

PROTECTION CLUSTER IN INDONESIA

CONTINGENCY AND PREPAREDNESS PLAN
Focus on Protection of Children and
Prevention of and Response to GBV

27 September 2011

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**PROTECTION CLUSTER IN INDONESIA
CONTINGENCY AND PREPAREDNESS PLAN
with Focus on Protection of Children
and Prevention of and Response to GBV**

I. Introduction

In disaster-prone countries, it is imperative that the humanitarian community maintains a capacity to respond quickly and effectively to emergencies. This is particularly true for protection concerns, as the full range of fundamental human rights are exposed in aftermath of disasters and other emergency events. In addition to risks to disaster, Indonesia also experienced social conflicts of which protection concerns rose.

This contingency plan is intended to serve as a guide to any emergency response; it is not prescriptive and should not be viewed as such. However, it does provide the foundation for the types of immediate responses that are likely to be necessary during an emergency. The preparedness plan sets forth some immediate activities that must be undertaken in order to build and maintain a capacity to respond to protection issues during emergencies.

This contingency and preparedness document was developed based on the earlier "Inter-agency Protection Cluster in Indonesia Contingency and Preparedness Plan 2008" document, which was written based on a contingency planning exercise in 2008. During the 2008 planning exercise, national and international organizations/agencies in Indonesia with expertise in promoting protection and human rights worked together to analyse past emergency experiences in Indonesia, the various protection threats they had caused, and the capacity required to respond effectively. The 2008 document was updated in May 2010.

After the revision of the contingency plan in May 2010, two major disasters occurred (tsunami in Mentawai, West Sumatra; and eruption of Mount Merapi in Central Java). The events guided the revisions of the contingency and preparedness plan. Additionally, in May 2011, sub-cluster Child Protection went through a review of emergency response experiences and analysed the gap between responses and the plan.

This document focuses mainly on Child Protection and Gender-based Violence. Sub-clusters Protection of Children and Prevention of GBV have been the only sub-clusters that remain active before and during emergencies.

II. Definition, Objective, Strategy

Working Definition

Protection is defined as "all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e. human rights law; IHL & refugee law. Human rights and humanitarian organizations must conduct these activities in an impartial manner (not on the basis of race, national, or ethnic origin, language or gender)."

Specifically, *Child Protection in Emergency* is defined as the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies.

Objectives

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

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

The *operational objectives* on protection of children are:

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

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

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

Strategy

The *strategy* of the Indonesia Protection Cluster is to:

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

III. Scope

While this contingency plan addresses the protection of persons and groups of persons physically present in Indonesia who experience an emergency caused by a natural disaster, civil unrest or pandemic, the main focuses are on protection of children from abuse, exploitation, violence, and neglect and prevention and response to gender-based violence.

IV. Previous Protection Responses to Emergencies in Indonesia

While Protection Cluster has been established since 2008 and the contingency plan has been used since 2008, the main focus of the cluster has always been on protection of children and GBV. The contingency plan was originally developed based on experiences from the tragic events of the 26 December 2004 Tsunami and the 27 May 2006 earthquake in Java (Yogyakarta), of which almost all protection-related issues emerged and were responded (i.e. land rights issue, people with disability, elderly). However, subsequent emergencies such as West Sumatra Earthquake (2009), tsunami in Mentawai, West Sumatra (2010) and eruption of Mount Merapi (2010) did not require major interventions by all cluster members. Cluster was not activated during the emergency in Mentawai, and limited activation (at the national level only for information sharing) happened in response to the eruption of Mount Merapi. Local “cluster system” had been established and was operational during Merapi response although there was no “protection cluster”. “Gender and Diffable Cluster” was responsible to coordinate agencies working on GBV and child-related issues. The Joint Secretariat on Child Protection was led by the Provincial Department of Social Affairs with technical support from UNICEF and was represented by “Gender and Diffable Cluster” in general coordination meeting.

Although some issues arose regarding housing and property such as in the aftermath of Merapi disaster in 2010, there was no intervention from cluster member to address that issue. Lessons from the past 3 major disasters were considered during the development of this contingency and preparedness plan.

V. Organization of the Protection Cluster

UNHRC has recently been assigned to lead Protection Cluster in Indonesia, of which previously shared by UNICEF and UNFPA.

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

- Protection of Children - UNICEF
- Prevention of and Response to Gender-Based Violence (GBV) - UNFPA

- Protection of Persons or Groups of Persons with Specific Protection Needs – IOM/ICMC
- Land, Housing and Property Issues - UN-HABITAT

It has to be noted that except for Protection of Children and Prevention of and Response to GBV, other sub-clusters have not responded to disaster or organized regular sub-cluster meetings. The structure of sub-clusters will be reviewed if needed.

VI. Key Cluster Members

Key cluster members from UN Agency and other international organizations include UNHCR, UNICEF, UNFPA, UN-Habitat, UNDP, IOM. Members from NGOs include Save the Children, Child Fund, World Vision, HOPE Worldwide, International Catholic Migration Commission (ICMC), Plan International, Handicap, HelpAge, Jesuit Refugee Service, Karina. Most of the members (UNICEF, Save the Children, Child Fund, World Vision, HOPE Worldwide, Plan International, Jesuit Refugee Service, Karina) focus on protection of children during emergency responses.

The members of sub-cluster on Child Protection have been deliberating engaging other key national NGOs and civil society groups that have played key roles in providing services (i.e. psychosocial supports, raising awareness on child rights) in a number of emergencies.

VII. Key government partners

Unlike other clusters, there is no single government ministry responsible for “protection” with whom the Protection Cluster should clearly coordinate. Instead, there are a number of ministries and offices working on the range of issues encompassed under the umbrella of the Protection Cluster. Experiences from 2009 show that most engaged Government agencies are:

- Ministry of Social Affairs (KEMENSOS) at the national level, and Provincial Department of Social Affairs (DINSOS) at the Provincial level. The Directorate of Social Welfare for Children at KEMENSOS focuses on child protection concerns, but other units within the Ministry respond to other concerns of vulnerable groups (i.e. people with disability, elderly)
- Ministry of Women’s Empowerment and Child Protection (KPPPA) at the national level and the Provincial Office of Women’s Empowerment and Child Protection. While the main role is on coordination of policy and advocacy, KPPPA and particularly the provincial offices or departments often involve in provision of services to protect women and children.
- Police of the Republic of Indonesia (POLRI)
- Coordinating Minister for People’s Welfare (Menkokesra)
- National Agency for Disaster Management (BNPB). The Agency is planning to have focal point on child protection in emergency.

