

### 3. Preparedness and Response

The objective of AADMER as stated in Article 2 is to jointly respond to disaster emergencies through concerted national efforts and intensified regional and international cooperation. AADMER stipulates a number of actions to be taken by Member States in terms of preparedness and response. These are included in Article 8 up to Article 16 of Parts IV and V of the Agreement.

In line with the above Articles, ASEAN is developing disaster preparedness and emergency response mechanisms and tools, including the Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX), Inventory of Earmarked Assets and Capacities, ASEAN Emergency Rapid Assessment Team (ERAT), and the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre).

The rationale for the Preparedness and Response strategic component is to provide specific actions to further strengthen ASEAN's preparedness and its responsiveness to disasters, and ensure rapid and collective deployment of ASEAN's assistance following a major disaster in one or more Member States within the ASEAN region.

#### Objectives:

- To strengthen disaster preparedness and improve ASEAN's responsiveness to disasters in a manner that is collective, fast, reliable and in line with humanitarian standards, and
- To align ASEAN's disaster response mechanisms with the global humanitarian response systems to ensure complementary ways of working between ASEAN and other humanitarian actors.

#### Expected Outcomes:

- Collective, fast and reliable ASEAN's disaster response that is in line with humanitarian standards and complements the global humanitarian response systems.

Lead Shepherds: Malaysia and Singapore

### Preparedness and Response (P&R)

#### Linked Activities:

- ASEAN-UNHCR Project on Strengthening the Capacity of the ASEAN Committee on Disaster Management (ACDM)
- Disaster response mechanisms and systems under the United Nations (such as OCHA, UNDAC, WFP, etc)
- Disaster response mechanisms and systems under the International Red Cross and Red Crescent Movement;
- Partnership mechanism with the ASEAN Partnership Group (APG) and other humanitarian actors (civil society, etc.)
- Assessment Capacities Project (ACAPS) under the IASC Needs Assessment Task Force and a consortium of NGOs (HelpAge International, Merlin and Norwegian Refugee Council)

#### Output-Activity Matrix:

Expected Output	Activity	Responsible Parties	Timeline						Milestones
			Phase 1			Phase 2			
			2010	2011	2012	2013	2014	2015	
<b>Output 1:</b> A fully operational AHA Centre that is able to facilitate a rapid and well-targeted response to disasters in the region within 24 hours.	1.1: Develop the structure of the AHA Centre for approval by the ACDM and COP.	AHA Centre Task Force, ACDM, COP	X						The structure of AHA Centre approved by ACDM and COP by end of 2010.
	1.2: Fill the AHA Centre's structure through recruitments and secondments.	AHA Centre Task Force, ACDM	X	X					The key personnel under P&R Division recruited by end of 2010.
	1.3: Develop action plans, budget, procedures, etc to enable AHA Centre facilitate joint and rapid assessments and response within 24 hours.	AHA Centre	X						AHA Centre's action plans, budget developed presented to the AADMER Partners' Conference to be held by end of 2010.
	1.4: Conduct capacity building for the AHA Centre's staff to enable them to facilitate joint and rapid assessments and response within 24 hours.	AHA Centre		X	X	X	X	X	Capacity building strategy developed by end of 2010. First training conducted by 1 <sup>st</sup> quarter of 2011 and ongoing.
<b>Output 2:</b> SASOP is fully developed, institutionalised, and disseminated.	2.1: Conduct regular exercises (such as table-top, ARDEX, etc) to continuously enhance and upgrade SASOP and identify	AHA Centre, P&R Working Group	X	X	X	X	X	X	Improvements/ refinements identified through ARDEX 2010. Ongoing, to be done yearly as part of the annual ARDEX

