

SIPA Capstone Report 2021

As Local As Possible

COVID-19 impacts on localisation efforts and humanitarian response

Project Title:

As Local As Possible

*COVID-19 impacts on localisation efforts and humanitarian response:
Opportunities for the Association of Southeast Asian Nations (ASEAN)
Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre)*

Client Organisations:

United States Department of Defense,
Center for Excellence in Disaster Management & Humanitarian Assistance (CFE-DM)

in collaboration with

Association of Southeast Asian Nations (ASEAN)
Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre)

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I. List of Acronyms

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACE	AHA Centre Executive Programme
ACDM	ASEAN Committee on Disaster Management
ADINET	ASEAN Disaster Information Net
AHA	ASEAN Coordinating Centre for Humanitarian Assistance on disaster management
AMS	ASEAN Member States
APG	AADMER Partnership Group
ARDEX	ASEAN Regional Disaster Emergency Exercise
ARMOR	ASEAN Risk Monitor Reports
ASDMP	ASEAN Science-based Disaster Management Platform
ASEAN	Association of Southeast Asian Nations
CFE-DM	U.S. Department of Defense Center for Excellence in Disaster Management and Humanitarian Assistance
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
DELSA	Disaster Emergency Logistics System for ASEAN
DMRS	Disaster Monitoring and Response System
DRR	Disaster Risk Reduction
ERAT	ASEAN Emergency Response and Assessment Team
GMI	Global Mentoring Initiative
HELIX	Humanitarian and Emergency Logistics Innovation Expo
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
NDMO	National Disaster Management Organisations
NGO	Non-Governmental organisation
PCR	Polymerase Chain Reaction
PDC	Pacific Disaster Center-Global
PP&A	Plans, Programs, and Analysis
PPE	Personal Protective Equipment
PVT	Private
SASOP	Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
SIPA	Columbia University's School of International and Public Affairs
UN	United Nations
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USINDOPACOM	United States Indo-Pacific Command
WHO	World Health Organisation

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1. Executive Summary

In 2011, the Association of Southeast Asian Nations (ASEAN) established their Coordinating Centre for Humanitarian Assistance on disaster management, known as the AHA Centre. The organisation prepares for and assists in disaster management and emergency response between ASEAN member states and other humanitarian actors. The COVID-19 pandemic impacted humanitarian logistics, necessitating a sector-wide shift towards building local disaster management capacities and resiliency. This shift requires a deeper involvement between locals and the humanitarian agencies to address local voices in their work to make efforts as local as possible. This process's success lies in government agencies' efforts, civil society, unilateral organisations, international non-governmental organisations, and multilateral organisations.

As part of an ongoing collaboration with Columbia University, School of International and Public Affairs (SIPA), the Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) requested the SIPA team to connect the mission of the AHA Centre to leverage localisation in their work. This required stakeholder analysis to (i) determine how localisation evolved, particularly since the beginning of the COVID-19 pandemic, (ii) define the role of the AHA Centre to operationalize local efforts and analyze sustainable methodologies, and (iii) reflect on adaptations of the broader Southeast Asian humanitarian system.

A mixed-methods research approach integrated both qualitative interviews and quantitative surveys to complement findings. The research explores perspectives from key stakeholders in the humanitarian sector. These informants and respondents include ASEAN member states and other governmental bodies, donors, international organisations, including United Nations (UN) and non-UN affiliated, local, national, and non-governmental organisations, national societies, and other community partners.

Localisation is a process of recognizing, respecting, and strengthening the independence of leadership and decision making of local actors in humanitarian and disaster response. Local actors include national actors, sub-national actors, local authorities, local communities, and local civil society organisations. The seven dimensions of practice include strong quality of funding, equitable partnerships, institutional capacity, participation of all members of society, increased influence in coordination, visibility of efforts, and direct influence on policy.

The study illustrates the complexities as well as the opportunities that exist within the network of partners. This includes recommendations on improving coordination and training, civil society organisation engagement, and adaptations the humanitarian sector can take. Local partners need to be empowered to make relevant decisions about disaster prevention and mitigation. National actors can support local responses and coordinate state-wide responses. ASEAN builds regional capacity for nations to share resources. International organizations, along with partner nations, and donors, can work with the AHA Centre to directly meet the needs of local organizations.

2. Background Information

2.1 Introduction to ASEAN

The Association of Southeast Asian Nations (ASEAN), established in 1967, is a regional intergovernmental organisation that consists of ten Southeast Asian member states (AMS): Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam. The purpose of ASEAN is to promote economic growth, social and cultural cooperation, and peace and security.¹ ASEAN comprises over 600 million people in one of the most natural disaster-prone regions: at high risk of floods, typhoons, droughts, earthquakes, tsunamis, volcanic eruptions, and disease outbreaks. Compounding factors include population growth, migration, urbanization, water and sanitation, and drug resistance.² The scale and severity of natural disasters in the region led ASEAN to systematize disaster risk management in 1976 with the Declaration on Mutual Assistance. In 2003, ASEAN formed the ASEAN Committee on Disaster Management (ACDM) as the core disaster management policy-making body. The ACDM signed and ratified the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) in December 2009, a legally binding regional agreement – which established the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) as its operational institution in 2011.³

The AADMER Work Plan is the guiding program behind the efforts of the AHA Centre. Since the inception of AADMER, two Work Programmes for 2010-2015 and 2016-2020 established regional initiatives to mitigate the impact of disaster and climate change. Based on the foundation of the previous two programs and current trends, the Work Programme 2021-2025 recognized the critical role of local actors in disaster response and risk mitigation. Guided by the localisation principle, the new work programs set the mission to “*enhance and support ASEAN’s disaster risk reduction and disaster management capabilities through inter-sectoral cooperation, capacity building, scalable innovation, resource mobilization, new partnerships, and stronger coordination among the ASEAN member states.*”⁴

2.2 Stakeholder Clients

2.2.1 AHA Centre

The AHA Centre serves to receive and consolidate data, analysis, and recommendations from the designated National Focal Points (agencies responsible for disaster management) and the ASEAN member states and disseminate data on the risk level of identified hazards states.⁵ The Centre collaborates with ASEAN development partners: Australia, China, the European Union, Germany, Japan, New Zealand, Switzerland, and the United States of America. Additionally, they partner with international organisations, the private sector, and civil society organisations. Partners include the United Nations, the AADMER Partnership Group (APG), Save the Children, World Vision, and the International Federation of the Red Cross and Red Crescent (IFRC).⁶ AHA Centre is primarily involved in three areas of disaster management: disaster monitoring, preparedness and response, and capacity building. These three strategies embody the “**One ASEAN One Response**” declaration “to facilitate and coordinate

¹ Chung-in Moon, “ASEAN | Definition, History, & Facts,” Encyclopedia Britannica, accessed March 15, 2021, <https://www.britannica.com/topic/ASEAN>.

² Richard J Coker et al., “Emerging Infectious Diseases in Southeast Asia: Regional Challenges to Control,” *Lancet (London, England)* 377, no. 9765 (2011): 599–609, [https://doi.org/10.1016/S0140-6736\(10\)62004-1](https://doi.org/10.1016/S0140-6736(10)62004-1).

³ Daniel Petz, “Strengthening Regional and National Capacity for Disaster Risk Management: The Case of ASEAN,” 2014, <https://www.brookings.edu/research/strengthening-regional-and-national-capacity-for-disaster-risk-management-the-case-of-asean/>.

⁴ ASEAN Secretariat, “AADMER Work Programme 2021 - 2025” (ASEAN, December 2020), <https://asean.org/storage/AADMER-Work-Programme-2021-2025.pdf>.

⁵ AHA Centre, “FAQ AHA Centre,” 2020, <https://ahacentre.org/frequently-asked-question/>.

⁶ AHA Centre, “About Us,” AHA Centre, accessed March 15, 2021, <https://ahacentre.org/about-us/>.

ASEAN's effort in reducing disaster losses and responding to disaster emergencies as ONE, through regional collaboration, national leadership and global partnership in disaster management.”⁷

2.2.1.1 Disaster Monitoring

The AHA Centre works with the National Disaster Management Organisations (NDMOs) of all ten ASEAN member states (AMS) in disaster risk management. The Centre aids communities in harm reduction by identifying hazards before impact and enabling early warning and response. Their systems of early disaster identification “accelerate[s] the activation of early warning alerts to reduce potential losses in the face of disasters.”⁸ The Centre utilizes the Disaster Monitoring and Response System (DMRS) of ASEAN to disseminate near-real-time hazard data (i.e., casualties and socio-economic effects, responses by humanitarian actors, and hydrometeorological data, such as wind direction and speed, clouds, sea temperature, etc.) to AMS and other humanitarian actors in the region.⁹ The tool can help predicate damages by adding the information “such as basic population density data, location of airports and seaports, and major roads and infrastructure.”¹⁰ DMRS was implemented through a partnership with the Pacific Disaster Center- Global (PDC), an applied science information center based in Hawaii.

Another tool utilized by the AHA Centre is the ASEAN Disaster Information Net ([ADINET](#)), a crowd-sourced repository of information concerning hazards and disasters, vetted by the AHA Centre. The ASEAN Science-based Disaster Management Platform (ASDMP) is an information technology tool that connects science research and policymakers to collaborate around disaster risk reduction (DRR).¹¹ The annual ASEAN Risk Monitor Reports (ARMOR) curates DRR community-wide research and practices to establish collaborative efforts through the humanitarian sector.

2.2.1.2 Preparedness and Response

To improve the region's preparedness and response capabilities, the Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) was established. The SASOP also includes templates, procedures, and methodologies for disaster emergency coordination. To practice, evaluate, and review the SASOP, The ASEAN Regional Disaster Emergency Exercise (ARDEX), is a bi-annual simulation exercise. Under the SASOP, the ASEAN Standby Arrangements were highlighted. This agreement covers earmarked assets and capabilities, such as search and rescue directory, military and civilian assets, emergency stockpiles of disaster relief items, and disaster management expertise and technologies. Affected member states can request these from other AMS in times of disaster. Additionally, the AHA Centre established the Disaster Emergency Logistics System for ASEAN (DELSA) and set up warehouses in Malaysia, Thailand, and the Philippines to increase the speed and scale at which disaster-stricken regions across ASEAN can utilize immediate resources.¹² These efforts localise logistical resources to facilitate the movement and deployment of key disaster resources.

2.2.1.3 Capacity Building

The AHA Centre continues to build capacities to respond to disasters in all ten AMS together with the NDMOs. The two main programs to support this mission are the ASEAN-Emergency Response and Assessment Team (ERAT) and the AHA Centre Executive (ACE) Program. The ERAT, composed of participants from NDMOs, related government authorities, civil society, and the International Federation of Red Cross and Red Crescent Societies are trained to support the NDMOs of an affected

⁷ AHA Centre.

⁸ AHA Centre, “Disaster Information Management,” AHA Centre, 2020, <https://ahacentre.org/disaster-information-management/>.

⁹ AHA Centre, “ASEAN Disaster Information Network,” accessed April 1, 2021, <https://adinet.ahacentre.org/>.

¹⁰ AHA Centre.

¹¹ ASEAN Secretariat, “ASEAN Utilises ICT to Enhance Disasters Management,” ASEAN | ONE VISION ONE IDENTITY ONE COMMUNITY, December 7, 2017, <https://asean.org/asean-utilises-ict-to-enhance-disasters-management/>.

¹² AHA Centre, “AHA Centre Annual Report 2019” (AHA Centre, August 12, 2020), <https://ahacentre.org/publication/ar2019/>.

country in the initial rapid response during the initial hours to weeks of a disaster. The core functions of the ERAT are to assess and estimate the scale, severity, impact, and needs; facilitate assistance from other AMS, and assist the NDMOs in coordination.¹³ ERAT members both deploy within their respective countries and deploy to neighboring AMS when required. In coordination with the government of Japan, the ACE program seeks to develop disaster management leaders in the ASEAN region. One of the ACE program's main goals is to integrate localisation efforts within the ASEAN region by establishing disaster management professionals within each AMS. The program provides on-the-job training and capacity building in disaster management for personnel from the AMS.¹⁴ The 2016 SIPA capstone team reviewed the ACE Programme with a focus on civil-military coordination and provided recommendations for the enhancement of the ACE curriculum. Their recommendations included strengthening UNOCHA's (United Nations Office for the Coordination of Humanitarian Affairs) civil-military training with an integration of the ASEAN context, establishing a database of their alumni, incorporating an elective English for Specific Purposes class, and training AHA Centre staff to train other trainers on exercise planning and civil-military coordination.

2.2.2 Client Spotlight: CFE-DM

The United States Department of Defense Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) is a coordinating partner with the AHA Centre. The partnership includes knowledge sharing, training, and capacity building. The CFE-DM's mission is to “build crisis response capacity, enhance coordination and collaboration, and strengthen relationships to save lives and alleviate human suffering before, during, and after humanitarian crises.”¹⁵ CFE-DM prioritizes its efforts and collaboration in the Indo-Pacific region, which is prone to disasters. The organisation reports to the U.S. Indo-Pacific Command (USINDOPACOM). Through one of their main Lines of Effort, Plans, Programs, and Analysis (PP&A), CFE-DM seeks to streamline civil-military coordination and reduce regional duplication of efforts.¹⁶

2.3 Imminent Threats and Unforeseen Issues

2.3.1 The COVID-19 Pandemic

Health officials identified the novel coronavirus in late 2019. The disease caused by this virus, known as COVID-19, rapidly spread throughout the world, resulting in a global pandemic that closed borders and disrupted supply chains. While each country has chosen to respond to the pandemic in different ways, the United Nations, specifically through the World Health Organisation (WHO), has coordinated a collective plan.¹⁷ Strategic actions were considered for safety and health in handling challenges due to the threat of COVID-19. Throughout the crisis, the AHA Centre is exploring policies and operational and logistical responses. Some interviewees expressed concern for future epidemics and pandemics in Southeast Asia, which could be exacerbated by natural disasters. They have noted that it was fortunate that a significantly consequential natural disaster did not strike the region in 2020, during the earliest and most challenging months of the COVID-19 pandemic.

¹³ AHA Centre, “ASEAN-Emergency Response and Assessment Team (ASEAN-ERAT) Guidelines,” March 22, 2018, <https://ahacentre.org/publication/asean-erat-guidelines/>, AHA Centre, “ASEAN-ERAT FAQ,” February 9, 2018, <https://ahacentre.org/publication/erat-faq/>.

¹⁴ AHA Centre, “AHA Centre Executive Programme,” 2016, <https://ahacentre.org/wp-content/uploads/2016/11/File-ACE-Programme.pdf>.

¹⁵ Center for Excellence in Disaster Management & Humanitarian Assistance, “About CFE-DM,” accessed March 15, 2021, <https://www.cfe-dmha.org/About>.

¹⁶ Center for Excellence in Disaster Management & Humanitarian Assistance.

¹⁷ “Strategy and Planning,” World Health Organization, 2021, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-and-plans>.

“Particularly in the Asia-Pacific region, to which is, by all accounts, the most disaster-prone region... I think we were very lucky to see over the past year that there was not any large scale, national, regional, sudden onset shock just after that required a mobilized local and international response. I think that would be an interesting stress test of whether the new mantra and architecture is in fact, adaptable enough.”¹⁸

2.3.2. Natural Hazards

In Southeast Asia, climate change is a compounding issue. The economic development changes, urban population growth, and energy demand further pressure a region with extreme natural disasters and rising land and ocean temperatures. Average temperatures in Southeast Asia have risen every decade since 1960. According to the Global Climate Risk Index, Viet Nam, Myanmar, the Philippines, and Thailand are among ten countries in the world most affected by climate change in the past 20 years.¹⁹ Climate change could also cause diseases such as malaria and dengue fever in more northern countries such as Lao PDR. Regional typhoons, torrential rains, and storm surges affect densely populated cities, especially economically marginalized people, a key target audience for the AADMER 2021-2025 Work Plan.

