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Final Report

Trinidad & Tobago November 2022 Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation N° MDRTT002
Date of Issue: 30 April 2023	Glide number:
Operation start date: 8 December 2022	Operation end date: 30 April 2023
Host National Society(ies): Trinidad & Tobago Red Cross	Operation budget: 133,688CHF
Number of people affected: 100,000	Number of people assisted: 1250
Red Cross Red Crescent Movement partners currently actively involved in the operation: None	
Other partner organizations actively involved in the operation: None	

A. SITUATION ANALYSIS

Description of the disaster

On 25 November 2022, the Trinidad and Tobago Meteorological Services (Met Service) issued Adverse Weather Alert #1 with effect from 26 to 27 November. During the morning of 26 November, Trinidad began experiencing rainfall which was concentrated in the northern and central parts of the island. Compounding weeks of constant rainfall caused ground level saturation and many major watercourses were already filled. Several communities along the east-west corridor experienced street and flash flooding. In the afternoon of 26 November, the Caroni River began to burst its banks in some areas causing riverine flooding in Bamboo #2, Valsayn South, Real Spring Gardens, Kelly Village, Madras Road and El Carmen, St. Helena. The Trinidad and Tobago Red Cross Society (TTRCS) Crisis Management Coordinator along with CDRT Teams in Caroni were in the field conducting



Figure 1: TTRCS Crisis Response Team mobilizing on a boat to deliver hot meals to stranded residents in the Bamboo #2 Community. 30Nov2022. Source: TTRCS

visual assessments in these areas to confirm the severity of the floods. The Community Disaster Response Team (CDRT) in Caroni alongside the Disaster Management Unit (DMU) in the Tunapuna/Piarco Regional Corporation used boats to assist in evacuating persons from the Real Spring Community as the water levels began reaching dangerous levels inside persons homes.

During the morning of 27 November, a considerable amount of rainfall was registered which resulted in a significant increase of water levels in the aforementioned communities. Consequently an Adverse Weather and Riverine Flood orange level alert was issued by the Met Service and the Ministry of Education issued a notice that all schools in Trinidad were to remain closed on Monday 28 November. As a result of the large volume of rainfall, five major watercourses were flagged for concern including the Caroni River, North Oropouche River, South Oropouche River, the Caparo River and the Ortoire River. Additionally, several kilometres of roadway in the Manzanilla Community were damaged due to undermining as waters from the Nariva swamp overflowed all natural watercourses as it drained into the ocean. Consequently, the Trinidad and Tobago Red Cross Society (TTRCS) activated for response to this event by coordinating priorities with the DMUs in the five municipalities to determine immediate response priorities and actions to support where needed. Three shelters were opened and an emergency Cabinet Meeting was called by the Prime Minister to develop a state-wide plan for response.

Summary of response

Overview of Host National Society

On Monday 28 November 2022, the TTRCS began response operations to the affected communities. In consultation with the Office of Disaster Preparedness and Management (ODPM) one of the first priorities was cooked meals for communities that were isolated by flood waters and residents not being able to leave. In the five affected municipalities of Tunapuna/Piarco, Penal/Debe, Sangre Grande, Mayaro/Rio Claro and San Juan/Laventille, the TTRCS was able to utilize the service of its own Kitchen to provide a total of 660 hot meals during the 29 to 3 December. On Tuesday 29 November, at the request of the Disaster Management Coordinating Unit of the Ministry of Rural Development and Local Government, anticipating the number of persons that may require shelter, the TTRCS deployed an initial 250 blankets as a pre-position to shelters in the event persons would seek shelter when it was possible to leave their homes or if they were evacuated by the Fire Service and Defence Force rescue teams. An additional 110 was also requested as the need was high. By Wednesday 30 November 2022, flood waters began to recede slowly, and the TTRCS mobilized to provide additional assistance with cleaning supplies and hygiene kits.



Figure 2: TTRCS Volunteers mobilized in the Penal/Debe area on 3 December 2022 to distribute cleaning supplies and hygiene kits to residents on Molley Trace who are constantly flooded due to their proximity to the river which runs along the tree line seen on the right of the picture. 03Dec2022. Source: TTRCS.

