

2

0

1

8



**AFTER
ACTION
REVIEW**



ONE ASEAN ONE RESPONSE

AFTER ACTION REVIEW





ASEAN Coordinating Centre for Humanitarian
Assistance on disaster management (AHA Centre)
Graha BNPB, 13th Floor
Jl. Pramuka Kav. 38
Jakarta 13120
INDONESIA

www.ahacentre.org

The AHA Centre is an intergovernmental organisation established on 17 November 2011 through the signing of the Agreement on the Establishment of the AHA Centre. The AHA Centre is based in Jakarta, Indonesia.

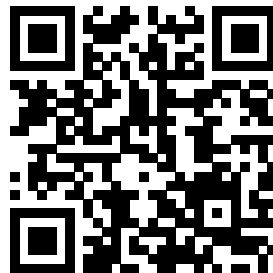
For inquiries, contact:

Phone : (63 21) 21012278
Fax : (62 21) 21012287
E-mail : info@ahacentre.org

General information on AHA Centre appears online at the AHA Centre website: www.ahacentre.org

Catalogue-in-Publication Data

After Action Review of 2018 Responses
Jakarta: AHA Centre, August 2020



The text of this publication may be freely quoted or reprinted with prior permission, provided proper acknowledgement is given and a copy containing the reprinted material is sent to the AHA Centre, Jakarta.

Copyright of the AHA Centre 2020.
All rights reserved.

Editorial Team for After Action Review of 2018 Responses:

Adelina Kamal
Arnel Capili
Dipo Summa
Lawrence Dimailig
Grace Endina
Agustina Tnunay
Ina Rachmawati

Writer-Consultant:
Gaynor Tanyang
Avyanthi Azis

Editor:
William Shea

Photography:
The AHA Centre
Shutterstock

Design:
BWC - Bentuk Warna Citra

This After Action Review
was developed with support
from:



This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of the AHA Centre and do not necessarily reflect the views of the European Union



The European Union



OF 2018 RESPONSES



ONE ASEAN
ONE RESPONSE

TABLE OF CONTENTS

GLOSSARY
OF TERMS

6

FOREWORD

8

01

2018: A WATERSHED YEAR FOR THE AHA CENTRE 11

SIMULTANEOUS RESPONSES 12

ASSESSING THE FUTURE ROLE(S)
OF THE AHA CENTRE 16

THE AFTER ACTION REVIEW (AAR)
PROCESS 22

02

SUMMARY OF 2018 RESPONSES 27

BRIEF DESCRIPTION OF EACH
RESPONSE 28

LEVEL OF DISASTERS BASED ON
DISASTER MONITORING ANALYSIS
AND EOC GUIDELINES OF THE AHA
CENTRE 44

03

ANALYSIS 49

REFLECTION ON THE AHA
CENTRE'S INTERNAL PROCESSES 50

THE AHA CENTRE'S CORE
STRENGTH IN INFORMATION
MANAGEMENT 56

ENSURING THE DELIVERY OF
RELIEF ITEMS TO TARGET
COMMUNITY 58

MANAGEMENT OF THE ASEAN
EMERGENCY RESPONSE AND
ASSESSMENT TEAM (ASEAN-ERAT) 62

COORDINATING INTERNATIONAL
ASSISTANCE 64

THRESHOLD REVIEW 76

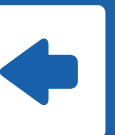
PRIORITISING EMERGENCY
RESPONSE 82

TOWARD CONTINGENCY PLANNING
AND NATIONAL-LED RESPONSE IN
THE REGION 84

SYNTHESIS OF LESSON LEARNT 88

04

RECOMMENDATIONS 93



Back to
Previous
View

GLOSSARY OF TERMS

AADMER	ASEAN Agreement on Disaster Management and Emergency Response	DMA Unit	Disaster and Monitoring Analysis Unit	JOCCIA	Joint Operations and Coordination Centre for International Assistance	SG-AHAC	Secretary-General of ASEAN as the ASEAN Humanitarian Assistance Coordinator
AAR	After Action Review	ERAT	Emergency Response and Assessment Team	JTF-HADR	Joint Task Force on Humanitarian Assistance and Disaster Relief	UNDAC	United Nations Disaster Assessment and Coordination
ACDM	ASEAN Committee on Disaster Management	ERAP	Emergency Response Action Plan	NDMO	National Disaster Management Organisation	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on disaster management	EOC	Emergency Operations Centre	NDRRMC	National Disaster Risk Reduction and Management Council		
AJDRP	ASEAN Joint Disaster Response Plan	ERO	Emergency Response Operations	OSOCC	On-Site Operations Coordination Centre		
ASEAN	Association of Southeast Asian Nations	ICLT	In-Country Liaison Team	PIHAC	Philippine International Humanitarian Assistance Cluster		
BNPB	<i>Badan Nasional Penanggulangan Bencana</i> (National Disaster Management Authority of Indonesia)	IFRC	International Federation of Red Cross and Red Crescent Societies	RRD	Relief and Resettlement Department		
DELSA	Disaster Emergency Logistics System for ASEAN	JOCCA	Joint Operations and Coordination Centre of ASEAN	SASOP	Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations		



Back to
Previous
View

FOREWORD

ADELINA KAMAL
Executive Director
of the AHA Centre



2018 was a groundbreaking year for the AHA Centre in its (still short) history. This was a year where we finally had the opportunity to see how the seeds that we planted way back since November 2011, through long hard work and sacrifices, came into fruition.

The year 2018 was the year of realisation. It was the year when we started to realise the true meaning of interoperability, together with our regional and international humanitarian partners. It was also the year where we were able to test and utilise the various ASEAN processes and tools under our disposal, that we have been developing for years. 2018 was the year when we saw how One ASEAN One Response vision put into action.

This report is focused on the lessons learnt of how we experienced the year 2018 through our multiple, back-to-back responses. We know that despite the many achievements, including receiving the prestigious 2018 Asian of the Year award from the Straits Times, there are still rooms for improvements. The achievements would not be possible without the strong support from the National Disaster Management Organisations of the 10 ASEAN Member States as our Governing Board, who gave us the trust and confidence to play our true role as the primary ASEAN regional coordinating agency for disaster management and emergency response.

This report is generated from online interviews with 13 organisations and 19 individuals, comprising key informant-stakeholders and respondents from different institutions during focus group discussions, a series of lessons learnt workshops and several meetings conducted during the period of November 2018 to December 2019.

We would also like to extend our sincere gratitude to our partners, the Government of Japan through Japan-ASEAN Integration Fund (JAIF) for supporting the development of this lessons learnt document, as well as the European Union for supporting the production of this document.

We hope this document can be a useful reference in strengthening One ASEAN One Response.



Go To
Table of
Content



Go To
Glossary
of Terms



01

**2018:
A WATERSHED
YEAR FOR THE
AHA CENTRE**



Go To
Table of
Content



Go To
Glossary
of Terms

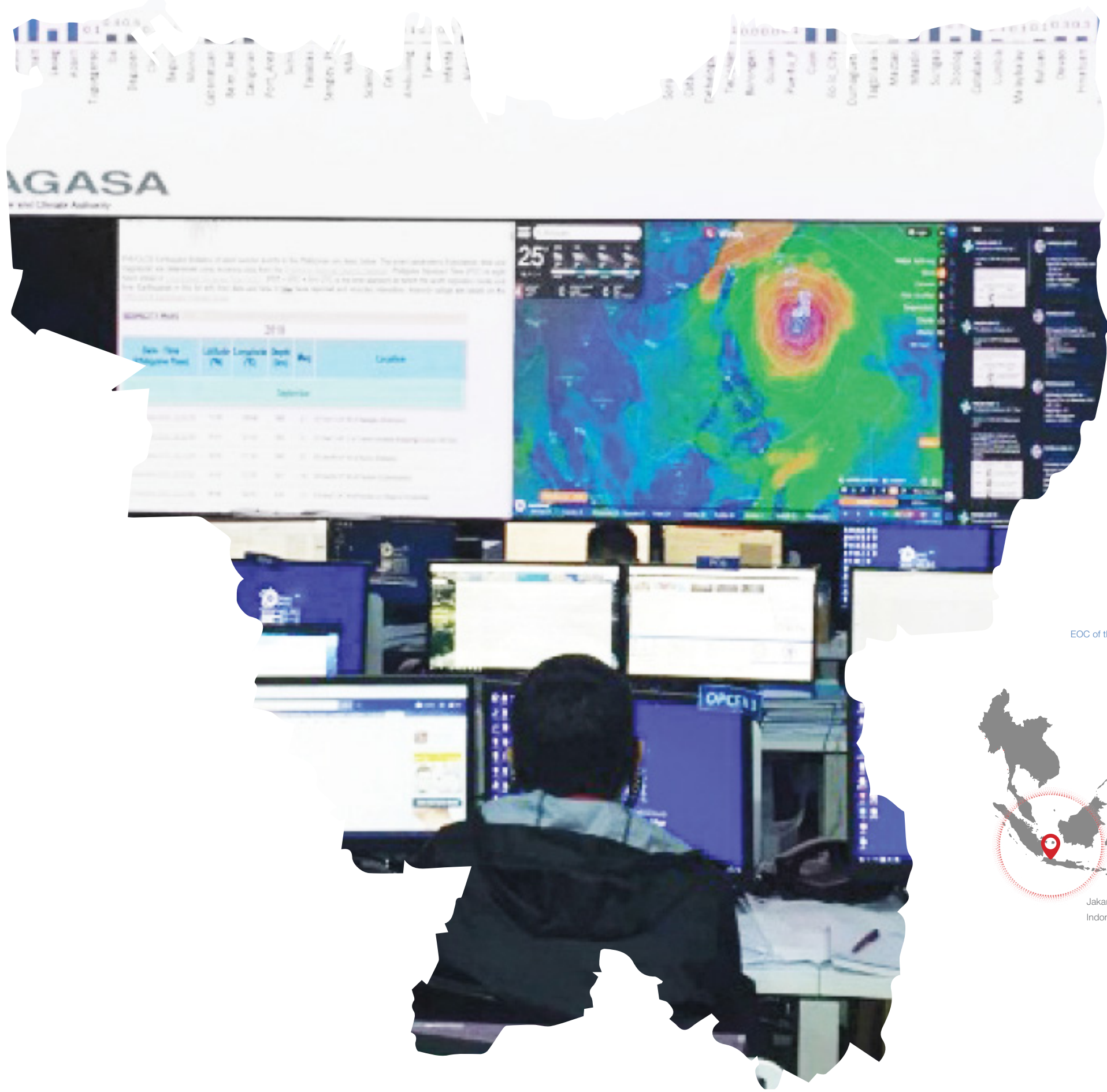
1.1

SIMULTANEOUS RESPONSES

The year 2018 saw the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) deploy to the largest number of responses since its establishment in November 2011. A total of seven responses during the year required the Centre to remain in active disaster response status throughout the second half of 2018, specifically from July 25 to December 25. Throughout 2018 the AHA Centre was in active emergency operations mode for a total of 143 days during response periods. From the beginning of the Lao floods in early July, the Emergency Operations Centre (EOC) of the AHA Centre was in “red status” until the end of the year – a total of 153 days.

The AHA Centre’s first deployment in 2018 was in response to human displacement in Rakhine State, Myanmar, that had been prevalent since August 2017. The primary objective of the ASEAN Emergency Response and Assessment Team (ASEAN-ERAT) deployment to the country in January 2018 was to monitor Disaster Emergency Logistics System for ASEAN (DELSA) relief items that had previously been dispatched in 2017, as part of the effort to support the repatriation process of displaced populations returning from Cox’s Bazar in Bangladesh.

- ▶
- ▶
- ▶
- ▶
- ▶
- ▶



EOC of the AHA Centre in Jakarta
Photo: AHA Centre

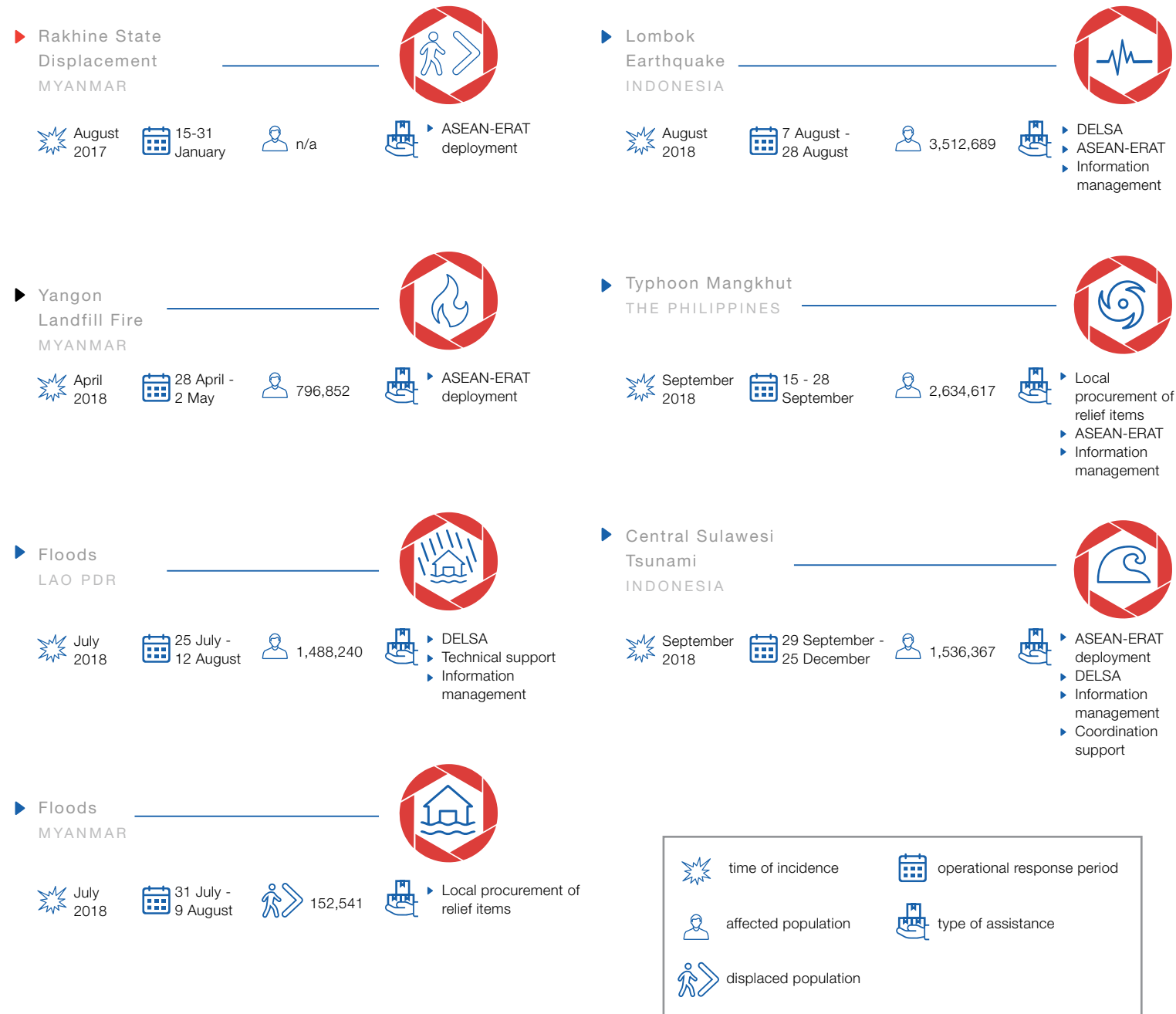


Go To Table of Content



Go To Glossary of Terms

SIMULTANEOUS RESPONSES:



In April, fire broke out in a garbage dumpsite in Yangon, affecting 20 townships across the city and nearly 800,000 people – of whom 219,931 were children below 15 years old, and 70,919 citizens aged 60 and above.

