

Background Paper

“VULNERABLE POPULATIONS IN EMERGENCIES IN INDONESIA”

An Overview of Needs and Interventions
Addressing Women and Young People



Prepared for:
World Population Day
July 2015

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Introduction

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World Population Day (WPD)

Every year, World Population Day is commemorated on 11 July. Inspired by the interest generated from the Day of Five Billion, which was observed on 11 July 1987, WPD seeks to focus attention on the urgency and importance of population issues, including their relations to the environment and development.

UNFPA Indonesia collaborates with the Government of Indonesia each year to commemorate WPD. This year's theme for the annual event is "Vulnerable Populations in Emergencies".

According to the World Health Organization (WHO), *vulnerability is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters*¹. While vulnerable groups include children, pregnant and lactating women, people with disabilities and elderly people, among others, the focus for this year's WPD commemoration is specifically on women and young people.

Women and girls are more vulnerable in emergencies and have specific needs that are often neglected in crises. Securing their safety, dignity and health ensures the well-being of families and communities. As part of this year's WPD message, emphasis must also be given to the sexual and reproductive health issues women and young people face during a humanitarian emergency or disaster, since this is still a big challenge and problem that needs to be met. This is in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, which was adopted in March 2015, where paragraph 30 states the importance of access to sexual and reproductive health in disaster situations.

This background paper aims to provide information on "Vulnerable Populations in Emergencies in Indonesia" and to give an overview on the specific needs of the vulnerable groups and priority interventions related to the sexual and reproductive health needs of women and young people in Indonesia.

¹ Environmental health in emergencies and disasters: a practical guide. (WHO, 2002)





Indonesia, a disaster-prone country

As part of the Asia-Pacific ring of fire, Indonesia is in a disaster-prone geographical region. As a consequence of climate change, vulnerabilities due to rising occurrences of disasters in Indonesia are also on the increase. In addition, due to Indonesia's demographic situation, a very large population, consisting of different ethnicities, religions and cultures, is at risk of man-made disasters including conflict.

Since the devastation resulting from the earthquake and tsunami in 2004, Indonesia has continued to suffer from a series of major natural disasters such as earthquakes, volcano eruptions, floods and others. From January to 22 June 2015; 1,068 disaster events have been reported by the National Disaster Management Agency (BNPB) with 139 casualties and more than 600,000 displaced persons.



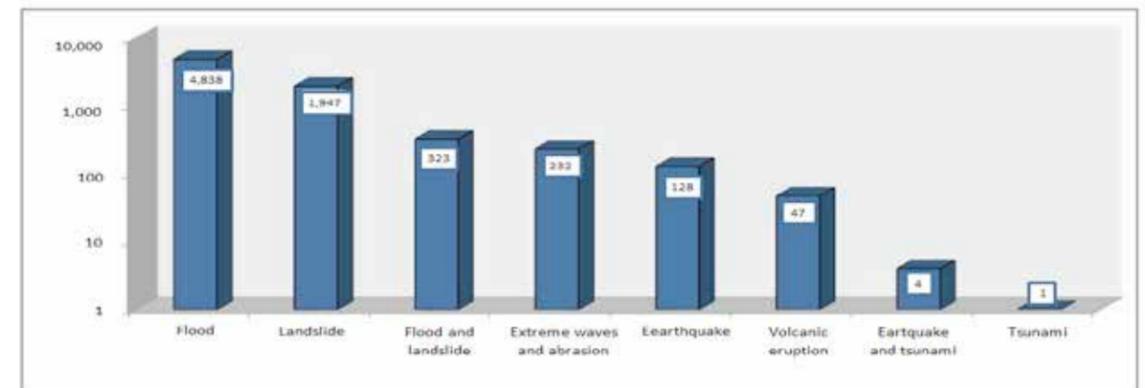
Map of Indonesia

Indonesia is sometimes referred to as the "Disasters Laboratory", since most types of disasters can occur across the archipelago; natural disasters such as earthquakes, tsunamis, landslides, floods, volcano eruptions; and social man-made disasters such as riots, ethnic and religious conflicts as well as technological disasters.



