

THE STATE OF SURGE CAPACITY IN THE HUMANITARIAN SECTOR 2015

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FOR THE TRANSFORMING SURGE CAPACITY PROJECT



Acronyms and Abbreviations

ACF	Action Against Hunger	IHL	International humanitarian law
ACAPS	Assessment Capacities Project	IMC	International Medical Corps
ASEAN	Association of Southeast Asian Nations	INGO	International non-governmental organisation
BRC	British Red Cross Society	IR	Islamic Relief
CARRAT	Christian Aid Rapid Response and Assessment Team	IRC	International Rescue Committee
CBPF	UN Country based pool funds	JEF	UK Military Joint Expeditionary Force
CCCM	Camp coordination and camp management	JIPS	Joint IDP Profiling Service
CDAC-N	Communicating with Disaster Affected Communities (CDAC) Network	LET	Logistics Emergency Team
CEAP	Corporate Emergency Activation Procedure	MFA	Ministry of Foreign Affairs
CERF	UN Central Emergency Response Fund	NCA	Norwegian Church Aid
CHASE OT	Conflict Humanitarian and Security Department Operations Team (DFID UK)	NDMA	National Disaster Management Authority (Pakistan)
CMT	Crisis Management Team	NFI	Non-food item
CO	Country office	NGO	Non-governmental organisation
CTP	Cash transfer programme	NHS	UK National Health Service
DFID	UK Department for International Development	NIDM	National Institute of Disaster Management (Pakistan)
DRC	Danish Refugee Council	NRC	Norwegian Refugee Council
DREF	IFRC Disaster Response Emergency Fund	NS	Red Cross/Red Crescent National Society
ECB	European Capacity Building Project	OCHA	UN Office for the Coordination of Humanitarian Aid
ECHO	European Commission's Humanitarian Aid and Civil Protection department	OSOCC	OCHA On-site Coordination Centre
EFAST	Emergency Fast Action Support Team	PCMMA	Pre-crisis market mapping analysis
EHl	Essential household items	PHE	Public Health England
ELT	Emergency Logistics Team	PRCS	Pakistan Red Crescent Society
EMT	Emergency Medical Team	RC/RC	Red Cross and Red Crescent
ERAT	ASEAN Emergency Rapid Assessment Team	RDM	ICRC Rapid Deployment Mechanism
ERT	Emergency response team	RDRT	IFRC Regional Disaster Response Team
ERU	IFRC Emergency response unit	RRF	Rapid Response Fund
ETC	Emergency Telecom Cluster	SAARC	South Asian Association for Regional Cooperation
FACT	IFRC Field Assessment and Coordination Team	SBPP	Standby Partnership Programme
FITTEST	Fast Information Technology and Telecommunications Support Team	SC	Save the Children
FSL	Food security and livelihoods	SCS	OCHA Surge Capacity Section
FTS	Financial Tracking Service	SOPS	Standard operating procedures
GPRN	Global Pre-positioning Resource Network	SSOP	Simplified standard operating procedure
GSD	BRC Global Surge Delegate	UKO	UK Office
GSK	Glaxo Smith Kline	UN	United Nations
HAP	Humanitarian Accountability Partnership	UNDAC	United Nations Disaster Assessment and Coordination Team
HC	Humanitarian Coordinator	UNDP	United Nations Development Programme
HEAT	Hostile environment awareness training	UNHRD	UN Humanitarian Relief Depot
HEOPS	IFRC Head of Emergency Operations	UNICEF	UN Children's Education Fund
HQ	Headquarters	WASH	Water, sanitation and hygiene
HR	Human resources	WDR	World Disasters Report
ICRC	International Committee of the Red Cross	WEF	World Economic Forum
IDP	Internally displaced person	WFP	World Food Programme
IFRC	International Federation of Red Cross and Red Crescent Societies	WHO	World Health Organisation
		WHS	World Humanitarian Summit
		WVI	World Vision International

Foreword

There has been a significant increase in the number of both natural and man-made disasters affecting a great number of people over the last decade. One consequence of this increasingly challenging and unpredictable environment is that humanitarian actors have increased their 'surge capacity', enabling them to more effectively scale up their resources and staffing in response to urgent humanitarian needs.

However the dominant focus of humanitarian organisations has all too often been on the development of capacity from the headquarters level, especially in relation to large-scale disasters. There is now a growing recognition of the vital role that local and national actors play, and have always played, in surge responses. Indeed the critical importance of supporting stronger local leadership and response is one of the key challenges that has emerged ahead of next year's World Humanitarian Summit. The current humanitarian system is poorly equipped to meet this demand and needs to change rapidly if it is to effectively respond.

This report underlines the fact that working with local actors 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.

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 10 other humanitarian agencies and two technical partners, is an exciting initiative to make more localised and collaborative surge a reality. For ActionAid this project is at the heart of our mission and way of working.

This report is the largest snapshot on surge since 2007 and provides the humanitarian sector with a significant opportunity to understand some of the key issues and how we can improve. With demands rising and resources becoming more stretched we must build on new models, ways of working and the best practice captured in this report. Better preparedness, training, coordination and collaboration at all levels is vital. In particular we must provide much stronger support to the critical role that women play in surge response, better enabling us to reach the most vulnerable populations.

This state of surge report shows we are on the right track to more collaborative and locally rooted disaster response. It also shows that we must go further – much further – it cannot be 'business as usual' if we are to respond to the increasing demands that are coming our way.

Richard Miller
Humanitarian Director
ActionAid International

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Finally, the team would like to thank Jonathan Potter and Maduri Moutou formerly of CHS Alliance/People in Aid, for their ongoing support throughout the research timeframe.

About the authors

This research has been undertaken by Lois Austin and Glenn O'Neil, who have each worked in the humanitarian sector for more than twenty years. The team has significant research experience as well as experience of managing surge responses and being deployed as part of surge teams.

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About the CHS Alliance: The new organisation brings together more than two decades of experience supporting the sector in applying standards and good practices. For more information visit www.chsalliance.org.

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Executive Summary

RESEARCH BACKGROUND

This research report is one part of the Transforming Surge Capacity Project of the Start Network. The project aims to improve the capacity of humanitarian organisations to scale up resources for emergency response, and to pilot and build evidence of ways of working that are collaborative and locally focused and which engage with a range of different stakeholders involved in humanitarian response. Led by ActionAid, the project brings together eleven agencies – Action Against Hunger, CAFOD, CARE, Christian Aid, International Medical Corps, Islamic Relief, Muslim Aid, Plan, Save the Children and Tearfund. CHS Alliance is a technical partner for the project and is responsible for this research. The Communicating with Disaster Affected Communities (CDAC) Network is also a technical partner.

The report presents an analysis of the current state of surge across the humanitarian sector, drawing from aid agency views on working collectively on surge and providing an assessment of changes in surge practice since 2007. The research aims to provide an update of a 2007 review of surge capacity and surge capacity mechanisms within international NGOs, which was commissioned by the Emergency Capacity Building Project and was carried out by People In Aid. The 2007 research highlighted the need for global aid organisations to be able to scale up human, financial and material resources in order to effectively fulfil their humanitarian mandates and recommended increased collaboration across the sector in order to improve surge capacity. Another core recommendation was the need to develop surge capacity at country and regional levels as well as at global headquarters.

Research methodology

This research has been carried out by two independent consultants between July and October 2015. The research methodology involved discussions with over 50 members of humanitarian agencies and private and public sector organisations; a desk review of surge-related documentation; and a baseline analysis of the surge practices of Start Network project consortium members.

Definition of surge capacity

The definition of surge capacity that was identified in the 2007 research has been used as a starting point for this research:

“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.”

The majority of agencies spoken with felt that this definition remains applicable today.

The current humanitarian and surge environment

Although recent years have seen fewer emergencies, the scale of crises has increased, thereby affecting greater numbers of people. There are currently some 60 million people who have been forcibly displaced as a result of disasters and conflict, creating the largest number of refugees globally (some 60 million people) since the Second World War. By the end of 2014, some 81 million people were in need of humanitarian assistance, compared with 52 million at the start of that year. In the last 30 years the number of natural disasters has steadily increased, with 48% of such disasters occurring in Asia. Whilst there has been a reduction in the number of armed conflicts in recent years, the intensity of conflict is reported to have increased and the number of conflict-related deaths has risen significantly (from 56,000 in 2008 to 180,000 in 2014). It is predicted that the future impacts of conflict and natural disasters will increase.

With the significant increase in humanitarian needs seen in the last decade, there is a growing gap between needs and resources available to humanitarian organisations. The complexity and frequency of crises for which humanitarian organisations are providing surge responses has stretched resources and impacted their ability to respond. This is combined with an increased number of different organisations involved in surge response such as government agencies, the military and NGOs from countries previously not involved in international surge. There is also a recognition of the key role played by local and national actors in surge responses, although the financial resources to support these actors are small compared to resources available for international responses.

In order to better respond in the increasingly complex surge environment, humanitarian organisations have increased and improved their surge capacity by adopting common approaches and policies; pre-positioning funding; and building up surge stand-by and roster teams. The focus has primarily been on strengthening capacity to respond from a global HQ level, with some organisations shifting focus to local NGOs and partners.

This research has made a number of key findings in the following areas:

- ◆ Organisational approaches to surge
- ◆ Human resources and surge
- ◆ Surge financing mechanisms
- ◆ Surge materials
- ◆ Collaboration for surge and localised surge responses

In addition, a number of examples of good practice have been found as well as gaps in surge responses. Conclusions relating to the current state of surge within the humanitarian sector are provided in order that aid agencies can consider how to more effectively implement surge responses in the future.

The key findings are as follows:

The whole-organisation approach

- ◆ All surge actors have moved towards greater internal coordination and cohesion;
- ◆ The importance of an organisation moving very quickly together and not in separate parts is seen as critical;
- ◆ Coordination issues still exist between surge units and support functions in organisations.

Procedures, processes and decision-making

- ◆ Recent years have seen an increased focus by humanitarian organisations on developing cross-organisational policies, procedures and guidelines to support and clarify surge mechanisms and approaches;
- ◆ Significant policy reforms have also been carried out by the UN system and individual UN agencies; affected governments have also reinforced their procedures and policies for surge response.

Recovery and longer term surge

- ◆ Surge approaches during the recovery phase of an operation differ between humanitarian organisations with some making no difference with the emergency phase.
- ◆ The UN system has reinforced its linkages between emergency and recovery phases.

The role of women in surge

- ◆ Women play a crucial role in surge response and currently make up some 40% of all international deployments;
- ◆ Although all major humanitarian organisations have gender policies in place, few have specific surge gender policies.

Human resources as a strategic function

- ◆ For all humanitarian organisations in recent years there has been a reorientation for human resources (HR) to go beyond administrative support and play a strategic role;
- ◆ The need for HR personnel to be strategically involved in surge responses has been acknowledged and acted upon by some but not all organisations.

Approaches to staffing and managing surge

- ◆ The primary tool for the management of surge staff is rosters. There has been an increase in the development of internal standing teams, which are seen to be most effective due to immediate availability of staff;
- ◆ The last decade has seen a growth in rosters/registers offering specialised staff to agencies;
- ◆ As the humanitarian landscape has changed, so too have the skill-sets required for surge: funding/donor relations; information management; civil-military relations; organisational liaison; and cash expertise;
- ◆ New service providers have emerged that offer services and products in support of surge response, for example in emergency mapping, needs assessment, IDP profiling, training and cash-based responses;
- ◆ Some INGOs have reinforced their partnerships with national and local partners based in disaster-affected countries;
- ◆ A recent development has been private sector bodies providing staffing resources for surge.

Surge staff well-being and security

- ◆ Approaches of humanitarian organisations to the safety and security of their staff, whether national or international, are similar;
- ◆ Approaches to the well-being of the staff of humanitarian agencies differs between national employees and international staff, with more emphasis placed on supporting the well-being of internationally deployed personnel;
- ◆ Many humanitarian organisations have developed surge-specific deployment kits to support deployed staff.

Surge financing mechanisms

- ◆ Most humanitarian organisations have rapid access to funds for surge responses. Funding mechanisms are more developed and quickly accessible at global as opposed to regional and national levels;
- ◆ The UN system has reformed its emergency appeals system with more rapid and flexible funding available at the country level;
- ◆ Funding of local and national NGOs remains low, with them receiving between 0.3–1.6% of all humanitarian assistance;
- ◆ Funding available to affected national governments remains low at 3%, although “emerging” donor governments favour this channel; some national governments do not always seek or desire outside support;
- ◆ Donor governments have created more flexible ways to fund crises.

Surge materials

- ◆ Some humanitarian actors have varying amounts of pre-positioned stocks of emergency items available to them at very short notice with the UN agencies, the RCM and larger INGOs better resourced than other actors.

Collaboration for surge

- ◆ Although internal coordination of organisations has improved, collaboration and collective work remains fragmented, with greatest progress seen at the very local level;
- ◆ Despite recent UN reforms having strengthened collaboration, major crises have continued to see uncoordinated efforts and duplication between responders;
- ◆ A lack of collaboration has been seen by INGOs and UN agencies with national governments and new emerging actors.

Localising surge responses

- ◆ There is widespread acknowledgement that localised surge responses are more efficient; there remains a lack of country-level skills and resources to support such responses;
- ◆ The importance of localised surge has increasingly been recognised.

Gaps and challenges

The research identified a number of gaps in surge responses and challenges that need to be addressed to make future surge more effective. These include:

Gaps	Challenges
Sustainability: Ensuring that surge staff, whether rostered or as part of standing teams, are attuned and trained in different competencies is difficult. Those on rosters have to have approved technical skills as well as “soft skills” to ensure that they will be able to function effectively in high-pressure environments and there is no specific training to guarantee this latter point.	Coordination and collaboration: In an effort to avoid gaps and duplication, coordination remains a challenge as individual agencies and/or their donors have their own agendas for being present.
Regional training opportunities: Although there are increased instances of regional surge deployments there remains a gap here. This is partly due to the fact that there is a lack of training at regional level and the deployment of trained and experienced international staff is therefore considered to be more reliable and effective.	Competition: The humanitarian sector remains highly competitive. Although at a certain level there is willingness to collaborate, there remains a pressure on senior level directors to “grow” organisations and to be rapidly present when disaster strikes.
Shared and specialised rosters: In the past there have been “shared” rosters, for example set up by organisations such as RedR UK. However, with agencies developing professional surge teams and being mindful of their responsibilities in relation to critical issues such as health and safety and child protection, organisations have moved towards developing their own teams and individual rosters. A successful model has been the development of specialised rosters created by partnerships, networks or third parties – where further opportunities may exist.	Partnership caution: At the same time that there is a call for increased collaboration there is a caution around partnership working, as many organisations have very high levels of due diligence and screening. The risk averse agenda remains strong, and this is extended to partnerships.
	Collaborative surge: There are real/perceived risks associated with increased collaborative surge with a key risk being that if it does not work then future funding will be jeopardised. There is a need for incentives that enable collaboration and do not jeopardise funding and/or for more funding opportunities that encourage the continuation of collaboration. Without this behaviour will not change. The current landscape means that collaboration between traditional and new actors is challenging.
	Visa processes: A challenge faced across the board is obtaining necessary visas to allow for rapid entry into disaster-affected countries.

Good practice

Through this research a number of examples of good practice in relation to surge have been identified. These include working with local partners, which provides quick access to disaster-affected areas and populations; local knowledge; and the potential to support capacity building at local level; preparedness – humanitarian agencies have established agreements with vendors in advance of disasters in order to have rapid access to goods and avoiding the need for warehousing and stockpiling; recruitment – establishing and developing surge rosters and creating standing surge teams has allowed aid organisations to recruit and deploy people even when emergencies are no longer receiving global attention; coordination and collaboration – where surge has been undertaken in a coordinated and collaborative manner, often through federated organisations and membership networks, there have been lower levels of duplication; partnerships – partnerships with the private sector have allowed for the provision of alternative resources for surge response in terms of goods, systems, staffing and financial resources.

CONCLUSIONS

The key conclusions meaning from this research on the current state of surge within the humanitarian sector are as follows:

Conclusion 1

Demand and response: The last decade has seen a rising demand for surge responses, due to the rise in the number of natural disasters, the number of people affected by conflict and their cross-border and regional implications. As a result, humanitarian agencies have to increasingly deploy for surge across multiple crises, simultaneously stretching resources and capacity.

Conclusion 2

Local capacity: There is a need for increased funding and capacity building of local actors. Capacity needs to focus on the ability of aid agencies to maintain sufficient skilled staff, to have flexible internal systems and to support the capacity of partners. Maintaining a pool of qualified staff for surge is a critical issue, particularly at the national level. At the same time, many agencies relying on local partners for surge delivery are concerned with their capacity and are looking for more sustainable ways to support them. This is additionally challenging due to the sporadic and often unpredictable nature of surge.

Conclusion 3

New and emerging surge response models: A number of new models for implementing effective surge responses have been developed in the last decade. These include the creation of specialist support and service providers such as the Assessment Capacities Project (ACAPS), MapAction and the Joint IDP Profiling Service (JIPS) – organisations that are able to provide rapid, specialised and detailed services to support the surge responses of operational humanitarian organisations. In addition, the growth of specialised technical and sector rosters focusing on humanitarian communication – also known as communicating with communities such as CDAC-N,¹ gender, protection and cash transfer programming for example have facilitated the humanitarian sector (and in particular the UN system) in ensuring that specific HR surge needs are met.

