

Inception Report

Leveraging ASEAN Capacities for
Emergency Response (LACER)

EuropeAid/161170/DD/ACT/Multi



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Acronyms and abbreviations

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
AADMP	ASEAN Association of Disaster Management Professionals
AAR	After Action Review
ACDM	ASEAN Committee on Disaster Management
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
AHAC	ASEAN Humanitarian Assistance Coordinator
AJDRP	ASEAN Joint Disaster Response Plan
ADINET	ASEAN Disaster Information Network
AMMDM	ASEAN Ministerial Meeting on Disaster Management
AMS	ASEAN Member States
ARDEX	ASEAN Regional Disaster Emergency Response Simulation Exercise
ASEAN	Association of Southeast Asian Nations
CAN	Capacity needs assessment
CCI	Cross-cutting issues
Covid-19	Coronavirus disease 2019
DELSA	Disaster Emergency Logistics System for ASEAN
DEVCO	Directorate-General "Development and Cooperation - EuropeAid"
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DRMS	Disaster Monitoring and Response System
EOC	Emergency Operation Centre
ERAT	Emergency Response and Assessment Team
ERB	Estonian Rescue Board
ERO	Emergency Response Organisation

EROP	Emergency Response Organisation & Planning Guidelines
ERCC	Emergency Response Coordination Centre
EU SAHA	Integrated Programme in Enhancing the Capacity of AHA Centre and ASEAN Emergency Response Mechanisms (EU Support to AHA Centre)
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ)
INSARAG	International Search and Rescue Advisory Group
JOCCA	Joint Operations and Coordination Centre of ASEAN
JRC	Joint Research Centre
LACER	Leveraging ASEAN Capacities for Emergency Response
LFA	Logical framework approach
M&E	Monitoring and Evaluation
MSB	Swedish Civil Contingencies Agency
NDMO	National Disaster Management Office
NGO	Non-governmental Organisation
OM	Outcome Mapping
SASOP	Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
SOP	Standard operation procedure
UCPM	Union Civil Protection Mechanism
UNDAC	United Nations Disaster Assessment and Coordination

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Project synopsis

	Leveraging ASEAN Capacities for Emergency Response (LACER)
Contracting authority	European Union EuropeAid/161170/DD/ACT/Multi
Budget	2 200 000 EUR
Duration	1 March 2020 – 30 September 2023 (43 months)
Consortium	Swedish Civil Contingencies Agency (MSB) – Lead Estonian Rescue Board (ERB)
Partner	The ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)
Target group	AHA Centre (primary) ASEAN Member States (AMS) National Disaster Management Offices (NDMOs), ASEAN Committee on Disaster Management (ACDM), ASEAN Humanitarian Assistance Coordinator (AHAC) (secondary)
Overall objective	Strengthen resilience in ASEAN region through improved disaster risk management.
Specific objective	Strengthened capacity and sustainability of the AHA Centre to achieve operational excellence in disaster monitoring, preparedness and emergency response, Enhanced mechanism for ASEAN Leadership to Respond-As-One through excellence and innovation in disaster management
Technical components (outcomes)	<p>Component 1 – Strengthened institutional capacity, corporate policies and management of the AHA Centre</p> <p>The aim of the component is to support institutional development to advance sustainability and transformation of the AHA Centre to strengthen its role as the primary ASEAN regional coordinating agency. It will support the AHA Centre’s own capacity for <i>policy and management development, methodologies and procedures for strategic planning and programming and training and development of AHA Centre staff.</i></p> <p>Component 2 – Enhanced operational capacity of the AHA Centre in monitoring, preparing and responding to disasters</p> <p>The aim of the component is to support further development of AHA Centre’s capacity in <i>risk assessments, monitoring and disaster management information.</i> It will include support further streamlining of common practice in the region regarding <i>risk and disaster data sharing,</i> further development of <i>protocols and routines</i> on update and maintenance of <i>monitoring</i> risk and disaster information platforms, facilitation and support to <i>expert exchange</i> between AHA Centre, European and Asian organisations <i>managing similar systems</i> as the Disaster Monitoring and Response System (DRMS) and the ASEAN Disaster Information Network (ADIInet).</p> <p>Component 3 – Increased preparedness and Respond-As-One capacities of ASEAN</p> <p>The aim of the component is to enhance mechanisms for ASEAN leadership to Respond-As-One by (1) <i>supporting technical capacity development and transformation of ERAT</i> and (2) <i>enhanced civil-military coordination.</i> This component is divided into separate workstreams.</p> <p><u>Work stream 1 – Technical capacity development of ERAT</u></p>

	<p>The project will contribute to the outcome by further development of <i>ERAT training curriculum</i>, further development of <i>standard methodologies</i> for capacitating ERAT roster, capacitate ERAT within prioritised technical area(s), and further developed <i>protocols and routines for ERAT deployment</i>.</p> <p><u>Work stream 2 – Enhanced Civil-Military Coordination</u> The project will contribute to the outcome by support to improve AHA Centre’s prospects to advance and sustain their work with <i>civil-military coordination</i>.</p> <p>Component 4 – Enhanced professionalism through standards and certification</p> <p>The aim of the project component is to contribute to increased professionalism on a system level in the ASEAN region through AHA-led development and establishment of <i>standards for disaster response, emergency coordination and civil-military coordination for AHA itself</i>.</p> <p>The project will contribute to the outcome by supporting the strategic decision on the scope of the AHA Centre’s <i>standardisation and certification programme</i>, development of emergency response and coordination standards (including a civil-military coordination component) in close collaboration with other relevant actors in the region. This may entail contributing to standardisation work led by other actors, and encouraging adherence on the part of the AHA Centre and AMS, or it may be that the AHA Centre should lead a similar standardisation work, supported by other regional actors, support the development and <i>drafting of a charter</i> for the ASEAN Association of Disaster Management Professionals (AADMP) including a draft proposal on the Association’s management and funding mechanism.</p>
Cross-cutting issues (CCI)	<p>Cross-cutting issues are integrated in the project</p> <ul style="list-style-type: none"> - gender and diversity - human rights (from a DRM perspective) - environment - good governance - anti-corruption - Monitoring and Evaluation (M&E)
Strategic Approach	<ul style="list-style-type: none"> o Phased flexible approach o Active partnership and ownership o Continuity – building on existing structures o Regional participation to further develop the AHA Centre’s position as regional coordinating agency, participation of AMS in component activities etc. o Comprehensive approach to capacity development
Type of activities	<ul style="list-style-type: none"> o Advisory missions o Technical workshops o Regional workshops o Training and exercises o Mentoring o Participation in international fora o Peer support and networking
Organisational structure	<p>Key Expert Team</p> <p><u>Team leader</u> The expert team is led by a Team Leader to be stationed at the AHA Centre in Jakarta, due to Covid-19 the Team leader will initially work from Sweden. Together with the MSB Project Manager in Sweden, s/he is responsible for overall activity planning, reporting, partnership building and daily supervision of both other key experts and short-term experts.</p> <p><u>Thematic experts</u> Key Expert on Training and Simulation Exercises</p> <p>The Key Expert will plan and carry out advisory missions, trainings, regional workshops and simulation exercises.</p>