A disaster laboratory, most types of disasters can occur in Indonesia

A study conducted by BNPB on "Population Exposed to Natural Hazards" in 2015, shows that during a 10-year period from 2004-2013 hydro-meteorological disasters were the most commonly occurring types of disasters and the frequency of their occurrence increased. Hydro-meteorological disasters such as floods, landslides and extreme waves are caused by the weather. The impact of climate change is considered to be one of the causes of the increasingly frequent hydro-meteorological disasters in Indonesia.



The most common disasters in Indonesia, 2004-2013

Data from the same study also shows that the three provinces with the highest number of disaster occurrences are Central Java, West Java and East Java. These provinces also have the largest populations in Indonesia, which shows that the impact of disasters is very closely related to the population condition of a region.

Disasters may greatly influence people's general living conditions. Disasters can cause sudden and forced displacement. People are forced to leave their homes if the scale of the disaster is large and has caused massive destruction or damage to their houses. Such people need to be evacuated to emergency shelters or displacement camps.

Based on the United Nations Guiding Principles on Internal Displacement, internally displaced persons (IDPs) are defined as the "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters, and who have not crossed an internationally recognized state border.

There are many different types of IDPs camps in Indonesia, which vary based on the type of disaster, the scale of disaster, as well as the local situation and condition. The location of IDPs camps also vary but open areas such as football fields, parks, and sports stadiums are common locations for camps. Concrete buildings such as schools, mosques, village offices and other buildings are also used as IDPs camps. After the tsunami in Aceh in 2004, affected populations lived in open areas as well as in concrete buildings and the displacement period was up to 2 years. When an earthquake occurred in Yogyakarta in 2006, people preferred to stay in tents nearby their houses rather than in an IDPs camp because they wanted to remain close to their properties. The IDPs from the Merapi Volcano eruption, however, preferred to stay in concrete buildings to avoid the hot ash and volcanic dust which was very dangerous.

A forced displacement situation is in fact another type of “disaster” for affected populations. They must live at a camp with minimum facilities, minimum security, and minimum privacy; and they have to deal with uncomfortable conditions – making it very difficult for IDPs to continue their normal life. The nature of the acute emergency phase and displacement settings can make some population groups such as children, women – particularly pregnant and lactating mothers – young people and the elderly more vulnerable than other population groups.



Vulnerable populations in emergencies in Indonesia



Women, children and young people comprise over three quarters of the more than 50 million people who have been forcibly displaced from their homes by conflict and disasters around the world.

During emergencies, vulnerable groups must receive priority during the rescue and evacuation process, and with security, health and psychosocial services. This has been mandated by the National Disaster Management Law No 24/2007. According to the law, vulnerable groups are defined as including:

- a. Infants, children under five years of age and children
- b. Mothers who are pregnant or breast feeding
- c. People with disabilities; and
- d. The elderly (above 60 years of age)



Among the different vulnerable groups in emergencies, the WPD 2015 commemoration focuses specifically on women and young people as their specific needs are often neglected during emergencies.

WOMEN and GIRLS

Women and girls in general are vulnerable and face greater risks of abuse, sexual violence, forced marriage, reproductive health-related illnesses, and death due to the lack of protection and an absence of aid delivery to address their needs.

YOUNG PEOPLE

Young people are persons aged 10-24, as defined by UNFPA, WHO and UNICEF.

The number of young people in Indonesia, based on the 2010 population census, is about 64 million, consisting of 32.8 million males and 31.4 million females. Young people represent 27% of Indonesia's population or one in four Indonesians.

In an emergency context, young people can be seen as a vulnerable group as well as potential actors who can contribute to an emergency response.

Young people are vulnerable to different risks in emergencies such as HIV, risky behavior – including sexual risky behavior – and drug abuse. One factor for the increased vulnerability of young people is that they may be separated from their families or communities; formal and informal educational programmes are discontinued and community and social networks break down.

