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# DREF final report
## Costa Rica: Earthquake

International Federation of Red Cross and Red Crescent Societies

**DREF operation n° MDRCR010**
**GLIDE n° EQ-2012-000160-CRI**
**09 April 2013**

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary:** 52,498 Swiss francs were allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Costa Rican Red Cross (CRRC) to carry out assessments and to deliver immediate assistance to some 100 families affected by the 5 September 2012 earthquake, whose epicentre was off the Northwest part of the coast on the Nicoya peninsula.

Based on detailed damage and needs assessments in the affected regions, the Costa Rican Red Cross (CRRC) provided humanitarian aid in the field of emergency health particularly focused on psychosocial support (PSP). During this operation and in coordination with State institutions, the CRRC assisted with pre-hospital care for 222 people and provided psychosocial support to 1,656 people.

The Costa Rican Red Cross provided psychosocial support to children and youth affected by the earthquake. **CRRC**

This three-month operation was launched on 7 September 2012 and was completed by 21 December 2012.

The IFRC, on behalf of the Costa Rican Red Cross, gives thanks to the European Commission Humanitarian Aid and Civil Protection (ECHO) for their contributions to replenish the DREF allocation for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), Medtronic Foundation and Zurich Foundation, and other corporate and private donors.

***<click here for the final financial report, or here to view contact details>***

## The situation

On 5 September 2012, a 7.6 earthquake (Richter) was felt in Costa Rica. With its epicentre off the Northwest coast of the country, in the Nicoya Peninsula, it was particularly felt in the Guanacaste province. The CRRC immediately mobilized and deployed its First Intervention Specialized Unit, Rescue Unit, Advance Assistance Unit, Basic Assistance Unit, six technical specialists in health in emergencies, K-sar team, and infrastructure evaluation team, as well as members of National Intervention Teams. Based on the emergency damage and

needs assessments, this DREF operation planned to respond with relief distributions and support for pre-hospital care and psychosocial support as part of the emergency health intervention.

However, as explained in Operations Update no. 1, the National Society determined that in light of the damaged infrastructure and the fortunate situation in which no human lives were lost, the need for relief distributions was less than originally projected. Given the strength of the earthquake—one of the strongest in the country's history since the 1970s— as well as the aftershocks, the CRRC determined that psychosocial support was indispensable for children in the affected regions. In this operation, the National Society employed the DREF to cover operative costs of the emergency and provide psychosocial for 1,656 people in nine communities and pre-hospital care for 222 persons.

Additionally, as the operation came to a close, the Costa Rican Red Cross held two evaluation meetings for 21 National Society paid and volunteer human resources in the provinces of Guanacaste and Puntarenas could assess their actions during the operation and contribute to lessons learned for future CRRC actions.

With regards to coordination, the Costa Rican Red Cross participated in the State-led national response system—the National Commission for Emergencies (CNE)—, organized through the National Emergency Operation Centre (EOC), to coordinate its initial actions, undertake emergency damages and needs assessment, work jointly for pre-hospital care and harmonize actions with municipal and local emergency operations centres. Within the Movement, the CRRC received a humanitarian diplomacy delegate and disaster management delegates from the Pan-American Disaster Response Unit (PADRU) to support with damage and needs assessments. PADRU also established an online EOC to support meetings between the National Society, the secretariat and Partner National Societies from the American Red Cross and the Spanish Red Cross.

As part of its psychosocial support actions, the National Society also coordinated with the psychosocial support technical aid team (CATAP) from the National Commission for Emergencies. The CRRC's psychology unit and national youth directorate also established a strategic alliance with the Costa Rican Association of Psychologists.

Lastly, this DREF operation would not have been possible without the CRRC volunteers, staff and leadership, as well as vehicles, from the regional boards and local branches in the regions affected by the earthquake.

# Red Cross and Red Crescent action

The Costa Rican Red Cross modified some of its initial operation outcomes to better reflect the needs in the affected regions. In coordination with the national authorities responsible for disaster response including the National Commission for Emergencies, the CRRC eliminated its proposed goal of providing assistance to some 100 families and instead focused its efforts on providing psychosocial support to children and other affected groups. These important PSP actions not only were useful for children, but also allowed their adult guardians to lean more about this phenomenon.