	<p><u>Short-term Experts</u> Short- term experts will be deployed with the MSB or ERB roster to support the Key Expert Team.</p> <p><u>Experts on cross-cutting issues</u> All of the abovementioned experts are supported by dedicated experts on cross-cutting issues. These include gender and diversity, human rights, environment, good governance and anti-corruption as well as monitoring and evaluation (M&E).</p> <p><u>Project Steering Committee</u> There is one joint Project Steering Committee of the EU SAHA and LACER projects. The PSC provides strategic leadership and governance oversight. The PSC will have responsibility over both projects to ensure complementarity of activities, alignment of goals, and to avoid duplication of efforts. The AHA Centre will serve as secretariat to the PSC.</p> <p><u>Consortium Coordination Group</u> The Consortium members is coordinated through the Consortium Coordination Group (CCG).</p>
Project management and backstopping	As lead, MSB has overall project management, backstopping, financial and communication responsibilities, ensuring that contractual commitments are met. ERB is a member of the SC and CCG, supports monitoring and result based management, provides short-term experts within its field of expertise.
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Introduction

The implementation of the project *“Leveraging ASEAN Capacities for Emergency Response (LACER)”* has been commissioned to a Consortium established by the Swedish Civil Contingencies Agencies (MSB), as leader, jointly with the Estonian Rescue Board (ERB). The project has a 43 months lifespan and started on March 1, 2020. It is a component of the overall EU programme *“Integrated Programme in Enhancing the Capacity of AHA Centre and ASEAN Emergency Response Mechanisms (EU Support to AHA Centre)”* (EU SAHA).

The overall objective is strengthened resilience in ASEAN region through improved disaster risk management. The specific objectives of LACER consist of strengthened capacity and sustainability of the AHA Centre to achieve operational excellence in disaster monitoring, preparedness and emergency response, and enhanced mechanism for ASEAN Leadership to Respond-As-One through excellence and innovation in disaster management.

In this Inception report the analysis of the existing situation, compared to background information described in EC Guidelines for Grant Applications for the project *“Shortening the Learning Curve of AHA Centre through Support from EUMS Civil Protection Agencies”*, the LACER project application, and the project activity plan for the whole project period is reflected and conducted in consultations with the partners.

The inception period, 1 March 2020 – 31 October 2020, of LACER proved to be very intensive. Given the circumstances, it achieved good results, commitment from partners, and ultimately managed to lay a foundation for a successful implementation of the project.

The activities in the Inception phase are described in Section 3 below.

Contextual developments during the Inception phase

The Inception phase was preceded by a preparatory visit to Jakarta on 17 – 19 February, 2020 establishing contact with the AHA Centre. It marked a promising start to the project. The visit should have been followed up by a joint visit to the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and the Emergency Response Coordination Centre (ERCC) in Brussels mid-March by the senior management at the AHA Centre and the LACER project management team, providing a starting point and springboard for the project. The draft programme included a visit to the ERCC, meetings with several units at DG ECHO and a meeting with the Commissioner Janez Lenarčič, and also with relevant units at the Directorate-General "Development and Cooperation - EuropeAid" (DG DEVCO). Unfortunately, due to the outbreak of Covid-19, the visit was postponed to a later date. The visit would have provided a unique opportunity to lay the foundation for a future exchange with DG ECHO and ERCC within the framework of LACER, present the AHA Centre and raise awareness and visibility of the project.

The outbreak of the pandemic has had an impact since the outset of the project. Early on in the Inception phase, the LACER Team leader regrettably decided to leave her position due to personal reasons related to the pandemic. Against this overall background, it quickly became apparent that it would not be possible to submit an adequate Inception report by the end of June as envisaged. The EU Delegation agreed to effectively extend the Inception phase to 31 October, 2020.

The widespread travel restrictions as a result of Covid-19, meant that all activities in the Inception phase needed to be carried out from a distance. This has been a challenge, but it has also provided an opportunity to create a spirit of active partnership built on mutual trust and ownership established through close communication guided by an openness and a strong dose of pragmatism.

1. Project description

2.1. Project overview

The project is divided into three phases, *the inception phase*, *the implementation phase* and *the consolidation phase*, and the results will be achieved by a series and mix of activities.

The aim of the inception phase, 1 March – 31 October 2020, has been to provide orientation for subsequent phases and strengthen the partnership with the AHA Centre and other relevant stakeholders. It has covered activities to increase the understanding of the state of play and support the development of both functional and technical capacities on all three levels, and the exact mix of capacities to be addressed within the project. It has laid the foundation for the project activity plan, developed in partnership with AHA Centre. The inception phase has been carried out in an integrated approach, common to all four components of the project. Ideally, the Inception phase provides an opportunity to ensure the best conditions for sustainability of project results; designing the activity plan for subsequent phases through an inclusive and participatory process and on the evidence of current capacities and priorities and on the results and experiences of previous and on-going initiatives. This was also the aspiration of the LACER project.

The implementation phase will be the primary period for implementation of activities. The different capacity development activities such as regional workshops, technical advisory missions, peer-to-peer exchange, training and exercises, in the implementation phase will ensure the achievement of the results.

The project's last six months, the consolidation phase, will form time for phase out of support and enable necessary follow-up activities.

2.2. Project target groups

The AHA Centre is the primary target group for the project. Apart from the involvement of the AHA Centre, it will similarly be important to involve the relevant thematic working groups coordinated by the ASEAN Committee on Disaster Management (ACDM) and involve the respective co-chairs from the AMS. The ACDM Chair is primarily tasked to initiate and direct the execution of the AADMER Work Programme activities through the working groups, which lead the operational implementation of the AADMER work programme.

The NDMOs, the ACDM, and the ASEAN Secretariat may be seen as secondary target groups as well as the ACDM Focal Points that provide strategic guidance in the implementation and monitoring and evaluation of the AADMER work programme.

Since the project concerns the interface between a regional disaster response mechanism and its member states, and as the AHA Centre has similar set up to the EU Emergency Response Coordinating Centre (ERCC), at the heart of the EU Civil Protection Mechanism, DG ECHO and the ERCC may also be considered as target groups.

2.3. Project approach

2.3.1. Implementation strategy

Through a conscious and systematic approach, throughout the full project cycle of planning, implementation, monitoring and evaluation, the project will take into consideration the recurrent and most common challenges encountered when supporting the capacity development of another

organisation. Reaching beyond training of individuals, establishing change processes that are owned by all partners, contextualising interventions to local conditions and selecting type of activities to reach the project objectives will all be managed in a comprehensive approach for the project. The strategy also rests on the approaches and principles below.

2.3.2. Partnership principles and approaches in practice

The project is anchored on important partnership principles. Implementation guided by the principles will benefit effectiveness and the efficiency of the actions as well as enhancing the ownership of service delivery, and ultimately the sustainability of the project outcomes. The project approach also includes sustainability in the core of the project, permeating activity types, design, methodology choices and overall design of the project. The strategy for sustainability of the results of the project is very much based upon the following principles and approaches.

- Phased and flexible
- Active partnership and ownership
- Continuity
- Regional participation
- A comprehensive approach to capacity development

These principles are very much intertwined, but below is a description what is meant by each principle.

