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humanity



Local response in a global pandemic: a case study of the Red Cross response to Tropical Cyclone Harold during COVID-19 in Vanuatu and Fiji

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Cover photo: Mrs Juliette Nasse. Vanuatu Red Cross

Executive Summary

Introduction

This case study explores the double impact of Tropical Cyclone Harold and the COVID-19 pandemic in Vanuatu and Fiji, and lessons it provides on the localisation of humanitarian response.

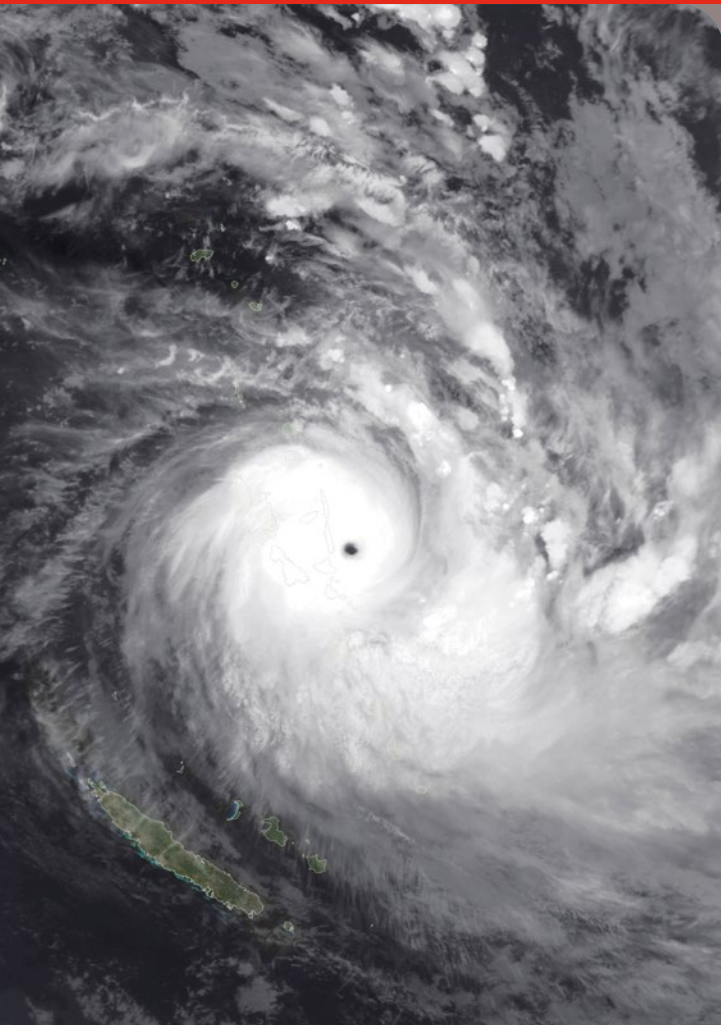
It examines the Red Cross Red Crescent Movement's experience in supporting local response leadership and seeks to contribute to wider learning and debate about localisation and the complementary roles of national and international humanitarian actors.

The overarching context of the COVID-19 pandemic meant that the provision of international surge assistance to Category Five TC Harold was highly restricted. This combination of circumstances provided a rare example of locally-led humanitarian response to a natural disaster where in-country international response was largely absent.

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Local actors had more space and prominence

We put into practice everything we'd trained for



Early April 2020, TC Harold struck the Pacific



Category 5 Cyclone | 230km/h windspeeds

FIJI



Pop: 897,999



est. 180,000 people affected



3,500 houses destroyed or severely damaged



Fiji Red Cross reached 2,379 or c. 12,000 people with shelter/WASH/emergency NFIs/general relief items



VANUATU



Pop: 308,945



est. 159,000 people affected



21,000 houses destroyed or severely damaged



Vanuatu Red Cross reached 6,600 households or c. 25,000 people with shelter/WASH/emergency NFIs/general relief items.



Vanuatu Shelter Cluster activated (led by Vanuatu government Public Works Dept & IFRC), coordinating 12 implementing partners providing emergency shelter for c. 20,000 households or c. 100,000 people).

Left: Cyclone Harold at peak intensity shortly after crossing Pentecost Island in Vanuatu. Wikimedia Commons, NASA.

The case study is structured around seven key indicators of locally led humanitarian practice. These indicators were developed by the Humanitarian Advisory Group in collaboration with local humanitarian actors across the Pacific¹:



Partnership



Leadership



Coordination and complementarity



Participation



Policy, influence and advocacy



Capacity



Funding

¹ HAG/PIANGO (2019) *Measuring Localisation: Framework and Tools*. See also HAG/ARC (2017) *Going Local – achieving a more appropriate and fit for purpose humanitarian system in the Pacific*.

Who was interviewed?



These partners include the International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) the Australian Red Cross and the New Zealand Red Cross. Interviews were also conducted with donors, INGOs, UN Agencies, Fiji and Vanuatu government partners, local civil society organisations, and Red Cross staff, volunteers, and community members.

Summary Analysis

In Vanuatu and Fiji, Red Cross National Societies were already well entrenched within their own national humanitarian contexts, and thus empowered to exercise local leadership. Their respective leadership roles were enhanced and given greater visibility in the absence of in-country international surge support owing to restrictions caused by the pandemic.

This local leadership role was built on three key foundations:

I. Legal Status

- The Red Cross's unique legal status as a partner to national authorities in times of emergency meant that the National Societies led the operational response and contributed to national coordination and strategy.

II. Investment in disaster preparedness

- Long-term investment in disaster preparedness and institutional capacity development meant that pre-positioned stocks were available; and trained staff and volunteers were ready for assessment, distribution, and coordination at national and local levels.

III. Adaptable international support

- International support adapted to the context, providing remote technical support and access to timely and accessible funding mechanisms.

The case study found that there was a shift in the power dynamics between national and international Red Cross actors during this response, with a greater emphasis on local leadership. Crucially, this international support built on longstanding capacity development programs that had invested in key staff, disaster preparedness programs and assets such as pre-positioned relief supplies.

Local Red Cross societies played strong and more visible leadership roles in their respective countries and provided direction to international counterparts on the type of support required. Their decentralised structure enables them to lead the response at national level as well as in the provinces and districts.

Further, the Red Cross societies underpinned the wider humanitarian system in both Fiji and Vanuatu. National, provincial and local government, as well as INGO partners, relied on their decentralised networks of staff and volunteers to undertake assessments, distribution, coordination, and community liaison. This demonstrated an enhanced leadership role for National Societies and confirmed their skills, capacities, and legally mandated roles to support government.

Given the scale of the disaster, Vanuatu and Fiji Red Cross National Societies were supported remotely by international partners with technical advice, logistics support and funding. IFRC's rapid and easy-to-access emergency funding mechanism for National Societies ensured that funding was available to local responders **before** the cyclone hit. This enabled the immediate mobilisation of local Red Cross response leadership and contrasted with slower and more administratively complicated emergency funding mechanisms, such as the UN Central Emergency Response Fund (CERF). The scale and complexity of responding to a Category Five cyclone during a pandemic meant that international support had to be requested. However, National Society leadership was enabled rather than dominated by the mobilisation of international technical and financial resources.

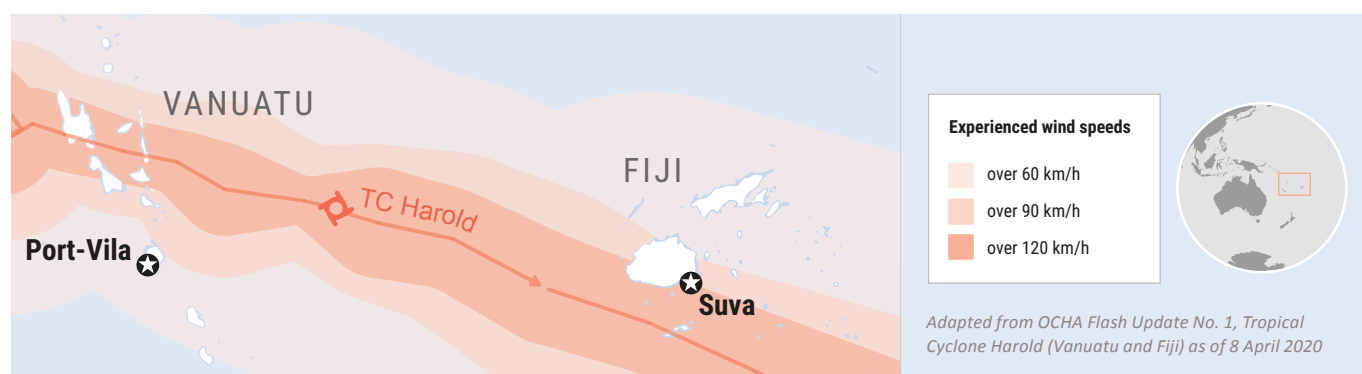
While the local Red Cross response was generally fast, effective and complemented by appropriate international support, there were a number of contextual and institutional challenges. In contrast to other disasters in the Pacific, there was significantly less engagement with major international donor partners, who were internally focussed on COVID-19 and slow to adapt to a sudden onset disaster as well.