In early July, heavy rain fell upon 349 villages across 41 districts in Lao PDR, causing rivers to flood with increasing strength. The Xepien – Xenamnoy dam overflowed, eventually collapsing and triggering further flash flooding events. Simultaneously, monsoon seasonal floods affected several states and regions in Myanmar, leaving 152,541 people displaced.

The last four disasters of the year registered in the catastrophic category – being the Myanmar floods, Lombok earthquake, Typhoon Mangkhut and the Central Sulawesi earthquake and tsunami disasters. The total number of

people affected by the last three disasters was 7,683,673 – of whom 736,635 were internally displaced.

The total value of assistance managed by the AHA Centre was USD 1.869 million, which consisted of: (1) USD 819,723 worth of DELSA items; and; (2) donations from partners disbursed through the AHA Centre for its response operations, and support to early recovery, for Central Sulawesi worth USD 350,000 (from Direct Relief and the Government of Australia), while the Philippines donated USD 300,000 towards the recovery project to build an ASEAN village in Central Sulawesi. Donations were also received from the people of Brunei Darussalam, totaling USD 400,138, which was provided to the AHA Centre to support the recovery project in Central Sulawesi.

A TOTAL OF SEVEN RESPONSES DURING THE YEAR REQUIRED THE CENTRE TO **REMAIN IN ACTIVE DISASTER RESPONSE STATUS** THROUGHOUT THE SECOND HALF OF 2018



Go To Table of Content



Go To Glossary of Terms

1.2

ASSESSING THE FUTURE ROLE(S) OF THE AHA CENTRE

The high number of deployments during 2018 raises the need to evaluate the potential capacity of the AHA Centre. The key question raised is “in the event that more frequent disasters occur in the future, how should the Centre respond?” The challenges of simultaneous responses require an honest assessment of the role(s) that the Centre should prioritise.

In addition to the number of deployments, the AHA Centre also went beyond its conventional scope of operations (responding to natural disasters) to act on two human-induced disaster responses during 2018 – the Rakhine displacement and the Yangon dumpsite fire. A context is now emerging that highlights an increasing expectation for joint regional response mechanisms to address non-natural disasters.

Coordination of international assistance was the final key challenge for the AHA Centre in 2018. The series of disaster operations marked a significant shift in which the Centre stepped up to its primary role of coordinator for responses in the region. Mechanisms in 2018 involved participation from actors beyond the ASEAN Member States, which represents stage three (or ASEAN 3.0) in the progression of the One ASEAN One Response vision.

- ▶
- ▶
- ▶
- ▶
- ▶
- ▶



ASEAN ERAT deployment to provide strategic advice to contain landfill fire in Yangon

Photo: AHA Centre



Yangon, Myanmar



Go To Table of Content



Go To Glossary of Terms

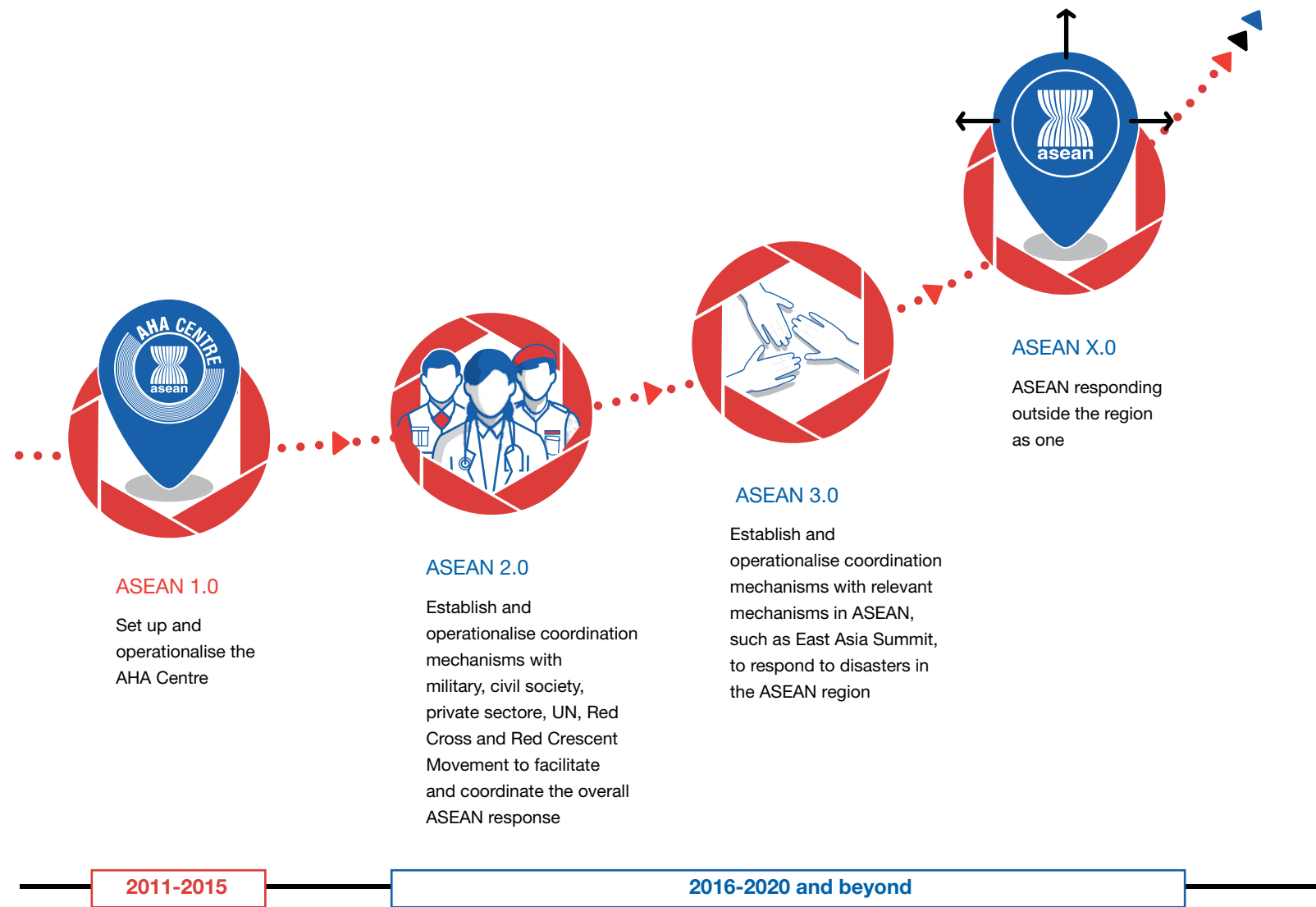


Figure 1. One ASEAN One Response vision

One ASEAN One Response

In September 2016, the ASEAN Leaders signed the ASEAN Declaration on **One ASEAN One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region** to increase the speed, the scale and the solidarity of ASEAN’s response.

The Declaration was inspired largely from lessons and experiences gained from ASEAN’s response to Typhoon Haiyan in the Philippines during 2013, the largest disaster that the AHA Centre had responded to barely two years into its existence.

The One ASEAN One Response serves as a driving force on which to continue the implementation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER). AADMER was adopted by the 10 ASEAN Member States in 2005, and subsequently ratified by all Member State legislatures as the world’s first regional treaty on disaster management cooperation.

One ASEAN One Response aims to achieve faster response, mobilise greater resources and establish stronger coordination to ensure ASEAN’s collective response to disasters, whether within or outside the region. One ASEAN One Response, therefore, is about bringing together ASEAN’s strength and resources not just from within the ASEAN Member States, but from other humanitarian actors as well, to support an affected Member State respond to disaster if requested.

One ASEAN One Response will be activated following the occurrence of a disaster, whereby a request for assistance is made, or offer of assistance is accepted, by the affected Member State.

ONE ASEAN ONE RESPONSE: ASEAN RESPONDING TO DISASTERS AS ONE IN THE REGION AND OUTSIDE THE REGION



Go To Table of Content



Go To Glossary of Terms

ASEAN-ERAT Deployment

In the seven disaster responses through 2018, deployment of the ASEAN-ERAT formed mode of AHA Centre's operations – with five of the responses required ASEAN-ERAT deployment, alongside specific AHA Centre staff. At the time, ASEAN-ERAT comprised of 220 members from across the region, trained to conduct joint assessment and facilitate ASEAN's humanitarian assistance on the ground.

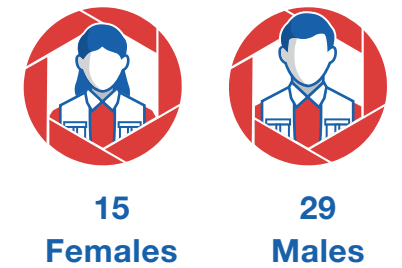
In appraising AHA Centre's 2018 disaster responses, a key reference utilised by this report is ASEAN-ERAT's core responsibility, which covers the following competencies:

1. Conduct rapid assessments and estimation of scale, severity, impact, and needs following a disaster to the affected National Disaster Management Organisation (NDMO).
2. Facilitate relief assistance, including:
 - ▶ Receiving incoming ASEAN Member State relief items and assistance for the affected NDMOs.
 - ▶ Provision of operational support, including information management, logistics, and emergency communications.
3. Coordination, including:
 - ▶ Coordinate with the AHA Centre for the deployment of regional assets, relief items and personnel.
 - ▶ Facilitate coordination between the affected NDMO and international/humanitarian partners.
 - ▶ Set up an on-site physical coordination structure, or known as Joint Operations and Coordination Centre of ASEAN (JOCCA).

There were variations in the mode of ASEAN-ERAT deployments during the 2018 responses. For the Yangon fire, specialised skills were requested in-line with the nature of the disaster and the objective of the deployment. In the Lao flood response, only local ASEAN-ERAT was deployed, while for the Lombok earthquakes, ASEAN-ERAT was accepted to support the NDMO as a learning opportunity. There was no request for international assistance during Typhoon Mangkhut, but ASEAN-ERAT deployment was welcomed to support information management efforts. In the Central Sulawesi response, ASEAN-ERAT was deployed both in the AHA Centre EOC, as well as in two logistics hubs located at Balikpapan (Kalimantan) and Palu (Central Sulawesi).

Across five response operations, a total of 44 ASEAN-ERAT members were deployed (15 females and 29 males), with 28 of them supporting the Central Sulawesi response. ASEAN-ERAT members came from Brunei Darussalam, Indonesia, Malaysia, Myanmar, Philippines, Singapore and ASEAN Secretariat, while the rest were staff members of the AHA Centre.

A TOTAL OF
44 ASEAN-ERAT MEMBERS
 WERE DEPLOYED



Go To Table of Content



Go To Glossary of Terms

1.3

THE AFTER ACTION REVIEW (AAR) PROCESS

ASEAN's response operations typically conclude with an After Action Review (AAR), in order to gather feedback from staff, Member States and partners, as well as the deployed ASEAN-ERAT members. The activity aims to determine areas of improvement for ASEAN disaster management mechanisms, as well as identify areas of the response that worked well and should be maintained.

To review the disaster responses undertaken in 2018, a series of workshops were conducted in November 2018 to gather feedback from various stakeholders. The first of the series took place internally among the AHA Centre staff on 26 November 2018, followed by a one-and-a-half-day workshop involving the Member States and ASEAN-ERAT from 27 November. A final half-day workshop then took place on 28 November, engaging partners who were involved in the Central Sulawesi response. This included participation of representatives from DHL, International Federation of Red Cross and Red Crescent Societies (IFRC), and relevant UN agencies.

In addition, the AHA Centre included outcome from the AAR workshop of the ASEAN – UN interoperability, organised jointly by the AHA Centre and the UNOCHA on 4 December 2018.

- ▶
- ▶
- ▶ The Consultant discussed the first draft report with AHA Centre staff on 10 April, 2019. The decisions during that meeting were to conduct additional interviews and to produce this report after the joint AAR with relevant agencies from the government
- ▶
- ▶




 AHA Centre briefing on the Central Sulawesi Response to the then Deputy Prime Minister of Malaysia, 9 October 2019

Photo: AHA Centre



Go To Table of Content




Go To Glossary of Terms

of Indonesia involved in the Central Sulawesi response. The AAR with the agencies from the government of Indonesia was undertaken on 25 November 2019, while the additional interviews with a total of 12 organisations were carried out from April to May. Some interviews involved more than one staff member from some organisations.