During the distribution of these items, the TTRCS developed a damage assessment and needs analysis (DANA) assessment tool which was applied in four of the municipalities, noting that the region of San Juan/Laventille was more significantly affected by landslides, with over 42 individual landslides reported, affecting just a few homes in the vicinity of the landslide and not the wider community. The DANA assessment was applied in the most vulnerable communities within each of the four municipalities where the TTRCS planned to support households that would not qualify for government assistance, specifically those in “squatting” communities. While the state response mechanism also mobilized, the TTRCS coordinated with the local DMUs to identify areas not being served and directed its response to those communities. Four specific squatter communities became the focus of the operations of the TTRCS:

- Mayaro/Rio Claro – Mafeking (on the Ortoire River)
- Penal/Debe – Molley Street and Suchit Trace (on the South Orpouche River)
- Tunapuna/Piarco – Branch River Trace, Kelly Village and La Paille Village, Caroni (affected by the Caroni River)

- Sangre Grande – Leemond Village (on the North Oropouche River)



Figure 3: TTRCS Crisis Response Team conducting damage assessments at an affected home in the Mafeking area. 01Dec2022. Source: TTRCS

By the 8 December the TTRCS had an approved DREF operation plan and began implementation of the action plan which included the assessment of 160 households as a sample size for the future CVA programme selection. In January 2023, the operations continued with a focus on developing health and WASH public education as clean-up efforts continued and persons tried to salvage what was damaged as they looked for support from the state with grants which were slow to be processed. The TTRCS target population was not eligible for government grants and the TTRCS proposed a CVA programme to aid 100 of the most vulnerable of these households. During the week of the 9 January the TTRCS team began data collection and assessment of the market systems to determine the feasibility of the cash transfer programme in the four communities.



Figure 4: TTRCS mobilized the support of partners to provide additional support such as mattresses, as it conducted DANA assessments and distributed cleaning supplies in the St. Augustine area just outside of Caroni. 05Dec2022. Source: TTRCS

Toward the end of January, the TTRCS received the surge deployment of Public Health in Emergencies (PHiE) Officer who was requested to support the areas of WASH and Public Health Education. The goal of the PHiE Officer was to conduct in-depth assessments in the affected communities and develop a targeted education campaign for WASH and Public Health that would be culturally appropriate for each community and build the technical capacity of the TTRCS in this area. These assessments resulted in the creation of user friendly, community-centric content that was turned into video and print materials that would be used at subsequent public outreach sessions during the operation, the first of which was held in the Caroni community where over 200 residents attended and was educated on safe health and WASH practices, basic disaster preparedness and Primary Health Care Services offered through the TTRCS Clinic.



Figure 5: Alejandra Mendez, TTRCS Community Liaison Officer educates a Caroni Community member and her child on safe health and WASH practices as well as the Health Effects of Flooding. 04Feb2023. Source: TTRCS

Subsequent public health and WASH sessions with Primary Health Care Clinic sessions were conducted in the Mafeking, Penal, Kelly Village and Sangre Grande areas where there was excellent attendance from those who were directly affected by the floods as well as the wider community who came for information and to learn about the services of the TTRCS. These sessions also served as information gathering sessions where the community was able to provide feedback and additional information on the effects of the floods, and persons who were not assessed were also able to leave their information for site visits to be conducted for future assistance.

In March, the TTRCS received clearance to begin its CVA programming which was the final set of activities to complete the operation. Distributions were conducted in the four areas from the 15 to 25 March 2023. In some cases, multiple visits to the community were necessary to locate persons who did not have contact information. TTRCS was successful in distributing the CVA cards to all 100 selected households.

At the close of distribution, the TTRCS engaged in a robust feedback process using surveys. We needed to be more proactive in collecting beneficiary concerns or issues, as well as positive feedback to gauge the impact of work and that beneficiary needs were being met. Post distribution monitoring included sending optional beneficiary satisfaction surveys to all recipients of assistance. The TTRCS also identified gaps in our Communications and CEA Strategies and used the opportunity to create more diverse methods of engaging with the affected community which resulted in the use of more digital tools as well as traditional media as many of the affected populations used a mix of both. Contextualization and making messages more culturally sensitive were highlighted in the assessment as critical to ensuring the community relates to the messaging and therefore, through the support of the PHIE Surge Officer this was accomplished with thorough feedback from the community.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Delegation – Port of Spain Office provided technical guidance and high-level operational support with the DREF Operations such as the coordination with the Regional Office for the deployment of the surge officer as well as coordination for the importation of replenishment stock.

