www.ifrc.org
Saving lives, changing minds.

DREF Final Report

Trinidad and Tobago: Floods

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n° MDRTT001**
Date of Issue: 28 May 2019	**Glide number:** FI-2018-000194-TTO
Date of disaster: 19 October 2018	
Operation start date: 26 October 2018	**Operation end date:** 26 January 2019
Host National Society: Trinidad & Tobago Red Cross	**Operation budget:** 249,603 CHF
Number of people affected: 100,000	**Number of people assisted:** 5,000
National Societies involved in the operation: The Trinidad and Tobago Red Cross Society (TTRCS) supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) through the Country Cluster Office for the English-Speaking Caribbean and Suriname and the regional office for the Americas (ARO) in Panama.	
Other partner organizations involved in the operation: The Trinidad and Tobago Red Cross Society worked in partnership with the state agencies responsible for disaster and relief such as the Office of Disaster Preparedness and Management (ODPM), the Ministry of Rural Development and Local Government (MoRDLG), the Ministry of Social Development and Family Services (MSDFS) as well as community and faith-based organizations.	
The Trinidad & Tobago Red Cross spent a total of 210,480 CHF. The remaining balance of 39,123 CHF will be reimbursed to the Disaster Relief Emergency Fund.	

< For the Final Financial Report, click here. For contact information, click here. >

A. SITUATION ANALYSIS

Description of the disaster

On Tuesday, 16 October 2018, the Trinidad and Tobago Meteorological Office (TTMS) issued an Adverse Weather Alert (Yellow Level) that predicted showers and thunderstorms due to the presence of an Inter-Tropical Convergent Zone (ITCZ); the warning was in place for 17-19 October. On Thursday, 18 October, the TTMS upgraded the alert to Orange Level, as the ITCZ continued to produce intermittent periods of rainfall and thunderstorms. Late Thursday, 18 October, the TTMS issued a Riverine Flood Alert (Red Level), as river levels exceeded threshold levels and some of them overflowed their banks. Since additional rainfall was forecasted, river levels were expected to remain elevated for the next several days.

TTRCS President with staff, volunteers and officers of the IFRC CCST tour Greenvale Park, La Horquetta, one of the most affected communities. Source: TTRCS.

On Friday, 19 October, the Piarco International Airport was closed for several hours, as the weather made it impossible for aircraft to land, and the surrounding roadways were flooded. That same day, the ODPM issued Public Advisory #8 at 2031 hours, which alerted the TTRCS Disaster Management system of an ongoing life-threatening operation in the Greenvale Park community of La Horquetta, where residents were stranded on their roofs due to the rapid onset of floodwaters.

On Saturday, 20 October a national newspaper described the floods as ‘catastrophic’ (Trinidad Express 20 Oct. 2018), and the Trinidad and Tobago Police Service (TTPS) advised that the main north-south highway was impassable; nevertheless, the country’s President did not issue an official national disaster declaration in accordance with the Disaster Measures Act. The persistent rainfall caused flooding in approximately 80 per cent of the country, primarily the north, east, south and central parts of the island nation such as Sangre Grande, Matelot, La Horquetta, St. Helena, Caroni and Mayaro. Official reports from ODPM and CDEMA’s Situation Report #1 stated that the flooding impacted

100,000 to 150,000 people. Additionally, official reports from ODPM and CDEMA indicated that 800 people sought shelter in collective centers during the peak of the emergency; however, within 10 days post impact all collective shelters were closed as affected people returned home to begin the cleanup process.

A common sight in most communities after the floods; the complete contents of a home damaged by floodwaters left to be discarded. Source: TTRCS.

The TTRCS conducted several types of assessments that led to the development of the operational strategy and Plan of Action. During the first seven days post impact the TTRCS conducted rapid assessments. Since this was the largest scale disaster experienced with several communities affected spanning all areas of the country, the TTRCS had to conduct rapid assessments to determine priority areas for intervention. These assessments led to the selection of the four priority communities of St. Helena, Sangre Grande, Mafeking and Penal. These had significant impact and relief was not being provided effectively by other actors due to the inability to reach people in the most remote areas. The TTRCS employed its strong stakeholder partnerships with civil society groups to ensure the most vulnerable were identified. These groups helped to pinpoint remote areas that relief had not been distributed and where families were in need of assistance. The National Society then conducted door-to-door detailed assessments in these areas to identify the target of 500 beneficiary families.

Summary of response

Overview of Host National Society

On 19 October 2018, the TTRCS mobilized an 11-member team of responders, which included shelter management, psychosocial support (PSS), medical and coordination specialists, to conduct an initial assessment and provide medical support in the event of injuries during the rescue operations. Upon their arrival in the community of La Horquetta, the team had to transition from assessment to response mode because rescued residents were being housed at a multipurpose sporting complex and a primary school approximately one mile from the impacted zone. The deployed TTRCS personnel engaged in shelter support to ensure that proper emergency shelter procedures were implemented, such as the registration of residents, dormitory management and that the affected population's psychosocial needs were met; the situation was exacerbated by the many children who had become separated from their parents due to the emergency.