Phased and flexible

A phased and iterative approach, throughout the project life cycle, is key to further defining and developing the project activity plan, and to ensure alignment with already on-going activities and work streams within the AHA Centre. This approach will ensure that project activities harmonise and contribute to the long-term vision of AHA Centre and the AADMER work programmes.

An iterative and flexible approach enables the project to stay relevant to participants (AHA centre and AMS) identified needs when and if they change over time. Flexibility will be necessary to ensure that participants' inputs, learning and monitoring findings can guide the steering and decision making to make relevant changes to the project over the project period.

Continuity

Project activities will be designed to build on existing capacities and structures and with an in-built flexibility, the Consortium will keep an open-minded approach to any initiative identified by the AHA Centre to address an existing need. Continuity aims at strengthening long-term ownership and effectiveness of the project to make progress and reach expected outcomes as well as to contribute to objectives in AADMER work programmes and AHA Centre's work plans. A mind-set of 'Appreciative Inquiry' will guide the project, meaning that instead of designing on the basis of 'what is missing', rather look at it from a 'what is present' perspective. This was used during the Capacity needs assessment adopting an incremental approach.

Active partnership and ownership

Ownership and partnership is instrumental for successful and sustainable implementation. The project will strive for a strong participatory approach, with active involvement of the AHA Centre. That will optimise the relevance of proposed actions and ensure ownership of achieved results. Collaboration will actively be encouraged and promoted.

Regional participation

The AHA Centre has a clear mandate as the regional operational coordination engine. Joint emergency response is a core mandate and regional cooperation and collaboration is a core service. The AHA Centre is managing the ERAT teams that can be deployed as regional response teams. The

AHA Centre needs to work closely with the NDMOs with mutual knowledge and respect for mandates, roles and responsibilities. The AHA Centre need to effectively train and exercise AHA Centre staff, ERAT members and NDMOs to ensure that sufficient coordination between national responders and regional support can be established in the early phase of a disaster and that the regional support in a crisis meets the national request, is adequately targeted and effectively implemented. Therefore, regional participation is key to project success.

Capacity development – as methodological approach

The overall implementation method of the project in order to achieve the results is capacity development. A comprehensive and multidimensional approach to capacity development is a key partnership principle that will ensure ownership through a conscious approach to participation of the AHA Centre and key stakeholders throughout the implementation of the project. It will also ensure that a comprehensive approach is taken to address capacity gaps at all levels – the individual, organisational as well as at the systemic level. These capacity levels are interrelated: the individual level includes capacities such as skills and knowledge that are vested in people; the organisational level relates to the internal policies, systems, strategies and procedures that allow an organisation to operate and deliver on its mandate; and the system level encompasses to such things as policies, legislation, institutional arrangements, leadership, political processes, and social norms. The Consortium also makes the distinction between functional capacity (such as capacity relating to e.g. engaging stakeholders, HR work and public management, communication, evaluation, etc.) and technical capacity (relating to development of skills, knowledge, methodologies and frameworks). For an organisation to be able to deliver based on its mandate, both technical and functional capacities are needed for organisational performance and these capacities are interlinked. A technical capacity to collect risk data will need the functional capacity to analyse the data and provide suggestions for risk mitigation strategies. Functional capacity is a pre-condition for sustainable technical capacity. Consequently, the project will provide a comprehensive and multidimensional approach to capacity development. This also includes a mix of activities that is reflected in the activity plan. Bearing in mind that capacity development is facilitated – not ‘delivered’ – the Consortium brings technical expertise in emergency preparedness and response, but also facilitation skills.

Mutual learning

The project will strive to become a practical platform and exchange for mutual learning on different levels. It is evident that all parties and partners involved in the project can benefit from this. The ASEAN region is one of the most disaster prone in the world. Almost all types of natural hazards are present, including typhoons, floods, earthquakes, tsunamis, volcanic eruptions, landslides, forest-fires, and epidemics that threaten life and property, as well as droughts leaving serious lingering effects. The region has suffered some of the most violent natural disasters in recent history, while the last decades has shown hazards to be more intense, more frequent, and more unpredictable. The Covid-19 pandemic has also highlighted the importance of concerted and coordinated disaster response.

The project plans to have series of “brown-bag lunch” webinars. A first webinar has been carried out on the Swedish national response to Covid-19 pandemic and the interface with the EU Civil Protection Mechanism (UCPM). It also gave a member state perspective on the challenges facing ERCC as a regional coordinating organisation. In the spirit of mutual learning, webinars where AHA Centre can share its experiences and lessons learned will be organised.

2.3.3. Sustainability

Implementation with an overall focus on institutional capacity development to augment sustainability and utilisation of AHA Centre’s operational capacity, to ensure the best conditions for sustainable development of technical capacity lies at the very heart of the project. For example, component 4 is

in itself geared towards creating sustainable regional capacity by providing lasting standards for regional emergency response and coordination.

A strategy for obtaining sustainable results relates to the abovementioned partnership principles and is also embedded in the flexible and phased approach through its emphasis on local ownership from the start of the project, as well as assessing and building on existing capacity. The project will continue to focus on developing a strong partnership, where the AHA Centre take responsibility for, and own, the change process and activities from the outset. The project will aim to reinforce ownership during the implementation, so that the project results are self-sustaining in the longer term.

2.4. Operational considerations due to Covid-19

During the Inception phase, the project has been forced to make a number of operational considerations, tackling the different realities and effects of Covid-19. Due to the pandemic, travel to the region to carry out Inception phase activities at the AHA Centre and in the AMS has not been possible. The Team leader should have been embedded working closely together in a participatory manner to formulate activities with the AHA Centre and NDMOs that would inform the project activity plan. The harsh situation with Covid-19 also made this impossible.

Overall the Covid-19 situation has proven a challenge, but also provided a possibility to build a solid partnership with the AHA Centre through close and regular communication, check-ins and updates. Building partnership is an ongoing process, necessary to foster trust and understanding. A lesson learned is that it has become increasingly apparent that the abovementioned partnership principles and approaches will be of even greater importance to build trust and mutual understanding working from a distance.

To capitalise on the information gained and relationships established during the Capacity needs assessment and the relationships established during the semi-structured interviews, the project opted to engage one of two experts that had been carrying out the assessment as Team leader. The ambition was to create a seamless transition from organisational development expert to Team leader.

The project cannot assume that restrictions on travel and gatherings will be lifted in the near future and go ahead and plan for physical activities. The project will therefore plan for digital activities and actively explore available appropriate online tools. However, it is clear that all activities cannot take place online. The project will closely monitor the Covid-19 situation and act iteratively to adopt to the situation at that time.

2.5. Cross-cutting issues

In order to enhance the quality and effectiveness and strengthen project results, cross-cutting issues (CCI) such as gender and diversity, human rights, environment, good governance and anti-corruption will be integrated into the project, and/or covered during specific thematic sessions. Thematic advisors are dedicated to the project. Awareness raising activities may be done. However, there should also be a strategy on how to create long term knowledge and institutional memory. Good governance and anti-corruption are integrated elements of all public agencies' mandate to uphold, and thus the Consortium will take these perspectives into account throughout implementation. All communication will take into account gender equality and diversity perspectives (in both image and language as well as in adaptation to the recipient) as well as environmental aspects.