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	Improvements/ additional chapters to be made/ included.								
	2.2: Conduct training and other relevant activities to familiarise the SASOP in Member States (including with other sectors such as custom and immigration) and with disaster responders.	AHA Centre, P&R Working Group	X	X	X	X	X	X	Quarterly or half-yearly online exercise to familiarise the National Operations Centres on SASOP. The online exercise in 2010 should be conducted prior to ARDEX 2010.
	2.3: Develop other appropriate SOPs to respond to specific disasters, such as pandemics, and link them to SASOP, if appropriate.	AHA Centre, P&R Working Group, other relevant ASEAN bodies	X	X	X				TWG on Pandemic Preparedness and Response to discuss the development of specific SOP for pandemics by end of 2010.
	2.4: Develop systems and mechanisms needed to ensure the continuity of essential services when required in a disaster, such as severe pandemics, and link them to SASOP, if appropriate – linked with Output 13.	AHA Centre, P&R Working Group, other relevant ASEAN bodies	X	X	X				Assessments by TWG on Pandemic Preparedness and Response already start in 2010. This will lead to the development of systems/mechanisms for ensuring continuity of essential services. This can be used as a reference in developing similar systems for other types of disasters.
Output 3: Civil-military relations with respect to improving ASEAN disaster response enhanced.	3.1: Finalise the procedure for the utilisation of military assets and capacities (Chapter VI) for incorporation into SASOP.	AHA Centre, ASEC, P&R Working Group, ACDM, ADSOM	X						Chapter VI adopted by the First Meeting of the COP in 2010.

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	3.2: Validate the procedure through the conduct of ARDEX and other exercises with the participation of ADSOM and military/defense units from ASEAN Member States.	AHA Centre, ASEC, P&R Working Group, ACDM, ADSOM	X	X	X	X	X	X	ARDEX conducted as a joint venture with ADSOM (with ACDM leading), starting in 2010.
	3.3: Develop a mechanism to sustain dialogues between ACDM and ADSOM (and other defense/military counterparts), and promote the "whole government" approach.	AHA Centre, ASEC, P&R Working Group, ACDM, ADSOM	X	X	X	X	X	X	A mechanism for sustained dialogue between ACDM and ADSOM identified by mid 2010. Joint meeting of ACDM and ADSOM organised by mid 2010.
	3.4: Conduct capacity and institutional development activities to promote Chapter VI and enhance civil military coordination.	AHA Centre		X	X	X	X	X	Starting in 2011
Output 4: A regularly updated list of authorities for AADMER and SASOP implementation.	4.1: Provide the list of National Focal Points (NFPs) and Competent Authorities of AADMER, and the 24/7 Operations Centre as specified in SASOP Template 1.	Member States: NDMOs AHA Centre	X						The list is completed and submitted to AHA Centre by mid 2010.
	4.2: Designate in-country AHA Operational Coordinator to liaise between the respective NDMOs and the AHA Centre.	Member States: NDMOs AHA Centre	X						The list is completed and submitted to AHA Centre by mid 2010.

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	Activity 4.3: Regularly update the list as per agreed-upon schedule.	Member States: NDMOs AHA Centre	X	X	X	X	X	X	Ongoing, to be done every January and July of the year, or whenever there are significant changes, as required under SASOP. The updates are submitted to AHA Centre.
	4.4: Conduct regular test connectivity between AHA Centre and the National Operations Centres as well as their readiness as per agreed-upon schedule.	AHA Centre National Ops Centres in Member States	X	X	X	X	X	X	Ongoing.
Output 5: ASEAN Standby Arrangements developed and regularly updated.	5.1: Identify earmarked assets and capacities by Member States for the ASEAN Standby Arrangements, as specified in Templates 2 to 5 of SASOP.	Member States: NDMOs AHA Centre	X	X					Database populated within the next two years. List of assets submitted to AHA Centre.
	5.2: Develop a system in AHA Centre to facilitate information sharing among Member States and resource tracking.	AHA Centre	X	X					Online database transferred from ASEC to AHA Centre by end of 2010. An IT system for resource requests, mobilisation and tracking developed by end of 2011.
	5.3: Update information on earmarked assets and capacities regularly as specified in SASOP.	Member States: NDMOs AHA Centre	X	X	X	X	X	X	Ongoing, to be done every January and July of the year, or whenever there are significant changes, as required under SASOP. Regular updates submitted to AHA Centre.