Overview of non-RCRC actors in country

The government response was fully-operational being coordinated at the national level by the Office of Disaster Preparedness and Management with responders on the ground primarily from the Ministry of Rural Development and Local Government – Disaster Management Units. The TTRCS ensured full cooperation with state responders was facilitated in order to avoid duplication of efforts and direct its resources to the most needed areas. The coordination between TTRCS and the Government was significantly more effective during this operation as a result of joint preparation and planning activities as well as improved daily communications which helped mapped the areas where the government was mobilizing and helped the TTRCS determine the areas that were not being addressed. Civil society operations (CSO) during this flood response were not as significant as these organization mobilized several times before during the hurricane season and there was a notable decline in resources that were available within the CSO network.

Needs Analysis and Scenario Planning

Due to the lack of Situation Reports from the State, the TTRCS conducted its own needs analysis based on official damage data being populated from the 14 municipal Disaster Management Units who are responsible for collecting all damage reports at the household level. While this was raw data which needed to be processed, it helped us to independently analyse the data in its entirety. Based on this initial analysis we were able to determine immediately where gaps existed in the national response plans and where the TTRCS could prioritize its response to support vulnerable persons in the specific sectors of Water and Sanitation, Health Education, Primary Health Care and Multi-purpose cash support. In the first few days after the impact, the TTRCS projected the needs to be at 500 households, however, persons quickly responded using their own resources as well as support that was provided by the state mechanism that was also well resourced. Before the plan of action was finalized, the TTRCS reduced the target to 250 households which represented the most at-risk communities in the affected municipalities with a specific focus on the communities which were not served at all by state responders as well as communities known to be squatters or unregularized areas.

Shelter Needs

As originally determined, the floods did not cause any significant structural damage to concrete houses. From our independent assessment, less than 1% of flood affected concrete homes experienced actual structural damage. Wooden houses however were more significantly impacted from flood waters. In many cases the wooden structure absorbed the water and became swollen and unstable and in 100% of cases all wooden homes began to experience mould growth to some extent. In the municipality of San Juan/Laventille which experienced more landslides, approximately 40 households were affected. In this instance the TTRCS did not prioritize this municipality for support as it required advanced engineering support to address the long term stabilization of the land in this area and residents of these homes sought shelter at friends and family. TTRCS proposed to address the shelter needs of the affected areas through the multi-purpose cash grant.

Water and Sanitation

There were immediate and urgent needs to provide support with cleaning and hygiene supplies in the affected areas, especially to persons not receiving aid from state resources in communities identified as high-risk, such as parts of Kelly Village and Spring Village in the municipality of Tunapuna/Piarco, where state responders were not operating. TTRCS responded in coordination with the state in order to confirm that no assistance was being directed in those communities and after distributions, TTRCS reported to the ODPM, the areas served and number of households that were provided with cleaning supplies and hygiene kits that were part of TTRCS' pre-positioned stock. At distribution, further household assessments were done to determine additional needs as well as qualification for the CVA assistance. In the municipality of Mayaro/Rio Claro, the TTRCS had initially planned to provide support with community clean up, such as support with removal of damaged household furniture and appliances, however while distributing cleaning supplies and hygiene kits and performing the household assessment, households were identifying the need for mosquito nets as the highest priority. The community sits in a large natural basin and water stagnates after heavy rainfall increasing the number of mosquitos. The municipality had done its part with chemical spraying, however it did little to reduce the prevalence of the mosquitos. The community indicated that mosquito nets were their only option and preferred it over chemical spraying. Historically, they have been comfortable using nets in the past and the last time they were able to access nets was through the TTRCS several years ago.

WASH Education was also an area identified as a major gap. During the assessment, persons were not practicing safe and effective cleaning or sanitizing which led the TTRCS to flag the need for technical support to develop culturally specific and acceptable methods so communities can become aware for the next flood season. During the deployment of the surge officer in Public Health, several focus groups were conducted with the intent of determining what knowledge gaps existed. Persons had a general understanding of the need to clean-up after floods however they lacked the physical resources such as appropriate disinfectants and bleach, many families also lacked the knowledge of the process of cleaning, then sanitizing.

Health and Primary Health Care

As TTRCS provided health care services in the community through its Henry Dunant Clinic, mobile outreach services, specific health care needs were assessed. It was determined that persons who exposed themselves to flood waters suffered from skin rashes, and persons who lived in wooden homes began to experience respiratory illnesses which was later determined to be as a result of mould growth on the wood of the homes. There were no emergency cases identified during our assessment, but there was the need for health screening in the five most affected communities as a result of the poor hygiene practices and lack of education in the community. It was estimate that just over 100 persons in the affected communities would require medical assessment and screening and this was accurate.

