

BASELINE REPORT 2015

TRANSFORMING SURGE CAPACITY PROJECT



ActionAid

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CHS Alliance



Muslim Aid
Serving Humanity



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INTERNATIONAL

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HUNGER

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START
NETWORK

Introduction

The last decade has seen a quadrupling of humanitarian needs with larger and more complex crises affecting a greater number of people worldwide. One consequence of this increasingly challenging and unpredictable environment is that humanitarian agencies have increased their 'surge capacity', enabling them to more effectively scale up their resources and staffing in response to urgent humanitarian needs.

This baseline report underlines the fact that working with local partners at times of crisis provides quicker access, local knowledge and can support stronger community and institutional capacity building. We must redouble our efforts to ensure this good practice is translated more consistently into our way of operating. Local people must be at the heart of any response with strong and active support given to their leadership and agency. As the report concludes, we need to find sustainable, adaptable and flexible models to surge, ensuring we can fulfil our humanitarian mandate in an uncertain future. The Transforming Surge Capacity project, led by ActionAid and supported by 11 other humanitarian agencies and two technical partners, is an exciting initiative to make more localised and collaborative surge a reality.

This report presents a key learning piece on the good practice, gaps and opportunities on surge in the humanitarian sector. Coordination and collaboration among key stakeholders, as well as coordination with emerging surge models and stronger collaboration between Governments, UN, Private Sector and humanitarian agencies, are among the challenges identified in the report. Even between international agencies, collaboration remains extremely low and needs to be urgently strengthened.

Learning is one of the important ways in which we can foster this collaboration, and this report has shown that there is a great need across the sector to share and improve. The Transforming Surge Capacity Project is leading in finding ways to learn from and collaborate with each other if we are to respond to the increasing demands that continue to come our way.

Julius Ndungu Kaberere
International Project Manager (interim)
Transforming Surge Capacity Project.

January 2016

Executive Summary

This report presents a baseline of the surge capacity of the consortium members of the Start Network Transforming Surge Capacity Project ("Surge project"). The aim of this baseline is to provide an overview of the current surge practices of the 11 operational consortium members ("agencies")¹. The report was prepared by Lois Austin and Glenn O'Neil, the research team of the Transforming Surge Capacity Project of the Start Network. The team was supported by independent consultants C. Balaji Singh (Asia region), Dr Chaudhry Inayatullah (Pakistan), Valerie Buenaventura (the Philippines), and Sarah Grosso (research, drafting and analysis). The report draws on information derived from desk research, interviews with 98 persons from agencies and other relevant stakeholders, and an online survey of the 11 agencies.

KEY FINDINGS

Context

Institutional framework less developed at the regional level

- ◆ All eleven agencies are involved in implementing surge response at a global level and work, to varying degrees, in conjunction with members of their own confederations and organisational networks.
- ◆ Their presence and, consequently, their surge response at the regional level is less structured; not all the agencies have a regional approach or presence in Asia.
- ◆ At the national level, all the agencies have a presence in the Philippines and nine are present in Pakistan.

Demand and response

Rising need for surge due to prevalence of natural and humanitarian disasters

- ◆ At regional and national levels, agencies are confronted with increasingly intense and frequent natural and humanitarian disasters. Asia suffers from an extremely high risk of natural disaster (earthquakes, volcanoes, tropical storms) and has a high number of internally displaced persons (IDPs) and refugees in need of humanitarian assistance.
- ◆ This has led to the stretching of resources, as well as providing an opportunity to draw lessons and work on improving surge response.

Set-up

Surge response lead by national and global teams; role of regional teams remains less structured

- ◆ Various mechanisms (emergency response teams (ERTs), internal rosters, external rosters, specific human resources policies, operational procedures) are used to respond to surge.
- ◆ Decisions relating to surge are most frequently made at the national level in consultation with global headquarters (HQ), or, more rarely, with regional offices; four agencies had empowered regional teams to make such decisions.
- ◆ All agencies had created a team responsible for surge at their HQ; global-level ERTs vary in size from two to 75 people.
- ◆ No major differences in approach were reported geographically or by sector.

Role of women

Crucial role played by women, but few gender-specific policies to encourage their involvement in surge.

- ◆ Women play a crucial role in surge response, in reaching the most vulnerable populations and providing support to affected women and their families.

¹ Action Against Hunger, ActionAid, CAFOD, CARE International, Christian Aid, International Medical Corps, Islamic Relief, Muslim Aid, Plan International, Save the Children and Tearfund.

- ◆ At all levels, fewer women were actually deployed compared with the proportion of female staff available. These gaps were larger at the national level (9% and 12% in the Philippines and Pakistan respectively) compared with the global level (3%).
- ◆ The presence of women in surge depends on the social and political context and varies widely within the region.
- ◆ In the Philippines, over half (56%) of deployable staff are women; in Pakistan, only 39% of deployable staff are women.
- ◆ All agencies had general gender policies in place, although few had specific policies relating to women in surge. Some agencies practice positive discrimination (Islamic Relief, ACF in the Philippines), whilst others are not proactive in this respect, preferring gender-neutral human resources policies.
- ◆ Several agencies reported gender-specific issues in hiring women for surge, for example, issues related to childcare linked with length of deployment (global level); need to provide safe housing for female surge staff (Pakistan).

Comprehensive approach

Trend towards comprehensive approach and strong leadership support

- ◆ Over half of agencies at national and international level described their approach to surge as “comprehensive” (6 agencies globally; 5 agencies in Pakistan; 7 agencies in the Philippines).
- ◆ Whilst there is a movement towards developing a more comprehensive approach to surge, this was less developed at the regional level, where only two agencies described their approach as “comprehensive”, reflecting also that not all agencies have a regional approach. Challenges remain concerning coordination with human resources (HR), the capacity of partners, and the follow-up on learning from previous crises.
- ◆ The vast majority of agencies at all levels described their leadership support as “strong” for surge. Reasons included speed of response and support with fundraising and media.

Rosters

Strong preference for internal rosters at all levels

- ◆ All agencies use primary internal rosters for surge, with the majority combining rosters at international and national levels.
- ◆ At the global level, agencies have between three to 300 staff that can be deployed for surge from their normal jobs. A majority (64%) also use secondary internal rosters.
- ◆ Only two agencies have regional rosters. The deployment of regional staff often takes more than two days, as regional deployments were often secondary and in support of national and global deployments.
- ◆ At the national level, internal rosters remain the most prevalent tool used for surge. Practice, however, varies widely; in Pakistan 71% of deployments (2013–14) were national staff, compared with only 41% in the Philippines.
- ◆ Informal networks also play an important role (in 55% of agencies globally; 45% in Pakistan and 50% in the Philippines at the national level).
- ◆ External rosters remain less popular (55% of agencies at global level; 36% in Pakistan and 9% in the Philippines). Barriers to their use include an unwillingness to share staff profiles due to the scarcity of skilled personnel during an emergency, and incompatibilities in human resources policies.
- ◆ Although in general it is quicker to deploy national staff, rapid deployment remains a challenge; only 33% of deployments in Pakistan and 20% of deployments in the Philippines were always made immediately.

Funding

Funds for surge can be accessed rapidly but amounts vary

- ◆ All the agencies have access to pre-positioned funds or rapid funding in order to facilitate surge.
- ◆ The amount of funding available for surge varies widely (USD \$80,000 – \$11 million at the global level;

\$15,000 to \$1,000,000 at the national level).

- ◆ Funds could usually be accessed within 48 hours; in eight agencies, some funds can be accessed immediately or within a few hours.
- ◆ In the majority of cases, these funds do not need to be repaid.

Collaboration

Partnerships at national level boost surge response on the ground

- ◆ Collaboration was more frequent at the national level; 44% of agencies in Pakistan and 50% of agencies in the Philippines work mainly in collaboration, compared with 31% at the regional level and only 9% globally.
- ◆ Collaboration usually takes place to respond to needs on the ground, in the form of working with local partners (100% in Pakistan; 80% in the Philippines), other international non-governmental organisations (INGOs) (73% at global level; 100% in Pakistan; 80% in the Philippines), government services (78% in Pakistan; 70% in the Philippines) or United Nations (UN) agencies (45% at global level; 67% in Pakistan; 70% in the Philippines).
- ◆ Overarching mechanisms (platforms, forums, consortia), where present, play a role in promoting and boosting regional and national cooperation.
- ◆ Collaboration with the private sector was less frequent (18% at global level; and usually related to fundraising), although innovative approaches and partnerships were emerging, such as the use of Short Message Service (SMS) as an early-warning system and sector-based collaboration during surge e.g. provision of transport.

Challenges

Internal challenges: securing human resources for surge

- ◆ Releasing internal surge staff: At all levels, agencies reported a challenge ensuring that staff can be released for surge, even when the staff concerned have already been included on an internal roster and mechanisms for this exist.
- ◆ Securing skilled staff and building capacity of partners: At global and national levels, agencies reported the need to build the capacity of local partners and to recruit and develop their own skilled staff.

External challenges: difficult political, legal and humanitarian environment.

- ◆ Government relations and visas: Reported at all levels was the difficulty in obtaining visas for international surge staff; one response to this has been an increased reliance on national staff for surge (Pakistan). At a regional level, agencies underlined the need to build trust with governments to enable collaboration and facilitate surge response. Access and customs regulations were another reported barrier to surge response.
- ◆ Challenging surge environment: At the global level, agencies were facing complex surge environments: sudden onset crisis with multiple responders; knowing when to respond to a slow onset crisis; protracted conflicts; security concerns and health concerns for surge staff e.g. the 2014/15 Ebola crisis in West Africa.

Best practices

Strengthening resources on the ground through increased partnerships

- ◆ Working with local partners: At the global level, five agencies described the benefits of collaboration, or more specifically, working with local partners, including quicker access, local knowledge, and capacity building at local level. Regional mechanisms (such as those present in Association of Southeast Asian Nations (ASEAN)) can help build such partnerships.
- ◆ Procurement through contracts with vendors: At the national level, four agencies reported establishing

agreements with vendors to rapidly supply goods in the event of an emergency, to avoid the need for warehousing.

- ◆ Training surge staff: At the national level, four agencies reported providing training for local staff or those on the roster to boost capacity, including at the grass-roots level.

CONCLUSIONS

Following are eight key conclusions drawn from the baseline by the research team. Each conclusion is followed by questions that are for consideration by the Surge project, its platforms and members.

01. Demand and response

The baseline confirmed that the demand for surge is rising, given the number of natural disasters and conflicts and their cross-border and regional implications. To respond, agencies adopted two main approaches (and some a mixture of both): A “no regrets”² deployment getting maximum number of international staff on the ground, and a national-oriented approach that favoured mobilising national staff/partners. Context also dictated the approach taken.

- ◆ How will agencies respond to increasing demands for surge?
- ◆ Are the “no-regrets” and national-oriented approaches compatible?

02. Set up

Within the last decade, all agencies have appointed teams or individuals responsible for surge at their HQs. A trend seen was that many agencies were reinforcing their international emergency response teams and internal rosters. There was no standard set-up for regional surge mechanisms, with this dependent mostly on agencies’ current regional structures and set-up. In the past years, there has been a move to build more capacity at the national level, usually through existing emergency programme teams, but this was not yet found to be uniform, sufficiently funded or sustainable.

- ◆ What is the genuine need for regional surge mechanisms?
- ◆ How can national surge set-ups become sustainable?

03. Role of women

The baseline highlights that the role of women is crucial in crises, and their role key to responding in an appropriate and effective manner. However, it was found that agencies are less than proactive in their approach to ensuring that this occurs, with only a limited number taking specific actions or policies. This was coupled with contextual and social issues that impacted, positively and negatively, on agencies’ abilities to implement a balanced gender approach.

- ◆ How can the role of women in surge be further reinforced?

04. Comprehensive approach

The baseline indicates that agencies are moving towards more comprehensive surge approaches and are currently at various stages of progress. Where agencies at all levels indicated there was still further work to do was concerning issues around coordination with human resources; logistics and administration; the capacity and preparedness of

² A “no regrets” approach is considered to be building and deploying capacity even if the worst forecasts are not realised [source: <https://www.oxfam.org/sites/www.oxfam.org/files/bp-dangerous-delay-horn-africa-drought-180112-en.pdf>]

partners; and the follow-up of learning from previous crises.

-
- ◆ How can agencies overcome the remaining challenges to a comprehensive surge approach?
-

05. Rosters

The predominance of internal rosters of existing staff for surge was confirmed by the baseline; agencies are increasingly making use of their own staff and especially at the national-to-national level rather than seeking external staff. Several barriers were identified for more collaborative joint rosters, both administrative and issues of incompatible values. Although few sectorial-based rosters exist (such as the roster for communication and media experts), these were seen as positive examples of collaboration.

-
- ◆ Given their predominance, can internal rosters be made more efficient?
 - ◆ How can barriers be overcome for joint rosters?
-

06. Funding

A relatively recent development has been the freeing up of funds for surge and sudden onset emergencies. Funding mechanisms and systems were more developed at the global level than the regional and national levels. Agencies had realised through recent crises the necessity for country offices to be able to have immediate access to funds in order to respond quickly.

-
- ◆ What further developments are needed for funding regionally and nationally?
-

07. Collaboration

The baseline illustrates distinct differences in approaches to collaboration from the global to the national level. Collaboration is much more a way of working at the national level than it is at the global level. This is due to the nature of the surge activities; put simply, HQ surge centres mainly around finding, organising, and mobilising staff and resources; national surge involves mainly getting these resources to the people in need, which in many situations requires the collaboration of partners, often local NGOs and authorities. Collaboration with the private sector was weak, and in most cases it involved fundraising/donating rather than more substantial collaboration.

-
- ◆ Are there any inconsistencies with collaboration differing from global to national?
 - ◆ How can collaboration with the private sector be more substantial?
-

08. Challenges

Aside from challenges created by multiple crises stretching resources, one common challenge seen across all levels was capacity: that of agencies to maintain sufficient skilled staff, to have flexible internal systems, and sufficient capacity of partners. Many agencies relied on local partners for surge delivery and were concerned with their capacity and were looking for more sustainable ways to support them, also given the sporadic nature of surge.

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- ◆ How can sustainability models for both national teams and partners be improved?
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The research team would like to thank the project platforms for their support, and the some 100 persons interviewed who provided invaluable information for this baseline.

01. Introduction

This report presents a baseline of the surge capacity of the consortium members of the START Network Surge project. The aim of this baseline is to provide an overview of the current surge practices of the 11 operational consortium members (“agencies”)³.

The baseline is structured around stand-alone chapters for each platform of the Project: Global; Regional-Asia; Pakistan; and the Philippines. Preceding these chapters is a description of the methodology used and key conclusions drawn from the baseline in its totality. An update is also provided to the 2007 Surge Capacity Research Report, which was the last major research into surge practice within international non-governmental organisations (INGOs)⁴.

Towards the end of the three-year Surge project (in 2017) this baseline will be followed up by an endline, in order to compare the surge situation for agencies between now and then.

02. Methodology

This baseline was prepared through the combination of three data collection methods carried out between March to June 2015. Desk research was carried out to provide background and additional information. An online survey was created for each of the platforms with the aim of collecting one response per agency working at that given level. The following responses were received: global (11 responses out of 11 agencies), regional (three responses out of seven agencies), Pakistan (nine responses out of nine agencies), Philippines (10 responses out of 11 agencies). Three consultants and the research team carried out interviews with 98 persons from agencies and other surge actors or relevant stakeholders. Each stand-alone chapter lists the persons interviewed for that given platform.

03. Key conclusions

Following are eight key conclusions drawn from the baseline by the research team. Each conclusion is followed by questions that are for consideration by the Surge project, its platforms and members. The conclusions are for all levels: global, regional, and national.

Demand and response

The baseline confirmed that the demand for surge is rising, given the number of natural disasters and conflicts and their cross-border and regional implications (e.g. Syria conflict, and Ebola outbreak in West Africa). A consequence is that agencies have to increasingly deploy for surge across multiple crises simultaneously, stretching resources and capacity. To respond, agencies adopted two main approaches (and some a mixture of both): A “no regrets”⁵ deployment getting maximum number of international staff on the ground, and a national-oriented approach that favoured mobilising national staff and partners. Context also dictated the approach taken, for example in 2013–2014, some 70% of surge deployments in Pakistan were national staff, whereas in the Philippines, some 40% were.

-
- ◆ How will agencies respond to increasing demands for surge?
 - ◆ Are the “no-regrets” and national-oriented approaches compatible?
-

³ Action Against Hunger, ActionAid, CAFOD, CARE International, Christian Aid, International Medical Corps, Islamic Relief, Muslim Aid, Plan International, Save the Children and Tearfund.

⁴ Houghton, R. & Emmens, B. (2007) *Researching Surge Capacity*, People In Aid.

⁵ A “no regrets” approach is considered to be building and deploying capacity even if the worst forecasts are not realised (source: <https://www.oxfam.org/sites/www.oxfam.org/files/bp-dangerous-delay-horn-africa-drought-180112-en.pdf>)

Set-up

Within the last decade, all agencies have appointed teams or individuals responsible for surge at their HQs. A trend seen was that many agencies were reinforcing their international emergency response teams and internal rosters (i.e. staff available to be deployed) with less reliance on external rosters. There was no standard set-up for regional surge mechanisms, with this dependent mostly on agencies' current regional structures and set-up. At the national level, it was challenging for all agencies to maintain consistent surge set-ups and staff, given the sporadic nature of surge. In the past years, there has been a move to build more capacity at the national level, usually through existing emergency programme teams, but this was not yet found to be uniform, sufficiently funded, or sustainable.

-
- ◆ What is the genuine need for regional surge mechanisms?
 - ◆ How can national surge set-ups become sustainable?
-

Role of women

The baseline highlights that the role of women is crucial in crises, and their role key to responding in an appropriate and effective manner. However, it was found that agencies are less than proactive in their approach to ensuring that this occurs, with only a limited number taking specific actions (i.e. housing for female staff) or policies (e.g. gender plan for emergency response). This was coupled with contextual and social issues that impacted, positively and negatively, on agencies' abilities to implement a balanced gender approach.

-
- ◆ How can the role of women in surge be further reinforced?
-

Comprehensive approach

The baseline indicates that agencies are moving towards more comprehensive surge approaches and are currently at various stages of progress. The implementation of surge policies and plans; the availability of resources; the speed of decision-making; mechanisms for coordination within agencies (e.g. HQ to country offices); and the support and involvement of leadership were all cited as positive developments in this respect, with only the regional level less developed in this respect in general. Where agencies at all levels indicated there was still further work to do was concerning issues around coordination with human resources, logistics, and administration, the capacity and preparedness of partners, and the follow-up of learning from previous crises.

-
- ◆ How can agencies overcome the remaining challenges to a comprehensive surge approach?
-

Rosters

The predominance of internal rosters of existing staff for surge was confirmed by the baseline; agencies are increasingly making use of their own staff and especially at the national-to-national level (e.g. Indonesia staff to the Philippines) rather than seeking external staff. Several barriers were identified for more collaborative joint rosters, such as unwillingness to share staff profiles (due to scarcity of qualified staff); incompatibility of ways of working; administrative systems; benefits and pay scales; and incompatibilities of values and beliefs (i.e. religious). Although few sectorial-based rosters exist (such as the roster for communication and media experts⁶), these were seen as positive examples of collaboration.

⁶ Managed by the Disaster Affected Communities (CDAC) Network.

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- ◆ Given their predominance, can internal rosters be made more efficient?
 - ◆ How can barriers be overcome for joint rosters?
-

Funding

According to agencies, a relatively recent development has been the freeing up of funds for surge and sudden onset emergencies. All agencies reported having access to funds within 48 hours in most cases, and half of agencies have access immediately at the global level. Funding mechanisms and systems were more developed at the global level than the regional and national levels. Agencies had realised through recent crises the necessity for country offices to be able to have immediate access to funds in order to respond quickly.

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- ◆ What further developments are needed for funding regionally and nationally?
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Collaboration

The baseline illustrates distinct differences in approaches to collaboration from the global to the national level. Collaboration is much more a way of working at the national level than it is at the global level. All agencies in the Philippines and Pakistan reported that their way of working was partially or fully collaborative; some 60% did at the global level. This is due to the nature of the surge activities; put simply, HQ surge centres mainly around finding, organising and mobilising staff and resources; national surge involves mainly getting these resources to the people in need, which in many situations requires the collaboration of partners, often local NGOs and authorities. Collaboration was found to be weak with the private sector at all levels, where in most cases it involved fundraising/donating rather than more substantial collaboration.

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- ◆ Are there any inconsistencies with the levels of collaboration differing from global to national?
 - ◆ How can collaboration with the private sector be more substantial?
-

Challenges

Aside from challenges created by multiple crises stretching resources, one common challenge seen across all levels was capacity: that of agencies to maintain sufficient skilled staff, to have flexible internal systems; and sufficient capacity of partners. Maintaining a pool of qualified staff for surge was an issue, particularly at the national level. At the same time, many agencies relied on local partners for surge delivery and were concerned with their capacity and were looking for more sustainable ways to support them, also given the sporadic nature of surge.

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- ◆ How can sustainability models for both national teams and partners be improved?
-

04. Update on 2007 surge capacity assessment

The following table provides an update on the 10 main conclusions of the 2007 Surge Capacity Research Report. These conclusions are listed on the left and a commentary based on the developments as seen by this baseline is listed on the right.

2007 conclusions	2015 baseline
01 Agencies need to adopt a whole-organisation approach to developing surge capacity. If this does not happen, their capacity to respond will be compromised.	Agencies have taken major steps to adopt a whole-organisation approach with some half reported to have adopted a comprehensive approach. Internal coordination and capacity issues were the main limitations identified.
02 Within the context of a wider strategic vision, capacity needs to be matched to mandate and structure. This has significant implications for the quality of an agency's programming as well as its ability to be accountable to affected populations.	Agencies have in general matched their surge capacity to their mandate and structure; this has largely driven the approaches adopted, for example, partner-based or not, regional presence or not.
03 Pre-positioning of funds is critical. Emergency units need to find ways to leverage greater amounts of unrestricted and other funds so that they can scale-up when required, respond to less visible emergencies, as well as build, and maintain, capacity between emergencies..	The baseline found that a major development has been the progress seen in pre-positioning of funds for emergencies. Where challenges still remain is in building and maintaining capacity, notably at the national level for staff and partners.
04 There needs to be investment in HR as a strategic function and not just an administrative one. This is necessary not only at HQ but also at regional and/or country level.	HR as a strategic function has seen reinforcement in some half of the agencies at all levels. It was felt that progress has been made but challenges still remained for agencies to have a fully strategic approach, notably at the national level.
05 Well-trained and experienced staff are critical. In particular, strong and competent leadership is a decisive factor in the success of any response. There needs to be long-term investment in staff development, including career development. Focusing on behavioural as well as technical competencies is important.	Leadership in surge has been strengthened in many agencies with the appointment of staff for this particular role; although staff training was widespread, formal career planning was less evident. Maintaining staff with surge experience and capacity was a continuing challenge at the national level.
06 If emergency response is to be sustainable beyond the initial surge, recruitment for second-wave and longer term deployments needs to start at the beginning of an emergency. Counter-parting between international and national staff at this stage in a response is difficult, but vital to the longer term success of any response.	Second-wave and longer-term deployment remained an area still requiring further attention within agencies. Progress was reported in appointing national staff and better linking the emergency to the recovery phase.
07 It is equally important to develop surge capacity at country and regional level as at HQ. Strategic integration of aspects of emergency and development programming will help, as will the mainstreaming of disaster risk reduction across relief, recovery and development programmes	The baseline found that surge capacity has started to be developed at the national level and only to a limited extent at the regional level (which was more dependent upon the agency's structure and regional presence). Disaster risk reduction has also become more integrated across programmes.
08 Rosters (and registers) need better investment if they are going to remain the preferred model for rapid deployment. Agencies that use this capacity to augment their sizeable standing capacity also face challenges. If agencies opt to develop these tools, it is imperative they invest in adequate HR capacity in order to make these tools effective.	Internal rosters and emergency response teams were found to be two dominant models, with the latter used by most but not all. Agencies continue to put considerable effort into their development but reported that further work was still needed; limited collaborative work between agencies on rosters was seen to date.
09 Agencies need to develop standard operating procedures that govern all aspects of an immediate response. This is especially important, as being able to rapidly deploy will inevitably compromise ordinary agency policies and procedures.	All but one agency reported having standard operating procedures for surge in place; according to agencies, these are also used at the national level. Nevertheless, obstacles to their implementation were still seen, such as having staff released for surge deployment.
10 Agencies need to adopt more systematised learning practices, otherwise they are doomed to make the same mistakes year on year. This is not only bad practice but unethical, given agencies' quality and accountability commitments. Becoming better learning organisations is especially important in the current era, where agencies need to shift from being reactive to proactive in order to keep up with changes in their external policy and operating environment.	The majority of agencies reported using systematic learning practices and a follow-up process to a lesser extent. Agencies in general had been challenged by donors and peers in recent years to become better learning organisations and some impact was starting to be seen, such as applying lessons from evaluations.



International Nepal Fellowship



Allan Vera/Christian Aid



Caritas Internationalis/CAFOD

Gorkha District, Nepal. A meeting between local leaders and Catholic Relief Services (CRS) about distributions that are taking place in Gorkha District

Global level Baseline 2015

GLOBAL LEVEL SURGE BASELINE

CONTEXT All 11 project member agencies have an involvement in surge from their UK offices, although some are dependent upon members of their own confederations and organisational networks to implement a surge response.

SET-UP

- ◆ Agencies reported adopting a variety of surge response mechanisms including the establishment of emergency response teams (ERTs); internal and external rosters; and a combination of these.
- ◆ Decision-making on collaborative surge approaches is primarily made at HQ (global) level with four agencies empowering regional teams to make such decisions.
- ◆ Management/coordination staff was the largest available group for surge from global level.

ENABLERS

Comprehensive approach (well-coordinated across functions and supported by processes and strategies) in 6 out of 11 agencies and strong leadership in 8 out of 11 agencies according to their staff.

DEPLOYMENT

3%

GAP BETWEEN
DEPLOYABLE WOMEN
& ACTUAL DEPLOYMENT

102

AVERAGE NUMBER
OF DEPLOYMENTS
PER AGENCY IN 2014

27%

OFTEN ABLE TO DEPLOY
WITHIN 24 HOURS

RESOURCES

Rapid funds range from **\$80,000 - \$11 MILLION**

5/11

AGENCIES HAD
WASH
MATERIALS

3/11

AGENCIES HAD
NON-FOOD
STOCKS

3/11

AGENCIES HAD
DEPLOYMENT
KITS

MECHANISMS

10/11

AGENCIES
USE INTERNAL
ROSTERS

10/11

AGENCIES HAVE
SPECIFIC HUMAN
RESOURCES
POLICIES

10/11

AGENCIES HAVE
OPERATIONAL
PROCEDURES
FOR SURGE

COLLABORATION

36%

WORK MAINLY ALONE
IN SURGE, RARELY
COLLABORATING

45%

WORK SOMETIMES ALONE/
SOMETIMES WITH OTHERS

9%

WORK MAINLY IN
COLLABORATION

9%

WORK IN COLLABORATION
AT NATIONAL LEVEL

CHALLENGES IN DELIVERING EFFECTIVE SURGE

- ◆ Ensuring staff can be released for surge
- ◆ Obtaining visas for international staff
- ◆ Security concerns in-country
- ◆ Flexible and rapid support of administrative and logistics internal systems
- ◆ Ability to respond to multiple simultaneous crises
- ◆ Complex surge environments: multiple responders for sudden onset and very few present in protracted conflicts
- ◆ Recruitment of skilled staff
- ◆ Building capacity of local partners

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Acronyms & abbreviations

CARRAT	Christian Aid Rapid Response and Assessment Team
CDAC	Communicating with Disaster Affected Communities (Network)
COs	Country Offices
EFAST	ActionAid's Emergency Fast Action Support Team
ERO	CAFOD Emergency Response Officer
ERP	Save the Children's Emergency Response Personnel
ERT	Emergency response team
ERTM	CAFOD Emergency Response Team Manager
GBV	Gender based violence
HQ	Headquarters
HR	Human resources
HST	Tearfund Humanitarian Support Team
IMC	International Medical Corps
IR	Islamic Relief
REM	Christian Aid Regional Emergency Manager
RTE	Real time evaluation
SC	Save the Children UK
SERO	CAFOD Senior Emergency Response Officer
SOP	Standard operating procedures
ToR	Terms of Reference

1. Introduction

This chapter presents a baseline of the surge capacity of the consortium members of the START Network Transforming Surge project at the global level. In order to gather the baseline data, semi-structured interviews were held with representatives of all eleven agencies involved in the project⁷. All agencies also responded to the accompanying online survey. Unless otherwise stated, this baseline refers to the START Network project members (“agencies”) that are part of the Transforming Surge project.

2. Context

2.1. Surge practices at the global level

All of the project’s eleven member agencies are involved in implementing surge responses. Some agencies work closely with or are dependent upon other members of their own confederations or networks in order to implement surge. For example, for Action Against Hunger (ACF), their France, US and Spain offices jointly lead surge; for CARE, the lead is taken by CARE International; and for the International Medical Corps (IMC), the US office is heavily involved in surge responses.

The agencies generally agreed with People In Aid’s 2007 definition of surge capacity – “In the humanitarian context surge capacity can be defined as the “ability of an organisation to rapidly and effectively increase [the sum of] its available resources in a specific geographic location” in order to meet increased demand to stabilise or alleviate suffering in any given population”⁸ – or an adaptation of it although there is no formal and written definition for all. For example, Islamic Relief (IR) uses a similar definition but also includes elements of having different attitudes, procedures and ways of thinking during an emergency – it is about having the right people, processes and resources in place to allow the organisation to go from one level of response to another level very quickly. This is similar for Save the Children UK (SC) who define surge capacity as the deployment of people but also as having sufficient mechanisms, materials and funding which allows for the addition of speed and efficiency. CARE International (CARE) considers surge capacity to be the ability to quickly source additional skilled staff for an effective emergency response. Tearfund’s surge capacity has a focus on local ownership and capacity whereas as IMC highlighted that they maintain a “no regrets” approach for their surge activities.⁹

3. Surge set-up and approaches

3.1. Staff and set-up

There are a variety of different surge mechanisms established by each of the agencies. These include the establishment of agency emergency response teams (ERT)¹⁰; internal rosters; external rosters; and a combination of these. The table below provides an overview of the different set-ups that agencies currently have in place for surge responses¹¹:

⁷ See Annex 1 for a list of those interviewed.

⁸ Surge capacity in the humanitarian relief and development sector – A review of surge capacity mechanisms within international NGOs – People In Aid (October 2007)

⁹ A “no regrets” approach is considered to be building and deploying capacity even if the worst forecasts are not realised [source: <https://www.oxfam.org/sites/www.oxfam.org/files/bp-dangerous-delay-horn-africa-drought-180112-en.pdf>]

¹⁰ Agencies use different terms that refer to the same concept: ERTs –standing full-time staff dedicated to surge.

¹¹ This data has been gathered from interviews with agency staff and from responses to the surge baseline survey.

TABLE 1

SET UP OF SURGE IN AGENCIES - GLOBAL LEVEL

UK registered unless specified

Agency	HQ surge Staff (to manage surge)	HQ ERTs	Regional/ National ERTs	Internal HQ surge roster	External surge roster	Regional/ national agency surge roster
ACF	14	23 (16 ACF France, 7 ACF Spain)	No-regional At national level, staff of ongoing emergency programmes deployed for surge	Yes, even if not formalised	No	No- regional National rosters in some country offices (COs)
Action Aid	1	4	No-regional National ERTs from existing staff	67- Emergency Fast Action Team (EFAST)		National rosters in some country offices (COs)
CAFOD	1	6	Three regional emergency response officers	No, but informal system to deploy other humanitarian staff		No- regional Some national partners with rosters
CARE	2	19	No-regional National ERTs from existing staff	Combined internal and external roster of 300+ persons (some 60% being staff or CARE alumni).		Asia roster in development. National rosters in COs
Christian Aid	3 Also deployable (part of job description)	More so deployable HQ staff	7 Emergency Response Managers National ERTs from existing staff	No	No	No-regional Some national level e.g. Philippines CARRAT
IMC	4	More so internal HQ roster	No-regional	200	Yes 3rd party roster	No-regional
Islamic Relief	1	2	No-regional National ERTs from existing staff	77 overall roster managed by HQ, of which, approximately 14 are based at HQ	No	Asia roster in development. National rosters in COs
Muslim Aid	5	No	No-regional National staff mobilised for surge	Informal currently (in development)	No	No-regional No-national
Plan International	1	18	15-regional 65-national 84- funding offices (staff)	182 staff from (funding offices, HQ, RO, CO); 63% of total roster	110 (38% of total roster)	No-national and regional staff are on central roster
Save the Children	5	75	No-regional National ERTs from existing staff	80 UK-based staff deployable for 1-6 months (equivalent 30 full-time posts).	Various external rosters of sectors	Regional 'Fast Track' roster (40-50 people) of SC International National rosters in some COs
Tearfund	2	2 management level	No-regional	30-40	5 external	No-regional No-national

The number of staff deployable by specific sector is detailed in Table 2 below, showing that management/coordination followed by logistics and food security and livelihoods (FSL) staff were the largest available groups across the agencies.

TABLE 2

DEPLOYABLE STAFF OF ERT AVAILABLE BY SECTOR

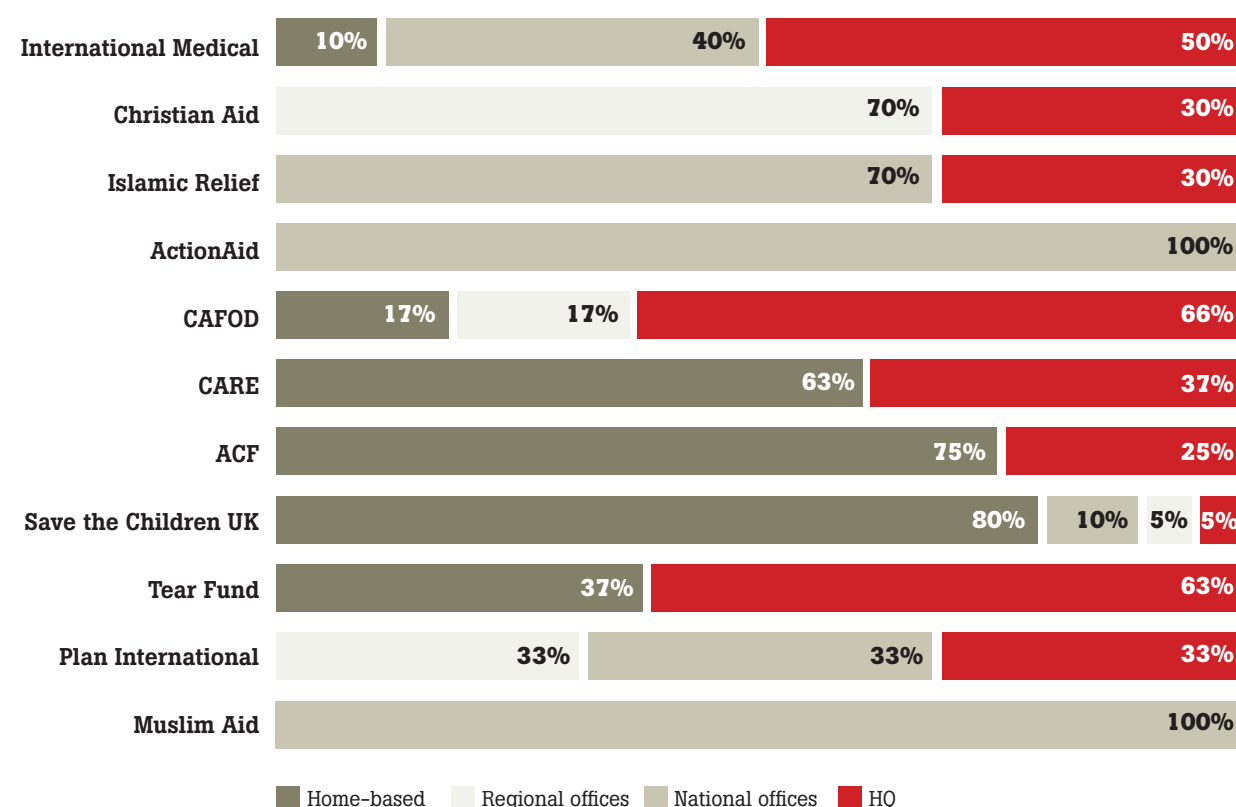
Sector	Average per agency	Total number of staff available (all agencies)
Management/coordination	6.00	66
Medical/health	1.45	16
Food security/livelihoods	1.82	20
Human resources	0.73	8
Administration	0.55	6
Logistics	1.91	21
Finance	1.45	16
Protection	1.00	11
WASH	1.09	12
Reporting	0.00	0
Communications	1.64	18
Monitoring/evaluation/accountability	0.64	7
Other*	6.63	73
Total		274

* Roles mentioned by other agencies for "Other" included nutrition, education, security, mental health and care, gender, shelter, programme support, disaster risk reduction, climate change adaptation, policy, needs assessment, IT and multi-specialist/generalist.¹¹ This data has been gathered from interviews with agency staff and from responses to the surge baseline survey.

