

NORWEGIAN UNIVERSITY OF LIFE SCIENCES



*From emergency relief to recovery, to a prevention of
humanitarian crises*



(Banda Aceh, Indonesia January 2005, photo by Tonje Tingberg)

*Can the Red Cross/Red Crescent emergency response units operations
contribute to longer-term capacity building?*

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Preface and acknowledgement

After own experiences working with Norwegian Red Cross in their emergency response to humanitarian crises in Iran, Indonesia, Pakistan and Zimbabwe, the theme for this master thesis arose as a result of reflection on how it was possible to build capacity in disaster situations.

I would thank all informants that made this study possible and contributed with new perspective on capacity building in emergency response operations.

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Abstract

Background: Humanitarian crises are increasing both in number and complexity, recognition and efforts of preventive measures in humanitarian actions are accordingly needed. The International Federation of Red Cross and Red Crescent Societies (IFRC) coordinate a global Red Cross/Red Crescent disaster response. Norwegian Red Cross is one of the providers of health emergency response units (ERU), which is part of IFRC global disaster response system. The existing emergency response policy requires its members to actively plan and pursue capacity building in a disaster response operation as an effort to prevent future humanitarian crises. The main research issue for this master thesis are if the health ERUs can be used as a capacity building tool and how.

Theory: Methods of long distance control drawn from the Actor Network theory have been used to interpret if ERUs can be used as a capacity building tool. In regard to how ERU can be used as tool in capacity building, a conceptual model of the capacity building paradox has been applied to achieve an understanding.

Method: A qualitative research was accomplished through a multi sited ethnographic field approach. In total 16 interviews were carried out on site in Oslo and Jakarta, Indonesia, with informants affiliated to the ERU programme in Red Cross/Red Crescent movement. Indonesia were chosen since they received health ERU support from Norwegian Red Cross during the Tsunami in 2004/2005 and sufficient time has passed to explore the experience. To be able to follow the concept in different context interview subjects were chosen from all levels, from the decision maker to the delegate in the field. In addition informants from Ministry of Health in Indonesia participate due their involvement in the Tsunami ERU operation and since they received donation of health ERU after completion of ERU operation.

Findings: The technology of ERU is appropriate and functions well. Currently, the response equipment can be customized to the nature due to the flexibility of the modules. ERUs supporting existing health structures increase and improve recipient societies disaster preparedness programmes. The lack of clear objectives and the differences in the training of practitioners with new curricula vs. old mixed together is a risk in regard to the intention of capacity building. Additionally limited knowledge of the ERU delegate in the Red Cross/Red Crescent mandate and partner National Societies ignoring the partnership become a risk in regard to organisational capacity building.

Conclusion: To enable a long distance control of the intention of building local capacity preventing humanitarian crisis, a system that is well anchored in the IFRC global systems and policy must be adopted. This can be achieved by better preparing delegates for partnership work and by communicating clear objectives for the emergency response operation. This can improve the short term ERU intervention in order to successfully build local capacity in emergency situations, which can contribute to prevention of future humanitarian crises.

Keywords: International Federation of Red Cross/Red Crescent, emergency response unit, long distance control, capacity building,

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Acronyms

NGO = Non-governmental organisation, independent and neutral to government

UN = United Nations

IFRC = the International Federation of Red Cross/Red Crescent

ICRC = the International Committee of Red Cross

NS = National Society of Red Cross/Red Crescent

PNS = Partner National Society of Red Cross/Red Crescent

ERU = Emergency Response Unit

MoH = Ministry of Health

1. Introduction

The topic of the master thesis is about disaster relief contribution to improvement of local capacity in order to mitigate the impact of a future disaster. The International Federation of Red Cross and Red Crescent Societies (IFRC) are responsible for coordination of global Red Cross/Red Crescent disaster response. The memberships Red Cross/Red Crescent National Society respond to major catastrophe using a decentralised structure and where the IFRC disaster response policy requires its members to actively plan and pursue capacity building during an emergency response operation.

This area became of interest after working with the Norwegian Red Cross in their Emergency Response Unit (ERU), which is a part of IFRC disaster response system.

The main research issues for this master thesis are;

- Can ERUs be used as a capacity building tool?
- How can ERU operations contribute to longer-term capacity building of the receiving National Society and other relevant partners?

A theoretical framework exploring how the IFRC policy of emergency response is transported from its centre of origin to around the world at the same time as maintaining its original purpose, was needed to analyse ERU applicability in capacity building. Laws (2003) method of long distance control drawn from the Actor Network Theory explore how the Portuguese in the fifteenth and sixteenth century expanded and reconstruct their vessels in order to secure a global mobility and durability. The method argues how to manage long distance control in all its aspect and not just one of social control. Hence Laws method is used as an analytic tool to achieve an understanding of if ERU can be used as a capacity building tool.

The second purpose of this paper is to achieve an understanding on how the ERU can contribute to longer-term capacity building. Girgis (2007) conceptual model explore the implication of capacity building in practice and call it the capacity building paradox. This model will be used in combination with Laws (2003) method of long distance control to analyse the research issues of this master thesis.

1.1 Background

In December 2004 a tsunami hit Indonesia, Sri Lanka, India, Maldives and Thailand, the estimated loss of hundred of thousands lives and its enormous destruction hit the world with devastation.

Reducing the impact of future disaster was given both political and public attention and interest through mitigation. A few weeks after the Tsunami a world conference on disaster risk reduction was held in Japan, January 2005. The outcome for this conference was the Hyogo framework for action. Building resilience of nations and communities to disaster became the keyword for the framework of action (UN/ISDR 2005). Resilience is here defined as “the capacity of a system, community or society potentially exposed to hazards to adapt, by resisting or changing in order to reach and maintain an acceptable level of functioning and structure”(UN/ISDR 2005). This promoted a strategic and systematic approach to reducing the risk and vulnerability to disasters. Efforts to reduce disaster risk were set to be integrated into policies, plans and programmes for sustainable development (UN/ISDR 2005).

Norwegian Ministry of foreign affairs states in their report No. 9 to the Storting ((2007-2008)) that humanitarian crises are increasing both in number and complexity and calls for recognition of preventive measures in humanitarian actions. This is partly explained by the climate changes, changes in settlements pattern and changes in the nature of crises. Currently natural disasters affect three times as many people and cause five times as much economic damages as compared to the 1980s (Report No. 9 (2007-2008) to the Storting). Numbers provided from World Disasters Report 2009 shows that the number of people killed by natural disasters was in 2008 the second highest of the decade (Knight 2009). Investing in disaster risk reduction is increasingly relevant for the international community due to the impact of complex emergencies that are increasing and because it also make economic sense.

1.2 Disaster response in relation to public health

It is the immediate response that saves lives in an emergency, but it is the investing in mitigation that can reduce the impact of disasters hence enhancing the survival of thousands of lives. Emergency relief is referred to as the assistance provided to help people when a disaster strike with core purpose of saving lives, alleviating suffering and enabling survivors to maintain or retain their well being and human dignity during and in the aftermath of natural disaster or man-made crises (Riddell 2007). Two distinctive characteristics of public health

science are the preventive and population-level aspect of health issues. The preventive aspect of health is concerning reduction of risk factors threatening human wellbeing or/and prevention of escalating risk factors such as prevention of contagious diseases or vector control. Public health actions act primarily on the determinants of health that lie outside the control of the individuals (Beaglehole & Bonita 2004). Which refer to health structures that can act preventative at a population level that benefit the individual. Preparedness for disaster response is accordingly a matter of public health.

According to Riddell (2007) there still remains confusion on how to build local capacity during an emergency assistance. Riddell (2007) emphasises that the process of moving from one form of engagement to another is a challenge. Bridging the gap between emergency relief responses into reducing the risk of a potential humanitarian disaster is emphasised as one of the main challenges in Report no. 9 to the Storting (2007-2008) in order to build national capacity and increase communities' resilience to a disaster. Riddell (2007) display one challenge however to speculate other challenges these may be related to the public focus and the funding the emergency response is given in contrary to preventive development programmes.

Among other humanitarian aid programs Red Cross/Red Crescent provide disaster response aid to countries affected by disasters. Following chapter will explore the structure of the Red Cross/Red Crescent movement.

1.3 Red Cross/Red Crescent movement

One of the largest humanitarian organisations is the Red Cross/Red Crescent movement. It was founded in 1919 and currently the International Federation of Red Cross comprises 186 member Red Cross and Red Crescent Societies (Knight 2009). Together with volunteers, supporters and staff the movement is made up of almost 97 million people providing a neutral and impartial protection and assistance to people affected by disasters and conflicts (IFRC & ICRC 2007). The movement contain three main components;

- The International Committee of Red Cross, a neutral and independent organization that provides protection and humanitarian assistance to victims of war and armed conflicts.

- The International Federation of Red Cross/Red Crescent Societies has a mission to improve the lives of vulnerable people by mobilising what is referred to as a power of humanity globally. The organisation coordinates and directs international assistance following natural and man-made disaster in non-conflict situations.
- National Red Cross and Red Crescent Societies counting 186 societies worldwide, this network forms the foundation of the International Red Cross/Red Crescent movement.

In this paper National Society is referred to the membership of Red Cross/Red Crescent that are present in a country, for example Norwegian Red Cross is the National Society in Norway. The local affected National Society is referred to as the host or receiving National Red Cross Society and the partner National Red Cross Society is the assisting or donor ERU National Society.

When a disaster strikes there are most often the volunteers from local National Society who are the first responders in the affected area. It supports the public authorities in their own country as independent auxiliaries to the government in the humanitarian field. Together with the local knowledge, expertise and infrastructure the national society enable the movement to respond as fast as it is needed. When major catastrophes occur and assistance is needed the IFRC mobilise the global humanitarian network after its emergency response policy.

1.4 Red Cross/Red Crescent emergency response policy

The International Federation of International Red Cross (IFRC) has an emergency response policy where Emergency Response Units (ERU) are an essential tool of the disaster response system (IFRC 1997). In 1994 it was first deployed as a response to disasters and is currently viewed as a crucial part of the IFRC global disaster response capacity (IFRC 2009b). The evolution of the ERU concept was the recognition of good planning and preparedness as a means to reduce the impact of humanitarian crises (IFRC 2009a).

The emergency response units are used in large emergency response operations, when global assistance is needed and the Federation's delegation(s) and the affected National Society cannot respond alone (IFRC 2009a).

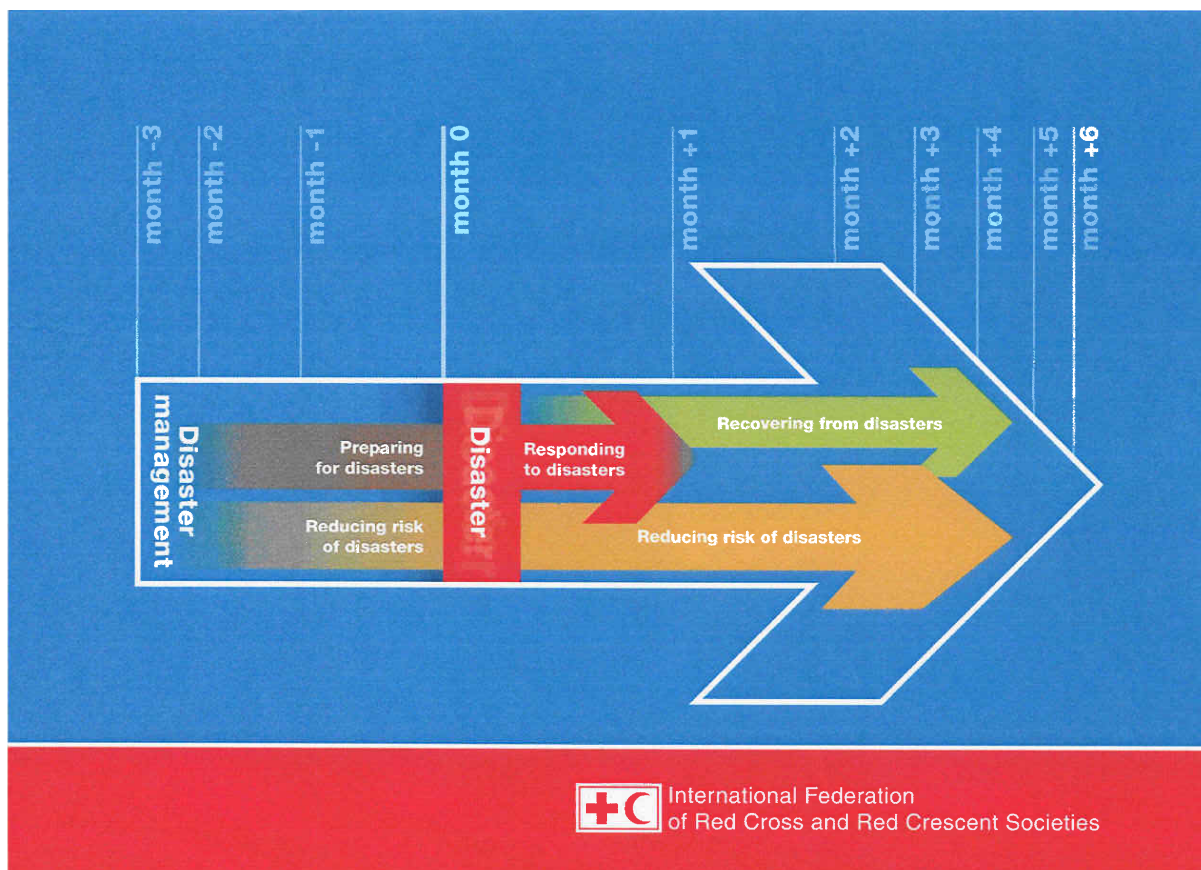


Figure 1: IFRC Disaster management conceptual model, image provided from co-supervisor Hossam Elsharkawi

The above diagram illustrates the IFRC disaster management conceptual model, including preparedness, response and recovery. The arrows imply that it is a continuous process. Time frames are only indicative and can differ widely between regions and within countries. Influenced by the pre-disaster socio-economic status, the scale of the disaster and the extent of international response.

When a disaster strikes and the affected National Society’s capacity are overwhelmed they can request for a field assessment team (FACT). Which then are deployed and coordinated by the IFRC Secretariat in Geneva. This team consists of experienced and specially trained personnel in rapid assessment methodology. The FACT team assists the affected National Society in the first weeks of an operation in rapid assessment and in particular coordination with the affected National Society, the UN and international NGO’s (IFRC 2009a). The FACT team may recommend deployment of one or more ERUs, and via the IFRC secretariat in Geneva, a specific request is coordinated and sent out to the partner National Society that has ERU programme.

