

RRF response debrief

Summary of programme discussions including Lisa Stead, Manjeet Panesar, Victoria Maynard, Mario Flores and notes by Laura Howlett. Actions noted in **Red text**

Haiyan SRK project:

What worked:

1. We won the bid, HFHGB's first substantial funding in DR from major donor.
 - Size of project was substantial in terms of funds and deliverables – how should this be reflected in our partnership with HFHP?
 - 1st step to partnership with Christian Aid; how do we maximize this?
2. SRKs were more effective than tarps & tents and in some respects better than other T-shelter options that other agencies used (Bunkhouses etc.)
3. Loading trucks with complete kits rather than multiples of certain materials only.
4. Template spreadsheets for beneficiary data logging and barangay level data.

What didn't work:

1. **Consortium:**
 - CA placed extra requirements & constraints on the consortium that have not been necessary
 - Perceived lack of flexibility in made implementation harder than was necessary – DFID actually much more flexible than expected
 - Map Action; not sure what the added value of their participation in our consortium was
2. **Communications:**
 - The opportunity of working with DFID and CA was not maximized partly due to lack of on the ground connection with them. Field staff should engage more with donors like these on the ground.
 - Lack of clarity from DFID on communications expectations (logos, branding exposure etc.)
 - Lack of support from HFHI should have seconded a communications person into Philippines (and possibly other support lines).
 - Lack of communication with DFID, particularly where changes in DFID thinking/policy were not communicated effectively.
3. **Lack of clarity in NO:**
 - Of expectations; pre-qualification requirements were not known to them and they did not prioritise DFID funding.
 - Sharing of information internally, between offices and individuals in the field was not effective.
 - Roles and responsibilities within the NO team were fluid and ill-defined. This led to some confusion amongst AP and GB staff.
4. **Technical assistance:** our approach of providing diagrams and brief verbal explanations is inadequate – this doesn't really qualify as TA.
5. **Beneficiary selection/accountability:** lack of manpower for validation, standard procedures need to be developed and utilized.
6. **Working with/utilizing the cluster system/UN:** local staff felt inadequate expertise and resource to participate in cluster/UN meetings. staff in NOs need to be given the skills and confidence to be able to engage with these in emergency contexts.
7. **Procurement:**
 - Procurement of cheapest materials was not appropriate because...
 - HFH staff did not check materials against international standards – were they aware of the issues with the local 'commercial grade' in advance?
 - Sourcing materials from different suppliers not effective and led to partial kits being distributed.

8. Inventory control:

- HFHP had no systems meaning that on arrival MP developed a spreadsheet to track all SRK items purchase, storage, release and delivery. This meant that there were some surplus items and we didn't always have a clear idea of what we had and where it was.
- Once created, spreadsheet was not necessarily implemented beyond the time that MP was present.

What we would do differently:

1. **Pre-selection** of countries for DR based on capacity assessment for major DR projects. This will need AO to input.
2. Implementation of an **agreement** which gives us power to influence the project and the wider programme, which will include;
 - a. **Guidelines/minimum requirements** for NO, agreed in advance, on;
 - i. Staffing/JDs
 - ii. Reporting
 - iii. Implementation
 - iv. Budgets & resource (inc. staff)
 - v. AO/HFHI involvement
 - b. **GB project manager** deployed to implementation region. This could be through;
 - i. Secondment into the office (where country office structure is amenable)
 - ii. Contract of consultant based on deliverables?
 - iii. Funding of additional costs outside of RRF – will need support from HFHI
 - c. Plus **GB set up/monitoring in country** – using a toolkit (see below).
3. **Flexibility** of funds allocation; should we have included a phased cash approach or cash for TA?
4. **Technical Assistance:** needs to be much more robust and could include technical training programme (train the trainers) and/or employment of local skilled workers. Use of HAMER trucks.
5. **Resourcing:**
 - a. assume that there is no kit except people (and even then, they may have limited capacity) and so this should be on the project budget, based on the pre-produced capacity assessment.
 - b. Need for a deployment kit to include items such as tent, laptop, satellite phone.
 - c. Should we invest in a Rubb Hall?
 - d. Need to develop an orientation package for NOs to be delivered in advance of emergency situation.
 - e. Toolkit:
 - i. Standard specs for materials – see cluster recommendations and ICRC procurement pages.
 - ii. Standard IT/Comms kit in the RRF proposal
 - iii. Standard spreadsheets/TOR/other docs
6. **Beneficiary targeting:** Guiuan targeted by HFHP due primarily because the Head of DSWD asked Dabs to go there and because Guiuan, as the location where Haiyan first made landfall, had a symbolic significance. HFHP's 'needs assessment' was simply a drive-by of affected areas; no systematic assessment was made with the participation of the populations. Accountability needs to improve too. NOs need to act strategically and make proper needs assessments.