The TTRCS's medical team and the two ambulances it had at its disposal supported the National Society's rescue operations through the transportation of injured people to health facilities and the evacuation of persons with special needs; the team also conducted a rapid medical evaluation of the rescued people, as these people had been stranded for several hours and partially submerged in floodwaters during that time in many cases.

During the response phase, the TTRCS Disaster Response Team set up a forward operating base (FOB) at the La Horquetta South Primary School which allowed the TTRCS to situate its Incident Command Centre closer to the main impact sites. Deployment of response teams was done from the FOB which ensured timely feedback from the field with initial damage assessment information to inform the Plan of Action. The TTRCS Disaster Management Plan was put into action to mobilize response teams from the North Branch and South Branch to provide support with volunteers, vehicles and other resources. The North Branch was primarily responsible for work in Mafeking, Sangre Grande and St. Helena while the South Branch managed the response in the Penal area.

After the DREF was approved, with the support of the first two RITs who were deployed, the TTRCS quickly mobilized to conduct door-to-door household surveys to identify beneficiaries. This was the TTRCS' first deployment of the ODK system for a disaster response, so it required some training with the volunteers to ensure proper data collection. Household assessments took more time than planned as the priority communities were very large and houses were not close to each other. The TTRCS also put emphasis on areas not reached by other relief actors, as it tried to target persons who may not have gotten assistance from the state or did not qualify for assistance from the state, especially if they were "squatters" or had irregular land tenure.

Red Cross Volunteer conducts an assessment in the Sangre Grande area and educates the resident about safe hygiene practices after the floods. Source: TTRCS.

During the assessment phase, the TTRCS Disaster Management Team also deployed multidisciplinary volunteers who provided Psychosocial Support to the affected households. The hygiene promotion and epidemic control campaigns were also launched simultaneously through the distribution of information brochures and face-to-face dialogue with residents on safe disposal of flood damaged items and proper sanitation methods for cleaning and disinfection of homes. A lot of material used for the epidemic control campaign was previously created within the TTRCS Vector Control Programme, which allowed for faster implementation of the campaign. The TTRCS also utilized social media to share key messages about hygiene and sanitation.

The TTRCS assessed some 576 households in the communities of St. Helena, Sangre Grande, Mafeking and Penal. The TTRCS Executive Committee approved the selection criteria to narrow down the assessment data to the target of 500. 490 families were targeted for a cash-based intervention of TTD$1,700.00 (USD$250.00) unconditional cash grant to allow beneficiary families to purchase items lost in the floods. A total of 471 households received the grant; 19 targeted households who were selected did not collect their grant because they moved out of the affected area and were not able to be contacted.

Distribution of hygiene kits in the St. Helena community. The second most heavily impacted area. Source: TTRCS

Post distribution monitoring (PDM) revealed that 45% of the households used the cash mainly for buying food items and 27% used it to purchase appliances, mainly small ones. While the minority utilized it on other uses such as to tend to health needs, purchase clothing, cleaning supplies and pay for minor home repairs. The families who received the cash grant also received a hygiene kit.

The DREF was able to replenish the medical supplies used during the operation of the medical post set up at the La Horquetta South Primary School which addressed the medical needs of some 1200 families from the immediate community of La Horquetta (Greenvale Park) as well as surrounding areas of St. Helena and Sangre Grande. Through the DREF the TTRCS was able to also complete a capacity building project in Protection, Gender and Inclusion (PGI) which would contribute to the effective implementation of these principles for future operations.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Support Team (CCST) Port of Spain Office provided technical guidance to the TTRCS for the implementation of the DREF. PMER, CEA and Communications were the main areas of support required by the TTRCS. The PMER senior officer at the CCST supported with the development of the ODK Assessment Form and liaised with the IFRC's Americas regional office for further guidance and technical support with server access to have forms uploaded. The CEA senior officer supported with community engagement guidance as well as facilitated the Lessons Learnt workshop at the end of the project. The Communication senior officer was tremendously helpful in accompanying TTRCS volunteers to the field to document activities with photos and video and conducting interviews with beneficiaries.

The RITs that were deployed in the areas of CTP, Relief and Information Management were also useful as this was the first implementation of DREF in TTRCS history and they were able to guide the implementation of the DREF according to IFRC standards.