In Vanuatu, the contentious political process of forming a new government was underway when TC Harold struck, with implications for overall national response leadership. There was a lack of clarity for humanitarian agencies around issues such as quarantine processes for relief items, overall responsibility for humanitarian response, and an absence of reliable damage assessments to guide the initial response.

In Fiji, where community transmission of COVID-19 occurred, the Ministry of Health, rather than the National Disaster Management Office (NDMO), was the lead government coordinating agency. This meant that longer-term relationships and operating procedures that had been developed between the Fiji Red Cross and the NDMO for disaster response were no longer the default mode for disaster response and a new set of relationships had to be built to suit the pandemic context.

Within the Red Cross system, despite overall strategic leadership from the National Societies, international partners retained a high level of control over finance and logistics. IFRC's procurement processes were designed for large scale international supply chains and faced administrative challenges adapting to a context in which local procurement was preferred due to time lags and restrictions on importation of goods, and where support could only be provided remotely. This placed an additional workload on National Society responders. Consequently, in some key areas such as logistics, the inability to deploy surge personnel to the country had an impact on the timeliness of the response.

The case study of the Red Cross Red Crescent Movement response to TC Harold during COVID-19 illustrates the importance of the principle of complementarity. The response enhanced the leadership role and visibility of local Red Cross responders who are at the centre of their respective countries' disaster management systems. International technical, logistics, and financial support adapted to the local context and supported local Red Cross response leaders. As one informant put it, reversing UN Secretary General Antonio Guterres' formulation of localisation, the response was 'as local as necessary and as international as possible'.



Key Findings

The study has adopted seven key indicators of locally led response: partnership; leadership; coordination and complementarity; participation; policy, influence and advocacy; capacity; and funding. These were first identified in the Humanitarian Advisory Group report: *Measuring Localisation: Framework and Tools* (2019).²



Impact Indicator 1: Partnerships

Equitable and complementary partnerships between local, national and international actors

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Local actors had more space and prominence – everyone was looking to the Red Cross to partner with them.

Local humanitarian actor (Vanuatu)

National Societies had to present their own response plan. It didn't look like a conventional plan but it was accepted as such.

International humanitarian actor

I. **The context of the COVID-19 pandemic challenged traditional modus operandi in humanitarian response in the region.**

II. **Local leadership was enhanced by the absence of in-country international surge, due to COVID-19 regulations.** International counterparts complemented locally-led response in technical sectors, by providing access to funding and international logistics and procurement.

III. **The response benefitted from investments in longer-term and flexible partnerships between local and international actors.** This included investments in core staff positions at headquarters and in decentralised branch networks, capacity development, and disaster preparedness, notably pre-positioned supplies.

IV. **Strong personal relationships and the use of social media platforms for communication with remote support changed the way national and international responders worked together.** This encouraged less formal and more open communication at strategic moments that were chosen by local responders. National Society staff controlled the flow of information and the extent of international engagement.

² https://humanitarianadvisorygroup.org/wp-content/uploads/2019/12/Measuring-Localisation-Framework-and-Tools-Final_2019.pdf



Impact Indicator 2: Leadership

National actors define and lead on humanitarian action

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We put into practice everything we'd trained for.

Local humanitarian actor (Vanuatu)

Village health workers are mainly women and they were speaking out on online platforms with community data and as part of the response.

Women are now being recognised as citizen leaders in social protection.

Local humanitarian actor (Fiji)

- I. **The Red Cross in Fiji and Vanuatu was highly influential in setting priorities at national and sub-national levels.** Both National Societies led their international counterparts and drew on support to the extent they felt was necessary.
- II. **The leadership roles, responsibilities and capacities of experienced local staff and volunteers was highlighted by the relative absence of an in-country international surge presence.**
- III. **Local leadership was reinforced through Red Cross societies' legal status as nationally mandated agencies working with public authorities.** Fiji and Vanuatu Red Cross led the response, with the support of international counterparts, and influenced the national response at the highest level owing to their legal status.
- IV. **The dual response to COVID-19 and TC Harold led to increased influence and participation of women in leadership roles, especially in communication and community engagement around health messaging.** This was notably the case in Fiji, which experienced a community outbreak of COVID-19. Women's participation and voices were enabled by new media platforms which were not part of formal male dominated 'public sphere'. Women were recognised as citizen leaders in social protection.



Impact Indicator 3: Coordination & Complementarity

Respect for commonly agreed approaches to ‘as local as possible and as international as necessary’

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In reality the response was as local as necessary and as international as possible.

International humanitarian actor

National Societies were prepared and in the driver’s seat.

Local humanitarian actor (Vanuatu)

Surge support doesn’t have to be done in an overbearing way – it can be strategic and targeted.

International humanitarian actor

Given the situation, working remotely was all we could do. We didn’t get overexcited, we tried not to be too pushy and maintained a level of decorum, understanding the National Societies were working at the best of their abilities.

International humanitarian actor

I. **The response was well coordinated and based on complementary skills and resources between national and international responders.** National Societies led the response with remote technical support from international partners in the Movement.

II. **There was coordination and complementarity within National Societies as well as between National Societies and international partners.** This is especially important in Vanuatu’s geographically, culturally and linguistically diverse context. There was collaboration between Red Cross responders at headquarters, branch and community levels.

III. **In some technical sectors, in particular logistics, in-country international surge support would have strengthened the response.** Not all remote surge was as effective as in-person presence, due to the scale, technical and administrative requirements of the sector.

IV. **Specialised in-country surge support was no longer available to Vanuatu although, as a Pacific regional hub, more resources were available in Fiji.**



Impact Indicator 4: Participation

Communities lead and participate in humanitarian response

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Branches were doing a lot of community-based, community-led distribution.

Local humanitarian actor

A lot of INGOs started tapping into the volunteer system.

International humanitarian actor

Volunteers are also part of the affected population. Localisation is good but we also need to consider the impact of a hazard event on local capacities.

International humanitarian actor

I. The response was based on the extensive, community-based Red Cross network of branches and volunteers. These provided local response leadership, community engagement, and supported government and communal systems. They managed assessment and distribution, reaching around 6,600 families (c. 25,000 people) in Vanuatu and around 2,400 families (c. 12,000 people) in Fiji.

II. The decentralised branch and community structure of the Red Cross ensured operational support for local, district, and provincial authorities and reinforced government response capacities at the sub-national level.

III. There were some challenges to humanitarian practice owing to COVID-19 movement restrictions. In Fiji, some communities were difficult to access. Relief supplies were distributed by community leaders rather than Red Cross volunteers, and thus did not necessarily follow the humanitarian guidelines normally employed to ensure equitable relief assistance.

IV. Red Cross, branch, staff, volunteer networks and logistics infrastructure underpinned INGO and NDMO operations. It was notable that many of the in-country partners of INGOs utilised Red Cross volunteers and structures.



Impact Indicator 5: Policy, Influence & Advocacy

Response reflects the priorities of affected communities and national actors

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There were close working relationships between provincial government and National Societies.

Local humanitarian actor (Vanuatu)

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In supporting the cluster we are not just supporting government we're supporting partners.