In 2018, half of the 281 natural disasters occurred in the Asia-Pacific region, including eight out of ten deadliest.²⁰ Climate change and potential epidemics require the humanitarian sector to prepare for an increase in natural disasters in Southeast Asia. The pandemic reduced direct contact between affected groups and [international] humanitarian actors.²¹ In some locations, local actors and national governments deliver aid.²² One of the leading organisations, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), partners with ASEAN to assist with humanitarian response plans during COVID-19.²³

¹⁸ Interview 8, interview by SIPA Capstone Team, March 11, 2021, 8.

¹⁹ Prakash, Amit, “The Impact of Climate Change in Southeast Asia,” *IMF Finance & Development Magazine*, September 2018.

²⁰ AHA Centre, “Research Proposal for Academic Partnership Programme with Center for Excellence (CFE) in Disaster Management and Humanitarian Assistance,” 2020.

²¹ ACAPS, “COVID-19 Impacts on Humanitarian Programming,” ACAPS, 2020, <https://www.acaps.org/report-thematics/covid-19-impacts-humanitarian-programming>.

²² Adeso Africa, “Nexus’ Response to COVID-19,” August 10, 2020, <https://adesoafrika.org/nexus-response-to-covid-19/>.

²³ UNOCHA, “Global Humanitarian Response Plan COVID-19” (United Nations Office for the Coordination of Humanitarian Affairs (OCHA), March 28, 2020), <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>.

3. Landscape of Localisation

3.1 Humanitarian Aid

Humanitarian aid is an integrated system providing critical resources to uphold social, cultural, and economic integrities for nations in the face of disasters. The sector's standards are based on coordination and planning by several international, national, and local actors. Coordination phases include assessment and planning, sourcing and resource mobilizations, international transport and storage, in-country transport and storage, distribution, and preparedness. Crucial stakeholders are the affected population going through the disaster and receiving the initial aid. National governments designate coordination of response, humanitarian agencies assist, institutional – multilateral and national – and private donors fund the operations, and commercial suppliers provide the necessary products and services. In large scale disaster relief, a UN agency collaborates with the International Federation of Red Cross and Red Crescent Societies (IFRC) and international non-governmental organisations (INGOs), such as Save the Children. All these different entities coordinate assistance for those who need it.²⁴ Additionally, militaries provide essential heavy assets and equipment, and media helps bring attention to the crisis and relief.

Humanitarian aid requires a strong preparedness plan to save time, reduce costs, determine critical stakeholders and processes, and maintain the necessary infrastructure. Investing in preparedness builds staff capacity, streamlines working processes, implements knowledge sharing and information sharing systems. Assessment planning mitigates needs and protects infrastructure during a disaster. When disaster strikes, information is slow, and access is limited in affected areas, and actors must immediately respond through planned logistical coordination.

Response efforts include trained personnel, office space, food, equipment such as generators, vehicles, and communication tools. However, a bottleneck of resources might cause a lag in the local supply chains to get needed services to the local communities. Part of managing inventory includes managing equitable distributions, waste and damaged items, and overflow of resources.²⁵ The sudden changes brought on by the COVID-19 pandemic showed the reality of upholding local capacities. Where larger international organisations cannot assist on the ground, their logistical roles change from in-person assistance to building local actors' capacity and sharing information and best practices. The supply chain needs to be flexible and agile to meet the needs of affected communities.

“It’s a matter of building and rebuilding relationships, and then building an understanding with the government counterparts of what the process looks like, are they comfortable with it? Do they consent to this process, and then support them as they interact with other national actors?... People need to collaborate, part of the capacity is really advocating the government, you do need to be working with other actors... smaller NGOs, and civil society if you are going to have... rapid response to a disaster, no one organisation will have the resources to do it.”²⁶

²⁴ “What Is the Cluster Approach?,” Humanitarian Response, accessed March 16, 2021, <https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach>.

²⁵ AHA Centre, “HELIX2021,” HELIX2021, 2021, <https://helix.ahacentre.org/>.

²⁶ Interview 11, interview by SIPA Capstone Team, March 11, 2021.

3.1.1 Trends in Localisation with Civil Society Organisations

Localisation is an international process to empower local actors in humanitarian assistance. At the 2016 World Humanitarian Summit, leaders declared that humanitarian action be “as local as possible, as international as necessary.”²⁷ This definition highlighted the disparities among international humanitarian actors, UN agencies, international non-governmental organisations, and local humanitarian actors in disaster management. Since there is no universal definition, stakeholders debate the different interpretations of localisation.²⁸ The concept of localisation has transformed since 2016. In monitoring and evaluating the progress of locally-led responses, Global Mentoring Initiative (GMI) proposed seven dimensions of localisation, see *Figure 1* (below).²⁹

Figure 1: Seven Dimensions of Localisation³⁰

Seven dimensions of localisation



Local organisations “can reach disaster zones swiftly, and with their understanding of the local languages, cultures, geography, and political realities, they can readily grasp the needs in the communities and formulate solutions tailored to each context.”³¹ For example, according to Development Initiatives, “direct funding to local and national humanitarian groups declined from 3.5% in 2016 to 2.1% in 2020.”³² Most funding for humanitarian response goes to INGOs and is limited to local levels. Traditionally, international organisations indirectly fund local actors. The role of international groups is changing as the focus on local capacity building and redirection of funding has increased so local organisations can appropriately respond to crises.

3.1.2 The Role of Civil Society Organisations

One of the key stakeholders in disaster management and a driving force of localisation are the civil society organisations (CSOs), which include non-governmental organisations (NGOs), community groups, faith-based organisations, and professional associations.³³ CSOs are on the ground, enabling them to have strong connections with local communities and gain access to

²⁷ United Nations, “As World Humanitarian Summit Concludes, Leaders Pledge to Improve Aid Delivery, Move Forward with Agenda for Humanity | Meetings Coverage and Press Releases,” July 24, 2016, <https://www.un.org/press/en/2016/iha1401.doc.htm>.

²⁸ Veronique Barbelet, “As Local as Possible, as International as Necessary: Understanding Capacity and Complementarity in Humanitarian Action,” ODI, November 26, 2018, <https://www.odi.org/publications/11238-local-possible-international-necessary-understanding-capacity-and-complementarity-humanitarian>.

²⁹ K. Van Brabant and S. Patel, “Localisation in Practice Full Report V 4” (Global Mentoring Initiative, June 2018), <https://reliefweb.int/sites/reliefweb.int/files/resources/Localisation-In-Practice-Full-Report-v4.pdf&sa=D&source=editors&ust=1615831968051000&usg=AOvVaw26ATCvu8FjW6WkjINl6b73>.

³⁰ “The Start Fund, Start Network and Localisation” (Start Network, August 3, 2017), <https://startnetwork.org/resource/start-fund-start-network-and-localisation>.

³¹ “The Power of Local Leadership in Emergencies,” Oxfam International, August 31, 2020, <https://www.oxfam.org/en/power-local-leadership-emergencies>.

³² The Editorial Board, “Opinion | Foreign Aid Is Having a Reckoning,” *The New York Times*, February 13, 2021, sec. Opinion, <https://www.nytimes.com/2021/02/13/opinion/africa-foreign-aid-philanthropy.html>.

³³ “WHO | Civil Society,” WHO (World Health Organization), accessed April 7, 2021, http://www.who.int/social_determinants/themes/civilsociety/en/.

most affected areas.³⁴ In ASEAN region, the AADMER Partnership group (APG), one of the CSOs network, is recognized by ASEAN as a partner on disaster management. The APG contributed to the enhancement of localisation through CSO Consultation Process for the Drafting of the AADMER Work Programme 2021-2025. APG proposed to strengthen localisation through multiple approaches, including renewing the ACDM-CSO Partnership Framework, building national and subnational capacity, and enhancing local partnerships, as well as offering to take a lead on drafting a regional strategy for localisation in the next AADMER Work Programme.³⁵ The goal of localisation is to improve humanitarian disaster response by empowering those who are directly affected by disasters. To strengthen communities and balance the scales of decisions making, efficient local and external responses are complementary. This allows for the humanitarian process to remain cost-effective, swift, and adaptable for improvement.

“ASEAN has huge variations in capacity, which variations in hazard profile, which I think is a bit difficult. Because AHA is very small, in terms of numbers of people. So, I mean, the only way to really leverage a small number of people to have a big impact is ... localisation and capacity-strengthening where your intent from the beginning is some kind of sustainable outcome.”³⁶

3.1.3 Gender-Inclusive Indicators

Climate policies target the lives of people who are directly affected by the risks of disaster. Organisations work with local communities to collect data mostly through methods of censuses, labor force surveys, household surveys, measurements of income aggregated by sex, financial records, and administrative records. In times of crisis, this data prepares humanitarian workers to strategize support efforts. Before implementing certain policies or programs, it is important to establish local attitudes to make sure they are equitable. To incorporate local voices, it’s important to determine the power imbalances that exist among gender, migration status, religious affiliations, and marginalized identities. These indicators specifically look at balance of power, labor, and income in the household and decision-making processes.³⁷ Inclusive measurements can be applied to other marginalized groups in society to ensure policies incorporate all actors.

³⁴ Van Brabant and Patel, “Localisation in Practice Full Report V 4.”

³⁵ APG document “CSO Consultation Process For The Drafting Of The AADMER Work Programme 2021-2025 Summary Note” (AADMER Partnership Group & ICVA, n.d.).

³⁶ Interview 11.

³⁷ “Gender and Indicators,” UNDP, December 16, 2015, <https://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/gender-and-indicators.html>.

4. Methodology

Participants shared their organisations' work around the three themes of how localisation shifted since the pandemic, how the AHA Centre can leverage local actors to create meaningful capacity, and how the broader humanitarian system continues to adapt. The study illustrates how humanitarian organisations define and apply their work to localisation, through themes, stakeholders, and processes that can speak to humanitarian assistance and disaster risk management. In this report, the following terms were defined as the following:

1. National organisations include all non-governmental organisations, civil society organisations, and local community actors; and
2. INGOs include all external, international organisations operating and providing in-country assistance.

4.1 Desk Research

The desk research was under remote settings, with most access through web-based multimedia resources. Examples of these resources are videos, journal articles, organisations' websites, and online seminars. Background research on the AHA Centre and ASEAN consisted of a literature review of partnering organisations, humanitarian response, coordination, and disaster response. The research explored how coordination can help localisation efforts for capacity building during critical humanitarian responses to disasters. The initial desk research provided an overview of the AHA Centre, external stakeholders, the concept of localisation, humanitarian aid and response mechanisms, and disaster management methods. This preliminary desk research established themes for further field research, conducted through interviews and surveys, in tandem with data collection and an analysis of all interviews and surveys.

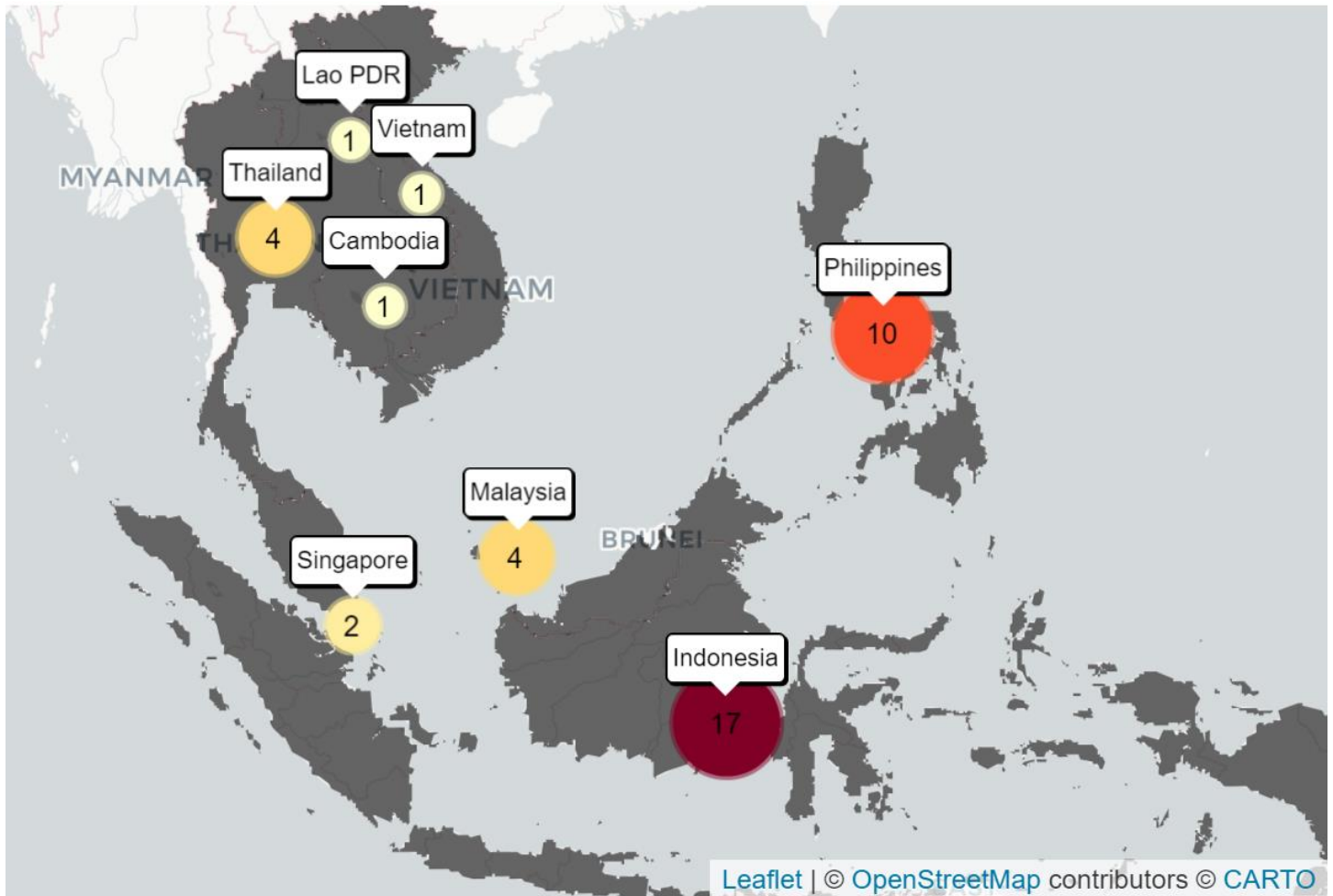
4.2 Interviews

The study involved a cross-sectional examination of a variety of expert opinions across humanitarian actors, including AMS and other governmental bodies, international partners and donors, international organisations, local national and non-governmental organisations, national societies, and other community partners. Semi-structured interviews elicited responses that addressed the critical research questions while still providing interviewees flexibility to share their insight on issues and explore innovative solutions to disaster management efforts. AMS, ACDM, and donor countries provided national perspectives. International actors included the UN and non-UN affiliated organisations, regional organisations, partners of the AHA Centre, and local organisations.

The AHA Centre reached out to their affiliates in INGOs and ASEAN to provide interviewees. CFE-DM also provided additional contacts within the Southeast Asia region. The faculty supplemented the initial list of contacts with members in their network working within the humanitarian field. Lastly, the interviewees referred the team to more affiliates in humanitarian organisations; the team connected either by interviews or by sharing the survey. For a full list of interview respondents, refer to Appendix 2.

Map 1 (below) indicates where all the interviews and survey respondents worked at the time of the field research. Out of 43 total survey responses, three were outside the ASEAN region. All interviewees operate within the ASEAN region. See Appendix 4 for a List of Survey Respondents.