Overview of non-RCRC actors in country

The government activated its National Emergency Operations Centre (NEOC) to coordinate the activities of all responders on the ground. National Security agencies maintained order and supported the search and rescue efforts. The Ministry of Works and Transport cleared roadways and strengthened bridges to facilitate access to communities that were cut off for some time. The Ministry of Social Development and Family Services led the national assessment but was heavily supported by personnel from the Protective Services and Disaster Officers from the Ministry of Rural Development and Local Government. Assessments took over three months to complete and were officially ended in January 2019 leaving many households with no recourse, as it was impossible to keep evidence of flood damage for so long. Civil society, including non-governmental organizations (NGOs), faith-based organizations and corporate bodies responded with very little coordination from the government. They provided mattresses, cleaning supplies, food, water and clothing to affected people, however this could not be quantified as no reporting mechanism existed for civil society actions at the government level. Even though their efforts were not coordinated, they were able to provide almost immediate relief to affected families.

The Ministry of Health and the Regional Health Authorities activated their emergency operations and health teams as part of the NEOC-coordinated relief. Health Surveillance was elevated as rumors of communicable diseases, rashes,

infections and leptospirosis outbreaks were rampant in the shelters after impact. After three months there was no evidence of any communicable disease or outbreak of leptospirosis that could be attributed to the floods.

Needs analysis and scenario planning

Water and Sanitation: Flood waters initially affected the supply of pipe borne water to many communities along the northern and eastern parts of the island. Many smaller water treatment plants were shut down as their intakes were blocked by debris and heavily silted water. The Water and Sewerage Authority (WASA) redistributed water from other parts of the country, but this limited the supply significantly especially in the flood damaged areas. At a time when the population needed significant amounts of water to begin cleaning, water was not available. Truck borne water to affected communities helped alleviate this problem, however the TTRCS saw the need to increase education about safe cleaning and disinfection and maintaining proper sanitation as flood waters crippled sewerage systems causing human faeces to mix into flood waters. An education campaign was noted as one of the priority areas for action as well as the distribution of hygiene items.

Drinking water was widely available through bottled water which was distributed by the TTRCS (not directly part of the DREF operation) and as part of the response of almost all other relief actors.

Livelihoods and Basic Needs: This flood event, though devastating, caused little physical structural damage to homes. All internal contents of the majority of affected homes, including furniture, appliances, food stores and clothing were completely wiped out, but the structural integrity of the houses was not compromised. Families were able to remove and dispose of the flood damaged items, but they were left with an empty shell. Meeting immediate basic needs were a top priority; vulnerable families did not have savings and no government grant was provided for immediate food and hygiene needs. The TTRCS unconditional cash grant was a timely and much needed form of relief to meet the immediate needs of the vulnerable. Even though the cash grants were distributed from one month post impact, the timing was appropriate as many would have received in-kind support from other relief actors such as food parcels, however after two to three weeks post impact all these smaller support groups stopped providing relief as their resources came to an end.

Health: Unlike other flooding events, this flood created more potential health risks as the sewage systems in many flood-affected communities became compromised as sewage was mixed into the flood waters exposing people to a number of pathogens. Another complexity was the number of people with disability who required to be rescued and supported with proper evacuation to shelters and other safe areas due to their mobility issues.

The TTRCS saw the need to implement an immediate medical response. It established a medical post at the La Horquetta collective center, where residents accessed basic healthcare from attending doctors who visited daily from the Regional Health Authorities; these doctors also administered medicine to treat chronic illnesses. The post was manned by TTRCS emergency medical personnel 24/7, with ambulances on standby to transport critical cases. The medical post also supported the medical needs of the neighbouring communities such as St. Helena and Sangre Grande, as the ambulances were easier to deploy from La Horquetta rather than making the journey from the TTRCS headquarters in Port of Spain. The medical post was operational for ten days.

Based on the analysis of needs for health, it was imperative that the TTRCS start educational campaigns on epidemic control and hygiene promotion as soon as possible. These campaigns started from the assessment phase with the distribution of information and having one-on-one dialogue with residents during the household level assessment.

Shelter: Early estimates indicated some 100,000 to 150,000 people were affected by the floods. This proved to be true, more than 20,000 households were affected to some degree. A concrete final figure is still unknown as several hundred assessments are still being investigated and many others did not report damages. Approximately 800 people sought refuge in emergency collective centers immediately after the floods, however these collective centers were closed within 10 days. As the floods did not cause significant damage to the homes' structure, affected people were able to return home to salvage what they could. Based on the needs assessment, shelter was not deemed a priority area for action.

Risk Analysis

The security situation in the La Horquetta area was initially flagged as a concern as the community has a history of crime and gang activity. However, during the operation the government had a significant security presence, and this quelled any unlawful activity. In no instance was the security of Red Cross personnel threatened. The National Society was able to move freely to conduct assessments and distributions without any issues, fully maintaining its independence and neutrality.

