated or maintained by the project	0
	Total number of men and women attending the markets	4331 people attend daily on average
	% of men and women making use of hand-washing stations built, rehabilitated or maintained by the project on the total number of people attending each market	0
Indicator 2: Number of hands-lab stations built or supplied that operate and have maintenance (custom indicator).	Total number of hand washing stations per market.	20 (*)
	Sum of the total existing hand washing stations.	20 (*)
	Total number of hand washing stations in operation:	20 (*)
	Water supply all the time	20
	Greywater management.	18 stations
	Soap Dispenser.	18 stations
	Paper towel dispenser.	3 stations
	Total number of hand washing stations requiring maintenance or repair:	17 stations
	They are kept clean /Cleaning protocol	9 markets
	Soap supply.	7 markets
	Supply of paper towel.	0
They have been repaired	0	
Indicator 3: Number of users per hand washing station supplied (custom indicator)	Average of the total number of men and women who make use of handwashing stations over the total number of staff entering the market.	0
<u>Subsector: WASF NFIs</u>		
Indicator 1: Total number of people supported by WASH NFI's through all modalities	Summary of the total number of men and women who have received hygiene kits through direct distribution.	0
Indicator 2: Percentage of households reporting satisfaction with WASH NFIs NFI's through direct distribution	% of beneficiaries who are satisfied with the delivery of the 34 bars of soap	0
	% of beneficiaries who are satisfied with the 20-litre bucket with lid and beak	0
	% of beneficiaries who are satisfied with the supplies for the manufacture of the masks	0
	% of beneficiaries who improved their hand washing hygiene practices and the use of masks thanks to the kits received by the project	0
	% of beneficiaries who are satisfied with the card received on hand washing	0
	% of beneficiaries who are satisfied with the instructions received for hand-making of masks	0
Indicator 3: Percentage of households reporting satisfaction with the quality of WASH NFIs received through direct distribution	% of beneficiaries who are satisfied with the quality of the soap bars received	0
	% of beneficiaries who are satisfied with the 20-litre bucket with lid and beak	0
	% of beneficiaries who are satisfied with the supplies for the manufacture of the masks	0

(*) In most markets, due to lack of the characteristics and general conditions of the registered "hand washing stations" for their purpose, they are not frequently used by market visitors.

- Sector 2. Health

Subsector: Public health emergencies of international concern and pandemics

Indicator	Calculation	BL
Indicator 1: Number of trained health care staff	Total number of men and women trained by the project	0
Indicator 2: Percentage of beneficiary population who can remember two or more protective measures	Percentage of men and women identifying two or more of the following protective measures:	100% (**)
	- Social distancing.	
	- Hand hygiene: hand washing with soap or water and/or use of alcohol-based hand sanitizer.	
	- Respiratory hygiene and cough management, avoid touching the eyes, nose, and mouth.	
	- Use of mask	
	- Disinfect surfaces and objects regularly.	
Indicator 7: Number of people reached through channel risk communication activities	Sum of men and women who report receiving key messages about: Hand washing, Respiratory hygiene, social distancing, Use of masks, Signs and symptoms of the disease, When to seek attention.	0
	Sum of men and women who report receiving key messages by information channel.	0

(**) Although the result of this indicator is high, and all interviewees mentioned remembering and having received information regarding prevention measures against COVID-19, a large majority of those interviewed do not understand the reason for these measures and how to put them into practice correctly. There is no clarity regarding the impact and implications of the protection measures against COVID-19, for their health and the health of their household members.

ANNEX 5. CONSULTING TERMS OF REFERENCE

"WASH RESPONSE TO COVID-19 IN PERU"(WCP) IN THE DISTRICTS OF SAN JUAN DE LURIGANCHO AND CALLAO

CONSULTANT FOR THE DEVELOPMENT OF THE PROJECT BASELINE

TERMS OF REFERENCE

1. OBJECTIVE

Recruitment of one (01) natural and legal person, who is in charge of developing the document: **Project Baseline:** "WASH Response to COVID -19 in Peru (WCP) located in Lima Province the district of San Juan de Lurigancho and in the Constitutional Province of Callao, the district of Callao", collecting and organizing the information according to the indicators, expected results and scheduled activities of the USAID/BHA approved project subsectors in coordination with the main actors and beneficiaries of the project and implementing entity ADRA Peru, and present the duly ordered and edited document, which should constitute a project management tool for monitoring and evaluation, as well as its subsequent systematization and monitoring of objectives and products.

Technical standards of biosecurity provided by Supreme Decree No. 116-2020-PCM, which establishes the measures to be observed by citizens in the New Social Cohabitation and extends the State of National Emergency by the serious circumstances affecting the life of the Nation as a result of COVID-19, should be taken into account.

