

Final Report: DREF Review & Lessons Learnt

Seychelles – Floods (MDRSC002) / June 2013



Review team:

Tiffany Loh, DREF Officer, IFRC Africa Zone

Chelsea Giles-Hansen, WatSan Delegate, IFRC Eastern Africa and Indian Ocean Islands Region

Executive Summary

On 27 and 28 January 2013, the Seychelles were hit by Tropical Depression Feleng causing devastating damage and flooding. Approximately 1,000 families were affected, with 246 families displaced. An allocation from IFRC's DREF was made on 7 February for CHF 106,551 to assist 165 families with non-food items, as well as a larger target group of 600 families with health and hygiene promotion messages, accompanied by the distribution of mosquito nets as requested by the Ministry of Health.

An end of operation review was carried out by IFRC in June 2013 to examine if the DREF operation achieved its planned goals and outcomes, to assess outputs against the plan of action, and to capture and disseminate lessons learnt to improve future planning and response. Overall, the operation was successful in reaching the targeted families with assistance. The lessons learnt exercise and SWOT analysis activity were valuable exercises for the Red Cross Society of Seychelles (RCSS) to identify priorities and key areas to focus on in the future, as well as for IFRC to identify gaps for additional or revised support in the coming year.

a. Key Findings

1. The Government of Seychelles has a National Disaster Relief Fund (NDRF), which the Red Cross Society of Seychelles may apply for. While the first point of allocation is usually to responding government agencies, the National Society is in good standing with the government and is recognized as a key response agency. The opportunity for emergency relief and preparedness funding should be lobbied for, especially in non-disaster times.
2. The RCSS is included as a partner of the Government of Seychelles in emergency response, however without a clearly defined role or mandated activities.
3. A large number of RCSS active volunteers have full-time jobs or are full-time students, which potentially limits volunteer mobilization to a small window of available timeframes on working days and the weekend. This needs to be kept in consideration when designing relief and response activities, as well as any follow up, including carrying out surveys and beneficiary communication activities.
4. Operation management is led by the RCSS Programme Coordinator and supported by headquarters staff, including the Secretary General. It is important to remember the size of the National Society team (approximately 10 people) and the numerous activities and other work to be carried out, supported by IFRC as well as Movement and non-Movement partners. It is important to manage our (IFRC) expectations, and more importantly, to proactively extend support to monitor and report back on future operations.

b. Key Recommendations

1. RCSS should continue to play a key role as part of the Government coordination structure (led by the Ministry of Environment's Division for Risk and Disaster Management), with a clear mandate (defined role and responsibilities of RCSS should be included and documented in the national contingency plans) and close communication in times of disaster as well as for preparedness.
2. For future flood or emergency situations, DREF can and should be used as 'start-up' support for assessment and so that response activities can begin quickly. A subsequent assessment or review part-way through the operation of activities and beneficiary needs can guide a revision of the DREF intervention, thereby increasing the speed of the initial application and response.
3. Clarify the lines of communication between RCSS, IFRC (Region and Zone) and PIROI during future disaster or emergency events, to ensure no confusion from the NS perspective and efficient development and processing of the funding application.

4. Finalise RCSS contingency planning, Disaster Management (DM) and warehousing policies, and explore opportunities to work with key partners (existing and new donors) to implement and scale-up contingency and risk reduction activities.
5. Continue to strengthen capacity within the RCSS DM structure, particularly around procedures for DREF/Emergency Appeals and documentation of distributions of relief supplies and activities.
6. Decentralise storage of volunteer protective equipment and Red Cross vests to other districts rather than only in Mahe (due to potential difficulties in access them if they are at Headquarters only and road access is blocked).
7. Strongly recommend that for the future, other more relevant, appropriate and effective measures for prevention of dengue fever are implemented (such as drainage of standing water around houses to eliminate potential breeding sites, fogging, use of mosquito repellent, and hygiene and environmental sanitation awareness etc.).
8. Support and technical advice from IFRC (including Regional Disaster Response Team members) needs to be appropriate and tailored to the country context (and care taken that no assumptions are made about the country context and situation).
9. IFRC supported operation reviews may have more impact when carried out either mid-operation or, at the very latest, prior to the end of the operation timeframe, to enable support to the operating National Society to revise the plan of action and budget based on the evolving situation and needs on the ground.