The only issue that arose was the distance to some of the rural communities especially Penal and Mafeking with difficult roads to traverse in very poor conditions that made the journey take four to five hours one way. This was mitigated through proper planning with the community to ensure that the Red Cross arrived in a timely fashion. The National

Society also established community liaisons to communicate any challenges it may have with access, so people would not wait unnecessarily at the distribution points.

B. OPERATIONAL STRATEGY

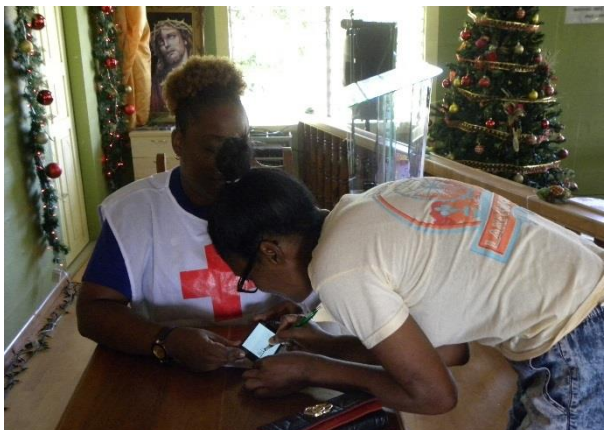
Proposed strategy

RIT, Nicole Fassina from Canadian Red Cross conducts a CTP Training for volunteers of the TTRCS in preparation for CTP distributions. Source: TTRCS

The DREF operation followed the Emergency Plan of Action very closely. The initial assessments were accurate and accounted for many of the challenges being faced on the ground. In order to start the operation, the TTRCS had to ensure that its household level survey captured all the relevant information to select beneficiaries and address other key factors such as gender balance, single parent households, and persons living with chronic illnesses or disability. The assessment form was designed in conjunction with the TTRCS technical team, IFRC, and members of the community in order to ensure that it would be implemented effectively and in a timely manner. The assessment design took approximately one week to ensure that it was comprehensive and addressed concerns in the local context. The National Society then had training for the volunteers in using ODK and completing the assessment on the android platform. Even though the TTRCS had volunteers previously trained in ODK it was important to ensure that they could conduct the assessment with the households and answer any technical questions that may arise. All activities were approached with a high degree of caution as it was the first major disaster the National Society had responded to and the TTRCS wanted to make sure there was as little error as possible, as well as avoiding having to do multiple assessments with the same household.

To ensure persons in the affected community were available when the volunteers began assessments, they were carried out during the weekends. Conducting the assessments in all four communities took five weekends and this included the support of the Branches who covered their own jurisdiction. The TTRCS Executive with the technical staff met at the start of the operation and approved the selection criteria which assisted in the timely selection of the beneficiaries. The selection criteria were published and available for all the community to see as well as printed in the CTP brochures to ensure a high degree of transparency and accountability. The application of the selection criteria to the assessment data was closely monitored by the RIT and always done in their presence; this was done again to promote clear accountability of the TTRCS. The TTRCS also provided access to all assessment information to all RIT deployed on the operation and to the IFRC to conduct their independent audits. Coordination and verification of assessment data was done in conjunction with the Ministry of Rural Development and Local Government and the Ministry of Social Development and Family Services who were the other lead agencies on the ground conducting assessments. This coordination of data allowed the National Society to verify the integrity of the data it was collecting.

Once the beneficiary list was approved, the distribution was well coordinated. Location sites for distribution were identified early during the CTP Rapid Assessments of Markets (RAM) process as the TTRCS was in the community. Primary distribution sites were schools as they provided seating accommodation for the beneficiaries. Beneficiaries were contacted via phone to come to the distribution sites and the distribution of CTP and hygiene kits were expeditiously done. Post Distribution Monitoring Surveys were done for over 30% of the beneficiaries which is significantly more than the required 10%. Each distribution was also multipurpose, meaning that the TTRCS executed the various educational campaigns of epidemic control and hygiene promotion as well as distribute CTP and hygiene kits; allowing to reach the target number of people.



A volunteer distributes CTP Debit Card in Mafeking Village, beneficiary signing using ODK. Source: TTRCS

CEA was also a key component to ensure the beneficiaries' needs were being addresses. A 24/7 hotline was open for persons to call or send WhatsApp messages directly to the Project Coordinator, who provided immediate guidance and assistance at all times. Utilizing the support from the CCST Office in communications, the TTRCS was able to capture beneficiary interviews and get feedback in other ways. During the entire operation, beneficiaries were comfortable voicing their concerns and seeking help to ensure they got the most

from the intervention. The TTRCS was also able to provide other types of guidance via the hotline, such as support with accessing government grants and support when the beneficiary qualified but did not know how to proceed.