2. DESCRIPTION OF THE SERVICE

- A. Work plan including index and methodology to collect project baseline information, to attend indicators of approved project subsectors and other indicators deemed necessary.
- B. The realization of field work will be face-to-face and remote through: virtual platforms, telephone calls and interviews with actors and beneficiaries of work areas¹, to obtain information on the current state in which they are located, considering the outcome indicators that the project subsectors have. Taking established biosecurity measures².
- C. Coordination with designated bodies and officials in the various areas of the municipalities of San Juan de Lurigancho and Callao for interviews and to collect institutional management tools.
- D. Reparation of the final document of the consultancy for review, with numerical goals of results to measure the impact and results of the project. Baseline information for results should provide a brief narrative description of the prevailing conditions of the beneficiary population and/or the situation at the beginning of the project and the magnitude of the problem and/or the needs that the project must address.
- E. Raising observations made by the procuring entity.
- F. Delivery of the final document reset for approval.
- G. English language translation by a professional translator.

The activities of the project will be carried out in two districts, Municipality of San Juan de Lurigancho and the Provincial Municipality of Callao, and the AAHH.

ADRA will provide the Consultant with a complete copy of the project and contact names in Municipalities and AAHH to carry out the coordinations to perform baseline diagnosis.

3. REQUIREMENTS OF THE CONSULTANT IN CHARGE

- a. Professional, with experience in baseline development
- b. Knowledge in sanitation and hygiene (WASH) and health.
- c. Minimum working experience of 10 years, in the public and/or private sector.
- d. Experience in document preparation and diagraming, including tables and statistical tables.
- e. Knowledge in Microsoft Office (2016) at the user level.

4. TERM OR PERIOD FOR THE PERFORMANCE OF THE REQUIRED SERVICE

The term of service is for a period of sixteen (16) calendar days, from the day after the contract is signed.

5. DELIVERABLE PRODUCTS AND/OR

Product	Deliverables	Delivery date
1	Work plan, including index, indicators to be used and methodology to get the line information approved by those responsible for Project monitoring and evaluation.	At 3 calendar days signing the contract
2	Baseline document, including Rising de Observations that monitoring and monitoring managers. Project evaluation, and its corresponding translation to the English language.	To the 16 days calendars of signed the contract
	Baseline document , including rising of observations that USAID/BHA formulate	Until approval by USAID/BHA

6. REFERENCE COST AND PAYMENT METHOD

The service will be cancelled in three (03) parts, upon delivery of products and conformity of the service, according to the following detail:

- 25% to the conformity of the first product.
- 55% to the conformity of the second product.
- 20% to USAID/BHA's conformity of the third product

7. SUPERVISION AND CONFORMITY OF THE SERVICE

Compliance with each delivery and service in general is subject to compliance with numeral 5, will be granted by the project manager appointed by ADRA.

8. MODALITY OF CONTRACTING

The contracting of one (01) natural or legal person will be under the modality Location of Services (Non-Personal Services). Therefore, the service location is not subject to dependency relationship.

9. CALL CALENDAR

9.1 Deadlines

Activity	Date
TDR Publication by Invitation.	August 17, Agosto 2020
Delivery of technical-economic proposals.	Until August 20, 2020
Selection of consultant.	August 20, Agosto 2020
Signing of contract and start of consulting	August 21, Agosto 2020
Product Delivery 1	August 24, Agosto 2020
Product Delivery 2	September 7, 2020

9.2 Delivery of proposals

Proposals will be sent to emails:

- Daisy Brañes: daisy.branes@adra.org.pe
- With copy to:
- Elena Malque: elena.malque@adra.org.pe
 - Victor Huamán Bailón: huaman@adra.org.pe
 - Erick Quispe Mamani: erick.quispe@adra.org.pe

9.3. Products to be delivered

- The Baseline study must delivered in English and Spanish: two copies of each, as well as in digital version in MS Word.
- The Baseline study, instruments, tools, database used for analysis, will be delivered on 02 CDs at the end of the service, according to the original programs with which it has been worked.

10. PROJECT INFORMATION THAT ARE PART OF THE TERMS OF REFERENCE

10.1 Goal

To provide humanitarian assistance with a community seal to vulnerable populations affected by COVID-19 in two districts of Peru through water, sanitation and hygiene (WASH) and health interventions.

10.2 Expected Results

Objective of Sector 1:

To strengthen the practice of hygienic behaviors with an emphasis on safeguarding health and preventing the spread of COVID-19 in the target population.

Objective of Sector 2:

To reduce the spread of COVID-19 through community-based interventions that help health leaders and workers improve respiratory and hand hygiene practices.

Activities:

* According to DIP

11. PRIVACY OF RESPONDENTS General

Use of Data

ADRA considers it unethical for the consultant or any survey team member to use the information collected during the baseline survey for anything other than the project under study. In case there is a viable reason to use the information obtained for other purposes, such as assisting another study, then ADRA should be consulted to request permission before using the data. The consultant must comply with this, especially when the material is controversial and exclusively involves the private lives of the beneficiary population of the project. To meet the requirements of THE FFPIB 02-11, ADRA will send the databases to BHA via the ART electronic system.