¹ "When disaster strikes, people need food, shelter, water and safety. They also need information and they need to be able to communicate – with each other and with those trying to help them. Meeting the information and communication needs of people affected by crisis, commonly known as Communicating with Communities (CwC), is increasingly recognised as a core deliverable in humanitarian response. The Humanitarian Communication Roster offers a range of appropriately qualified, experienced and trained humanitarian communication personnel to deploy to meet this capacity gap, and contribute towards more effective humanitarian action". More info on the roster can be accessed through <http://www.cdacnetwork.org/marketplace/humanitarian-communication-and-media-roster>.

Conclusion 4

Improved coordination: There has been an improvement with regard to internal coordination within a number of humanitarian networks and organisations such as the UN and the International Red Cross and Red Crescent Movement. However, there remain ongoing challenges relating to coordination with national governments and new actors. There is a need for the humanitarian sector to address this challenge which goes beyond surge and impacts on humanitarian work in general.

Conclusion 5

Internal organisational coordination: Having organisation-wide and cross-organisation clarity relating to management structures during a response is considered to be beneficial for response operations. A number of humanitarian organisations have developed organisation-wide approaches to surge in the last decade including the implementation of surge policies and plans; accelerated decision-making procedures; and rapid access to financing. There remains room to further advance internal coordination, particularly in relation to coordination with HR, logistics and administration in order to support effective surge responses.

Conclusion 6

Surge staffing and management: The majority of aid agencies have appointed teams or individuals responsible for surge at their global HQs. Many larger agencies have reinforced their international emergency response teams and internal rosters with an increased reliance on expensive yet effective permanent stand-by surge personnel. Ensuring and maintaining consistent surge set-up at national level remains a challenge where agencies are still testing different approaches.

Conclusion 7

Collaboration: There are examples of positive surge collaboration, particularly with federated networks, partnering on rosters and those organisations that operate through local partners, and to a lesser extent with the private sector. However, there are few examples of inter-organisational collaboration (particularly at the global level), resulting in continued uncoordinated and duplicative surge responses. The advantages of increased collaboration – such as cost effectiveness, increased coverage of humanitarian needs, and capacity building in new areas – highlight a clear link to more effective addressing of humanitarian needs. However, humanitarian organisations stress that there are complications and disadvantages to collaboration. These disadvantages are primarily organisational as opposed to needs-related, and include differences in policy and mandate, diverse operational working modalities and competition for resources and staff. There is increased collaboration at the national as opposed to global level, with HQ focusing on finding, organising and mobilising staff and resources and national surge focusing on getting those resources to people in need. This is an area where humanitarian organisations could further learn from national public sector bodies that have developed coordinated collaboration practices.

Conclusion 8

Surge learning: There is a large appetite within the humanitarian aid sector to share learning, knowledge and ideas on surge responses. There is currently no forum or community of practice for this sharing. A major step towards collaboration and reducing duplication would be to develop such a forum or a community for surge practitioners and interested organisations.



INTERNATIONAL MEDICAL CORPS

ARUN BELBASE/TEARFUND
United Mission to Nepal

1. Introduction

This research report on the state of surge capacity within the humanitarian system is one element of the three-year Transforming Surge Capacity Project of the Start Network (the Surge project). The Surge project aims to improve the capacity of humanitarian agencies to scale up resources for emergency response – getting the right people to the right places, doing the right things, in the shortest time possible. It aims to pilot and build evidence of ways of working that are collaborative, locally focused, and which engage other stakeholders such as the UN and the private sector. Led by ActionAid, this project brings together eleven agencies – Action Against Hunger (ACF), CAFOD, CARE, Christian Aid, International Medical Corps (IMC), Islamic Relief (IR), Muslim Aid, Plan, Save the Children (SC) and Tearfund. People In Aid is a technical partner for the three-year project and is responsible for the Surge Capacity Research element.² The Communicating with Disaster Affected Communities (CDAC) Network is also a technical partner.

The Surge project aims to explore new ways for agencies to work together collaboratively with external stakeholders such as the private sector and the United Nations. It is being delivered through collaborative platforms at national, regional and international levels, which are led by the Surge project and involve a number of aid agencies and other stakeholders. The two national platforms are based in the Philippines and in Pakistan, the Asia Regional Platform is led from Bangkok and Delhi, and the International Platform is based in London. The platforms will implement pilots such as shared rosters to explore more collaborative, localised surge approaches that involve more external stakeholders. In addition, in coordination with the Surge project's cross-cutting areas, the platforms will agree on best practice across agencies, share resources, hold learning events and deliver training aimed at improving capacities of surge personnel, including wellbeing support.

The Surge project responds to evidence from research and demand from civil society partners to improve national and regional surge skill pools and inter-agency collaboration to enable local and national actors to play a greater role as part of a plural and multi-layered surge system.³

This research element is anticipated to provide a key contribution to the Surge project, and to the agencies and individuals who participate in it. As an active learning piece it documents and feeds into current and future best practice for surge capacity, drawing on experiences of agencies and their staff and providing them with stepping stones for the future.

2. Background

In 2007 a review of surge capacity and surge capacity mechanisms within international NGOs (INGOs) was commissioned by the Emergency Capacity Building Project (ECB) and was carried out by the People In Aid.⁴ This piece of research highlighted the critical need for global organisations to be able to scale up resources of people, money and materials in order to effectively fulfil their humanitarian mandates. The report made key recommendations on how humanitarian agencies would benefit from a more collaborative approach across the INGO/NGO sector in order to build and improve surge capacity. One of the core research conclusions was that it is equally important to develop surge capacity at country and regional levels as at headquarters (HQ). The 2007 report was seminal for a number of reasons. Firstly, it collated information on a core aspect of humanitarian response which had not been documented and analysed previously. Secondly, it made senior humanitarian staff realise that a key, if not the key, part of their response was their people, who needed more attention than was commonly given. Thirdly, it supported governing boards of major NGO federations and organisations, United Nations (UN) bodies and others in considering and applying the main recommendation about ensuring surge needed to be an organisation-wide approach.

In 2010 a pilot project on surge capacity was launched through members of the Consortium of British Humanitarian Agencies (now the Start Network). While this project made steps in improving agency-specific surge requirements, it did

² Since the start of the project People In Aid has merged with the Humanitarian Accountability Partnership (HAP) to form the CHS Alliance.

³ See Annexe 1 for project overview

⁴ Houghton, R. and Emmens, B. People In Aid "Surge capacity in the humanitarian relief and development sector. A review of surge capacity and surge capacity mechanisms within international NGOs" 2007 <http://www.peopleinaid.org/pool/files/pubs/surge-capacity-final.pdf>

not address the need to look at how surge capacity could be supported through a collaborative approach, and the majority of the grants provided to project members were used to support surge at HQ levels.

Over the course of 2013, Start Network members came together again to look at their work on surge capacity. Collectively agencies agreed that:

- ◆ The Start Network provides an important opportunity for agencies to come together to work collaboratively on surge capacity, specifically to agree and pilot how a collaborative approach (as suggested in the 2007 research piece) can be put into practice.
- ◆ The network wants to work together to ensure that regional and national level surge capacity is improved because it can contribute to faster, more demand-led, better quality and more accountable surge.
- ◆ The need for more work to look at how INGOs can work with and learn from actors such as the UN, private and public sector bodies, academic institutions and partner organisations to support future surge initiatives.
- ◆ An update of the initial 2007 ECB and People In Aid research is needed to understand the current status of surge.

3. Purpose, objectives and scope of the research

This research aims to support the Transforming Surge Capacity Project of the Start Network by offering an analysis of the current state of surge across the humanitarian sector in order to feed into the broader three-year project. The report aims to present:

- ◆ Aid agency views (including views from the project's Asia regional and Philippines and Pakistan national level platforms) on working collectively on surge.
- ◆ Analysis of changes in, and the impact of organisations' surge practices since the 2007 report on surge capacity.
- ◆ Learning from actors not covered in the 2007 report (public and private sector bodies, civil protection agencies, the UN, the International Red Cross and Red Crescent Movement and partner organisations).

The research documents current organisational approaches to surge response, highlighting examples of good practice and gaps, with the aim of supporting humanitarian agencies progress towards more effective surge practice.

The research draws from a number of sources including a baseline study of the surge practices of the Start Network project consortium members, which was undertaken from March to August 2015.⁵

4. Research methodology

The research for this report was undertaken primarily between July and October 2015. The following approaches were adopted in order to gather data:

- ◆ Review of surge-related documentation within and outside the humanitarian sector⁶
- ◆ Discussions with members of humanitarian agencies and private and public sector bodies.⁷
- ◆ Baseline analysis of the surge practices of the Start Network project consortium members.
- ◆ Reference to data gathered through other elements of the project such as the review of human resources good practice.

⁵ Austin, L. & O'Neil, G. (August 2015). *Baseline Report, Transforming Surge Capacity Project, Start Network*

⁶ Please see Annexe 3 for list of key documents consulted.

⁷ Please see Annexe 2 for list of those consulted.

5. Definition of surge capacity

This research has used People In Aid's 2007 definition of surge capacity as a starting point:

"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."

During research discussions, the majority of agencies spoken with felt that this definition remains applicable today, although some organisations have broader definitions and others emphasised that defining surge also incorporates a specific mind-set.

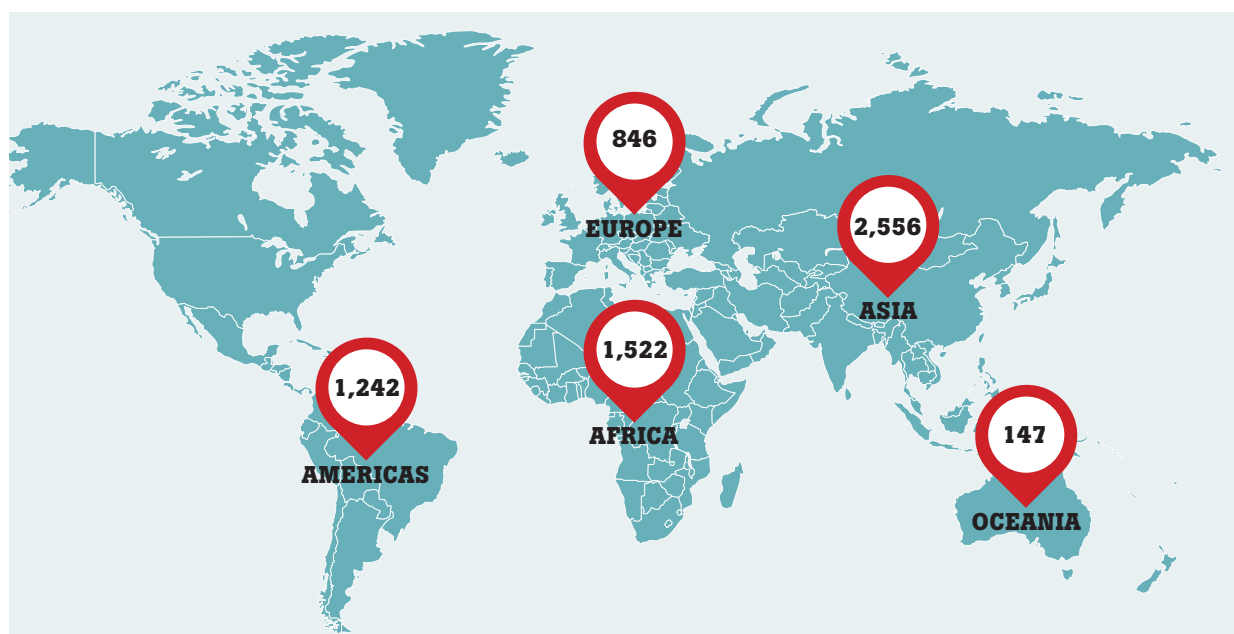
6. The humanitarian environment and surge response

In 2014, the UN declared more severe, large-scale humanitarian crises ("Level 3 emergencies") than ever before. Currently there are the largest numbers of refugees globally since the Second World War, with nearly 60 million people forcibly displaced worldwide⁸. Although there have been fewer emergencies, these large-scale crises have affected a greater number of people; by the end of 2014, 81 million people were in need of aid (compared with 52 million people at the start of that year).⁹ Further, the number of natural disasters has increased steadily over the past 30 years, with 48% of all disasters currently occurring in Asia¹⁰.

The map below highlights the number of disasters per region in 2014.

FIGURE 1

NATURAL DISASTERS BY REGION¹¹



⁸ 19.5 refugees, 38 million IDPs and 1.8 asylum-seekers; <http://www.unhcr.org/558193896.html>

⁹ OCHA, *Global Humanitarian Overview, 2015*

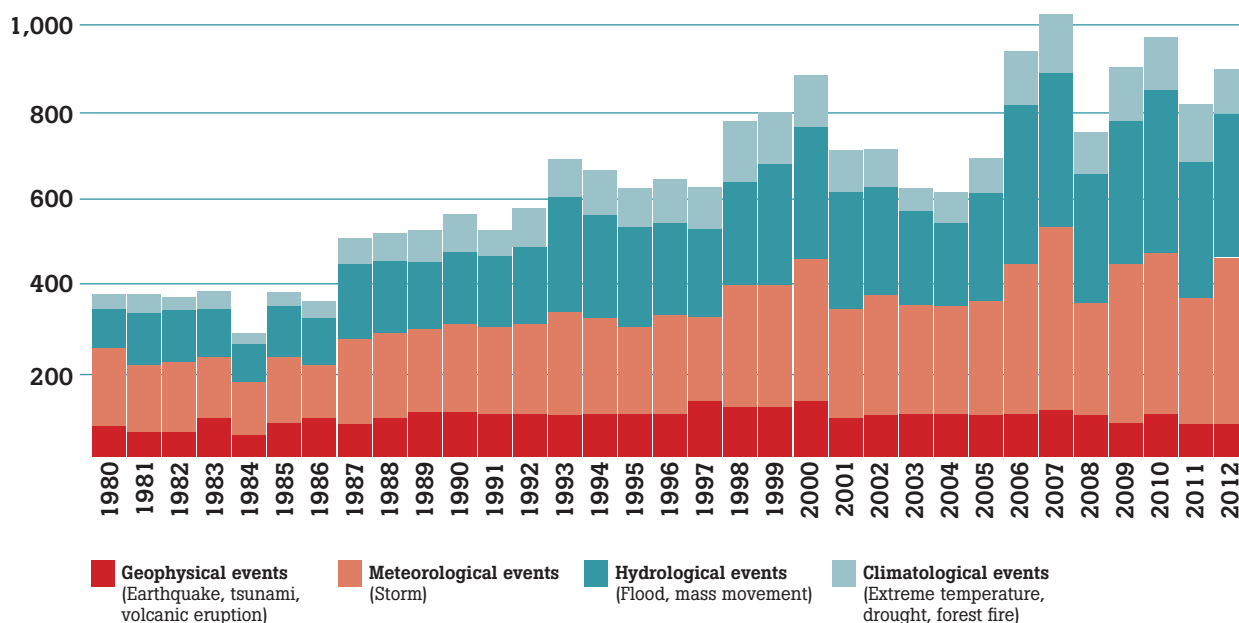
¹⁰ IFRC (2015), *World Disasters Report 2015*

¹¹ Ibid

FIGURE 2

NATURAL CATASTROPHES WORLDWIDE 1980-2012¹²

Number of events



In relation to armed conflict, although there has been a reduction in the number of conflicts (in 2008 there were 63 armed conflicts taking place around the world and in 2014 there were 42), the number of fatalities has risen (56,000 in 2008 and 180,000 in 2014).¹³ The intensity of conflict is also reported to have increased in recent years, and apart from an increase in deaths, this has also resulted in an increase in numbers of conflict and violence related refugees and IDPs.

There are increasing indications that future conflict and natural disasters will remain unpredictable and will increase:

- ◆ The Organisation for Economic Cooperation and Development (OECD) predicts that by 2030, 62% of the world's poor (1 billion people) will live in fragile states.¹⁴
- ◆ Although armed conflicts decreased in the 1990s and 2000s, an increase has been seen in the last decade, mostly focused around the Middle East¹⁵.
- ◆ Climate change and extreme weather events have accelerated the frequency of natural disasters affecting millions each year, mostly in Asia¹⁶.

Current trends indicate that crises will continue to be more protracted and complex (for example the current refugee/migration situation in Europe) and more regional in nature (Syria and Yemen) but also that communities and governments will be more able to respond and adapt to natural disasters occurring regularly (floods and storms)¹⁷.

¹² © 2015 Münchener Rückversicherungs-Gesellschaft, Geo Risks Research, NatCatSERVICE – As at January 2013

¹³ <https://www.iiss.org/en/Topics/armed-conflict-survey>

¹⁴ "States of Fragility 2015 – Meeting post-2015 ambitions"

¹⁵ Global Trends in Armed Conflict, 1946–2014: <http://www.systemicpeace.org/conflictrends.html>

¹⁶ IFRC (2015), *Ibid.*

¹⁷ ALNAP (2015), *The State of the Humanitarian System*.