A starting point, common to all four components of the project, could be establishing and working together with dedicated focal points at the AHA Centre. A mentor partnership could be developed in order to enhance results in all components.

2.5.1. Human rights, gender and diversity

The inclusion of a human rights perspective is of great importance in striving towards a safer and more resilient society. Democratic deficits and lack of respect for human rights directly affects people's abilities to e.g. claim information and to contribute to dialogue and decision-making related to disaster risk management. Disaster events further impacts on living conditions and rights such as access to clean water, food, sanitation and health facilities. If already strained, a disaster typically exacerbates the challenges that were there before the disaster occurred. Women, men, girls and boys belonging to different age and socio-economic strata have distinct vulnerabilities, and this shapes the way they experience disaster, and their ability to recover from it. To respond effectively to gender dimensions of disaster risk, a gender mainstreaming perspective must be included also in disaster preparedness.

Building on the commitments at the 32nd Meeting of the ASEAN Committee on Disaster Management (ACDM) to women inclusiveness in disaster response planning and management, and aligned with priorities stated in Vision 2025, the project will offer approaches referring to disaster risk reduction and response, e.g. to strengthen participants understanding of the need to and methods with a focus on human rights and particular on women and children's rights. The gender perspective will moreover be mainstreamed by reflecting on attendance and participation in activities, gender sensitive facilitation and gender aware techniques will be used, exercise scenarios that take into account the different roles and vulnerabilities of women, men, girls and boys. It will also emphasise the significance of UN Security Council resolution 1325 on women, peace and security and a civil-military approach that takes into account the different roles and vulnerabilities of women, men, girls and boys.

Gender and diversity are often, but not always, sensitive issues and sometimes it can be difficult to address them. However, we do know that women and girls are affected disproportionately compared to men and boys in disasters and thus, these issues must be addressed. To be an effective, relevant and sustainable disaster response organisations gender and diversity should be included and integrated in every aspect of the organisation as well as the responses. One way could be to analyse, reflect and learn from previous operational responses. This analysis can act as a baseline that can be used to improve the integration of gender and diversity in responses as a way to ensure that the response is inclusive for all. In the development of policies and standards, gender and diversity should be included, integrated and reflected to create a more gender inclusive and diverse staff and work environment. It is also crucial to work with norms and values of staff and management as well as organisational and societal norms. Ensuring gender and diversity integration could for example include an overview of ERAT trainings attendance and analysis on how gender and diversity is included in the training curriculum. Gender and diversity should be included in the dialogue when setting standards.

The project will also include international humanitarian law, and embrace the humanitarian principles meaning practicing non-discrimination, participation, transparency and accountability to ensure that every person's human rights are respected, protected and fulfilled as well as adhering to the Oslo Guidelines of humanity, neutrality and impartiality.

2.5.2. Environment

An environmental perspective can be integrated in project implementation focusing on indirect environmental impact and strengthened institutional capacity relating to environmental issues. Indirect impacts related to project outcomes and outputs in terms of how the project will contribute to more positive environmental impacts as well as minimisation of negative impacts and measures to control and mitigate environmental risks. For example, potential to include environmental aspects in the development of working methods for emergency coordination. The body of work on Environment in Response, in which MSB has been involved for the last 10 years, is an important contribution to this. Strengthened capacity to carry out environmental analysis will also be done by reviewing the experience from the environmental work in the project and analyse the potential to use the learnings from project implementation to strengthen the internal capacity of AHA Centre. The AADMER work programme 2016-2020 highlights the importance of climate related risks and climate change adaptation.

The project will look into how environmental perspectives are implemented to build ownership and sustainability. The project will examine internal documents and policies. In cooperation with the AHA Centre these documents, such as an environmental management system for the AHA Centre can be further developed and deployed.

On the basis of experiences from previous disasters, the implementation of environmental perspectives can be examined. For example how disaster waste management plans looks like and what routines that have been implemented. In the ERAT teams for instance, one could seek to examine what type of environmental competence there is within internal resources, for example within. What types of resources, abilities and resources to integrate environmental perspective in response action could be examined. The work to increase professionalism through certifications and standards, has a potential to enhance environmental work and minimise the environmental footprint. A more systematic work in line with standards also opens an opportunity to include environmental management systems and how it correlate to other certifications and management systems. This can in turn provide a platform for a better environmental integration in all working forums. Throughout the project, the environmental aspects are considered such as prioritising online meetings to avoid travelling and the set-up of an online space between experts where documents are shared to avoid printing.

The project will have negative impact on the environmental sustainability, with the identified main impact from intercontinental air travels between Europe and Asia. The project will seek to minimise environmental impact by reducing the number of flights. When planning on site visits that requires flights the projects aims to carry out as many activities as possible during the same visit in order to reduce the number of flights. Furthermore, the project strives to make aware choices with the lowest environmental footprint available for e.g. transports, material and food.

2.5.3. Monitoring and Evaluation (M&E)

A sound framework for project M&E has been developed during the inception phase. The M&E framework, see Annex E, serves as the project's learning system and accountability tool. The project's M&E primarily aims to serve project needs of learning and continuously adaptation, to improve performance and increase the project's contributions to outcomes. The project will implement a two-pronged approach to M&E. A Logical Framework Approach (LFA) serves as an accountability tool and elements of Outcome Mapping (OM) serves as the project's learning system, as the main approach of the M&E system. The Logical framework matrix has been revisited and will be revised. It will include indicators and targets. The matrix will be completed once the activity plan is finally set.

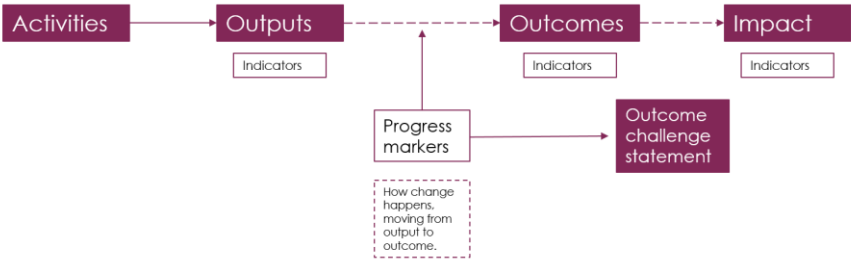
As part of the Outcome Mapping, the project has verbalised an *outcome challenge statement*¹ for the AHA Centre. Progress markers for the monitoring will be developed early on in the implementation phase. The progress markers will serve the purpose to provide the partners with information of how change happens, moving from outputs to outcomes (sometimes called the missing middle), formulated as answers to what the project will *expect to see*, *like to see* and *love to see*.

With this M&E approach, the project will be able to monitor three parallel processes – results with a focus on outcomes, project strategies and practices, and the project as an organisational unit.

Monitoring tools is under development and will be finalised once progress markers have been identified. Besides monitoring by indicators, outcomes will be monitored and documented in an outcome journal and in a strategy journal the project’s strategy and practices will be used to follow-up on. Recurrent monitoring sessions will be organised to carve out a space for the project to reflect on monitoring information and what it means for project management and implementation.