The survey revealed that an ERT member is expected to be deployed an average of 125 days per year with individual agencies ranging from 21 to 275 days. When ERTs are not deployed, the baseline survey showed diverse arrangements as seen in figure 1: some one third of agencies have their staff mainly home-based; one third in national offices; and the remaining one third mostly in HQ. Of note, Muslim Aid does not have an ERT but considers its deployable staff to be its existing national staff.

FIGURE 1

LOCATION OF DEPLOYABLE STAFF WHEN NOT ON MISSION



3.2. Geographical Approaches

There are no geographical differences in the approach to surge for any of the agencies. However, a number of agencies stated that in Asia their surge capacity and approaches are better developed than for other parts of the world. This is the case for CARE where the Asia region has started its own initiative to give more opportunity to national staff and rely less on staff from outside the region; the Christian Aid Rapid Response and Assessment Team (CARRAT) in the Philippines provides an example of strong collaboration on surge between national partners; and IR has a specific surge roster for Asia (which is currently managed by HQ).

Other organisations such as IMC mentioned that although there are no geographical differences for approaches to surge, there may be contextual distinctions such as deploying those with context-specific experience into e.g. conflict or natural disaster environments. ACF noted that although geographical approaches are the same, the approach towards surge by their three operational agencies (ACF France, ACF Spain and ACF US) is different, with recent efforts made to reconcile these differences.

3.3. Sectorial approaches

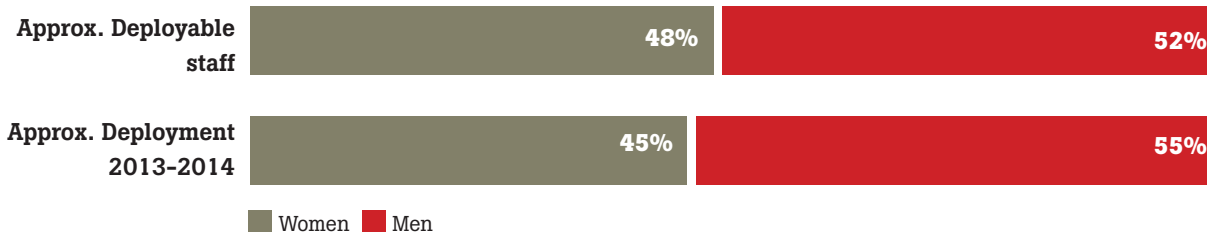
There were very limited differences found in the way that organisations provide surge support from a sector perspective with the exception of the deployment of gender based violence (GBV) and psychosocial support staff by IMC which requires a heavier HR input than deploying staff from other sectors, and ActionAid where a recent change in approach has resulted in shorter targeted timeframes for the deployment of some profiles such as Senior Emergency Managers.

3.4. The role of women

All agencies highlighted the fact that women play an equal role to men in relation to surge with all rosters and surge teams including women. Some organisations also track gender-related deployment statistics and CARE had a gender plan as part of their global emergency response (not only specific to surge). Similar challenges were identified by a number of organisations in deploying women as part of a surge response which mainly focused on stipulations on length of availability for deployment and the impact that this has on childcare for example. Organisations like ActionAid and IR specifically mentioned trying to maintain a flexible approach to address this with the former in the process of developing a policy to address this issue. As can be seen in Figure 2 below, there is little difference (3%) between deployable staff and actual deployments by gender. ACF had the highest number of deployable women at 75% with current deployment of women estimated at 50%.

FIGURE 2

COMPARISON OF DEPLOYABLE STAFF BY ACTUAL DEPLOYMENT BY GENDER



3.5. Surge for the recovery phase

For some organisations such as ActionAid, Christian Aid, Islamic Relief and Tearfund there are no differences in approach whether surging for the emergency phase of a response or the recovery phase. CARE relies more on its roster than its ERT during the recovery phase and Plan International focuses on recruiting long term staff to cover recovery phase with strong leadership. Staff of SC's ERTs can be deployed in the recovery phase during quieter periods (approximately 30% of their time/deployments; 40% for fast onset and 30% for regular programming in chronic and fragile states). After one year of operations, Muslim Aid normally hands over its emergency programmes to its development programmes to continue.

4. Surge deployment of consortium members (2013-14)

Agencies reported large variations in the number of countries deployed to in 2013-14, ranging from two to 40 countries in a given year. There were some commonalities, with most agencies deploying to countries struck by major crises

in 2013/14, including the Philippines for Typhoon Haiyan, countries linked to the Syria regional crisis, and those affected by the Ebola crisis in West Africa.

As can be seen in Table 3, in 2013 the average number of surge deployments (individuals of ERT and rosters) per agency was 72, with a total of 788 deployments. This rose in 2014 to an average of 93 surge responses and some 1023 staff deployed. Of note, there were large variations in number of deployments per agency, for example, CAFOD reported some 20 deployments in 2013, whereas SC reported 335.

Table 4 highlights that the majority of surge staff deployed from the global level in 2013 and 2014 were deployed into management/coordination roles (390 in total). There were more deployments from support services such as Communications (92 deployments), Logistics (99 deployments), and Finance (109 deployments) than for technical services, with the exception of water, sanitation and hygiene (WASH) deployments (92 deployments) and medical/health (88 deployments).

TABLE 3

INTERNATIONAL/HQ SURGE DEPLOYMENTS IN 2013-2014

Year	Average per agency	Total number
In 2013	71.64	788
In 2014	93.00	1023

TABLE 4

INTERNATIONAL/HQ SURGE DEPLOYMENTS BY SECTOR IN 2013-2014

Sector	Average per agency	Total number of staff available (all agencies)
Management/coordination	35.45	390
Medical/health	8.00	88
Food security/livelihoods	6.00	66
Human resources	3.91	43
Administration	2.91	32
Logistics	9.00	99
Finance	9.91	109
Protection	6.82	75
WASH	8.36	92
Reporting	2.55	28
Communications	8.36	92
Monitoring/evaluation/accountability	3.73	41
Other *	21.36	235

* The 235 deployments of "Other" contained considerable groups for: shelter (60- SC and CARE), education (60-SC only), nutrition (59- SC only), security (21), gender (10 - ActionAid and CARE), gender-based violence (9), proposal writing (25- mainly CARE), advocacy (4- CARE only).

4.1. Speed of deployment

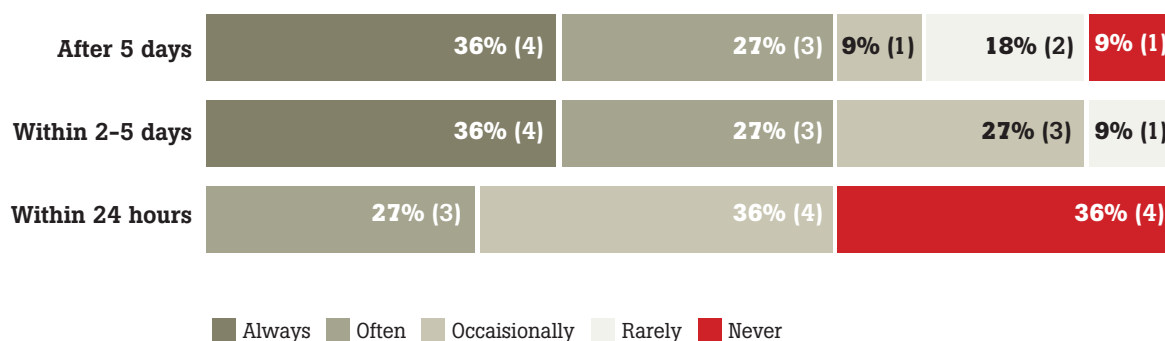
Three agencies reported being able to often deploy global surge staff within 24 hours of an emergency occurring, with the remaining agencies within two to five days or after five days.

There are a number of factors that can affect deployment speed. These include whether a country office has to request personnel and then approve them prior to deployment; whether headquarters deploy personnel of their own volition; whether there are changes to initial country office personnel requests; and a range of other potential barriers, such as accessing visas. There are more challenges faced deploying surge personnel with slow onset crises (such as the 2014 Ebola crisis) as it can be difficult to decide when a surge response is required, and, specifically with the Ebola crisis, a number of agencies found it difficult to find people who were willing to deploy in the initial stages, due to health concerns.

For those agencies with country offices in the field and national partners, some surge responses can be effected in less than 24 hours i.e. immediately, with the first responders often being national staff. In interviews, agencies all reported being able to deploy personnel between 24 – 72 hours of a major disaster occurring (with most disasters cited being sudden onset such as Typhoon Haiyan in 2013 and the more recent response to the Nepal earthquake in 2015). For some organisations such as ActionAid and CARE, it is quicker to deploy standing staff (24 hours) than roster staff (48 hours to five days), although for Christian Aid it takes only 24 hours to deploy one of its Regional Emergency Managers (REMs), whereas deploying a member of staff from HQ can take 5–7 days.

FIGURE 3

AVERAGE SPEED TO DEPLOY INTERNATIONAL PERSONNEL WHEN A MAJOR EMERGENCY OCCURRED IN 2013 AND 2014



4.2. Challenges in deployment

Agencies face a range of challenges in deploying surge staff, with the following cited as the key ones. The number in brackets indicates the number of agencies who noted this factor:

TABLE 5

CHALLENGES FOR SURGE DEPLOYMENT GLOBALLY

Challenges

- ◆ Obtaining release from post (and within requested timeframe) – (5)
- ◆ Obtaining visas to enter or remain in-country – (4)
- ◆ Security concerns – (4)
- ◆ Administrative sign-off (2)

Other issues that were mentioned include:

- ◆ Health concerns/staff willingness (particularly in relation to the Ebola response)
- ◆ Lack of existing field presence/capacity
- ◆ Having staff accept a deployment of significant duration
- ◆ Low risk appetite
- ◆ Lack of clear deployment terms of reference
- ◆ Field coordinators sufficiently organised to provide in-country arrival support
- ◆ Sufficient budget in place

5. Organisation enablers

5.1. Comprehensive approach

Six agencies described their organisational approach to surge as “comprehensive” – well coordinated across functions, and supported by processes and strategies. ActionAid highlighted that surge capacity is a core element of their standard operating procedures (SOPs), and Plan International has a coordinated approach which brings region, country, National Offices/funding offices and HQ together during response. Five more described it as “partial” – some coordination, processes, and strategies, but with major gaps. No agency considered the approach to be “ad-hoc”, whereby each emergency is tackled differently with limited coordination, processes and strategies.

5.2. Leadership Support

In terms of agency support from leadership for surge, eight agencies described it as “strong” – senior management fully supportive and involved – and three described it as “medium” – senior management involved but delegated most responsibility to middle management. No agency described their leadership support as “weak” (limited interest and support for surge of senior management).

6. Surge mechanisms

A variety of different policies, procedures, and systems are in place across the agencies in order to manage first phase planning for surge response. A number of agencies including ActionAid, CAFOD, IMC, and Plan International highlighted specific policies and guidelines that have been developed (many in the last 12 months) in order to support and clarify surge approaches and mechanisms. Others have informal procedures in place that are well understood but are not formally documented, and for some there are clear SOPs but no global policy. Figure 4 below highlights the type of policies, procedures, and systems that agencies have in place, with the majority having an emergency management plan, surge SOPs, and specific HR procedures. However, one agency (Christian Aid) reported there are no such policies or procedures in place at the current time. Additional “other” surge-related policies and procedures that are in place include SC’s system for real-time evaluations (RTE), and CARE’s online emergency toolkit and printed pocketbook.

6.1. Planning, systems procedures and policies

Processes for triggering a surge response varied, but primarily surge support is requested from an affected country and the HQ then consults the roster or ERT for the most suitable profile/s to respond to the request. Alternatively, HQ can also trigger a response if it is a sudden onset major disaster (such as the 2015 Nepal earthquake). Those agencies with an alert system in place, like IR, make initial contact with all roster staff to ensure that they are aware of a potential upcoming deployment from the earliest stage.

FIGURE 4

POLICIES, PROCEDURES AND SYSTEMS ARE IN PLACE TO MANAGE AND MOBILISE STAFF AT THE GLOBAL LEVEL

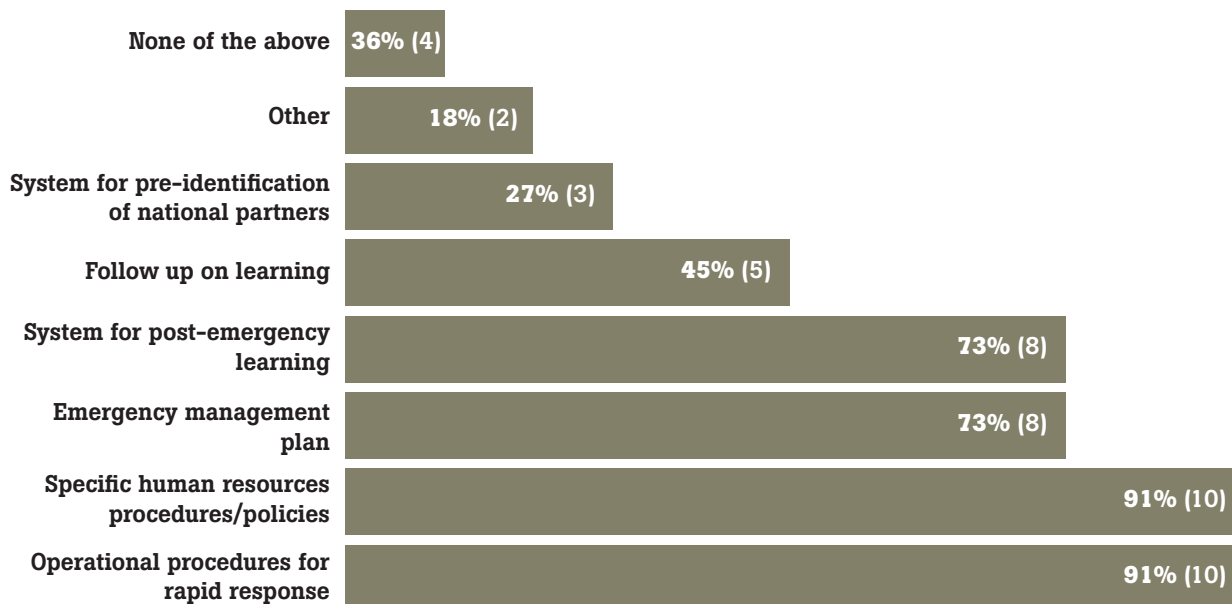
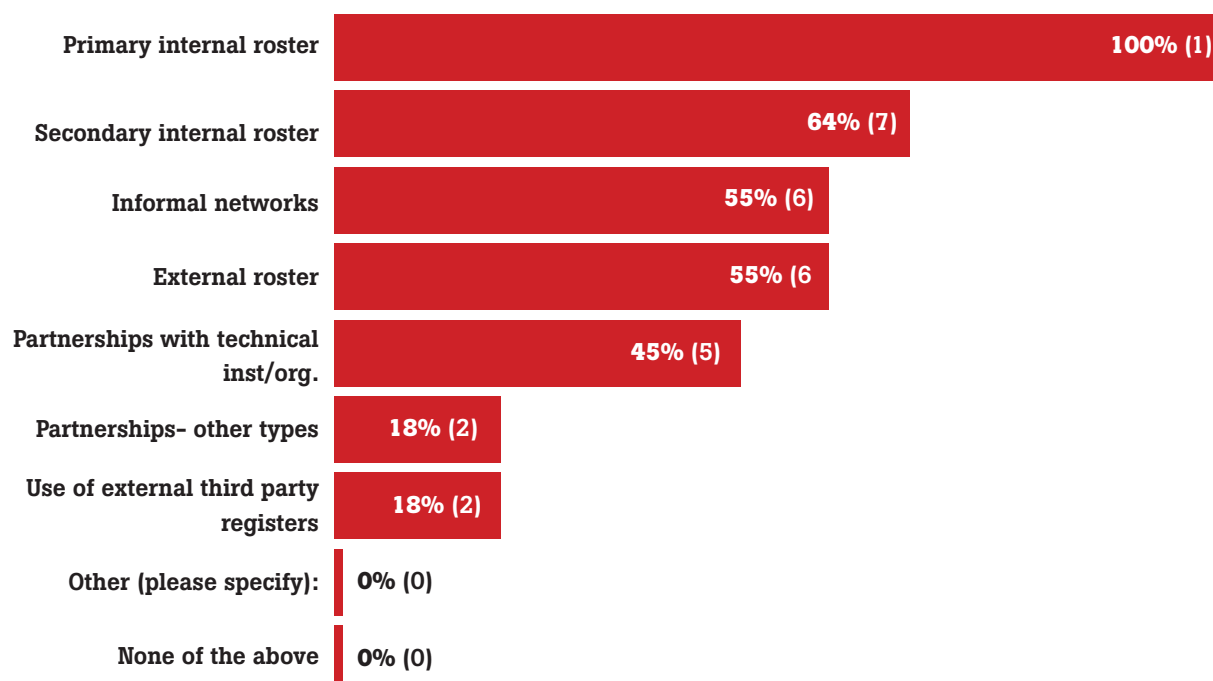


FIGURE 5

TYPE OF ROSTERS/REGISTERS CURRENTLY USED AT THE GLOBAL LEVEL



6.2. Rosters and registers

All agencies reported using a combination of rosters, as illustrated in Figure 5. A primary internal roster (of own staff) was reported in all agencies, although for some agencies their response reflected the use of deployable HQ staff more so than a roster system, e.g. Christian Aid. Agencies reported that they have between three to 300 staff (an average of 116) that can be deployed for surge from their normal jobs and are not part of an ERT or HQ surge management staff.

Of note, the survey defined a primary internal roster as an agency's own staff, and a secondary internal roster as sectorial-based specialists of an agency's own staff. Limited examples were seen of collaboration for rosters. One example was the establishment of sector-based rosters, such as the Communicating with Disaster Affected Communities (CDAC) Network Humanitarian Communication and Media Roster. Table 6 below provides an overview of the different rosters, registers, and ERTs that the agencies have for surge responses.

TABLE 6

REGISTER/ROSTER OVERVIEW FOR SURGE DEPLOYMENT GLOBALLY

Agency	Register/roster overview
ActionAid	Internal roster with 67 staff called the Emergency Fast Action Support Team, plus ERT of four deployable people from ActionAid International's core international humanitarian team.
ACF	ERT (emergency pools) of different sector specialists and generalists from ACF France (16 in the pool) and ACF Spain (7 in the pool). Flying pool of deployable field office staff (internal roster) of 20 people of which 10 are deployable at any one time for gap filling.
CAFOD	ERT of 9 deployable people called the Emergency Response Team. In addition, other Humanitarian Department staff can be deployed. No rosters/register.
CARE	ERT of 19 people called the Rapid Response Team. A combined internal and external roster with over 300 staff, and an Asia-specific roster in development.
Christian Aid	7 deployable Emergency Response Managers as well as 3 people from the London HQ. No international rosters/register. National level rosters such as the CARRAT, which is a list of trained staff.
IMC	External third party roster/s managed by medical institutions but with roster staff who have been trained and pre-approved by IMC. Some organisations can provide staff more informally who are not on an established roster. IMC staff at country- and international-level are considered to be deployable.
Islamic Relief	Internal HQ roster with 77 staff. An Asia roster made up of national rosters is currently in development – it has been established in the Asia region but is currently managed from HQ.
Muslim Aid	No ERT exists; focus is on mobilising national staff in their own countries as “first responders”. Currently developing internal roster of permanent and programme staff for surge deployment. Staff from other national offices are sent temporarily from other offices to support other countries in emergencies. Potential pool of several hundreds.
Plan International	Combined internal/external roster used for all responses with 3 different competency categories (expert managers, specialists, and coordinators). The internal staff members consist of staff members from HQ, National Offices/funding, regional and country offices. All members can be deployed at short notice and they span into all functions.
SC UK	ERT of 75 ERPs who are internationally mobile and 100% devoted to surge. An additional 80 UK-based staff deployable for 1–6 months as part of their job description. Sectors also manage their own rosters.
Tearfund	Internal roster of 30–40 people vetted and assessed against a humanitarian competencies framework. External contact lists (not a roster) of mainly UK-based deployable people. External contacts on zero hour contracts (5 people). In addition, a number of Tearfund staff with emergency response as part of their job description are deployable.

7. Resources

7.1. Human resources management

The majority of agencies (nine) have both staff welfare policies and performance appraisal systems in place for surge staff. Surge training programmes are in place for surge staff from five of the agencies, and other supportive measures such as simulation training exercises and career planning are in place for some agencies. One agency (SC) has initiated an online discussion forum for its surge staff.

FIGURE 6

HUMAN RESOURCE POLICIES AND PRACTICES IN PLACE GLOBALLY TO DEVELOP SURGE STAFF AT THE GLOBAL LEVEL

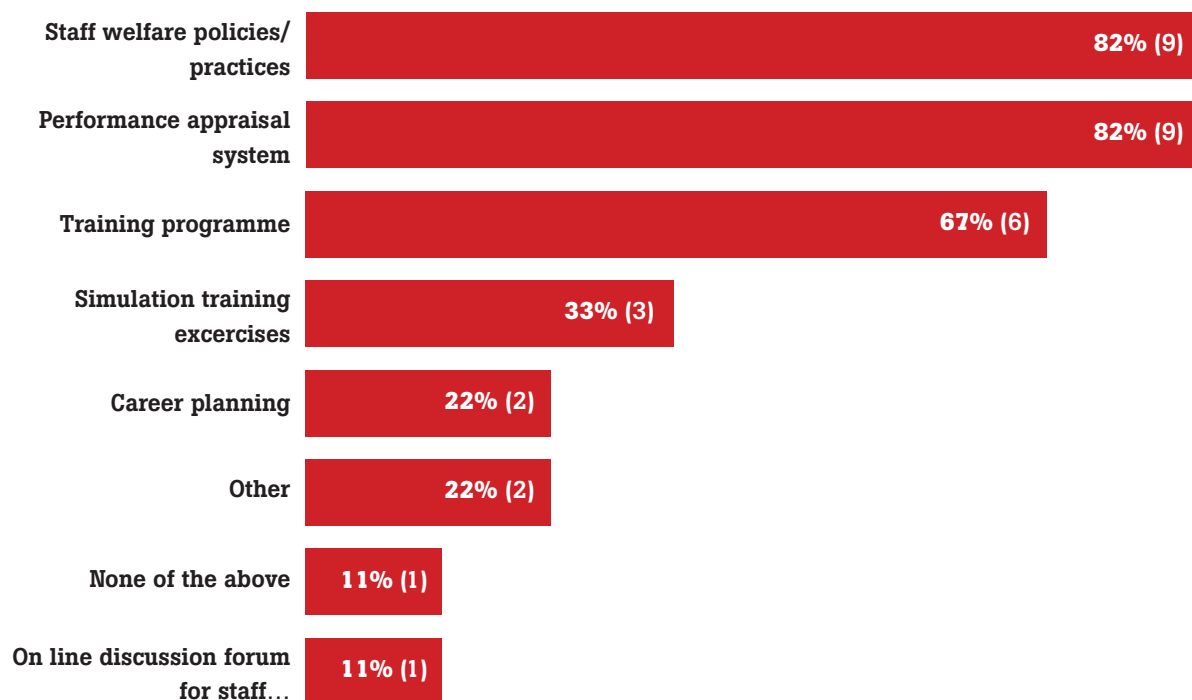


TABLE 7

HR AS A STRATEGIC OR ADMINISTRATIVE ROLE

Strategic and Administrative	Administrative only
CAFOD	ActionAid
IMC	Christian Aid
Plan International	Islamic Relief
Save the Children	Muslim Aid
Tearfund	
ACF	
CARE	

Whilst seven of the agencies involved in the project stated that HR plays a strategic role in surge, four stated that HR continues to play a predominantly administrative role.

A total of six agencies do deploy HR staff as part of a surge response if required, although not if there is sufficient capacity at country office level and often not in the first phase. In addition, HR staff from organisations such as ActionAid and IR are in a position to provide remote or desk-based HR support which does not req

7.2. Well-being and security of national staff

All agencies maintain or try to maintain the same approach to the security and wellbeing of all their staff, whether internationally, regionally, or nationally deployed. There are some differences for some agencies including:

- ◆ **Duty of care - non-evacuation of national staff from their home country**
- ◆ **Security differences for national staff who travel home each night whilst international staff may not be able to travel at night**
- ◆ **Expenses are not provided for national staff in their own country**
- ◆ **Insurance differences between national staff and those who are internationally deployed**

7.3. Recruitment

Recruitment and management processes differ primarily based on whether surge staff are internal or external, and whether they are employed as part of an ERT or part of a register or roster. The table below provides an overview of how each agency involved in the project recruits and manages its surge personnel.

TABLE 8

OVERVIEW OF RECRUITMENT AND STAFF MANAGEMENT

Sector	Overview
ActionAid	The surge roster falls under the responsibility of the Humanitarian Team at ActionAid International. There is an annual advert to all ActionAid staff asking for applications to the roster, followed by an interview. There is an annual week-long assessment course on emergency response prior to being accepted onto the roster.
ACF	ACF France and Spain have ERTs called emergency pools, with ACF France having the larger pool of 16. The team is made up of 2 specialists per sector (6 people – WASH, food, nutrition); 1 health/social; 2 finance; 2 logistics; 5 generalists/coordinators. ACF Spain has a pool of 7 people. There is an additional flying pool of 20 staff managed by ACF France's HR department. There is an emergency desk in each HQ (France, Spain, US).
CAFOD	The ERT is made up of 9 staff and is managed by the Emergency Response Team Manager (ERTM). When an emergency occurs an Emergency Management Team is set up, led by the Head of Programmes (of which there are 2) with the ERTM and others, and joint decisions made as to what is required in terms of surge. The ERTM retains a duty of care for the deployed team members, but day-to-day management falls to the partner or country office.
CARE	Increasingly centralised through Canada. There are 19 ERT members, of which 11 are hosted/employed by CARE Canada. There are 6 different CARE members employing full time ERT staff. The ERT is individually managed through collective standards and principles. The roster is managed by CARE International, with some support and input from other stakeholders.
Christian Aid	If there is a major emergency, an appeal is launched and an Emergency Task Force convened, headed by the Head of Humanitarian Division. Decisions are made in this forum. There are 4 staff expected to provide surge support if required and deployable for one month or more. There are also Regional Emergency Managers in each region who are responsible for responses.
IMC	The Senior Director, Emergency Preparedness and Response manages the whole emergency and requests specific personnel from HR. IMC will also reach out to external institutions to find the right people. Internal roster staff are always sent out first and then people from the external rosters. All staff have to undergo security training prior to deployment.
Islamic Relief	Staff have to complete an application process to be included on the roster and to indicate which quarter they will be available. The Surge Coordinator sits within the Humanitarian Department and is responsible for keeping roster members updated on surge requirements and facilitating and coordinating the international global response.
Muslim Aid	Field office staff can be activated for short-term deployment. After 6 months, if an operation is continuing, then local recruitment takes place.
Plan International	Responsibility falls under Human Resources and Organisational Development, supported by Head of Disaster Operations working with other HQ services.
SC UK	There is a small HQ team managing the ERT. The ERT team is run by relevant sector specialists.
Tearfund	2 staff HQ staff who spend 30% of their time overseas; 2 full-time management level roving staff for emergencies and gap filling. Internal roster members have been vetted, interviewed and assessed against humanitarian competencies framework.

As can be seen in Figure 7 below, agencies adopt a variety of different recruitment practices for their surge staff. Most organisations use a mix of different mechanisms to meet surge recruitment expectations, with the majority (10 agencies/91%) relying on internal mobilisation, and seven agencies having internal standing teams (ERTs) as well. Seven of the project agencies have internal rosters/registers with two (CARE and Plan International) maintaining a roster/register of external staff (see also Table 1 above). In interviews, agencies explained that external recruitment was used mainly to fill positions within ERTs, national emergency teams, and HQ management/staff positions.

FIGURE 7

RECRUITMENT MECHANISMS CURRENTLY USED GLOBALLY FOR SURGE

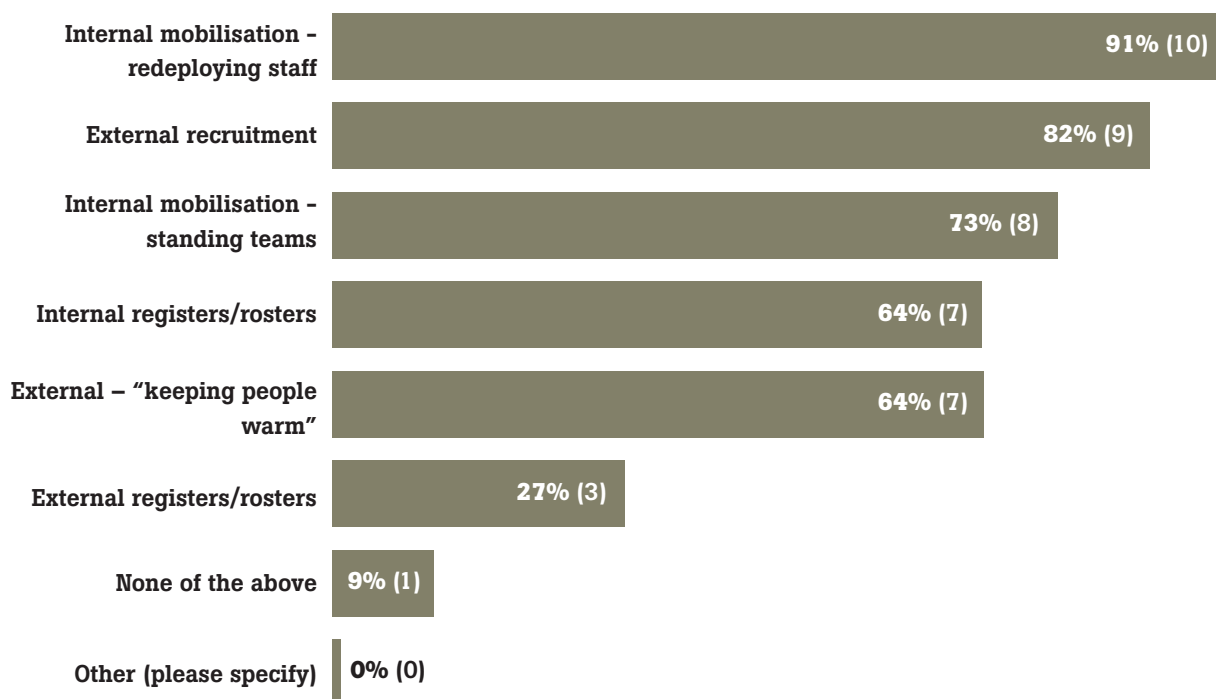
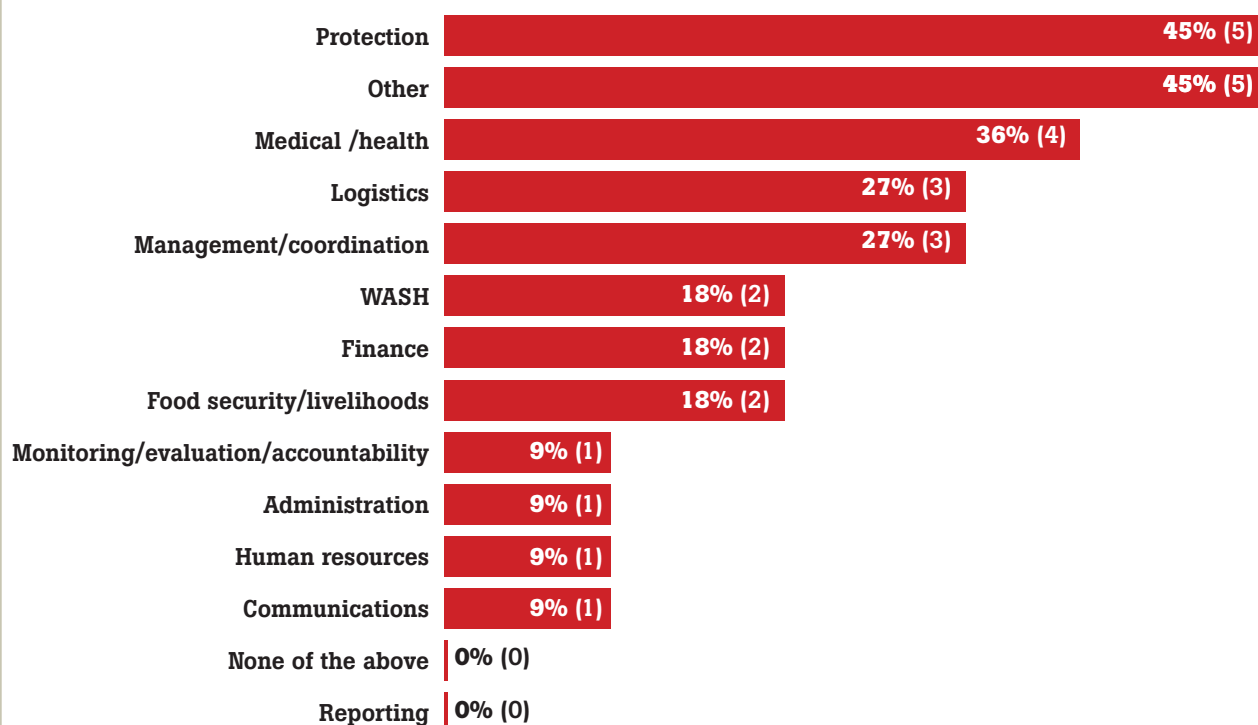


Figure 8 below highlights the sectors for which it has been challenging for project agencies to recruit for global surge, with three agencies finding it difficult to recruit protection, logistics, medical and management/coordination staff, and two agencies struggling with WASH, finance, and FSL recruitments. Five agencies mentioned “other” recruitment difficulties that included challenges in recruiting gender advisors, psycho-social advisors, and women in senior positions, as well as initial difficulties in recruiting health staff for the Ebola response.

FIGURE 8

RECRUITMENT MECHANISMS CURRENTLY USED GLOBALLY FOR SURGE



7.4. Finance

Six agencies were able to provide an approximate global annual expenditure for surge response for 2014 as follows (all figures USD):

♦ SC	\$11,000,000 ¹²
♦ ACF	\$2,000,000 ¹³
♦ Tearfund	\$1,132,500
♦ CAFOD	\$250,000
♦ ActionAid	\$230,000
♦ Islamic Relief	\$75,000

¹² If relief materials and equipment are included, this could increase up to USD\$ 22 million.

¹³ Funds related to emergency deployments are merged with funds of the regular functioning, thus this is an approximate estimate.

TABLE 9

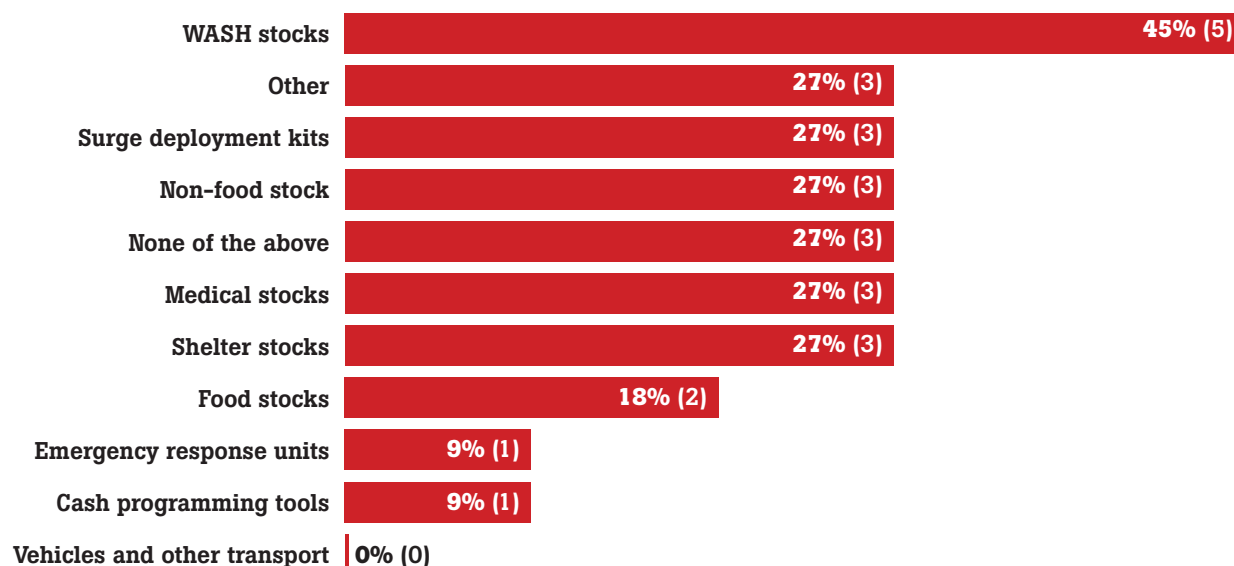
RAPID SURGE FUNDING MECHANISMS IN PLACE GLOBALLY

Agency	Description of fund	How rapidly can the fund be accessed?	Do funds need to be repaid
ActionAid	Disaster Preparedness and Response fund – this is fundraised for and is not core funding.	Within hours for an application of up to £40,000.	Yes – if money is raised for the response No – if it is a small disaster e.g. a landslide in Uganda.
ACF	ACF Spain has a small fund from the Spanish government for Euro 250,000 per surge response	Immediately	No
CAFOD	General Emergencies Fund (mostly used for seed funding for partners' response, but pre-funding from the Fund can be authorised, which will be repaid by appeal or other external funds. The ERT has a travel budget of £12-15,000.	24 – 72 hours	Sometimes
CARE	Emergency Response Fund	24-48 hours	Ideally yes
Christian Aid	Code 2 rapid response fund for country programmes. Up to £50,000 per allocation.	24-48 hours	No
IMC	Unrestricted private funds.	Immediately	No
Islamic Relief	Revolving funds accessible for short term funding.	Immediately	Yes
Muslim Aid	General Emergency Fund of £500,000 Pre-positioned in-country funds	Immediately	Sometimes
Plan International	Pre-positioned pool to get people on the ground as fast as possible. €1,500,000 for contingency at HQ and USD 100, 000 per region.	Immediately	Yes, if the country raises enough to cover their response.
SC UK	Children Emergency Fund of £7 million per year. Seed funding for emergencies. Allocation varies from £10,000 to 250,000.	Within an hour.	No
Tearfund	Crisis Response Fund provides seed funding for small-medium crises. For large emergencies, the Executive Team can authorise pre-funding that will be repaid by a DEC appeal.	Immediately	Not for the Crisis Response Fund.