The surge response: With humanitarian needs quadrupling in the last decade, there is a growing gap between needs and resources available to humanitarian organisations.¹⁸ An average of USD \$19 billion has been given in humanitarian assistance each year since 2008;¹⁹ an increase of 400% compared with 2005 (USD \$4.6 billion).²⁰ This amount is felt, however, to be both inadequate and inappropriate, in that it may be poorly aligned with the greatest areas of need. Despite an increase to USD \$22 billion in 2013 in response to large scale crises, this equated to only two thirds of the needs as assessed by the UN.

For all organisations surging in a response, the complexity and frequency of crises has led to an overstretching of resources and impacted on their ability to respond. At the same time, the number and type of organisations involved in surge response has grown with several phenomena seen:

- ◆ The increased ability of middle-income countries, such as the Philippines and Pakistan, to respond to crises themselves through their national disaster mechanisms and military;
- ◆ The emergence of new actors, such as NGOs from Brazil, Turkey and the Gulf States and governments offering emergency assistance such as China, Brazil and India, in addition to the role of diasporas and remittances;
- ◆ The recognition of the key role that local actors and national actors play in surge responses²¹;
- ◆ Situations of conflict and insecurity that have led to reduced access for humanitarian organisations with the consequence claimed that they have prioritised assisting those who are easiest to access, rather than those who are in the most need²²;
- ◆ A global scenario where there is the presence of too many responders in sudden onset emergencies and too few responders in protracted conflicts;
- ◆ The recognition that the humanitarian system was not working well in surge response and the consequent reforms carried out by the UN that has led to greater coordination amongst traditional actors while being challenged to cope with new actors and reinforced national authorities.

As a consequence of the increasingly complex and unpredictable response environment, humanitarian organisations have increased their surge capacity and have become more professional in surge implementation, as this research will show. This has been coupled with an increased focus on accountability and common standards, best illustrated by the development in 2015 of the Core Humanitarian Standard on Quality and Accountability.

Humanitarian organisations have adopted common approaches and policies and sought to ensure pre-positioned funding and stand-by teams in order to respond rapidly. The dominant focus of organisations has been on the development of their capacity to respond from the HQ level, with the focus seen on developing internal rosters, mechanisms and stand-by teams. At the same time, organisations have recognised that surge response is often ultimately carried out by local NGOs and partners. Some have shifted their focus to this area, building more capacity and networks at the national level. While local NGOs account for four out of five organisations working in the humanitarian field, they currently have access to less than 2% of the external funding available²³, although there are no precise estimates of how much financing is received by national NGOs through partnerships with INGOs and UN agencies.

7. The evolution of surge 2007–2015

In its 2007 study, People In Aid identified ten critical “enablers” for surge. An assessment has been made to gauge the extent to which Start Surge Consortium agencies have adapted their surge practices to take on board these “critical enablers” as summarised in the following diagram:²⁴

¹⁸ Source: Speech delivered by the UK Secretary of State for International Development, Justine Greening, at the World Bank spring meetings, 2014

¹⁹ Oxfam 11. In 2013, the amount reached \$22 billion in response to the crises in the Central African Republic, the Philippines and Syria.

²⁰ OCHA (2015), Evaluation of Multi-Year Planning; Terms of Reference.

²¹ IFRC (2015), Ibid.

²² MSF, (2014), Where is everyone?

²³ ALNAP (2015), Ibid.

²⁴ The detailed analysis is found at Annexe 4.

FIGURE 3

THE EVOLUTION OF SURGE 2007 - 2015

	Critical enablers 2007	Update on practice 2015
01	The adoption of a whole organisation approach to surge	Significant steps taken by agencies; internal coordination and capacity issues identified
02	Matching capacity to mandate and structure	Agencies have in general matched their surge capacity to their mandate and structure
03	Pre-positioning of funds	Significant progress seen in pre-positioning; challenges in maintaining national capacity
04	Investment in HR as a strategic function and not just administrative	Partial progress made; challenges in a HR national strategic approach
05	Well-trained and experienced staff, strong and competent leadership	Most agencies have appointed experienced HQ surge management; national staff less so
06	Recruitment for second-wave needs to start at the beginning of an emergency	Second-wave recruitment still requires attention
07	Development of surge capacity at country & regional level, as well as at HQ	HQ capacity reinforced but country and regional remains limited
08	Investment in rosters (and registers)	Internal rosters and emergency response teams were dominant models
09	Development of standard operating procedures on all aspects of a response	Surge procedures very common with some implementation challenges (getting staff)
10	The adoption of more systematised learning practices	Learning practices have increased in agencies

8. Organisational approaches to surge

As identified in 2007, in order to implement effective surge responses, an organisation-wide approach to surge is essential. This implies support from the leadership of organisations involved in surge and clarity of procedures and processes relating to the implementation of surge responses. This chapter of the report will consider the extent to which organisations have adopted comprehensive approaches to surge, the procedures that have been developed to facilitate more effective surge and some of the challenges faced when deploying surge. Within the humanitarian sector, different approaches to surge responses have been developed in recent years. These approaches have been found to be both complementary and conflicting, depending upon the context and the operational model of the surge actors. The approaches include:

- ◆ The “step aside” approach, whereby managers in existing programmes are not able to respond to the new demands in a scaled-up emergency response and surge teams are brought in to manage the response.
- ◆ The “no regrets” approach, which is considered to be building and deploying international capacity even if the worst forecasts are not realised²⁵. This is considered to be a relatively top-down model that is supply rather than demand driven.
- ◆ A national-oriented approach that favours building capacity of national staff and partners to be able to respond to emergencies, thereby reducing the need for direct international operational involvement.

²⁵ Source: <https://www.oxfam.org/sites/www.oxfam.org/files/bp-dangerous-delay-horn-africa-drought-180112-en.pdf>

8.1 The whole-organisation approach

Key findings:

- ◆ All surge actors have moved towards greater internal coordination and cohesion;
- ◆ The importance of an organisation moving very quickly together and not in separate parts is seen as critical;
- ◆ Coordination issues still exist between surge units and support functions in organisations.

In order to be able to implement rapid surge responses, the ability of an organisation to move very quickly together and not in separate parts is critical. The Start Surge Consortium agencies are moving towards greater surge coordination within their organisations, across functions and supported by specific processes and strategies. Where agencies indicate there is still further work to do is in relation to coordination between operational teams and support functions such as human resources (HR), logistics and administration. Enabling the capacity and preparedness of partners and the follow-up of learning from previous crises are also areas where further focus and work is required. Within the last decade, all 11 Start Surge Consortium agencies appointed teams or individuals responsible for surge at their headquarters. Agencies were also found to be reinforcing their international emergency response teams and internal rosters. Agencies are building capacity at the national level usually through existing emergency programme teams, but this is not yet found to be uniform, sufficiently funded or sustainable.

This enhanced organisational approach to surge can also be seen with the UN, the International Red Cross and Red Crescent Movement (RCM) and INGOs beyond the Start Network:

- ◆ **The UN Office for the Coordination of Humanitarian Affairs (OCHA)** is the lead body within the UN system for coordinating emergency response. OCHA has a number of mechanisms in place to facilitate surge response within its organisation and the broader UN system. This includes an internal roster (Emergency Response Roster) that draws on staff worldwide; a partnership programme (Stand-By Partnership Programme) that mobilises staff from 14 partnership organisations (e.g. national disaster agencies and NGOs); specialised rosters for gender and protection staff (ProCap and GenCap); and specialised teams for deployment (UN Disaster Assessment and Coordination – UNDAC).
- ◆ In 2007, following its response in Darfur, the **International Committee of the Red Cross (ICRC)** undertook a review of its emergency response procedures, resulting in the establishment of a Rapid Deployment Mechanism (RDM). Deployment of RDM members falls across different HQ teams including the technical teams that have identified deployable staff; HR which is responsible for the deployment itself; and the RDM unit which ensures that the process for deployment is correctly followed.
- ◆ **The International Rescue Committee (IRC)** – Since 2011 IRC has focused increasingly on its approaches to surge and emergency response. As well as developing its Emergency Response Team (ERT) (increasing it from 8 to 32 members), an emergency accountability framework has been developed and a new section developed to take on the challenge of emergency preparedness at country programme level. Sector toolkits covering different aspects of emergency programming (proposals; scalable budgets; job descriptions; monitoring; evidence and evaluation; value for money; and staff training) have also been developed.
- ◆ **World Vision International (WVI)** – Over the last ten years WVI has developed a “whole of partnership” approach for surge. This implies that offices worldwide work together in a common surge capacity network that has a centralised process for the management and deployment of existing staff for surge deployments (currently some 500 persons), combined with a 40-person ERT and regional disaster teams of existing staff.

Governments at the regional and sub-regional levels have launched initiatives to pool resources and promote coordinated actions. For example, the Association of Southeast Asian Nations (ASEAN) has established Emergency Rapid Assessment Teams (ERAT) for rapid deployment (within 24 hours) drawing from a pool of emergency personnel from ASEAN countries. Since 2008, the ERAT has deployed 54 members in 10 crises²⁶. Another example is seen with the Member States of the South Asian Association for Regional Cooperation (SAARC) which came together in 2011 and concluded an agreement on collaborative regional rapid response to natural disasters, although the project is still in its planning stage²⁷.

There are also examples of collaborative and organisation-wide approaches to strengthened emergency response at the national and sub-national levels. In the UK for example, a clear hierarchical framework for the command and control of major incidents and disasters has been developed and implemented. This structure is well understood by all public sector agencies involved in incident responses (primarily the police; fire and rescue services; health bodies; local councils; and the Armed Forces) and put into action across the UK's emergency services and first responder bodies. The system works well as all agencies involved are clear about processes and procedures and their roles within the structure.

TABLE 1

UK EMERGENCY SERVICES COMMAND AND CONTROL STRUCTURE

GOLD	SILVER	BRONZE
Strategic	Tactical	Operational
<i>The Gold commander is in overall control of his/her organisation's resources but will not be on site. The Gold commander will formulate a strategy for dealing with the emergency.</i>	<i>The Silver commander is the tactical commander who manages tactical implementation following the strategic direction given by Gold and makes it into sets of actions that are completed by Bronze. They may or may not be on site.</i>	<i>A Bronze commander directly controls an organisation's resources at the incident/emergency and will work with their staff at the scene. A representative from each involved responder agency will be present.</i>

Pakistan provides another example of a structured national level collaboration. Here, the national disaster management agency (the Pakistan National Disaster Management Authority (PNDMA)) has been established to play a key coordinating role. In the event of a disaster, all stakeholders, including government organisations, the armed forces, INGOs, NGOs and UN Agencies work through the PNDMA that further coordinates emergency response with regional disaster management bodies.

A review of the health services of the 2012 London Olympics²⁸ identified the following lessons on whole-organisation approaches:

²⁶ <http://www.ahacentre.org/about-erat>

²⁷ SAARC Agreement on Rapid Response to Natural Disasters (Malé, 25-26 May 2011)

²⁸ Kostas.K et al, "Improving Olympic Health Services: What are the Common Health Care Planning Issues?" – University College London (December 2014)

- ◆ Developing relationships and clarifying roles in advance including the need to be transparent about potentially competing interests and organisational cultures;
- ◆ Effective internal and external communications to ensure a coordinated response;
- ◆ Preparation for post-response increase in staff leave requests.

The private sector also provides examples of where comprehensive organisation-wide approaches to surge have been adopted. With the aim of supporting NGOs in the health sector and developing healthcare infrastructure, Glaxo Smith Kline (GSK) has unified its support for emergency actions into a single “humanitarian work-stream”, for example.

8.2 Procedures, processes and decision-making

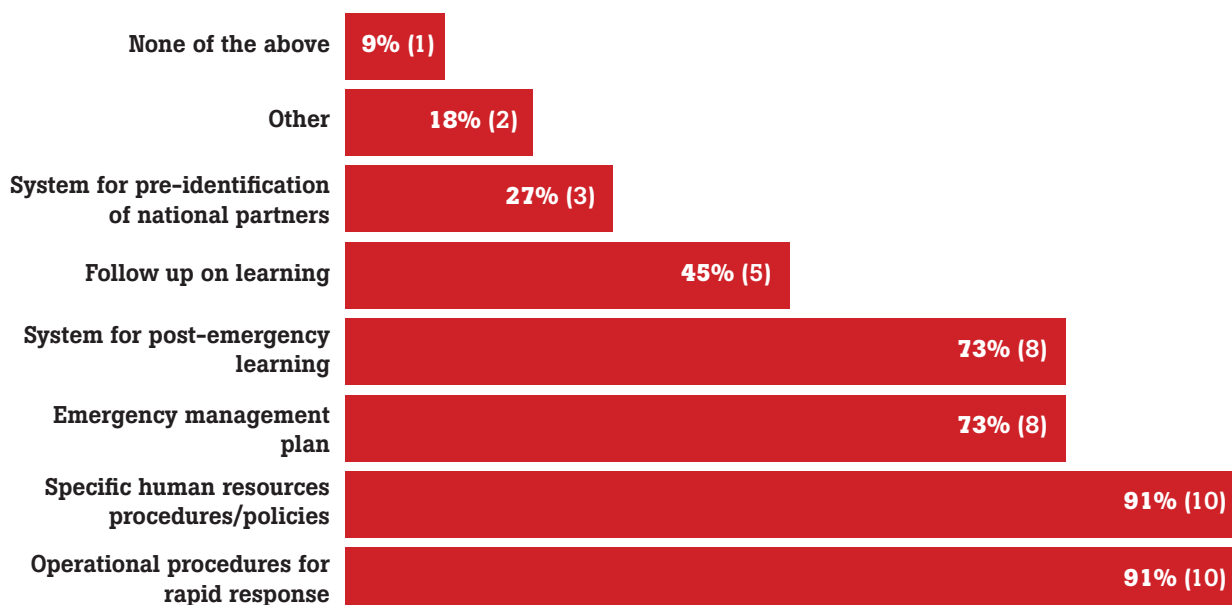
Key findings:

- ◆ Recent years have seen an increased focus by humanitarian organisations on developing cross-organisational policies, procedures and guidelines to support and clarify surge mechanisms and approaches;
- ◆ Significant policy reforms have also been carried out by the UN system and individual UN agencies; affected governments have also reinforced their procedures and policies for surge response.

In order to ensure more effective surge responses, humanitarian organisations have dedicated significant focus to ensuring that appropriate programming, management, HR, finance and logistics mechanisms are in place. Figure 4 below highlights the type of policies, procedures and systems that the Start Surge Consortium agencies have in place, with the majority having an emergency management plan, surge standard operating procedures (SOPs) and specific HR procedures.

FIGURE 4

POLICIES, PROCEDURES AND SYSTEMS ARE IN PLACE TO MANAGE AND MOBILISE STAFF AT THE GLOBAL LEVEL — START SURGE CONSORTIUM AGENCIES



Processes for triggering a surge response by humanitarian organisations vary, but primarily surge support is requested from an affected country and the HQ then consults the roster or standing surge team 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 Islamic Relief (IR), make initial contact with all roster staff to ensure that they are aware of a potential upcoming deployment from the earliest stage. Judgements around whether to trigger surge focus on a number of key factors including:

- ◆ The significance of the emergency
- ◆ The emergency context/environment
- ◆ Existing in-country resources, capacity and skills

The role of government in declaring a crisis and calling for international support was also key. Within the Start Surge Consortium agencies, as well as with other humanitarian organisations, decisions relating to surge are most frequently made at the national level in consultation with global HQ, or, more rarely, with regional offices. A small number of agencies empowered regional teams to make such decisions.

Within the UN system, significant reforms have taken place in the past decade to introduce more clarity in processes and decision-making for surge response. Amongst other measures, this has focused on reinforcing the role of humanitarian coordination at the country level, through the Humanitarian Coordinators (HCs), Resident Coordinators (RCs) and Humanitarian Country Teams (HCTs) they lead to coordinate the efforts of humanitarian organisations (both UN and non-UN) with the cluster system (if relevant). For sudden-onset disasters, OCHA has further developed its On-Site Operations Coordination Centre (OSOCC) concept to support local authorities to coordinate international relief resources.

Reforms to surge processes have also been carried out by individual UN agencies. An independent review of the United Nations Children's Fund (UNICEF) response to the 2010 Haiti earthquake stated that "there was a fundamental lack of clarity about who was in charge, and formal accountabilities were hard to pinpoint . . . UNICEF's extensive rules and regulations . . . proved insufficiently streamlined or flexible to enable an effective response on the scale required."²⁹ The 2011 Corporate Emergency Activation Procedure (CEAP) for Level 3 (L3) emergencies aimed to directly address these shortcomings by establishing a single chain of command and flexible operating procedures for large scale emergencies. The CEAP was activated four months later in response to the drought and famine crisis in the Horn of Africa. According to UNICEF, the policy was a critical factor in spurring one of the fastest and largest emergency operations UNICEF has ever mounted, rapidly mobilising resources across the organisation.

In the past decade, national governments have reinforced their procedures and processes for surge response, often through national disaster strategies and structures. For example, the Philippines government has put in place a nationwide system of surge response through its National Disaster Risk Reduction and Management Plan (2011-2028)³⁰ that sets out processes and responsibilities for surge response.

