INDONESIA
CONTINGENCY PLAN

14 October 2011 update

Humanitarian Country Team
Indonesia
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### Glossary of acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>A.D.</td>
<td>Anno Domini / Before Christ</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<tr>
<td>ASEAN</td>
<td>The Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>BASARNAS</td>
<td>Badan SAR Nasional (National Search and Rescue Agency)</td>
</tr>
<tr>
<td>BMKG</td>
<td>Badan Meteorologi Klimatologi dan Geofisika (Meteorological, Climatological and Geophysical Agency)</td>
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<tr>
<td>BNPB</td>
<td>Badan Nasional Penanggulangan Bencana (National Agency for Disaster Management)</td>
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<tr>
<td>CAP</td>
<td>Consolidated Appeals Process</td>
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<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CHAP</td>
<td>Common Humanitarian Action Plan</td>
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<tr>
<td>CP</td>
<td>Contingency Plan</td>
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<tr>
<td>DM</td>
<td>Disaster Management</td>
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<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ER</td>
<td>Early Recovery</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
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<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<tr>
<td>FSCO</td>
<td>Field Security Coordination Officer</td>
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<tr>
<td>GoI</td>
<td>Government of Indonesia</td>
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<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>HC/RC</td>
<td>Humanitarian Coordinator / Resident Coordinator</td>
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<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>HQ</td>
<td>Headquarter</td>
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<tr>
<td>HRF</td>
<td>Humanitarian Response Fund</td>
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<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IM</td>
<td>Information Management</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>MMI</td>
<td>Modified Mercalli Intensity scale</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MONE</td>
<td>Ministry of National Education</td>
</tr>
<tr>
<td>MORA</td>
<td>Ministry of Religious Affairs</td>
</tr>
<tr>
<td>MOSS</td>
<td>Minimum Operational Security Standards</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NFIs</td>
<td>Non Food Items</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Government Organizations</td>
</tr>
<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>PMI</td>
<td>Palang Merah Indonesia (Indonesian Red Cross)</td>
</tr>
<tr>
<td>RS</td>
<td>Richter Scale</td>
</tr>
<tr>
<td>SARS</td>
<td>severe acute respiratory syndrome</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TNI</td>
<td>Tentara Nasional Indonesia (Indonesian military)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNDSS</td>
<td>United Nations Department of Safety and Security</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNTWG DRR</td>
<td>United Nations Technical Working Group for Disaster Risk Reduction</td>
</tr>
<tr>
<td>VEI</td>
<td>Volcanic Explosivity Index</td>
</tr>
<tr>
<td>VHF</td>
<td>Very high frequency</td>
</tr>
<tr>
<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
Executive Summary

Indonesia is a nation prone to natural disasters. As a tropical country located at the boundary of the Eurasia, Indo-Australia and Pacific plates, the archipelago is susceptible to a number of hazards. The consequences of a potential disaster depend on the scale of the hazard itself and the population density in the affected area. Pockets of geographic isolation may hinder humanitarian response and exacerbate the impact of the disaster, similar to if a disaster struck in a high density area, such as the 2009 West Sumatra and West Java earthquakes, where the number of casualties drastically increased.

The hazards and risks particular to Indonesia include active volcanoes, earthquakes and tsunamis, floods and landslides, forest fires/haze, and droughts. Additionally, other hazards such as a potential pandemic and the consequences of urban unrest in major cities across the country need to be addressed considering the large concentration of population in certain areas.

In order to tackle those risks, the Indonesia HCT agreed to include three scenarios within its Contingency Plan (CP): medium scale and large scale. In introducing these scenarios, a breakdown and description of the potential affected areas is included, as well as the persons in need of assistance, the intervention objectives, the interveners and the duration. The scenario exercise also identifies the constraints to responding to disasters, including logistical, capacity and geographical restraints. With the identification of these constraints, the planning assumptions and main humanitarian consequences also emerge and through these scenarios, the CP maps out how each cluster will direct their response.

The objective and strategy of the CP is to ensure that adequate arrangements are made in advance by the specific clusters to ensure a timely, effective and coordinated response to a disaster. The planning process also strengthens the coordination with, and support to, GoI within the framework of overall emergency preparedness.

If a major disaster strikes, the Humanitarian Coordinator (HC) will activate the CP and will be responsible for its overall coordination. Following the IASC guidelines, the management of the coordination arrangements is mapped out by clusters, the agency responsible and the technical support required.

The Standard Operating Procedures (SOP) outline the activities that should be adhered to when a disaster occurs including the chronological steps, information strategy and financial mobilization needed to ensure an appropriate and effective response.

In Indonesia, the humanitarian operation will engage the following clusters: Agriculture (lead by FAO), Education (UNICEF and Save the Children), Emergency Shelter (IFRC as convener1), Food and Nutrition (WFP and UNICEF), Health (WHO), Logistics (WFP), Emergency Telecommunications (WFP), Protection (Child Protection and Gender-Based Violence – UNICEF and UNFPA), Water, Sanitation and Hygiene (UNICEF) and Early Recovery (UNDP). Cross cutting issues incorporated into the CP include gender, environment and human rights considerations.

The support services that each cluster provides include coordination, information management, security and communications specific to each cluster. The CP will provide preliminary emergency assistance which will give way to the transition period and early

1 In accordance with the IASC Guidance Note on the Use of the Cluster Approach, the definition of “Lead Agency” includes conditions which are not in accordance with the terms of the Memorandum of Understanding between IFRC and UN OCHA. In practice, the term “convener” also reflects the role of the International Federation Shelter Coordination Team in facilitating interagency collaboration by the cluster partners to address shelter-related issues in the emergency response.
recovery. Each of the ten clusters highlights its specific response plan including the main intervention objective, the key actions and the identification of partners and GoI ministries/departments/agencies. Moreover, each cluster provides an inventory of resources currently available including personnel, equipment and materials which simultaneously underlines the gaps, which were identified through assessment, that need to be addressed.

With careful planning, mapping of resources and strategic preparedness actions, the CP offers an opportunity to diminish the devastation caused by natural disasters and to reduce the impact on the lives and livelihoods of people in Indonesia.
2. Hazard and Risks Analysis

The 2011 Global Assessment Report on Disaster Risk Reduction reported that more than five million people and two percent of Indonesia Gross Domestic Product located in tsunami-exposed areas.

According to the UN Global Assessment on Disaster Risk Reduction in 2009, Indonesia is one of the world’s most susceptible nations to natural disasters. During the period 1980-2008, there were 293 natural disaster “events” in Indonesia, which claimed 189,615 lives, affected 18,195,948 people and caused an estimated 21.2 billion dollars in economic losses. In an average year, 627,446 Indonesians are affected by natural disasters.

Based on human exposure modeling data, Indonesia is currently ranked:
- 1st of 265 countries and special territories for potential population exposed to a tsunami (5,402,239 people at risk);
- 1st out of 162 countries and special territories for potential population exposed to landslides (197,372 people at risk);
- 3rd of 153 countries and special territories for population exposed to earthquakes (11,056,806 people at risk);
- 6th of 162 countries and special territories for population exposed to floods (1,101,507 people at risk).

Population density and the overall size of the population contribute to Indonesia’s high global rankings, as do the frequency and intensity of its natural disasters.

The country is also quite prone to volcanic eruptions and epidemics, with 34 volcanic eruptions and 29 epidemics recorded from 1980-2008. Earthquakes and, in some cases, related tsunamis, accounted for 95% of the loss of life during the same period. Floods (3%) and epidemics (2%) account for the balance of fatalities. Cyclones, droughts and wildfires all constitute significant hazards, with drought-induced wildfires causing enormous economic and material losses in the period 1997-1998.

The ten deadliest disasters during the current period 1980-2010 include:

<table>
<thead>
<tr>
<th>Type of Disaster</th>
<th>Year</th>
<th>Fatalities</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earthquake and Tsunami</td>
<td>2004</td>
<td>165,708</td>
<td>Indian Ocean 9.1 RS</td>
</tr>
<tr>
<td>Earthquake</td>
<td>2006</td>
<td>5,778</td>
<td>Yogyakarta and Central Java 6.3 RS</td>
</tr>
<tr>
<td>Earthquake</td>
<td>1992</td>
<td>2,500</td>
<td>Flores 7.8</td>
</tr>
<tr>
<td>Earthquake</td>
<td>2009</td>
<td>1,117</td>
<td>West Sumatra, 7.6 RS</td>
</tr>
<tr>
<td>Earthquake</td>
<td>2005</td>
<td>915</td>
<td>Nias 8.7 RS</td>
</tr>
<tr>
<td>Earthquake</td>
<td>2006</td>
<td>802</td>
<td>Tasikmalaya, South Java 7.7 RS</td>
</tr>
<tr>
<td>Epidemic</td>
<td>1998</td>
<td>777</td>
<td>Dengue Type 3 Jakarta most affected</td>
</tr>
<tr>
<td>Drought</td>
<td>1997</td>
<td>672</td>
<td>Jayawijaya in central Papua most affected</td>
</tr>
<tr>
<td>Epidemic</td>
<td>1998</td>
<td>672</td>
<td>Rabies Outbreak in Flores</td>
</tr>
<tr>
<td>Epidemic</td>
<td>2004</td>
<td>658</td>
<td>Dengue Type 3 Jakarta most affected</td>
</tr>
</tbody>
</table>

During 2009, an additional two earthquakes in West Java and West Sumatra claimed 81 and 1,117 lives respectively. It is of special note that the frequency and intensity of seismic
disasters has spiked during the period 2004-2009, as have related fatalities, perhaps in part due to climate change. This trend will likely continue and perhaps accelerate due to continuing climate variability and population pressures.

The population affected by the disasters is more evenly distributed by disaster type over the period 1980-2008, although the measure does not examine the differential extent of impacts, and would, for example, count a person displaced by a flood for two weeks, or an earthquake for three years, as “affected.”