C. DETAILED OPERATIONAL PLAN

Livelihoods and basic needs

People reached: 2,355
Male: 1,130
Female: 1,225

Indicators:	Target	Actual
Number of families that receive CBI Debit Cards	490	471
Number of TTRCS volunteers that receive CBI refresher briefing	10	22
Number of assisted households able to meet minimum expenditure basket needs including food items, and NFIs.	490	471

Narrative description of achievements

The TTRCS, with the support of the CBI RIT, developed a strong cash-based programme. Assessments of markets and a cash feasibility study were done effectively with stakeholders in the four target communities. It was a priority for the TTRCS to be as inclusive as possible, as it was the first CBI programme ever implemented in the country. CEA activities with beneficiaries and shop keepers allowed to plan for possible challenges of implementation, the main one being education about using debit cards at cash machines (ATM) for beneficiaries who were not familiar with electronic banking.

The TTRCS assessment survey included questions about the family banking practices and any previous use of electronic banking such as with debit cards. This allowed the National Society to gauge how many persons may have challenges using the cards. This was the first time the TTRCS used ODK for a post disaster assessment; 32 volunteers were trained in the use of ODK and were mobilized to conduct the assessments.

CEA was also implemented during the distribution to ensure all beneficiaries, whether they were familiar with debit card banking or not were properly trained to use the debit card. This reduced the number of cards that were taken by ATMs to only six out of 471. Each beneficiary received a brochure detailing a step-by-step guide to using the ATM as well as a one-on-one explanation to ensure that the proper procedures were followed.

The timing of distributions (evenings and weekends) was done to ensure persons were able to come to distribution sites which were central locations in their communities, mainly schools. The TTRCS used phone as the primary way to communicate with beneficiaries. Volunteers called each beneficiary and scheduled distribution times to make the process more efficient. There was little queuing time and wait time was reduced as much as possible to ensure persons with special needs could be attended to without rushing and others who were familiar could receive their cards faster. The average time for each beneficiary to collect their card was no more than 20 minutes. The National Society also ensured that there were enough volunteers available so beneficiaries could ask questions, especially older persons who may not have ever used a debit card before.

A 24/7 feedback hotline was also implemented from the first distribution throughout the entire programme where beneficiaries could phone in questions or send messages via text and WhatsApp. This was used a lot by beneficiaries who generally had simple questions such as the date the card would be activated or which account to withdraw funds from. The hotline was also a way for beneficiaries to find out about other activities and distributions that they missed. It also gave an avenue for persons who were not sure if they qualified after the assessment to call in to query about the TTRCS assistance and often about their government grants, which was information the TTRCS was able to provide.

Challenges

Use of the technology proved to be the TTRCS' most significant challenge. It was the first implementation of CBI and using ODK for assessments and distributions by the National Society. During the assessment design phase, the TTRCS was not able to upload the forms to the server; at that time, it was using the TTRCS server designated for the Vector Control and Response Programme. Also, as the forms underwent changes the TTRCS had challenges maintaining the formats and versions on the server, this led to the completed assessments not being able to upload

from the phone. The National Society was eventually able to rectify the situation with a manual download from the phones into Excel. Some other technological challenges included distributions where beneficiaries had to sign on the phone. Even though the TTRCS had styluses, over 65% of beneficiaries were elderly persons and had difficulty, making the process somewhat frustrating for them. For people with limitations or simply not willing to provide a signature, the ODK form enabled the volunteer to take a picture of the beneficiary holding its ID and Visa card, as an evidence of the distribution.

There were serious challenges from the TTRCS to reach the communities; a significant percentage of beneficiaries missed the distribution dates. While the National Society hoped to accomplish distributions in one or two sessions per community, it was necessary to go back to the community four times to distribute the CTP cards. In January 2019 when cards were scheduled to close, there were some persons who had received their card but were not able to reach the ATM before the cards were closed off by the Panama Office. One beneficiary was unhappy that the cards were closed off before she was able to withdraw her funds and made a complaint through the IFRC website. To amicably resolve this issue, as well as support a few other families who were in this predicament, a decision was made to distribute cash in envelopes to seven beneficiaries who were not able to use the CTP card. Five were persons who received their CTP card but could not withdraw from the ATM and two were beneficiaries who were immobile, and a house visit was required for them to receive their grant. This was a solution given by IFRC's Americas Regional Office when the complaint was received at the IFRC site. Before that the TTRCS had not reported these incidents in order to troubleshoot them timely.

In two isolated cases the TTRCS did not cater for persons with special challenges. In one instance a beneficiary could not sign as they usually use fingerprint as the form of verification; none of the technology allowed for the capture of a fingerprint. In this case the beneficiary signed with a "special mark" in the ODK and a notation was made and witnessed by the RIT. The second case involved a blind person, he did not have an issue to sign, however he was not able to benefit from our printed instruction material. The TTRCS was able to address this case by speaking to his authorized care giver at the time they were at the ATM to withdraw the grant and was able to do this successfully. During the assessment and beneficiary identification phase, the TTRCS did not keep a list of those beneficiaries with special needs to receive a specific support according to their needs, despite the recommendations given by IFRC's Americas Regional Office.