But young people are also agents of change and can provide great contributions in emergencies. Young people are characteristically dynamic, highly motivated, energetic, creative and innovative. Based on these characteristics, young people should not only be the target but partners, of any emergency response; for this youth engagement is necessary.



Young people are often seen as vulnerable group during an emergency, but they can also be potential actors of change who can contribute with emergency relief efforts (photo by BNPB and UNFPA)



Minimum Initial Service Package (MISP), a priority reproductive health intervention in emergencies

Disasters may greatly influence people's general health, including their reproductive health. Reproductive Health (RH) services may be neglected and not always available during the acute emergency phase of a disaster. The need for RH services remains and may increase during disasters because there is an increased risk of sexual violence, increased risk of HIV transmission, childbirth can occur during evacuation and displacement, lack of access to emergency obstetric care can increase the risk of maternal death and lack of access to family planning services can lead to unwanted pregnancies.

Neglecting RH in emergencies has serious consequences: maternal and infant deaths; sexual violence; unwanted pregnancies and unsafe abortions; and the spread of HIV and other STIs. Indonesia faces issues in RH in times of non-emergencies, including a maternal mortality rate (MMR) of 359/100.000 (IDHS 2012) and high unmet need for family planning (IDHS 2012). These problems will be worsened during the emergencies due to lack of services, unavailability of supplies and equipment, non-functioning referral system and difficulties in reaching isolated populations.

Statistic estimation of reproductive health targeted population:

Target group	Statistic Estimation
Women of Reproductive Age (15-45 year olds)	25% of the population
Pregnant women	4% of population at a given time are pregnant
Pregnancy with complication	15-20% of pregnancy will develop complication

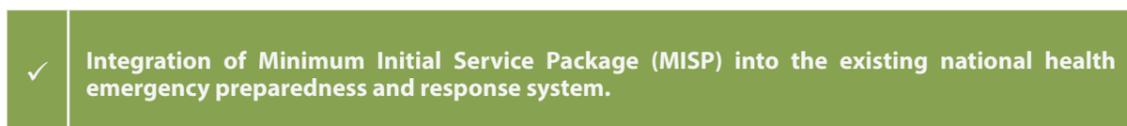
During emergencies, women continue to fall pregnant and they can deliver babies at any time during, or in the immediate aftermath of, emergencies. Pre-term or premature delivery can also take place during chaotic situations such as during the evacuation process and displacement. Experience shows that there are often women who have to deliver babies during the acute emergency phase; an Acehnese midwife had to deliver a baby immediately following the tsunami in 2004; another baby was delivered at one of the IDPs camps in 2005; a mother delivered a baby outside of her house when an earthquake struck Padang in 2009; and a mother from Central Java delivered a baby in a car during the evacuation process after the Merapi Volcano eruption in Yogyakarta in 2010.



Women continue to fall pregnant and can give birth at any time during emergencies

The Minimum Initial Service Package (MISP) is an international standard for humanitarian settings. It is a set of priority activities to be implemented from the onset of a humanitarian crisis (conflict or natural disaster), and further scaled up and sustained to ensure equitable coverage throughout a protracted crisis and recovery, while planning is undertaken to implement comprehensive RH services. The priority RH services contained within the MISP are essential services because all people, including people affected by humanitarian emergencies, have a fundamental human right to RH. To exercise their right, displaced communities need to be informed about RH and the availability of MISP services. Good quality MISP services must be based on the needs of the population and abide by human rights and humanitarian standards with respect for the religious, ethnic and cultural backgrounds of the affected communities. When implemented in a crisis, the MISP saves lives and prevents illness, especially among women and girls (UN OCHA, CERF Lifesaving Criteria and Sectoral Activities, Guidelines. 2009).