In discussions, people stressed that such estimations varied, and mainly covered direct expenses of ERTs and/or other staff mobilised. In most cases, cost estimates did not include emergency materials, such as medical supplies, food, etc. All agencies involved in the project have access to either pre-positioned funds or rapid funding in order to facilitate surge practice.¹⁴ Funds can be rapidly accessed within between a few hours and three days. Some mechanisms do require that any funds released for surge be repaid, although the majority do not. Amounts of money available differ from agency to agency. The table below provides an overview of the different rapid funding mechanisms that are currently in place to support agency surge:

¹⁴ For ACF, the rapidly available funds are accessible for ACF Spain but ACF France does not have any pre-allocated funds, although the potential for this is currently under discussion.

FIGURE 9

MATERIALS AND EQUIPMENT DEDICATED TO SURGE GLOBALLY**7.5. Materials and equipment**

Most of the agencies involved in the project do not have dedicated surge-related stocks, with the exception of stand-by items for deployable surge staff (e.g. first aid kits, satellite phones, tents, mosquito nets, torches, sleeping bags, t-shirts, and radios). This is depicted in Figure 9 below. IMC does have a field hospital in the US for large-scale emergencies, and field hospital equipment held in Europe, with a small warehouse in London and a slightly larger one in Dubai. SC also has a Dubai warehouse containing basic emergency response stocks. CAFOD holds surge water, sanitation and hygiene (WASH) testing kits. ACF has Euro 2 million of emergency nutrition and hygiene stocks warehoused all over the world.

FIGURE 10

LOCATION OF STOCKS AT THE GLOBAL LEVEL



Whilst some 36% of surge stocks and deployment kits are located in the UK, the remainder are located mainly in national offices or “other locations” including France (1 agency), Panama (1 agency) and Dubai (3 agencies), as highlighted in Figure 10 above.

8. Collaboration

Levels and forms of collaboration differed between the agencies. Those agencies that are part of broader confederations and networks are involved in a variety of collaborative surge practices including with locally based and national NGOs. For other organisations there is limited (if any) international level collaboration, but collective approaches are seen more at national levels, often in the form of NGO consortiums, coordination with the UN (on needs assessment for example) or in terms of partnership approaches. There is some collaboration with non-humanitarian organisations in order to support surge responses, for example between IMC and third-party medical institutions that provide surge personnel. This is reflected in the figure below, where agencies reported various types of collaboration but with two agencies (ActionAid and CARE) reporting no collaboration with the actors listed. Only Muslim Aid reported collaborating with the Red Cross Red Crescent organisations and government services (mainly implemented at the national level).

FIGURE 11

COLLABORATION FOR SURGE RESPONSE GLOBALLY

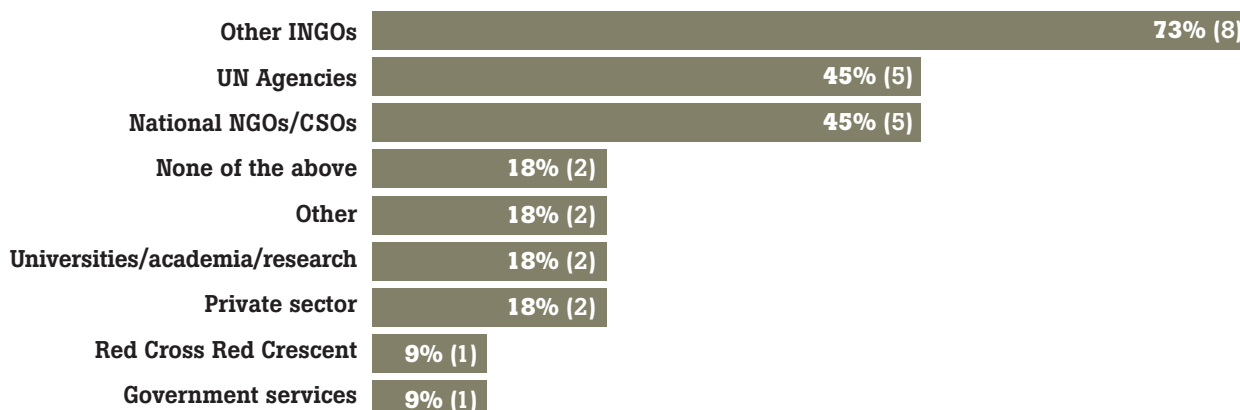
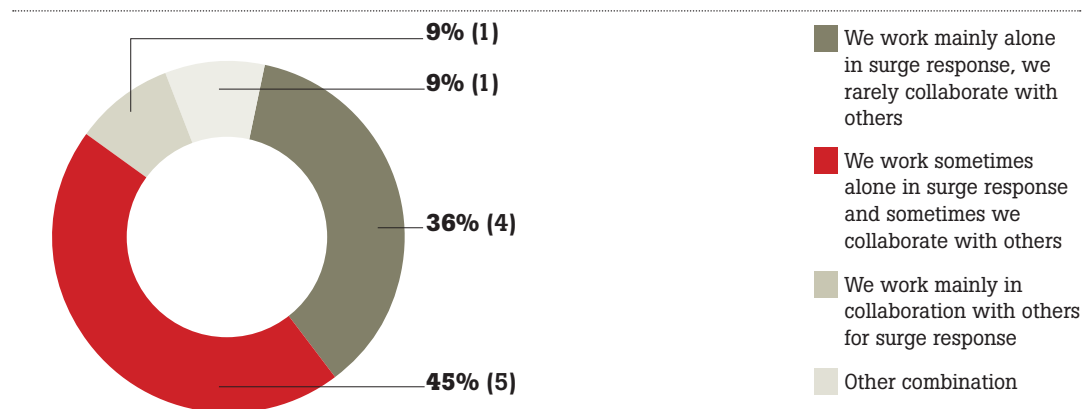


FIGURE 12

TYPE OF COLLABORATION OF AGENCIES GLOBALLY FOR SURGE



As can be seen in Figure 12 above, 36% of agencies do not have a collaborative approach to surge, with 45% sometimes working collaboratively, and one agency mainly working in collaboration (CAFOD, who usually collaborates on surge with other Caritas partners (local or international) but not always). Christian Aid (“Other combination”) reported that collaboration for surge normally happens at the national level.

Tearfund is a member of the Integral Alliance whereby members (other INGOs and NGOs) work together to adopt a shared country approach; shared partner capacity building; coordinated institutional fundraising; and shared learning.

ACF is part of a collaborative approach to surge called the Rapid Response Mechanism (RRM) that involves the EU Humanitarian Aid and Civil Protection department (ECHO) and the United Nations Children’s Fund (UNICEF) in some contexts for WASH (Central African Republic and Afghanistan, for example).

There is very little reported collaboration with the private sector to date. According to agencies, private sector collaboration to date tended to be in fundraising/donations and not operational. Most of the agencies view involvement in this project as an important way in which inter-agency collaboration on surge will become a reality. Discussions with agencies highlighted a number of disadvantages and barriers to collaboration (as outlined in Table 10 below), although all those involved in the project remain positive about potential opportunities for collaborative ways of working. The number in brackets signifies the number of agencies mentioning the advantage/disadvantage.

TABLE 10

ADVANTAGES/DISADVANTAGES OF COLLABORATIVE SURGE RESPONSE

Advantages	Disadvantages and barriers
Cost effectiveness (2) Access to a broader pool of personnel (2) More efficient operations (2)	Mandate and policy differences e.g. surging faith-based/non-faith-based staff into organisations with a different focus (4) Different terms and conditions (3) Different operational ways of working (2)

Other barriers to collaboration that were highlighted include:

- ◆ **The additional layer of complexity when working with other organisations.**
- ◆ **Individual agency culture, dynamic, strategy and vision.**
- ◆ **Different levels of security requirements.**
- ◆ **Loss of control.**

Additional opportunities that were noted included the potential for shared training, shared in-country briefings and the sharing of recruitment information.

With regard to where decisions on collaborative surge approaches occur, a mixture was found. Some agencies stressed that country and – where relevant – regional or national teams are empowered to make such decisions (ActionAid, Christian Aid, IMC and Tearfund), with others stating that such decisions need to be made at the HQ level.

9. Changes, shortcomings and Challenges

9.1. Major Changes

Recent years have seen a number of changes in humanitarian approaches to surge. Agencies indicated a mixture of both internal and external factors that have triggered changes in organisational surge practices, which are highlighted in the table below:

TABLE 11

MAJOR CHANGES AND CONTRIBUTING FACTORS FOR SURGE GLOBALLY

Major changes	Factors bringing about change to surge in agencies
ActionAid – A new policy was introduced in 2015 to help speed up deployment times for some sectors. Inclusion of a Senior Emergency Manager role on the surge roster.	A review of surge practices was held and there have also been changes in the ActionAid Federation.
ACF – Increased exchange between the three HQs Emergency Desks involved in surge. Common classification tools and a common monthly emergency classification exercise.	Individual HQ were not making clear prioritised surge choices, resulting in response gaps and individualistic approaches.
CAFOD – Consolidating Emergency Response Team under one manager. This has involved introducing new policies and guidelines.	Change of dynamic within the Caritas Confederation. Being a member of Start Network. Number of disasters.
CARE – Development of systems and protocols to support a centralised ERT; growth of the ERT in terms of number of staff; increased demand by COs for ERT services.	Leadership changes and demand due to a succession of large-scale emergencies.
Islamic Relief – Flexibility in the original minimum 90-day deployment availability requirement.	Reluctance by staff to be deployed for 90 days.
Plan International – Introduction of a new series of partnerships to improve collaboration between global, regional and national levels.	Involvement in the Start network.
Save the Children – More comprehensive and uniform approach.	Donor pressure and push for collaboration internally within the SC confederation.
Tearfund – Combining of disaster and development teams to avoid separate line management.	Inconsistencies in managing humanitarian and development streams.

A number of agencies also reported that there are ongoing and further developments as follows:

- ◆ **ActionAid** – ongoing development of the Women’s Rights Policy.
- ◆ **ACF** – continuing to work on a new internal coordinated approach. Ongoing discussions with French NGOs (e.g. Médecins du Monde, French Red Cross, and Solidarités) to develop a common framework for sudden onset disasters, with the potential for merging surge capacity for specific contexts.
- ◆ **CAFOD** – looking into a cross-organisational surge model that would allow for the surging of staff from different departments.
- ◆ **CARE** – attempts to access increased funding to grow the ERT and moving towards centralisation of the ERT under one member (CARE Canada).
- ◆ **Christian Aid** – the development of more comprehensive strategies for surge as a result of gaps identified in the 2013 Haiyan response and the 2014/15 Ebola response.
- ◆ **IMC** – working on partnership development to facilitate getting more staff on the surge roster.
- ◆ **Islamic Relief** – in the process of trying to upgrade to more interactive roster management systems. Trying to develop an external roster to capture skillsets that are not currently covered.
- ◆ **Plan International** – development of a surge master plan for managing surge at the international level.



9.2. Shortcomings and challenges

Some of the barriers and challenges related to implementing surge responses have already been discussed above. Agencies highlighted the following additional shortcomings:

TABLE 12

SHORTCOMINGS AND CHALLENGES FOR SURGE GLOBALLY

Agency	Shortcomings/challenges
ActionAid	Releasing individuals often requires negotiation, even though there are policies in place to avoid this. Length of deployment needs negotiation.
ACF	Selecting where limited resources should be deployed when there are multiple crises. The surge emergency pool being requested to fill non-urgent gaps.
CAFOD	Small team of deployable staff resulting in deploying people from other parts of the organisation and needing backup. Lack of sufficiently flexible and rapid systems to support surge e.g. recruitment processes and getting people out.
CARE	Lack of funding. Lack of HR specialists to focus on surge, and sector specialists not always having time to support surge. Balancing the crucial strategic work (growing capacity, finding and developing talent, increasing support for resilience, etc.) with the transactional work of meeting emergency demands and filling gaps. High demand globally with emergencies has depleted roster and fatigued staff.
Christian Aid	Responding to a large-scale disaster such as Haiyan during a holiday period made it difficult to sustain the surge response. Reliance on partner capacities and sometimes partners require technical support that Christian Aid does not have. Lack of clear benchmarks or indicators to say when and what type of surge capacity is needed. Logistics issues due to reliance on partners.
IMC	Ability to respond to the number of emergencies. Recruiting French speakers challenging. Challenging for certain responses to get sufficient people quickly and at scale e.g. initial stages of Ebola emergency. Contrast between sudden onset (e.g. Nepal) where multiple agencies are present and protracted conflicts (e.g. Yemen) where there are very few agencies really active.
Islamic Relief	Availability of the most experienced staff with managers reluctant to release them. Skills gaps on the roster. Deploying for the right length of time. Gender balance and having female staff in those situations where it is essential. Consistency in entitlements and benefits between roster members from different countries.
Muslim Aid	Challenge of being operational in countries where the organisation does not already have a presence.
Plan International	Getting national and regional levels on board and with capacity; maintaining the roster; ensuring skilled staff availability; simultaneous multiple emergencies.
SC UK	The need for legal compliance in all locations where surge staff are domiciled, leading to administrative, legal, tax and payroll challenges. Increasing emphasis on economies of scale and value for money. Expectations on speed of response in a digital age. Ensuring compliance with child protection guidelines by partners e.g. SC is working with more than 50 partners in the Syria Regional Response but with no international presence in Syria.
Tearfund	Lack of overall strategic approach to surge or surge framework. Surge roster held by the humanitarian team, but systems and recruitment are held by HR, with no one team having the overall mandate. Lack of investment/surge preparedness funding from country teams for surge but reliance on surge response during disaster, creating tension. Requirement for staff to sign up to a statement of faith, which limits recruitment. Language barriers.

9.3. Examples of best practices

There are a number of examples of approaches that have worked well and opportunities with regard to surge practice. Individual agencies highlighted the following positive examples:

TABLE 13

EXAMPLES OF GOOD PRACTICES OF SURGE GLOBALLY

Agency	Good practices
ActionAid	Deploying people from outside the disaster means they are less traumatised and can be more focused on the task.
CAFOD	Working with partners in the disaster-affected countries to simultaneously support the response and build capacity. Having a dedicated ERT has allowed for more rapid and strategic surge responses.
Christian Aid	Relying on partners who have good access and are familiar with the territory.
CARE	Building an ERT that is supplemented by the roster.
IMC	Getting large numbers of people on the ground without hesitance based on past experience e.g. for the Ebola response. Links with US medical institutions who provide pre-qualified immediately deployable surge staff.
Islamic Relief	Deploying staff on the roster helps them with their own personal and professional development.
Muslim Aid	Deploying staff quickly from within the region, e.g. Indonesia to the Philippines in 24 hours.
Plan International	Procedures for collaboration at global, regional, and national level. Disaster Response Manual with activities, roles and responsibilities for each function.
Save the Children	Increased professionalism and examples of collaboration e.g. with the Cash Learning Partnership (CaLP). 100% surge cost recovery from country offices or programmes.
Tearfund	Working with local pre-positioned partners. Consistent learning from previous surge experiences through Real-time evaluations (RTEs) and reviews.

Annex 1: Persons interviewed

No	Organisation	Person interviewed	Position
1	ACF	Charlotte Schneider	<i>Emergency Pool Coordinator</i>
2	ActionAid	Lucy Blown Sonya Ruparel	<i>Emergencies Systems and Surge Capacity Officer International Humanitarian Programmes Manager – Americas and Operations</i>
3	CAFOD	Gill Johnson	<i>Head of Humanitarian Operations</i>
4	CDAC Network	Angela Rouse	<i>Senior Programme Manager</i>
5	CARE International	Kathleen O'Brien	<i>Emergency HR Coordinator</i>
6	Christian Aid	Coree Steadman Alex Latour	<i>Regional Emergency Manager, Central and South East Asia Emergency Preparedness Advisor</i>
7	IMC	Gemma Bruley Chris Skopec	<i>Programme Coordinator – UK Office Senior Director, Emergency Preparedness and Response</i>
8	Islamic Relief	Mohammed Asfar	<i>Operational Manager</i>
9	Muslim Aid	Qasim Ahmed	<i>Head of Emergencies</i>
10	Plan International	Victor Macklenin	<i>Head of Disaster Operations</i>
11	Save the Children UK	Alex Brans	<i>Director of Humanitarian Operations</i>
12	Tearfund	Gareth Hughes	<i>Humanitarian Manager</i>



Ben White/CAFOD

Palo, Leyte Island, Philippines. Packing aid in the Sacred Heart chapel.



Cat Cowley/CAFOD Nepal



Rescue Network Nepal

Asia

Regional level

Baseline 2015

ASIA REGIONAL LEVEL SURGE BASELINE

CONTEXT Strong need for humanitarian aid in the region: extremely high prevalence and frequency of natural disasters in Asia; presence of large numbers of IDPs/refugees.

SET-UP

- ◆ Of the 11 agencies, seven have regional offices or presence.
- ◆ No standard approach to surge at regional level, and regional mechanisms are not well evolved.
- ◆ Three agencies reported regional staff supporting national staff during emergencies.
- ◆ Decision-making on surge usually remains at national or global level.
- ◆ Strong variation in role of women across the region (may be over- or under-represented).
- ◆ Deploying regional staff for surge is slower than national or international (always or often taking 2+ days).

ENABLERS

All agencies reported strong leadership on surge. Two agencies reported strong collaboration between regional and national staff during emergencies

DEPLOYMENT

21%

OF DEPLOYABLE STAFF
ARE WOMEN

33%

ALWAYS ABLE TO
DEPLOY 2-5 DAYS

RESOURCES

Rapid funds range from **\$31,000 - \$1 MILLION**

Limited surge material on stand-by regionally

MECHANISMS

2

AGENCIES ARE
DEVELOPING OR
HAVE REGIONAL
ROSTERS

COLLABORATION

33%

WORK MAINLY
IN COLLABORATION

67%

WORK SOMETIMES
ALONE/SOMETIMES
WITH OTHERS

CHALLENGES IN DELIVERING EFFECTIVE SURGE

- ◆ Weak regional surge mechanisms
- ◆ Lack of trust between agencies and governments to enable collaboration
- ◆ Keeping rosters up-to-date
- ◆ Mobilising staff included on the roster
- ◆ Differences in management of human resources (salaries, compensation) that acts as barrier to collaboration

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Acronyms & abbreviations

ACF	Action Against Hunger
ASEAN	Association of Southeast Asian Nations
DRM	Disaster risk management
DRR	Disaster risk reduction
HAP	Humanitarian Accountability Partnership
IDP	Internally displaced people
IMC	International Medical Corp
MOU	Memorandum of understanding
R&R	Rest and recreation
SAARC	South Asian Association for Regional Cooperation
SC	Save the Children
UNISDR	UN Office for Disaster Risk Reduction

1. Introduction

This chapter presents a baseline of the surge capacity of the consortium members of the Start Network Surge project in Asia¹⁵. The information and data are drawn from interviews of seven project consortium members (ActionAid; CARE; Christian Aid; Islamic Relief; Muslim Aid; Plan International; and Save the Children) and other surge actors (26 people in total) and survey responses (three responses). A list of persons interviewed is found in Annex 1. Unless otherwise stated, this baseline refers to the Start Network project members (“agencies”) that are part of the Surge project. Of note, this chapter is less comprehensive than the global and national chapters, a reflection that not all agencies have regional structures or approaches.

2. Context

Large-scale humanitarian disasters have a long historical presence in Asia, having claimed millions of lives over the last century,¹⁶ and continue to affect the lives of millions of people in the present day.

According to the UN Office for Disaster Risk Reduction (UNISDR), 80% of the world’s disasters from natural hazards strike in Asia. The UN reports that the top five countries in the world with the highest number of people affected by natural disasters were all in Asia, as were three of the five most costly disasters (Typhoon Haiyan, the Philippines: USD 10.5 billion; Earthquake, China: USD 6.8 billion; Typhoon Fitow, China and Japan: USD 5.7 billion):

NATURAL DISASTERS (2013)

Top five countries by number of people affected		
1.	China	27.5 million
2.	Philippines	25.7 million
3.	India	16.7 million
4.	Vietnam	4.1 million
5.	Thailand	3.5 million

Source: UN OCHA, 2014

Asia suffers the most in terms of the scale, recurrence, and severity of disasters, and is made all the more vulnerable due to social and economic factors and climate change.¹⁷ New developments, such as rapid urban migration and erratic weather cycles, heighten the risk for populations. A wide range of natural disasters, including floods, typhoons, cyclones, earthquakes, tsunamis, landslides, and volcanoes, threaten the region. These disasters in turn lead to stunted economic development and environmental challenges (such as deforestation).¹⁸ Consequently, the most vulnerable populations are the most likely to remain unprepared for these disasters, in spite of increased attempts to build resilience.

Efforts to boost disaster preparedness and resilience in the region (and globally) will be guided by the new Sendai Framework for Disaster Risk Reduction (2015–2030).¹⁹ One of the key aims of this framework is to reduce the vulnerability of populations, by targeting some of the factors that exacerbate exposure to risk, such as poverty and inequality; cooperation between stakeholders at all levels is crucial to these endeavours. In addition to international agreements, the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), the first regional

¹⁵ Separate national level baselines have been undertaken in Pakistan and in the Philippines and are not included in this regional level baseline.

¹⁶ “Understanding humanitarian action in South Asia: responses to famine and displacement in nineteenth and twentieth century India”, ODI. Source: <http://www.odi.org/publications/9529-india-pakistan-bangladesh-famine-british-colonial-displacement-partition>. Accessed: 28/6/2015.

¹⁷ DG ECHO, October 2014, Report: HUMANITARIAN IMPLEMENTATION PLAN (HIP) DIPECHO SOUTH EAST ASIA 2014–2015. Source http://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/dipecho_sea_en.pdf. Accessed: 28/6/2015.

¹⁸ DG ECHO.

¹⁹ http://www.wcdrr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf. Accessed: 28/6/2015.

agreement of its kind, was ratified in 2009 and is also focussed on boosting cooperation in disaster risk management.²⁰

In addition to natural disasters, the humanitarian landscape in Asia is also marked by a large number of refugees and internally displaced people (IDPs). South Asia has been described as one of the most conflict-prone regions in the world, and factors including discrimination against minorities or religious or ethnic groups and state repression, as well as famines and floods, have all lead to massive internal displacement of people in South Asia, in particular as people are unable to cross borders to live elsewhere.²¹ Some of the main countries affected are Myanmar (367,500 IDPs), Bangladesh (232,472 refugees)²² and India (200,000 refugees and asylum seekers, of whom only 30,000 are registered with the UNHCR).²³

2.1. Surge in Asia

All eleven agencies are active in the Asia region (see Annex 2). Of these, seven consortia members were interviewed for this study: ActionAid; CARE; Christian Aid; Islamic Relief; Muslim Aid; Plan International; and Save the Children (SC). Of these agencies, six have a regional office or presence (e.g. regional operational entities, regional emergency managers or advisors). Interviews were also carried out with a range of other stakeholders involved in surge in the region, including other NGO networks, corporate entities, and regional institutions (19 people).

2.2. Trends

Disaster risk reduction (DRR): At the recent AIDF Aid and Response Summit (Asia 2015), the Director General of the Asian Development Bank explained how “the future [of humanitarian aid] is much harsher; preparation, prevention and mitigation just rise to the surface as top priority for development.”²⁴ This comment echoes the trend for increased investment and interest in DRR and the shift from disaster management to disaster risk management (DRM).²⁵ The Senai Framework, mentioned above, reflects the same emphasis on targeting the underlying factors that heighten risk. The Head of the UNISDR has indicated that “the world has ample evidence that the creation of new risk can be avoided and existing levels of risk can be reduced if we eliminate underlying drivers of risk.”²⁶

The increasing role of NGOs, partnerships and collaboration: In response to the high prevalence of disasters in the region, civil society organisations (CSO) and NGOs have played a major role to meet humanitarian needs in recent decades in the region. Following the 2004 tsunami in India, for instance, almost one half of the USD 14 billion of disaster funding involved NGO programmes. The increased role of NGOs has been attributed to the rapid succession of disasters in the region that overwhelms the government and local authorities, and the need for UN agencies and donor governments to work with local implementing partners. It has also been argued that NGOs can mobilise volunteers and connect with communities in a way that these larger agencies and businesses cannot.²⁷

The EU reported that a particular success story of the South East Asia region has been the involvement of a wide range of stakeholders (communities, governments, NGOs, private sector) in risk reduction.²⁸ In this light, OCHA has also reported that one lesson drawn from Typhoon Haiyan (2014, the Philippines) was the importance of partnerships to meet the needs of an affected population.²⁹

Technology: Another emerging trend is the use of technology in disasters: 440,000 tweets were sent related to Haiyan, of which 44% were concerned with needs and donations.³⁰ Equally, mobile phones were used for mass-alert systems to prepare for Cyclone Mahasen in Bangladesh. This system is believed to have saved numerous lives. Before this warning system was established, in 2007, a category five cyclone killed 3,500 people in Bangladesh; with the system, Cyclone Mahasen caused 17 deaths.³¹

²⁰ <http://www.asean.org/resources/publications/asean-publications/item/asean-agreement-on-disaster-management-and-emergency-response-aadmer-work-programme-2010-2015-4th-reprint>. Accessed: 28/6/2015.

²¹ ‘IDP protection at the national level in South Asia’ Paula Banerjee, Forced Migration Review. Source: 2015 UNHCR subregional operations profile – South Asia, UNHCR. Source: <http://www.unhcr.org/pages/49e45b156.html>. Accessed: 28/6/2015.

²³ UNCHR (December 2014).

²⁴ Source: <http://www.aidforum.org/events/event/aidf-asia-aid-response-summit-2015>. Accessed: 28/6/2015.

3. Surge set-up and approaches

3.1. Staff and set-up

Surge planning pertains to mobilising staff, moving relief material, and committing financial resources. The baseline interviews revealed strong variations in approaches to planning for surge at the regional level impacted by their national and regional planning. An agency's concept and practice of surge depends on the humanitarian programme footprint of the organisation and, most significantly, whether the surge mechanisms that have been established are national or international.

The interviews revealed that various tools are used by staff for the set-up of surge. In addition to more formal mechanisms and rosters, respondents also spoke about the importance of informal relationships.

Interviewees reported that agencies are currently organised more at the country level and bring in the regional system when the country level capacities are found wanting. However, there is no standardised approach to regional systems. Some (Christian Aid, CARE, Plan International, ActionAid) have Regional Coordinators who go in to manage national as well as regional/international responses, mainly supporting the national teams. Islamic Relief does have a regional disaster response team that is yet to be tested in a true sense. Muslim Aid depends mainly on national teams, whose capabilities differ from country to country, as well as international teams. SC has an international system that is triggered into action and manages both international and regional support.

Typically, staff identified on national rosters are mobilised based on decisions taken by national leadership, in consultation with line managers and after checking their availability; this suggests that the rosters do not automatically translate into immediately deployable staff. Regional and international staff (from rosters or otherwise) are also mobilised based on specific requests from the country leadership. Decisions are then made jointly between the national and international leadership. It does not seem that, after national staff have been mobilised, the next priority is for staff in nearby countries to be deployed. Regional and international staff appear to be deployed according to availability rather than proximity to the emergency.

Overall, it appears that regional mechanisms are not well evolved. One key factor linked with the practice of regional surge is the presence of regional offices (or regional operational entities, regional emergency managers or advisors). Regional surge is more practised where these regional entities are well-established within the organization. For example, Christian Aid has regional staff members who coordinate and support the humanitarian action at a national level and also coordinate any support from other countries in the region. ActionAid and CARE also have regional staff who support the national agencies during the humanitarian response. In contrast, Save the Children (SC) mainly relies on their national staff, with strong support from international staff and HQ via mechanisms such as their Humanitarian Surge and Policy Working groups.

²⁵ DG ECHO and also 'Asia Region, UNGA Discuss Implementation of the Sendai Framework for DRR', Asia Pacific Regional Coverage, International Institute for Sustainable Development. Source: <http://asiapacificsd.iisd.org/news/asia-region-unga-discuss-implementation-of-the-sendai-framework-for-drr/>. Accessed: 28/6/2015.

²⁶ International Institute for Sustainable Development.

²⁷ 'The Growing Role of NGOs in Disaster Relief and Humanitarian Assistance in East Asia', Yukie Osa, Chapter 5 in *A Growing Force: Civil Society's Role in Asian Regional Security*, Rizal Sukma & James Gannon (eds), 2013. Source: http://www.jcie.org/researchpdfs/growingforce/5_Osa.pdf. Accessed: 28/6/2015.

The table below shows that staff from the finance, management and coordination, protection and WASH sectors were most frequently available at the regional level.

TABLE 1

DEPLOYABLE STAFF AVAILABLE BY SECTOR (3 AGENCIES)

Sector	Average per agency	Total number
Management/coordination	1.00	2
Medical/health	0.00	0
Food security/livelihoods	0.50	1
Human resources	0.50	1
Administration	0.50	1
Logistics	0.67	2
Finance	1.00	3
Protection	1.00	2
WASH	0.67	2
Reporting	0.50	1
Communications	0.00	0
Monitoring/evaluation/accountability	0.50	1
Other	0.00	0
Total		16

3.2. Geographical approaches

Strategies for surge appear similar in different sub-regions of Asia or countries; the main approach used is to mobilise the resources according to their proximity. First, local staff and the national pool are deployed, followed by neighbouring countries and then the international pool (although as noted above, this is dependent upon availability at regional and international levels). This approach of using the closest resources first was widely used unless special circumstances applied (safety or security concerns; hostile socio-political context). For these reasons, it may prove difficult to deploy staff across the border of a neighbouring country (for instance, between India and Pakistan). Consequently, these sensitive decisions must be taken on a case-by-case basis, depending on the severity of the disaster and other contextual factors. Decisions are mainly made in the international HQ, in consultation with the national and regional offices, in order to find an alternative, suitable and safe surge mechanism, if resources cannot be deployed from the nearest source.

3.3. Sectorial approaches

The interviews did not reveal any variation in approaches to surge by sector. Surge strategies remain based on proximity: mobilising the resources required from the closest location based on need and availability.

However, if an agency has a strong need for particular resources based on the sector in which it is specialised, or if the agency is an active player in the UN cluster for a particular sector, then resources may be mobilised from an international pool to ensure an adequate supply for that sector. The following table shows the focus of the agencies interviewed:

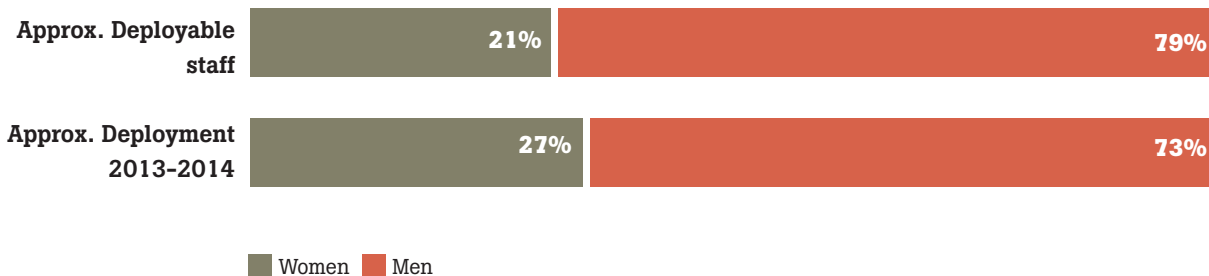
Agency	Key Sector
ActionAid	Women's leadership and reaching the most vulnerable
CARE	Gender
Christian Aid	Livelihoods
Islamic Relief	No specific focus
Muslim Aid	No specific focus
Plan International	Child Safety
Save the Children	Child Safety

3.4. The role of women

Whilst the survey suggests that the vast majority (73%) of staff deployed and those available for deployment for surge in the region are men, the interview material revealed some disparities within the region, reporting that women may be either under- or over-represented depending on the cultural context in a given setting.

FIGURE 1

COMPARISON OF ASIA REGIONAL DEPLOYABLE STAFF BY ACTUAL DEPLOYMENT BY GENDER



All the agencies acknowledged that women, children and the aged are some of the most vulnerable groups during disasters. They also reported that female responders have greater access to affected women in most socio-cultural contexts, especially in South Asia.³² Consequently, it is critical to have sufficient numbers of female staff who can understand and respond to such vulnerabilities. Islamic Relief mentioned that out of the 18 members on their regional Disaster Response Team (DRT), six are women. However, this number is not as a result of any policy directive.

In other cultural contexts in the region, however, the reverse situation is true; a larger percentage of staff tend to be women and higher numbers of men are required on teams.³³ In most cases, agencies reported that the suitability of staff and the requirement of the role were drivers for recruitment, rather than gender balance.

Several agencies proactively promote women's leadership in surge. ActionAid described how a significant emphasis is placed on women's leadership during the response and other phases. There is a specific focus on training women in the organisation and the women trained to respond are given first preference during deployment. For overall programme management, sector heads for protection, accountability and monitoring and evaluation, women leaders are also preferred. CARE reported that there is a specific focus on women's empowerment and gender in emergencies. The organisation has established a gender action plan, conducts gender training and aims for a gender balance in the surge teams, although maintaining such a balance is a challenge in certain socio-political and socio-cultural contexts.

3.5. Surge for the recovery phase

The interviews did not reveal a great deal of information about the recovery phase. All the respondents mentioned that the actions related to the recovery phase depend on the availability of funds, donor interest, and the socio-political context prevailing in the region. The respondents mentioned that there are no committed resources for the recovery phase at national, regional, or international levels.

4. Surge deployment of consortium members

Feedback from agencies indicated that deployments from the regional level were limited in comparison to international and national deployments. For example, the three agencies that responded to the survey reported in total deploying 18 persons in 2013 and 2014:

TABLE 2

SURGE DEPLOYMENTS FROM THE REGION LEVEL: 2013 - 2014

Year	Average per agency	Total number
In 2013	2.67	8
In 2014	3.33	10

³² For instance, in Pakistan.

³³ For instance, in the Philippines.

TABLE 3

**SURGE DEPLOYMENTS FROM THE REGIONAL LEVEL:
2013-2014**

Sector	Average per agency	Total number 1.00
Management/coordination	1.00	2
Medical/health	0.00	0
Food security/livelihoods	0.50	1
Human resources	0.50	1
Administration	0.50	1
Logistics	0.67	2
Finance	1.00	3
Protection	1.00	2
WASH	0.67	2
Reporting	0.50	1
Communications	0.00	0
Monitoring/evaluation/accountability	0.50	1
Other	0.00	0

According to the three agencies that responded to the survey, deployments from the regional level were mainly in the support area, such as finance, logistics, and management/coordination.

4.1. Speed of deployment

The survey suggests that the deployment of regional surge staff is rarely or never immediate, and in most cases only occurs at least two days after an emergency. According to interviewees, this is because the emphasis of agencies is on deploying national staff first. A later international deployment may include regional staff but there is no prioritisation of regional over international or vice versa.

4.2. Challenges in deployment

Surge capability at national and regional level depends on different internal (organisational) and external (environmental) parameters. While all the agencies agree with the need to establish a robust regional surge mechanism, there are resource and cost implications that prohibit their development. .