Map 1: Location of interviewees and survey respondents

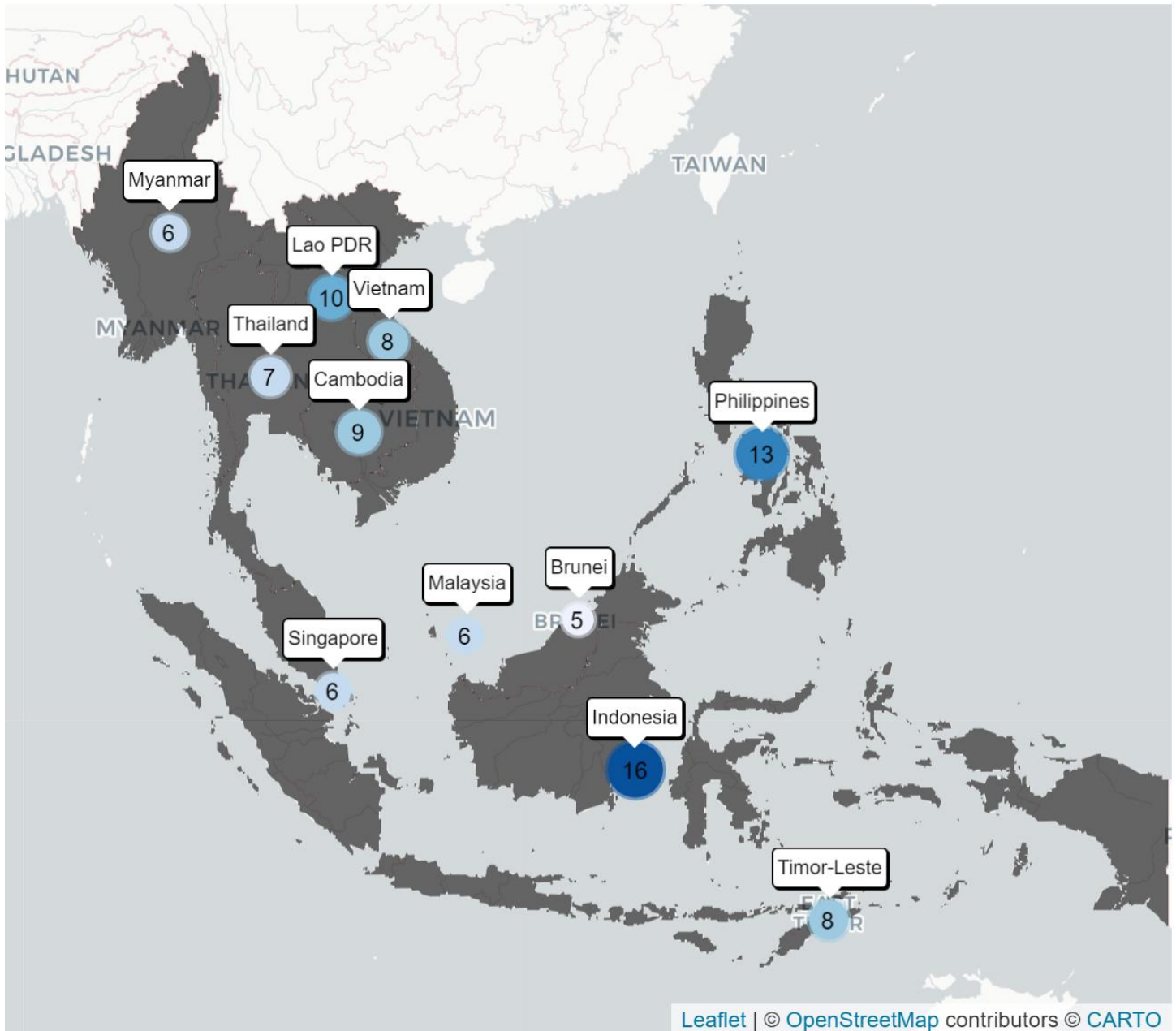


4.3 Remote Surveys

To complement the interviews, a quantitative survey was dispersed across the interviewees' organisations. A broad range of responses beyond the interviewee's perspectives. The group distributed the surveys to the ACE and the ERAT personnel across the ten ASEAN member states. Surveys provided generalized opinions that enabled quantitative tools such as factor analysis to aggregate themes in survey responses. Basic demographic information such as the organisations they work for and the countries they work in was also collected. See Appendix 4.

Map 2 (below) shows the geographical distribution where the survey respondents indicated they directly or indirectly work in. Some of the respondents cover the entire ASEAN region whilst others work in specific countries only.

Map 2: Countries where interviewees directly or indirectly work



4.4. Analysis

Qualitative analysis reflects long-term trends shared by interviewees. The themes emerged out of coded analysis of these conversations. Quantitative data provides a present-day snapshot of themes, metrics, and values that established near-term ideas. *Table 1* (below) shows the number of informants for each category of international or national organisations. These forms of analysis established the findings and recommendations in Section 5 and 6.

Table 1: Category of Survey and Interview Informants

Category of Informants	Interviews	Surveys	Total
National ³⁸	11	10	21
International ³⁹	9	13	22

4.5 Project Constraints

During the design and implementation stage, constraints influenced the quality of the results of the interviews and surveys, potentially obscuring the analysis based on these results. The discussions and surveys were all conducted in English rather than the local languages. ASEAN member states have their official and regional languages. Although the English was suitable for all international organisation staff, the language barrier excluded vital local informants from the study. After consulting with the AHA Centre, it was noted that one of the impediments in coordination work is the language barrier arising from local dialects. Due to time constraints, the study did not employ translators to conduct the interviews and surveys in local languages, which may result in systematic exclusion.

The results of the study did not have an even geographical distribution across the ASEAN countries of interest. The investigation initially focused on the five nations of Cambodia, Lao PDR, Indonesia, Myanmar, and the Philippines. The ongoing COVID-19 pandemic caused travel restrictions and impeded the field research and the face-to-face interviews with specific organisations or government staff from focus nations. The current survey results may not reflect the comprehensive picture of the localisation status in the ASEAN region.

Furthermore, it was difficult to contact a wide range of key informants and survey respondents in local and national organisations and government. The different political environment and situation in each country determined their attitudes that some nations were open to talking to us while others were not. Additionally, the unrest in Myanmar impeded outreach with informants.

³⁸ Includes governments, local NGOs, and nationally appointed leaders of societies of red cross/crescent.

³⁹ Includes national chapters of INGOs.

5. Findings

5.1 Localisation

5.1.1 Concept of Localisation

The 2016 World Humanitarian Summit was a major development in localisation efforts.⁴⁰ The *Table 2* details some of the concepts around localisation and local actors. The diverging interpretations of localisation speak to the diversity of understandings and perspectives on this key issue across the world.

Table 2: Humanitarian organisations and their concepts around localisation

Organisation	Definition	Geographical region
Australian Red Cross and Humanitarian Advisory Group (2017) ⁴¹	“Localisation is a process of recognizing, respecting and strengthening the independence of leadership and decision making by national actors in humanitarian action, in order to better address the needs of affected populations.”	Pacific islands (Fiji, Papua New Guinea, Tonga, and Vanuatu with additional input from Australia, New Zealand, and Cook Islands)
IFRC (2018) ⁴²	“The specific objectives of localisation are to increase investment in local actors and to improve partnerships and coordination between international and local responders.”	Global
Grand Bargain ⁴³ 2017	Local and national non-state actors: “organisations engaged in relief that are headquartered and operating in their own aid recipient country and which are not affiliated to an international NGO.” National and sub-national state actors: “State authorities of the affected aid recipient country engaged in relief, whether at local or national level.”	Global
Trócaire and Groupe URD (2017) ⁴⁴	“Localisation of humanitarian aid is a collective process by the different stakeholders of the humanitarian system (donors, United Nations agencies, NGOs) which aims to return local actors (local authorities or civil society) to the center of the response with a greater, more central role.”	Myanmar and Democratic Republic of Congo

⁴⁰ “Localization of Humanitarian Action: From Grand Bargain to Grand Betrayal • The Global,” The Global, September 9, 2020, <https://theglobal.blog/2020/09/09/localization-of-humanitarian-action-from-grand-bargain-to-grand-betrayal/>.

⁴¹ Ayobi Yaseen et al., “ARC Localisation Report” (Australian Red Cross, October 2017), https://www.redcross.org.au/getmedia/fa37f8eb-51e7-4ecd-ba2f-d1587574d6d5/ARC-Localisation-report-Electronic-301017.pdf?sa=D&source=editors&ust=1618255076645000&usg=AOvVaw3ohbgkBaSngBUffiK_Q3-u.

⁴² IFRC, “IFRC Policy Brief – Localization.”

⁴³ “Categories for Tracking Direct as Possible Funding to Local and National Actors” (Inter-Agency Standing Committee IASC, December 13, 2017), https://interagencystandingcommittee.org/system/files/categories_for_tracking_direct_as_possible_funding_to_local_and_national_actors_003.pdf?sa=D&source=editors&ust=1618254635936000&usg=AOvVaw3k_wDZEjphTKtZIG8knGYP.

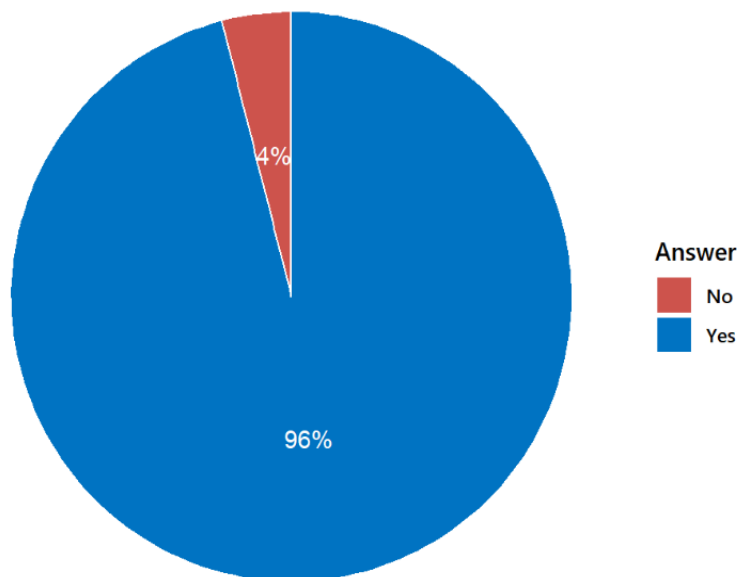
⁴⁴ Véronique de Geoffroy and François Grunewald, “More Than The Money: Localisation in Practice” (Trócaire and Groupe URD, July 2017), https://www.grandbargain4ngos.org/upload/more-than-the-money-full-report_5b28deb171df6.pdf?sa=D&source=editors&ust=1618254338149000&usg=AOvVaw3podIUu6DTDRXYOtAlzmmb.

Localisation Concept: Localisation is a process of recognizing, respecting, and strengthening the independence of leadership and decision making of local actors in humanitarian and disaster response. Local actors include national actors, sub-national actors, local authorities, local communities, and local civil society organisations.

The study illustrates key informants' interpretations of localisation to develop a working definition of localisation in the ASEAN region. As shown in *Figure 2*, 96% of survey respondents agreed with the call of the summit for humanitarian action to be “**as local as possible, as international as necessary.**” However, since then, there has been no agreed-upon definition of localisation in the international community.⁴⁵

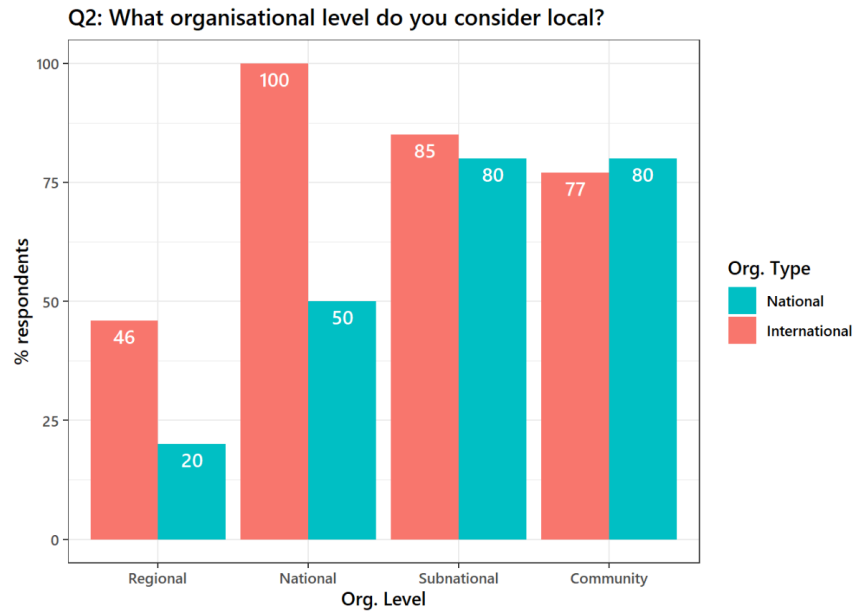
Figure 2: Definition of Localisation

Q1 Do you agree with this definition of localisation that humanitarian action is 'as local as possible, as international as necessary'?



⁴⁵ IFRC, “IFRC Policy Brief – Localization,” International Federation of Red Cross and Red Crescent Societies, January 5, 2018, <https://media.ifrc.org/ifrc/document/ifrc-policy-brief-localization/>.

Figure 3: What is considered “local”?



The definition of localisation depends significantly on each organisation’s scope and scale of engagement. International organisations deem national organisations as local, while local actors are at the sub-national and community levels from national actors’ perspective. As one interviewee stated, “[localisation] is one of those words that if you apply [at a] different scale, you will also get a different definition... When we talk about localisation, this is one perspective because [it] will have the organisation’s perspective. ... that’s very important because different levels have, what I call, a different scale of understanding or scale of engagement.”⁴⁶ As illustrated in Figure 3, 100% of survey respondents from international organisations consider national actors as local, while 50% of national organisations regard national actors as local. Instead, respondents from national organisations view sub-national and community levels as local.

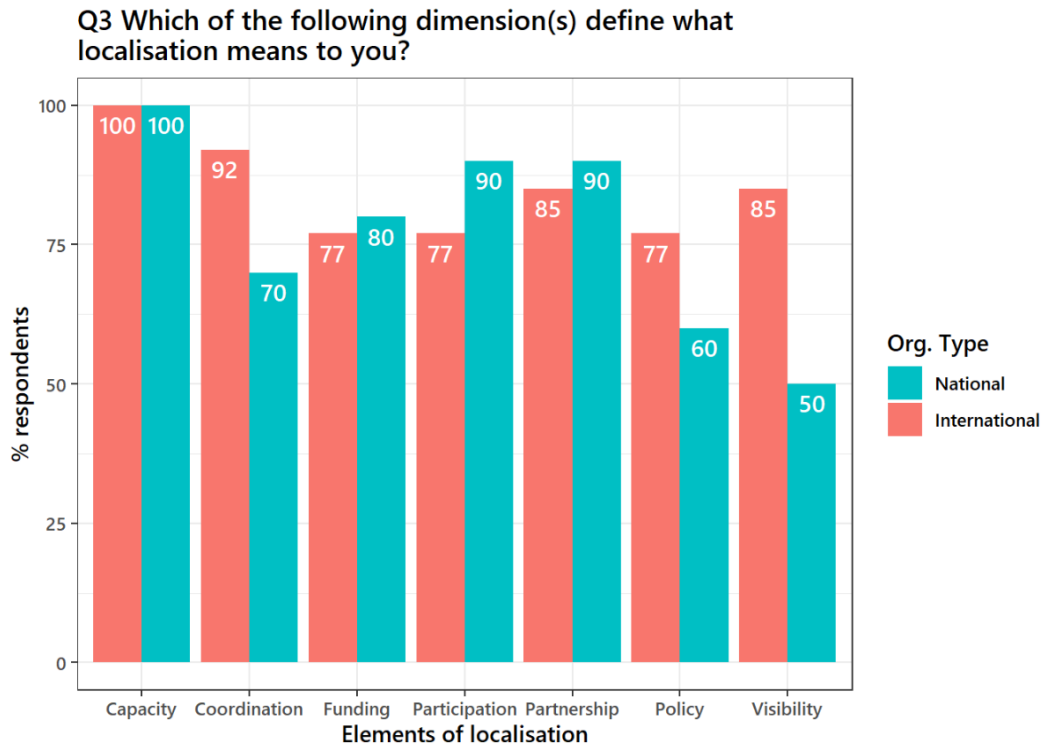
As a civil society organisation, “we need to be better, to adapt, we need to be more critical, and see that the world is changing... the old conventional ways need to be different, with modernizations of localisation and a respect on what capacity is available on the ground.”⁴⁷

Moreover, local, national, and international organisations recognize localisation according to the GMI’s seven dimensions of localisation (Figure 4) differently, except for the capacity dimension, which they all agree is an essential element of the definition of localisation. International organisations deem capacity (100%), coordination (92%), partnership (85%), and visibility (85%) as significant elements that define localisation. Local and national organisations consider capacity (100%), participation (90%), partnership (90%), and funding (80%) as significant components of localisation.