Internally, the National Society organized two meetings in Guanacaste and Puntarenas to analyze the institutional response systems in these two provinces. As a result, the CRRC will make adjustments and implement actions to improve its future response actions.

## Achievements against outcomes

**Relief distribution**

| **Outcome: The Costa Rican Red Cross is ready to assist with the immediate needs of some 100 families in the affected provinces.** |
|---|
| **Outputs and activities planned:**<br>• Conduct emergency damage and needs assessments.<br>• Hiring of a helicopter to complete a rapid assessment of large damages.<br>• Identify affected areas and develop a Plan of Action with the possible use of a cash transfer system.<br>• Deliver intended assistance to some 100 families if needed.<br>• Provide technical support to affected communities as needed. |

**Impact:**
Immediately following the earthquake, the CRRC mobilized and deployed its First Intervention Specialized Unit, Rescue Unit, Advance Assistance Unit, Basic Assistance Unit, six technical specialists in health in emergencies, K-sar team, and infrastructure evaluation team, as well as members of National Intervention Teams. The National Society conducted emergency damage and needs assessments in 12 communities (Santa Cruz, Nicoya, Hojancha, Nandayure, Carrillo, Liberia, Puntarenas, Grecia, Atenas, San Carlos, Zarcero and Valverde Vega), which also included doing air reconnaissance via helicopter of the affected areas.

Based on this action, the National Society shared the information with the CNE and evaluated its future plan of action for this operation. While infrastructure damage had occurred and some public services were not functional, these issues were soon addressed by the appropriate public and private institutions. Due to the flow of information and campaigns to raise awareness about the Nicoya peninsula as a seismic region, the damages fortunately were moderate. The population's preparedness, thanks to work of many institutions including the CRRC, contributed to many communities having contingency plans and students having knowledge of how to respond. Additionally, the Costa Rican Red Cross radio communication system was essential for internal coordination during the evaluation phase. These factors combined with the earthquake having occurred during the day and in the dry season diminished what might have been a more serious disaster.

In light of this more benign context, the Costa Rican Red Cross modified its proposed outcomes of establishing a cash transfer system and delivery of assistance to some 100 families and providing technical support to affected communities. Operations Update number 1, covering the period 5 to 25 September 2012, issued a revised budget and established new priority areas for the operation, mainly in psychosocial support as will be detailed in the emergency health objective below.

**Challenges**:
Fortunately, the challenges that arose were more related to the disaster's scale being smaller than initially projected. The Costa Rican Red Cross efficiently used its gathered information, as well as that from colleagues in the National Commission for Emergencies, to appropriately modify this operation to respond to the needs.

**Emergency health**

| **Outcome**: **Affected population have access to pre-hospital care and psychosocial support.** |
|---|
| **Outputs (expected results) and activities planned:**<br>• Support rescue and evacuation efforts.<br>• Provide first aid care to the affected population and provide referral and transfer services to health centres.<br>• Provide psychological first aid and psychosocial support as needed to persons in affected regions. |

**Impact:**
While the CRRC contributed to rescue and evacuation efforts as led by the National Commission for Emergencies and provided first aid care to the affected population and referral and transfer services to health centres, its primary actions in emergency health in this operation were related to psychosocial support for affected children.

The first two objectives were successfully carried out in different communities in the Guanacaste, Puntarenas and Alajuela provinces. A 100 per cent of all the calls received by the 911 emergency phone line were responded to. The CRRS responded to 215 patients in the first 6 hours following the earthquake. In the province of Puntarenas, the National Society collaborated with the national health system (*Caja Costarricense de Seguro Social*) to evacuate 550 patients, including 250 who were bedridden, in the Monsignor Sanabria Hospital.

Based on its revised objectives, the CRRC aimed to provide psychosocial support to at least nine affected communities. The National Society through its youth directorate surpassed this objective and provided psychosocial support to 20 communities, reaching 1,656 people.

Following the earthquake the CRRC youth directorate and psychosocial support unit, in coordination with the institutional EOC and the National Commission for Emergencies, activated its PSP team to provide psychosocial support in the cantons of Nicoya, Hojancha, Nandayure (Guanacaste province) and later

extended these actions two the Alajuela and Puntarenas provinces. The National Society established a strategic alliance with the Costa Rican Association of Psychologists for this line of action.