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1. Background

On 27th and 28th January 2013, the main island of the Seychelles, Mahe, was hit by Tropical Depression Feleng causing devastating damage and flooding. The island La Digue was also severely affected. Initial assessments indicated that approximately 1,000 families had been affected, with 246 families registered as having been displaced after their houses were either totally destroyed or partially damaged. Figure 1 below shows the general location and map of the Seychelles.



Figure 1: Location and map of the Republic of Seychelles¹.

The Red Cross Society of Seychelles (RCSS) requested support from the Disaster Response Emergency Fund (DREF), which was approved on the 7th February 2013. With this DREF-funded operation, the RCSS provided basic household and hygiene items to 165 vulnerable families in Mahe who were displaced by the floods, living in temporary accommodation centres and who lost many of their personal and household belongings. The RCSS also received financial and technical support from PIROI² to support the response.

Furthermore, up to 600 families were targeted with health education and interventions to decrease the risk for waterborne and water related diseases, particularly dengue fever and diarrhoeal diseases. In relation to water, sanitation and hygiene activities, focus was on assisting households with drainage of stagnant water, distribution of mosquito nets as well as hygiene promotion. The operation was designed to be complementary to Government of Seychelles efforts.

As part of this DREF operation, two Regional Disaster Response Team (RDRT) members were deployed to support RCSS by providing technical support for assessment and implementation of the operation. One RDRT

¹ Source: (L) - i.huffpost.com/gen/276402/SEYCHELLES-MAP.jpg; (R) - www.wordtravels.com/images/map/Seychelles_map.jpg

² Indian Ocean Regional Intervention Platform.

was specialised in water and sanitation, and the other in emergency health. They were deployed on 17th February for a three week period. PIROI also provided complementary assistance with relief items and water pumps.

An operations update was issued on 23rd May 2013, in which the operation timeframe was extended up to the end of June 2013. This enabled the DREF review and lessons learnt process to be conducted from 24th – 30th June 2013 (7 day period), in both Mahe and La Digue.

2. Purpose and objectives of this review

The purpose of this review was to examine if the DREF operation achieved its planned goals and outcomes, and to assess outputs against the plan of action. Furthermore, this review intended to assess key achievements and challenges, and provide an opportunity to capture the lessons learned surrounding the operation from the involved staff and volunteers of the Red Cross Society of Seychelles (RCSS). This review was also an opportunity to provide recommendations for future DREF operations and contribute with information to the DREF final report (see Annex 1 for the review Terms of Reference).

The review was performed in both Mahe and La Digue.

This review also aimed to explore and analyse the distribution of hygiene items in the Seychelles context, as well as to identify and capture lessons and recommendations to improve future disaster responses which incorporate hygiene related NFI (non-food item) distributions.

The key objectives of this review were:

- To examine if the DREF operation has achieved its outcomes (goals) and expected results, and to review outputs against the plan of action.
- To assess key achievements, areas of success and challenges, as well as areas for improvement within the operation.
- To identify lessons learned and good practices within the operation.
- Provide recommendations to replicate or improve future responses to disasters.
- To identify and capture good practices, lessons learned and recommendations for the overall response and related to the hygiene kit distribution.
- Provide information and inputs for the final DREF report.

3. Methodology

This review was conducted using a variety of methods:

- a. **Review of secondary information:** Seychelles Floods DREF document (MDRSC002 – 07th February 2013), Seychelles Floods DREF Operations Update 1 (MDRSC00201 – 23rd May 2013), World Bank Report: Seychelles Damage, Loss and Needs Assessment (DaLA) 2013 Floods (Annex 2).
- b. **Semi-structured key informant interviews:** RCSS Programme/DM Manager, RCSS Secretary General, RCSS Finance Manager, RCSS Logistics Officer, RCSS Mahe Branch Coordinator, RCSS Mahe Branch Chairperson (volunteer), RCSS Communications Officer, PIROI/French RC DM Coordinator, IFRC Regional DM, Seychelles Public Health Commissioner, District Administrator for La Digue, Ministry of Community Development representative.