Some of the important challenges that determine the presence and practice of adequate surge mechanisms are listed in the following table:

FIGURE 2

AVERAGE SPEED TO DEPLOY INTERNATIONAL PERSONNEL WHEN A MAJOR EMERGENCY OCCURRED IN 2013 AND 2014

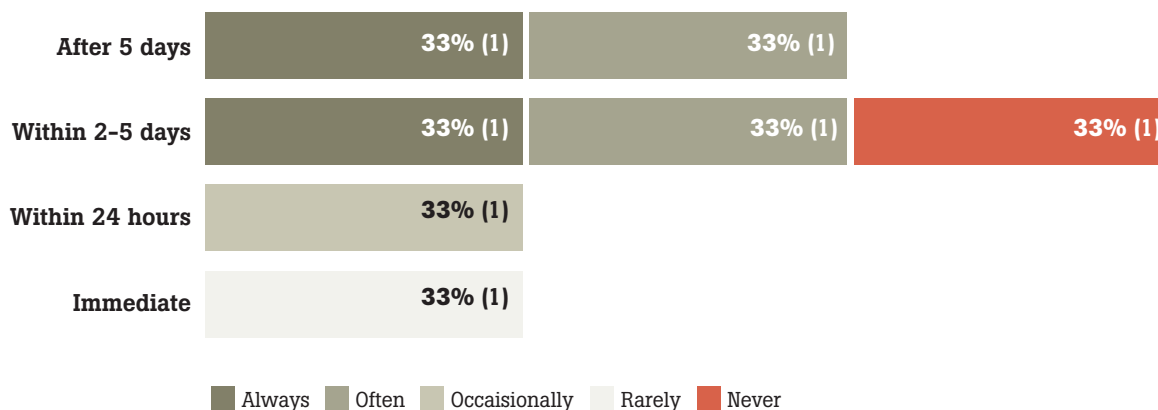


TABLE 4

CHALLENGES FOR SURGE DEPLOYMENT IN ASIA

Internal factors:

Resources/human resources (6):

- ◆ Inadequate resource base/inability to mobilise adequate resources
- ◆ Absence of available human resource pool for deployment during disasters
- ◆ Lack of training

Regional coordination (3):

- ◆ Lack of regional coordination mechanisms
- ◆ Absence of regional offices or regional structures/systems dedicated for response
- ◆ Lack of formal/informal communications between the country offices operational in the region

Leadership

- ◆ Lack of strategic intent (1)
- ◆ Lack of manager cooperation and ability to provide a backup person (3)

External factors:

Regional cooperation

- ◆ Lack of socio-political acceptance/unity demonstrated by countries in the region (7)
- ◆ Absence of rules for easy movement of people and material within the regional countries (6)
- ◆ Language barriers (4)

Regional coordination

- ◆ Absence of platforms that promote government-NGO interface and collaboration (3)
- ◆ Absence or weak regional institutions to promote regional interest and action (3)

5. Organisation enablers

5.1. Comprehensive approach

Only two out of the seven agencies interviewed described their approach to surge as “comprehensive” – well coordinated across functions and supported by processes and strategies (CARE and Plan International). Four described their approach as being “partial” – some coordination, processes and strategies, but with major gaps (ActionAid; Christian Aid; Islamic Relief; SC).

Muslim Aid reported their approach as being “ad hoc” – each emergency tackled differently with limited coordination, processes, and strategies.

When making these assessments, the respondents took various factors into account pertaining to the management structures (support of senior management (at national and international levels) and quick decision making processes), and to the availability of financial, material, and human resources (adequate financial resources available, speed of deployment of surge staff, mobilisation of relief material).

5.2. Leadership support

All the agencies reported that their leadership is “strong” – committed to action during emergencies or humanitarian crises, and that decision-making tends to be quick and supportive. This was the case whether the agency had a regional mechanism/presence or not.

In some cases, agencies deploy regional staff to coordinate or lead the emergency response and these staff work closely with national staff and leadership (Christian Aid, Muslim Aid). There may be an established protocol stating that regional (or international) staff members take over emergency operations, leaving the country office leadership to manage other ongoing development initiatives. Such a takeover happens when there is a feeling that the country leadership is not well equipped to manage emergency response action, or when there is a feeling that the action requires dedicated leadership.

In general, the interviews indicated a high degree of responsiveness between the international management and the country office. It seems that the international management system is proactive in collaborating, and also sensitive to the needs of country office management, consulting with country offices while making decisions.

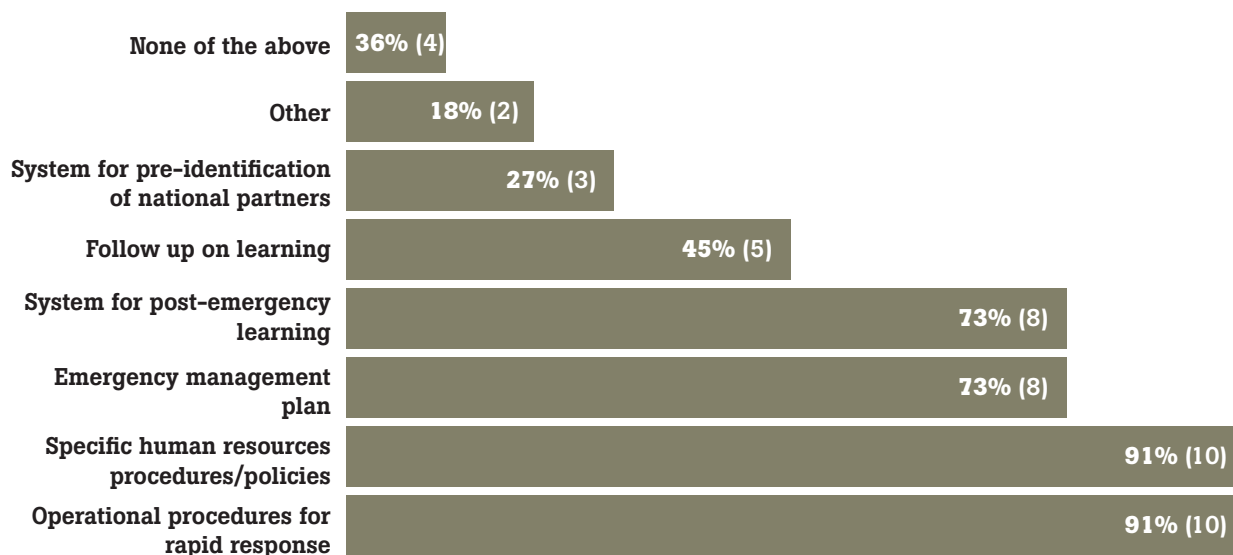
6. Surge mechanisms

6.1. Planning, systems procedures and policies

Various policies, procedures, and systems are in place to manage and mobilise surge staff in Asia. Of these, the most popular were emergency management plans, as illustrated in the figure below.

FIGURE 4

POLICIES, PROCEDURES AND SYSTEMS ARE IN PLACE TO MANAGE AND MOBILISE STAFF AT THE GLOBAL LEVEL

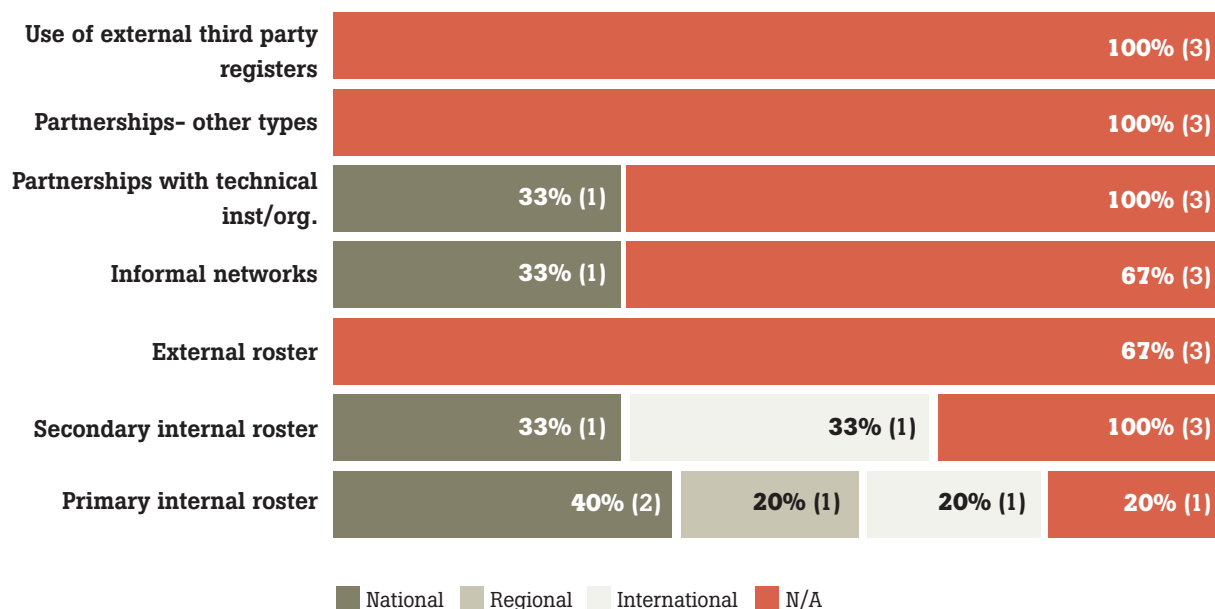


6.2. Rosters and registers

Throughout the region, nearly all the agencies maintain rosters of staff for surge, and these may be organised at a sub-national (state, programme level), national, regional, or international level. The survey results demonstrate that most agencies use internal rosters coupled with informal networks and partnerships as sources of staff for surge. However, as seen in Table 2 below, only two agencies reported having regional rosters in place currently.

FIGURE 4

TYPE OF ROSTERS/REGISTERS CURRENTLY USED AT THE ASIA REGIONAL LEVEL



The regional surge mechanisms do not appear well structured and are often ad hoc and informal. Islamic Relief appeared to be an exception as an agency with a well-articulated regional surge roster. The remaining agencies rely more heavily on national and international rosters. Muslim Aid, for instance, mainly relies on national mechanisms, which are supported by an international mechanism. Any regional support is more informal and tends to be the result of individual efforts and relationships.

The following table summarises the regional rosters/registers per agency:

TABLE 4

REGISTER/ROSTER OVERVIEW FOR SURGE DEPLOYMENT GLOBALLY

Agency	Register/roster overview
ActionAid	No regional roster exists
ACF	No regional roster; relies on global internal roster
CAFOD	No regional roster exists; support maintained from HQ.
CARE	Regional management staff and office but no regional roster exists; focus is on national rosters, e.g. in Philippines
Christian Aid	Asia specific roster in development.
IMC	No regional roster exists
Islamic Relief	Regional roster supported by regional staff
Muslim Aid	No regional roster; uses national rosters supported by international mechanism
Plan International	No regional roster exists
SC UK	Regional 'Fast Track' roster (40–50 people) of SC International: made of high-potential individuals who can be deployed to small scale emergencies to gain experience and subsequently join the global roster.
Tearfund	No regional roster exists

Challenges

The main challenges when deploying surge staff reported by the agencies are summarised in the following table:

TABLE 5

SURGE CHALLENGES

Challenges deploying surge staff

Mobilising roster staff (7).

Mobilising staff either from the available rosters or those identified by management is seldom automatic. Key challenges include convincing the staff member's line manager or identifying a backup plan to cover for that staff member in their absence.

Insufficient rosters (6).

Challenges are posed if rosters are basic or have not been updated.

Safety/security concerns (4).

Fear surrounding the safety and security of staff members is exacerbated if they are being deployed to an unfamiliar socio-cultural context or to a hostile setting (whether because of the weather or due to socio-political reasons). The situation is made worse in the absence of comprehensive safety and security training, or when there are different policies for national and expatriate staff.

Visa restrictions (3).

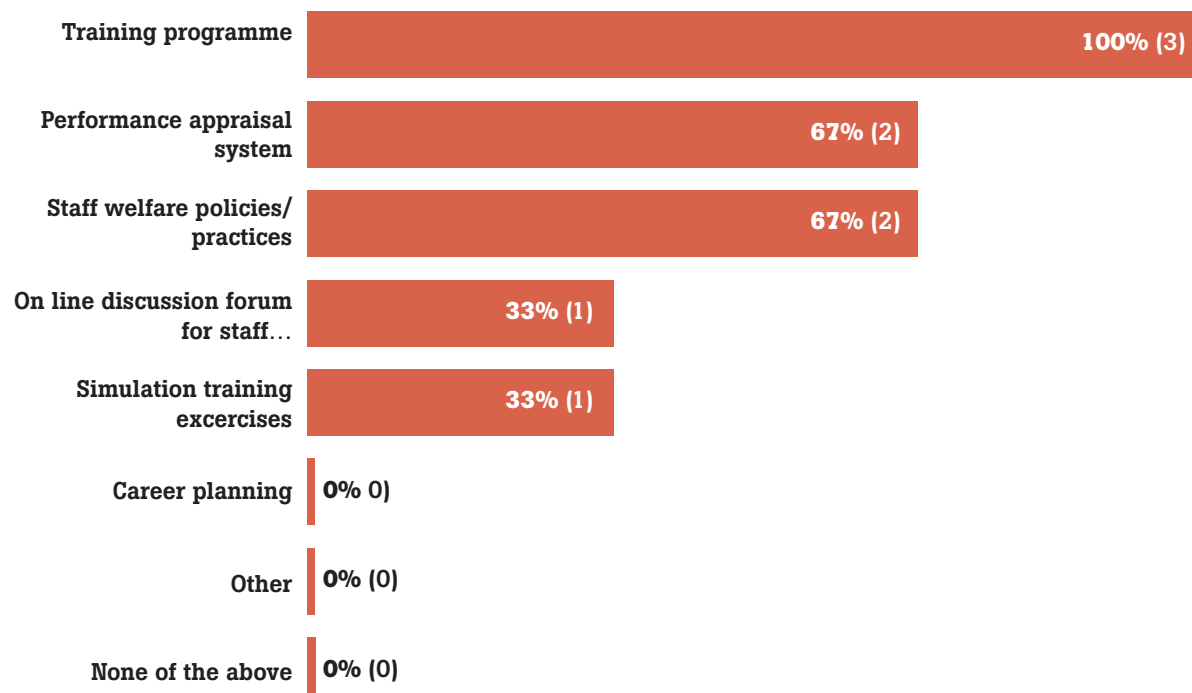
Some respondents pointed out that visa restrictions, either generic or on account of time taken or to people visiting from some specific countries (by specific countries), could be a challenge forcing the organisations to mobilise responders from far-off locations instead of nearest locations.

Different staff benefits based on country of origin (1):

One respondent pointed out the difference in policies (concerning welfare measures, Rest & Recreation (R&R) policies, allowances, insurance, etc.) based on the country of origin of the responder. As all responders do not have the same benefits, some may become demoralised or lack motivation.

FIGURE 5

HUMAN RESOURCE POLICIES AND PRACTICES AT THE ASIA REGIONAL LEVEL



7. Resources

7.1. Human resources management

The survey showed that the agencies use an array of policies and practices to develop surge staff in Asia. The most popular of these are training programmes, as shown in the figure above.

Interviewees also discussed training as a surge strategy used to help create adequate human resources and ensure their availability during disasters. At present, there is no evidence of collaborative approaches or the standardisation of training across agencies, or any attempt to produce a pool of resources that could be used by all the humanitarian actors.

7.2. Well-being and security of staff

Not all staff deployed for the same emergency have the same benefits or protection. The agencies reported that salaries, allowances, and R&R policies tend to differ for national and international staff. For international staff, these benefits tend to be aligned to their country of origin, rather than the country of employment. The permitted exposure to risk and restrictions on movement depend on the rules and regulations in the country where the mobilised staff are employed. This results in an unequal system.

The respondents also spoke of a reluctance to deploy volunteers (national or international) due to issues of safety, a lack of training, their inadequate exposure to humanitarian situations, and the need for specialised skills required for response.

7.3. Recruitment

According to the survey, the agencies rely on a combination of external recruitment and internal mobilisation at the regional level. Whilst existing surge mechanisms (national, regional and international) are effective as far as the initial deployment is concerned, bigger disasters require a medium to long-term response and the use of a 'hiring strategy' to fulfil the continued need for human resources. On some occasions, this need is anticipated from the start of the response and recruitment begins immediately. For smaller emergencies, the national staff tend to handle the response with the help of partners based in the field; staff return to their usual roles once the response has ended or has been handed over to partners.

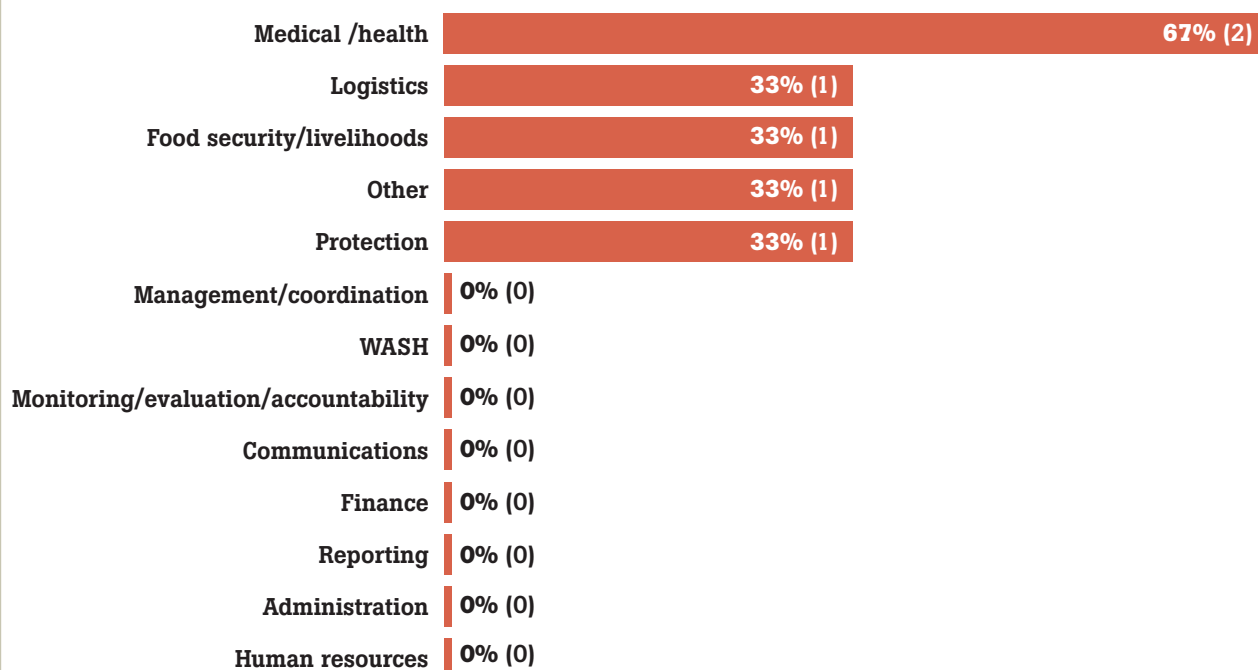
FIGURE 6

RECRUITMENT MECHANISMS USED FOR SURGE IN AT THE ASIA REGIONAL LEVEL

External recruitment	100% (3)
Internal mobilisation - redeploying staff	100% (3)
External - "keeping people warm"	33% (1)
External registers/rosters	33% (1)
Internal mobilisation - permanent contracts	33% (1)
Internal registers/rosters	0% (0)
None of the above	0% (0)
Other	0% (0)

FIGURE 7

DIFFICULTIES RECRUITING FROM SECTORS IN THE ASIA REGION



According to the survey respondents, the most difficult sector to recruit from is the medical/ health sector (67% (2)).

7.4. Finance

All the respondents said that their agencies have certain systems in place to release the initial grant required to mount a response. The initial resources are mostly used for the deployment of staff to the affected regions and sometimes to procure relief material for the affected communities. These funds are mostly revolving funds, and there is an expectation that the initial funds should be returned once the programme grows bigger and funding support has been received from donors, to ensure the financial resources are available for another emergency in another area. However, if the programme fails to become bigger and no donor funds are forthcoming, the funds are written off.

The following table summarises information derived from the interviews concerning rapid funding mechanisms that are currently in place to support agency surge:

Information was not available for regional funding mechanisms from ActionAid, Tearfund and IMC. CAFOD has no regional funding mechanism, but funds from their Global Emergency Fund could be used in Asia as elsewhere.

TABLE 5

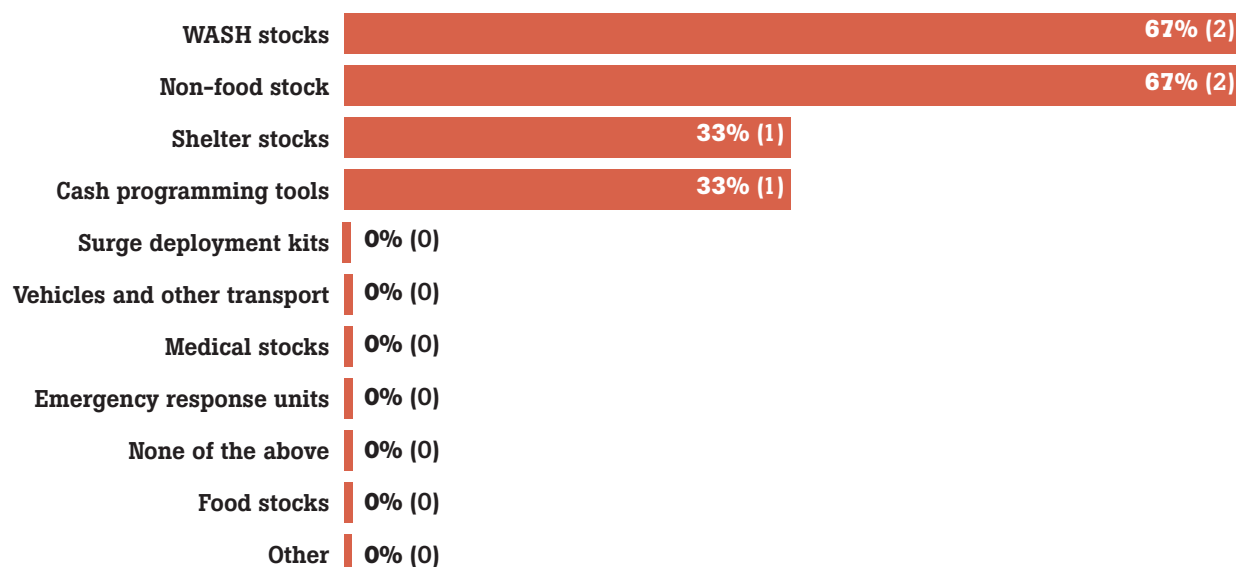
RAPID SURGE FUNDING MECHANISMS IN PLACE IN ASIA

Agency	Description of fund	How rapidly can the fund be accessed?	Do funds need to be repaid
ActionAid	Disaster Preparedness and Response Fund: \$62,000	72 hours (on a case-by-case basis)	Yes
CARE	\$50,000 Emergency grant	24 hours	Yes
Christian Aid	Code II funds: \$79,000 to 315,000	Within 24 hours	Decided on a case-by-case basis
Islamic Relief	\$ 79,000 ³⁴ from International pool of funds (based on past experiences; not a set amount).	24 hours	Yes
Muslim Aid	\$31,000	3 Days	Decided on a case-by-case basis
Plan International	Up to \$ 200,000 from a global fund	Immediately	Decided on a case-by-case basis
Save the Children	Globally, SC members make a commitment based on the severity of the disaster (category 1: \$ 1 million, Category 2: \$ 333,000; category 3: \$ 80,000)	Immediately	Decided on a case-by-case basis

³⁴ Conversion from GBP correct on 28/6/2015.

FIGURE 8

MATERIALS AND EQUIPMENT DEDICATED TO SURGE AT THE ASIA REGIONAL LEVEL



7.5. Materials and equipment

According to survey responses, the most popular kinds of material and equipment dedicated to surge in Asia are WASH stocks, non-food stocks, and shelter stocks.

Following are some of the practices and strategies discussed by the respondents during the interviews in order to manage the materials and equipment needed for surge:

Emergency stockpiles and warehouses: The agencies store relief material that can be quickly mobilised to respond to disasters. Warehouses may be available at national level or beyond national borders. The amount of stock stored depends on the availability of funding, rather than an assessment of need for relief material during the initial stages of humanitarian response. For example, the stockpile could be meant for a fixed number of households, rather than based on an attempt to anticipate the number of households that could be affected in a major disaster and that may require relief in the initial stages of an emergency response by the agency. Consequently, the available stockpiles help to initiate a response.

Vendor contracts: Vendor contracts are a popular tool used to mobilise the resources required for relief. These are mainly price contracts and goods are available at the vendor's warehouses; the goods will need to be transported to where they are needed when a disaster or emergency arises. In the Association of South East Nations (ASEAN) group of countries the AHA centre³⁵ has vendor agreements that they could use to procure relief material for any disaster within the ASEAN region.

8. Collaboration

As the survey results demonstrate, the agencies collaborate with a range of actors, in particular local NGOs, other INGOs, and UN agencies. Whilst the interview material suggests that there is no strong collaboration between the consortium actors, one of the key forms of collaboration was found to be the exchange of information in apparently informal ways, as actors meet and discuss the situation and strategy during an emergency. The interviews also revealed that the agencies are increasingly establishing partnerships with NGOs, academic institutions, and businesses, and that this approach is gaining support.

FIGURE 9

COLLABORATION FOR SURGE RESPONSE IN THE ASIA REGION

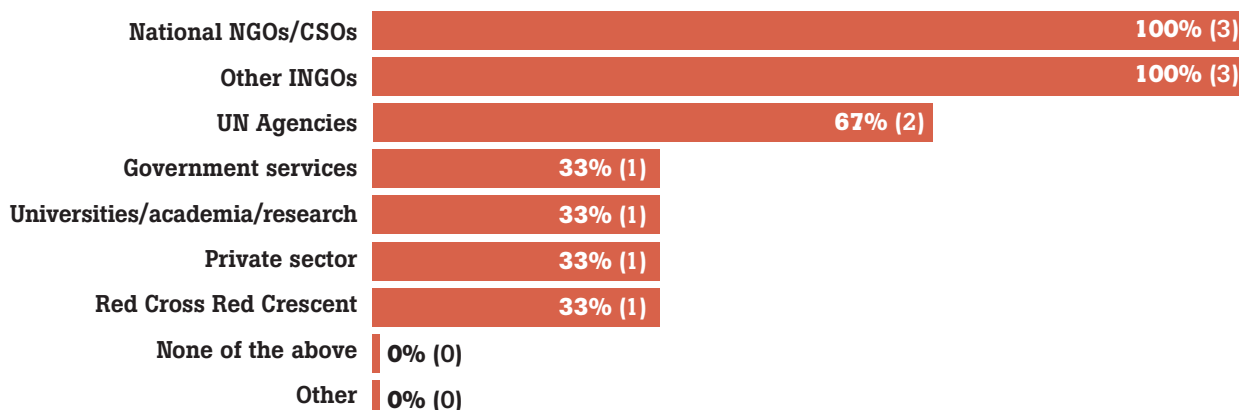
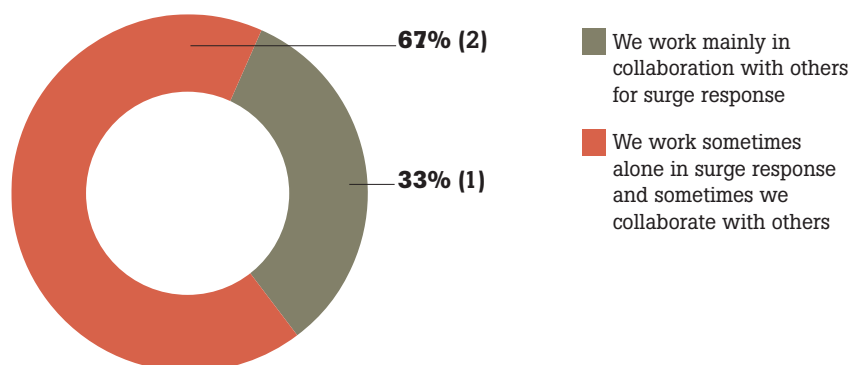


FIGURE 10

TYPE OF COLLABORATION IN THE ASIA REGION



Collaboration between agencies and with other NGOs

In some contexts, collaboration is facilitated by the existence of entities such as SPHERE (global humanitarian standards body) (especially in India) where humanitarian organisations tend to participate in joint assessment. However, these joint assessments remain limited, and agencies nonetheless conduct individual assessments aligned with their sectorial or geographic focus.

Collaboration seems to occur more naturally in challenging contexts, either when working in a difficult geographical area, during a conflict situation or in a politically sensitive area. Collaboration may also be forced by donors seeking a joint proposal from the NGO consortia. In this case, the collaboration is often planned in terms of different agencies covering different geographic areas, as opposed to different sectors within the same region. The individual partners on the consortium divide the resources received and undertake activities based on the proposal submitted to the donor and feed in to the report submitted by the lead NGO.

Some of the major challenges that impede collaboration of this kind that were reported during the interviews include:

Different human resources or organisational policies:

- ◆ Different salary structures in each organisation
- ◆ Different policies relating to financial benefits and R&R policies
- ◆ Different systems of accounting and tracking of resources

Different organisational cultures:

- ◆ Different managerial practices
- ◆ Different skill levels and sector focus
- ◆ Lack of trust
- ◆ Lack of experience in joint operations

Collaboration with private sector: Collaboration with private sector did not appear to be well developed according to the interview data. Some agencies have recently started actively pursuing partnerships with corporate partners. Examples given of collaboration were practical ones related to the surge response, such as joint initiatives between airlines and NGOs while responding to disasters. The interviews did not reveal any evidence of collaboration between the agencies in maintaining vendor contracts that could make this process more effective and serve to reduce costs.

Collaboration with academic institutions: The interviews revealed few examples of collaboration with academic institutions. One of the few examples reported at interview of collaboration between the agencies and academic institutions was that between ActionAid and the Tata Institute of Social Sciences (TISS in Mumbai) for disasters occurring in India.

Collaboration with governments: Whether agencies are able to collaborate effectively with the government depends on their ability to build a trust relationship with the authorities and the presence of platforms that help build trust and, consequently, facilitate that collaboration. In some cases, agencies enjoy a trust relationship and work closely together with the government; in other cases, a lack of trust leads to a weak working relationship.

The interviewees reported that institutions such as the ASEAN Centre for Humanitarian Assistance (AHA) Centre in Jakarta promote trust and, therefore, facilitate partnerships between governments and NGOs in ASEAN countries. It is of note that the South Asian Association for Regional Cooperation (SAARC) Disaster Management Centre (SDMC) is currently working to create a rapid response mechanism. It is hoped that this structure will make collaboration between NGOs and the government easier. These collaborations also depend on socio-political factors, such as the government's desire to project a particular image on the international stage. This is often related to the presence of institutional mechanisms that promote joint action. Notably, collaborative initiatives such as these (the AHA Centre, SAARC) that have enjoyed some success in the ASEAN region are absent in South Asia, leading to lower levels of collaboration between NGOs and governments.

Advantages and disadvantages of collaborating for surge

The following table summarises the key advantages and disadvantages of collaborative surge response mentioned by persons interviewed:

TABLE 6

ADVANTAGES/DISADVANTAGES OF COLLABORATIVE SURGE RESPONSE

Advantages	Disadvantages and barriers
Access to reliable information (6)	Branding: there is a feeling that collaborative effort may lead to the dilution of individual branding that the members tend to strive for, not only for fundraising but also for acceptance with community/governments. (4)
Ability to access experts not available internally (6)	
Better advocacy (6)	Sectors: different members have different sectorial focus which could become a challenge for a collaborative action (3)
Better humanitarian action (6)	
Quicker mobilisation for response (5)	Bureaucracy: each member has its own managerial accounting and reporting system that could become a challenge (2)
Better logistics management (3)	
Better fund mobilisation (3)	Human resources: different salary structures, possibility of poaching of staff by others, absence of standardised training among the members and different sectorial focus /values and challenges relating to the potential for regional multi-agency rosters.
Cooperation in hiring (3)	

9. Changes, challenges and good practices

9.1. Major changes

The following table summarises the major changes seen in the past 2–5 years for surge and contributing factors, as reported by the agencies during interviews:

Further developments: The only agency to refer to a further development was Plan International. It mentioned an initiative for a ‘global partnership’ for conflict, security sensitive or areas with high risk.

TABLE 7

MAJOR CHANGES AND CONTRIBUTING FACTORS FOR SURGE

Agency	Major changes	Contributing factors
ActionAid	New MOU to be signed with country offices for release of identified staff in rosters	Difficulties faced for release of staff on rosters
CARE	First steps being taken to develop a regional roster for CARE offices in Asia; with 14 country offices contributing to a ‘talent pool’ of emergency staff. Guidelines have been drafted and are under discussion.	Individual country offices seeking opportunities for their staff to develop while also desiring to build capacity for emergency response
Christian Aid	Format for project proposal, budget preparation Reporting check list Mainstreaming protection Getting RedR on board as a partner Use of technology for rapid needs assessment	Donor accountability Need to enhance and standardise quality of response Requirements from global standards such as HAP (Humanitarian Accountability Partnership)
Islamic Relief	Management vision to decentralise	The global mechanism is not working Lack of suitable staff in UK Cost effectiveness
Muslim Aid	Ongoing discussion to start regional offices (a decision will be taken soon)	Need for greater coordination
Plan International	Create Disaster Response Manual defining roles and responsibilities of different positions Create a toolkit for disasters for different functional areas such as HR, R&R policies, etc.	As a response to strategic direction taken by the organization and its growth in this area To design appropriate trainings
Save the Children	Review of global roster Technical working group on emergency response to review and make recommendations	To strengthen technical part of response

9.2. Shortcomings and challenges

The major shortcomings and challenges for surge reported by the agencies are as follows:

Need to strengthen regional surge mechanisms.

The agencies felt the need to reinforce regional mechanisms, although at present this remains a challenge at an operational level. Currently, operations mostly rely on national and international surge responses. Barriers that impeded a regional response include: a lack of clear regional offices entities, mechanisms and regional rosters, differences in allowance, salary, R&R policy and political unease between neighbouring countries region.

Technological barriers

The use of different types of software, accounting and managerial systems inhibits joint operations in the field of logistics, procurement, and other support services. However, even in functional areas where there is a potential for collaboration (such as training and advocacy), efforts to collaborate are minimal.

Weakness of/ barriers to creating regional mechanisms for surge

Surge related to human resources is mainly national and international in scope. Regional mechanisms are evolving and currently at various stages of development. The ability to create a robust regional mechanism depends on socio-political factors, notably whether neighbouring countries allow for the free flow of people and materials across their borders.

Difficulties using and maintaining roster

Rosters are one of the most fundamental tools used to manage surge, but are tedious to maintain and are frequently not updated. Even when people are part of a roster, this does not automatically translate to their release for surge; their deployment will depend on their line manager.

9.3. Examples of good practices

There are a number of examples of approaches that have worked well and opportunities with regard to surge practice.

Mechanisms to facilitate trust building and cooperation between NGOs and governments Examples from the ASEAN region suggest the need to promote a favourable environment in which to build trust and strengthen partnerships between agencies and the government. Regional mechanisms can play a key role in creating the right conditions for fruitful collaboration.

Valuing the role of women in surge

All the agencies appreciate the valuable role that women play in surge, regardless of whether the HR policy is based on gender balance or finding the right person for the job.

Other examples include:

- ◆ **Emergency Preparedness Planning by CARE**
- ◆ **Development of a toolkit for disasters for different functional departments by Plan International**
- ◆ **Creation of a Disaster Response Manual that provides roles and responsibilities for different roles by Plan International**

Annex 1. Members and organisation of the Transforming Surge Capacity Project

Consortium partners

ActionAid (lead for this project and lead for the Pakistan country platform/ coordinates national baseline study)

ACF

Christian Aid (lead for the Philippines country platform/coordinates national baseline study)

CAFOD

CARE

International Medical Corps (IMC)

Islamic Relief

Muslim Aid

Plan International (lead for regional platform/coordinates regional baseline study)

Save the Children

Tearfund

Technical partners

Communicating with Disaster Affected Communities Network (CDAC Network)

People In Aid

Annex 2 Persons interviewed

No	Organisation	Person interviewed	Position
1	ActionAid	Mr. Amar Nayak	<i>Regional Emergency Manager (Delhi, India)</i>
2	CARE	Mr. Emmanuel Lan-Chun-Yang	<i>Regional Emergency Coordinator, Asia-Pac (Bangkok, Thailand)</i>
3	Christian Aid	Mr. Ram Kishan Mr. Deepankar Chyau Patnaik	<i>Regional Emergency Manager Regional Emergency Manager (DRR) (Delhi, India)</i>
4	Islamic Relief	Mr. Umair Hasan	<i>Regional Humanitarian Aid Manager – Asia (Pakistan)</i>
5	Muslim Aid	Mr. Mahfuzur Rahman	<i>CD, Indonesia (Jakarta, Indonesia)</i>
6	Plan International	Ms. Clare Condillac	<i>Regional HR & Organisational Development Partner,) Asia Regional Office, Bangkok, (Thailand)</i>
7	Save the Children	Ms. Mim Pornpraunt	<i>Regional HR Manager (Singapore)</i>

Annex 3 Major surge actors in Asia

Not members of Start consortium

To support the above analysis, a further 19 interviews were undertaken with different identified stakeholders belonging to the Surge project partners, other Start network members, organisations that have a direct/indirect bearing, other NGO networks, corporate entities, and regional institutions.