Lessons Learned

The development of a Cash Based Intervention – Standard Operating Procedure (SOP) is required for future operations. The TTRCS will also seek to develop more capacity in using ODK through training volunteers and using ODK for other types of assessments such as community risk assessments in order to keep persons familiar with the system. The TTRCS has also acquired server space through KOBO which would make utilization of ODK more effective. For future implementations of CBI, it is necessary to engage more volunteers in the implementation of sectors activities, to establish clear roles and responsibilities within the team, and to have a better internal communication and coordination.

Health

People reached: 5,000
Male: 2,400
Female: 2,600

Indicators:	Target	Actual
Number of people reached through first aid services	2,500	4,000
Number of health posts established in collective centres	3	1
Number of people reached through community-based health activities	2,500	5,000
Number of community campaigns conducted	1	1
Number of people reached through PSS	2,500	4,000
Number of TTRCS volunteers reached through PSS	20	60

Narrative description of achievements

The TTRCS are experts in the establishment of emergency medical care centres and management of ambulances for emergency and planned events. According to its procedures, the National Society was easily able to set up the

medical treatment post and staff it accordingly. The TTRCS provided treatment and care for persons at the collective centres and wider communities that were affected and bolstered support from professional doctors from the Ministry of Health – Regional Authorities to ensure persons with chronic conditions were seen and medications prescribed and administered.

The TTRCS PSS teams reached a wide cross section of the affected communities as they supported the multi-sectoral assessment teams and provided PSS in the field during the household level assessment. PSS was also an on-going service provided in the shelters. Volunteers as well as a professional psychologist were retained to provide this ongoing professional level support to persons who may have been flagged by volunteers for more advanced care.

Along with PSS, community-based health activities were conducted. Information on epidemic control was disseminated widely to houses impacted by the floods as well as shared on social media. This was particularly important within the first two weeks after impact as the number of rumours of contagious diseases rose and it was important to manage these rumours through proper information dissemination. There was one case where rumours began spreading through the shelters of a contagious rash, even security and military personnel were deceived and took unnecessary measures by wearing medical masks and gloves. This created a heightened fear amongst the shelter residents. The TTRCS moved quickly to squash the rumours by mobilizing the Ministry of Health to deploy doctors to screen potential patients at the shelter. This was brought under control in about two hours and information disseminated early to the media to educate the wider public as it turned out to be false.

Challenges

The TTRCS has very few doctors on register as volunteers, therefore in the establishment of the medical post it had to count on the doctors of the medical centres who visited daily to provide prescriptions to patients. This sometimes created some backlog in the number of people waiting to be tended to at the medical post. However, the only way to address this is by recruiting more medically certified doctors to support the TTRCS' medical operations.

The National Society also had limited equipment to address persons with some types of disability especially persons with amputations. The TTRCS will invest in this equipment to support future operations.

Lessons Learned

Many of the TTRCS volunteers support the emergency medical service through work on the ambulances on a daily basis. However, the National Society realizes that specialist training is needed for them to work effectively after a disaster. A large number of volunteers are trained in disaster management and a large number in emergency medical care, however the National Society is limited in those who have both and can provide medical care after a disaster. The TTRCS will increase the capacity of the National Intervention Team which includes emergency medical care training and, using simulation, the National Society will test the capacities of the volunteer to work in varying scenarios.

There was also an identified need to create a feedback mechanism for persons who benefit from the TTRCS' emergency medical services. This was an oversight on the National Society as there were no established systems for persons to lodge complaints or give feedback after medical care. This will be revised and implemented into the TTRCS' CEA SOP for future operations.

Water, sanitation and hygiene

People reached: 2,500
Male: 1,200
Female: 1,300

Indicators:	Target	Actual
Number of families that receive hygiene kits	500	500
Number of household surveys administered to families	150	156
Number of hygiene promotion campaigns for affected communities	1	1
Number of families reached through hygiene promotion campaign	500	2,000

Narrative description of achievements

The TTRCS made the decision at the start of the operation to do local procurement of the hygiene kits as it is more culturally acceptable to use local brands. The National Society has had experiences in the past in which persons did not use the items from the IFRC hygiene kit because the writing was in another language and they were not familiar with the brands. In making the hygiene kit, the TTRCS also took a greener approach by parcelling the items into a reusable plastic bucket with a lid rather than a cardboard carton that would have been disposed of immediately. The bucket could be reused to store water or to aid their clean-up activities; this limited the amount of waste generated by the response.