Volcano eruptions
There are at least 129 active volcanoes across the country, representing 13% of active volcanoes in the world. The major parts of these are located on the island of Java, which is also the most densely populated island in Indonesia. Due to the soil fertility in this area, many of the areas surrounding the volcanoes are inhabited by moderate to highly dense populations, which could eventually place tens to hundreds of thousands of people in vulnerable conditions once a volcano shows increased activity. Directorate of Volcanology and Geophysical Hazard Mitigation, Ministry of Energy and Mineral Resources are the responsible institutions to monitor the volcano activities and provide early warning. Moreover, there are indications that an earthquake could trigger or increase the volcanic activities of some mountains.

The country has historically been an epicentre for great disasters, particularly volcanic eruptions. In 1883, the eruption of Krakatau in the straights between Java and Sumatra was one of the most violent volcanic eruptions in modern history, causing over 36,000 deaths and demolishing 165 villages, with a Volcanic Explosive Index (VEI) of 6. With a VEI of 7, the eruption of Mount Tambora on Subawa in 1816 was one of the deadliest eruptions in recorded history, killing 11,000-12,000 people directly and creating global climate anomalies. Another 60,000-80,000 are believed to have died in its aftermath due to drought and starvation. Mount Kelud in East Java is said to have erupted 30 times since 1,000 A.D. Two of these eruptions are associated with large loss of life, including a 1586 eruption that killed 10,000 people, and a 1919 eruption that killed 5,115 in its hot mudflows.

Earthquakes and tsunamis
Indonesia is an archipelago located at the boundary of the Eurasia, Indo-Australia and Pacific tectonic plates, which makes the country highly prone to earthquakes. Underwater
earthquakes pose an additional threat by increasing the possibility of generating devastating tsunamis. The Indonesian Meteorology, Climatology and Geophysics Agency (BMKG) records every earthquake at the minimum scale of 5 RS and shares information with government and non-government institutions and individuals, through text messages. Earthquake alert is also conveyed through siren, radio communication, fax and media broadcast. In 2009, BMKG reported 550 earthquakes with a magnitude of 5.0 or above on the Richter scale. The following is the list of earthquakes occurring in the last four years that caused significant destruction:

<table>
<thead>
<tr>
<th>Time</th>
<th>Magnitude</th>
<th>Affected Area</th>
<th>Figures</th>
<th>Length of Emergency Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2009</td>
<td>7.9 RS / X MMI</td>
<td>West Sumatera</td>
<td>1,117 died, 2,902 injured, 114,483 severely damaged houses, 67,182 moderate damaged and 68,913 slightly damaged houses</td>
<td>Two months then reduced to one month</td>
</tr>
<tr>
<td>Sept 2009</td>
<td>7.3 RS / VIII MMI</td>
<td>West Java and Central Java</td>
<td>Damage and loss: USD 879 million</td>
<td>One month</td>
</tr>
<tr>
<td>Sept 2007</td>
<td>8.4 RS / VIII MMI</td>
<td>Bengkulu and West Sumatera</td>
<td>25 died, 162 injured, Damaged houses: 17,965 severely, 21,035 moderate and 49,496 slightly</td>
<td>1.5 month</td>
</tr>
<tr>
<td>March 2007</td>
<td>6.3 RS / VIII MMI</td>
<td>West Sumatera</td>
<td>67 died, 826 injured, 136,834 IDPs, Damaged houses: 12,948 severely, 12,801 moderate, 17,970 slightly</td>
<td>1 month, extended into 2 months for worst affected areas.</td>
</tr>
<tr>
<td>July 2006</td>
<td>6.8 RS / (followed by tsunami)</td>
<td>West Java</td>
<td>690 died, 449 injured, 22,521 IDPs, 1,908 heavily damaged houses, 514 slightly damaged houses</td>
<td>1 month</td>
</tr>
<tr>
<td>May 2006</td>
<td>5.9 RS / VIII MMI</td>
<td>Yogyakarta and Central Java</td>
<td>5,716 died, 37,927 injured, Damages: 306,234 collapsed/heavily damaged houses, Damage and loss: USD 3.1 billion</td>
<td>2 months</td>
</tr>
</tbody>
</table>

**Floods**

Torrential rains, combined with poor river and/or drainage management and changes in land use (both upstream and downstream), may lead to localized floods. Again, due to the density of population living in many of these areas, floods could affect between hundreds and tens of thousands of people. Many areas experience flash floods due to their geographical location. Poor waste management may exacerbate those conditions and trigger more severe consequences, i.e. post flood typical diseases / outbreak. Some coastal areas may also be affected by high tides. Small islands are likely to be more economically vulnerable. Historically, floods usually occurred in the western part of Indonesia, which experienced higher amounts of rainfall per year as compared to eastern Indonesia. However, due to climate change, most parts of the country are currently vulnerable to flooding. In some lowland areas, floodwater remains for months, damaging crops and agriculture land. Flood early warning information is issued by inter-governmental organizations, which are Ministry of Public Works, Ministry of Energy and Mineral Resources, and BMKG. In National Plan for
Disaster Management, 176 districts or regencies in 29 provinces are considered as high risk areas.

**Landslides**
Landslides are likely to occur in high slope areas during rainy season. Earthquakes may lessen the solidity of soil, which make landslides occurrence more likely. Furthermore, scientists claim that most of the land in tropical areas is unstable as it has lost much of its footholds, with a tendency to easily collapse, particularly in areas with very steep slopes. Early warning of landslides and maps of vulnerability to landslides are issued by Ministry of Energy and Mineral Resources. Government identified 154 districts or regencies in 26 provinces as high risk areas for landslides.

**Forest fires / Haze**
Forest and land fires usually occur during the dry season. The welfare and education of the communities living in and around forests are the main factors underlying those forest and land fires. Moreover, irresponsible actions of entrepreneurs of forest concession rights, tied with the lack of law enforcement, may cause major forest fires. Haze and forest fires in Sumatera and Kalimantan may indirectly affect millions of people even though the number of fatalities could be anticipated to be low. In peat land, commonly found in Sumatera and Kalimantan, hot coal may remain in some metres below surface, which makes the fire difficult to fully extinguish. The last major forest fire was in the dry season of 2006.

**Droughts**
Droughts are common when the dry season is exceptionally long in certain regions, particularly eastern Indonesia. An extended dry season may lead to crop failures and will affect malnutrition rates of the most vulnerable in the affected areas. Indonesia experienced extreme El Nino conditions in 1997 which contributed significantly to a severe drought.

**Cyclones and high tides**
Tropical cyclones and changes in the regional climate have affected many parts of the country, but it is difficult to predict which particular areas will be hit by cyclones. Historically, cyclones have not claimed many in terms of casualties, but their indirect impact (for example: decreased access to basic needs due to interrupted logistic supplies/economic activities for about a week) in particular to small islands and areas inaccessible by road, is a valid concern.

**Epidemics**
Indonesia is often considered a “hot spot” for both emerging and re-emerging infectious diseases. Indonesia is a large country of 230 million people in more than 500 districts on over 12,000 inhabited islands. It accounts for approximately 40% of both the total population and the total land mass of the 10 ASEAN nations. Deforestation, habitat destruction, climate change and unusual rainfall and/or flooding patterns, as well as population density and high travel, all contribute to increased human exposure to disease vectors and the acceleration of infectious zoonotic diseases that are transmitted from animal to human populations. Indonesia has been severely affected by the lethal avian influenza (H5N1) virus since 2004; as of August, 2011, 178 cases of the disease had been recorded, and 146 lives claimed.

Reemerging infectious diseases are also noteworthy in Indonesia. Dengue and dengue hemorrhagic fever appeared in the 1970s, with peak outbreaks in 2004 of 78,690 cases and over 900 deaths. While concentrated in Jakarta, dengue is now present in 29 of Indonesia's 33 provinces. In May 2005, polio resurfaced in Indonesia with a virus strain suspected identical to the one that caused outbreaks in Nigeria. Over 300 children were infected before the disease was again eradicated in 2008. Rabies has resurfaced in Indonesia in the last few
years, and Indonesian authorities have now confirmed cases in 25 of 33 provinces. The rabies emergence in Bali since late 2008 has resulted in 65 fatalities as of July, 2010 and triggered widespread public anxiety. Thousands of cases of chikungunya have also been reported in 2010, resulting in considerable illness and loss of productivity in affected regions.

In addition to these infectious diseases, Indonesia is burdened by chronic diseases. It ranks third on the list of 22 high-burden tuberculosis (TB) countries in the world, with an estimated 528,063 new TB cases in 2009. Indonesia has one of Asia's fastest-growing HIV epidemics, and up to 280,000 people were living with HIV out of the total population of 235 million as of late 2008. Malaria is endemic to vast tracts of land in eastern Indonesian and Sumatra, and approximately 18.6 million Indonesians per year suffer from the disease, with some 35,000 fatalities.

Epidemics, by definition, occur when there is an unusual incidence of disease within a community or region during a given timeframe. The determination of an epidemic's "emergency" status is bound to vary from country to country in accordance with a host of factors. Some epidemics are characterized by sudden and severe outbreaks of diseases with high potential for human morbidity and mortality which disrupt social and economic systems, such as SARS. New or "novel" emerging diseases such as avian influenza often fit this profile, as the population often has little immunity to them. Other epidemics involve slower-onset increases in the incidence of chronic or endemic diseases, such as HIV-AIDs, or dengue haemorrhagic fever. At some stage, a slow-onset endemic disease can reach a critical prevalence level that constitutes a social and economic crisis, for example, the phenomenon of AIDS orphans in African countries.

If the human, economic and political consequences are profound enough, an epidemic can cause a complex emergency in its own right, as happened globally with Spanish influenza in 1918-1919, and SARS in Hong Kong in 2003. Other types of epidemics are more likely to be adjuncts to other disasters, and, if not properly managed, can cause a "second wave" of deaths. Sudden localized catastrophes like earthquakes, flash floods, and tsunamis or civil unrest can cause the massive population displacement, as well as the destruction of infrastructure and breakdown of vital services. Crowded temporary living facilities can give rise to contagious diseases such as measles, mumps and rubella, particularly when there are pre-existing gaps in immunization levels. Sudden loss of clean water and sanitation can lead to the introduction of waterborne pathogenic diseases such as E. coli, salmonella, dysentery and cholera. Significant environmental changes occasioned by such events as floods can likewise affect the human and microbe balance, and lead to an intensification of exposure to pathogens.

