Real-Time Learning (RTL) for the COVID-19 global operation:

*Rapid response adaptability*
Acknowledgements

Appreciation first goes out to all the stakeholders interviewed across the five regions and Geneva. We realize that many of the stakeholders interviewed took valuable time from the COVID-19 operation to respond to our questions.

This pilot Real-Time Learning for the COVID-19 global operation has been carried out through a global PMER effort. Thank you goes to our PMER teams in Africa (Philip Komo Kahuho/Jackson Safari Kilonzo); Americas (Marie Manrique/Pradiip Alvarez/Wendy Soto/Wendy Arévalo/Laura Blanco); Asia Pacific (Audrey See Tho/Amritpall Singh Harminder Singh); Europe (Dorottya Patko/David Kohlmann); MENA (Nadine Haddad/Hamzeh Ababneh) and in Geneva (Miki Tsukamoto/Christine South).

Disclaimer

The views and opinions expressed in this article are those of authors mentioned above and do not necessarily reflect the official policy or position of the IFRC.
Context, methodology and limitations

Key and sub questions

Respondent demographics

% of respondents contributing to key topics

I. Appropriateness of profiles
   • Gaps, challenges & successes
   • Recommendations
   • Quotes

II. Effectiveness of finding profiles
   • Gaps, challenges & successes
   • Recommendations
   • Quotes

III. Sustainability
   • Gaps, challenges & successes
   • Recommendations
   • Quotes

Overlapping gaps & challenges

Trends
   • Overall
   • Regional

Table of contents
Context

To help improve the efficiency and effectiveness of the IFRC response to COVID-19, PMER is piloting a new “active learning” approach to carry out real-time learning on targeted areas of the response. This approach is informed by the global scope, scale and rapidly changing nature of the COVID-19 pandemic and the response.

This pilot aims to be further streamlined and repeated for other questions identified by management, at different points in the operation. This light and flexible approach substitutes the Real-Time Evaluation (RTE), which would be challenging to apply for this operation, but does not replace mid- or end point evaluations when the response is more stable.

Limitations

In view of a short timeframe and informed by the stakeholder needs suggested for this question, this RTL was mainly capturing feedback from Geneva or Regional Office levels. Limited feedback was captured from country level representatives, and none from National Societies.

This pilot was conducted within a short timeframe (14 days from the first interview to finalizing the report). This, paired with the large number of respondents, multiple questions, a large dataset and a virtual team working in different time zones created a challenging working environment.

Methodology

Regional and Geneva PMER focal points conducted short interviews (via online platforms) with 61 key informants from the five regions and Geneva. Interviews followed the same three groups of questions and took approximately 20 to 40 minutes.

The methodology of data processing and analysis is a combination of Jess Letch’s ‘RapidCode’ system and the ‘thematic network analysis’ qualitative method. Thoughts and ideas (inputs) provided by respondents were noted, forming a database of more than 1,100 data points. Each input was matched to the relevant question.

As a first step, interviewers reviewed all inputs and based on content, assigned a high-level key topic to each. Topics were then collectively honed and placed on a list covering all responses.

As a second step, interviewers summarized narrative input and extracted main points. This eased data management and crystallized and enabled grouping of key statements in the responses.

Finally, analysts from the team each had a question group for which they reviewed inputs topic by topic and extracted key analysis points. Key points describing successes, gaps/challenges or recommendations were identified.

Analysing the dataset by the central topics provided the framework for identifying overarching issues and creating a thematic network of key subjects raised by respondents.
Key question and sub questions

Question: How well is the rapid response process able to adapt to a global response of this scale?

I. Appropriateness of profiles
Q1: Are the profiles currently being used for the Surge mechanism suitable for the COVID-19 response?
Q2: Are the specific JDs/ToRs for these Surge profiles relevant to the operation in this region and globally?

II. Effectiveness of finding profiles
Q3: Where are the gaps or challenges in finding the right profiles for the current response?
Q4: What are the steps we can take to tackle these gaps or challenges?

III. Sustainability
Q5: How well are we placed to ensure longer-term HR for the ongoing response?
Q6: What would be the key profiles needed for the longer-term response sustainability?
Q7: How can we start planning for these longer-term profiles now?
Q8: Where do we see the main areas of concern on these longer-term profiles?
Q9: How best can we plan for these profiles in our operational strategy?
Respondent demographics

61 Interviews

Geneva 14
Americas 15
Asia Pacific 15
Europe 7
MENA 7
Africa 3

Respondents by type of profile/position

<table>
<thead>
<tr>
<th>Position</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Management</td>
<td>19</td>
</tr>
<tr>
<td>Management</td>
<td>17</td>
</tr>
<tr>
<td>Support Services</td>
<td>16</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
</tr>
<tr>
<td>Other Geneva-based technical staff (CEA, etc.)</td>
<td>3</td>
</tr>
</tbody>
</table>
% of respondents contributing to key topics

- Profiles needed
- JDs/ToRs
- Long-term planning
- HR mobilization
- Decision-making process/structure
- Remote working
- Profile-related gaps/challenges
- HR planning
- Long-term HR sustainability
- Funding sustainability
- Capacity building
- Communication/Coordination
- Capacity mapping
- Recruitment
- Learning
- Observation
- Recommendation
- Duty of care
- Humanitarian diplomacy
I. APPROPRIATENESS OF PROFILES – Gaps, challenges & successes

Remote working
- Remote working has worked well for those who are used to it (even across different time zones), while some others struggle and question its added value and efficiency.

HR mobilization
- Surge with right profile unavailable due to huge demand from all regions and agencies.

Funding sustainability
- HR plans done late because funding not allocated on time.

Profile-related gaps/challenges
- Longer onboarding process due to difficulty in getting surge with IFRC knowledge (even within those with NS experience).

Do the profiles meet the needs of the COVID-19 response?