- c. **Group interviews:** Division for Risk and Disaster Management (DRDM) - Ministry of Environment, Seychelles Fire Brigade, RCSS Mahe Branch volunteers, RCSS La Digue Branch volunteers.
- d. **Field visit:** Site visit was conducted to affected communities in both Mahe and La Digue, including informal interviews with beneficiaries who received assistance through the DREF operation.
- e. **Beneficiary satisfaction survey:** Household surveys were conducted to determine the level of beneficiary satisfaction with the operation. There were 78 surveys completed in Mahe, and 46 completed in La Digue. This was deemed to be a representative sample of beneficiaries. The beneficiary satisfaction survey was modified and adapted for each island, given the differences in need and assistance provided (see Section 4.3 below or Annex 3 for further information).
- f. **Lessons learnt workshop:** Due to time constraints and a large national event occurring on the planned workshop date, the lessons learnt exercise was conducted remotely through a conference call on the 08th July 2013. There were six participants (four from RCSS who were directly involved in the DREF operation, and two from IFRC). The operations timeline was objectively discussed, a SWOT analysis conducted, and action items identified. This discussion and process was very valuable to identify key challenges from different members of the RCSS team, as well as for RCSS to look forward to the future and concretely plan for areas for strengthening the National Society more broadly. The lessons learnt exercise also enabled IFRC to identify key gaps and priorities of the National Society, and to provide appropriate support through its longer term plans accordingly.

4. Key Findings

4.1 Interviews

Key discussion points from key informant interviews and group discussions were:

- The Division of Risk and Disaster Management (DRDM) is housed under the Ministry of Environment (MoE). Three draft national contingency plans (tsunami, flood, cyclone) have been developed, which were to be merged into one document. At the time of the review they were called 'drafts' however they have been approved and verified by the Government. *The RCSS is included as a partner, however without a clearly defined role or mandated activities. RCSS should work towards strengthening and defining their role, for inclusion and documentation in the contingency plans (which are intended to be updated regularly).*
- DRDM is responsible for the overall coordinating body for all partners and actors on the ground for preparedness and response. The majority of responses are various Government Ministries (e.g. PUC, MoH, Community Development Ministry (CDM), MLUH (land and urban habitat), Agriculture Authority) as well as the Fire Brigade, Police and Army. Red Cross is the only one that seems to function in emergency response outside of these Government entities. Other NGOs are present in Seychelles, however they focus on environmental and health issues (e.g. HIV, environmental degradation). DRDM sees the Red Cross role as focussing around support for evaluations, shelter, and basic needs (relief distributions). CDM and Red Cross are the only two actors who work actively in provision of relief items. Other Ministries focus solely on their mandated responsibilities and areas. Response activities on other islands (e.g. La Digue) are also coordinated from the National DRDM centre.
- The World Bank provided Technical Assistance (TA) to do a damage and loss assessment following the floods. UN OCHA also provided 2 pumps and 1 TA to support with the assessment. DRDM is continuing to lobby for preparedness activities and measures to be put in place at national level, and are engaging with RCSS for contingency planning.