12. DISTRIBUTION OF THE BASELINE REPORT

The ultimate responsibility for collecting and disseminating information from all of your USAID-funded projects around the world is from ADRA International. Therefore, ADRA International expects the consultant to send to ADRA Peru all data and other information

that has been used as the basis for the final conclusions and inferences of the report. ADRA's position is that no baseline report is considered final until: 1) it is sent to ADRA Peru and reviewed by ADRA International, 2) both the consultant and ADRA have discussed the contents in open form 3) Clarified understanding of all conclusions and any differences between the consultant and ADRA have been clarified included in the final report, 4) the report has been approved by BHA.

Report Format

Document Cover.

The cover should include the project name, name and title of the consultant, the date and name of the document.

List of Acronyms

The acronyms used on the report should be included at the beginning of the report.

Executive Summary

The executive summary should be no more than two pages and should include: project background, study methodology, key findings and recommendations.

Contents Box.

The contents should include each main section of the report, appendices, graphs, tables, etc.

Main section of the Report

The main section of the report should include the following sequentially:

Introduction and Project Background

The introduction and background of the project should include at least: end and objectives of the Project, as the Project will be implemented and the purpose of the baseline study, schedule and composition of the survey team.

Survey Methodology

The survey methodology will include at least: description of the sampling design used, data collection, processes that were used to select survey locations, survey team training.

Findings, Discussion and Analysis

This section is where each sector will be discussed in clear and detail, including the demographic part of respondents especially to beneficiary populations. The findings and executive summary of the study are based on this section of the document.

10.3. Matrix of project monitoring indicators

SECTOR 1 : Water, Sanitation, and Hygiene (WASH)							
SUB SECTOR 1: Sanitation							
Indicator	Indicator definition	Unit	Target	Data source	Data Collection Method	Period/Frequency	Person Responsible
Indicator 1: Number of people directly utilizing improved sanitation services provided with USAID/OFDA funding	People: Individuals counted as benefiting from a sanitation program are those who are targeted by the program and who regularly utilize sanitation constructed, rehabilitated, or maintained either directly by the project, or constructed by beneficiaries themselves as a result of program activities to create a communal demand for sanitation.	Number of individuals, disaggregated by sex	5,000	Records of handwashing stations usage in format of direct observation	Direct observation in two moments of the project. In each moment the M&E Staff will observe installed handwashing stations and count for seven continuous days the number of people using the hand washing station. Estimation of the indicator: sum of total visits in 7 days/average number of times that people go to buy to the market in a week.	PDM moment and end of project data collection	WASH coordinator and M&E staff
Indicator 2: Number of handwashing stations constructed or supplied which are functioning and maintained. (custom indicator)	Total number of handwashing stations constructed or supplied with are functioning and maintained; disaggregated by location. Functioning: defined as being in good working order and having soap and water present, and appropriated managed gray water. Maintained: defined as handwashing facility is cleaned, supplied with soap, and repaired if necessary.	Number of handwashing stations	10	aggregated data of sample observations	Direct observation	Monthly	WASH coordinator and M&E staff
Indicator 3: Number of users per handwashing station supplied (custom indicator)	Total number of users per each handwashing station supplied/constructed. Based on sample observation and physical capacity of the unit provided.	Number of users	500	Records of handwashing stations usage, by station	Direct observation in two moments of the project. In each moment the M&E Staff will observe installed handwashing stations and count for seven continuous days the number of people using the hand washing station. Estimation by station: sum of total visits in 7 days/average number of times that people go to buy to the market in a week.	PDM moment and end of project data collection	WASH coordinator and M&E staff
SUB SECTOR 2: Wash NFIs							
Indicator 4: Total number of people receiving WASH NFI assistance through the program activities.	People: Total number of individuals receiving WASH NFI assistance through the program activities.	Number of individuals, disaggregated by gender	4,500	Records of WASH NFI distribution	Primary data collected through registration and records of distribution	Monthly	WASH coordinator
Indicator 5: Percentage of WASH NFI distribution that is targeted to women and girls.	Percentage of WASH NFI distribution that is targeted to women and girls.	Percentage	50%	Records of WASH NFI distribution	Primary data collected through registration and records of distribution	Monthly	WASH coordinator
Indicator 6: Percentage of WASH NFI distribution that is targeted to children under 18 years of age.	Percentage of WASH NFI distribution that is targeted to children under 18 years of age.	Percentage	50%	Records of WASH NFI distribution	Primary data collected through registration and records of distribution	Monthly	WASH coordinator

