

Peru

AT A GLANCE



- Country data** *(2006 figures, unless otherwise noted)*
- 2007 Human Development Index: ranked 87th of 177 countries
 - Population: 27.59 million
 - GNI per capita (Atlas method, current US\$): US\$2,980
 - Population living on less than US\$2 a day (1990–2005): 30.6 percent
 - Life expectancy: 71 years
 - Infant mortality rate: 21 per 1,000 live births
 - Under-five infant mortality rate: 25 per 1,000
 - Population undernourished (2002–2004): 12 percent
 - Population with sustainable access to improved water source (2004): 83 percent
 - Adult literacy rate (over 15 yrs of age): 88 percent
 - Primary education completion rate: 100 percent
 - Gender-related development index (2005): ranked 75th of 177 countries
 - Official development assistance (ODA): US\$468 million
 - 2007 Corruption Perception Index: ranked 72nd out of 179 countries

Sources: Transparency International, 2007; UNDP, 2007a, and 2007b; World Bank, 2008.

The crisis

- Earthquake (7.0 on Richter scale) struck central coast on 15 August 2007, affecting 30,000 square kilometres; relatively minor in comparison with previous disasters;
- Initial estimates of only 35,214 families affected increased to 131,135 (or 655,674 people); 519 died; 1,291 injured;
- 139,521 homes damaged/destroyed; 1,278 schools damaged; 14 hospitals destroyed, 112 more severely damaged;
- Although affected region relatively small and wealthy, income disparity is high; earthquake particularly affected poorest and most vulnerable.

Sources: Instituto Nacional de Defensa Civil, 2007.

The humanitarian response

- UN Flash Appeal launched 28 August 2007 requested US\$36.9 million;
- US\$13.8 million (more than one-third of total) requested for food security; US\$5.3 million for education; US\$5 million for shelter and camp management;
- Appeal received only 50 percent of requested funds; CERF provided half of total;
- IFRC Appeal received more money than UN Appeal, excluding CERF;
- As of June 2008, total contributions came to US\$50 million, including contributions to the Flash Appeal, the IFRC appeal and others; largest donors EC/ECHO (more than US\$11.29 million, 22.5 percent); CERF (US\$9.59 million, 19.1 percent); private (US\$8.87 million, 17.7 percent); U.S. (US\$3.16 million, 6.3 percent); Sweden (US\$2.58 million, 5.1 percent);
- Among top 10 OECD/DAC donor countries: Italy, UK, Canada, Belgium, and Spain.

Sources: OCHA FTS.

Earthquake in Peru

Realities and Myths

RICCARDO POLASTRO, Head of Evaluation, DARA



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Introduction¹

Although an estimated 80 percent of the population of Peru live in earthquake-prone areas and are exposed to high risks, the earthquake that struck the Ica Region in August 2007 was relatively minor in comparison with the terrible consequences of the great Ancash earthquake of 1970.² Nevertheless, it received a great deal of media attention, since there was little competition from other crises at the time. As a result, international donors were drawn to the crisis, at least in the initial phase of the emergency. While donors were quick to respond, they found that the Peruvian government was unable to effectively coordinate with international actors. These two factors, compounded by the absence of a clear contingency plan, a focus on the initial emergency phase,

and weak national institutions, constituted the principal complications faced in the humanitarian response. Thus, the Peru earthquake highlights some of the difficulties in implementing the Good Humanitarian Donorship (GHD) *Principles* which promote the strengthening of local capacity and a sustained response.

The crisis: Lack of disaster risk awareness

The earthquake which struck the provinces of Chincha, Ica, Nazca, and Pisco along the central coast of Peru on 15 August 2007 at 18:34 measured 7.0 on the Richter scale. It was followed by more than 500 aftershocks, 40 of which measured more than 4.0 on the Richter scale.

The disaster affected a vast geographical area of 30,000 square kilometres.