International humanitarian actor

- I. **As members of the National Disaster Committee in each country, and with roles enshrined in national legislation, the National Red Cross Societies participated in national decision-making and strategy development response at the highest level.** The influence and access afforded by this mandated role cascaded down through the network to provincial and community levels; enabling access to communities, relief items, and influencing humanitarian priorities and coordination.
- II. **The Shelter Cluster was activated in Vanuatu and was led by the Vanuatu Government Public Works Department.** The cluster established common relief standards and coordinated shelter response to more than 17,000 households (c. 85,000 people). Vanuatu Red Cross' influence at the national level was reinforced through its association with the Shelter Cluster, although this support role sat mainly with IFRC.
- III. **The pandemic meant that emergency powers were declared in both countries.** This changed responsibilities and processes that had been established as disaster preparedness measures. In Fiji in particular, this meant that established cyclone response processes and responsibilities had to be renegotiated.
- IV. **In Vanuatu, a disputed process of government formation following an election led to an interregnum that affected higher-level strategic decision-making as TC Harold hit.**



Impact Indicator 6: Capacity

The organisation is able to respond effectively and efficiently. There is targeted and relevant support from international actors

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It was a big disaster with a lot of challenges and a lot of needs. It was also domestically very challenging and impossible to go from island to island. We started in early April and finished everything three months later by the end of June. I can't remember the last time we finished in three months.

International humanitarian actor

Maybe they were able to get stuff done rather than looking after us.

International humanitarian actor

The procurement policy is such a beast.

International humanitarian actor

- I. **The locally led response overall was quick, efficient and at scale.** This was despite the challenges of COVID-19, unclear quarantine procedures which caused initial delays, the high impact of a Category Five cyclone, and the absence of in-country international support. Unusually in any response, the emergency phase was completed within three months.
- II. **International procurement processes were cumbersome, relatively inflexible and required a high degree of administrative and financial oversight.** In the context of COVID-19, which also disrupted international procurement systems, this meant that local procurement was difficult, and the system relied strongly on international support. Relatively low local logistics capacity, complex international systems, and the inability to send logistics technical support delegates in-country hindered the response.
- III. **International supply chains were disrupted and uncertainty about new quarantine requirements delayed the importation of relief items and hampered internal transport within each country.**
- IV. **Donors were focussed on COVID-19 response and had to re-allocate humanitarian resources to TC Harold.** The use of regional military assets for logistics, which had been a mainstay of previous responses, was substantially reduced.



Impact Indicator 7: Funding

Increased financial independence allows local actors to respond more efficiently

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Funding (for release of funds prior to TC Harold's impact) was approved within a day and funds arrived in three days.

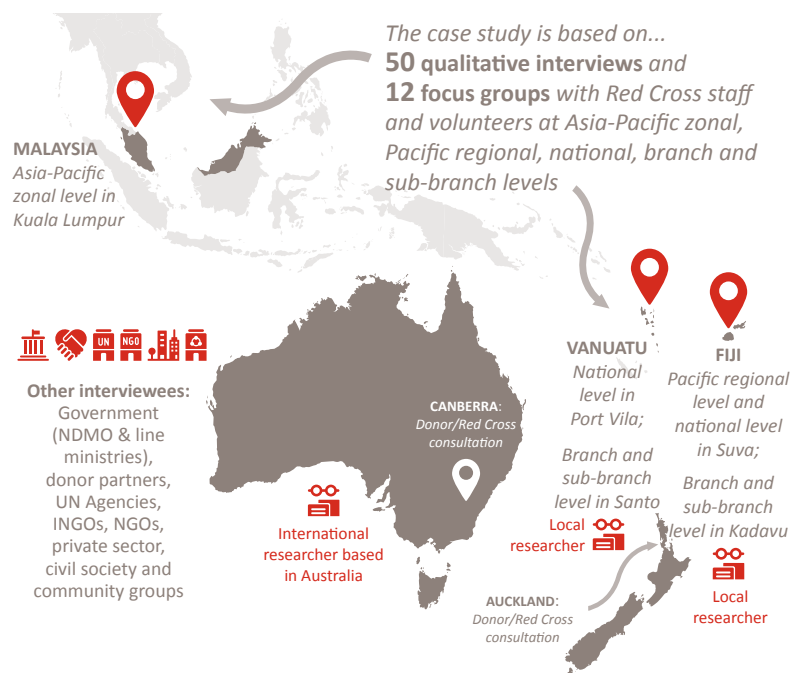
Local humanitarian actor (Vanuatu)

Our partners are able to mobilise and transfer funds to us in a very reasonable timeframe. So there is sufficient funding available to start our response work and keep our response programs running and in full operation.

Local humanitarian actor (Fiji)

- I. **The release of the IFRC Disaster Response Emergency Fund (DREF) before TC Harold struck was critical to a timely and well-funded response.** This also ensured pre-approval of further requests for funding and enabled the response to continue effectively. Both the amount of money raised through this mechanism and the speed of approval and release of funds (within 48 hours for the initial DREF request before the cyclone struck) compares favourably with other funding mechanisms, such as the UN Central Emergency Response Fund (CERF).
- II. **While global targets aim for 25% of humanitarian funding for local organisations, an estimated 60% of international Red Cross funding went to National Societies responding to TC Harold.**
- III. **Fiji Red Cross was able to secure substantial in-country funds from local donors and financial institutions and corporate partners.** This gave it greater autonomy and reduced its dependence on international financing systems.
- IV. **The economic consequences of COVID-19 restrictions, especially the collapse of the tourism sector, also impeded response and recovery in Vanuatu and Fiji.**
- V. **International donor funding mechanisms remain INGO-centric and are difficult if not impossible to access by local response actors.**
- VI. **There was uncertainty among donors and UN partners around the term 'local', with the term often used to describe in-country INGO offices.**
- VII. **There was almost no scope for public humanitarian funding appeals by partners in Australia and New Zealand.**

Methodology

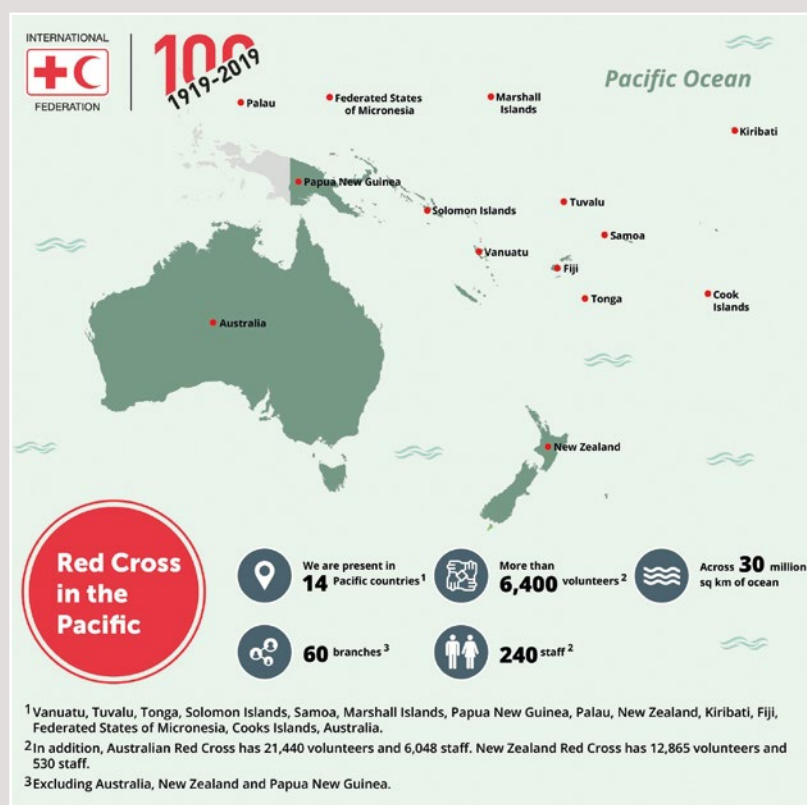


The interviews themselves were structured around the components of localised response that were developed in the Pacific by the Humanitarian Advisory Group in conjunction with local civil society representatives.³ These are: partnerships; leadership; coordination & complementarity; participation; policy, influence & advocacy; capacity; and funding.

The case study was jointly researched and written by local researchers in Fiji and Vanuatu and an international researcher in Australia to ensure a localisation of the research process itself.

³ HAG/PIANGO (2019): *Measuring Localisation: Framework and Tools*.

Red Cross Movement in the Pacific



The Red Cross in the Pacific differs from other actors in its reach and its principally humanitarian focus. There are an estimated 6,400 volunteers across the region who are part of 14 National Societies with 62 local Red Cross branches. Both the International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross have a regional presence in Suva, and the global Red Cross Red Crescent Climate Centre also supports National Societies across the region. This gives the Movement a major presence in all countries at the national as well as subnational level.