The project understand monitoring as everyone’s responsibility, with the project management bearing the overall responsibility. The project has a dedicated M&E advisor to ensure a sound project M&E and learning. The advisor supports the project in M&E related decisions and activities. Thereto, assists in assessment of information and the monitoring information’s significance for the project. The M&E advisor also supports development of methods and tools and implements any relevant effort to ensure the project team has the needed capacity to implement the project monitoring.

Figure 1. Overview of the project’s M&E framework



The project will conduct an internal interim evaluation with the aim of assessing the potential for improvement of the project’s performance. This will use a formative evaluation like approach and will focus on identifying what is working well and less well as well as ways to improve the project’s design and performance. An end-line assessment and project evaluation will be carried out in the end of the project.

3. Overview of activities in the Inception phase

Given the limitations and effects on travel, the project needed to be agile and redirect its focus to maintain momentum. A lot of emphasis has been placed on partnership building and strengthening. The project will strive to achieve strong regional participation to further develop the AHA Centre’s position as the primary ASEAN regional coordinating agency on disaster management and emergency response. Against this background, in the initial project planning the aim was to involve the ASEAN

¹ The outcome challenge statement is included in the activity plan.

NDMOs in the Inception phase carrying out specific country visits and identifying a select few “champion” NDMOs that would be involved to a much higher degree than others, identified in dialogue with AMS and the AHA Centre. However, due to Covid-19, the plans of conducting preparatory country visits to each of the AMSs and NDMOs to hold orientation meetings needed to be cancelled. The purpose with the meetings was to discuss the project objectives, expectations and general outlook of what the project would entail for each member state. The rationale was to get the NDMOs perception of the AHA Centre and what capacity they would like to be addressed under the efforts of the project. The visits would also serve as to encourage the NDMOs to engage in project implementation and take on an active role in project activities. The visits should have contributed to the baseline study and capacity needs assessment.

3.1. Working through existing structures

The AHA Centre early on advocated working through the existing structures such as the thematic working groups, with their respective co-chairs from the NDMOs, under the umbrella of the ACDM, which is also the governing board of the AHA Centre. In that way, the project could work together through the Co-chairs for each working group, already national “Champions” for a special thematic area. However, during the Inception phase it has been difficult to access the NDMOs. The AHA Centre has expressed that the NDMOs were heavily weighed down by their respective national response. Thus, the AHA Centre expressed a reluctance for the project to approach the NDMOs during this time. The project has been sensitive to this request expressed. This has also applied to the thematic working groups.

In effect, this meant that the NDMO perspective on the AHA Centre has not been obtained in the Inception phase. This will be effectively remedied and mitigated through the sequencing of project activities in the activity plan, described in Section 4.

3.2. Capacity needs assessment

During the Inception period, the project has directed a lot of its focus on developing a Capacity needs assessment (CNA) as basis for the activity plan for the whole project period and a baseline analysis. A starting point for framing the capacity needs assessment was to create an understanding of the mandate and role of the AHA Centre, its capacity to coordinate, its role and position in monitoring, preparedness and response, and its position in the AMS in carrying out these tasks. To fulfil the capacity analysis purpose it was equally important to understand the AHA Centre core mandate on disaster management and emergency response (reducing risk, recovery and joint emergency response) and core services on collaboration and cooperation (coordination, disaster intelligence and information sharing, resource management, and knowledge and outreach).

3.2.1. Desk study and semi-structured interviews

The analysis was carried out through a desk study and interviews with key staff members at the AHA Centre on the basis of the scope and guiding principles of the CNA, see Annex A.

The first step of the analysis was to study relevant key documents to identify the enabling environment or the systematic level, understood as the legal and institutional context in which the AHA Centre operates. The second step was to identify whom could enrich the early understanding of AHA Centre and its capacities, to accomplish the capacity identified by the desk top studies. The AHA Centre together with the experts, set up 12 interviews with informants representing different levels within the organisation. The informants were identified by the AHA Centre. Two of the informants were consultants that had worked with AHA Centre for several months. The interviews

lasted for about one hour each, one informant at the time, together with the two organisational development experts from MSB. The informants were told in the beginning of the interview that their answers given would be handled with care and that no information would be possible to connect with individuals. The key questions were sent in advance to AHA Centre management, to all the informants as well as to the Consortium partner ERB and the EU-delegation.

3.2.2. Validation workshop

The findings of the CNA were validated through an inclusive and participatory workshop using the digital tool Mentimeter used to present and validate the preliminary results of the assessment. All staff were invited. All in all 50 people attended of which 40 were AHA Centre staff, including the GIZ project and the Consortium.

The validation workshop also helped to inform the monitoring and evaluation framework and the outcome challenge statement.

3.3. Coordination with other stakeholders

Given the significant level of external funding of the AHA Centre, there are a numerous stakeholders involved in activities directly relating to the project outcomes. The Consortium has recognised a need to identify and communicate with the actors to make sure that capacity development efforts aim in the same direction, ideally complementing each other and avoiding overlaps.

The project has identified one project as especially pertinent. The German institution, GIZ, has recently launched a project entitled *“Institutional Strengthening and Capacity Development of the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA-Centre)”*. The project has established close contact with the GIZ project. Several coordination meetings have been carried out and GIZ have been invited to activities. Representatives from GIZ participated in the abovementioned validation workshop.

Stakeholder and initiative mapping is an ongoing task for the project. There will be a continuous need to map the on-going projects and initiatives within the AHA Centre and continuously inform, share results and experiences and to facilitate critical dialogue with stakeholders. This will also be important for visibility and communication purposes, to help stakeholders understand the potential impact of the project, and promote the contributing role of implementing partners and donors. This is reflected in the activity plan.

4. Activity planning

A tentative activity plan (Annex D), with time line, has been developed based on the overall findings during the Inception phase covering all four components. The plan seeks to integrate cross-cutting issues and will, through sequencing of project activities, specifically encourage the engagement of the NDMOs. The plan has been developed by MSB in close cooperation with ERB and validated by AHA Centre².

4.1. Planning of activities

The ambition is to consciously aim to implement activities that reinforce each other – in short setting activities that will support institutional capacity and management of the AHA Centre to underpin and

² This is an ongoing process.

support development of technical capacities of AHA Centre in monitoring, preparing and responding to disasters and ASEAN's joint response capacity. Parallel, technical capacity development will form the entry-point to strengthen functional capacity of the AHA Centre and professionalism through standards and certification. The planning of activities have been guided by the partnership principles, connecting activities to existing structures. Involvement of the AHA Centre in the development processes is vital, for reasons such as relevance, viability, ownership and sustainability to be able to design the most effective intervention framework. Working to involve the NDMOs in the project has guided the planning and sequencing of activities.

Different activity types will be used during implementation. *Advisory missions* will be carried out, with experts within the relevant areas, for example on strategic planning to advise and coach the management group of AHA Centre on the implementation of strategic planning method, instrument and process. Technical Advisory Mission will take place on monitoring and analysis aimed at contributing to strengthened internal management and external coordination.