ANNEX 6. MATRIX OF INDICATORS AND QUESTIONS OF THE EVALUATION

Sector 1. Water, sanitation and hygiene

Subsector: Sanitation

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
Indicator 1: Number of people who use directly services improved sanitation provided with funding from the USAID/BHA	People counted as beneficiaries of a sanitation program are those targeted by the program and who regularly use constructed, rehabilitated, or maintained sanitation services, whether directly by the project or built by the beneficiaries themselves because of the program activities to create a community demand for sanitation.	Total number of men and women making use of handwashing stations built, rehabilitated, or maintained by the project Total number of men and women attending the markets % of men and women making use of hand-washing stations built, rehabilitated, or maintained by the project on the total number of people attending each market	How many people have attended the market? How many men and women have made use of handwashing stations?	Observation count Observation count	Checklist
Indicator 2: Number of washing stations hands built or supplied that work and they have Maintenance. (indicator custom)	Total number of hand washing stations built or supplied that work and that have maintenance, disaggregated by location. How it works: it is defined as being in good working state and have soap and water and the management of grey water is appropriate. They have maintenance: defined such as hand washing facilities that are cleaned, supplied with soap and repair if necessary	Total number of hand washing stations per market. Sum of the total existing hand washing stations.	Does the property have a hand washing station? Does the hand washing station need to be rehabilitated (repaired)? Total count	Yes/No	Checklist Interview with selected markets committee How many hand wash stations are in the property?

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
		<p>Total number of hand washing stations in operation:</p> <ul style="list-style-type: none"> - Water connection. - Greywater management. - Soap. - Paper towel. 	<p>Is the handwashing station running?</p> <p>Is there water available at the station for as long as the observation is made?</p> <p>Do you have grey water treatment?</p> <p>Do you have a soap dispenser?</p> <p>Do you have a paper towel dispenser?</p>	Yes/No	
		<p>Total number of maintenance handwashing stations:</p> <ul style="list-style-type: none"> - They're kept clean. - Soap supply. - Supply of paper towel. - They've been repaired. 	<p>Does the station need to be repaired (rehabilitated)?</p> <p>Does the property have a protocol and cleaning times of the station?</p> <p>Is soap available for as long as the observation is made?</p> <p>Is towel paper available for as long as the observation is made?</p>	Yes/No	
Indicator 3: Number of users per station handwashing supplied (indicator custom)	Total number of users per station hand washing supplied/built. Based observation of the sample and the ability to physical of the supplied unit.	Average of the total number of men and women who make use of handwashing stations over the total number of staff entering the market.	<p>How many people make use of the handwashing station?</p> <p>What is the daily average of people who come to the markets?</p>	<p>Total people count</p> <p>Average of the total number of attendees currently attending the market.</p>	<p>Checklist</p> <p>Interview with Directive of the 10 markets</p>

Subsector: WASF NFIs

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
Indicator 1: Number total, of people who are supported by NFI's WASH NFI through of all the Modalities	People: total number of individuals receiving WASH's NFI's support through project activities. NFIs: direct distribution of hygiene kits. Modality: direct distribution	Summary of the total number of men and women who have received hygiene kits through direct distribution.	Have you or any member of your household received the hygiene kit distributed by ADRA?	Yes/No	Survey
Indicator 2: Percentage of households reporting satisfaction with the NFI's content WASH NFIs through direct distribution	This indicator assesses the satisfaction of beneficiary households with the content of NFIs WASH (non-edible items) received. "The satisfaction" of the home with the contents is evaluate by interviewing a household member who has direct knowledge of the need for home to hygiene items and you know that hygiene items were received in the kits. The content refers to the variety of NFIs WASH distributed by the project. Be satisfied with the content implies that the home was able to get the necessary items to that they can have safe behaviors hygiene.	<p>% of beneficiaries who are satisfied with the delivery of the 34 bars of soap</p> <p>% of beneficiaries who are satisfied with the 20-litre bucket with lid and beak</p> <p>% of beneficiaries who are satisfied with the supplies for the manufacture of the masks</p> <p>% of beneficiaries who improved their hand washing hygiene practices and the use of masks thanks to the kits received by the project</p>	<p>How satisfied are you regarding the contents of the kit?</p> <ul style="list-style-type: none"> - Soap bars. - 20-liter bucket with lid and beak. - Supplies to produce masks <p>Is there enough soap and water in your home to wash your hands?</p> <p>Did you make your protective mask?</p> <p>Do you always wear your mask when you leave the house?</p>	<ul style="list-style-type: none"> - Very dissatisfied - Dissatisfied - Satisfied - Very satisfied <ul style="list-style-type: none"> - Yes, always - Sometimes there are and sometimes there is not. - There's hardly ever enough soap and water. - There is never soap and water to wash your hands. <p>Yes/No</p> <p>Yes/No</p>	Survey