Coordination in the field is handled by the IFRC ERU officer that is located in the host National Society and field support division (IFRC 2008). During the ERU operation he or she act as the focal point for the participating National Society and liaison with the field (IFRC 2008).

The partner National Society covers all the cost in the deployment period. Traditionally ERU are financed through national fund raising campaigns, through support from the National Society' Ministry of Foreign Affairs or institutional donors such as the European Union Humanitarian Aid Department (ECHO) (IFRC 2009a).

After a three to four month deployment the ERU equipment are handed over to either the host National Society, the federation's delegation or to local health authorities as a donation from the affected National Society. The handed over resources can then be reused in a potential future disaster aiming at being a part of the receiving National Society disaster preparedness capacity plan.

In IFRC emergency response policy it is stated that both the donor ERU National Society and receiving National Society shall “*work towards self reliance and sustainability of programming*” (IFRC 1997). The affected National Society has the responsibility to take an active part in planning and pursuing capacity building through and during emergency assistance operations.

ERUs are standard set of personnel and equipment systems made to manage specific challenges in each crisis when local response is overwhelmed. It has standard operating procedures that provide rules and regulations. For the first month the ERU are fully self-supporting and can be deployed up to four months. Following chapter display the different types of ERU that are developed.

1.5 Types of ERU

Currently it exist six different types of ERUs that can be deployed to address gaps that are needed (IFRC 2009b).

- **Logistic ERU** provides support with managing the arrival, clearance, storage and distribution of large amounts of relief items. Additionally it precedes the procurement and reporting line of necessary relief items for the operation (IFRC 2009b).

- **IT and telecom ERU** assist operational coordination. This unit establish local communication networks and links between the field and the secretariat to ensure the information flow. The unit contains satellite phones and high-frequency radio systems (IFRC 2009b).
- **Water and sanitation ERU** encompasses three modules. One module provides an integrated response through hygiene promotion, which consist of community mobilisation, hygiene education both operational and maintenance. In addition it provide basic sanitation facilities like latrines, vector control and solid waste disposal for up to 20 000 beneficiaries. The two other modules provide treatment and distribution of water. The difference between the two are the number of beneficiaries, and the one that can provide a clean water for a population up to 40 000 and depend upon available surface water supply. The unit that provide clean water for up to 15 000 water is designed for scattered population and can be split and set up as stand alone units in different location together with basic sanitation means to 5000 people (IFRC 2009b).
- **Relief ERU** are concerned with tasks ensuring that relief items are targeting beneficiaries. This includes registration, distribution, monitoring and evaluations of the distributed relief items in a coordinated matter (IFRC 2009b).
- **Base camp ERU** is a support tool for the Red Cross/Red Crescent staff, providing acceptable living and working conditions for staff working in the emergency response operation (IFRC 2009b).
- **Health ERU** consists of three categories; basic health care unit and referral field hospital and rapid deployment hospital. These are deployed after a technical health assessment is done and when it is agreed upon with local health authorities when assistance is needed (IFRC 2009b).

Norwegian Red Cross is one of the partner National Societies that deploy ERUs. They contribute with health ERUs that in Norway consist of, basic health care ERU, rapid

deployment ERU and Referral field hospital ERU. The health ERU is on stock in Norway and ready deploy with equipment and personnel when assistance is needed.

The master thesis will focus on the health ERU; both since Norwegian Red Cross specialize this and are one of the partner National Societies in IFRC emergency response. Hence a presentation of Norwegian Red Cross health ERU will be elaborated in the next chapter.

1.6 Norwegian Red Cross health ERU

Basic health care ERU provides immediate curative, preventive and community health care, has a unit of 20 observation beds for patients and serve primary health care needs of up to 30,000 peoples (IFRC 2009b). It support existing health structures and deliver services such as basic outpatient clinic services, maternal-child health, uncomplicated deliveries, community health outreach, immunisation and nutritional surveillance.

Below image of Norwegian Red Cross ERU Basic Health Clinic deployed to Cham, Pakistan after the earthquake in 2005.

Basic Health Clinic, Cham, Pakistan 2005



Figure 2: image from NorCross website (NRC 2010)

The Referral hospital ERU provides essential services like surgical and medical care, intensive observation and maternal-child health for a population up to 250,000 people. In addition it contains services such as pharmacy, x-ray, laboratory, outpatients activities and has 120-150 beds inpatient capacity (IFRC 2009b). The basis of this ERU works of an agreement with the health ministry of the affected country and work most often side by side with the national health staff.

ERU Referral Field Hospital (150 bed), Muzaffarabad, Pakistan 2005



Figure 3: image by Tonje Tingberg

Rapid deployment Hospital ERU can be deployed within 24 hours and support local first aid, triage and medical evacuations within 48 hours in affected country (NRC 2010). It includes outpatient department together with limited medical and surgical care. The hospital can function up to 10 days and then if needed be integrated into the ERU referral hospital (NRC 2010). It is made to be flexible and mobile to enable to be used as a mobile clinic when it is required.

Visualised on the next side the rapid deployment hospital ERU.

Configuration

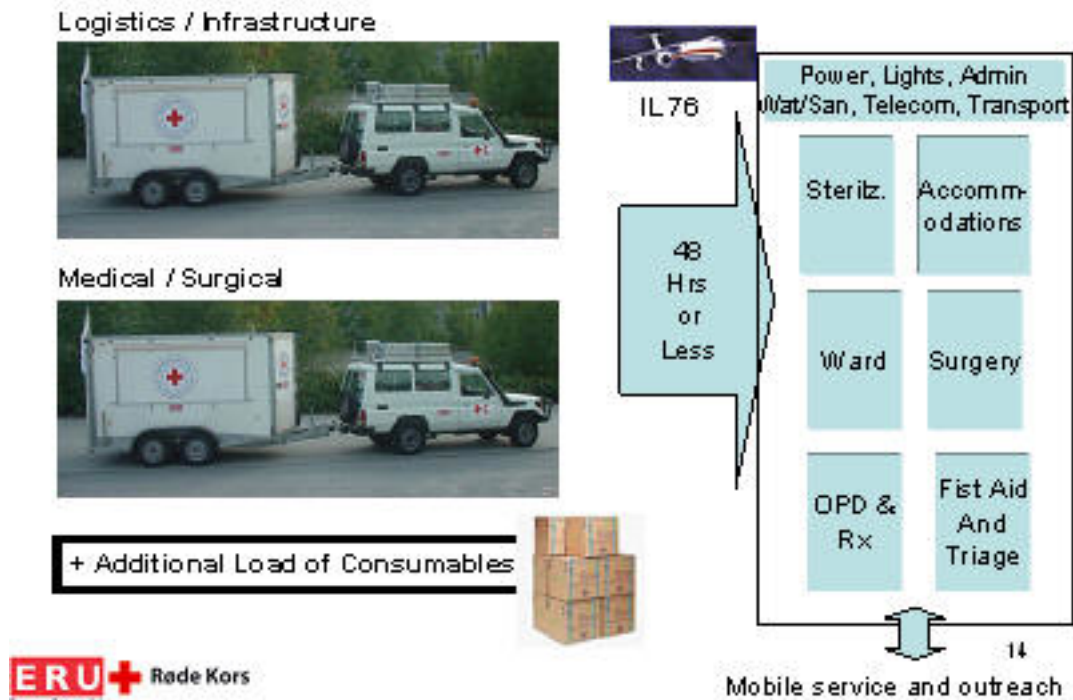


Figure 4: image from NorCross website (NRC 2010)

All ERUs requires available fuel supply and a water source in addition the health ERU are dependent on national health staff and volunteers to work alongside international delegates. The delegates in an ERU operation are professionals that have the skills needed to do health emergency response. It is health personal like nurses and doctors in addition to technicians with varying level of experienced that are sent as delegates in the Norwegian Red Cross health ERU. To become an international delegate working in the Red Cross movement the delegate has to accomplish a basic training course. The international ERU delegate will need to accomplish additional training in order to work within the ERU programme.

1.7 Norwegian Red Cross ERU delegate training

First part of the basic training course includes an orientation of the history, origin and structures of the International Red Cross/Red Crescent movement (NRC 2003). Together with information about the fundamental principles the Geneva Conventions and the essential rules of International Humanitarian Law (NRC 2003). The second part includes a briefing on

conflict and disaster situations, and what kind of the development programs that is conducted. At the end of the course there is a practical training session on cultural awareness, stress and security and how it is working in a delegation of International Red Cross/Red Crescent (NRC 2003).

The basic training course has recently been remodelled and it currently exists of web based pre-reading and assignments in addition to a participatory course.

After completing the Basic Training Course the Health ERU delegate attends the Health ERU course, which covers an orientation of the ERU concept and practical applications. Previous courses included classroom sessions on health in emergencies and health care in field settings (NRC 2006). In addition the course includes practical field training on how to set up and operate a field hospital and a basic health clinic (NRC 2006).

This course has been revised and today this is field training from beginning to the end with simulations scenarios providing a realistic field experience.

The new training concept is referred to as Field School and it is an improved response to disaster that emphasise coordination and collaboration among humanitarian organisations (Elsharkawi et al. 2010). It has been developed to enable personnel to meet the complexity of humanitarian operations, with multiple actors, variety of coordination platforms and a greater demand of donors. It aims to improve the efficiency of humanitarian operations and to prepare humanitarian workers of the environment they will work in. After thorough assessment and preparation undertaken with the host National Society the training is conducted in remote rural communities with high rates of morbidity and mortality resulting from poverty and disaster's (Elsharkawi et al. 2010). During the two weeks training the participant are trained in a curriculum mirroring Red Cross/Red Crescent disaster response approach with a thematic focus of holistic approach to public health in emergency encompassing water and sanitation, nutrition, emergency shelter and psychosocial support (Elsharkawi et al. 2010). Participants are divided into teams consistent of five to seven people including working together with local volunteers in the community. Together with engagement in budget management and tight working deadlines it provides a "real life" mission experience.

1.8 ERU as capacity building for disaster preparedness

Capacity building is defined as “*an ongoing process of helping people, organisations and societies improve and adapt to changes around them*” (James 2001). To build local capacity is viewed as a “good thing” and it is an increasing trend in development aid that most actors add capacity building components in most of their aid projects (Riddell 2007). At the same time it is essential to recognize the independent existing capacity and find the potential rather than merely concentrate on the capacity problems (James 2001).

Accordingly the Red Cross/Red Crescent movement has a unique opportunity to build capacity due to the close working relationship with the affected National Society, volunteers and community groups during the whole ERU operation. In addition the donation of emergency equipment after an ERU operation can contribute to improve local capacity in disaster preparedness. However Riddle (2007) states that having two forms an engagement in one mission is a challenge. Questions can be asked how it is possible to do both emergency response and at the same time build local capacity in short term intervention such as ERU operations.

To address how the IFRC can ensure that the emergency response policy travels, an elaborating on how a policy can be transported is in following section further explored.

2. Theoretical framework

2.1 Long distance control from the Actor Network Theory

To understand how policies are transported from one centre to other places and at the same time maintaining the original purpose, John Laws (2003) methods of long distance control drawn from the Actor Network Theory will be used. Actor Network Theory was first developed in the mid 1980s by Bruno Latour and Michel Callon with John Law as contributor (Latour et al. 2008). Later John Laws published a paper arguing that the theory could be used to understand the application of methods for long distance control (Law 2003).

John Law is using an empirical analysis of the Portuguese expansion in regard to how they secured the global mobility and durability of their vessels in the fifteenth and sixteenth

century. He argues that to enable emissaries to circulate from the centre to the periphery depends upon the creation of a network of both human and non-human agents interrelated to each other. By non-human agents Law refers to the vessels and its equipment and how these are properly designed to its purpose. By this contribution he aims to provide a general analysis and understanding of the means of long distance control.

With the combination of right documents, right devices and properly trained people this would create, as Law argues a “structured envelope” that ensure sustainability (Law 2003). In his article an “envelope” is understood as a global system that is maintained and sustained during a long distance. In this paper an “envelope” is understood as a disaster response system. By including both human and non-human aspects in a special constructed context enable a number of people in a centre influence events half-way round the world in a way that ensure the durability, forcefulness and fidelity of the appropriate designed policy (Law 2003). Forcefulness is understood as the system strength, competency and capacity to fulfil its journey successfully. Fidelity and durability is related to the endurance of the “vessels integrity”.

Law’s article thoroughly described how the Portuguese developed and interprets the right documents and how they understood and designed the right devices. In addition it displays how they prepared the people who travelled with the vessels and how they were all interrelated. To ensure forcefulness, fidelity and durability they developed a “black box” to maintain the structures of the envelope in a long distance. The “black box” can be viewed as a handbook containing strategy, operating procedures and guidance in simplified versions that could be carried anywhere within in the Portuguese system providing answer to all people involved in the journey when it was needed. This was done to reduce potential hazards that could occur and thereby ensuring the intention of the “structured envelopes” journey around the world.

To assess how the IFRC have made the ERUs as a structured envelope the combination of documents, devices and training will be used as a method in the assessment of how the ERU can be used as a capacity building tool.

Questions could be asked if adapting James (2001) definition of capacity building if the ERUs can be used to building a National Society or other related partners capacity in disaster preparedness is achievable in an operation of duration of one to four months. James (2001)

definition of capacity building captures the essence of the capacity building concept but how it can be achieved in a practical settings needs a further explanation.

2.2 Conceptual model of the capacity building paradox

In 2007 a paper by Mona Girgis (2007) was published in “Development in Practice” concerned how to progress sustainable capacity building in a complex environment. Girgis (2007) conceptual model of the capacity building paradox will be used to understand how capacity building can be achieved maintained and sustained in and after an emergency response operation. This study provides an explanation on why capacity building hitherto been as she argue, largely unsuccessful (Girgis 2007). The paper argues that relationship work is central to the function of the practitioners working with capacity building and to be able to overcome environmental obstacles, power is required to successfully do capacity building. Practitioners are referred to as workers affiliated to international humanitarian organisations.

The complex environments that practitioners work in are referred to as the contextual elements, which are money, culture and time (Girgis 2007). She argues that financial resources dominate, and this is explained by the donor agencies influence on the time period of the project and requirements of results and reports. The type of work the practitioner does is a response to this environment.

From Girgis (2007) research based from practitioners own experience, the model of capacity building paradox arose. The conceptual model proposes the implications of capacity building practice.