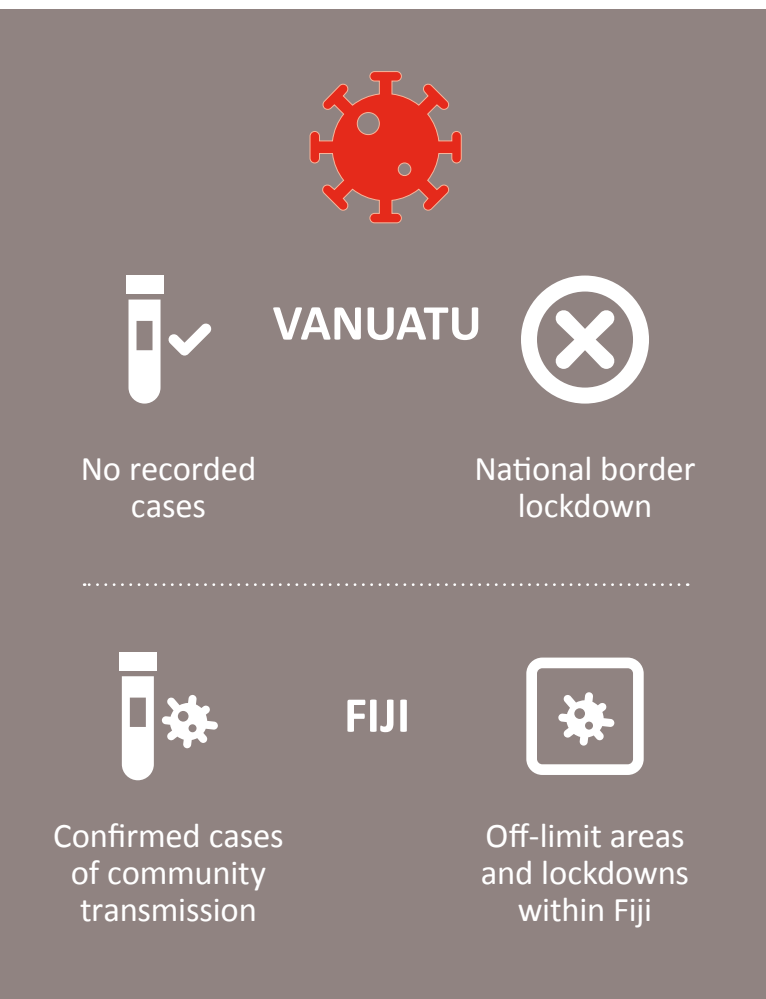
In each country, the Red Cross is an auxiliary to government, as established in national legislation which is reinforced by all Pacific nations' universal ratification of the Geneva Conventions. This gives the Red Cross a unique status across the Pacific.

Red Cross National Societies (NS) are materially supported in emergency response through the Disaster Relief Emergency Fund (DREF) which provides emergency funds to start up humanitarian response operations. These funds are based on locally made decisions about resource allocation.



Traditional Challenges of Humanitarian Response in the Pacific

There are a number of ‘classic’ complications of Pacific humanitarian response. These include large distances – the Pacific Ocean covers a third of the surface area of the planet. Additionally, most Pacific island states are expansive archipelagos made up of many islands. These are highly diverse in terms of language culture, and geography, which means that humanitarian response and recovery processes may differ significantly both between and within countries. Logistically, this diversity can also be challenging as relatively low-density, dispersed populations across multiple islands means that transport and transaction costs can be very high. Finally, as small island developing states, major disasters, such as highly destructive category five cyclones, can strain national capacities and resources.



Impact of COVID-19

COVID-19 impacted Fiji and Vanuatu differently and this led to significant differences in how the response was managed in each country. In Vanuatu, there were no recorded cases of COVID-19. Consequently, the government declared a national border lockdown in order to keep the virus out. Commercial flights were suspended, international aid workers were not allowed into the country and strict quarantine measures for imported relief stock were introduced.

In Fiji, confirmed cases of community transmission of COVID-19 before TC Harold struck meant that the Ministry of Health was designated the lead government agency. This affected standard cyclone response processes and relationships. New relationships had to be built quickly with a new government ministry. Additionally, areas within Fiji were designated off-limits owing to the presence of the virus. There was a lockdown around the capital, Suva, which initially cut off the Fiji Red Cross headquarters, key staff and volunteers and main logistics centre from its branches elsewhere in the country.

FULL RESEARCH FINDINGS



Volunteers from Central Pentecost, Penama Branch of Vanuatu Red Cross, carry out 90% of the humanitarian work of Red Cross in Vanuatu. Vanuatu Red Cross

1. PARTNERSHIPS: Equitable and complementary partnerships between local, national and international actors

Empowered local humanitarian leadership appropriately supported by international actors

The context of responding to a natural disaster during a pandemic meant that there was greater equity in relationships between National Societies

and international partners. Their respective roles were found to be complementary in the Pacific with National Societies leading the response on the ground, while being supported by international partners who provided remote technical advice, coordinated with the other international elements of the Red Cross (IFRC, ICRC, Partner National Societies in Australia and

New Zealand) and facilitated access to humanitarian funding. The effectiveness of local leadership during this response was built on the already decentralised structure of the Red Cross in the Pacific in which National Societies are empowered, autonomous actors and lead humanitarian action in their own country contexts. In responding to a disaster during a pandemic, local Red Cross Societies had more space and prominence in leadership roles and managed in-country response operations themselves. International support adapted to new circumstances, prioritising remote assistance in key areas such as logistics and accessing international funding mechanisms at the request and strategic direction of the National Societies. Technical support in key humanitarian sectors including water and sanitation, shelter, health, and logistics was also available and there was a regular exchange of information, resources, and ideas between international technical specialists

local Red Cross Societies had more space and prominence in leadership roles and managed in-country response operations themselves

and National Society counterparts, especially in Vanuatu. The ‘complementarity’ model of the Red Cross Movement brought international support and resources to disaster response where needed and at the request and direction of the local National Society. Red Cross Movement partners were already well placed to adapt to disaster response in a pandemic. As one interviewee noted, reversing the UN Secretary General’s formulation of localisation, this response was ‘as local as necessary and as international as possible’.

Impact of travel restrictions on traditional international humanitarian surge support

In both Fiji and Vanuatu the dual impact of COVID-19 and TC Harold strained national capacities, and both governments and Red Cross National Societies requested support from international partners. COVID-19 meant that while the mode of international support changed – it was mainly provided remotely – the fundamental nature of the support did not. Especially in Vanuatu, travel restrictions owing to the pandemic meant that international surge support

teams were unable to travel. Nonetheless, the response built on pre-existing relationships between national and international partners and remote support was mostly an effective substitute for in-country assistance. Greater levels of in-person support was available in principle in Fiji as IFRC’s regional office is located a short distance from the Fiji Red Cross headquarters in Suva. While it was available if needed, this technical assistance was only drawn upon periodically and for specific purposes such as accessing international funding mechanisms by the Fiji Red Cross, which emphasised the autonomy of its response and decision-making.

Changes in partnership model since TC Pam (2015) and TC Winston (2016)

The nature of the relationship between both Fiji and Vanuatu Red Cross Societies and international partners has changed significantly over the last five years, especially since the experiences of TC Pam in Vanuatu in 2015 and TC Winston in Fiji in 2016. Both Pam and Winston were category five cyclones and the response to both involved extensive international support. Interviewees observed that these responses were themselves disruptive events. Large influxes of international aid workers were unusual and the majority of Pacific humanitarian responses before and since Pam/Winston had seen more targeted and more appropriately scaled international support. Longer-term relationships since have focussed on institutional investment, training and capacity building of key staff, support for core positions such as Disaster Management Officers and targeted areas of technical support such as shelter programming. While cyclones Pam and Winston are often considered foundational experiences for humanitarians reflecting on disaster response in the Pacific, these were the exceptions, not the rule, in Pacific humanitarian response. Longer-term engagement between national and international Red Cross actors has emphasised institutional investment and appropriately scaled international support aimed at enhancing rather than replacing local roles and responsibilities.

Pacific Red Cross responses have traditionally been led by National Societies with targeted, low key international technical support which has included remote support and ongoing investment in disaster preparedness programs. Nonetheless, in responding to TC Harold, IFRC’s team was

conscious of past experiences and sought to work closely and supportively with National Societies. IFRC's support built on local leadership experience in smaller responses and upheld the longer-term tradition of providing targeted and appropriately scaled international support as requested by local counterparts.