Profiles needed
- Support services’ capacity underresourced.
- In a case in Americas, some profiles requested are beyond our capabilities (i.e., hospital management).
- NS support/relations, coordination, health (preparedness, clinical, surveillance, health promotion), PMER/IM, RM/PRD, CEA (community risk), comms, finance, logs profiles are needed (especially at country-levels).
- Overall, under-resourced across the regions, with more profiles needed at country or regional levels than global level as responses are happening domestically.

Overall, we are lacking in more technical profiles, such as health specialization/experts which are difficult to find because unavailable in surge catalogue.

Profile-related gaps/challenges
- Mixed results on right profile and match, as not all profiles we get are specific to pandemic need or country context (resulting in language/cultural clashes).

Funding sustainability
- We are slow to classify profiles, which makes implementation difficult.
- Surge less dedicated than long-term HR as surge mission is short and limited.

Profile-related gaps/challenges
- Despite Ebola and other emergency health experience, we are unprepared for pandemic and staff health gaps.

Funding sustainability
- Funding sustainability HR plans done late because funding not allocated on time.

Communication /Coordination
- Issues with communication within Geneva (Cell and Ops Coord), and between Geneva and regional offices.

JDs/ToRs
- ToRs generally relevant as a skeleton.
- Generic ToRs need to be amended by global and regional teams according to specific situational needs (e.g., context, remote working) or to available profiles.
- JDs seen as more relevant at regional and country levels.

Profiles with Ebola experience or other long-term IFRC experience somewhat helpful, despite COVID-19 being a different pandemic with different scale.

Overall, general surge profiles we get are technically strong, relevant and adaptable for current situation but some unsure if profile is best due to some gaps (e.g., different cultural/contextual understanding), but make do with what is available.

AP regional logs able to get good and suitable profiles within the region, but not at global level.

Gap of Geneva’s understanding of field realities is affecting coordination of COVID-19 (e.g., EPoA).
What steps can be taken to ensure the appropriateness of profiles?

I. APPROPRIATENESS OF PROFILES – Recommendations

Capacity mapping
• Need IFRC-wide HR strategy to recruit right people with IFRC knowledge and match them to right positions

Communication/coordination
• Management need to ensure ToRs state clear communication lines and circulated to all relevant people

Decision-making process/structure
• Rapid response mechanism is useful but needs flexibility to adapt to current situations and guidelines on how surge feeds into regular structure

HR Mobilization
• Internal staff should have led response with surge backing up key areas for business continuity (but this is currently not allowed in IFRC’s policy)

Humanitarian diplomacy
• Disaster law should intervene to remove movement restrictions for RCRC personnel by recognizing them as health workers and auxiliaries to the public authorities in the humanitarian field

JDs/ToRs
• Even after recruitment, ToRs and surge should remain amendable to needs according to rapidly evolving situations

Profiles needed
• Profiles need to be flexible to suit NS requirements
• Profiles should focus on areas/regions, not just one country
• We have to be clear on what is needed to avoid profile mismatch of expectations
• Profile needs for recovery phase will change and this requires a review
• Need people working with NSs at strategic level

Remote working
• Need SOP, more guidelines and training/roll-out on remote working (e.g. use of tools, time zone differences) – implementation starting in certain regions
1. APPROPRIATENESS OF PROFILES – Quotes

“The structure is the thing that’s wrong. We put second line (surge) out front leading and it should have been internal people leading and surge backing-up. A “separate” Cell was brought in to lead and this was the wrong choice…”

“We need the skillset - we need someone to do the job. We received a mix in this response. Some came not having the right match for the job. All the jobs identified are needed, the relevance of the position is there. Some of the profile had a match, while some didn’t…”

“We have to adapt our profile to the global pandemic. We are not ready for a global emergency. If we need these people, these people are domestically used. We didn’t find a profile for this pandemic as a team. Everything is based on a scenario and the scenario is not the case now…”

“For some they are, others they are not. Important to also consider the domestic response for profiles. Finance, RM and even PMER are useful profiles required in all operations. On health side, clinical profiles will be needed, and we may not necessarily have them…”

“I think that there is a missing link between what we need and what we get, hence creating a matching issue. We need to be clear on what we need…”

“There are no standard JDs/ToRs for these positions, and all had to be written from scratch (we managed to re-use an old Pandemic Preparedness one). This is a problem for each operation but needs to be solved, so we have standard JDs/ToRs that can be updated and not a time-consuming process to draw up and comment on each one…”

“Role profiles are fine for new teams (Geneva/field), but as we need to move from surge to existing staff, we need to reinforce these core positions role/JD…”

“We didn’t find a profile for this pandemic as a team. Everything is based on a scenario and the scenario is not the case now…”
II. EFFECTIVENESS OF FINDING PROFILES – Gaps, challenges & successes

What are the current gaps and challenges to find the right profiles?

**Remote working**
- Difficult to work remotely, especially when field presence required or for new staff from outside the Movement

**Time zone differences and travel restrictions**
- Hard to work remotely when there is a different culture

**Travel restrictions and time differences for the profiles who support Geneva and regions**
- Getting health profiles is challenging because most countries are overwhelmed and utilizing them in their own NSs

**HR mobilization**
- Current rapid response system does not work properly for global pandemic like COVID-19

**HR planning**
- The nature of COVID-19 is very quick and need to identify the gaps and get the right profiles in short period

**Duty of care**
- Challenges in supporting remote working, providing insurance and per diem

**Funding sustainability**
- Difficulties to have the right profiles and sustain funding for these profiles at the same time

**Duty of care**
- Challenges in supporting remote working, providing insurance and per diem

**Funding sustainability**
- Difficulties to have the right profiles and sustain funding for these profiles at the same time

**Long-term planning**
- PNSs and regions are not releasing profiles for surge and every NS and RO will be engaged in their own health programming

**Capacity building**
- Need to strengthen the health profiles in the region

**Decision-making process/structure**
- The organizational structure at Geneva and regional level is not clear and not aligned between different levels (and between COVID-19 structure and regular IFRC structure)