Multi-purpose Cash Assistance (CVA)

In Trinidad & Tobago, many nationals qualify for a grant from the government if they are affected by natural disasters and can prove land and home ownership. In this flood event, we realized that some affected communities were squatters or unregularized/informal settlements and therefore would not qualify for the government grant. The TTRCS targeting criteria focused on persons who did not qualify for the government grant, but also needed financial support to either repair their homes, this is especially the case for squatters who lived in wooden homes which were damaged, or lost small household items such as clothing, school supplies or even to replace food items. A feasibility study and market assessment were conducted to justify the CVA programme and quantify the transfer value. The initial estimate of 100 vulnerable households that would meet the criteria was appropriate.

Risk Analysis

During the operation there were several challenges that impacted the effectiveness of the response, however through careful planning these did not prevent any activity from happening. One of the greatest challenges was conducting community activities when the community was available. In our context, most flood situations resolve themselves within a few weeks and the timing for the response clashed with public holidays and end of year celebrations. The TTRCS mobilized immediately to capture all assessment data within two weeks after the incident, which allowed us to justify the proposed response operations early without the need for making any changes to the plan. We were also able to distribute the majority of Non-Food Items (NFIs) before the Christmas period to ensure persons regained some sense of normalcy for the holidays. Due to time constraints the TTRCS prioritized the distribution of relief items that was in stock, the CVA programme was pushed into the second month to conduct the feasibility study and market assessments and the distribution of the CVA Cards moved to month three.

Procurement of additional stock was recommended to be two-fold with some being sourced from Regional Office, but also local procurement was suggested as risk adverse measure to reduce the time in transit and clearance. The most needed items for distribution were cleaning supplies which were bought locally for distribution, and regional stock was used as replenishment.

There were also delays in the execution of the health activities as they were tied to support from a Surge Officer in Public Health who did not deploy until mid-January. This meant that many of the community assessments for health had to be delayed until they were able to be physically present in Trinidad, in some ways duplicating the work. Fortunately, health and CVA remained the only two interventions left to execute in the operation and they complimented each other as we capitalized on persons coming out to collect their CVA assistance and simultaneously visiting the public health outreaches.

B. OPERATIONAL STRATEGY

Proposed strategy

Trinidad and Tobago Red Cross society (TTRCS) ensured there were efficient and timely assessments within the first two weeks of the operations which was done as a lessons learned from the 2018 flood operations. Working with all first responder agencies and in close coordination with Office of Disaster Preparedness and Management (ODPM) and the Disaster Management Units, the TTRCS was able to prioritize geographically the local communities within the four municipalities that were most negatively affected and identified households who were not getting assistance or needed additional support based on their existing vulnerabilities. Within the first week, the TTRCS was able to develop a selection-criteria based on gaps highlighted from the communication with the Disaster Management Units, and this became the basis and justification for all distribution of aid.

Using population data and other sources of information from previous community assessments, the TTRCS realistically identified the targets in each sector that was firstly manageable by the TTRCS as well as ensured only those most vulnerable received assistance without duplicating efforts of the state and other actors providing relief.

Assessments – Damage and Needs Analysis (DANA) assessments were conducted using KOBO to increase efficiency of data collection as well as processing of the data digitally. Within a few days after impact, the DANA form was used, which was a modification of the form used in the previous event. The form was tailored to gather all information required for determining selection of households for the intervention. Volunteers and staff were deployed alongside the initial distribution teams who were providing cooked meals and NFIs to communities as water levels began to subside to collect the DANA assessments.

Distribution of NFIs – In every community, distributions of NFIs namely cleaning supplies, and hygiene kits began immediately after flood waters subsided. There was urgent need for these items as stock levels at the state and other stakeholders were very low as a result of the constant mobilization throughout the season. The TTRCS had a stock on-hand for 200 households which were quickly mobilized in the four municipalities within the first 10 days using strict guidelines and in coordination with the Disaster Management Units to ensure there were no duplication. While cleaning supplies were distributed based on visual inspection of homes, hygiene kits were only distributed based on the assessment as some households would not have lost significant internal contents (e.g. HHs with one foot of flood waters inside the home).