8.3 Recovery and longer term surge

Key findings:

- ◆ Surge approaches during the recovery phase of an operation differ between humanitarian organisations, with some making no difference with the emergency phase and others ensuring that recovery-phase personnel needs are addressed;
- ◆ The UN system has reinforced its linkages between emergency and recovery phases.

²⁹ Independent Review of UNICEF's Operational Response to the January 2010 Earthquake in Haiti (Haiti Independent Review) – UNICEF (2011)

³⁰ <http://www.ndrrmc.gov.ph/index.php/2014-09-05-06-15-56>

For a number of Start Surge Consortium agencies 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 with strong leadership skills to cover the recovery phase. Staff of Save the Children's ERTs can be deployed in the recovery phase during quieter periods (approximately 30% of their time/deployments; the remaining 40% is for sudden 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 teams. Other Start agencies and humanitarian organisations do not consider the recovery phase for surge responses and instead focus on standard recruitment to address the HR needs of this phase.

The UN system has reinforced its linkages between emergency and recovery phases, notably between its emergency-focused agencies (such as OCHA and the United Nations High Commissioner for Refugees (UNHCR)) and its development-focused agencies (such as UNDP and UN Women) and this has been a major focus of the Early Recovery Cluster. IRC is involved in a surge project with UNHCR which does not focus on the emergency environment but instead focuses on the recruitment and deployment of short- to medium-term protection officers to UNHCR offices in the field. Launched in 2001, the IRC/UNHCR Surge Project aims to create a roster of highly qualified junior-level protection professionals who can be deployed to UNHCR field offices to meet short- to medium-term protection needs in non-emergency settings. In addition, staff of specialised rosters, such as GenCap and ProCap, are also deployed to protracted conflicts.

8.4 The role of women in surge

Key findings:

- ◆ Women play a crucial role in surge response and currently make up some 40% of all international deployments;
- ◆ Although all major humanitarian organisations have gender policies in place, few have specific surge gender policies.

This research found that women play a crucial role in surge response, in reaching the most vulnerable populations and providing support to affected women and their families.

Within the Start Surge Project Consortium agencies, in 2013–14, women made up 45% of all deployments. The only comparable statistics are collected by OCHA where 39% of their deployments in 2014 were women³¹.

Research with the Start Surge Consortium agencies indicates that the presence of women in surge responses tends to depend on the social and political context and varies widely within the region. For example, in 2013–14 some 47% of Start Surge Consortium agencies deployed in the Philippines were women; in Pakistan, 27% of staff deployed were women.

Today, all major humanitarian organisations have general gender policies in place, although few have 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 HR policies.

Several agencies report gender-specific issues in hiring women for surge, for example, issues related to childcare linked with length of deployment (global level); and the need to provide safe housing for female surge staff (Pakistan).

Discussions held during this research highlighted that the role of women is crucial in crises and is 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 is coupled with contextual and social issues which impacted, positively and negatively, on agencies' abilities to implement a balanced gender approach.

³¹ http://reliefweb.int/sites/reliefweb.int/files/resources/SCS_deployments_2014_150129.pdf



ESTHER TREWINNARD/TEARFUND

9. Human resources and surge

A number of the key learning points from the 2007 People In Aid report focused on issues relating to HR. These included the need for:

- ◆ investment in HR as a strategic function not just an administrative one;
- ◆ well-trained and experienced surge staff;
- ◆ investment in developing rosters and registers; and
- ◆ longer-term and second wave recruitment processes.

This chapter aims to provide an overview and update on the extent to which humanitarian organisations have adopted approaches to surge which are facilitative of enhanced surge responses.

9.1 Human resources as a strategic function

Key findings:

- ◆ For all humanitarian organisations in recent years there has been a reorientation for human resources to go beyond administrative support and play a strategic role;
- ◆ The need for HR personnel to be strategically involved in surge responses has been acknowledged and acted upon by some but not all organisations.

For all humanitarian actors in surge, there has been a reorientation in recent years for HR to go beyond administrative support and play a strategic role. With regard to international staff deployments, the last twelve years have seen a growth of professional HR staff and an increased demand that humanitarian organisations and governments select, prepare and

train the people that they are sending overseas. Where previously a number of organisations would rely on bodies such as RedR to rapidly provide technical specialists, agencies have more recently tended to develop their own rosters or stand-by teams of deployable staff, as described below. Examples of a strategic HR function include:

- ◆ Creation of HR posts within surge HQ and field teams (Oxfam; NRC; ACF; UN agencies and donor governments such as the UK);
- ◆ Development of specific surge HR policies and procedures (SC; OCHA; Oxfam; ICRC);
- ◆ Centralisation of managing surge rosters and staff (SC; Oxfam; World Vision; UN agencies).

Challenges were seen in developing a HR strategic approach at the national level in addition to all agencies moving from an administrative to strategic role.

9.2 Approaches to staffing and managing surge

Key Findings:

- ◆ The primary tool for the management of surge staff is rosters. There has been an increase in the development of internal standing teams which are seen to be most effective due to immediate availability of staff;
- ◆ The last decade has seen a growth in rosters/registers offering specialised staff to agencies;
- ◆ As the humanitarian landscape has changed, so too have the skill-sets required for surge: funding/donor relations; information management; civil-military relations; organisational liaison; and cash expertise;
- ◆ New service providers have emerged that offer services and products in support of surge response, for example, in emergency mapping, needs assessment, IDP profiling, training and cash-based responses;
- ◆ Some INGOs have reinforced their partnerships with national and local partners based in disaster-affected countries;
- ◆ A recent development has been private sector bodies providing staffing resources for surge.

A variety of different methods have been adopted by humanitarian actors in order to ensure that there are requisite personnel available when surge responses are required, as summarised in the following table³²:

TABLE 2

HR SURGE RESPONSE MECHANISMS

Type	Internal rosters	External rosters	Internal standing teams	Internal/external registers	Internal secondments	Third party bodies
Overview	A list/database of staff from within the organisation including details of availability and skills.	A list/database of people (often consultants) from outside the organisation including details of their availability and skills.	The employment of dedicated emergency response staff on permanent contracts.	A list/database of internal staff or external consultants with their contact details and qualifications.	Drawing on staff from other country offices/HQ	Recruitment and roster management (and sometimes training) by a third party body and provision of staff to aid agencies on request.
Example	ICRC ActionAid	RedR UK DFID	Oxfam Save the Children ActionAid	HelpAge International World Vision CARE	Christian Aid Islamic Relief ActionAid	IMC OCHA

³² Further examples of humanitarian agency approaches to staffing surge can be found in Annexe 6.

Several key trends were identified in staffing and managing surge:

The emergence of stand-by teams: The development of permanent surge staff for deployment is an approach that has been increasingly and successfully adopted in recent years, notably by nearly all of the major INGOs. Although expensive to maintain, large agencies reported that this approach works well given their ability to immediately deploy highly qualified staff. Challenges have been seen with teams in terms of staff management (training; appraisals; leave entitlements; turnover) and managing their time when not deployed.

The continued use of rosters: Organisations, including UN agencies, the RCM and governments, have continued to use rosters as their main tool for sourcing staff for surge deployments. There has been more emphasis on the selection and training of roster members in general, although challenges still remain, such as: unwillingness of managers to release their staff (even if there has been an agreement to do so should the need arise); inability to deploy at short notice for family reasons; ensuring requisite capacity to keep rosters “alive”; retaining staff from the Global South; and ensuring that the right language and technical skills are available. Rosters predominantly rely on existing staff although some organisations do maintain external rosters and mixed internal/external rosters.

The growth of specialised rosters/registers: The last decade has seen a growth in rosters/registers offering specialised staff to agencies: humanitarian communication (CDAC-N); needs assessment (Assessment Capacities Project (ACAPS)); protection (ProCap); logistics (Danish Refugee Council (DRC)); gender (GenCap); cash expertise (CashCap); and camp coordination and camp management (CCCM). These rosters/registers are often managed in partnerships (e.g. ProCap and GenCap between OCHA and NRC) and mainly provided staff to UN agencies (logistics DRC, ProCap and GenCap) or UN agencies and INGOs (ACAPS, CCCM, CDAC-N). Norcap and DRC also provide a broader range of humanitarian professionals, mostly to the UN. The World Economic Forum (WEF) has established logistics emergency teams (LET) in partnership with logistics companies and the UN. A challenge associated with the use of specialised rosters is the shared responsibility, as often they are managed jointly. In addition, there were challenges relating to roster maintenance and ensuring they are composed of qualified and available experts, as seen with other rosters. The Start Network project is in the process of trying to assess the appetite for joint rosters, with the potential of developing this approach.

The changing skill-sets required: As the humanitarian landscape has changed, humanitarian actors reported the emergence of new skill-sets required for surge deployment, including: funding/donor relations; information management; civil-military relations; organisational liaison; and cash programming expertise. Also reported was an increased demand for existing roles, notably gender and protection.

The creation of new service providers: More so than offering staff for humanitarian organisations, new service providers have emerged that offer services and products in support of surge response, for example, emergency mapping (MapAction, CartONG), needs assessment (ACAPS), IDP profiling (Joint IDP Profiling Service (JIPS)), and cash-based services of the private sector (MasterCard and Red Rose).

The growth in partnering for surge: As alternatives or complements to stand-by teams or rosters, some INGOs have reinforced their partnerships with national and local partners based in disaster-affected countries in order to implement rapid surge responses. This approach is often adopted by faith-based organisations such as the ACT Alliance, Christian Aid, CAFOD, Caritas, Muslim Aid, Islamic Relief and Tearfund that can often link to existing networks and communities in-country.

Staffing from the private sector: While the private sector has focused traditionally on offering materials and funding for surge, a recent development has been the sector providing staffing resources, such as the emergency telecommunication teams of British Telecom, Ericsson and Vodafone, amongst others.³³

³³ See Annexe 7 for further examples of surge within the private sector

For governments that are undertaking international surge deployments, approaches are similar to those described above, using a combination of rosters and stand-by teams such as UK DFID's Conflict and Humanitarian Security Operations Team (CHASE OT) and the Office of U.S. Foreign Disaster Assistance (OFDA) Disaster Assistance Response Teams.

9.3 Surge staff well-being and security

Key findings:

- ◆ Approaches of humanitarian organisations to the safety and security of their staff, whether national or international, are similar;
- ◆ Approaches to the well-being of the staff of humanitarian agencies differs between national employees and international staff, with more emphasis placed on supporting the well-being of internationally deployed personnel;
- ◆ Many humanitarian organisations have developed surge-specific deployment kits to support deployed staff.

In the past decade, humanitarian actors have reinforced and professionalised their approaches to the security and well-being of international and national staff, with little difference seen between the two. Ensuring the well-being of surge staff is considered to be important due to the chronic levels of stress in the sector. Research undertaken as part of this project highlights that if agencies do not deal with the needs of the individual at the micro or granular level, then it is more difficult to achieve impacts and results required at the macro or sectoral level.

With regard to well-being, organisations have tended to increase counselling support for staff deployed, such as IRC, which has counsellors on a retainer for staff as they come back from deployment, or the ICRC that has established a permanent in-house counselling team. For national staff, some organisations try to establish in-country equivalents but generally there is less emphasis and attention to this.

Agencies report that salaries, allowances and rest and relaxation 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. There is also 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. The exception for this is the RCM volunteers that could be working with local National Societies (NS) or deployed by a National Society as part of an international response. Training and briefing is emphasised for such volunteers but varies across the world.

An important element of staff well-being in surge responses is to ensure that they have the appropriate kit available when deployed. A number of agencies have developed surge-specific kit often referred to as a "grab-bag" or a "go-bag", particularly for internationally-deployed staff. These kits frequently include emergency telecommunications equipment such as unlocked mobile and satellite phones; computers; mosquito nets; emergency food packs; sleeping bags; external hard drives; external optical drives; and external laptop batteries. More extreme items that are included in rapid deployment kits include water filtration kits and body armour. The IFRC's emergency response units (ERUs) have their own survival equipment including food; beds; tents; electricity generators; mobile phones and office equipment which are stored in light, easy-to-carry containers. Some organisations, like the ICRC and CHASE OT, adapt kits to the deployment context.

10. Surge financing mechanisms

Key findings:

- ◆ Most humanitarian organisations have rapid access to funds for surge responses. Funding mechanisms are more developed and quickly accessible at global as opposed to regional and national levels;

- ◆ The UN system has reformed its emergency appeals system with more rapid and flexible funding available at the country level;
- ◆ Funding of local and national NGOs remains low. It is estimated that in 2014 they received between 0.3% of all humanitarian assistance;
- ◆ Funding available to affected national governments remains low at 3% although “emerging” donor governments favour this channel; some national governments do not always seek or desire outside support;
- ◆ Donor governments have created more flexible ways to fund crises.

Overall, financing mechanisms for surge have been reinforced and streamlined in the past decade, while remaining focused on international rather than local and national actors:

- ◆ A relatively recent development for humanitarian agencies has been the freeing up of funds for surge and sudden onset emergencies. All Start Surge Consortium agencies reported having access to funds within 48 hours in most cases, and half of the agencies have access immediately at the global level. Funding mechanisms and systems are more developed at the global level than the regional and national levels. The IFRC maintains a Disaster Relief Emergency Fund (DREF) to provide immediate financial support to Red Cross/Crescent NS for rapid, life-saving disaster response. Agencies have realised through recent crises the necessity for country offices to be able to have immediate access to funds in order to respond quickly. Similarly, for other humanitarian organisations, access to surge/emergency funds was found to be rapid, although some alarming gaps exist: the World Health Organisation (WHO) has no core funds for emergency response³⁴.
- ◆ The UN system reformed its emergency appeals system consolidating the funding needs of most UN agencies into one appeal and pooling resources in a new Central Emergency Response Fund (CERF). Another new initiative has been the Country Based Pool Funds (CBPFs), managed by OCHA that have proved to be a rapid and flexible source of funding at the country level³⁵.
- ◆ The funding of local and national NGOs remains low; although no accurate estimates exist as to the level of resources received by national NGOs through partnerships with INGOs and UN agencies, it is estimated that in 2014 they received 0.3% of all humanitarian assistance³⁶ with the bulk of the funds going to UN agencies (61%), INGOs (19%) and the RCM (8%).³⁷ It is also recognised that many UN and INGO programmes are implemented through local and national NGOs, although no reliable data exists to determine the scope of this support. One indication is that 10% of funds dispersed in 2014 by the CPBFs were to local and national NGOs, up from 1% in 2006³⁸.
- ◆ External funding available to national governments for humanitarian assistance remains low; 3% in 2014 according to OCHA's Financial Tracking Service (FTS)³⁹. Although western governments are reluctant to provide direct funding to affected countries due to concerns of financial management and impartial responses, many “emerging” donor governments, such as Saudi Arabia and the United Arab Emirates favour this channel, with some half of their financial support estimated to be bilateral. It should also be recognised that national governments of affected countries do not always seek or desire outside support; in the 2015 Pakistan earthquake, the government stated that it would not issue an international appeal for help as it had the necessary resources to carry out the rescue and relief work⁴⁰.
- ◆ Donor governments have created more flexible ways to fund crises. Two examples are the Start Fund⁴¹ and DFID's Rapid Response Fund⁴², which are considered to be essential for ensuring that qualifying agencies are able to respond sufficiently quickly in the face of a crisis.

³⁴ WHO (May 2015), *Report of the Ebola Interim Assessment Panel*.

³⁵ IFRC (2015), *World Disasters Report 2015; Follow the money; are funding patterns keeping pace with trends and evidence* (chapter 4).

³⁶ IFRC (2015), *World Disasters Report 2015*

³⁷ ALNAP (2015), *The State of the Humanitarian System*

³⁸ IFRC (2015), *Ibid.*

³⁹ IFRC (2015), *Ibid.*

1.1. Surge materials

Key findings:

- Humanitarian actors have varying amounts of pre-positioned stocks of emergency items available to them at very short notice with the UN agencies, the RCM and larger INGOs better resourced than other actors.

Humanitarian actors have varying amounts of pre-positioned stocks of emergency items available to them at very short notice. In general, UN agencies and the RCM tend to be better resourced in this respect in comparison to INGOs, although the larger INGOs also have comparable pre-positioned stocks. For example, it was found that only half of Start Surge Consortium agencies have substantial pre-positioned materials.

The following table provides an overview of the surge materials that some agencies hold. The focus tends to be on non-food items (NFI) and water, sanitation and hygiene (WASH) items.