MISP Implementation in Indonesia



Since 2008, the Ministry of Health with support from UNFPA Indonesia has started to put a national system in place to ensure MISP implementation during emergencies in Indonesia through:

a. MISP Integration into the national strategy and policy

MISP has been integrated into the Minister of Health's regulation No 64/2013 on the Health Crisis Management. In this policy document, it is clearly stated that RH services must be available during the acute phase and post-acute phase.

b. MISP integration into the national guidelines

MISP has been integrated into the National Guidelines on Health Crisis Management and the National guidelines on MISP in acute emergency response is now available.



c. MISP integration into the capacity building mechanism

MISP training has been accredited by the Health Training and Education Center of the Ministry of Health for national wide implementation. By the end of 2014, two national Training of Trainers (ToT) had been conducted and more than 600 personnel have now been trained with UNFPA support. Additional personnel have also been trained using National and Local Budgets.

To ensure sustainability, currently UNFPA, in collaboration with the Indonesia Midwife Association, is in the process of including MISP into the midwifery school curriculum as part of pre-service training for the midwifery students.



d. MISP integration into the coordination mechanism

The national coordination team on MISP is in place under the coordination of MoH (Maternal Health Directorate and The Center for Health Crisis). The coordination team will coordinate the MISP preparedness activities and develop the emergency response plan in the case of a major disaster.

e. MISP integration into logistics and supplies

Basic reproductive health supplies such as a midwifery kit and different types of hygiene kits are available from the stockpiling system for an emergency response. MoH is in the process of developing national guidelines and a catalog for Indonesian versions of the reproductive health kits.





Adolescent sexual and reproductive health (ASRH) in emergencies

Adolescents aged 10-19 years represent almost 20% of Indonesia's population. The Indonesia 2010 Population Census recorded that the number of adolescent boys in Indonesia is about 22 million compared with about 21 million adolescent girls.

Term	Age Range	Source
Adolescent	10-19 years	UNFPA, WHO, UNICEF
Very young adolescent	10-14 years	UNFPA, UNICEF
Youth	15-24 years	UNFPA, WHO, UNICEF
Young people	10-24 years	UNFPA, WHO, UNICEF

Different age categories of young people

Even though adolescents represent a significant portion of Indonesia's population, the specific needs of adolescents in emergencies tend to be overlooked in emergency situations, particularly their Adolescent Sexual and Reproductive Health (ASRH) needs. ASRH is not treated as a priority intervention during an emergency response. However, young people including adolescents are considered as a vulnerable group in emergencies due to their specific characteristics.

Why is Adolescent Sexual and Reproductive Health (ASRH) in emergencies important?²

- ✓ Family and social structures are disrupted: adolescents may be separated from their families or communities, while formal and informal educational programs are discontinued and community and social networks break down.
- ✓ Adolescents may feel fearful, stressed, bored or idle. They may find themselves in risky situations that they are not prepared to deal with and they may suddenly have to take on adult roles without preparation, without positive adult role models or support networks.
- ✓ The loss of livelihood, security and the protection provided by family and community places adolescents at risk of poverty, violence and sexual exploitation and abuse (SEA).
- ✓ In crisis situations, adolescents (especially girls) are vulnerable to rape and sexual exploitation at the hands of fighting forces, community members, humanitarian workers and uniformed personnel because of their lack of power, their lack of resources, and because rape may be used as a method of war. Many adolescents, including younger ones, resort to selling sex to meet their own or their families' needs.

- ✓ Adolescents who live through crises may not be able to visualize positive futures for themselves and may develop fatalistic views about the future; this may also contribute to high-risk sexual behaviors and poor health-seeking behaviors.
- ✓ The disruption of families, education and health services during emergencies, either due to infrastructure damage or to the increased demands placed on health and social-service providers during a crisis, adds to the problem and may leave adolescents without access to SRH information and services during a period when they are at risk.
- ✓ The lack of access to Sexual and Reproductive Health information, the disruption or inaccessibility of SRH services, and the increased risk of high-risk sexual behaviors among adolescents during emergencies, puts adolescents at risk of unwanted pregnancy, unsafe abortion, STIs and HIV infection.

