

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

Table of Content

Introduction	1
Indonesia, a disaster-prone country	2
Vulnerable populations in emergencies in Indonesia	5
Minimum Initial Service Package (MISP), a priority reproductive health intervention in emergencies	7
Adolescent sexual and reproductive health (ASRH) in emergencies	10
Women and girls are at high risk of gender-based violence (GBV) in emergencies	12
Identifying vulnerable populations through comprehensive population data and information system	15

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.



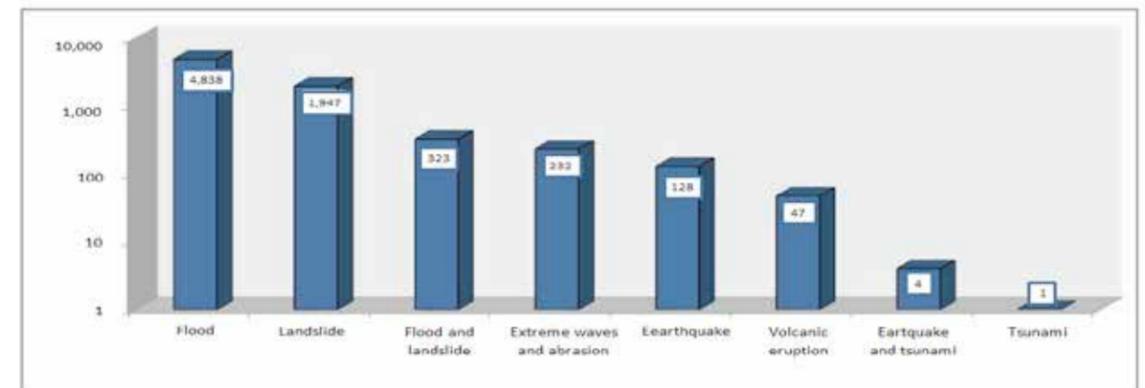
Map of Indonesia

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.

- ✓ 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.

预览已结束，完整报告链接和二维码如下：

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