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	5.4: Conduct exercises (such as table-top) with National Operations Centres to test the system efficiency and applicability.	AHA Centre National Ops Centres in Member States			X	X	X	X	Pilot testing of the system and regular exercises to test usability and effectiveness of application conducted.
Output 6: A regularly updated network of entry points and staging areas in Member States developed to facilitate and expedite the entry of supplies, equipment and expertise from assisting parties.	6.1: Designate a network of entry points and staging areas in each Member State as entry points for supplies and expertise, as specified in Template 6 of SASOP.	Member States: NDMOs	X	X					Member States started designating the entry points and staging areas in 2010. A regional workshop to assist Member States to develop a strategy for identification of entry points and staging areas is organised by mid 2011.
	6.2: Conduct training and other required activities to equip the personnel and system to provide logistical support in entry points and staging areas.	AHA Centre, P&R Working Group		X	X	X	X	X	Training initiated by end of 2011.
	6.3: Conduct exercises on a regular basis to test the readiness of these pre-designated areas and identify procedures that have to be refined to facilitate the entry of assistance	AHA Centre, P&R Working Group		X	X	X	X	X	Exercises conducted and readiness evaluated.
	6.4: Develop a system, such as a GIS interface, in AHA Centre to show the network of entry points and staging areas.	AHA Centre		X					System developed and operational at AHA Centre.

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	6.5: Update information in the system on a regular basis.	Member States: NDMOs AHA Centre		X	X		X	X	X	Information updated regularly by AHA centre.
Output 7: Procedures for entry of international assistance reviewed, and gaps identified.	7.1: Review existing domestic policies, procedures and regulations being used to facilitate the entry of international assistance.	Member States: NDMOs, relevant sectoral agencies AHA Centre	X	X						Documentation/database of existing domestic legislations/procedures completed by AHA Centre by end of 2010 Member States started reviewing their respective domestic legislations and procedures in 2010. "Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance" developed by Red Cross and Crescent Movement can be used as a reference.
	7.2: Identify gaps and suggest amendments or refinements, if appropriate, to make it easier for other Member States and assisting entities to provide assistance, if needed.	Member States: NDMOs, relevant sectoral agencies AHA Centre, P&R Working Group, ACDM		X						Workshop organised by mid 2011 and refinement and other requirements identified. Involvement of relevant ministries is necessary.

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	7.3: Develop tools (such as guidance, training etc) to enhance the efficiency of the entry of assistance process as required by Member States.	AHA Centre			X	X	X	X	Tools for expediting entry of assistance developed.
	7.4: Present the guidance and other relevant documents to the ACDM and COP for approval as appropriate.	P&R Working Group, ACDM, COP			X				Guidance notes and other documents prepared and ready for approval by ACDM and COP.
	7.5: Disseminate the guidance and other tools to Member States through training and other relevant activities.	AHA Centre			X				Tools and guidance notes disseminated to Member States through various modes.
	7.6: Conduct exercises (such as table-top etc) or other assessments to review the efficiency of procedures of Member States (possibly as part of ARDEX).	AHA Centre			X	X	X		Exercises to review procedures conducted.
Output 8: Minimum quality and validity requirements for relief goods and materials developed.	8.1: Conduct of research/scanning of the range of requirements by each Member State.	AHA Centre		X					Study on the quality and validity requirements of Member States completed and result disseminated.
	8.2: Holding of a workshop to draft minimum quality and validity requirements for relief goods and materials.	AHA Centre, ASEC, P&R Working Group		X					Proposed minimum requirements developed before the workshop.
	8.3: Presentation to the ACDM of the proposed minimum quality and validity requirements for relief goods and materials.	AHA Centre, ASEC, P&R Working Group		X					Draft proposal on the minimum quality and validity requirement for relief goods and materials prepared for consideration.

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	8.4: Adoption of the minimum quality and validity requirements for relief goods and materials.	ACDM, COP		X					Final quality and validity requirements for relief goods and materials adopted.
	8.5: Dissemination of the minimum quality and validity requirements for relief goods and materials to Member States and partners through training and other activities.	AHA Centre, P&R Working Groups			X	X	X	X	Minimum quality and validity requirements disseminated to all parties concerned.
<b>Output 9: A pool of trained and rapidly deployable (within 24 hours) ERAT established.</b>	9.1: Develop the deployment procedure for ERAT, including the scope of work and guideline to conduct the assessments.	AHA Centre, P&R Working Group (Singapore as lead)	X						Second draft of ERAT deployment procedure developed by mid 2010.
	9.2: Identify and address the legal status and funding for ERAT members.	AHA Centre, P&R Working Group	X	X					An interim funding mechanism for the deployment of ERAT while the ADMER Fund is being put in place identified by end of 2010.
	9.3: Develop procedure to clarify roles and responsibilities between ERAT and UNDAC and other relevant systems.	AHA Centre, P&R Working Group	X	X					Developed as part of 9.1 and further clarified under the ASEAN-UNOCHA SOP.
	9.4: Develop training strategy, determine competencies and certification requirements for ERAT members.	AHA Centre	X	X					Training strategy and certification requirements for ERAT established.
	9.5: Secure commitments from Member States and ASEAN partners to provide specialists to the pool and ensure their availability.	P&R Working Group, ACDM	X	X					A core group of ERAT established and trained by end of 2010.