**Language requirements and barriers limit available profiles**
- Finding people who fulfill the different broad requirements in ToRs

**Too small global surge pool**
- Quick change in the availability of health profiles once COVID-19 became a pandemic

**Profile-related gaps/challenges**
- Lack of knowledge of RCRC/IFRC system

**Profile roles unclear to NSs**
- Lack of key profiles; PNSs need the key profiles domestically

**Recruitment**
- The surge alert not reaching deep enough; not inclusive and open enough, sometimes the alert staying at high level (President of NS), and not reaching volunteers

**Sudden increase in work volume was unexpected and unprecedented on every level**
- Managed to find all people needed for our organizational chart; we have not relied on global surge system for deployments, but only to authorize people who are already in Nairobi to support the response

**The high demand for health profiles domestically and competition between regions and agencies for the best candidates**
- The rapid response system does not work properly for global pandemic like COVID-19

**Language requirements and barriers limit available profiles**
- Finding people who fulfill the different broad requirements in ToRs

**Profile-related gaps/challenges**
- Lack of knowledge of RCRC/IFRC system

**Profile roles unclear to NSs**
- Lack of key profiles; PNSs need the key profiles domestically

**Decision-making process/structure**
- The organizational structure at Geneva and regional level is not clear and not aligned between different levels (and between COVID-19 structure and regular IFRC structure)

**JR/ToR**
- JDs are designed for physical presence, and not suitable for COVID-19's nature

**The written JDs/ToRs might differ from the real responsibilities; expectations should be managed**

Epidemic expert
- Procurement
  - IM
  - CEA
  - PMER
  - Comms
  - Grant management
II. EFFECTIVENESS OF FINDING PROFILES – Recommendations

What steps can be taken to address the gaps and challenges in finding the right profiles?

Capacity building
• Strengthen NS capacities within the region regarding the health profiles. Provide a training package for the missing skills in health to be able to recruit profiles with the needed competencies. Establish guidelines for surge to log lessons learnt and good practices

Capacity mapping
• Maintain a live mapping system of available surge resources and ongoing mapping for existing resources in the NSs

Communication/coordination
• Geneva should lead on HR policies for surge and unify communication channels

Decision-making process/structure
• Establish a new surge structure to support local/national expertise, since the traditional surge system is very delegate-centric and the current crisis is global.
• Create and implement agreements between NSs for peer support to each other

Duty of care:
• Focus on staff mental health during the surge support

Funding sustainability
• Find ways to build regional capacities and to fund them instead of global surge

HR mobilization
• Establish technological tools to share knowledge and improve remote work modalities
• Mobilize existing resources within NSs and as peer support for other NSs to mobilize resources

HR planning
• Enhance flexibility of contracting mechanisms to use resources from outside RCRC
• Map existing HR at country level (in and out of NS) to strengthen NSs’ capacities and fill HR gaps
• Improve preparedness for HR planning before the crisis, e.g. HR polices, strategic planning and contracting mechanism to be ready for a COVID-19 crisis

Humanitarian diplomacy
• Create alliances with governments to facilitate visa processes and travel flexibility

JDs/ToRs
• The existing JDs/ToRs can be used as starting points but add remote working dimension to fit COVID-19 and add flexibility to suit current situation
• Identify positions which allow people from outside the Movement to quickly join and come up to speed

Long-term planning/Long-term HR sustainability
• Strengthen HR and regular programs, especially health in emergencies
• Clarify roles and responsibilities of a surge member and their understanding of IFRC’s and NSs’ mandate
• Localize positions due to movement restrictions

Profile-related gaps/challenges
• As a short response, use remote surge and move internal staff to fill the profile gaps. Have flexibility and adaptation for new support modalities
• Expand IFRC HR databases to include more health and pandemic related experts
• Utilize the existing surge within the region and extend the surge period

Profiles needed
• Find profiles to match the region in term of culture, context and language
• Hire strategic-level profile to work with NS on high level to clarify the NS role and align the roles with the NS’s strategies

Recruitment
• Identify relevant profiles from universities, institutions and set-up predefined rosters to establish a pool of profiles

Remote work
• Promote remote working surge for profiles such as comms, which can be fully integrated into IFRC Comms; match the region’s time zone with surge time zone
• Promote remote working policy, tools and guidance

General Recommendations
• Prepare good handover and welcome pack for delegates
• Create IFRC delegate/surge alumni to discuss and solve surge limitation
II. EFFECTIVENESS OF FINDING PROFILES – Quotes

“What we are missing is somebody to take on the coordination function. There have been many coordination challenges, and it is taking too long…”

“Appeal came quite late for COVID-19 and so at the beginning we don’t have any money to deploy, so we relied on the larger PNSs with money to send. Difficulty on budget and our system to speed up the funding for hiring…”

“You improvise with what is available at hand and you make the surge system work for it: Use local resources…”

“Move into long-term thinking. We used existing capacity and shifted them to COVID-19.”

“There was a remote preparedness profile already in the system. In the future, develop remote profiles further, prepare better JDs and ToRs, have more people available in this role…”

“The question is how to feed these surge profiles into the working structure of the already existing teams, e.g. Health, DRR, DCPRR... It is unclear…”

“ToRs are built for physical presence, so they need to be revamped as asking for someone remote is different than asking for a delegate on site…”

“Advocating disaster law and other advocacy on humanitarian diplomacy to have exceptions and exemptions for RCRC personnel…”

“Major issue now is that HR plan from beginning has been poor. Poor due to. 1) Lack of understanding how Surge functions with HR 2) Too many people in decision making process 3) Lack of system to allocate funding to different structures (global, region, country), with a need to prioritize accordingly…”
III. SUSTAINABILITY – Gaps, challenges & successes

Countries are at different pandemic phases so HR needs will differ from the country level and the NS. Funding projections for an HR plan in the next 6 to 12 months or longer needs to be made. Profile planning dependent upon this.

