**2.5 Resource Mobilization (Humanitarian Financing, Supply and People)**

**Day 2:  12:15-13:15 (60 minutes)**

**Session Purpose:**

To explore the roles, responsibilities and accountabilities of cluster/sector coordinators, partners and stakeholders at this stage of the Humanitarian Programme Cycle.

**Learning Objectives:**

By the end of this session, participants will:

* Distinguish between three components of resource mobilisation: finance, supply and human resources.
* Identify the roles, responsibilities and accountabilities of sub-national cluster coordinators and partners in resource mobilization.
* Explain how an HRP, cluster plans and flash appeals are financially resourced.
* Relate capacity development to the delivery of quality emergency response.

*Note: Ideally the HUMANITARIAN FINANCING presentation should have input from an external speaker, for example from OCHA.*

**Outline of the Session:**

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| **Topic** | **Time** | **Guidance note for facilitator** |
| Group Work: Resource Mobilisation I | 15’ | * Introduce the elements of resource mobilisation and set up group work activity
* Group’s responses will be used and built upon through the session
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| Humanitarian Financing | 15’ | * 5 min for participants to give feedback which will be built through slides explaining the main humanitarian financing mechanisms.
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| Supply | 15’ | * 5 min for participants to give feedback.
* Emphasis of roles and responsibilities through slides. This session is mostly focused on the answers from the group work.
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| People | 15’ | * 5 min for participants to give feedback which will be built through slides.
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**Session Materials:**

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| **General** | **HO=Handouts (1 per person) and** **R =Resources (copy per instructions)** | **Electronic References** |
| PowerPoint presentationFlip ChartMarkers | 2.5 R Resource Mobilisation Questions x 2 | * References Financing
* References Human Resources
* References Supply
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**Facilitator Notes**:

**Resource Mobilization Introductory Exercise (15 minutes)**

Begin by reviewing the Resource Mobilization stage in the HPC, emphasizing that it emerges from the priorities and objectives established in the Flash appeal or HRP phase. NCC responsibilities include ensuring Nutrition Cluster has resources to support the Response Plans and to coordinate:

* Money
* Supplies
* People

Emphasise that resource mobilisation is an on-going process - in many cases, resources may be pledged or mobilised (such as staff) prior to the completion of the other phases of the HPC, or may be delayed.

In all cases, good evidence on the needs, priorities, perceptions and experiences of vulnerable and affected people can reinforce resource mobilisation strategies.

Also note the importance of prioritising use of local capacities in the response, and where appropriate, local materials, resources, etc. as part of the commitment to support and strengthen those capacities through funding allocations (i.e. Grand Bargain commitments on localisation).

**Group Work: Resource Mobilisation**

* Divide participants into 6 groups and distribute 2.5 R Resource Mobilisation Questions (two groups receive the same finance questions, two groups receive the same supply questions and two groups receive the same people questions).
* Explain that you will have groups report back throughout the session. Give the exercise instructions.
* Groups will have a set of questions that they will have 10 minutes to discuss in their groups. These answers will be shared with the group as the session goes through the different types of resources.

**Humanitarian Financing (15 minutes)**

Begin by asking both groups to feedback on their questions. 5 minutes for both groups to feedback.

Group 1

1. What funds do you know of that are used to finance the HRP and Cluster Plans?
2. What is the role of the sub-national cluster coordinator with regard to financing?

Follow by building on different areas through PowerPoint. Further information is provided on **Humanitarian Financing** and then more detailed information on CERF and Country Based Pooled Funds.

Essential CERF Criteria

* Nutrition Cluster project proposals put forward for CERF funding MUST meet the criteria so that they can benefit from this quick funding.
* If they are rejected, critical time is lost.
* It is the Nutrition Cluster’s responsibility to produce the wording of these proposals.
* Most important reasons for refusal of project proposals is that they do not meet CERF’s specific interpretation of live-saving and time-critical projects
* Projects vetted by the HC and application is coordinated by OCHA.
* *However, important to note growing movement to apply technical criteria, such as use of agreed standards and methodologies, and complement with criteria around quality AAP especially (especially, participation, localisation and complaints and feedback mechanisms) when assessing funding proposal.*

Clarify two critical terms for CERF:

* **Life-saving:** activities that within a short time span remedy, mitigate or avert direct physical harm or threats to a population or major portion thereof; can include common humanitarian services that are necessary to enable life-saving activities (air support).
* **Time-critical**: refers to necessary, rapid and time-limited actions required to minimize additional loss of lives and damage to social and economic assets.