Public Health and Hygiene Promotion – the need for “culture changing” public health education became evident when media reports highlighted extremely poor health and hygiene practices in some communities including persons walking through and children playing and swimming in the flood waters without any idea of the potentially negative health implications. During the assessment phase the TTRCS teams encountered residents who began to develop rashes and other skin conditions after venturing into flood waters to collect relief items and did not clean and sanitize themselves properly afterward. Noting the potential challenges of safety messages being ignored, the TTRCS took the approach of having close dialogue with each community to determine the gaps and what specific information was needed to be shared. These were turned into print and video content to be shared with the mass population as preparedness for the next flood events. Clinical interventions were also made using our primary health care screening community clinics to provide outreach services in the communities.


CVA – Based on the approved selection criteria and information collected from the DANA assessments, the CVA selection process was very straightforward. Out of a potential 170 households that could qualify, we used the criteria to highlight the 100 most vulnerable based on type of damages as well as existing vulnerabilities such as HHs with persons with disabilities or single parent HHs. The TTRCS used the IFRC Pre-paid VISA Debit Card system to pay the multi-purpose cash grants which was supported by the Panama Office.

CEA – beneficiary communications was crucial to the success of the response to ensure the targeting and selection criteria were very clear. As this operation involved many elements of “information as aid” the ability to maintain constant contact with the community had to be strengthened. Our Community Liaison Officers served as the primary points of contact where beneficiaries could call or WhatsApp in to get updates or share concerns. For more technical assistance with CVA, the Crisis Management Coordinator maintained a direct hotline available for contact on a 24/7 basis after the distribution of CVA started. Several forms of media were used to inform beneficiaries including printed flyers, educational video, and posts for social media as well as the implementation of innovative tools that were developed as a result of lessons learned from the operation including the use of AI tools such as ChatBots and a recommissioned website that allowed for easier access to information by the public.

Communications – was a crucial component of the operation as the affected population needed to know about the services available and what was being provided in the targeted communities. Another important element was to ensure clarity in the population, that TTRCS CVA and other relief was not from the government as any grant is always misconstrued as government assistance. This was reinforced using CEA approaches. The internal communication team was supported by external contracted support which provided a videography services to capture the distributions as well as beneficiary interviews.

M&E – The ability to collect beneficiary feedback in multiple formats, ensures we are inclusive. Most beneficiaries preferred the direct way of communicating which was via phone. In this operation we saw the limitation of persons understanding how to use technology and digital platforms including online survey tools. Nonetheless we were still able to capture beneficiary satisfaction for each of the sectors and used that data to inform part of our lessons learned to improve the next operation.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 360 Male: 162 Female: 192</p>		
Indicators:	Target	Actual
Percentage of targeted population reporting that humanitarian assistance is delivered in a safe, respectful, accessible, accountable, and participatory manner.	100%	100%
Number of individuals to receive blankets.	250	360
Narrative description of achievements		
<p>During the initial response, when the magnitude of the flooding seemed monumental based on preliminary assessments and visual data coming in from community members as well as Community Emergency Response Teams (CERTs), and considering the wide geographic scale which represented almost 50% of the territory of Trinidad the potential need for emergency sheltering was deemed to be high. TTRCS with the Ministry of Rural Development and Local Government – Disaster Management Coordinating Unit (MoRDLG-DMCU) prepositioned blankets at the most high-risk areas in the event shelters were to be opened. A total of 360 Blankets were donated through the MoRDLG-DMCU to the DMUs in the five most at-risk municipalities which would be used in emergency collective shelters, and given to Search and Rescue units. We received positive confirmation from the DMU that blankets were indeed useful to the residents who made use of the shelter as well as distributed widely to community members who were marooned and who were directly affected by flood waters (in flood waters).</p>		
Challenges		
None		
Lessons Learned		
<p>Early communication with first responder agencies such as the DMUs directly and in coordination with the on-the-ground units such as search and rescue and Defence Force was done via ODPM. During these talks we determined what resources were needed in the field as well as what is available for deployment and the fastest route to deploy them. As the TTRCS works closely with the disaster management coordinating unit at the Ministry of Rural Development, it was easy to identify the gap and need for blankets and provide the resource to fill the gap. The need for strategic pre-positioning of other needed commodities is also important to plan for and determine a safe location closer to or in the potentially affected communities so distributions can happen faster.</p>		