Plan International



Plan International



Islamic Relief Pakistan



Pakistan

National level

Baseline 2015

PAKISTAN NATIONAL LEVEL SURGE BASELINE

CONTEXT The situation remains fragile and precarious for the population of Pakistan. Humanitarian and development actors have seen a tightening of government controls since 2011 that has effectively limited their ability to respond to humanitarian needs. Nine consortium member agencies of the Surge project are currently present and active in Pakistan. Move towards deploying national staff for surge, given restrictions on international staff..

SET-UP

- ◆ Agencies reported a combination of staffing approaches for surge, often using their own existing staff and if necessary, hiring new staff.
- ◆ Decision-making on surge is made by the country director in consultation with the global HQ.
- ◆ Staff from the food security and livelihoods and medical/health sectors were the largest available groups for surge.

ENABLERS

Comprehensive approach and strong leadership in 5 out of 9 agencies according to their staff.

DEPLOYMENT

12%

GAP BETWEEN DEPLOYABLE WOMEN & ACTUAL DEPLOYMENT

71%

NATIONAL STAFF DEPLOYED (2013-14)

33%

ABILITY TO DEPLOY STAFF ALWAYS IMMEDIATELY

RESOURCES

Rapid funds range from **\$80,000 - 11 MILLION**
100% had some surge material on standby

6/9

AGENCIES HAD VEHICLES

4/9

AGENCIES HAD WASH MATERIALS

1/9

AGENCIES HAD FOOD STOCKS

MECHANISMS

6/9

AGENCIES USE INTERNAL NATIONAL ROSTERS

100%

AGENCIES HAVE SPECIFIC HUMAN RESOURCES POLICIES

8/9

AGENCIES HAVE OPERATIONAL PROCEDURES FOR SURGE

COLLABORATION

56%

WORK SOMETIMES ALONE/ SOMETIMES WITH OTHERS

44%

WORK MAINLY IN COLLABORATION

COLLABORATION MAINLY TOOK THE FORM OF WORKING WITH LOCAL OR NATIONAL AUTHORITIES AND LOCAL PARTNERS.

CHALLENGES IN DELIVERING EFFECTIVE SURGE

- ◆ Visa, access and customs issues
- ◆ Ability to monitor programmes
- ◆ Capacity of local partners
- ◆ Budget limitations
- ◆ Retention of surge capacity
- ◆ Limited research and development on disaster/ humanitarian issues in-country
- ◆ Use of existing staff for surge and limited dedicated staff
- ◆ Lack of consultation of field offices in programme creation

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Acronyms & abbreviations

ACF	Action Against Hunger
CBDRM	Community Based Disaster Risk Reduction Management
DRR	Disaster risk reduction
CSO	Civil society organisation
DFID	UK Department for International Development
EAD	Economic Affairs Division, Pakistan Government
ECHO	European Commission Humanitarian Aid for Civil Protection
EFAST	Emergency Fast Action Support Team, ActionAid
FATA	Federally Administrated Tribal Areas
HR	Human resources
IDP	Internally displaced people
IHART	International Humanitarian Action and Resilience Team, ActionAid
IMC	International Medical Corps
INGO	International non-governmental organisation
MOU	Memorandum Of Understanding
NDMA	National Disaster Management Authority, Pakistan
NFI	Non-food item
NOC	No Objection Certificate
PDMA	Provincial Disaster Management Authority, Pakistan
RPI	Resilient Pakistan Initiative
SBDRM	School Based Disaster Risk Reduction Management
UNDSS	United Nations Department of Safety and Security
WASH	Water, sanitation and hygiene

1. Introduction

This chapter presents a baseline of the surge capacity of the consortium members of the Start Network Surge project in Pakistan. The information and data is drawn from interviews of consortium project members and other surge actors (34 persons) and survey responses (nine responses, one for each consortium member present in Pakistan). A list of persons interviewed is found at Annex 1. Unless otherwise stated, this baseline refers to the Start Network project members (“agencies”) that are part of the Surge project.

2. Context

Pakistan is often ranked among the top ten countries in the world that are most vulnerable to disasters³⁶. Extreme poverty and climate change, among other factors, exacerbate the consequences of this vulnerability caused by a combination of the country’s peculiar geography, climate, and its economy, marked by population concentration and environmental degradation. Consequently, recurring floods, droughts and earthquakes pose great challenges. The earthquake of 2005 left at least 86,000 people dead, 69,000 injured, and 3.5 million homeless³⁷. Since 2010, severe floods have been responsible for the death of thousands of people, as well as devastating food supplies. Drought has also affected thousands of villages, killing high numbers of livestock.

Women and children have been found to be especially vulnerable. The need to find water, fodder and firewood far from their homes places a heavy burden on women, who suffer severe health problems including high incidences of miscarriages. The health and education of children also suffers. For example, as a result of drought, school drop-out in the Balochistan region reportedly increased from 5% to 66% in 2000³⁸, mostly due to the need for additional labour.

Pakistan also faces humanitarian challenges related to hosting 1.5 million Afghan refugees (the largest protracted refugee population globally); unofficially, the actual number of Afghan refugees in Pakistan is estimated to be several million more. The “war on terror”-related military operations in the Federally Administrated Tribal Areas (FATA) has also lead to some 740,000 registered internally displaced people (IDPs) who are in need of humanitarian assistance.³⁹ The North Waziristan emergency has further displaced approximately 500,000 people⁴⁰.

Vulnerability is further exacerbated by limited state resources,⁴¹ poor basic infrastructure, and weak institutional capacities, including insufficient disaster risk management at the community level. Following the 2005 earthquake, the government adopted a more proactive approach through the creation of the National Disaster Management Agency (NDMA). This, together with support from international humanitarian community, has strengthened disaster response mechanisms, although many challenges, including a lack of resources, remain.

2.1. Surge in Pakistan

Nine consortium member agencies of the Surge project are currently present and active in Pakistan: Action Against Hunger (ACF); ActionAid; CARE; International Medical Corps (IMC); Islamic Relief; Muslim Aid; Plan International-Pakistan; Save the Children US (SC); and Tearfund. Other key surge actors in Pakistan include other international NGOs (Oxfam, World Vision International, HelpAge), the International Federation of Red Cross and Red Crescent Societies, UN organisations (UNICEF, UNDP), local NGOs, regional and national government bodies (national and regional disaster management authorities), and the military.

2.2. Trends

Although Pakistan has not faced any major humanitarian crises in 2014 when compared with 2010 and 2011⁴², the situation remains fragile and precarious for the population, as described above. Humanitarian and development

³⁶ <http://www.thenews.com.pk/Todays-News-4-308039-Pakistan-among-top-10-countries-on-climate-change-risk-index>

³⁷ <http://earthquake.usgs.gov/earthquakes/eqarchives/year/2005/>

³⁸ In 2000, following the drought (1998–2002) in the Balochistan region. [Inayatullah, C. and M. Khan. 2004. *Poverty Environment Nexus in Pakistan*. UNDP, Islamabad.

³⁹ <http://unhcrpk.org/wp-content/uploads/2013/12/UNHCR-Pakistan-IDP-Leaflet-2014.pdf>

⁴⁰ <http://www.unhcr.org/pages/49e487016.html>

actors have seen a tightening of government controls since 2011 that has effectively limited their ability to respond to humanitarian needs. These agencies and other actors have had to adapt their surge activities as a consequence, such as working closer with the authorities and local partners, and deploying national instead of international staff.

3. Surge set-up and approaches

3.1. Staff and set-up

Agency surge responses have primarily been managed by emergency coordinators (or equivalent posts) or by a multi-functional team overseen by the country director. All agencies in Pakistan had staff dedicated to manage surge (as part of other tasks) with the exception of Tearfund, with the number of staff dedicated ranging from six (Muslim Aid and IMC) to 84 (CARE). All Agencies reported having deployable staff members (emergency response teams) ranging from four (Tearfund) to 170 (SC). Agencies reported a combination of staffing approaches for surge, often using their own existing staff and if necessary, hiring new staff. The number of staff deployable by specific sector is detailed in Table 1 below, showing that staff from the food security and livelihoods and medical/health sectors were the largest available groups across the agencies. This ranking corresponds to the reported actual deployments in 2013 and 2014 (see Tables 2 & 3 below).

All agencies reported that decision-making on surge is made by the country director in consultation with the global HQ. Generally, an assessment is made first in Pakistan, and, based on the assessment, the country director advises the HQ on surge deployment accordingly. The response time in terms of a decision when needed from HQ was

TABLE 1

DEPLOYABLE STAFF FROM ERT AVAILABLE BY SECTOR

Sector	Average per agency	Total number of staff available (all agencies)
Food security/livelihoods	3.00	27
Medical/health	2.78	25
Management/coordination	2.22	20
Finance	1.89	17
WASH	1.67	15
Human resources	1.44	13
Administration	1.44	13
Logistics	1.33	12
Monitoring/evaluation/accountability	1.33	12
Reporting	1.00	9
Communications	0.89	8
Protection	0.78	7
Other (DRR and Education mentioned)	0.33	3
Total	1.54 average	181

⁴¹ The Government has so far spent about Rs. 4 billion on relief operations, which is not considered to be a sustainable solution. [Personal Communication with Coordinator to the Govt. of Sindh, 2014; Sindh PDMA records]

⁴² The floods in 2014 killed 367 people and affected more than 2.5 million people, but floods in 2010-11 caused damage ten times larger: <http://reliefweb.int/disaster/fl-2014-000122-pak>

reported as generally being very rapid. Several agencies, including CARE and Plan International-Pakistan, reported that decision-making on surge was dependent upon the scale of the emergency, with the larger emergencies requiring more involvement of their HQ. ACF and ActionAid reported that the country director normally takes the decisions on surge and keeps the HQ informed. Islamic Relief reported taking decisions mainly locally.

3.2. Geographical approaches

The agencies reported no major difference in their geographical approach for surge; all reported that they could cover the entire country in case of an emergency. The agencies' presence in the country did differ, with Muslim Aid and Islamic Relief working all over the country currently⁴³; CARE covers a large geographic area⁴⁴; Plan International-Pakistan, Save the Children and ACF all work in the Sindh province and have a presence in one additional region each⁴⁵; Tearfund works with partners throughout the country; IMC is active in areas hosting Afghan refugees. Since the 2010 floods, all international non-governmental organisations (INGOs) are required to register with the Government (Economic Affairs Division – EAD) in order to operate in Pakistan and in a particular district. As a result, some have established field offices at the district level or adopted other strategies. For example, Islamic Relief works in collaboration with the government, and as a result, does not face any issue of access to an affected area. During the 2014 military operations in FATA, thousands were displaced, and according to Islamic Relief, it was the first organisation to gain clearance from the Government to access those affected (even the UN agencies were reportedly not granted access).

3.3. Sectorial approaches

As seen in Table 1, the project agencies are active in a wide range of sectors, with a focus on medical and health, food security and WASH, in addition to support services such as coordination, finance, and administration. The baseline interview and survey responses did not identify any significant differences in approach by sector. WASH was highlighted as a sector where some agencies had used innovative products in emergency response. For example, Muslim Aid trialled portable water filters and single-use toilets ("Peepoo"), with the former more successful than the latter.

3.4. The role of women

Approximately 30–40% of staff active in surge are women, according to the agencies. As can be seen in the chart below, across agencies, there is an average gap of 12% between women that are deployable and those who are actually deployed. Islamic Relief mentioned that they maintain separate hostels for female staff, which encourages them to take part in deployment.

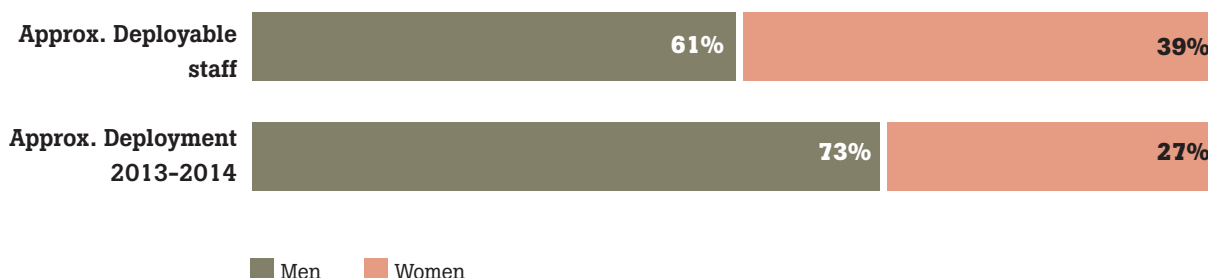
Interview respondents commented that during emergencies, women often take over office responsibilities and play a significant role in providing psycho-social support to the affected women, in addition to working in field hospitals dealing with women's issues. All agencies reported having a global gender policy in place and some, such as ActionAid and CARE, have women's rights as a specific programme theme or focus. Only CARE reported having specific policies or guidance related to gender in surge, such as a gender plan as part of their preparedness planning which is implemented globally and not only in Pakistan.

⁴³ Islamic Relief has presence in AJK, Charsadda, Nowshera, Bannu, Mohamand Agency in KPK, Chaghi, Noshki in Balochistan, Thatta in Sindh and Rawalpindi and Jhang in Punjab, and it does not face any issue of access.

⁴⁴ CARE's programmes are in KPK *Nowshera, Charsadda, Swat, Peshawar+, Sindh *Qambar, Shahdad Kot, Dadu, Mirpurkhas, Umarkot, Mithi], Punjab [Multan, Zumzaffargarh].

⁴⁵ Plan International-Pakistan also works in Punjab; Save the Children works in Balochistan but recently it has ceased its operation in KP and Balochistan.

FIGURE 1

COMPARISON OF DEPLOYABLE STAFF BY ACTUAL DEPLOYMENT BY GENDER IN PAKISTAN

Interview respondents commented that during emergencies, women often take over office responsibilities and play a significant role in providing psycho-social support to the affected women, in addition to working in field hospitals dealing with women's issues. All agencies reported having a global gender policy in place and some, such as ActionAid and CARE, have women's rights as a specific programme theme or focus. Only CARE reported having specific policies or guidance related to gender in surge, such as a gender plan as part of their preparedness planning which is implemented globally and not only in Pakistan.

3.5. Surge for the recovery phase

All agencies supported the relevance of surging for the recovery phase and integrated concepts of sustainable development in their responses. However, the majority do not have programmes for early recovery, mainly due to funding constraints. The closing of the emergency response phase and initiation of the recovery/resettlement phase is decided by the government, and accordingly the agencies have to shift from response to early recovery activities. Depending upon the availability of resources, different organisations respond differently for the recovery phase. Plan International-Pakistan reported that in 2010, the emergency and early recovery phases were not integrated, however, based on the lessons learnt, these were integrated from 2011 thereafter. SC has developed an early recovery strategy to keep a long-term presence in areas where it is working. ACF is working on malnutrition recovery in Dadu district as an example of a recovery approach. Muslim Aid is also engaged in supplying crop seeds and kitchen gardening materials as a strategy for early recovery. Tearfund is implementing a development project in the Thar Desert. The other agencies did not report any tangible activity linking surge to the recovery phase, though they support the concept as described above.

4. Surge deployment of consortium members

According to the survey response, over two thirds of deployments in the period 2013–2014 were national, a quarter were international and only 5% were regional. Deployment of staff is spread relatively evenly across all sectors; the medical and health sector is the largest, by a small margin.

TABLE 2

SURGE DEPLOYMENTS IN PAKISTAN 2013–2014

Sector	Average per agency*	Total number*	%
International deployments in 2013	3.33	30	12
International deployments in 2014	3.56	32	12
Regional deployments in 2013	0.89	8	3
Regional deployments in 2014	0.44	4	2
National deployments in 2013	9.56	86	33
National deployments in 2014	10.89	98	38
Totals		258	100

* Number of individuals

TABLE 3

SURGE DEPLOYMENT BY SECTOR IN PAKISTAN 2013–2014

Sector	Average per agency*	Total number*	%
Medical/health	4.33	39	18
Food security/livelihoods	2.89	26	12
Administration	2.78	25	12
WASH	2.22	20	9
Management/coordination	2.11	19	9
Logistics	1.78	16	7
Monitoring/evaluation/accountability	1.67	15	7
Human resources	1.44	13	6
Finance	1.44	13	6
Reporting	1.11	10	5
Other	0.89	8	4
Protection	0.78	7	3
Communications	0.33	3	1
Totals		214	100

* Number of individuals

4.1. Speed of deployment

Agencies reported in their survey responses that it is much quicker to deploy national staff, as illustrated in Figures 2–4. Reasons for delays in deploying regional or international staff may be partially explained by some of the challenges evoked further below concerning visa issues for foreign staff, in addition to the desire to use local capacities where possible.

FIGURE 2

AVERAGE SPEED TO DEPLOY NATIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN PAKISTAN

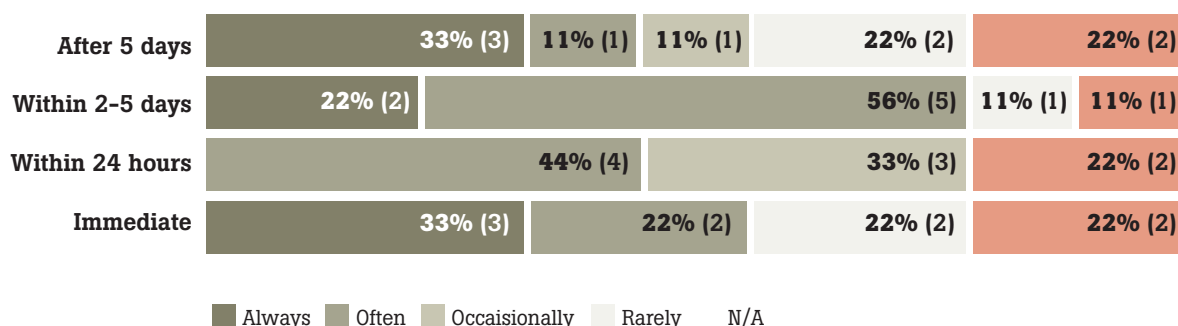


FIGURE 3

AVERAGE SPEED TO DEPLOY REGIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN PAKISTAN

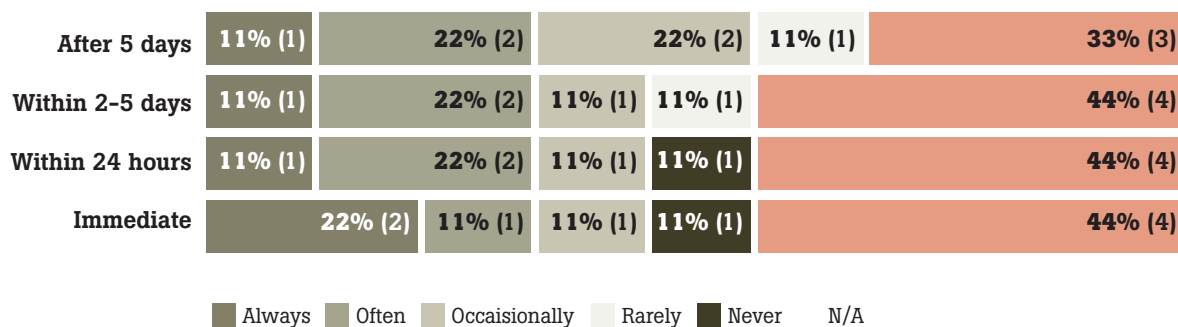
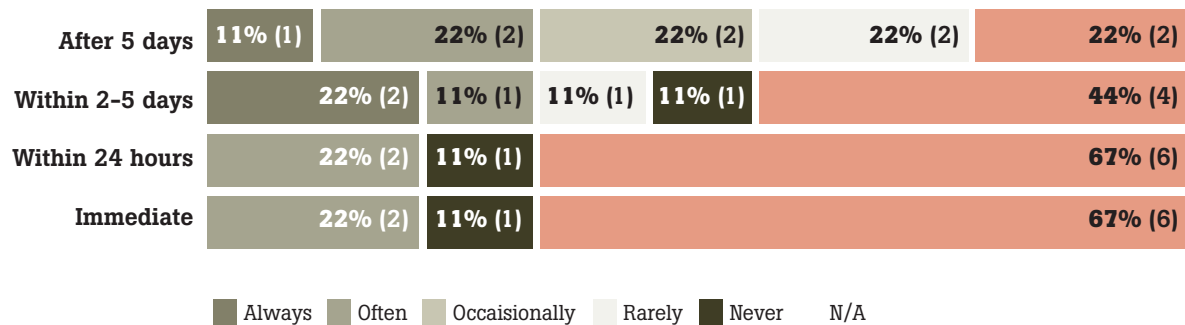


FIGURE 4

AVERAGE SPEED TO DEPLOY INTERNATIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN PAKISTAN



Six of the agencies (IMC; Muslim Aid; Plan International-Pakistan; Islamic Relief; ActionAid; CARE) reported that they aim to react within the first 24 hours after an emergency. ActionAid mobilised staff within 24 hours in response to the 2011-12 floods. Equally, after the 2014 floods, IMC deployed medical staff within 24 hours. ACF mentioned that it makes assessments within 48 hours and responds to emergencies in 72 hours. Tearfund reported that it takes it normally only one day to make an assessment. Plan International-Pakistan has signed a memorandum of understanding (MOU) with the government emergency response organisation Rescue 1122 in Punjab and developed evacuation models at the district level. In an evacuation exercise, 23 communities (some 23,000) households were evacuated in 20 minutes. Rescue 1122 was first initiated in Punjab and is operational in all districts. The Rescue 1122 model is being emulated in other provinces. Islamic Relief has a preparedness plan, with vendors in place with supplies and a financial management system enabling them to respond to an emergency within 12 hours.

However, agencies reported that in some cases, internal organisational issues (i.e. being ready and organised) had impacted on their ability in the past to respond rapidly, delaying a response by up to two weeks.

4.2. Challenges in deployment

The key challenges hindering surge were mainly external as listed in the following table:

TABLE 4

CHALLENGES FOR SURGE DEPLOYMENT IN PAKISTAN

Challenges (numbers in brackets indicates number of agencies that mentioned this)

Resources/human resources (6):

- ◆ Government not officially appealing for assistance. Absence of a humanitarian appeal means no response from donors and no relaxation in visa/customs rules. For example, for crises in 2014 the Government decided not to make appeals and handle the crises by itself. (9).
- ◆ Delays/refusal of visa issuance for international staff (5)
- ◆ Difficulties to obtain No Objection Certificate (NOC) for both international and national staff to work in a restricted area (especially KPK, FATA, Balochistan) for agency staff (3)

Agencies commented that their ability to respond rapidly was dependent upon the government officially making an appeal for assistance. If this is not the case, different coping strategies are adopted. For example, for the 2014 flood in the Punjab province, although the Government did not make an appeal to trigger deployment, almost all the agencies made an assessment of damages through their local partners.

Matters such as issuing visas and NOCs are a relatively new development following a tightening of national legislation from 2011 onwards that has been viewed as a response to the “war on terror”. Consequently, this problem did not affect responses to the 2005 earthquake or floods of 2010. INGOs must now be registered in Pakistan and obtain an NOC for staff (including sometimes national staff) to visit restricted areas. Visa issuance rules have been also tightened. Muslim Aid reported that it is not affected by these issues, as its acceptability is high in the country; it does not depend on the issue of NOC or visas, as all the work is carried out by national staff and there is no international deployment. As a coping mechanism for the delays in issuing visas and NOCs, agencies have focused on deploying national rather than international staff.

5. Organisation enablers

5.1. Comprehensive approach

Those agencies that defined their approach as “comprehensive” – well coordinated across functions and supported by processes and strategies (ActionAid; CARE; Islamic Relief; Muslim Aid; and Plan International-Pakistan) – combined a strong local presence (decision-making at the country level, permission to work in a given district) with the availability of the necessary resources (pre-positioned stock and funds).

In contrast, agencies that considered their approach as “partial” – some coordination, processes and strategies but with major gaps (ACF; IMC; SC; and Tearfund) – struggled with a lack of resources (mostly stocks and staff) or funding. ACF has its Emergency Management System that is launched immediately after a quick onset emergency, with the challenge being in sending additional resources. Tearfund lacks a stock of emergency supplies and a national database of experts, its emergency risk roster being maintained at the headquarters level. SC faced difficulties in obtaining NOCs, and its MOU with EAD is in the process of approval.

5.2. Leadership support

Five of the nine consortium partners described their management support as “strong” – senior management fully supportive and involved, or even very strong. There were slight variations, however, concerning what this meant in practice. IMC referred to the strong technical and funding support provided at global level; on two occasions, the support was provided within 24 hours. Plan International-Pakistan praised the support they received at a national level, including from the Deputy Country Director, who handled the emergency in 2010 in the absence of the Country Director. In contrast, at Islamic Relief, which also reported very strong support from its leadership, humanitarian response is managed at the regional level, and the Surge Coordinator updates the country offices on a weekly basis. CARE and Tearfund also reported strong leadership support.

The remaining four agencies (ACF; ActionAid; Muslim Aid; and SC) described the response of their senior management to surge capacity as “medium” – senior management were involved but delegated most of the responsibility to middle management. Persons interviewed stated that the level of management involvement was also reliant on their personal interest and experience. For example, the current Country Director of SC has a humanitarian background and was commended by peers for her humanitarian contributions in the aftermath of the 2005 earthquake in a previous role.

6. Surge mechanisms

6.1. Planning, systems procedures, and policies

Agencies reported that specific policies and procedures are in place to manage surge, as illustrated in Figure 5. All have specific human resources policies/procedures, and the large majority has operational procedures for rapid response and an emergency management plan. Fewer agencies (4) have any procedures in place to facilitate learning after an emergency.

FIGURE 5

POLICIES, PROCEDURES AND SYSTEMS IN PLACE TO MANAGE AND MOBILISE STAFF IN PAKISTAN

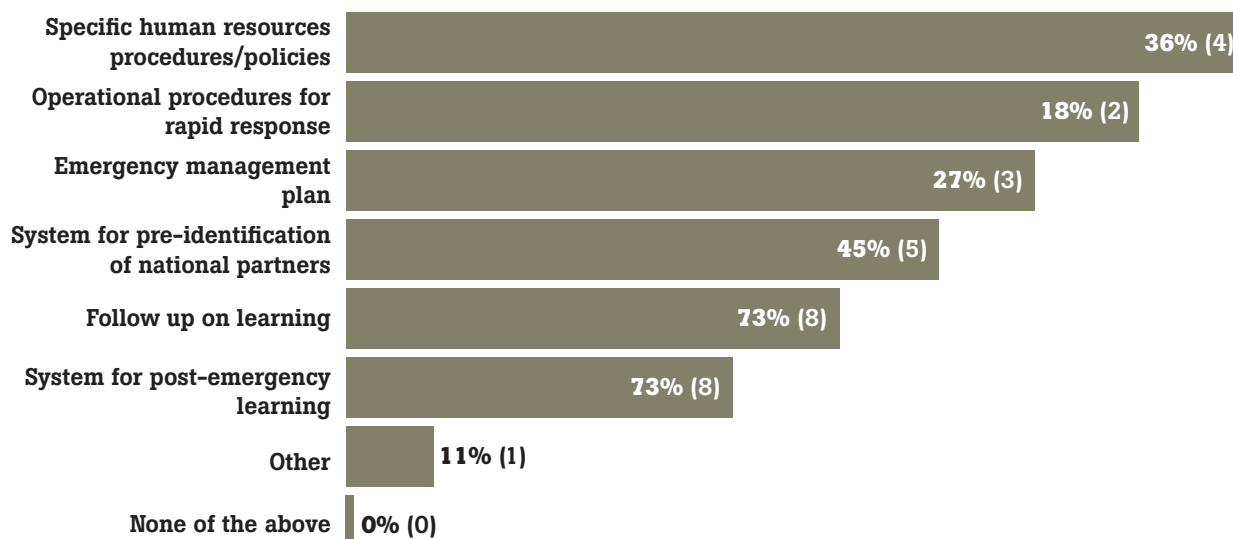
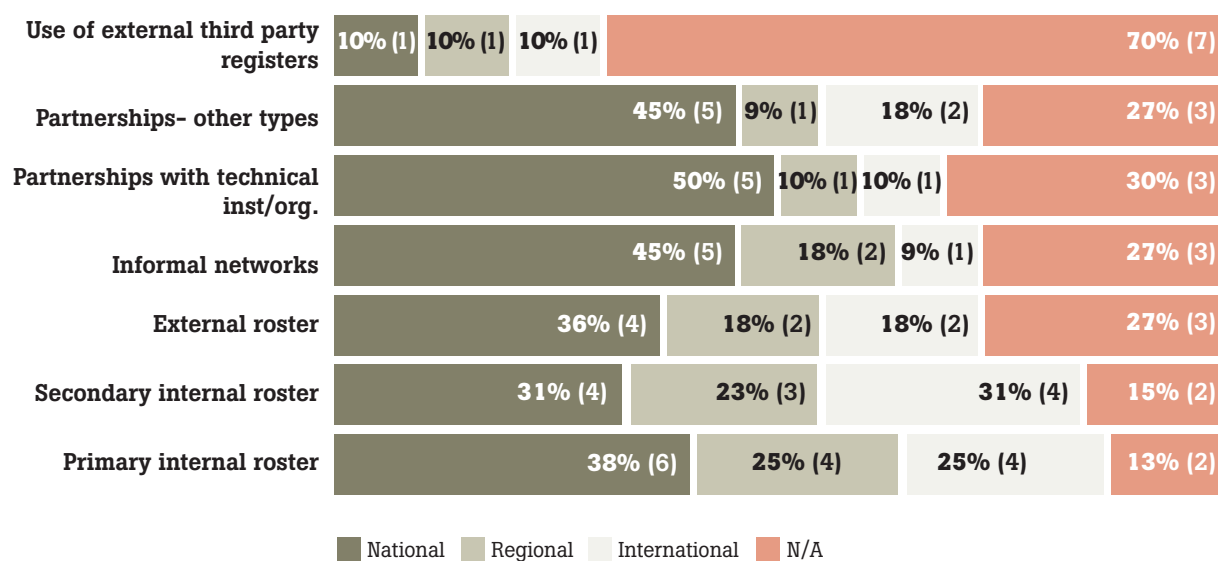


FIGURE 6

TYPE OF ROSTERS/REGISTERS CURRENTLY USED IN PAKISTAN



6.2. Rosters and registers

The combined survey and interview data underline a preference for internal rosters, drawing on the national and international staff of the organisation. Only one agency, Muslim Aid, reported that they use third-party registers. “Primary internal roster” refers to the main roster of an agency’s own staff; “Secondary internal roster” refers to sector/specialist-based rosters.

The rosters used vary widely, both in the number of staff available for surge (from 60 to 4,500) and the duration of assignment, with two agencies stipulating a maximum period (4–8 and 12 weeks). These variations are summarised in the following table that provides an overview of the rosters used for surge in Pakistan:

TABLE 5

REGISTER/ROSTER OVERVIEW FOR SURGE DEPLOYMENT IN PAKISTAN

Agency	Register/roster overview
ActionAid	The International Humanitarian Action and Resilience Team [IHART] within the International Secretariat provides technical and practical support and enables the agency to fulfil its commitment to respond to emergencies as a priority. It also runs an Emergency Fast Action support Team [EFAST] , an internal roster of 100 international staff with experience in emergencies (covering 19 sectors related to emergency response). As a complement, the Country Office has prepared a national Emergency Response Team roster with some 20 staff .
ACF	Emergency roster of call back staff updated every 3 months. Uses both internal and external rosters.
CARE	Emergency Response Team maintained locally and globally. National roster (15–20 experts), plus international roster (“red roster” of consultants and staff available for periods up to 12 weeks). Updated annually.
IMC	Internal roster of volunteer health care specialists on call (4,500 experienced staff). There is no national roster. Works with the Executive District Health Officer to obtain CVs of experts to deploy.
Islamic Relief	National internal roster (25 staff, 25% women) and global roster .
Muslim Aid	Currently no roster . Intend to develop a roster through this consortium project.
Plan International	Internal and partner roster of 60 experts (child protection; emergency; education; WASH; and shelter): 20 Plan International-Pakistan Staff + 40 staff from partner organisations. Holds regular training/ mock drills.
Save the Children	National roster and global roster . (At least 5 experts available per sector (global). Each expert used for 4–8 weeks maximum and then replaced). Updated on annual basis.
Tearfund	Emergency Risk Register maintained at the global level but no registered maintained at the national level.

7. Resources

7.1. Human resources management

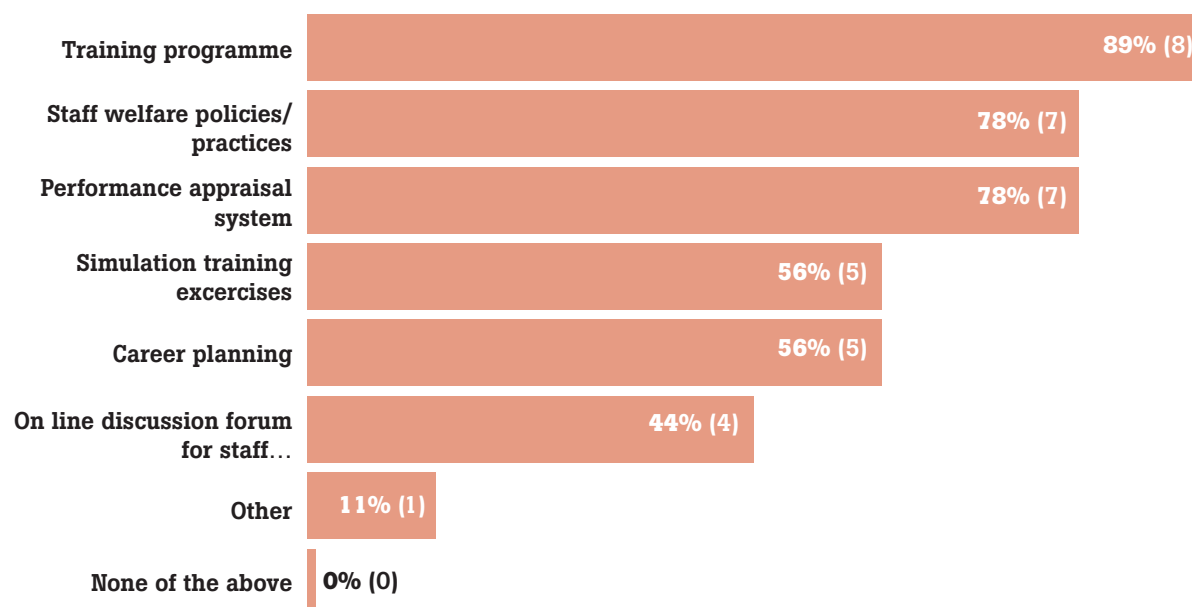
Six of the nine agencies (ActionAid; Plan International-Pakistan; CARE; IMC; Tearfund; and ACF) reported that human resources management plays a strategic role in the operations of the INGO. In these agencies, HR staff actively take part in strategic decision-making. In IMC and Tearfund, for instance, the HR manager forms part of the Senior Management Team. Islamic Relief reported that its HR staff could also be deployed and play an active role in surge operations. Only

Muslim Aid reported that the role of the Human Resource Department remains an administrative one and is limited to recruitment only. SC reported that the HR manager's role has changed in the past two years with a move to focus on more administrative rather than strategic aspects, as it was previously.

The survey confirmed that the agencies draw on multiple practices to develop surge staff in Pakistan, as illustrated in Figure 7. The most popular practices and policies were training programmes, staff welfare policies, and performance appraisal systems.

FIGURE 7

HUMAN RESOURCE POLICIES AND PRACTICES IN PLACE TO DEVELOP SURGE STAFF IN PAKISTAN



7.2. Well-being and security of national staff

Security is a key priority for all the agencies, whether for their national or international staff or volunteers. Each organisation has a security office that must award clearance for field travel based on information collected from the United Nations Department of Safety and Security (UNDSS), the Pakistan Humanitarian Forum, and from local sources (their own resources, police). Some organisations also conduct online training on security and personal safety. In addition, there is an INGO working group on security. All the organisations have gender and sexual harassment policies in place; ActionAid works with partners and ensures that they also adhere to these policies, as well as the strict security standards. In terms of differences of treatment between national and international staff, the only agency to comment, SC, reported that they apply the same hardship allowance and residential protocols to their national and international staff.

7.3. Recruitment

Recruiting for surge staff and rosters is done through a combination of methods. External recruitment for surge is used by eight out of the nine agencies, followed closely by internal mobilisation. Through interviews with agency staff it was understood that their main source of surge staff is internal – existing staff, and that external recruitment was used only as a complement to this internal mobilisation.

Agencies reported the most difficulty in recruiting from the medical/health and management/ coordination sectors in Pakistan, as seen in Figure 9. It was felt that medical/health staff were difficult to recruit as they were professions in high demand in the country and were already fully engaged and employed. In a similar way, experienced managers/ coordinators tended to be employed in middle-senior roles and not available for deployment. Issues were also reported in recruiting women for all posts.