3. Scenarios and Planning Assumptions

3.1. Medium Impact Scenario (GoI welcomes in-country international assistance)\(^2\)

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\(^2\) Scenario is based on Mt. Merapi eruption in 2010, but please note that similar case may happen in other parts of Indonesia, where infrastructure and government capacity are not as good as the ones in Mt. Merapi.
A volcano erupts in a densely populated area spreading ashes for kilometers. A mass evacuation is undertaken of population living within a 10km radius of the volcano. An estimated 70,000 people have been evacuated. With the massive increase of eruption, officials declare the safe zone area beyond 20km leading to further evacuations with an estimated 400,000 IDPs evacuated. Registration of the displaced population is a challenge because of constant movement between sites by IDPs. The eruptions cause 400 casualties and 450 major injuries resulting in hospitalization. It is estimated that 2,000 houses are heavily damaged, 5,000 moderately damaged and at least 9,000 houses are slightly damaged. In addition, 45 schools, 200 places of worship, 15 hospitals and health facilities and 80 government and public building are also damaged at various levels. Some bridges were damaged due to eruption and cold lava, while other infrastructure such as electricity, road and telecommunication networks remained in function. The eruption has caused economic disruption in the affected province. With the volcano showing decreased activity after one month of eruptions, the government shifts its focus from emergency activities to early recovery. Government of Indonesia does not immediately request or agree to accept international assistance for the first stage of the response; however, it welcomes in-country international assistance.

### Affected areas
Four districts in two provinces are affected.

### Persons in need of humanitarian assistance
400,000 IDPs.  

### Intervention objectives
Save lives and protect the rights of people in emergency affected areas.

### Interveners
Local communities, individual and grouped volunteers, local and national government, military, police, religious groups, private sectors, universities, UN Agencies, Red Cross society, national and international NGOs.

### Duration
<p>| | |</p>
<table>
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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response</td>
<td>2 months</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>4 months</td>
</tr>
<tr>
<td>Rehabilitation &amp; Reconstruction</td>
<td>2 years</td>
</tr>
</tbody>
</table>

### Constraints
- Local and provincial governments have some capacity to respond, but a coordinated response is one of the main challenges.
- Affected population living in scattered IDP sites, which are managed by government or spontaneously initiated by communities.
- Difficulty to find adequate land for evacuation of IDPs with their livestock.
- Time gaps exist between Emergency Response and Early Recovery and between Early Recovery and Rehabilitation & Reconstruction.
- Low quality of information management due to poor data collection from all affected districts. Some baseline data are available.
- GoI and International organizations are yet to discuss and agreed on funding mechanism (for example: replenishment of stockpiling)

### Planning Assumptions and Main Humanitarian Consequences
- Livelihoods opportunities hampered by emergencies and crops are destroyed.

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3 This does not mean 400,000 people in need of international assistance
- Increased risk of epidemics, including diarrheal diseases, malaria, cholera and measles. There are signs of communicable disease outbreak.
- Disruption of education services and reduced access to basic social services.
- There are indications of psychosocial concerns among affected people.
- Increased vulnerability of minority groups.
- Major disruption of water distribution channels.
- Most of Posyandu (integrated health post) stop functioning
- Airport closed and flights diverted to another airport in the same island (distance between two airport is approx. 100 kilometres)

### 3.2. Medium impact scenario

A 7.9 Richter Scale earthquake hit a densely populated area during the night. A total of 1,195 persons died, 8 missing, 619 severely injured and 1,179 slightly injured. The earthquake damaged major infrastructure and houses. It is estimated that 80,000 houses are heavily damaged, 95,000 moderate damage and 125,000 houses are slightly damaged. Besides that, 2,500 schools, 2,000 places of worship, 125 hospitals and health facilities and 800 government and public building are also damaged at various levels. Port and airport remain open with limited capacity, while electricity and telecommunication networks were cut off and the water system is paralyzed.

<table>
<thead>
<tr>
<th>Affected areas</th>
<th>Five districts in one province are affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons in need of humanitarian assistance</td>
<td>1,250,000 people are affected.</td>
</tr>
<tr>
<td>Intervention objectives</td>
<td>Save lives and protect the rights of people in emergency affected areas.</td>
</tr>
<tr>
<td>Interveners</td>
<td>Local and national government, local communities, religious groups, private sectors, universities, UN Agencies, Red Cross movement, national and international NGOs, military and other international organizations.</td>
</tr>
<tr>
<td>Duration</td>
<td>Emergency Response 2 months</td>
</tr>
<tr>
<td></td>
<td>Early Recovery 4 months</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation &amp; Reconstruction 2 years</td>
</tr>
</tbody>
</table>

**Constraints**

- Varied capacities of Disaster Management agencies at those five districts.
- Coordination mechanism is in place at local and provincial level, with support from national government.
- Urban and rural populations are affected by the disaster.
- Damaged infrastructure and facilities not built according to standards, and located in disaster prone areas (especially to earthquake and tsunami)
- Poor or no drainage systems in place in urban areas, and large scale deforestation in rural areas
- Few main access roads
- Poor baseline data
- Social and other constraints on vulnerable groups (women, children, elderly and diffable people) restricting their access to emergency response information and impede time-efficient action when disaster is imminent or strikes.
Planning Assumptions and Main Humanitarian Consequences

- Livelihoods opportunities hampered by emergencies; crops are destroyed.
- IDPs stay near their houses and no big IDP sites
- Major destruction and damage of infrastructure (health, schools, water system, roads, bridges) and logistical facilities.
- Population displaced, stranded or trapped in villages, killed, buried or wounded
- Children separated from caregivers and increased vulnerability of children, women, elderly, disabled and chronically ill in all portrayed scenarios.
- Outbreak of communicable diseases
- Increased risk of epidemics, including diarrheal diseases, malaria, cholera and measles
- Disruption of education services and reduced access to basic social services
- Gender implications of the disaster: changes in the division of tasks between men and women at household and community levels, and in their access to and control over productive resources
- Significant number of IDPs experience psychological trauma
- Increased risk of gender-based violence
- Increased risk of STD/HIV transmission; reduced availability of and access to HIV and AIDS prevention and treatment services
- Crop, livestock and household assets losses
- Increased vulnerability of minority groups
- Protection and human rights threats, including land and property rights.
- Varied level of awareness and capacities of humanitarian/relief organizations on certain issues, such as protection
3.3. Large impact scenario

A large earthquake with associated tsunami occurs in a heavily populated area of Indonesia, at a time of a major holiday when government officials are not easily reachable. Health services, telecommunication networks, water systems, public facilities, electricity, fuel outlets, and transportation infrastructures including ports and airport are disrupted. The number of affected people is estimated at 2,000,000, while around 600,000 people need immediate assistance. The death toll amounts to 55,000 persons and more than 100,000 persons have been injured. In terms of damage at least 300,000 houses have been totally destroyed and 375,000 houses moderately damaged. Social disruption is evident; for instance, adults and children are seen on the street begging and a number of children were reportedly orphaned and sent to orphanage outside of the province.

<table>
<thead>
<tr>
<th>Affected areas</th>
<th>Eight districts in 2 provinces.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons in need of</td>
<td>2,000,000 affected populations</td>
</tr>
<tr>
<td>humanitarian assistance</td>
<td></td>
</tr>
<tr>
<td>Intervention objectives</td>
<td>Save lives and protect the rights of people in affected areas</td>
</tr>
<tr>
<td>Interveners</td>
<td>Local and national government, local communities, religious groups, private sectors, universities, UN Agencies, Red Cross movement, national and international NGOs, military and other international organizations.</td>
</tr>
<tr>
<td>Duration</td>
<td>Emergency Response 3 months, Early Recovery 6 months, Rehabilitation and Reconstruction 3 years</td>
</tr>
</tbody>
</table>

**Constraints**

- Local and provincial governments have some capacity to respond, but a coordinated response is one of the main challenges.
- Disaster hits high densely populated in urban areas and sparse rural population.
- Damaged infrastructure and facilities not built according to standards, and located in disaster prone areas (especially to earthquake and tsunami).
- Poor or no drainage systems in place in urban areas, and large scale deforestation in rural areas.
- Few main access roads.
- Poor baseline data.
- Social and other constraints on vulnerable groups (women, children, elderly and disabled people) restricting their access to emergency response information and impede time-efficient action when disaster is imminent or strikes.

**Planning Assumptions and Main Humanitarian Consequences**

- 60% of disaster affected populations is in IDP sites, and the remaining stays at dispersed communities.
- Decreased freedom of movement and related livelihoods opportunities hampered by emergencies; crops are destroyed.
- Major destruction and damage of infrastructure (health, schools, water system, roads, bridges) and logistical facilities.
- Population displaced, stranded or trapped in villages, killed, buried or wounded.
• Children separated from caregivers and increased vulnerability of children, women, elderly, disabled and chronically ill in all portrayed scenarios.
• Increased risk of epidemics, including diarrheal diseases, malaria, cholera and measles
• Disruption of education services and reduced access to basic social services
• Gender implications of the disaster: changes in the division of tasks between men and women at household and community levels, and in their access to and control over productive resources
• Increased risk of gender-based violence
• Significant number of IDPs experience psychological trauma. Some of them need serious treatment.
• Increased risk of STD/HIV transmission; reduced availability of and access to HIV and AIDS prevention and treatment services
• Crop, livestock and household assets losses
• Malnutrition
• Food insecurity
• Increased vulnerability of minority groups
• Protection and human rights threats, including land and property rights.
• Varied level of awareness and capacities of humanitarian/relief organizations on certain issues, such as protection
• Closest international airport in the same island with distance between 200 – 400 kilometres to districts affected by disaster
• About 5% of total affected people live in a small island with poor infrastructure.