Priority Interventions

- ✓ Ensuring young people's rights, security and well-being is central to Indonesia's development programme. It should not only apply during the normal times of peace but also during emergencies.
- ✓ Ensure that young people participate in every phase of disaster management, from the preparedness phase to emergency response to rehabilitation and reconstruction phases. It is particularly important that young people are involved in the decision-making process for decisions that affect their lives, and that they are encouraged to express their views and opinions.
- ✓ To integrate Adolescent Sexual and Reproductive Health (ASRH) into the existing national programme on Minimum Initial Service Package (MISP) for Reproductive Health in emergencies in Indonesia.
- ✓ To put a system in place to support the implementation of MISP for adolescents in emergencies, through developing national guidelines on ASRH in emergencies, mapping and identifying potential partners including young people networks for addressing ASRH in emergencies.

² Adolescent Sexual and Reproductive Health (ASRH) in Humanitarian Settings, UNFPA-Save the Children



Women and girls are at high risk of gender-based violence (GBV) in emergencies

The risk of gender-based violence (GBV) and sexual violence increases during displacement and emergency situations, particularly during conflicts. GBV is an umbrella term for “any harmful act that is perpetrated against a person’s will and that is based on socially ascribed differences between male and females”.

GBV and sexual violence have been reported in some emergency situations in Indonesia as highlighted in the UNFPA final project report for the tsunami emergency response 2005, UNFPA final project report for the Padang earthquake emergency response 2010, as well as the reports from the National Commission on Violence against Women. Among different types of GBV, sexual violence or rape is common in disaster situations and it is the most immediate and dangerous type of violence. Sexual violence can cause serious health consequences such as bleeding, unwanted pregnancy, reproductive track problems, and the transmission of sexually transmitted infections (STI) including HIV/AIDS. In some cases, a combination of sexual and physical violence can result in death.

Below is some information on GBV cases during previous disasters in Indonesia (both conflicts and natural disasters):

- ✓ During the conflict in Aceh in 1989-1998, there were 20 rape and sexual violence cases by military personnel, security force and the general public (according to a report from the National Commission on Violence Against Women in 2002).
- ✓ There were 4 rape cases during the displacement post-tsunami in Aceh (according to a report from the National Commission on Violence Against Women in 2006).
- ✓ There were 3 rape cases at the camps after the earthquake in Padang, West Sumatra in 2010 (UNFPA Indonesia final report on Padang Emergency Response, 2010).
- ✓ There were 97 GBV cases reported by the Community Support Center (CSC) during the tsunami emergency response in Aceh in 2005 and 80% of the cases were domestic violence (final project report of tsunami emergency response project in Aceh, UNFPA Indonesia, 2006).

The true number of GBV cases may be higher than the above figures because, due to various reasons, many of the cases were not reported. Many survivors don’t want to report cases due to social consequences such as stigma as well as due to the unavailability of services for the survivors.



Women and girls are at high risk of GBV in emergencies

Based on the previous response to disasters in Indonesia, there are some factors that contribute to the increase risk of GBV during the acute emergency phase:

- During the evacuation process, families are separated from their community. The vulnerable groups such as women, girls and children are often separated from their families. The community social protection system breaks down and they cannot protect each other.
- The IDPs must live in overcrowded camps with limited security, inadequate bathing and latrine facilities and lack of privacy. The location, type and length of the displacement will contribute to the increased risks of GBV.
- Inability to meet basic survival needs and access supplies such as bathing, washing and hygiene materials; lack of electricity in many affected areas; deteriorating food security; loss of livelihoods and large-scale economic vulnerability. Disruption of livelihood activities, particularly for men, can cause feelings of powerlessness that often stimulates violent behavior by men.
- Non-gender sensitive humanitarian aid that does not consider the different needs of women, girls, men and boys. This is due to a lack of understanding among the humanitarian actors on the importance of gender approaches in providing assistance to the disaster-affected populations. The participation and involvement of women and girls in planning and delivering humanitarian aid is very limited.