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	9.6: Establish a pool of ERAT that includes both personnel from government and non-government organisations.	P&R Working Group, ACDM	X	X	X				Trained ERAT personnel ready for deployment.
	9.7: Conduct training, exercises and other induction courses for the ERAT members on a regular basis (including in cooperation with UNDAC).	AHA Centre	X	X	X	X	X	X	First training for ERAT conducted by end of 2010.
	9.8: Develop and provide for ERAT personnel manuals, tools and support kits including national and ASEAN flag/logo to promote ASEAN visibility during missions.	AHA Centre	X	X	X				Support tools, manuals and branding of ERAT developed.
	9.9: Develop database of ERAT personnel and maintain it on a regular basis.	AHA Centre		X	X	X	X	X	ERAT roster and database regularly updated.
<b>Output 10: ASEAN Disaster Management and Emergency Relief (ADMER) Fund with allocations for preparedness and response activities set up and operationalised.</b>	10.1: Develop guidelines for the utilisation of AADMER fund for preparedness and response activities.	ASEC, AHA Centre	X						Guidelines drafted, ready for presentation to COP-1.
	10.2: Secure approval from Member States to provide contributions to the ADMER Fund, and operationalise the guidelines.	ASEC, AHA Centre, P&R Working Group, ACDM, COP	X	X	X				Guidelines approved by COP by end of 2010. Contributions collected starting in 2010.

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Output 11: ASEAN Response Options to help define possible ASEAN's response options and triggers for response developed and agreed.	11.1: Develop an ASEAN Response Options as a briefing document to facilitate and clearly define ASEAN's response options and triggers for ASEAN's response	AHA Centre, ASEC, P&R Working Group	X						First draft of ASEAN Response Options ready for discussion by end of 2010.
	11.2: Establish clear decision-making processes with respect to joint ASEAN's responses	AHA Centre, ASEC, P&R Working Group, ACDM		X					Recommended decision making processes reviewed and adopted by ACDM by end of 2011.
	11.3: Conduct training and familiarisation workshops to disseminate the agreed ASEAN Response Options	AHA Centre, P&R Working Group			X	X	X	X	Ongoing. ASEAN response options disseminated and understood by Member States.
Output 12: Adaptation and incorporation of Incident Command System (ICS) into relevant national and regional disaster management systems.	12.1: Adapt relevant components of the ICS into regional management systems, such as SASOP and AHA Centre.	AHA Centre, ICS Task Force (ARDEX referees), P&R Working Group	X	X					Adaptation plans to incorporate ICS into SASOP and other regional disaster management systems developed.
	12.2: Adapt relevant components of the ICS into national disaster management systems, as appropriate, through pilot and training activities, among others.	AHA Centre, ICS pilot countries, Relevant Member States: NDMOs	X	X	X	X			Pilot activities in Brunei Darussalam and Philippines, and regional adaptation activities conducted.
Output 13: Increased preparedness and response capacity of ASEAN Member States.	13.1: Establish a baseline on the overall ASEAN's level of preparedness and response.	AHA Centre		X					Benchmarks of ASEAN level of preparedness and response of ASEAN determined.

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			Phase 1			Phase 2			
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	13.2: Propose and agree on preparedness and response benchmarks.	AHA Centre, P&R Working Group		X					Consensus agreement on benchmarks reached.
	13.3: Develop and conduct capacity development strategy, including support for contingency planning, to achieve the benchmarks.	AHA Centre			X	X	X	X	Strategies for capacity development and contingency planning developed and conducted.
	13.4: Conduct periodic evaluations of preparedness levels and response capacities of Member States through After Action Reviews of actual emergency responses to gather feedback from disaster-affected community, government, other ASEAN Member States who responded and other humanitarian actors.	Relevant Member States: NDMOs, AHA Centre		X	X	X	X	X	ASEAN' preparedness levels and response capacities regularly evaluated and utilised as inputs to improve response capacities.
Output 14: An efficient ASEAN's disaster emergency logistics system (i.e. supply chains and logistic mechanisms within Member States and at regional level) developed.	14.1: Conduct a study to determine the feasibility of setting up a stockpiling system or other appropriate arrangements (such as prepositioning of stocks and preferred suppliers).	AHA Centre, ASEC, P&R Working Group	X						The study should evaluate all options, costs and benefits, including the types of commodities stored, the distribution system, the storage issues, etc. The study should also take note pre-positioned stocks that already exist, and focus on the added values that the ASEAN system can bring.

