**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)**  |