<table>
<thead>
<tr>
<th>HR planning</th>
<th>Over-stretched resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR mobilization</td>
<td>NSs are doing a good job currently managing COVID-19</td>
</tr>
<tr>
<td>Balance expectations from HQ and field in view of workload</td>
<td></td>
</tr>
<tr>
<td>Duty of care</td>
<td>Staff need to be properly covered (e.g., health cost, per diem, hotel) during the quarantine period.</td>
</tr>
<tr>
<td>Not for fair volunteers to be deployed without insurance</td>
<td></td>
</tr>
</tbody>
</table>

Need to address how regular responsibilities be covered during COVID-19 in view of operation’s needs and available resources.

IFRC structure is NOT resilient to sudden changes and a global emergency.

Concerned about the right and available people to be deployed. Dutiful care (PPE, PSS & rest) needs to also be considered or we will even have less available resources.

Need to prioritize country level response and vulnerable countries with ongoing crisis (e.g., Yemen). Adaptation needed for IFRC policies and rules, including volunteer policies for COVID-19.

Unclear how decisions are being made, and what the criteria is to allocate and manage COVID-19 funding.

What are the sustainability gaps and challenges?

<table>
<thead>
<tr>
<th>Capacity building</th>
<th>Capacity mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Societies are asking for more webinars trainings (IMPACT, PER, emergency comms, IM etc)</td>
<td></td>
</tr>
<tr>
<td>We did not learn from past evaluations/learnings to prepare for COVID-19</td>
<td></td>
</tr>
</tbody>
</table>

Long-term HR sustainability

Funding is always project-related, short and not sustainable.

Good funding, supply chain and quality experienced people in all positions are essential.

We are well placed with our IFRC network to fill positions.

Analysis and wider mapping needed of resources available and/or needed for COVID-19. Even with resources, we cannot continue to address all operational needs.

Strong and experienced Head of Operation needed to determine key profiles.

Profiles needed

Important to match profiles to NS needs.

Gaps in standard (PMER, Finance, Health, Logistics, Communications) and needed profiles (pandemic preparedness, virologists, hospital care, RCCE, Donor reporting, tech experts, data scientists, NS in emergencies, FWRS and risk management etc).

More agility is needed in HR procedures. Hiring takes time. No talent pool for all positions.

Recruitment

Tendency to deploy same people.

Lack of sectoral and leadership profiles needed for this operation. Need a talent roster for all levels.

Profile-related gaps/challenges

Not many profiles available with the language requirements needed.

Already late on planning. Clear, realistic planning is needed with long-term funding.

Flexibility is needed in creating longer-term contracting (6 to 12 months) for this operation.

Need to think about how the existing resources will address COVID-19, but also non-COVID-19 situations.

Cultural shift is needed to include Risk-Based Thinking and/or positions in this operation (To Respect Do No Harm).
What steps can be taken to address sustainability gaps and challenges?

**Capacity building**
- Need to increase local capacity and knowledge to deal with COVID-19, down to the local branches.
- Training is needed on IFRC procedures and systems for recruited staff for COVID-19.
- Run virtual IMPACT courses for surge staff.
- Train on remote management and PSS for managers.
- Give opportunities and mentor people who have not been deployed before.

**Capacity mapping**
- Map capacity of resources available within the RCRC Movement and look for longer-term profiles.
- Conduct and use an "inventory" of NS's capacities.
- Utilize volunteer pools as a resource.
- Find appropriate tools useful for COVID-19.

**Communication/Coordination**
- Better coordinate profiles between GVA and Regions, and across all technical areas, to avoid competition and improve coordination and communication.

**Decision-making process/structure**
- Reduce surge profiles and transition them into the IFRC programming structure in 6 to 12 months. This emergency should evolve into a bigger pandemic preparedness programme.
- Prioritize country-level responses (CO/CCST levels) and vulnerable countries with ongoing crises like Yemen.
- More centralised top-down decision making is needed to decide what is and isn't prioritized in terms of HR requests. The system that feeds Senior Management needs to be streamlined to provide clear advice for decision making and to avoid risk aversion.

**Duty of care**
- Staff must be properly covered during the quarantine period (example: health costs, receive proper per diem, hotel costs, etc)- it is part of duty of care.
- Also note, if people get burned out or drop out, it will be difficult to replace them.

**Funding sustainability**
- Ensure that there is sufficient budget allocated in each regional EPOA and that these profiles are prioritized in the response plan and operational strategy.
- Plan a funding strategy for HR that is flexible and can fund both short-term and long-term positions for COVID-19.
- Support National Societies in their domestic fund raising in the longer-term as this will be vital for their sustainability.

**HR Mobilization**
- Expedite onboarding process for surge profiles.
- Rosters need to have staff who speak the regional languages and can travel in regions.
- Look at skill diversity especially for DCPRR and Health. More than one staff is needed in the region with the same expertise.
- Use the global surge system to authorize people who are already in regional offices to support the response.

**HR Planning**
- Ensure the HR planning for profiles fits the structure of the Emergency Appeal and the Federation-wide plan and budget.
- Develop a realistic HR Plan in the next 6 to 12 months, in negotiation with regions that is based on available and foreseen funding.
- Continue to develop the talent pool that has professionals, vetted by HR who are on stand-by for this response.
- Additional people are needed to support the same positions, as some people will be overworked with the additional tasks of addressing COVID-19.
- Focus on local resources and former RCRC staff/volunteers.
- Promote shared leadership amongst PNS with specific technical roles in an operation to step up and coordinate across Movement actors with a dotted line reporting to IFRC.
III. SUSTAINABILITY—Recommendations 2/2

What steps can be taken to address sustainability gaps and challenges?

Learning
- Better mechanism for capturing learnings and to stay in tune with how National Societies are living with this epidemic.
- Increase the sharing of experiences between National Societies and regions like AP, who have been managing COVID-19 operations for some time; with those National Societies who are just starting to deal with COVID-19.