⁴⁶ Interview 4, interview by SIPA Capstone Team, March 3, 2021.

⁴⁷ Interview 19, interview by SIPA Capstone Team, March 30, 2021.

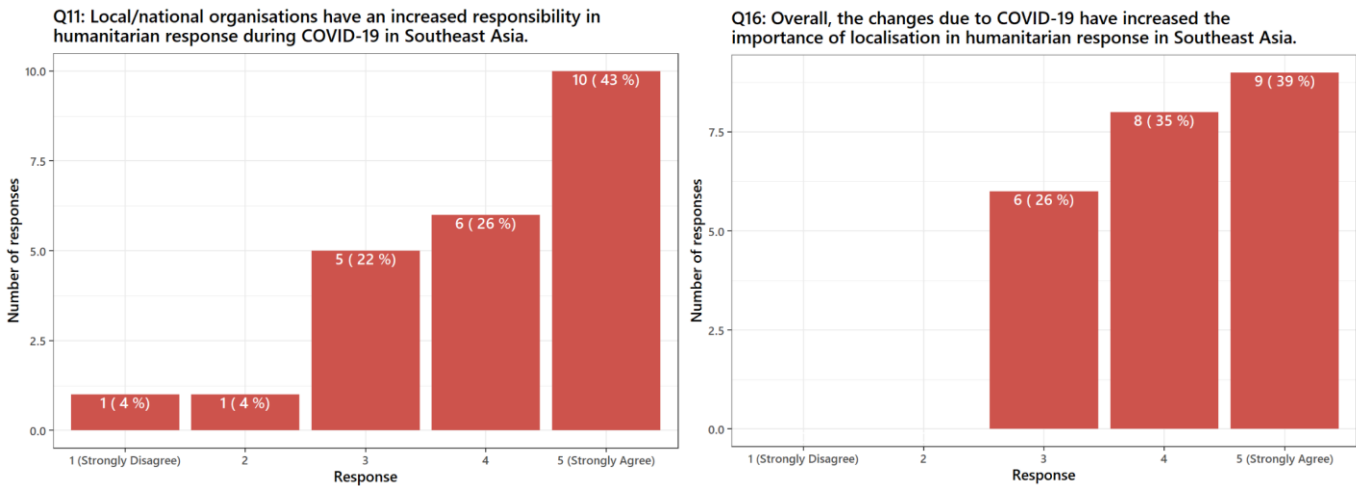
Figure 4: Dimensions which define localisation



Some countries have experienced increased localisation during the pandemic due to personnel movement restrictions, while other countries stated a minimal change under COVID-19. In the past, local chapters of INGOs showed more frequently in responding to disasters. Since they were already there, it was faster, and they knew the nuances of the areas to respond most quickly and appropriately to the problem. As one interviewee stated, “localisation [is] having people from each country, they know the people, they know the culture... to listen to the voices and open your eyes and listen to what their needs are rather than what you perceive their needs are.”⁴⁸ During COVID-19, it has been on local organisations to respond since the pandemic restricted the other organisations’ staff who previously came from abroad presented on site. Localisation has become a critical solution to disaster response and pandemic support. The increase in localised responses during COVID-19 is reflected in the survey data in Figure 5 (below).

⁴⁸ Interview 16, interview by SIPA Capstone Team, March 22, 2021.

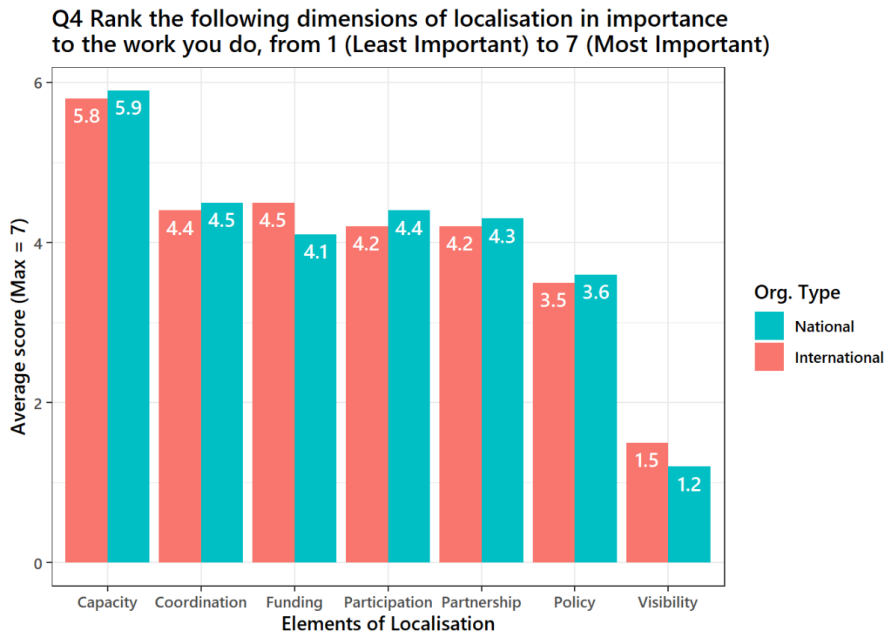
Figure 5: How COVID-19 affected humanitarian and local responses



5.1.2 Capacity

Capacity building is vital for improving localisation and disaster management abilities. Among the seven dimensions of localisation, survey respondents rated capacity as the most integral to localisation, as seen in Figure 6.

Figure 6: The most critical dimensions of localisation



INGOs recognize their role in empowering communities to be more responsible and accountable during a crisis. To enhance localisation, governments and INGOs understand identifying existing strengths and prioritizing needs to enable necessary capacity building. Intentionally focused and curated efforts include building resilience, establishing a hub of resources, planning for contingencies, and nationalizing and identifying staff as currently promoting localisation. As governments such as Indonesia and Viet Nam pursue efforts to improve local capacity through laws, training, or establishing response teams, knowledge sharing and identifying needs are necessary for enhancing localisation.

5.1.3 Coordination

Coordination at sub-national levels is essential. Coordination differs in each ASEAN member state. Knowledge sharing is integral to exchange the ways that people deal with disasters. Local governments are significant to lead and coordinate with various stakeholders. “... there have been a number of confusing messages, sometimes about the military responding and the humanitarians not being aware of it, but also vice versa, because the military can respond very quickly, with government approval, and host nation approval very quickly with plane, ships, [and] people. The humanitarians might take a little bit longer to gear up unless you’re in the country this year.”⁴⁹ Identifying the qualified local organisations and building a coordination mechanism (system) for them are beneficial to respond to disaster as quickly as possible, and then support localisation in the region to coordinate resource mobilization.

Figure 7: How COVID-19 changed humanitarian coordination meetings

Q12: Changes due to COVID-19 increased local/national organisations' opportunities to participate in coordination meetings in humanitarian response in Southeast Asia.

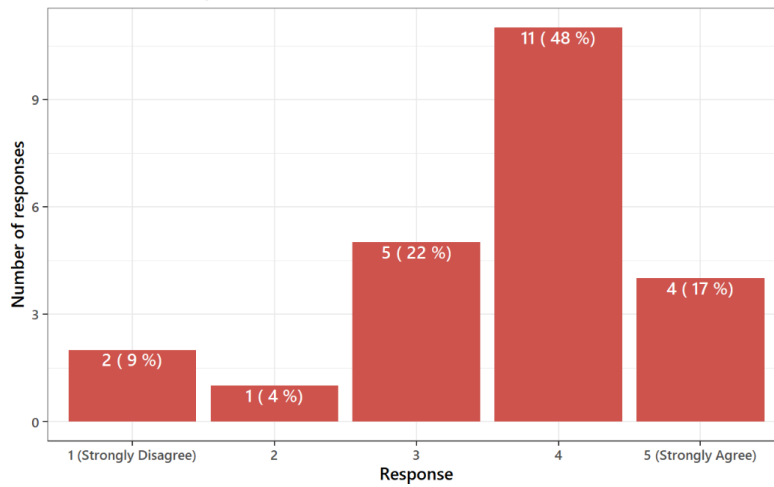
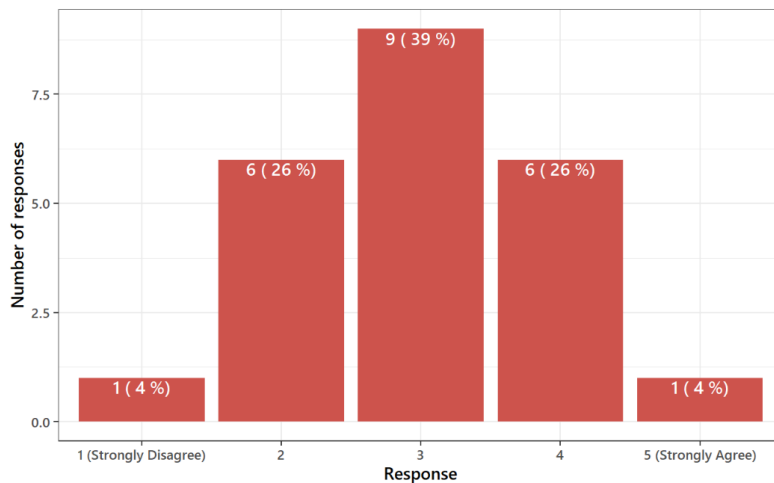


Figure 8: Representation of local/ national organisations

Q13: There is sufficient representation of local/national organisations than international organizations in coordination meetings in Southeast Asia.

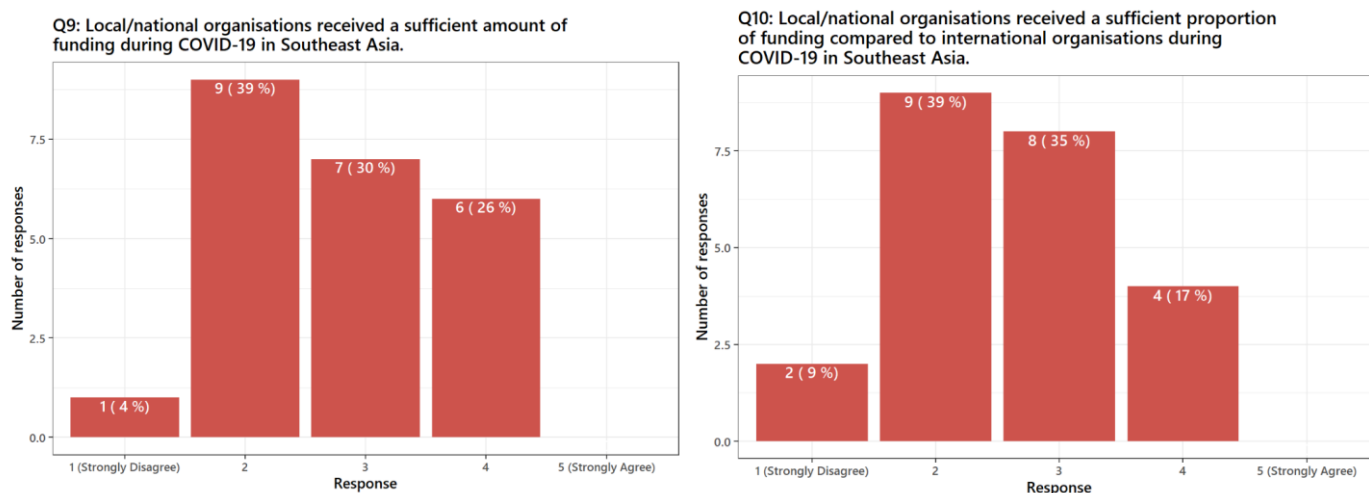


⁴⁹ Interview 16.

5.1.4 Funding

Donors have a crucial role in promoting localisation. They hold power in the humanitarian sector as they determine whom to fund. Since national organisations, particularly local NGOs and CSOs, have limited resources and capacity, they may not have enough capacity to do the groundwork to request funding, including preparing applications, establishing monitoring and evaluation systems, and reporting on the use of funds. Local NGOs, therefore, might not be able to access funding from donors. As shown in *Figure 9*, almost 40% of survey respondents disagree with the notion that local and national organisations received sufficient funding during the COVID-19. Additionally, approximately 40% of survey respondents discern that local and national organisations received grants disproportionately compared to international organisations.

Figure 9: Funding due to COVID-19



Concerning funding, one interviewee from Malaysia mentioned that COVID-19 has led to increased localised funding to humanitarian NGOs.⁵⁰ Others think that funding has not changed or has decreased, especially to local/national organisations.⁵¹ One interviewee working in Myanmar mentioned that donors had provided less funding to their organisation, thereby affecting their ability to conduct disaster preparedness training.⁵² Another conveyed that while international donors' budget to their international NGOs has not significantly changed, local NGOs have found access to donors more limited during COVID-19.⁵³

"... [NGOs,] they're small, they're localized... their funds are small, meaning that they have [less] access to work with access to exposure, [less] access to bigger funding... it's all interrelated."⁵⁴

5.1.5 Participation

The framework of GMI's seven dimensions define participation as the involvement of crisis-affected populations in the decision-making, review, and evaluation processes. From interviewees' perspective, participation differs from the GMI's definition. It is an engagement of all stakeholders, especially local actors, ranging from local communities, local NGOs, to the provincial and national governments, in emergency responses. During crises, local actors cooperate and share information with all stakeholders

⁵⁰ Interview 7, interview by SIPA Capstone Team, March 8, 2021.

⁵¹ Interview 3, interview by SIPA Capstone Team, February 28, 2021. Interview 9, interview by SIPA Capstone Team, March 15, 2021. Interview 12, interview by SIPA Capstone Team, March 16, 2021.

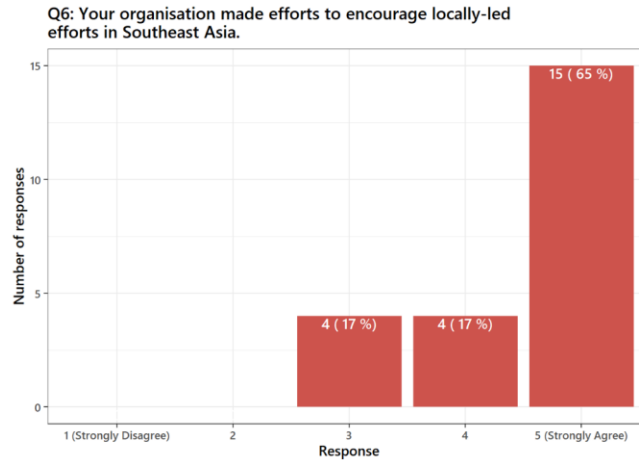
⁵² Interview 12.

⁵³ Interview 12.

⁵⁴ Interview 7.

to effectively provide humanitarian assistance to affected communities. Engaging local actors and ensuring they can participate across the broader humanitarian sphere is important to encourage localisation. Over 60% of survey respondents deem their organisations encourage localisation in Southeast Asia (Figure 10).