TABLE 3

SURGE MATERIALS

Agency	Surge materials available
GLOBAL AND REGIONAL LEVEL	
DFID CHASE OT	Holds NFI stock in Dubai including 75,000 shelter kits. Also holds stock in the UK.
Handicap International	Capacity in Dubai to cover the needs of 7,000 people with non-food item kits.
IFRC	The IFRC has 5,000-10,000 standard family NFI kits in each regional logistics hub (Panama; Dubai; Kuala Lumpur and Las Palmas) – sufficient to meet the needs of 300,000 people, as well as shelter items and kitchen sets. Disaster response stocks are held by most RC/RC NS for domestic response.
IMC	Trauma and surgical unit field hospital providing an operational platform, logistics and communications.
World Vision International	NFI are pre-positioned for up to 225,000 beneficiaries in seven strategically located global warehouses around the world: Denver, USA; Panama City, Panama; Frankfurt, Germany; Brindisi, Italy; Dubai, UAE; Brisbane, Australia; and Accra, Ghana. These warehouses are operated and managed by numerous partners, including WVI support offices, the United Nations Humanitarian Response Depot, and various consortia and corporate partners. Additionally, the Global Pre-Positioning Resource Network (GPRN) has pre-positioned NFI for six high-hurricane-risk-countries in Latin America and the Caribbean, is developing sub-regional NFI warehouses to reach into South America, and has begun sub-regional approaches for NFI warehouses in South Asia and the Pacific.
NATIONAL LEVEL	
Concern Worldwide Pakistan	Concern has a stock of WASH, shelter and NFI items for 2,000 families.
IFRC/Pakistan Red Crescent Society (PRCS)	Maintains a stock of NFIs for a maximum of 35,000 families in Pakistan. A pre-positioned stock for 2,000 families is at the national HQ and for 3,000 families at the provincial HQ. PRCS takes 24-48 hours to make an assessment before provision of assistance. It has warehouses in Islamabad; Haripur; Multan; Karachi; and provincial HQ as well as districts.
WFP Pakistan	In consultation with donors, WFP maintains an in-country food stock which it shares with the National Disaster Management Authority. The stock is replenished from programme funds. Warehouses are maintained at Karachi; Hyderabad; Lahore; DI Khan; Peshawar; Azad Jammu and Kashmir.
UNICEF Pakistan	UNICEF maintains stock for items in five sectors for 100,000-200,000 families.

An area where collaboration has been seen between the large INGOs and the UN is in the pre-positioning of emergency stocks. A number of agencies have stocks in the UN Humanitarian Relief Depots (UNHRD)⁴³ that has warehouses in Panama; Italy; Ghana; Malaysia and Dubai. The UNHRD network is managed by WFP and also supports other UN agencies. The network manages strategic emergency relief stocks, including medical kits; shelter items; ready-to-use foods; IT

⁴⁰ https://www.washingtonpost.com/world/asia_pacific/the-latest-strong-afghan-earthquake-felt-across-38

⁴¹ The Start Fund was designed to fill gaps in the humanitarian funding architecture in three main areas: response to small to medium scale emergencies that often receive little funding; early response to slow onset crises; fast response to both rapid onset crises and spikes in chronic humanitarian crises.

equipment and operational support assets, for a growing base of user organisations. These are all designed to strengthen and enhance organisational response efforts at the onset of an emergency.

The hubs are strategically located near disaster-prone zones, within airport complexes, close to ports and main roads. Due to this proactive positioning, relief items can be delivered to affected areas worldwide within 24–48 hours of an emergency striking.

FIGURE 5

UNHRD HUBS⁴⁴



BEN WHITE/CAFOD
Palo, Leyte Island, Philippines
Distribution of hygiene kits – buckets,
towels, soap, water purification tablets, etc.

⁴² The RRF enables DFID to commit to rapid humanitarian funding for pre-qualified partners. This is done in the first 72 hours following a rapid onset, spike in a chronic humanitarian emergency, or other disasters as deemed necessary. It enables DFID to work with partners that have a proven record of response; provide high quality results; and deliver value for money for DFID and beneficiaries. RRF funding is only available to organisations that have successfully passed pre-qualification. This includes private sector organisations. DFID undertakes an annual process to enable additional organisations to pre-qualify.

⁴³ <http://www.wfp.org/logistics/humanitarian-response-depot>

12. Collaboration for surge

Key Findings:

- ◆ Although internal coordination of organisations has improved, collaboration and collective work remains fragmented, with greatest progress seen at the very local level;
- ◆ Despite recent UN reforms having strengthened collaboration, major crises have continued to see uncoordinated efforts and duplication between responders;
- ◆ A lack of collaboration has been seen by INGOs and UN agencies with national governments and new emerging actors.

Humanitarian actors active in responding to emergencies have improved their internal coordination significantly in the past decade, as described above. However, collaboration and collective working between actors remains fragmented. Perhaps the greatest progress can be seen at the very local level. For example, all Start Surge Consortium agencies working in the Philippines and Pakistan reported that their surge working practises were partially or fully collaborative; as they explained assisting people at the local level often required collaboration with local NGOs and authorities.

The recent UN reforms that strengthened the roles of the HCs and the cluster system have improved collaboration between humanitarian actors and “reduced confusion during emergencies”⁴⁵. However, in recent large-scale crises such as the Nepal earthquake (2015), Ebola outbreak (2014–15), Typhoon Haiyan in the Philippines (2013) and the Haiti earthquake (2010), uncoordinated efforts and duplication between responders was found⁴⁶. Whereas coordination between INGOs and UN agencies has improved, a lack of collaboration has been seen between these traditional humanitarian actors, national governments and new emerging actors (such as NGOs from Turkey and Qatar; and government emergency response teams from China and India). For example, a key evaluation of the Typhoon Haiyan response commented: “The international response and surge mechanisms in particular did not adapt sufficiently to play a complementary role in a middle income country with strong disaster management capacity.”⁴⁷ This evaluation also found that collaboration was best at the implementation level where partnerships were forged, similar to what Start Surge Consortium agencies reported.

Positive examples of collaboration between organisations at the global level can also be seen:

- ◆ WHO’s Global Emergency Medical Teams (EMT) Registry initiative. This new registration system will enable WHO to build a global roster of foreign medical response teams ready to deploy for emergencies. The Registry sets minimum standards for international health workers and allows teams to clearly outline their services and skills. The initiative was developed in the aftermath of the 2010 Haiti earthquake and Pakistan floods, where some foreign teams arrived without informing the national health authorities or coordinating with other surge responders. Authorities in countries hit by disaster will be able to consult the list and decide which foreign medical teams they need.⁴⁸
- ◆ The UK Emergency Medical Team is a collaboration between UK Med which supplies personnel; Save the Children which provides logistical support; Handicap International which provides rehabilitation and follow-up of patients; and DFID which is funding the initiative. The UK EMT is the leading UK medical response after natural disasters and was recently deployed in response to the Nepal earthquake.
- ◆ UNICEF has created a “Rapid Response Mechanism” (RRM) and collaborates with other UN agencies (WFP, OCHA) and INGOs (e.g. DRC; Solidarités; IRC; Catholic Relief Services (CRS); NRC; ACTED; ACF) that has been operational in several contexts including Iraq, South Sudan, the Democratic Republic of the Congo and the Central African Republic⁴⁹. The RRM is a multi-sector mechanism designed to trigger immediate action to address critical gaps in humanitarian coverage. Mobile teams comprising specialists (e.g. experts in nutrition; food security; WASH; livelihoods; health; child protection; education; coordination; logistics; communication and security) are deployed to reach affected populations in hard-to-access locations and assess and respond to needs.

⁴⁴ <https://www.wfp.org/logistics/humanitarian-response-depot>

⁴⁵ Barnett, M. & Walker, P. (July 2015), *Regime Change for Humanitarian Aid*, Foreign Affairs 94.4.

⁴⁶ IASC, (October 2014), *Inter-agency Humanitarian Evaluation of the Typhoon Haiyan Response*;

⁴⁷ IASC, (October 2014), *Ibid.* WHO (May 2015), *Ibid.*; IASC (2010), *Haiti Earthquake Response, 6-Month Report*; ALNAP/ODI (2015), *Nepal Earthquake Response: Lessons for Operational Agencies*.

⁴⁸ See Annex 5 for key facts relating to EMTs.

⁴⁹ The WFP Rapid Response Mechanism in South Sudan – One Year On, Results, Challenges and Way Forward (May 2015); UNICEF Annual Report 2013 – Central African Republic (2013); http://www.unicef.org/about/annualreport/files/Central_African_Republic_COAR_2013.pdf

The need for increased collaboration on surge was one of the key learning points from the 2007 People In Aid research. Today, the following advantages and disadvantages for collaborative surge response were identified:

TABLE 4

ADVANTAGES/DISADVANTAGES OF COLLABORATIVE SURGE RESPONSE

Advantages	Disadvantages and barriers
<ul style="list-style-type: none"> ◆ Cost effectiveness ◆ Access to a broader pool of personnel ◆ More efficient operations ◆ Better response to humanitarian needs ◆ Building of capacity in new areas 	<ul style="list-style-type: none"> ◆ Mandate and policy differences ◆ Different staff employment terms/conditions ◆ Diverse operational ways of working ◆ Competition for resources and staff ◆ Fear of loss of independence

The Ebola Response 2014–15 – an example of multi-sector collaboration

The response to the 2014 West African Ebola outbreak highlights the challenges of cross-sector collaboration. The international humanitarian and health systems were widely criticised for their response to the outbreak with MSF labelling it “slow, derisory and irresponsible”⁵⁰. WHO called its own response “slow and inefficient ... we did not work effectively in coordination with other partners”⁵¹. MSF reported that foreign support focused on building Ebola treatment structures, but left local people, national governments and NGOs to do most of the practical, hands-on work, for which they were not always qualified⁵².

Many national governments mobilised their expertise to support the response to the outbreak. DFID mobilised the UK system by working with NGOs as well as with other government departments, such as the military and Public Health England (PHE) and the National Health Service. For example, IMC and SC were funded by DFID to set up Ebola treatment centres staffed by PHE laboratory staff. IMC and SC hosted PHE on the ground in terms of their security, housing and transport, and PHE staff worked in the IMC and SC treatment centres on one month deployments. British Military personnel assessed site locations and provided logistical support for the establishment of provincial hubs. PHE had previously only managed emergencies in the UK and working internationally was a steep learning curve. This “comprehensive” approach – bringing together a variety of different services and actors – was new for the UK government. One difference with this response was that DFID located itself operationally in Sierra Leone and tried to run the response from there with the government of Sierra Leone. One of the challenges, apart from coordination, was that organisations such as PHE were not familiar with operating in challenging environments.

In evaluations and reviews, a major issue identified was the complexity of the crisis and the “clash” between the health and the humanitarian systems – with neither understanding the other. With their existing skill sets, traditional humanitarian actors struggled to respond to the crisis, given their lack of specialisation in public health and epidemiology. As the same time, those that held these skills, namely government medical teams and WHO, lacked emergency-response skills.⁵³ In spite of the initial slow response, ultimately Ebola was brought under control in affected countries. This was due to a combination of the local and international response.

Military, surge and collaboration

The UK Military’s joint reaction forces provide an example of collaborative approaches between different services and

⁵⁰ MSF (29 August 2014) Ebola: the failures of the international outbreak response: <http://www.msf.org/article/ebola-failures-international-outbreak-response>

⁵¹ WHO (16 April 2015), WHO leadership statement on the Ebola response and WHO reforms: <http://www.who.int/csr/disease/ebola/joint-statement-ebola/en/>

⁵² MSF (2 December 2014), International Ebola response slow and piecemeal, risks becoming a ‘double failure’: <http://www.msf.org/article/international-ebola-response-slow-and-piecemeal-risks-becoming-%E2%80%98double-failure%E2%80%99-says-msf>

⁵³ IPRC (25 January 2015) Report of the real time evaluation of Ebola control programs in Guinea, Sierra Leone and Liberia; Oxfam (July 2015), *The Oxfam Ebola response in Liberia and Sierra Leone*. WHO (May 2015).ibid.

nations prepared to respond to a range of crises with swift deployment capacity. The UK's ability to respond rapidly to crises has been central to Ministry of Defence (MOD) contingency planning since the Security Defence Review in 1998. In 2012 the Chief of Defence Staff announced that a newly formed Joint Expeditionary Force (JEF) would be the building block for all future alliances and independent action by the UK Armed Forces.⁵⁴ The JEF is of variable size and forms a framework into which others nations can fit. The aim of the JEF is to create a UK military framework, focused around its existing high readiness capabilities that like-minded partner nations can plug into.⁵⁴

The JEF builds on years of co-operation between partner nations with experience of managing conflicts and participating together in military operations around the world. Knowledge, skills and resources will be shared to deliver efficiencies in rapidly deploying a flexible and integrated joint force, which can conduct the full spectrum of operations, from humanitarian assistance through to combat operations. The UK Military is committed to other high readiness military commitments. For example, the Combined Joint Expeditionary Force (CJEF), consisting of a Franco-British force of 10,000 Joint Personnel held at readiness to respond to crisis on behalf of UK-French bilateral, NATO, UN or other operations.

Similarly to humanitarian agency standing teams, military rapid reaction forces do not necessarily have to react rapidly, but they have to be ready to do so and are therefore permanently in a state of readiness to deploy. The military's permanent highly-trained standing capacity differs from the approach of the majority of humanitarian agencies, which are often only able to draw on their own non-standing team staff or externally rostered staff for field missions as part of their approach to surge response. Where it exists, humanitarian standing capacity is relatively small, primarily due to the associated cost of maintaining permanently available teams. In addition, collaboration between humanitarian organisations in the form of joint deployment from different nations (as seen with the Military's JEF) is rare in the humanitarian sector.

12.1 Localising surge responses

Key findings:

- ◆ There is widespread acknowledgement that localised surge responses are more efficient; there remains a lack of country-level skills and resources to support such responses;
- ◆ The importance of localised surge has increasingly been recognised.

It has been acknowledged for some time that guaranteeing that civil society and local communities are involved in surge responses will ensure that response efforts are more rapid. In addition, localised responses are considered to be more efficient in terms of the identification of diverse needs, better preparedness, enhanced contextual understanding and the existence of stronger local networks between response actors.

In countries where there is a high level of insecurity or lack of strong governance, acceptance of local actors is often higher due to their understanding of and linkages to local dynamics, and in some contexts it is not possible for international organisations and NGOs to gain access. A key barrier to national and local responses is the lack of skills and resources, and access to funding, as noted above.

The importance of enabling localised responses has been a feature of the regional consultations in the run-up to the World Humanitarian Summit (WHS) with the Asia consultation noting the following aspects as key to building community resilience: "development of physical infrastructure and buildings; promotion of sustainable livelihoods and employment; investment in the capacity of people and staff responsible for ensuring preparedness in order to create an enabling environment; and establishment of governance structures that ensured inter-departmental communication and coordination." The WHS regional consultation for Europe highlighted the need to "reinforce government leadership and coordination where feasible and prioritise participation of local organisations and communities."

⁵⁴ Chief of the Defence Staff General Sir David Richards speech to the Royal United Services Institute (RUSI), 17 December 2012. <https://www.gov.uk/government/speeches/chief-of-the-defence-staff-general-sir-david-richards-speech-to-the-royal-united-services-institute-rusi-17-december-2012> (accessed 20 Oct 2015).

⁵⁵ The Rt Hon Michael Fallon MP. 2014. International partners sign Joint Expeditionary Force agreement. Available from <https://www.gov.uk/government/news/international-partners-sign-joint-expeditionary-force-agreement> [accessed 28 Sep 15]. The JEF is scheduled to be ready to deploy from 2018.

For those organisations that have a history of international surge, there is an awareness of the basic emergency response standards that need to be applied. One of the challenges identified in relation to localised responses is linked to safeguarding the application of practical standards, for example, ensuring that within an emergency health response the distribution of unnecessary medicines will not take place. Positive examples of localised surge were seen as follows:

- ◆ The IFRC has found that when National Red Cross/Crescent Regional Disaster Response Teams (RDRTs) are deployed to neighbouring countries there are economic advantages when compared to international deployments, as well as cultural and linguistic advantages. Increasingly, efforts are made to deploy these regional teams instead of global international teams, particularly in Africa where operations are often smaller. International teams are deployed for large scale responses where staff experience of a number of international deployments is required.
- ◆ The formation of partnerships is a key element of boosting localised surge response capacity. In Haiti, following the 2010 earthquake, IMC partnered with a local organisation to provide micro-finance to female-headed households. They also trained those beneficiaries in basic and psychological first aid to ensure that they were able to “deploy” with these skills during the next emergency. Similarly, Handicap International has recently started trying to build the capacity of local organisations working for people with disabilities in 18 development situations where it is working. The aim is to ensure that they are better prepared to respond to disasters factoring in their knowledge of the conditions of those with disabilities in their countries.
- ◆ From a regional perspective, Islamic Relief has committed to a regional hub system with one for Asia based in Pakistan. This has allowed them to start developing an Asia regional surge roster that is a sub-division of their global surge roster, and allows the regional humanitarian manager to be aware of available resources and make training placements for the region.

13. Training surge staff

Key findings:

- ◆ Many humanitarian organisations have established training programmes for surge staff but they are not always globally standardised or standardised across the sector;
- ◆ A key training challenge and continuing gap is ensuring that trainees are prepared for working in unfamiliar contexts and with new teams (soft skills);
- ◆ The government and public sector provide examples of clear collaborative approaches to training in order that personnel are well-prepared to respond to emergencies.

In addition to ensuring that staff are readily available for surge responses, a key element of effective surge is ensuring that those staff are well-trained. A number of different approaches to surge staff training can be seen across the sector as well as in other sectors.

As part of the Transforming Surge Capacity Project, CAFOD has undertaken a cross-agency surge capacity survey and mapping.⁵⁶ The aim of this work is to feed into the design of a training package for a multi-agency surge capacity training programme, to prepare members of national and regional rosters (being established through the project) for deployment. A total of 59 individuals from 19 humanitarian agencies took part in the training survey, of which 63% were from the Global South.