It became apparent later that the initial estimates by the Instituto Nacional de Defensa Civil (INDECI), the Peruvian National Institute for Civil Defence, proved to be lower than the actual damage sustained. Initially, INDECI estimated that only 35,214 families had been affected, but this figure increased to 131,135 families (655,674 people), of whom 519 died and 1,291 were injured, demonstrating the need for a sustained response. Moreover, 139,521 homes were damaged or destroyed, 1,278 schools were damaged, 14 hospitals were destroyed, and the structure of 112 more severely damaged.³ Because the affected region is relatively small and wealthy, accounting for approximately 3 percent of GDP, there was a very low national and international NGO presence prior to the disaster. Nevertheless, according to the Gini Index, income disparity is high throughout the country, and the earthquake affected the poorest and most vulnerable, those without access to resources. Security problems emerged in the affected areas as a result of disruptions to the electricity supply and there were episodes of looting.

The town that bore the brunt of the earthquake was Pisco. According to INDECI, 80 percent of the city's buildings collapsed, as most were built with adobe bricks and straw matting. Tragically, 300 people who sought refuge in a cathedral were killed when it collapsed. Also hit by the earthquake was Chinca Alta, where 70 percent of the buildings collapsed or were damaged, and the hospital destroyed.

Despite Peru's significant history of natural disasters and the international community's previous investment in disaster preparedness, the impact of the earthquake was exacerbated by an overall lack of risk reduction measures. For example, buildings – despite their location in risk-prone areas – were made of low quality materials which did not withstand the seismic shock. In fact, a January 2008 study concluded that only 20 percent of urban Pisco is located on safe foundations, the other areas being deemed medium to high risk because of their high silt and sand content.⁴ Overall, awareness of the risk of earthquakes is low in the affected communities and local authorities often failed to enforce either seismic building codes or land-use regulations.⁵

Following the earthquake, contested claims over land ownership – due to the lack of land titles – posed a major problem. In the majority of cases, there was no way to determine ownership of buildings, a situation which created disputes among the local population. The

earthquake also created political shock waves. Central and local authorities, belonging to opposing political parties, blamed each other for failing to address the situation and, as a result were unable to communicate and work with each other effectively. Local institutions and local communities quickly became frustrated with the ineffectiveness of national institutions, especially of the *Fondo para la Reconstrucción del Sur* (FORSUR), the Fund for the Reconstruction of the South, accusing them of corruption.⁶

The donor response: ECHO takes the lead

Early media coverage was significant, with the result that donors contributed rapidly to the emergency response. In fact, Peru was fortunate that no other emergencies were competing for attention at the time. Had the Bangladesh cyclone occurred earlier, IFRC officials believe that it would have negatively affected the response and may have reduced funding.⁷

A UN Flash Appeal was launched on 28 August 2007, requesting US\$36.9 million for urgent humanitarian needs and some early recovery activities over a six-month period. Priority sectors included food security (US\$13.8 million, more than one-third of the funds requested), education (US\$5.3 million) and shelter and camp management (US\$5 million). The Appeal stressed that the humanitarian consequences of the disaster were far beyond initial estimates and that a significant proportion of the affected population was dependent on external aid and food insecure. Donors already funding UN agencies generally contributed to the Flash Appeal, except for those with multi-year partnership agreements such as the Nordic countries. Some donors, such as Finland and New Zealand, gave direct contributions to the World Food Programme (WFP) as part of the Appeal, reflecting their perception of the priorities and their favoured funding channels. Overall, the Appeal received only 50 percent of the requested funds, of which the UN Central Emergency Response Fund (CERF) provided half. CERF funds were requested 48 hours after the earthquake and were essential in order to activate the UN response. In part, the limited response to the Appeal reflected the poorly articulated and inadequately developed nature of the Appeal, the result of the excessive speed with which it was launched. However, significant levels of funding were raised outside the UN Appeal.