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
		<p>% of beneficiaries who are satisfied with the card received on hand washing</p> <p>% of beneficiaries who are satisfied with the instructions received for hand-making of masks</p>	<p>Are you satisfied with the information received in?</p> <ul style="list-style-type: none"> - Brochure on hand washing. - Mask-making card 	<p>Very dissatisfied</p> <p>Dissatisfied</p> <p>Satisfied</p> <p>Very satisfied</p>	Survey
Indicator 3:	Percentage of households who claim to be satisfied with the NFI's quality of water, sanitation and hygiene received through direct distribution	<p>% of beneficiaries who are satisfied with the quality of the soap bars received</p> <p>% of beneficiaries who are satisfied with the 20-litre bucket with lid and beak</p> <p>% of beneficiaries who are satisfied with the supplies for the manufacture of the masks</p>	<p>How satisfied are you regarding the quality of the products received in the kit?</p> <ul style="list-style-type: none"> - Soap bars. - 20-liter bucket with lid and beak. - Supplies to produce masks 	<p>Very dissatisfied</p> <p>Dissatisfied</p> <p>Satisfied</p> <p>Very satisfied</p>	Survey

Sector 2. Health

Subsector: Public health emergencies of international interest and pandemics

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
Indicator 1: Number of trained health care staff	Total number of community health workers trained, disaggregated by sex, training topic, and kind of health personnel. Health personnel: people who work in or with a health institution, working towards a goal to improve the health status of the surrounding population/settlement area. Includes formally and informally trained people. The total sum of individuals who completed all specific requirements to successfully complete a training that may include attending and/or writing, a verbal or practical demonstration of knowledge or skills.	Total number of men and women trained by the project	Have you received any COVID 19 prevention training? Do you finish the training process? Who gives you this training? Do you talk about what you have learned? With whom? What do you remember or value most about this training?	Yes/No - Government - MINSA - Municipality - NGO - Another Yes/No - Family - Friends - Community - Colleagues - Other Open response	Community health workers
Indicator 2: Percentage population beneficiary that can remember two or more protective measures	Protective measures: A set of measures prevent the transmission of COVID-19 or encourage health-seeking, as relevant to the outbreak and the proposed program, and aligned with response-level messages and campaigns Awareness. You should remember at least two or more of the protection measures: 1) Social distancing. 2) Hand hygiene, washing the hands of frequently with soap and water or use a	Total number of men and women identifying two or more of the following protective measures: - Social distancing. - Hand hygiene: hand washing with soap or water and/or use of alcohol-based hand sanitizer. - Respiratory hygiene and cough management, - Avoid touching your eyes, nose, and mouth. - Using a mask - Disinfect surfaces and objects regularly.	What protective measures do you consider important to prevent COVID 19 from spreading?	Number all identified as mentioned by interviewees	Survey

Indicator	Definition of the indicator	Calculation	Questions	Scale	Source of information/ Means of verification
	<p>alcohol-based hand sanitizer</p> <p>3) Respiratory hygiene and cough management</p> <p>4) avoid touching your eyes, nose, mouth</p> <p>5) Use of mask</p> <p>6) Disinfect surfaces and objects regularly.</p> <p>Remember: May include spontaneous mention and/or with help.</p>				
Indicator 7: Number of people reached through channel risk communication	<p>Risk communication activities and Community Participation (RCCE): Outreach including key messages about preventing COVID-19, including hand washing, hygiene respiratory distress, social distancing, when and where masks, signs and symptoms of the disease and when to look attention.</p> <p>Communication channel: the means through which a message or information is transmitted to your recipient.</p> <p>Mass media (excluding social media) include: TV, radio, newspapers, etc.</p> <p>Non-mass media include: training, community activities, etc.</p> <p>Social media: Twitter, Facebook, Etc.</p>	<p>Sum of men and women who report receiving key messages about:</p> <ul style="list-style-type: none"> - Handwashing - Respiratory hygiene - Social distancing. - Use of masks. - Signs and symptoms of the disease. - When to seek attention 	<p>Have you received information on the following regarding COVID 19 prevention?</p> <ul style="list-style-type: none"> - Handwashing - Respiratory hygiene - Social distancing. - Use of masks. - Signs and symptoms of the disease. - When to seek attention <p>Through which channels?</p> <ul style="list-style-type: none"> - TV - Radio - Newspaper - Phone - Brochure and posters - Community activities in person - Facebook - Whats App - Text messages - Other (specify) <p>Who gave you this information?</p> <ul style="list-style-type: none"> - Government - MINSA - Municipality - NGO - Another 	<p>Yes/No</p> <p>Yes/No</p>	Survey

ANNEX 07. INTERVIEW GUIDE FOR LOCAL AUTHORITIES

Date of application:		District	Code

INTERVIEWER(A): Good morning, my name is... I am part of the team that is making the Baseline of the WASH response to COVID-19 project in the districts of San Juan de Lurigancho and Callao, to be implemented by ADRA Peru; we would like to know your opinion and experience regarding the issue and prevention measures against COVID-19 that are currently being carried out in the district. Would you like to participate in this interview? The information you share with us will be used only for the study that is being carried out. May I can take notes or record the interview? Thanks a lot.