Long-term HR sustainability
- Positions should be longer-term to be able to secure people, as there is a high demand for same profiles.
- Rely on internal, existing resources, rather than on external ones.
- Localize and recruit more national staff.

Long-term planning
- Use existing staff, capacity and function for COVID-19, before going for new recruitment.
- Continue the HR model of a talent pool, as it is a valuable resource during an emergency.
- Open long-term positions already, since the process is long and will need to meet accountability and transparency needs.
- Make the HR process faster, as it takes more than one month to hire personnel once the deadline for application has closed.
- Back ups should be established for the COVID-19 activities of all sectors relevant to the operation (Ops Mgt, Public Health in Emergencies, PMER, IM RCCE, Pandemic Preparedness etc), so those designated can quickly take up their operational roles.
- Find staff to move from surge to longer term HR positions (3-6 months) and to be available to follow the phase or location of the outbreak in the regions/subregions.
- IFRC needs to be selective on how it will support National Societies in the next 12 months.
- Recruit people on the ground to audit IFRC’s regular mode of operation, both COVID-19 and non-COVID-19 related.

Profile-related gaps / challenges
- Profiles should be longer term (at least 3 months), so activities can better transition into the 2nd phase of the operation.
- Search for available profiles with RCRC experience, knowledge and the right skills/competencies.

Profiles needed
- Maintain key positions (Health, RCCE, Ops and Logistics etc.), prioritize Support Services (HR, Finance, PMER, Federation-wide reporting and Logistics etc), and seek experts in pandemics preparedness, virologists, IT (to support locally community engagement etc.
- Find profiles within the IFRC network who have worked with the RCRC Movement before and are familiar with policy and procedures to maintain an efficient process.
- Long term profiles for technical sectors also needed.
- Profiles need to be matched to NS needs.

Recruitment
- Fast track recruitment for COVID-19.
- Use talent pool for all positions in operation, not only higher-level positions (Ops managers and HoO).
- Funds needed so that recruitment processes can be activated in certain regions.
- Language skills needs to be considered when selecting profiles (Spanish speaker for the Americas).

Remote work
- Use more e-learning for National Societies.
- Need good planning and flexibility if RCRC Movement continues to work remotely in this operation.
III. SUSTAINABILITY – Quotes

“The structure should follow the strategy. Need to look at a horizontal approach, not vertical, regarding the COVID-19 team. We need to build the existing HR solution. Increase existing capacity, the country offices need support, (build our structure, using existing capacity to support a crisis like COVID, but need to develop the capacity in the regions and countries)...”

“We have an audit team but no one to look at health/other programming risk. Where does this fit? Needs to be added so we don’t kill people in communities! Need to have this institutional discussion around our ethical responsibilities...”

“I am concerned about co-occurrence with natural or man-made disasters. For example, should there be a very bad flood situation or other calamity in an already COVID-affected country, the impact and possibility of greater transmission will be increased exponentially...”

“There is a very big disproportion between number of health staff in Geneva compared to the regions. In Geneva, it is currently 22-25. Should move capacities towards ROs and CO/CCSTs. Decentralization!”

“This makes sure that all regions are connected to the most experienced Ops managers and asking them questions from their experience. Get their input on anything and everything because they are going to help you plan for long term and plan for all operations roll out...”

“We have to figure out the volunteer insurance situation. We have volunteer insurance that covers volunteers around the world, but it does not cover pandemics. This is really dangerous work and volunteers are not insured. It is not fair to deploy delegates that are insured along with volunteers without insurance who are more exposed. There needs to be equity in our duty of care.”

“Can we ensure we have longer-term contracts rather than constant rotations of short-term contracts. Three months is ok but would be ideal if there were 6 – 12 month contracts...”

“I believe some people may already have a long-term HR plan in mind but in reality, it is all about the money to cover the role (funding availability and allocation of COVID-19 funding)...”
This diagram shows how different groups of issues (key topics) relate to the problem of appropriateness, effectiveness and sustainability, based on when respondents mentioned them. Two important points to highlight: the topics flagged (in red) which relate to every aspect, meaning that these topics could be important areas of reflection for these three aspects of the COVID-19 operation. Finally, it is interesting to see that key informants see capacity mapping, organizational learning and previously detailed challenges of long-term HR sustainability as key issues to consider for the sustainability of this operation.
<table>
<thead>
<tr>
<th>Region</th>
<th>Overall trends 1/3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>Need for a clear, shared (GVA and Regions) and fast decision-making process + Better communication and coordination</td>
</tr>
<tr>
<td>Africa</td>
<td>Strong operational leadership, clear guidance and quick decision making needed.</td>
</tr>
<tr>
<td>Americas</td>
<td>A strong, experienced head of operations is needed to get buy in from management including GVA and to move decision forward quickly.</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>A collaborative global process should be implemented to avoid decisions being taken unilaterally.</td>
</tr>
<tr>
<td>Europe</td>
<td>Some lines of communication unclear between GVA and APRO. Balance needed for GVA to understand field realities and APRO to understand GVA decisions to avoid misunderstandings.</td>
</tr>
<tr>
<td></td>
<td>Relation and integration between Geneva and regional level unclear. We need a clear and fast decision-making process.</td>
</tr>
<tr>
<td></td>
<td>Establish a new structure to support the local/national expertise. Since the traditional surge system is very much delegate centric and the current crisis is global.</td>
</tr>
</tbody>
</table>

**Overall Trends 1/3**

More explanation on region-specific trends is on the “Trends by region” slides below. Click on the region’s name for the corresponding slide.