Regional workshops will be carried out that will gather participants from AMS NDMO's, the AHA Centre as well as key stakeholders to the project. The workshops will share insights and knowledge gained during project implementation, disseminate and validate project deliverable, share experiences and seek guidance and buy-in from the wider group of AMS. The regional workshops will also create opportunities for the participants to exchange experience and learn from each other. The first regional workshop will focus on fostering a shared understanding of AHA Centre's role in regional emergency response and response coordination. The final conference will be carried out as a regional workshop of the project focusing on project achievements and to discuss the way forward for AHA Centre strengthening project result sustainability.

The project has devised a *mentoring* approach with the aim of developing the capacities of individuals through learning, development and experience sharing. Participants will be encouraged to carry out work-based assignments to both contribute to the development of some of the outputs of the project. The mentoring approach will be used in advising and coaching of the management group.

To increase the awareness of strategic priorities and funding opportunities among donor, partners and AHA Centre, the project will conduct donor and partner coordination meeting as a platform for sharing information on strategic priorities and funding opportunities, providing network possibilities and discuss synergies and gaps, and establish partnerships.

The project will allocate substantial time and resources to the enhancement of knowledge transfer through a needs-driven approach and a Key expert for training and exercises is dedicated to the project. In close cooperation with the project management, the expert will plan and guarantee that all activities have a coherent structure, assured quality and that the information of the activities will be linked, and synergies sought, with project components. It will be important to coordinate with other initiatives being implemented with other ongoing programmes with *training and exercises* components included to avoid duplication of efforts. Clear learning objectives will be produced for each activity together with the relevant actors to achieve ownership and sustain results. Training and exercises will be learner-centred and support participants' awareness of their own learning.

Experts from MSB and ERB are well-equipped with knowledge required to apply European good practices and international standards for response capabilities. This may include looking into quality requirements for assets in the European Civil Protection Pool, EU Guideline for Standard Operating Procedures (SOP), Host Nation Support, etc. and increased interoperability of response capabilities. Knowledge transfer will be enhanced in all components. The project will look into the institutional capacity to carry out training and exercises. Table-top exercises will be used as baseline, stock-taking and diagnostic tool. The needs for training within specific areas will need to be further assessed during the Implementation phase. For example, this includes looking into different aspects of ERAT.

After-action review (AAR) may be used as an evaluating tool to learn from trainings and exercises. Cross cutting issues will be mainstreamed in all training and exercises.

The project will also need to adapt to the current situation, and will explore how trainings and exercises activities can be carried out online.

4.2. The activity plan

The activity plan is divided into the four core components of the project. Under the overall headings of the identified outcome challenge statement, where the overall goal for the project is found, the statements describe where AHA Centre and involved stakeholders will be after the project has ended, with all activities and benefits accomplished. Each Component is described and further divided into priorities and activities. Component activities have been divided into work streams with sub-activities under each. Each activity has a clearly defined expected result, content target group, as well as containing relevant input, output and follow-up. The activities are sequenced to have a rational and logical working stream.

Within “*Component 1 – Strengthened institutional capacity, corporate policies and management of the AHA Centre*” work streams include policy and management development, strategic planning & programming and learning & development. Human resources, cross-cutting issues and internal communication have been identified as prioritised areas.

Within “*Component 2 – Enhanced operational capacity of the AHA Centre in monitoring, preparing and responding to disasters*” work streams include preparedness for response: ERO protocols and routines and risk information and disaster data: monitoring and sharing. The duty officer function and understanding regional risk have been identified as prioritised areas.

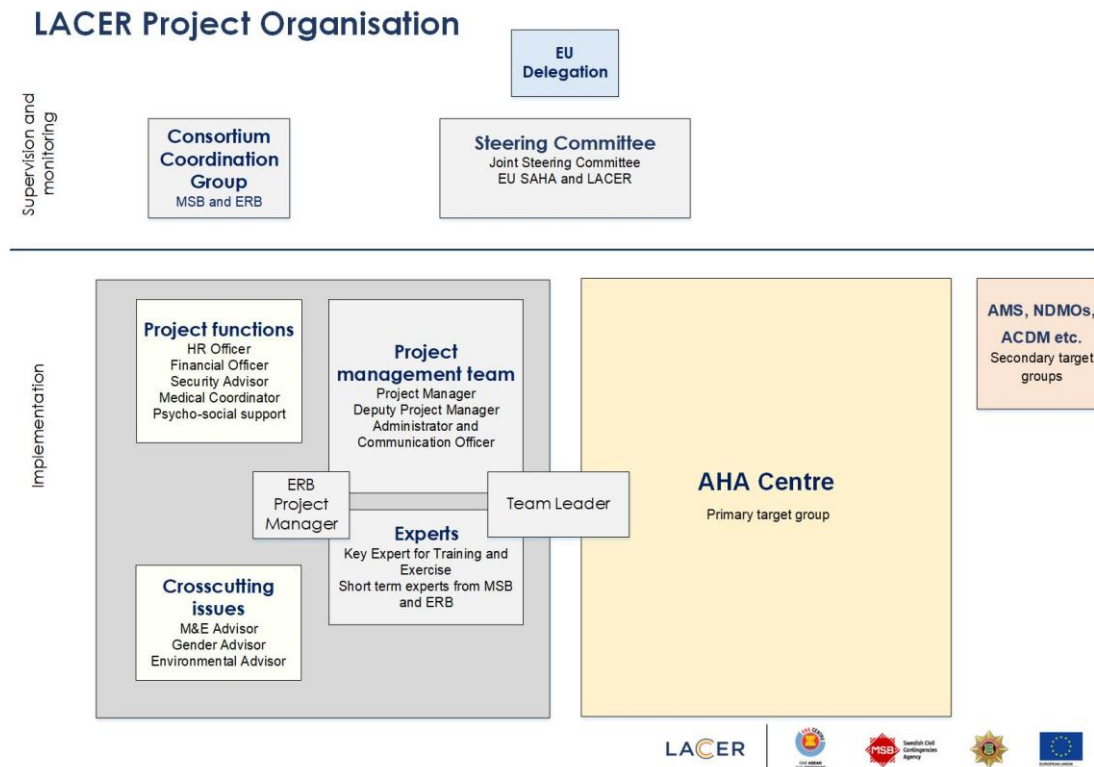
Within “*Component 3 – Increased preparedness and Respond-As-One capacities of ASEAN*” work streams include training and exercise capacity development and coordination. Training & exercise methodologies, ARDEX and ERAT have been identified as prioritised areas.

Within “*Component 4 – Enhanced professionalism through standards and certification*” work streams include AHA Centre standardisation and certification programme and emergency response and coordination standards development. Certification baseline establishment, function profiles within ERAT, standard and certification on modules have been identified as prioritised areas.

The activity plan is found in Annex D.

5. Organisation and implementing structure

Figure 2. Illustration of the project organisation



The organisational structure will include a Project Steering Committee (PSC) as the decision-making body of the project, a Consortium Coordination Group (CCG) to facilitate the work of the Consortium, a Project management team, and an expert team led by the Team leader to implement project activities.

5.1. The implementing Consortium

The project is jointly implemented by a Consortium composed of two national civil protection agencies, MSB, in lead, together with ERB. Both are active members of the UCPM and have extensive experience within the mechanism, which gives the Consortium the capacity, experience and knowledge to support the AHA Centre in further developing capacity in regional cooperation, coordination and response. One central aspect throughout the project, will be drawing on the practical and operational knowledge of MSB and ERB, as well as the interface between the ERCC under the UCPM, which is largely similar to the AHA Centre interaction with the AMS and NDMOs.