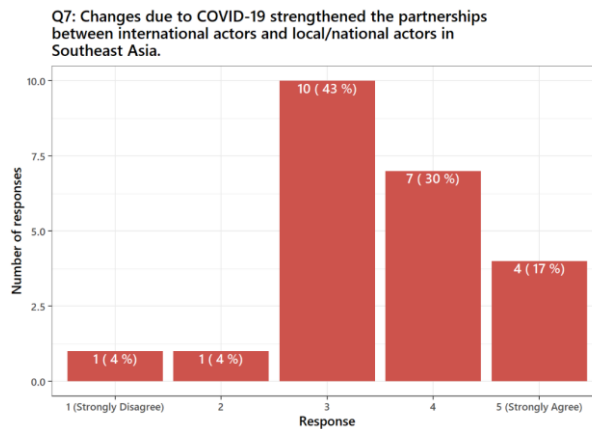
Figure 10: Efforts to encourage localisation



5.1.6 Partnerships

Opportunities for collaboration exist among national actors, humanitarian actors, and local actors in humanitarian relief work. All stakeholders cooperate to design the best way to respond to disasters. Local organisations have varying capabilities in skill level, capacity, funding, experiences. Given the notion that “as local as possible, as international as necessary,” international organisations can complement the local actors, providing support and help in bridging the gap between the local actors’ abilities and realities. Governments can use the localisation recommendations to respond to disasters “because at the end, the government is the one responsible to coordinate if the local government [is] not ready.”⁵⁵ Local partnerships, including local government and communities, can lead to success in meeting the needs of beneficiaries.

Figure 11: How COVID-19 strengthened partnerships between international and local/national actors.

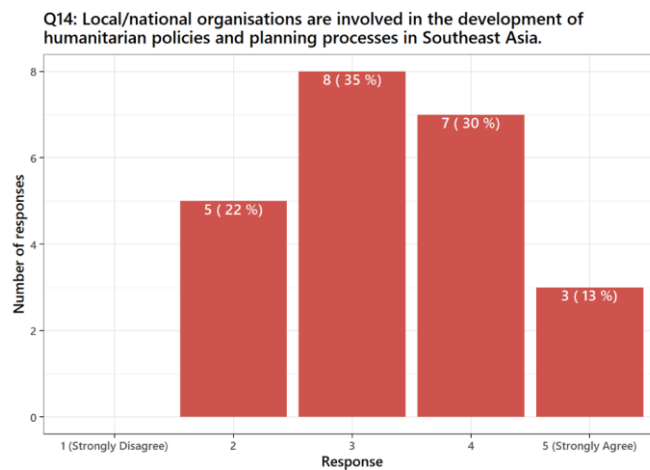


⁵⁵ Interview 12.

5.1.7 Policy

Governments and INGOs have begun altering their policies around localisation. Some countries have established new laws to strengthen local governments and decentralize responses to disasters. For INGOs, there is a transition to consider “localisation is more like reversing the top-down approach.”⁵⁶ Through studies, interviews, and review of policies organisations are responding to localisation. Governments have identified their role in “developing guidelines standards and establish[ing] access to information, of building coordination platforms, engaging with communication with different actors, strengthening their preparedness.”⁵⁷ While policies focused on localisation are essential, local involvement in national or regional decision-making and planning are also important for broader participation. As shown in Figure 12 only 43% of survey respondents agree that locals are involved in developing policies in Southeast Asia and 57% either disagree or remain neutral. Policy decisions affect all levels of the humanitarian sector.

Figure 12: Involvement local/national organisations have in humanitarian policies



5.1.8 Visibility

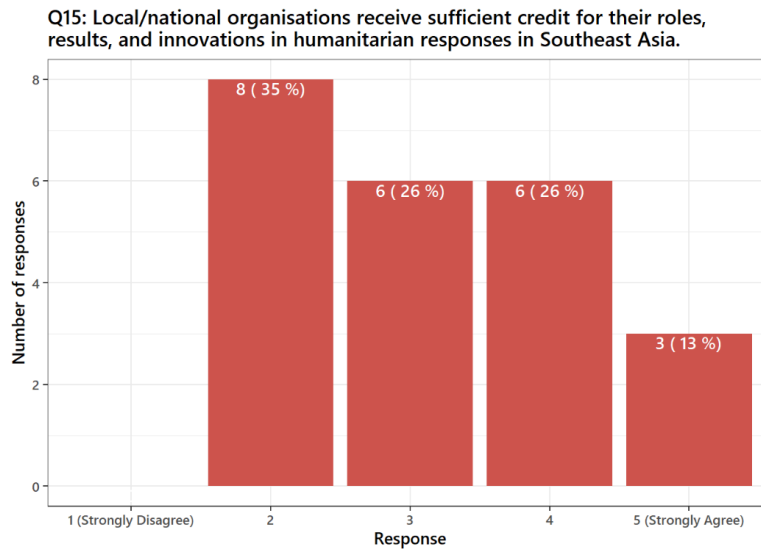
A vital part of localisation includes acknowledging and publicizing the work that local and national actors do so the broader international community is also aware of their work. As shown in Figure 13 (below), local and national organisations feel mixed about being acknowledged for their efforts in humanitarian responses with 61% of respondents either feeling neutral or disagreeing on being recognized. Only 39% feel they received credit for their role in humanitarian responses. While governments have made greater progress with their “willingness to take on response in their own country,”⁵⁸ participation and visibility must expand to include a variety of local and national actors.

⁵⁶ Interview 9.

⁵⁷ Interview 19.

⁵⁸ Interview 4.

Figure 13: Acknowledgements local/national organisations receive for their humanitarian response efforts



5.2 ASEAN and the AHA Centre

Survey respondents attributed the AHA Centre as having an essential role in coordination and providing visibility to regional and national actors. Interviewees and respondents expressed that the AHA Centre was helpful in capacity building, coordination, partnership and can further support these localisation dimensions. As shown in *Figure 14*, 74% of survey respondents agreed that regional organisations are essential in furthering local-led responses. *Figure 15* shows that 92% of national and international organisations respondents emphasized the AHA Centre’s leading role in capacity building and partnership.

Figure 14: Ranking of regional organisations in locally-led responses

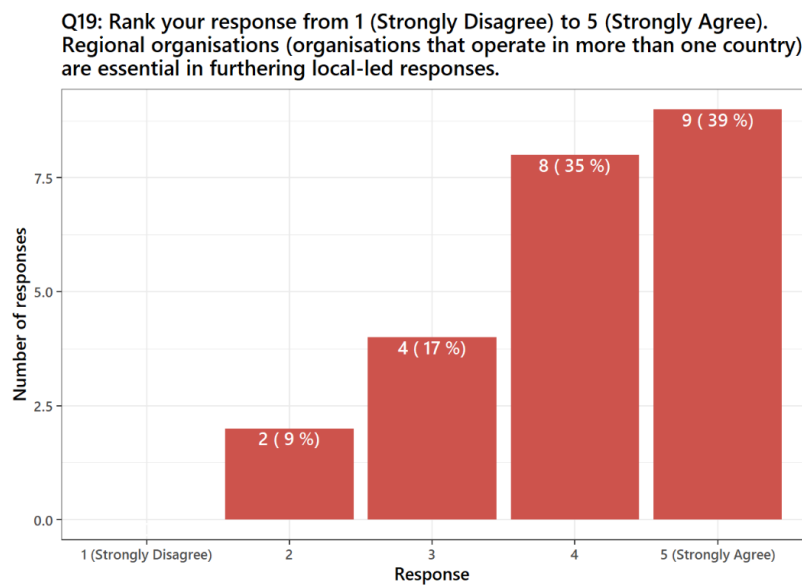
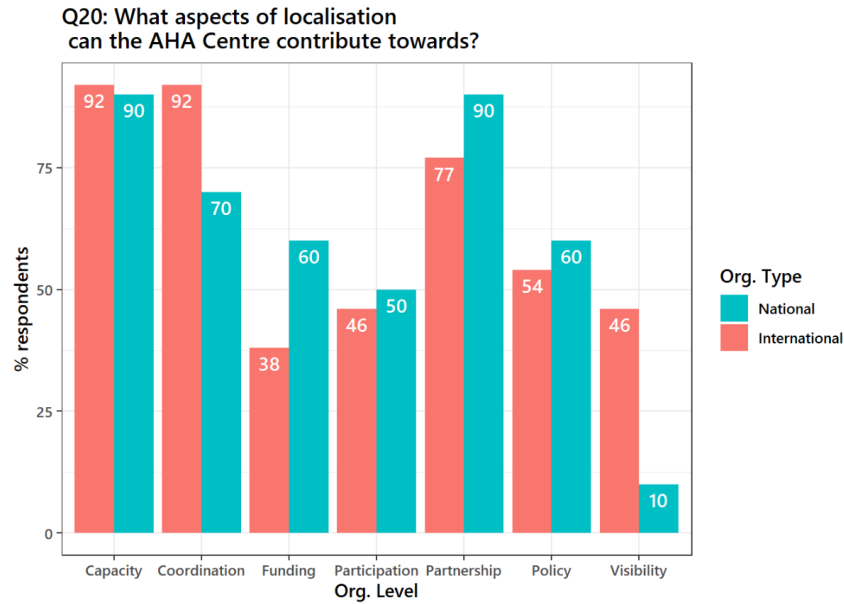


Figure 15: The role the AHA Centre can contribute towards localisation



5.2.1 Capacity Building

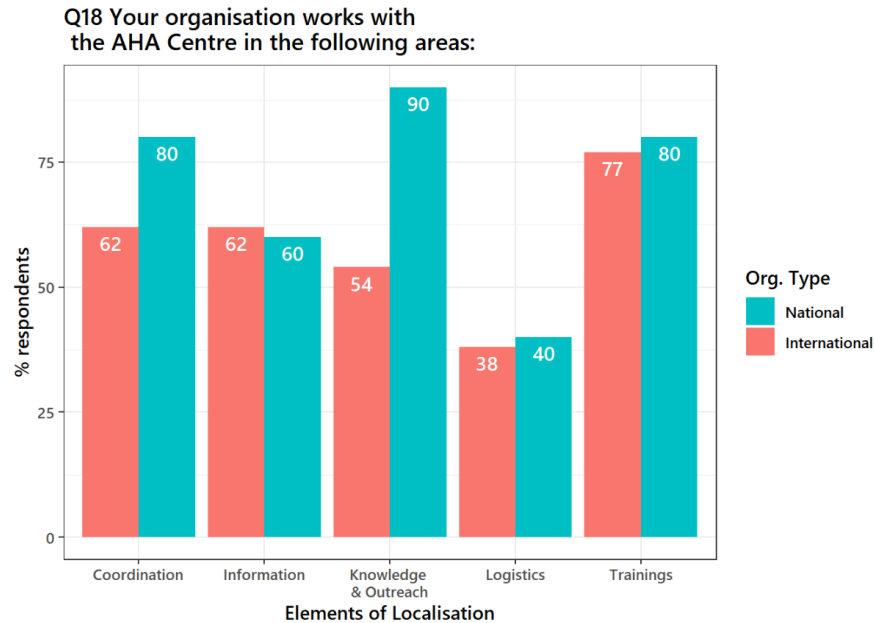
Within the Southeast Asia region, the AHA Centre led efforts to encourage governments to take on the responsibility to strengthen the local capacities. The AHA Centre’s primary approach to expand localisation was to improve the capacity building of local governments – establishing an essential role at the provincial and local level with government support to decentralize capacity throughout the territory. Survey respondents shared their insights on the beneficial resources they gain from the AHA Centre in capacity building including training programs from AHA Centre through ACE, ERAT and other platforms. Meanwhile, one interviewee from the national government stated that *“the country within the AHA Centre can mobilize more training classes for experiences of the ERAT team, the local from another state to Viet Nam, it should be good.”*⁵⁹ Most respondents from local and national organisations conveyed the importance of knowledge, outreach, and training resources from the AHA Centre.

The AHA Centre initiated Disaster Emergency Logistics System (DELSA) for ASEAN to mobilize and distribute relief items to the disaster-affected ASEAN member states. This program established regional warehouses of supplies to further supplies which could further strengthen the local disaster response capabilities. As shown in *Figure 16*, both national and international organisations ranked logistics as the lowest element of partnership with the AHA Centre. An upcoming conference, the Humanitarian and Emergency Logistics Innovation Expo (HELIX), is the AHA Centre’s latest efforts to leverage on logistical expertise in the ASEAN region to improve logistical capacities.⁶⁰

⁵⁹ Interview 10, interview by SIPA Capstone Team, March 16, 2021.

⁶⁰ AHA Centre, “HELIX2021.”

Figure 16: Local/National Organisations partnership with the AHA Centre



5.2.2 Partnership

Partnerships remain vital in regional and local empowerment efforts. This was recognized in Sub-Priority 2.5 of the AADMER Work Programme 2021-2025,⁶¹ to strengthen and widen cross-sectoral collaboration in disaster management. The AHA Centre and the governments it serves can have a mutually beneficial relationship. An example of this is the Indonesian government, which has provided strong support for the AHA Centre since its inception. In return, the AHA Centre directly engages with ASEAN member states to represent their perspectives to UN agencies and other international organisations working in the regional disaster response. Rapid response in a disaster is effective when all actors, the governments, international organisations, small and large NGOs, and civil society utilize their strengths to assist disaster relief efforts. Interviewees expressed the importance of sector coordination. “... like-minded organisations, and even [in] the... corporate sector, the private sector, it’s very important that there has to be an ongoing conversation and ongoing dialogue, because this is where we maximize resources, this is where we are able to complement our interventions.”⁶² As one interviewee stated, no organisation will have the resources to rapidly respond to disasters alone. This underscores the importance of establishing strong multi-sectoral partnerships for the AHA Centre to improve regional efforts to respond to disasters.

However, the AHA Centre does not have the same level of partnerships with NGOs and other CSOs in relation to international or UN-based agencies. One interviewee cited the reluctance of NGOs and civil society to engage meaningfully with the AHA Centre or ASEAN bodies due to the political barriers.⁶³ Engagement with CSOs is limited, especially with those at a sub-national and community level. As another interviewee pointed out, the main role of the AHA Centre remains in supporting the NDMOs. However, through the ASEAN NDMOs, the AHA Centre can develop both direct and indirect relationships with CSOs to fulfil the goals to deepen partnerships in the AADMER Work Programme 2021-2025.

⁶¹ ASEAN Secretariat, “AADMER Work Programme 2021-2025.”

⁶² Interview 5, interview by SIPA Capstone Team, March 2, 2021.

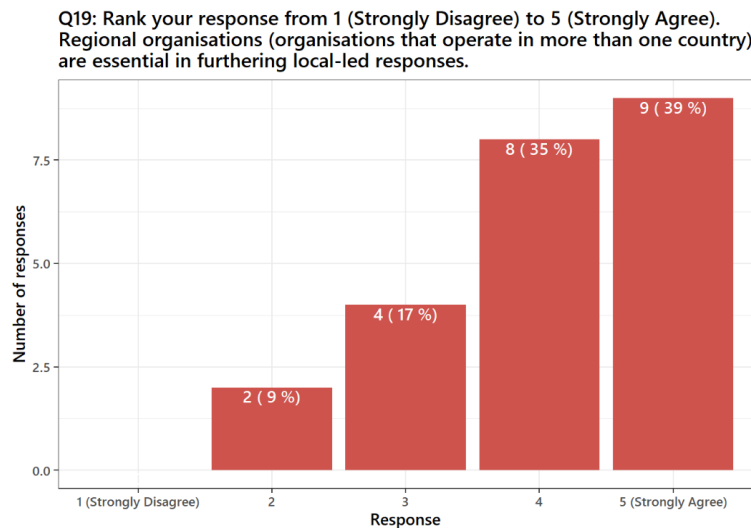
⁶³ Interview 3.

5.2.3 Coordination

The AHA Centre is a central point of collaboration among the ASEAN member states and external organisations. Various agencies provide opportunities for the Centre to leverage their nation-states’ strengths and resources and coordinate access to nations in need. The AHA Centre can leverage its relationships with international organisations to develop policies in which nations with varying resources can transfer, loan, or gift these resources to countries that require them when disaster strikes. This creates the strength of the ASEAN region and relationships between AHA Centre and their international partners. Larger international organisations have varying partnerships with the AHA Centre. The varying capabilities of nations can be leveraged to create a regional support network.