Unsafe camps and toilets can contribute to GBV risks

Priority Intervention

- ✓ A multi-sectoral approach is required for addressing GBV prevention in emergencies since GBV prevention and response requires involvement from different sectors such as disaster management institutions, health sector, social protection sector, legal and justice sector and other relevant institutions/sectors.
- ✓ The focus of the intervention must be twofold: to build the national institutional and civil society capacity to prevent GBV from happening, and to strengthen the capacity to respond through providing comprehensive and coordinated services to the survivors.
- ✓ The Ministry of Women's Empowerment and Child Protection (MoWE-CP) with support from UNFPA Indonesia is in the process of putting a national system in place for GBV prevention and response under the national IDPs' protection system. Recently, the Government of Indonesia adopted the cluster approach led by the National Disaster Management Agency (NDMA). The Ministry of Social Affairs is the lead government agency for IDPs' protection and camp management cluster. GBV is a sub-cluster under the IDPs' protection and camp management cluster.



Identifying vulnerable populations through comprehensive population data and information system

The availability of data, including population data, is a very important during all phases of a humanitarian situation. Accurate data is the cornerstone of effective emergency preparedness, conflict prevention, emergency response and rehabilitation and reconstruction process. Population data is increasingly required during the preparedness phases for contingency planning, vulnerability analyses and baseline indicators. In the acute phases, population data is important for preparation and targeting of the response. During the long-term phase, data is required for humanitarian-oriented programme design and delivery, monitoring and evaluation. Reliable population data must also be used in programming for rehabilitation and reconstruction in the post-crisis phase.

The population data usually comes from population and housing censuses and from large-scale sample surveys. With information derived from these sources (plus records and information from other sources), more focused and directed planning can be undertaken to prepare for and analyze the impact of disasters (natural or otherwise) on the populations at risk. No national disaster management programme can be successful without population data being incorporated into the emergency preparedness phase as well as into the relief, recovery and reconstruction aspect of a disaster.

The availability and accessibility of sex- and age-disaggregated population data is very important for all phases of disaster. Through sex- and age-disaggregated data, the vulnerable groups such as women, children and the elderly can be identified. Data on people with disabilities as well as female-headed households also can be derived from population census and large-scale surveys.

Considering the importance of population data availability and accessibility; the initiative on the use of population data for disaster management in Indonesia began in 2012. Through comprehensive population data and information system, vulnerable populations in emergencies can be identified.

Priority Intervention

- ✓ The National Seminar on Population and Secondary Data Optimization in Disaster Management was conducted in 2012. The seminar was the starting point for raising awareness of the issue in Indonesia and the start of cooperation between BNPB and BPS-Statistics Indonesia, facilitated by UNFPA Indonesia.

- ✓ As a continuation of the national seminar, a MoU on the provision and use of population data for disaster management was signed between BNPB and BPS-Statistic Indonesia, which occurred on 5 February, 2013, and became the basis of the MoU on a cooperative relationship between BNPB and BPS-Statistic Indonesia.



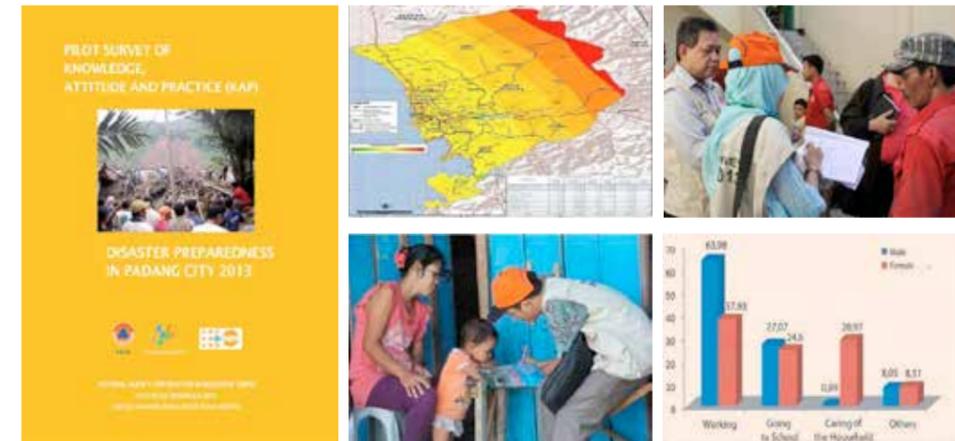
Representatives of UNFPA, BNPB and BPS speak at a national seminar titled "Optimizing Population and Secondary Data for Disaster Management" in 2012