NOTE START TIME: __ Hours __ Minutes AM PM

Name of the shaker:

O. GENERAL INTERVIEWED DATA	
Full names and surnames:	
Sex:	
Age:	
Institution:	
Charge:	
Time to charge:	
I. RELEVANCE	
1.	What is the current district/ward scenario for the COVID-19 pandemic?
2.	Regarding the district/neighborhood, what do you consider to be your biggest challenges in preventing COVID-19? Mention the top three.
3.	Which areas in the district/ward do you consider most vulnerable to the pandemic? Why?
4.	What actions are currently being implemented from the municipality?
5.	Are these activities worked together and in coordination with other national and/or private organizations or institutions and civil society? What?
6.	Does the municipality currently organize any coordinated intervention with local and/or neighborhood surveillance districts or committees? What interventions?
7.	What positive unforeseen impacts do you consider having led to the intervention? What negative impacts could have been generated at the same time?
8.	What elements and/or situations would determine the success of the municipality/neighborhood for the prevention of COVID-19? Why?
9.	What achievements do you consider to be the most important so far achieved by the municipality/neighborhood in the prevention and fight against COVID-19?
10.	Is there any other aspect we have not asked you about and think it is paramount to know? Could you tell me about it?

Thank you very much for your participation.

ANNEX 08. BENEFICIARY SURVEY

FINAL_Project Wash Response to COVID-19 in
Peru_ADRA_ (Beneficiary Survey)

1. Date and time of application:

yyyy-mm-dd

hh:mm

2. Name of pollster

3. Names and surnames of the respondent (a) *Pre-fill with ADRA beneficiary database listing. Fill in the first names first and then only the last names..*

4. What district do you currently live in?? *To mention another district thank you and end the survey..*

San Juan de Lurigancho

Callao

Other

4.1. Specify

5. Age. 18 years and older..

6. Are you Peruvian or o foreign?/o? *Mark as appropriate..*

Peruvian

Venezuelan

Colombian

Ecuadorian

Bolivian

Other

6.1. Other (specify)

7. Sex:

Female

Male

8. Are you head of household? *Evaluation Criterion project.*

Yes

No

Doesn't Know / Doesn't Think

9. Phone number. *Fill database provided data by ADRA.*

~~10. Allows me to confirm your address, is your current address...? Check the address of the ADRA register.~~

11. Including yourself, how many people in total make up your home??

- Just me.
- 2 to 5 people
- 6 to 9 people
- 10 to + people
- Doesn't Know / Doesn't Think

12. Were you able to pay for all the services in your household during the last three months? *Project Inclusion Criterion .*

- Yes
- No
- Doesn't Know / Doesn't Think

13. Do you or any member of your household suffer from any mental or physical disability?? *Project Inclusion Criterion .*

- Yes
- No
- Doesn't Know / Doesn't Think

14. Do you or any member of your household have or suffer from COVID-19? *Project Inclusion Criterion .*

- Yes
- No
- Doesn't Know / Doesn't Think

15. Do you or any member of your household currently suffer from COVID-19 disease? *Project Inclusion Criterion*

- Yes
- No
- Doesn't Know / Doesn't Think

16. Have you or any member of your household been the victim of abuse or violence inside or outside your home?? *Project Inclusion Criterion.*

- Yes
- No
- Doesn't Know / Doesn't Think

17. Do you have drinking water at home? *Project Inclusion Criterion .*

- Yes
- No

18. What kind of facilities do you use for hand washing inside your home? *Expect answer and/or read alternatives.*

- Running water from pipes or tank
- Manually poured water system (from one bucket, bucket, another))
- Bucket (hands are washed in bucket, water does not run))
- Other (specify)

18.1. Specify

19. Do you have water at home every day?

- Yes
- No
- Doesn't Know / Doesn't Think

~~3. How many hours a day does the service have at home, on average? ? (Only if I answer 1st alternative of 18)~~

4. Do you consider that in your home, is there enough water to wash your hands? .

Expect answer and/or read alternatives.

- Yes, always
- Sometimes there are and sometimes there isn't
- There's hardly ever a hand-washing
- There's never to wash your hands.
- Doesn't Know / Doesn't Think

22. Do you consider that in your home, is there enough soap to wash your hands? *Expect answer and/or read alternatives.*

- Yes, always
- Sometimes there are and sometimes there isn't
- There's hardly ever a hand-washing
- There's never to wash your hands.
- Doesn't Know / Doesn't Think

23. When you leave the house you use a mask...? *Read each alternative*

- Always
- Almost always
- Sometimes
- Rarely
- Never
- Doesn't Know / Doesn't Think

24. Have you received any COVID-19 prevention training? *Wait for answer..*

- Yes
- No

Doesn't Know / Doesn't Think

25. From what you learned in that training you valued most? ? (Only if I answer Yes in question 24))

- The duration of the training was adequate
- The trainers knew the subject well
- I learned how to take care of myself and my family to prevent COVID 19
- Children were also trained in the prevention of COVID 19
- It was dynamic
- The material used during training
- I learned valuable things to consider in my life
- Doesn't Know / Doesn't Think
- Other (specify)

25.1. Other (specify)

26. Do you talk about what you have learned?? (Only if I answer Yes in question 24))

- Yes
- No
- Doesn't Know / Doesn't Think

27. Who do you talk to about what you have learned?? (Only if I answer Yes in question 26)

- Family
- Friends
- Community and the neighborhood
- Co-workers
- Other
- Doesn't Know / Doesn't Think

27.1. Specify

28. Do you remember what protective measures are important to prevent COVID-19?

Wait for response and dial. Multiple dialing.