The AHA Centre can “... work with different agencies and countries, make sure policies are there, the money is there, to make it strong across territories and to ensure there are regional systems, [with] policies to mutually benefit each of the member states to work together and facilitate... [the] Philippines and Indonesia [have] many disasters... [In nations with] lesser capacity – Timor Leste [or] Lao PDR – how do you maneuver resources that exist within the collaboration that ASEAN is?”⁶⁴ AMS facilitation strategies streamline conversations among the network to create a culture of information exchange and accountability in times of disaster. 74% of survey respondents agreed that regional organisations are essential in furthering local-led responses (refer to Figure 17). This relationship-building is an opportunity for local and regional leaders to recognize and develop leaders.

Figure 17: Ranking of regional organisations in locally-led responses



5.3 Humanitarian Response and Adaptations

Informants shared how they foresee the humanitarian architecture changing in the short and long term due to COVID-19. Respondents elaborated on the humanitarian challenges they have faced and the challenges they anticipate in the long run, the pandemic’s effect on regional contributions to local responses, and the changing influence of international humanitarian assistance.

“I think it’s a really exciting time because the concept of localisation is something new to the humanitarian sector, it’s not new to the development sector. And I think, you know, we’ve been trying to influence the UN reform agenda to get to this very point.”⁶⁵

⁶⁴ Interview 1, interview by SIPA Capstone Team, February 22, 2021.

⁶⁵ Interview 2, interview by SIPA Capstone Team, February 23, 2021.

5.3.1 International and Local Response

Currently, the actors responding to disasters include a wide array of international organisations. While local actors' empowerment is ideal, local organisations acknowledge that international humanitarian actors still impact disaster response. Two years after the World Humanitarian Summit, the Central Sulawesi 2018 earthquake and tsunami occurred in Indonesia. Interviewees addressed it as a spark in Southeast Asia's localisation efforts. The government of Indonesia restricted direct intervention by international humanitarian organizations.⁶⁶ The Indonesian government limited the type and quantity of aid international organizations could provide. Instead, national, and local partners assisted in coordination with the Indonesian government.⁶⁷ This one event remains critical in revealing the ability of government agencies to take the lead. *"What Indonesia did: localising the response to Sulawesi 2018, now all the governments will also do that."*⁶⁸ On the other side of the humanitarian sector, interviewees from INGOs acknowledge local partners' importance as first responders.

*"We also have existing partners in the communities... in terms of community engagement, and volunteering, we relied on the other local partners... Emergency response team training should also be given... allocated spaces for community responders, community volunteers, because at the end of the day they are the first responders."*⁶⁹

The humanitarian architecture will need to adapt as more local actors have begun leading more responses, presently due to the COVID-19 circumstances. *"The conventional structure of the humanitarian regime, as we know it now, will change most probably upside down."*⁷⁰ One significant challenge for local response mechanisms is their overall capacity and the ability to cope with large scale events. Small community and civil society organisations cannot manage the compounding effects of natural disasters and COVID-19. *"You're also responding [to a] major earthquake, major flooding, major eruption. So we [had] three big major disasters[s] [at] the same time last year. And COVID [-19] ... it's a big challenge for the local[s] to respond because the capacity is not there."*⁷¹

5.3.1.1 Capacity Building Efforts and Policy Reform

Capacity building is underway as INGOs move to support governments, national responses, and national organisations. Along with this shift, some INGOs have become "national NGOs." *"Before COVID, I think, initially, there was a strong push for response to disasters to be obviously driven at the national level. And I think we've seen a stream of international NGOs that became national NGOs."*⁷² Although these organisations are not entirely local, as they are headquartered elsewhere, they strive to be as local as possible in their hiring practices. This ensures that their staff is knowledgeable, experienced, and aware of local dynamics.

There is potential for UN policy reform and for INGOs to allow local organisations to take the lead in response mechanisms. Multiple interviewees conveyed that due to COVID-19, the last year portrayed the capabilities of national organisations and civil society responses. In addition to this, the change in aid depicted a gap in the humanitarian system to assist local organisations fully. The humanitarian system can empower and supplement national actors specifically in terms of capacity and resources. An example of this is by specifically assisting civil society organisations in the COVID-19 response – providing means, accurate information, and policies is a top-down approach to international aid filling the gap.

⁶⁶ Sabina Robillard et al., "We Must Be the Pioneers' Perspectives on Localization in the Response to the 2018 Sulawesi Earthquake in Indonesia" (Feinstein International Center, Tufts University, Save the Children Denmark, April 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/FIC-Sulawesi-Indo_4.24.20.pdf.

⁶⁷ "Charting the New Norm? Local Leadership in the First 100 Days of the Sulawesi Earthquake Response" (Humanitarian Advisory Group, March 2019), https://www.preventionweb.net/files/64520_hhsulawesipracticepaper4finalelectr.pdf.

⁶⁸ Interview 1.

⁶⁹ Interview 5.

⁷⁰ Interview 20, interview by SIPA Capstone Team, March 30, 2021.

⁷¹ Interview 12.

⁷² Interview 3.

5.3.1.3 Incorporating Marginalized Identities

The AHA Centre works with many organisations to incorporate programs and policies for a variety of local communities. The other Center works directly with NDMOs who are responsible for gathering local data. Interviewees expressed the variety of actors on the ground whose amplified voices make for inclusive policies. Among these groups were environmental organisations, women’s associations, and other special interest groups that ask for regional support and collaboration. It is crucial for the AHA Centre and its partners to gather inclusive data to create policies that are inclusive of the variety of hazard profiles and who are affected by them in times of humanitarian need.

“[H]ow to strengthen cross-cutting issue[s] like protection and gender inclusion, community engagement and accountability. So, I think we give them guidance on how to level up their own contingency plan and business continuity.”⁷⁷

5.3.2 Communication and Multimedia Resources

Due to personnel movement restrictions, COVID-19 necessitated the use of virtual platforms for communication, coordination, and capacity building.⁷⁸ The media utilized to continue to work in a remote setting were primarily WhatsApp and Zoom to hold seminars, training, and everyday communication. For most humanitarian aid workers who were no longer based in their field assignments but were now overseas, this created a challenging work atmosphere for themselves and their local counterparts on the ground. As one interviewee stated, *“In the location where we already have a partner, no problem, we can easily do work, but in the area where we still have limited partners then it becomes a little bit challenging and again, the main impact is about the speed on delivering the humanitarian work.”⁷⁹*

An important takeaway from many interviews is that organisations reflect on how the humanitarian system can most efficiently retain some aspects of remote work. For example, is conducting cross-sector or country webinars to develop humanitarian policy a worthwhile post-pandemic forum? After a year of remote work, humanitarian aid workers also acknowledge the strength in existing relationships on the ground and the difficulties that arise if there were no pre-existing relationships. *“If you weren’t there before, it becomes very, very difficult in an environment like COVID, to get to the location to build... relationships. And I think we’ve still found that a lot of remote support is provided and needed. But it is... different. It takes a different approach, I think, and again, it works so much better when you have existing relationships in place.”⁸⁰*

Communication is a central aspect of humanitarian response and government efforts and illustrates room for improvement across INGOs, governments, regional organisations, and national organisations. Interviewees suggested networks or databases across these sectors for a more integrated approach. For example, telecommunications’ use and development can help build local capacity. In places such as the Philippines the internet is very slow, even with the support of three or four telecommunications. In this instance the interviewee noted that the IFRC was supportive and doing very well addressing the pandemic.⁸¹ The importance of local partnership in terms of data and information sharing was highlighted multiple times. Knowledge sharing is fundamental, between civil society organisations and governments, and between civil society organisations and INGOs. An additional interesting take away from an interviewee in the Philippines was that WhatsApp and social media platforms had become the primary channel of information. The communication landscape has changed, local communities are engaging through media, through television, radio, or social media, that is easiest for them.

⁷⁷ Interview 17, interview by SIPA Capstone Team, March 24, 2021.

⁷⁸ Interview 16. Interview 19.

⁷⁹ Interview 6, interview by SIPA Capstone Team, March 9, 2021.

⁸⁰ Interview 8.

⁸¹ Interview 18, interview by SIPA Capstone Team, March 24, 2021.

“... we are basically working in a very remote area, where phone access is limited, there is no internet... [this is an] implication to us on how we [are] going to deliver education program[s]. So, we come to this innovative idea using radio...”⁸²

5.3.3 COVID-19 Adaptations

Local, national, and international organisations alike were unprepared for the sudden circumstances that COVID-19 entailed.⁸³ In the short run, organisations had to scramble to adapt to COVID-19. One respondent mentioned that organisations did not learn from past disease outbreaks such as Ebola and African Swine Fever and take necessary preparations.⁸⁴ Organisations had to adapt to the rapidly changing environment because of COVID-19. One international organisation mentioned that due to their lack of expertise in health emergencies, they transitioned to supporting health agencies and facilities in COVID-19 response.⁸⁵ One key exception was the Red Cross, who had expertise in providing medical assistance to affected communities. For example, they provided testing capacity for different countries across ASEAN. In addition, they also assisted local hospitals with emergency care and provided supplies where required.

5.3.3.1 Health Protocols & Logistics

COVID-19 necessitated humanitarian actors to heed the nuances required in a health emergency – the epidemiological risks, the protocols required to keep both the first responders and affected safe, and the logistics required to do so.⁸⁶ These protocols also interfered with normal operations. Respondents mentioned that the speed of response to disaster relief had been impeded.⁸⁷ Due to the necessary Personal Protective Equipment (PPE) and health protocols, response times to move personnel to the areas as well as the movement of personnel within these affected areas were impacted.

“we cannot... send our staff to the community... doing disaster relief without proper equipment and health protocols”⁸⁸

Future humanitarian response protocols may also involve bringing infectious disease protocols to the forefront of disaster response.⁸⁹ This is to ensure that responders and the affected alike are protected sufficiently from the epidemiological risk. Respondents alluded to disaster risk necessitating a localised response, amid the larger risks presented for the movement of humanitarian workers in a global pandemic.

Medical supplies and logistics must supplement traditional disaster logistics. In disaster preparedness, humanitarian organisations are now asking for funding for PPE as a core component in every project’s funding requirements.⁹⁰ In the Philippines, the national government has been providing PPE and other medical necessities to the different organisational levels – barangay, province, and regional levels.⁹¹ For example, quarantine facilities used to quarantine persons who were suspected of COVID-19 were established for use across organisational levels. Whilst the national government established mega quarantine facilities, the subnational and municipal governments also set up their own facilities to meet their quarantine requirements.

⁸² Interview 6.

⁸³ Interview 18.

⁸⁴ Interview 5.

⁸⁵ Interview 6.

⁸⁶ Interview 6. Interview 12. Interview 18.

⁸⁷ Interview 6. Interview 18.

⁸⁸ Interview 6.

⁸⁹ Interview 12.

⁹⁰ Interview 9.

⁹¹ Interview 15.

5.3.3.2 The effect of COVID-19 on Localisation

COVID-19 has brought epidemiological risk to communities globally. The pandemic has shown how disease can compound the effects of existing humanitarian crises by adding the possibility of infection.⁹² In response to this, governments across AMS enacted movement restriction orders and border closures. This severely impacted the ability for personnel movement within countries and between countries. People were not only unable to reach affected communities, but also scared of the risk of contracting COVID-19 as well.⁹³ Due to the prevailing restrictions, international organisations' personnel working within communities and across borders could not move to and from affected areas, which greatly disrupted their operations.⁹⁴ As such, COVID-19 changed the form of how these organisations viewed capacity building and their operations. Adaptation plans were drawn up to address the nuances required during COVID-19, including the operational modality and geographical areas of implementation amidst the personnel and logistical restrictions.⁹⁵

Beyond personnel movement, COVID-19 disrupted global logistical networks, limiting the capacity of supply chains and transport logistics.⁹⁶ In Indonesia, cross-island resource mobilization was hindered by COVID-19, necessitating the mobilization of resources from neighboring provinces within the same island to prevent epidemiological spread.⁹⁷ By restricting personnel and logistical flows, some respondents viewed COVID-19 as the impetus in accelerating localisation.⁹⁸ However, others felt that COVID-19 had instead hampered the process of localisation. A respondent from an international organisation mentioned how COVID-19 had put their capacity building efforts of local actors on hold.⁹⁹ Training that would usually be conducted in the absence of the disease was impeded by the lack of internet connectivity in local communities. Furthermore, this respondent mentioned that COVID-19 also affected the quantity and physical-mental capacity of their staff, thereby affecting their ability to strengthen local capacities.

"It's way more efficient when it's led by the field teams, they know the context, they are there quicker."¹⁰⁰

Considering the pandemic, governments had to rely on local organisations, instead of external support. In Central Java, the local government could not distinguish who among the humanitarian workers who reside outside the disaster-stricken areas were COVID-19 positive during the floods that occurred this year.¹⁰¹ Leaders resorted to activating the local organisations instead of inviting help externally from the affected region to prevent the spread of disease.

A representative from a local-national organisation detailed some of the adaptations they had to undergo due to COVID-19. Disaster response teams had to fulfill many requirements from the municipal governments.¹⁰² For example, COVID-19 Polymerase Chain Reaction (PCR) tests must present a negative result before their departure. In one instance, due to contact tracing and COVID-19 spread, a disaster response team had to be swabbed again and quarantined. In addition to these health precautions, units set up psychosocial support for their employees for their employees.¹⁰³

⁹² Interview 1.

⁹³ Interview 1.

⁹⁴ Interview 14, interview by SIPA Capstone Team, March 18, 2021.

⁹⁵ Interview 5.

⁹⁶ Interview 2.

⁹⁷ Interview 12.

⁹⁸ Interview 1. Interview 2. Interview 7.

⁹⁹ Interview 9.

¹⁰⁰ Interview 9.

¹⁰¹ Interview 13, interview by SIPA Capstone Team, March 17, 2021.

¹⁰² Interview 4.

¹⁰³ Interview 4.

However, while COVID-19 could have accelerated localisation, local actors may not have had the capacity, nor the resources required to address the health emergency. Local organisations had no choice but to assist despite knowing the risk of COVID-19.¹⁰⁴ *“because we live in this neighborhood, [we had to] step out to help our colleagues and our neighbors regardless of whether it’s going to expose me to the hazard or not.”*¹⁰⁵ Local organisations also worked together to support one another’s needs. Local organisations often became the main responders in humanitarian crises during COVID-19. This acceleration was caused by the prevailing circumstances, without the proper resources and technical support.

¹⁰⁴ Interview 20.

¹⁰⁵ Interview 20.

6. Recommendations

The recommendations provide opportunities for improved training and coordination efforts in the ASEAN region. The findings illustrated (i) how **localisation** evolved, particularly since the beginning of the COVID-19 pandemic, (ii) the **role of the AHA Centre** to operationalize local efforts and analyze sustainable methodologies, and (iii) reflect on **adaptations** of the broader Southeast Asian humanitarian system. Section 6.1 lays out recommendations for coordination and training and section 6.2 recommends the AHA Centre and CSO engagement. From these respondents' experiences and adapting to COVID-19 humanitarian aid, a crucial finding for disaster management is for national governments to take the lead.¹⁰⁶

6.1 Improving Localisation in ASEAN

The following recommendations provide training and coordination strategies stakeholders in the ASEAN region can undertake to strengthen the role of local actors.

6.1.1 Coordinate training and development within local organisations to localise capacities.

Prioritize expanding skills to ensure locals are capable of leading responses and have the capacity to implement a project with the same rigor and quality as other organisations. Additionally, evaluation of current support provided by governments and the international community to consider gaps and additional needs is important so local organisations across the region can function efficiently during a disaster. Strong local and national organisations capable of serving the needs of their communities enables the eventual departure or localisation of international organisations into national entities. Consider information sharing and competency development as priorities in some situations over expanding resources or infrastructure of local organisations. While current trends in improving localisation are positive, identification of local limitations and building capacity to augment those constraints are important for further development.