The Appeal launched by the IFRC received more money than the UN Appeal, excluding CERF. This may have been, in part, because the IFRC was already on the ground and is perceived as being more effective in humanitarian operations than UN agencies. In fact, other actors, such as the UN, Oxfam, and Action Contre la Faim (ACF) responded more slowly. Their ability to raise funds positioned the Red Cross family as the major actor in the humanitarian response. However, it is important to emphasise that 40 percent of IFRC contributions came from non-traditional sources, such as companies, foundations, and associations.⁸ This reflects the growing trend towards corporate social responsibility.

As of June 2008, OCHA's Financial Tracking Service (FTS) reported total donor contributions at US\$50 million, including contributions to the Flash Appeal, the IFRC appeal and other NGO appeals.⁹ The EC/ECHO was the largest funding source with more than US\$11.29 million (22.5 percent of the total), followed by CERF with US\$9.59 million (19.1 percent); private donors, US\$8.87 million (17.7 percent); the United States, US\$3.16 million (6.3 percent); and Sweden, US\$2.58 million (5.1 percent). Other OECD/DAC countries among the top 10 donors included Italy, the UK, Canada, Belgium, and Spain.

However, the EC/ECHO's position in the top three donors varied over time. Although it released funds within 24 hours of the disaster, the majority of its pledges were still uncommitted three months later. The agency also maintained a presence in the field to monitor the situation and, as a result, made a second allocation of €6 million. Many organisations interviewed felt that ECHO was not only a key strategic partner, but was predictable in its actions and consulted with them on priority sectors and areas of intervention.¹⁰ Some implementing agencies also expressed the view that ECHO and its disaster-preparedness programme (DIPECHO) worked hand in hand and promoted relief programmes in line with GHD Principles 8 and 9. Furthermore, DIPECHO's Risk Reduction Indicators (RRI) were utilised to monitor the effectiveness of risk-reduction measures and to strengthen the capacity of affected local communities.

Some OECD/DAC donors provided in kind contributions; for example, France provided water-pumps, the U.S. shelter materials, and Spain non-food relief items. Others tightly earmarked their funds; for example, Spain funded artisan fishing recovery, thereby not following good practice as reflected in GHD Principle 5.

The implementation of the humanitarian response: Why did national mechanisms fail?

In the first two weeks of the emergency, 92 camps were established, housing some 33,000 people. Approximately 90 percent of the emergency response was concentrated in Pisco, although a large number of scattered rural communities were also badly hit. In general, the humanitarian assistance provided by national, regional, and international actors alleviated the immediate suffering of the affected population, and no epidemic outbreaks were reported. Nevertheless, it is important to disaggregate the local, central, and international elements of the response; while the initial response was swift, the transition to recovery was slow.

Response capacity

The national response capacity collapsed within 48 hours and initial national assessments were poor and inaccurate. On 16 August, the government declared a state of emergency in the Ica department and in Cañete province, and immediately deployed INDECI assessment teams. Within 48 hours of the earthquake, the government, unable to cope with the situation, called for international support. Why, in a disaster-prone country like Peru, despite the investment in disaster preparedness and the strong coping mechanisms of local communities, did the national emergency response fail? The reason is twofold: first, the absence of a clear national coordination mechanism and the weakness of national emergency structures led to a slow, uncoordinated, and ineffective response; second, national capacity to respond was hindered by the lack of a contingency plan and adequate preparation.¹¹ These shortcomings were compounded by the fact that some communities ignored community-based disaster risk reduction and preparedness measures and because disaster risk reduction was not an institutional priority.¹²

Three national Red Cross Societies, American, German and Spanish, supported the relief operation with both resources and in-country personnel, the later two agencies having staff on the ground prior to the earthquake. Within hours, the Red Cross fielded teams to assess the damage; later, UN personnel were sent to support the government's limited capacity to conduct needs assessments. However, assessments in remote areas were delayed due to difficult access, reducing the effectiveness and timeliness of the response. In fact, initially there was significant disparity among figures reported, leading to duplication of efforts in the first phase of the

response in priority sectors and some geographical areas. Figures could only be corroborated several weeks after the disaster.