Investment in local leadership

Investment in supporting local leadership was evident in specific processes such as the rapid activation of funding mechanisms to trigger the Red Cross response.

In providing remote support, good personal relationships between national and international actors were critical.

Substantial levels of international humanitarian funding were accessed by National Societies. This funding was mobilised on the basis of locally led assessments, needs and gaps analyses, and response capacities. Support to local leadership was also evident in more subtle but equally important changes of mentality and programming methodology from international partners. In providing remote support, good personal relationships between national and international actors were critical. For the most part, international and national response managers and technical counterparts had already worked together, in some cases over many years, and the response could rely on already strong relationships between key staff. Many of the international staff had spent significant periods of time in Vanuatu in the past and had close personal ties there.

Coordinated, long-term international partnerships

International partners, such as the Australian Red Cross, had invested in longer-term National Society-led development processes that were coordinated through IFRC's Pacific regional office. This investment supported local Red Cross staff positions and locally managed programs. This reduced direct, in-country program management by international actors and prioritised a partnership approach to National Societies in place of a donor-recipient relationship. By channelling response support and longer-term disaster

management funding through IFRC, communication between international partners and the local National Society was streamlined and coordinated. The result was that the National Societies were able to request assistance via one communication channel and weren't overwhelmed with different offers of support from different partners with different requirements and expectations.

Social media and changing modes of communication

Much of the discussion between national and international counterparts occurred through informal social media channels. More formal communication platforms such as email correspondence were secondary to the use of personal Skype accounts, WhatsApp and Facebook Messenger. These are communication platforms that prioritise personal as opposed to primarily professional connections between users. Many international actors found the switch to this mode of communication more effective. Instead of team meetings which could be internationally dominated, and at which national staff were sometimes uncomfortable to speak in public, conversations with local counterparts were held in private via social channels, which enabled more open and effective one-to-one discussion. While 'not being there' was raised as an impediment to providing support, international counterparts got used to working with less information and compensated by simulating likely unfolding scenarios and responses based on past experience in both countries and in working with each National Society. Remote support also meant that National Society staff controlled the flow of information and the extent of international engagement. If local actors were busy, in the field, or

conversations with local counterparts were held in private via social channels, which enabled more open and effective one-to-one discussion

didn't need support at a particular moment, they could simply not answer the phone. Instead, discussions with international counterparts tended to occur at strategic moments when support was needed rather than throughout the day.

Key international staff have local Pacific Red Cross backgrounds

Importantly, a number of key staff in the IFRC Pacific regional office have had experience working in Pacific National Societies. For example, the IFRC staff member supporting the Fiji Red Cross was actually on secondment from the Fiji Red Cross to IFRC. The IFRC officer responsible for developing the proposal, in conjunction with the Fiji and Vanuatu Red Cross National Societies, to access international emergency

funding mechanisms had been a former Disaster Management Officer with the Samoa Red Cross and brought an understanding of locally managed responses as well as the international system at a critical moment as funding was being mobilised. International staff experienced in the Pacific and international staff with Pacific National Society backgrounds enhanced the sense of equity and complementarity between partners responding to TC Harold.

2. LEADERSHIP: National actors define and lead on humanitarian action

In both countries, the National Societies played a leading role within the national leadership of both the COVID-19 and TC Harold responses as well as in relation to international partners. Both National Societies were the leading operational agency in each country and supported public authorities at the highest level in strategic management of the responses to both COVID-19 and TC Harold. This was, in part, based on the national legal status of the Red Cross Movement as well as the lessons learned and response capacities developed from institutional investment and recent disaster experience. Both National Societies had recent experience responding by themselves to smaller disasters, and Vanuatu especially had invested in pre-positioned relief supplies and training of staff

Both National Societies were the leading operational agency in each country and supported public authorities at the highest level in strategic management of the responses to both COVID-19 and TC Harold.

and volunteers in disaster response. Vanuatu Red Cross had additionally just consolidated its position in national law and disaster management legislation as an auxiliary to public authorities in disaster response.

Locally led response, assessment and strategy

With COVID-19 travel restrictions in both countries, international partners were led by information and assessment data from Red Cross National Societies

interviewees reported that their national counterparts stepped into the roles that would once have been managed or highly influenced by international support

that was collected through their branch and volunteer networks. At the early stages of the response, damage assessments and the identification of likely needs and gaps came from National Societies themselves and this informed early response planning and provided the basis for activating international funding mechanisms. In Vanuatu, which had previously experienced significant international humanitarian surge support, interviewees reported that their national counterparts stepped into the roles that would once have been managed or highly influenced by international support. Additionally, the presence of trained staff and volunteers at headquarters, branch and community levels meant that the National Societies could call upon their own internal surge support. Prior to the arrival of TC Harold in Vanuatu, there was an early flurry of communication between Vanuatu Red Cross

and IFRC technical support as they prepared for impact and immediate response, realising that previous levels of international surge support would no longer be available. In addition to stepping up and putting training and preparation into action, National Societies were also able to focus on their own operations rather than catering to the needs of Red Cross Movement partners arriving in country. A key outcome of this was the quick development of a response plan in Vanuatu with a list of key response activities that had been agreed and prioritised by the Vanuatu Red Cross.

Differences in emphasis between national and international partners: communications and management

National leadership was accepted and supported by international partners although this led to some differences in approaches around communications,

In some cases, distribution of relief items was prioritised at the expense of more technical interventions such as repairing and cleaning water sources which might have received greater focus with in-country international technical support.

program decisions, and response management to those which might have been adopted by international responders. With a focus on operations, there was a sense that narrative and financial reporting and communication of assessment information sometimes lagged. While information was collected to inform local operations, international partners sometimes felt that this was not always well communicated, and that assessment data was not always quickly analysed. An exception to this was the work by field communications officers who posted regular messages, pictures and observations on the Vanuatu Red Cross Facebook page and represented a key source of anecdotal information. Approaches to problem solving also differed between national and international partners. International partners noticed a tendency to address issues consecutively, prioritising team work, rather than breaking down the response into areas of specific individual responsibility. For example, at an early stage one National Society made the decision to

send all staff into the field to carry out assessments and distributions, rather than keeping some key members back to plan the next response phase. In some cases, distribution of relief items was prioritised at the expense of more technical interventions such as repairing and cleaning water sources which might have received greater focus with in-country international technical support.

Reconceptualising the role of international support in remote deployments

As the National Societies responded, international counterparts working remotely also determined how best to provide support in the absence of full information. This led to a re-framing of what remote support could do. While the National Societies led in all areas of decision-making, remote technical support provided guidance on critical issues such as evacuation centre management in the context of COVID-19. Remote surge support could also assist local counterparts by taking off some of the administrative burdens associated with accessing international funding mechanisms and procurement processes. Remote support allowed National Society response leaders to prioritise operational effectiveness without getting bogged down in some of the heavier administrative processes. Remotely deployed surge personnel often saw their role in terms of buffering National Societies from international systems. As one surge team member noted 'local leadership was experienced and capable. I work for the National Society and I took the pressure off to help them get the operation done'.

The impact of COVID-19 in Fiji on local-international relationships

Fiji experienced a lighter impact of TC Harold than Vanuatu but unlike Vanuatu it had confirmed cases of COVID-19. In both a weakness and a strength of the response, international partners noted that there were seven teams with different responsibilities in Fiji Red Cross during this time, none of whom had the title of response manager. Mindful of the experience of TC Winston, international partners adopted a 'light touch' which aimed to 'understand, communicate, and empower' a relatively new leadership team at Fiji Red Cross to develop a dual response to both COVID-19 and TC Harold, focussing on the development of a response framework and the activation of emergency funding.

Interestingly, it was noted that the dual response to a disaster and a pandemic brought out different leadership skills and styles. While trained in responding to sudden onset disasters, a pandemic was relatively new to the National Society. Pandemic response built on skills of community engagement, risk reduction, and health programming rather than those of a

traditional cyclone response. This introduced a change in the gendered basis of emergency leadership with women taking the lead, reflecting the predominance of women in the health professions and a change in leadership skills from male dominated 'command and control' mode of cyclone response to one that emphasised engagement and communication.