The CRRC understands that PSP aims to strengthen individual and collective mental and physical health issues at a community level. Conducted with methodologies to identify areas in need of psychosocial support, the National Society employed the PSP programme "Return to Happiness" to work with boys, girls, and adolescents, as well as their adult guardians and teachers. This methodology employs recreational activities for children, mainly a puppet presentation with key messages on how to cope with stress-producing situations as individuals, family members and students.

The CRRC team mobilized 45 volunteers, 1 psychologist, 2 people (1 staff person) from the National Society's psychosocial support unit, 6 members from the Costa Rican Association of Psychologists, and 4 drivers to cover 20 affected communities. The following table details the locations where this team implemented its "Return to Happiness" programme:

| Canton | Community | Children | Adults | Total |
|---|---|---|---|---|
| Nicoya | La Montañita | 8 | 12 | 20 |
| Nandayure | Downtown | 30 | 27 | 57 |
| | Santa Rita | 40 | 25 | 65 |
| Institutional staff | EOC | | 24 | 24 |
| | Cañas | | 10 | 10 |
| Hojancha | first phase | 242 | 125 | 367 |
| | Matambú | 13 | 42 | 55 |
| | Carrillo | 30 | 48 | 78 |
| | Monte Romo | 32 | 0 | 32 |
| | Huacas | 25 | 50 | 75 |
| | Estrada Rabago | 70 | 100 | 170 |
| Zarcero | Laguna | 69 | | 69 |
| | Tapezco | 73 | | 73 |
| Naranjo | Concepción | 109 | | 109 |
| | Naranjo (downtown) | 25 | | 25 |
| | Dulce Nombre | 75 | | 75 |
| Paquera | Cóbano (downtown) | 37 | | 37 |
| | Los Mangos | 63 | | 63 |
| | Montezuma | 25 | | 25 |
| | La Guaria | 110 | | 110 |
| | Paquera (downtown) | 6 | 4 | 10 |
| Nicoya | El Carmen neighbourhood | 10 | | 10 |
| Nandayure | Downtown | 124 | 4 | 128 |
| | San Martin | 145 | | 145 |
| **Total** | | **1,283** | **373** | **1,656** |

Special attention was focused on children since it was evaluated that they demonstrated the most fear and anguish, need to talk, and signs of uncertainty following the earthquake. Despite the preparedness actions conducted in the earthquake-prone zones, the adult population at times contributed to this uncertainty by unfounded rumours about when the next earthquake, and particularly in the coastal regions tsunami, would occur. The work with the children, oftentimes with the parents present, allowed the Costa Rican Red Cross to contribute to more in-depth knowledge about the natural feelings following an emergency, coping strategies, as well as reinforcing the preparedness strategies. The 20 communities where the CRRC conducted

psychosocial support activities acknowledged how it had helped them to address on-going issues following the 5 September earthquake.

**Lessons Learnt**

As previously mentioned the National Society contracted an external evaluator and held two meetings to analyze this operation, which resulted in reports that address these challenges and propose possible paths to improve the CRRC's humanitarian actions. Additionally, the youth directorate of the National Society also presented a report to detail actions undertaken during the operation and suggest areas for improvement and growth.

In terms of their "Return to Happiness" psychosocial support programme, some of the key elements that came to light during the evaluation were:

- That although the programme was designed for children, the National Society was able to also assist with their parents indirectly.
- The programme allowed to change the image of the CRRC, which was now viewed as an organization closer to the community
- There is a need to create a toolbox with stories prepared ahead of time that can be adapted to the specific situation of a community to allow for a more rapid intervention. Also there is a need to refine the methodology to better target different age groups, from small children to teenagers.
- The methodology allowed the identification of children that needed further and more personalized assistance.

While the psychosocial programme was extremely successful, in the area of emergency health the CRRC was challenged to manage the appropriate information in real time. A more complete panorama of what was occurring during in the immediate aftermath did not occur until about six to eight hours afterwards. However, the CRRC was able to provide pre-hospital care and coordinate with local and national system mechanisms immediately. Decision making by the National Society, as well as other members of the national response system, would be facilitated with more access to real time information from the different affected areas.

The Costa Rican Red Cross volunteers, staff and leadership effectively contributed to attending to the humanitarian needs, particularly through damage and needs assessments, pre-hospital care and psychosocial support for the population affected by the 5 September 2012 earthquake. This operation has also served as a learning experience to ensure that future humanitarian actions are even more effective and efficient.