Gender – Experience in Indonesia and elsewhere shows that disasters affect men, women, girls and boys differently. Their different activities mean they are often in different places or in buildings of varying structural integrity when disaster strikes. These factors overlay existing local conditions which also contribute to differential gender impact. The Rapid Assessment team should consider the different needs, capacities and insights of women, men, boys and girls.

3.4. Early Warning Indicators and Triggers for Response

As earthquakes happen almost daily in Indonesia, it very much depends on the scale of the disaster rather than just the occurrence of the disaster itself. There is a need to put a mechanism in place which identifies if a specific indicator is a trigger or not in a specific location. In order to have identifiable triggers, the number of people affected and the government capacity to respond to a specific disaster is also a prerequisite for triggering the response mechanism. Next to real-time earthquake information is provided by BMKG, together with tsunami warning when applicable.

3.5. Monitoring Arrangements

The Humanitarian Country Team (HCT) will periodically conduct the monitoring of the situation and updating of early warning indicators as a standing item on the agenda. The HCT will, at its regular meetings, review the recommendations and eventually call for a revision of the Contingency Plan.

The humanitarian operation will focus on ten clusters:

<table>
<thead>
<tr>
<th>Clusters / Sectors</th>
<th>Cluster Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>FAO</td>
</tr>
</tbody>
</table>
• Early Recovery: UNDP
• Education: UNICEF & Save the Children
• Emergency Shelter: IFRC (Convenor)
• Emergency Telecommunications: WFP
• Food & Nutrition: WFP & UNICEF
• Health: WHO
• Logistics: WFP
• Protection (Child Protection and Gender-Based Violence): UNICEF & UNFPA
• Water, Sanitation & Hygiene: UNICEF

Support services during the entire operations will include coordination, security and communications.

Cross cutting issues to be monitored include Gender, Environment and Human Rights. Experience in Indonesia and elsewhere shows that disasters affect men, women, girls and boys differently. Their different activities mean they are often in different places or in buildings of varying structural integrity when disaster strikes. These factors overlay existing local conditions which also contribute to differential gender impact. Some gender-sensitive indicators will be formulated to assess the different impact of any humanitarian intervention on men and women. The emergency response and assistance will be conducted with consciousness to potential impacts to environment, both directly and longer term. Through this Contingency Plan, the GOI will be supported to continue its efforts to comply with CRC (Convention on the Rights of the Child) and CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women).

The emergency assistance will be gradually diminished while early recovery programmes in selected clusters will lay the groundwork for the transition to full recovery. Early Recovery is one of the clusters and also a Network. As a Cluster, its aim is to cover areas, for example governance, environment, infrastructure, or livelihoods, that are not covered by the other clusters, while the Early Recovery Network is developed to ensure early recovery interventions within the context of each cluster are planned and implemented appropriately.

4. Objectives and strategies

The primary purpose of the CP is to ensure that appropriate and adequate arrangements are made in advance to respond in a timely, effective and appropriate manner to the needs of the affected population. The process also aims at improving coordination with, and support to, the GOI in dealing with major disasters. The Plan is also situated within a broader framework of emergency preparedness.

Any humanitarian assistance shall be provided with full respect of the sovereignty of the Government and must be provided in accordance with the humanitarian principles of: Humanity, Impartiality and Neutrality.
International Human Rights Law and International Humanitarian Law (Refugee laws, Geneva Convention) and Guidelines (eq: IDPs Guiding Principles) as well as National legislature (Disaster Management Law 24/2007) and its ancillary regulations, which are the Government Regulation number 21 / 2008 in Disaster Management Implementation, number 22 / 2008 on Funding and Disaster Assistance Management, and number 23 / 2008 on The Roles of International Organization and Foreign Non-Government on Disaster Management, will guide any action and serve as a strategic framework and legal reference.

It is also essential to include in the earliest stages of the emergency response the application of the development principles – national ownership, capacity utilization and support, peoples’ participation to ensure early recovery and avoid gaps between the end of relief and the onset of longer-term recovery.

To maintain a highly focused operation, the first stage of the emergency response will involve conducting an Inter-agency Rapid Needs Assessment (Annex IV) of the most vulnerable populations. The Rapid Assessment Team will consolidate the results and make the operational plans to assist the affected populations and/or in support to the National and Local Governments.

The key objective of the HCT in an active emergency response period is to support emergency and early recovery coordination and the response efforts of the Government of Indonesia, through close collaboration with BNPB and Bappenas. The HCT will help ensure timely, predictable and effective response to emergency situations in Indonesia based on this Contingency Plan, national and sector specific preparedness and contingency plans, and the specific demands presented by each emergency situation. This will be achieved through the coordination of the Clusters by the HC in consultation with the HCT.

5. Overall Management and Coordination Arrangements

The HC is the main liaison between the HCT and the UN Emergency Relief Coordinator (ERC) and oversees the implementation of the Cluster Approach in Indonesia. While Cluster Leads report to the HC through the HCT on issues related to the Cluster Approach, they maintain at the same time their normal reporting lines insofar as their own agencies’ activities are concerned.

The HC and the HCT will continually monitor the situation in the country over the following year. Upon the triggering of the contingency and after confirmation of its magnitude, the RC/HC will, if appropriate, recommend to the ERC that a disaster be declared. The responsibility for overall inter-agency coordination rests with the HC, who will be in charge of the coordination of this Contingency Plan. The HCT will maintain the responsibility for strategic coordination with the support of the UNTWG DRR, and the Cluster Coordinators will ensure clusters coordination at the operational level. In case of an emergency, the safety of the personnel, as well as communications and information management are key inter-agency services. The role of responsible actors is identified as per table below:

<table>
<thead>
<tr>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
<tr>
<td>Coordination</td>
</tr>
<tr>
<td>Resources / Response Plan</td>
</tr>
<tr>
<td>Assessment and Monitoring</td>
</tr>
<tr>
<td>Security and communications</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Information and advocacy</td>
</tr>
<tr>
<td>Humanitarian access</td>
</tr>
</tbody>
</table>

### Operational Level

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Lead Agency</th>
<th>Partners / Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>FAO</td>
<td>Min. of Agriculture, NGOs</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>UNDP</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>UNICEF &amp; Save the Children</td>
<td>Min. of National Education, NGOs</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>IFRC (Convenor)</td>
<td>UN, NGOs,</td>
</tr>
<tr>
<td>Emergency Telecommunications</td>
<td>WFP</td>
<td>Private Sector</td>
</tr>
<tr>
<td>Food &amp; Nutrition</td>
<td>WFP &amp; UNICEF</td>
<td>Min. of Health, Min. of Social Affairs, Min. of Women’s Empowerment and Child Protection, BNPB, Menkokesra, TNI, donors, UN, NGOs, AIMI, SELASI, IFRC, media/press</td>
</tr>
<tr>
<td>Health</td>
<td>WHO</td>
<td>The Health Crisis Centre of Min. of Health, TNI, donors, UN, Red Cross, NGOs, Private Sector</td>
</tr>
<tr>
<td>Logistics</td>
<td>WFP</td>
<td>UN, NGOs,</td>
</tr>
<tr>
<td>Protection (Child Protection and Gender-Based Violence)</td>
<td>UNICEF &amp; UNFPA</td>
<td>Govt. Ministries, NGOs,</td>
</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>UNICEF</td>
<td>Min. of Public Works, PDAM, WHO, NGOs,</td>
</tr>
</tbody>
</table>

OCHA and Cluster Leads will work together to address operational inter-cluster issues, through the inter-cluster group chaired by HC.

When needed, a mechanism for coordination of humanitarian interaction between humanitarian agencies and military forces in the area will be established. OCHA will mobilize its Civil Military Coordination specialist to liaise and ensure information exchange with military contingents in the affected area.