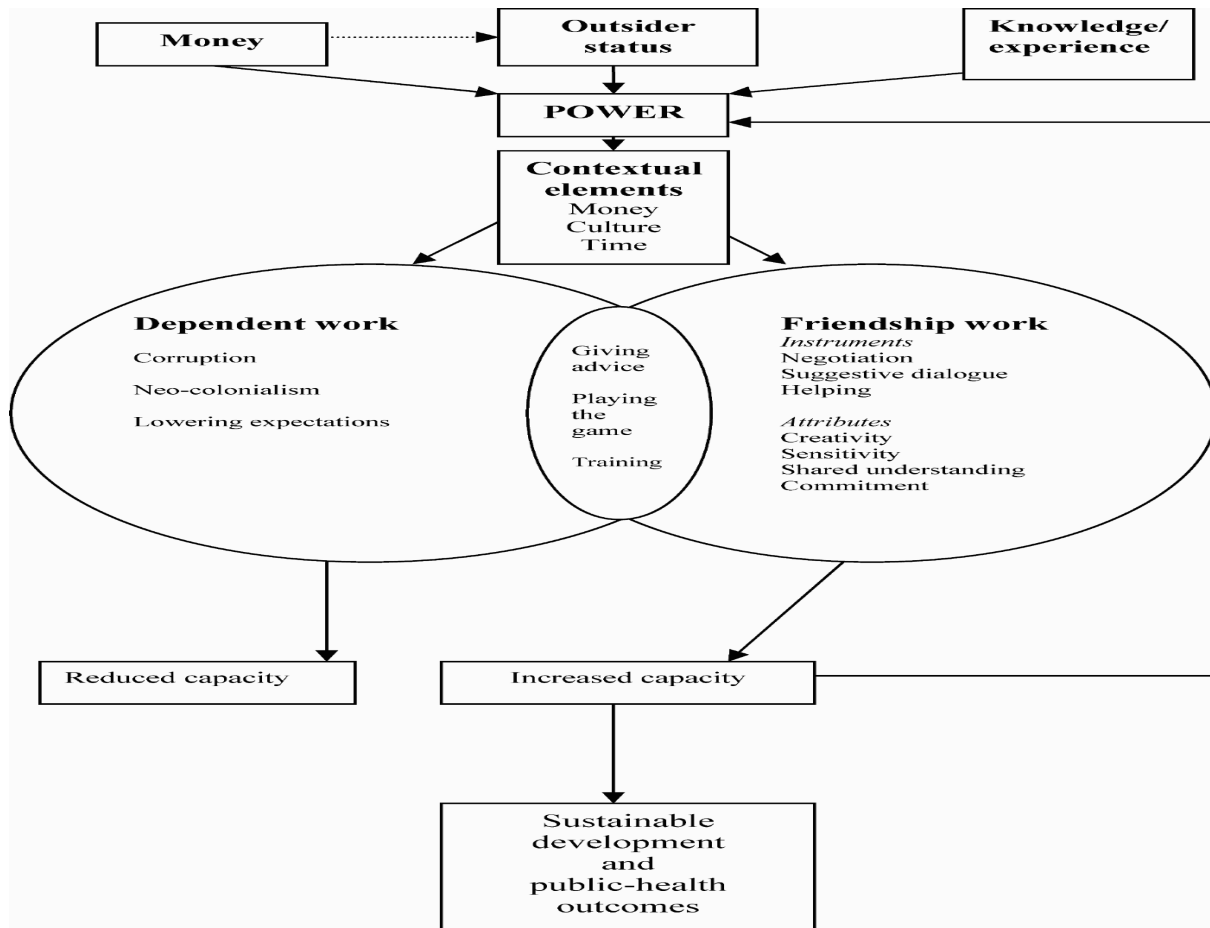


Figure 5: Conceptual Model of the capacity building paradox (Girgis 2007)

The sources of power are divided into financial resources, the outsider status and knowledge and experience. Financial resources are referred to holding the balance of power in decision-making by having the control over the project budget. Knowledge and practice reflects the perspective of practitioner’s high value on Northern knowledge and own experience that may result in less acknowledgment of local knowledge. The outsider status refers to the perspective that capacity building is a concept developed by the North to address capacity “deficits” in the South. This reflects the outsider perspective, that the outsider knows what capacity is missing and what needs to be built and having a power related to the status of being an outsider (Girgis 2007). Additionally the outsider status allows practitioners to go beyond local norms and disregard systems that their local counterparts are unable to do, by just being an unknown outsider not familiar with local context.

Girgis explains when working in a complex environment practitioners use their relationship with local counterpart to build capacity, this is labelled as relationship work (Girgis 2007). She split the term relationship work up to two types, friendship work and dependent work.

Friendship work is explained as a relationship between individuals that are personal, constructive and require the value in each individual, it is not viewed as emotional nor friendship. It requires a view of the other person's process as an alternative knowledge and this can be supplemented with external knowledge that may lead to an increase in capacity and subsequently sustainable development. Dependent work is described as work done to gain an advantage over other people in order to achieve certain outcomes. To overcome environmental obstacles the practitioners most often unconsciously work around or manipulate the contextual elements to achieve capacity building outcomes. This includes corruption, lowering expectations and neo-colonialism (Girgis 2007).

Friendship work is a constructive and empowering work that together with the application of resources can lead to capacity building at an organisational or community level that contribute to sustainable development. It is a form of engagement that uses instruments rather than tools. Instruments are negotiation, suggestive dialogue and helping with attributes such as sensitivity, creativity, shared understanding and commitment. Tools are simple and inflexible like templates not easily adapted to the local context. The North or the donor agency generally develops these for their own needs rather than local needs. This may push the practitioner towards a dependent work relationship (Girgis 2007).

As Girgis argues there is a continuum of relationship work between the instruments and activities in friendship work and dependant work. By moving from dependant work to friendship work can be a conscious, deliberate process that require the practitioner to be self aware of what type of relationship work is done and where it lies in the continuum (Girgis 2007). To exemplify this she uses the activity "giving advice" that can be understood as suggestive dialogue and be used to facilitate capacity building. At the same time giving advise can occur without taking into account local knowledge and capacity which becomes the opposite to the instrument suggestive dialogue (Girgis 2007). This is what she referred to as the paradox of capacity building.

Contextual elements and experience are the two types of factors that can determine the practitioner's choice of which working relationship to choose. Lack of experience makes practitioners more likely to choose dependent work rather than friendship work to overcome the contextual elements (Girgis 2007).

Girgis explanation on how sustainable capacity building can evolve from creating a working relationship will be used in the assessment on how capacity building successfully can be done in an emergency response operation.

3. Methodology

3.1 Choice of method

This master thesis focuses on the Red Cross/Red Crescent movement's emergency response units system, in specific the capacity building aspect in their relief aid given to states affected by emergencies. Methods used include interviews of personnel working with ERU in different settings aimed to develop an understanding on if ERU and how it can be used as a capacity building tool.

To explore the study objects this study aims to explain a complex process were a qualitative method would be a more suitable way of extracting the information than a quantitative method. A qualitative method aims at providing an understanding of social phenomena, with thorough data as background on the situation this can provide an insight into a social phenomena (Thagaard 2003). This means that the interpretative view of the researcher, how the data is analysed and interpreted, needs to be precise and explicitly defined in order to ensure credibility of the research.

The theoretical interpretative view forms an important basis in the qualitative method. This view has significance for what kind of information the researcher collects and it forms a basis for how the researcher develops an understanding of the data (Thagaard 2003). To be able to get an understanding of how ERU can be used as capacity building tool in receiving national societies disaster preparedness programme, this study has an ethnographic view. This involves a description and interpretation of a phenomenon within a cultural context (Løndahl 2008). This would be within the Red Cross/Red Crescent movement's organisational culture. Ethnomethodology has an empirical approach that is based on peoples experience and understanding of the context they are a part of and it aims to get an understanding of what creates peoples actions (Thagaard 2003).

The study has a multi-sited ethnographic approach as a conceptual framework. This method is developed as an approach to the challenges in the complex modern world where globalisation

has led to an awareness of social phenomena as not localised to the same extent as before (Laake & Benestad 2004). This method enables the researcher to gather data that extract this complexity by following a concept like capacity building in different contexts. It implies that data is tracked from the actual event with all the different actors interests, strategies and choices of value are surveyed (Laake & Benestad 2004). The multi-sited fieldwork that has been carried out required the researcher to be mobile by following the concept in different geographical sites. Sites of residence have been sites of fieldwork in both a receiving ERU country and in a country with a National Red Cross Society providing health ERU. Indonesia was chosen as a receiving ERU country since they had received health ERU as support from Norwegian Red Cross. This mobile ethnographic method construct a context in an aggregated way to enable the research analytic focus between different sides of the governing relationship (Leifsen 2006).

3.2 Research design

This study is based on qualitative method using semi-structured interviews with an outline to guide through the interview to enhance the focus of the interview situation. The interview is an interpersonal situation, a conversation between two people aiming to gather information about the respondent's perception regarding the issues raised in the study objectives (Kvale 1997). Interviews can either be explorative or a testing of hypothesis (Kvale 1997). In this research the interview has been explorative, opened and with only a question-guide to structure the interview. It is important when the goal is to investigate, that the guide is flexible to reconsider new questions when it is needed to concentrate the focus (Malterud 2003). Hence the guide was both detailed and opened.

The theoretical framework was used in the development of the interview guide. It was a two parts guide where the first part included background questions and questions around the training, documents and equipment of capacity building in the emergency response unit. The second part included questions concerning coordination, cooperation and future perspectives of the theme. The guide was piloted on two informants with affiliation to Norwegian Red Cross, one experienced ERU delegate and one in the Norwegian Red Cross head quarter. After piloting the questions, the guide was modified to make the questions more clear and

easier to understand which improved the relevance of the guide ¹. The interview guide in Indonesia was developed after the interview guide used in Norway. It did concern the same theme but questions were asked differently to enable the guide to be applied to the informants in Indonesia ². This guide was slightly adjusted after feedback from the co-supervisor.

3.3 Identifying of research participants

How many interview subjects are required is according to Kvale the point reached when there is not any new information achieved (Kvale 1997). The general criticism of interviewing studies is that the result can be difficult to generalize (Kvale 1997). The study aim was to achieve information about the participant's perception on ERU applicability on capacity building in disasters preparedness and how this can be accomplished with an ERU operation. This to achieve reasoned knowledge on how to ensure sustainability of the capacity buildings actions after the ERUs team has left the field. The overall target was to achieve as thorough and comprehensive information as possible in regards to the master projects time frame and size. Hence the number of interview subjects was accordingly and accomplished through a multi-sited ethnographic approach. Interview subjects were identified and taken from people with affiliation to the ERU program in the Red Cross/Red Crescent movement. In order to be able to follow the concept in different context interviews were carried out in sites both in Oslo, Norway and Jakarta, Indonesia.

As previously written Indonesia was chosen since they received Health ERU support from Norwegian Red Cross during the Tsunami in 2004-2005 and because sufficient time has passed since the ERU intervention to explore the capacity building experience. In order to achieve the target it was preferable to have informants from those designing the ERU concept, and the policy. These are based in Geneva with contribution from staff from the Red Cross office in Oslo. Additionally informants from those who instruct delegates in the ERU concept and operation, these were drawn from the Oslo office. This was to collect information about the perception and understanding around the capacity building activities in a disaster response operation. Informants from a receiving National Society on different levels within the organization were drawn from Indonesia Red Cross office in Jakarta. In Indonesia the Ministry of Health (MoH) was involved and received a donation of the health ERU after the

¹ See enclosed interview guide annex 3

² See enclosed interview guide annex 3

Tsunami. Hence informants from MoH was contacted to achieve information on how and if, ERU had contribute to improvement of future disaster response.

To explore the perception of the concept of capacity building, and its applicability to the context by the personnel deployed with ERU, international delegates within Red Cross were asked to participate in the study. These were chosen from Norwegian Red Cross database of delegates. To ensure accountability of given answer in relation to real field experience the informants was required to have at least two field experiences. To achieve information about how capacity building is incorporated into the assessment of needs that need support, delegates with experience from field assessment and coordination team (FACT) were drawn from the database. To follow the recommendations given by Kale (1997) informants was not set as a fixed number.

3.3.1 Preparation and selection of participants

With help of the co-supervisor working within Norwegian Red Cross, participants for the study were identified and contact established with a focal person working as Norwegian Red Cross representative in the chosen country.

In Indonesia a letter of request together with informed consent letters were sent by email to eight selected informants with experience both from the emergency response operation during the Tsunami and from disaster response preparedness program in general ³. All the informants accepted the request. One asked for the interview guide to be sent in advance due to both preparation and language. All of the respondents spoke English well, but due to the request the interview guide was sent in advance to all the informants. Two informants chose to bring more people into the interview, which resulted in one interview with two informants and the other with three. One respondent withdrew after receiving the interview guide due to not having experience in health emergency response. In total eight interviews was performed in a recipient ERU country.

Informants with more than two emergency response field missions from Norway were identified through the Norwegian Red Cross database of delegates. Ten persons received a letter of request together with consent via email. All responded on the email and one chose to

³ See enclosed letter of consent annex 2

not participate. The timeframe made it impossible to interview nine delegates, hence four responders were chosen with various experience and tasks within the emergency response unit team. The two emergency response unit instructors responded positively. Two letters of request and consent were sent to the FACT delegates and two to policy makers in Norway and one to Geneva with a request to forward this to possible informants in Geneva. The day the letters were about to be sent in January the 13th 2010, the Haiti earthquake occurred. This resulted in delays and made some of the informants unable to participate in the study. However one informant from policymakers in Norway, one of the FACT delegates and one informant from Geneva responded and interviews were planned at set dates. The arranged date with interview in Geneva was delayed again due to the earthquake in Chile and unfortunately we were unable to find a new date due to heavy workload in the IFRC Secretariat in Geneva.

3.3.2 The implementation of the interviews

All the participants in the study received a letter of consent that was signed and returned before the interviews started. Together with information noting that the interviews would be tape-recorded and that field notes would be taken both during and after the interview to ensure reflection during the interview. This enabled the informants of being prepared of the interview situation.

The interviews varied in time from 45 minutes to 70 minute. The digital tape recorder functions well and did not contribute with any disturbance during the interviews. It was perceived that it did not disturb or affected the informant's answers. The interviews were conducted as a face-to-face communication except from two interviews. These were done via online telephone using Skype due to long distance. Video transfer was not possible due to lack of web camera. The online interviews went well, without any problems in regard to difficulties in the connection and with a clear tone that enabled tape recording. Two of the Norwegian delegates interviews were conducted at the informant's home, both within driving distance from the interviewers site. This was the informant's choice and it was emphasised that if requested an office at the University was available for the conducting of the interview, in addition to the opportunity to use the online phone. This was uncomplicated for both parts since we previously have been working together in emergency response unit missions with Norwegian Red Cross. The interview guides was made to be both open and detailed and was

proven to be helpful in the interviews when the detailed questions helped continue the focus of the interviews. Interviews were conducted between 26th of January to the 5th of March 2010.