The Protection of Children sub-cluster has been working closely with the Ministry of Social Affairs. During emergency responses, field-base sub-cluster on child protection has always been co-led with the Directorate of Social Welfare for Children of the Ministry of Social Affairs. The sub-cluster is in the process of strengthening the team from the Ministry of Social Affairs (Rapid Reaction Team – CPIE) to ensure that the Ministry has the capacity and commitment to fully involve and co-lead the sub-cluster with UNICEF.

VIII. Definition of Scenarios

The scenarios below were developed based on the main scenarios developed by OCHA. Specific concerns on protection of children and on GBV have been included in all scenarios.

A. Medium Impact Scenario (GoI welcomes in-country international assistance)¹

¹Scenario is based on Mt. Merapi eruption in 2010, but please note that similar case may happen in other parts of Indonesia, where infrastructure and government capacity are not as good as the ones in Mt. Merapi.

A volcano erupts in a densely populated area spreading ashes for kilometers. A mass evacuation is undertaken of population living within a 10km radius of the volcano. An estimated 70,000 people have been evacuated. With the massive increase of eruption, officials declare the safe zone area beyond 20km leading to further evacuations with an estimated 400,000 IDPs evacuated. Registration of the displaced population is a challenge because of constant movement between sites by IDPs. The eruptions cause 400 casualties and 450 major injuries resulting in hospitalization.

It is estimated that 2,000 houses are heavily damaged, 5,000 moderately damaged and at least 9,000 houses are slightly damaged. In addition, 45 schools, 200 places of worship, 15 hospitals and health facilities and 80 government and public building are also damaged at various levels. Some bridges were damaged due to eruption and cold lava, while other infrastructure such as electricity, road and telecommunication networks remained in function. The eruption has caused economic disruption in the affected province. With the volcano showing decreased activity after one month of eruptions, the government shifts its focus from emergency activities to early recovery. Prolonged living in the camps is most likely to increase incidents of domestic violence and sexual violence. Government welcomes in-country international assistance.

Child Protection and GBV related concerns

- While culturally children remain together with their families remain, evacuation process may trigger temporary separations. Weakened capacities may put already separated children at risk. In some situation, children are orphaned due to the death of parents.
- The loss of livelihood has forced parents to engage children in temporary economic activities. Prolonged recovery may cause children to continuously engage in economic activities.
- Overcrowd and limited safety measures have led to incidents of sexual harassment and violence.
- Prolonged living in the camps or temporary houses is most likely to increase incidents of domestic violence and sexual violence
- Women and girls are most likely to be persuaded to become migrant workers in other areas, with limited education and knowledge it is likely that they might fall into unsafe migration and face exploitation. Additionally, family may resort to early marriages for girls to release burdens.
- Disabled children are hidden in the community
- Data are not segregated by age and gender and are not sufficient to guide immediate capture protection-specific
- Specific needs of single headed households (either male, female, children or elderly) arise

Affected areas	4 districts in two provinces are affected.						
Persons in need of humanitarian assistance	400,000 IDPs. ² (80,000 HH) <ul style="list-style-type: none"> • Estimated number of under 5 (12 % of affected persons) = 48,000 and 6-15 years old children (18.1 %) = 72,400 (total 120,400) • Estimated number of women and girls in reproductive age (30 %) = 120,000 • Estimated number of elderly (9.1 % of affected population) = 368,000 (women 55 %) 						
Intervention objectives	Ensure that prevention measures are in place to protection children, women, and other vulnerable groups.						
Interveners	Individual and grouped volunteers, local and national government, police, religious groups, universities, UN Agencies, Red Cross society, national and international NGOs.						
Duration	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Search and Rescue</td> <td style="width: 30%;">2 weeks</td> </tr> <tr> <td>Emergency Response</td> <td>2 months</td> </tr> <tr> <td>Early Recovery</td> <td>4 months</td> </tr> </table>	Search and Rescue	2 weeks	Emergency Response	2 months	Early Recovery	4 months
Search and Rescue	2 weeks						
Emergency Response	2 months						
Early Recovery	4 months						

² This does not mean 400,000 people in need of international assistance

	Rehabilitation & Reconstruction	2 years
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B. Medium impact scenario (Gol welcomes international assistance)

A 7.9 Richter Scale earthquake hit a densely populated area during the night. A total of 1,195 persons died, 8 missing, 619 severely injured and 1,179 slightly injured. The earthquake damaged major infrastructure and houses.

It is estimated that 80,000 houses are heavily damaged, 95,000 moderate damage and 125,000 houses are slightly damaged. Besides that, 2,500 schools, 2,000 places of worship, 125 hospitals and health facilities and 800 government and public building are also damaged at various levels. Port and airport remain open with limited capacity, while electricity and telecommunication networks were cut off and the water system is paralyzed. The disaster will prompt a shift in gender roles because there are demands for labor forces for rebuilding.

Child Protection and GBV related concern

- Since traditionally children are sent to institutions in other districts or provinces to study, the disaster may increase risks to separation.
- In some situation, children are orphaned due to the death of parents. In other case, capacity of parent to taking care of the children disrupted by earthquake
- The damages have prompted families to force children to beg for money in the streets.
- Women and girls are most likely to be persuaded to become migrant workers in other areas., with limited education and knowledge it is likely that they might fall into unsafe migration and face exploitation. Additionally, family may resort to early marriages for girls to release burdens.
- Prolonged living in the camps or temporary houses is most likely to increase incidents of domestic violence and sexual violence
- Disabled children and adults are hidden in the community
- Data are not segregated by age and gender and are not sufficient to guide immediate capture protection-specific
- Specific needs of single headed households (either male, female, children or elderly) arise

Affected areas	5 districts in one province are affected	
Persons in need of humanitarian assistance	1,250,000 people are affected (250,000 HH) <ul style="list-style-type: none"> • Estimated number of under 5 (12 % of affected persons) = 150,000 and 6-15 years old children (18.1 %) = 226,250 (total 241,250) • Estimated number of women and girls in reproductive age (30 %) = 375,000 • Estimated number of elderly (9.2 % of affected population) = 115,000 (women 55 %) 	
Intervention objectives	Protect the rights of vulnerable groups in emergency affected areas.	
Interveners	Local and national government, local communities, religious groups, private sectors, universities, UN Agencies, Red Cross movement, national and international NGOs, and other international organizations.	
Duration	Search and evacuate	2 weeks
	Emergency Response	2 months
	Early Recovery	4 months
	Rehabilitation & Reconstruction	2 years

C. Large impact scenario

A large earthquake with associated tsunami occurs in a heavily populated area of Indonesia, at a time of a major holiday when government officials are not easily reachable. Health services, telecommunication networks, water systems, public facilities, electricity, fuel outlets, and transportation infrastructures including ports and airport are disrupted. The breakdown of governance has led to lawlessness.