Confusion increased when the media reported food shortages and epidemics throughout the affected region. However, the government dispelled these disaster myths promptly by announcing that food prices remained normal and that crops had not been damaged.¹³ Nevertheless, WFP reported that after the earthquake, 32 percent of the population were severely food insecure, as irrigation systems were disrupted and many had lost their livelihoods.

Although broadly in line with GHD Principle 6, donor needs assessments varied substantially in nature and scope. Sweden and the Netherlands relied on their partners' assessments, while others such as Canada, Belgium, and Italy carried them out, but not systematically. ECHO and the United States Agency for International Development and Office of Foreign Disaster Assistance (USAID/OFDA) deployed teams to the field to monitor needs, and then adapted their response accordingly.

The majority of international NGOs already present in Peru were focussed on long-term development programmes, but lacked specialised relief personnel or stand-by supplies. These were rapidly flown in and NGOs mushroomed around the disaster area. Nevertheless, some organisations lacked the logistical capacity to reach the scattered population and faced logistical bottlenecks.

Coordination mechanisms

Not only were national inter-institutional coordination mechanisms and strategic decision making excessively cumbersome, but political interference further reduced the speed and effectiveness of the response. Ineffective local emergency committees, hampered by poor leadership and funding, created problems in the field.¹⁴ As mentioned earlier, central coordination structures lacked accurate information with which to plan, make decisions, and coordinate activities.¹⁵ In fact, little had changed since the June 2001 earthquake, when Save the Children reported that the humanitarian response was hindered by coordination difficulties, poor community organisation, and the remoteness of affected areas.¹⁶ In contrast, the Red Cross Movement response was well coordinated from the outset by the IFRC Regional Delegation for Latin America and actively supported by the Pan-America Disaster Response Unit in Panama.

Gradually, as in many disasters, coordination among other actors improved. Regular meetings co-chaired by INDECI and the United Nations Disaster Assessment and Coordination team (UNDAC) helped to coordinate humanitarian assistance and recovery programmes, and placed greater emphasis on longer-term planning in order to address the transition from emergency to recovery. INDECI established an inter-sector Emergency Operation Centre that facilitated decision making about the most appropriate use of available resources. When UNDAC's mission ended in September, OCHA was requested to take over coordination with governmental and local authorities and international donors.¹⁷

Due to the small scale of the disaster and government incapacity, the UN Country Team advised against the implementation of the cluster approach, even though other major humanitarian actors thought it would be useful.¹⁸ However, 11 sectors and lead UN agencies were identified, based on agency capacity and needs. The government identified counterparts to co-chair sector meetings. Unfortunately, however, no single organisation had the final responsibility for a sector.

Regular coordination meetings were held within the humanitarian community. But some organisations considered these meetings unproductive, as not all information was shared and some that was exchanged was not based on common data sources. In the early stages after the earthquake, field coordination was considered poor and only active in Pisco. The effectiveness of coordination varied in each sector, according to the capacity of the national counterpart in the field and the involvement of local authorities. While the health sector was coordinated better than others, there were no coordination mechanisms for camp management.¹⁹

Donor coordination proved weak in identifying potential synergies and complementarities. Bilateral agendas prevailed over a coordinated approach to bridging the relief-development gap.

Recovery myths and limitations

The transition from relief to recovery and long-term development was a major flaw in the humanitarian response. The prevailing myth that an emergency ends in a question of days or weeks was again debunked in Peru. According to the Pan American and World Health Organizations, "the earthquake of Peru showed once again that even though the cameras and broadcasters are gone from a disaster, conditions are far from normal."²⁰ Two months after the disaster, thousands of people in

remote areas still needed shelter and access to food, safe water, sanitation facilities, and health care, illustrating the need to connect relief, recovery, and development, as expressed in the GHD *Principles*.