**Country-based Pooled Funds** – replace the CHF and ERF which participants might formerly have worked with. They are now consolidated into CBPFs and are allocated according to projects which fit strategic objectives in the HRP. *This is also why clusters have such an important role to ensure technical quality and accountability (people-centred approaches) are integrated into strategic objectives.*

Using the PowerPoints discuss AAP and Key Messages.

* Resource mobilisation is informed by all elements of the HPC.
* The Nutrition Cluster often needs to rank and prioritise its projects and activities in relation to fundraising.
* Clear information about the funding mechanism, consultative development of the prioritisation criteria and process, and documentation of the outcomes can help to promote participation in fundraising.
* Communicating back to partners and communities on resource allocations and priorities helps build trust and manage expectations

Move on the role of Sub-national cluster coordinators and partners comparing the groups’ responses to the PowerPoint.

**SNCC**

* Advises national NCC on the key financial gaps for their sub-cluster and priority locations and activities to be funded
* Reviews projects submitted for the CBPF and provides comments to the national CC/Technical Steering Committee on appropriates, capacity to implement, potential gaps and overlaps
* Monitors that partners’ projects are in line with the HRP

Conclude this segment with Accountability to Affected People and Key Messages on Finance.

**Supply (15 minutes)**

Start this segment by asking the two Supply Groups to present their responses from the group exercise (5 minutes). The slides following the group work can be used to summarize the suggestions provided by the participants.

Group 2 Supply Questions

1. Define what are most frequently the needed supplies in nutritional emergencies?
2. What is the role of the sub-national cluster coordinator/partners with regard to these supplies?

The PowerPoint focuses on the role of the sub-national cluster coordinator and partners. Remind groups that there will be an extended exercise where they will practice going Supply Calculations later in the sessions.

**Typical Supplies:**

* To treat and/or prevent SAM and MAM;
* To treat and/or prevent micronutrient deficiencies (iron/folate, sprinkles, UNIMAP, vit.A, etc);
* To address needs for IYCF-E (hygiene kits, baby-kits, BMS, baby-tents, etc);
* Anthropometric equipment.

**SNCC**

* Identifies supply needs and updates planning figures
* Promotes national and international standards for nutrition supplies and equipment.
* Shares information on type/quantity of supplies/equipment.
* Facilitates the planning for prepositioning and delivery of supplies
* Coordinates amongst suppliers and anticipates import requirements

Finish the segment with Supply Key Messages:

* The NCC is responsible for **coordination** between Nutrition Cluster partners to ensure that **overall supply and equipment needs** for the emergency response are **regularly** **identified** and that the **Nutrition Cluster** as a whole can **identify and address any pipeline issues**
* Both the SNCC and the NC partners have important complementary roles to play in the SUPPLY process.
* There are various ways to improve the caseload calculations; we will look at some shortly.

**People (15 minutes)**

Begin by asking both groups to give feedback on their questions. 5 minutes for both groups to feedback. The slides following the group work can be used to summarize the suggestions provided by the participants.

Group 3 People Questions

1. Why is capacity development and capacity building an element of quality response to emergencies?
2. What is the role of the sub-national cluster coordinator with regard to capacity development?

Lead discussion on the definition of capacity and the differences between capacity development, capacity building and training (possibly by asking participants in pairs to consider the differences first). Emphasize that capacity development is usually more organizational while capacity building is usually more individual.

Also stress the importance of recognising and prioritising use of existing local capacities and resources, including communities themselves, local NGOS and first responder, and the need for capacity development to work towards more resilience and sustainable local to address current and future crises - minimising the need for international resources for programmes and coordination

Show the PowerPoint GNC Capacity Building Initiatives and ask participants whether they have every used the site for capacity building in their work. Present the various packages (including the training they are attending) and encourage them to explore the resources available.

Cover the SNCC and Partners’ roles in capacity building, comparing and contrasting to the groups’ responses:

**SNCC**

* Map capacities and establish mechanisms to prioritise needs
* Develop capacity building plans for sub-national level
* Liaise with other clusters on capacity building
* Identify and address any gender imbalances
* Implementation of capacity building plans
* Update and revise capacity building to reflect relevant needs

Finish this segment with Capacity Building and AAP and Key Messages on People:

* Capacity building activities need to be based on a clear assessment of available capacity – don’t forget to look at local actors first!
* Also take time to identify gaps and needs within the cluster member agencies including the national authority.
* There are a variety of options for capacity building activities – try to think of innovative and alternative approaches than just training
* Capacity building is a critical component of quality assurance for the Nutrition Cluster response and effective transition from the cluster response to nutrition sector coordination.

Finish the session by reviewing the three components of Resource Mobilization: Money, Supplies and People.