The number of affected people is estimated at 2,000,000, while around 600,000 people need immediate assistance. The death toll amounts to 55,000 persons and more than 100,000 persons have been injured. Legal documents are lost. In terms of damage at least 300,000 houses have been totally destroyed and 375,000 houses moderately damaged. Social disruption is evident

Child Protection and GBV Concern

- Since traditionally children are sent to institutions in other districts or provinces to study, the disaster may increase risks to separation.
- Generally, the capacity of parent to taking care of the children disrupted by disaster. Children are seen on the street begging and a number of children were reportedly orphaned and sent to orphanage in or outside of the province.
- Number of single- or child-headed households increase.
- Significant number of children shows signs of psycho-social problems
- Crowded camps increased sexual and domestic violence. Families resort to early marriages as a way to reduce the burden of taking care for children.
- Strangers come to camps offering works to women and girls, increasing risks to trafficking and exploitation and illegal adoption
- With the influx of aid agencies, workers, and volunteers, risks of exploitation and sexual violence for children and women increase.
- Disabled children and adults are hidden in the community
- Data are not segregated by age and gender and are not sufficient to guide immediate capture protection-specific

Affected areas	8 districts in 2 provinces.	
Persons in need of humanitarian assistance	2,000,000 affected populations (400,000 HH)	
	<ul style="list-style-type: none"> • Estimated number of under 5 (12 % of affected persons) = 240,000 and 6-15 years old children (18.1 %) = 362,000 (total 602,000) • Estimated number of women and girls in reproductive age (30 %) = 600,000 • Estimated number of elderly (9.2 % of affected population) = 164,000 (women 55 %) 	
Intervention objectives	Protect the rights of vulnerable groups in affected areas. Prevent and respond to violence, exploitation, and abuse to children and women.	
Interveners	Local and national government, local communities, religious groups, private sectors, universities, UN Agencies, Red Cross movement, national and international NGOs, and other international organizations.	
Duration	Search & Rescue and evacuation	2 weeks
	Emergency Response	3 months
	Early Recovery	6 months
	Rehabilitation and Reconstruction	3 years

IX. Preparedness and Contingency Plan for Emergency Response Interventions

The preparedness and contingency plan are combined in one table. The plans below provided only on Protection of Children and Prevention of and Response to GBV.

Protection of Children <i>To ensure a family- and community-based protective environment for children during emergencies</i> <i>Sub-cluster lead: UNICEF</i>				
Activities	Responsible agencies	Requirement	Gaps	Action to fill gaps (and to be incorporated in preparedness) and funding requirements
1. COORDINATION				
1.1. Preparedness				
1. Organize regular sub-cluster meeting at least once every 3 months to <ul style="list-style-type: none"> - Review contingency plan - Review of emergency preparedness materials and human resources - Evaluate fulfilment of preparedness plan 	<ul style="list-style-type: none"> • Led by UNICEF (sub-cluster lead) • Participated by all sub-cluster members 	<ul style="list-style-type: none"> • 1 Sub-cluster lead/alternate • Sub-cluster members 	Fulfilled.	-
2. Review population and at risk data by December 2011	<ul style="list-style-type: none"> • UNICEF (lead and general statistic) • Plan, Child Fund, WVI - in their working areas • MoSA - PKMS data 	<ul style="list-style-type: none"> • Basic demographic and at-risk population data segregated by gender and age are available 	Data available but scattered. Web-based mechanism has not been established.	1. Data compilation meeting/workshop Led by UNICEF, to be finalised end of 2011. 2. Support web-based dissemination By end 2012. Responsible agency and funding requirement to be confirmed
3. Map Child led DRR focusing on child protection	<ul style="list-style-type: none"> • Led by Child Fund 	<ul style="list-style-type: none"> • Collaboration with Education Cluster 	Data base of who is working in Child Right DRR focusing on Child Protection is not available	1. Meeting to determine the info and start the mapping. 2. Documentation of the mapping result 3. Dissemination of the mapping result to members of sub-cluster By end of 2011. Led by Child Fund
4. Map and engage potential members to expand sub-cluster	<ul style="list-style-type: none"> • UNICEF • MoSA 	<ul style="list-style-type: none"> • ToR for expansion of sub-cluster members • List of potential members 	ToR for expansion of sub-cluster members has to be developed.	1. Revise ToR of membership By end of October 2011 by UNICEF. 2. Disseminate invitation for membership By end of November 2011 by MOSA 3. Review and agreement by sub-cluster member By end of December 2011, led by

				UNICEF
5. Review and clarify coordination mechanism and for GBV (with sub-cluster GBV) and child protection components of Mental Health and Psychosocial Support (with Health Cluster)	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) 			1.Call for meeting with Health and Education Clusters Agreement by March 2012
1.2. Initial Response (< 6-8 weeks)				
1.Organize sub-cluster meeting at the national level within 24 hours activation of cluster	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) MoSA 	<ul style="list-style-type: none"> 1 Sub-cluster lead 1 Sub-cluster alternate lead MoSA focal point on sub-cluster Sub-cluster members 	Fulfilled.	-
2.Facilitate the establishment of sub national child protection sub-cluster/other coordination mechanism (1 st week)	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) MoSA 	<ul style="list-style-type: none"> 1 Sub-cluster lead/alternate Team to coordinate CPIE from MoSA List and registered members at sub-national level 	CPIE Team from MoSA is yet to be established. Capacity building on coordination of CPIE needed for MoSA Team Potential members have not been listed	1. Training on CPIE for 15 members of MoSA'sCPIE team By mid November 2011, organized by MoSA with support from UNICEF 2. See 1.1.4.
3. In-large impact situation , inform Global-Sub Cluster Child Protection for surge capacity within 24 hours activation of cluster	UNICEF (sub-cluster lead)	<ul style="list-style-type: none"> Global Standby-partners on CPIE ready for immediate deployment Clear ToR for assignment ready 	Fulfilled.	
4. In-large impact situation , deploy Global Sub-cluster Child Protection surge capacity within 72 hours activation of cluster	UNICEF (sub-cluster lead)			
1.3. Beyond Initial Response (> 6-8 weeks)				
5. Continue to advocate to other stakeholders and ensure youth and vulnerable families where children are particularly at risk (e.g. single headed households) are involved in the livelihood support interventions (link to livelihoods sector)	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) MoSA Child Fund (in CF working area) Other sub-cluster members (list to be expanded) 			
6. Promote the involvement of adolescents and youth in the assessment, design and implementation of activities from CPIE and all sectors	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) MoSA Child Fund (in CF working area) Other sub-cluster members (list to be expanded) 			
2.ASSESSMENT				