This AAR also considers inputs from a number of activities, including the Workshop on the Lessons Learned from the Central Sulawesi Response (co-organised by the AHA Centre and the BNPB on 16-17 December 2019), and the Workshop on the Management of International Assistance on 20-21 November 2019.

Table 1. Number of participants interviewed for AAR

	 AHA Centre Staff	NDMOs		ERAT	PARTNERS		TOTAL	
		Individuals	Organisations	Individuals	Individuals	Organisations	Individuals	Organisations
FGDs	25	9	5	9	18	7	61	12
INTERVIEWS	-	5	3	-	14	9	19	12

Documents reviewed as part of this report include:

- ▶ Situation Reports, Emergency Response Action Plans (ERAP), ASEAN-ERAT reports and other response-related documents.
- ▶ Notes of meetings of the ACDM related to the seven responses.
- ▶ AAR of the 2017 operations on the Rakhine displacement.
- ▶ AAR of the ASEAN-UN interoperability.
- ▶ Other relevant ASEAN policies and guidelines.



Go To Table of Content



Go To Glossary of Terms



02

SUMMARY OF 2018 RESPONSES



Go To
Table of
Content



Go To
Glossary
of Terms

2.1

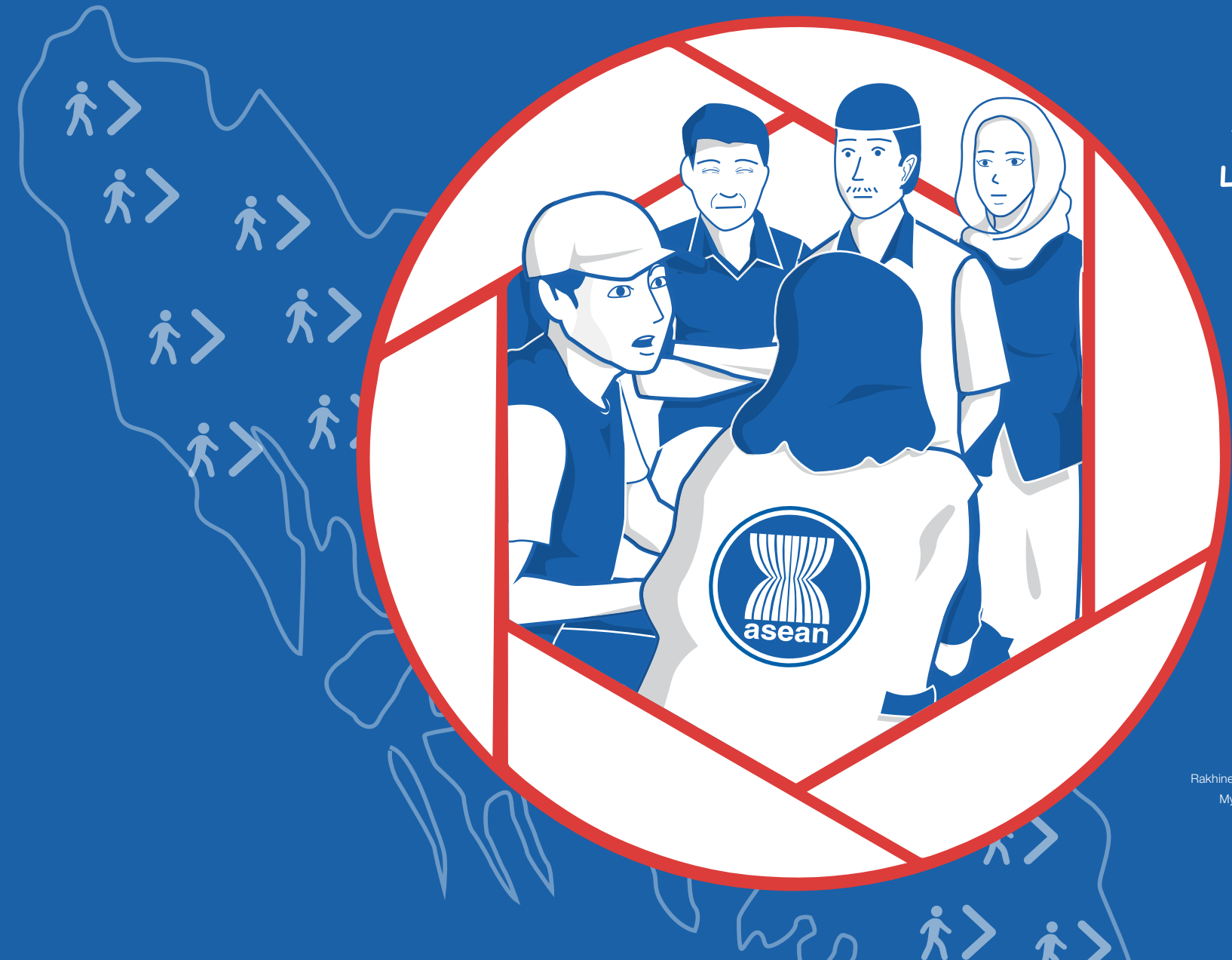
BRIEF DESCRIPTION OF EACH RESPONSES

Rakhine State Displacement MYANMAR

Rakhine State Displacement

MYANMAR

The displacement of people in Rakhine State, Myanmar, surged through August 2017. In September 2017, the Myanmar government welcomed ASEAN's offer of assistance that began with the deployment of ASEAN relief items in several batches from the regional stockpile in Subang, Malaysia in October 2017. Kitchen supplies were dispatched in December 2017 through a donation from the Government of Singapore, followed by the deployment of ASEAN-ERAT between 15-31 January 2018 to support information management and reporting, as well as to conduct observation of the utilisation of ASEAN relief items. Myanmar's decision to welcome ASEAN support was based on the region's previous assistance during the Marawi response, when a humanitarian crisis occurred followed a terrorist attack in the southern Philippines city. The AHA Centre continued to coordinate – with Department of Disaster Management (then it was called the Relief and Resettlement Department) of Myanmar's Ministry of Social Welfare, Relief and Resettlement on preparations for repatriation of displaced populations.



Click image for more



Click to view other responses

Yangon Landfill Fire (Myanmar)

Floods (Lao PDR)

Floods (Myanmar)

Lombok Earthquake (Indonesia)

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami (Indonesia)

Go To Table of Content

Go To Glossary of Terms

Yangon Landfill Fire

MYANMAR

Facing an ongoing dumpsite fire, Myanmar's national disaster management authority requested expertise from ASEAN to develop a more strategic intervention framework focused on minimising fire risk. The AHA Centre formed a technical team of ASEAN-ERAT members with expertise in coordination, fire fighting and public health technical competencies. A local ASEAN-ERAT member provided language support as well as local networking to improve the team's effectiveness on the ground.



Click image for more



Click to view other responses

Rakhine State Displacement (Myanmar)

Yangon Landfill Fire MYANMAR

Floods (Lao PDR)

Floods (Myanmar)

Lombok Earthquake (Indonesia)

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami (Indonesia)

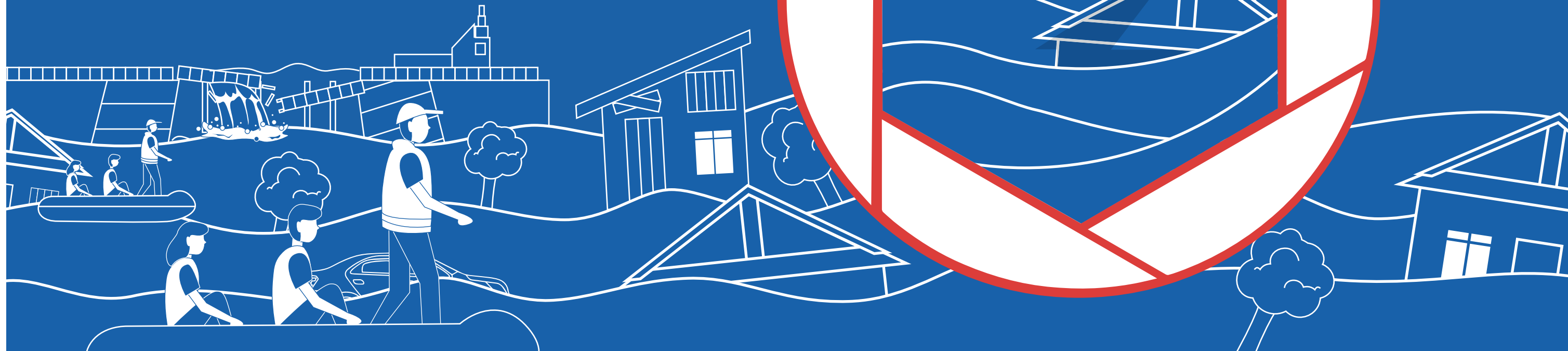
| Floods

LAO PDR

The flash floods in Lao PDR affected 55 districts and 762 villages across 13 of Lao PDR's 17 provinces. The disaster had an impact on the lives of 1,488,240 people, and inundated 33,340 hectares of agricultural land. Additionally, the scale of flooding in Lao PDR was exacerbated by a dam break, which saw initial queries on whether the disaster should be classified as man-made or natural. Regardless, an ASEAN response was launched directly after a request for support from the government of Lao PDR.



Click image for more



Click to view other responses

Rakhine State Displacement (Myanmar)

Yangon Landfill Fire (Myanmar)

Floods LAO PDR

Floods (Myanmar)

Lombok Earthquake (Indonesia)

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami (Indonesia)

Floods

MYANMAR

In July 2018, floods and landslides were reported across 9 of 14 states in Myanmar, displacing 152,541 people (32,925 households). The government of Myanmar developed 338 evacuation camps, while the AHA Centre provided 12,000 locally-procured solar lanterns (a total value of USD 79,883 in relief items), deployed the Centre's In-Country Liaison Team, and provided disaster monitoring and analysis support.

 Click image for more



Click to view other responses

Rakhine State Displacement (Myanmar)

Yangon Landfill Fire (Myanmar)

Floods (Lao PDR)

Floods

MYANMAR

Lombok Earthquake (Indonesia)

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami (Indonesia)



| Lombok Earthquake

INDONESIA

The Lombok earthquake in Indonesia affected 3,512,689 people, displaced 431,416, and caused an estimated economic loss of USD 528 million. There were 515 fatalities recorded, while a further 7,733 were injured. 32,016 homes were severely damaged, with another 72,765 categorised as damaged. An additional 128 places of worship also experienced varying degrees of damage.

The AHA Centre's response to the Lombok earthquake included the deployment of relief items with a total value USD 154,438 (350 family tents, 1 mobile storage unit, 800 personal hygiene kits, 300 family kits), deployment of ASEAN-ERAT support, and dissemination of information to regional and international stakeholders.



Click image for more



Click to view other responses

Rakhine State Displacement (Myanmar)

Yangon Landfill Fire (Myanmar)

Floods (Lao PDR)

Floods (Myanmar)

Lombok Earthquake
INDONESIA

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami (Indonesia)

| Typhoon Mangkhut THE PHILIPPINES

Typhoon Mangkhut (Ompong) affected 2,634,617 people (625,293 families), claiming 52 lives and injuring 132 others in the Philippines. The typhoon also damaged 187,302 houses, with the disaster resulting in estimated total losses of USD 621 million (USD 128 million damage to infrastructure and USD 493 million damage to agriculture).

The AHA Centre delivered assistance, locally procured, including 30 tonnes of rice, four 28-kVA generators, 2,000 rolls of tarpaulin (total USD 276,909 of relief items), as well as provided information management and dissemination, and deployed ASEAN-ERAT support for information management.

 Click image
for more



Click to
view other
responses

Rakhine State
Displacement
(Myanmar)

Yangon Landfill Fire
(Myanmar)

Floods
(Lao PDR)

Floods
(Myanmar)

Lombok Earthquake
(Indonesia)

Typhoon Mangkhut
THE PHILIPPINES

Central Sulawesi Tsunami
(Indonesia)

Central Sulawesi Tsunami

INDONESIA

The Central Sulawesi earthquake, tsunami and liquefaction left 206,494 people displaced, and damaged 68,451 houses. In total, the disaster claimed the lives of 2,081 people, while leaving 4,438 injured and another 1,309 missing. The estimated economic loss from the disaster was around USD 128 million, with a further loss of USD 439 million felt by the agricultural sector. The AHA Centre's response to the disaster included delivery of 254 family tents and 2 mobile storage units (a total value of USD 115,948 in relief items). In addition, the Centre also deployed ASEAN-ERAT support, while also providing logistics management assistance. The Central Sulawesi response saw the highest number of ASEAN-ERAT members deployed since its establishment. Lastly, the AHA Centre constructed 120 temporary latrines in displacement camps, with the support from Direct Relief. The AHA Centre continued providing support in the recovery stage throughout 2019-2020.



 Click image for more



Click to view other responses

Rakhine State Displacement (Myanmar)

Yangon Landfill Fire (Myanmar)

Floods (Lao PDR)

Floods (Myanmar)

Lombok Earthquake (Indonesia)

Typhoon Mangkhut (the Philippines)

Central Sulawesi Tsunami
INDONESIA

THE CENTRAL
SULAWESI RESPONSE
MARKED **THE
FIRST TIME THE
AHA CENTRE
WAS
DESIGNATED**
BY AN ASEAN
MEMBER STATE TO
HELP COORDINATE
INCOMING
INTERNATIONAL
ASSISTANCE.

The Central Sulawesi response can be categorised as more complex than other responses, in particular due to the involvement of many more actors. While largely nationally-coordinated, the Central Sulawesi response marked the first time the AHA Centre was designated by an ASEAN Member State to help coordinate incoming international assistance.