Multipurpose Cash

People reached: 488

Male: 186

Female: 302

Indicators:	Target	Actual
Number of families who successfully receive and access cash for basic needs	100	100
Percentage of families satisfied (able to meet basic needs according to their priorities) with cash assistance programme	100%	100%
Percentage of people targeted reporting that humanitarian assistance is delivered in a safe, respectful, accessible, accountable, and participatory manner	100%	100%

Narrative description of achievements

The TTRCS CVA programme was very successful as it supported some of the most vulnerable households in the impacted communities that were not receiving any support either from state or local actors. The TTRCS stressed the importance of identifying via the DANA assessment persons who had a high vulnerability score and really suffered a significant amount of loss from the floods. In January 2023, the TTRCS set out to complete the market assessment and feasibility study which were in-depth analyses which allowed the team to understand the effects of the cash programme on the local economy as well as the possibility for beneficiaries to use cash in a safe and dignified manner through the pre-paid debit card system. After the feasibility study was reviewed and approved by the IFRC Regional Office, the TTRCS immediately began mobilizing for the distribution of the grants. Persons were contacted via phone and scheduled to collect their debit cards at convenient community centres in the four targeted municipalities. We prepared a variety of communication tools to assist with communicating the CVA programme to the community as well as guidelines for use of the card for the beneficiaries which included banners, flyers and instruction leaflets. The TTRCS volunteers did an excellent job explaining the procedures for using an ATM as well as the feedback mechanisms that existed including the 24/7 hotline for assistance.

Challenges

There were some logistical challenges in the implementation which included persons who did not have phone service based on where they lived or had no phone at all. This made follow-up contact difficult as we could not immediately notify some beneficiaries that they qualified for the programme. To address this, we engaged the community leaders and focal points who were able to go to the beneficiary directly and notify them on our behalf and share the information on how to collect their card. There was only one scenario where a debit card was "eaten" by an ATM as a result of incorrect PIN entry and this was quickly resolved by notifying the Regional Office to cancel the eaten card and reissuing a new card.

Lessons Learned

Understanding the needs of the CVA programme such as the selection criteria, requirements of the feasibility study, conducting the market assessment and determining supplier capacity to meet community demands was critical to ensuring the programme was set up on time and all requirements were completed without delay. TTRCS specifically sped up implementation by determining a selection-criteria within the first week after the impact based on the anticipated response from the state. There was an evaluation of the areas impacted and knowing the governmental regulations for grants we were immediately able to determine who would get grants and who would not qualify for governmental assistance. This led us to identify the types of households which would need help such as those living in squatter communities as well as persons who rent or cannot show proof of ownership such as migrants.

The communications for CVA needed to be strengthened especially on developing tools to explain the use of the ATM in more innovative ways rather than in print. About 50% of the beneficiaries did not have a formal bank account or knew about using an ATM to withdraw cash. While in principle they understood what was a PIN and the steps to withdraw the cash, many eventually relied on a family member, mainly their older children, to accompany them to the ATM to ensure they withdrew the cash properly. There were only two instances where persons reported having difficulty using the ATM where one initially did not understand how to use the ATM and went into the Bank for assistance, but the Tellers themselves did not know how to assist as they were unfamiliar with the IFRC Debit Card, thanks to the hotline the TTRCS was able to however guide the beneficiary through the process on the phone. The second was someone entered an incorrect PIN more than three times and the card was seized. The bank contacted us and indicated we would have to write to request the card back and it could take weeks, so it was easier to void that card and re-issue a new one to the beneficiary. More visual ways such as video or a mock-up of a simulated ATM could be used as a tool to ensure persons are more familiar.



Health

People reached: 128

Male: 87

Female: 41

Indicators:	Target	Actual
Number of people reached with primary health care services	200	128
Number of Public Health Education and health promotion workshops	5	5
Percentage of targeted population satisfied with conduct, access, and relevance of public health interventions	100%	100%

Narrative description of achievements

The public health education and health promotion campaigns were complicated to implement due to the varying cultural norms in the four affected areas. The Public Health Surge Officer had to conduct assessments in each of the affected areas and gauge the level of education and willingness to adapt practices in order to develop content that was accepting to the community. A mixed approach was taken for health promotion, where direct education in face-to-face/door to door sessions was done to ensure persons understood the dangers of the flood waters and the health implications of being in flood waters and not disinfecting and sanitizing themselves afterward. During these times, TTRCS volunteers were distributing flyers to the households on several health topics and safety around floods. The second approach taken was to do community events which were tied to our primary health clinic outreaches. At these events, community members who availed themselves to the health screenings and consultations, also received public health and safety information at the booth. The community reception to the information was good, however as it is meant to be culture changing, the TTRCS will monitor the improvements over time especially as these communities are likely to be impacted in the future.