Head of BNPB Mr. Syamsul Maarif and Prime Secretary of BPS Mr. Eri Hastoto at the MoU signing ceremony

- ✓ One important result of the collaboration has been easy access to population baseline data and information, obtained via a merging of data from the 2010 population census and 2011 village potential statistics (PODES). The population baseline data has been integrated into the Indonesian Disaster Data and Information (DIBI) database, and can be accessed via: http://dibi.bnpb.go.id/DesInventar/data_profil_wilayah.jsp. With this information, BNPB and other humanitarian actors are now able to assess potential hazards in a region by looking at historical disaster data and vulnerable elements of the population. The population baseline data also can be used in other disaster management phases, including a secondary baseline data review for rapid assessment during emergency response.

- ✓ A pilot survey of Knowledge, Attitudes, and Practice (KAP) in disaster preparedness in Padang, West Sumatra was conducted by BNPB in cooperation with BPS and UNFPA. The survey was conducted to get the KAP of the people in Padang City towards earthquakes and tsunamis. This KAP pilot survey was lead as a step towards improving disaster preparedness and the development of disaster risk reduction plans. It will serve to enrich the National Tsunami Master Plan.



Pilot Survey of Knowledge, Attitude, and Practice (KAP) implementation in Kota Padang, 2013

- ✓ The population data has been incorporated during the development process for the National Disaster Management Plan 2015-2019. The population data has been used in conducting vulnerability and risk assessment as a fundamental component of the plan.
- ✓ Development of technical guidelines on the use of population data during all phases of disaster management.



The guidelines provide guidance in how to use population data for overall phases of disaster management, it describes the different usage techniques for the data, and it describes the experience of BNPB and the relevant ministries in the use of population data in each phase of disaster management. It is expected that BNPB and other humanitarian actors can use the technical guidelines when acquiring, processing and utilizing population data in disaster management.

- ✓ Development of Computer Assisted Personal Interviewing (CAPI) using a mobile phone application.



The BNPB mobile application for data collection and rapid assessment in an emergency response

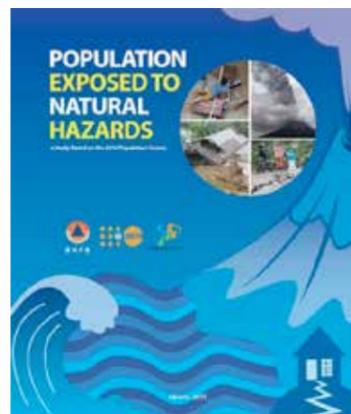
This method can be used to collect data during an emergency, including data on survivors, damage, and urgent needs. CAPI was developed through an open-source Android-based programme, called “Kobo Collect”. The CAPI programme was developed by BNPB and can be accessed by installing the Kobo Collect application in Google Play, followed by inserting the website address: <http://kc.humanitarianresponse.info/bnpbku>.

Currently, the OCHA server is used, as the mobile application is globally suggested by OCHA to be used during a rapid assessment.

- ✓ BNPB and BPS in collaboration with UNFPA, UN-OCHA, UNDP and WFP also developed “Province Infographic.” The Indonesia Provincial Infographics book provides an overview of 33 provinces in the form of visual graphics and maps covering the seven main sectors of population, food security, livelihood, education, health, water and sanitation, and disaster management.
- ✓ Development of the book on “Population Exposed to Natural Hazards, a Study From the 2010 Population Census”. The book contains the results of a study on the numbers of vulnerable groups and populations that are exposed to six types of high- and medium-level hazards in each of Indonesia’s 33 provinces. The types of hazards assessed included earthquakes, tsunamis, landslides, volcanic eruptions, floods, extreme waves and abrasion. The groups and populations identified as vulnerable to disasters included children under-five, the elderly (60+), and persons with disabilities.



Indonesia Province Infographic Book



Population Exposed to Natural Hazards Book



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