It was also the first time that the concept of JOCCA was implemented, with the establishment of the Joint Operations Coordination Centre for International Assistance (JOCCIA) as part of the response. The AHA Centre's operational partners were co-located at the AHA Centre Emergency Operations Centre (EOC) in AHA Centre, as well as in Balikpapan and Palu, which also allowed for testing of new ASEAN-UN interoperability mechanisms. Furthermore, the Centre's EOC also served as a coordination meeting point for the affected country's NDMO and engaged humanitarian partners, to update and clarify about the situation on the ground,

the Government's mechanisms on receiving international assistance, and other key information.

Within the first week of the emergency response, the AHA Centre started assisting the Government of Indonesia to manage incoming offers of assistance. The AHA Centre worked closely with BNPB EOC to determine the flow of international assistance to the field. After the approval from BNPB was finalised, the AHA Centre supported undertaking logistical arrangements to the disaster location, with logistic support plans also playing a crucial role in ensuring strong flows of relief to the area.

The AHA Centre's involvement helped reduce non-required relief items in the affected area, and supported the Government of Indonesia to finalise network mapping of international assistance. Military coordination was also conducted with defence attachés from all Member States and Dialogue Partners.



Coordination meeting of ASEAN-ERAT, UNDAC and Map Action at JOCCIA in Palu

Photo: AHA Centre



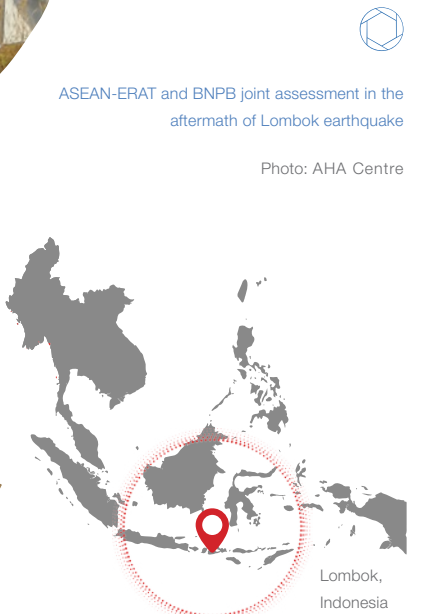
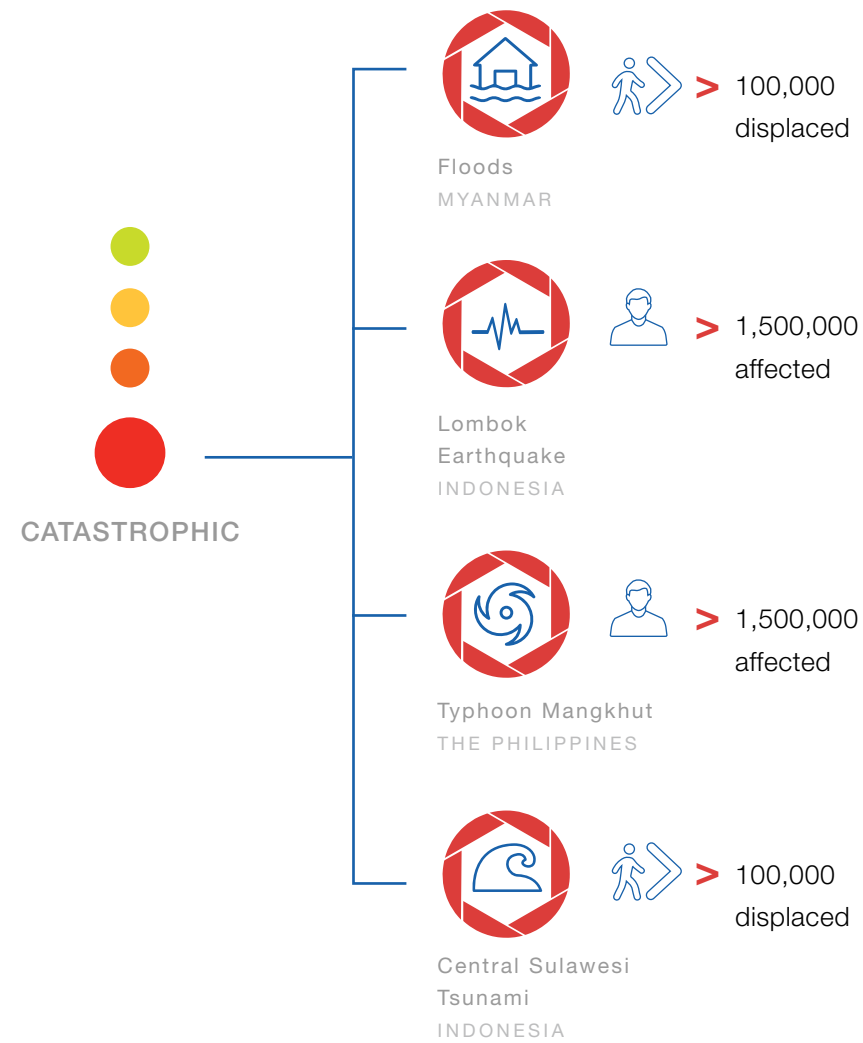
Go To
Table of
Content



Go To
Glossary
of Terms

2.2
LEVEL OF DISASTERS BASED ON DISASTER MONITORING ANALYSIS AND EOC GUIDELINES OF THE AHA CENTRE

Six of the natural disasters responded to in 2018 were categorised under the major or catastrophic categories. Registering as catastrophic, the Lombok earthquake and Typhoon Mangkhut affected more than 1,500,000 people, while the Myanmar floods and the Central Sulawesi disaster resulted in the displacement of more than 100,000 people. There is no categorisation for the Rakhine situation despite the large scale displacement in Cox's Bazar.







Go To Table of Content



Go To Glossary of Terms

Table 2. The AHA Centre's Level and Criteria of Disaster

NO	LEVEL	CRITERIA
I	<p>MINOR</p> 	<ul style="list-style-type: none"> ▶ The incident affects only 1 administrative boundary Level 2 or 3 or other equivalent administrative area, and ▶ Greater than 100 and less than 30,000 people being affected, and/or ▶ Greater than 20 and less than 4,000 households affected, or ▶ Up to a 1,000 people displaced, or ▶ Declared as disaster by local or regional authorities
II	<p>MODERATE</p> 	<ul style="list-style-type: none"> ▶ The incident affects within administrative boundary Level 1 or 2 or other equivalent administrative area, and ▶ Between 30,000 and 200,000 people being affected, and/or ▶ Between 4,000 and 20,000 households affected, or ▶ Between 1,000 and 10,000 people displaced, or ▶ Declared as disaster by regional or local authorities
III	<p>MAJOR</p> 	<ul style="list-style-type: none"> ▶ The incident affects more than administrative boundary Level 1 or other equivalent administrative area, and ▶ Between 200,000 and 1,500,000 people being affected, and/or ▶ Between 20,000 and 200,000 households affected, or ▶ Between 10,000 and 100,000 people displaced, or ▶ Declared as disaster by national or regional authorities
IV	<p>CATASTROPHIC</p> 	<ul style="list-style-type: none"> ▶ The incident affect more an administrative boundary Level 1 or other equivalent administrative area, and ▶ More than 1,500,000 people being affected, and/or ▶ More than 200,000 households affected, or ▶ More than 100,000 people displaced, or ▶ Declared as disaster by national authorities

There is a recognition within the ASEAN disaster management community that the region's existing response mechanisms and tools are not yet designed to respond to conflict and other human-induced disasters. Existing indicators under the AHA Centre's Disaster Monitoring and Response System only measure the severity of natural disasters, prompting discussions regarding the sufficiency of the current information sharing and response procedures using the Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) in responding to non-natural disasters. That ASEAN is mainly equipped to deal with natural disaster is also reflected in ASEAN-ERAT Transformation Plan and the ASEAN Vision 2025 on Disaster Management.

As a response mechanism for conflict, current existing procedures are considered insufficient, including nodal points in decision-making processes and the scope of the AHA Centre's responsibility to make decisions related to the response.

A recommendation was put forward to develop standard operating procedures that supplement SASOP, including DMA and EOC guidelines, in the case of human-induced disasters.

The two responses to human-induced disasters in Myanmar also highlighted the concern about providing safety and security for AHA Centre staff and ASEAN-ERAT teams deployed on the ground. The ASEAN-ERAT Guidelines, for instance, require the team to be self-sufficient, including safety and security. Additionally, AADMER determines that the affected Member State requesting or receiving assistance should ensure the protection of personnel, equipment and materials brought into the country. Participants during focused group discussions (FGDs) for the AAR also highlighted the need for better protocols and support related to safety and security of deployed ASEAN personnel and ASEAN-ERAT members within all types of disaster response.

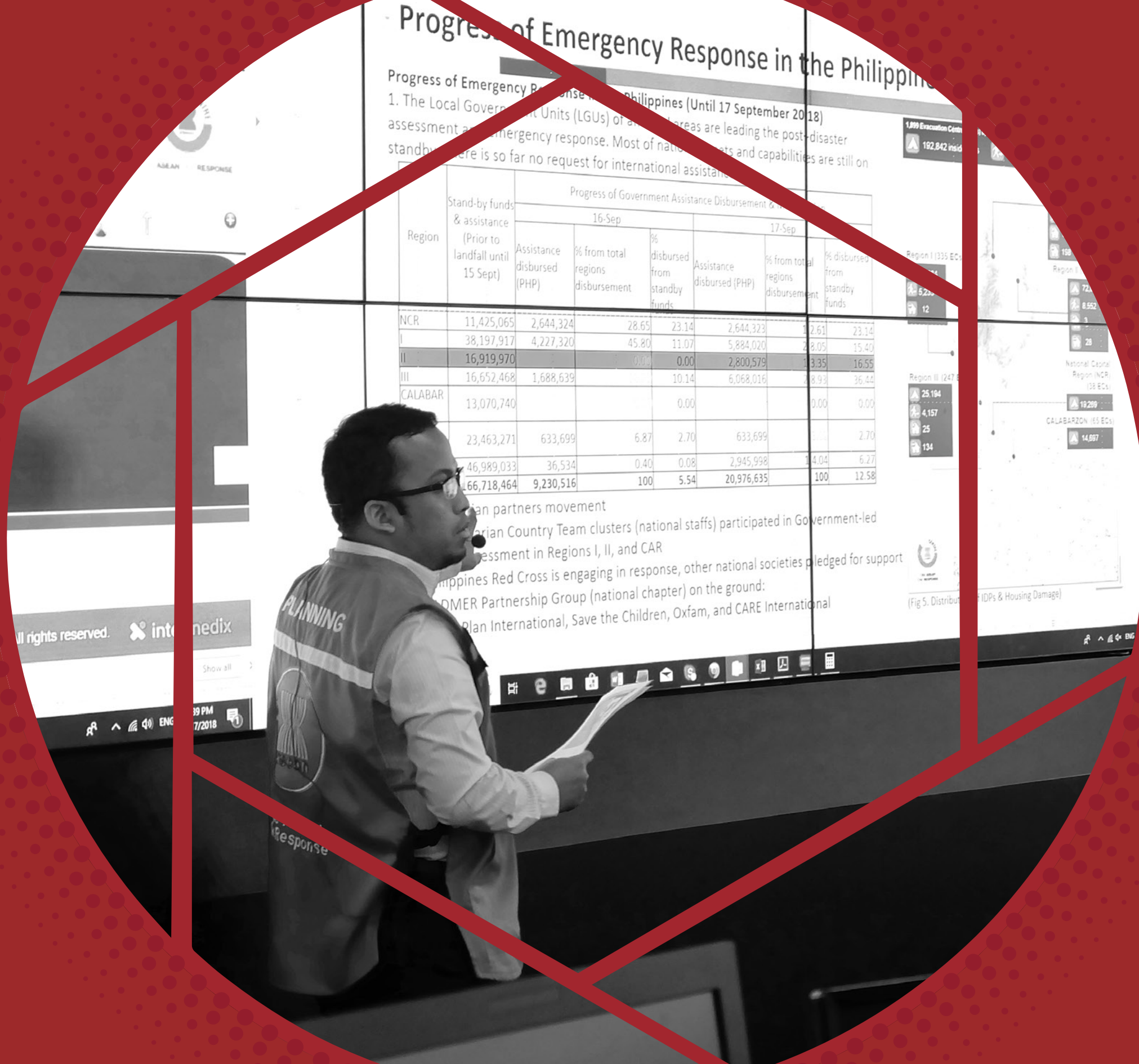
THE ASEAN-ERAT GUIDELINES, FOR INSTANCE, REQUIRE THE TEAM TO BE **SELF-SUFFICIENT,** INCLUDING **SAFETY** AND **SECURITY.**



Go To Table of Content



Go To Glossary of Terms



03

ANALYSIS



Go To Table of Content



Go To Glossary of Terms

3.1

REFLECTION ON THE AHA CENTRE'S INTERNAL PROCESSES

A clear lesson from the AHA Centre's multiple responses in 2018 was that simultaneous responses greatly tested the AHA Centre's own internal processes. In particular, it tested the Centre's ability to manage both its regular activities while doing response:



delivery of activities under donor-funded projects



disaster response

- ▶ Back-to-back responses in 2018 ultimately came at the expense of the AHA Centre's regular activities.
- ▶
- ▶ Discussions regarding the AHA Centre's internal processes focus in particular on two components – staffing and material/monetary resources.
- ▶



Briefing by AHA Centre and BNPB for humanitarian partners on Central Sulawesi response

Photo: AHA Centre



Jakarta, Indonesia



Go To Table of Content



Go To Glossary of Terms

Availability of Staff

DURING THE ENTIRE 2018 PERIOD, THE AHA CENTRE HAD BETWEEN

25 TO 27 STAFF MEMBERS

JUNE 2018



25 staff

SEPTEMBER 2018



27 staff

The following situation displays just how overstretched the AHA Centre’s human resources were during 2018. In the first series of disaster responses, the 7-person operations team were mainly deployed. By the end of the Central Sulawesi response was activated, the entire AHA Centre staff had contributed to the response operations, supported by staff from ASEAN Secretariat, UNOCHA and other operational partners co-located in the AHA Centre EOC. The shortage of staff was acutely felt during the Central Sulawesi response. During the back-to-back responses, the AHA Centre saw staff going on multiple deployment, and noted some of them reported feeling burnt-out from the engagements.