- A National Disaster Relief Fund (NDRF) exists to collect national and international financial support for disaster response. This fund is dispersed through a Board, directly to beneficiaries or to Government Ministries. For example, funding was allocated to MLUH and CDM for houses that were flooded with mud. Funding from NDRF was also allocated to the Seychelles Agricultural Agency (who represents farmers), which then reimbursed farmers up to 75% of the losses that they incurred in the form of a grant [original amount was 25% however they lobbied for an increase to 75% and got it]. Small business only received 40% of stocks that they have lost.
- DRDM convened coordination meetings twice a day (morning and evening) for the first week following the cyclone, and then daily meetings for the ensuing weeks, to coordinate all partners involved in the response. For La Digue, coordination meetings were convened by the District Administrator (DA) and then updates shared daily with the DRDM national coordination body. A complaints and feedback hotline was set up in the DRDM operations room and was manned by representatives from DRDM and other key Ministries/Actors (e.g. Army, PUC) to answer feedback and complaints, and to document needs as provided by community members.
- After the onset of the floods, RCSS contacted PIROI to inform them of the situation. Simultaneously RCSS got in touch with IFRC in Madagascar. The change in reporting lines for the Indian Ocean Islands (IOI) (including PIROI) happened not long before the floods and there had been no official communication with NS or PIROI around this; hence there was confusion about who in Nairobi should be the focal point for communications about the DREF. PIROI contacted the Zone and worked with the DREF officer on the request and document. Initially RCSS requested PIROI for technical support in country, however no one was available. PIROI supported via phone and email to develop POA, and liaised with DREF officer in Nairobi to finalise the document.. There was some confusion from RCSS on the correct formats to use for the DREF document (Zone DREF officer would transfer text to correct format, and request for further clarification – when this was returned the document would be back in a “home-made” format). From RCSS perspective, the involvement of EA Regional office several days into the preparation of the DREF document created another layer to negotiate and did not help them to clarify the situation (Federation needs to clarify who the focal point is). *Action item for EARRO: re-communicate and send official notice to all NS, PIROI and Federation and PNS on role of Regional office in coordination with PIROI, and correct communication lines. The MoU between IFRC and PIROI should be shared also. These issues were not specific to the Seychelles operation and is something that needs to be addressed more broadly.*
- The Seychelles Fire Brigade supported the response mainly with evacuations (in both Mahe and La Digue) and water pumping (in La Digue only). The response in La Digue came one week after the standing water was reported. Initially they only had one pump (capacity of 800 L per minute), which was operating for 8 hours per day. As a result of the slow progress to get rid of the water, they requested for additional pumps at the national coordination meeting chaired by DRDM. RCSS provided an additional 5 pumps (procured through PIROI). There were no issues with customs clearance and this usually is a smooth process. The Naval Services provided assistance to transport the pumps from Mahe to La Digue within a short time frame as they were urgently needed. It took 3 – 5 weeks (depending on the location) to pump out the standing water completely. Water supply and services were reported as being not affected (water supply system is reticulated in both Mahe and La Digue and the source is surface/ground water from up in the hills). Septic tank waste leaked into the standing water in many places in La Digue, which posed a health risk – residents were told not to walk in barefoot. The Fire Brigade was unsure if a “boil water notice” was issued by the MoH. 7 suspected cases of dengue fever were reported in La Digue; 1 was confirmed (*note conflicting information from MoH*). Since February there have been no further suspect or confirmed cases. There is no malaria or cholera in Seychelles.
- MoH and MoE, through the national coordination body, requested for technical expertise (specialists) in health and water/sanitation. The appropriateness of the RDRT personnel and relevance of their capacity (e.g. septic tanks, reticulated water supply etc.) and their suitability/flexibility to respond and support in the Seychelles context is questionable. RDRT were not flexible to the details given by NS on

WatSan/health situation, technologies and practices. For example, they did not remove a question on open defecation from the assessment survey which was very inappropriate for the Seychelles context and could have resulted in a very negative image of RCSS as the population would think that RCSS had limited understanding about the way of life/context they live in. Volunteers were told not to ask that specific question and just skip over it by the NS technical focal point.

- In La Digue, the standing water was smelly and green, and there were a lot of mosquitos. The rains and floods began on January 22nd, but support from the mainland came one week later. The Government did fogging (with insecticide), and distributed mosquito coils and repellent. RCSS distributed mosquito nets and repellent. Three households were supported by the NDRF to fix their septic tanks (through a contractor). However, during discussions with volunteers there were other households identified who had damaged septic tanks but did not receive any financial support from Government to fix them. The people that received support through the NDRF lodged individual reports at the DA's office. There was no indication of any systematic assessment that was carried out in La Digue, either by the DA's office or by the Red Cross. There has been an assessment done in La Digue of the draining system by MoE and MLUH. The DA is still waiting for any feedback or report from this assessment. The DA mentioned that the local community in La Digue is worried that if more heavy rains come, the drainage system will not be able to cope.
- The Mahe Branch Coordinator at RCSS headquarters managed 20 to 40 volunteers on a daily basis in the first few weeks of the operation. Regular internal communications and an emphasis on sound communication for volunteer management was suggested for improvement.
- The Mahe Branch Chairperson was interviewed. The Branch Disaster Response Team (BDRT) system was established approximately 2 years ago within RCSS. At the onset of the floods, they used a communication (phone) tree to alert volunteers to be on standby, and then to communicate with them during the response (e.g. that they should report to headquarters). There were different volunteers deployed to different zones, depending on the level of impact (Anse aux Pines was the worst hit area). Based on the assessment results, they would shortlist cases according to urgency, and try to respond within the same day with pre-positioned relief stock. There was limited communication between the Red Cross and the DA's office, and the lists of affected households from Red Cross and the DA did not always match up. The distribution of items lasted for upwards of one month. Families whose homes were completely destroyed or deemed unstable were housed in the Stadium or Police Academy for 2 weeks, before being relocated to Perseverance. He recommended that more people should be trained as BDRT members, and that more people with specialisations should be recruited. One positive aspect was that community member and the President of the Seychelles recognised the work Red Cross was doing.
- The Public Health Commissioner (Dr Jude Gideon), Seychelles Ministry of Health was interviewed. One key problem following the cyclone and subsequent flooding was sewage leakage from septic tanks (particularly on La Digue). Water supply systems are reticulated on both Mahe and La Digue, and were not affected. MoH increased the number of water quality tests to ensure the safety of drinking water (tests done at sources, after the water treatment plant (WTP) and at the tap). In Mahe, tests showed no contamination so a boil water notice was not issued. In La Digue, MoH posted a public warning for approximately 2 weeks to boil water before drinking, and to cook vegetables rather than washing in the tap water and eating raw. MoH officers were working from the first day to advise people on how to prevent diarrhoea and water borne diseases. Leptospirosis was not an issue, there was no increase in cases. For dengue fever, probable and suspected cases were documented. If a patient's symptoms fit the WHO case definition, then the case was documented as probable confirmed case of dengue fever (see Figure 2 below cases as at 31st March 2013). There is no malaria or cholera in Seychelles. After the cyclone, the MoH convened daily technical meetings with a number of partners. This technical working group provided guidance on activities to partners, and worked with WHO to develop a health promotion and social mobilisation plan for dengue fever (Annex 4). The MoH technical working group focussed on