- Social distancing
- Washing your hands with soap and water/alcohol use
- Avoid touching your eyes, nose, and mouth
- Covering your mouth and nose when sneezing
- Wearing a mask

Disinfect surfaces and objects regularly

Other

Doesn't Know / Doesn't Think

28.1. Specify

29. Have you received information for COVID-19 prevention on? *Read each alternative and dial, dial multiple*

Handwashing

Respiratory hygiene(covering the mouth and nose when sneezing)

Social distancing

Use of masks

Signs and symptoms of COVID-19

When to seek medical attention

Doesn't Know / Doesn't Think

30. Through which channels did you receive this information on COVID-19 prevention? Mark all indicated alternatives. .

- Tv
- Radio
- Newspaper
- Brochure, posters
- Phone calls to cell phone/line phone
- Text messages
- Market megaphone
- Whats App
- Facebook
- Instagram
- Twitter
- Community activities (face to face)
- Community health workers
- Local leaders
- Other
- Doesn't Know / Doesn't Think

30.1. Specify

31. Who provided you with this information?? Wait for response and dial.

- Regional Government
- Municipality
- MINSA
- MIDIS
- NGO
- Parish /Church
- Other
- Doesn't Know / Doesn't Think

31.1. 1 Specify

32. Have you or any members of your household received a hygiene kit during 2020 to prevent COVID-19? Expect respondent response.

- Yes
- No
- Doesn't Know / Doesn't Think

33. Did the hygiene kit hygiene give it to you...? (Only if I answer Yes in question 31.) Wait for respondent response and dial.

Regional Government

- Municipality
- MINSA
- MIDIS
- NGO
- Parish /Church
- Other
- Doesn't Know / Doesn't Think

33.1. 3 Specify

34. Finally, you could please help me with the verification of your ID, Is your ID/alien card number...?

Confirm ADRA pattern listing number.

Guest reviews

Wash Response to COVID-19 Project in Peru_ADRA_LB_(Agentes Community Agents)

1. Date and time of application:

yyyy-mm-dd

hh:mm

2. Pollster Name:

3. Respondent's first and last names(a). *Pre-fill with database listing delivered by ADRA.*

4. Sex:

Female

Male

5. Age. 18 years and older

6. ID / Card

7. Nationality

Peruvian

Venezuelan

Colombian

Ecuadorian

Bolivian

Other

7.1. Other (specify)

8. Phone number. *Fill of database provided by ADRA*

9. District. *To mention another district thank you and end the survey..*

San Juan de Lurigancho

Callao

10. How long have you been a community health worker in this district??. *If you do not remember the exact time, ask for an approximate time. Write years in whole numbers, months in decimals..*

11. Do you consider that in the community where you work, do all households have enough water to wash their hands?
Expect answer and/or read alternatives.

Yes, always

- Sometimes there are and sometimes there isn't
- There's hardly ever
- There's never a place to wash your hands
- Doesn't Know / Doesn't Think

6. Do you think that in the community where you work, do all households have enough soap to wash their hands? *Expect answer and/or read alternatives.*

- Yes, always
- Sometimes there are and sometimes there isn't
- There's hardly ever
- There's never a place to wash your hands
- Doesn't Know / Doesn't Think

13. When you leave the house you use a mask...? *Read each alternative..*

- Always
- Almost always
- Sometimes
- Rarely
- Never
- Doesn't Know / Doesn't Think

14. Have you received any COVID-19 prevention training? *Wait for answer..*

- Yes
- No
- Doesn't Know / Doesn't Think

15. Did you finish the training process??

- Yes
- No
- Doesn't Know / Doesn't Think

16. From what you learned in this training, what did you value most?

- The duration of the training was adequate
- The trainers knew the subject well
- I learned how to take care of myself and my family to prevent COVID 19
- Children were also trained in the prevention of COVID 19
- It was dynamic
- The material used during training
-

I learned valuable things to consider in my life

- I learned and/or strengthened skills to better communicate to develop my work as a community agent
- Doesn't Know / Doesn't Think
- Other

16.1. Other (specify)

17. Have you trained others on what you have learned??

- Yes
- No
- Doesn't Know / Doesn't Think

18. Who have you trained??

- Family
- Friends
- Community and the neighborhood
- Co-workers
- Other
- Doesn't Know / Doesn't Think