FIGURE 8

RECRUITMENT MECHANISMS CURRENTLY USED FOR SURGE IN PAKISTAN

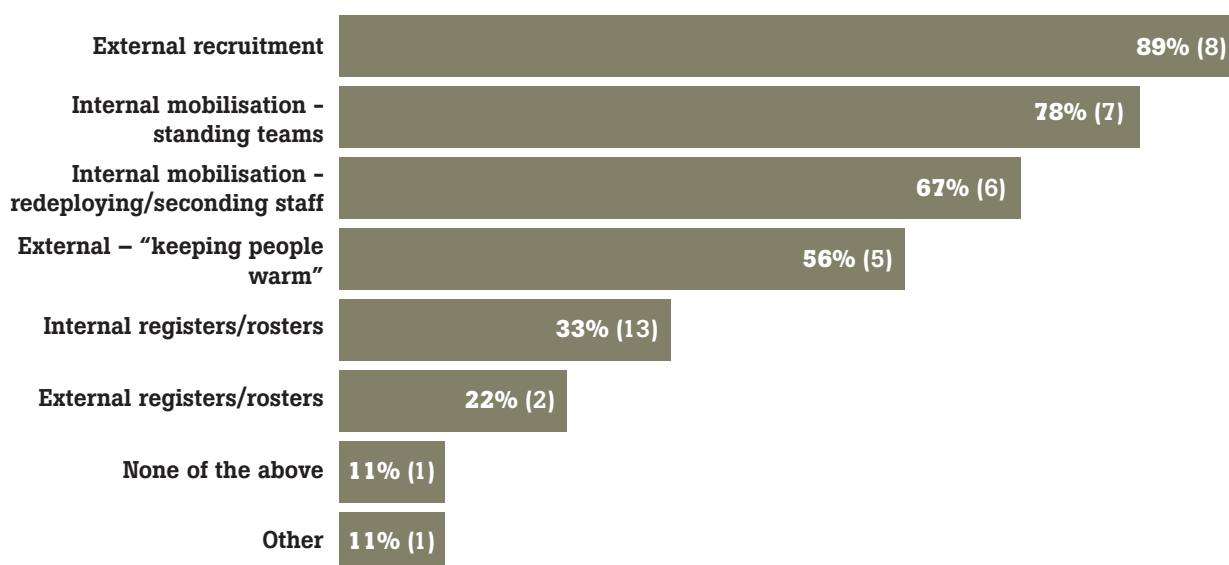
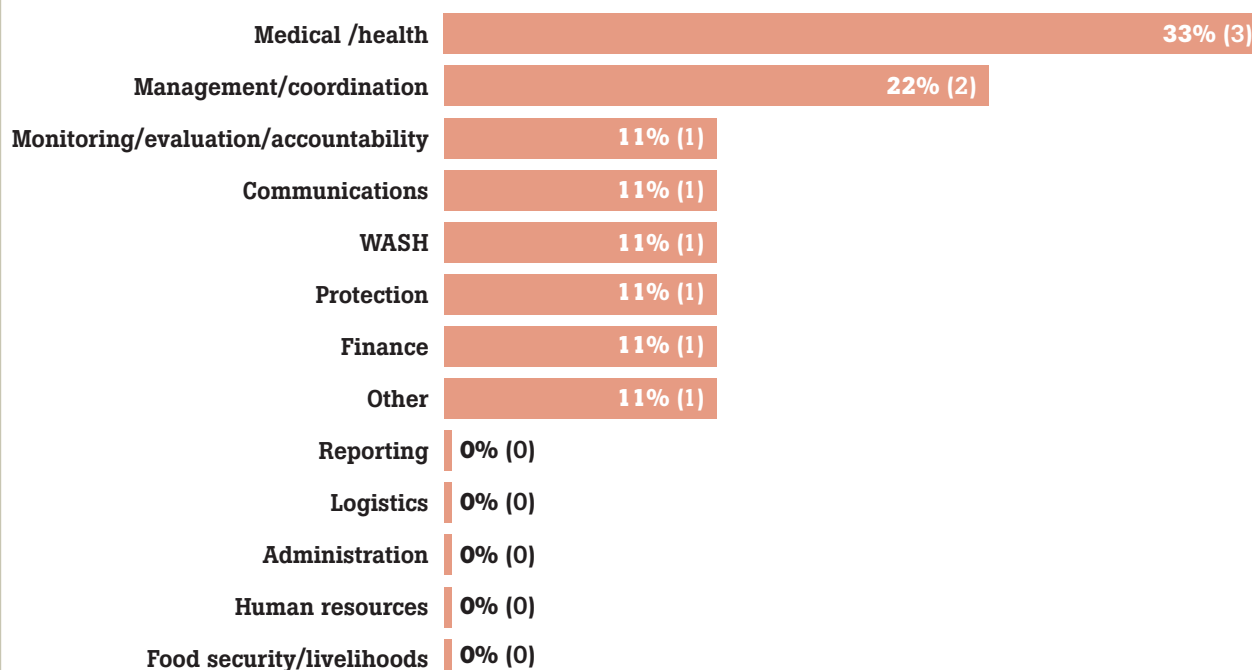


FIGURE 9

DIFFICULTIES RECRUITING FROM SECTORS IN PAKISTAN



7.4. Finance

Based on feedback from agencies, the annual expenditure in Pakistan for surge varied widely from zero to 14 million USD per agency. Agencies calculated their expenditure in different ways, making comparisons difficult. For example, an agency that calculated zero expenditure used existing resources and emergency funds and did not have a surge budget per se. An agency that calculated 14 million USD considered all surge costs, staff, and materials distributed, such as food stocks.

Agencies were also unable to provide detailed information about the financial cost of surge deployment, particularly with regard to deployments made by their HQ. It is of note, however, that, due to the reasons discussed above, international deployment has been limited in recent years in Pakistan. This may have had an impact on reducing the cost of surge deployments, given that the cost of deploying national staff and remuneration is lower than that of international staff.

Eight out of the nine agencies had access to dedicated emergency funds (ranging from US \$15,000 at Muslim Aid to US \$200,000 at SC) held in various combinations nationally or at the HQ. Although ACF did not mention a specific seed fund for surge, it could nonetheless mobilise funds within 72 hours from its international HQ. In all cases, agencies commented that further funding could be made available to cover emergencies.

In general, agencies had the flexibility to access seed funds via the country office in the event of a disaster. In some cases, approval from headquarters was required, which would release funds in response to a request from the country office. The following table summarises information derived from the interviews concerning rapid funding mechanisms that are currently in place to support agency surge:

TABLE 6

RAPID SURGE FUNDING MECHANISMS IN PLACE IN PAKISTAN

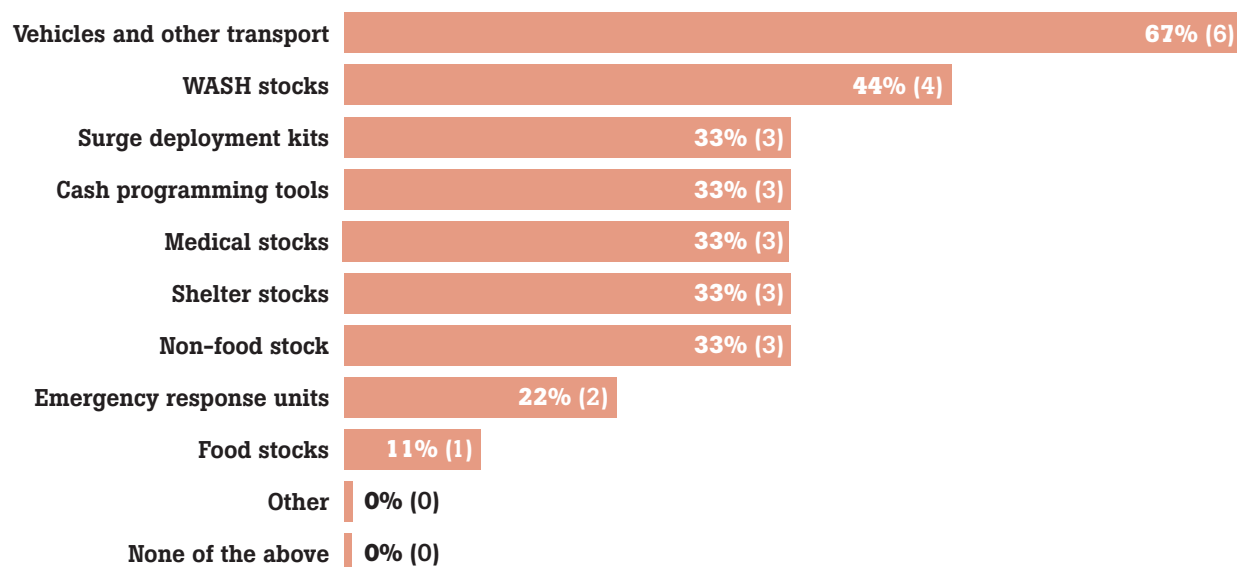
Agency	Description of fund (amount that can accessed)	How rapidly can the fund be accessed?	Do funds need to be repaid
ACF	No dedicated fund	Can mobilise funds within 72 hours	N/A
ActionAid	Appeal Fund	N/A	N/A
CARE	Emergency Response Fund of US \$25,000 to 50,000	24 hours	If possible
IMC	No dedicated amount but funds are released in a few hours	A few hours	No
Islamic Relief	£ 50,000 available in the Country Office	24 hours	If possible
Muslim Aid	Reserve fund of ~\$15,000 (£10,000)	N/A	N/A
Plan International Pakistan	US \$ 50,000 available immediately; US \$ 250,000 at the regional level; and US \$ 350,000 at the headquarters level	24 hours	No
Save the Children	Seed fund of US \$200,000	Immediately for category 1 disaster	If possible
Tearfund	~\$47,000 (£ 30,000)	24 hours (decision made at headquarters level; funds allocated to country office based on an email).	No

7.5. Materials and equipment

In the survey, the most popular forms of material and equipment dedicated to surge in Pakistan are vehicles and other forms of transport and WASH stocks:

FIGURE 8

MATERIALS AND EQUIPMENT DEDICATED TO SURGE IN PAKISTAN



The following table provides further details on materials and equipment that the agencies reported holding for surge during the interviews, with medical items, emergency kits and WASH equipment appearing the most popular:

TABLE 7

MATERIALS AND EQUIPMENT FOR SURGE IN PLACE IN PAKISTAN

Agency	Materials and Equipment for Surge
ACF	WASH equipment, 5 water treatment plants (each serves 10,000 people).
ActionAid	All emergency related items and vehicles.
CARE	Medical supplies, cash programming tools and vehicles.
IMC	Medical supplies and equipment.
Islamic Relief	Tents, Non-Food Items (NFIs).
Muslim Aid	Health supplies, WASH. NFIs, WASH and shelter for 500 families. 20- bed inflatable hospital. Water filtration units (each provides 100,000 litres of clean water per day) and smaller filtration units (one litre of clean water per minute).
Plan International Pakistan	Emergency kits, boats, satellite phones.
Save the Children	Health emergency kits (for 2,500 families).
Tearfund	No pre-positioned stock, but vehicles available.

Medicines: SC evoked the difficulties in storing medicines for emergencies, given the limited shelf life of these products. SC maintains a stock of emergency health kits for 2,500 families and has contracts with vendors to replace expiring medicines twice; the third time, however, SC has to buy the medicine again, making this a costly exercise.

Warehousing and Stockpiling: Storing the emergency supplies is a further challenge experienced by several agencies. Muslim Aid expressed its desire to expand stockpiling and develop a large warehouse, but these steps remain a major challenge, given the costs in maintaining stockpiles. This issue is being tackled in various ways by the agencies. IMC; CARE; ActionAid; and Islamic Relief do not share their warehousing with any other agency. CARE and ActionAid have turned to their vendors to help solve the issue of warehousing; they had found vendors who could provide supplies rapidly in the event of a disaster, thus eliminating the need for their own warehouses. Islamic Relief has also outsourced warehousing.

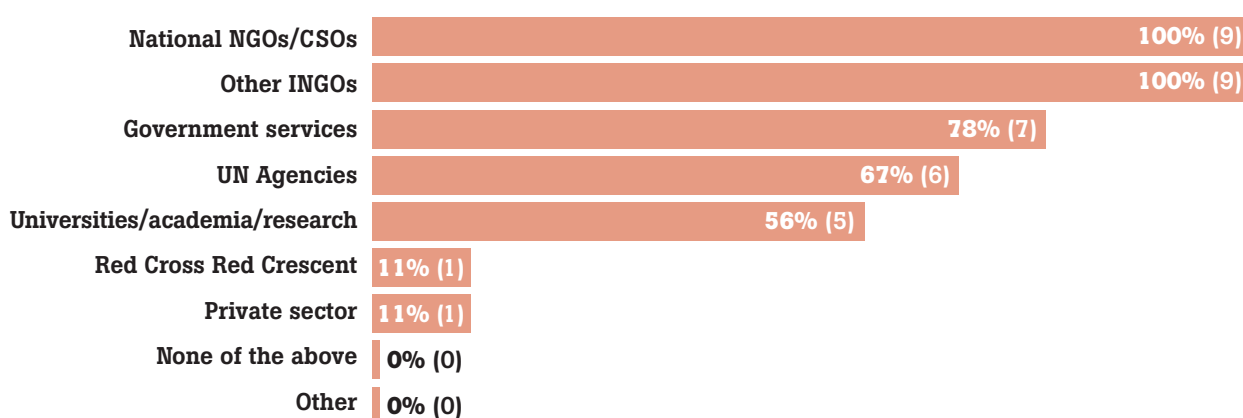
Some agencies do collaborate with other parties on warehousing. Plan International-Pakistan, SC, and IMC all have shared warehouses with the World Food Programme and, in the case of the IMC, with the World Health Organisation. Tearfund also shares storage facilities with others. All the agencies share stockpile information with the National Disaster Management Authority (NDMA) and the Provincial Disaster Management Authority (PDMA), and consortium members via the Pakistan Humanitarian Forum. However, the sharing of materials is not practised by any agency.

8. Collaboration

All of the agencies reported that they are currently collaborating both with national NGOs and other INGOs for surge response. The majority also work closely with government services, UN agencies and universities or academia/research:

FIGURE 11

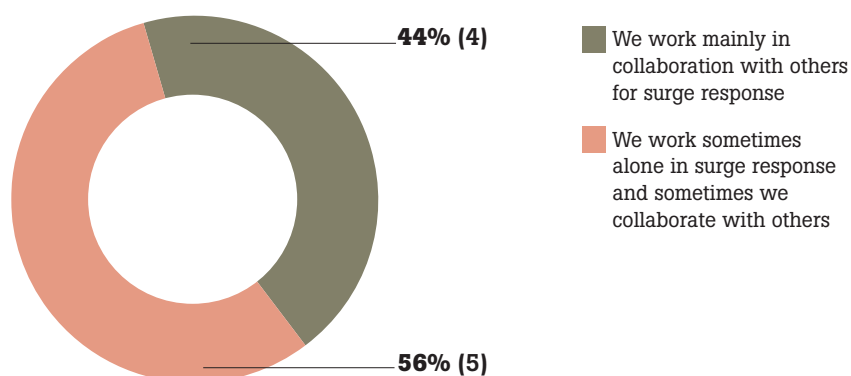
COLLABORATION FOR SURGE RESPONSE IN PAKISTAN



All agencies reported in their survey responses that they either mainly or sometimes collaborate with other actors as part of their surge response, as illustrated in Figure 12.

FIGURE 12

TYPE OF COLLABORATION OF AGENCIES IN PAKISTAN



The interviews revealed that a main vector for this collaboration is the Pakistan Humanitarian Forum, of which all the agencies are a member. This forum provides a platform for sharing information between INGOs and with government agencies, about stockpiling, warehousing, and resources available. Apart from this example and the Surge project itself, the agencies interviewed reported no further collaboration with each other or any joint surge mechanism existing, aside from when donors wanted to follow a consortium approach. For example, the ECHO funded SC to implement Community Based Disaster Risk Reduction Management (CBDRM) and School Based Disaster Risk Reduction Management (SBDRM) in the district of Mirpur Khas and funded other INGOs (e.g. CARE International; Diakonia; HelpAge International; Malteser International; and Handicap International) to implement the same programme in other areas.

Collaboration mainly took the form of working with local or national authorities and local partners. Agencies reported that they did sometimes collaborate with UN agencies to make joint assessments. However, concerning personnel, they were reluctant to share rosters; with this information being kept confidential due to the shortage of skilled staff, especially women, during an emergency. As suggested in the survey, collaboration with the private sector was less evident. Three agencies mentioned that they were collaborating with the private sector in the interviews. In two cases this entailed fundraising. CARE was working with the private sector in disaster response by establishing an SMS-based early warning system. All agencies mentioned that collaborations are decided at the headquarters level with first-hand information provided by the country office.

The following table summarises other forms of collaboration evoked by the agencies in relation to surge response:

TABLE 8

EXAMPLES OF COLLABORATION FOR SURGE IN PAKISTAN

Agency	Examples of Collaboration
ActionAid	Participates in training sessions with other INGOs. Works with NDMA/ PDMA and local partners.
ACF	Collaborates with the University of Peshawar and the University of Malakand for disaster risk reduction (DRR) training. After the 2010 floods, ACF established the Pakistan Food Security Alliance together with 6 INGOs, which has implemented 5 projects.
CARE	Currently working on concept note to collaborate with a telecommunications company to establish an SMS-based early warning system. Has a MOU with the Centre for Disaster Preparedness Management, University of Peshawar to undertake research on disasters.
IMC	Works with private sector to raise funds (pharmaceutical industry as part of their corporate social responsibility).
Islamic Relief	Works with NDMA/PDMA. Collaborates through consortiums and with the government. Currently working to formalise volunteer involvement in surge; has trained 50 students and 50 community volunteers for emergency response.
Muslim Aid	Works with HelpAge on preparedness planning and with Islamic Relief to set up tents. Works with a Muslim INGO forum based in the UK to jointly respond to surge. Partnerships were recently established with Christian Aid; Tearfund; World Vision; and CARE in Pakistan, and with Christian Aid and UMCORE globally.
Plan International-Pakistan	Works with private sector to mobilise funds (corporate social responsibility).
Save the Children	Works with NDMA, PDMA, and Pakistan Humanitarian Forum. CBDRM and SDMR project implemented in collaboration with other INGOs, as mentioned above.
Tearfund	Main focus of collaboration was with local partners. New partnerships have been established through a consortium with TurkAid; Muslim Aid; World Vision; ICMC; IMC; and Qatar Charity.

The following table provides the key advantages and disadvantages of collaborative surge response mentioned by persons interviewed:

TABLE 6

ADVANTAGES/DISADVANTAGES OF COLLABORATIVE SURGE RESPONSE

Advantages	Disadvantages
Sharing of information about nature and extent of disaster, stockpiling and warehousing	Reluctance to share personnel due to scarcity of experienced staff during emergencies (especially women)
Enhances geographical coverage through working with partners	"Turf" issues that do not facilitate agencies working together (with the exception of the Pakistan Humanitarian Forum and reporting to the NDMA/ PDMAs).
Facilitating access by working with authorities	
Minimising duplication of activities	

Barriers to collaborative surge response that were mentioned by agencies included: policies of individual agencies; different levels of response to emergencies; different programming procedures; varying focuses of agencies; and competition for resources (funding and staff).

9. Changes, challenges and good practices

9.1. Major changes

The following table summarises the major changes seen in the past 2–5 years for surge, and contributing factors, as reported by the agencies during interviews:

TABLE 10

MAJOR CHANGES AND CONTRIBUTING FACTORS FOR SURGE IN PAKISTAN

Agency	Major changes	Contributing factors
Muslim Aid	As mentioned above, new partnerships were forged with other INGOs.	Donors prefer to fund consortiums to cut down their management costs. In addition, the frequency and intensity of humanitarian emergencies in Pakistan is high and the response also becomes more comprehensive with wider partnerships.
Save the Children	SC is in the process of reorganising itself in Pakistan, in the light of issues related with it signing of MOU with the Government and seeking clearance to work in sensitive areas.	Besides global reorganisation, SC is facing the issue of its MOU with the Government and has identified the need to work in sensitive areas where humanitarian crisis arise more frequently.
ActionAid	ActionAid is implementing a major project on surge with the consortium members, and it is planned to have a shared roster. It has established an internal roster (EFAST) with staff who could participate in disaster response. At the national level it has established an Emergency Response Team [ERT] with a membership of 20.	In addition to the factors mentioned above, research identified the need to develop the capacity of experts engaged in deployment.
ACF	As mentioned above, establishment of the Pakistan Food Security Alliance.	Same factors as mentioned by Muslim Aid.
CARE	To address the issue of the timely availability of supplies, CARE now has contracts with vendors able to supply goods in 24 hours. Sub-offices are being established. CARE established the Resilient Pakistan Initiative (RPI) to coordinate and manage DRR projects. This consortium is comprised of nine member agencies, including four international and five national organisations.	Urgent need seen in unforeseen emergencies because of natural or man-made disasters.
Islamic Relief	The agency has strengthened its rosters at global and national levels.	Lessons learned from best practices in the region and the scale of the problems that happened in the country prompted the agency to take these actions.
Plan International-Pakistan	The agency has drastically increased the number of local partners it works with from only 5 in 2010, to 38 local partners (civil society organisations (CSO)) at present. Plan International-Pakistan has developed Disaster Preparedness Plan II, which also covers human resources and procurement needs. It has shifted warehousing to the CSO level to enable a quick response.	The increased frequency of disasters in the country calls for strengthened and quicker responses.
Tearfund	As mentioned above, new partnerships have been established through a consortium of other INGOs.	Donors encourage agencies to work in consortiums, which enable organisations to pool resources, cover a greater geographical area, share their diverse experiences, and which promotes inter-faith harmony.
IMC	IMC have found vendors to procure medical kits. They identified tents and stretchers as major shortage items in case of emergency. IMC has also been building its local partnerships; letters of commitments and MOUs have been signed with local partners.	Lessons learned from best practices in the region and the scale of problems that have happened in the country alerted IMC to take these actions.

The following two key changes were found across agencies:

Increased and strengthened partnerships: The majority of agencies explicitly mentioned their efforts to build or strengthen their partnerships for surge and other activities, whether through local partnerships or by creating or reinforcing consortia. This development appears to be the result of a combination of political and economic factors. In part, the increased engagement with local partners has been spurred on by relatively recent legal changes that require permits to operate in Pakistan that may be difficult or slow to obtain (thus restricting deployment of international staff). The high prevalence of humanitarian emergencies in Pakistan also drives increased cooperation, not the least as donors prefer to fund consortia, for reasons of ease, as well as because of the advantages that are associated with such collaboration, such as economies of scale and increased geographical reach.

Supplies and Storage: A second theme from the interviews was focusing on how to deal with the sudden need for supplies during an emergency. ActionAid, IMC, and CARE seek to tackle this by identifying and engaging vendors in advance. Plan International-Pakistan mentioned logistical problems of storing supplies, an issue they have sought to resolve by relying on local partners.

Further Developments: Agencies mentioned further developments in surge currently underway. Most of these developments notably include forms of collaboration with various partners ranging from INGOs, the UN, authorities, to the private sector, as detailed in the following table:

TABLE 11

DEVELOPMENTS CURRENTLY UNDERWAY IN AGENCIES FOR SURGE IN PAKISTAN

Agency	Further Developments
ActionAid	-
CARE	CARE has identified the need for capacity building of government staff; however, the relatively high turnover of government staff makes this difficult. CARE has also recognised the need for more frequent simulation exercises to strengthen humanitarian leadership.
IMC	-
Islamic Relief	Islamic Relief initiated consultations with INGOs to further build the surge capacity.
Muslim Aid	Muslim Aid is working on a consortium with ActionAid and Tearfund, but challenges have been seen in the long-term sustainability for a consortium. It would require the clear definition of roles for the partners.
Plan International-Pakistan	Currently in dialogue with the corporate sector to mobilise resources. In Sindh province, it has engaged with Engro (a food company), and a MOU has been signed with Telenor (a telecommunication company) and Unilever (soap and detergent manufacturer). With DFID, USAID, and the UN, a pre-agreement for stockpiling is underway.

9.2. Shortcomings and challenges

The major shortcomings and challenges for surge reported by the agencies are as follows:

TABLE 12

SHORTCOMINGS AND CHALLENGES FOR SURGE IN PAKISTAN (RANKED)

- 1 Visa issues for international staff and permission to work within Pakistan:** as mentioned above, issues with obtaining visas and NOCs.
Coping mechanism: Some organisations have adopted the policy of obtaining registration by including national experts on their board of directors, which may help in some instances. Other agencies have established their own offices in Islamabad, but rely on local NGOs to implement their programmes in the field. Agencies have also focused on deploying national staff and working closely with the local authorities.
- 2 Customs issues:** Vaccines and nutrition-related supplies are imported from overseas, and some organisations reported facing problems with getting these goods released from customs. This is particularly difficult before the Government has officially launched an appeal for assistance.
Coping mechanism: If an appeal is made, the visa and customs rules and regulations are generally relaxed. If an organisation is registered with the EAD, the EAD helps to get such goods released without any customs or duty. The other solution that has been used by the agencies is to request that their bilateral donors import such items with the bill of entry in their names. In this way, the goods can be imported without any problem.
- 3 Field monitoring of activities:** Research and field monitoring by INGOs and UN Agencies of their own activities is difficult due to insecurity in the region and as a NOC is required to undertake missions in certain areas.
Coping mechanism: To solve this problem, the UN Agencies have adopted the Long-term Agreement for Field Monitoring [LTA-FM] approach, whereby the work is outsourced to local NGOs or consulting firms, which regularly monitor activities and report progress to the agency.
- 4 Financial resources:** Except for a few agencies, all reported budget limitations as a major constraint. Since the current Government is reluctant to launch humanitarian appeals, donors are unable to provide funds for programming. Furthermore, as government funds are limited, ultimately it is the population that suffers.
Coping mechanisms: Some INGOs have signed contracts agreeing to purchase humanitarian goods from specific vendors during an emergency. The funds are not paid to the vendor but are put on standby. This practice helps to solve the problem, but poses the risk of being charged a high price.
- 5 Retention of response capacity:** Since the humanitarian crises are generally limited in time, short-term projects are formulated. After the completion of the project the staff move to other organisations, and it becomes difficult to re-engage them. The new staff have limited hands-on experience. For the last two years there has been no declared emergency, and the government wants to deal with humanitarian response directly. As a result, it has become difficult to retain the response capacity.
Coping mechanisms: This is a perennial problem. Some organisations are managing it through engaging staff in short-term assignments. Most do not have mechanisms in place to deal with this issue. UNICEF maintains a roster of its retirees who are willing to work during emergencies.
- 6 Capacity of partners:** The majority of activities are performed by partner NGOs. However, the capacity of NGOs is very low in terms of technical expertise, and in terms of the institutional capacity of the organisations themselves, which ultimately impacts the implementation of INGO programmes.
Coping mechanisms: Many INGOs have started parallel programmes of capacity building of the local organisations, in terms of technical skills as well as providing resources for logistical operations.
- 7 Length of staff deployment:** Some organisations do not have any proper mechanism of rosters and they use existing staff from various projects for deployment, which affects the efficiency of the projects.
Coping mechanisms: Maintenance of rosters and dedicated staff for different waves of surge is the only solution to overcome this issue according to the agencies.
- 8 Research and development:** The state expenditure on research and development is very low, limiting the generation of new knowledge. Further, only limited research is published, and development/humanitarian practitioners cannot access or draw on the results when planning future programming. Equally, career counselling is not included in most of the jobs in Pakistan, and professional development is limited as a result.
Coping mechanisms: Almost all the INGOs undertake baseline surveys through local partners in the area where future programming is to be made. This provides the basis for monitoring impacts in the future.
- 9 Programming level:** Sometimes the development of programmes is conducted at the headquarters level and the national office is consulted minimally.
Coping mechanism: National offices of most of the INGOs identify the issues and report these to their headquarters. The headquarters then develop the programme as it has a better understanding of the donors and their priorities. In some INGOs, however, the national offices and their headquarters work hand in hand; this is considered to be a better approach.

9.3. Examples of good practices

There are a number of examples of approaches that have worked well and opportunities with regard to surge practice. Individual agencies highlighted the following positive examples:

TABLE 13

EXAMPLES OF GOOD PRACTICES OF SURGE IN PAKISTAN

Agency	Good practices
ActionAid	Maintains a national roster in complement to the international roster.
CARE	Contracting with vendors to provide supplies within 24 hours (and thus avoiding the need for warehousing space).
IMC	Has found local vendors for sourcing materials such as medical kits.
Islamic Relief	Successful in overcoming new challenges faced by visa and NOCs through deploying national staff and working closely with the local authorities
Muslim Aid	Provide hostels for female staff working in surge to encourage women to work in disasters, by providing appropriate and safe conditions
Plan International-Pakistan	Holds regular mock drills and training for those on the emergency roster.
Save the Children	Has linked early recovery with surge approaches and maintains a presence in many regions as a result.
Tearfund	Sharing of warehousing space with other organisations.



Annex 1: Majors surge actors in Pakistan (Not members of Start consortium)

1.	International Federation of Red Cross and Red Crescent Societies [IFRC]
2.	Pakistan Red Crescent Society [PRCS]
3.	National Disaster Management Authority [NDMA]
4.	Provincial Disaster Management Authority, Khyber Pakhtunkhwa [PDMA, KPK]
5.	Provincial Disaster Management Authority, Balochistan [PDMA, Balochistan]
6.	Provincial Disaster Management Authority, Sindh [PDMA, Sindh]
7.	Provincial Disaster Management Authority, PDMA Punjab [Punjab]
8.	UNOCHA
9.	UNICEF
10.	WFP
11.	UNDP
12.	National Rural Support Programme [NRSP]
13.	Pakistan Humanitarian Forum [PHF]
14.	National Humanitarian Network [NHN]
15.	Oxfam
16.	Concern Worldwide
17.	World Vision
18.	Mercy Corps
19.	Focus Humanitarian Assistance [FHA]
20.	RedR UK
21.	Hope 87
22.	HelpAge
23.	National Institute of Disaster Management [NIDM]

Annex 2: Persons interviewed

No	Organisation	Person interviewed
CONSORTIUM MEMBERS		
1	ActionAid	Mr. Jalil ur Rahman, <i>National Platform Coordinator, SC Project</i> , Mr. Aamir Fida, <i>Head of HROD</i> , and Mr. Daud Saqlain, <i>Acting Country Director</i>
2	Muslim Aid	Mr. Rizwan Baig, <i>Head of Humanitarian</i> and Mr. Khobaib A. Vahedy, <i>Country Director</i>
3	Plan International Pakistan	Shahnawaz Khan, <i>DRM Coordinator</i>
4	IMC	Bakhtiar Ahmed, <i>Program Development Manager</i>
5	Islamic Relief	Aziz Ahmed, <i>Emergency Coordinator</i>
6	ACF	Kan Nan, <i>WASH & DRM Coordinator</i>
7	Save the Children	Shahida Arif, <i>Sr. Manager DRR</i>
8	Tearfund	Sunil Sheron, <i>Project Manager</i>
9	Care International	Aziz ur Rehman, <i>Manager DRR</i>
OTHER START MEMBERS AND NETWORK		
10	Oxfam	Asif Ali Shirazi, <i>Humanitarian Capacity Building Advisor</i> Nadia Jehangir, <i>PHP Advisor</i>
11	Helpage International	Anwar Sadat, <i>DRR Coordinator</i>
12	World Vision	Mr. Muhammad Waqs, <i>HEA Manager</i>
13	PHF	Ms. Hina Idrees, <i>Pakistan Humanitarian Forum Sector</i>
14	Concern Worldwide	Syed Sulaiman, <i>Emergency & DRR Coordinator</i>
15	Mercy Corps	Mr. Muhammad Asar ul Haq, <i>Resilience and Humanitarian Response Coordinator</i>
16	NHN	Mr. Titus Prince, <i>National Coordinator</i>
17	Sungi Development Foundation	Sajid Mansoor Qaisrani, <i>Executive Director</i>
18	Focus Humanitarian	Ms. Nusrat Nasab, <i>Executive Officer, Humanitarian Assistance</i>
19	IFRC	Mr. Qaswar Abbas, <i>DRM Coordinator</i>
20	Redr UK	Mubashir Fida, <i>Country Representative</i>
21	NRSP, Islamabad	Mr. Rashid Bajwa, <i>Executive Director</i>
22	WFP	Mr. Zulfiqar Rao, <i>Consultant</i>
23	NIDM	Brig (Retd.). Sajid Naeem, <i>Senior Capacity Building Specialist</i>
24	Hope 87	Mr. Shoaib Haider, <i>Country Director, HOPE'87 Pakistan</i>
25	PDMA [Sindh]	Mr. M. Ishaq, <i>Assistant Director</i>
26	PDMA [Balochistan]	Mr. Munir Hussain, <i>Project Coordinator</i>
27	UNOCHA	Mr. Hussainullah
28	Pakistan Red Crescent	Mr. Muhammad Abaid Ullah Khan, <i>Acting Director Operations</i>
29	UNICEF	Mr. Muhammad Idress Khan, <i>Emergency Specialist</i>
30	UNDP	Mr. Hidayat Ullah, <i>Program Officer</i>



International Medical Corps



International Medical Corps



Allan Vera/Christian Aid

The Philippines National level Baseline 2015

THE PHILIPPINES NATIONAL LEVEL SURGE BASELINE

CONTEXT The Philippines suffers from an extremely high risk of natural disasters (earthquakes, volcanoes, tropical storms). The rapid succession of natural disasters (in particular 2009-2014) enabled humanitarian responders to draw lessons and improve their capacity for response. All eleven consortium member agencies of the Surge project are currently present and active in the

SET-UP

- ◆ All of the agencies have staff on standby for surge, although the size and nature of these teams varies.
- ◆ Decision-making on surge is made by the country office in consultation with regional or global offices.
- ◆ Staff from the management/coordination and logistics sectors were the largest available groups for surge.

ENABLERS

Comprehensive approach (well-coordinated across functions and supported by processes and strategies) in 7 out of 10 agencies and strong/very strong leadership in 9 out of 10 agencies according to their staff.

DEPLOYMENT

9%

GAP BETWEEN
DEPLOYABLE WOMEN
& ACTUAL DEPLOYMENT

41%

DEPLOYMENTS BY NA-
TIONAL STAFF (2013-14)

20%

ABILITY TO DEPLOY
NATIONAL STAFF ALWAYS
IMMEDIATELY

RESOURCES

Rapid funds range from **SMALL AMOUNTS - \$1 MILLION**
80% had some surge material on stand-by; 20% rely on prepositioning/procurement

4/10

AGENCIES HAD
WASH
EQUIPMENT

4/10

AGENCIES HAD
CASH
PROGRAMMING

0

AGENCIES HAD
FOOD
STOCKS

MECHANISMS

7/10

AGENCIES
USE INTERNAL
ROSTERS

9/10

AGENCIES HAVE
SPECIFIC HUMAN
RESOURCES
POLICIES

7/10

AGENCIES HAVE
OPERATIONAL
PROCEDURES
FOR SURGE

COLLABORATION

50%

WORK SOMETIMES ALONE/
SOMETIMES WITH OTHERS

50%

WORK MAINLY IN
COLLABORATION

**COLLABORATION MAINLY
TOOK THE FORM OF
WORKING WITH LOCAL
PARTNERS, OTHER
INGOS, GOVERNMENT
SERVICES OR UN
AGENCIES.**

CHALLENGES IN DELIVERING EFFECTIVE SURGE

- ◆ Developing capacity of local partners
- ◆ Developing and sustaining capacity of staff
- ◆ Capacity for fundraising and proposal writing
- ◆ Deploying staff from other countries
- ◆ Visa issues for international staff

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Acronyms & abbreviations

ACF	Action Against Hunger
CD	Country director
CSO	Civil society organisation
CRS	Catholic Relief Service
DOTC	Department of Transportation and Communications
DRR	Disaster risk reduction
DRRM	Disaster risk reduction and management
DRT	Disaster Response Team
DSWD	Department of Social Welfare and Development
CARRAT	Christian Aid Rapid Response Assessment Team
DFID	UK Department for International Development
EPP	Emergency preparedness plan
ERPT	Emergency response preparedness team
ERT	Emergency response team
HR	Human resources
HRU	Humanitarian Response Unit (Save the Children)
IMC	International Medical Corps
INGO	international non-governmental organisation
LGU	Local Government Units
OPARR	Office of the Presidential Assistant for Rehabilitation and Recovery
PINGON	Philippines International NGO Network
SC	Save the Children Fund
WASH	Water, sanitation and hygiene

1. Introduction

This chapter presents a baseline of the surge capacity of the Start Network consortium Surge project members in the Philippines. The information and data is drawn from interviews of consortium project members (10 members) and other surge actors (total 23 persons interviewed) and survey responses (10 responses: Action Against Hunger (ACF); ActionAid; CARE; Christian Aid; International Medical Corps (IMC); Islamic Relief; Plan International; Save the Children (SC) Philippines; and Tearfund).⁴⁶ A list of persons interviewed is found at Annex 2. Unless otherwise stated, this baseline refers to the Start Network project members (“agencies”) that are part of the Surge project.