### 5.1 Standard Operating Procedure when a Disaster Occurs

The following procedures should be adhered to in case of a disaster to ensure a timely, effective and coordinated humanitarian response, in the case of scenarios described above.
<table>
<thead>
<tr>
<th>Coordination Activities</th>
<th>Information and Communication Activities</th>
<th>By Whom?</th>
<th>When?</th>
<th>Who to Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Contact internal partners to confirm the degree of crisis and collect more information including, but not limited to:</td>
<td>☑️ Avail inventory of existing data and maps</td>
<td>RC/HC Office in coordination with the Cluster leads</td>
<td>Immediately after receiving first news about disaster</td>
<td>BNPB, Menkokesra, other related ministries, TNI, Police, PMI and BASARN AS, NGOs and UN agencies</td>
</tr>
<tr>
<td>☑️ The event: specific locations (village, sub-district, district, province), the cause, and the potential impacts</td>
<td>☑️ Contact and mailing lists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Humanitarian impact: casualties, injuries, IDPs, affected population, identification of particularly vulnerable groups, use existing disaggregated data to look at numbers of boys, girls, men, women likely to have been affected, damaged infrastructure, impact on government and services, destruction of people’s access to basic services. Data to be sex and age disaggregated, wherever possible.</td>
<td>☑️ Meeting schedules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Potential secondary impact, such as environmental impact (for example: gas or oil leaking caused by earthquake or liquid contamination during flood).</td>
<td>☑️ Who What Where (3W)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Initial assistance delivered and plans, by GoI and others.</td>
<td>☑️ Maps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ GoI position/plans</td>
<td>☑️ Prepare Map indicating the location and type of disaster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Urgent gaps to be filled</td>
<td>☑️ Send information to Regional and Headquarter offices as soon as possible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Security issues</td>
<td>☑️ Draft and disseminate the Situation report as soon as possible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Logistical challenges, eg: blocked roads, bad weather, limited transportation, fuel shortage</td>
<td>☑️ HC to approve public communication relating to the humanitarian situation on behalf of UN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Convene an immediate HCT (Humanitarian Country Team) meeting and provide information and recommendations on:</td>
<td>☑️ Activation of cluster approach to be informed and shared in written (also whether all clusters activated or only some clusters)</td>
<td>HC in coordination with Cluster leads</td>
<td>During first 24 hours after disaster</td>
<td>BNPB, Menkokesra, other related ministries, TNI, Police, PMI and BASARN AS, NGOs and UN agencies</td>
</tr>
<tr>
<td>☑️ Staff deployment for preliminary field assessment and direct contact with local government. (Gender balance where possible; otherwise, critical mass of women and men.)</td>
<td>☑️ Information Management (IM) Staff deployment requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Formal activation of the Cluster approach by Humanitarian Coordinator</td>
<td>☑️ Possible surge capacity deployment from the Regional Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ UNDAC deployment</td>
<td>☑️ Possible request for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ HRF availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ CERF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑️ Support the Government on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 A critical mass is a number of men or women large enough to have a voice make a difference and influence decision-making.
<table>
<thead>
<tr>
<th>Response Plans and fundraising through Flash Appeals or donor alerts. Government endorsed HRP must be launched and received by major donors within 96 hours after disaster</th>
<th>activation of “Space Charter” for collection of satellite imagery for affected areas   - Possible request for deployment of a Humanitarian Information Centre (HIC)   - Inform BNPB on surge capacity and initial funding pledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Carry out Inter-agency Rapid Needs Assessment (things to do include):</td>
<td></td>
</tr>
</tbody>
</table>
| ☑ Personal preparedness.  
☑ Duty Roster contacted  
☑ Security clearance for UN personnel  
☑ Upon arrival: assess coordination mechanisms; assess the gap between the need of affected people and the assistance provided. Verify needs through consultation in separate discussion with groups of women and groups of men. Strengthen the coordination by conducting coordination meeting based on the cluster approach. The meeting should be conducted near government coordination centre.  
☑ Maintain contact with Jakarta offices  
☑ Suggestion on the needs to conduct further Joint Needs Assessment | ☑ If necessary convene IM working group meeting   - Agree upon modalities for capturing, processing and analysis information   - Agree upon data sharing and exchange mechanism   - Assessment report submitted to government (BNPB and local government)  
☑ Advocate for GoI to designate responsibility to maintain a single P-code system  
☑ Identify best geographic method to cover the affected area  
☑ Identify best mechanism of capturing and processing data  
☑ Share compiled raw data with clusters for rapid analysis  
☑ Prepare report in agreed common format as per agreed deadlines for submission and compilation.  
☑ Edit, design, print and disseminate report  
☑ Ensure BNPB and local government have access to Joint Needs Assessment report  
☑ Based on its SOP, convene Communications Group meeting  
☑ Update SitRep on basis of decisions of |
<p>|   | RC/HC Office and Cluster leads.  | 24/48 hours  | Local Authorities. NGOs and UN agencies  |</p>
<table>
<thead>
<tr>
<th>Cluster Coordination meeting</th>
<th>RC/HC Office and Cluster Leads</th>
<th>During emergency response</th>
<th>BNPB and local government</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4) Set up base of operations</strong></td>
<td>Design base of operations to allow easy information sharing and coordination</td>
<td>RC/HC Office and Cluster Leads</td>
<td>During emergency response</td>
</tr>
<tr>
<td>☑ In or near government premises</td>
<td>☑ UNDSS clearance</td>
<td>☑ Field operations set up and running</td>
<td>☑ Design base of operations to allow easy information sharing and coordination</td>
</tr>
<tr>
<td></td>
<td>☑ Field operations set up and running</td>
<td>☑ Design base of operations to allow easy information sharing and coordination</td>
<td>☑ During emergency response</td>
</tr>
<tr>
<td><strong>5) Field Emergency Response Operations</strong></td>
<td>3W updates</td>
<td>RC/HC Office and Cluster Leads</td>
<td>During emergency response</td>
</tr>
<tr>
<td>☑ Conduct response activities</td>
<td>☑ Evaluation of emergency response and highlight gaps after emergency response is ended, to be addressed before the recovery phase commence</td>
<td>☑ Design base of operations to allow easy information sharing and coordination</td>
<td>☑ Multi stakeholders</td>
</tr>
<tr>
<td>☑ Coordinate resources and activities</td>
<td>☑ Early Recovery is included</td>
<td>☑ Field operations set up and running</td>
<td>☑ Multi stakeholders</td>
</tr>
<tr>
<td>☑ Early Recovery is included</td>
<td>☑ Phase out strategy → shared to HC</td>
<td>☑ Design base of operations to allow easy information sharing and coordination</td>
<td>☑ Multi stakeholders</td>
</tr>
<tr>
<td><strong>6) Early Recovery</strong></td>
<td>Identify IM focal points for early recovery</td>
<td>HC and Cluster Leads</td>
<td>☑ 78 hours</td>
</tr>
<tr>
<td>☑ Request the support of UNDP’s Early Recovery technical advice and network coordination and surge capacities to ensure a smooth interface between initial response and the rehabilitation and reconstruction phases and the design of an integrated recovery framework.</td>
<td>☑ Identify local IM networks with who to engage in partnership pre-, during and post-disaster</td>
<td>☑ Provides technical assistance in providing the personnel and related support for ER Advisor and ER Networks Coordinators to the HC/RC.</td>
<td>☑ Depend on the geographical impact (National provincial or district)</td>
</tr>
<tr>
<td>☑ Consult with women and men separately to ensure development of mechanisms that allow effective participation of affected communities in design of recovery frameworks, using a gender approach</td>
<td>☑ Transfer local IM staff recruited during humanitarian phase to support transition throughout the early recovery and recovery phases</td>
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<td>☑ 78 hours</td>
</tr>
<tr>
<td>☑ Support prompt rehabilitation of basic services and production activities that will enable affected communities to recover socially and economically.</td>
<td>☑ Advocate for cost-free access to digital geospatial data for government ministries, humanitarian and recovery actors.</td>
<td>☑ Support IM capacity building for GoI through training and promotion of IM standards</td>
<td>☑ Transfer local IM staff recruited during humanitarian phase to support transition throughout the early recovery and recovery phases</td>
</tr>
<tr>
<td>☑ Promote improvement of land use policies, building codes and standards, to reduce gender bias and other forms of vulnerability to future natural hazards for affected population groups.</td>
<td>☑ Support IM capacity building for GoI through training and promotion of IM standards</td>
<td>☑ Handover equipment bought during humanitarian phase to UNDP for use throughout early recovery and recovery phases, for eventual handover to GoI</td>
<td>☑ Transfer local IM staff recruited during humanitarian phase to support transition throughout the early recovery and recovery phases</td>
</tr>
<tr>
<td>☑ Maximize the use of local resources in reconstruction activities to support prompt recovery for affected communities, with special emphasis on most vulnerable men and women, youth and elderly.</td>
<td>☑ Handover equipment bought during humanitarian phase to UNDP for use throughout early recovery and recovery phases, for eventual handover to GoI</td>
<td>☑ Ensure handover of humanitarian datasets and systems to UNDP and national Institutions when humanitarian activities phase down</td>
<td>☑ Transfer local IM staff recruited during humanitarian phase to support transition throughout the early recovery and recovery phases</td>
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<td>☑ Support prompt rehabilitation of basic services and production activities that will enable affected communities to recover socially and economically.</td>
<td>☑ Support IM capacity building for GoI through training and promotion of IM standards</td>
<td>☑ Handover equipment bought during humanitarian phase to UNDP for use throughout early recovery and recovery phases, for eventual handover to GoI</td>
<td>☑ Transfer local IM staff recruited during humanitarian phase to support transition throughout the early recovery and recovery phases</td>
</tr>
</tbody>
</table>
A Humanitarian Operations Centre will be located at 7th floor of Menara Thamrin Building, Jakarta. The centre will be equipped by OCHA for coordination activities related to the implementation of this CP. The centre will be the meeting point for the main coordination activities.

Recognizing that the leadership of the whole response in any emergency remains with the GoI, the overall objective of the Inter-agency CP is to support the Government to prepare for and mount a timely, consistent and coordinated response to minimize the humanitarian consequences of disasters on the Indonesian population and to promote early recovery. Based on agency mandates and international instruments, all of the humanitarian agencies that form part of the HCT will assist with the provision of aid and assistance in a coordinated manner to save lives of civilians and to provide for the humanitarian needs of the population, while maintaining the rights and dignity of those affected through participatory means.

5.2 Financial Mobilization

In order to assure the availability of quick funds for a prompt and efficient response in a framework of renewed crisis, the mobilization of funds will be carried out as follows:

- Agencies within each cluster should have an on-going programme on preparedness which will facilitate resources mobilization and effective response in various stages, i.e., emergency, early recovery, recovery and reconstruction
- Re-direction of available funds within each agency.
- Mobilization of emergency funds within each agency.
- According to the scope of the disaster the Humanitarian Response Plan could be revised within 15 days after the decision of the HCT.
- Use of HRF if available. OCHA will also develop a strategy to replenish funds with donors if needed.
- Application to CERF under the rapid response window for extra resources to UN agencies.
- In coordination with the government, a Humanitarian Response Plan might be called if accepted and deemed necessary.

5.3 Information and Media Strategy

Once a disaster breaks out, which is supported by a request for assistance from the Central Government, the UN through its UN Communications Group (UNCG), shall inform the public through a coherent communication strategy. At this stage, any communication relating to the humanitarian situation, on behalf of the UN System will be approved in advance by the RC/HC. At internal level, information flow on humanitarian issues will be ensured by OCHA, with support of the UNCG.