Like the TTRCS' epidemic control campaign, the National Society also started its hygiene promotion activities during the assessment period. Because water was limited in the first week due to the inoperability of some of the water treatment plants, and the extra contamination by sewage in the flood waters in several communities it was necessary to educate persons on safe hygiene practices, hand washing and proper sanitation of homes. Bleach and other cleaning agents were also distributed within the first week from existing stocks and donations. Distribution of bottled water also limited the number of persons contracting water borne illnesses.

Challenges

Even though the TTRCS made a valid decision to make local procurement of the hygiene kits, the demand of these same items by other partners was also high. It took some time for suppliers to confirm they were able to provide the items. This delayed the procurement of the hygiene kits for distribution to communities. There were a few extreme cases of families in need and a decision was made to immediately distribute 100 hygiene kits from stock to the highly vulnerable families such as those with infants, the elderly and the disabled.

Lessons Learned

In order to implement the hygiene promotion campaign more effectively, The National Society will prepare materials ahead of time to distribute to communities quickly. The TTRCS can also establish MoUs with suppliers to provide hygiene items for the kits to the TTRCS on a priority basis after disasters.

Protection, Gender and Inclusion

People reached: 1,000
Male: 480
Female:520

Indicators:	Target	Actual
Number of activities that consider Gender, Social Inclusion and Disability issues within their planning and implementation	100%	100%
Number of people reached through community sensitization sessions	2,500	1,000

Narrative description of achievements

Protection, Gender and Inclusion was a cross cutting theme that was implemented in all programme areas.

On 19-20 January 2019, a PGI in emergencies training workshop was facilitated by the Lima Country Cluster Support Team PMER Senior Officer. It focused on PGI as a cross-cutting theme in emergency response, preventing and responding gender-based violence and sexual violence, as well as understanding sexual exploitation and abuse (SEA) and sexual harassment. Despite not having the PGI training earlier in the operation, the PGI standards document was used during the implementation of the programme and, as the workshop highlighted, many of the volunteers implemented differential actions to attend to the humanitarian needs of different population groups.

As part of the DREF, the TTRCS was able to produce 10 child friendly educational activity kits for deployment to shelters for future operations. These kits will be used to support the educational and psychosocial needs of the children that may be housed at a collective shelter.

Challenges

The facilitator for the PGI training was not a local person, which limited the available dates the training could be conducted. With the complications of end of year holidays and celebrations, the training had to be one of the last activities conducted in the DREF operation.

Lessons Learned

With the completion of the PGI training and increased capacity in the field of PGI, the TTRCS can be an asset to its sister Caribbean National Societies in the area. Volunteers and staff must be trained in PGI prior to the response. It is very useful to build relationships with civil society organizations that work on protection issues, particularly sexual violence and gender-based violence prior to emergencies. It is necessary to identify the capacities of volunteers and staff who are knowledgeable about these issues and can be focal points in the future. There is a need to combine actions in PGI and CEA.

Strengthen National Society

Indicators:	Target	Actual
Number of IFRC monitoring visits conducted	2	0
Number of volunteers insured during the operation	250	250
Number of lessons learned workshops held	1	1

Narrative description of achievements

The DREF provided a lot of avenues for the TTRCS to build capacity and experience. As a country that is seldom affected by disasters, the National Society had little experience in executing a holistic response utilizing regional tools (DREF and RIT). It was a good learning experience for the volunteers as the TTRCS implemented several new systems such as the ODK. Volunteers were able to get classroom training and then a great deal of practical experience using the tool for assessments and then for CTP Debit Card Distribution the ODK Kit procured for the operation will be utilized in further training and development of more volunteers from the Branches who were not able to be part of the operation. The TTRCS also benefited from the expertise of Nicole Fassina from the Canadian Red Cross with her advanced knowledge of CTP and through the CTP workshop; volunteers were able to also benefit from the knowledge exchange. At the end of the DREF, the TTRCS is able to work on the development of the CTP Standard Operating Procedures with some support of the CCST. The TTRCS information management system was also bolstered with the deployment of the IM RIT who was able to manage the National Society data and provide effective processing and analysis to inform decisions.

Another critical achievement for the success of the operation was the ability of the TTRCS to provide volunteer insurance to their active volunteers working in the field. This was a way to encourage more volunteers to come out and support as they felt protected with a small safety net of the volunteer insurance. The National Society was also able to hold an effective lessons learned workshop that provided valuable feedback that will support the revision of its standard operating procedures and other disaster response documents.

Challenges

Even though there were no formal monitoring visits of the IFRC, through the CCST in Port of Spain the IFRC was updated weekly through the RIT.