"We are moving away from the 'Great White Hope' and locals are empowering organisations to support their leadership."¹⁰⁷

6.1.1.1 Develop gender-inclusive indicators to strengthen local capacity

Indicators serve as crucial reference points to measure effectiveness of policies. By using gender indicators, humanitarian workers can assess equal participation and distribution of benefits from all members of society. Programs incorporate gender-inclusive factors to ensure they are appropriate to meet the diverse cultural context within the ASEAN region. These indicators assess quantitative data to determine current trends in gender work. Qualitative data can ascertain perceptions and feelings towards programs to ensure they are inclusive to the diverse population of various AMS.

"how to handle... the health services, distribution, really distribution in and... how to [strengthen] the cross-cutting issue like the protection and gender inclusion, community engagement and accountability. So, I think we give them guidance on how to level up their own contingency plan and business continuity. If there is something disaster that [they're] not they [are] based on the scale of disaster."¹⁰⁸

6.1.1.2 Amplify youth participation

Humanitarian efforts can amplify the voices of youth to incorporate societal change and empowerment at the local level. The AHA Centre already works to highlight ongoing projects by young ASEAN citizens. Another aspect of preparedness at the local

¹⁰⁶ Interview 13.

¹⁰⁷ Interview 2.

¹⁰⁸ Interview 17.

level is integrating youth participation within disaster management through formalized programs. Young people make up the next generation of local activists. Local organisations can develop volunteer and mentorship programs and pathways to work in their local communities to develop meaningful and valuable policies and programs. In Viet Nam, the local disaster management council at the commune level also includes the youth unions.¹⁰⁹ Another interviewee mentioned the importance of humanitarian stakeholders engaging the youth to foster them as campaigners for humanitarian causes.¹¹⁰ The youth can offer progressive and innovative solutions towards disaster management and humanitarian crises.

“The youth is a very powerful, very powerful sector, and very active, very engaged... ensuring that the youth are engaged or involved actively in [these] disaster preparedness teams.”¹¹¹

6.1.2 Identify areas where the government can localise assistance and support national organisations

Governments in each region support efforts to expand resources and strengthen communities. Further efforts to acknowledge and build these areas is necessary to ensure local organisations can respond to disasters at the same high level across all provinces and regions. Consider policy changes or new laws to also empower locals. Some changes connected to localisation remain theoretical or under discussion instead of becoming actionable endeavors.

Across the stakeholders interviewed, a considerable number stated similar ideas regarding localisation, communication, responses to COVID-19, and adaptations to the humanitarian sector. A recurring theme was to enhance localisation capacity building of local governments and to embed coordination among local, provincial, and national levels. The Philippines has established Disaster Risk Reduction Councils at different government levels, including the barangay, city/municipal, provincial, regional, and national levels.¹¹² Whenever two or more geographical entities of a specific level are affected, the higher geographical council is activated. For example, if two or more barangays are affected, the city/municipal council is activated. This allows resources to be activated when necessary and allowing the local levels to take the lead otherwise.

No large-scale disasters affected the Asia Pacific region during the height of the pandemic which would have required additional local and international response. That said, preparation strategies will ensure readiness for any future for climate disaster and pandemics. The training of trainers is a concept that also can be further utilized. In view of limited resources, governments and other organisations working on improving the capacity of local actors can instead train local actors to be trainers, who in turn can train others. In Viet Nam, provincial governments are encouraged to have their own programs to train the teams from the communes in their provinces.¹¹³ This allows the training to be tailored to the geographically specific needs and disasters of that region and strengthens the provincial governments in their expertise and ownership of disaster management.

6.1.3 Centralize platforms for information sharing

It is essential to build platforms and ventures to enable local NGOs to share knowledge, experiences, and innovations across the region. Diverse solutions are necessary since training, information sharing, and network connections will differ based on the local community’s and country’s needs. While some countries have numerous disasters and local actors can train in real situations, other groups rely on scenarios and information exchange to develop response skills. Knowledge sharing is precisely what national

¹⁰⁹ Interview 10.

¹¹⁰ Interview 6.

¹¹¹ Interview 5.

¹¹² “Assessment of Disaster Risk Reduction and Management (DRRM) at the Local Level” (Philippines Commission on Audit, 2014), <https://www.coa.gov.ph/index.php/reports/disaster-risk-reduction-and-management-reports?download=20592:assessment-of-disaster-risk-reduction-and-management-drrm-at-the-local-level>.

¹¹³ Interview 10.

governments expect from the international community and humanitarian sector; the networks of these entities can establish relevant assistance to local communities. Dedicated affiliates at governmental organisations can be point person for each mainstream INGO to create consistent and ongoing dialogue.

“... local NGOs from Indonesia for instance, can discuss things with local NGOs with the Philippines, Viet Nam or Myanmar to share experiences and information.”¹¹⁴

“I think it would be really useful to have one single platform to coordinate national NGOs.”¹¹⁵ Different coordination plans are needed in each state as each state is unique. In the case of Indonesia, “with 17,000 Islands... it makes a lot of sense that a lot of the coordination happens at the provincial and regional levels, even at the local levels.”¹¹⁶ Better understanding of which local organisations are on the ground and their role would improve coordination efforts. “We need to move beyond just the traditional government and NGOs sectors, we need to see the private sector, the faith-based groups vs for community groups, local leaders, local influencers.”¹¹⁷ There are benefits in having a cluster system to share information. It “is very good to have the same commitment, the same agenda, how to work together as a team to minimize the overlapping... to fulfill the gap and to support each other.”¹¹⁸ Although there are several information sharing platforms, leaders in the humanitarian sector could collaborate to develop repositories or databases that organize and share the diverse resources of the humanitarian actors.

6.1.4 Align donor funding with the missions of partners

The humanitarian system is designed to promote the capacity of national actors. Improving partnerships between national and local actors as well as humanitarian organisations and national actors helps to grow a regional support network. Building trust and empowering local actors who have less funds and resources is key. Donors can “*find ways to bridge that need, to build trust, and find ways to work with... [with locals] that have less time, less resources, and less knowledge, without all of this funding that is available at the international level.*”¹¹⁹ The AHA Centre can be a resource for organisations that work directly with donors and recipients to broker appropriate and relevant funding. NGOs are required to report the use of funds to their donors, but these processes require capacity. NGOs can assist to not only meet the needs of those in need but also donors’ requirements. When donors are allocating grants, the funds can align with the mission of the NGOs.

6.1.5 Strengthen regional capacity to provide AMS funding networks

The ASEAN region has a myriad of resources including funding capabilities. However, different nations have varying amounts of resources. Although the DELSA system provides important resources to nations through the region, the disparity in funding is heightened during times of disaster. The AHA Centre may establish a process of pool funding among its ten nations that supports nations that have less funding when disaster strikes. A pool fund “... *[can be] endorsed by a center in a member of state [so] they are not relying on international intervention. But they could use the pool fund that [was] created by either donor[s] or even from within the country.*”¹²⁰ This involves looking at ASEAN national resources, i.e., volunteer capability, funding, or inventory, that each can redistribute in times of disaster. This also maintains the strength of the ASEAN network where they do not need the financial assistance of larger INGOs.

¹¹⁴ Interview 19.

¹¹⁵ Interview 3.

¹¹⁶ Interview 3.

¹¹⁷ Interview 19.

¹¹⁸ Interview 17.

¹¹⁹ Interview 3.

¹²⁰ Interview 12.

6.2 AHA Centre and Civil Society Organisation Engagement

Beyond engaging NDMOs and other national agencies, the AHA Centre can consolidate its efforts to focus on the engagement of CSOs. It is recommended to 1) establish a leadership program for local CSOs; 2) have a full-time staff that focuses on the engagement of CSOs; 3) monitor and evaluate the engagement of CSOs in the AHA Centre's meetings; 4) encourage inter-CSO sharing across the ASEAN region; 5) utilize local stakeholders to overcome language barriers; and 6) communicate with local actors during disasters. A consolidated effort to engage CSOs is essential in fulfilling Sub-Priority 2.5 of the AADMER Work Programme 2021-2025,¹²¹ in building collaboration between the various stakeholders in disaster management in ASEAN.

6.2.1 Leadership program for Civil Society Organisations

The AHA Centre may consider establishing a leadership and/or capacity building program for local CSOs across the AMS. The ERAT and ACE Programmes that continue to build disaster management expertise within the nations that can deploy within the countries and across nations. The ACE Programme can develop existing leadership curriculum train leaders. The training programs can vary based on a needs-assessment by the network of CSOs. The AHA Centre can leverage on their expertise in running these programs by expanding the reach to include local CSOs or establish a standalone program that trains and brings together local CSOs in a flagship program. Similar to how the AHA Centre is able to build a network among their ERAT and ACE graduates, the local CSOs can benefit from a network that enables mutual sharing of best practices and relationship building between CSOs.

Alternatively, current ERAT and ACE graduates can also be utilized to strengthen national and sub-national disaster response capacity by establishing programs to empower local CSOs. In doing so, output 3.2.2.2 of the AADMER Work Programme 2021-2025 can be achieved whilst strengthening local capacity.¹²² To collaborate with the AHA Centre's training efforts, governments can begin providing training to reach the local level. For example, in the Philippines, an interviewee suggested this top-down approach: *“from the regional to the provincial, and then the province to the municipalities up to the barangays, so we have we have the Disaster Risk Reduction and Management trainings, that are being cascaded [to] the local level.”*¹²³ Providing training programs for local-level actors provided them with resource mobilization experiences and lessons from other disaster-affected countries.

6.2.2 Allocate specific staff to Civil Society Organisation engagement

The relationship between AHA Centre and CSOs will benefit from a specific point person to manage resources and CSO engagement. One of the recommendations from an interviewee was to have a full-time staff from the AHA Centre to manage CSO engagement to ensure that engagement is consistent, and relationships can be built *“when they have, you know, dedicated staff to really work on it. Maybe the CSO engagement in the AHA Centre will be alive.”*¹²⁴ A focal point would provide a linkage between the AHA Centre and CSOs. Through this point of contact, the AHA Centre could directly communicate policies which could be put into implementation by the CSOs. Additionally, this approach would facilitate communications between CSOs and the AHA Centre.

6.2.3 Monitor and evaluate Civil Society Organisations engagement through robust indicators

The AHA Centre can engage in monitoring and evaluation of their current and future engagements with CSOs across their various platforms. To maintain their relationships with CSOs, databases can be established to ensure that key contacts for CSOs

¹²¹ ASEAN Secretariat, “AADMER Work Programme 2021-2025.”

¹²² ASEAN Secretariat.

¹²³ Interview 15.

¹²⁴ Interview 6.

across the region can be collated. This information can be invaluable in inviting CSOs to platforms for training, knowledge sharing, capacity building and more. During disasters and humanitarian crises, information can also be disseminated to and from CSOs on the frontlines, enhancing AHA Centre's mandate to act as a regional information center for disasters. The data collected from the monitoring and evaluation of CSOs engagement can be deployed in setting medium-to long-term strategies to expand their partnerships with CSOs.

6.2.4 Provide visibility platforms for local Civil Society Organisations

The AHA Centre can play its role as a regional thought-leader on disaster resilience and climate change by providing platforms for local CSOs to also contribute towards knowledge sharing of best practices in disaster management. Local CSOs have much experience in handling and responding to disasters in their local contexts. However, many of the innovations and best practices can be invaluable lessons for not only other local CSOs, but also other organisations and governments. The proposed knowledge sharing platforms can be targeted at local CSOs to provide a voice to local CSOs to share from their expertise and listen from others. In effect, these platforms could also provide visibility to local CSOs, one of the seven elements of localisation. In the aim of Priority Programme 5: Global Leadership in the AADMER Work Programme 2021-2025, ASEAN aims to be a regional thought-leader on disaster resilience and climate-related issues.¹²⁵ As such, through the AHA Centre, ASEAN can leverage on the localised expertise, wisdom, and innovations of the local organisations across the region to improve its knowledge management and enhance the overall capacity of disaster management of the region.

6.2.5 Use local resources to overcome the language barrier

One of the impediments of coordination across the regions and nations, as mentioned by both AHA Centre and interviewees, is language barrier. Local actors, growing from their communities, are proficient in no matter what local dialects or cultures that AHA Centre or other organisations are not familiar with. They had experience of coordinating in English and translating necessary materials. The AHA Centre could work with these dedicated persons in local CSOs to establish trust and bridge experiences, as well as aid and support. Furthermore, the national network of the AHA Centre can incorporate the train-the-trainer approach to bring more support and promote programs on the ground. This meets the need to “[engage] with local actors... to enhance the speed of the regional response. It will also help to customize the relief aid according to the local needs and cultural fit.”¹²⁶

6.2.6 Communicate with locals in real time during disasters

Information and data sharing is essential for promoting local capacity in disaster responses. The AHA Centre can share real-time disaster data with local organisations. This same information can be shared with stakeholders and can provide resources in disaster-affected areas. Therefore, “the efforts can go towards the target audience of local actors.”¹²⁷ Considering the wide territory and complicated situation of AMS, working with NDMOs to engage more CSOs in the data sharing mechanism is an effective option for the AHA Centre. NDMOs can go across to the local level to identify the qualified CSOs that can be brought into the data sharing mechanism and push out real-time data to local actors, facilitating efficiency on decision-making and humanitarian relief.

¹²⁵ Interview 6.

¹²⁶ AHA Centre, “Research Proposal.”

¹²⁷ SIPA Capstone Team, “Survey for ‘How Did COVID-19 Change Disaster Management Plans.’” 2021, <https://forms.gle/K6BL6PygYG1QbFja8>.

7. Recommendation for Future Studies

Due to the limitations of COVID-19, this report reflects the interviews and survey responses gathered in a remote environment. This physical distance limited the analysis to a digital platform and the English language. Further study would benefit from in-person or onsite research with a broader range of actors across the ASEAN region. Additionally, increasing the number of government officials and local level organisations would expand the diversity in considerations for localisation. To continue defining the work and localisation parameters, future teams can research and build relationships with local actors. Given the variety of languages across Southeast Asia, an in-depth study of localisation would benefit from utilizing translation services to enable information exchange with non-English speaking members of the humanitarian community.

It would be interesting to follow up and do a post-assessment on how the AHA Centre engaged with local actors after a natural disaster occurred and how they coordinate with these actors. An in-depth study of this would be pivotal to verify if changes have occurred between the AHA Centre and local actors and if recommendations were effective.

An in-person observation of how the AHA Centre collaborates with INGOs and NGOs and the training it provides to local NGOs would be essential to understanding shortfalls and challenges. Furthermore, compiling information on documented training in this report, including details on training frequency, participants, administrators, and curricula, followed by a data comparison, would expose more-nuanced training gaps. Additionally, follow-up interviews as well as training evaluations, ideally in person, would be beneficial to glean more detailed information about training as well as multi-year organizational training plans. Using training capabilities, agencies' priorities can be mapped and compared with the present analysis.

Additionally, the 2016 SIPA Capstone developed a list of ACE Programs with the focus on civil-military coordination and suggested enhancements to curriculum. This list can be updated to reflect what curriculum the ACE Programme implemented since 2016. Furthermore, future teams can research the role of NDMOs and find opportunities for them to build relationships with CSOs and aid in localisation. Alternatively, future teams can study the development of a network of CSOs to effect policy change across the AMS.

Appendices

Appendix 1 Interview Questionnaire

Interview Guide

[Conducted via telephone/video call]

This guide will direct the SIPA team's interviews of Local NGOs and National Societies in ASEAN (Association of Southeast Asian Nations) on: Improving Humanitarian Response: What are the near and longer-term impacts of the COVID-19 pandemic on localised efforts? The interviews will be conducted virtually via email, internet video link, survey or telephone call, for approximately 30-45 minutes.