All UN media and advocacy strategies will be focused on the protection of civilians under the leadership of the RC/HC. The main goal of the UN advocacy strategy shall be to enforce the strategic objectives and principles in Chapter 6 of the Contingency Plan.
5.4 Security

Security of humanitarian staff will be guided by the UN Security Plan. Within the framework of the retained scenario, the UNDSS Security Advisor (SA), under the authority of the Designated Official will assure security to the UN system. In case the security of humanitarian actors is seriously affected, the SA will organize an evacuation of non-essential personnel from the affected regions to the closest safe area. UNDSS will offer technical assistance to the larger humanitarian community to the extent this is feasible. In this case, only the essential personnel will remain in operational areas in order to continue the humanitarian operations, however ensuring that humanitarian assistance can be provided with adequate security for all humanitarian actors involved. To this aim, the UN radio communication system will be made available for the NGOs and programming facility will be offered by WFP and UNDSS. OCHA in collaboration with UNDSS will facilitate the exercise.
6. Cluster Response Plans

The cluster responses detailed in this Plan emanate from cluster specific Contingency Plans. For detailed preparedness and response actions see the attached cluster specific plans in the annexes, which detail on the cluster participants, gap analysis, and standard guiding response.

A. Agriculture

The main intervention objective in the agriculture sector / cluster is as follows:

Reduce the vulnerability and recover the livelihoods of the affected population from a disaster and to strengthen their resilience to future shocks through timely and effective coordination and support of cluster member agencies.

The specific intervention objective is to ensure that cluster member agencies are well coordinated and prepared to respond to the risk of disrupted agriculture-based livelihoods in the disaster-prone regions and effectively help the affected people revive and build back better, ensuring an equal distribution of the benefits among men and women.

Response
1. Ministry of Agriculture and Ministry of Fisheries co-lead at national and regional levels with Ministry of Forestry as partner line ministry;
2. HCT provides facilitation support under the leadership of the HC;
3. FAO coordinates the cluster at Jakarta level;
4. Provincial agriculture, forestry and fisheries offices co-lead at provincial and district levels and facilitated by Cluster Lead/Cluster Member(s);
5. Departments of Agriculture, Forestry and Fisheries co-lead at Jakarta level and facilitated by Cluster Lead/Cluster Member(s).

The goals and objectives of the cluster are to intervene in all phases: prior, during and in the post-disaster phase using gender sensitive targeting of beneficiaries and internationally recognized standards in emergencies. In that regard, some of the activities that the Agriculture cluster has identified are required in each phase follow:

Pre-Disaster Phase
- Surveillance and monitoring of potential disaster triggers and vulnerability (earthquake, floods, volcanoes, etc)
- Assessment of available resources (human, financial, logistics, etc)

During Disaster Phase:
- Initial rapid needs assessment
- Reporting
- Mobilization of Response Team(s)

During Post-Disaster Phase:
- Rapid damages needs assessment
- Reporting and dissemination
- Preparation of Response Plan (including project concept papers, briefs, notes)
- Resource mobilization (financial, human, material) – quantify the resources needed and gaps (preparation of agriculture cluster response plan for Humanitarian Response Plan, CAP/CHAP, CERF funding, etc.)
- Implementation of the response plan
Preparation of mid-term recovery plan and resource mobilization

Some priorities that the cluster has identified so far include:
- Development of a surge plan to identify essential staff including linkages with GOI and other UN agencies;
- Identification of who would participate in joint assessments;

Similarly, some gaps and challenges identified by the cluster include:
- Staff training on emergency preparedness and response including GOI and staff of cluster members at all levels;
- Solidifying commitments of resources, including identification of focal persons within the cluster organization.
- Updating information and improving coordination at district level for main stakeholders;
- Establishing a stronger database to facilitate mapping of resources for cluster members;
- Strengthening fund raising within the cluster;
- Developing exit strategies and plans for a transitional period if there are funds available to provide a continuation of assistance.
- Strengthening coordination with GOI and improve communication with the Ministry of Agriculture at district levels which have not yet been involved in the cluster and increase cluster coordination with government counterparts;
- Reconfirming coordination and linkages at the district and provincial level.

B. Early Recovery

The main intervention objectives as per the early recovery cluster at the global level are as follows:

Ensure that the humanitarian response operation is informed by early recovery principles, namely:
- re-generate self-sustaining nationally owned and resilient processes for post-crisis recovery;
- stabilize human security and addresses underlying risks that contributed to the crisis;
- offer opportunities to ‘build back better’, contributing towards the reduction of risk, i.e. including disaster risk reduction in post-disaster early recovery activities and conflict prevention measures in a post-conflict context;
- contribute to better preparedness and encompass measures to prevent the collapse and/or deterioration of local capacities and institutional systems in all settings;
- help prevent an increase of humanitarian needs during the emergency.

Preparedness activities:
- Build capacity of national partners within a jointly agreed framework of preparedness activities
- Conduct an on-going training for cluster members and national governments on key instruments to use in ER response
- Support national partners, specifically the line agencies at national and provincial level, in development of standards procedures (technical, administration and finance) on livelihoods and ER activities for use during early recovery and recovery periods
- Ensure national capacity in the use of assessment instruments
- Training support to both UN agencies and Government in ER and resource mobilization

Response
Recent deliberations by the Cluster Working Group on Early Recovery (CWGER) confirmed that early recovery represents less a set of activities and more a way of doing business. To
this end UNDP has accepted responsibility to support the HC/RC for creation of an early recovery network at the country level which aims to ensure that early recovery considerations are included in the humanitarian response. In addition key areas which require attention, and for which UNDP will assume responsibility through the fielding of an Early Recovery Adviser based in Jakarta, and as required ER Network Coordinator at the disaster site, to work in the RC/HC Office include:

- ensuring UN participation in the Government led damage and loss assessment and, where feasible, inclusion of needs in the assessment process;
- supporting the articulation of a recovery framework by the Government and ensuring that the recovery activities of United Nations agencies are included in the recovery framework;
- the ER Adviser will also work closely with the HCT to ensure that the division of labour for responsibility of early recovery programming takes due note of the mandates and capacities of UN agencies, the Red Cross/Red Crescent Movement and NGOs;
- the ER Adviser will provide programme activities for early recovery in the areas of its competence.

Early Recovery Network Coordination members are to ensure that gender is mainstreamed during the early recovery process, and inclusion of marginalized populations, women’s groups, youth and others.

C. Education

The main intervention objectives in the education cluster are as follows:

Restore normalcy in the lives of girls and boys, provide safe access and improved quality of education (including early learning, formal and non-formal education opportunities) in emergency situations in collaboration with partners, through:

- Resumption of schooling by supporting schools and/or learning environments re-open;
- Supporting children (boys and girls) to attend school regularly;
- Promotion of protective, child friendly, and gender responsive school environments.

Response

1. Ministry of National Education (MONE) and Ministry of Religious Affairs (MORA) to co-lead at national and regional levels with UNICEF as the Cluster Lead.
2. HCT to provide facilitation support under the leadership of the HC;
3. UNICEF to coordinate co-leading the cluster with Save the Children Alliance;
4. PEO (DINAS) co-lead at provincial level together facilitated by Cluster Leads/Cluster Member(s);
5. DINAS and DEPPAG co-lead at district level together with the Department of Education facilitated by Cluster Leads/Cluster Member(s).

In that sense, a key priority for the cluster is to establish coordination with the government and to identify government needs.

The following are the action areas as identified by the Education Cluster:

Pre-Disaster Phase

- Surveillance and monitoring of potential disaster triggers and vulnerability (earthquake, floods, volcanoes, etc)
- Assessment of available resources (human, financial, logistics, etc)
During Disaster Phase:
- Rapid initial needs assessments;
- Reporting;
- Mobilization of Response Team(s).

During Post-Disaster Phase:
- Rapid damages and needs assessment, including social vulnerabilities of girls and young children such as trafficking and the worst forms of child labour;
- Reporting and dissemination;
- Preparation of Response Plan (including project concept papers, briefs, notes);
- Resource mobilization (financial, human, material) – quantify the resources needed and gaps (preparation of Education Cluster Response Plan for Humanitarian Response Plan, CAP/CHAP, CERF funding, etc.);
- Implementation of the Response Plan; and,
- Preparation and implementation of the education recovery plan and resource mobilization.

Some of the gaps that the Education Cluster has identified so far include:
- Coordination between the Cluster and GOI is still very weak
- There is a lack of clarity about some of the members participation in terms of who is actively engaged in the cluster;
- The Cluster has agreed to conduct a joint assessment at the time of a disaster, jointly with all other clusters, however there is no clarity on which agency would lead it;
- There has been no identification of an IM focal point and there is lack of clarity as to which organization will specifically provide assistance;
- The Cluster has identified the need to strengthen both external and internal communications, particularly with the GOI;
- There is a need to bridge the Consortium for Disaster Education with other NGO networks.

D. Emergency Shelter

The main intervention objectives in the Emergency Shelter Cluster are as follows:

Reduce vulnerability and support the resilience of affected people through timely and effective emergency shelter interventions by:
- Ensuring timely gender-sensitive access to the emergency shelter by the affected people, taking into account the specific concerns of various socio-economic groups;
- Facilitating all relevant stakeholders in providing appropriate emergency shelter interventions;
- Ensuring that the affected people remain safe and protected;
- Improving coordination among relevant stakeholders, eventually leading to increased partnership with local authorities.

Response
1. Inter-agency rapid needs assessments involving male and female beneficiaries to identify impact to and determine the situation of the shelter needs in a specific disaster;
2. NFI distribution to internally displaced population (and host families, as required);
3. Evacuation to safer grounds/locations;
4. Arrangements for having post or base camp mechanism with sufficient personnel to manage NFIs;
5. Women, men, adolescent boys and girls engaged in community awareness and disaster risk reduction. A local knowledge and support network is created.

Some of the challenges identified by the Emergency Shelter Cluster are related to:

- Gap in Information Management (IM) capacity and ways to process information in the event of an emergency;
- Lack of a specific government counterpart for the cluster to work with, depending on the area of shelter discussed there are different government counterparts allocated, with no central focal person;
- In terms of resource mobilization, PMI is only able to work with IFRC and connected organizations; IFRC cannot contribute financially although it can provide some human resources capacity;
- Lack of enough resources to manage shelter provisions across the country;
- Ensuring a seamless transition from normal preparedness phase to emergency phase, particularly during the first hours/days until the cluster coordinator is identified and placed on the ground.