The survey concluded that training for surge personnel is not standardised even within the same organisation. However, the question remains as to whether there is a need for specific training and whether “general humanitarian/emergency training” is sufficient.

⁵⁶ <https://start-network.box.com/s/ch9gizrm9g4ii31htbsjqc1fi1swbhjr>



ALLAN VERA/CHRISTIAN AID

The mapping process identified a breadth of humanitarian training modules available from a wide range of providers. Training content is varied – from humanitarian standards to policy to technical guidance. The majority of surge staff undertake some form of training prior to their initial deployment, but this is not standardised across the sector (or even within organisations) and there is limited surge-specific training. “Soft skills” are identified as a key quality for successful surge staff, and a number of key deployment challenges can be attributed to a lack of these skills. However, this is reflected in very few of the humanitarian training modules referenced in the project’s on-line survey and mapping. This is a significant gap.

At the national level there are some examples of training being provided in disaster and surge response. For example, in Pakistan the National Institute of Disaster Management (NIDM) provides training to the sub-district level response teams of a Government of Punjab body, Rescue 1122. The Pakistan National Disaster Management Authority (NDMA) has supported NIDM to build staff capacity at all levels since 2010, due to the non-availability of disaster management experts, which was evidenced during the 2005 earthquake and then the floods in 2010, 2011 and 2014. NIDM was established as a subsidiary organisation of the NDMA to provide trained staff in case of emergencies.

Falling under the responsibility of UN OCHA, the United Nations Disaster Assessment and Coordination (UNDAC) system is part of the international emergency response system for sudden-onset emergencies. It is designed to help the United Nations and governments of disaster-affected countries during the first phase of a sudden-onset emergency. UNDAC team members all receive the same type of training. This ensures that they are prepared to deploy at very short notice and work together as a team according to a common methodology.⁵⁷

Within the Red Cross and Red Crescent Movement, there is a standardised training curriculum for Regional Disaster Response Teams that is organised by IFRC regional delegations. Other standardised training is provided for specific teams

⁵⁷ See Annex 8 for further detail

that form part of its Global Surge Response Tools, for example, common training for members of ERUs or the newly created register of cash transfer programming experts. National Society staff who are part of the ICRC's RDM undergo specific training partly because when working with the ICRC, deployments will be into conflict environments where there are likely to be security threats which they are unfamiliar with.

A new and innovative collaboration, the Humanitarian Leadership Academy, was launched in the first quarter of 2015. The Academy aims to train 100,000 frontline humanitarian responders to mobilise locally in an effort to revolutionise response to humanitarian disasters and emergencies. The first of its kind, the Humanitarian Leadership Academy is a global collaboration between the private sector, governments, academia and NGOs designed to save lives and ensure increasing humanitarian needs are better served at point of impact. The aim is to train aid workers and volunteers from 50 countries in order that they are prepared to respond in their own countries within the first 72 hours of a crisis. Over the next five years, ten national Academy centres will be established offering insights and technology to first responders. The first two will be established in Kenya and the Philippines. The centres will provide training and will be the hubs from where regionally-tailored responses can be coordinated. This cross-sector global initiative has received significant financial support from DFID as well as the Norwegian Ministry of Foreign Affairs. Save the Children have paid the start-up costs and are hosting.

DFID's CHASE OT received feedback from its core team staff and DFID offices that an understanding of working within a donor government and knowledge of DFID systems and tools is often lacking with some of the newer consultants on their surge database. These consultants are often technically capable but there is no time to teach them about systems during a deployment. As a result, CHASE OT runs a two-day induction course three times per year at which consultants receive a comprehensive induction pack containing guidelines and templates, and are able to participate in a number of workshops and presentations with CHASE OT and DFID staff. Following the induction course, consultants are more readily selected for deployment by DFID.

In the public sector, training is considered to be an essential component of ensuring that staff are sufficiently ready to respond to emergency and disaster. The critical role of the public sector in emergency response has long been recognised. In the UK it tends to consist of responses and response inputs by government-led services such as the military, police, health care providers and those working for the government itself, such as elected officials. As such, the UK's National Health Service (NHS) has put in place systems to plan for, and respond to, a range of incidents that have the potential to impact on health or patient care. The NHS emergency preparedness framework sets out general principles to guide all NHS organisations in developing their ability to respond to emergencies and to manage recovery locally, regionally, or nationally. Cooperation between different responders forms a central part of the NHS' emergency preparedness, resilience and response (EPRR), in order to enhance coordination and efficiency when responding to or recovering from an emergency. Emergency plans need to ensure that there is senior level command and decision-making 24/7. The EPRR principles include the points that the management of an incident should be at the level closest to the people affected as is practical, and for speed and flexibility at local operational level. An integral part of the EPRR is the practical testing of all elements of emergency plans. Training of those involved in emergency planning and response is considered to be fundamental to an organisation's ability to handle any type of emergency. The approach adopted is to undertake simulation exercises in order to validate plans; develop staff competencies and provide practice for carrying out their roles; and test well-established procedures. There are three main types of simulation exercise:

- ◆ Discussion-based to “talk-through” the finalisation of plan.
- ◆ **Table-top** – these are based on simulation, not necessarily around a table. These involve a realistic scenario and a time line which may be real-time or sped up. This type of exercise is useful for validation purposes but demands careful preparation. Injects are often used to stimulate and challenge thinking. (CHASE OT includes a table-top exercise in its consultant induction course.)

- ◆ **Live exercise** – these are helpful for testing logistics, communications and physical capabilities, and help participants to develop confidence in their skills.

All UK government-led services that have responsibility for involvement in local and national level incident responses, such as the military and the police, are required to assist in the planning and execution of civil multi-agency emergency exercises, also highlighting strong collaboration amongst these services.

A critical element of the UK Military's ability to ensure significant numbers of military personnel are rapidly deployable is the training of assigned units to agreed and auditable standards. Military capability allocated to the various readiness commitments are cyclically rotated through periods of High Readiness, Lower Readiness/reserve, Force Generation (training) and Recuperation. This ensures high readiness forces do not suffer from skill-fade or fatigue caused by the demands of perpetual and collective alertness.

14. Good practice and gaps in surge capacity

14.1 Gaps

This research has identified a number of gaps in surge responses and challenges that need to be addressed to make future surge more effective. These include:

- ◆ **Information overload:** When an emergency occurs there is significant information available through official channels; organisational analysis; from the media; via social media; analysis from other organisations – making sense of this vast array of information and ensuring that the right people are involved, in order to ensure that surge responses are appropriate, has become an increasing challenge in the last decade.
- ◆ **Sustainability:** Ensuring that surge staff, whether rostered or as part of standing teams, are attuned and trained in different competencies is difficult. Those on rosters have to have approved technical skills as well as “soft skills” to ensure that they will be able to function effectively in high-pressure environments, and there is no specific training to guarantee this latter point.
- ◆ **Coordination and collaboration:** In an effort to avoid gaps and duplication, coordination remains a challenge as individual agencies and/or their donors have their own agendas for being present.
- ◆ **Competition:** The humanitarian sector remains highly competitive. Although at a certain level there is willingness to collaborate, there remains a pressure on senior level directors to “grow” organisations and to be rapidly present when disaster strikes.
- ◆ **Partnership caution:** At the same time that there is a call for increased collaboration, there is a caution around partnership working, as many organisations have very high levels of due diligence and screening. The risk averse agenda remains strong and this is extended to partnerships.
- ◆ **Collaborative surge:** There are real/perceived risks associated with increased collaborative surge, in that if it does not work then future funding will be jeopardised. There is a need to further incentivise collaboration by having more funding opportunities where it is implemented – otherwise behaviour will not change. The current landscape means that collaboration between traditional and new actors is challenging.
- ◆ **Regional training opportunities:** Although there are increased instances of regional surge deployments, there remains a gap here. This is partly due to the fact that there is a lack of training at regional level, and the deployment of trained and experienced international staff is therefore considered to be more reliable and effective. Another factor is the lack of regional set-up of many organisations.
- ◆ **Shared and specialised rosters:** In the past there have been “shared” rosters, for example, set up by organisations such as RedR UK. However, with agencies developing professional surge teams and being mindful of their responsibilities

in relation to critical issues such as health and safety and child protection, organisations have moved towards developing their own teams and individual rosters. A successful model has been the development of specialised rosters created by partnerships, networks or third parties – where further opportunities may exist.

- ◆ **Visa processes:** A challenge faced across the board is obtaining necessary visas to allow for rapid entry into disaster-affected countries.

14.2. Good practice

The research and its accompanying baseline identified a number of areas of surge good practice as follows:

- ◆ **Working with local partners and structures:** Working with local partners provides quicker access, local knowledge and can support capacity building at local level. Regional mechanisms (such as those present in ASEAN) can help build such partnerships.
- ◆ **Preparedness - procurement through contracts with vendors:** Humanitarian agencies reported establishing agreements with vendors to rapidly supply goods in the event of an emergency to avoid the need for warehousing; this was an alternative to having stand-by stocks.
- ◆ **Training surge staff:** At the national level, agencies reported providing training for local staff or those on rosters to boost capacity, including at the grass-roots level.
- ◆ **Recruitment:** Once an emergency is no longer in the media or front and centre on the internet it gets hard to recruit and deploy people. The establishment and development of pre-existing rosters and standing surge teams is one way that humanitarian organisations have addressed this.
- ◆ **Coordination and collaboration:** Where coordinated surge has been implemented there are lower levels of duplication, and this is seen particularly through coordination within federated and membership networks.
- ◆ **Partnerships:** Partnerships between private sector bodies and humanitarian agencies can provide extra and alternative resources for surge response in terms of goods, systems, staffing and financial resources.

15. The future of surge – conclusions

The last decade has proved extremely challenging for humanitarian organisations responding to the effects of conflict, violence and natural disasters. Recent years have seen an increase in global levels of conflict and violence, and providing assistance to civilians caught up in such situations has been increasingly difficult for aid agencies, as established norms such as humanitarian access and neutrality of humanitarian actors are increasingly being eroded.

There are expectations that the future will see more protracted crises; more crises in middle income countries; more complex crises; and more regional crises. Humanitarian organisations are likely to face challenges such as meeting increased humanitarian needs with the same or fewer resources; addressing the needs of those trapped in protracted and regional emergencies such as Syria and the Horn of Africa; and having to respond to simultaneous crises.

In order to implement effective surge, whether through scaling up and adapting existing programming or launching new surge responses, humanitarian organisations need to be well-prepared in terms of people, materials and finances. With the surge environment often being fast-moving, unpredictable and complex, effective surge responses require high levels of cross-organisational preparedness. Preparedness to support effective surge takes many forms – having sufficient numbers of skilled personnel available; adequate stocks and material items accessible for rapid distribution; access to the necessary financing to support a surge response; clear organisational procedures to facilitate coherent and coordinated approaches; and robust methodologies for staff on-the-ground to enable a rapid and efficient response effort. Further, cross-organisational preparedness needs to be complemented by increased coordination with other surge responders, placing further demands on already stretched resources.

Historically surge response has been viewed as an international effort, particularly in relation to large scale disasters. In recent years there has been growing recognition of the vital role that local and national actors play, and have always played, in surge responses. The capacity of international and national humanitarian organisations is increasingly stretched with limited financial resources; high competition for skilled and experienced personnel; an increasing number of disasters occurring; and the complexity of protracted responses.

With initial surge responses, particularly for sudden onset natural disasters frequently being managed at the local level, the need for the international community to better support and facilitate localised responses is critical. There are a number of challenges and complexities faced by local actors in scaling-up and sustaining humanitarian responses. The effectiveness of local and national humanitarian organisations is not reflected in humanitarian financing or coordination structures, with a very small percentage of humanitarian assistance funding being provided directly to national and local NGOs.

When a humanitarian emergency requires a surge in resources in order to address needs, rapid decisions need to be taken by humanitarian agencies to assess whether there is sufficient local and national capacity to respond and/or whether there is a need for international surge support. Increasingly, humanitarian organisations are recognising the need for flexibility when an emergency occurs. The requirement for clear procedures relating to speeding up human and financial resource processes during times of crisis is high on the agenda of aid organisations.

The key conclusions emanating from this research on the current state of surge within the humanitarian sector are as follows:

Conclusion 1

Demand and response: The last decade has seen a rising demand for surge responses due to the rise in the number of natural disasters, the number of people affected by conflict and their cross-border and regional implications. As a result, humanitarian agencies have to increasingly deploy for surge across multiple crises simultaneously, stretching resources and capacity.

Conclusion 2

Local capacity: There is a need for increased funding and capacity building of local actors. Capacity needs to focus on the ability of aid agencies to maintain sufficient skilled staff, to have flexible internal systems and to support the capacity of partners. Maintaining a pool of qualified staff for surge is a critical issue, particularly at the national level. At the same time, many agencies relying on local partners for surge delivery are concerned with their capacity and are looking for more sustainable ways to support them. This is additionally challenging due to the sporadic and often unpredictable nature of surge.

Conclusion 3

New and emerging surge response models: A number of new models for implementing effective surge responses have been developed in the last decade. These include the creation of specialist support and service providers such as ACAPS, MapAction and JIPS – organisations that are able to provide rapid, specialised and detailed services to support the surge responses of operational humanitarian organisations. In addition, the growth of specialised technical and sector rosters focusing on humanitarian communication (such as CDAC-N), gender, protection and cash transfer programming, for example, have facilitated the humanitarian sector (and in particular the UN system) in ensuring that specific HR surge needs are met.

Conclusion 4

Improved coordination: There has been an improvement with regard to internal coordination within a number of humanitarian networks and organisations, such as the UN and the RCM. However, there remain ongoing challenges

relating to coordination with national governments and new actors. There is a need for the humanitarian sector to address this challenge, which goes beyond surge and impacts on humanitarian work in general.

Conclusion 5

Internal organisational coordination: Having organisation-wide and cross-organisation clarity relating to management structures during a response is considered to be beneficial for response operations. A number of humanitarian organisations have developed organisation-wide approaches to surge in the last decade, including the implementation of surge policies and plans; accelerated decision-making procedures; and rapid access to financing. There remains room to further advance internal coordination, particularly in relation to coordination with HR, logistics and administration, in order to support effective surge responses.

Conclusion 6

Surge staffing and management: The majority of aid agencies have appointed teams or individuals responsible for surge at their global HQs. Many larger agencies have reinforced their international emergency response teams and internal rosters with an increased reliance on expensive yet effective permanent stand-by surge personnel. Ensuring and maintaining consistent surge set-up at national level remains a challenge, where agencies are still testing different approaches.

Conclusion 7

Collaboration: There are examples of positive surge collaboration, particularly with federated networks, partnering on rosters and those organisations that operate through local partners, and to a lesser extent with the private sector. However, there are few examples of inter-organisational collaboration (particularly at the global level), resulting in continued uncoordinated and duplicative surge responses. The advantages of increased collaboration – such as cost effectiveness, increased coverage of humanitarian needs, and capacity building in new areas – highlight a clear link to more effective addressing of humanitarian needs. However, humanitarian organisations stress that there are complications and disadvantages to collaboration. These disadvantages are both organisational and systemic as opposed to needs-related, and include differences in policy and mandate, diverse operational working modalities and competition for resources and staff. There is increased collaboration at the national as opposed to global level, with HQ focusing on finding, organising and mobilising staff and resources, and national surge focusing on getting those resources to people in need. This is an area where humanitarian organisations could further learn from national public sector bodies that have developed coordinated collaboration practices.

Conclusion 8

Surge learning: There is a large appetite within the humanitarian aid sector to share learning, knowledge and ideas on surge responses. There is currently no forum or community of practice for this sharing. A major step towards collaboration and reducing duplication would be to develop such a forum or a community for surge practitioners and interested organisations.



Annexe 1: Transforming surge capacity

Lead Agency: ActionAid,

Consortium Members: ACF, Christian Aid, CAFOD, Care, International Medical Corps, Islamic Relief, Muslim Aid, Plan, Save the Children and Tearfund

Technical Partners: Communicating with Disaster Affected Communities (CDAC) Network, People In Aid

Budget: Total: £2,482,824

Countries of operation: Pakistan and Philippines, with a regional hub in Thailand (Bangkok)

Timeframe: 3 years

Where and how did this project originate?

In 2007 a review of surge capacity commissioned by the Emergency Capacity Building Project and carried out by People In Aid highlighted the critical need for global organisations to be able to scale up resources of people, money and materials in order to effectively fulfill their humanitarian mandates, recommending a more collaborative approach. To date, surge capacity efforts for civil society have been more focused on individual agency support at the international level (e.g. the CBHA surge pilot), causing duplication and a lack of shared learning on best practice. It has also overlooked the development of more localised capacity to scale up to support emergencies, and there has been little exploration of the critical role other actors (e.g. private sector, UN, public sector, donors, academic organisations) can play in supporting civil society surge. Start Network agencies, with the support of the Department for International Development's Disaster Emergency Preparedness Programme, have now come together to work collectively to explore and understand how surge capacity can be transformed for the future.