One important factor hindering reconstruction was the lack of participation of the affected population in the recovery effort. For example, the government announced that affected families would be given priority in a cash-for-work programme for debris clearance and house reconstruction, through the "*Construyendo Perú*" initiative. Unfortunately, this proposal never became a reality. In fact, four months after the initial emergency relief operation, the transition into the next stage had hardly begun.

Yet another factor complicating recovery was the ineffectiveness of FORSUR, which had been established to manage the reconstruction efforts. Four months after the earthquake, it was slow to act, as its operational base was still located in distant Lima, and it had no implementation plan. The lack of progress created discontent and led to mass protests in November. According to the President of FORSUR, reconstruction was delayed because they had not yet received foreign pledges earmarked for reconstruction.²¹ However, in a public opinion survey, 37 percent of people were convinced that the reason FORSUR had not made progress was corruption; 17 percent believed that political interference was the cause.²² Ica Eusebio Valdez, President of the *Coordinadora Regional de Ciudadanía*, said that FORSUR "is a phantom institution that has not carried out any concrete action." Some donors, such as Canada – already engaged in recovery and long-term development – did not trust FORSUR, and decided not to contribute funds. Instead, they worked through international partners such as the IFRC. However, it should be noted that the inefficiency of FORSUR was due, in part, to the strict control systems and cumbersome bureaucracy created to prevent corruption following the widespread fraud of the Fujimori government.²³

Some donors, such as the Dutch, who expressed interest in funding reconstruction, turned their attention elsewhere when the Bangladesh cyclone struck and political and media attention shifted to other fronts – in contravention of GHD Principle 11. Nevertheless, some agencies, such as ECHO, USAID, and the Canadian International Development Agency (CIDA) funded international NGOs such as CARE and Caritas to build temporary shelters. In early September, the Japan International Cooperation Agency (JICA) dispatched a

team to assess long-term reconstruction needs in the most heavily damaged areas.

The limited recovery efforts failed to address livelihoods. No comprehensive analysis or efforts to reduce the vulnerability of the affected population and increase their capacity were carried out. Very few donors focused on the livelihood components of the early-recovery programmes, such as emergency rehabilitation of farming activities. Support for the resumption of small scale agricultural activities, as carried out by the Belgian government and ECHO, represented an excellent bridge between relief and development.

Although the overall initial emergency response was effective, much work remains to be done in recovery and reconstruction, especially for the most vulnerable, such as families living in overcrowded camps or in inappropriate shelters, and with limited access to basic services. With this critical need in mind, donors should more actively and systematically support programmes in line with GHD Principle 7. It would also be vitally important to promote Principle 8, and strengthen the capacity of the government and communities to prevent, prepare for, mitigate, and respond to, future disasters. The weaknesses of Peruvian institutions were evident and must be attributed primarily to national political interference, rather than to limited donor involvement. Unfortunately, little has been accomplished to improve the situation in either of these areas.

Conclusion

The case of the 2007 Peru earthquake reflects a positive trend in private sector donations as part of a corporate social responsibility agenda. Non-traditional donors should be encouraged to contribute to disaster risk reduction in local communities. However, an important consideration which emerges from the above analysis is that assistance is not necessarily more efficient when it is the first to arrive, but when it best responds to real needs.

It is evident that because the Peruvian government was not sufficiently prepared to collect information and coordinate with international actors, they hindered the humanitarian response. Institutions established for the purpose of coordination cannot exist in name only, but must be operational, with clear roles and responsibilities, and with a strong presence in the field. Donors should strengthen and support the government's coordination capacity to prevent, prepare for, mitigate, and respond to, future disasters. One of the most important lessons from

this disaster is the need to reinforce preparedness at a central level as well as in the provinces and municipalities, by making disaster risk reduction an institutional priority. Indeed, local capacity building continues to be a real need, as the local authorities of the 25 regions, 123 provinces, and 1,900 municipalities *all* require training in disaster preparedness.