E. Emergency Telecommunications

The main objective is to ensure that appropriate and adequate arrangements are made in advance to respond in a timely, effective and appropriate manner to the needs of the population affected. As effective telecommunications is a key factor in the safety and security and operational efficiency of the relief operations in the affected areas and must be an integral part of the planning and implementation of field operations by:

- Establish emergency telecommunications and data-communication networks and services in order to facilitate relief operations for UN agencies and NGOs in Indonesia.
- Establish a common Inter-Agency security telecommunication system, based on the UNDSS Minimum Operational Security Standards (MOSS).
- Train staff in efficient and appropriate use of telecommunications equipment and services
- Maintain and, where necessary enhance, the existing inter-agency telecommunications systems, networks and equipment necessary for efficient coordination and operational implementation.
- Harmonize the activities within the humanitarian community to ensure effective telecommunications while avoiding duplication of systems and maximizing the use of local telecommunications resources.

Response

The strategy of the Indonesia Telecommunication Cluster is to:

- Ensure a common standard will be used to guide the response
- Ensure current capacities of the agencies/organizations are available for immediate response
- Ensure that the gaps between the current response capacity and the scale of emergency are anticipated
- Ensure initial assessment arrangements are conducted
- Ensure action to be taken as an immediate response to the situation
- Ensure required support to immediate response (Telecommunications/transport, TC-IT, commodities, staff)

The Cluster has also identified some gaps and challenges:

- Lack of knowledge within the cluster on the resources available from some Cluster Members;
- Understaffing within Emergency Telecommunication Cluster is a key issue;
- Commitment from members to participate;
- Inadequate staff training on cluster approach emergency preparedness and response for cluster members;
- Resource Mobilization Strategy still pending

**F. Food & Nutrition**

The main intervention objective of the Food and Nutrition Cluster is as follows:

Ensure timely and effective humanitarian response to nutritional needs during an emergency to minimize mortality and morbidity of vulnerable groups (focusing on under-five children, pregnant and lactating mothers), by supporting and protecting breastfeeding, Infant and Young Child Feeding (IYCF), therapeutic and supplementary feeding, and providing essential micronutrients. Furthermore, the cluster promotes maternal nutrition to prevent low birth weight, monitors growth and assesses the situation of children and women who are the most vulnerable.

**Response**

The strategy of the Food and Nutrition Cluster is to:

- Ensure a set of agreed standard tools is used for inter-agency rapid needs assessment
- Ensure a food and nutrition framework is available for immediate response
- Ensure appropriate coordination between food and nutrition humanitarian partners and appropriate links with national and local authorities
- Promote and undertake training and capacity building to humanitarian partners, government and non-government agencies, to more effectively respond to emergencies when they occur

The Food and Nutrition Cluster has 15 members however some members are more active than others and clarification is needed to determine which members are active. WFP and UNICEF are the lead agencies of the cluster and while the cluster aims for cross-cluster coordination, any such coordination should be filtered through the co-chairs.

Some priorities identified by the cluster are to establish coordination with the government and related partners and to support the following:

- The finalization of National Nutrition in Emergency guidelines
- The training on nutrition in emergency
- The development a food and nutrition surveillance system
- The provision of breastfeeding and complementary feeding counselling in emergency settings
- The provision of capacity mapping for cluster members
- The identification of needs and gaps through regular meetings with GoI

The Cluster has also identified some remaining gaps and challenges in the following activities:

- regular coordination with the related ministries: Ministry of Social Affairs, BNPB, Ministry of Women’s Empowerment, etc The up-date of the cluster TORs focusing on both response and preparedness;
- The complete review of cluster membership;
- The finalization of the capacity mapping matrix
- A resource mobilization strategy is still pending; the cluster has tried to identify gaps in order to build the strategy.

As the Cluster works in close partnership with the Government, all activities are phasing over to the government’s regular programme when the relief needs have been met. As such, capacity building is an investment in the future and is of value in the long term after a situation has been stabilized and displaced populations have returned home.

**G. Health**

The overarching goal of the Health Cluster/Sector response plan is to save lives and promote the well-being of vulnerable populations, including children, women and the disabled, by
reducing excess morbidity and mortality in the affected population and to protect the rights of people in emergency affected areas.

The strategies of the Health Cluster are to:
1. Ensure a set of agreed standard tools is used for an initial rapid assessment;
2. Ensure access to basic health care including reproductive health to the affected population;
3. Ensure appropriate coordination with national and local authorities and in between health humanitarian partners;
4. Strengthen the capacity and the capabilities of the public health system to monitor, prevent and respond to outbreaks of communicable diseases.

Response

Based on the MOH – WHO – Health SOPs and UN Cluster Guidelines for Indonesia, the Health Cluster will undertake the following response activities:
- Crisis Centre-MOH in collaboration with nine regional, provincial and district Crisis Centres will conduct rapid needs assessment. The report will be shared among partner agencies using available media.
- Health Emergency Operation Command / Operational Posts for immediate rescue, relief and response activities will be set up in strategic locations. The set up will be shared among partner agencies using available media.
- Health sector / cluster coordination back up by the Health Emergency Information Centre will be initiated at strategic locations based on TORs and SOPs. The set up will be shared among partner agencies using available media.
- MOH will chair and WHO will co-chair the Health Cluster / Sector – coordination at central strategic point. At lower levels, in absence of WHO, MOH will chair and most appropriate partners at the location will co-chair.
- Health Cluster / Sector will have Sub-sector / Clusters according to needs and will be chaired by MOH and appropriate partners based on capacity, availability at given time, location, condition and situation.
- Health Cluster / Sector will have liaison office in the Government Command Post. Information will be shared with partners in Health Sector / Cluster meetings.
- Health Cluster / Sector will assign technical and information officers to network with other sectors and clusters to address cross cutting issues.
- Health sector / cluster will report and interact with MOH and clusters – RC / HC according to the TORs and SOPs.
- Emergency SOPs will be developed and implemented in close collaboration with partner agencies.
- Health Cluster will be closed based on the Government’s decision to end the Cluster process, and the Health Sector coordination will continue based on the needs.
- Resource mobilization (Human, financial and material) will be done with the support of partner agencies accordingly.
- Emergency strategic planning, implementation, operational research, monitoring and evaluation will be done based on needs, health Cluster / Sector meetings, TORs and SOPs.

The following recommendations are challenges faced by the Health Cluster and related sectors, derived from gaps identified which are within and outside health cluster. The main reason to provide recommendations is because it is always better to express the solutions than just identifying the gaps and needs.

Health Cluster Related Sectors
- Base on Disaster Management Law, National Rules, Regulation, Emergency, Disaster Management Plan, Standard Operating Procedures (SOP), Operational System (National, Regional, Provincial, and District DRR Centers) to be socialized to all partners, stakeholders and donors to reduce risk.
- Develop SOPs for BNPB and UN.
- Adjust and modify the Cluster Approach into BNPB SOPs in line with the DM Law.
• Establish an Emergency Operation Unit / Room at Menara Thamrin, Jakarta, Indonesia.
• Establish National NGO, Private Sector and Media consortiums and net-working.
• Established Emergency Fund at country level for clusters to immediately respond emergencies and disasters.
• Organize regular cross cluster meetings.

Health Cluster
• Strengthen Integrated National Trauma and Disease Early Warning and Rapid Response System.
• Establish DRR Programme for Health Sector interactive web site to share and learn different area of works.
• Organize regular Health Cluster / Sector coordination meetings and disseminate Health Sector – SOPs and related Guidelines to all partner, stakeholder and donors.
• Upgrade and update health aspect and general Emergency and Disaster management capacity building activities through International Training Consortium for Disaster Risk Reduction (ITC-DRR) and its international net-work.
• Provide support to strengthen BNPB, other sectors and partner agencies in managing emergencies and disasters.
• With collaboration with partner agencies, strengthen DRR Programme for Health Sector in Indonesia.

H. Logistics
The main objective is to ensure that appropriate and adequate arrangements are made in advance to respond in a timely, effective and appropriate manner to the needs of the humanitarian community when and where logistics gaps have been identified. As effective logistics response and adequate capacity remain critical factors to timely distribution of relief items and operational efficiency, they must be an integral part of the planning of field operations. The preparedness phase will therefore play a very critical role in ensuring plans and objectives set in the plans are met; those include:

• Ensuring existing Inter-Agency logistics capacity assessments (LCAs) are conducted in major islands of the archipelago. Data will serve as baseline for future emergency response.

• Ensuring strategic partnership is maintained or enhanced with major transport and logistics players in order to facilitate relief operations for UN agencies and NGOs in Indonesia.

• Ensuring strategic partnership is maintained or enhanced with logistics cluster members and non members who play an active role in the humanitarian context in Indonesia.

• Establishing a common Inter-Agency pool of non food items for rapid deployment during emergency response

• Training key partners and major players in fundamental principles in humanitarian logistics

• Harmonize the logistics procedures within the humanitarian community to ensure effective response while avoiding duplication of systems

Response
• Coordinate logistics support to the operation;
• To establish Logistics cluster emergency coordination meetings within 24hrs following activation

• Establish Joint Logistics Center within 72 hours;

• Provide logistics coordination support.

The Logistics Cluster members have been updated and regular coordination meetings are taking place. The need to finalize the draft cluster CP remains. However, this draft cannot be finalized until information is received from other clusters; all forward action is pending this information.

Other gaps the Logistics Cluster has identified include:

• Need of more consistent updates on members’ stock position;

• Lack of staffing capacity dedicated to the Logistics cluster is a key issue to keep up with the necessary coordination meetings, LCAs...;

• Lack of inter agency funding mechanism during preparedness phase that would allow the lead agency to perform or lead the aforementioned activities;

• Commitment from members to participate further in meetings and provide timely feedback.

I. Protection

The main intervention objectives in the Protection Cluster are as follows:

Ensure that any response to natural and complex disasters in Indonesia, including pandemics, promotes and protects fundamental rights of those affected, including the most vulnerable persons and groups, i.e. children, women, older persons, disabled, other traditionally marginalized groups, and IDPs, in an impartial manner and in accordance with international human rights and humanitarian laws and frameworks.