<table>
<thead>
<tr>
<th>Geneva</th>
<th>Early recruitment of profiles in health. Reliance will be on using internal staff/resources for this operation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Our hiring should go beyond the surge system. Consider using IFRC delegate/surge Alumni.</td>
</tr>
<tr>
<td>Americas</td>
<td>The Surge recruitment process needs to be improved... Widening the search, creating alliances within and outside the movement, etc.</td>
</tr>
</tbody>
</table>
| Asia Pacific| Surge system is still very dependent on international delegates, and this response points out its flaws. │
| Europe      | Difficult to find 100% match for the profile required because of the competition.                        |
|             | Establish a new structure to support the local/national expertise. Since the traditional surge system is very much delegate centric and the current crisis is global. |

**ALL Units are important. Priority for COVID-19 is:**

- Health
- Finance
- Data related (IM, PMER, Data Scientist, IT)

**Early recruitment of profiles in Health.** More Data Scientists, people skilled in AI and Tech solutions may be needed. Increased workforce needed in PMER, Finance, HR etc.

**For COVID-19, that would be Health and Information Management for data-related tasks.** A health coordinator with a health structure underneath them.

**Agreement that core support service positions in all operations should be Finance, PMER, IM, IM doing remote work prior to emergency; IM networks useful to share learnings ...**

**Key profiles are still missing / need reinforcement:** Coordination, IM, PMER, CEA, Comms, Logs, plus Health, but with NSD/Public Health/CBHFA/Strategic Focus!
## Overall trends 2/3

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>HR funding plans need to cover the next 12 months or beyond current EA. Clarity needs to be provided on how funding will be allocated/managed across global/regions and countries.</td>
</tr>
<tr>
<td>Africa</td>
<td>Inadequate funding is a challenge to long-term planning. Planning can only happen within the limit of the funding available.</td>
</tr>
<tr>
<td>Americas</td>
<td>Sustainability of the Ops in the region can't be guaranteed with the current allocation of funds. Not all NSs will receive financial support from the secretariat.</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>HR plans funding dependent. Priority for surge that comes with funding, even if international and less suitable.</td>
</tr>
<tr>
<td>Europe</td>
<td>Sustainability of even key positions is a big concern. There is a small pool, a short surge period, a risk of burnout, and most of all because available funding for key positions is short term.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>HR planning and strategy need to be long-term.</td>
</tr>
<tr>
<td>Africa</td>
<td>There is a need to adjust hiring for some long-term positions and this requires long-term planning or pre-hiring.</td>
</tr>
<tr>
<td>Americas</td>
<td>We need HR capacity mapping ASAP. We need a live, continuously updated information source of available surge capacities. Do effective and proactive networking to find profiles!</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>HR future planning and funding projections for the HR needs for the next months.</td>
</tr>
<tr>
<td>Europe</td>
<td>Long-term profiles for technical sectors also needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>ToRs and individuals should be flexible/regularly revised to adopt/meet changing needs.</td>
</tr>
<tr>
<td>Africa</td>
<td>Flexibility is already needed to adapt the operational strategy to meet NS needs in the short and long-term.</td>
</tr>
<tr>
<td>Americas</td>
<td>Profiles that are flexible and able to adapt to the changing need of the operation.</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>Even after recruitment, ToRs and surge should remain amendable to needs according to the rapidly evolving situations.</td>
</tr>
<tr>
<td>Europe</td>
<td>ToRs/JDs were relevant as skeleton, and successfully modified. Due to the changing situation, they need to be revisited and revised regularly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>The surge mechanism is useful but needs the flexibility to adapt to current situations and guidelines on how surge feeds into a regular structure.</td>
</tr>
</tbody>
</table>

*Overall, sustainability of funding is key for long-term planning and strategy.*
## Overall trends 3/3

<table>
<thead>
<tr>
<th>Region</th>
<th>Guidance/modalities for remote working need to be defined</th>
<th>Profiles that have a good understanding of regional &amp; NS context</th>
<th>Widen/specialize training and expedite onboarding for surge and remote hiring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneva</td>
<td>We are still in the process of understanding what remote working is and its challenges.</td>
<td>It is also important for some profiles, e.g. health profile to have a good understanding of the context of the regions and gaps in NS.</td>
<td>Newly recruited COVID-19 staff or rapid response personnel need to be trained ASAP on IFRC procedures and systems.</td>
</tr>
<tr>
<td>Africa</td>
<td>Good regional practices: Guide for Remote Surge Support created; and health staff working remotely has been productive.</td>
<td>Good regional practices: requesting NSs to provide information on volunteer/staff availability in key areas (building on what is done pre-hurricane season).</td>
<td>Scarce specialized surge training in the Americas (PMER, health in emergencies); decentralization of resources (e.g. ERUs) could positively contribute to changes in the IFRC.</td>
</tr>
<tr>
<td>Americas</td>
<td>Train managers on managing teams remotely, including on how to provide psychosocial support.</td>
<td>Through Red Ready and PER, develop capacities (Health, Logs Development, Comms, IM) of NS who have better context and are more invested than external surge.</td>
<td>Expedite onboarding and broaden HR pool by online training (e.g. IMPACT)</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>Remote surge modalities must be developed for future. Guidance and tools for remote work developed.</td>
<td>Decentralize HR capacities - move closer to NSs! Think about integrating COVID-19 work into existing NS programs. Build on NSs own initiatives! Utilize PER approach.</td>
<td>Training on IFRC procedures and systems for recruited staff for COVID-19. The Virtual IMPACT course for surge staff is one of the recommendations.</td>
</tr>
<tr>
<td>Europe</td>
<td>Recommendation for the profiles needed: Profiles should focus on areas/regions, not just one country;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Decision-making process: Strong operational leadership, clear guidance and quick decision making needed to address present and future COVID-19 response needs.

Planning: In view of the nature of this pandemic, flexibility is already needed to adapt the operational strategy to meet National Society needs in the short and long-term.

Funding Sustainability: Related HR funding plans need to cover the next 12 months, and even beyond the current EA. Clarity needs to be provided on how this funding will be allocated and managed across global/regions and countries.