3.4 Analysis

All the interviews were tape recorded, transcribed and coded. In an effort to accomplish a transparency of the research systematic text condensation was used as a method. According to Malterud (2003) this is a well suited method to accomplish a descriptive transverse analyse of the described phenomena in the material collected from different informants. Here the researcher identifies devices in the text that create the basis for the development of categories, that can be used to reorganize the text to enable the meaning of the text to come clear (Malterud 2003). A matrix including informants together with how often the codes appeared in the text was made to visualise the frequency of the codes in the recorded material ⁴. This was done to ensure reliability of the visualised clusters of coded meanings to appear and enable the researcher to make abstract summary theme of the recorded material ⁵. After coding the recorded material a table of the codes was organised together with meanings units from the interview (Granheim & Lundman 2004). This created in total three themes, which were organised into three tables ⁶.

A criticism of the ethnographic view is that the researcher can be too involved in the culture, which can result in the researcher becoming a spokesman for the group with result in the study becoming only descriptive. To avoid this, a comprehensive theoretical interpretation framework is needed as basis for the analysis (Thagaard 2003). Hence the methods of long distance control drawn from the Actor Network theory and the capacity building paradox conceptual model was used to interpret the material together with the literature presented in the first part of the thesis.

⁴ See enclosed frequency table annex 6

⁵ See enclosed theme tables annex 5

⁶ See enclosed theme tables annex 5

3.5 Assessment of the credibility of the findings

According to personal field experience with the Red Cross it is important that this experience is used to understand the context and language. To achieve a critical view in the interpretation of the findings it was necessary and useful to have the theoretical framework to diminish influence of the researcher's personal experience with the ERUs and to get an overall image of the findings.

The researcher's personal experience as a Norwegian Red Cross ERU delegate was given much considerations in the decision making process of the master thesis. This due to the type of influence this might compose. In hindsight it has been helpful to have experience within the organisation both in regard to the context and language and to be known by some of the participants in study. Together with saving time on the introduction phase of the interview, perceiving mutual trust and acquaintance made the interview session an open and friendly experience. In addition to not having a position at the head quarter in Norwegian Red Cross made the researcher an independent analyzer. Even though having a co-supervisor working in the head quarter known to most of the Norwegian informants, it was not perceived that this influenced the informant's answer.

However in Indonesia the researcher's position differ from the position in Norway. Coming from a partner National Society that had donated equipment and followed up with training and other development programs after the Tsunami, this may have influenced the answer given especially by the informants from Indonesia national society. Even though independence science as a researcher was emphasised a perception of the answer being too little critical appeared. However at the end of the interview some critical point of views appeared. The timeframe made it difficult to go deeper into these issues. After conducted two interviews enabled the researcher to lead and raise the questions into the critical points that had been evolved in previous interviews.

In total, 16 interviews were conducted with the total of 19 informants. The number of included informants was relevant in relation to sample selection bias. However there is a question of when the number of informants is reached due to nuance of the theme that evolves from the different answers from the informants. In regard to the time frame of this project, 16 interviews were viewed as sufficient to create an understanding of the research questions.

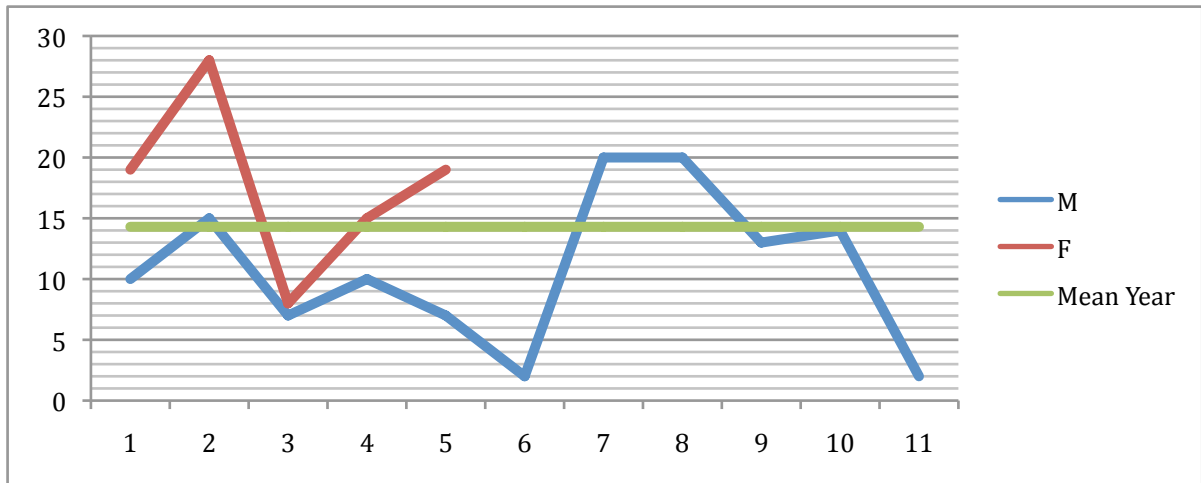


Figure 6: Years of RC/RC experience and gender of informants

The diagram above illustrates mean level of experience within the organisation and the gender balance of the informants. It shows the informants experience in the Red Cross movement and the gender balance, hence year of experience from informants coming from Ministry of Health is not shown in the diagram. The gender balance of the informants showed that male participants were the predominant gender. Of 19 informants there were six female and 13 male. The mix of the gender was approximately the same both in Norway and Indonesia. No relevant differences from the informant's answers were evoked from the gender perspective. Hence gender did not present as a relevant confounding factor. It was the years of experience that influenced confidence levels. The mean year of experience within the Red Cross movement was 14,3 years, which informs about the strength of the relevance of the informant's knowledge about the research theme.

It is relevant to note that the experienced delegates that were interviewed may be a confounding factor since they have not attended the new training or had refresher training. This may have influenced some of the answers related to the training of the delegates in capacity building due to the fact that a new training curriculum (2008) currently includes more partnership work in the field training.

A limitation to this study is that the response coordinators in Geneva were unable to be interviewed, which could have contributed to a deeper understanding of the development of the IFRC emergency response concept and policy.

3.6 Ethical considerations

Qualitative data concentrates around peoples experience and thoughts which often can create sensitive and personal characteristic of the material (Malterud 2003). The informant shall know the project well enough to be able to take a decision if he or she will be included or not (Malterud 2003). Hence informed consent was necessary. A letter of informed consent was sent to participants to enable them to take an informed decision on their participation. A total of 17 letters was sent by email in Norway and Switzerland together with 7 plus one by formal letter to Indonesia. Of the 25 letters a total of 23 sent a replay, which was viewed as a much appreciated response.

The researcher shall be loyal to the intention given, so the informant can trust the researcher on how the information is used. This requires anonymity, respect and quality of the research done (Laake & Benestad 2004). In this study the respondents were not required to give information about personal data, hence there was none directly identification of the respondents in the data collected. However informants in key positions might be known in regards to their post even though there was no need for information about name or age, only level of experience within the organisation. Efforts were taken to make these as anonymous as possible in regards to potential indirect identification. After completion of the study the tape-recorded data will be erased and the transcribed material will be stored at a safe place and only accessible for the researcher until it can be destroyed.

According to the regulations at Noragric institute of University of Life Science there is no need for any ethical approval in this study. This research has been discussed with REK Sør-Øst but according to absent of involvement of experiments on human subjects there was no need for submission to the ethical committee for approval. However since it can involve indirect identification an application of approval was sent to NSD, Norwegian Social Science Data Service. After adjustment made in the letter of consent the study was given an approval before it was started ⁷.

⁷ See enclosed NSD approval annex 1

4. Presentation and discussion of the findings

John Laws application of the Actor Network Theory (ANT) to understand the methods of long distance control, argues that a structured envelope is needed to ensure sustainability (Law 2003). He draws on the experience of the Portuguese vessel routes to India in the fifteenth and sixteenth century. Law assessed the method they used to gain control over their vessels in order to secure a global mobility and durability. In his explanation he uses a envelope as a term to define a global system, independent of its environment, which is maintained and sustained during a long distance (Law 2003). Applied to this paper's theme the envelope is understood as the IFRC disaster response system where participating national society travels as emergency response units all over the world responding to emergencies. To maintain control on the intention of the emergency response system, from long distance is according to the method of long distance control dependant upon a network of passive agents both human and non-human. Passive agents imply both human and technological artefacts that are under control by decision makers from a distance.

The intention of a health ERU is to support countries existing program in emergency response when this is overloaded or absent of life saving capacity. At the same time with an intention of building capacity of the affected country's emergency response programme which this paper aims to assess, its forcefulness and durability. With trained people, correct documents and appropriate devices it is, according to Law (2003), possible for the envelope to circulate from the centre of origin to the periphery in a way that maintains its forcefulness, fidelity and sustainability.

4.1 The ways that capacity building travel with ERU

Today the Indonesian Red Cross Society has staff and volunteers in its branches and in the national society's headquarter in Jakarta. These are both prepared and ready to respond to disaster with mobilisation of volunteers, this is given a focus from central level in Indonesia Red Cross.

“This was the first time for us to learn how to manage volunteers mobilisation...we needed to improve our capacity how to manage volunteers. Now we give them briefing, vaccination, equipment, personal readiness, orientation and debriefing. This is the system we experienced

from Banda Aceh operation and that we still keep. Whatever disaster we have, we follow the same” (disaster management decision maker NS, Indonesia 2010).

As they say they have experienced the importance of “being prepared”.

What did Law mean with drilled people? He meant the right people in the right context. Arguing that properly clothing sheltered and given means of transport enabled people to be both mobile and durable through a mission. Delegates travelling with the emergency response unit to the field are equipped with tents and means to be properly sheltered through their stay. Norwegian Red Cross is ensuring transport, vaccines and insurance. Some clothing are given prior the mission and the delegates are equipped with a delegate kit. This ensures the delegates to be properly prepared with means to stay durable in the field and mobile for the whole duration of the stay.

The National Red Cross Society in Indonesia strongly revealed this management of people working with disaster response as something they learned through the ERU operation in Banda Aceh, Indonesia, during the Tsunami experience. Informants from different level of position in the National Red Cross Society in Indonesia referred to this as a useful organisational development after the experience of receiving ERU as humanitarian assistance after the Tsunami in 2004/2005.

Having shelter, clothing and means of transport is however only one part of the preparedness of people travelling with ERUs. In addition to this, the intention or goal of the context they are placed in needs to be understood to avoid confusion and misunderstanding that could evolves as a risk in regard to achieving sustainability of the intention. This relies on the training people have attended and the knowledge gained and retained to be able to have both the skills and the knowledge of the intention of the operation.

4.1.1 Response focus in training and agenda

Findings from the research showed that the ERU delegates are driven by a response attitude. Where the focuses is on saving lives and operate the unit, which hides the focus of the dual task of both response and building capacity in the emergency response operation. This is emphasised by informants working in the field with ERU, by the trainers and by informants working with development of the ERU. It is an interesting point of view due to that it comprises informants at all levels working within ERU. Hence it evolves as an indication that

it is the response focus that is the leading point of action of the emergency response operation and that capacity building efforts are viewed as less important achievements.

“Too much cowboy mentality within the ERU delegates” (Norwegian red Cross health ERU delegate 1). “A response approach has been emphasised from Norwegian Red Cross head quarter” (Norwegian red Cross health ERU team leader 1). “Experience with delegates having a “we save the world” response attitude” (Norwegian Red Cross health ERU trainer 1).

Due to the fact that the ERU is a response to global disasters where assistance is needed the response attitude is understandable. The response approach can be explained with the delegate’s own expectations of the mission together with a lack of training in the importance of building capacity in an emergency response operation. In fact all the informants argued that both emergency response and capacity building activities could be achieved through an emergency response operation. However findings from the interviewees express confusion concerning how to do capacity building in an emergency response operation. Further this is confirmed in the findings that are unison from the Norwegian informants that there is no formal training in capacity building in the ERU training course⁸. Capacity building is however an issue that is emphasised through the training but not done as a formal training, which contributes to the confusion. Both delegates and trainers within ERU point out in the interviews that capacity building is well known theme but the lack of formal training leads to a reduction on “know how to do” in the field of emergency response.

“I have not been trained in capacity building or perceived how I can perform capacity building in an ERU operation” (Norwegian Red Cross health ERU delegate 1). “Capacity building is a theme all through the training but it is not well enough anchored, it is not formalised” (Norwegian red Cross ERU trainer 2).

In relation to the theory of long distance control arguing that fidelity towards sustainability may be increased if the agent is properly prepared, and primed before deployment, weak preparation of how to perform the task becomes a risk. Regarding sustainability of capacity building in an emergency response operation will then be reduced.

⁸ See enclosed frequency table, annex 6

Additionally findings indicate that capacity building in an emergency response operation actually depends on individual performance. In the interviews when training of capacity building within the ERU concept was elaborated, individual performance arose as a factor of success. This was emphasised both from informant coming from a partner national society that was involved in the Tsunami operation and from informants from IFRC in Indonesia. Additionally this was highlighted in the interviews with the Norwegian ERU delegates.

“I think we often base our action on our needs and what we perceive as good practice” (Norwegian Red Cross health ERU delegate 4). “The success of capacity building in emergency response operation is often based on individuals performance and coincidences” (country coordinator disaster risk reduction/preparedness, partner NS, Indonesia).

Depending on individual performance will make the system weak. In fact sending out agents that fail to exert the proper force will make the ERU operation not successful in regard to capacity building. As in Law (2003) perspective it was important for the commission to spend time on designing an appropriate context for its fledging navigators to enable them with means that precede to an achievement. Hence to achieve the dual task in the emergency response operation, preparation of the delegates in how to both do emergency response and building of capacity is important in regard to enable them with means that can lead to achievement of the intention.

4.1.1.2 Newly trained delegates vs. delegates trained after previous training model

There is recently (2008) developed a new ERU training curriculum, which involves a more realistic field experience named as Field School. Here the participants are settling into scenarios emphasising a real life ERU experiences. Through the training the participants will need to establish an ERU camp and unit, live in the ERU camp, organize a health ERU together with working a long side the different partners that they will meet in the field. In relation to preparation of the delegates in the dual task the new training concept was an issue that was given attention in the interviews with ERU trainers and ERU decision makers in Norwegian Red Cross. It is viewed as new approach that improve the response by preparing the delegates of the environment they will work in with emphasis on coordination and collaboration to meet the complexity of the emergency response operation.

“The last course [2008] I facilitated in we emphasised the working relationship, how to work together with the local structures” (Norwegian Red Cross health ERU trainer 1).