2. Context

The Philippines consistently suffers from numerous natural disasters due to its geography and geology. Being situated along a highly seismic area, the Pacific Ring of Fire, exposes the islands to earthquakes and volcanic eruptions. The Philippines is also the country the most exposed to tropical storms in the world⁴⁷; around 20 tropical cyclones hit the Philippines every year. In November 2013, Typhoon Haiyan, one of the most powerful tropical storms on record, killed over 6,000 people; 14 million people, including 6 million children, were affected⁴⁸.

These disasters have left thousands of people dead, destroyed the country’s infrastructure, and hit the economy hard; the financial cost has been estimated at a loss of 0.5% of GDP per year (from 1990–2006)⁴⁹. Their effects are expected to become increasingly damaging. The landslides and storm surges that follow tropical storms have been made worse by deforestation, which, in turn, has led to severe flooding and landslides⁵⁰. Climate change is likely to exacerbate the situation further, making tropical cyclones more severe⁵¹.

Civil society has been active in the Philippines since the end of the dictatorship in 1986; the Start consortium members have an active presence in the country. At the state level, the National Disaster Risk Reduction and Management Council incorporates all the government agencies working on disasters (including the Office of the President and armed forces) and has developed a National Disaster Risk Reduction and Management Plan (2011–2028).⁵²

2.1. Surge in the Philippines

All eleven consortium member agencies of the Surge project are currently present and active in the Philippines: ACF International; ActionAid; CARE; CAFOD; Christian Aid; IMC; Islamic Relief; Muslim Aid; Plan International; SC; and Tearfund.

Other key surge actors in the Philippines include other international NGOs (e.g. World Vision; Handicap International; HelpAge; and Oxfam); the International Federation of Red Cross and Red Crescent Societies; UN organisations (UNICEF, UNDP); local NGOs; regional and national government bodies (organised under the National Disaster Risk Reduction and Management Council); and the military.

2.2. Trends

The Typhoon Haiyan, together with a succession of other natural disasters, including the Bohol earthquake that killed 222 people and damaged or destroyed 73,000 homes in 2013⁵³, played a role in changing the nature of emergency

⁴⁶ Muslim Aid is present in the Philippines, but was unavailable for interview at the time of this study due to staff change. Two members of staff were interviewed for CARE. A survey response was not received from CAFOD. STC only partially completed the survey.

⁴⁷ [http://www.itu.int/en/ITU-D/Emergency-Telecommunications/Documents/Thailand_2006/final1/Session%202/SESSION%202%20\[Philippines\]%20Country%20Presentation.pdf](http://www.itu.int/en/ITU-D/Emergency-Telecommunications/Documents/Thailand_2006/final1/Session%202/SESSION%202%20[Philippines]%20Country%20Presentation.pdf)

⁴⁸ UNICEF. Source: <http://www.unicefusa.org/mission/emergencies/hurricanes/2013-philippines-typhoon-haiyan>. Accessed: 18/6/2015 49

response in the Philippines. This quick succession of disasters highlighted the need for a co-ordinated mechanism for response that combines government and civil society. At present, various models and frameworks are being used and tested for surging during emergencies, the most promising of these involves the inclusion of and collaboration with local partners

3. Surge set-up and approaches

3.1. Staff and set-up

All of the agencies have teams on standby ready for immediate assessment and response. The interviews revealed variation, however, in the size and nature of the available team. In some cases, the agency has all of its staff ready and available for surging (CARE, Tearfund). Others have stand-alone units or a select number of staff capable of surging (Plan International, ACF, SC).

The number of staff deployable by specific sector is detailed in Table 1 below, showing that staff from “Other”, the management/ coordination and logistics sectors, were the largest available groups across the agencies. Of note, the “Other” category was approximately a quarter of all staff (26%), with agencies mostly mentioning roles such as shelter, security, and social mobilisation. This ranking broadly corresponds to the reported actual deployments in 2013 and 2014 (see Tables 2 & 3 below).

TABLE 1

DEPLOYABLE STAFF FROM ERT AVAILABLE BY SECTOR

Sector	Average per agency	Total number of staff available (all agencies)	%
Management/coordination	2.30	23	14
Medical/health	0.50	5	3
Food security/livelihoods	1.20	12	7
Human resources	0.90	9	5
Administration	0.80	8	5
Logistics	1.50	15	9
Finance	1.10	11	7
Protection	0.70	7	4
WASH	0.90	9	5
Reporting	0.40	4	2
Communications	0.70	7	4
Monitoring/evaluation/accountability	1.30	13	8
Other)	4.40	44	26
Total	(Average) 2	167	100

49 National Disaster Risk Reduction and Management Council, Republic of the Philippines

50 National Disaster Risk Reduction and Management Plan 2011–2028, National Disaster Risk Reduction and Management Council, Republic of the Philippines. Source: http://www.ndrrmc.gov.ph/attachments/article/41/NDRRM_Plan_2011-2028.pdf. Accessed 18/6/2015. 51

51 IPCC (Intergovernmental Panel on Climate Change). Source: http://www.ipcc.ch/publications_and_data/ar4/wg1/en/ch10s10-3-6-3.html. Accessed: 18/6/2015.

52 <http://www.ndrrmc.gov.ph/index.php/2014-09-05-06-15-56>

All agencies reported that the emergency response is managed by the country office, in most instances using the regular management mechanisms of the organisation; the national leadership has a large say regarding requests for international assistance, but decisions are taken in coordination with regional or global offices. In some cases, the INGO works with local partners to coordinate with them for surge in their respective areas (Christian Aid, ActionAid, CAFOD). In others, the level of emergency determines at what level decisions will be made, such as CARE. In all cases, decisions are always made in coordination with staff on the ground.

3.2. Geographical approaches

Surge response is primarily determined by need. Consequently, for instance, many INGOS either entered or re-entered the Philippines in response to Typhoon Haiyan that led to continuing operations in the affected areas (Tearfund, Islamic Relief). CARE made reference to the National Disaster Risk Reduction and Management Plan (2011–28) that dictates which partner within the affected area responds; CARE would alert its partners and provide backup where required.

Geography has an impact on the work of these agencies, as their response differs if they already have a presence in the affected region or not. This appears to be in part for legal reasons (whether the INGO has a mandate to work in that region) and for pragmatic reasons (the availability of staff). CARE, for instance, only has field office in areas affected by typhoons Haiyan and Hagupit; when it intervenes in other areas, it works with partners due to its limited mandate. ActionAid is mandated to respond to emergencies in areas in which they are operational; if the disaster strikes a non-operational area but a country where they are working, a decision is taken at national level whether to respond.

3.3. Sectorial approaches

As seen in Table 1, although the work of the agencies is spread over a wide range of sectors, there is a particular emphasis on management and coordination, as well as logistics. Most of the agencies focussed on their core sectors, depending on their mandate and on their expertise. The agencies reported that their approach was determined by 'needs on the ground'. Some agencies offered a wide spectrum of services (CARE, Plan International), whilst others provided a holistic approach for a particular sector. For instance, IMC provided both medical care and WASH. Some of the INGOS, such as CAFOD also have a long-term approach that focuses on resilience and disaster risk reduction (DRR), and embed these values within their surge responses.

3.4. The role of women

According to the agencies, just under half of the staff deployed during surge in 2013–2014 were women (47%), whereas more than half of deployable staff are women (56%). The agencies reported that they have specific policies regarding the inclusion of women, but these vary in approach. Islamic Relief makes a conscious effort to hire women and 50–60% of its general management are female. ACF underlines non-discrimination in its recruitment, focussing on skills rather than gender.

These gender policies also vary in terms of how they are related to surge. Some agencies have a gender neutral policy that encourages recruitment based on merit (ACF, Plan International), but nonetheless underline the importance of a female presence in the field and the need to take the views of women into account when responding to an emergency. Other agencies are guided by various forms of positive discrimination (ActionAid, Islamic Relief). For instance, all

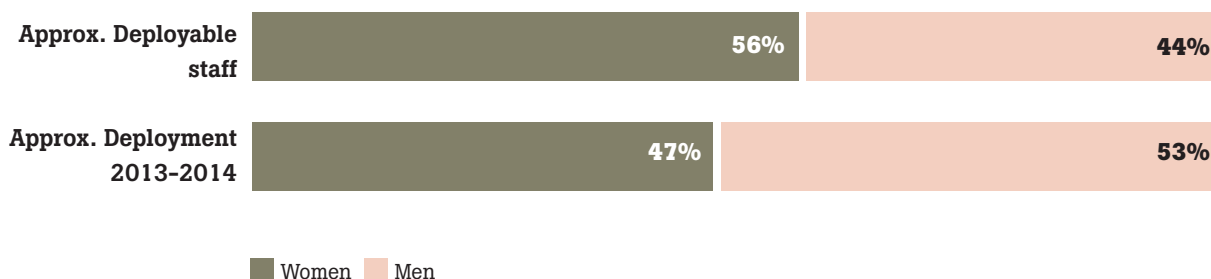
the emergency responses of ActionAid are, by policy, led by women, including the deployment and management of resources.

Gender issues are systematically taken into account in the field. Gender is integrated into the initial assessment; CARE and Plan International include a gender specialist to analyse these issues and to ensure that the needs of vulnerable women and children are met. Christian Aid mainstreams gender throughout its work. ACF commented about the significance of including women in a surge response: “women are critical in the field, as they can make better connections with mothers and families during psychosocial support”.

Notably, many of the agencies remarked that the context of the Philippines facilitates the inclusion of women, due to the presence of qualified, female professionals who can be used for surge. IMC commented on the link between education and employment for women in the Philippines: “women in the Philippines have higher [school] completion rates, this creates an opportunity for them to be involved in healthcare (midwives, school principal).”

FIGURE 1

COMPARISON OF DEPLOYABLE STAFF BY ACTUAL DEPLOYMENT BY GENDER IN THE PHILIPPINES



3.5. Surge for the recovery phase

For some of the agencies, it was not relevant to surge specifically for the recovery phase. This was either because they always employ a comprehensive approach that includes the recovery phase (Tearfund), or because they only deploy to deliver emergency response (Christian Aid); in the latter case, the community is supported by local partners during the recovery phase.

Those agencies that do surge for recovery mentioned that operations became nationalised; local partners were more involved and operations were staffed by local staff on longer-term contracts, rather than the international staff who surge during an emergency (e.g. CARE, ACF). The focus of operations also shifted to concentrate on technical support, systems; and procedures. Notably, rather than distributions, agencies could focus on longer term plans and engage in cash transfers, in particular cash for shelter, and in building shelters.

4. Surge deployment of consortium members

According to the survey response, just under a half (41%) of surge deployments in the period 2013–2014 were national, over a third (36%) were regional and just under a quarter (23%) were international. This echoes the results reported during interviews; all the agencies reported that they always or often deploy nationally first of all following a disaster. CARE and CAFOD, for instance, reported that they first deploy through local partners at the national level.

31% of staff were deployed in undefined sectors (“other”), with agencies mentioning mainly shelter, security, social mobilisation, and proposal writing/funding roles. The most popular categories for deployment that were defined were management/coordination (15%) and medicine and health (12%). For the most part, this reflects the availability of deployable staff reported in Table 1 further above, with the exception of the medical/health category that accounted for 12% of actual deployments, but only 3% of deployable staff. Conversely, although 8% of deployable staff work in monitoring and evaluation, only 3% of staff deployed belong to this sector.

4.1. Speed of deployment

The survey results suggested that it was slightly easier for the agencies to deploy national staff more quickly, as illustrated in Figures 2–4. The agencies did not report a significant difference in the speed of deploying regional or international staff; four agencies reported that they always or often deploy these staff immediately, and four stated that they deploy regional and international staff within 24 hours.

TABLE 2

SURGE DEPLOYMENTS IN THE PHILIPPINES 2013–2014

Sector	Average per agency*	Total number*	%
International deployments in 2013	14.90	149	15
International deployments in 2014	8.40	84	8
Regional deployments in 2013	20.60	206	21
Regional deployments in 2014	15.00	150	15
National deployments in 2013	26.40	264	26
National deployments in 2014	15.10	151	15
Totals		1004	100

* Number of individuals

TABLE 3

SURGE DEPLOYMENT BY SECTOR IN THE PHILIPPINES 2013-2014

Sector	Average per agency*	Total number*	%
Management/coordination	8.80	88	15
Medical/health	7.40	74	12
Food security/livelihoods	2.80	28	5
Human resources	3.00	30	5
Administration	1.40	14	2
Logistics	3.70	37	6
Finance	3.50	35	6
Protection	1.40	14	2
WASH	3.40	34	6
Reporting	1.20	12	2
Communications	3.00	30	5
Monitoring/evaluation/accountability	1.70	17	3
Other	18.90	189	31
Totals	(average) 6	602	100

* Number of individuals

FIGURE 2

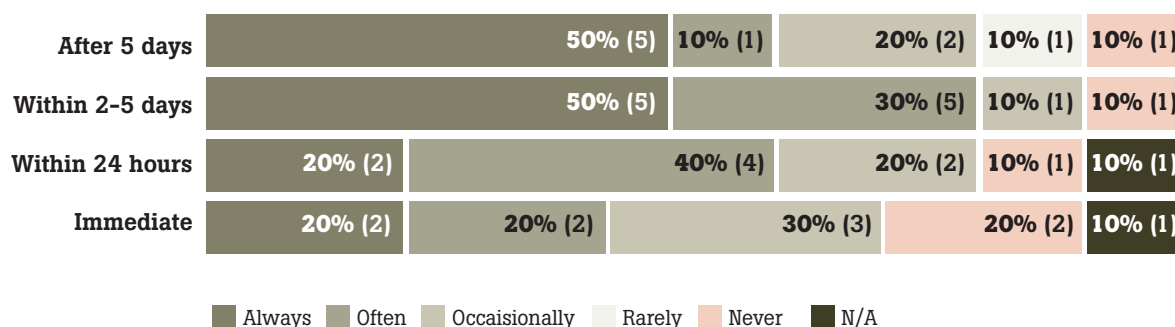
AVERAGE SPEED TO DEPLOY NATIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN THE PHILIPPINES

FIGURE 3

AVERAGE SPEED TO DEPLOY REGIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN THE PHILIPPINES

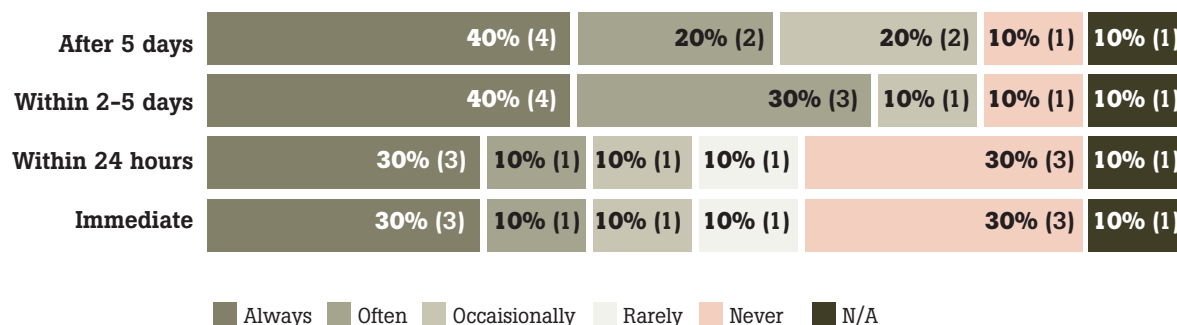
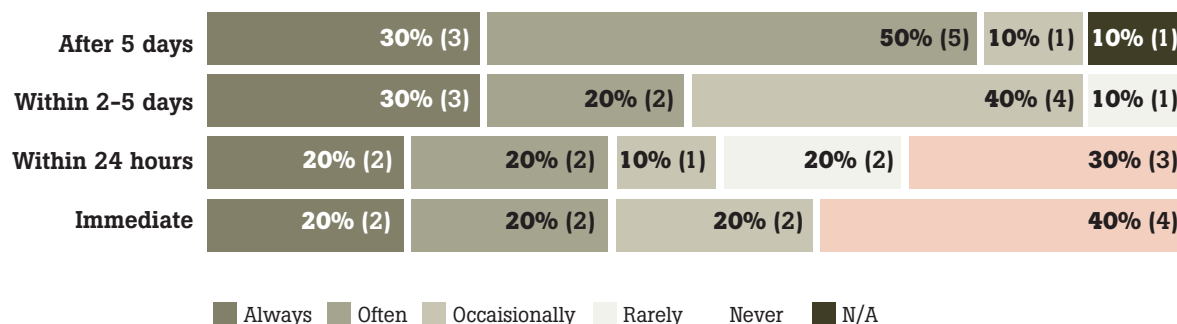


FIGURE 4

AVERAGE SPEED TO DEPLOY INTERNATIONAL PERSONNEL DURING MAJOR EMERGENCIES IN 2013 AND 2014 IN THE PHILIPPINES



As shown in the table below, the majority of agencies were able to respond rapidly to Typhoon Hagupit in 2014. Seven of the agencies had some presence on the ground either immediately or within 24 hours. Fast response times were linked to the use of local staff; frequently international staff followed in the days after the disaster. A faster response also appears to have been facilitated by the foreseeable nature of this emergency, with some agencies (CARE, Plan International) reporting that they had staff in place before disaster struck. This policy was explained by IMC, which reported that for foreseeable crises staff are positioned in advance for immediate start; for unforeseeable crises they aim to react within seven days.

TABLE 4

SPEED OF DEPLOYMENT (MAJOR EMERGENCY IN 2014)

Agency	Emergency (2014)	Speed of response
ACF	(Not specified)	International support on the ground within 72 hours. Local staff deployed first followed by international staff.
ActionAid	Typhoon Hagupit	24 hours to deploy partner staff; 48 hours to deploy ActionAid staff; 72 hours to deploy international staff.
CARE	Typhoon Hagupit	Teams deployed before landfall; Rapid assessment done immediately; initial response deployed within 48 hours.
CAFOD	Typhoon Hagupit	Half a day (through partner NASSA); international deployment took longer.
Christian Aid	(Not specified)	Through Christian Aid's CARRAT Network (using local partner): assessment teams deployed within 48 hours. Usually assessment done within 7 days; delivery within 10-20 days.
IMC	Typhoon Hagupit	Within 24 hours.
Islamic Relief	Typhoon Hagupit	Immediately (as soon as road networks were opened).
Plan International	Typhoon Hagupit	Staff already in place.
Save the Children	Typhoon Hagupit	Within 24 hours.
Tearfund	(Not specified – most recent emergencies)	Partners responded immediately.

4.2. Challenges in deployment

A combination of internal and external factors hindered surge deployment in the Philippines according to the interviews:

TABLE 4

CHALLENGES FOR SURGE DEPLOYMENT IN THE PHILIPPINES

Challenges (numbers in brackets indicates number of agencies that mentioned this)

Resources/human resources (6):

- ◆ HR issues deploying staff from other country offices/ finding replacements for deployed staff (4)
- ◆ Visa issues (4)
- ◆ Finding staff with required skills (3)
- ◆ Transport/access to affected area (e.g. flights cancelled, roads closed) (2)
- ◆ Safety of staff (2)

The two main issues affecting surge response were human resources and visa issues. Notably, however, these issues did not affect all the agencies in the same way. The main human resources issue mentioned was a difficulty in liberating staff from elsewhere in the organisation at times of surge, sometimes in spite of mechanisms to facilitate the deployment of international staff. At SC, for instance, “For the ERT (Emergency Roster Team) it would mean being relieved from their current post. Although there is a mechanism that the line manager would allow for release, sometimes there are competing interests. But this is becoming less of a challenge because ERT is bigger. We usually don’t need the 150 ERT all at once.” At Plan International, in contrast, it has overcome this problem by establishing a roster at the start of the year; staff agree to being deployed within 72 hours and country directors cannot refuse deployment. Consequently, Plan International does not report this issue posing a challenge.

Visa issues were raised by four agencies. However, three agencies reported that visa issues were easy or not a problem (CARE, ACF, Tearfund). For ACF, this is because visas were prepared in advance. The interviewees suggested that visas may be less of a problem where partners are used and where fewer international staff are used. For instance, Tearfund explained, “Since we also had a connection with the Philippine Council of Evangelical Churches, it was easier to convert visas to no-commercial visas. Endorsement from local partners, is important for conversion of work visas. Also, there are only two international staff.”

Transportation and accessibility also proved an issue, given the closure of airports and roads related to natural disasters. CARE explained that for Typhoon Hagupit a flight had to be chartered to bring surge staff to their destination.

5. Organisation enablers

5.1. Comprehensive approach

The seven agencies that defined their approach as “comprehensive” – well coordinated across functions and supported by processes and strategies (CAFOD; CARE; Christian Aid; IMC; Plan International; SC; Tearfund) based this assessment on the following factors:

- ◆ **The availability of funding, manpower and other resources**
- ◆ **The efficiency of the response**
- ◆ **The availability of a regularly updated emergency preparedness plan**
- ◆ **The availability of reporting channels from the ground to HQ**
- ◆ **Phasing strategies**

Two agencies (ACF, Islamic Relief) qualified their approach as “partial” – some coordination, processes, and strategies, but with major gaps. Both these agencies reported that they are working towards a “comprehensive” approach and aim to improve in the following areas:

- ◆ **The autonomy of procedures from individuals**
- ◆ **The readiness of partners for emergency response**
- ◆ **Coordination relating to human resources, logistics, and administration**

ActionAid described its approach as “comprehensive” relating to coordination, support, and strategic leadership, and as “partial” in respect of its partners.

5.2. Leadership Support

The majority of agencies described their leadership support at the national, regional, and international/global levels as “strong” – senior management fully supportive and involved, or even very strong (ActionAid; CAFOD; Christian Aid; IMC; SC). Two agencies (ACF and CARE) described management support as ‘very strong’. For CARE, this was due to the support they received from international HQ for media and fundraising, among other issues. Both ACF and Plan International mentioned the speed of response of management as being key, especially given the frequency of disasters in the Philippines. IMC referred to staff being “well trained, fully supported” and having “passion”.

Only one agency qualified its leadership support as “medium” – senior management were involved but delegated most of the responsibility to middle management; Islamic Relief described the support it receives as ‘medium to strong’ suggesting that there is room for improvement. Notably, Islamic Relief described the leadership it experienced during Typhoon Hagupit as “strong” and hoped that this would be replicable, and that the agency could learn from this past success.

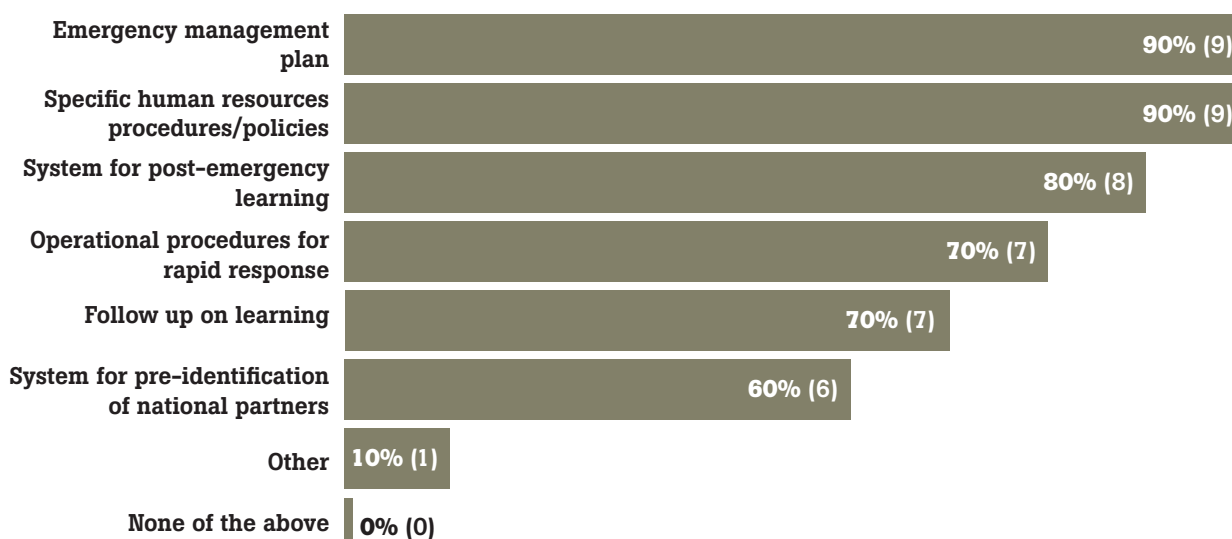
6. Surge mechanisms

6.1. Planning, systems procedures and policies

A large majority of agencies have emergency management plans in place and specific human resources procedures and policies (9), systems for post-emergency learning (8), and operational procedures for rapid response and follow-up on learning (7) in order to manage their surge response, as illustrated in Figure 5. Six agencies also have a system for the pre-identification of national partners.

FIGURE 5

POLICIES, PROCEDURES AND SYSTEMS IN PLACE TO MANAGE AND MOBILISE STAFF IN THE PHILIPPINES



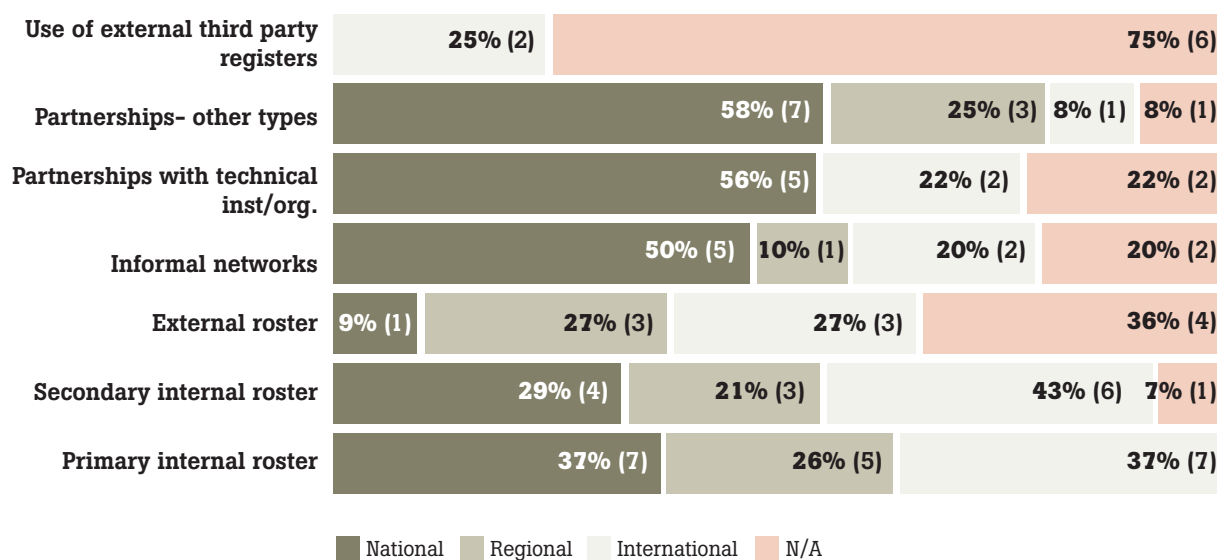
These policies are most often triggered by the organisation's national leadership, in coordination with the regional/global leadership. There were variations, however, regarding the timing and source of resources to be deployed.

6.2. Rosters and registers

For the majority of agencies, reinforcements from regional and international rosters are common. The survey results shown in Figure 6 suggest that partnerships and internal rosters are the most popular kinds, whilst external third-party registers are the least popular, only being used by two agencies at an international level (IMC and Plan International).

FIGURE 6

TYPE OF ROSTERS/REGISTERS CURRENTLY USED IN THE PHILIPPINES



All the agencies have access to international or regional and local or national rosters for surge. These vary according to size and organisation, and also according to the extent to which they rely on local partners and provide specific training to staff liable to surge. These rosters are summarised in the following table:

TABLE 5

REGISTER/ROSTER OVERVIEW FOR SURGE DEPLOYMENT IN THE PHILIPPINES

Agency	Register/roster overview
ACF	National and International rosters; National roster of contacts of past emergency responders stored in a database. Local staff receive training every year.
ActionAid	National roster (National Emergency Response Team): list of names, partners and contact information rather than a roster. 31 staff (7 from ActionAid, 24 from partners); there are 9 men, and the rest are women. International roster: specialists in livelihood, protection, policy, women's rights, finance, communication, and logistics.
CARE	Staffing for surge comes from the country office (national - Emergency Response Team), from the international roster (Emergency Response Roster), and from local partners on the ground (who can work with their own staff or with volunteers). The Emergency Preparedness Plan is reviewed regularly and simulations are run every six months with partners. All staff are provided with Personal Safety and Security Handbooks and Emergency Pocketbooks. DRR training is also done regularly.
CAFOD	Does not have own roster in-country. A national roster is maintained through NASSA (Caritas Philippines). The national roster includes those who went through the emergency response training in each of the initial 15 dioceses. NASSA covers food security, shelter, WASH, covering 40-45 dioceses. The gender breakdown is 50-50 or 60-40 male/female but there is no conscious effort to achieve gender balance; rosters are determined based on staff competence. NASSA can request surge support from other Caritas agencies, including CAFOD and Catholic Relief Service, either directly or through the Caritas Internationalis network.
Christian Aid	National partner-led roster: Christian Aid Rapid Response Assessment Team (CARRAT) is maintained by the Christian Aid Programme assistant. It is refreshed after each CARRAT training. CARRAT trainees are nominated by their organisation, and nomination can be through an open call or specific requests for individuals that are made to the organisations. Partners also sometimes offer their support. The CARRAT roster is composed mostly of partner staff designated by CARRAT members. They are more generalist than sector-specific specialist.
IMC	International roster (100+ people). National roster (7 programme staff, 12-15 members of WASH team, 20 members of the support team) maintained by IMC HR department. In addition, IMC can access volunteers from UNICEF.
Islamic Relief	National roster (Disaster Response Team - DRT); partners are asked to be part of the DRT. The DRT has not yet come together as a unit to discuss operational response or training. At the time of the interview, nominations were being made by the Area Managers and there was an application process to join the roster (priority areas: HR, Admin., Logistics, Finance). The national roster has 15 members, but the process is being upgraded (target is 25). The international roster in the Asia region has around 35 members. (International surge staff would come from this regional roster).
Plan International	National roster: Go Team of 5 staff and Emergency Response Team of 40 staff. There is a database of local staff that can be deployed. They are regular staff who undergo capacity building. Staff are provided with manuals that determine their roles and responsibilities during surge. Covers all sectors. International Roster also exists.
Save the Children	International Roster (450 trained professionals; requires international experience). Regional 'Fast Track' roster (40-50 people): made up of high-potential individuals who can be deployed to small scale emergencies to gain experience and subsequently join the global roster. The National Roster maintained by HR incorporates a standalone Humanitarian Response Unit as first wave, and Emergency Response team as standby (150 staff in total). There is also a local Medical Roster.
Tearfund	An international roster covering all sectors (100+ members is managed by the DRRM unit in the UK). There is no national roster but all local staff are capable of surging.

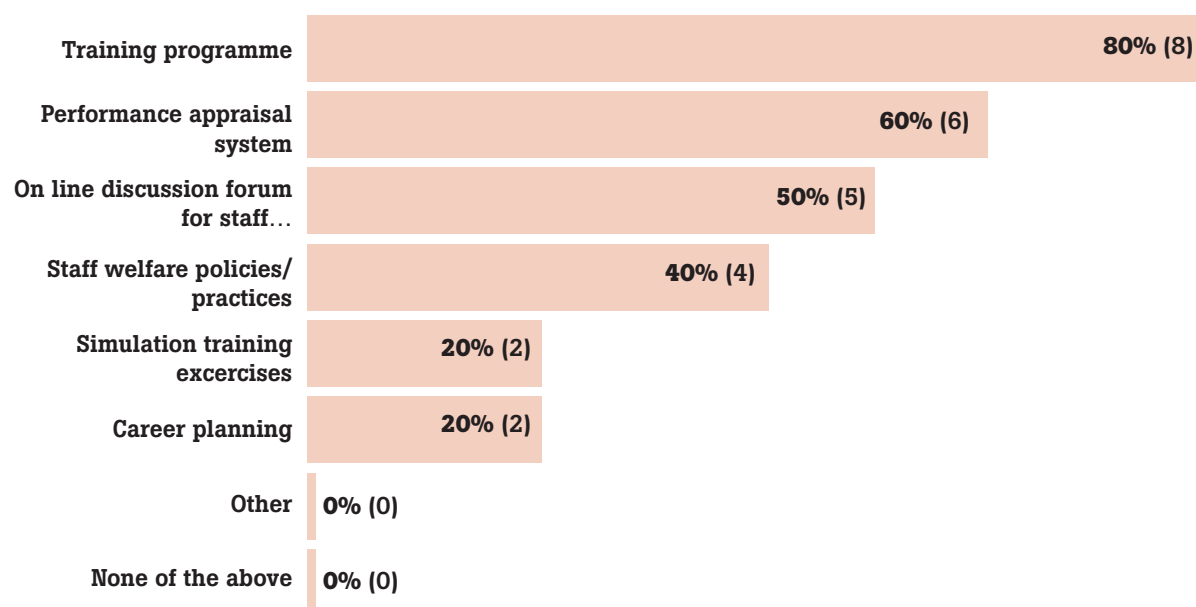
7. Resources

7.1. Human resources management

The agencies described the participation of the human resources (HR) department in surge as being purely administrative in most cases. HR is involved in distinctive elements of the process (first screening, briefing) (ACF, Christian Aid, Islamic Relief) or in the entire process (assembling the surge team and formulating the plan) (CARE, Plan International). The survey confirmed that the agencies draw on an array of practices to develop surge staff in the Philippines, as illustrated in Figure 7. The most popular practices and policies were training programmes, performance appraisal systems, and online forums for staff discussion:

FIGURE 7

HUMAN RESOURCE POLICIES AND PRACTICES IN PLACE TO DEVELOP SURGE STAFF IN THE PHILIPPINES



7.2. Well-being and security of national staff

The same approach is taken to the well-being of all staff, whether national, international or volunteers. The agencies reported marginal differences in terms of the security measures that are applicable to different categories of staff; security measures may apply to international staff and volunteers, both during and outside of working hours, although this may not be the case for national staff. SC specifically mentioned providing security training; ActionAid provides security briefing prior to deployment. Others, like CARE, include this information in handbooks provided to staff. Concerning hardship allowance, CARE provides allowances for deployed staff. Others, like SC, provide salary “top-ups” for deployed staff. ActionAid only provides an additional “top-up” to international staff, but not local staff. ACF has an emergency clause in its staff contracts, so there is no “top-up”, and it only provides additional allowances in extraordinary situations.

7.3. Recruitment

According to the survey, the two most popular mechanisms for recruiting surge staff are external recruitment (8) and internal mobilisation (7). External rosters or registers were the least used mechanism (3 agencies).

The most frequently mentioned sector in the survey as posing difficulties for recruitment was logistics (5 agencies), as seen in Figure 9. Overall, however, the survey responses on this topic spanned a wide range of sectors.