The Consortium Coordination Group (CCG) has been established to ensure relevant involved in significant developments in the project. It supports the strategic planning, evaluates risks, suggests mitigation strategies, validates publications and reports and ensures backstopping support. These meetings are organised by MSB on a regular basis.

The work in the Consortium is also largely guided by the aforementioned partnership principles and the project is characterised by cooperation between two sister agencies on equal terms.

5.2. Project management

The project management team at MSB is composed by Project manager, Deputy Project manager, Administration- and Communication officer, HR officer, Financial officer, and Team leader. In its role as lead, MSB communicates with the EU Delegation on a regular basis. The project manager acts as chair in the CCG. As lead agency, MSB is responsible for overall project functions and cross-cutting issues. At ERB, a Project manager is devoted to the project who will also be involved as expert during implementation. The ERB Project manager is kept fully informed and participates when necessary in project management meetings.

The Team leader, from MSB, will be embedded at the AHA Centre. The Project manager maintains close cooperation with the Team leader to manage the strategic, systematic and operational needs of the project.

5.3. Project experts

The project is carried out by a team of key experts with the support of additional short-term experts, supporting the key expert team in carrying out specific activities. The expert team will be led by the Team leader who is responsible, together with the MSB Project manager in Sweden, for overall activity planning, reporting, partnership building and daily supervision of both other key experts and short-term experts. In addition, the Team leader has the overall responsibility for project activities contributing to the development of institutional capacity of the AHA Centre. The Team leader will follow-up with the AHA Centre, ensure continuity and timely backstopping between activities. The Team leader is also essential in the daily partner dialogue with the AHA Centre. In addition to the Team leader, the key expert team consists of thematic experts. Together with the Team leader, they will have the responsibility to plan and carry out activities whilst focusing on their respective thematic area, and will indicate when additional short-term experts are needed for specific activities.

As stated in the project activity plan, the project will aim to be implemented in close cooperation with ERCC. It will contribute to enhancing cooperation between ASEAN and EU structures by increasing cross-regional understanding of regional systems, approaches and working standards.

Given the uncertainties with the Covid-19 situation under the Inception phase, the project will maintain an iterative and flexible approach throughout implementation to be able to meet the changing situation and needs of the AHA Centre over time. Experts will need to and prepare for on-line activities initially in the implementation phase. The Team leader will despite of travel limitations maintain an active presence and proximity to the AHA Centre. In order to ensure continuity and harness the knowledge gained, both experts who carried out the capacity needs assessment will be highly involved in the project – one as Team leader and one as short-term expert.

5.4. Project Steering Committee

Since the LACER project is a component of the EU SAHA programme there will be one joint Project Steering Committee of the EU SAHA and LACER Projects. The PSC will be the governing body of both projects and will provide strategic leadership and governance oversight. The PSC will have responsibility over both projects to ensure complementarity of activities, alignment of goals, and to avoid duplication of efforts. The PSC will also have an overall role to provide strategic guidance, policy decisions in the execution of the project and ensure effective oversight through receiving regular reports and reviewing the results of project evaluations that will take place periodically. It will support ensuring good governance and fiduciary oversight of the project. The AHA Centre will serve as secretariat to the PSC.

6. Risk management and lessons learned

6.1. Risk management and lessons learned in the Inception phase

During the Inception phase the following internal and external risks have been identified that could affect the implementation of the project. The uncertainties relating to the situation with Covid-19 can be seen as both an internal and external risk. During the Inception phase, the AHA Centre was burdened by numerous on-line meetings and the expression “Zoom fatigue” was often used to describe an overall lack of energy as a result of the Covid-19 limitations and concerns.

Some challenges and risks lie beyond the control of the AHA Centre, like structural or political change within or between NDMOs. A common mitigating strategy to deal with most of the identified internal threats to the project is rooted in building partnership and a team spirit, coordination with other stakeholders and partners, facilitating trust, transparency, and clear communication.

Risks will be followed up based on, for example, monitoring data and observations from staff, project management and participants. A specific agenda item for risk and risk management will be included in the CCG and PSC meetings. The *risk- and risk management matrix* will be continuously maintained and updated, see Annex F.

6.1.1. External risks

The Covid-19 situation continues or worsens

As the global spread of the Covid-19 is continuing to significantly affect organisations as well as individuals, knowing how to reduce the accompanying risks will continue to be key. It is uncertain whether when and if physical activities can take place. Likewise it is uncertain when the Team leader can start the work at the AHA Centre. Covid-19 has had several different impacts for an organisation such as the AHA Centre. It may experience restrictions in terms of remote working, with the introductions of relating to an increased workforces, and technical disruptions or increased work volumes. During these realities, the AHA Centre must also be ready to carry out its operational mandate. The project will plan for remote activities initially in the Implementation phase.

Occurrence of a major disaster in the region

The occurrence of a major disaster in the region could affect implementation since it would mobilise the resources and structures of this project in response to an urgent crisis. Modifications in the activity plan and some flexibility might be necessary on short notice, if or when the above situation occurs. This is made possible as a degree of flexibility is built into the approach, where the activities outlined can be moved in time and priorities in the timeline can be temporary revised. This will, to the extent possible, be monitored and communicated continuously and thoroughly through the frequent reporting with the AHA Centre and the EU Delegation. The tropical storms in October 2020 and succeeding flooding in Viet Nam, is a concrete example of such an emergency.

The project will aim to use disasters for capacity development purposes – analyses the ongoing processes and using follow-up methods such as After Action Review (AAR) to inform the project and future activities.

Political instability or escalating tension in the region

The project will show flexibility if or when the situation of political instability occurs. The project will follow any situation closely and keep an open and continuous dialogue with the AHA Centre and the

EU Delegation if modifications of the project activities are to be necessary. Carrying out a project such as LACER which promotes regional cooperation and building transboundary relations may contribute to strengthen national and regional political stability.

Project access to the NDMOs

The access by the project to the NDMOs will be absolutely crucial, especially regarding the operational components 2 & 3. The project will need to get the view of the AHA Centre from the NDMOs perspective for successful implementation regarding operational capacities and regional coordination and response. During the Inception phase, the project was asked not to contact the NDMOs due to their heavy involvement in national corona response. The same situation was applicable to the thematic working groups. This situation will be mitigated by the sequencing of project activities – starting with institutional strengthening of the AHA Centre and gradually approaching the NDMOs using operational aspects as driving factor.

6.1.2. Internal risks

"Zoom fatigue"

Due to the Covid-19 and the need for numerous on-line meetings and workshops, there is a widespread on-line meeting fatigue resulting in an overall lack of energy and vitality. This reality imposes greater demands for project activities to be accurately defined and executed. Long on-line one-way meetings will be avoided in favour of more dynamic and interactive using available digital tools. This will be a challenge and opportunity for the Consortium to introduce new and exciting meeting tools.