RRF Orientation & Delivery

Capacity of NOs in DR:

- Capacity of NOs should be measured against HFH SOEs and international standards (where applicable) in their programmes.
- Should take into account the annual programme budget of the NO– is the funding being considered within reach of their typical budget, if additional support is included?
- Could we develop a ‘risk index’ of countries where emergency funding is likely? This would aid the DR countries we identify.
- Programme Manager and the programme teams in the AO need to take a role in advising on NO capacities.
- How do we encourage them to make partners with the likes of WV and CA for disaster response programmes? **HFHI to give some guidance and direction on this.**

DFID RRF Orientation & toolkit

An orientation and toolkit package needs to be developed by GB for roll-out to all NOs identified as potential RRF (or other major DR funding donor) recipients. To be aimed at National Office and AO staff and be made available using the DR portal or similar.

Items to be included would be;

1. Basic information including who DFID (or other funder) is
2. Overview of the RRF mechanism and its standard expectations on delivery (both DFID and HFH), including
 - a. accountability
 - b. Sphere/ICRC standards
 - c. Relevant HFH SOEs
3. Templates:
 - a. RRF documents;
 - i. application form
 - ii. budget
 - iii. logframe
 - b. TORs, contracts and agreements for implementation partners (inc. NOs)
 - c. Data spreadsheets;
 - i. beneficiary logs
 - ii. inventory control
 - d. Acknowledgement receipts
 - e. organisational information sheets for beneficiaries (including details on contacting us to give feedback)
 - f. safe building guidance
 - g. Post Distribution Monitoring;
 - i. HH survey forms
 - ii. FGD questions
 - iii. Key informant interview questions

Roles and responsibilities:

HFHGB:

As the expert on DFID, GB would lead on the compilation of the proposal and provide initial support for setting up the project if successful. Would also hold a compliance and accountability role, and have oversight of project expenditures and management of relationships with consortium partners. Would provide direction for the RRF project manager.

National Office:

NO must agree to having one of their staff designated to looking after the finances of the RRF project and one to look after the programme aspects and there should be a clear constructive line of communication between them; these would not be dedicated 100% to the RRF, but must be a constant throughout the project, with responsibility for reporting to GB/AO. The fluidity of roles in Philippines was disconcerting and confusing for GB and HFHI staff and made project management challenging.

AO/HFHI:

The area office would need a very clear mandate from the start in terms of what needs doing at critical points, and who will undertake this work, and whether they are to deploy. This would be dependent on the capacity assessment. Roles for AO/HFHI staff would likely be technical or in a training capacity, or possibly for monitoring purposes.

RRF project manager:

GB intends to create a list of individual consultants with experience in DR project management who may be available at short notice for deployment to disaster zones. They would be deployed as RRF project manager, funded by the RRF project and entirely dedicated to it. It would be expected that the RRF project manager would have a very clear mandate which would be agreed with the NO in advance and sympathetic to NO operational practices. They could also be added to the HFHI 2nd wave roster.

Items suggested for job description:

- Principally a compliance role, ensuring processes of quality assurance in terms of programme & standards (global) and would concentrate on consistency of documentation, branding, communications.
- They may also have a technical specialism of value to the proposed response.
- Capacity building of local team through training delivery.
- Participation in cluster meetings and other coordination meetings with other big players.
- Communicate clearly with the NO DR programme manager and direct the NO staff assigned to roles in the RRF project

Items suggested for person specification:

- Up-to-date knowledge of specific humanitarian recommendations (e.g. from Shelter Cluster/SPHERE etc).
- cultural understanding relevant to the country of deployment (desirable that this may be previous experience in the specific country, but not essential).
- relatively self-sufficient in order to avoid putting additional pressure on NO staff
- Able and confident to participate actively in Cluster meetings and in discussions around procurement etc. involving other big players.