and advocated for prevention of all mosquito bites (irrelevant of different mosquitos, biting times, diseases – malaria versus dengue fever etc.). DRDM (who was part of the technical working group) requested RCSS to provide mosquito nets. The need to plan ahead and prepare for next time was clearly identified (for example, different agencies – MoH, PUC and RCSS – were giving the public different advice regarding overflowing septic tanks).

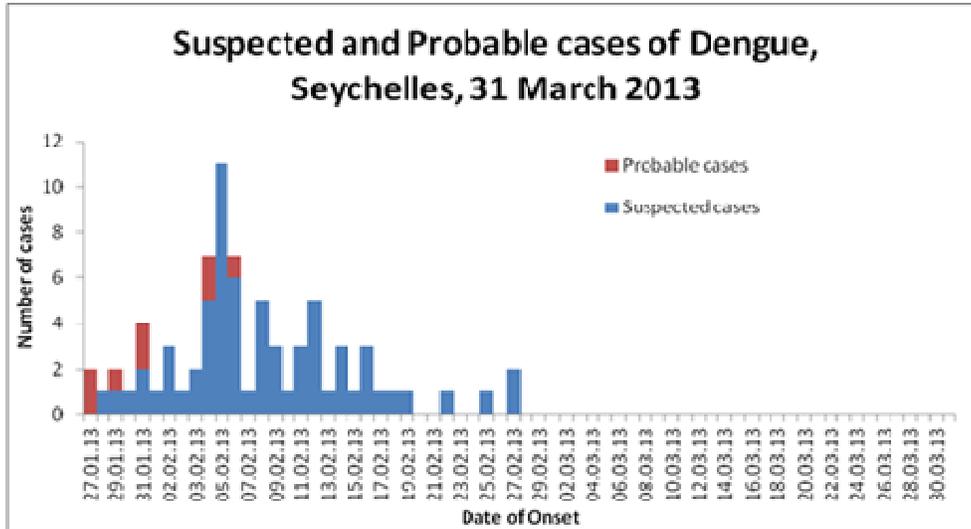


Figure 2: Suspected and probably cases of dengue fever, Seychelles, 31 March 2013.

Source: Seychelles Ministry of Health.

4.2 Field visits

Key discussion points from key information and group discussion were:

- Key observations from field visits in La Digue and discussions with the La Digue branch chairperson and volunteers included that insufficient mosquito repellent was available for both volunteer use and for distribution to beneficiaries. Feedback from volunteers was that community members have a strong preference for mosquito repellent. Mosquito nets are not used at all in the community and people use alternative methods (mosquito coils, repellent) to cope. Initial results from the beneficiary satisfaction survey (and through discussions with beneficiaries during household visits) indicate that the majority of households that received mosquito nets either did not use them (they were the wrong shape, too small, they did not see the need for it), or used them for something else (wrapped it around themselves, subsequently got a rash and had to visit the local health clinic), or that they used them initially however are not any more (4 months later). Dengue fever carrying mosquitos (principally *Aedes aegypti*) bite in the morning and at dusk; not at night when people sleep under mosquito nets. RCSS followed the MoH technical working group focus, which was on preventing all mosquito bites. *Strongly recommend that for the future, other more relevant, appropriate and effective measures for prevention of dengue fever are implemented (such as drainage of standing water around houses to eliminate potential breeding sites, fogging, use of mosquito repellent, and hygiene and environmental sanitation awareness etc.).*
- In Mahe, branch volunteers explained that a main challenge was the difficulty in transportation to get to the office (roads were blocked and closed, and they had to go right around the island to the other side). However, in the following days of the response, volunteers were regularly briefed and de-briefed on their assessment and distribution activities carried out. Protection gear was provided (boots, gloves, overalls) to volunteers, and they were all aware that RCSS provides local insurance cover for accidents, however they were not aware that IFRC also purchased insurance coverage for them. *IFRC to send volunteer insurance documents to RCSS for further dissemination. RCSS should clarify what cover the*

national level policy provides to volunteers (as IFRC one is for extreme accidents/events only and expires within a year) before cancelling this policy.

4.3 Beneficiary satisfaction survey

A beneficiary satisfaction survey was undertaken in both Mahe and La Digue, as a component of the overall DREF review. The key objectives were:

- To determine the level of satisfaction of beneficiaries with the relief items and services provided by RCSS during the operation.
- To identify lessons learned and good practices both within the overall operation, and specifically related to distribution of hygiene and WatSan related NFIs.
- To provide concrete recommendations for future operations in terms of improving appropriateness and relevance.

The beneficiary satisfaction surveys were conducted separately in Mahe and La Digue. There were a set of common questions for both islands, including timeliness, satisfaction, need, visibility, beneficiary feedback mechanisms and health/hygiene knowledge. In Mahe, additional questions focussed on hygiene items that were distributed. In La Digue, additional questions focussed on mosquito nets.

Table 1 below shows further details of the surveys conducted. Results and an analysis of key findings and recommendations are outlined in the Beneficiary Satisfaction Survey Report (Annex 3).

Table 1: Summary of beneficiary satisfaction surveys conducted.

Location (island)	Location (districts)	Total number of surveys completed	Date survey completed	Number of volunteers utilised
Mahe	<ul style="list-style-type: none"> • Anse Aux Pins • Au Cap • Cascade • Perseverance • Pointe Larue 	78	28 June – 06 July 2013	10 ³
La Digue	<ul style="list-style-type: none"> • Anse Reunion • L'Union • Roche Bois 	46	26 June 2013	10

4.3 Lessons learnt workshop

The lessons learnt workshop was held via conference call on the 08th July 2013. This was due to a large national event happening on the planned day of the workshop, which required a high degree of RCSS engagement.

Nevertheless, the lessons learned discussion and process was a very valuable exercise. Key challenges were identified from different perspectives, and it was a timely opportunity for RCSS to look forward to the future and concretely plan for areas for strengthening the National Society. There were 6 participants in total (4 from RCSS who were directly involved in the DREF operation, and 2 from IFRC).

Key points around the timeframe of the operation were:

³ One (1) survey was completed by IFRC.

- The program components and longer-term trainings took time to get signed off (and delayed relief distributions). One lesson learned from RCSS side is that there can be two DREF allocations – the first one to allow for and focus on quick relief activities and distributions, and a (potential) second allocation after a more detailed assessment which can include less urgent activities such as trainings etc.
- Too many layers to get the document approved and cash transferred (specifically around the budget, from PIROI to Madagascar, to Nairobi, to Geneva). IFRC’s Eastern Africa and Indian Ocean Islands Region and Zone aim to coordinate technical reviews of DREF documents together so as to remove one ‘layer’. There is a need to clarify lines of communication from PIROI to IFRC, and who is responsible for finalising the DREF document and process.
- Funds took a long time to be received by RCSS, although the cash transfer request was done immediately upon approval of the DREF documents. Households had already cleaned up themselves by the time the money was received in country – so RCSS had to change allocation of money depending on need. RCSS has very limited funds available and so are unable to implement activities until the DREF funds arrive.
- Need for more support/training around development of budget according to IFRC standard tools such as DREF. Some budget lines were not sufficient for items due to fluctuation of prices (e.g. planned to purchase 40 sets of personal protective equipment (PPE) however could only buy 24 sets).
- Not so easy to deploy volunteers during the response because most of them are employed and working during the day.