2.1. Preparedness				
1. Disseminate and train partners/sub-cluster members on Child Protection Rapid Assessment in Emergency	<ul style="list-style-type: none"> UNICEF MoSA Plan, to train partner Child Fund, to train partner Other sub-cluster members (list to be expanded) 	CPRA tools (translated) Trainer	<ul style="list-style-type: none"> Tools have been translated and adapted but have not been disseminated Four national level staff MoSA are ready to facilitate CPRA. Except for Yogyakarta, no sub-national capacity to organize CPRA 	<p>1. Disseminate translated tool to all sub-cluster members By mid November 2011 by UNICEF and MoSA</p> <p>2. Training sub-national focal points to conduct CPRA in emergency By March 2012. UNICEF to support training for sub-cluster focal point. By June 2012. Plan and Child Fund to train partners</p> <p>Funding required: USD 40,000</p>
2.2. Initial Response (< 6-8 weeks)				
1. Participate in the joint inter-agency multi sectoral rapid assessment team. Findings are immediately analysed and distributed to members (first 72 hours)	<ul style="list-style-type: none"> UNICEF Alternate: Plan, Child Fund, Hope World Wide 	<ul style="list-style-type: none"> Joint inter-agency rapid assessment tools Trained staff who will join inter-agency multi-sectoral rapid assessment 	<ul style="list-style-type: none"> Tools available and translated. No Gap. UNICEF has the capacity to deploy staff for the joint multi-sectoral assessment but alternate required Mechanism for analysis and dissemination of information has not been agreed 	<p>1. Agree on appointment and mechanism for alternate</p> <p>2. Agree on mechanism for analysis and dissemination of information</p> <p>By Mid December 2011 led by UNICEF</p>
2. Organize Child Protection Rapid Assessment (2 nd week). Analyse and disseminate findings on CPRA (6 th week)	<ul style="list-style-type: none"> Led by UNICEF and MoSA Child Fund, Plan, Hope World Wide Other sub-cluster members (list to be expanded) 	<ul style="list-style-type: none"> Adapted and translated CPRA tools available Clear roles and responsibilities for CPRA Trained main facilitators (staff/volunteers) for CPRA ready for deployment; Sub-national assessment focal points ready for deployment Secured funding for CPRA 	<ul style="list-style-type: none"> ToR and mechanism have not been agreed and tested No funding secured yet for CPRA 	<p>1. Agree on ToR and mechanism to conduct CPRA in emergency By Mid November 2011. Led by UNICEF with MoSA</p> <p>2. Secure funding for CPRA in emergency By June 2012. Led by UNICEF</p>
2.3. Beyond initial response (> 6-8 weeks)				
1. Initiate a gap analysis of local (and national) capacities in protection and women and ensure integration of capacity strengthening in early recovery and transition plan	<ul style="list-style-type: none"> UNICEF MoSA 			
3. SEPARATED CHILDREN AND UNACCOMPANIED MINORS				
3.1. Preparedness				

1. Identify a focal point whose main responsibility - to receive reports on cases of separation of children from their families - Lead FTR - Manage database	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) All Cluster member 			1. Discuss and agree on Focal point for FTR and separated children/unaccompanied minors By mid-December 2011, led by UNICEF
2. Identify and agree on agencies that have the capacity to work on separated and unaccompanied children	<ul style="list-style-type: none"> UNICEF (sub-cluster lead) All Cluster member 			
3. Develop and agree on basic sub-cluster Child Protection's KIE Kits on separated children and unaccompanied minors	<ul style="list-style-type: none"> Led by UNICEF and Child Fund Engagement of PLAN Other sub-cluster members (list to be expanded) 	Baseline data and strategy Funding for field testing and production	Baseline data and strategy available Some examples available Funding for field testing and production not available	1. Develop KIE materials 2. Field test 3. Print/produce KIE materials By end 2012, led by UNICEF and Child Fund Funding required: USD 75,000
4. Training for sub-cluster members and social workers on - working with separated and unaccompanied children - FTR - Data base	<ul style="list-style-type: none"> UNICEF Save the Children (to be confirmed) 	Facilitators for training on separated children/FTR/database - Facilitator on CPiE including on separated children available (Save, UNICEF) Training module on separated children/FTR/database - 60 CPiE toolkits available and - 50 CPiE e-learning available including on separated children (UNICEF) - Training manual on Separated Children and Unaccompanied Minors (MoSA)	Additional modules/toolkits to produced Funding for training	1. Training of focal point and key partners 2. Reproduction of modules By end 2012, led by UNICEF and Child Fund Funding required -For training: USD 30,000 -For reproduction of module: USD 10,000
5. Procurement of sub-national infrastructure for database	MoSA	Computer Software	Available at national level but not at sub-national	1. Procurement of computers for database By end 2012 by MoSA Funding required: USD 10,000

3.2. Initial Response (< 6-8 weeks)

1. Advocate for and support the dissemination of Government's policy and directives on separated and unaccompanied children (within 24 hours)	<ul style="list-style-type: none"> UNICEF MoSA ChildFund (in CF working area) 	Directives and Policy on separated and unaccompanied children available	Copies of directives	
2. Orient camp managers, humanitarian	<ul style="list-style-type: none"> Child Fund (in CF working area) 	Facilitators for training on		SEE PREPAREDNESS 3.1.1 and