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## Contact information

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


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## DREF history:

- This DREF was initially allocated on 7 September 2012 for 52,498 Swiss francs for three months to assist 100 families.
- DREF operation update no. 1 was issued on 18 January 2013, which informed of the revised budget for the operation.

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Click here

1. Revised Emergency Appeal budget below
2. Click here to return to the title page

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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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.

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**International Federation of Red Cross and Red Crescent Societies**

MDRCR010 - Costa Rica - Earthquake Nicoya Peninsula

Appeal Launch Date: 07 sep 12

Appeal Timeframe: 07 sep 12 to 07 dec 12

Final Report

| Selected Parameters | |
|---|---|
| Reporting Timeframe | 2012/8-2013/2 |
| Budget Timeframe | 2012/9-2012/12 |
| Appeal | MDRCR010 |
| Budget | APPROVED |

All figures are in Swiss Francs (CHF)

## I. Funding

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL | Deferred Income |
|---|---|---|---|---|---|---|---|
| **A. Budget** | **52,498** | | | | | **52,498** | |
| **B. Opening Balance** | **0** | | | | | **0** | |
| **Income** | | | | | | | |
| **Other Income** | | | | | | | |
| *DREF Allocations* | *52,498* | | | | | *52,498* | |
| ***C4. Other Income*** | ***52,498*** | | | | | ***52,498*** | |
| **C. Total Income = SUM(C1..C4)** | **52,498** | | | | | **52,498** | |
| **D. Total Funding = B +C** | **52,498** | | | | | **52,498** | |
| **Coverage = D/A** | **100%** | | | | | **100%** | |

## II. Movement of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL | Deferred Income |
|---|---|---|---|---|---|---|---|
| **B. Opening Balance** | 0 | | | | | **0** | |
| **C. Income** | 52,498 | | | | | **52,498** | |
| **E. Expenditure** | -37,425 | | | | | **-37,425** | |
| **F. Closing Balance = (B + C + E)** | 15,073 | | | | | **15,073** | |

## III. Expenditure

| Account Groups | Budget | Expenditure | | | | | | Variance |
|---|---|---|---|---|---|---|---|---|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL | |
| | A | | | | | | B | A - B |
| **BUDGET (C)** | | **52,498** | | | | | **52,498** | |
| **Relief items, Construction, Supplies** | | | | | | | | |
| Teaching Materials | 17,172 | 14,724 | | | | | **14,724** | **2,448** |
| **Total Relief items, Construction, Su** | **17,172** | **14,724** | | | | | **14,724** | **2,448** |
| **Logistics, Transport & Storage** | | | | | | | | |
| Transport & Vehicles Costs | 14,310 | 11,397 | | | | | **11,397** | **2,913** |
| **Total Logistics, Transport & Storage** | **14,310** | **11,397** | | | | | **11,397** | **2,913** |
| **Personnel** | | | | | | | | |
| National Society Staff | 763 | | | | | | | **763** |
| Volunteers | 2,977 | 4,754 | | | | | **4,754** | **-1,778** |
| **Total Personnel** | **3,740** | **4,754** | | | | | **4,754** | **-1,015** |
| **General Expenditure** | | | | | | | | |
| Travel | 8,586 | 1,124 | | | | | **1,124** | **7,462** |
| Information & Public Relations | | 56 | | | | | **56** | **-56** |
| Office Costs | 1,908 | 1,031 | | | | | **1,031** | **877** |
| Communications | 2,624 | 1,312 | | | | | **1,312** | **1,311** |
| Financial Charges | 954 | 742 | | | | | **742** | **213** |
| **Total General Expenditure** | **14,072** | **4,265** | | | | | **4,265** | **9,807** |
| **Indirect Costs** | | | | | | | | |
| Programme & Services Support Recov | 3,204 | 2,284 | | | | | **2,284** | **920** |
| **Total Indirect Costs** | **3,204** | **2,284** | | | | | **2,284** | **920** |
| **TOTAL EXPENDITURE (D)** | **52,498** | **37,425** | | | | | **37,425** | **15,073** |
| **VARIANCE (C - D)** | | **15,073** | | | | | **15,073** | |