All the delegates that participated in this study had long experience and had not attended the new training course or attended refresher training in regard to the new curriculum. This may be a bias and if asking freshly trained delegates the response focus in the training might have been answered differently. In addition the newly trained delegates might have another focus and be more prepared to meet the dual task in the emergency response operation.

Currently there is no plan of follow up or refresher training for experienced delegates with training before introduction of the new training agenda. Experienced delegates are alluding delegates that have one or more field experience from the last five years. This may contribute to an inversely problem with years of experience. Confusion and a conflict between newly prepared delegates and experienced practitioners within the ERU team about the intention of the capacity building aspect in the ERU deployment may occur. Furthermore this can contribute to a challenge due to management and control of the intention of capacity building during the emergency response operation and contribute to a reduction of its forcefulness.

An interesting view in regard to the response approach is that this is not an issue mentioned in the interviews with the informants from Indonesia Red Cross Society. This might be a coincidence or the fact that they were not asked directly about their perception of the ERU delegates. They did however talk much about the uncoordinated partner National Society that created some challenges for them both during and after the emergency response operation. The uncoordinated partner National Society implies partners ignoring the importance of coordination that generate unilateral work. This will be later discussed in the last theme of this chapter.

4.1.2 Unclear capacity building objectives in the emergency response operation

To achieve long distance control the Portuguese commission realised that the vessels had to move with relative freedom from one centre to another but at the same time be able to maintain their integrity under a range of circumstances (Law 2003). To embody features of the context in a system of heterogeneous elements they translated knowledge into simplified versions. This made it understandable for all parts involved in the journey. With a description on how to remain and maintain the structure when a challenge occurred on a distance enabled a durable system.

Law uses the metaphor “black box” which is understood as a simplified version of descriptions that was capable of generating the kind of answer that were needed to sustain that structure of the system. A black box in the IFRC emergency response system can be understood as a strategy of capacity building in an emergency response operation. Law (2003) furthermore argues that to be faithful to the system, the structure and the means is two features that must be embodied to ensure durability of the system. The Portuguese used the “black box” to embody their vessels to sustain the structure in a long distance. The black box was seen as a physical manifestation of previous work, which embraced a strategy in a simplified version that could provide all parts involved in the convoy answer when this was needed. By placing a black box within an appropriate envelope of other elements the Portuguese reduced misunderstanding and confusing in regard to the objectives of their convoy.

There are strong indications from the interviews that the “black box” in ERU is for the people involved in an ERU operation either not available or recognised as a instrument that could provide answers on how to accomplish the dual task of the mission ⁹. Delegates involved in ERU reply on question embracing instruments like documents, handbook or instructions they could relay on when there appear challenges in the field, was viewed as not existing or not known to them.

“It does not exist any documents or references in how to perform capacity building in an ERU operation” (Norwegian Red Cross health ERU delegate 1). “Not sure if there exist any documents that can provide the delegate support in how to do capacity building in ERU” (Norwegian Red Cross health ERU delegate 3). “Shall it be built capacity of the country or of the affected National Society?” (Norwegian Red Cross health ERU team leader 1).

When acting on a distance the use of a “black box” can serve as a knowledge base that can provide directions for the delegates in performance. Additionally this can contribute to avoidance of confusion and misunderstanding and ensure the intention of the structure is maintained and remained.

The IFRC policy describes capacity building in ERU with defining who has the responsibility and what to be achieved. During the ERU operation a *“work towards self reliance and*

⁹ See enclosed frequency table, annex 6

sustainability of programming” shall be proceeded by both the partner National Society and the host National Society (IFRC 1997). It is the host National Society that has the responsibility to take an active part in planning and pursuing capacity building through and during emergency assistance operations.

By this strategy the IFRC emphasise that it is the affected National Society that defines their needs of capacity strengthening and not the partner ERU National Society. However by stating that both partner National Society and host National Society shall works towards self-reliance and sustainability of programming the IFRC emphasise a partnership towards achievement of increasing capacity of the host National Society. Findings from this research indicate that how this should be accomplished is not clear for either the partner ERU National Society or for the host National Society. In Indonesia the informants coming from both the National Society and from ICRC and IFRC underlined that receiving ERU was a new experience that provoked new challenges. They were not introduced to the concept to the extent to be aware of what to achieve from the international assistance that arrived in the country few days after the Tsunami.

“The ERU concept was not known for the NS before the tsunami ... created different expectations between NS and PNS” (disaster management decision maker NS, Indonesia).

Questions could be asked on how should the responsibility of planning and pursuing capacity building be processed if the host National Society is not known with the ERU concept or the context they operate in. Hence a marketing of the ERU concept of National Society in disaster prone areas could be a mean of preparedness to ensure clear objectives in relation to capacity building in an emergency phase.

4.1.2.1 Expectations management

From the findings management of expectation of what to achieve in an emergency response operation evolves as a crucial point in regard to achievement of improving local capacity in disaster preparedness. Expectations management embraces both the receiving National Society and the ERU team members and is related to the objectives of the ERU operation. With unclear objectives both for the receiving National Society and for the delegate’s prior and during the operation this can create confusion about achievement. From the interviews

this appear as an issue that is present at all sites, both within Norwegian ERU delegates, decision makers and in the host National Society.

“Accept that there are limitations of what you can do with an ERU ... need to ask what type of capacity to build” (disaster management delegate IFRC Indonesia). “Needs to have a realistic level of ambitions, of what is possible to achieve during an emergency phase and to avoid phrasing of terms” (decision maker Norwegian Red Cross ERU).

There exist confusion of what type of capacity to be built, if it is organisational development or local community capacity. This is consistent with the finding that the capacity building aspect in ERU is dependent on individual performance. With unclear objectives the intention of the IFRC policy to improve capacity, this becomes a risk toward sustainability of the programme.

Of additional interest, obligations and follow up needs when arriving with the emergency response unit is not clear. This creates speculations both within the receiving National Society and also in the ERU team in regard to the mission of the ERU operation. According to follow up after donation of equipment, findings strongly indicate that this is needed and an important issue to be approached ¹⁰.

“Together with support and training we learned step by step” (disaster management decision maker NS, Indonesia). “Support from PNS with supervision on first training and with first deployment, next time we can go by our own” (emergency health advisor NS Indonesia). “Capacity building in ERU is learning by doing and needs to be followed up with formal training” (emergency health advisor ICRC, Indonesia). “We learned from donation and the follow up training and then we later adapted and replicated” (decision maker MoH, Indonesia). “We can not just donate equipment without follow up with training in how to use it” (Norwegian Red Cross health ERU delegate).

During an ERU operation delegates are working side by side both with health staff, National Society staff and volunteers. This is viewed from both sides as transfer of knowledge and skills. It is relevant to note that there is a distinction between skill and knowledge. Transfer of skills during an emergency response operation involves how to erecting tents at the same time as skills is transferred as learning by doing in relation to close working relationship with

¹⁰ See enclosed frequency table, annex 6

international delegates. In comparison knowledge transfer differs from skill transfer. Knowledge is understood as a transfer of an understanding on how to operate an ERU, not just how to assemble the ERU but also an understanding of the infrastructure of the unit. Both are necessary means to achieve a successful reuse of technical equipment after donation.

Findings from this study point to the fact that the distinction between skill and knowledge transfer is not manifested as a clear distinction for the informants. By mixing the terms and putting it all together in one system as a whole increases the possibility of making skills and knowledge transfer weaker. This can be related to the context of the unclear objectives of capacity building efforts in the ERU operation and due to the lack of or insufficient recognition of the “black box”.

Knowledge transfer is closely related to longer-term development programs by the involvement of a longer time commitment. According to the standard operation procedures the timeframe of an ERU has a maximum funding period up to four months. If this time period is exceeded this must be authorized by the operational manager in the field and/or with partner ERU National Society. A closer link and closer collaboration between longer-term development programs and emergency response programs may be preferable and recommendable in regard to closing the gap between disaster response and disaster preparedness. With supporting follow up after donation this can contribute to an increase of capacity and competency that could provide a better response in future emergencies.

4.2 Health emergency response unit, a reinforcement to existing health structures

To render their vessels to be independent of a broader geographical environment the Portuguese designed the technical equipment for its purpose to be able to maintain the integrity of the structured envelope (Law 2003). Compliance was not only required from the human components of the system, it was also expected from its inanimate parts, from the technological artefacts (Law 2003).

The hardware of the health ERU contains different modules to serve functions of humanitarian needs. This involves vehicles, tents, beds, medical equipment and medication. The modules are divided into different medical and public health approaches like mother and child module, doctors’ office and community health module is some of the modules available

in addition to surgical and technical modules. It is by the informants in this research viewed as a globally adjusted system that is suitable for accomplishing emergency response.

Previously health ERU mainly contained the field hospital. Today both basic health clinic and rapid deployment hospital is part of the health ERU with improvements of the modules simplicity. This new development of the structure has increased the flexibility of the unit's mobility and modularity. Currently this has been evident in ERU operations where the unit has been designed to the emergency it responds to, by deploying modules suitable to the geographical area and to the medical needs. The ERU deployment to Zimbabwe in 2008/2009 demonstrated this when responding to the Cholera epidemic and the structures flexibility became evident. Here the basic health clinic was divided up to eight smaller clinics supporting existing health structure by means in regard to isolation of affected population. The donated equipment in Indonesia has been used domestically in similar emergency response operation according to National Society Indonesia. Informants in Indonesia replay in the interviews on how ERU had improved their capacity and competency confirmed the equipments flexibility and adjustability.

“Parts of donated field hospital deployed in epidemic outbreak” (emergency health advisor NS, Indonesia). “Modules suitable and have improved our capacity” (disaster management decision maker NS, Indonesia). “ERU has strengthen the state capacity in response both by donation of equipment and training, this has increased the enthusiasm” (decision maker MoH, Indonesia).

The health ERU are made to be an instrument to fill the gap when existing health structures are partly or completely destroyed after a disaster has occurred. Informants strongly indicate that building on existing health structures increases and improves disaster preparedness in affected country¹¹. This involves partnership work with local health personnel and attaching health ERU closely to either destroyed or broken health facilities. This involvement can form a basis for building capacity at a local level with increased possibility for sustainability. It contributes to less need for longer term follow up when building on already existing structures that are locally known before the disaster.

“Capacity building activities are more successful when building on existing structure ... knowledge transfer may be easier to achieve when hospital is attached to existing health

¹¹ See enclosed frequency table, annex 6

structures” (decision maker Norwegian Red Cross ERU). “Good leadership and good relation to government enabled NS to build on the basis and to scale up competency (decision maker ICRC, Indonesia).

Health ERU are dependent on local health workers to be able to continue the emergency response especially in regard to the engagement of the field hospital. This demands collaboration with government in regard to rendering medical treatment. Many countries have regulation on accrediting performance of medical treatment. An authorisation from local government is often needed to be able to work as health professionals in the country. Hence a partnership with local health professional is both needed and advisable especially in regard to building on existing knowledge. This was displayed in the interviews in regard to continuation of work towards disaster preparedness.

“Worked together with MoH on disaster response, disaster response training and deployment after donation of field hospital from the tsunami”(emergency health advisor NS, Indonesia). “We considered donation to NS but due to lack of capacity in storage and maintenance we decided together with NS to donate the field hospital to MoH who has both storage, capacity and competency”(emergency health advisor, ICRC Indonesia).

The exit and handover strategies for the ERU is planned from the partner National Society headquarter from the onset of the ERU operation. It is however the team leader of the ERU that is responsible for developing an exit strategy and a phase-out plan for the functions and activities of the ERU. This shall be discussed and agreed upon by all parties together with agreement of the partner National Society, IFRC and the receiving National Society (IFRC 2008). After completions of the ERU operation there are different options to assign. Which includes either donation of equipment to host National Society, to the IFRC in country or region, to another NGO with similar entity in the country or operation or to the government or local authorities which is usually the case with health ERU (IFRC 2008). Donation is the first line of choice but if this is not an option the equipment will be repatriated to its origin.

It is most often the government or local authorities that have the resources both medical and technical to apply the donated equipment from a health ERU to the country emergency response preparedness programme. Both the size and the applied equipment of the ERU Field Hospital influence the reuse of health ERU. This due to the resupply and resources that need to be allocated to the reuse of the ERU Field Hospital when this is needed to be deployed in a future emergency.

“We have modified the donated equipment to make it more simple and easier to understand for our team” (disaster management decision maker NS, Indonesia). “Field Hospital is too big and expensive to handle for NS due to storage and maintenance... but we can handle a smaller one” (disaster management decision maker NS Indonesia). “Sometimes difficult to find spare parts to equipment in the country” (emergency health advisor NS, Indonesia). “Easier and faster to respond with simple equipment” (Norwegian Red Cross ERU FACT delegate).

Hence it is advisable to work towards having as simple equipment as possible. This will facilitate the response to be both quicker and make transfer of knowledge and skills easier to accomplish.

4.3 Uncoordinated partners a risk in regard to organisational development

“For the recent deployment I have not seen PMI (National Society Indonesia), it is more and more government” (emergency health advisor ICRC Indonesia). “In the reuse of the field hospital donated to MoH there was no visibility to how the NS was involved” (country coordinator disaster risk reduction/preparedness, partner NS, Indonesia).

The influx of partner ERU National Society has potential many influences on emergency response organisational development of the affected National Society. There is a challenge to coordinate the massive influx of partner National Society when a disaster of a great magnitude occurs. Both the magnitude of the disaster and the previous strength of the affected National Society have an impact on how the coordination is performed. According to how the development of capacity is evolving in an emergency response operation, coordination appears to be a critical point.

It is important to protection and respect the host National Society authority in an emergency situation. In addition to recognize and respect coordination platforms to avoid duplication of programming. Due to the reuse of equipment and knowledge gained after an ERU operation, organisational development is an important issue in regard to improving the receiving National Society response capacity and visibility. Thereby increasing the country resilience in a future humanitarian emergency by being prepared to respond to a disaster.

It is worth noting that building capacity assign to organisational strengthen is not mentioned by the Norwegian informants to the same extent as by the Indonesian informants. The reason for this may be that it is not recognised as important as responding to the emergency by helping the beneficiaries in the area they are allocated too. Or it may not be recognised, as objectives of the ERU and not been emphasised in the training.

Building resilience towards humanitarian emergencies has been given a strategic and systematic approach after the UNs Hyogo framework of action was adapted by the members of the countries affiliated to the UN system. Resilience is defined as a system or societies ability to resist or change in order to maintain an acceptable level of functioning when exposed to hazard and is closely related to the definition of capacity building. That is by James (2001) defined as helping people, organisations and societies to improve and adapt to changes around them in an ongoing process.

The informants in this research responses on what capacity building is, was given both at a general level but also in an ERU setting. The answers were mainly concerning development of local structures in the affected country by transferring of skills during emergency operations together with donation of equipment. During the emergency phase it was “learning by doing” through working side by side with the ERU trained delegates.