Brief description

There are three key elements to this project i) platform formation ii) pilot projects iii) training, learning and sharing of good practice and resources. This project will predominately be delivered through two types of pilots delivered at national, regional and international levels. The first type will explore new ways for agencies to work together collaboratively on surge capacity support. The second type of pilot will focus on how agencies can work together with external stakeholders such as the private sector and the UN on surge. Recognising the exploratory approach of the proposal, four platforms will be formed to create cohesion across the various pilots being conducted. Two platforms will be at a national level – one in the Philippines led by Christian Aid, one in Pakistan led by ActionAid; one platform will be at a regional level, led by Plan International in Bangkok, and one platform will be at the international level led by ActionAid. The platforms will work together with People In Aid to agree best practice across agencies, to share resources (through shared rosters, for example, that could be held by National Disaster Management Authorities), to hold learning events, and to deliver specific training on capacity building support.

Why is collaboration fundamental to the success of this project?

The core purpose of this proposal is to improve effectiveness and efficiency of surge across the whole humanitarian sector through collaboration. The proposal was developed with the input of Start members and will share learning across the membership, but its benefits will reach much wider. Collaboration with universities, the private sector, the United Nations, national governments, and links with other networks and consortia such as the Philippine INGO Network (PINGON) and the Pakistan Humanitarian Forum (PHF) is essential if the project gains are to be taken to scale.

What change does this project envision to achieve?

This project seeks three changes i) strengthened systems for surge capacity at national and regional levels to better complement international surge, ii) a move from individual agency surge capacity building to a more collective and collaborative approach to surge, iii) better integration of civil society surge capacity with core stakeholders – including the UN, private sector, public sector and academic institutions.

How will this project make a difference to people affected by crisis?

This project will strengthen civil society surge capacity, thereby contributing to a third sector pillar better able to complement existing United Nations, Red Cross and government structures. Together, the proposed components of the project will improve surge capacity at international, regional and local levels, thereby improving the provision of high quality humanitarian programming to crisis-affected people. This project will deliver surge capacity that is appropriate for a diverse and decentralised humanitarian sector and that can help communities to increase resilience, reduce risk and improve crisis response.

Annexe 2: List of persons consulted

The following people were consulted during the research for the State of Surge report:

1	Qasim M Ahmed	<i>Head of emergencies</i>	Muslim Aid
2	Jane Andanje	<i>Country Representative South Sudan</i>	CAFOD
3	Mohammed Asaf	<i>Operational Manager</i>	Islamic Relief
4	Tariq Begic	<i>Global Surge Manager</i>	British Red Cross Society
5	Mary Black	<i>Senior Advisor, Data Sciences</i>	Public Health England
6	Lucy Blown	<i>Emergencies Systems and Surge Capacity Officer</i>	ActionAid
7	Linn Bosgnes Miles	<i>CashCap Adviser</i>	Norwegian Refugee Council
8	Alex Brans	<i>Director of Humanitarian Operations</i>	Save the Children
9	Nick Brooks	<i>Emergency WASH Team Leader</i>	CARE Australia
10	Gemma Bruley	<i>Programme Coordinator</i>	International Medical Corps
11	Sune Bulow	<i>Senior Officer, Global Surge Capacity</i>	International Federation of the Red Cross and Red Crescent
12	Jeremy Cole	<i>Director</i>	Red Rose
13	Pieter De Riejke	<i>National Society HR Advisor</i>	International Committee of the Red Cross
14	Jo De Serrano	<i>Head of Deployments Team</i>	DFID
15	Jean-Pierre Delomier	<i>Director, ER Division</i>	Handicap International
16	Ashton Dicken	<i>Humanitarian HR Officer</i>	DFID
17	Zola Dowell	<i>Chief, Surge Capacity Section</i>	OCHA
18	Liz Evans	<i>General Project Manager Ebola Incident Laboratory Deployment Lead</i>	Public Health England
19	Andy Gleadle	<i>Programme and Performance Director</i>	International Medical Corps
20	Alice Hawkes	<i>Senior Coordinator – Protection in Practice</i>	International Relief Committee
21	Claire Hitchcock	<i>Head, Community partnership programmes</i>	GlaxoSmithKline
22	David Horobin	<i>Rapid Deployment Coordinator</i>	International Committee of the Red Cross
23	Gareth Hughes	<i>Humanitarian Manager</i>	Tear Fund
24	Gill Johnson	<i>Head of Humanitarian Operations</i>	CAFOD
25	Bob Kitchen	<i>Director, Emergency Response and Preparedness</i>	International Rescue Committee
26	Kari Kvalberg	<i>Advisor, Surge Capacity</i>	Norwegian Refugee Council
27	Alex Latour	<i>Humanitarian Programme Advisor – Preparedness</i>	Christian Aid
28	Alex Liege	<i>Director, International Development</i>	MasterCard
29	Imran Madden	<i>Head of Humanitarian Department</i>	Islamic Relief
30	Saba Mahmood	<i>Humanitarian Assistant</i>	Islamic Relief

No	Person interviewed	Position	Organisation
31	Viktor Macklenin	Head of Disaster Operations	Plan International
32	Martin McCann	CEO	RedR UK
33	Colin McDonnell	Emergency Planning Manager and Senior Clinical Site Practitioner LNUH Trust	UK National Health Service
34	Leslie Meek-Wohl	Senior Program Officer – Global Philanthropy	MasterCard
35	Ann Moffett	Emergencies Recruiter	CARE USA
36	Alan Noble	Manager, Deployments & Global Surge Capacity	World Vision
37	Kathleen O'Brien	Emergency HR Coordinator	CARE International
38	Gillian O'Connell	CHASE OT Learning and Development Advisor	DFID
39	Jonathan Potter	Executive Director (ex)	People In Aid
40	Tine Ramstad	Head of Unit, Protection and Gender Expert Deployment	NORCAP
41	Prof. Tony Redmond	Chairman	UK-Med
42	Angela Rouse	Senior Programme Manager	CDAC-N Network
43	Sonya Ruparel	International Humanitarian Programmes Manager – Americas and Operations	ActionAid
44	Charlotte Schneider	Emergency Pool Coordinator	ACT
45	Hannah Scott	Senior Human Resources Advisor	Oxfam
46	Tanaji Sen	Executive Director	RedR India
47	Sanj Shah	HR Manager CHASE OT	DFID
48	Selma Sheewe	Quality and Learning Manager	RedR UK
49	Chris Skopec	Emergency Response Director	International Medical Corps
50	Coree Steadman	Regional Emergency Manager – South East Asia	Christian Aid
51	Frances Stevenson	Humanitarian Programme Director	HelpAge International
52	Emily K. Walker	Head of Unit, ProCap and GenCap Projects	OCHA
53	Michael Williams	Trainee Desk Officer	Islamic Relief
54	Matt Wingate	Director, Emergency Health Unit	Save the Children

Annexe 3: Key documents consulted

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38. UNHCR and IRC "The protection surge capacity project"
39. UNICEF "Annual Report 2013 – Central African Republic"
40. UNICEF "Independent Review of UNICEF's Operational Response to the January 2010 Earthquake in Haiti" 2011
41. UNICEF "The WFP-UNICEF Rapid Response Mechanism in South Sudan. One Year On – Results, Challenges and Way Forward" 2015
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43. WHO "WHO Leadership statement on the Ebola response and WHO reforms" 2015

Annexe 4: Update on the adaptation of surge practice 2007 – 2015

2007 conclusions

2015 baseline

01	The adoption of a 'whole organisation approach' to developing surge capacity. If this does not happen, capacity to respond is compromised	Agencies have taken significant 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	Matching capacity to mandate and structure, within the context of a wider strategic vision. This has significant implications for the quality of an agency's programming as well as its accountability 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. This is critical, and 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. Challenges still remain in building and maintaining capacity, notably at the national level for staff and partners.
04	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 country level	Human resources (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, in particular strong and competent leadership. There needs to be long-term investment in staff development, including in 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	Recruitment for second-wave and longer-term deployments needs to start at the beginning of an emergency. If an emergency response is to be sustainable beyond the initial surge, counter-parting between international and national staff at this stage in a response is vital.	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	Development of surge capacity at country and regional level, as well as at HQ. Strategic integration of aspects of emergency and development programming will help, as will the mainstreaming of disaster risk reduction (DRR) 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	Investment in rosters (and registers). More investment is required if rosters are to remain the preferred model for rapid deployment. If agencies opt to develop these tools, it is imperative they invest in adequate HR capacity to make them 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	Development of standard operating procedures governing 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 (SOPs) 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	The adoption of more systematised learning practices. This is vital in order to avoid making the same mistakes year on year	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.

Annexe 5: Key facts relating to EMTs include:

- ◆ EMTs are groups of health professionals (doctors, nurses, paramedics, etc.) that come from governments, NGOs, militaries and international organisations, such as the International Red Cross/Red Crescent Movement. They work to comply with the classification and minimum standards set by WHO and its partners, and come trained and self-sufficient so as not to burden the national system.
- ◆ EMTs have a long history of responding to sudden onset disasters such as the Haiti earthquake, the Indian Ocean tsunami and the floods in Pakistan.
- ◆ EMTs historically have had a trauma and surgical focus, but they were also active in the 2014 Ebola outbreak response.
- ◆ The Ebola response was the largest deployment of EMTs for an outbreak (58 teams). Some 151 teams deployed to respond to Typhoon Haiyan in November 2013 and nearly 300 teams deployed to Haiti following the earthquake.
- ◆ Classification and minimum standards were published in mid-2013. These standards were used for the first time successfully in November 2013, following Typhoon Haiyan. The Department of Health Philippines coordinated the deployment of 151 EMTs and found the new classification system fit for purpose.

A new EMT unit was set up in the department of Emergency Risk Management & Humanitarian Response, WHO, Geneva, in February 2014. Its work has included:

- ◆ Building a new global registration system that will allow EMTs to register their capacity and be classified.
- ◆ Progression of EMT coordination in Southeast Asia; the Americas; Caribbean; Europe and the Pacific.
- ◆ Closer collaboration with UN OCHA, INSARAG (International Search and Rescue Advisory Group) and UNDAC UN Disaster Assessment and Coordination) teams, and use by EMTs of the UN OSOCC mechanisms.
- ◆ Regional exercises in the Americas with Urban Search and Rescue and EMTs co-deployed.



Annexe 6: Examples of humanitarian agency approaches to surge staffing

The table below provides a number of examples of humanitarian agency approaches to surge staffing. This is followed by an overview of approaches to surge staffing by the UN and the International Red Cross and Red Crescent Movement.

Agency	Approach
GLOBAL LEVEL	
British Red Cross	<ul style="list-style-type: none"> ◆ A team of global surge delegates (comprising seven roles – two food security and livelihoods (FSL); two programme managers; two water sanitation and hygiene/shelter; one logistics and one health delegate) available for three-month deployments up to nine months of the year. ◆ Rosters for logistics and mass sanitation emergency response units (ERUs) and for household economic security delegates. Rostered staff are kept on a retainer for the month that they have committed to being available for deployment. If not deployed they receive 50% of the salary they would be entitled to if deployed.
HelpAge International	<ul style="list-style-type: none"> ◆ A list of people that have worked for HelpAge International previously. ◆ In the process of establishing regional level rosters made up of internal staff from country and regional offices who are deployable for emergencies within the region.
IMC	<ul style="list-style-type: none"> ◆ Draws on external rosters via long-standing relationships with the main medical teaching hospitals in the USA. ◆ Rosters consist of 300–400 people. ◆ Roster members have a minimum standard of accreditation and go through IMC training events. ◆ Specific roster dedicated to work in conflict zones whereby roster members are released as volunteers by their employer for 2–4 weeks.
International Rescue Committee	<ul style="list-style-type: none"> ◆ A full-time ERT of 32 people. Three teams can be deployed concurrently. Deployable for up to three months. ◆ When there are more than three simultaneous responses required there is an internal emergency roster made up of some 50 IRC staff who are deployable on a 48–72 hour basis. ◆ An external surge roster of 15–20 people made up of senior programme coordinator or director level staff. Deployable for up to three months. ◆ New roles include emergency grants coordinator; external communications experts; logistics; and administration staff.
Norwegian Refugee Council	<ul style="list-style-type: none"> ◆ Norcap – a broad roster with logistics; water; sanitation and hygiene (WASH); protection; gender mainstreaming and education experts. At any one time there may be over 200 people from the roster in the field. ◆ Most Norcap missions are to provide support to UN agencies and not to NRC's own field operations. ◆ In order to support its own operations, as opposed to those of UN agencies, NRC has two three-person emergency response teams consisting of a team leader, a WASH specialist and a logistics expert. These teams are responsible for assessments and start-ups or to support existing country offices if there is a new emergency that they are unable to handle. ◆ NRC surge capacity roster – priority is for start-ups. 80 people on the roster focusing on six core competency areas – shelter and WASH; education in emergencies; information counselling and legal aid; food security; and camp management. ◆ Deployment is up to 72 hours post-request depending on visas. ◆ There is a roving country director level role and a roving HR advisor.
Oxfam	<ul style="list-style-type: none"> ◆ A RRT with 54 personnel with a range of technical competencies⁵⁸ as well as support functions. Team members are expected to travel within 24 hours of being requested to do so.
RedR UK	<ul style="list-style-type: none"> ◆ A roster of 1,700 people with a requirement that they have five years professional experience, of which two years must be overseas. RedR has an active policy of trying to recruit roster members from the Global South.
UKMed	<ul style="list-style-type: none"> ◆ Three registers (UK trauma, medical, public health) with some 3,000 members, populated largely by active clinicians from the UK National Health Service (NHS) and Public Health England (PHE). ◆ There is a five day pre-deployment course for register members as well as speciality training courses such as Surgical Training for the Austere Environment. This is completed by an exit course. ◆ Registers soon to be limited to 120 members each to ensure that they are active. Register members will be on the roster for 18 months.
ASIA REGIONAL LEVEL	
RedR India	<ul style="list-style-type: none"> ◆ There are 183 roster members of which 84 are WASH experts. ◆ Those on the roster are interviewed by existing members and either recommended for the roster or as potential members in need of capacity building. RedR India matches those on the roster with agencies seeking surge staff and puts them directly in contact with each other free of charge. ◆ Standby agreement with UNICEF in India. If UNICEF needs to deploy someone for emergency response in India they ask RedR to provide a roster member.
PAKISTAN NATIONAL LEVEL	
Concern Worldwide	<ul style="list-style-type: none"> ◆ A national roster of 25 staff, some of whom are its regular staff and some are partners.

⁵⁸ Data as at June 2015. Oxfam GB has a budget for 71 RRT members.

The UN

Within the UN, a number of agencies have developed different approaches to staffing surge. UNICEF adapted its HR approach to managing surge staff following the 2010 earthquake in Haiti, where delays and confusion over decision-making on surge capacity made clear the need for a dedicated emergency human resources function and rapid surge provisions. As a result, UNICEF has invested in a dedicated emergency unit within the Division of Human Resources (DHR), established a fast-track recruitment process for emergencies, strengthened the regional response mechanism (RRM), expanded standby partnerships and simplified standard operating procedures (SSOPs) on human resources for Level 2 and 3 emergencies. An immediate response team (IRT) of experienced and trained personnel has also been established. A line-up of IRT members is 'on call' for deployment within 48 hours of an emergency on a three-monthly rotating basis.

The United Nations Development Programme (UNDP) Bureau for Crisis Prevention and Recovery Rapid Response Support Team is responsible for the deployment of staff and/or consultants to strengthen country office capacities. With a specific focus on supporting UNDP's large scale recovery programmes they have created an Experts Roster for Rapid Response (ExpRes).

The International Committee of the Red Cross

The ICRC has developed a centrally managed pool of some 400–500 internal HQ staff that is managed by its HR department. The ICRC has developed a total of 22 competencies which include roles that are critical to the infrastructure of a response such as logistics, administration and IT, as well as the more commonly recognised sector roles such as health; food security (FS); shelter and WASH. In addition, the ICRC recognised the need for non-traditional surge roles, such as communications staff, to attend cluster meetings (to avoid having technical staff spending too much time on this), and international humanitarian law (IHL) specialists to rapidly assess the situation and provide guidance on issues such as crossing front lines.

When international support is required or deployed, decisions need to be taken relating to the amount of time a surge response is necessary. The ICRC has identified a surge push/pull factor. This consists of the HQ "pushing" adequate international resources to the field/country offices immediately post-disaster (similar to a "no regrets" approach). For the ICRC this phase should last for a maximum of 30 days, by which time sufficient resources should have been deployed to enable the country office to take over and "pull" in terms of identifying what is needed having a better reading of the situation on the ground.

Competency	RDM approach
Management support and reporting	Experienced staff members <ul style="list-style-type: none"> ◆ Provided by reference unit/division ◆ Primarily ex-HQ ◆ Managed under specific rapid deployment HR guidelines 3-fold objectives <ul style="list-style-type: none"> ◆ Integration into existing structure ◆ Assessment and first emergency response ◆ Definition of 2nd phase handover Ready within 24 hours Deployed for 30 days
Security and stress	
Assistance Coordinator	
Health Delegate	
Economic Security Delegate	
Water and Habitat Engineer	
Weapon Contamination Advisor	
Protection of the Civilian Population Delegate	
Protection Reunification of Family Links Delegate	
Multi-lateral Liaison Officer (UN)	
Logistics Coordinator	
Senior Logistician	
Administrator	
IT Technician	
Reporting and Donor Relations	
Communications Delegate	
Armed and Security Forces Delegate	
Cooperation Delegate	
RCM Coordinator	
Legal Advisor	
HR Delegate	
Chancellery	

Each of the competencies identified has a separate roster made up of HQ staff. Each competency roster is managed by the HQ relevant sector/technical manager. The pool does not rely on field staff from country offices as this is considered too complicated to manage. Using the expertise of HQ staff to populate the roster avoids the ICRC having to develop specific job descriptions and ensures that staff with the relevant technical competence and soft skills are readily available, whilst avoiding the bureaucracy often associated with roster management. The unit in which the RDM sits is not responsible for deploying staff but makes sure that the process for deployment is correctly followed.