FIGURE 8

RECRUITMENT MECHANISMS CURRENTLY USED FOR SURGE IN THE PHILIPPINES

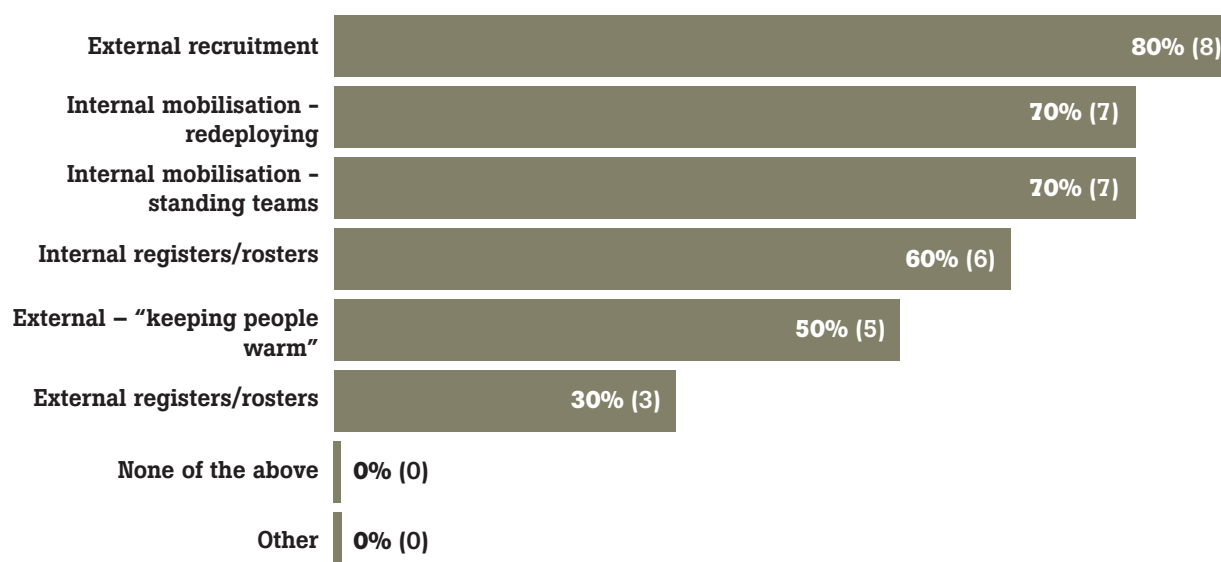
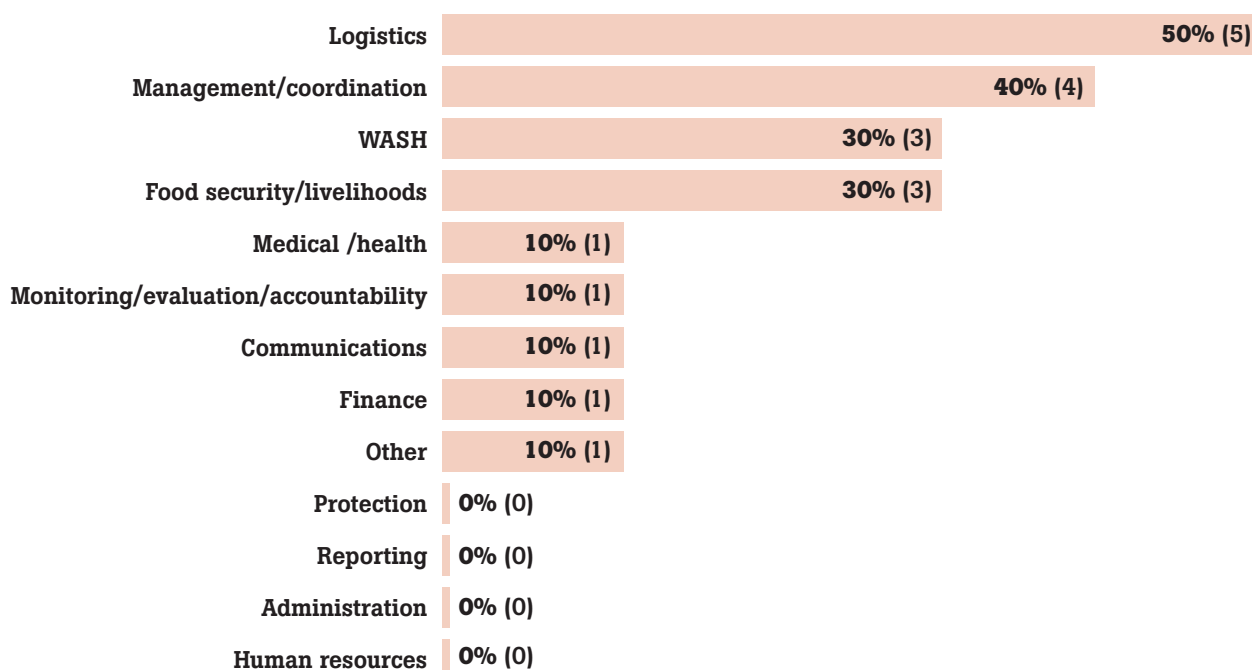


FIGURE 9

DIFFICULTIES RECRUITING FROM SECTORS IN THE PHILIPPINES



7.4. Finance

Based on feedback from agencies, the annual expenditure in the Philippines for surge varied widely from zero to 33 million USD per agency. Agencies calculated their expenditure in different ways, making comparisons difficult. For example, an agency that calculated zero expenditure used existing resources and emergency funds and did not have a surge budget per se. An agency that calculated 33 million USD considered all surge costs, staff, and materials distributed, such as food stocks.

All the agencies had some emergency funds that could be accessed immediately, in some cases within 30 minutes (7 agencies), within one day (1 agency), or within a couple of days (2 agencies). The amounts available varied widely (based on the information available), but all the agencies had access to some funding at a local level to enable quick access (including sometimes in cash), which is then usually complemented by further emergency funding available at international HQ.

Those agencies that had available data commented that international staff cost roughly 3 to 5 times more than national staff, although there is a general variance in the fee relative to the level of experience. The general international rate applies for international staff (estimates range from USD\$ 4,000 to 11,000 per month – inclusive of everything), while estimates of national costs would be usually a regular salary of 555 to 900 USD per month (25,000 to 40,000 PHP), with additional incentives such as salary top-ups for some or per diem allowances.

The following table summarises information derived from the interviews concerning rapid funding mechanisms that are currently in place to support agency surge:

TABLE 7

RAPID SURGE FUNDING MECHANISMS IN PLACE IN THE PHILIPPINES

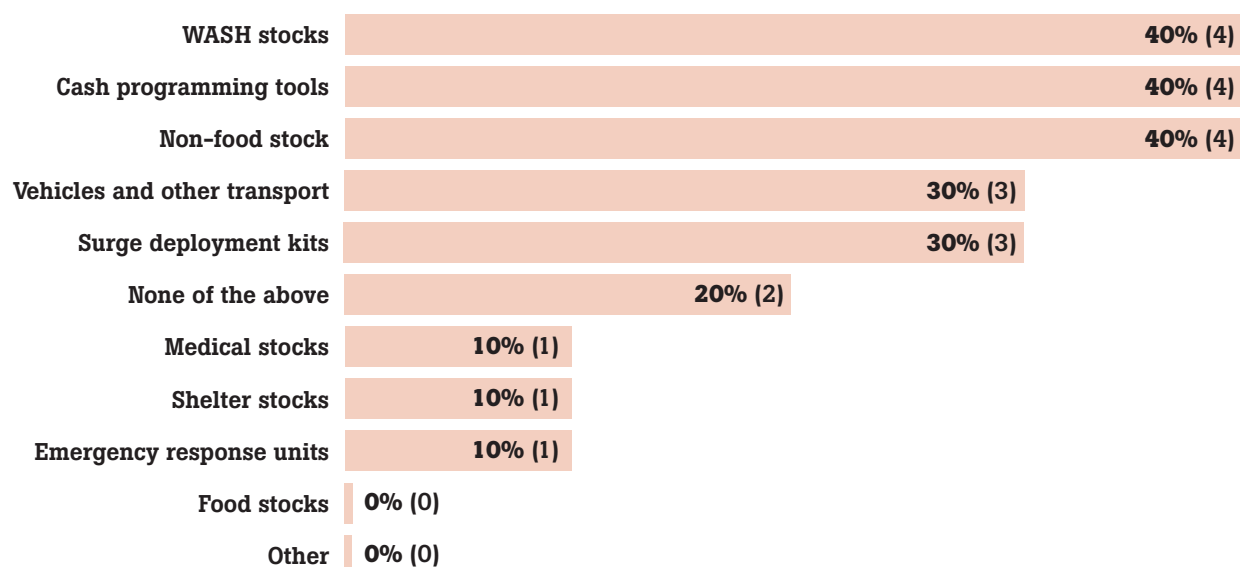
Agency	Description of fund (amount that can accessed)	How rapidly can the fund be accessed?	Do funds need to be repaid
ACF	There is a very small fund available that can be utilised for rapid assessment.	Immediately – through email confirmation only, as the contract for these funds has already been established.	No
ActionAid	ActionAid has a contingency fund amounting to GBP 250,000, and partners (after Typhoon Hagupit) now have immediate access to PHP 500,000. Within 24–72 hours of an emergency, a request can be made for funding for immediate response (quick money without plan).	Initial funding could be accessed in as little as 30 minutes through phone transaction. It can only be used if the partners gain approval and should be for the prepositioning of goods. The current agreement with partners ends in October 2015. There is a clear indication that if by September it is unused, they can use it for livelihood support.	No
CAFOD	The General Emergencies Fund is accessible globally. NASSA (the local partner with the surge mechanism) can request funds from CAFOD but NASSA also has local funding.	Immediate access. Even in advance.	No
CARE	There is a small buffer in the local account. Prior to foreseeable major emergencies, cash on hand is prepared and kept by senior management. Technically there are no prepositioned funds locally, but there is access to an International Emergency Response Fund. A request for funding is included in the country office's initial alert to Care International.	Immediate (when physical cash on hand is prepared). For the international emergency response fund, it can be withdrawn after the alert has been given.	If possible
Christian Aid	There is no prepositioned quick response fund, although unallocated budgets can be used for that purpose. A budget head under operations (staff and other team costs) may be used for deployment and assessments. Grants to partners come directly from London. The Humanitarian Division also has a Central Humanitarian Fund; but this normally takes a few days to transfer. Usually, internal agreements with partners are also made such that upon securing approvals in principle, they can put forward the required funds from other moneys.	Can take a few days to transfer if it is from the Central Humanitarian Fund.	If possible
IMC	There is an emergency fund in the headquarters. IMC can activate this depending on the needs assessment. The fund can last for 1–3 months; the second phase will be based on the need and funding.	24 hours	No
Islamic Relief	There is an unrestricted fund for 2015 worth 60,000 GBP (replenished annually); the country director can decide how to use this. It is not an emergency revolving fund, but can be used for emergencies. There is also a global revolving fund of 20,000 to 50,000 GBP. The Country Management will have to make a request to Regional and then Global management.	Can be used even before a disaster. The global revolving fund can be released very quickly as well; 48 hours for Hagupit	No
Muslim Aid	N/A	N/A	N/A
Plan International	There is ready cash at the country office level (10% of total budget). The Country Director makes the decision to access these funds, and can also access other funds from international HQ.	Funds are accessible immediately.	No
Save the Children	There is a certain amount immediately available based on each level of categorisation of disaster (USD 1M for Category 1: USD 1,000,000, Category 2: 500,000 Category 3: 200,000 and Category 4: 80,000). There is also a new Children and Emergency fund, but no update as to how much has been raised.	Within 2 hours	If possible
Tearfund	5% of the money raised in the UK for the Philippines is for new emergencies. The national head can access this along with local partners who make the assessment.	Within 3 days	No

7.5. Materials and equipment

In the survey, the most popular forms of material and equipment dedicated to surge in the Philippines are WASH stocks, cash programming tools, and non-food stock:

FIGURE 10

MATERIALS AND EQUIPMENT DEDICATED TO SURGE IN THE PHILIPPINES



The agencies interviewed generally keep minimal equipment and materials in stock, and favour the use of supplier-framework agreements or procuring when there is an emergency, in particular for perishable goods such as food (ActionAid; Care; Islamic Relief; Plan International). The most common items that are kept in stock are WASH equipment (5 agencies) and satellite phones or other communication equipment (4 agencies). The following table summarises the materials and equipment kept by each agency:

TABLE 8

MATERIALS AND EQUIPMENT FOR SURGE IN PLACE IN THE PHILIPPINES

Agency	Materials and Equipment for Surge
ACF	WASH equipment - water treatment plants; bladders; generators; tanks; hose; latrines; water purification tablets; large tents; kitchen kits; and hygiene kits. For psychosocial work, there are family tents with toys for children, malnutrition treatment in the form of ready to use therapeutic food and vitamins are also available. Other food, such as energy biscuits, are also available in Dubai.
ActionAid	None. ActionAid uses prepositioning and procurement; it buys enough for a particular emergency.
CARE	There are no pre-positioned equipment and supplies. Materials and equipment for rapid response are acquired through pre-established credit lines with suppliers.
CAFOD	Satellite phones and credit cards.
Christian Aid	In Christian Aid Manila office: satellite phones; life vests; ropes and harnesses; bicycles; emergency lights; megaphones; boots; raincoats (about a dozen each). Some 20% of CARRAT members have their own equipment.
IMC	Water quality kits, warehouse and office space (rented).
Islamic Relief	Supplier-framework agreement (it does not buy food and non-food as these will expire, but there are agreements for immediate provision), water and sanitation kits; vehicles; disaster response team kits; and warehouses in operational areas.
Plan International	A black box for communication, satellite phones, and some pre-positioned goods, mostly non-food items (NFIs). Agreements are in place with suppliers for rapid deployment of services, and these suppliers are located strategically around the country. Even individual program units have stock on hand. Go bags are on standby for the staff to be deployed.
Save the Children	Relief materials for 10,000 families (medical equipment, tents, water treatment).
Tearfund	Communication equipment, sanitation equipment.

Six of the agencies collaborate on sharing materials (ActionAid; CAFOD; IMC; Plan International; SC; Tearfund). Others (CARE, Islamic Relief, ACF) would be interested and willing to share if the need arises, although they do not currently collaborate. Of those that do collaborate, the most common form of collaboration is to share warehousing or storage (CAFOD; IMC; Plan International; SC; Tearfund). Some share within their own network (CAFOD with other Caritas agencies), some with local NGO partners (ActionAid), and others with the authorities and UN (IMC shares stockrooms with UNICEF and the Department of Health).

8. Collaboration

Eight of the agencies reported that they are currently collaborating with national NGOs and other INGOs. In addition, seven agencies collaborate with government services and UN agencies for surge response. Through the interviews, the agencies also stressed the importance of working well with local partners, and to facilitate the coordination among these local partners, in order to ensure that emergency responses are sustainable and effective.

This confirms the trends reported during interviews. The majority of agencies collaborate with the authorities at various levels, from local and regional governments (governments with local government units, from barangay (district) to municipal to provincial levels) to national government agencies (Department of Health; Department of Education; the Office of the Presidential Assistant for Rehabilitation and Recovery (OPARR); the Department of Social Welfare and Development (DSWD); and the Department of Transportation and Communications (DOTC)). In their collaboration with other agencies, the activities range from information-sharing, to joint assessment, trainings, and even procurement. For instance, ACF works in tandem with SC and CARE to provide complete services in areas where they are deployed. ACF focuses on WASH (as well as nutrition, food security, and psychosocial support), while SC provides health services and CARE works on shelter.

Collaboration with universities or academia/research remains limited (6 agencies). Examples of collaboration include participation in individual research projects, capacity building seminars, and a “sunset review” of the disaster risk reduction management (DRRM) law (Plan International). The survey confirms that not many of the agencies have explored collaboration with the private sector (4 agencies). However, interviews suggest that some of those who have yet to partner with private sector in practice are aware of the potential benefits of this kind of partnership. Private sector partners are involved as donors or vendors or for specialised training and volunteer work. All agencies reported in their survey responses that they either mainly or sometimes collaborate with other actors as part of their surge response, as illustrated in Figure 12.

FIGURE 11

COLLABORATION FOR SURGE RESPONSE IN THE PHILIPPINES

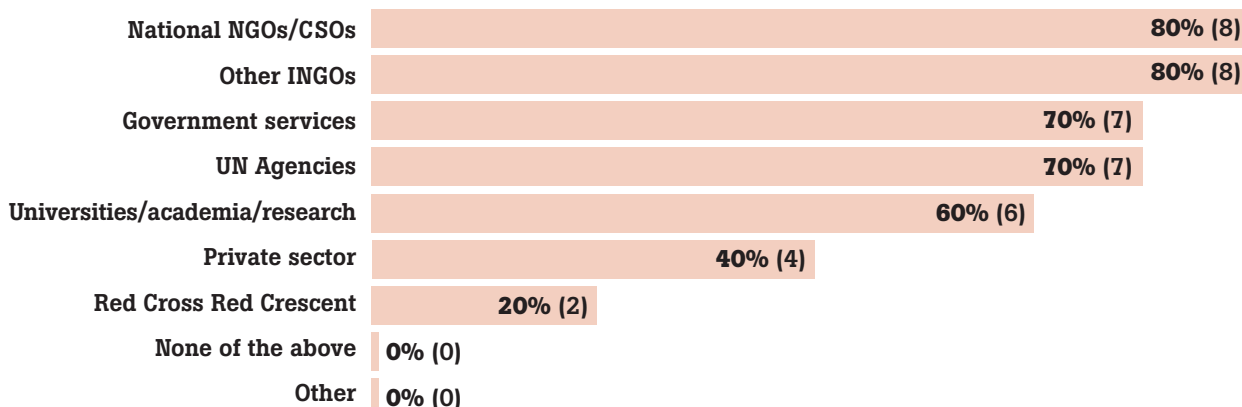
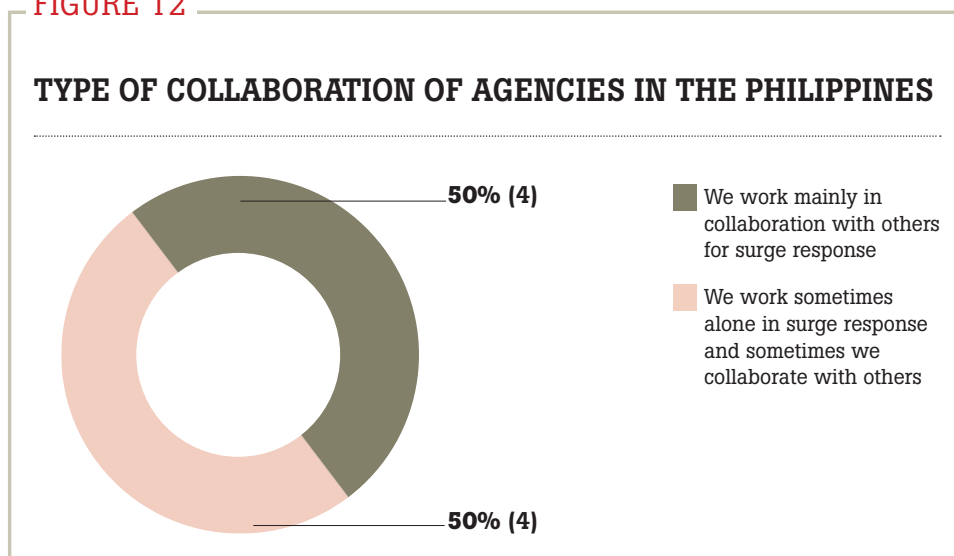


FIGURE 12



All agencies did report some form of collaboration referring to existing mechanisms that mobilise surge jointly, notably ACT Forum, Philippines International NGO Network (PINGON), Start Network, UNOCHA, and DRRNet. ACF, in particular, mobilises for surge, shares information, and implements projects in partnership with SC and CARE International, to be able to cover their respective specialisations (WASH, health, and shelter, respectively).

According to the interviews, the majority of agencies include working collaboratively in their organisational policies. In other cases, the decision to collaborate is made by management at the country level (IMC, Christian Aid). CARE reported that collaboration does not yet happen as much as it should do in the Philippines; often the decision to collaborate depends on the severity of the situation.

The following table summarises other forms of collaboration evoked by the agencies in relation to surge response:



TABLE 9

EXAMPLES OF COLLABORATION FOR SURGE IN THE PHILIPPINES

Agency	Examples of Collaboration
ACF	Works as a consortium based on contractual agreements with other agencies (with SC, Christian Aid, Plan International, etc.). Works with local government units (LGUs) and academia (University of the Philippines, National College of Public Administration and Governance, Ateneo School of Government) on crafting joint proposals. Currently building partnerships with private sector , especially the energy sector.
ActionAid	Works closely with other agencies for information-sharing. Works with government (at barangay (district), provincial and municipal levels).
CAFOD	Coordinates monthly with Caritas member organisations and every three months with partners ; also through clusters and with the Office of the OPARR. Works a lot with government (LGUs) and sometimes with OPARR (but with difficulties).
CARE	Collaborates with other agencies through platforms like UN OCHA and PINGON since Haiyan. Shares information with other INGOS , although no formal arrangements are in place. Collaborates with government via national agencies (OPARR; DSWD; DOTC; Department of Tourism). Consults with academia for baseline studies and systems for data analysis. Works with private sector through foundations that manage community enterprise funds and suppliers for the services they deliver (e.g. Puregold for food; Kuehne-Nagel for logistics; GSCool for WASH/emergency kits; travel agencies; Leyte Home Depot for shelter). Works with government (LGUs are the first port of call for any deployment); coordinates with other national government agencies.
Christian Aid	Collaborates as priority with CARRAT. Conducts joint trainings with ACT forum (Sphere, Humanitarian Accountability Partnership, Security), as well as joint assessments and evaluations. Joint proposals have been done for ACT Appeal as well as co-funding in specific areas. Coordination done with PINGON. Has also explored collaboration with CARITAS Switzerland (for Bohol Earthquake and Haiyan) and is open to collaboration with other small INGOs . Works with academia and research institutes (scientific information with Manila Observatory).
IMC	Coordination meetings with other agencies to avoid duplication. IMC is co-lead with UNICEF to help integrated WASH responses. Collaborates strongly with government . Works with vendors and private sector . For instance, works with an engineering group to provide training for builders (skills transfer). Works with academia coordinated via UNICEF (studies in communities). Participates in focus groups and assessments.
Islamic Relief	Shares information with other agencies . Receives assistance from INGOs in areas where Islamic Relief has no presence (e.g. accommodation). (These links organised informally via friends). In the private sector , recently concluded a study on how to upscale the response in DRR and working with SM Foundation, Aboitiz, Gawad Kalinga on projects. IR is currently in discussion with University of San Carlos and developing a policy on how to operationalise its collaboration with academia .
Plan International	Collaborates with agencies (e.g. Shelter Box International) via formal agreements. Active in PINGON. Makes use of cluster approach in emergencies (all stakeholders are involved to prevent overlapping). Plan International is co-chair of the Emergency Response Preparedness Working Group (ERP WG – involving UN agencies and INGOs) that discusses and makes preparations for emergencies in advance. Works with Ateneo School of Government (ASoG) in academia and also other CSOs (Center for Disaster Preparedness, DRRNet, World Vision, Oxfam for Sunset Review of the DRRM Law. Works with government: involved in the Humanitarian Country Team and coordinates with national government agencies and LGUs during deployment. In the private sector , it works with the Philippine Nurses Association for training.
Save the Children	Collaborates with other agencies for joint training. Works with private sector to provide staff for surge; agreements in place with companies to deploy jointly (for instance, GSK for logistics for Haiyan).
Tearfund	Works with other agencies as part of Start network. Tearfund is a member of the consortium for the Finance Enabler project with Oxfam and Christian Aid. Coordinates with the UN Technical Cluster on Shelter. Collaborates with the Integral Alliance Network with other INGOs. (Tearfund activated fundraising and surging for Typhoon Hagupit and Glenda with Medair and Food for the Hungry.) Collaborates with academia for research. Has Memorandum of Agreement with local governments in Cadiz and Roxas. Tearfund was approached by LGUs for Hagupit, to use their core shelters.

TABLE 10

ADVANTAGES/DISADVANTAGES OF COLLABORATIVE SURGE RESPONSE

Advantages	Disadvantages
EFFECTIVENESS AND EFFICIENCY <ul style="list-style-type: none"> ♦ Access to the necessary resources and information (4) ♦ Effectiveness, i.e. integrating development approaches in to response and ensuring compliance with guidelines, focusing on respective targets (4) ♦ Efficient use of resources/ avoiding duplication: (3) ♦ Quicker response (3) ♦ Facilitates coordination: (2) 	COORDINATION <ul style="list-style-type: none"> ♦ Bureaucracy involved in coordination because of differences in systems (7) ♦ Competition/"turfing" (including "stealing" of staff) (4) ♦ Time (3) ♦ Different procedures (2) ♦ Making sure all actions and strategies are coordinated (in spite of issues such as different locations, etc. (2) ♦ Awareness of standards (1)
INDIVIDUAL AGENCIES <ul style="list-style-type: none"> ♦ Multiplication of ability to respond/increasing reach (3) ♦ Learning opportunity (2) 	LOCAL COMMUNITIES AND PARTNERS <ul style="list-style-type: none"> ♦ Failure to recognise that local networks will remain once INGOs leave (2) ♦ Openness to partners/other agencies (2) ♦ Philippine CSOs need to be involved in agenda-setting (1) ♦ Capacity of local partners (1)
COMMUNITY AND BENEFICIARIES <ul style="list-style-type: none"> ♦ Responsiveness to specific needs and context (3) ♦ Familiarity of beneficiaries with local partners (1) ♦ Minimised burden on communities (1) 	INTERNATIONAL HUMANITARIAN SYSTEM <ul style="list-style-type: none"> ♦ Openness of partner to INGOs (1) ♦ System is biased to UN agencies (1) ♦ Accountability (1) ♦ Structure of access to funding (1) ♦ Governance [who will orchestrate the response?] (1)
	INGO CULTURE <ul style="list-style-type: none"> ♦ Brand uniqueness and "turfing" (3) ♦ Being inflexible/unable to recognise strengths and gaps (1) ♦ Organisations may not be willing to have equal power relations in collaborative efforts (1) ♦ Attitude and ego (3) ♦ (Lack of) trust (1) ♦ Cliquishness (1)

Table 10 provides the key advantages and disadvantages of collaborative surge response mentioned by persons interviewed:

9. Changes, challenges and good practices

9.1. Major changes

The following table summarises the major changes seen in the past 2-5 years for surge, and contributing factors, as reported by the agencies during interviews:

TABLE 11

MAJOR CHANGES AND CONTRIBUTING FACTORS FOR SURGE IN THE PHILIPPINES

Agency	Major changes	Contributing factors
ACF	30-35 people in Philippine Country Office trained annually since 2008-2009 to serve as the core of the national emergency response team.	Lack of surge capacity in the national office. Lessons learned through the real-time and final evaluations of the rapid succession of natural disasters to hit the Philippines starting with Typhoon Ondoy (2009). These lessons learned were applied as policies and incorporated into the Emergency Preparedness Response Plan (EPRP).
ActionAid	Introduction of local-national emergency response team (composed of 7 ActionAid staff and 3 staff from each of the partners). Partners now have access to contingency funds of PHP 500,000 (once written approval has been granted).	In response to the limited capacity of partners (who cannot make fast procurement processes), ActionAid needs to make a rapid response; it was necessary to invest in a team of people for capacity building, information sharing, fast-track planning, and decision-making.
CAFOD	Formation of NASSA surge team: Emergency Preparedness and Response Team (EPRT). Started in 15 dioceses, will expand to 30-34 dioceses, prioritising those that are hazard prone.	Using local people ensures greater validity, better understanding of context and is cost effective. Preferable to reduce bringing international experts unless it is really required.
CARE	Changes in human resources to nationalise and streamline staff. Credit lines have also been established with vendors/service providers (food, WASH, logistics, emergency items), to be able to provide rapid response even without pre-positioned funds.	CARE originally had a functional country office in the Philippines from 1964 to 2007, but then transitioned to working exclusively with partners from 2007 to 2013. In 2013, the country office had to be re-established in response to Haiyan. This particular event exposed the need to improve the capacity of partners for emergency preparedness.
Christian Aid	Expanded the in-house humanitarian team (only 1-2 staff pre-Haiyan); now in two locations – Manila and Tacloban (as of April 2015, the team is comprised of 24 staff, plus 3 regional/divisional staff, and one London-based staff). Most of these are funded by Haiyan response, but not all are dedicated purely for Haiyan. The Haiyan Team is composed of 11 staff, plus one London-based staff (not including Finance team – 5, and Advocacy – 1). Also expanded the membership of CARRAT. Partnered with NGO networks to expand geographic reach. Increased support for networks (as they have a multiplier effect): CODE NGO, PHILSSA, Alyansa, Tigil Mina. Encouraged CARRAT members to conduct trainings at the community level.	Haiyan response required scaling up. Resources were available (note that expanded humanitarian team largely linked to funding for Haiyan and may shrink when the Haiyan programme ends). Partners were ready and committed (increased interest of partners in humanitarian work, partly because this is where resources are now available, while resources for their traditional development work are dwindling). Experience during Haiyan affirmed the partner-led approach.
IMC	(No changes were reported)	-
Islamic Relief	Creation of a contingency plan/disaster preparedness plan. A preparedness and operations officer is being hired (full-time position). Introduction of a more comprehensive approach.	There was no contingency plan after Haiyan. Changes at HQ/international level: Need to change policies to support desire for long-term presence in Philippines (decision finalised June 2014). Increased focus on preparedness and resilience at global level (drawing on lessons learned at country level). Lessons learned from experience with disasters at national level: need to immediately scale up. Exploring use of national rosters to improve availability of staff for surge in the future.
Plan International	Staffing: transition from having focal points on staff to having a full ERT and a Go Team for rapid assessment. Plan International also began actively tapping outside partners (engineers, doctors) during Haiyan. Now has an agreement with Philippine Nurses Association, and is exploring the possibility of working with volunteer organisations (UN Volunteers, VSO), local NGOs and academia. Partnerships were forged with local NGOs to co-manage projects Policies were developed: accelerated procurement; recruitment process; deployment and secondment; staff benefits.	Increased scale of demand for surge capacity. Increasing degree of magnitude of natural disasters (from Washi to Bopha to Haiyan). Lessons learned from real-time evaluations, reflection sessions, programme review are applied to future operations.
Save the Children	Introduced the Humanitarian Response Unit: a fully stand-alone unit that can deploy within 24 hours (around 12 staff). Emergency Response Team roster made of existing staff (2012). ERT trainings were started during that time.	Frequency of disaster in the Philippines; necessity to have surge capacity. The Philippines has the only country office with a stand-alone humanitarian response unit; constantly having to surge from development programmes proved to be disruptive.
Tearfund	When Tearfund was first in the Philippines, it used an emergency approach to response (towards normal development). Now, DRR is incorporated in the initial phase, compared with the previous approach of community based disaster management.	Lessons learned from past experience lead the transition to a DRR framework; Tearfund found that doing DRR is more effective for building up community capacity.

The following two key changes were found across agencies:

Human Resources: The interviews revealed that the major changes for surge in the Philippines revolve around human resources and staff issues. The successive emergencies that the country has suffered and the high risk of continued natural disasters in the Philippines have raised questions surrounding the availability of quickly accessible, trained staff for surge. On the one hand, there appears to be a trend towards working increasingly with local partners and sourcing staff at a national level; this is related to increased investment in training staff at that level. On the other hand, further mechanisms are being developed to provide faster access to surge staff in-house through, for instance, the expansion of emergency rosters. As CARE reported: “the initial response involves scaling up (with technical experts from abroad), but then operations need to be nationalized and streamlined as soon as possible.”

DRR: The above changes aim to improve the preparedness of agencies to respond rapidly to future natural disasters. Tearfund and Islamic Relief also reported a change in their approach following the rapid succession of emergencies. For Tearfund, this entails a focus on DRR to increase resilience in communities, rather than disaster management. As for many of the other agencies, this change was the result of a reflexive process of actively drawing lessons from past experiences and evaluations; the high number of recent emergencies has provided intensive experience from which to learn.

Further Developments: Agencies mentioned following further developments in surge currently underway. Many of these developments appear to be related to the human resources issues mentioned above, and several involve building stronger partnerships:

TABLE 12

DEVELOPMENTS CURRENTLY UNDERWAY IN AGENCIES FOR SURGE IN THE PHILIPPINES

Agency	Further Developments
ACF	Improvements in roster activation, maintaining a database at country level, new person at the international office tasked to develop new ideas for surge capacity.
CARE	Networking with other organisations, integration of DRR into livelihood programmes.
Christian Aid	Exploring surge mechanisms with PINGON and ACT Alliance, deepening technical training for partners.
Islamic Relief	Partnership policy and staff development.
Plan International-	Adoption of the Sendai Framework for DRR; implications for surge.
Save the Children	Humanitarian Leadership Academy through (majority) DFID funding, a training centre in the Philippines to train more responders. The aim is to train thousands of people in the Philippines (including in INGOs, partner organisations, LGUs and corporate).
Tearfund	Going into partnerships for livelihood.

9.2. Shortcomings and challenges

The major shortcomings and challenges for surge reported by the agencies are as follows

PARTNERSHIP (8)

- ◆ Identifying which partners to work with (1)
- ◆ Ensuring/developing capacity of partners (2)
- ◆ Absorptive capacity of partners (2)
- ◆ Ensuring effective representation and coordination on the ground (2)
- ◆ Gaps in working relationships with partners (designing appropriate & consistent contracts) (1)

HUMAN RESOURCES (7):

- ◆ Developing and sustaining capacity of staff (4)
- ◆ Replenishment of manpower after initial response (2)
- ◆ Hiring human resource with capacity (1)

OTHER AREAS (12)

- ◆ Fundraising and proposal writing (4)
- ◆ Weak logistical capacity (2)
- ◆ Lack of data (1)
- ◆ Bureaucracy on the ground (1)
- ◆ Coordination within the INGO (1)
- ◆ Development-oriented responses (readiness for emergency) (1)
- ◆ Context-specific responses make it difficult to establish an institutional niche (1)
- ◆ Ensuring consistency across responses (1)

9.3. Examples of good practices

There are a number of examples of approaches that have worked well and opportunities with regard to surge practice. Individual agencies highlighted the following positive examples:

TABLE 13

EXAMPLES OF GOOD PRACTICES OF SURGE IN THE PHILIPPINES

Agency	Good practices
ACF	<ul style="list-style-type: none"> Training local staff to make country office staff easier to deploy.
ActionAid	<ul style="list-style-type: none"> Maintaining a database of experienced staff used in previous deployments.
CARE	<ul style="list-style-type: none"> Training local staff to make faster and more effective responses.
CAFOD	<ul style="list-style-type: none"> Establishing credit lines with vendors/service providers to be able to provide rapid response.
	<ul style="list-style-type: none"> Training and capacity building for surge at grassroots level (dioceses).
Christian Aid	<ul style="list-style-type: none"> Advantages of in-house surge (staff from London and Delhi offices deployed for two to four weeks for Haiyan) from Humanitarian and Media and Communications Units. The staff provided effective support for funding, finance, and coordination, and came in very clearly as support without taking over. The team were also flexible and their roles adapted according to the fast-changing contexts and priorities.
IMC	<ul style="list-style-type: none"> Coordination with local government and cluster, involving also communities in the barangays. Based on IMC's extensive experience (more than 30 year's experience in 17 countries), and it has skilled roving WASH experts, whom it was able to deploy on the ground.
Islamic Relief	<ul style="list-style-type: none"> Procurement agreements for WASH and non-food items that enable Islamic Relief to respond to need. Strong logistics and policies. Preparedness-related work Procedures and policies during post-disaster stage Coordination has been open and proactive, i.e. transparent in offering support, and honest about what IR can deliver. IR is known globally as able to take on challenges in sensitive and risky situations to save lives.
Plan International-	<ul style="list-style-type: none"> Bureaucracy can be mitigated by minimising intra-agency controls (audit, liquidations) to accelerate certain processes like procurement. Structures can also be flexible, to accommodate needs on the ground. Use of cluster approach in emergencies (all stakeholders are involved to maximise complementarity and prevent overlapping). Plan International is co-chair of the Emergency Response Preparedness Working Group (ERP WG – involving UN agencies and INGOs) that discusses and makes preparations for emergencies in advance.
Save the Children	<ul style="list-style-type: none"> Investing in staff training in reaction to the lack of trained human resources that posed a problem for the Haiyan response. This enabled SC to deploy rapidly (as demonstrated in the Ruby response; SC distributed in a non-response area, before anyone else).
Tearfund	<ul style="list-style-type: none"> Significance of working closely with carefully selected local partners: after being out of the country for seven years, Tearfund returned after Haiyan. Tearfund reported adjusting quickly because local partners were good.

Annex 1: Major surge actors in The Philippines (Not members of Start consortium)

24.	Handicap International
25.	Oxfam
26.	World Vision
27.	International Federation of Red Cross and Red Crescent Societies [IFRC]
28.	Philippines Red Cross Society [PRCS]
29.	PINGON
30.	UNOCHA
31.	UNICEF
32.	WFP
33.	UNDP
34.	National Disaster Risk Reduction and Management Council
35.	Office of the Presidential Assistant for Rehabilitation and Recovery
36.	Armed Forces of the Philippines
37.	Department of Social Welfare and Development
38.	Office of Civil Defense
39.	Department of Interior and Local Government

Annex 2: Persons interviewed

No	Organisation	Person interviewed
CONSORTIUM MEMBERS		
1	ACF	Javad Amoozegar, Country Director
2	ActionAid	Joyce Laker, Country Program Manager
3	CAFOD	Joseph Chacko, Senior Emergency Response Officer (Global)
4	CARE	Lisa Nuada, Assistant Country Director for Program Support Syndy Nkrumah, Assistant Finance Director Alex MacLean, Country Director Tess Bayombong, Director of Programs
5	Christian Aid	Allan Vera, Senior Programme Officer Ted Bonpin, Emergencies Programme Manager
6	IMC	Anbesa Mera, Emergency WASH Manager
7	Islamic Relief	Syed Shanawaz Ali, Head of Mission
8	Plan International	Lucky dela Cruz, Country Disaster Risk Reduction Specialist Sherly Malanos, HR Officer Maja Cubarrubia, Country Director
9	Save the Children	Michel Rooijackers, Deputy Country Director, Operations
10	Tearfund	Sanjeev Bhanja, Philippines Response Manager
OTHER START MEMBERS AND NETWORK		
11	Handicap International	Edith van Wijngaarden, Program Director - Philippines
12	HelpAge International	Frans Kupang, Executive Director
13	Oxfam International	Justin Morgan, Country Director Ms Rosalin, General Business Support Manager
14	World Vision	Bebeth Tiu, Director for Humanitarian and Emergency Affairs Aimee Natividad, Technical Assistant Dilsy Arbutante, Director for Institute for Transformational Development