A SWOT analysis was conducted of the DREF operation:

Strengths	Weaknesses/Challenges
<ul style="list-style-type: none"> • DREF being approved • Quickly mobilised volunteers • Operation on the ground went smoothly – positive image and integrity of RCSS facilitated the operation in communities • NS is represented at national level on the Disaster Management committee • NS is represented on NDRF • RC volunteers are integrated into various Government ministries 	<ul style="list-style-type: none"> • Can improve internal coordination and organisation (e.g. setting up common centre, who does what etc.) • Have limited equipment, especially in terms of communication (e.g. no VHF radio – mobile phone network gets clogged up and hampers communication) • No proper common centre (this would have helped with internal coordination) • Have limited funds in place at country level –it is difficult to spend the small amount RCSS has when the DREF is not confirmed and it is not guaranteed the money will be reimbursed • Lack of skills and familiarity with DMIS and DREF • Lack of capacity in warehousing/logistics (feel a need for training in these areas) • Lack of tools and policies in DM, warehousing, and contingency planning (a DM policy does exist but it is very outdated) • Lack capacity for timely monitoring and reporting • Limited experience in accessing international emergency funds and IFRC tools/mechanisms
Opportunities	Threats
<ul style="list-style-type: none"> • Operation has improved status and strengthened RCSS image in communities – 	<ul style="list-style-type: none"> • Volunteer and staff turn-over (train volunteers/staff and then the move on – are

<p>RCSS is more accepted and if this is sustained it will also facilitate future operations</p> <ul style="list-style-type: none"> • Strengthened partnerships and relationships with other organisations and Government • Going through this experience means RCSS have identified strengths and needs • Volunteers were exposed to an emergency response situation and now have experience (creates interest within the community in joining RC and helping in future disasters) • Potential funding support from NDRF to RCSS – an opportunity to be explored for the future 	<p>back to square one)</p> <ul style="list-style-type: none"> • Donor fatigue (situation in country) • No PNS or other international partners assisting RCSS at the moment • Sustainability of programs (short-term project based funded) • Limited understanding (from IFRC and 'outsiders') on the Seychelles context and how it differs from IOIs and continental Africa (relates to relevance of activities and support e.g. RDRTs and support)
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Finally, a plan of action (including points for both RCSS and IFRC) was developed:

What action	Who is responsible	By when
Hold a detailed debriefing/dissemination session with Regional and Zone teams. Some of the IFRC tools (and deployment of additional technical support) are not relevant for the Seychelles context – they should be revised and adapted to suit country context.	Tiff and Chelsea	31 st July
DM and warehousing policies to be presented to National DM Committee and shared with RCSS Board for approval. DM and warehousing policies to be finalized by end of September.	Roy	End September 2013
Contingency Planning – project proposal submitted to PIROI for 2 day inception workshop. Following workshop technical support from IFRC will be requested to roll-out CP activities.	Roy	Mid-August (inception workshop)
Capacity building in warehousing/logistics – follow up with Coffi on potential to utilise Tsunami funds for this training.	Colette	12 th July (to contact Coffi) End November 2013 (training complete)
Follow up with Tsunami unit in Geneva on 3 rd stream of funding and possibility to use this for warehousing/logistics capacity building.	Tiff	ASAP by end July
Purchase of VHF radios – have funds allocated under Tsunami funds and are in contact with IFRC logistics in Nairobi.	Roy	End August 2013
Monitoring and reporting – training will be conducted with RCSS volunteers (branch and national committee members).	Colette	19 th /20 th July
Share any available PMER training materials or tools developed by NSs for different programs. Follow up Alote on resources available.	Tiff	Tues 9 th July
Follow up with Diana (RM in Nairobi) to keep an eye out for potential calls for funds that may be relevant for RCSS. EA to support development of concept note around specific activities which can be shared with PNS for funding support.	Chelsea	Fri 12 th July
Training for Finance - follow up with Zone if any training planned this year.	Tiff	12 th July

Discussion with Government around potential to access NDRF pooled funds.	Colette	By December 2013
Mahe Beneficiary Satisfaction survey's will be send via DHL to Nairobi.	Karine	Fri 12 th July