Lessons Learned

The flood operation tested the capacity of the TTRCS to the fullest. Several investments in human and physical resources have been made over several years of capacity building projects, but this was the first time they had to be fully implemented for a disaster response. The TTRCS' National Disaster Management Plan was outdated, as it was last updated in 2013. The National Society saw the need in this operation to have an updated Disaster Management Plan as well as various Contingency Plans to clearly outline the areas of operation. Without this being institutionalized there were several vague areas that needed to be clarified especially when it involved the roles of the Branches as well as the respective Governance functions in the response. The TTRCS sees this as a top priority to initiate a formal review of its plan and the need to develop clear Standard Operating Procedures to deal with the many possible hazards. This will fall in line with the timely implementation of the new Strategic Plan 2019 – 2022 with the strengthening of the Branches as core responders to disasters. In terms of volunteer management and development, the TTRCS sees a need to cross-train more volunteers who have both emergency medical and disaster response training as well as

strengthen its volunteer officers at the Branches with leadership skills so they can effectively manage their volunteers and support the overall operation.

In order to share the successes and lessons learned from the operation, the National Society is committed to strive to have a more comprehensive lesson learned meeting in the future by inviting relevant stakeholders and other humanitarian actors, this would provide a good platform for visibility of the TTRCS work related to disaster response supported by DREF.

D. THE BUDGET

Please see the attached final financial report.

Contact information

Reference documents ↘

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the Trinidad and Tobago Red Cross Society:

- Email: admin@ttrcs.org

In the IFRC Country Cluster Support Team:

- Kwan Ho Timothy Lam, acting head of the English-speaking Caribbean's CCST and operations coordinator, email: Timothy.LAM@ifrc.org

In the IFRC regional office for the Americas:

- Iñigo Barrena, Head of the Disaster and Crisis Department; email: ci.barrena@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator for Disaster and Crisis Department; email: felipe.delcid@ifrc.org
- Mauricio Bustamante, Regional Logistics Unit Coordinator; email: mauricio.bustamante@ifrc.org
- Diana Medina, Communications Unit Coordinator for the Americas; email: diana.medina@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer; email: marion.andrivet@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- Paula Martes; Planning, Monitoring, Evaluation and Reporting Manager; email: paula.martes@ifrc.org

In Geneva:

- Carmen Ferrer, Operational Support Disaster and Crisis (Prevention, Response and Recovery); email: carmen.ferrer@ifrc.org

How we work

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/04	Operation	MDRTT001
Budget Timeframe	2018/10-2019/1	Budget	APPROVED

Prepared on 21/May/2019

All figures are in Swiss Francs (CHF)

MDRTT001 - Trinidad & Tobago - Floods

Operating Timeframe: 26 Oct 2018 to 26 Jan 2019

I. Summary

Opening Balance	**0**
Funds & Other Income	**249,603**
DREF Allocations	249,603
Expenditure	**-210,480**
Closing Balance	**39,123**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			**0**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs	173,267	159,319	**13,947**
AOF4 - Health	19,316	14,010	**5,305**
AOF5 - Water, sanitation and hygiene	42,186	23,951	**18,235**
AOF6 - Protection, Gender & Inclusion	6,898	5,328	**1,570**
AOF7 - Migration			**0**
Area of focus Total	**241,667**	**202,609**	**39,059**
SFI1 - Strenghten National Societies	401		**401**
SFI2 - Effective international disaster management	7,535	7,817	**-281**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC		55	**-55**
Strategy for implementation Total	**7,936**	**7,871**	**65**
Grand Total	**249,603**	**210,480**	**39,123**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/04	Operation	MDRTT001
Budget Timeframe	2018/10-2019/1	Budget	APPROVED

Prepared on 21/May/2019

All figures are in Swiss Francs (CHF)

MDRTT001 - Trinidad & Tobago - Floods

Operating Timeframe: 26 Oct 2018 to 26 Jan 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**172,647**	**158,282**	**14,365**
Water, Sanitation & Hygiene	17,439	13,035	4,404
Medical & First Aid	9,965	10,792	-826
Teaching Materials	14,699	11,806	2,893
Utensils & Tools		3,352	-3,352
Cash Disbursment	130,544	119,298	11,246
Logistics, Transport & Storage	**16,453**	**5,047**	**11,405**
Distribution & Monitoring	3,991	271	3,720
Transport & Vehicles Costs	8,969	4,276	4,693
Logistics Services	3,493	500	2,993
Personnel	**24,193**	**17,762**	**6,431**
International Staff	15,944	16,339	-395
National Society Staff	997		997
Volunteers	7,252	1,423	5,829
Workshops & Training	**4,285**	**2,602**	**1,683**
Workshops & Training	4,285	2,602	1,683
General Expenditure	**16,791**	**13,941**	**2,850**
Travel	7,474	5,912	1,562
Information & Public Relations	2,292	242	2,050
Office Costs	3,737	2,457	1,280
Communications	100	310	-210
Financial Charges	3,189	4,898	-1,709
Other General Expenses		122	-122
Indirect Costs	**15,234**	**12,846**	**2,388**
Programme & Services Support Recover	15,234	12,846	2,388
Grand Total	**249,603**	**210,480**	**39,123**