workers and volunteers on the risks of separation	<ul style="list-style-type: none"> area) Plan to train partners Other sub-cluster members (list to be expanded) 	<p>separated children</p> <p>Training module on separated Children</p> <p>KIE kits on separated children</p>		3.1.2.
3. Activate focal point (at the sub-cluster or joint secretariat) to receive reports on cases of separation of children from families.	<ul style="list-style-type: none"> UNICEF (sub-cluster led) and MoSA Child Fund (in CF working area) 	<ul style="list-style-type: none"> Identified focal point who has skill, knowledge, and attitude from agencies with mandate to response available Agencies with mandate on separated children and unaccompanied minors Trained staff, volunteers and social workers with the required skills, knowledge and attitude to work with separated children and unaccompanied minors 	<ul style="list-style-type: none"> Social workers Number of agencies with capacity to work on separated or unaccompanied children is limited. 	SEE PREPAREDNESS 3.1.1 and 3.1.2.
4. Assign agencies that have the capacity to work on separated and unaccompanied children	<ul style="list-style-type: none"> UNICEF (sub cluster lead) 			
5. Initiate and support regular monitoring of children's institutions for "secondary" or "voluntary" separation	<ul style="list-style-type: none"> MoSA 			
<p>6. In Large-Impact situation where cases of separation is widespread, within 72 hours:</p> <ul style="list-style-type: none"> - advocate and activate FTR; - activate focal point for database administration, Case Management, and Coordination of FTR - begin to identify and document separated children - begin family tracing activities 	<p>Advocacy:</p> <ul style="list-style-type: none"> UNICEF to lead Child Fund (in (CF working area) Other sub-cluster members (list to be expanded) <p>Identification of separated children:</p> <ul style="list-style-type: none"> To be confirmed 	<ul style="list-style-type: none"> Trained staff and volunteers for FTR Facilitator for training on FTR Training module on FTR Identified focal point who has skill, knowledge to manage database, coordinate case management and FTR are available Data base infrastructure and software available at the national but not at the sub-national level 	Data base infrastructure and software available at the national but not at the sub-national level	SEE PREPAREDNESS 3.1.3 , 3.1.4 and 3.1.5
<p>7. In Large-impact situation</p> <ul style="list-style-type: none"> - Rollout database 	<ul style="list-style-type: none"> UNICEF to lead Save the Children (to be confirmed) 			
3.3. Beyond Initial Response (> 6 – 8 weeks)				
1. Advocate and facilitate link to livelihoods cluster/sector for targeted assistance to families	UNICEF	Collaboration with livelihood cluster		

2. In large-impact situation , conduct specialized trainings on various issues (e.g. using the forms, database)	Save the children			
3.Support for follow-up of reunified children	MoSA	Trained social workers		
4.PSYCHOSOCIAL SUPPORT				
4.1. Preparedness				
1.Procure recreational and psychosocial kits	UNICEF Plan, Child Fund, WVI Hope World Wide Other sub-cluster members (List to be expanded)	<ul style="list-style-type: none"> Psychosocial and recreational kits for 20 % of affected children in large impact situation (total 602,000) = 120,400 Stocks available <ul style="list-style-type: none"> - UNICEF for 20,000 children - WVI for 3,200 children - Child Fund (to be confirmed) - Plan (to be confirmed) - Save the Children <ul style="list-style-type: none"> Warehouses MoSA has warehouses in 10 provinces 	Gaps around for 90,000 children	1. Procurement of recreational and psychosocial kits By June 2012. Agencies including Child Fund to procure. Funding required: US\$ 675,000
2.Develop and test sub-cluster Child Protection's KIE packages on psychosocial support	Led by UNICEF and Child Fund Engagement of PLAN Other sub-cluster members (list to be expanded)	Baseline data and strategy	Baseline data and strategy available	1.Develop KIE materials 2.Pilot test 3. Print/produce KIE materials By end 2012, led by UNICEF and Child FUnd Funding required: USD 75,000
3.Disseminate MPHSS guidelines to sub-cluster members	UNICEF (sub cluster lead) All members to disseminate	<ul style="list-style-type: none"> Translated MPHSS guideline 	<ul style="list-style-type: none"> Inter-agency guideline on Mental Health and Psychosocial Support (MHPSS) has been translated to Indonesian language but has not been distributed 	
4.2.Initial Response (< 6-8 weeks)				

1. In coordination with Education Cluster, immediately facilitate the establishment and organize child friendly-spaces or other community-based safe spaces for children. Distribute recreational and psychosocial support materials	<ul style="list-style-type: none"> • MoSA • Child FUnd (in CF working area) • Plan • Hope World Wide Indonesia • Other sub-cluster members (list to be expanded) 	<p>Guidelines disseminated and understood</p> <ul style="list-style-type: none"> - Inter-agency guideline on Mental Health and Psychosocial Support MPHSS - Inter-agency guideline on Child Friendly Spaces <p>Psychosocial and recreational kits for 602,000 children</p>	<ul style="list-style-type: none"> • Inter-agency guideline on Mental Health and Psychosocial Support (MHPSS) has been translated to Indonesian language but has not been distributed • CFS guideline has not been translated • There are gaps of Psychosocial and recreational kits for 570,000 children 	<u>See PREPAREDNESS 4.1.1.</u>
2. Mobilize community, caregivers, teachers, and other community volunteers to provide social support children	<ul style="list-style-type: none"> • MoSA • ChildFund (in CF working area). i.e. CMC • Plan • Hope World Wide Indonesia • Other sub-cluster members (list to be expanded) 	Ready and tested KIE materials available	KIE Materials need to be developed	<u>See PREPAREDNESS 4.1.2.</u>
3. Train caregivers and volunteers to provide basic psychosocial support for children	<ul style="list-style-type: none"> • Child Fund (in CF working area). • Plan • Hope World Wide Indonesia • MoSA • Other sub-cluster members (list to be expanded) 	<p>Facilitators Modules Psychosocial kits</p> <p>Available</p> <ul style="list-style-type: none"> - 60 CPiE toolkits and 50 50 CPiE e-learning available including on psychosocial (UNICEF) - Save the Children (to be confirmed) - Child Fund (to be confirmed) - Plan (to be confirmed) 	Additional modules/toolkits	<u>See PREPAREDNESS 3.1.4.</u>
4.3. Beyond initial response (> 6-8 weeks)				
1. Expand psychosocial/recreational activities for children and adolescents (as needed)	To be confirmed			
2. Strengthen existing government referral mechanisms and assistance	UNICEF			
5. ABUSE, VIOLENCE, EXPLOITATION, NEGLECT				
1.3. Preparedness				
1. Orientation on the Code of Conduct for humanitarian workers and prevention of sexual abuse and exploitation to NGOs and	<ul style="list-style-type: none"> • UNICEF • Plan, Child Fund, Hope World Wide to train partners and ERT 	Facilitator Module	Module not available.	<p>1. orientation modul</p> <p>2. Train main facilitators</p> <p>3, Training</p>