Challenges

The largest challenge with health was related to the mobilization of the community. A culture of poor practices was engrained in these communities for many years and the constant annual floodings made them psychologically numb to the true dangers of flood waters. Being able to break that cycle meant convincing the community that there were real dangers that they were not connecting to such as the plague of respiratory illnesses that many of their children suffered from due to uncontrolled mould growth in their homes and other easily dismissed skin conditions.

Lessons Learned

The TTRCS realized the need for more timely health response to deploy medical teams along with assessment teams to provide an initial level of screening or medical intervention. After discussions and evaluation of feedback from the community would have been a more in-demand service rather than provide clinical services and screenings weeks after the floods.



Water, sanitation and hygiene promotion (WASH)

People reached: 595

Male: 191

Female: 404

Indicators:	Target	Actual
Number of families reached by hygiene activities and kits in the response period	250	314
Number of families reached by cleaning activities and kits in the response period	250	234
Percentage of targeted population reporting that humanitarian assistance is delivered in a safe, respectful, accessible, accountable and participatory manner	100%	100%

Narrative description of achievements

WASH activities continue to be the most needed after the impacts of floods. During the 2022 season there were over twenty minor to moderate events which required state activation as well as support from civil society. Stock levels of

relief supplies were very low coming down toward the end of the year. The TTRCS had maintained high stock levels as smaller incidences did not trigger a response from the TTRCS. As the November 2022 floods impacted on a national scale the TTRCS mobilized. The TTRCS had sufficient stock to serve 200 households with cleaning kits, disinfectants, and hygiene kits. As soon as flood waters began to recede the TTRCS mobilized in coordination with the ODPM and Disaster Management Units to identify the areas most in need and not being served to begin assessments and distribution of these commodities. In all cases cleaning supplies and disinfectants were distributed to households based on visual inspection while hygiene kits were only issued after the completion of an assessment and the determination of need and vulnerability, which was done in the field after the DANA form was completed. In some instances when TTRCS ran out of stock in the field and there were still vulnerable affected households to serve, additional deliveries were done to ensure all who needed the items received them.

Challenges

Logistics were the main challenge in deploying these resources into communities. Accessing communities were limited to when flood waters receded and due to the remote location of many communities it was only accessible by smaller 4x4 pick-up trucks therefore the TTRCS' plan to rent larger transport vehicles had to be reconsidered. We were able to deliver the required number using the vehicles available to the TTRCS which required more trips to the community taking different commodities at different times. This delayed the delivery by some days.

Lessons Learned

Prepositioning items in safe secure locations can greatly reduce the time for deployment based on the remote locations to many communities.

Coordination with the state responders greatly reduced the chances for duplication of efforts, as we jointly decided on which geographic spaces to work in.

Using a mix modality for replenishment of stock was a best option as we were able to purchase items needed immediately to distribute on the local market which could be mobilized in days while we waited for additional stocks to come from the Regional Office, which took weeks.

Strengthen National Society

Indicators:	Target	Actual
Number of volunteers insured	70	70
Percentage of resources use for effective support to NS activities in response operations	100%	100%
Percentage of key operation staff salaries covered during the response operation	60%	60%

Narrative description of achievements

The TTRCS benefited greatly from the budgetary support toward the staff coverage and volunteer insurance for the operations which reduced the burden on the national society.

Challenges

None

Lessons Learned

None

D. Financial Report

See annexed Final Expenditure Report

The DREF Operations met its financial targets and completed the operation utilizing 100% of the funds allocated and transferred to the TTRCS and was under budget for the overall operation as some operational lines that remained on the IFRC side were not fully spent based on current costs as compared to the estimated costs at the time of budget preparation. Internal budget analysis saw line items being utilized and fully spent within the allocated amount. Overall, the financial resources provided by the DREF allowed the TTRCS to effectively execute its plan of action and bring relief to the affected population.

Additional Resources

1. *Link to Lessons Learnt Workshop Report:*
https://drive.google.com/file/d/1W6pf0pnRdAvx_o8XDCQnRaGmzIIQ1gHu/view?usp=sharing
2. *Link to Additional Photos:*
https://drive.google.com/drive/folders/1RCm9wKzu--l5Sj6mwtwITfT_8_aU9Y2u?usp=sharing