Long-term HR sustainability: HR strategy, prioritization and planning should take place for short and long-term positions as soon as possible, including the prioritization of funding for HR needs.

Recruitment: Focus will be on dedicating internal IFRC staff/resources to COVID-19, but further reflection needs to take place on how needs in other emergencies (Yemen, Syria) will be met and to what extent needs in development programmes will be met.

Availability of profiles: Skilled surge staff exist within the IFRC network, but travel restrictions, competition in the market, and National Society's own domestic responses has limited the availability of staff.

Profiles Needed: For this pandemic, further to the usual suspects it was felt that early recruitment of profiles in health, such as in pandemic preparedness and virology could have been useful. In view of the increasing data and remote working needs for this operation, data scientists, tech experts, people skilled in artificial intelligence, as well as risk management may also be needed. If this pandemic continues, an increased workforce may be needed in support services areas, such as PMER, Finance, HR and Logistics etc.

Training and Resources: Newly recruited COVID-19 staff or rapid response personnel need to be quickly trained on IFRC procedures and systems.
Profiles Needed: COVID-19 response needed profiles that are flexible and able to adapt to the changing need of the operation. It is also important for some profiles, e.g. health profile to have a good understanding of the context of the region and gaps in NSs. Key profiles are health and Information Management for data related tasks.

Availability of profiles: With the high demand of some profiles, as well as the need to balance capacity, caliber and availability of individuals, our hiring should go beyond the surge system. Proposed way forward includes using IFRC delegate/surge Alumni who would be available to provide support where needed.

Long-term planning: There is a need to adjust hiring for some long-term positions and this requires long term planning or pre-hiring. A strong, experienced head of operations is needed to think about such plans and work closely with HR to make this plan, get buy-in from management and move such decision forward quickly.

Cross-Learning: For operations of such magnitude, it is good to have an extra-regional connection to the most experienced operation managers to get their input and plan for long-term profiles as well as rolling out the operational plan.

Long-term Funding and sustainability: Inadequate funding is a challenge to long-term planning and especially when funding comes earmarked for other functions and not coordination. Planning can only happen within the limit of the funding available.

Remote working: This has been necessitated by ongoing travel restrictions and we are still in the process of understanding what remote working is and its challenges. For profiles that can work remotely, there is need to look for profiles that are within the same or in close time zones.
**Duty of Care** for IFRC staff and NS volunteers and staff entails physical and mental health: 1) providing PPE and insurance to volunteers; 2) allowing rest to prevent burn out; 3) developing a plan to evacuate staff who are in extreme situations.

Due to the **lack of clarity on the initial allocation of funds to the Americas**, a collaborative global process should be implemented to avoid decisions being taken unilaterally. The sustainability of the operation in the region cannot be guaranteed with the current allocation of funds. All available resources in the region have been activated and not all NSs will receive financial support from the Secretariat.

The **Surge recruitment process needs to be improved** by 1) actively widening the search; 2) creating alliances with PNSs, ICRC, the UN system, MoH, universities and other partners (particularly for technical profiles: hospital management, epidemiologists); 3) giving opportunities to people with no previous deployment experience; 4) creating a list of pre-identified personnel (similar to the HCO/ HCCST pool); 5) ensuring that Surge alerts are reaching enough people, including a dedicated section for Surge alerts on the public IFRC jobs website; 6) determining if English skills are really needed.

**Training and Resources**: Scarce specialized surge training in the Americas (PMER, health in emergencies); decentralization of resources (e.g. ERUs) could positively contribute to changes in the IFRC.

General agreement that **core support services positions** in all operations should be Finance, PMER, IM, with some mention of HR.

**Disaster Law is key**: opening humanitarian corridors to move goods and people (safe conduct), particularly when some NS will require in-person support.

**Good regional practices**: 1) requesting NSs to provide information on volunteer/staff availability in key areas (building on what is done pre-hurricane season); 2) Guide for Remote Surge Support created; 3) IM doing remote work prior to emergency; 4) health staff working remotely has been productive.
## Trends by region – Asia Pacific 1/2

<table>
<thead>
<tr>
<th>HR mobilization</th>
<th>Recruitment &amp; ToRs</th>
<th>Duty of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Losing good candidates due to IFRC’s process slow and rigid, but still testing new rapid response procedure</td>
<td>✓ Health and support services (HR, PRD, PMER, IM, communications, logistics development) underresourced</td>
<td>✓ Should train managers on managing teams, including providing PSS</td>
</tr>
<tr>
<td>✓ Roster limited to the usual profiles (need to expand to experts in NSs and more leadership profiles)</td>
<td>✓ Generic ToRs are amended by teams according to specific situational needs or to available competencies</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td>✓ Generic ToRs are amended by teams according to specific situational needs or to available competencies</td>
<td>✓ ToRs and surge should remain amendable to needs according to the rapidly evolving situations</td>
<td>✓ Required function to support IM remotely</td>
</tr>
<tr>
<td>✓ Surge with IFRC experience and contextual understanding important, even in the technically experienced</td>
<td></td>
<td>✓ Should train managers on managing teams, including providing PSS</td>
</tr>
<tr>
<td></td>
<td>✓ Delay in deployment due to Appeal launch lag, and now cannot mobilize due to restrictions and high demand</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Should rely on experienced internal staff to lead with surge as backup</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Should reassign the roles of existing staff and prolong surge terms to support gaps</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Need humanitarian diplomacy to enable movement of staff and goods</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Forced to work remotely but some positions (e.g. OpsCoord) needed in person for engagement in country</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Need SOP and training on working remotely, including use of tools and time zone differences</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ Recommended use of GO platform for easier EPOA sharing</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
<tr>
<td></td>
<td>✓ IM networks useful to share learnings and support IM remotely</td>
<td>✓ Should ensure proper care for surge to prolong their timeframes</td>
</tr>
</tbody>
</table>
| **Comm / Coord** | ✓ Some communication lines unclear between Geneva and APRO (e.g. income allocation) and within APRO as response coordinated by surge with limited experience in role and institutional connections
✓ Need balance for Geneva to understand field realities and APRO to understand Geneva’s decisions to avoid misunderstandings
✓ HR plans funding dependent – priority for surge that comes with funding, even if international and less suitable
✓ Should delegate more RM authority to countries, who work more closely with NSs
✓ Should rely on shared leadership with PNSs for scale-up of operations
✓ No need for new structure – should reinforce existing structure and embed COVID/pandemic
✓ Surge system is still very dependent on international delegates, and this response points out its flaws
✓ Through Red Ready and PER, should develop capacities (health, logistics development, communications, IM) of NSs who have better context and are more invested than external surge
✓ May be too late to train NS now, but should rely on former IFRC staff based in countries or capable NS staff/vols and provide local understudies to enable learning
✓ **Countries**: need profiles in HoO, health (PandPrep), livelihoods, PMER/IM, OpsCoord, comms, CEA, PRD, NSD
✓ **APRO**: need profiles in pandemic preparedness, PSS, logistics development, PRD/RM
✓ Concerned about staff surplus after operation ends
✓ Should start to fast-track long-term recruitment now
✓ Should integrate COVID-19 into existing programmes as an approach
✓ Need minimum of one year contracts as it takes time to engage NSs |