5. Recommendations

- RCSS should continue to play a key role as part of the Government coordination structure (led by DRDM), with close communication in times of disaster as well as for preparedness. RCSS should continue to work with DRDM to further clarify Red Cross roles and responsibilities, and have them documented as part of the national contingency planning process (for tsunamis, flood, cyclone).
- Explore the opportunity for emergency relief funding from the Government of Seychelles National Disaster Relief Fund (NDRF), and continue to investigate other potential opportunities for accessing emergency funds (other national and international partners, donors etc.).
- For future flood or emergency situations, RCSS should look to use DREF as 'start-up' support for assessment and so that response activities can begin quickly (as suggested by IFRC during the operation). A subsequent assessment or review part-way through the operation of activities and beneficiary needs can guide a revision of the DREF intervention.
- Clarify the lines of communication between RCSS, IFRC (Region and Zone) and PIROI during future disaster or emergency events, to ensure no confusion from the NS perspective and efficient development and processing of the funding application.
- Finalise NS contingency planning, DM and warehousing policies, and explore opportunities to work with key partners (existing and new donors) to implement and scale-up contingency and risk reduction activities. RCSS should explore the use of Geographical Information Systems (GIS) in this work, potentially the Resource Mapping System (RMS).
- Continue to strengthen capacity within the RCSS DM structure, particularly around procedures for DREF/Emergency Appeals and documentation of distributions of relief supplies and activities.
- Decentralise storage of the protective equipment and Red Cross vests to other districts rather than only in Mahe (due to potential difficulties in access them if they are at Headquarters and road access is blocked). Protective equipment and volunteer gear should be stocked in branch locations where BDRTs are present (recommendation from Mahe branch volunteers).
- For dengue fever and chikungunya (the two diseases of concern in Seychelles that are transmitted by mosquitos), the recommended prevention measures are eradication of breeding sites (commonly old tires, flower pots, plastic containers and rubbish), fogging with appropriate vector control chemicals, proper and safe use of mosquito repellent combined with health and environmental sanitation promotion. Mosquito nets for use over beds are not recommended, given the biting times of dengue and chikungunya carrying mosquitos and due to the low acceptance of bed nets and cultural preferences for other personal protection methods in the Seychelles.
- Support and technical advice from IFRC (including RDRTs) needs to be appropriate and tailored to the country context (and care taken that no assumptions are made about the country context and situation). For example, cholera and malaria were written into DREF document; however there have never been any cases in Seychelles. The capacity, skill set and level of experience of existing RDRT roster members should be analysed and critiqued before any future deployments to the Seychelles.
- RCSS, IFRC and PIROI should continue to work collaboratively together and to strengthen relationships (particularly for the technical sectors, given the more similar context the islands have compared to mainland African countries).

6. Conclusions

Overall, the findings from this DREF review and lessons learnt workshop were positive. The Red Cross Society of Seychelles is highly regarded by both communities and the Government, as is a key actor in disaster response and relief in the Seychelles.

RCSS has good working relationships and coordination with Government agencies and actors, which can be further strengthened by clarifying the roles of responsibilities of the RCSS in disasters and including this in the national contingency plans. MoUs with key Government partners and agencies (e.g. Ministry of Health, Fire Brigade, Public Utilities Corporation etc.) would be beneficial and would help RCSS to improve the overall coordination and quality of emergency response activities.

Through the support provided by this DREF and from PIROI, RCSS managed to provide 600 households on Mahe and La Digue with non-food and household electrical items, as well as supporting with pumping of stagnant water and health and hygiene promotion (via television and volunteers going door to door) to the wider community.

Overall, the lessons learnt workshop and SWOT analysis activity were valuable exercises for RCSS to identify priorities and key areas to focus on in the future, as well as for IFRC to identify gaps for additional or revised support in the coming year.

List of Annexes

- Annex 1:** Terms of Reference (TOR) for DREF review and lessons learnt
- Annex 2:** World Bank Report: Seychelles Damage, Loss and Needs Assessment (DaLA) 2013 Floods
- Annex 3:** Beneficiary satisfaction survey report
- Annex 4:** Health promotion and social mobilisation plan for dengue fever and other diseases transmitted by mosquitos (COMBI plan: Communication for Behavioural Impact); MoH and WHO Seychelles