During the entire 2018 period, the AHA Centre had between 25 to 27 staff members. In June 2018, there were 25 staff in the AHA Centre, 10 of who were staff employed under donor-funded projects. The number increased to 27 staff by September 2018. Throughout the period, almost everyone at the AHA Centre was mobilised to support an emergency response.

Availability of Resources

Sustainability as a Strategic Issue

During the FGDs and interviews, stakeholders repeatedly highlighted sustainability as a strategic concern in operationalising One ASEAN One Response. The AHA Centre operates on limited capacity, and its dependence on external actors – especially in terms of funding – is a major consideration among Dialogue Partners. One interviewee noted: “We have concerns that the AHA Centre has limited capacity, based on the Dialogue Partners’ support. I have very big concerns about how they can sustain all these responses without Dialogue Partners support”.

Stakeholders noted that DELSA formed one of the strengths of the ASEAN disaster responses in 2018. As one NDMO representative relayed: “The establishment of the DELSA has also been crucial in advancing the vision of One ASEAN One Response. The creation of a regional stockpile of humanitarian relief items under the ASEAN flag in Subang, Malaysia, as well as the upcoming launch of a DELSA satellite warehouse[s] underscores our commitment in implementing the One ASEAN One Response, particularly through coordinating our logistics in a more efficient and expedited manner”.

DELSA enables ASEAN to quickly deploy resources to an affected country, but is also costly to maintain. Its provisions also currently remain dependent on external actors. The Government of Japan currently funds the DELSA items and facilities, and the sustainability of this arrangement remains a challenge. It is also important to highlight that not only maintenance, but deployment, is also costly for the AHA

SUSTAINABILITY AS A STRATEGIC CONCERN

IN OPERATIONALISING ONE ASEAN ONE RESPONSE



Go To Table of Content



Go To Glossary of Terms

ABILITY TO

MOBILISE RESOURCES

WAS SIGNIFICANTLY TESTED DURING THE MULTIPLE RESPONSES IN 2018

Centre. For instance, for each batch of relief items delivered, the Centre needs to spend approximately USD 90,000 on jet fuel, as the ASEAN Member States do not cover this cost and only lend air vessels themselves.

Capacity to Mobilise Resources

Overall, the “scale” expected of an ASEAN response by mobilising regional resources is largely hampered by the limited financial resources at the disposal of the AHA Centre for any particular response. A partner notably remarked that “ASEAN needs to step up to support the AHA Centre.”

Ability to mobilise resources was significantly tested during the multiple responses in 2018. The AHA Centre has struggled to realise its full potential as a regional coordinating agency based on the issue of limited resources. There is a clear need to develop mechanisms that enable the AHA Centre to mobilise resources outside of DELSA and ASEAN-ERAT programme funding. In part, the mobilisation of resources outside of those managed by the AHA Centre could have

been strengthened by activating the role of the Secretary-General of ASEAN as the ASEAN Humanitarian Assistance Coordinator (SG-AHAC), particularly during the Central Sulawesi response, to help mobilise more resources.

The Central Sulawesi response also gave valuable insight to gaps in utilising the ASEAN Standby Arrangements. During the emergency, among the specific items requested by the Government of Indonesia were generators and water purifiers. Purifiers were listed under Module 2 for Water, Sanitation & Hygiene Services, while generators were registered under Module 7 for Logistics. Two ASEAN Member States, namely the Philippines and Thailand, had actually registered the requested items under the respective modules, but the AHA Centre did not activate and deploy them. A key lesson was that only ensuring mechanisms are in place is not enough, and that the AHA Centre must also confirm that resources are available when needed.



AHA Centre providing logistic support during Central Sulawesi response

Photo: AHA Centre



Central Sulawesi, Indonesia



Go To Table of Content



Go To Glossary of Terms

3.2

THE AHA CENTRE'S CORE STRENGTH IN INFORMATION MANAGEMENT

In general, stakeholders agree that the AHA Centre's capacity to produce information for the wider humanitarian community about disasters in the region has been exemplary. NDMOs and partners acknowledge the Centre's reports as being of first-rate in quality, and that they were particularly important when very limited consolidated information was available, as was the case during the Lao PDR flood and in Central Sulawesi. During said responses, partners identified the AHA Centre's real value highlighted through the situational reports that the Centre publishes on a regular basis. Particularly in the Central Sulawesi response, the reports were considered of indispensable value.

The AHA Centre's strength in information management went beyond the situational reports in Central Sulawesi. It also manifested in the briefings that the Centre provided, the JOCCIA implementation, and other key information dissemination activities. As one interviewee remarked: "More importantly, they were there as almost as sounding house of reason amongst the confusion about the Indonesian government partners. Whenever I want to get a sound answer, a sound judgement, I would get an unbiased judgment from the AHA Centre and they would normally put me on the right track, in the right direction". This strength in information management stood in strong contrast with the AHA Centre's challenges in facilitating relief assistance and coordination, which will be outlined below.

While overall receiving positive feedback from stakeholders, one input offered that reports focused too heavily on the activities of actors and what they are offering, while there was very little information about operational gaps.

- ▶
 - ▶
 - ▶
 - ▶
 - ▶
 - ▶
- Related to this, information on operational gaps depends on a continuous information flow. The AHA Centre sometimes found it challenging to obtain relevant information on such operational gaps. In order to improve this, there needs to be a better coordination in joint assessment implementation, and development of a common data pool centralised in one location.



Initial briefing of ASEAN-ERAT with the National Focal Point on the ground zero in Palu

Photo: AHA Centre



Central Sulawesi, Indonesia



Go To Table of Content



Go To Glossary of Terms

3.3

ENSURING THE DELIVERY OF RELIEF ITEMS TO TARGET COMMUNITY

A further area for consideration by the AHA Centre concerns improving monitoring of the deployment of relief items. Monitoring of relief items is crucial for the following reasons: (1) to ensure that there is no overlap of assistance with other stakeholders; (2) to ascertain that items being deployed are delivered to the affected communities, and; (3) to check for item damage.

Throughout the 2018 responses there were two notable situations that delivery of relief items formed a key issue.

The first was during the Rakhine crisis, in which the delivery of some items to the Myanmar NDMO did not continue further to the intended beneficiaries (displaced population), as the repatriation did not take place. Reaching beneficiaries ties to issues of accountability when external actors are involved. As one partner related, “The AHA Centre’s coordination role is to deliver relief items to the NDMO, not to the beneficiary. [Monitoring the response] can go beyond the NDMO so we can monitor the impact of the project. Not only [us], also other Dialogue Partners that have been supporting, they would like to see their impact.” Another incident related to relief item delivery occurred during the Central Sulawesi response, where some donated tents were found to be damaged and not fit for use, especially as victims experienced longer periods of displacement.

- ▶
- ▶
- ▶
- ▶
- ▶
- ▶



First batch of ASEAN-ERAT preparing to go onboard to Palu, Central Sulawesi

Photo: AHA Centre



Central Sulawesi, Indonesia



Go To Table of Content



Go To Glossary of Terms

THE AHA CENTRE'S COORDINATION
ROLE IS **TO DELIVER RELIEF
ITEMS TO THE NDMO, NOT
TO THE BENEFICIARY.**

[MONITORING THE RESPONSE] CAN GO
BEYOND THE NDMO SO WE CAN MONITOR
THE IMPACT OF THE PROJECT. NOT ONLY
[US], ALSO OTHER DIALOGUE PARTNERS
THAT HAVE BEEN SUPPORTING, THEY
WOULD LIKE TO SEE THEIR IMPACT.

These incidents highlight the need to consider ASEAN Standby Arrangements that include appropriate coordination arrangements for partners beyond the NDMOs of ASEAN Member States. Such arrangements might be key to achieving the region's goal of providing assistance at the scale, speed and impact that benefits the affected communities.

It is of note that the AHA Centre's role for assisting Member States constitutes primarily facilitating offers and acceptance of assistance including reception and hand-over of relief items. The AHA Centre does not deliver items directly to the community because within the ASEAN system, this responsibility falls to the affected Member State. This forms an area that external observers highlight potential limitations. One stakeholder further noted a gap in general understanding about the role and activities of organisations operating at the national level (national NGOs). As there is no existing reporting mechanism for them, duplication and lack of data can often prevail. With the AHA Centre's efforts being largely government-to-government in nature, national NGO delivery of items often goes unrecorded and uncaptured in the Centre's official information and data, as it is not within AHA Centre's mandate.



Relief items from various donors in front of ASEAN multi-storage units in Palu, Central Sulawesi

Photo: AHA Centre



Central Sulawesi,
Indonesia



Go To
Table of
Content



Go To
Glossary
of Terms

3.4

MANAGEMENT OF THE ASEAN EMERGENCY RESPONSE AND ASSESSMENT TEAM (ASEAN-ERAT)

A primary lesson from 2018's simultaneous disaster responses is the potential requirement to focus on core competencies within the ASEAN-ERAT member responsibilities. All the responses in 2018 showed a clear preference by the Member States to prioritise deployment of specialised ASEAN-ERAT for a particular type of support. For more general support, Member States prefer deployment of their own local ASEAN-ERAT members, such as the case in Lao PDR. Looking at the lessons from 2018, it can be stated that regional ERAT members will only be requested for the following reasons:



- 1. to address a particular gap that can be filled through facilitation of a specialised ASEAN-ERAT;
- 2. for large scale emergencies that will require additional regional support, and;
- 3. for exposure and capacity building purposes.



Relief items donated by the public for Lao flood response

Photo: AHA Centre



Lao PDR



Go To Table of Content



Go To Glossary of Terms

3.5

COORDINATING INTERNATIONAL ASSISTANCE

The growing need for the AHA Centre's role in coordinating international assistance arises from the fact that some ASEAN Member States have limited experience with setting up a national coordination structure to accept and manage offers of assistance. There is a clear urgency to support ASEAN Member States to strengthen mechanisms to accept and manage international assistance, especially as some of them display a preference to accept support through the AHA Centre, instead of going through the traditional bilateral channel.

More importantly, the need for coordination of international assistance is due to the mounting challenge of unwanted forms of support or assistance, which can potentially lead to several issues. Firstly, when support arrives in large volume it can jam or block logistics entry points to an affected area, slowing or even preventing the arrival of critical assistance to affected communities. Secondly, it may divert valuable resources away from critical life-saving activities, as the assistance must be handled and stored or disposed of correctly. Thirdly, it is a waste of resources, as in many cases the unwanted assistance arrives in the form of perishable goods (such as food, bottled water, medicine) that needs to be consumed quickly or stored in proper conditions. When this cannot be achieved, the items will rot or decay, and in reality, go to waste.

- ▶
- ▶
- ▶
- ▶
- ▶
- ▶




 DELSA regional stockpile located in UNHRD in Subang, Malaysia
 Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

THE AHA CENTRE TOOK ON AN IMPORTANT ROLE IN **COORDINATING INTERNATIONAL ORGANISATIONS** WHO WERE INTENT ON PROVIDING ASSISTANCE

As countries in the region increase their capacities and become more capable to manage disasters independently, they often only need partial or specific support from the international community, or even no support at all. However, when large-scale disaster strikes, offers of support from the international community will quickly follow. It is crucial to ensure that only offers that are actually required are the ones accepted, and that those that are not needed can be declined.

The AHA Centre can play an important role in this regard, as its core mandate – as expressed in the AADMER, and in the Declaration on One ASEAN One Response – is to facilitate the coordination of regional response. As the primary regional coordinating agency, the AHA Centre has a number of tools and mechanisms at its disposal that can be utilised during emergencies. These include the mobilisation of ASEAN-ERAT, SASOP, JOCCA, DELSA, AJDRP, the ASEAN-EOC, and other supporting mechanisms.

The Central Sulawesi response simultaneously provided a test-case for the AHA Centre’s preparedness in the coordinating role, as well as exemplifying best practice to inform future responses. The diagram below illustrates the complexity of international coordination during the disaster. The AHA Centre took on an important role in coordinating international organisations who were intent on providing assistance, while bilateral offers came through the Ministry of Foreign Affairs. The AHA Centre anticipates that a similar role may be requested in the future during large-scale disasters experienced by other Member States. The diagram also provides insight on how responses at the national level, especially by non-state actors, were largely left without effective coordination, as shown by the cluster of networks on the upper right hand side corner.