*Fiji, April 2020:
Saniana Tinai, Ba Branch
volunteer explains
COVID-19 precautionary
measures, as she hands
over relief items to
an affected family in
Koroboya Village, Ba.
Fiji Red Cross*



Women's humanitarian leadership during the dual response

Women had a stronger and more visible role in the dual response owing to COVID-19. Village health care workers are mainly women and were primary responders. This was a central response role that was also an empowering one. Importantly, while women's voices are not necessarily prominent in public fora which require attendance in person, online social media platforms, Facebook groups and webinars created a new space of public engagement. As one interviewee observed, the work of female responders was highlighted and women were able to 'share experiences as citizens and social protection leaders'. This view dovetailed with a gendered critique of the wider, male-dominated humanitarian system that was thought to lack transparency and inclusiveness and was seen to be slow and lacking in effective coordination. The response drew attention to women's socio-economic roles in ensuring community cohesion and in the mobilisation of communal resilience structures. These roles were magnified in the relative absence of external humanitarian support from national level government agencies and international actors.

3. COORDINATION and COMPLEMENTARITY: Respect for commonly agreed approaches to ‘as local as possible and as international as necessary’

Remote support

In the context of COVID-19, international support could only be offered remotely, which meant there was an inherent limit to the extent of international assistance that could be provided, especially in Vanuatu. Despite this, the situation emphasised the

External support was appropriate, timely and coordinated among international partners to provide a streamlined approach to responding to local requests for assistance.

leading role of National Societies as codified in the Principles and Rules of the Red Cross Movement, which outline the roles and responsibilities of national and international partners in disaster response. The Principles and Rules acknowledge the leadership of National Societies in country and specify the support and coordination role of international partners including IFRC and other members of the Red Cross Movement. In the context of TC Harold, Vanuatu in particular was supported by the Australian and New Zealand Red Cross Societies however this support was coordinated through IFRC. This meant that there was one contact point for external support, which made working with Movement partners significantly easier for the local National Societies. Australian and New Zealand Red Cross Societies seconded delegates into IFRC to work remotely with Fiji and Vanuatu Red Cross to provide technical support in shelter, WASH, logistics, and response management. External support was appropriate, timely and coordinated among international partners to provide a streamlined approach to responding to local requests for assistance.

The role of international support coordinated through IFRC’s Pacific regional hub in Suva adapted to the new circumstances. In the absence of extensive information, international responders reflected on their core roles and tried not to become entangled in the day-to-day complications of emergency response. Instead, international staff working remotely noted that there was a ‘cooler’ more analytical environment in which the focus became strengthening overall processes rather than immediate problem solving. There was an acknowledgement that, ‘given the situation this was all that we could do – not to get overexcited, not to be too pushy. There was a level of decorum and an understanding that the National Societies were working at the best of their abilities.’

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Challenges of remote humanitarian support

Despite reporting an effective response that was locally led and was complemented by external support, some international partners raised concerns around the pressures and expectations placed on National Societies responding to major crises in the absence of sustained international resources. Such concerns included how relatively small organisations would respond to the scale and complexity of a category five cyclone, especially when many of the local staff and volunteers came from communities that had also been badly affected. Drawing on examples from other humanitarian contexts, general concerns were expressed that humanitarian response during a pandemic could put volunteers at risk, that the absence of international support can diminish

space for neutral and impartial humanitarian action, and that lack of technical support can reduce both quality and accountability of humanitarian action. Communications were also seen as a potential limitation on this response with perceptions that National Societies, especially at branch level, could be on the 'other side' of the digital divide. Questions were raised about local capacity to ensure transparency given the heavy administrative, financial and logistics burdens of large-scale procurement of relief supplies, especially in the context of often stringent back-donor requirements.

Complementarity, as perceived by international Red Cross responders in TC Harold, emphasised that National Society strategic and operational leadership was also backed up by remote technical support and funding mechanisms. International responders emphasised that complementary roles could be targeted and strategic and based around specific technical areas where additional support might be required. A 'classic' surge intervention might be an additional finance manager or someone to provide advice on cash-based response that actually enhances local leadership and capacity.

4. PARTICIPATION: Communities lead and participate in humanitarian response

Sub-national response, branches and communities

As a national organisation that is built on its network of local branches, sub-branches, and volunteers, Red Cross looks to its communities to play a significant role in leading the local response at field level. In particular, assessment and distribution of relief items during the TC Harold response was based on information and involvement of local volunteers and was community led, providing major input into targeting decisions. The strength of the volunteer network, the ability to draw on local and community-level surge support from around the country, as well as to train and recruit local volunteers quickly and deploy them into operations was a major contributing factor to the effectiveness of the Red Cross operational response, especially in Vanuatu.

In Vanuatu, the Sanma Province branch was particularly strong and had recent response experience prior to TC Harold. As a consequence, the branch had a full-time staff member as the branch officer, a local board providing Provincial-level leadership and influence, a network of trained and experienced volunteers, and management of pre-positioned relief supplies. This was significant capacity at the sub-national level and the Sanma Red Cross branch coordinator also played an important role supporting the Vanuatu government's decentralised response coordination structure by working in support

of the Provincial Emergency Operations Centre (PEOC). Sanma branch staff and volunteers assisted with distributions, needs and gaps analyses, and coordination with stakeholders. These stakeholders included the National Disaster Management Office (NDMO), the PEOC, Public Works Department, line ministries such as the Ministry of Health, and INGOs involved in field operations to provide relief items, shelter, WASH support and health awareness programming in the context of COVID-19.

Coordination with local government and communities

This was a similar situation in Fiji where the Fiji Red Cross branches were closely aligned with the Fiji NDMO's Divisional Service Centres and provided operational support, distribution and assessment capacity which complemented sub-national government operations. This response structure was further localised in Fiji with formal branches at community level. These branches liaised with the police, Ministry of Health, local communities, and the Ministry of iTaukei Affairs (Fijian Indigenous Affairs) to deliver aid at community-level during the pandemic. A complicating factor was that at the time of the TC Harold response, Fiji had cases of COVID-19. This meant that there was restricted access to some communities and distributions had to be carried out in conjunction with the police. In these circumstances, community leaders were handed

control of relief distribution to minimise external contact. This resulted in some distributions being made that did not meet Fiji Red Cross standards of vulnerability prioritisation as the items could not be delivered by trained volunteers. Overall, given the importance of volunteers in making assessments and relief distributions and the heightened importance of communication and community engagement owing to the COVID-19 pandemic, there was strong participation and leadership at local levels facilitated through local Red Cross networks during this dual response.

Red Cross national networks support INGO operations

In addition to supporting provincial disaster management authorities, local Red Cross branches and sub-branches underpinned INGO operations. The local network of trained volunteers became an indispensable resource for INGO partners. In Vanuatu in particular, local Red Cross volunteers were depended on to engage with communities and to carry out distributions for INGOs. Importantly, given the ethnic and linguistic diversity of Vanuatu, where there are over 130 language groups in a population of c. 300,000 people, local volunteers with language skills and community connections played an important legitimising and intermediary role for international response agencies working in their communities. On the island of Pentecost which did not have a strong NGO or Red Cross presence, but which was badly damaged by TC Harold, local volunteers were quickly recruited and trained by the Red Cross in collaboration with INGO partners to undertake emergency relief distributions and assist in community engagement. Additionally, INGOs used Red Cross branch warehouses to store relief items as well as its connections to the NDMO to access government

local Red Cross branches and sub-branches underpinned INGO operations. The local network of trained volunteers became an indispensable resource for INGO partners.

stocks. In other cases where INGOs had an ongoing presence in the community, Red Cross volunteers were used in general disaster preparedness programs to train community members in First Aid and hygiene promotion in the context of COVID-19. As part of longer-term development programs, Red Cross staff and volunteers also provided training to INGO program and community members in INGO programs on disaster preparedness, climate change awareness and adaptation and the NDMO handbook on disaster preparedness and response. The NDMO handbook outlines the basis for Vanuatu's Community Disaster and Climate Change Committees, which are at the centre of INGO community-based programming and disaster response.