Similarly, in order to guarantee long-term benefits, donors – in keeping with the Hyogo Framework for Action – should support capacity-building initiatives for community organisations, and strengthen community resilience and local-level risk reduction efforts, through risk assessment and awareness training. Efforts should be made to map hazard-prone areas and analyse disaster risk with local community representatives, as well as with state and non-state actors. Donors should fund efforts to train, retrain, and equip local community-based disaster management committees in disaster preparedness and early warning, in order to overcome failures of the public administration. Given the problems created by the lack of land titles, donors and implementing partners should work to identify existing land ownership patterns and advocate for the rights of the affected population and for proper legal registration.

Beyond supporting disaster risk reduction and support for the initial emergency phase, there is a clear need for donors to provide sustained funding into the mid-term and recovery phases. These measures would not only increase the effectiveness of their investment, but would help to bridge the gap between relief – often considered by media and donors as the “sexier,” more attractive side of an emergency response – and development, which receives far less attention. Donors should therefore fund the integration of disaster risk reduction measures into recovery and longer-term development programmes, in keeping with the basic “build-back-better-and-safer” principle. In order to achieve maximum impact, recovery should also be participatory and engage local communities in training and decision making. Lastly, the overall recovery programme must be jointly assessed by the government, donors, local and international organisations, and affected communities, so that specific lessons can be learned, and transparency and accountability increased.

The importance of effective joint assessments and joint monitoring is also evident from the humanitarian response to the earthquake in Peru. Information must be shared in a transparent way among all actors in the response system. Similarly, the government of such a disaster-prone country, should, with the support of the

international donor community, draw up a disaster management plan, which includes a clear contingency plan, and which defines the response coordination mechanisms and the roles and responsibilities of governmental and local actors. The international humanitarian community should shift from a more reactive response to a more cost-effective investment in preparedness.

Notes

- 1 The HRI team, composed of Aldara Collet, Valentina Ferrara, and Riccardo Polastro visited Peru in November 2007. The opinions expressed here are those of the author and do not necessarily reflect those of DARA.
- 2 The 1970 Ancash earthquake caused an estimated 48,000 to 66,000 deaths and affected 3.2 million people. For further details see Emergency Events Database (EM-DAT) at: <http://www.emdat.be/Database/CountryProfile/countryprofile.php#top10lists>
- 3 Instituto Nacional de Defensa Civil, 2007.
- 4 As reported by the International Federation of the Red Cross and Red Crescent Societies (IFRC), 2008, p. 3.
- 5 European Commission Humanitarian (Aid) Office (ECHO), 2007.
- 6 Ipsos Apoyo, 2007.
- 7 HRI field interview.
- 8 Including the ALAS Foundation, Alcatel Lucent Foundation, BNP Paribas, Exxon Mobile, Galaxy Latin America, Germanischer Lloyd Peru, Goodyear, KLM, Kraft Food, JT International Foundation, the Monsanto Fund, the OPEC Fund for International Development, Petrolife Petroleum Company, the SAFRA Edmond J. Philanthropic and the Telefónica Foundation.
- 9 OCHA, FTS.
- 10 HRI field interview.
- 11 Elhawary and Castillo, 2008.
- 12 ECHO, 2007.
- 13 OCHA, 2007a.
- 14 IFRC, 2007.
- 15 *The Economist*, 2007.
- 16 Clulow, 2001.
- 17 Initially, OCHA did not manage coordination of the response. During the HRI field visit a number of donors complained about OCHA's limited presence.
- 18 OCHA, 2007c.
- 19 OCHA, 2007b.
- 20 Pan American Health Organization, 2007.
- 21 This amount includes Sol/178 million from the Ministry of Economy and Finance and Sol/500 million from foreign donations (equivalent to US\$60 and US\$169 million, respectively, at the time of the mission).
- 22 Ipsos Apoyo, 2007. The survey was carried out on a sample population of 1,007 people between 18 and 70 years, in 16 representative cities of the country.
- 23 This explains why the government initially asked for in-kind rather than cash donations. The problem is so severe that most of the public budget goes unspent.

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