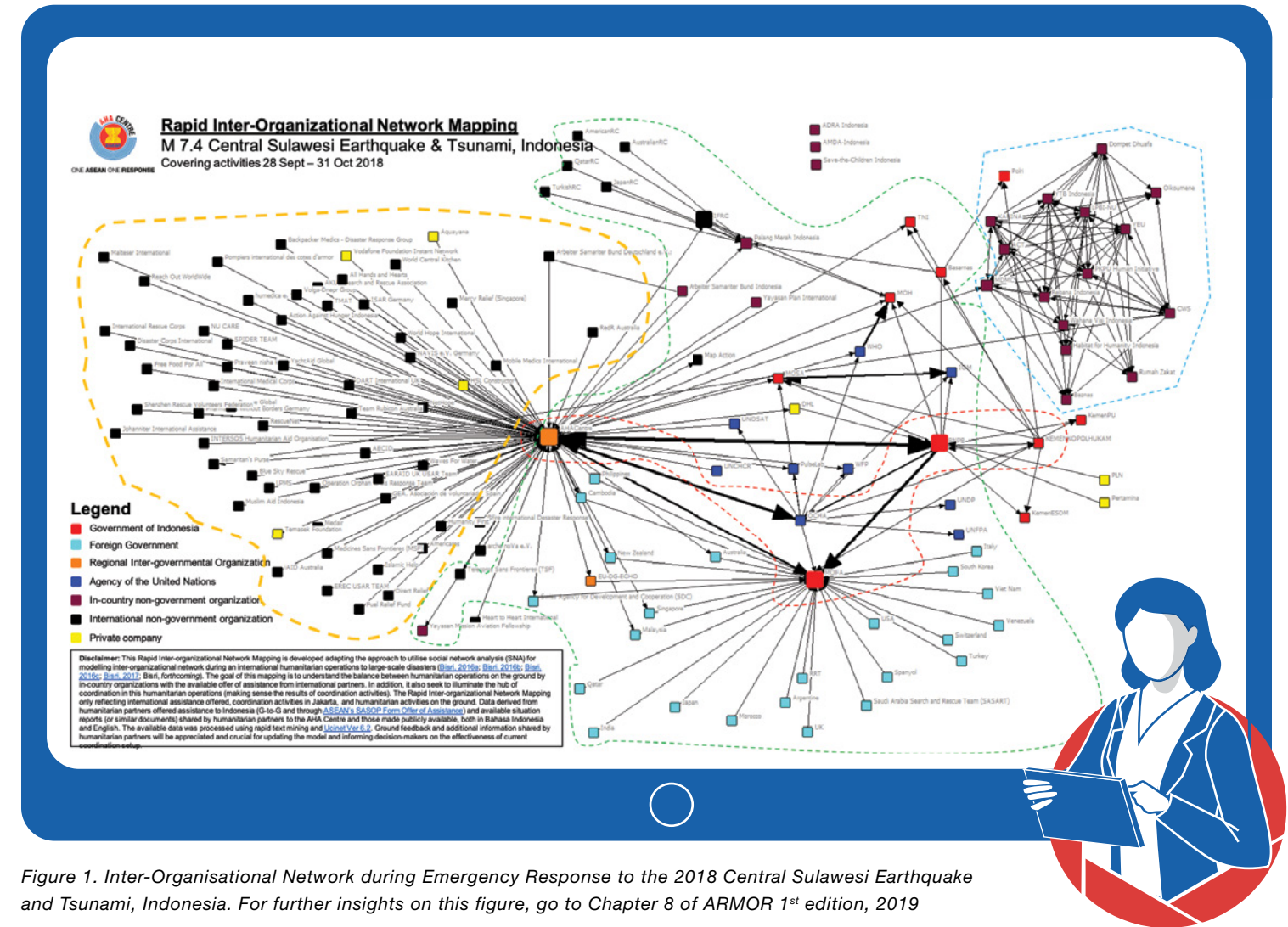


Figure 1. Inter-Organisational Network during Emergency Response to the 2018 Central Sulawesi Earthquake and Tsunami, Indonesia. For further insights on this figure, go to Chapter 8 of ARMOR 1st edition, 2019



Go To Table of Content



Go To Glossary of Terms

The following sub-sections provide a further insight into key lessons learnt as drawn from the 2018 responses, in relation to coordination of international assistance. Much of this content draws on the Central Sulawesi experience.

Granting of Access to Coordinate

A primary lesson in international coordination was that access should be granted to the AHA Centre to coordinate such access. In this regard, the speed and clarity of a Government's terms regarding international assistance greatly supports the AHA Centre in its role as coordinator.

In the Central Sulawesi response, the Government of Indonesia clearly communicated its intent to exercise authority in accepting international assistance. Through the BNPB, the Government of Indonesia laid out the main rules by first optimising existing legal regulations that pertain to disaster management. The Government of Indonesia also clearly delineated the relief items that were required, in particular air transport between Balikpapan and Palu, tents, water purifiers, generators and cash. Both the speed of the declaration and the identification of relief items ultimately supported the AHA Centre to more fluently coordinate offers of assistance.

Setting up JOCCA/JOCCIA

The Central Sulawesi response was the first actual response in which the JOCCA mechanism could be tested. The concept of JOCCA is an on-site coordination tool to facilitate the ASEAN collective response, and as a coordination platform on the ground for engagement of UN and other humanitarian organisations. The Indonesian government's directive for the AHA Centre to coordinate international assistance provided the AHA Centre an opportunity to operationalise such an on-site facility for the reception of assistance from ASEAN and international organisations. In order to make this function clear, the name used in Central Sulawesi included the word "international", therefore was called the JOCCIA.

According to an NDMO representative, "on the AHA Centre's role for the Central Sulawesi coordination was a refreshing change from purely sending ASEAN-ERAT members, as JOCCA is supposed to be the 'coordinating office [sic]' for ASEAN efforts. With the disaster being in ASEAN, having AHA Centre and JOCCA helped free-up the local disaster management organisation's focus, particularly with so many other foreign organisations wanting to contribute to the cause. It doesn't matter as much whether it is OSOCC, the UN, or JOCCA – at the end of the day, whoever is tasked to coordinate must be able to do so competently".

THE CONCEPT OF JOCCA:



Coordination Tool
to facilitate the ASEAN collective response



Coordination Platform
on the ground for engagement of UN and other humanitarian organisations



Speed of the declaration



Identification of relief items

ULTIMATELY SUPPORTED

THE AHA CENTRE TO MORE FLUENTLY COORDINATE OFFERS OF ASSISTANCE.



Go To Table of Content



Go To Glossary of Terms



JOCCIA established in Palu



Logistics hub in Balikpapan



DHL established operations bases

While the JOCCIA was established in Palu with the BNPB, a logistics hub was set up in the staging area in Balikpapan. In the same vicinity, DHL also established their operations bases. This co-location was considered one of the strengths of the coordinated operations in Balikpapan. One partner stated that “in spite of all the technicalities that we have, physical presence with people talking to each other proved to be the most effective way of continuing that coordination. We were sitting together, we worked together in one building, and we had twice-a-day formal meetings, coordinating meetings, and at any given time during the day, we would walk into each other’s territory within that warehouse. And that proved to be the most effective way... The fact that it was almost one single unit speaking to one another, that worked very well. The coordination between customs and BNPB, AHA Centre also had a major role in that”.

Socialising ASEAN Platforms & Communicating Standards

From the perspective of external humanitarian actors, challenges within the international coordination efforts can be categorised into two areas. First, given the diversity of disaster response structures and policies held by the 10 ASEAN nations, partners require better information (for example through the AHA Centre website) regarding each nation’s disaster response protocols, particularly with respect to potential for receiving international assistance. Secondly, they also require increased clarity on how humanitarian organisations can interface with AHA Centre and the national disaster management organisation, or the existing sectoral or cluster coordination system during emergency situations, so that their response supports and adds value for the affected country.

In this regard, there is great potential to implement the ASEAN SASOP in future disasters to support the overall ease of coordination. It would ease processes for the AHA Centre to compile incoming offers, to conduct screening and mapping assessments during the disaster response, as well as to facilitate the provision of international assistance based on the request of the affected ASEAN Member State(s).

Another key issue that surfaced in the interface between ASEAN-led response and existing international mechanisms (such as UNOCHA and its established cluster approach) concerns standards, especially related to infrastructure and camp management. As one interviewee delineated in length about the provision of shelter in the Central Sulawesi response: “Standards, it’s an important one. If there are international standards that have been widely agreed, international humanitarian principles, such as in shelter, you don’t want to create a subset that is ASEAN-specific and different. It is counter-productive to the idea. You want to stay at the same level of international level, you don’t downgrade the standards for less”.

TWO CATEGORIES OF CHALLENGES WITHIN THE INTERNATIONAL COORDINATION EFFORTS



the diversity of disaster response structures and policies



increased clarity on how humanitarian organisations can interface with AHA Centre and the national disaster management organisation



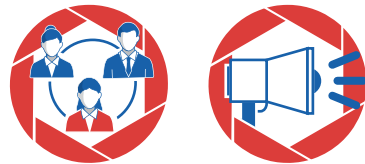
Go To Table of Content



Go To Glossary of Terms

Levels of Coordination

THE AHA CENTRE WAS



Coordinating & Directing Traffic

SO THEY BECAME OPERATIONAL, RATHER THAN COORDINATING

A further issue emerged related to the level of coordination that should be undertaken by the AHA Centre. Observers outside of the ASEAN community, who are more familiar with the international humanitarian coordination function and structure (the cluster system), had an expectation that AHA Centre would take on more strategic functions of coordination, rather engaging on a more operational level of coordination.

Based on the coordination levels under the One ASEAN One Response approach, the crucial missing link – from a strategic perspective – is between operational and strategic coordination levels. This pertains to the elevation of information regarding the progress of the response to inform decisions about the direction of the response (in terms of what needs were unmet and what other gaps remain).

As one partner observed, “the AHA Centre was coordinating and directing traffic, so they became operational, rather than coordinating. I wondered if that’s the best use of their staff or if it would have been easier to delegate that task, and focus

on more strategic coordination... rather than getting into the detail of the logistics operation. Potentially [we] could have done a better job at describing what we could do and how that might have freed the AHA Centre and ASEAN-ERAT team a much broader sectoral coordination role”. Another partner remarked, “What is needed in the future is the AHA Centre has to really use UNOCHA as hands and legs to coordinate the response, you do not need to add people. And we do have clusters. You just need to push the button to do the real coordination”.

While coordination meetings involving international actors were held, partners had expected more. As one partner puts it, “Even when there was nothing to say, getting people together and relaying informing and questions much more frequently would have been helpful. I don’t think that there were many coordination meetings by the AHA Centre. If they had been a bit more frequent, they could have eased some of the frustrations of some organisations, that others reported when it came to clarity on what the government

wanted and who they were going to allow, for example”.

The strategic coordination mechanism through national cluster system was activated during the Central Sulawesi response. The BNPB acted as convenor of the inter-cluster coordination structure, which was composed of ministries responsible for each cluster that were activated in the response (including health, education, and social affairs). One partner recalls, “As the first experience to lead the cluster, then the issue of information management from each of the clusters were not really taken care of. That is why we don’t have good information management in Central Sulawesi”. Several partners remark on the less visible role of the AHA Centre in supporting the NDMO in its role as convenor of the national inter-cluster coordination mechanism, such as conveying gaps in sectoral response, or where cross-cutting issues or strategies could be explored.

Partners would also want to see in the future for the AHA Centre to be able to recognise where institutions add value or have technical capacities that can then be plugged into the response, rather than aiming to build its own internal capacity across a wide range of competencies that only serves to require more time and resources. According to a partner, “*This is consistent with the One ASEAN One Response Declaration, the idea that the AHA Centre’s role is as a convenor, as a coordinator, and not as a single entity for delivery. There is comparative advantage and additional value that all different partners can bring – civil society, private sector, as well as the international partners and government*”.

Partners summed it up accurately when they said, “*It would have been a more efficient response if all the different humanitarian partners and stakeholders were more strongly brought together to make sure that gaps were avoided and overlaps do not take place. It’s all an issue of efficiency, effectiveness and overall impact*”.

AHA CENTRE’S ROLE IS AS A **CONVENOR**, AS A **COORDINATOR**, AND NOT AS A SINGLE ENTITY FOR DELIVERY.



Go To Table of Content



Go To Glossary of Terms

Interoperability with UNOCHA

INTEROPERABILITY IS NECESSARY TO MAXIMISE RESULTS AND TO ENSURE CO-OPERATION IN DISASTER RESPONSE

FOR INCREASED EFFECTIVENESS AND EFFICIENCY

“Interoperability” can be interpreted as an effort to optimise all elements of the various response mechanisms to meet the needs of affected people. It could be done by establishing a system, which includes meeting needs of the people based on the local cultural understanding, having a comparative advantage, being complementary instead of substituting, and displaying aspects of predictability and also modularity. It allows all involved organisations to contribute in providing things most needed by affected communities, by applying the principle of complementarity, and avoiding competition in implementation in the field.

It is noted that there are still vast areas of improvement and continuing discussions to clarify how the AHA Centre and UNOCHA responses can be mutually reinforcing to support the affected government. There are actually similarities between ASEAN and the United Nations, in terms of their system and structure, which could be used for establishing an interoperability. In particular,

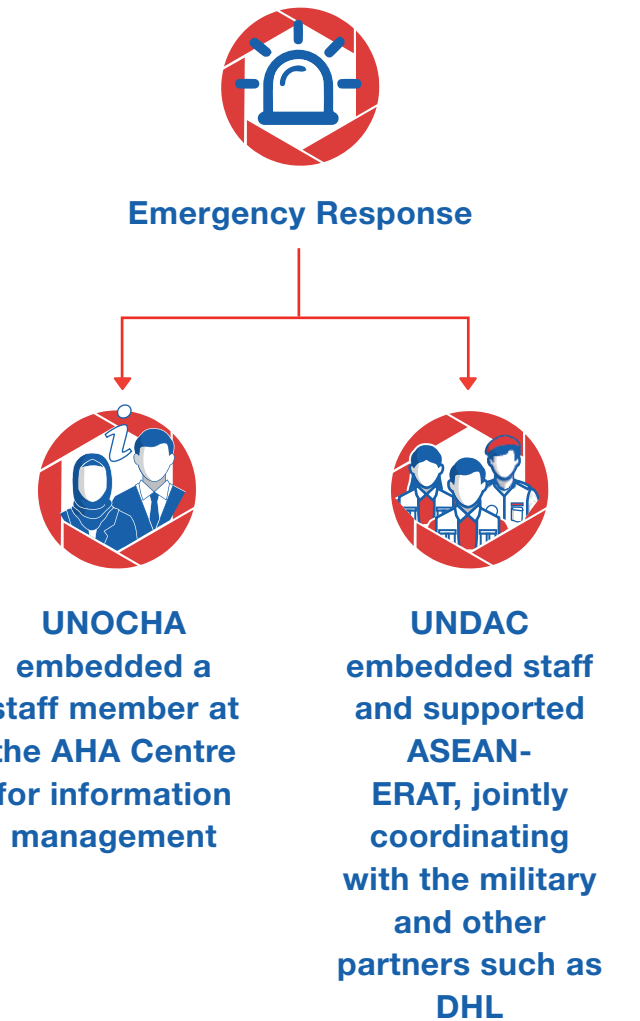
a modality exists for the co-deployment of ASEAN-ERAT and UNDAC. UNDAC has a mandate similar to ASEAN-ERAT within the ASEAN system, and a real possibility for interoperability lies in the regionalisation of UNDAC, which is known for being difficult to deploy. The same is observed with the JOCCA under ASEAN and OSOCC under the United Nations.