Challenges of response at branch and community level

This wide range of both formal and informal roles, responsibilities and obligations at the community-level also placed stress upon the local Red Cross Societies. Volunteers themselves were part of the local population that had been affected by TC Harold. Additionally, there are only a handful of full-time staff at branch and community level and they had multiple contending demands, especially in disaster response. One Red Cross branch manager, for example, was responsible for assessments, logistics, distribution, reporting, coordination with local government authorities and managing volunteer allowances. In addition, the branch manager assisted with the distribution of stocks provided by government departments and produced a list of beneficiaries. In this intensely demanding operational role, some responsibilities such as reporting and analysis of assessment data were delayed. While these functions were important to international counterparts working remotely with little direct visibility of the response, they were additional burdens to the busy operational staff and volunteers who were running the response at the local level.

5. POLICY, INFLUENCE and ADVOCACY: Response reflects the priorities of affected communities and national actors

National level influence

The Red Cross National Societies in Fiji and Vanuatu were highly influential in setting priorities at national and sub-national level. Both National Societies led their international counterparts and drew on support to the extent they felt was necessary. At national level, both Red Cross Societies played a central role as an auxiliary service to the public authorities in times of disaster. This role is mandated in national law and ensures that the Red Cross is formally part of the National Disaster Committee in both countries and advises government at the highest levels. A specific operational benefit to this formal role within the national disaster management leadership structure was a close relationship with the NDMO in each country, which allowed access to government stocks and transport options that were not available to international aid agencies.

The Red Cross Movement straddles the local-national-international spectrum through its volunteer base, its decentralised branch structure, the connections with global legal mandates under the Geneva Conventions, and national Red Cross Acts, which incorporate National Societies into legal systems as auxiliaries to public authorities. National Societies are additionally connected with ICRC, IFRC, and other partners such as the Australian Red Cross and New Zealand Red Cross. They are embedded in the international humanitarian system through IFRC's leadership of the Global Shelter Cluster and this is reflected in Red Cross support to leadership of country-level clusters in the Pacific.

Red Cross legal status

The effectiveness of the response by FRCS and VRCS was in part attributable to the legal status of each organisation. Both were established through a Red Cross Act in national legislation which outlined the organisations' role as an auxiliary to government. Both Red Cross Societies sit on their government's Disaster Management Council along with key line ministries and the NDMO. Through International

The concrete effect of the Red Cross legal standing is to develop a relationship of trust with government authorities.

Disaster Response Law (IDRL) programs, each organisation was able to ensure customs exemptions for pre-positioned supplies during the preparedness phase. With relatively high staff turnover in government, both organisations provided valuable induction services for senior government officials on humanitarian roles, responsibilities and processes. At the regional level, IFRC's work in IDRL has contributed to the development of the Framework for Resilient Development in the Pacific (FRDP), which establishes an integrated approach to disaster risk reduction and climate change adaptation, and the Boe Declaration on Regional Security, which includes climate change and pandemics among the region's security threats. This work is conducted at the behest of, and in consultation with, Red Cross National Societies who also advise their national governments on international humanitarian law and policy. The concrete effect of the Red Cross legal standing is to develop a relationship of trust with government authorities. In both countries, the Red Cross was able to work closely with the NMDO, access stocks, and collaborate with sub-national coordination and response structures to ensure access and logistics support to reach remote and vulnerable communities. In Fiji, which had areas under lockdown owing to COVID-19, Red Cross was able to work closely with the army and police through its auxiliary status to deliver relief items to isolated communities that were off limits to NGOs and civil society organisations.

Shelter Cluster coordination

The Red Cross Movement (Vanuatu Red Cross Society with IFRC support) also provided coordination support to the Vanuatu government's Public Works Department through its leadership of the Shelter

Cluster. Vanuatu has adopted a country-specific version of the international cluster system, which aims to provide trained and predictable leadership in emergency response. In Vanuatu, the Shelter Cluster is a coordination platform that supports relief agencies working in humanitarian shelter and housing, one of the most important sectors following TC Harold in which c. 21,000 houses were destroyed (affecting around one third of Vanuatu's total population). Prior to TC Harold the Vanuatu Shelter Cluster with VRCS and IFRC support had developed a significant collection of resources, in particular around technical guidelines for contextually specific effective shelter response. These guidelines were used by government, response agencies, and donors to inform the shelter

response. A constraint on the effectiveness of the cluster, however, was that there was no Vanuatu government department with specific responsibility for either shelter or housing. Emergency shelter coordination was consequently an added burden on Public Works Department staff who were already busy restoring critical infrastructure and did not have post disaster recovery in the private housing sector at the centre of the department's work. IFRC, in consultation with VRCS, provided coordination assistance at the request of the Public Works Department and provided technical advice in support of national government leadership on response and recovery coordination, policy and strategy in the shelter and housing sector.

6. CAPACITY: The organisation is able to respond effectively and efficiently. There is targeted and relevant support from international actors

Response builds on skilled staff, trained volunteers and pre-positioned supplies

Overall, international partners reported that the Red Cross Movement response was based on the traditional institutional skills and strengths of Vanuatu and Fiji Red Cross Societies as leading humanitarian agencies in their countries. Despite challenges of scale, geography, the COVID-19 pandemic, the absence of international surge support, and quarantine restrictions on the importation of relief items, the response to TC Harold in both countries overall was fast and effective under the circumstances. A difference in the two experiences was that Fiji experienced an outbreak of coronavirus while Vanuatu did not. This meant that restrictions were placed on Vanuatu's international borders while in Fiji there were internal restrictions, especially around Suva. This impacted the initial response by restricting access of Fiji Red Cross headquarters staff and volunteers to the field. In both Vanuatu and Fiji, quarantine restrictions impeded the access of people and relief items to communities affected by TC Harold. Both National Societies were able to

the response to TC Harold in both countries overall was fast and effective under the circumstances

build on longstanding strengths that underpinned their roles as empowered local humanitarian leaders. These strengths include community engagement, access, recognition and legitimacy; national leadership with formal representation at the highest levels of government humanitarian decision-making; extensive reach of decentralised branch and volunteer networks; and sectoral skills in health programming including WASH, shelter, and disaster management, which enabled a dual response to both the pandemic and a category five cyclone. Vanuatu Red Cross drew on international Red Cross partners for remote technical support in logistics, shelter and WASH, while Fiji Red Cross received in-country support from Pacific CCST in logistics and WASH. IFRC supported both National Societies in accessing international emergency funding mechanisms.

Investment in National Society capacity building

The Red Cross Movement had already made substantial investment in local capacity and locally led humanitarian response. In particular, international funding programs that supported key leadership and disaster management positions in National Societies

During the TC Harold response, Fiji and Vanuatu Red Cross Societies continued their national leadership role with high level representation, locally led decision making, and a large degree of financial control and autonomy.

ensured that the TC Harold response was run by trained, empowered professional Red Cross staff and volunteers. Fiji and Vanuatu Red Cross Societies were, therefore, well placed to respond to TC Harold during the COVID-19 pandemic in a changed context, which prevented the arrival of international aid workers whose number and influence had been a notable feature of previous category five cyclone responses in the Pacific. Interviewees pointed out that empowered local leadership is inherent to the structure of the Red Cross Movement. IFRC is a secretariat that represents and provides services that are funded by its National Society members. National Societies, rather than international counterparts, are the primary unit of the Red Cross Movement and are, in turn, anchored in community-based branches and sub-branches from which the organisation's staff and volunteers are drawn. As separate national entities, the Fiji and Vanuatu Red Cross Societies have served their countries in disaster response, civil unrest, health and community first aid and climate change since independence in 1970 and 1980 respectively. During the TC Harold response, Fiji and Vanuatu Red Cross Societies continued their national leadership role with high level representation, locally led decision making, and a large degree of financial control and autonomy. Given the scale of the cyclone, both organisations were able to call on additional funding and technical support from international partners, coordinated through IFRC. Length of service, community recognition, enshrinement of Red Cross roles and responsibilities in

national legislation and disaster law, empowered local leadership and decentralised branch structures meant that both the Fiji and Vanuatu Red Cross Societies were well placed to respond to a natural disaster during a pandemic.