Notional timeline of roles in RRF project in project country:

# weeks post-disaster													
0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
RRF project period													
GB staff RRF set-up						GB monitoring						GB project close	
RRF project manager (recruited from GB specialist list)													
AO/HFHI DR support								AO/HFHI DR support					

Issues for consideration of HFHI

DR priority countries:

HFHI should consider developing a 'risk index' of countries where emergency funding is likely, and including a detailed assessment of NO capacity in those countries in order to form a list of priority DR countries which we should aim to support in times of crisis through RRF and similar funding opportunities

RRF Consortium:

HFH is not likely to be in a lead agency role without solid backing from HFHI, including leveraging forward funding – if this is given, we may be able to reposition GB as a lead agency.

The consortium for Haiyan was only a consortium by name – there was very little cooperative working and there was no leadership role taken by CA. In the end there was even little synergy in terms of locations in which the consortium was working.

We need to consider how to maximise opportunities of working in collaboration/consortium with big players such as CA & WV at the programme level, in order to develop a long-term partnership of delivery with them. **HFHI to give some guidance and direction on this.**

Resourcing:

There is an argument for having a ready to go kit which may include a satellite phone for staff in GB or AO to deploy at very short notice. This is something that would not likely be funded in the RRF or similar funds, but investment should be sought from other sources. Also should include IT equipment such as a laptop.

Should also consider what level of forward funding HFHI can guarantee for DR responses, particularly as RRF is meant to be in arrears (we were surprised CA were successful in obtaining forward funding from DFID)

Terminology and types of SRKs:

We need to consider how the terminology that we use for our response affects the way that external agencies perceive our activities. By calling them SRKs are we indicating that they are a recovery (rather than relief) activity? We should also consider whether our one-size-fits-all model of SRKs is appropriate, particularly given the level of TA that is currently offered. The kits cannot and should not be used for building a new shelter from scratch and are really only appropriate for repairing a minor or moderately damaged home, not a severely damaged home. We should consider alternatives, such as developing a multi-kit option or a number of varying kits which are given according to individually assessed need. This would answer questions about how we are facilitating 'build back better' through the programme and about how we tackle the timeline assumptions that are being made by donors and partners about our programme.

Technical Assistance:

Need to be much clearer what we mean by TA as an organisation. Should there be standard models for how this should be delivered. Budgets would need to include specific staff to deliver this, and orientation is required in target RRF countries as a first step towards building this capacity. There should be a much wider programme of TA than what was delivered in Philippines and one really good opportunity might come from an expansion of the HAMER truck model.

Outcomes and Impact:

Need to see what other organisations are doing in terms of developing utilising post disaster outcomes and impact indicators and we need to develop our own to be used in all programmes.

Standards of Excellence:

The Standards of Excellence are not being routinely audited in NOs so they are not routinely using them as protocol. The intentions of the SOE should be reinforced as part of the orientation package, and the standards of practice should become pre-requisite to any response.

General items of note:

N.B. Replacement for Mike Meaney will likely be based in the UK office

DR³ Staff in AOs:

AP is to expand its DR team. James (DR Manager) has left and will be replaced. This post will be responsible for networking with regional bodies on policy and fieldwork. Will be supported by 2 further posts for a minimum of 3 years;

1. An operations manager, available for immediate deployment in DR, for periods of 6-8 weeks. Assessments and community visits, cluster coordination
2. A Disaster Risk Reduction, Mitigation and Preparedness officer who will primarily have a training function at AO and country level.

LAC remains at present levels with Haimei leading on DR and drawing from a number of experienced staff as and when required.

EMEA commitment to DR will remain as is present, with Mihai leading, but with no programme due to concerns on capacity. To build this, need to lobby for support from Greg.

EMEA office should be considering options for a response to the Syrian crisis via the Jordan and Lebanon programmes. **LS to review what DFID has said about potential responses to this crisis.**

We agreed that the country vulnerability mapping which has been done in the past should be repeated and priority countries in each region identified for DR.