Other potential areas for interoperability include undertaking coordinated assessments, coordinated response planning, and resource mobilisation among others. Interoperability is necessary to maximise results and to ensure co-operation in disaster response for increased effectiveness and efficiency.

A partner observed that while there is understanding of the aims of interoperability at higher levels of management in the AHA Centre, it is not reflected at operational staff level. “I don’t think they really understand interoperability. They were afraid to be

seen by the government to be working with [us]. They do not understand that under interoperability we are one team”. As a result, the partner felt that their capacities were not fully utilised by the AHA Centre, and that there could have been more consultation and initiative to reach out both ways. “We were not explored. We love to support the AHA Centre. We love to support ASEAN-ERAT. Just consult with us, talk with us.”

Drawing from the Central Sulawesi experience, a best practice on interoperability was identified in the area of information management. During the emergency response, coordination was carried in several ways. UNOCHA embedded a staff member at the AHA Centre for information management, and a senior staff member also engaged in daily meetings with the AHA Centre leadership about the response status and how the government of Indonesia could be further supported. In Balikpapan and Palu, UNDAC embedded staff and supported ASEAN-ERAT, jointly coordinating with the military and other partners such as DHL. It is of note that UNOCHA is currently advocating for increased AHA Centre participation in the Humanitarian Country Teams and other UN technical working groups (such as on information management) to enhance information sharing during the response and between response periods.



Go To Table of Content



Go To Glossary of Terms

3.6

THRESHOLD REVIEW

When to Respond

The question of when to respond is challenged by two primary aspects. First, as has been discussed above, a central dilemma concerns the expansion beyond the AHA Centre's original mandate, to also respond to human-induced disasters. In addition to this, ideas also emerged among stakeholders that encouraged the AHA Centre to conduct programmes that not only focus primarily on high-impact disasters, but also medium-impact disasters. This is due to complications arising from climate change that increase potential for disasters to occur more frequently, and may result in high levels of economic loss in the long term. In relation to the first point, the dichotomy between natural and human-induced disasters will likely be increasingly blurred by climate change into the future.

- ▶
- ▶
- ▶
- ▶
- ▶
- ▶



Monitoring the movement of Typhoon Mangkhut at AHA Centre EOC
Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

Guideline vs. Actual Response Implementation

One of the main challenges in the 2018 responses related to how they challenged the AHA Centre to explore potential new roles. An example of this was when the Lao PDR response required the AHA Centre to support setting up of the EOC. The AHA Centre's disaster operations plan, that contains the Mission Objectives, does not include such a role. The objectives instead include information management, supporting the NDMO's disaster response operations, facilitating and coordinating humanitarian assistance, delivering assistance through the NDMO, and projecting ASEAN solidarity.

MISSION OBJECTIVES OF DISASTER OPERATIONS PLAN



Information Management



Supporting the NDMO's Disaster Response Operations



Facilitating and Coordinating Humanitarian Assistance



Delivering Assistance through the NDMO



Projecting ASEAN Solidarity

Are There Uncaptured Parameters?

This report notes the potential for uncaptured parameters for categorising disasters, the first of which would be the national capacity to respond. Member States that were affected by disasters in 2018 were in different stages of preparedness capacities. Interviews with stakeholders revealed that Indonesia and the Philippines evidence more advanced stages of preparedness and response capacity to launch a nationally-led response using national and local response structures. The governments of Indonesia and the Philippines delivered response to the Lombok earthquake and Typhoon Mangkhut, respectively, using their own national and local response mechanisms. In these disasters, both countries did not request international assistance, and partners acknowledged national capacities to manage the humanitarian situation. However, both countries welcomed ASEAN support that was delivered in the form of ASEAN-ERAT engagement and DELSA relief items. In Lombok, ASEAN-ERAT engagement was welcomed by the Government of Indonesia as a learning opportunity, with ASEAN-ERAT able to exercise their capacities in verifying data initially gathered using remote sensing techniques (satellite images).

THE POTENTIAL FOR UNCAPTURED PARAMETERS FOR CATEGORISING DISASTERS, THE FIRST OF WHICH WOULD BE **THE NATIONAL CAPACITY TO RESPOND**



Go To Table of Content



Go To Glossary of Terms

THE FLOODING IN LAO PDR IN JULY WAS **THE GOVERNMENT'S FIRST MAJOR DISASTER** IN ABOUT 10 YEARS

In contrast to the experiences of the two countries above, a total of three ASEAN disaster response activities were carried out in Myanmar in 2018, in which the government requested assistance in areas it needed most (requesting specific items and ASEAN-ERAT skills), while generally demonstrating ability to manage the overall response – including provision of assistance to the internally displaced Rakhine population. The flooding in Lao PDR in July was the government's first major disaster in about 10 years, and due to a decade between emergency responses, FGD participants noted that there were challenges related to this disaster response. When the flooding struck, the national EOC was running at limited capacity, so the AHA Centre provided support to augment the operations of the EOC.

Another parameter to consider is the size of the affected population as a percentage of the entire nation. This might be a useful way to gauge the severity of the disaster, as absolute numbers might not best reflect the degree of damage done to the affected country as a whole. The AHA Centre could also consider integrating available data into the parameters, such as disruption to infrastructure and other public amenities, as well as estimates of loss from damage to agriculture as possible indicators.



Arrival of DELSA relief items in Lao PDR, deployed from regional stockpile in Subang, Malaysia

Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

3.7

PRIORITISING EMERGENCY RESPONSE

Simultaneous responses in 2018 served as a reminder of the limitations of the AHA Centre's resources. As each response requires drawing valuable resources from the AHA Centre, it is inevitable that priorities have to be made. The AHA Centre should be able to prioritise response. The AHA Centre's ability to prioritise is closely linked to two factors:

- 1. the ability make independent decisions about its priorities, and;
- 2. setting up more definite indicators for its priorities.



In the event of stretched human resources, it would be wise to highlight the importance of ASEAN-ERAT deployment to support the AHA Centre.



Situation update

- On Friday (2009) at 13:00 an earthquake with a magnitude of 6.0 SR Lok: 0.35 LS, 11° (The epicenter was at 10 km north of Palu). Depth shock the Kab. Donggala Central Sulawesi.
- Earthquake with magat magnitude strength) sho Palu City and Donggala, Sulawesi at 17:02 hrs can more damages.
- Earthquake epicentre was recorded at 10 km depth, 27 northwest of Donggala, Cent Sulawesi.

AHA Centre's briefing to international and regional stakeholders on Central Sulawesi response

Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

3.8

TOWARD CONTINGENCY PLANNING AND NATIONAL-LED RESPONSE IN THE REGION

Decisions to request international assistance are contingent on the context and the scope of the disaster (catastrophic or not, numbers of casualties and damage). The existence of the national disaster response plan based on contingency planning is important to all ASEAN Member States, as well as the international community. Disaster response planning would also have to utilise procedures in responding to disasters, which would make it easier for all international stakeholders to prepare their support and assistance if a request from the government is received.

The Philippine disaster preparedness can be viewed as a best practice in the region. Aside from a multi-agency coordination mechanism in the National Disaster Risk Reduction and Management Council (NDRRMC), the Philippines has a national cluster system headed by various ministries with identified lines of coordination to UN agencies under the international coordination or cluster system. The country recently strengthened a new sub-cluster, the Philippine International Humanitarian Assistance Cluster (PIHAC), that is led by the Ministry of Foreign Affairs. The PIHAC will primarily serve as the coordinator of incoming and outgoing international humanitarian assistance, providing one-stop-shop services during disasters at the point of entry. The establishment of PIHAC came with a national policy that all international humanitarian assistance must be coordinated through this sub-cluster.



AHA Centre's discussion with local government on response to Typhoon Mangkhut in the Philippines

Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

THE NATIONALLY-COORDINATED RESPONSE TO THE CENTRAL SULAWESI DISASTER WAS THUS ALSO CONSIDERED **A GOOD PRACTICE**

Building on previous experiences, in particular the 2004 Indian Ocean Tsunami, 2008 Cyclone Nargis and 2013 Typhoon Haiyan, a pattern is emerging that highlights national assertiveness and leadership in disaster response. ASEAN Member States may still want international assistance; however, they also want to control it, both in terms of quantity and quality. There is general acknowledgement across partners that in the ASEAN region affected countries will increasingly rely on, or utilise, the regional disaster response and coordination mechanisms through the AHA Centre. The nationally-coordinated response to the Central Sulawesi disaster was thus also considered a good practice. As one partner remarked, “the investments that ASEAN Member States and governments have made in terms of capacity to undertake disaster management themselves and to lead the coordination of it, where international support is required, is a very significant change. This is what marks out ASEAN and the Asian region from other parts of the world, but it’s also the direction that other parts of the world are taking”.



ASEAN-ERAT together with BNPB and partners in the staging area in Balikpapan for Central Sulawesi response

Photo: AHA Centre



Central Sulawesi, Indonesia



Go To Table of Content



Go To Glossary of Terms

3.9

SYNTHESIS OF LESSON LEARNT

2018 provided multi-faceted challenges that necessitate a comprehensive review of AHA Centre's role and preparedness in administering disaster response in the region. In delivering key tasks outlined within ASEAN-ERAT responsibility, throughout 2018, the AHA Centre excelled in its provision of information management, whereas more improvement is needed in terms of coordinating and monitoring relief items (as well as overall services), particularly at the operational level. This prompts the need to review which role the AHA Centre should prioritise if institutional support remains the same. Simultaneous responses stretched the Centre's resources – therefore, strategic, rather than operational functions should be emphasised to avoid over-committing valuable assets, especially staff. As disasters would likely be more frequent as result of climate change, there is a real need to review and update parameters, to gauge severity and appropriate response. A central pre-occupation concerns expanding the mandate to address human-induced disasters, however future responses would deal with a more blurred demarcation between the two.



AHA Centre Executive Director and staff discussing the course of actions during the red status

Photo: AHA Centre



Go To Table of Content



Go To Glossary of Terms

Table 3. AHA Centre Disaster Responses in 2018

TO MAXIMISE THE JOINT TASK FORCE ON HUMANITARIAN ASSISTANCE AND DISASTER RELIEF (JTF-HADR) AS A MECHANISM FOR **IMPROVED REGIONAL PREPAREDNESS AND ABILITY** TO MOBILISE REGIONAL ASSETS AND CAPACITIES FOR MULTIPLE TYPES OF NATURAL HAZARDS IN THE REGION

One of the insights from the 2018 AAR is how to maximise the Joint Task Force on Humanitarian Assistance and Disaster Relief (JTF-HADR) as a mechanism for improved regional preparedness and ability to mobilise regional assets and capacities for multiple types of natural hazards in the region. For example, there are now ongoing discussions between the AHA Centre and the ASEAN Secretariat, particularly on preparedness to respond to health emergencies including pandemics, as well as on building national capacities on health coordination under the Emergency Operations Centre for Public Health, both supported by the Health Division in the ASEAN Secretariat. There is thus an increasing awareness for the need to utilise regional disaster response coordination mechanisms to respond to the expanding types and nature of disasters in the region.



Go To Table of Content



Go To Glossary of Terms

DISASTER PARAMETER	MYANMAR	MYANMAR	LAO PDR	MYANMAR	INDONESIA	PHILIPPINES	INDONESIA
	Rakhine Displacement 	Landfill Fire 	Floods 	Floods 	Lombok Earthquake 	Typhoon Mangkhut 	Central Sulawesi Tsunami
Operations period	15 - 31 January	28 April - 2 May	25 July - 12 August	31 July - 9 August	7 - 28 August	15 - 28 September	29 September - 25 December
Category		Major ○○●○	Major ○○●○	Catastrophic ○○○●	Catastrophic ○○○●	Catastrophic ○○○●	Catastrophic ○○○●
Provided Assistance	Information management and reporting	Technical assistance	<ul style="list-style-type: none"> ▶ 1 mobile storage unit ▶ 2 aluminium boats ▶ 150 family tents ▶ 2616 hygiene kits ▶ 3500 mosquito nets ▶ Information management and mapping support 	<ul style="list-style-type: none"> ▶ 12,000 solar lanterns ▶ Disaster monitoring & analysis support 	<ul style="list-style-type: none"> ▶ 350 family tents ▶ 1 mobile storage unit ▶ 800 hygiene kits ▶ 300 family kits ▶ Information management 	<ul style="list-style-type: none"> ▶ 30 tonnes of rice ▶ 4 generators ▶ 2000 rolls of tarpaulins ▶ Information management 	<ul style="list-style-type: none"> ▶ 254 family tents ▶ 2 mobile storage units ▶ Information management ▶ Logistics management ▶ Coordination of international assistance
Value of DELSA (USD)	N/A	N/A	192,545	79,883	154,438	276,909	115,948
Value of Cash Donations by AMS (USD)							Brunei Darussalam: USD 202,469 (2019) + USD 167,669 (2020) Philippines: USD 300,000
Value of Cash Donations by Partners (USD) through the AHA Centre							Australia: USD 222,487 (2019) Direct Relief: USD 50,000 + USD 78,000 (2020)
No of ASEAN-ERAT deployment	3	4	N/A	N/A	5	4	28
# of Situation Update Issued	N/A	2	10	3	8	12	15
Surge Capacity to AHA Centre EOC			ASEAN Secretariat, ERAT			ASEAN Secretariat, Map Action	Map Action, UNOCHA, IFRC, WFP and ASEAN Secretariat



04

RECOMMENDATIONS



Go To
Table of
Content



Go To
Glossary
of Terms

In view of its limited capacity and resources, as well as the absence of increased institutional support from ASEAN, an increase in the clarity on of the AHA Centre's roles(s) during emergency response is required. Primarily, the AHA Centre should focus on its role in strategic support and prioritise its actions. An identified core competence held and prioritised by the AHA Centre is information management during disaster responses.