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			Phase 1			Phase 2			
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	14.2: Develop and consider recommendations for the establishment of the ASEAN's emergency logistics system, and the requirements to set up such a system.	AHA Centre, ASEC, P&R Working Group, ACDM	X	X					System for ASEAN emergency logistics arrangements proposed for consideration by ACDM.
	14.3: Set up the logistic system based on the outcome of the study and decisions.	AHA Centre, P&R Working Group, ACDM		X	X				ASEAN emergency logistics system established and operational.
Output 15: ASEAN needs assessment strategy (including tool box, training package and partnership mechanism) that incorporates the principles of inclusiveness and downward accountability to vulnerable groups and supports quality improvements in emergency response, developed.	15.1: Conduct regional discussion forums to obtain information from each Member State to understand needs, expectations, capacity and gaps in conducting needs assessment, as well as share best practices and experiences	AHA Centre, P&R Working Group	X						First discussion forum conducted by third quarter of 2010.
	15.2: Compile best practices from Member States, ASEAN post-Nargis experience, and other sources in conducting needs assessment.	AHA Centre, P&R Working Group	X	X					ASEAN post-Nargis experiences compiled by July 2010; and region-wide by first quarter of 2011.
	15.3: Formulate and develop a tool box (such as operation manual, guidelines, methodology, community-based approaches, database, etc) for needs assessment.	AHA Centre	X	X	X				Tool box completed by 2012. Participation of vulnerable groups in needs assessment ensured.

Expected Output	Activity	Responsible Parties	Timeline						Milestones
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			2010	2011	2012	2013	2014	2015	
	15.4: Develop training modules and certification system, organise training courses, develop network and database of capacity building partners, trainers, trainees.	AHA Centre		X	X	X	X	X	First training conducted by end of 2011 and continued.
	15.5: Study and identify collaboration points, role and mechanism among Member States, AHA Centre, donors, civil society and relevant international agencies	AHA Centre, ASEC, P&R Working Group	X	X					Study started by third quarter of 2010 and completed by 2011.
	15.6: Formulate and develop an agreed partnership mechanism for needs assessment.	AHA Centre, ASEC, P&R Working Group, ACDM	X	X					Developed and ready for circulation by end of 2011.
	15.7: Disseminate and conduct awareness building on the agreed mechanism to Member States, the civil society and relevant international agencies and donors.	AHA Centre, P&R Working Group			X	X	X	X	Annual workshop started by first half of 2012 and continued until 2015.
Output 16: SOPs and/or mechanisms for coordination with other humanitarian actors developed.	16.1: Assess the strengths, capabilities and added values of the various humanitarian actors to identify areas of complementation.	AHA Centre, ASEC	X						First mapping of humanitarian actors and their strengths, capabilities and added values developed by end of 2010.

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			Phase 1			Phase 2			
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	16.2: Clarify the role and relationship of ASEAN disaster management mechanisms and systems, i.e. ASEAN Humanitarian Assistance Coordinator, AHA Centre, ERAT, SASOP, ADMER Fund, etc vis-a-vis other humanitarian systems.	AHA Centre, ASEC	X	X					TOR of ASEAN Humanitarian Assistance Coordinator finalised and adopted by end of 2010. Analysis on the role and relationship of ASEAN's systems and other humanitarian systems developed by end of 2010. Consultations with partners started by 2011.
	16.3: Develop and recommend instruments or mechanisms for joint or complementary ways of working with other humanitarian actors.	AHA Centre, ASEC, Working Group on P&R, ACDM	X	X					ASEAN-OCHA SOP developed by third quarter of 2010. Other instruments or mechanisms with other key partners are identified by mid 2011.
	16.4: Disseminate the agreed mechanisms through awareness or training activities.	AHA Centre		X	X	X	X	X	Joint mechanisms and instruments agreed on and disseminated.