“Capacity building is strengthening local response on all levels both training and donation of equipment that can be used in an emergency response... much about increasing self awareness towards own responsibility” (Norwegian Red Cross health ERU team leader 1).
“Capacity building is about improving peoples life’s by enhancing performance when emergency occur and being familiar with the equipment” (disaster management delegate IFRC, Indonesia).

As previously written in chapter 4.1.1, all the participants in this study agreed that it is possible to have two engagements in an emergency response operation. With focus both on lifesavings procedures and building resilience to cope with future humanitarian emergencies. There is however strong indications both from this study and from the literature that building capacity in an emergency response operation is challenging due to contextual elements like financing, cultural norms and habits and the time frame of the ERU operation.

4.3.1 Who is the uncoordinated partners?

Contextual elements (money, culture and time) and experience are the two types of factors that can determine the practitioner's choice of which working relationship to choose.

According to Girgis (2007) lack of experience makes practitioners more likely to choose dependent work rather than friendship work to overcome the contextual elements. Dependent work is rarely used consciously or deliberately. It is when the influence of the contextual elements becomes too overwhelming that the practitioners attempt to manipulate these to be able to overcome and achieve capacity building. Dependent work is described as work done to gain advantage over other people in an attempt to achieve certain outcomes (Girgis 2007). When going into dependent work relationships, elements of corruption, lowering expectations and neo-colonialism can occur (Girgis 2007).

In Girgis (2007) study Northern practitioners tended to become forced to use their financial power to overcome the overwhelming influence of contextual elements. This was rarely used consciously or deliberately but is viewed as a form of corruption.

Lowering expectations is a process used by the practitioners to personally cope by relocating expectations of achievement after the initial contact with a new environment. When entering a new environment an analysis and assessment of the existing capacity in the local environment occurs together with what level of achievement that is possible to occur. It implies that existing local capacity is given low value compared to Northern knowledge. Resulting in local knowledge not being recognised when there is an assumption of a too big gap of knowledge to be able to close. Hence a lowering of expectation contribute to a predetermined concept of what level of change that can be achieved (Girgis 2007).

Neo-colonialism is the third element that can occur in dependent work. It is concerned around power and control by powerful countries in the North over less powerful countries. By using a form of neo-colonialism the powerful countries impoverish and reduce the less powerful country authority by imposing economic imperialism to maintain control. Girgis used donor agencies requirements of specific processes such as a reporting system to exemplify (Girgis 2007). When this is to be followed the practitioners may be forced to impose this on the counterpart to be able to fulfil the donor's requirements to ensure donor not withdrawing from the project.

The result of dependent work ends in a reduction of capacity and unsustainable project implementation that in fact become harmful to the local environment (Girgis 2007). To avoid

going into a dependant work relationship and to overcome the contextual element Girgis sets experience as a crucial point.

Experience is related to living through an event, referred to both deductive or theoretically. Experience in relation to this paper's theme is viewed as both. People involved in emergency response gain theoretical experience from the accomplished training and from their professional training. The deductive experience is gained through acquired knowledge from previous emergency response operation or other similar event such as working within other emergency response agencies. In addition personal life experiences and personal qualities create a person's experience that further relates to the creation of peoples assumptions and expectations.

Findings from this research indicate that limited experience and knowledge of the Red Cross mandate within the ERU delegates can contribute to an increased risk of engaging in dependant work relationship to overcome the contextual obstacles. In the interviews this appeared as reasoning for not succeeding with sustainable capacity building in relation to ERU. The partner National Society became "independent players" ignoring the consisting network of the Red Cross organisation to achieve what they perceived as the intention of the emergency response.

"Deployed health personnel work easily with other health personnel while the cooperation with other Red Cross is more unfamiliar to them" (Norwegian Red Cross health ERU team leader 1). "Many ERU health delegates have limited Red Cross background knowledge ... Important with knowledge on how the Red Cross movement work not just only the ERU part" (Norwegian Red Cross health ERU team leader 2). "PNS recruit from the street ... " (decision maker IFRC, Indonesia). "Too little experience with the Red Cross mandate can create difficulties due to loyalty to agreed decisions like the per diem system" (country coordinator disaster risk reduction/preparedness, partner NS, Indonesia).

The Red Cross/Red Crescent movements mandate is concerned around mobilising the power of humanity. This implies, the mission of working together to assist people affected by disasters and conflicts with respect to neutrality, impartially and universality. Due to the network of National Societies worldwide, the IFRC has potential to develop capacities and assistance to the most needed. The IFRC role in emergency response is to mobilise and coordinate the international assistance and cooperation between host National Society and partner National Society. The role of the partner National Society is to provide assistance and

advise the host National Society in response and encourage development of capacity and competency.

When partners are driven by project target or public demands, the partnership between the affected National Society and the partner National Society can be or is ignored. Findings indicate that this can create a risk of a partner National Society going unilateral and at the same time ignoring the importance of coordination of the relief assistance.

“Coordination and control of international teams can be difficult in regard to some of them act alone and don’t report back” (decision maker MoH Indonesia). “Confuses the affected NS when PNS is not coordinated”(decision maker IFRC, Indonesia). “Both the magnitude of the disaster and the strength of NS plays a role in coordination but the magnitude is not the crucial point for good coordination”(country coordinator disaster risk reduction/preparedness, partner NS, Indonesia).

This issue was a concern of both the IFRC in the affected country and related partners in the field of disaster response. It was emphasised that this could contribute to a duplication of services and most importantly loss of National Societies authority that may result in reduced capacity and competency.

A spiral of events evolves when partner National Societies ignore the partnership as a result of too little knowledge of the Red Cross mandate. To elaborate this spiral, the per diem system is a system that easily may become a risk in regard to organisational capacity building. In order to achieve project implementation the partner National Societies are most often dependent on local staff and volunteers. In the aftermath of the Tsunami operation (2004-2005) the host National Society have been challenged with issues regarding recruiting and payment of volunteers. The Tsunami operation was one of the largest missions the IFRC had conducted to that date. It involved about 40 partner National Societies and involvement of approximately 30.000 volunteers (IFRC 2009c). With partners not acknowledging the close working relationship and coordination together with the affected National Society this can lead to a spiral of unwanted events to occur. Such as competition between the different partner National Societies in recruiting volunteers. From the findings this occurred during the Tsunami operation. Partner National Societies increased the incentives to volunteers in such a degree as it was viewed as a good income opportunity and contributed to future implications for the affected National Society.

“Created a problem when PNS created their own per diem system, now we have to rehabilitate our volunteerism to not thinking money” (disaster response decision maker NS Indonesia). “Too much focus now on getting paid, tsunami lot of money and competition among PNS about getting volunteers, became a job not volunteerism” (decision maker NS Indonesia).

This is related to Girgis dependent work where practitioners use their financial power to overcome the contextual elements and corruption, lowering expectations and neo-colonialism are used to gain and maintain control. To avoid this occurrence, experience and knowledge of the work environment context is means to influence the contextual elements. This may lead the practitioner into a friendship working relationship with the affected national Society that can contribute to sustainable development. Friendship work is not emotional but a personal, constructive and empowering relationship between individuals. It is an acknowledgment of the others persons knowledge where practitioners uses instruments like negotiation, suggestive dialogue with attributes like sensitivity, creativity, shared understanding and commitment to overcome the contextual elements. Girgis (2007) arguing that knowledge and experience is a source of power in the relationship. Her study revealed that practitioner with little experience has an assumption of having more knowledge than their local colleagues, which lead them to a perception of having power. This perception changed with experience where practitioners realised that their source of power was primarily associated with financial resources. In conclusion experience influence the practitioners choice of relationship work and is related to the perception of the practitioners self in relation to the other.

In relation to this paper, knowledge and experience in how the Red Cross movement works and how the network of agents contribute to mitigation of humanitarian emergencies can contribute to acknowledgement and respect of organisational structures. Thereby the ERU can become a flexible instrument and not act as a rigid tool for the host National Societies in their future disaster preparedness programmes.

Due to the inexperienced and untutored sailors in the Portuguese vessel, the commission in Lisbon was taking this risk into account by creating the simplified black box. In example they where dependent on knowledge and expertise in astronomy to be able to reduce risk of not succeeding so they created a kind of surrogate astronomer by the simplified black box (Law 2003). By this it was not necessary to take along navigators on the journey. This contributed to give the sailors answer when they were without any possibilities for contact with the

experts in Lisbon. However the long distance control system does not recognize peoples own gain experience. Assumptions drawn from the text is that this experience is viewed as something unmanageable.

Laws system of long distance control does contain authoritarian structures but when controlling, coordinating and ensuring an intention of a project on long distance this is most probably needed. By having authoritarian structures the Portuguese ensured unwanted experience by the sailors was avoided with the use of training and “black box”, by that they transferred a forceful global system. Recognition and usage of a “black box” can provide emergency response practitioners governing rules and regulation that can strengthen the target of capacity building. For example, simple explanations of what to do when elements of dependent work occur can accommodate avoidance of corruption and enhance partnership.

4.3.2 Early involvement creates partnership and contributes to sustainable capacity

In relation to Girgis explanation of capacity building success experience is not the only way to overcome the contextual elements. It can actually lead to harm if the perceived experience is not consistent with the intention of the project. Girgis (2007) conceptual model is labelled as the capacity building paradox. This model attempts to provide an explanation on what determinants are needed to successfully do capacity building. According to the model there exists a continuum between friendship work and dependent work. Findings in Girgis study showed that all the practitioners used friendship work and dependent work simultaneously with required use of power to reach the target of intention (Girgis 2007). This is called the capacity building paradox.

Girgis study revealed four problems that can bring implications to unsustainable capacity building. These included the overwhelming influence of financial resources in the environment people were working in and as the primary source of power (Girgis 2007). Together with lack of recognition on existing local knowledge and the ability for the practitioner to use dependent work rather than friendship work in order to achieve capacity building (Girgis 2007).

The uncoordinated partners can be recognised by not acknowledging existing local knowledge and doing unilateral work that can include elements like corruption, lowering expectations and neo- colonialism. In order to reach the intention of building sustainable

capacity in affected countries these elements must be reversed into using Girgis friendship work where negotiations, flexibility, dialogue and shared understanding are maintained.

To overcome the contextual elements, experience is however not viewed as the one and only solution. To promote and enhance motivation and expectations, reversal of the influence of financial resources and lack of recognition towards local existing knowledge, is an additional solution in how to build sustainable capacity.

However reversal of the influence of financial resources can be a challenge when organisations support dependent work through having limited timeframes both in project and personnel contracts. The time frame of the emergency response operation is contributing to challenges in regard to implementation of sustainable capacity building. The standard operating procedures set a time frame of four months for the ERU operation. Within this time frame the partner National Society plan and support the cost and human resources for the emergency response operation.

Girgis (2007) determinants of success are not related to a fixed timeframe but rather toward encouraging a flexibility of programming and that local need must be the governing power. This may require a time period longer than four months. Hence a closer link between longer-term development programs and emergency response programmes may be necessary to ensure capacity building being well anchored in the affected society.

Girgis (2007) emphasise a close involvement and friendship work with local counterparts to overcome the influence of financial resources. Hence early involvement of National Society and development of local working partnership with the funding organisation is advisable. This to ensure that the needs of all partners involved are met. In relation to the emergency response operation this can contribute to local ownership in the ERU operation, which may lead towards enthusiasm and motivation towards further work with emergency response programming. On questions on how to improve capacity building in an ERU operation, informants from different position and sites responded with consensus that early involvement and engaging in counterpart relationship together with follow up would increase sustainability.

“Cooperation and developing relationship from day 1, they have the knowledge of needs not we” (Norwegian Red Cross health ERU delegate). “Early involvement of NS, working parallel, participating in the operation, early establishing of counterparts,-that is capacity

building” (Norwegian Red Cross ERU trainer). “Involvement of NS HQ from beginning in discussion of longer term achievement, that is the immediate capacity building that you are looking for and not a workshop for two weeks” (disaster management delegate IFRC, Indonesia).

Informants in Indonesia did not specifically bring up early involvement in the Tsunami experience, but brought up the importance of being involved in general as early as possible in an ERU operation. Identifying and valuing local knowledge through including local experts and local knowledge is by Girgis (2007) recognized as reversing of the value placed upon Northern knowledge. Her study found that experienced practitioners did prioritize assessment of local capacity but not necessarily recognition of local knowledge.

To avoid local cultures and norms being underestimated as part of the capacity building work and enabling the use of local knowledge to be integrated in the capacity building work, instruments such as negotiation, suggestive dialogue, sensitivity, commitment and creativity must be used. Training of delegates in communication and information-gathering techniques when working side by side with local partners in an emergency setting is according to Girgis recommendable and advisable.

By requesting for ERU assistance the host National Society has already a recognition of gaps that needs to be filled. The local capacity and competencies are insufficient to respond on the humanitarian needs after the disaster. Adapting Girgis instruments, an underestimating of existing local knowledge and structures can be avoided. By this the ERU can build upon capacity and competency on existing structures and thereby increase possibility of sustainability of the capacity building that are done in the emergency response operation.

In the renew Norwegian Red Cross training concept of the Field School this is integrated in the curricula and is viewed as one of the main target of learning during the training. As previously mentioned a weakness of this study is that delegates trained after the introduction of this new concept of training is not questioned. Hence the success of this integration is not assessed.

Emergency response practitioners may be overwhelmed of the environment they work in. Most often is the emergency environment is influenced by the disaster adversity together with displaced populations and multiple influxes of international humanitarian organisations. This can lead emergency practitioners into using their source of power with tools related to

dependant working relationship. Thus it is important to recognise attitudes and values of both the emergency donor organisation and the practitioners. Girgis (2007) advises that with recognition a re-orientation can evolve. Reversing these attitudes can be done by including attitudes of friendship work in personnel profiles such as induction, orientations and training curricula and performance management system.

Going back to Laws long distance control the Portuguese vessels success was a result of training and documents. This can be viewed related to the reversal of the influence of the contextual elements. To ensure the forcefulness of their global system they implemented simple rules, simple data and simple instruments supplemented by systematic training. When practitioners are trained not only in the use of tools, but also in how to make these tools work for different people in different environments. With this, the tools that are not necessary for accountability and transparency can be discarded. Which can lead to an increase in the capacity building effect after an emergency response unit operation.

After the Tsunami in Indonesia both people engaged in the disaster preparedness program and in higher position in the host National Society expressed that the experience had lead to a development in capacity and competency.

“Both NS and government is better in emergency response than we was before the tsunami” (decision maker NS Indonesia). “During the tsunami operation we observed, did learning by doing and replicate later” (disaster response decision maker NS Indonesia).