1

An increased need to support ASEAN Member States in accepting and managing international assistance, with the AHA Centre's Central Sulawesi response strategy forming a solid example for its potential role in future responses across the region. To enhance this coordinating role, there should be elucidation on engagement approaches for the international community with the AHA Centre to support channelling assistance. The AHA Centre can provide support for the Member States by distributing clear information on the rules and procedures for accepting international assistance.



2

3



To achieve the above, it is important for the AHA Centre to socialise ASEAN disaster response mechanisms, including SASOP – which regulates procedural steps and forms relating to delivery of assistance – as the region's standard platform, alongside ensuring its acceptance, especially by non-government actors.

4



To support the AHA Centre's growing role in coordinating assistance, ASEAN may need to collectively develop a fundraising mechanism that can directly channel goodwill and support from ASEAN nations and their communities.

The AHA Centre should utilise the AJDRP as the convergence point for enhanced preparedness and response.



5

The AHA Centre should leverage existing international mechanisms, for example the cluster system, and improve on interoperability with external actors, especially well-established UN agencies.



6

7



The AHA Centre should review and update the parameters developed in the Emergency Response Organisation (ERO) guidelines to better reflect severity of disasters, and conceptualise appropriate responses. It should also improve protocols or procedures to accommodate non-natural disasters – or disasters that are formed by an increasingly blurred demarcation between natural and human-induced, as a result of climate change and environmental degradation.

8



The AHA Centre could consider more innovative ways for deployment of ASEAN-ERAT, which should not be limited to during emergency response, but also before and after the emergency phase, with the objective to increase member capacity and on-the-ground experience. In this regard, deployment of ASEAN-ERAT as a form of exposure and learning could be promoted, instead of framing it as direct assistance. The localisation of ASEAN-ERAT (treating regional responders as part of national mechanisms) is also a high-potential option, as it mitigates the view of deployments as 'foreign assistance'.

RAKHINE STATE DISPLACEMENT IN MYANMAR



AUGUST 2017

Displacement of people from Rakhine State, Myanmar.



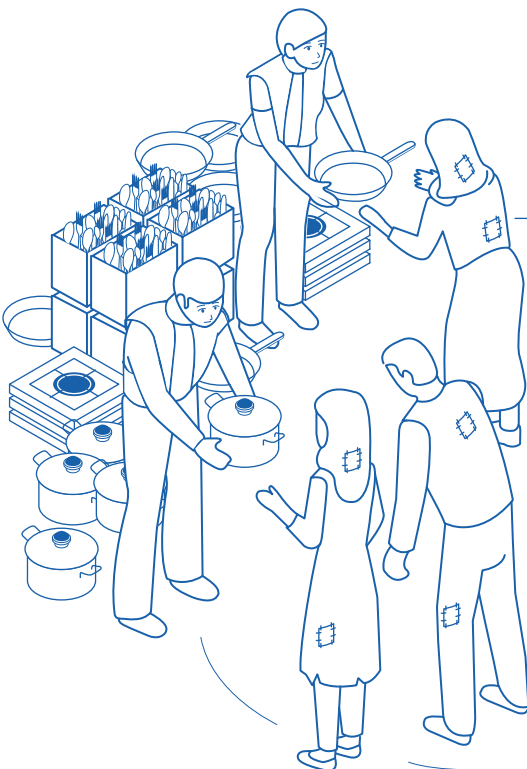
SEPTEMBER | 2017

Myanmar government welcomed ASEAN's offer of assistance.



12 OCTOBER | 2017

Deployment of ASEAN relief items in several batches from the regional stockpile in Subang, Malaysia.



DECEMBER | 2017

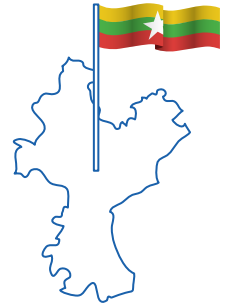
Kitchen supplies were locally dispatched.



15-31 JANUARY | 2018

Deployment of ASEAN-ERAT.

LANDFILL FIRE IN YANGON



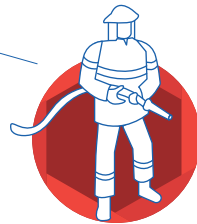
21 APRIL | 2018

Major fire broke out in Htein Pin Dump Site of 17 years, Hlain Tharyar township, western part of Yangon, Myanmar.



29 APRIL | 2018

ASEAN-ERAT, in coordination with the Department of Disaster Management of Ministry of Social Welfare, Relief and Resettlement, Chief Minister of Yangon Region, Mayor of Yangon City, Yangon City Development Council (YCDC), Fire Service Department, and Thai experts in Yangon, developed fire fighting strategies and recommendations.



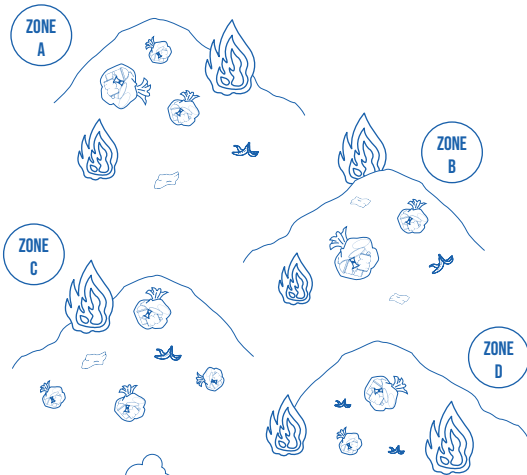
28 APRIL | 2018

ASEAN Emergency Response and Assessment (ASEAN-ERAT) team arrived in Yangon.



29 APRIL | 2018

Fire Service Department of Myanmar adopted the strategy of dividing the incident area into 4 zones of operations with smaller sub-zones.



30 APRIL | 2018

Fire in Zone A was extinguished which made around 60% of deepseated fire pouch controlled.



30 APRIL | 2018


ASEAN-ERAT conducted site visits to public health facilities around the affected area.





FLOODS IN LAO PDR



 Most affected provinces/states

Disclaimer: The presented figures are the maximum recorded numbers during the emergency response period

THE IMPACT



1,488,240
people were affected



3,711
families were displaced



13 out of **17**
provinces were affected



55
districts were affected



762
villages were affected



6
houses completely collapsed



285
houses were damaged



33,340
hectares of agriculture inundated



PROVIDED ASSISTANCE



1 mobile storage unit



2 aluminium boats



150 family tents



2,616 personal hygiene kits



3,500 mosquito nets



Information management & mapping



Warehouse and stock management



Advisory support for operations planning



Deployment of AHA Centre's In-Country Liaison Team



192,545.03 USD
total value of relief items

FLOODS IN MYANMAR



 Most affected provinces/states

Disclaimer: The presented figures are the maximum recorded numbers during the emergency response period

Due to monsoon season, floods and landslides have been reported in 9 out of 14 regions/states in Myanmar. The following are the statistics of disaster impact as confirmed by the Department of Disaster Management, Ministry of Social Welfare, Relief, and Resettlement of Myanmar.

THE IMPACT



152,541
internally displaced persons



32,925
displaced households



30
damaged houses



17
fatalities



338
evacuation camps were provided by the Government of Myanmar



PROVIDED ASSISTANCE



12,000
solar lanterns



Disaster monitoring and analysis support



Deployment of the AHA Centre's in-Country Liaison Team



79,883 USD
total value of relief items



EARTHQUAKE IN LOMBOK



 Most affected areas

THE IMPACT :



3,512,689

people affected



431,416

internally displaced persons



est. **582 USD**

of total economic losses



515

fatalities



7,733

injured



32,016

severely damaged houses



72,765

damaged houses



128

damaged places of worship



PROVIDED ASSISTANCE



1 mobile storage unit



350 family tents



800 personal hygiene kits



300 family kits



154,438 USD
total value of relief items



Deployment of AHA Centre's In-Country Liaison Team



Information management (translation)



Information dissemination to regional and international stakeholders

TYPHOON MANGKHUT IN THE PHILIPPINES



PROVIDE SUPPORT ON :



Information management



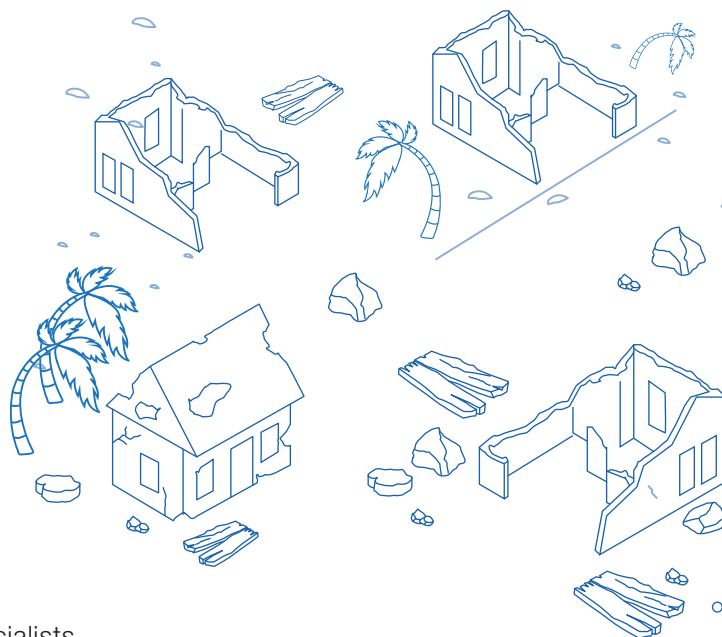
Mobilisation of ASEAN relief items through local procurement



Mobilisation of in-country ERAT



Mobilisation of three ASEAN-ERAT regional specialists in information management as part of capacity building and exposure of ASEAN-ERAT members



Two persons as AHA Centre In-Country Liaison Team were deployed to the Philippines

PROVISION OF RELIEF ITEMS THROUGH LOCAL PROCUREMENT

Relief items	Est Unit Price (USD)	Quantity	Vendor Origin	Est Total Price (USD)	Remarks
 Rice, premium quality up to 15% broken. Packed in 50 kgs per sack	USD 1.00	30,000	Manila	USD 30,000.00	Free transport, 300 sacks to Region CAR; one of each region
 Generator set Foton Isuzu Diesel Engine 28 kVA, silent outdoor unit, with battery charger	USD 6,727.27	4	Manila	USD 26,909.08	Free transport to Region I, II, III, and CAR, one for each region
 Plastic sheeting / traps (size: 8 ft x 100 m; weight: 40 kg per roll : PVC)	USD 110.00	2,000	Manila	USD 220,000.00	Free transport. 1,000 rolls to Region III; 1,000 rolls to Region CAR
Grand Total				USD 276,909.08	



EARTHQUAKE & TSUNAMI IN CENTRAL SULAWESI



Most affected areas

THE IMPACT :



206,494
people displaced



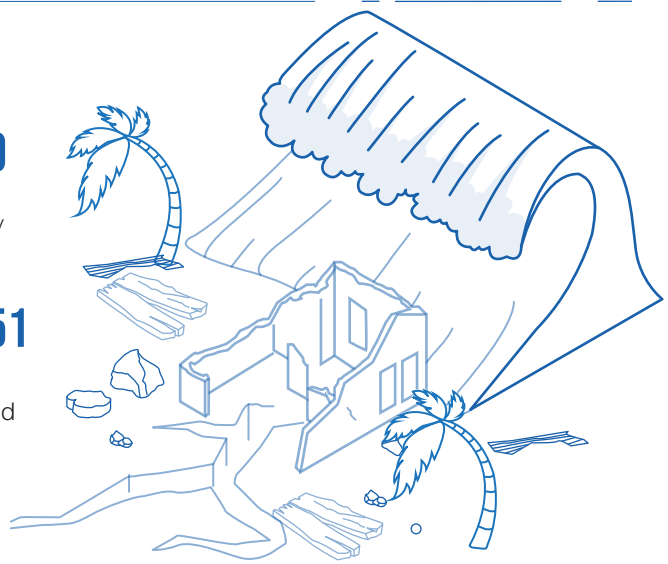
1,309
people missing/
buried



2,081
fatalities



68,451
houses damaged



REQUIRED ASSISTANCE



Air transport capable to land in short runway (2 km airstrip)



Family tents



Environmental management for vector-borne disease (malaria)



Generator sets



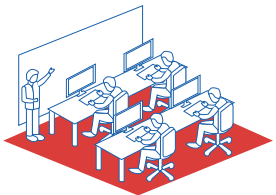
Medical assistance



Water purification sets



THE AHA CENTRE'S RESPONSE WAS BASED ON THREE LEVELS OF COORDINATION



Strategic level in Jakarta, Indonesia

SG-AHAC and the AHA Centre coordinate to make strategic decisions. Partners can inform the AHA Centre or the SG-AHAC of their interest to contribute to the ASEAN collective response.

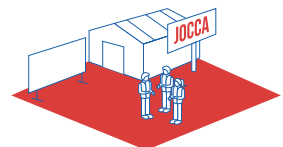
Coordination mechanism: SG-AHAC, AHA Centre's EOC in Jakarta



Operational level in the capital city of the affected country

The AHA Centre team in-country, operating under the direction of the NDMO will be guided by the affected country's national response framework.

Coordination mechanism: AHA Centre in-country team embedded in the national EOC, civil-military liaison officers



Tactical level in the field

The coordination takes place at the disaster site, where the AHA Centre activates and manages the ASEAN-ERAT, JOCCA, DELSA, and other resources to ensure necessary support to the NDMO.

Coordination mechanism: JOCCA



ONE **ASEAN**
ONE **RESPONSE**

ASEAN COORDINATING CENTRE
FOR HUMANITARIAN ASSISTANCE
ON DISASTER MANAGEMENT

Talk To Us:

 www.ahacentre.org

 @ahacentre

 aha centre

 @ahacentre

THE AHA CENTRE

Graha BNPB, 13th Floor
Jl. Pramuka Kav. 38
Jakarta 13120
INDONESIA