potential organizations.				By June 2012. Funding requirement: USD 50,000
2.Develop sub-cluster's KiE kits on prevention and respond abuse, violence, exploitation, and neglect	<ul style="list-style-type: none"> Led by UNICEF Engagement of PLAN, Child Fund, Hope WorldWide Indonesia Other sub-cluster members (list to be expanded) 	Baseline data and strategy Funding for production not available	Baseline data and strategy available Example available Funding for production not available	1.Develop KIE materials 2.Pilot test 3. Print/produce KIE materials By end 2012, led by UNICEF and Child FUND Funding required: USD 75,000
5.2.Initial response (< 6 – 8 weeks)				
1.Disseminate the Code of Conduct for humanitarian workers and prevention of sexual abuse and exploitation (within 72 hours).	<ul style="list-style-type: none"> UNICEF Plan, Child Fund, HopeWW 	Code of Conduct flyers/guideline Orientation module		See PREPAREDNESS 5.1.1.
2.Organize (refreshing) orientations for humanitarian workers and volunteers on the Code of Conduct for humanitarian workers and prevention of sexual abuse and exploitation	<ul style="list-style-type: none"> UNICEF 			
3.Advocate for deployment of special police unit. Where necessary, organize training for special Police Unit	<ul style="list-style-type: none"> UNICEF MoSA 			
4.Identify existing referral systems for severe cases of abuse or trafficking. Advocate for referral to and full engagement of Integrated Service Center or other service providers, where available. Initiate strengthening the capacity of service providers.	<ul style="list-style-type: none"> UNICEF MoSA 			
5.3.Beyond initial response (> 6-8 weeks)				
1.Establish (or support existing) community-based outreach and monitoring networks (e.g. CBOs, volunteers, community workers, child protection committees) to support vulnerable families and monitor/report/address incidences of child abuse, neglect or exploitation	<ul style="list-style-type: none"> Child Fund Plan Hope WorldWide Indonesia 			
2.Strengthen existing government referral mechanisms and assistance	<ul style="list-style-type: none"> UNICEF 			
3.Build capacity of community partners and government on existing laws/regulations/legal frameworks related to trafficking, violence and alternative care	To partners and community: <ul style="list-style-type: none"> Plan Child Fund Hope World Wide other member (list to be 			

	expanded) To Government • UNICEF • Plan • other members (list to be expanded)			
4.Strengthen health workers and police on child protection, especially to identify and refer cases of abuse, exploitation	UNICEF			

Gender based Violence
To prevent and address gender based violence and increase protection for women through supportive environment during emergencies
Sub-cluster lead: UNFPA

Activities	Responsible agencies	Requirement	Gaps	Preparedness plan and requirements
1. Preparedness				
1.1. Coordination				
1. Organize regular sub-cluster meeting at least once every 6 months to - Review contingency plan - Review of emergency preparedness materials and human resources - Evaluate fulfilment of preparedness plan	<ul style="list-style-type: none"> Led by UNFPA (sub-cluster lead) Participated by all sub-cluster members 	<ul style="list-style-type: none"> 1 Sub-cluster lead/alternate Sub-cluster members 	Fulfilled.	-
2. Update BNPB population and at risk data by December 2011, using 2010 census data	Led by UNFPA – BPS - BNPB	<ul style="list-style-type: none"> Complete census data 	Population data is based on PNPM database	UNFPA will recruit data officer to facilitate the integration of 2010 census data of BPS into BNPB database. Census data is cleaned and available for transferred. after no.3 completed
3. Map and engage potential members to expand sub-cluster	UNFPA MOWECP			
4. Rapid Assessment Template and trained or prepare a team for rapid assessment	UNFPA MOWECP			
1.2. Prevention of GBV				
1. In coordination with other Cluster, ensure that gender equality, prevention of sexual exploitation and abuse, and GBV are mainstreamed in their contingency plan	UNFPA MOWECP	IASC GBV handbook IASC Gender Equality handbook PSEA module Code of Conduct	local expert	Funding required
2. Integrate GBV into DRR initiatives	UNFPA MOWECP		Lack of funding priority	Funding required

3. Advocate local government to implement Minimum Service Standard for victims of VAWC	UNFPA MOWECP	SPM KTPA books printing FGD	Not a priority for R&R phase Lack of awareness on the increased risk of GBV Local women machineries have limited resources (human and fund) to carry this out.	Funding required
4. Develop National Gender Profile (including sex and age disaggregated data) and high risk areas GP	UNFPA MOWECP BPS BNPB/D	Districts in Figures Publication National statistic data Gender Profile Data guideline	missing local data Not all data disaggregated by sex and/or age research on gender gap is limited for district / province	Funding Required
1.3. Access to services for GBV survivor				
Map women NGOs and GBV service providers among high risk areas (conduct training if necessary)	UNFPA MOWECP KOMNAS PEREMPUAN	<ul style="list-style-type: none"> MOWECP service provider database Komnas Perempuan service provider database 	2006 Trafficking service provider database by MOWECP Not all district/provinces have strong GBV service providers and understand the increased risk during disaster	Komnas Perempuan Learning Forum as entry point MOWECP coordination meeting as entry point Database by end of 2012
Identify and trained national counterpart (CSO) with wide network that can address GBV in disaster	<ul style="list-style-type: none"> Led by MOWECP UNFPA Komnas Perempuan 	women activist or NGO coalition	Only KPI is wide enough, but not covering all provinces (60%)	develop strategy with KPI and facilitate protocol, SOP and guideline and TOT
Advocate and integrate GBV in disaster concerns to line ministries responsible for service availability to survivor of GBV (MoH, Police, MOSA, MORA)	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Availability of local support system is not uniform in all areas Stronger internal policy for line ministries involved	Funding required
Develop template and protocol for GBV reporting and referral mechanism at camps, IEC material with referral address	UNFPA MOWECP Family Welfare Movement (PKK) Police	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Local Expert Availability and capacity of local referral centers	Funding required
Establish GBV Rapid Response Team (including trainer)	UNFPA MOWECP			
2. Emergency Response (< 6-8 weeks)				
2.1. Coordination				
1. Organize sub-cluster meeting at the national level within 24 hours activation of cluster	<ul style="list-style-type: none"> UNFPA (sub-cluster lead) MOWECP 	<ul style="list-style-type: none"> 1 Sub-cluster lead MOWECP focal point on sub-cluster Sub-cluster members 		-
2. Facilitate the establishment of sub national GBV sub-cluster/other coordination mechanism (1 st week)	<ul style="list-style-type: none"> UNFPA (sub-cluster lead) MOWECP 	<ul style="list-style-type: none"> 1 Sub-cluster lead/alternate Team to coordinate GBV Sc from MOWECP List and registered members at sub-national level 	Local Experts and capacity	ToR GBV sub cluster on the field

3. In-large impact situation, inform GENCAP, MOWECP and GWG Jogja for surge capacity within 24 hours activation of cluster	UNFPA (sub-cluster lead)	<ul style="list-style-type: none"> GENCAP ready for immediate deployment Clear ToR for assignment ready 	Draft ToR needs to be developed For non Jogja area	<p>Develop and agree on draft ToR GENCAP for GENCAP with UN GTWG and UN OCHA</p> <p>Coordinate with MOWECP for mobilisation of GWG Jogja and MOWECP focal point on the field</p> <p><u>Resp.</u> UNFPA <u>Dateline:</u> 2 weeks after cluster activation by OCHA <u>Funding required:</u> 0</p>
4. In-large impact situation, deploy GWG Jogja and MOWECP for surge capacity within 72 hours activation of cluster	UNFPA (sub-cluster lead)			
5. Facilitate representation of local women machineries in each cluster and working group for R&R – if necessary strengthen their capacity to mainstream gender, PSEA and GBV	UNFPA MOWECP	Gender Mainstreaming tools, GAP, gender budget statement Guideline for R&R plan	Lack capacity of women machineries Women Empowerment Office is not included in the R&R working group	
6. Conduct Rapid Assessment	UNFPA MOWECP	Gender rapid assessment tools		