Interview objective:

- What are the near and long-term impacts of the COVID-19 pandemic on localised efforts?
- What are the different stakeholders? (e.g., International NGOs, local NGOs, ASEAN Members' states) definition of localisation?
- How do the ASEAN member states work with any local organisations, if so which NGOs and in what capacity?

Part 1: Introduction

We are part of a team from Columbia University in the United States. We are working with the AHA Centre to help strengthen the ways ASEAN member States and local actors work together for disaster prevention during this pandemic. Although we are working together with the AHA Centre, we are not their employees. We will submit a final report on our findings to the university and to the AHA Centre. As [interviewee role], your opinions and experiences are very valuable, and we would like to learn more about your work.

Part 2: Consent

1. Do we have your consent to participate in this interview for our research?
2. In order to fully capture your ideas, we will take notes of our conversation. We would also like to record the interview to insure we don't miss any details. The recording will be deleted upon completion of the study at the end of May 2021. The recording will not be shared with anyone outside of our study team. Do we have your consent to record the interview?
3. If, at any point, you would like to stop the interview, you may say so. The information we collect from you will be used in a report; however, the information you share with us will be confidential. That means that we will not share your name in the report or attribute any responses to you. Additionally, if there is any information you would rather not use in our report, please feel free to let me know, either during or after our discussion.
4. Do you have any questions for us so far?

Part 3: Personal Background

1. What are your duties/responsibilities in this position?
 - a. (Do you take on any specific functions during a disaster or humanitarian response?)
2. Could you begin by sharing a little bit about the work your organisation/NGO does?

Part 4: Localisation

3. How would you define localisation?
 - a. *[If no: At the World Humanitarian Summit, it was declared that humanitarian action should be 'as local as possible, as international as necessary.' The term 'localisation' refers to the efforts to encourage a local humanitarian response. Other terms that can be interchangeable with 'localisation' include: 'local humanitarian action' or 'locally-led humanitarian action']*
[Refer to bottom of document for dimensions of localisation]
4. How were localisation efforts in Southeast Asia/in your country before COVID-19? How has that changed after COVID-19? Please provide examples.
5. What are the constraints and progress on localisation, before and after COVID-19?
6. Has your organisation taken efforts to encourage localisation in Southeast Asia? If so, how has your organisation supported localisation?

7. How can the humanitarian sector improve locally-led responses?
8. What do you consider to be localisation? Regional level / National level/ sub-national level or community level and why?

Part 5: AHA Centre

9. What, if any, is your working relationship with the AHA Centre?
 - a. [If there is] How can the AHA Centre improve localisation efforts in your area of operations?
 - b. [If there is none] How do you think regional bodies such as ASEAN as a whole can support locally-led efforts?
10. How can the ASEAN member states provide more support to local NGOs to take more responsibility and leadership?
 - a. (For ASEAN Governments) How can ASEAN member states provide more support to the AHA Centre?

Part 6. Adaptation of Humanitarian System due to COVID-19

11. How have you seen your organisation and/or your role change during COVID-19?
12. How will COVID-19 transform humanitarian architecture in the short or long run?
13. How has the pandemic affected the international (e.g. UN-affiliated organisations or international NGOs) presence in your field of work?
14. How do you think the regional contribution to a locally-led response will change? Do you think it will increase, decrease or remain relatively the same?

----- Only for ASEAN and NGOs that work in disaster relief -----

Part 7: Measuring and Evaluation Methodology and Data Collection

1. How does your organisation conduct any evaluation on disaster relief, crisis, aid programs?
 - a. Could you describe to us the type of evaluation work your organisation is doing?
2. What data is collected in your organisation about your programs/efforts?
 - a. How is the data collected? By who and when?

Part 8: Conclusion and Follow-up

Thank you so much for taking the time to answer our questions in such great detail.

1. Would it be alright if we contacted you for any follow up questions?
2. If you come across someone who could be helpful in this work, please feel free to send us their name or contact information.
3. We also do have a survey that we would appreciate if you could share with some of your colleagues. Would that be feasible?

End of Interview

Appendix 2 Interview Contacts

Category	Organisation	Location	Responded
INGO	Action Against Hunger	HQ office in France	x
INGO	Asian Disaster Reduction and Response Network (ADRRN)		
INGO	International Council of Voluntary Agencies	Thailand	
INGO	International Federation of Red Cross and Red Crescent Societies (IFRC)	Indonesia	x
INGO	Mercy Malaysia	Malaysia	x
INGO	Plan International	Philippines	x
INGO	Plan International	Indonesia	x
IO	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	Indonesia	x
IO	United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	Thailand	x
IO	World Food Programme (WFP)	Thailand	x
National	Global Logistics Cluster	Thailand	x
National	Adeso	Kenya	
National	CEO	Indonesia	
National	CODE -NGO	Philippines	
National	Fundacion Educacion Y Cooperacion (EDUCO)	Philippines	
National	IMARET (IMAM Response & Relief Team)	Malaysia	
National	Indonesian Red Cross	Indonesian	x
National	Local NGO	Indonesia	x
National	Muhammadiyah Disaster Management Center (MDMC), Indonesia	Indonesia	x
National	Philippine Red Cross	Philippines	x
National	Philippine Red Cross	Philippines	
National	Philippines Red Cross	Philippines	x
National	RedR Australia	Australia	x
National	RedR Australia	Lao	x
GOV	Indonesian Badan Nasional Penanggulangan Bencana (BNPB)	Indonesia	x
GOV	Office of Civil Defence, Philippines	Philippines	x
GOV	Viet Nam Disaster Management Authority (VDMA)	Viet Nam	x
PVT	Former UN OCHA	Myanmar	
PVT	Regional Adviser on Disaster Risk Reduction	Indonesia	x

Appendix 3 Survey Questions

Survey on “How did COVID-19 Change Disaster Management Plans?”

The AHA Centre is partnering with the Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM), based in Hawaii, United States, and the School of International and Public Affairs (SIPA) of Columbia University, in the United States, on a research project entitled “How did COVID-19 Change Disaster Management Plans?”

Through our research, we wish to gather your insights and experiences on the following themes:

1. The effect of COVID-19 on locally-led responses.
2. The lessons your organisation and other humanitarian actors learned during COVID-19.
3. The role that the AHA Centre and other organisations can play to enable locally-led responses.

The study’s objective is to understand the immediate and long-term impacts of the COVID-19 pandemic on localised efforts in disaster management and humanitarian assistance in the ASEAN region. The result of the study will be used internally by the AHA Centre to design future projects that can contribute to localisation. This survey is estimated to take about 20 minutes. Your views will be generalized and non-attributable to you or your organisation. There are a total of four sections.

Thank you. If you have queries on this survey, please contact the Fieldwork Coordinator, Mark Wood at mjw2239@columbia.edu.

* Required

Section One: Demographic Information

1. Your name: *
2. What city and country are you based in? (e.g., Jakarta, Indonesia) *
3. Your organisation name (e.g., Mercy Malaysia/WFP): *
4. Your position/title (e.g., Country Manager, Philippines): *
5. What type of organisation do you work for? *
 - A governmental organisation
 - An international organisation (conducts operations in more than one continent)
 - A regional organisation outside of ASEAN (conducts operations in a geographical region outside ASEAN)
 - A regional organisation inside ASEAN (conducts operations in multiple countries in ASEAN)
 - A national organisation (conducts operations in only ONE country)
 - A local organisation (conducts operations in a municipal or county level)
 - Other:
6. Select all that apply. You are directly and/or indirectly involved in the humanitarian responses in the following Southeast Asian nations: *
 - Brunei Cambodia Indonesia Lao PDR Malaysia Myanmar Philippines Singapore Thailand Viet Nam Timor Leste
 - All of the above (entire SEA region)
 - Other:

Section Two: Localisation

Q1: Do you agree with this definition of localisation that humanitarian action is "as local as possible, as international as necessary"? * (Yes or No)

Q2: Select all that apply. What organisational level do you consider local? *

- Regional level
- National level
- Subnational level (provinces, counties, municipalities)
- Community level
- Other:

Q3: Select all that apply. Which of the following dimension(s) define what localisation means to you? *

- Funding (e.g. increased proportion of funding to local/national organisations)
- Partnerships (e.g. reducing subcontracting, establishing more equitable relationships between local/national and international organisations)
- Capacity (e.g. institutional development of local/national organisations, capacity building efforts)
- Participation (e.g. increased inclusion of marginalized groups and affected communities in decision-making)
- Coordination (e.g. national actors have a greater presence and influence in coordination mechanisms)
- Visibility (e.g. national actors are recognized for their roles, results and innovations)
- Policy (e.g. national actors have a greater presence and influence in national and international policy debates)
- Other:

Q4: Rank the following dimensions of localisation in importance to the work you do, from 1 (Least Important) to 7 (Most Important). *

- Funding, Partnerships, Capacity, Participation, Coordination, Visibility, Policy

Q5: Select your top three choices. Which of the localisation dimensions should the humanitarian sector improve over the next 5-10 years? *

- Funding (e.g. increased proportion of funding to local/national organisations)

- Partnerships (e.g. reducing subcontracting, establishing more equitable relationships between local/national and international organisations)
- Capacity (e.g. institutional development of local/national organisations, capacity building efforts)
- Participation (e.g. increased inclusion of marginalized groups and affected communities in decision-making)
- Coordination (e.g. national actors have a greater presence and influence in coordination mechanisms)
- Visibility (e.g. national actors are recognized for their roles, results and innovations)
- Policy (e.g. national actors have a greater presence and influence in national and international policy debates)
- Other:

For the following questions, rank your response to the questions from 1 (Strongly Disagree) to 5 (Strongly Agree).

Q6: Your organisation made efforts to encourage locally-led efforts in Southeast Asia. *

Q7: Changes due to COVID-19 strengthened the partnerships between international actors and local/national actors in Southeast Asia. *

Q8: International organisations strengthened the capacity of local/national organisations in Southeast Asia. *

Q9: Local/national organisations received a sufficient amount of funding during COVID-19 in Southeast Asia.*

Q10: Local/national organisations received a sufficient proportion of funding compared to international organisations during COVID-19 in Southeast Asia. *

Q11: Local/national organisations increased responsibility in humanitarian response during COVID-19 in Southeast Asia. *

Q12: Changes due to COVID-19 increased local/national organisations' opportunities to participate in coordination meetings in humanitarian response in Southeast Asia. *

Q13: There is sufficient representation of local/national organisations than international organisations in coordination meetings in Southeast Asia. *

Q14: Local/national organisations are involved in the development of humanitarian policies and planning processes in Southeast Asia. *

Q15: Local/national organisations receive sufficient credit for their roles, results, and innovations in humanitarian responses in Southeast Asia. *

Q16: Overall, the changes due to COVID-19 have increased the importance of localisation in humanitarian response in Southeast Asia. *

Q17: What are examples of challenges to localisation in Southeast Asia? *

Section Three: AHA Centre

Q18: Select all that apply. Your organisation works with the AHA Centre in the following areas: *

- Coordination
- Disaster Information Management
- Knowledge and Outreach Resource
- Management/Logistics
- Trainings
- None of the above
- Other:

Q19: Rank your response from 1 (Strongly Disagree) to 5 (Strongly Agree). Regional organisations (organisations that operate in more than one country) are essential in furthering local-led responses. *

Q20: Select all that apply. What aspects of localisation can the AHA Centre contribute towards? *

- Funding (e.g. increased proportion of funding to local/national organisations)
- Partnerships (e.g. reducing subcontracting, establishing more equitable relationships between local/national and international organisations)
- Capacity (e.g. institutional development of local/national organisations, capacity building efforts)
- Participation (e.g. increased inclusion of marginalized groups and affected communities in decision-making)
- Coordination (e.g. national actors have a greater presence and influence in coordination mechanisms)
- Visibility (e.g. national actors are recognized for their roles, results and innovations)
- Policy (e.g. national actors have a greater presence and influence in national and international policy debates)
- Other:

Q21: What are some opportunities for the AHA Centre to improve localisation?

Section Four: Adaptations of Humanitarian System in COVID-19

Q22: Select all that apply. What are some of the most pressing challenges your organisation faces at this moment? *

- Logistical
- Financial (e.g. funding)
- Lack of staff/workforce
- Medical resources and protective equipment
- Communication (e.g. with other organisations, donors, etc.)
- Opportunities for knowledge, training and capacity building
- Access to disaster zones
- Other:

Q23: How have you seen your organisation and/or role change in humanitarian response during COVID-19?*

Q24: How do you think the regional contribution (i.e., contributions from outside the national jurisdiction where the crisis occurred) to a humanitarian response will change in Southeast Asia? *

- Increase
- Decrease
- Remain the same

Q25: What are the key lessons the humanitarian sector has learned in response to COVID-19 in Southeast Asia? *

Q26: How can the humanitarian sector improve its capacity to respond to future disasters during pandemics in Southeast Asia? *

Q27: What do you think the main humanitarian challenges will be in the next ten years? *

Appendix 4 Survey Respondents

Category	Organisation	Current Location	Location of Humanitarian Responses in Southeast Asian Nations
INGO	IFRC	Jakarta Indonesia	All of the above (entire Southeast Asian region)
INGO	IFRC	Kuala Lumpur	Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam, Timor Leste, All of the above (entire Southeast Asian region)
INGO	RedR Australia	Melbourne	Indonesia, Lao PDR, Myanmar, Timor Leste
National	Caribencana.id	Bogor, Indonesia	Indonesia
INGO	UMS	Kota Kinabalu Sabah Malaysia	Malaysia
GOV	Singapore civil defence force	Singapore, Singapore	Singapore
GOV	Office of Civil Defense	Manila, Philippines	Indonesia, Philippines
GOV	OCD	Philippines	Philippines
GOV	Singapore Civil Defence Force	Singapore	All of the above (entire SEA region)
GOV	BNPB	Jakarta, Indonesia	Indonesia
GOV	BNPB Indonesia	Jakarta, Indonesia	Indonesia
National	Indonesian Red Cross NHQ	Jakarta, Indonesia	Indonesia
INGO	Plan International	Jakarta, Indonesia	Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Thailand, Viet Nam, Timor Leste, and South Asia countries including the Pacific (Fiji, Solomon Island and PNG)
GOV	BNPB	Jakarta, Indonesia	Indonesia, Myanmar, Vanuatu
INGO	WFP/Global Logistics Cluster	Bangkok, Thailand	Cambodia, Indonesia, Lao PDR, Myanmar, Philippines
INGO	Plan Indonesia	Jakarta, Indonesia	Indonesia
INGO	Plan International Philippines	Philippines	Philippines
INGO	IFRC	Makati	All of the above (entire SEA region)
National	Philippine Red Cross	Philippines	Philippines
INGO	Fundacion Educacion Y Cooperacion	Caramoran, Catanduanes, Philippines	Philippines
INGO	International Federation of Red Cross and Red Crescent Societies	Kuala Lumpur	Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam, Timor Leste, All of the above (entire SEA region)
INGO	FAO regional office	Bangkok	Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Viet Nam, Timor Leste
INGO	Handicap International Federation (HI)	Phnom Penh, Cambodia	Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam, China, Afghanistan, Bangladesh, India, Nepal, Sri Lanka, Pakistan.

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- Interview 5. Interview by SIPA Capstone Team, March 2, 2021.
- Interview 6. Interview by SIPA Capstone Team, March 9, 2021.
- Interview 7. Interview by SIPA Capstone Team, March 8, 2021.

Interview 8. Interview by SIPA Capstone Team, March 11, 2021.

Interview 9. Interview by SIPA Capstone Team, March 15, 2021.

Interview 10. Interview by SIPA Capstone Team, March 16, 2021.

Interview 11. Interview by SIPA Capstone Team, March 11, 2021.

Interview 12. Interview by SIPA Capstone Team, March 16, 2021.

Interview 13. Interview by SIPA Capstone Team, March 17, 2021.

Interview 14. Interview by SIPA Capstone Team, March 18, 2021.

Interview 15. Interview by SIPA Capstone Team, March 19, 2021.

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