Competing resources and staff buy-in

Competing resources demands could lead to insufficient resource allocation and thus may cause difficulties in taking ownership of the process and results. Limited administrative capacities and human resources can further result in difficulties for the AHA Centre and other involved actors to staff the required quotas for the foreseen events. The project foresees to manage these risks by a methodology built on active partnering and a continuous participating process. The project will plan activities in close collaboration with the AHA Centre in order to make timing and budget factors more effective. Each activity should have a clear operational counterpart at the AHA Centre.

Alignment, duplication or overlap of activities

In order to minimize the risk of duplication or overlap of activities an effective coordination with related projects and other donor activities must should be carried out continuously. The described risk has been taken into account in the overall strategy of the project outlined in this application, explicitly a phased and flexible approach and continuity, to build and capitalize on previous and on-going projects in the region. It is clearly reflected in the activity plan.

The project will need to align its activities with the AADMER Work Programme for 2021-2025. This possible change needs to be addressed and followed by the project to both be able to support in implementation as well as aligning activities to possible changes made in the AHA Centre.

Exogenous driven processes and limited core funding

Ideally, the organisational development of the AHA Centre should be an endogenous process. Given the funding limitations there is a high need for external funding, which may lead to externally driven processes. During the intensive period since the AHA Centre was founded until now there has been a major development of the organisation through many perspectives. The organisation has grown significantly during the last two years mainly enabled by external funding, which may lead to a donor driven priority of activities and limit the influence of needs based built capacity. Coordination between donors to support the AHA Centre in choosing the right activities and focus of capacity development is needed.

The level of core funding from the AMS is significantly lower than means provided by external partners. The activities that create results that need to be implemented and maintained have to be built up on existing capacities.

Corruption, favouritism and nepotism

The risk for corruption or financial irregularities within the project has been assessed to be low to medium. This is based on the circumstance that the Consortium has the overall responsibility for implementation of all activities, the planning and utilisation of the budget and the financial management. The project will be audited in accordance with the requirements in the grant contract. There will also be a minimal use of cash.

However, corruption in shape of e.g. favouring or nepotism is more challenging to control and manage within the project. MSB's procedure for anti-corruption work in international operations will be used. The procedure takes a clear position with zero tolerance for all forms of corruption. The procedure is guided by the Swedish corruption legislation even when this is not always applicable to acts conducted outside the country and describes the actions to be taken to prevent and respond to corruption and other irregularities. It defines corruption in international operations as an abuse of trust, power or position for illegitimate private or group gain. Corruption includes giving and taking bribes (including bribery of foreign officials), extortion, bid rigging, fraud, racketeering, collusion, favouring and nepotism. Corruption refers in this procedure to both the actions of in-house staff, experts and the actions of those engaged in a contractual or non-contractual form within the framework of the project. Working methods and actions include, increasing staff awareness and knowledge, working to identify, monitor and manage corruption risks through risk analysis and risk management. It also includes audits in accordance with the MSB Accounting and Auditing Guidelines and in accordance with the requirements agreed with the funding donor; corruption suspicions shall be reported and investigated.

7. Communication and visibility

Good communication is needed to foster vital visibility for the project, streamline the cooperation among the interested stakeholders and produce clear and timely communication on projects activities and results. It will also help promote the project and stakeholders to understand the potential impact of the project, promote the contributing role of implementing partners and donors. It will aid transparency and coordination with other stakeholders and initiatives.

The project has a dedicated Communication officer who is working to ensure proper visibility and communication of the project. The Communication officer will work in close collaboration with the AHA Centre's communication officer, which is key to a successful implementation of the communication activities. The EU Delegation will be invited to open and participate in all activities and all activities will strictly follow the EU visibility and communication guidelines for external actions.

7.1. Implemented activities

Communication and visibility plan

A Communication and visibility plan (Annex B) has been produced and approved by the EU Delegation, which will be followed to ensure proper visibility of the project. Its main objectives are information sharing, presentation purposes and the sharing of learnings and primary and secondary groups have been identified. An inclusive partnership, gender sensitising and environmental friendly approach will be implemented. The project's key messages are:

- Promoting the “One ASEAN, One Response” principle and enhanced regional cooperation to respond jointly to disasters
- ”Working as one supports responding as one”
- ”Mutual learning creates mutual capacity development”
- “Partnership and transparency”
- “Inclusive and for all - considering gender issues in all aspects”

Graphical profile

A graphical profile including a logo was developed in the early stages of the Inception phase in collaboration with the AHA Centre and the colours and shape were chosen to closely relate to the AHA Centre’s logo and style. The project, MSB, ERB and EU logos will be displayed in all templates and documentation. It will also be used in the communication and visibility materials and tools developed throughout the project cycle.

Social media presence

The project will strive to use existing social media channels, such as the AHA Centre’s and MSB’s social media platforms, in order to reach a relevant and targeted audience. The existing social media channels include Instagram, Twitter, LinkedIn, Facebook and YouTube. For traceability, the hashtag *#lacerproject* will be used for all project related posts. Published posts include information about the Consortium visit to the AHA centre in February 2020, the Webinar on Swedish Covid-19 National response, and workshop on the validation of the Capacity needs assessment, 1 October 2020.

Website

A project website is under development and will contain information about project activities, reports and news. Particular attention will be paid to language and style. A clear, simple and well consistent and precise terminology following EU standards will be adopted. The website will include links to the partners and a log in tool for the project management and experts involved. The website is expected to be launched in November 2020.³

Press releases

Press releases will be published on main events and activities and may be translated into local languages when necessary.

International day for Disaster Risk Reduction and LACER

An article was published 13 October on www.msb.se marking the International day for Disaster Risk Reduction. The article presented MSB’s international work relating DRR and the LACER project was presented as one of the examples in the text.⁴

7.2. Planned activities

7th European Civil Protection Forum

The Project has sent in a concept note regarding participation from the AHA Centre, ASEAN NDMO and the Consortium as panellists at the 7th European Civil Protection Forum in Brussels, 1 – 2 December 2020. The proposed topic is *“Regional responders in crisis – highlighting the increasing importance of partnerships between regional organisations in emergency response”*. This would be an opportunity to highlight the importance and role of the AHA Centre and ERCC as regional responders in crisis, exchange between the AHA Centre and ERCC through the EU SAHA programme, and promote brand awareness of the AHA Centre and visibility of the EU SAHA programme and LACER project. The

³ The URL is: www.lacerproject.eu

⁴ <https://www.msb.se/en/news/2020/oktober/international-day-for-disaster-risk-reduction/>

Concept Note addresses to DG EHCO can in itself be seen as a means for visibility, even if the event is cancelled due to the Covid-19.

Media contact list

In order to better disseminate project information to stakeholders and the public, a media contact list will be created including ASEAN partner countries' national authorities' press services and journalists.

Workshop on disaster risk management journalism

A workshop on Disaster risk management journalism is planned by the AHA Centre, and the LACER communication officer will be present. This will be an opportunity to present the project and a tool to create the communication network. The workshop is planned for October/November 2020.

List of Appendices

Annex A – LACER Capacity Needs Assessment – Scope and guiding principles

Annex B – Communication and visibility plan

Annex C – Graphic manual

Annex D – Activity plan with time-table of activities

Annex E – Monitoring and Evaluation Framework

Annex F – Risk- and risk management matrix