2.2. Prevention of GBV

In coordination with other Cluster, ensure that gender equality, prevention of sexual exploitation and abuse, and GBV are mainstreamed in their response plan and implementation and each participating agencies	UNFPA MOWECP	IASC GBV handbook IASC Gender Equality handbook PSEA module Code of Conduct	local expert	Funding required
Develop community based prevention awareness activities and trained community leaders as facilitators	UNFPA MOWECP	Family Welfare Movement IEC kit on domestic violence and trafficking Other tools	Lack of funding priority	Funding required
Advocate local government to implement Minimum Service Standard for victims of VAWC	UNFPA MOWECP	SPM KTPA books printing FGD	Not a priority for R&R phase Lack of awareness on the increased risk of GBV Local women machineries have limited resources (human and fund) to carry this out.	Funding required
Ensure support programme is accessible to single headed households (e.g. in cooperation with livelihood clusters)	UNFPA MOWECP	Gender Mainstreaming Policy	data is scattered	
Conduct situation analysis on social cultural practices on gender and identify harmful traditional practices in camps and areas	UNFPA MOWECP	Research Anthropology		Funding Required

considered for resettlement.				
Ensure Gender Profile (including sex and age disaggregated data) is available for planning	UNFPA MOWECP BPS	Districts in Figures Publication National statistic data Gender Profile Data guideline	missing local data Not all data disaggregated by sex and/or age research on gender gap is limited for district / province	Funding Required
2.3. Access to services for GBV survivor				
Map GBV service providers close to camps areas and facilitate capacity building (if necessary)	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Availability of local support system is not uniform in all areas	Funding required
Set up GBV reporting and referral mechanism at camps	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Local Expert Availability and capacity of local referral centers	Funding required
Facilitate and strengthened camp based response mechanism to address GBV	UNFPA MOWECP	Family Welfare Movement Module on community based counsellor	No local trainer	Funding required
Ensure information on GBV support system is available at camps and accessible	UNFPA MOWECP Other cluster or stakeholders	GBV IEC template can be filled in with local service providers	Availability of local support system is not uniform in all areas	Funding required
Ensure that each case is followed up and address seriously	UNFPA MOWECP Other cluster or stakeholders	Case conference and management mechanism	Local capacity	Funding required
3. Early Recovery (>6-8 weeks)				
3.1. Coordination				
Start to transfer coordination to local Women Empowerment Office and Gender Working Group	UNFPA MOWECP			
Facilitate representation of local women machineries in each cluster and working group for R&R – if necessary strengthen their capacity to mainstream gender and to understand Early Recovery plan and R&R plan	UNFPA MOWECP	Gender Mainstreaming tools, GAP, gender budget statement Guideline for R&R plan	Lack capacity of women machineries Women Empowerment Office is not included in the R&R working group	
3.2. Prevention of GBV				
1. In coordination with other Cluster, ensure that gender equality, prevention of sexual exploitation and abuse, and GBV are mainstreamed in their response plan and implementation and each participating agencies	UNFPA MOWECP	IASC GBV handbook IASC Gender Equality handbook PSEA module Code of Conduct	local expert	
2. Develop community based prevention awareness activities and trained community leaders as facilitators	UNFPA MOWECP	Family Welfare Movement IEC kit on domestic violence and trafficking	Lack of funding priority	

		Other tools		
3. Advocate local government to implement Minimum Service Standard for victims of VAWC	UNFPA MOWECP	SPM KTPA books printing FGD	Not a priority for R&R phase Lack of awareness on the increased risk of GBV Local women machineries have limited resources (human and fund) to carry this out.	
4. Ensure support programme is accessible to single headed households (e.g. in cooperation with livelihood clusters)	UNFPA MOWECP	Gender Mainstreaming Policy	data is scattered	
5. Conduct situation analysis on social cultural practices on gender and identify harmful traditional practices in camps and areas considered for resettlement.	UNFPA MOWECP	Research Anthropology		
6. Ensure Gender Profile (including sex and age disaggregated data) is available for planning	UNFPA MOWECP BPS	Districts in Figures Publication National statistic data Gender Profile Data guideline	missing local data Not all data disaggregated by sex and/or age research on gender gap is limited for district / province	
Map GBV service providers close to camps and resettlement areas and facilitate capacity building (if necessary)	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Lack of understanding on the scope of MSS VAWC (SPM KTPA) VAWC is not priority – budget is very limited to support training and services.	
Set up GBV reporting and referral mechanism at camps	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Local Expert Availability and capacity of local referral centers	
Facilitate and strengthened community based response mechanism to address GBV – near camps	UNFPA MOWECP	Family Welfare Movement Module on community based counsellor	No local trainer	
Ensure information on GBV support system is available at camps and accessible	UNFPA MOWECP Other cluster or stakeholders	GBV IEC template can be filled in with local service providers	Availability of local support system is not uniform in all areas	
Ensure that each case is followed up and address seriously	UNFPA MOWECP Other cluster or stakeholders	Case conference and management mechanism	Local capacity	
Transfer coordination to local Women Empowerment Office and Gender Working Group	UNFPA MOWECP			
Ensure local women machineries are in the working group for R&R – if necessary strengthen their capacity to mainstream gender and to understand R&R planning	UNFPA MOWECP	Gender Mainstreaming tools, GAP, gender budget statement Guideline for R&R plan	Lack capacity of women machineries Women Empowerment Office is not included in the R&R working group	
Facilitate availability and usage of disaggregated data for gender responsive planning and budgeting	UNFPA MOWECP	Gender Mainstreaming tools, GAP, gender budget statement	Local Experts	