18.1. Specify

19. Have you received information for COVID-19 prevention on? Read each alternative and dial, dial multiple

- Handwashing
- Respiratory hygiene(covering the mouth and nose when sneezing)
- Social distancing
- Use of masks
- Signs and symptoms of COVID-19
- When to seek medical attention
- Doesn't Know / Doesn't Think

20. Through which channels did you receive this information on COVID-19 prevention? Mark all indicated alternatives. .

- Tv
- Radio
- Newspaper
- Brochure, posters
- Phone calls to cell phone/landline
- Text messages
- Market megaphone
- Whats App
- Facebook
- Instagram
- Twitter
- Community activities (face to face)
- Community health workers
- Local leaders
- Other
- Doesn't Know / Doesn't Think

20.1. Other (specify)

21. Who provided you with this information?? Wait for response and dial.

- Regional Government
- Municipality
- MINSA
- MIDIS
- NGO
- Parish /Church
- Other
- Doesn't Know / Doesn't Think

21.1. Specify

10. During 2020, have you or any household members received any hygiene kits to prevent COVID-19?

- Yes
- No
- Doesn't Know / Doesn't Think

23. Did the hygiene kit give it to you...?

Regional Government

- Municipality
- MINSA
- MIDIS
- NGO
- Parish /Church
- Other
- Doesn't Know / Doesn't Think

23.1. Other (specify)

24. ¿What do you think are the reasons that prevent district villagers from practicing COVID-19 prevention measures? Ask for the three you consider most important. First, second, third, and type as appropriate..

FINAL_Project Wash Response to COVID-19 in Peru-Baseline_ADRA (Markets)

1. Date and time of application:

yyyy-mm-dd

hh:mm

2. Name of pollster:

3. Establishment Name:

4. Address:

5. District



San Juan de Lurigancho



Callao

6. Location:

latitude (x.y)

length (x.y)

altitude (m)

accuracy (m)

7. Total number of doors of the establishment:

8. Total number of doors in operation:

9. Name of the person answering the survey. *Preferably a member of the Committee.*

10. Position you serve in the establishment:

- President
- Vice president
- Treasurer
- Secretary(a)
- Vocal
- Proxy
- Other

10.1. Comments on the current management of the establishment

10.2. Specify

11. Does the establishment have a committee or organization in charge of its management?? *(Ask the property committee)*

- Yes
- No
- Doesn't Know / Doesn't Think

12. Name of the organization and/or committee of the establishment. *(Ask the property committee)*

13. What is the total capacity of the establishment? *Ask about the maximum capacity of people who can stay at the establishment between merchants and customers..*

13.1. 3 Comments on this:

14. How many people attend the market daily? *(Ask the property committee)(No.. approximate)*

15. Does the property have a handwashing station? *Observation and verification.*

-
-

16. What type of hand washing facilities does the establishment have? *Observation and verification. Multiple alternatives..*

- Running water from pipes or tank
- Manually poured water system (from one bucket, bucket, another))
- Bucket (hands are washed in bucket, water does not run))
- Other (specify)

16.1. Specify

17. How many stations are there? *Observation and verification.*

18. How many hand washing stations are in operation? *Observation and verification. Number must be equal to or less than the number of existing stations*

19. How many need to be rehabilitated (repaired)? *Observation and verification. Number must be equal to or less than the number of existing stations*

~~20. How many working handwashing stations have grey water treatment? *Observation and verification. Number must be equal to or less than the number of stations in operation*~~

21. How many handwashing stations is there a soap dispenser? *Observation and verification. Number must be equal to or less than the number of stations in operation*

22. How many hand washing stations is there a paper towel dispenser? *Observation and verification. Number must be equal to or less than the number of stations in operation*

23. How many hand washing stations is water available for as long as the observation is made? *Observation and verification. Number must be equal to or less than the number of stations in operation*

24. Is soap available for as long as the observation is made?? *Observation and verification. Number must be equal to or less than the number of stations in operation*

- Yes
- No

25. Is paper available for as long as the observation is made?? *Observation and verification. Number must be equal to or less than the number of stations in operation*

- Yes
- No

26. Does the property have a protocol and cleaning of the station(s)? *(Ask the Committee establishment)*



Yes



No



Doesn't Know / Doesn't Think

27. Who is responsible for cleaning the hand washing station? (Ask the Committee establishment)



Cleaning staff



Security staff



Merchants



Other



Doesn't Know / Doesn't Think

27.1. Specify

28. Is the market currently carrying out any activity with the local municipality? (Ask the Committee establishment)



Yes



No



Doesn't Know / Doesn't Think

29. What activities? (Ask the Committee establishment committee)

30. Images of hand washing stations

Click [here](#) to upload the. (<5MB)

THANK YOU VERY MUCH FOR YOUR PARTICIPATION