**Regional Community Safety and Resilience Forum Meeting**

**REPORTING TEMPLATE**

**Date: 17/09/2014 Session title: DM Working Group**

**Chair: Pak Arifin**

**Note taker: Pascal Bourcher**

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| **Key discussion point** | **Main recommendations** | **Specific action points** |
| **RDRT (Presentation Eric PRC)**  **Background:**  **Trainings started in 2003 followed by refresher trainings;**  **RDRT members also attended other trainings (ERU, Watsan, team leadership);**  **Deployment of RDRT during various disasters since 2005 Pakistan earthquake.**  **Up to date, four NS already have a NDRT curriculum.**  **How to reactivate the RDRT network and effective deployment?**  **PRC has not seen RDRT from the region during disasters despite requests.**  **NS from SEA has sent teams, but NOT as part as RDRT (no activation).**  **We need to know each other’s assets first.**  **How to make RDRT as a first responder in the region (Health, watsan, log, etc.)?**  **We should have a good definition of RDRT, and when it should be activated.**  **Usually it takes too much time to mobilize, it arrives too late.**  **It should be automatically activated according to the hazard category (e.g. super typhoon). That way we wouldn’t need a request.**  **ToR is important: scope of work of mission, duration, standard team and equipment, preparedness programme, activation protocol, SOP, roles and responsibilities clearly defined (support /embedded with NS), with ERU and FACT, RDRT benefits, selection criteria for RDRT members, etc.**  **Way forward agenda:**  **-Revise the ToR and SOP.**  **-Proposed timeframe.**  **Activities according to the timeframe up to 2015:**  **Inventory of RDRT capacities (by end of 2014), RDRT programme paper (ToR, SOP, etc.)**  **RDRT/NDRT Curriculum**  **Trainings**  **RDRT members table (350 in total)**  **RDRT needs to fit in the global tool: ERU, FACT, RDRT.**  **Leadership already agreed on a ToR and SOP in 2010, we should look into that first.**  **NS MUST call for RDRT in case of large scale disasters. How to speed up the process of approval?**  **We should ensure to integrate Health members are part of RDRT.**  **RDRT: the feedback about performance from NS is very important.**  **NDRT trainings to include RDRT from countries who speak the same language (e.g.Indonesia, Malaysia, TL).**  **Head of DM or Health must decide who to send as RDRT, it depends on the needs.**  **Bottleneck: how to request? Should it be automatic? Request to be sent to SEARD. Need endorsement from the leaders to speed up the process. Contact person: Head of DM and Health, approval by SG.**  **DREF could automatically integrate 2 RDRT for example.**  **How to fit with the ASEAN tools?**  **Reporting line: It’s in the ToR already, RDRT members should know that.**  **Develop one SASOP for ASEAN/IFRC: good idea.**  **FACT and ERU have pre-agreement with NS.**  **Can we have the same for RDRT? If leaders agree to it?**  **ICS should be more often used within NS as it offers efficient solutions for emergency deployment.**  **Deplyment on the field should be: NDRT, then RDRT, then FACT and ERU.**  **Clarify, simplify the coordination mechanism among the ERU/FACT/RDRT.**  **We must UPDATE the mapping/ Road map and Resilience House accordingly (for peer to peer training and learning)**  **Ex: PMI and TL to have an agreement for their staff to attend PMI trainings.** | **- Curriculum and equipment for RDRT areneeded;**  **- NS SG should authorize the deployment of RDRT;**  **- Need to link with AHA Response Teams.**  **NDRT: One half of the training curriculum should be specific to the NS, and the other half should be common all NS.**  **All NS should have 1ToR, 1 SOP and 1 DR plan.**  **The SOP should fit all NS SOP.**  **We should train the NDRT members who are qualified for RDRT.**  **Additional regional RDRT trainings should be set up to be “RDRT certified” and allowed to be deployed as RDRT to other countries.**  **RDRT should be embedded immediately to the NDRT of the NS where the disaster happens.**  **ToR: Request for RDRT first, then FACT/ERU.**  **(too much surge capacity coming first at the same time).**  **Scope of work for RDRT mission**  **Emergency response (assessment and relief) AND Recovery? We should consider the 2 phases for the RDRT.**  **Duration: maximum 60 days**  **Longer: delegate contract should be considered for RDRT members**  **Revision of RDRT SOP, ToR and curriculum in order to be approved by all NS in October 2014.**  **Induction course under responsibility of NS (no regional induction course anymore).**  **So ONE curriculum for NDRT for all NS (Use as RDRT as well).**  **Recommendations are already available for the training curriculum.**  **Agreement between leaders is mandatory.**  **Recommendation for the leaders that they to pre-agree to accept the deployment of RDRT based on the scale of disaster (e.g. level 3-4).**  **Agree as well that whenever a DREF is request, RDRT should automatically be embedded.**  **The SG should designate the head of DM as focal point (2. Head of Health, 3. OD) through the International Department as focal point for the request of RDRT.**  **The annual plan of NS should include a minimum budget to equip the NDRT.**  **3 years of minimum experience in DR operations should be required for RDRT members.**  **A format for performance evaluation should be collectively developed.**  **Rotation of the RDRT focal point every 2 years to support the Secretariat.** | **ToR - SOP - Curriculum: Eric**  **Pre-agreement: Arifin (use pre-agreement of the FACT as an example)** |