**Trends by region – Asia Pacific 2/2**
ToRs/JDs were relevant as skeleton, and successfully modified, but due to the changing situation, need to be revisited and revised regularly!

Overall some relevant profiles were found, but it is very difficult to find 100% match for the profile required, because of the competition for experts, low number of required experts in the pool, specific language requirements, lack of knowledge of RCRC/IFRC system, JDs requiring too broad skills and PNS experts needed domestically.

 Expedite onboarding and broaden HR pool by online training (e.g. IMPACT)

We need HR capacity mapping ASAP, but also including country level. We need a live, continuously updated information source of available surge capacities. Do effective+provocative networking to find profiles.

Decentralize HR capacities, move closer to NSs! Think about integrating COVID-19 work into existing NS programs. Build on NSs own initiatives. Utilize PER approach.

We need balance between the global IFRC strategy and NS needs.

Existing profiles need to be maintained. Key profiles are still missing / need reinforcement: coordination, IM, PMER, CEA, comms, logs, plus health, but with NSD /public health /CBHFA / strategic focus!

Remote surge modalities must be developed for the future. Guidance and tools for remote work have been developed.

Sustainability of even key positions if a big concern, small pool, surge period short, risk of burnout, and most of all because available funding for key positions is short term and project-based (like always).

Better predictability and planning is needed for positions (for the organization and for people in the positions). Allow extended surge if necessary.

Relation and integration between cell and regular positions, and between Geneva and regional level unclear. We need a clear and fast decision-making process. IFRC systems and structure not resilient enough.
The Need to increase the local capacities and knowledge to deal with COVID-19 crisis, training on IFRC procedures and systems for recruited staff for COVID-19. The Virtual IMPACT course for surge staff is one of the recommendations.

Promote resource mapping within the region to avoid travel restriction, time zones differences and language barriers.

Enhance coordination and align strategy between Geneva and regions, and better coordination roles with PNSs, for complementarity across the operation.

Establish a new structure to support the local/national expertise. Since the traditional surge system, it is very much delegate centric and the current crisis is global.

Surge with right profile unavailable due to huge demand from all regions.

Internal staff should have led the response with surge backing up key areas for business continuity (but not allowed in IFRC policy).

Use the learning from COVID-19 for HR future planning. Take in consideration that HR needs vary depending on the pandemic phase at the county level or NS level.

ToRs generally relevant as a skeleton. Generic ToRs are amended by global and regional teams according to specific situational needs (e.g. context, remote working) or for available profiles. Even after recruitment, ToRs and surge should remain amendable to needs according to the rapidly evolving situations. Also, JDs seen as more relevant at regional and country levels.

Getting the right profiles is challenging either because the skillsets are scarce or because of individual availability and the uncertainty of pandemic challenges to this operation. The Surge mechanism is useful but needs the flexibility to adapt to current situations and guidelines on how surge feeds into a regular structure.

All surge needed profiles are currently occupied domestically in their countries. At the same time, surge profiles deployed to the region are strong technically, relevant, and adaptable for the current situation, but there could be gaps related to culture, language and contextual understanding.

A challenge exists in finding specialized profiles related to COVID-19 as a global pandemic e.g. pandemic health specialist, Grant Management, Finance, DM, CEA, Procurement, Comms, Health, RCCE, Donor Reporting, Pandemic Preparedness, Virologists, NSD in emergencies, expertise in issues with Risk Management, Resilience, PMER and IM.

Recommendation for the profiles needed: 1) To be flexible to suit NS requirements; 2) Profiles should focus on areas/regions, not just one country; 3) Clear on the profiles needed and expectations; and 4) Localization of surge needed and 5) long term profiles for technical sectors also needed.

Travel restrictions and lockdown due to COVID-19 affect the activities which need a field presence. Working remotely is one of the recommendations for the rapid response team to consider, as well as time zone differences. E-learning is another solution.

The COVID-19 work volume was not expected at the regional and global level, and even at local (NS's) level. It has affected the recruitment process and IFRC and PNS's lack of experience in this area has made the situation more complicated.
For further information on Real-Time Learning (RTL) for the COVID-19 global operation, please contact:

IFRC PMER, Policy, Strategy and Knowledge Department
Miki Tsukamoto, Monitoring and Evaluation Coordinator
Tel: +41 (0)22 730 4524
Email: miki.tsukamoto@ifrc.org

This presentation is published by

International Federation of Red Cross and Red Crescent Societies
P.O. Box 303
CH-1211 Geneva 19
Switzerland

Tel: +41 22 730 42 22
Fax: +41 22 733 03 95