Challenges to responding in a dual emergency

Nonetheless, there were major challenges in this dual response. Vanuatu was hit by the full force of TC Harold, which caused major damage and a high level of humanitarian need. Many of the islands affected were remote and some areas could not be accessed either by air or by boat. This meant that relief items had to be carried to remote communities over inhospitable terrain by volunteers. Despite this, Vanuatu Red Cross managed to distribute emergency relief distributions to 6,600 families. These were completed within three months, which was an unusually short time in which to complete emergency operations. This was remarkable also considering the military transport options (such as ships and helicopters usually available from neighbouring countries like Australia, New Zealand and New Caledonia) were absent. In Fiji, despite a strong relationship between the Fiji Red Cross and national authorities, an early challenge for the National Society was the shift in overall response management away from the NDMO – which traditionally focussed on sudden onset disasters – to the Ministry of Health which managed the pandemic response. This unexpected change in national disaster management structures and the quarantine restrictions imposed on local civil society actors slowed the TC Harold response at the outset.

Logistics and procurement

The challenges of providing remote international support were evident in the logistics procurement process that underpinned the response to TC Harold. In the context of COVID-19 quarantine procedures, as well as disruptions to commercial transport options, it was no longer possible to rely on Red Cross global warehousing facilities for relief supplies. Instead, local and international Red Cross logisticians sought to prioritise in-country and in-region procurement. However, IFRC rules guiding the use of international funds required additional technical inspections and tendering processes to be carried out, especially for local procurement. For some items, such as hygiene

There was no adjustment of the international logistics policy and locally procured items required technical inspection and a tendering process, which was difficult as suppliers did not always have an online presence or an email address.

kits in Fiji, pre-cyclone agreements with suppliers meant that these could be purchased locally. In Vanuatu there were fewer suppliers and insufficient quantities of relief items to meet significant demand caused by the cyclone. Nonetheless, local procurement remained an important source of relief items given the new importation restrictions.

However, international standards are designed for international rather than local procurement and for the extensive use of global Red Cross supplies warehoused in Malaysia, which was no longer possible in the context of COVID-19. There was no adjustment of the international logistics policy and locally procured items required technical inspection and a tendering process, which was difficult as suppliers did not always have an online presence or an email address. According to international rules, the maximum local expenditure on supplies without a tendering process was CHF 5,000 (or c. AUD 7,500) which is low for a major relief operation. This meant that even buying

fuel locally to deliver relief items to the field required additional administrative processes, even in a context where there was only one supplier. Further, National Society logistics capacity was stretched as they were also managing operations while trying to comply with the heavy administrative requirements of the international procurement policies. It took time to be able to contact suppliers, conduct tendering processes and undertake technical inspection in the absence of international technical support in-country. Consequently, the National Society was initially reluctant to distribute some kits of relief items that did not have all the components in them, out of concern for community relations if distributions were uneven.

Stretched local logistics capacity also meant that delays occurred in obtaining all the required relief items, while some emergency items arrived late and were only distributed as households and communities moved into a recovery phase. Additional in-country technical support around logistics management might have enabled some of these processes to occur faster and may have removed some of the administrative burden from the National Society while also adhering to international requirements for record keeping. Despite the administrative burden of the procurement process, control over which relief items were needed and when and to whom they were distributed remained with the National Society. International advisors working remotely supported the process but did not direct the response from behind the scenes.

7. FUNDING: Increased financial independence that allows actors to respond more efficiently

Early release of funds

Timely access to funds underpinned the TC Harold response in Vanuatu and Fiji. The Red Cross Disaster Response Emergency Fund (DREF) is a global rapid financing facility for humanitarian action that is analogous to the UN Central Emergency Response Fund (CERF). In a process known as an imminent or anticipatory DREF, Vanuatu Red Cross was able to access CHF 51,000 (c. AUD 78,000) *before* TC Harold

struck to enable a pre-emptive response. Approval from Geneva occurred within 48 hours and the funds were released directly to Vanuatu Red Cross days before the cyclone hit. The imminent DREF process also ensured in principle approval for additional funding rounds based on assessed needs and the development of a plan of action by the National Society. Two further funding requests were made

by Vanuatu Red Cross as the humanitarian response evolved. These requests occurred after two weeks and again after six weeks. Funds for the imminent DREF arrived in the Vanuatu Red Cross account after three days, while subsequent larger funds transfers took two weeks to be reviewed, approved and for the funds to be transferred. This ensured that Red Cross international humanitarian funding was accessible to local actors and was a well-timed enabler of locally led response.

In total, DREF funding for Vanuatu was CHF 850,000 (or c. AUD 1,300,000). This amount was substantially above the usual DREF limit of CHF 750,000 but in view of the severity of TC Harold's impact and the unfavourable global funding environment in the context of COVID-19 approval for a higher amount was quickly given by the IFRC Secretary General in Geneva,

In a process known as an imminent or anticipatory DREF, Vanuatu Red Cross was able to access CHF 51,000 (c. AUD 78,000) before TC Harold struck to enable a pre-emptive response.

responding to a request from the Vanuatu Red Cross with support from IFRC's regional office.

Fiji Red Cross was able to launch operations using its own in-country response financing mechanism, which was developed as a key preparedness activity in conjunction with major financial institutions based in Suva. After two weeks, FRCS developed an emergency plan of action for CHF 388,000 (or c. AUD 600,000) and this was also funded from IFRC's global DREF facility. In view of locally available early funding mechanisms the Fiji Red Cross did not request an imminent DREF.

Extent of funding to local National Societies

DREF rules state that at least 60% of funding must go directly to the National Society with no more than 40% for IFRC operational support costs. As remote deployment of international delegates was cheaper than in-country deployments, the funding split in the TC Harold response was closer to 80% to the National Society and 20% to international support.

This is significantly greater than the aspirational goal of 25% of humanitarian funding for local organisations envisioned in the Grand Bargain of the 2016 World Humanitarian Summit. The current spend rate in Vanuatu is above 90%.

In total, Fiji and Vanuatu raised CHF 1,238,000 (or c. AUD 1,890,000) through the DREF. This compares favourably in scope and efficiency with the UN CERF which raised USD 2,500,000 (or c. AUD 3,500,000) for the entire UN system in both countries and which took

the funding split in the TC Harold response was closer to 80% to the National Society and 20% to international support

over two months to be approved. This funding also flowed to UN Agencies and INGOs rather than local response actors.

While international funding mechanisms were accessible to local National Societies in the TC Harold response, support was needed in terms of planning, budgeting and resource mobilisation. This was an example of complementary support provided by IFRC in a context where National Societies were felt to be strong local responders but might struggle to articulate a plan that would attract funding. The decision to make extensive use of the DREF facility was an important one as it allowed greater flexibility than more formal international appeals processes which target multiple donors. As an internal mechanism, the DREF could accommodate potential delays in reporting and acquittals from the field. Contributions to formal appeals processes are often earmarked for particular projects or activities and come with different reporting and financial timeframes and requirements, which place additional burdens on local actors. Being an internal Red Cross mechanism, the DREF funding was simpler to launch, access, and report against but came with a maximum six-month implementation timeframe. The consequence of this, however, is that there is limited scope for longer-term recovery programming.

Donors

Some donors acknowledged the heavy administrative requirements of their funding processes which can deter local organisations from applying for funds directly without an international counterpart.

In the global context of COVID-19, it was not clear how effective a broader appeal would be. In particular, donor partners had almost fully committed funding to the COVID-19 response and had to undertake an additional set of administrative processes in order to release disaster funding. In addition, the reliance on regional warehousing for relief items, especially in Brisbane and Auckland, was undermined by quarantine restrictions and the substantial reduction in commercial flights and shipping. Nonetheless, donors incurred significant costs bringing relief items in using military aircraft and this contribution provided the logistics and resource basis for the response. Donors also provided core funding directly to the Fiji and Vanuatu governments to address the dual impact of COVID-19 and TC Harold as well as the loss in government revenue and impact on key services owing to the economic impact of the pandemic.

Some donors acknowledged the heavy administrative requirements of their funding processes which can deter local organisations from applying for funds directly without an international counterpart. There was also an element of confusion with donors and regional UN bodies referring to INGOs with an in-country presence as local actors. There were different perceptions by some donors about the transparency and accountability of local actors with one major international donor expressing scepticism about the administrative capacity of local responders while another major donor sought a pre-approval agreement with the same National Society for direct funding in future. Some donor agencies emphasised the ability

to source local expertise when it no longer became possible to fly in international surge support, but it was clear that their focus was on long-term expatriates whose experiences and background were analogous to international surge support teams. One advantage of the IFRC DREF process under these circumstances was that when global donors did contribute to the Red Cross emergency response funding mechanism, these funds were channelled into an already agreed emergency response plan that was developed and managed by the National Society, with administrative support from IFRC.

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