The emergency response operation was followed by a longer-term development programme of 18 months with involvement of ERU delegates in the follow up training of the ERU that was donated.

Today Indonesia Red Cross Society has both capacity and competency to do domestic emergency response in small-scale disasters. In large-scale domestic emergencies there is currently a memorandum of understanding with the Ministry of Health that Indonesia Red Cross Society are supporting when assistance is needed. The society resilience and mitigation of future humanitarian emergencies has been increased.

5. Conclusion

Results from this research indicate that the devices and methods of the health ERUs are suitable for their purposes. They have showed flexibility and ability to be adjusted to the emergency they are responding to through modular design. This has reduced the risk of being unsuccessful in emergency response operations, which have resulted in a comprehensive approach and the saving of lives in humanitarian emergencies. They have potential to be handed over to the affected country and lead to an increase in future domestic emergency response preparedness programmes. Thus it can contribute to a longer-term capacity building of disaster preparedness the affected country.

However to ensure future use continuous work towards simpler equipment that demands less maintenance can contribute to faster response and easier transfer of knowledge and skills in an emergency operation. In addition a marketing of ERU concept to National Societies in disaster prone areas can contribute to management of expectations of the host National Society, which can enhance coordination of the ERU operation and promote avoidance of unilateral uncoordinated operations by partner National Society.

Some documents or handbooks referred to as the “black box” in Laws method of long distance control, seem to be unknown for the delegates performing the emergency response operation. Unclear objectives both prior to and during the ERU operation are evident from the findings. This may lead to confusion and misunderstanding during the emergency response operation hence increasing the risk of not succeeding with the capacity building component in the ERU. Including a “Black box” as an instrument can contribute to answers on challenges that arise in the field. Additionally clear objectives of the capacity building activities in an ERU operation developed in partnership with affected area as early as possible is advisable to promote management of expectation.

Girgis (2007) capacity building paradox displays experience as one of the elements to overcome the contextual obstacles. Experience is most often given a high degree of status. However it is rarely questioned or displayed if this experience is consistent with the intention of the programme or the strategic directions of the organisation.

Respondents in this study assigned the lack of Red Cross/Red Crescent knowledge of emergency response practitioners as a risk of ignoring both the partnership with local National Society and the importance of well-coordinated operations. Formal training in using partnership to build future capacity and provide refresher training for experienced emergency response delegates can enhance the success of capacity building in ERU. This together with emphasise the Red Cross/Red Crescent mandate to emergency response practitioners to avoid the spiral of unwanted events can contribute to strengthen the performance of the dual task of both emergency response and capacity building within the ERU. This is an important finding in relation to increasing a recipient National Society resilience of humanitarian crisis. Resilience is defined as a systems ability to adapt to changes in order to maintain and retain to acceptable level of functioning ensuring human dignity and wellbeing.

Systematic training in capacity building will enable delegates to carry their assigned dual tasks. The new ERU training curricula emphasise the close working relationship with local partners. This may contribute to an increase of knowledge and skill transfer in future emergency response operation. However this new training is also required for the more experienced delegates. If not done, confusion, misunderstanding and even a conflict within the team working in the ERU may arise. Further this leads to a reduction of building capacity in an emergency.

To avoid practitioners building in “dependent working” relationships an evolution of tools into instruments must be emphasised. These instruments can be composed of a combination of trainings, policy documents and devices and not be justified with lack of experience. Training in how to convert tools into instruments will increase flexibility and enhance the system to be adjustable to its environment. By working towards increasing the instruments at all levels so that tools that are not needed can be discarded and thereby contribute to a reducing the risk of engaging into a dependent working relationship. When disaster affected National Societies request for assistance, the IFRC deploy ERUs as a tool responding to the humanitarian crisis. The ERU tool must be viewed possessing a set of instruments that are flexible and not as rigid as a tool in order to achieve the target of the dual task of emergency response and building of local capacity and competency.

The methods of long distance control argument of Law (2003) are a hypothesis of an empirically testable type. Laws perspective of long distance control does implicitly in the article argue that the Portuguese control over their vessels was undemocratic with

authoritarian structures. This ensured the Portuguese vessels durability, forcefulness and fidelity. Transferring their system to the IFRC disaster response system evokes challenges in regard to the undemocratic systems. Even so the long distance control method can be borrowed. It is necessary to acknowledge the fact that enabling long distance control, authoritarian structures and a slightly undemocratic system that is well anchored in the IFRC emergency response systems and policy must be respected to ensure durability, forcefulness and fidelity of the intention of building capacity with ERU.

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Annex 1 NSD approval

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Deres dato:

Deres ref:

KVITTERING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 27.11.2009. Meldingen gjelder prosjektet:

23121

Behandlingsansvarlig

Daglig ansvarlig

Student

From Emergency Relief to Recovery, to a Prevention of humanitarian Crises

Universitetet for miljø- og biovitenskap, ved institusjonens øverste leder

Esben Leifsen

Tonje Tingberg

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

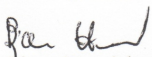
Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, vedlagte prosjektvurdering - kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 14.05.2010, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen


Bjørn Henrichsen


Marte Bertelsen

Kontaktperson: Marte Bertelsen tlf: 55 58 29 53

Vedlegg: Prosjektvurdering

✓ Kopi: Tonje Tingberg, Myrerskogveien 15, 0495 OSLO

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no
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TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no

Personvernombudet for forskning



Prosjektvurdering - Kommentar

23121

Utvalget består av ansatte i Røde Kors nasjonalt og internasjonalt som arbeider med katastrofeberedskap. Til sammen 16 informanter.

Det skal foretas en spørreskjemaundersøkelse per e-post hvor 8 medarbeidere fra Norges Røde Kors deltar. Deltagerne skal ha vært med på minst to utenlandsoppdrag. Informasjon om prosjektet og spørreskjemaet blir sendt via Røde Kors sin administrasjon, de som ønsker å delta i undersøkelsen svarer direkte til student.

Student skal i tillegg intervju to ansatte ved hovedkontoret til Røde Kors i Norge, to ansatte ved Røde Kors sitt internasjonale hovedkontor i Genève, samt fire ansatte ved Røde Kors sitt kontor i Indonesia, Jakarta. Informasjon om prosjektet blir sendt per e-post.

Reviderte informasjonsskriv til informantene (til dem som skal delta i spørreskjemaundersøkelsen, samt til dem som skal intervjues i Norge, Sveits og Indonesia), mottatt av personvernombudet 11. des. 09, finnes tilfredsstillende, men setningen "...the material will be kept anonymous." må fjernes fra alle informasjonsskrivene.

Ingen av informantene vil kunne gjenkjennes i den ferdige masteroppgaven.

Personvernombudet legger til grunn at det er avklart med Universitetet for miljø- og biovitenskap at data kan lagres på privat pc.

Prosjektet skal avsluttes 14. mai 2010. Da skal lydopptak slettes og datamaterialet anonymiseres. Anonymisering innebærer at direkte personidentifiserende opplysninger som navn/navneliste slettes, og indirekte personidentifiserende opplysninger som kjønn, alder og stillingstittel, endres (grovkategoriseres) eller slettes.

Vennlig hilsen

Marte Beredalen

Marte Beredalen

Kontaktperson: Marte Beredalen tlf: 38 58 22 53

Vellegg: Prosjektvurdering

Kopi: Tone Tingberg, Myrneskogen 15, 0454 ORLO

Annex 2 Letter of consent

Letter of request for participation in an interview in regard to a master assignment project

As part of my master degree in Public Health at Norwegian University of Life Science I currently do a master assignment project. The master thesis is about how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster. The aim is to investigate the perception and understanding of the Red Cross/ Red Crescent emergency response policy in specific health ERU in regard to capacity building.

To investigate this I will follow the policy from the policymakers to the delegates working in the field of interest and finally to the receiving Red Cross National Society. The chosen method is to interview key persons within the Red Cross movements head quarters both national (Norwegian Red Cross) and international (Geneva and Jakarta) and interview/questionnaire delegates working within the area of interest (Norwegian). The questions will be concerning, the perceptions and understanding of the Red Cross/ Red Crescent emergency response policy in regard to capacity building.

In relation to the study I will kindly request to interview employers from Norwegian Red Cross, Oslo, working within emergency response. Participation is voluntary and it is possible to withdraw from the interview at any time. If you wish to withdraw from the study, the material received will be dismissed. The interview will take approximately one hour. During the interview I will use a tape recorder and take notes. The study is confidential and the recorded material and notes will be deleted as soon as the study is completed. The master thesis will be completed on 15th of May 2010. It will then be available for the participants on request to read.

If it is possible for you to participate in my study it will be very much appreciated. The interview is set in **January 2010 and February 2010**. Please sign the letter of request and availability for interview and return it to email.

For further information please do not hesitate to contact me.

The study is approved by the Norwegian University of Life Science and Norwegian Social Science Data Services.

Kind Regards

Tonje Tingberg
Skedsmogata 18
0655 Oslo, Norway
Email: tonjetingberg@hotmail.com
Ph: 0047 95115684

Declaration of participation: I have received information about the study on how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster, and wish to participate in the study.

Sign:.....Phone no.....

Letter of request for participation in an interview in regard to a master assignment project

As part of my master degree in Public Health at Norwegian University of Life Science I currently do a master assignment project. The master thesis is about how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster. The aim is to investigate the perception and understanding of the Red Cross/ Red Crescent emergency response policy in specific health ERU in regard to capacity building.

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In relation to the study I will kindly request to interview International Federation of Red Cross/Red Crescent employers, working within developing the emergency response policy in Geneva. Participation is voluntary and it is possible to withdraw from the interview at any time. If you wish to withdraw from the study, the material received will be dismissed. The interview will take approximately one hour. During the interview I will use a tape recorder and take notes. The answers will be confidential and the recorded material and notes will be deleted after the study is completed. The master thesis will be completed 15th of May 2010. It will then be available for the participants on request to read.

If it is possible for you to participate in my study it will be very much appreciated. **The interview is set in week 9 or week 10 2010 in Geneva, Switzerland.** Please sign the letter of request and availability for interview return it to my email by **03.02.10**.

For further information please do not hesitate to contact me.

The study is approved by the Norwegian University of Life Science and Norwegian Social Science Data Services.

Kind Regards

Tonje Tingberg

Skedsmogata 18

0655 Oslo, Norway

Email: tonjetingberg@hotmail.com

Ph: 0047 95115684

Declaration of participation:

I have received information about the study on how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster, and wish to participate in the study.

Sign:.....Phone no.....

Letter of request for participation in an interview in regard to a master assignment project

As part of my master degree in Public Health at Norwegian University of Life Science I currently do a master assignment project. The master thesis is about how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster. The aim is to investigate the perception and understanding of the Red Cross/ Red Crescent emergency response policy in regard to capacity building.

To investigate this I wish to interview key persons within the Red Cross movement's head quarters and questionnaire delegates working within the area of interest. The questions will be concerning, the perceptions and understanding of the Red Cross/ Red Crescent emergency response policy in regard to capacity building.

Participation is voluntary and it is possible to withdraw from the interview at any time. If you wish to withdraw from the study, the material received will be dismissed. During the interview I will use a tape recorder and take notes. The interview will take approximately one hour. The study is confidential and the material will be kept anonymous and after the study is completed the recorded material and notes will be deleted. The master thesis will be completed on 15th of May 2010. It will then be available for the participants on request to read.

If it is possible for you to participate in my study it will be very much appreciated. The interview is set in **February 2010 between 02.02.10 to 12.02.10 in Jakarta, Indonesia.** Please sign the letter of request and availability for interview return it to my email by **22.01.10.**

For further information please do not hesitate to contact me.
The study is approved by the Norwegian University of Life Science and is reported to Norwegian Social Science Data Services for approval.

Kind Regards
Tonje Tingberg
Skedsmogata 18
0655 Oslo, Norway
Email: tonjetingberg@hotmail.com
Ph: 0047 95115684

Declaration of participation:

I have received information about the study on how disaster relief can contribute to improve local capacity in order to mitigate the impact of a future disaster, and wish to participate in the study.

Sign:.....Phone no.....

Annex 3 Interview guide Norway and Indonesia

Interview guide Norwegian Red Cross Health ERU

Hei, mitt navn er Tonje Tingberg, jeg er student ved universitet for miljø og biovitenskap, hvor jeg nå holder på med den avsluttende master oppgaven i folkehelevitenskap. Dette inkluderer at jeg gjør intervju som en del av mitt prosjekt.

Temaet for min oppgave er om Røde Kors katastrofe nødhjelp ERU, kan bidra til oppbygging av mottakersland katastrofe beredskap. Prosjektet er støttet av Norges Røde Kors og bi-veiledes av Hossam Elsharkawi, som er ERU koordinator Norges Røde Kors.

Humanitære katastrofer øker både i omfang og styrke. Tall fra world disasters report viser at 2008 hadde det nest høyeste antall drepte av naturkatastrofer. Investering i å redusere omfang av humanitære katastrofer har de siste årene hatt et økt fokus og i 2007 utgav UD en rapport om hvordan forebygge humanitære katastrofer. I denne rapporten beskriver de at å tette gapet mellom katastrofenødhjelp og utviklingshjelp er en utfordring som må tas. Det er den umiddelbare hjelpen som redder liv derfor er det viktig å ha en tilstrekkelig lokal katastrofeberedskap i alle land som kan øke overlevelse etter en katastrofe.

Hovedmålet mitt er å identifisere om ERU kan bli brukt som et redskap i forbindelse med oppbygging av katastrofeberedskap, og hvordan. Da spesielt helse ERU som Norges Røde Kors bidrar med.

Som vi alle vet kan det være forskjellige oppfattelser i forhold til teori og praksis.

Forhåpentligvis kan dette prosjektet belyse noen av disse forskjellene. Det er viktig for meg å få sagt at spørsmålene jeg stiller er for å identifisere om og hvordan ERU kan brukes som et verktøy i forhold til å bygge opp lands katastrofeberedskap og ikke for å avdekke mangler eller oppfattelser av hvordan oppbygging av kapasitet blir utført. I tillegg er det viktig for meg å si at alt som blir sagt i intervjuet er konfidensielt og det navngis ikke i oppgaven.

Intervjuet vil ta ca. en time. Jeg vil bruke båndopptaker for å huske det som blir sagt og skrive noen notater underveis. Når studiet er ferdig vil alt opptatt materiale og notater bli slettet. Om du ønsker er oppgaven tilgjengelig for lesning på forespørsel.