2. In coordination with Education Cluster, ensure that gender equality and GBV are included in the IEC/curriculum	UNFPA MOWECP			
2. Develop community based prevention awareness activities and trained community leaders as facilitators	UNFPA MOWECP	Family Welfare Movement IEC kit on domestic violence and trafficking Other tools	Lack of funding priority	
3. Advocate local government to implement Minimum Service Standard for victims of VAWC	UNFPA MOWECP	SPM KTPA books printing FGD	Not a priority for R&R phase Lack of awareness on the increased risk of GBV Local women machineries have limited resources (human and fund) to carry this out.	
4. Ensure support programme is accessible to single headed households (e.g. in cooperation with livelihood clusters)	UNFPA MOWECP	Gender Mainstreaming Policy	data is scattered	
Map GBV service providers close to resettlement areas and facilitate training (if necessary)	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Lack of understanding on the scope of MSS VAWC (SPM KTPA) VAWC is not priority – budget is very limited to support training and services.	
Set up GBV reporting and referral mechanism at camps and resettlement areas	UNFPA MOWECP	Minimum service standard for victims of VAWC (SPM-KTPA) as reference document	Local Expert Availability and capacity of local referral centers	
Facilitate and strengthened community based response mechanism to address GBV – near camps and at resettlement areas	UNFPA MOWECP	Family Welfare Movement Module on community based counsellor	No local trainer	
Ensure information on GBV support system is available and accessible	UNFPA MOWECP Other cluster or stakeholders	GBV IEC template can be filled in with local service providers	Availability of local support system is not uniform in all areas	
Ensure that each case is followed up and address seriously	UNFPA MOWECP Other cluster or stakeholders	Case conference and management mechanism	Local capacity	

Annex 1.**Summary of Funding Requirement for Preparedness Activities (2011-2012)**

Activities	Timeframe	Estimated Cost (USD)
Protection of Children		
Train partners/sub-cluster members on Child Protection Rapid Assessment	June 2012	40,000
Develop and production of sub-cluster's KiE kits <ul style="list-style-type: none"> - Separated children and unaccompanied minors - Psychosocial support and care - on prevention and respond abuse, violence, exploitation, and neglect 	end 2012	225,000
Training sub-cluster members and key partners on working with separated children and unaccompanied minors, FTR, database on separated children/FTR	Mid 2012	30,000
Develop orientation manual and organize orientation on the Code of Conduct for humanitarian workers and prevention of sexual abuse and exploitation to NGOs and potential organizations.	Mid 2012	50,000
Reproduction of modules	Mid 2012	10,000
Procurement of sub-national infrastructure for database	End 2012	10,000
Procurement of psychosocial and recreational kits	Mid 2012	675,000
Sub total		1,040,000
Prevention of and response to GBV		
Preparedness for prevention of GBV		Required
Preparedness to support access to services		Required
Sub total		Required

Annex 2

List of members and contact persons

Organization Address, phone and fax Focus	Main Focal Point
PROTECTION	
UNHRC - cluster lead	To be determined
PROTECTION OF CHILDREN	
UNICEF – sub-cluster lead on Protection of Children Wisma Metropolitan II, 10 th – 11 th Floor Jl. Jenderal Sudirman Kav.31 Jakarta 12920 Phone: 021 – 5705816 Fax: 021-5711326	Karen Manda, Email: kmanda@unicef.org Mobile: 08119201656 Ali Aulia Ramly Email: aaramly@unicef.org Mobile: 0811 - 952945
MoSA Salemba Raya no. 33	Beny Sujanto Email: benk_4171@yahoo.com Mobile: 0813219290
Plan International Menara Duta, 6th Floor, Wing A Rasuna Said Kav. B9 Jakarta Phone: 021 - 5229566	Vanda Lengkong Email: Vanda.lengkong@plan-international.org Mobile: 0812 4419613 Wahyu Kuncoro Email: wahyu.kuncoro@plan-international.org Mobile: 08562869707
HOPE worldwide Gedung Putera It 7 JL. Gunung Sahari 39 Jakarta 10720 Phone: 021- 6009091	Willy Gosal Email: Willy@hopeindonesia.org Mobile: 081311392503 Charles Ham Email: charles_ham@hopeww.org Mobile: 0816-1834574
ChildFund Jl. Taman Margawastwa no, 26 E Ragunan Pasar Minggu Jakarta Selatan 12550	Tanty Surya Thamrin Email: tthamrin@indonesia.childfund.org Mobile: 0813-92017973 Sharon Thangadurai Email: sthangadurai@indonesia.childfund.org Mobile : 0811898296.
Save the Children Jl. Taman Margasatwa No. 26 C Ragunan Pasar Minggu Jakarta Selatan 12550 Phone: 021 – 781 2336	Suratman Email: suratman@savechildren.org Tata Sudrajat tsudradjat@savechildren.org
World Vision Indonesia Jl. Wahid Hasyin no. 33 Jakarta 10340 Phone: 021 – 31927467 Fax: 021 – 3107846	Pitoyo Susanto Email: pitoyo_susanto@wvi.org Mobile : 0811-2507717
PREVENTION AND RESPONSE TO GBV	
UNFPA – sub-cluster lead on Prevention and Response to GBV Menara Thamrin 7 th Floor Jl. M.H. Thamrin Kav 3	Lany Harijanti Email: harijanti@unfpa.org Phone: 021 – 3141308 ext 339 Mobile: 0812-1068315

<p>Jakarta 10250 Phone: 021 – 3141308 Fax: 021 – 3904914, 31927902</p>	<p>Rosilawati Anggraini Email: anggraini@unfpa.org Phone: 021 – 3141308 ext 325 Mobile: 08121068322</p>
<p>PROTECTION OF PERSONS OR GROUPS OF PERSONS WITH SPECIFIC PROTECTION NEEDS</p>	
<p>International Organization on Migration (IOM) - Sub-Cluster Co-Lead Sampoerna Strategic Square, North Tower, 12th Floor Jl. Jenderal Sudirman Kav. 45-46 Jakarta 12930 Phone: 021 – 5795 1275</p>	<p>Utty Damayanti Email: udamayanti@iom.int Phone: 021- 5795-1275 ext. 212 Mobile:08111 - 494957</p>
<p>International Catholic Migration Commission (ICMC) - Sub-Cluster Co-Lead Jl. Gandaria Tengah IV/15 Jakarta 12130 Phone: 021- 7254703</p>	<p>To be updated</p>
<p>Caritas Indonesia (KARINA) Jl. Agus Salim 22 D-E Jakarta Pusat</p> <p>Also Protection of Children</p>	<p>To be up dated</p>
<p>Jesuit Refugee Service Indonesia Gg.Cabe DP III/no.9, Pringwulung Yogyakarta 55002 Phone: 0274-517405 Fax : 0274-517405</p> <p>Also Protection of Children</p>	<p>Lars Stenger Email: larsstenger@jrs.or.id Mobile: 0813-902038330</p> <p>Adri Suyadi Email : suyadi@jrs.or.id Mobile : 081328189321</p>