Particularly on protection of children, the response objectives are to prevent and respond to violations of children’s right to be free from any form of violence, exploitation, abuse and neglect in times of emergencies.

The operational objectives on protection of children are:

- To coordinate efforts on preventing and responding to violence, exploitation, abuse and neglect
- To ensure a family- and community-based protective environment strengthened to prevent and respond to abuse, exploitation, violence and neglect

The response objectives for gender based violence sub cluster is to ensure the utmost protection of women and girls through prevention and addressing the occurrence of domestic violence, sexual violence and exploitation in humanitarian setting. The operational objectives are

- to coordinate and mainstream GBV prevention and gender across cluster response
- to strengthen local initiative and community based GBV prevention and response

The strategy of the Indonesia Protection Cluster is to:

- Ensure a protection framework exists for response to disasters
- Ensure that emergency interventions address the most vulnerable
- Ensure protection concerns and approaches are effectively mainstreamed into the work of all clusters.
- Promote and undertake targeted preparedness activities to build the capacity of
government and non-government actors in Indonesia to more effectively respond to
emergencies when they arise

Response
The Protection Cluster in Indonesia covers wide range of protection and human rights threats
during emergencies. Originally, the majority of its concern and efforts originally focused on the
four areas. Current sub-clusters and leads are:

- Protection of Children - UNICEF
- Prevention of and Response to Gender-Based Violence (GBV) - UNFPA
- Protection of Persons or Groups of Persons with Specific Protection Needs –
  IOM/ICMC
- Land, Housing and Property Issues - UN-HABITAT

The structure of sub-clusters will be reviewed if needed.

The Protection Cluster does not have many active members and the cluster would like to
increase their scope of members. Some gaps the Protection cluster has identified include:

- Identify focal person for cluster to maintain continuity in staff changes;
- Identify the right partners and networks within Indonesia;
- Limited budget to operate cluster;
- More activities are needed to promote protection issues.

Similarly, some of the challenges the cluster has identified include:

- The nomenclature of cluster itself confuses people particularly external partners;
- The Cluster has had little opportunity to engage in cross-cluster coordination;
- As there is no single government ministry dedicated to protection, there is a lack of
  understanding on how to and who to liaise with within the government; there are no
  focal points identified within GoI to report to The cluster will strengthen its partnership
  with the Minister of Social Affairs and the Ministry of Women Empowerment and Child
  Protection
- The Cluster has identified a substantial need for policy guidance particularly related
  with how the cluster should relate to the GoI in a natural disaster;
- Within Indonesia protection is not well coordinated within the GoI;
- A key challenge for the Protection Cluster is to monitor the situation and the response
  all along to determine the violations occurring;
- Determining how to bridge the gap between the Protection Cluster and the GoI.

J. Water, Sanitation & Hygiene (WASH)

The main objectives in the WASH Cluster are as follows:

Achieve a more strategic WASH response through a better prioritization of available resources,
a clarification of the division of labor among organizations and a better definition of roles and
responsibilities of humanitarian organizations.

Response
The WASH Cluster has five main functions: camp management, shelter, health, nutrition and
education. During emergency response, WASH cluster objective is to Reduce excess
morbidity and mortality cases due to WASH-related diseases and to preserve life with dignity
of women, men, boys and girls affected by a disaster through the provision of access to safe
water, sanitation and hygiene in collaboration with partners.

The operational objectives of the cluster are:
Some gaps and challenges identified by the Cluster include:

- Determine how to strategically work together in terms of logistics; which Cluster Member(s) will have access to materials; agency to pay for storage and/or replenishment of stocks. These issues are still to be determined;
- Need to streamline the use of Humanitarian Principles and Sphere Standards and Indicators, considering the limited funds available for trainings. The tools used are not accepted by every cluster level;
- Lack of IM focal person and the required assistance in this field;
- Need to develop an MOU for the Cluster. The Cluster has developed a SOP and the challenge has been how to gain acceptance from other cluster members about the project cycle management;
- Resource mobilization is difficult however it presents a good opportunity for the WASH cluster to advocate or provide support to GoI; however it is difficult to obtain funding for preparedness activities and post-disaster activities.

In terms of linkages with the GOI, the Cluster has already established a working relationship at the national, provincial and local level with its counterpart, AMPL.

### 7. Preparedness and Maintenance Actions

Taking into consideration the current capacity and the anticipated needs in the eventuality of worsening of the humanitarian situation, the HCT considers that it is advisable to improve the predictability of supply chains: Food, NFIs and Drugs. For a complete set of preparedness actions by clusters, please check in corresponding annexes.

#### 7.1 Stock levels in Country

<table>
<thead>
<tr>
<th>Item</th>
<th>Current stock</th>
<th>Needs</th>
</tr>
</thead>
</table>
| Food   | • Biscuit: 833mt  
• Noodle: 381mt  
• Rice: 1,042mt  
• Note: stock reserved for regular program activity but can be diverted in case of emergency. | ▪ For 100,000 families |
|        | Emergency NFI  
See attached preparedness mapping done by the Emergency shelter cluster by provinces. | ▪ For 50,000 Children under-five |
| Nutrition | • Oralt: 2,500 sachets  
• Zinc: 5,000 tablets  
• MNP (Micronutrient Powder): 75,000 sachets | |
| WASH   | • 1,000 family hygiene kits  
• Shelter kits for 1,000 families (tarpaulins, mats, and blankets)  
• 4 units of water pump  
• Stock piling for 20,000 Households of Hygiene Kits, Jerrycans, Ground Water Bladders and Truck Water bladders  
• Family Life straw (5000 units)  
• 2000 NFIs kits (personal hygiene kits, kitchen set, | |
7.2 Equipment Needed

The Humanitarian Operation Centre will be located in the RC/HC Office conference room. The needed close collaboration between the FSCO and the radio room will be increased by their proximity.

Minimum requirements for the Humanitarian Operation Centre are:

1 Sat phone with fax and e mail connection (available)
2 Lap top with printer (available)
1 VHF handheld radio (available)
Complete set of maps of Indonesia (available)

Each UN Agency will provide a laptop computer for its staff member participating in the Inter-agency Rapid Needs Assessment.

7.3 Resources Inventory

7.3.1 Human Resources Available to Respond to the Contingency

Efforts will be made to appoint gender-balanced teams, including a member who has technical expertise in gender issues, with the competencies required. Where gender balance cannot be achieved, appointment will target a critical mass of men and women at all levels.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Availability in Indonesia</th>
<th>Surge capacity available</th>
<th>Additional human resources needed to support the operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAO</td>
<td>1 Agriculture Cluster Coordinator</td>
<td>Enquiries being made</td>
<td>Enquiries being made</td>
</tr>
<tr>
<td>Agency</td>
<td>Surge capacity available at the Regional Office and HQ, based on request, needs and resources</td>
<td>Surge capacity available at UNDSS HQs</td>
<td>Surge capacity: available at regional office in Bangkok, and at HQ in New York</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ILO</td>
<td>2 International staff 5 national programme staff</td>
<td>UNDP HQs Surge Team (provides operational and ER coordination support personnel and equipment on demand from the Country Office).</td>
<td></td>
</tr>
<tr>
<td>UNDP</td>
<td>UNDP Indonesia “Surge” Team UNDP Operations Support Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNDSS</td>
<td>5 International Staff 5 Nat. Programme Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>1 humanitarian unit (2 programme staff, 1 admin staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>56 staff members for education cluster + 35 MONE staff 2 staff for Food and Nutrition cluster and 13 cluster staff from cluster partners.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCHA</td>
<td>2 International staff; 3 National Programme Officers 1 National IM staff 2 GS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WFP</td>
<td>198 Field staff (14 international staff and 184 national staffs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td>Total 7 Staff (5 Staff in Jakarta / 2 Staff in Aceh) (1 International, 6 National Staff)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7.3.2 Material Resources

<table>
<thead>
<tr>
<th>Agency</th>
<th>Availability</th>
<th>Additional needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAO</td>
<td>Use of FAO office space where available in Indonesia</td>
<td></td>
</tr>
<tr>
<td>ILO</td>
<td>Use of ILO project office space where available</td>
<td></td>
</tr>
<tr>
<td>UNDP</td>
<td>Establishment of UN common premises at the site of the emergency upon agreement of UN agencies. Fly away kits for deployed emergency personnel.</td>
<td></td>
</tr>
<tr>
<td>UNDSS</td>
<td>24/7 Radio room in Jakarta 4 Field offices (Banda Aceh, Nias, Meulaboh and Makassar) 2 MOSS compliant vehicles</td>
<td>Radio rooms in affected areas</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1 office in Jakarta, 1 field office in Papua</td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>5 equipped offices in Jakarta and 27 at provincial level in conjunction with MONE, MORA, Plan International and JRS</td>
<td></td>
</tr>
<tr>
<td>OCHA</td>
<td>1 office in Jakarta</td>
<td></td>
</tr>
<tr>
<td>WFP</td>
<td>WHO</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>7 field offices with complete</td>
<td>2 field offices completely equipped</td>
<td></td>
</tr>
<tr>
<td>communication system</td>
<td>with office and communication</td>
<td></td>
</tr>
<tr>
<td>27 MOSS Compliant Vehicles</td>
<td>equipment</td>
<td></td>
</tr>
</tbody>
</table>

7.4 Completion and Review of the Plan

The clusters most concerned with intervention in emergency situations and their Cluster Leads (Save the Children, FAO, UNDP, UNICEF, IFRC, WFP, and WHO) should, in collaboration with cluster members, review/update their Contingency Plans to better inform the cluster response presented in this Inter-Agency Contingency Plan.

The HCT will meet regularly to ensure the follow-up and evaluation of the alert indicators mentioned above. The working group will formulate recommendations to the HCT on eventual changes to be made to the plan.

7.5 Sharing of the Plan

The HC and the HCT will share this plan with concerned authorities and donors.