The International Federation of the Red Cross and Red Crescent (IFRC) has a well-established range of surge tools available, and acts in a coordination role for the Red Cross/Crescent National Societies that are involved in a response :

- ◆ **Field assessment and coordination teams (FACT)** – a multilateral team of National Society staff.
- ◆ **Emergency response units (ERU)** – a team of 3-20 trained technical specialists, ready to be dispatched within 48 hours, using pre-packed sets of standardised equipment. ERUs are operational within one week of dispatch and are designed to be self-sufficient for one month and can operate for up to four months. ERUs provide specific support services or direct services when local facilities are destroyed, overwhelmed or non-existent. ERUs work closely with FACT teams. If the need for assistance continues beyond four months, the service can be managed by the IFRC's ongoing operation, the host National Society, the local government or other organisations.
- ◆ **Regional Disaster Response Teams (RDRT)** – staffed by National Society volunteers and staff – usually members of their own national response teams. They are trained to work as a team and bring assistance to National Societies in neighbouring countries, and are made up of a group of people with cross-sectoral expertise, such as health; logistics; WASH and generalist relief workers. RDRTs aim to promote the building of regional capacities in disaster management and to utilise the capacities of NS within each region. Teams are deployed within 24-48 hours. The IFRC's regional delegations keep a database of trained members and alerts, and deploys them on the request of a National Society.
- ◆ **Head of Emergency Operations (HeOPs)** – a professional roster with three full-time functions employed by the IFRC for deployments of up to three months. Those on the roster are deployed for six months of the year due to the stress related to high level leadership missions. For the remaining six months, those on the roster will be involved in other IFRC work such as the delivery of training.

Government

DFID's CHASE OT implements surge deployments and has three different pools of personnel for surge purposes as follows:

- ◆ The Core Team which is CHASE OT's first port of call for surge. Including the logistics and procurement team, the Core Team consists of 80 staff (of whom 30 are considered as first responders), mainly humanitarian managers, advisors and humanitarian affairs officers. The CHASE OT deployment guidelines state that Core Team members should only be in the field for three weeks, but some deployments have been for as long as seven months (for example, in Sierra Leone).
- ◆ A team of 10 people (which consisted of 30 people at its peak) who are kept on a retainer to ensure that they are available at 6-12 hours' notice. The team of 10 are not all simultaneously on a retainer, but inform CHASE OT when they are available for a minimum of 21 days at a time. One of the reasons that the pool of those on the retainer programme decreased was that in late 2013/early 2014 there were so many humanitarian crises that people did not want to sit on a retainer programme and were deployed by other organisations.
- ◆ A consultants' database which currently holds the profiles of 259 individuals was originally used for short inputs into rapid onset emergencies. More recently, due to the changing nature of emergencies, deployments have been longer term or to support staffing gaps and DFID responses. Although DFID has a number of consultants based outside Europe, their proximity to countries affected by disaster is not necessarily beneficial, as they generally need to travel to the UK pre-deployment in order to collect the relevant heavily encrypted and controlled laptops which are kept in London. A challenge for DFID is obtaining security clearance for the consultants on its database, as they need to have remained in the UK for three out of the last five years.
- ◆ In addition, there are two standing capacity roving humanitarian advisors.
The HR back-up team required to support CHASE OT's surge staff is significant, consisting of more than ten staff.

Annexe 7: Examples of private sector surge activities

This annexe provides a number of examples of surge activity undertaken by private sector bodies in support of surge activities of humanitarian organisations.

Working in support of humanitarian organisations – programming

MasterCard offers a suite of non-financial and financial solutions that can be prepositioned and deployed immediately after a crisis hits.

MasterCard built the MasterCard Aid Network, a non-financial, digital solution that processes transactions offline without having to on-board a financial institution or a telecom operator. Designed to accommodate the needs of humanitarian environments, it can track the distribution of in-kind goods or serve as electronic value voucher. During the 2015 crisis in Yemen, Save the Children was, for instance, able to deploy cards and terminals to distribute food assistance on the same day.

As a global payments player, MasterCard offers a wide range of financial solutions, such as prepaid cards and mobile money transfers. These offerings can facilitate cash-based transfers in areas with available local market infrastructure. As such, they require partnering with a financial institution. MasterCard prepaid cards are under deployment in Southern Europe, and MasterCard is collaborating with several NGOs to help pre-position these services in more countries.

All these humanitarian services necessitate preparedness activities. Such activities may include: assessments to determine the feasibility of certain modalities and ability to broker enabling partnerships, standby agreements, and pre-positioning of equipment. Once in place, a solution can be deployed and used to distribute assistance on the same day. MasterCard is taking a multi-pronged approach to mix capacity building and technology services to facilitate the implementation of digital aid transfers.

Red Rose has designed a system for distributing cash to disaster-affected populations within one day of an emergency happening, in terms of managing beneficiary registration and the delivery of e-cash transfers. The system works both off- and on-line, so is functional in all environments where the provision of cash is seen as the most appropriate form of assistance. Red Rose has been working closely with ACF to develop the system, with the aim of developing a cash-kit that is available at 24 hours' notice, partly funded by WFP. The kit consists of 10 point-of-sale android devices, 2,000 smart cards, paper vouchers and a smart card printer, allowing agencies to undertake rapid distributions. Beneficiary registration and card distribution can take place simultaneously. The main constraint is contracting vendors and ensuring that both vendors and agency staff are trained in the system. This process takes one week. Using bar codes, the system can also monitor the distribution of food and non-food items, which are often the first form of assistance provided post-disaster. As with MasterCard, one of the key challenges is getting the hardware in-country – an issue which could be overcome through preparedness planning. Red Rose has its own Emergency Response Team which deployed to Nepal after the earthquake, in order to liaise with banks and try and set up programming with aid agencies. A key to ensuring that the systems are operational soon post-disaster is to have undertaken preparedness work with NGOs – partly, so that systems are integrated (which can take time) and can easily be replicated from one context to another, but also in terms of allowing for scale up.

Working in support of humanitarian organisations – communications and technology

Ericsson Response: The Ericsson Response employee volunteer programme was set up in 2000 in order to respond to natural disasters and humanitarian crises. This is a global initiative of some 140 trained employee volunteers able to

provide communications expertise, equipment and resources to assist humanitarian organisations in responding faster and more effectively to disasters. The team has been deployed in over 40 responses in 30 countries and supports the UN and other organisations with emergency telecoms support as a leading partner of the Emergency Telecom Cluster (ETC). Ericsson Response supported the ETC and their role in the UN Mission in Ghana and Senegal, as well as supporting connectivity in common operational areas in Sierra Leone, Ghana and Guinea. Some 15-20 WIDER (management wifi) solutions supported up to 65 sites in West Africa, including emergency treatment units and connecting humanitarian workers to the internet.

IBM: One element of IBM's Crisis Management Team (CMT) work is that it provides organisations with a mobile, interoperable communications and information-sharing network when infrastructure is inoperable. The IBM CMT helps ensure rapid, onsite response through a retainer-based service. In response to the India Ocean tsunami, IBM offered technology and expertise in the area of crisis response to government leaders. Based on their offer, the governments of India; Indonesia; Sri Lanka and Thailand immediately invited the IBM CRT to come to their countries to provide top-level advice to the national disaster authorities. Over a period of 10 weeks, the IBM CRT, with IBM in-country employees, provided expertise and technology solutions to assist the governments. The IBM CRT response focused on supporting relief efforts through the provision of software applications created on Open Source platforms, to enable effective and timely tracking and distribution of relief materials as well as "victim tracking", which focused on uploading images of those affected to enable easier and faster identification. Reports and statistics applications to provide decision-makers with static and dynamic data at the district level were also established and helpline services set up. A number of IBM ThinkPads were distributed to the UN and NGOs.

Vodafone Foundation: The Vodafone Foundation is committed to providing assistance in the area of disaster relief. Through the Vodafone Instant Network Programme, the aim is to deploy Vodafone volunteers and technology in emergencies to provide free communications and technical support to aid agencies and victims, and develop new technologies to support the humanitarian community. The volunteer programme provides Vodafone employees from around the world with specialised training in the area of emergency telecommunications response, including the deployment of Vodafone Instant Network. Employees who complete training become part of an international network of emergency response volunteers. These volunteers remain on standby, ready to deploy to the field in partnership with emergency telecoms partners in the event of a natural disaster or humanitarian emergency. From the first training session, that took place in Madrid in June 2012, a team of 28 Vodafone volunteers from 13 countries received initial training, equipping them with the necessary skills to deploy to the field. The second training that took place in Auckland, New Zealand in October that year initiated 18 volunteers. In total there are currently 67 volunteers from 21 countries across Europe, Africa and the Pacific. They remain on standby to deploy at short notice. A selected number of volunteers also take part in Hostile Environment training taking place in Wales. The HEAT training is designed to simulate an Instant Network deployment in an emergency and prepare volunteers going to the field in some of the most difficult environments.

Working in support of humanitarian organisations – forensic services

Kenyon International: Kenyon International Emergency Services is a crisis and disaster management company. It is the only private disaster management company with dedicated, full-time resources spread across four regional offices. All Kenyon equipment is owned and maintained in preparation for immediate deployment. In recent years, Kenyon provided considerable resources to the Australian Government following the Asian tsunami; body recovery expertise for the Governor of Louisiana after Hurricane Katrina and for the UN in the aftermath of the Haiti Earthquake. Kenyon undertakes a range of services including: Disaster Recovery Services including search and recovery of human remains; all morgue processes; forensic disaster victim identification; worldwide repatriation and memorials. Also included are comprehensive personal effects management including search; recovery; inventory; storage and return to families; a unique international call centre service able to activate within 30 minutes and manage over 30,000 calls in 24 hours,

offering inbound and outbound capability in 197 languages and possessing unparalleled real-incident experience; over 1,700 Kenyan specialists able to mobilise and manage all 'On-Site' disaster operations. This includes managing or coordinating the identification, processing and compassionate return of victims and their belongings; establishing a central location to coordinate the efforts of governments and agencies, and service the emotional and practical needs of people directly affected by the incident; a Family Assistance Service which provides over 1,000 specialists, 60 Mental Health professionals and \$1,500,000 worth of equipment to help both the client personnel and all affected families recover from a disaster.

Working in support of humanitarian organisations - logistics

World Economic Forum (WEF) The Logistics Emergency Teams (LETs) is an initiative facilitated by the WEF as a partnership between leading logistics companies and the United Nations, providing surge capacity during interventions in disaster-stricken areas. It is a multi-company commitment to support humanitarian activities with three of the largest global logistics and transportation firms joining forces to provide logistics specialists, assets and transportation services to the humanitarian sector for use in response operations. Specialists are deployed and embedded within teams of international organisations. The companies join forces to provide pro bono support to the humanitarian sector during emergency response to large-scale natural disasters and deploy worldwide upon request from the Global Logistics Cluster. The LET unites the capacity and resources of the logistics industry with the expertise and experience of the humanitarian community to provide more effective and efficient disaster relief. The LET is the first partnership of its kind, formalising a multi-stakeholder cooperation between the private and public sector. Operationally, the LET is a team of representatives from participant companies composed of logistics experts. Teams are deployed in support of the Logistics Cluster during times of natural disaster where UN security phase is at level three or below. Around 100 trained volunteers are currently on standby. In response to Typhoon Haiyan, the LET offered warehousing, transport and logistics support to ensure that critical relief supplies reached those affected.

Annexe 8: Overview of UNDAC training courses

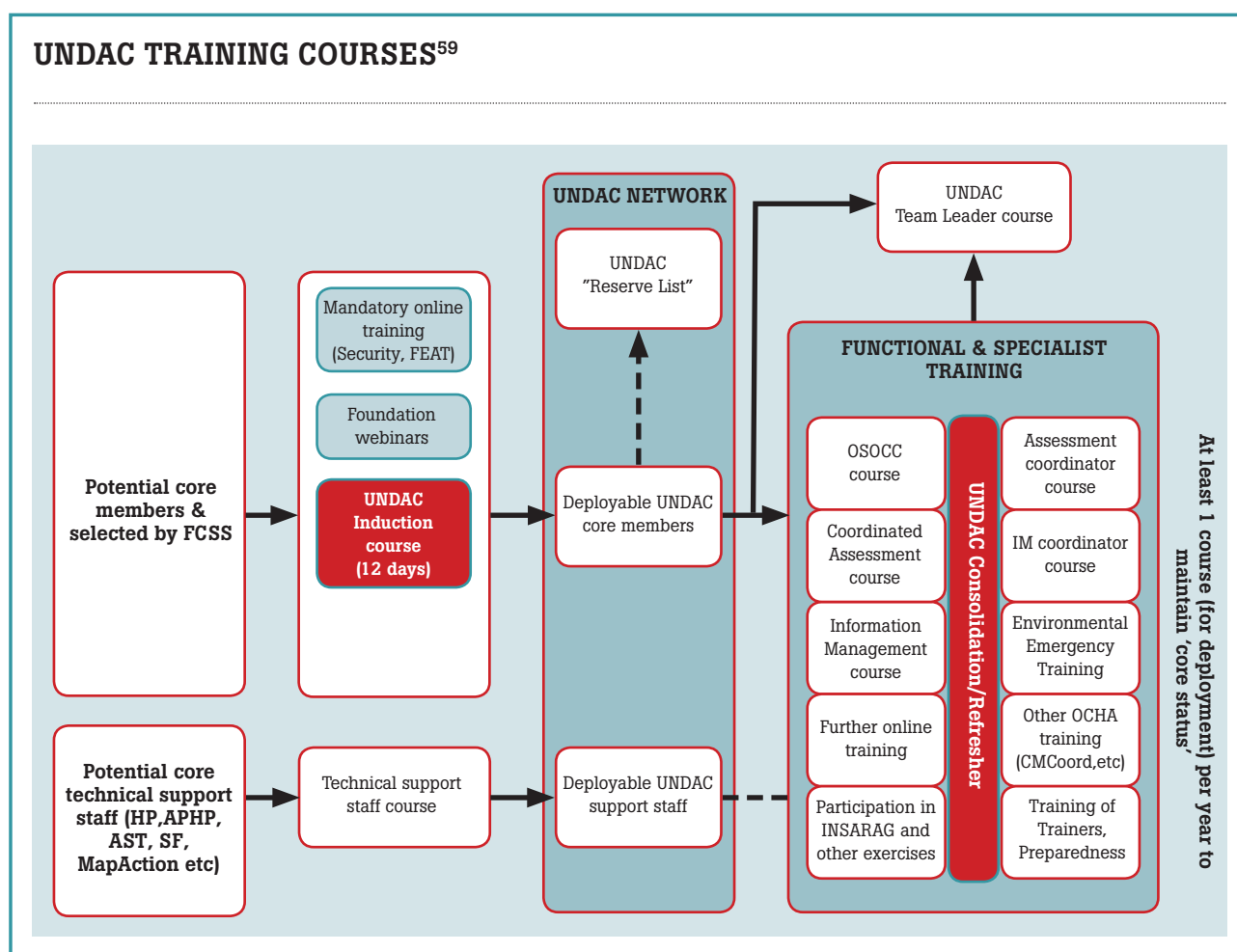
UNDAC training consists of the following courses:

- ◆ The UNDAC Induction course: a series of 3 pre-induction webinars followed by a 2-week intensive training course, upon successful completion of which participants are out on the UNDAC emergency roster provided that they sign the contract. UNDAC members are expected to make themselves available at least 2-3 times a year for emergency missions.
- ◆ The UNDAC Refresher Courses: a series of 4-5 day training courses, which UNDAC members are required to take every 2 years in order to keep abreast of developments in methodology and the humanitarian context and improve their capacity to be operational in missions.

In addition, UNDAC members are encouraged to take other available courses such as:

- ◆ OCHA's On Site Operations and Coordination Courses (OSOCC) courses, Civil Military Coordination courses, and Assessment courses and others.
- ◆ Courses provided by other entities, such as the European Commission Civil Protection Mechanism.

UNDAC TRAINING COURSES⁵⁹



⁵⁹ Source: <http://www.unocha.org/what-we-do/coordination-tools/undac/methodology-training>





The Disasters and Emergencies Preparedness Programme works to develop effective response where it is needed most, and aims at a major improvement in the way countries cope with populations caught up in a disaster or conflict. This ground breaking programme, one of the largest investments of its kind, is funded by UK Aid and managed collaboratively by the START and CDAC-N Networks. Between them they leverage the expertise of more than 50 member organisations.

Visit Start Network website www.startnetwork.org