Bakgrunns spørsmål:

1. Vil du først fortelle meg litt om din jobb i røde kors?
2. Hvor lenge har du hatt denne posisjonen?

UD beskriver i deres rapport om forebygging av humanitære katastrofer at Norske bistands aktører er bedre på å gi katastrofenødhjelp enn på å forebygge humanitære katastrofer, og at gjenoppbygningen av robuste samfunn etter en konflikt eller naturkatastrofe er ikke tilstrekkelig i forhold til oppbygging av katastrofe beredskap som kan forbygge omfanget av en ny humanitær katastrofe.

3. Hva er dine tanker om dette utsagnet?
4. ”Capacity building” eller kapasitets oppbygging, er et velbrukt ord i bistandsorganisasjoner, men hva betyr det?
5. Kan du fortelle meg litt om din oppfattelse av ordet og omfanget?
6. Har Røde Kors en strategi om Capacity building i en helse ERU?
7. Hva er capacity building/oppbygging av kapasitet i en helse ERU oppdrag?
8. På hvilket tidspunkt mener du at oppbygging av kapasitet i forhold til katastrofeberedskap skal startes med i en helse ERU operasjon?
9. I hvilken grad er FACT teamet involvert i CB? Og hvordan fungerer det?
10. I forhold til din erfaring, hvordan ser du muligheten til å både yte katastrofe nødhjelp samtidig som du skal også ha et fokus på oppbygging av samfunns katastrofeberedskap?
11. Finnes det flere kilder som beskriver utførelsen, som du kan støtte deg til under ERU operasjonen?
12. I hvilken grad finner du støtte i disse? Som spesifikt hjelper deg på ditt område?
13. Hva med ansvaret? Hvem ser du som ansvarlig for gjennomførelsen av oppbygging av kapasitet?
14. Har du selv vært en del av denne prosessen? Om Ja, kan du fortelle meg om hvordan din oppfattelse av det var?

15. I hvilken grad er det finansielle aspektet av kapasitet oppbygging inkludert i ERU?
16. I hvilken grad er påvirker donor aktivitetene i en helse ERU?

17. Hvordan mener du at modulene i helse ERU er tilrettelagt for oppbygging av katastrofeberedskap?
18. Og hvordan kan disse fremme oppbygging av katastrofeberedskap?
19. Er det slik at modulene kan overføres til alle kulturer?

20. Hvordan er du blir delegater trent i Capacity building i en helse ERU?
21. Og hvordan er denne trening tilrettelagt for forskjellige kulturelle kontekster, kan de brukes i alle forskjellige kulturer?
22. Har du noen tanker omkring fremtidig trening av delegater?
23. Hvordan rekrutteres delegater til helse ERU?

24. Hvordan er andre aktørers oppfattelse av oppbygging av katastrofeberedskap, jeg tenker på for eksempel ICRC, beslutningstagere innenfor organisasjonen, mottakerforening (lokal røde kors), MoH?

25. Hva er dine tanker omkring vedlikeholdelse av programmet etter at ERU operasjonen er avsluttet?

26. Hvilke fremtidige utfordringer kan du se relatert til oppbygging av katastrofeberedskap som en del av ERU operasjonen?
27. Har du noen anbefalinger på hvordan tette gapet mellom katastrofenødhjelp og utviklingshjelp i forhold til forebygging av humanitære katastrofer?

28. Har du noen andre forslag eller kommentarer til disse spørsmålene?
29. Har du noe mer du gjerne vil tilføre?

Jeg setter stor pris på at du tok deg tid til å svare på mine spørsmål, tusen takk.

Om det er behov for oppfølging spørsmål, vil det da være ok om jeg kontaktet deg?

Takk igjen for samarbeidet☺

Interview guide Indonesia Red Cross (host national society and other related partners in host country)

Hi, my name is Tonje Tingberg. I am a student at Norwegian University of Life Science, currently doing my Master degree in Public Health Science. I have now started my final semester at the University, which includes fieldwork and the writing of a master thesis.

The topic for my thesis is about disaster relief, in specific the health ERU contribution to an improvement of local capacity in order to mitigate the impact of future disaster. This research is done as part of my master degree at the Norwegian University of Life Science. The master project is supported by the Norwegian University of Life Science and the Norwegian Red Cross and co-supervised by Hossam Elsharkawi, Emergency response coordinator in Norwegian Red Cross.

Humanitarian crisis is increasing both in number and complexity. It is the immediate response that saves lives in an emergency but it is the investing in mitigation that can reduce the impact of a disaster hence enhancing the survival of thousands of lives. Bridging the gap between emergency relief responses into reducing the risk of a potential humanitarian disaster is emphasised as one of the challenges on how to prevent humanitarian crisis.

My main goal is to identify if and how the International Federation of Red Cross Emergency Response Unit in specific the health ERU can be used as a capacity building tool and how.

As we all know, there can be differences in theory and practice, and maybe this study can enlighten some of these differences. It is important to note that the question that I ask seeks to reveal the potential to improve disaster relief and not to identify disagreement in how to perform disaster relief. Additionally it is important for me to specify that this study is confidential, and no identities will be revealed. The interview will take approximately 45 min. I will use a tape recorder and write notes during the interview to remember, after the study is completed all recorded and written material will be deleted. When the study is completed the thesis is available to read for the participants by sending a request to me.

Introduction:

1. Could you first please tell me about your work and the name of the organization you are presenting?

2. For how long have you had this position?
3. Before we talk about the Red Cross/Red Crescent ERU, could you please tell me about what your office/organization does in relation to emergency response?
 - How did it work prior the Tsunami?
4. How have you continued the work after the Tsunami?
5. Has the work been supervised?
6. How has the emergency response work been financed before and after the tsunami?
7. Capacity building is often used to describe many activities but what does it mean to you it?
8. What is the scope of capacity building?
9. Who should be targeted?
10. And what in your view does capacity building in a Health ERU operation mean?
11. At what time during a Health ERU operation do you think capacity building should begin? (assuming they agree with this)

After the Tsunami the Health ERU modules (field hospital NRC) were donated.

12. How can the Health ERU be employed in capacity building?
13. How could the Health ERU modules enhance capacity building?
14. How could these modules be improved to meet the needs for mitigating a future emergency?
15. How do you train volunteers/personnel that work within the emergency response?
16. How is the selection of volunteers/personnel done according to continue emergency response?
17. Does it require specific skills?
18. Do you have a future plan on recruiting and training of volunteers/personnel in emergency response?
19. Is capacity building described during a health ERU operation in available documents?
20. What references are available that includes capacity building in health ERU?
21. Could you in your work use this/these documents to the specific area you work in?
22. What about the responsibility of capacity building in an health ERU operation? is this described in available documents?

23. How do different actors (delegates, decision makers, participating partners (ICRC), MoH, host NS) at different levels perceive policies/guidelines given by IFRC regarding emergency response?
 24. Does capacity building needs a budget and if is this available?
 25. Is this incorporated into the current (if available) documents?
-

26. What were your thoughts concerning sustainability of emergency response programme when you first was introduced to the field hospital as emergency response (e.g. after the ERU equipment have been handed over to receiving national society or MoH or other relevant partners)?
27. How does the ERU field hospital fit into your national health system regarding emergency response?
28. About Government commitment/PMI/IFRC. Has there been any change in the commitment regarding emergency disaster response after the tsunami? Commitment to what? Using the eru? Training? Warehousing? etc
29. How is your perception on the focus of emergency response before and after the Tsunami with the international influx of IFRC health ERU as an emergency response?
30. Do the government/PMI/IFRC have a clear future policy and work plan for emergency disaster response?
31. What is your perception of emergency response compared to other health issues? How important is it for your organization?
32. What factors may disrupt the supply or disrupt existing supply system? Or enhance!
33. Can you please explain about how the future financing of the emergency response (health ERU, Field hospital)?
34. How have you used your previous experiences concerning emergency disaster response and the use of the field hospital?
35. What kind of future challenges do you see related to the reuse of the ERU modules?
36. Do you have any future perspectives/recommendations on how to bridge the gap between emergency disaster response phase and the longer-term development of disaster risk prevention?
37. Do you have other suggestions or comments to any of these questions?
38. Do you have anything else to add?

I appreciate your effort to answer my questions, and I want to thank you very much for taking time for this interview.

If it will be a need for a follow up interview would it then be ok if I contact you for further information?

On behalf of the Norwegian University of Life Science, the Norwegian Red Cross and myself; thank you for your cooperation.

Annex 4 Theme tables

Meaning unit	Code	Sub theme	Theme
A response approach has been emphasised from NRC headquarter	Response attitude	The response attitude hide the focus of the dual task in ERU and make ERU delegates not sufficient prepared in CB	The idea of CB in ERU do not travel
Too much cowboy mentality within the ERU delegates			
Experience with delegates having a “we save the world”, response attitude			
Training need to include long term thinking	Response focus in training		
The ERU training has a response approach but CB is often mention	Depends on individual performance		
The success of CB in ERU often based on individuals performance and coincidences, make the system weak			
I have not been trained or perceived how I can perform CB in ERU	Not a formal CB training		
I think that we often base our action on our needs and what we perceive as good practice	Lack of CB strategy in ERU		
“It does not exist any documents or references on how to perform CB in ERU”			
“Shall it build capacity of the country or the NS?”	Follow up needs		
Together with support and training we learned step by step			
Support from PNS with supervision on first training and with first deployment, next time we can go by our own			
CB in ERU is learning by doing- needs to be follow up with formal training			
Accept that there is limitations of what you can do with an ERU- need to ask what type of capacity to build	Expectations management, no clear objectives both in receiving NS or among ERU delegates		
The ERU concept was not known before the Tsunami .. created different expectations between NS and PNS			
NS in disaster prone areas need to be familiar with the ERU concept			
CB should begin in pre disaster time	Preparedness of NS in disaster prone areas		
Longer term development should be linked with disaster response, better preparedness will support better response			

Meaning unit	Code	Sub-theme	Theme
Modules suitable and improved our	Globally adjusted equipment	New development increased flexibility	ERU support to existing health structures increase and improve disaster preparedness
Part of field hospital deployed in epidemic outbreak			
New development of health ERU has more flexible solutions			
ONS no capacity in manage field hospital, health clinic more easy to manage and organize	Simple equipment will enhance CB	Building on existing health structures or filling a gap	
We have modified the donated equipment to make it more simple and easier to understand for our team			
Considered donation to ONS but due to lack of capacity in storage and maintains donated to MoH who has both storage and capacity			
Sometimes difficult to find spare parts to equipment in the country			
Field hospital too big and expensive to handle for NS due to storage and maintains, but we can handle a smaller one			
Easier to respond with simple equipment			
Worked together with MoH on disaster response, training and deployment of donated field hospital after the tsunami			
Big disaster partnership with MoH, small scale only NS			
Good leadership and good relation to government enable NS to build on the basis and enabled them to scale up competency			
In the reuse of the field hospital donated to the MoH there was no visibility to how the PMI was involved.			

Meaning unit	Meaning unit close to the text	Code	Sub-theme	Theme
If loyal to the system duplication is avoided	Coordination Magnitude of disaster many actors	Become (independent players)/ uncoordinated	Loss of NS authority when PNS become independent players that not want to be coordinated	Uncoordinated partners become a risk in regard to organisational development after receiving ERU
Both the magnitude of the disaster and the strength of NS plays a role in coordination but the magnitude is not the crucial point for good coordination.				
Confuses the ONS when ERU is not coordinated				
Coordination and control of international teams can be difficult in regard to some of them act alone and don't report back	Ignoring the partnership			
Many ERU health delegates have limited RC background knowledge...important with knowledge on how RC movement work not just only the ERU part	Limited knowledge of RC mandate ERU delegates	Become (independent players)		
Too little experience with Red Cross mandate can create difficulties due to loyalty to agreed decisions like the per diem system				
PNS require from the street	Per diem	Goes unilateral	Motivation and expectations. Mismatch between supply and needs/demands	
Created a problem when PNS created own per diem system, now we have to rehabilitate our volunteerism rather than thinking money				
Too much focus now on getting paid, in the tsunami lot of money, competition in PNSs about getting volunteers, became a job not volunteerism				
Cooperation and develop relationship from day 1, they have the knowledge of needs not we	CB in an ERU operation depends on the creating of local relationship early in the operation at all levels	Partnership	Early involvement of NS create sustainable partnership and ownership in ERU	
Involvement of NS HQ from beginning in discussion of longer term achievement, that is the immediate CB that you are looking for and not a workshop for two weeks				
That there is not something that has been posed upon them from a major donor				
Early involvement of NS, working parallel, participating in the operation, early establishing of counterparts,-that is CB				
During tsunami operation we learned volunteer mobilisation, a system that is still in use		Knowledge and skill transfer (may be linked up with follow up)		
Both NS and government is better in emergency response than we was before the tsunami				
During the tsunami operation we observed, did learning by doing and replicate later				

Annex 5 Code frequency table

ERU receiving country

Code/Informants	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Preparedness of delegates in CB is not formal/sufficient / (response training)	XXX	XXX	XX	XX	XX	XXX										XX
CB depends on individual performance	X	X	X											X		X
Both response and CB is achievable in ERU	X	X	X	X	X	X									X	X
Response attitude in ERU	X	X	XX	X		XX							XX	XX		X
CB approach has lately been developed	X	X	X	XX	XXX										X	X
Limited knowledge of RC mandate within the ERU delegates	X	XX											XXXX	XXX		
Lack of CB strategy in ERU	XX	XXX	XX	XX	XXXX	XXX			XX			XX	X	XX	XXX	XX
Globally adjusted equipment	X	X	X	X					X	XX					X	X
Simple equipment will increase capacity in NS due to capacity and competency		XXX	X		X	XX	X	X			X	X		X		X
Field hospital demands big recourses (to big for NS)		X				XX	X		XX		XX			XX	<X	
Building on existing structures/strong NS ↑ sustainability	X	X	XX	X	X	XX	X	X	X	XXX					XX	X
Future implication for ONS when not involved (independent players) per diem=salary/illogical	X	X	X	X			XX	XXXX	X	(X)			X	XX		X
Early involvement of NS/partnership ↑ ownership in ERU	X	X	XXX	X		X			X	X	XX	XXX	XX	X	XX	X
Organisational development related to introduction of ERU							X	XXX	XXXXX	XXX	XXX					
Government coop	X					XXX	XX		XX	XX			X		XXXX	XX

Follow up ONS with training & support		XX		X	X	X	X	XX	XXX	XXX	XXX	XXX			X	
Expectations differs between ONS, PNS		X							X			X		X	X	
Preparedness of disaster prone areas in ERU will support better response/longer term					X	X		X	X			X	XX	XXX		
Acknowledgment of ongoing activities in a disaster				X									XXX	XX		X
CB included in budget				X	X				X	X						X

Visualising were the different codes in the text is identified in the recorded material and how often they appear in the text.